

## STATE OF MINNESOTA

## NINETY-FIRST SESSION — 2020

## EIGHTY-NINTH DAY

SAINT PAUL, MINNESOTA, THURSDAY, MAY 7, 2020

The House of Representatives convened at 1:30 p.m. and was called to order by Melissa Hortman, Speaker of the House.

Prayer was offered by Representative Sondra Erickson, District 15A, Princeton, Minnesota.

The members of the House gave the pledge of allegiance to the flag of the United States of America.

The roll was called and the following members were present:

Acomb	Dehn	Hausman	Lillie	Noor	Scott
Albright	Demuth	Heinrich	Lippert	Nornes	Stephenson
Anderson	Dettmer	Heintzman	Lislegard	Novotny	Sundin
Backer	Drazkowski	Her	Long	O'Driscoll	Swedzinski
Bahner	Ecklund	Hertaus	Lucero	Olson	Tabke
Bahr	Edelson	Hornstein	Lueck	O'Neill	Theis
Baker	Elkins	Howard	Mahoney	Pelowski	Torkelson
Becker-Finn	Erickson	Huot	Mann	Persell	Urdahl
Bennett	Fabian	Johnson	Mariani	Petersburg	Vang
Bernardy	Fischer	Jordan	Marquart	Pierson	Vogel
Bierman	Franson	Jurgens	Masin	Pinto	Wagenius
Boe	Freiberg	Kiel	McDonald	Poppe	Wazlawik
Brand	Garofalo	Klevorn	Mekeland	Poston	West
Cantrell	Gomez	Koegel	Miller	Pryor	Winkler
Carlson, A.	Green	Kotyza-Witthuhn	Moller	Quam	Wolgamott
Carlson, L.	Grossell	Koznick	Moran	Richardson	Xiong, J.
Christensen	Gruenhagen	Kresha	Morrison	Robbins	Xiong, T.
Claflin	Gunther	Kunesh-Podein	Munson	Runbeck	Youakim
Considine	Haley	Layman	Murphy	Sandell	Spk. Hortman
Daniels	Halverson	Lee	Nash	Sandstede	
Daut	Hamilton	Lesch	Nelson, M.	Sauke	
Davids	Hansen	Liebling	Nelson, N.	Schomacker	
Davnie	Hassan	Lien	Neu	Schultz	

A quorum was present.

The Chief Clerk proceeded to read the Journals of the preceding days. There being no objection, further reading of the Journals was dispensed with and the Journals were approved as corrected by the Chief Clerk.

**REPORTS OF CHIEF CLERK**

S. F. No. 3072 and H. F. No. 3012, which had been referred to the Chief Clerk for comparison, were examined and found to be not identical.

Lesch moved that S. F. No. 3072 be substituted for H. F. No. 3012 and that the House File be indefinitely postponed. The motion prevailed.

**REPORTS OF STANDING COMMITTEES AND DIVISIONS**

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 976, A bill for an act relating to transportation; making various policy changes, including establishing escort vehicle requirements for overdimensional loads, modifying display requirements for temporary permits, creating interim safety inspection certificates for school buses, authorizing legislative route turnbacks, and adding mental health identifiers to drivers' licenses; requiring use of school bus warning lights and stop arms when delivering food and supplies to students during peacetime public health emergency; requiring reports regarding use of federal funding received by state to respond to COVID-19; amending Minnesota Statutes 2018, sections 160.05, subdivision 1; 161.115, subdivision 43; 168.09, subdivision 7; 168.091; 168.092; 169.09, subdivision 3; 169.451, subdivisions 2, 4, by adding a subdivision; 171.07, by adding a subdivision; 174.30, subdivisions 2a, 4a, 8; Minnesota Statutes 2019 Supplement, sections 161.14, subdivision 94; 171.07, subdivision 6a; Laws 2019, First Special Session chapter 3, article 2, section 34, subdivision 2; article 3, section 120; Laws 2020, chapter 71, article 2, section 15, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 169; repealing Minnesota Statutes 2018, sections 169.86, subdivision 3b; 174.30, subdivision 4b.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 1236, A bill for an act relating to forfeiture; limiting vehicles and other property subject to forfeiture; providing for recovery of property by innocent owners; modifying participation in the federal equitable sharing program; requiring reports; amending Minnesota Statutes 2018, sections 169A.63, subdivisions 1, 7, 8, 10, by adding subdivisions; 609.531, subdivision 1, by adding a subdivision; 609.5311, subdivisions 2, 3, 4; 609.5314, subdivisions 1, 2, by adding a subdivision; 609.5315, subdivisions 5, 5b, 6; Minnesota Statutes 2019 Supplement, section 169A.63, subdivision 13; repealing Minnesota Statutes 2018, section 609.5317.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Pinto from the Early Childhood Finance and Policy Division to which was referred:

H. F. No. 1785, A bill for an act relating to education; amending the Pupil Fair Dismissal Act; limiting dismissals for certain pupils; amending Minnesota Statutes 2018, section 121A.45, subdivision 2.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

**"Section 1. [121A.425] FULL AND EQUITABLE PARTICIPATION IN PRESCHOOL AND PREKINDERGARTEN.**

Subdivision 1. **Disciplinary dismissals prohibited.** A pupil enrolled in a preschool or prekindergarten program, including a child participating in early childhood family education, school readiness, school readiness plus, voluntary prekindergarten, Head Start, or other school-based preschool or prekindergarten program may not be subject to dismissals under this chapter. Notwithstanding the language in this subdivision, expulsions and exclusions may be used only after resources as outlined in subdivision 2 have been exhausted, and only in circumstances where there is an ongoing serious safety threat to the child or others.

Subd. 2. **Nonexclusionary discipline.** A school district or charter school must ensure that a pupil described in subdivision 1 fully participates in a preschool or prekindergarten program described in subdivision 1 by providing one or more of the following services:

(1) collaborating with the pupil's family or guardian, child mental health consultant or provider, education specialist, or other community-based support;

(2) creating a plan, written with the parent or guardian, that details the action and support needed for the pupil to fully participate in a preschool or prekindergarten program;

(3) providing a referral for needed support services, including parenting education, home visits, or other supportive educational interventions; or

(4) an evaluation to determine if the pupil is eligible for special education services or section 504 services."

Delete the title and insert:

"A bill for an act relating to education; requiring participation in preschool and prekindergarten and prohibiting disciplinary dismissals; proposing coding for new law in Minnesota Statutes, chapter 121A."

With the recommendation that when so amended the bill be placed on the General Register.

The report was adopted.

Pursuant to Joint Rule 2.03 and in accordance with Senate Concurrent Resolution No. 6, H. F. No. 1785 was re-referred to the Committee on Rules and Legislative Administration.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 1842, A bill for an act relating to energy; modifying the solar energy incentive program; establishing various renewable energy and electric vehicle grant programs; requiring reports; appropriating money; amending Minnesota Statutes 2019 Supplement, section 116C.7792; proposing coding for new law in Minnesota Statutes, chapter 216C.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 3085, A bill for an act relating to transportation; establishing a program for transit ambassadors and administrative citations; amending certain penalties related to unlawfully obtaining transit services; requiring a report; appropriating money; amending Minnesota Statutes 2018, sections 357.021, subdivision 6; 609.855, subdivisions 1, 3; Minnesota Statutes 2019 Supplement, sections 151.37, subdivision 12; 357.021, subdivision 7; proposing coding for new law in Minnesota Statutes, chapter 473.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Bernardy from the Higher Education Finance and Policy Division to which was referred:

H. F. No. 3089, A bill for an act relating to higher education; appropriating money for the addiction medicine graduate medical education fellowship program.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

The report was adopted.

Pursuant to Joint Rule 2.03 and in accordance with Senate Concurrent Resolution No. 6, H. F. No. 3089 was re-referred to the Committee on Rules and Legislative Administration.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 3104, A bill for an act relating to human services; modifying provisions regarding children and family services, community supports administration, and civil commitment; establishing Cultural and Ethnic Communities Leadership Council; requiring responsible social services agencies to coordinate prenatal alcohol exposure

screenings for children in foster care; extending the corporate adult foster care moratorium exception for a fifth bed until 2024; codifying existing session law governing consumer-directed community supports; modifying timelines for intensive support service planning; permitting license holders to delegate competency evaluations of residents to direct support staff; modifying training requirements for direct support staff providing licensed home and community-based services; modifying eligibility and per diem requirements for psychiatric residential treatment facility services; clarifying the excess income standard for medical assistance; restoring a notice requirement when MnCHOICES assessments are required for personal care assistance services; requiring the commissioner of human services to establish an institutional and crisis bed consumer-directed community supports budget exception process in home and community-based services waivers; requiring the commissioner to allow a shared services option under consumer-directed community supports; modifying the procedure for recreational license suspension and reinstatement; clarifying the procedure for motions to transfer to tribal court; modifying child welfare provisions; reorganizing and clarifying sections regarding child maltreatment and neglect; modifying provisions regarding medical assistance covered services for certified community behavioral health clinics and officer-involved community-based care coordination; expanding who may order home care nursing services, home care therapies, and skilled nurse visit services; providing criminal penalties; requiring reports; amending Minnesota Statutes 2018, sections 13.32, subdivision 3; 13.3805, subdivision 3; 13.43, subdivision 14; 13.82, subdivisions 8, 9, 17; 13.821; 13.84, subdivision 9; 13.871, subdivision 6; 13.88; 119B.21; 119B.26; 120B.22, subdivision 2; 125A.0942, subdivision 4; 135A.15, subdivision 10; 144.225, subdivision 2b; 144.343, subdivision 4; 144.7065, subdivision 10; 144.7068; 144A.472, subdivision 1; 144A.479, subdivision 6; 144A.4796, subdivision 6; 144H.16, subdivision 1; 144H.18, subdivision 3; 145.902, subdivision 3; 145.952, subdivision 2; 146A.025; 148E.240, subdivision 7; 148F.13, subdivision 12; 148F.205, subdivision 1; 153B.70; 214.103, subdivision 8; 214.104; 245.4871, by adding a subdivision; 245.4885, subdivision 1; 245.8261, subdivision 9; 245A.02, subdivision 2c; 245A.04, subdivisions 5, 9; 245A.06, subdivision 8; 245A.07, subdivision 5; 245A.08, subdivision 2a; 245A.085; 245A.11, subdivisions 2a, 7b; 245A.50, as amended; 245C.02, subdivision 5, by adding subdivisions; 245C.04, subdivision 1, by adding a subdivision; 245C.05, subdivision 6; 245C.14, by adding a subdivision; 245C.15, subdivision 4; 245C.16, subdivisions 1, 2; 245C.17, subdivisions 1, 3, by adding a subdivision; 245C.18; 245C.21, subdivision 2; 245C.24, subdivision 4; 245C.25; 245C.27, subdivisions 1, 2; 245C.28, subdivision 1; 245C.29, subdivision 1; 245C.31, subdivision 1; 245C.32, subdivision 2; 245D.02, subdivision 11, by adding a subdivision; 245D.04, subdivision 3; 245D.06, subdivisions 1, 2, 6; 245D.071, subdivision 3; 245D.081, subdivision 2; 245D.09, subdivisions 4, 4a; 245D.10, subdivision 3a; 245D.32, subdivision 5; 245F.02, subdivisions 7, 14; 245F.04, subdivision 1; 245F.06, subdivision 2; 245F.12, subdivisions 2, 3; 245F.15, subdivisions 3, 5; 245F.16, subdivisions 1, 2; 245F.18; 245G.02, subdivision 2; 245G.03, subdivision 1; 245G.09, subdivision 1; 245G.10, subdivision 3; 245G.11, subdivisions 3, 4; 245G.13, subdivision 2; 253B.02, subdivisions 4b, 7, 8, 9, 10, 13, 16, 17, 18, 19, 21, 22, 23, by adding a subdivision; 253B.03, subdivisions 1, 2, 3, 4a, 5, 6, 6b, 6d, 7, 10; 253B.04, subdivisions 1, 1a, 2; 253B.045, subdivisions 2, 3, 5, 6; 253B.06, subdivisions 1, 2, 3; 253B.07, subdivisions 1, 2, 2a, 2b, 2d, 3, 5, 7; 253B.08, subdivisions 1, 2a, 5, 5a; 253B.09, subdivisions 1, 2, 3a, 5; 253B.092; 253B.0921; 253B.095, subdivision 3; 253B.097, subdivisions 1, 2, 3, 6; 253B.10; 253B.12, subdivisions 1, 3, 4, 7; 253B.13, subdivision 1; 253B.14; 253B.141; 253B.15, subdivisions 1, 1a, 2, 3, 3a, 3b, 3c, 5, 7, 9, 10, by adding a subdivision; 253B.16; 253B.17; 253B.18, subdivisions 1, 2, 3, 4a, 4b, 4c, 5, 5a, 6, 7, 8, 10, 11, 12, 14, 15; 253B.19, subdivision 2; 253B.20, subdivisions 1, 2, 3, 4, 6; 253B.21, subdivisions 1, 2, 3; 253B.212, subdivisions 1, 1a, 1b, 2; 253B.22, subdivisions 1, 2, 3, 4; 253B.23, subdivisions 1, 1b, 2; 253B.24; 253D.02, subdivision 6; 253D.07, subdivision 2; 253D.10, subdivision 2; 253D.28, subdivision 2; 254A.09; 256.01, subdivisions 12, 15; 256.0112, subdivision 10; 256.041; 256.045, subdivisions 3, 3b, 4; 256.82, subdivision 2; 256.87, subdivision 8; 256.975, subdivision 12; 256B.0621, subdivision 4; 256B.0625, subdivisions 33, 56a; 256B.0652, subdivision 10; 256B.0653, subdivisions 4, 5, 7; 256B.0654, subdivisions 1, 2a; 256B.0941, subdivisions 1, 3; 256B.0945, subdivision 1; 256B.0949, subdivisions 2, 5, 6, 9, 13, 14, 15, 16; 256B.0951, subdivision 5; 256B.0954; 256B.097, subdivisions 4, 6; 256B.49, subdivision 16; 256B.77, subdivision 17; 256B.85, subdivision 12a; 256D.02, subdivision 17; 256E.21, subdivision 5; 256E.35; 256F.10, subdivisions 1, 4; 256I.03, subdivisions 3, 14; 256I.05, subdivisions 1c, 1n, 8; 256I.06, subdivision 2, by adding a subdivision; 256J.08, subdivision 73a; 256L.07, subdivision 4; 256M.10, subdivision 2; 256M.40,

subdivision 1; 256M.41, subdivision 1; 256N.02, subdivision 14a; 256N.21, subdivisions 2, 5; 256N.24, subdivision 4; 256P.01, by adding a subdivision; 257.0725; 257.0764; 257.70; 260.012; 260.761, subdivision 2; 260B.171, subdivision 6; 260C.007, subdivisions 3, 5, 6, 13, by adding subdivisions; 260C.150, subdivision 3; 260C.157, subdivision 3; 260C.171, subdivision 3; 260C.177; 260C.202; 260C.204; 260C.209, subdivision 2; 260C.212, subdivisions 1, 4a, 12, by adding a subdivision; 260C.219; 260C.221; 260C.227; 260C.4412; 260C.503, subdivision 2, by adding a subdivision; 260D.01; 260D.02, subdivisions 3, 5; 388.051, subdivision 2; 518.005, subdivision 5; 518.165, subdivisions 2, 5; 518A.53, subdivision 11; 518A.68; 518A.685; 524.5-118, subdivision 2; 595.02, subdivisions 1, 2; 609.26, subdivision 7; 609.3457, subdivision 2; 609.379, subdivision 2; 609.507; 609.7495, subdivision 1; 611A.203, subdivision 4; 611A.90, subdivision 1; 626.557, subdivision 9d; Minnesota Statutes 2019 Supplement, sections 13.46, subdivisions 3, 4; 119B.011, subdivision 19; 122A.20, subdivision 2; 122A.40, subdivision 13; 122A.41, subdivision 6; 144A.4796, subdivision 2; 148B.593; 243.166, subdivision 7; 245.4889, subdivision 1; 245.735, subdivision 3; 245A.07, subdivision 3; 245A.145, subdivision 1; 245A.149; 245A.16, subdivision 1; 245A.40, subdivisions 1, 7; 245C.03, subdivision 1; 245C.05, subdivision 4; 245C.08, subdivision 1; 245C.13, subdivision 2; 245D.09, subdivision 5; 245G.12; 245G.13, subdivision 1; 245H.11; 254A.03, subdivision 3, as amended; 254B.04, subdivision 1; 254B.05, subdivision 1; 256.01, subdivision 14b; 256B.056, subdivision 5c; 256B.0625, subdivision 5m; 256B.064, subdivision 2; 256B.0711, subdivision 1; 256B.0911, subdivision 3a; 256B.85, subdivision 10; 256I.04, subdivision 2b; 256S.01, subdivision 6; 256S.19, subdivision 4; 260B.198, subdivision 1; 260C.139, subdivision 3; 260C.178, subdivision 1; 260C.201, subdivision 6; 260C.212, subdivision 2; 299C.093; Laws 2016, chapter 189, article 15, section 29; Laws 2017, First Special Session chapter 6, article 7, section 33, subdivisions 2, 3; proposing coding for new law in Minnesota Statutes, chapters 120A; 253B; 256B; 256K; 260; 260C; 518A; proposing coding for new law as Minnesota Statutes, chapter 260E; repealing Minnesota Statutes 2018, sections 245F.02, subdivision 20; 253B.02, subdivisions 6, 12a; 253B.05, subdivisions 1, 2, 2b, 3, 4; 253B.064; 253B.065; 253B.066; 253B.09, subdivision 3; 253B.12, subdivision 2; 253B.15, subdivision 11; 253B.20, subdivision 7; 626.556, subdivisions 1, 3, 3a, 3c, 3d, 3f, 4, 4a, 5, 6, 6a, 7, 7a, 8, 9, 10a, 10b, 10c, 10d, 10e, 10f, 10g, 10h, 10i, 10j, 10k, 10l, 10m, 10n, 11a, 11b, 11c, 11d, 12, 14, 15, 16; 626.5561; 626.5562; 626.558; 626.559, subdivisions 1, 1a, 1b, 2, 3, 5; 626.5591; 626.561; Minnesota Statutes 2019 Supplement, section 626.556, subdivisions 2, 3b, 3e, 10, 11; Laws 2005, First Special Session chapter 4, article 7, sections 50; 51; Laws 2012, chapter 247, article 4, section 47, as amended; Laws 2015, chapter 71, article 7, section 54, as amended; Laws 2017, First Special Session chapter 6, article 1, sections 44, as amended; 45, as amended.

Reported the same back with the recommendation that the bill be placed on the General Register.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Bernardy from the Higher Education Finance and Policy Division to which was referred:

H. F. No. 3232, A bill for an act relating to education; creating a pilot project for training career and technical education teachers; appropriating money.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

The report was adopted.

Pursuant to Joint Rule 2.03 and in accordance with Senate Concurrent Resolution No. 6, H. F. No. 3232 was re-referred to the Committee on Rules and Legislative Administration.

Bernardy from the Higher Education Finance and Policy Division to which was referred:

H. F. No. 3392, A bill for an act relating to higher education; providing for policy changes for the Office of Higher Education, including financial aid, institutional approval, and the Minnesota college savings plan; requiring a report; amending Minnesota Statutes 2018, sections 135A.15, subdivision 1a; 136A.01, subdivision 1; 136A.031, subdivision 3; 136A.121, by adding a subdivision; 136A.125, subdivision 3; 136A.1275, subdivision 1; 136A.1701, subdivision 4; 136A.1791, subdivisions 1, 3; 136A.1795, subdivision 4; 136A.65, subdivisions 4, 7, 8; 136A.657, subdivisions 1, 2, 3; 136A.822, subdivision 8; 136A.827, subdivision 4; 136A.829, subdivision 1; 136A.833, subdivision 1; 136A.834, subdivisions 1, 2; 136G.01; 136G.03, subdivisions 8, 10, 11, 20, 22, 29, 30, 31, 32, by adding subdivisions; 136G.05, subdivisions 2, 5, 7, 10; 136G.09, subdivision 8; 136G.11, subdivisions 11, 13; 136G.13; 136G.14; proposing coding for new law in Minnesota Statutes, chapter 136A; repealing Minnesota Statutes 2018, sections 124D.09, subdivision 10a; 136G.03, subdivision 4; 136G.05, subdivision 6.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"ARTICLE 1  
OFFICE OF HIGHER EDUCATION

Section 1. Minnesota Statutes 2018, section 124D.09, subdivision 10a, is amended to read:

Subd. 10a. Statewide concurrent enrollment participant survey evaluation. (a) Postsecondary institutions offering courses taught by the secondary teacher according to subdivision 10, and are members in the National Alliance of Concurrent Enrollment Partnerships (NACEP), must report all required NACEP evaluative survey results by September 1 of each year to the commissioners of the Office of Higher Education and the Department of Education. The commissioners must report by December 1 of each year to the committees of the legislature having jurisdiction over early education through grade 12 education.

(b) Postsecondary institutions that have not adopted and implemented the NACEP program standards and required evidence for accreditation, are required to conduct an annual survey of concurrent enrolled students who successfully completed the course who are one year out of high school, beginning with the high school graduating class of 2016. By September 1 of each year, the postsecondary institutions must report the evaluative survey results to the commissioners of the Office of Higher Education and the Department of Education. The commissioner must report by December 1 of each year to the committees of the legislature having jurisdiction over early education through grade 12 education. The survey must include, at a minimum, the following student information:

- (1) the participant's future education plans, including the highest degree or certification planned;
- (2) whether the participant is enrolled or plans to enroll in a Minnesota postsecondary institution, either public or private;
- (3) the number of credits accepted or denied by postsecondary institutions;
- (4) the college or university attended;
- (5) the participant's satisfaction level with the concurrent enrollment program;
- (6) the participant's demographics, such as gender, parent education level, qualification for free or reduced price lunch in high school, Pell grant qualification, and ethnicity; and
- (7) a place for participants to provide comments.

The Office of Higher Education and the Department of Education shall collaborate in order to provide annual statewide evaluative information on concurrent enrollment programs to the legislature. The commissioners of the Office of Higher Education and the Department of Education, in consultation with stakeholders, including students and parents, must determine what student demographics and outcomes data are appropriate to include in the evaluation, and must use systems available to the office and department to minimize the reporting burden on postsecondary institutions. The commissioners must report by December 1, 2021, and each year thereafter, to the committees of the legislature with jurisdiction over early education through grade 12 and Minnesota State Colleges and Universities.

Sec. 2. Minnesota Statutes 2018, section 135A.15, subdivision 1a, is amended to read:

Subd. 1a. **Sexual assault definition.** (a) For the purposes of this section, the following terms have the meanings given.

(b) "Incident" means one report of sexual assault to a postsecondary institution, regardless of the number of complainants included in the report, the number of respondents included in the report, and whether or not the identity of any party is known by the reporting postsecondary institution. Incident encompasses all nonconsensual events included within one report if multiple events have been identified.

(c) "Sexual assault" means rape, sex offenses - fondling, sex offenses - incest, or sex offenses - statutory rape as defined in Code of Federal Regulations, title 34, part 668, subpart D, appendix A, as amended.

Sec. 3. Minnesota Statutes 2018, section 136A.01, subdivision 1, is amended to read:

Subdivision 1. **Creation.** The Office of Higher Education, which may also be known as the Minnesota Office of Higher Education, is created with a commissioner appointed by the governor with the advice and consent of the senate and serving at the pleasure of the governor.

Sec. 4. Minnesota Statutes 2018, section 136A.031, subdivision 3, is amended to read:

Subd. 3. **Student Advisory Council.** (a) A Student Advisory Council (SAC) to the office is established. The members of SAC shall include: the chair of the University of Minnesota student senate; the state chair of the Minnesota State University Student Association; the president of the Minnesota State College Student Association and an officer of the Minnesota State College Student Association, one in a community college course of study and one in a technical college course of study; a student who is enrolled in a private nonprofit postsecondary institution, to be elected by students enrolled in Minnesota Private College Council institutions; and a student who is enrolled in a private for profit postsecondary institution career school, to be elected by students enrolled in Minnesota Career College Association institutions private career schools; and a student who is enrolled in a Minnesota tribal college, to be elected by students enrolled in Minnesota tribal colleges. If students from the private career schools or tribal colleges do not elect a representative, the commissioner must appoint a student representative. If students from the Minnesota Private College Council institutions do not elect a representative, the Minnesota Private College Council must appoint the private nonprofit representative. If students from the Minnesota Career College Association institutions do not elect a representative, the Minnesota Career College Association must appoint the private for profit representative. A member may be represented by a student designee who attends an institution from the same system that the absent member represents. The SAC shall select one of its members to serve as chair.

(b) The office shall inform the SAC of all matters related to student issues under consideration. The SAC shall report to the office quarterly and at other times that the SAC considers desirable. The SAC shall determine its meeting times, but it shall also meet with the office within 30 days after the commissioner's request for a meeting.

(c) The SAC shall:

(1) bring to the attention of the office any matter that the SAC believes needs the attention of the office;

- (2) make recommendations to the office as it finds appropriate; and
- (3) approve student appointments by the office for each advisory group as provided in subdivision 4.

Sec. 5. **[136A.032] COMMUNITY AND COMMISSIONER PARTICIPATION IN POSTSECONDARY EDUCATION OF AMERICAN INDIANS.**

Subdivision 1. **Definition.** (a) The term used in this section has the meaning given in this subdivision.

(b) "Tribal Nations Education Committee" means the committee established through tribal directive, for which the commissioner consults on matters related to American Indian postsecondary education programs, policy, and all matters related to educating Minnesota's American Indian postsecondary students. The membership of the Tribal Nations Education Committee is determined by and at the sole discretion of the committee members, and nothing in this section authorizes the commissioner to dictate committee membership.

Subd. 2. **American Indian community involvement.** The commissioner must provide for the involvement of the Tribal Nations Education Committee, American Indian postsecondary students, and representatives of community groups in the establishment of programs, formation of policies, and all other matters related to the postsecondary education of Minnesota's American Indian students.

Subd. 3. **Consultation with the Tribal Nations Education Committee.** (a) The commissioner shall seek consultation with the Tribal Nations Education Committee regarding programs, policies, and all other matters related to the postsecondary education of Minnesota's American Indian students.

(b) Nothing in this subdivision prevents the commissioner from seeking consultation with individual tribal nations.

Sec. 6. **[136A.096] FINANCIAL AID GOALS.**

The legislature directs the commissioner of the Office of Higher Education, in coordination with the Minnesota Department of Education and the Minnesota Association of Secondary School Principals, to set an annual goal for the percentage of Minnesota's high school seniors completing the Free Application for Federal Student Aid (FAFSA).

Sec. 7. Minnesota Statutes 2018, section 136A.103, is amended to read:

**136A.103 INSTITUTION ELIGIBILITY REQUIREMENTS.**

(a) A postsecondary institution is eligible for state student aid under chapter 136A and sections 197.791 and 299A.45, if the institution is located in this state and:

- (1) is operated by this state or the Board of Regents of the University of Minnesota; or
- (2) is operated privately and, as determined by the office, meets the requirements of paragraph (b).

(b) A private institution must:

- (1) maintain academic standards substantially equivalent to those of comparable institutions operated in this state;
- (2) be licensed or registered as a postsecondary institution by the office; and
- (3) meet the additional security requirement under section 136A.646; and

~~(3)~~ (4) (i) by July 1, 2010, participate in the federal Pell Grant program under Title IV of the Higher Education Act of 1965, Public Law 89-329, as amended; or

(ii) if an institution was participating in state student aid programs as of June 30, 2010, and the institution did not participate in the federal Pell Grant program by June 30, 2010, the institution must require every student who enrolls to sign a disclosure form, provided by the office, stating that the institution is not participating in the federal Pell Grant program.

(c) An institution that offers only graduate-level degrees or graduate-level nondegree programs is an eligible institution if the institution is licensed or registered as a postsecondary institution by the office.

(d) An eligible institution under paragraph (b), clause ~~(3)~~ (4), item (ii), that changes ownership as defined in section 136A.63, subdivision 2, must participate in the federal Pell Grant program within four calendar years of the first ownership change to continue eligibility. The office may terminate an institution's eligibility to participate in state student aid programs under this paragraph if the institution fails to make substantive progress toward participation in the federal Pell Grant program within the required four years.

(e) An institution that loses its eligibility for the federal Pell Grant program is not an eligible institution and the office may terminate an institution's eligibility to participate in state student aid programs effective the date of the loss of eligibility for the federal Pell Grant program.

(f) An institution must maintain adequate administrative and financial standards and compliance with all state statutes, rules, and administrative policies related to state financial aid programs. The office may terminate a postsecondary institution's eligibility to participate in state student aid programs if the institution meets any of the following criteria:

(1) it violates a provision of Minnesota Statutes, Minnesota Rules, or administrative policies governing student aid programs and fails to correct the violation and reimburse the office for audit findings within the time frame specified in the audit report or other notice furnished by the office;

(2) it has a consistent pattern of noncompliance with Minnesota Statutes, Minnesota Rules, or administrative policies governing student aid programs as documented by the office or lacks administrative capability to successfully administer student financial aid programs on campus based on factors, including but not limited to:

(i) adequacy of financial aid staffing levels, experience, training, and turnover of key financial aid staff;

(ii) adequate checks and balances in its system of internal controls;

(iii) maintenance of records required for programs; or

(iv) the ability to participate in the electronic processes used for program administration;

(3) it refuses to allow inspection of or provide information relating to financial aid records after written request by the office;

(4) it has been administratively or judicially determined to have committed fraud or any other material violation of law involving federal, state, or local government funds;

(5) it falsifies information or engages in misleading or deceptive practices involving the administration of student financial aid programs;

(6) it no longer meets institutional eligibility criteria in this section or additional criteria for state grant participation in Minnesota Rules, part 4830.0300; or

(7) it is terminated from participating in federal financial aid programs by the United States Department of Education, if the termination was based on a violation of laws, regulations, or participation agreements governing federal financial aid programs.

Sec. 8. **[136A.1041] TERMINATION PROCEDURE.**

The office shall provide written notice of its intent to terminate an institution's eligibility to participate in student financial aid programs if the institution meets any of the criteria for termination in section 136A.103. The office shall send the institution written notification of the termination, which is effective 90 days after the date of the written notification. The 90-day notice under this provision does not apply to termination under section 136A.103, paragraph (e). The office shall also provide an institution an opportunity for a hearing under chapter 14.

Sec. 9. **[136A.1042] REQUEST FOR HEARING.**

An institution may request a hearing under chapter 14 regarding its termination of eligibility to participate in a student aid program. The request must be in writing and must be received by the commissioner within 30 days after the date on the written notification of termination sent by the office.

Sec. 10. Minnesota Statutes 2018, section 136A.121, is amended by adding a subdivision to read:

Subd. 21. **Institutional prohibition.** An institution receiving financial aid under this section must not suspend or withdraw a student from class attendance and resources during a period of instruction due to an unpaid student account balance unless the student is eligible for a full tuition and fee refund. A period of instruction for the purposes of this subdivision means a new academic term that may be measured in semesters, trimesters, quarters, interim terms, mini terms, or one or more modules so that a student who begins attendance in that new academic term incurs additional tuition and fee charges beyond any outstanding student account balance due to the institution for prior completed terms of enrollment. An institution that measures a program in clock hours and that includes language in the enrollment contract between it and the student to only charge tuition by payment period, is also covered by this subdivision.

Sec. 11. Minnesota Statutes 2018, section 136A.125, subdivision 3, is amended to read:

Subd. 3. **Eligible institution.** A Minnesota public postsecondary institution, a Minnesota private, baccalaureate degree granting degree-granting college or university, or a Minnesota nonprofit two-year vocational technical school granting associate degrees, or a Minnesota postsecondary institution offering only graduate or professional degrees is eligible to receive child care funds from the office and disburse them to eligible students.

Sec. 12. Minnesota Statutes 2018, section 136A.1275, subdivision 1, is amended to read:

Subdivision 1. **Establishment.** (a) The commissioner of the Office of Higher Education must establish a grant program for student teaching stipends for low-income students enrolled in a Professional Educator Licensing and Standards Board-approved teacher preparation program who intend to teach in a shortage area after graduating and receiving their teaching license or belong to an underrepresented racial or ethnic group.

(b) "Shortage area" means a license field or economic development region within Minnesota defined as a shortage area by the Department of Education Professional Educator Licensing and Standards Board in coordination with the commissioner using data collected for the teacher supply and demand report under section 427A.05, subdivision 6, or other surveys conducted by the Department of Education that provide indicators for teacher supply and demand 122A.091, subdivision 5.

Sec. 13. Minnesota Statutes 2018, section 136A.1701, subdivision 4, is amended to read:

**Subd. 4. Terms and conditions of loans.** (a) The office may loan money upon such terms and conditions as the office may prescribe.

(b) The maximum loan amount to students ~~enrolled in a bachelor's degree program, postbaccalaureate, or graduate program~~ must be determined annually by the office. ~~For all other eligible students, the principal amount of the loan must not exceed \$7,500 per grade level. Loan limits are defined based on the type of program enrollment, such as a certificate, an associate's degree, a bachelor's degree, or a graduate program.~~ The aggregate principal amount of all loans made subject to this paragraph to a student as an undergraduate and graduate student must not exceed \$140,000. The amount of the loan must not exceed the cost of attendance as determined by the eligible institution less all other financial aid, including PLUS loans or other similar parent loans borrowed on the student's behalf. ~~The cumulative SELF loan debt must not exceed the borrowing maximums in paragraph (e).~~

(c) ~~(4)~~ The cumulative borrowing maximums must be determined annually by the office ~~for students enrolled in a bachelor's degree program or postbaccalaureate program and are defined based on program enrollment.~~ In determining the cumulative borrowing maximums, the office shall, among other considerations, take into consideration the maximum SELF loan amount, student financing needs, funding capacity for the SELF program, delinquency and default loss management, and current financial market conditions.

~~(2) For all other eligible students, the cumulative borrowing maximums are:~~

- ~~(i) grade level 1, \$7,500;~~
- ~~(ii) grade level 2, \$15,000;~~
- ~~(iii) grade level 3, \$22,500;~~
- ~~(iv) grade level 4, \$30,000; and~~
- ~~(v) grade level 5, \$37,500.~~

Sec. 14. Minnesota Statutes 2018, section 136A.1791, subdivision 1, is amended to read:

**Subdivision 1. Definitions.** (a) The terms used in this section have the meanings given them in this subdivision.

(b) "Qualified educational loan" means a government, commercial, or foundation loan for actual costs paid for tuition and reasonable educational and living expenses related to a teacher's preparation or further education.

(c) "School district" means an independent school district, special school district, intermediate district, education district, special education cooperative, service cooperative, a cooperative center for vocational education, or a charter school located in Minnesota.

(d) "Teacher" means an individual holding a teaching license issued by the Professional Educator Licensing and Standards Board who is employed by a school district to provide classroom instruction.

(e) "Teacher shortage area" means:

(1) the licensure fields and economic development regions reported by the ~~commissioner of education~~ Professional Educator Licensing and Standards Board in coordination with the ~~commissioner~~ as experiencing a teacher shortage; and

(2) economic development regions where there is a shortage of licensed teachers who reflect the racial or ethnic diversity of students in the region as reported by the ~~commissioner of education~~ Professional Educator Licensing and Standards Board in coordination with the ~~commissioner~~.

(f) "Commissioner" means the commissioner of the Office of Higher Education unless indicated otherwise.

Sec. 15. Minnesota Statutes 2018, section 136A.1791, subdivision 3, is amended to read:

Subd. 3. **Use of report on teacher shortage areas.** ~~The commissioner of education shall use Using data collected for the teacher supply and demand report to the legislature to under section 122A.091, subdivision 5, the Professional Educator Licensing and Standards Board shall~~ identify the licensure fields and economic development regions in Minnesota experiencing a teacher shortage.

Sec. 16. Minnesota Statutes 2018, section 136A.1795, subdivision 4, is amended to read:

Subd. 4. **Loan forgiveness.** (a) The commissioner may select ~~a maximum of five eligible~~ applicants each year for participation in the loan forgiveness program, within the limits of available funding. Applicants are responsible for securing their own qualified educational loans.

(b) The commissioner must select participants based on their suitability for practice serving the designated rural area, as indicated by experience or training. The commissioner must give preference to applicants closest to completing their training.

(c) The commissioner must make annual disbursements directly to the participant of \$15,000 or the balance of the participant's qualifying educational loans, whichever is less, for each year that a participant meets the service obligation required under subdivision 3, paragraph (b), up to a maximum of five years.

(d) Before receiving loan repayment disbursements and as requested, the participant must complete and return to the commissioner a confirmation of practice form provided by the commissioner verifying that the participant is practicing as required under subdivision 2, paragraph (a). The participant must provide the commissioner with verification that the full amount of loan repayment disbursement received by the participant has been applied toward the designated loans. After each disbursement, verification must be received by the commissioner and approved before the next loan repayment disbursement is made.

(e) Participants who move their practice remain eligible for loan repayment as long as they practice as required under subdivision 2, paragraph (a).

Sec. 17. Minnesota Statutes 2019 Supplement, section 136A.64, subdivision 1, is amended to read:

Subdivision 1. **Schools to provide information.** As a basis for registration, schools shall provide the office with such information as the office needs to determine the nature and activities of the school, including but not limited to the following which shall be accompanied by an affidavit attesting to its accuracy and truthfulness:

(1) articles of incorporation, constitution, bylaws, or other operating documents;

(2) a duly adopted statement of the school's mission and goals;

(3) evidence of current school or program licenses granted by departments or agencies of any state;

~~(4) a fiscal balance sheet on an accrual basis, or a certified audit of the immediate past fiscal year including any management letters provided by the independent auditor or, if the school is a public institution outside Minnesota, an income statement for the immediate past fiscal year compliance audits and audited financial statements that meet the requirements of Code of Federal Regulations, title 34, section 668.23; United States Code, title 20, chapter 28, section 1094; Code of Federal Regulations, title 2, subpart A, part 200, subpart F, under 200.501 and 200.503; and United States Code, title 31, chapter 75;~~

(5) all current promotional and recruitment materials and advertisements; ~~and~~

(6) the current school catalog and, if not contained in the catalog:

(i) the members of the board of trustees or directors, if any;

(ii) the current institutional officers;

(iii) current full-time and part-time faculty with degrees held or applicable experience;

(iv) a description of all school facilities;

(v) a description of all current course offerings;

(vi) all requirements for satisfactory completion of courses, programs, and degrees;

(vii) the school's policy about freedom or limitation of expression and inquiry;

(viii) a current schedule of fees, charges for tuition, required supplies, student activities, housing, and all other standard charges;

(ix) the school's policy about refunds and adjustments;

(x) the school's policy about granting credit for prior education, training, and experience;

(xi) the school's policies about student admission, evaluation, suspension, and dismissal; and

(xii) the school's disclosure to students on the student complaint process under section 136A.672; ~~and~~

(7) requested information to calculate the financial and nonfinancial metrics under section 136A.675.

Sec. 18. Minnesota Statutes 2019 Supplement, section 136A.646, is amended to read:

**136A.646 ADDITIONAL SECURITY.**

(a) New ~~schools~~ institutions that have been granted conditional approval for degrees or names to allow them the opportunity to apply for and receive accreditation under section 136A.65, subdivision 7, shall provide a surety bond in a sum equal to ten percent of the net revenue from tuition and fees in the registered institution's prior fiscal year, but in no case shall the bond be less than \$10,000.

(b) Any registered institution that is notified by the United States Department of Education that it has fallen below minimum financial standards and that its continued participation in Title IV will be conditioned upon its satisfying either the Zone Alternative, Code of Federal Regulations, title 34, section 668.175, paragraph (f), or a Letter of Credit Alternative, Code of Federal Regulations, title 34, section 668.175, paragraph (c), shall provide ~~a~~ an

annual surety bond in a sum equal to the "letter of credit" required by the United States Department of Education in the Letter of Credit Alternative, but in no event shall such bond be less than \$10,000 nor more than \$250,000. If the letter of credit required by the United States Department of Education is higher than ten percent of the Title IV, Higher Education Act program funds received by the institution during its most recently completed fiscal year, the office shall reduce the office's surety requirement to represent ten percent of the Title IV, Higher Education Act program funds received by the institution during its most recently completed fiscal year, subject to the minimum and maximum in this paragraph ten percent of the net tuition revenue from tuition and fees received from students in Minnesota enrolled in the school's previous fiscal year.

(c) If the office determines that any registered institution does not meet the financial resource criteria under section 136A.65, subdivision 4, paragraph (a), clause (2), or determines that any registered institution is vulnerable to a precipitous closure under section 136A.675, the office may:

- (1) require an increased surety bond in the amount necessary to cover the costs under paragraph (f);
- (2) prohibit a registered institution from accepting tuition and fee payments made through cash, alternative loans, or the equivalent prior to the add/drop period of the current period of instruction; or
- (3) prohibit a registered institution from enrolling new students.

~~(e)~~ (d) In lieu of a bond, the applicant may deposit with the commissioner of management and budget:

- (1) a sum equal to the amount of the required surety bond in cash;
- (2) securities, as may be legally purchased by savings banks or for trust funds, in an aggregate market value equal to the amount of the required surety bond; or
- (3) an irrevocable letter of credit issued by a financial institution to the amount of the required surety bond.

~~(e)~~ (e) The surety of any bond may cancel it upon giving 60 days' notice in writing to the office and shall be relieved of liability for any breach of condition occurring after the effective date of cancellation.

~~(e)~~ (f) In the event of a school closure, the additional security ~~must first be used~~ funds must be given priority in the following order:

(1) to destroy any private educational data under section 13.32 left at a physical campus in Minnesota after all other governmental agencies have recovered or retrieved records under their record retention policies.—Any remaining funds must then be used;

(2) to reimburse state student aid under this chapter and sections 197.791 and 299A.45;

(3) to reimburse cash payments made by or on behalf of a student for tuition and fee costs to students that were enrolled at the time of the closure or had withdrawn in the previous ~~120~~ 180 calendar days but did not graduate. Priority for refunds will be given to students in the following order:

(1) cash payments made by the student or on behalf of a student;

(2) (4) to reimburse private student loans; and used by or on behalf of a student for tuition and fee costs to students who were enrolled at the time of the closure or had withdrawn in the previous 180 calendar days but did not graduate;

~~(3) (5) to reimburse~~ Veteran Administration education benefits that are not restored by the Veteran Administration. ~~If there are additional security funds remaining, the additional security funds may be used to cover and that were used by or on behalf of a student for tuition and fee costs to students that were enrolled at the time of the closure or had withdrawn in the previous 180 calendar days but did not graduate;~~

~~(6) to reimburse tuition and fee costs for coursework that did not transfer to a new institution unless the costs were paid for with Title IV, Higher Education Act program funds that are dischargeable through cancellation or discharge; and~~

~~(7) to reimburse any administrative costs incurred by the office related to the closure of the school.~~

~~(g) In the event any registered institution is unable to meet the additional surety requirement, the office may grant the registered institution conditional approval under section 136A.65, subdivision 7, subject to the state financial aid program restrictions under section 136A.65, subdivision 8, paragraph (d), and a restriction that prohibits the enrollment of new or prospective students.~~

Sec. 19. Minnesota Statutes 2018, section 136A.65, subdivision 4, is amended to read:

**Subd. 4. Criteria for approval.** (a) A school applying to be registered and to have its degree or degrees and name approved must substantially meet the following criteria:

(1) the school has an organizational framework with administrative and teaching personnel to provide the educational programs offered;

(2) the school has financial resources sufficient to meet the school's financial obligations, including refunding tuition and other charges consistent with its stated policy if the institution is dissolved, or if claims for refunds are made, to provide service to the students as promised, and to provide educational programs leading to degrees as offered;

(3) the school operates in conformity with generally accepted accounting principles according to the type of school;

(4) the school provides an educational program leading to the degree it offers;

(5) the school provides appropriate and accessible library, laboratory, and other physical facilities to support the educational program offered;

(6) the school has a policy on freedom or limitation of expression and inquiry for faculty and students which is published or available on request;

(7) the school uses only publications and advertisements which are truthful and do not give any false, fraudulent, deceptive, inaccurate, or misleading impressions about the school, its personnel, programs, services, or occupational opportunities for its graduates for promotion and student recruitment;

(8) the school's compensated recruiting agents who are operating in Minnesota identify themselves as agents of the school when talking to or corresponding with students and prospective students;

(9) the school provides information to students and prospective students concerning:

(i) comprehensive and accurate policies relating to student admission, evaluation, suspension, and dismissal;

(ii) clear and accurate policies relating to granting credit for prior education, training, and experience and for courses offered by the school;

(iii) current schedules of fees, charges for tuition, required supplies, student activities, housing, and all other standard charges;

(iv) policies regarding refunds and adjustments for withdrawal or modification of enrollment status; and

(v) procedures and standards used for selection of recipients and the terms of payment and repayment for any financial aid program; ~~and~~

(10) the school must not withhold a student's official transcript because the student is in arrears or in default on any loan issued by the school to the student if the loan qualifies as an institutional loan under United States Code, title 11, section 523(a)(8)(b);

(11) the school has a process to receive and act on student complaints; and

(12) the school has cooperated with the office in the screening, inquiry, monitoring, and contingency planning and notification process under section 136A.675.

(b) An application for degree approval must also include:

(i) title of degree and formal recognition awarded;

(ii) location where such degree will be offered;

(iii) proposed implementation date of the degree;

(iv) admissions requirements for the degree;

(v) length of the degree;

(vi) projected enrollment for a period of five years;

(vii) the curriculum required for the degree, including course syllabi or outlines;

(viii) statement of academic and administrative mechanisms planned for monitoring the quality of the proposed degree;

(ix) statement of satisfaction of professional licensure criteria, if applicable;

(x) documentation of the availability of clinical, internship, externship, or practicum sites, if applicable; and

(xi) statement of how the degree fulfills the institution's mission and goals, complements existing degrees, and contributes to the school's viability.

Sec. 20. Minnesota Statutes 2018, section 136A.65, subdivision 7, is amended to read:

**Subd. 7. Conditional approval.** (a) The office may grant a school a one-year conditional approval for a degree or use of a term in its name if doing so would be in the best interests of currently enrolled students or prospective students. Conditional approval of a degree or use of a term under this paragraph must not exceed a period of three years.

(b) The office may grant new schools physically located in Minnesota and new programs a one-year conditional approval for degrees or use of a term in its name to allow the school the opportunity to apply for and receive accreditation as required in subdivision 1a. Conditional approval of a school or program under this paragraph must not exceed a period of five years. A new school or program granted conditional approval may be allowed to continue in order to complete an accreditation process upon terms and conditions the office determines.

(c) The office may grant a registered school a one-year conditional approval for degrees or use of a term in its name to allow the school the opportunity to apply for and receive accreditation as required in subdivision 1a if the school's accrediting agency is no longer recognized by the United States Department of Education for purposes of eligibility to participate in Title IV federal financial aid programs. The office must not grant conditional approvals under this paragraph to a school for a period of more than five years.

(d) The office may grant a registered school a one-year conditional approval for degrees or use of a term in its name to allow the school to change to a different accrediting agency recognized by the United States Department of Education for purposes of eligibility to participate in Title IV federal financial aid programs. The office must not grant conditional approvals under this paragraph to a school for a period of more than five years.

Sec. 21. Minnesota Statutes 2018, section 136A.65, subdivision 8, is amended to read:

**Subd. 8. Disapproval of registration; appeal.** (a) By giving written notice and reasons to the school, the office may refuse to renew;

(1) revoke, or suspend, or refuse to renew registration;

(2) refuse approval of a school's degree, or; and

(3) refuse approval of use of a regulated term in its name by giving written notice and reasons to the school.

(b) Reasons for revocation or suspension of registration or approval may be for one or more of the following reasons:

(1) violating the provisions of sections 136A.61 to 136A.71;

(2) providing false, misleading, or incomplete information to the office;

(3) presenting information about the school which is false, fraudulent, misleading, deceptive, or inaccurate in a material respect to students or prospective students; or

(4) refusing to allow reasonable inspection or to supply reasonable information after a written request by the office has been received;

(5) using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness, or financial irresponsibility, in the conduct of business in this state or elsewhere;

(6) having been administratively determined by the commissioner or judicially determined to have committed fraud or any other material violation of law involving federal, state, or local government funds;

(7) failing to have enrollment within the last two years at the school;

(8) failing to have any enrollment within two years of a program's approval;

(9) failing to provide the additional surety required under section 136A.646; or

(10) the office has determined the school is vulnerable to closure under section 136A.675.

(c) Any order refusing, revoking, or suspending a school's registration, approval of a school's degree, or use of a regulated term in the school's name is appealable in accordance with chapter 14. The request must be in writing and made to the office within 30 days of the date the school is notified of the action of the office. If a school has been operating and its registration has been revoked, suspended, or refused by the office, the order is not effective until the final determination of the appeal, unless immediate effect is ordered by the court.

(d) If the office issues an order refusing, revoking, or suspending a school's registration, approval of a school's degree, or use of a regulated term in the school's name or issues an order granting conditional approval due to a school's failure to meet the risk analysis requirements under section 136A.675, the office may take the following actions for the administration of state student aid under this chapter and sections 197.791 and 299A.45:

(1) withhold payment of state student aid;

(2) oversee the transfer of state student aid to the school to ensure payment of state student aid in excess of tuition and fees to students;

(3) require the return of any advance state student aid payments made to the school;

(4) require documentation of the proper use of state student aid payments, including proof of payment of state student aid in excess of tuition and fees; and

(5) issue payments of state financial aid directly to a student.

Sec. 22. Minnesota Statutes 2018, section 136A.653, subdivision 1, is amended to read:

Subdivision 1. **Application.** A school that seeks an exemption under this section from the provisions of sections 136A.61 to 136A.71 must apply to the office to establish that the school meets the requirements of an exemption. An exemption expires two years from the date of approval or when a school adds a new program or makes a modification equal to or greater than 25 percent to an existing educational program. If a school is reapplying for an exemption, the application must be submitted to the office 90 days before the current exemption expires. This exemption shall not extend to any school that uses any publication or advertisement that is not truthful and gives any false, fraudulent, deceptive, inaccurate, or misleading impressions about the school or its personnel, programs, services, or occupational opportunities for graduates for promotion and student recruitment.

Sec. 23. Minnesota Statutes 2018, section 136A.657, subdivision 1, is amended to read:

Subdivision 1. **Exemption.** Any (a) A program is exempt from the provisions of sections 136A.61 to 136A.71 if it is:

(1) offered by a school or any department or branch of a school (a) which that is substantially owned, operated, or supported by a bona fide church or religious organization; (b) whose programs are

(2) primarily designed for, aimed at and attended by persons who sincerely hold or seek to learn the particular religious faith or beliefs of that church or religious organization; and

(c) whose programs are (3) primarily intended to prepare its students to become ministers of, to enter into some other vocation closely related to, or to conduct their lives in consonance with, the particular faith of that church or religious organization, is exempt from the provisions of sections 136A.61 to 136A.834.

(b) A school or a department or branch of a school is exempt from the provisions of sections 136A.61 to 136A.71 if all of its programs are exempt under paragraph (a).

Sec. 24. Minnesota Statutes 2018, section 136A.657, subdivision 2, is amended to read:

Subd. 2. **Limitation.** (a) This exemption shall not extend to any program or school or to any department or branch of a school ~~which that~~ through advertisements or solicitations represents to any students or prospective students that the school, its aims, goals, missions or purposes or its programs are different from those described in subdivision 1.

(b) This exemption shall not extend to any school ~~which that~~ represents to any student or prospective student that the major purpose of its programs is to:

(1) prepare the student for a vocation not closely related to that particular religious faith; or to

(2) provide the student with a general educational program recognized by other schools or the broader educational, business or social community as being substantially equivalent to the educational programs offered by schools or departments or branches of schools ~~which that~~ are not exempt from sections 136A.61 to 136A.71, and rules adopted pursuant thereto.

(c) This exemption shall not extend to any school that uses any publication or advertisement that is not truthful and gives any false, fraudulent, deceptive, inaccurate, or misleading impressions about the school; its personnel, programs, or services; or occupational opportunities for its graduates for promotion and student recruitment.

Sec. 25. Minnesota Statutes 2018, section 136A.657, subdivision 3, is amended to read:

Subd. 3. **Scope.** Nothing in sections 136A.61 to ~~136A.834~~ 136A.71, or the rules adopted pursuant thereto, shall be interpreted as permitting the office to determine the truth or falsity of any particular set of religious beliefs.

Sec. 26. Minnesota Statutes 2018, section 136A.658, is amended to read:

#### **136A.658 EXEMPTION; STATE AUTHORIZATION RECIPROCITY AGREEMENT SCHOOLS.**

(a) The office may participate in an interstate reciprocity agreement regarding postsecondary distance education if it determines that participation is in the best interest of Minnesota postsecondary students.

(b) If the office decides to participate in an interstate reciprocity agreement, an institution that meets the following requirements is exempt from the provisions of sections 136A.61 to 136A.71:

(1) the institution is situated in a state which is also participating in the interstate reciprocity agreement;

(2) the institution has been approved to participate in the interstate reciprocity agreement by the institution's home state and other entities with oversight of the interstate reciprocity agreement; and

(3) the institution has elected to participate in and operate in compliance with the terms of the interstate reciprocity agreement.

(c) If the office participates in an interstate reciprocity agreement and the office is responsible for the administration of that interstate reciprocity agreement, which may include the approval of applications for membership of in-state institutions to participate in the interstate reciprocity agreement, the office shall collect reasonable fees sufficient to recover, but not exceed, its costs to administer the interstate reciprocity agreement. The office processing fees for approving an in-state institution application shall be as follows:

- (1) \$750 for institutions with fewer than 2,500 full-time enrollment;
- (2) \$3,000 for institutions with 2,501 to 20,000 full-time enrollment; and
- (3) \$7,500 for institutions with greater than 20,001 full-time enrollment.

Full-time enrollment is established using the previous year's full-time enrollment as established in the United States Department of Education Integrated Postsecondary Education Data System.

Sec. 27. Minnesota Statutes 2018, section 136A.675, is amended to read:

**136A.675 RISK ANALYSIS.**

(a) The office shall develop a set of and apply financial and programmatic evaluation metrics nonfinancial measures as a basis of comparison and trends to evaluate and aid in the detection of the failure or potential failure of a school that may not be financially or administratively responsible and thereby at risk of a precipitous closure. A school may be vulnerable to a precipitous closure if:

(1) the school is unable to meet the standards established under sections 136A.61 to 136A.71. These metrics shall include indicators of financial stability, changes in the senior management or the financial aid and senior administrative staff of an institution, changes in enrollment, changes in program offerings, and changes in faculty staffing patterns; or

(2) the office determines, through the systematic evaluation process in paragraph (d), that the failure to meet one or more of those standards represents a risk of a precipitous closure.

(b) The development of financial standards shall use industry standards as benchmarks. The development of the nonfinancial standards shall include a measure of trends and dramatic changes in trends or practice guidance to develop financial and nonfinancial indicators.

(c) A school must notify the office within five business days if any of the following occur:

(1) the school has defaulted on a debt payment and has not received a waiver of the violation;

(2) the school's owner or owners withdraw equity and the school has a federal composite score of less than 1.5 unless the withdrawal is a transfer between affiliated entities included in a common composite score;

(3) the United States Department of Education requires a 25 percent or greater Letter of Credit or Heightened Cash Monitoring 2;

(4) the school receives notification of probation, warning, show-cause, or loss of institutional accreditation;

(5) the school's institutional accreditor loses federal recognition;

(6) the school violates the United States Department of Education's 90/10 requirement; or

(7) the school receives notification that it has violated state authorization or licensing requirements in a different state that may lead to or has led to the termination of the school's ability to continue to provide educational programs or otherwise continue to operate in that state.

(d) In the event the office receives notification under paragraph (c) or determines risk of a precipitous closure from information collected under section 136A.64, 136A.65, or 136A.672, the office shall collect sufficient data to make a determination of whether a school is vulnerable to a precipitous closure. If the office determines that a school is vulnerable to a precipitous closure:

(1) the office shall provide the determination analysis to the school and request additional context and information. The school may provide context and information to support a sound business practice and plan to confirm financial health and manageable risk. The office shall use the school's additional context and information to reevaluate whether the school is vulnerable to closure;

(2) if the school does not respond to the office's request for additional context and information in clause (1), the office may revoke, suspend, or refuse to renew registration, approval of a school's degree, or use of a regulated term in its name, require additional surety under section 136A.646, require information under section 136A.646, or initiate alternative processes and communications with students enrolled at the school; and

(3) the office may use the reevaluated determination in the office's decision to revoke, suspend, or refuse to renew registration, approval of a school's degree, or use of a regulated term in its name or initiate alternative processes and communications with students enrolled at the school.

(e) If the office determines a risk of a precipitous closure under paragraph (d), the office may require the school to:

(1) conduct periodic monitoring and submit reports on the school's administrative and financial responsibility;

(2) submit contingency plans such as teach-out plans or transfer pathways for students;

(3) provide additional surety under section 136A.646; and

(4) submit school closure information under section 136A.645.

(f) The agency office must specify the metrics and standards for each area measures used for analyzing whether a school is vulnerable to closure and annually provide a copy to each registered institution and post them on the agency website.

(g) The office shall post a list of reviewed indicators and measures on the office's website. The agency office shall use regularly reported data submitted to the federal government or other regulatory or accreditation agencies wherever possible. The agency may require more frequent data reporting by an institution to ascertain whether the standards are being met.

Sec. 28. Minnesota Statutes 2018, section 136A.69, subdivision 1, is amended to read:

Subdivision 1. **Registration fees.** (a) The office shall collect reasonable registration fees that are sufficient to recover, but do not exceed, its costs of administering the registration program. The office shall charge the fees listed in paragraphs (b) and (c) for new registrations.

(b) A new school offering no more than one degree at each level during its first year must pay registration fees for each applicable level in the following amounts:

associate degree	\$2,000
baccalaureate degree	\$2,500
master's degree	\$3,000
doctorate degree	\$3,500

(c) A new school that will offer more than one degree per level during its first year must pay registration fees in an amount equal to the fee for the first degree at each degree level under paragraph (b), plus fees for each additional nondegree program or degree as follows:

nondegree program	\$250
additional associate degree	\$250
additional baccalaureate degree	\$500
additional master's degree	\$750
additional doctorate degree	\$1,000

(d) The annual renewal registration fee is ~~\$1,200~~ \$2,000.

Sec. 29. Minnesota Statutes 2018, section 136A.69, subdivision 4, is amended to read:

Subd. 4. **Visit or consulting fee.** If the office determines that a fact-finding visit or outside consultant is necessary to review, investigate, or evaluate any ~~new or revised~~ degree or nondegree program or the institution, the office shall be reimbursed for the expenses incurred related to the review as follows:

- (1) \$400 for the team base fee or for a paper review conducted by a consultant if the office determines that a fact-finding visit is not required;
- (2) \$300 for each day or part thereof on site per team member; and
- (3) the actual cost of customary meals, lodging, and related travel expenses incurred by team members.

Sec. 30. Minnesota Statutes 2018, section 136A.69, is amended by adding a subdivision to read:

Subd. 4a. **Student complaint fee.** The office shall be reimbursed for expenses necessary to review or investigate any student complaint under section 136A.672 for any registered institution that has more than five student complaints per annual registration period. The office shall be reimbursed for the expenses incurred related to the review or investigation of any complaint that exceeds the fifth complaint as follows:

- (1) \$500;
- (2) \$300 for each day or part thereof that requires a site visit per team member; and
- (3) the actual cost of customary meals, lodging, and related travel expenses incurred by team members.

Sec. 31. Minnesota Statutes 2018, section 136A.824, subdivision 4, is amended to read:

Subd. 4. **Visit or consulting fee.** If the office determines that a fact-finding visit or outside consultant is necessary to review, investigate, or evaluate any new or revised program or the private career school for statutory compliance, the office shall be reimbursed for the expenses incurred related to the review as follows:

- (1) \$400 for the team base fee or for a paper review conducted by a consultant if the office determines that a fact-finding visit is not required;
- (2) \$300 for each day or part thereof on site per team member; and
- (3) the actual cost of customary meals, lodging, and related travel expenses incurred by team members.

Sec. 32. Minnesota Statutes 2018, section 136A.824, is amended by adding a subdivision to read:

Subd. 10. **Student complaint fee.** The office shall be reimbursed for expenses necessary to review or investigate any student complaint under section 136A.8295 for any licensed private career school that has more than five student complaints per annual licensure period. The office shall be reimbursed for the expenses incurred related to the review or investigation of any complaint that exceeds the fifth complaint as follows:

- (1) \$500;
- (2) \$300 for each day or part thereof that requires a site visit per team member; and
- (3) the actual cost of customary meals, lodging, and related travel expenses incurred by team members.

Sec. 33. Minnesota Statutes 2018, section 136A.827, subdivision 4, is amended to read:

Subd. 4. **Proration.** When a student has been accepted by a private career school and gives ~~written~~ notice of cancellation after the program of instruction has begun, but before completion of 75 percent of the program, the amount charged for tuition, fees and all other charges shall be prorated based on the number of days in the term as a portion of the total charges for tuition, fees and all other charges. An additional 25 percent of the total cost of the program may be added but shall not exceed \$100. After completion of 75 percent of the program, no refunds are required. A notice of cancellation from a student under this subdivision must be confirmed in writing by the private career school and mailed to the student's last known address. The confirmation from the school must state that the school has withdrawn the student from enrollment, and if this action was not the student's intent, the student must contact the school.

Sec. 34. Minnesota Statutes 2018, section 136A.829, subdivision 1, is amended to read:

Subdivision 1. **Grounds.** The office may, after notice and upon providing an opportunity for a hearing, under chapter 14 if requested by the parties adversely affected, refuse to issue, refuse to renew, revoke, or suspend a license or solicitor's permit for any of the following grounds:

- (1) violation of any provisions of sections 136A.821 to 136A.833 or any rule adopted by the office;
- (2) furnishing to the office false, misleading, or incomplete information;
- (3) presenting to prospective students information relating to the private career school that is false, fraudulent, deceptive, substantially inaccurate, or misleading;
- (4) refusal to allow reasonable inspection or supply reasonable information after written request by the office;
- (5) using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness, or financial irresponsibility, in the conduct of business in this state or elsewhere;
- (6) having been administratively determined by the commissioner or judicially determined to have committed fraud or any other material violation of law involving federal, state, or local government funds; or
- (7) the existence of any circumstance that would be grounds for the refusal of an initial or renewal license under section 136A.822.

Sec. 35. Minnesota Statutes 2018, section 136A.833, subdivision 1, is amended to read:

**Subdivision 1. Application for exemptions.** A school that seeks an exemption from the provisions of sections 136A.822 to 136A.834 for the school and all of its programs or some of its programs must apply to the office to establish that the school meets the requirements of an exemption. An exemption expires two years from the date of approval or when a school adds a new program or makes a modification equal to or greater than 25 percent to an existing educational program. If a school is reapplying for an exemption, the application must be submitted to the office 90 days before the current exemption expires. This exemption shall not extend to any school that uses any publication or advertisement that is not truthful and gives any false, fraudulent, deceptive, inaccurate, or misleading impressions about the school or its personnel, programs, services, or occupational opportunities for its graduates for promotion and student recruitment.

Sec. 36. Minnesota Statutes 2018, section 136A.834, subdivision 1, is amended to read:

**Subdivision 1. Exemption.** Any (a) A program is exempt from the provisions of sections 136A.821 to 136A.832 if it is:

(1) offered by a private career school or any department or branch of a private career school;

(1) which that is substantially owned, operated, or supported by a bona fide church or religious organization;

(2) whose programs are primarily designed for, aimed at, and attended by persons who sincerely hold or seek to learn the particular religious faith or beliefs of that church or religious organization; and

(3) whose programs are primarily intended to prepare its students to become ministers of, to enter into some other vocation closely related to, or to conduct their lives in consonance with the particular faith of that church or religious organization, is exempt from the provisions of sections 136A.821 to 136A.832.

(b) Any private career school or any department or branch of a private career school is exempt from the provisions of sections 136A.821 to 136A.832 if all of its programs are exempt under paragraph (a).

Sec. 37. Minnesota Statutes 2018, section 136A.834, subdivision 2, is amended to read:

**Subd. 2. Limitations.** (a) An exemption shall not extend to any private career school, department or branch of a private career school, or program of a private career school which that through advertisements or solicitations represents to any students or prospective students that the school, its aims, goals, missions, purposes, or programs are different from those described in subdivision 1.

(b) An exemption shall not extend to any private career school which or program that represents to any student or prospective student that the major purpose of its programs is to:

(1) prepare the student for a vocation not closely related to that particular religious faith; or

(2) provide the student with a general educational program recognized by other private career schools or the broader educational, business, or social community as being substantially equivalent to the educational programs offered by private career schools or departments or branches of private career schools which are not religious in nature and are not exempt from sections 136A.82 to 136A.834 and from rules adopted under sections 136A.82 to 136A.834.

(c) This exemption shall not extend to any school that uses any publication or advertisement that is not truthful and gives any false, fraudulent, deceptive, inaccurate, or misleading impressions about the school or its personnel, programs, services, or occupational opportunities for graduates for promotion and student recruitment.

**ARTICLE 2**  
**MINNESOTA COLLEGE SAVINGS PLAN**

Section 1. Minnesota Statutes 2018, section 136G.01, is amended to read:

**136G.01 PLAN ESTABLISHED.**

A college savings plan known as "the Minnesota college savings plan" or "the Minnesota 529 college savings plan" is established. In establishing this plan, the legislature seeks to encourage individuals to save for postsecondary education by:

- (1) providing a qualified tuition plan under federal tax law; and
- (2) encouraging individuals, foundations, and businesses to provide additional grants to participating students.

Sec. 2. Minnesota Statutes 2018, section 136G.03, subdivision 8, is amended to read:

Subd. 8. **Contribution.** "Contribution" means a payment directly allocated to an account for the benefit of a beneficiary. For a rollover distribution, only the portion of the rollover amount that constitutes investment in the account is treated as a contribution to the account. For purposes of this chapter, "contribution" includes a recontribution that satisfies the requirements of section 529(c)(3)(D) of the Internal Revenue Code.

Sec. 3. Minnesota Statutes 2018, section 136G.03, subdivision 10, is amended to read:

Subd. 10. **Distribution.** "Distribution" means a disbursement from an account ~~to the account owner, the beneficiary, or the beneficiary's estate or to an eligible educational institution~~. Distribution does not include a change of beneficiary to a member of the family of the prior beneficiary or a rollover distribution.

Sec. 4. Minnesota Statutes 2018, section 136G.03, subdivision 11, is amended to read:

Subd. 11. **Dormant account.** "Dormant account" means an account that has not received contributions for at least three consecutive years and the account statements ~~mailed~~ sent to the account owner have been returned as undeliverable.

Sec. 5. Minnesota Statutes 2018, section 136G.03, subdivision 20, is amended to read:

Subd. 20. **Maximum account balance limit.** "Maximum account balance limit" means the amount established by the office under section 136G.09, subdivision 8, paragraph ~~(4)~~ (b).

Sec. 6. Minnesota Statutes 2018, section 136G.03, subdivision 31, is amended to read:

Subd. 31. **Qualified rollover distribution.** "Qualified rollover distribution" means a ~~transfer of funds made:~~

- ~~(1) from one account to another account within 60 days of a distribution;~~
- ~~(2) from another qualified state tuition program to an account within 60 days of the distribution; or~~
- ~~(3) to another qualified state tuition program from an account within 60 days of a distribution.~~

~~When there is a change of beneficiary in a rollover distribution, the transfer of funds must be made for the benefit of a new beneficiary who is a member of the family of the prior beneficiary. A rollover distribution from one qualified tuition plan to another once every 12 months without a change of beneficiary is permitted distribution that qualifies as a rollover under section 529(c)(3)(C) of the Internal Revenue Code.~~

Sec. 7. Minnesota Statutes 2018, section 136G.03, is amended by adding a subdivision to read:

Subd. 33a. **Taxable distribution.** "Taxable distribution" means: (1) a distribution made from an account other than a qualified distribution, the earnings on which are subject to one or more federal taxes; or (2) a distribution subject to additional federal tax under section 529(c)(6) of the Internal Revenue Code.

Sec. 8. Minnesota Statutes 2018, section 136G.05, subdivision 2, is amended to read:

Subd. 2. **Accounts-type plan.** The office must establish the plan and the plan must be operated as an accounts-type plan that permits persons to save for qualified higher education expenses ~~incurred at any eligible educational institution, regardless of whether it is private or public or whether it is located within or outside of the state~~. A separate account must be maintained for each beneficiary for whom contributions are made.

Sec. 9. Minnesota Statutes 2018, section 136G.05, subdivision 5, is amended to read:

Subd. 5. **Nonqualified distributions and Forfeited matching grants.** There cannot be a nonqualified withdrawal of matching grant funds and Any refund of a matching grants grant forfeited under section 136G.11, subdivision 13, must be returned to the plan office.

Sec. 10. Minnesota Statutes 2018, section 136G.05, subdivision 7, is amended to read:

Subd. 7. **Marketing.** The commissioner shall make parents and other interested individuals aware of the availability and advantages of the program plan as a way to save for higher education costs.

Sec. 11. Minnesota Statutes 2018, section 136G.09, subdivision 6, is amended to read:

Subd. 6. **Change of beneficiary.** Except as provided for minor trust accounts in section 136G.14, an account owner may change the beneficiary of an account to a member of the family of the current beneficiary, at any time without penalty, if the change will not cause the total account balance of all accounts held for the new beneficiary to exceed the maximum account balance limit as provided in subdivision 8. A change of beneficiary other than as permitted in this subdivision is treated as a nonqualified taxable distribution under section 136G.13, subdivision 3.

Sec. 12. Minnesota Statutes 2018, section 136G.09, subdivision 8, is amended to read:

Subd. 8. **Maximum account balance limit.** (a) When a contribution is made, the total account balance of all accounts held for the same beneficiary, including matching grant accounts, must not exceed the maximum account balance limit as determined under this subdivision.

(b) The office must establish a maximum account balance limit. The office must adjust the maximum account balance limit, as necessary, or on January 1 of each year. The maximum account balance limit must not exceed the amount permitted for the plan to qualify as a qualified tuition program under section 529 of the Internal Revenue Code.

(c) ~~If the total account balance of all accounts held for a single beneficiary reaches the maximum account balance limit prior to the end of that calendar year, the beneficiary may receive an applicable matching grant for that calendar year.~~

Sec. 13. Minnesota Statutes 2018, section 136G.11, subdivision 11, is amended to read:

Subd. 11. **Ownership of matching grant funds.** The state retains ownership of all matching grants and earnings on matching grants until a qualified distribution is made to a beneficiary ~~or, an account owner, an eligible educational institution, or any other third party as requested by an account owner.~~

Sec. 14. Minnesota Statutes 2018, section 136G.11, subdivision 13, is amended to read:

Subd. 13. **Forfeiture of matching grants.** (a) Matching grants are forfeited if:

(1) the account owner transfers the total account balance of an account to another account or to another qualified tuition program;

(2) ~~the beneficiary receives a full tuition scholarship or is attending a United States service academy any of the exceptions under section 530(d)(4)(B)(i) to (iv) of the Internal Revenue Code apply to the beneficiary, and the exceptions cover 100 percent of the beneficiary's qualified higher education expenses;~~

(3) ~~the beneficiary dies or becomes disabled;~~

(4) the account owner changes the beneficiary of the account; or

~~(5) (4) the account owner closes the account with a nonqualified withdrawal, taxable distribution; or~~

~~(5) the account owner closes the account with a withdrawal for a qualified distribution that would not have been a qualified distribution on December 31, 2010.~~

(b) Matching grants must be proportionally forfeited if:

(1) the account owner transfers a portion of an account to another account or to another qualified tuition program;

(2) ~~the beneficiary receives a scholarship covering a portion of qualified higher education expenses the account owner takes a partial taxable distribution; or~~

(3) the account owner makes a partial ~~nonqualified withdrawal for a qualified distribution that would not have been a qualified distribution on December 31, 2010.~~

(c) If the account owner makes a misrepresentation in a participation agreement or an application for a matching grant that results in a matching grant, the matching grant associated with the misrepresentation is forfeited. The office and the board must instruct the plan administrator as to the amount to be forfeited from the matching grant account. The office and the board must withdraw the matching grant or the proportion of the matching grant that is related to the misrepresentation.

Sec. 15. Minnesota Statutes 2018, section 136G.13, is amended to read:

### **136G.13 ACCOUNT DISTRIBUTIONS.**

Subdivision 1. **Qualified distribution methods.** (a) Qualified distributions may be made:

(1) directly to participating eligible educational institutions on behalf of the beneficiary;

~~(2) in the form of a check payable to both the beneficiary and the eligible educational institution; or~~

~~(3) (2) directly to the account owner or beneficiary if the account owner or beneficiary has already paid qualified higher education expenses.; or~~

(3) to any other third party as requested by the account owner.

(b) Qualified distributions must be withdrawn proportionally from contributions and earnings in an account owner's account on the date of distribution as provided in section 529 of the Internal Revenue Code.

Subd. 2. **Matching grant accounts.** Qualified distributions are based on the total account balances in an account owner's account and matching grant account, if any, on the date of distribution. Qualified distributions must be withdrawn proportionally from each account based on the relative total account balance of each account to the total account balance for both accounts. Amounts for matching grants and matching grant earnings must only be distributed for qualified higher education expenses. Matching grant account funds may be used as part or all of a distribution that was a qualified distribution on December 31, 2010.

Subd. 3. **Nonqualified Taxable distribution.** An account owner may request a nonqualified taxable distribution from an account at any time. Nonqualified Taxable distributions are based on the total account balances in an account owner's account and must be withdrawn proportionally from contributions and earnings as provided in section 529 of the Internal Revenue Code. The earnings portion of a nonqualified distribution is subject to a federal additional tax pursuant to section 529 of the Internal Revenue Code. For purposes of this subdivision, "earnings portion" means the ratio of the earnings in the account to the total account balance, immediately prior to the distribution, multiplied by the distribution.

Subd. 4. **Nonqualified distributions from matching grant accounts.** (a) If an account the owner of an account that has a matching grant account requests (1) a distribution that would not have been a qualified distribution on December 31, 2010, or (2) a nonqualified taxable distribution from an account that has a matching grant account, the total account balance of the matching grant account, if any, is reduced.

(b) After the nonqualified distribution in paragraph (a) is withdrawn from the account including any penalty as provided in subdivision 3, the account owner forfeits matching grant amounts in the same proportion as the nonqualified distribution is to the total account balance of the account.

Subd. 5. **Distributions due to death or disability of, or scholarship to, or attendance at a United States military academy by, a beneficiary.** An account owner may request a distribution due to the death or disability of, or scholarship to, or attendance at a United States military academy by, a beneficiary from an account by submitting a completed request to the plan. Prior to distribution, the account owner shall certify the reason for the distribution and provide written confirmation from a third party that the beneficiary has died, become disabled, or received a scholarship for attendance at an eligible educational institution, or is attending a United States military academy. The plan must not consider a request to make a distribution until a third party written confirmation is received by the plan. For purposes of this subdivision, a third party written confirmation consists of the following: The plan shall apprise the account owner that the account owner is responsible for obtaining and retaining records and other documentation adequate to substantiate a distribution under this section.

(1) for death of the beneficiary, a certified copy of the beneficiary's death record;

(2) for disability of the beneficiary, a certification by a physician who is a doctor of medicine or osteopathic medicine stating that the doctor is legally authorized to practice in a state of the United States and that the beneficiary is unable to attend any eligible educational institution because of an injury or illness that is expected to continue indefinitely or result in death. Certification must be on a form approved by the plan;

(3) for a scholarship award to the beneficiary, a letter from the grantor of the scholarship or from the eligible educational institution receiving or administering the scholarship, that identifies the beneficiary by name and Social Security number or taxpayer identification number as the recipient of the scholarship and states the amount of the scholarship, the period of time or number of credits or units to which it applies, the date of the scholarship, and, if applicable, the eligible educational institution to which the scholarship is to be applied; or

(4) for attendance by the beneficiary at a United States military academy, a letter from the military academy indicating the beneficiary's enrollment and attendance.

Sec. 16. Minnesota Statutes 2018, section 136G.14, is amended to read:

**136G.14 MINOR TRUST ACCOUNTS.**

(a) This section applies to a plan account in which funds of a minor trust account are invested.

(b) The account owner may not be changed to any person other than a successor custodian or the beneficiary unless a court order directing the change of ownership is provided to the plan administrator. The custodian must sign all forms and requests submitted to the plan administrator in the custodian's representative capacity. The custodian must notify the plan administrator in writing when the beneficiary becomes legally entitled to be the account owner. An account owner under this section may not select a contingent account owner.

(c) The beneficiary of an account under this section may not be changed. If the beneficiary dies, assets in a plan account become the property of the beneficiary's estate. Funds in an account must not be transferred or rolled over to another account owner or to an account for another beneficiary. A nonqualified taxable distribution from an account, or a distribution due to the disability or scholarship award to the beneficiary, or made on account of the beneficiary's attendance at a United States military academy that qualifies as an exception under section 530(d)(4)(B)(ii) to (iv) of the Internal Revenue Code, must be used for the benefit of the beneficiary.

(d) Funds in an account for a beneficiary under this section may be rolled over into an ABLE account under section 529A of the Internal Revenue Code, subject to the limits and requirements of section 529A of the Internal Revenue Code.

Sec. 17. **REPEALER.**

Minnesota Statutes 2018, sections 136G.03, subdivisions 4 and 22; and 136G.05, subdivision 6, are repealed."

Amend the title as follows:

Page 1, line 4, after the first semicolon, insert "establishing and increasing fees;"

Correct the title numbers accordingly

With the recommendation that when so amended the bill be re-referred to the Committee on Ways and Means.

The report was adopted.

Pursuant to Joint Rule 2.03 and in accordance with Senate Concurrent Resolution No. 6, H. F. No. 3392 was re-referred to the Committee on Rules and Legislative Administration.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 3423, A bill for an act relating to environment; appropriating money for water quality standards for perfluoroalkyl and polyfluoroalkyl substances; authorizing rulemaking.

Reported the same back with the recommendation that the bill be re-referred to the Environment and Natural Resources Finance Division.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Nelson, M., from the State Government Finance Division to which was referred:

H. F. No. 3568, A bill for an act relating to criminal justice; providing for a planning group to decriminalize mental illness; requiring reports.

Reported the same back with the following amendments:

Page 4, after line 14, insert:

"Sec. 2. **APPROPRIATION; COMMISSIONER OF ADMINISTRATION.**

\$312,000 in fiscal year 2021 is appropriated from the general fund to the commissioner of administration to provide administrative staff and support for the planning group established in section 1. The base for this activity is \$286,000 for fiscal years 2022 to 2026. The base for this activity is \$0 beginning in fiscal year 2027."

Amend the title as follows:

Page 1, line 3, before the period, insert "; appropriating money"

With the recommendation that when so amended the bill be re-referred to the Committee on Ways and Means.

The report was adopted.

Moran from the Committee on Health and Human Services Policy to which was referred:

H. F. No. 3727, A bill for an act relating to human services; modifying policy provisions governing health care; amending Minnesota Statutes 2018, sections 62U.03; 62U.04, subdivision 11; 256.01, subdivision 29; 256B.056, subdivisions 1a, 4, 7, 10; 256B.0561, subdivision 2; 256B.057, subdivision 1; 256B.0575, subdivisions 1, 2; 256B.0625, subdivisions 1, 27, 58; 256B.0751; 256B.0753, subdivision 1, by adding a subdivision; 256B.75; 256L.03, subdivision 1; 256L.15, subdivision 1; Minnesota Statutes 2019 Supplement, section 256B.056, subdivision 7a.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"ARTICLE 1  
DEPARTMENT OF HEALTH

Section 1. Minnesota Statutes 2018, section 144.121, subdivision 1, is amended to read:

Subdivision 1. **Registration; fees.** The fee for the registration for x-ray ~~machines~~ equipment and other sources of ionizing radiation required to be registered under rules adopted by the state commissioner of health pursuant to section 144.12, shall be in an amount as described in subdivision 1a pursuant to section 144.122. The registration shall expire and be renewed as prescribed by the commissioner pursuant to section 144.122.

Sec. 2. Minnesota Statutes 2019 Supplement, section 144.121, subdivision 1a, is amended to read:

**Subd. 1a. Fees for ionizing radiation-producing equipment.** (a) A facility with ionizing radiation-producing equipment and other sources of ionizing radiation must pay an annual initial or annual renewal registration fee consisting of a base facility fee of \$100 and an additional fee for each radiation-source x-ray tube, as follows:

(1) medical or veterinary equipment	\$100
(2) dental x-ray equipment	\$40
(3) x-ray equipment not used on humans or animals	\$100
(4) devices with sources of ionizing radiation not used on humans or animals	\$100
(5) security screening system	\$100

(b) A facility with radiation therapy and accelerator equipment must pay an initial or annual registration fee of \$500. A facility with an industrial accelerator must pay an initial or annual registration fee of \$150.

(c) Electron microscopy equipment is exempt from the registration fee requirements of this section.

(d) For purposes of this section, a security screening system means ionizing radiation-producing equipment designed and used for security screening of humans who are in the custody of a correctional or detention facility, and used by the facility to image and identify contraband items concealed within or on all sides of a human body. For purposes of this section, a correctional or detention facility is a facility licensed under section 241.021 and operated by a state agency or political subdivision charged with detection, enforcement, or incarceration in respect to state criminal and traffic laws.

Sec. 3. Minnesota Statutes 2018, section 144.121, is amended by adding a subdivision to read:

**Subd. 1d. Handheld dental x-ray equipment.** A facility that uses handheld dental x-ray equipment according to section 144.1215 must comply with this section.

Sec. 4. Minnesota Statutes 2018, section 144.121, subdivision 2, is amended to read:

**Subd. 2. Inspections.** Periodic radiation safety inspections of the x-ray equipment and other sources of ionizing radiation shall be made by the state commissioner of health. The frequency of safety inspections shall be prescribed by the commissioner on the basis of the frequency of use of the x-ray equipment and other source of ionizing radiation; provided that each source shall be inspected at least once every four years.

Sec. 5. Minnesota Statutes 2018, section 144.121, subdivision 5, is amended to read:

**Subd. 5. Examination for individual operating x-ray equipment systems.** (a) After January 1, 2008, An individual in a facility with x-ray equipment systems for use on living humans that is registered under subdivision 1 may not operate, nor may the facility allow the individual to operate, x-ray equipment systems unless the individual has passed a national or state examination for limited x-ray machine operators that meets the requirements of paragraphs (b) and (c) and is approved by the commissioner of health.

(b) The commissioner shall establish criteria for the approval of examinations based on national standards, such as the examination in radiography from the American Registry of Radiologic Technologists, the examination for limited scope of practice in radiography from the American Registry of Radiologic Technologists for limited x-ray machine operators, and the American Registry of Chiropractic Radiography Technologists for limited radiography in spines and extremities; or equivalent examinations approved by other states. Equivalent examinations may be approved by the commissioner, if the examination is consistent with the standards for educational and psychological

~~testing as recommended by the American Education Research Association, the American Psychological Association, the National Council on Measurement in Education, or the National Commission for Certifying Agencies. The organization proposing the use of an equivalent examination shall submit a fee to the commissioner of \$1,000 per examination to cover the cost of determining the extent to which the examination meets the examining standards. The collected fee shall be deposited in the state treasury and credited to the state government special revenue fund.~~

(b) Individuals who may operate x-ray systems include:

(1) an individual who has passed the American Registry of Radiologic Technologists (ARRT) registry for radiography examination;

(2) an individual who has passed the American Chiropractic Registry of Radiologic Technologists (ACRRT) registry examination and is limited to radiography of spines and extremities;

(3) a registered limited scope x-ray operator and a registered bone densitometry equipment operator who passed the examination requirements in paragraphs (d) and (e) and practices according to subdivision 5a;

(4) an x-ray operator who has the original certificate or the original letter of passing the examination that was required before January 1, 2008, under Minnesota Statutes 2008, section 144.121, subdivision 5a, paragraph (b), clause (1);

(5) an individual who has passed the American Registry of Radiologic Technologists (ARRT) registry for radiation therapy examination according to subdivision 5e;

(6) a cardiovascular technologist according to subdivision 5c;

(7) a nuclear medicine technologist according to subdivision 5d;

(8) an individual who has passed the examination for a dental hygienist under section 150A.06 and only operates dental x-ray systems;

(9) an individual who has passed the examination for a dental therapist under section 150A.06 and only operates dental x-ray systems;

(10) an individual who has passed the examination for a dental assistant under section 150A.06, and only operates dental x-ray systems;

(11) an individual who has passed the examination under Minnesota Rules, part 3100.8500, subpart 3, and only operates dental x-ray systems; and

(12) a qualified practitioner who is licensed by a health-related licensing board with active practice authority and is working within the practitioner's scope of practice.

(c) Except for individuals under clauses (3) and (4), an individual who is participating in a training or educational program in any of the occupations listed in paragraph (b) is exempt from the examination requirement within the scope and for the duration of the training or educational program.

~~←~~ (d) The Minnesota examination for limited scope x-ray machine operators must include:

(1) radiation protection, radiation physics and radiobiology, equipment maintenance and operation and quality assurance, image production acquisition and technical evaluation, and patient care interactions and management; and

(2) at least one of the following regions of the human anatomy: chest, extremities, skull and sinus, spine, or ~~ankle and foot~~ podiatry. The examinations must include the anatomy of, and positioning radiographic positions and projections for, the specific regions.

(e) The examination for bone densitometry equipment operators must include:

(1) osteoporosis, bone physiology, bone health and patient education, patient preparation, fundamental principals, biological effects of radiation, units of measurements, radiation protection in bone densitometry, fundamentals of x-ray production, quality control, measuring bone mineral testing, determining quality in bone mineral testing, file and database management; and

(2) dual x-ray absorptiometry scanning of the lumbar spine, proximal femur, and forearm. The examination must include the anatomy, scan acquisition, and scan analysis for these three procedures.

~~(d) (f) A limited scope x-ray operator, and a bone densitometry equipment operator, who is are required to take an examination under this subdivision must submit to the commissioner an a registration application for the examination, and a \$25 processing fee, and the required examination fee set by the national organization offering the examination. The processing fee and the examination fee shall be deposited in the state treasury and credited to the state government special revenue fund. The commissioner shall submit the fee to the national organization providing the examination.~~

Sec. 6. Minnesota Statutes 2019 Supplement, section 144.121, subdivision 5a, is amended to read:

Subd. 5a. **Limited scope x-ray machine and bone densitometry equipment operator practice.** (a) A registered limited scope x-ray operator and a registered bone densitometry equipment operator may only practice medical radiography on limited regions of the human anatomy for which the operator has successfully passed an examination identified in subdivision 5, ~~unless the operator meets one of the exemptions described in paragraph (b). The operator may practice using only routine radiographic procedures, for the interpretation by and under the direction of a qualified practitioner, excluding paragraphs (d) and (e) and may not operate~~ computed tomography, cone beam computed tomography, the use of contrast media, and the use of fluoroscopic or mammographic equipment x-ray systems.

(b) This subdivision does not apply to:

- (1) limited x-ray machine operators who passed the examination that was required before January 1, 2008;
- (2) certified radiologic technologists, licensed dental hygienists, registered dental assistants, certified registered nurse anesthetists, and registered physician assistants;
- (3) individuals who are licensed in Minnesota to practice medicine, osteopathic medicine, chiropractic, podiatry, or dentistry;
- (4) individuals who are participating in a training course in any of the occupations listed in clause (2), (3), or (5) for the duration and within the scope of the training course; and
- (5) cardiovascular technologists who assist with the operation of fluoroscopy equipment if they:
  - (i) are credentialed by Cardiovascular Credentialing International as a registered cardiovascular invasive specialist or as a registered cardiac electrophysiology specialist, are a graduate of an education program accredited by the Commission on Accreditation of Allied Health Education Programs, which uses the standards and criteria established by the Joint Review Committee on Education in Cardiovascular Technology, or are designated on a variance granted by the commissioner, effective July 31, 2019; and

~~(ii) are under the personal supervision and in the physical presence of a qualified practitioner for diagnosing or treating a disease or condition of the cardiovascular system in fluoroscopically guided interventional procedures. Cardiovascular technologists may not activate the fluoroscopic system or evaluate quality control tests.~~

Sec. 7. Minnesota Statutes 2018, section 144.121, is amended by adding a subdivision to read:

**Subd. 5c. Cardiovascular technologist practice.** (a) Cardiovascular technologists may assist with the operation of fluoroscopy equipment if they:

(1) are credentialed by Cardiovascular Credentialing International as a registered cardiovascular invasive specialist or as a registered cardiac electrophysiology specialist, are a graduate of an educational program accredited by the Commission on Accreditation of Allied Health Education Programs, which uses the standards and criteria established by the Joint Review Committee on Education in Cardiovascular Technology, or are designated on a variance granted by the commissioner effective July 31, 2019; and

(2) are under the personal supervision and in the physical presence of a qualified practitioner for diagnosing or treating a disease or condition of the cardiovascular system in fluoroscopically guided interventional procedures. Cardiovascular technologists may not activate the fluoroscopic system or evaluate quality control tests.

(b) A cardiovascular technologist who is participating in a training or educational program in any of the occupations listed in this subdivision is exempt from the examination requirement within the scope and for the duration of the training or educational program.

Sec. 8. Minnesota Statutes 2018, section 144.121, is amended by adding a subdivision to read:

**Subd. 5d. Nuclear medicine technologist practice.** (a) Nuclear medicine technologists who have passed the primary pathway credential in Nuclear Medicine Technology Certification Board (NMTCB) for nuclear medicine or the American Registry of Radiologic Technologists (ARRT) for nuclear medicine technology or the American Society of Clinical Pathologists (NM) (ASCP) may operate a fusion imaging device or a dual imaging device that uses radioactive material as a point source in transmission scanning and attenuation correction.

(b) A nuclear medicine technologist in paragraph (a) may only operate a stand-alone computed tomography x-ray system if the technologist has passed the Nuclear Medicine Technology Certification Board for computed tomography (CT) or is credentialed in computed tomography (CT) from the American Registry of Radiologic Technologists (ARRT).

(c) A nuclear medicine technologist who meets the requirements under paragraph (a) and who is participating in a training or educational program to obtain a credential under paragraph (b) is exempt from the examination requirement within the scope and for the duration of the training or educational program.

Sec. 9. Minnesota Statutes 2018, section 144.121, is amended by adding a subdivision to read:

**Subd. 5e. Radiation therapy technologist practice.** (a) A radiation therapy technologist who has passed the primary pathway credential in radiation therapy may operate radiation therapy accelerator and simulator x-ray systems.

(b) A radiation therapy technologist in paragraph (a) may only operate a stand-alone computed tomography x-ray system if the technologist has passed and is credentialed in computed tomography (CT) from the American Registry of Radiologic Technologists (ARRT).

(c) A radiation therapy technologist who meets the requirements under paragraph (a) and who is participating in a training or educational program to obtain a credential under paragraph (b) is exempt from the examination requirement within the scope and for the duration of the training or educational program.

Sec. 10. Minnesota Statutes 2018, section 144.292, subdivision 2, is amended to read:

**Subd. 2. Patient access.** Upon request, a provider shall supply to a patient within 30 calendar days of receiving a written request for medical records complete and current information possessed by that provider concerning any diagnosis, treatment, and prognosis of the patient in terms and language the patient can reasonably be expected to understand.

Sec. 11. Minnesota Statutes 2018, section 144.292, subdivision 5, is amended to read:

**Subd. 5. Copies of health records to patients.** Except as provided in section 144.296, upon a patient's written request, a provider, at a reasonable cost to the patient, shall promptly furnish to the patient within 30 calendar days of receiving a written request for medical records:

(1) copies of the patient's health record, including but not limited to laboratory reports, x-rays, prescriptions, and other technical information used in assessing the patient's health conditions; or

(2) the pertinent portion of the record relating to a condition specified by the patient.

With the consent of the patient, the provider may instead furnish only a summary of the record. The provider may exclude from the health record written speculations about the patient's health condition, except that all information necessary for the patient's informed consent must be provided.

Sec. 12. Minnesota Statutes 2019 Supplement, section 152.29, subdivision 1, is amended to read:

**Subdivision 1. Manufacturer; requirements.** (a) A manufacturer shall may operate eight distribution facilities, which may include the manufacturer's single location for cultivation, harvesting, manufacturing, packaging, and processing but is not required to include that location. The commissioner shall designate the geographical service areas to be served by each manufacturer based on geographical need throughout the state to improve patient access. A manufacturer shall not have more than two distribution facilities in each geographical service area assigned to the manufacturer by the commissioner. A manufacturer shall operate only one location where all cultivation, harvesting, manufacturing, packaging, and processing of medical cannabis shall be conducted. This location may be one of the manufacturer's distribution facility sites. The additional distribution facilities may dispense medical cannabis and medical cannabis products but may not contain any medical cannabis in a form other than those forms allowed under section 152.22, subdivision 6, and the manufacturer shall not conduct any cultivation, harvesting, manufacturing, packaging, or processing at the other distribution facility sites. Any distribution facility operated by the manufacturer is subject to all of the requirements applying to the manufacturer under sections 152.22 to 152.37, including, but not limited to, security and distribution requirements.

(b) A manufacturer may acquire hemp grown in this state from a hemp grower. A manufacturer may manufacture or process hemp into an allowable form of medical cannabis under section 152.22, subdivision 6. Hemp acquired by a manufacturer under this paragraph is subject to the same quality control program, security and testing requirements, and other requirements that apply to medical cannabis under sections 152.22 to 152.37 and Minnesota Rules, chapter 4770.

(c) A medical cannabis manufacturer shall contract with a laboratory approved by the commissioner, subject to any additional requirements set by the commissioner, for purposes of testing medical cannabis manufactured or hemp acquired by the medical cannabis manufacturer as to content, contamination, and consistency to verify the medical cannabis meets the requirements of section 152.22, subdivision 6. The cost of laboratory testing shall be paid by the manufacturer.

(d) The operating documents of a manufacturer must include:

(1) procedures for the oversight of the manufacturer and procedures to ensure accurate record keeping;

(2) procedures for the implementation of appropriate security measures to deter and prevent the theft of medical cannabis and unauthorized entrance into areas containing medical cannabis; and

(3) procedures for the delivery and transportation of hemp between hemp growers and manufacturers.

(e) A manufacturer shall implement security requirements, including requirements for the delivery and transportation of hemp, protection of each location by a fully operational security alarm system, facility access controls, perimeter intrusion detection systems, and a personnel identification system.

(f) A manufacturer shall not share office space with, refer patients to a health care practitioner, or have any financial relationship with a health care practitioner.

(g) A manufacturer shall not permit any person to consume medical cannabis on the property of the manufacturer.

(h) A manufacturer is subject to reasonable inspection by the commissioner.

(i) For purposes of sections 152.22 to 152.37, a medical cannabis manufacturer is not subject to the Board of Pharmacy licensure or regulatory requirements under chapter 151.

(j) A medical cannabis manufacturer may not employ any person who is under 21 years of age or who has been convicted of a disqualifying felony offense. An employee of a medical cannabis manufacturer must submit a completed criminal history records check consent form, a full set of classifiable fingerprints, and the required fees for submission to the Bureau of Criminal Apprehension before an employee may begin working with the manufacturer. The bureau must conduct a Minnesota criminal history records check and the superintendent is authorized to exchange the fingerprints with the Federal Bureau of Investigation to obtain the applicant's national criminal history record information. The bureau shall return the results of the Minnesota and federal criminal history records checks to the commissioner.

(k) A manufacturer may not operate in any location, whether for distribution or cultivation, harvesting, manufacturing, packaging, or processing, within 1,000 feet of a public or private school existing before the date of the manufacturer's registration with the commissioner.

(l) A manufacturer shall comply with reasonable restrictions set by the commissioner relating to signage, marketing, display, and advertising of medical cannabis.

(m) Before a manufacturer acquires hemp from a hemp grower, the manufacturer must verify that the hemp grower has a valid license issued by the commissioner of agriculture under chapter 18K.

(n) Until a state-centralized, seed-to-sale system is implemented that can track a specific medical cannabis plant from cultivation through testing and point of sale, the commissioner shall conduct at least one unannounced inspection per year of each manufacturer that includes inspection of:

(1) business operations;

(2) physical locations of the manufacturer's manufacturing facility and distribution facilities;

(3) financial information and inventory documentation, including laboratory testing results; and

(4) physical and electronic security alarm systems.

Sec. 13. Minnesota Statutes 2018, section 152.35, is amended to read:

**152.35 FEES; DEPOSIT OF REVENUE.**

(a) The commissioner shall collect an enrollment fee of \$200 from patients enrolled under this section. If the patient attests to provides evidence of receiving Social Security disability insurance (SSDI), Supplemental Security Insurance Income (SSI), veterans disability, or railroad disability payments, or being enrolled in medical assistance or MinnesotaCare, then the fee shall be \$50. For purposes of this section:

(1) a patient is considered to receive SSDI if the patient was receiving SSDI at the time the patient was transitioned to retirement benefits by the United States Social Security Administration; and

(2) veterans disability payments include VA dependency and indemnity compensation.

Unless a patient provides evidence of receiving payments from or participating in one of the programs specifically listed in this paragraph, the commissioner of health must collect the \$200 enrollment fee from a patient to enroll the patient in the registry program. The fees shall be payable annually and are due on the anniversary date of the patient's enrollment. The fee amount shall be deposited in the state treasury and credited to the state government special revenue fund.

(b) The commissioner shall collect an application fee of \$20,000 from each entity submitting an application for registration as a medical cannabis manufacturer. Revenue from the fee shall be deposited in the state treasury and credited to the state government special revenue fund.

(c) The commissioner shall establish and collect an annual fee from a medical cannabis manufacturer equal to the cost of regulating and inspecting the manufacturer in that year. Revenue from the fee amount shall be deposited in the state treasury and credited to the state government special revenue fund.

(d) A medical cannabis manufacturer may charge patients enrolled in the registry program a reasonable fee for costs associated with the operations of the manufacturer. The manufacturer may establish a sliding scale of patient fees based upon a patient's household income and may accept private donations to reduce patient fees.

Sec. 14. Minnesota Statutes 2018, section 446A.081, subdivision 9, is amended to read:

**Subd. 9. Other uses of fund.** (a) The drinking water revolving loan fund may be used as provided in the act, including the following uses:

(1) to buy or refinance the debt obligations, at or below market rates, of public water systems for drinking water systems, where the debt was incurred after the date of enactment of the act, for the purposes of construction of the necessary improvements to comply with the national primary drinking water regulations under the federal Safe Drinking Water Act;

(2) to purchase or guarantee insurance for local obligations to improve credit market access or reduce interest rates;

(3) to provide a source of revenue or security for the payment of principal and interest on revenue or general obligation bonds issued by the authority if the bond proceeds are deposited in the fund;

(4) to provide loans or loan guarantees for similar revolving funds established by a governmental unit or state agency;

(5) to earn interest on fund accounts;

(6) to pay the reasonable costs incurred by the authority, the Department of Employment and Economic Development, and the Department of Health for conducting activities as authorized and required under the act up to the limits authorized under the act;

(7) to develop and administer programs for water system supervision, source water protection, and related programs required under the act;

(8) notwithstanding Minnesota Rules, part 7380.0280, to provide principal forgiveness or grants to the extent permitted under the federal Safe Drinking Water Act and other federal law, based on the criteria and requirements established for drinking water projects under the water infrastructure funding program under section 446A.072;

(9) to provide loans, principal forgiveness or grants to the extent permitted under the federal Safe Drinking Water Act and other federal law to address green infrastructure, water or energy efficiency improvements, or other environmentally innovative activities; and

(10) to provide principal forgiveness, or grants for 50 80 percent of the project ~~costs~~ up to a maximum of \$10,000 \$100,000 for projects needed to comply with national primary drinking water standards for an existing nonmunicipal community or noncommunity public water system; and

(11) to provide principal forgiveness or grants to the extent permitted under the federal Safe Drinking Water Act and other federal laws for 50 percent of the project costs up to a maximum of \$250,000 for projects to replace the privately owned portion of drinking water lead service lines.

(b) Principal forgiveness or grants provided under paragraph (a), clause (9), may not exceed 25 percent of the eligible project costs as determined by the Department of Health for project components directly related to green infrastructure, water or energy efficiency improvements, or other environmentally innovative activities, up to a maximum of \$1,000,000.

Sec. 15. Laws 2019, First Special Session chapter 9, article 11, section 35, the effective date, is amended to read:

**EFFECTIVE DATE.** This section is effective August 1, 2020 January 1, 2021.

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

Sec. 16. **REPEALER.**

(a) Minnesota Statutes 2018, section 144.121, subdivisions 3 and 5b, are repealed.

(b) Minnesota Rules, part 7380.0280, is repealed.

## ARTICLE 2 HEALTH-RELATED LICENSING BOARDS

Section 1. Minnesota Statutes 2018, section 62A.307, subdivision 2, is amended to read:

**Subd. 2. Requirement.** Coverage described in subdivision 1 that covers prescription drugs must provide the same coverage for a prescription written by a health care provider authorized to prescribe the particular drug covered by the health coverage described in subdivision 1, regardless of the type of health care provider that wrote the prescription. This section is intended to prohibit denial of coverage based on the prescription having been written by an advanced practice nurse under section 148.235, a physician assistant under section 147A.18 147A.185, or any other nonphysician health care provider authorized to prescribe the particular drug.

Sec. 2. **[62Q.529] COVERAGE FOR DRUGS PRESCRIBED AND DISPENSED BY PHARMACIES.**

(a) A health plan that provides prescription coverage must provide coverage for self-administered hormonal contraceptives, nicotine replacement medications, and opiate antagonists for the treatment of an acute opiate overdose prescribed and dispensed by a licensed pharmacist in accordance with section 151.37, subdivision 14, 15, or 16, under the same terms of coverage that would apply had the prescription drug been prescribed by a licensed physician, physician assistant, or advanced practice nurse practitioner.

(b) A health plan is not required to cover the drug if dispensed by an out-of-network pharmacy, unless the health plan covers prescription drugs dispensed by out-of-network pharmacies.

Sec. 3. Minnesota Statutes 2018, section 147A.01, subdivision 3, is amended to read:

Subd. 3. **Administer.** "Administer" means the delivery by a physician assistant ~~authorized to prescribe legend drugs, a single dose of a legend drug, including controlled substances, to a patient by injection, inhalation, ingestion, or by any other immediate means, and the delivery by a physician assistant ordered by a physician a single dose of a legend drug by injection, inhalation, ingestion, or by any other immediate means.~~

Sec. 4. Minnesota Statutes 2018, section 147A.01, is amended by adding a subdivision to read:

Subd. 6a. **Collaborating physician.** "Collaborating physician" means a Minnesota licensed physician who oversees the performance, practice, and activities of a physician assistant under a collaborative agreement as described in section 147A.02, paragraph (c).

Sec. 5. Minnesota Statutes 2018, section 147A.01, subdivision 21, is amended to read:

Subd. 21. **Prescription.** "Prescription" means a signed written order, an oral order reduced to writing, or an electronic order meeting current and prevailing standards given by a physician assistant ~~authorized to prescribe drugs for patients in the course of the physician assistant's practice; and issued for an individual patient and containing the information required in the physician physician assistant delegation agreement.~~

Sec. 6. Minnesota Statutes 2018, section 147A.01, subdivision 26, is amended to read:

Subd. 26. **Therapeutic order.** "Therapeutic order" means ~~an a written or verbal order given to another for the purpose of treating or curing a patient in the course of a physician assistant's practice. Therapeutic orders may be written or verbal, but do not include the prescribing of legend drugs or medical devices unless prescribing authority has been delegated within the physician physician assistant delegation agreement.~~

Sec. 7. Minnesota Statutes 2018, section 147A.01, subdivision 27, is amended to read:

Subd. 27. **Verbal order.** "Verbal order" means an oral order given to another for the purpose of treating or curing a patient in the course of a physician assistant's practice. ~~Verbal orders do not include the prescribing of legend drugs unless prescribing authority has been delegated within the physician physician assistant delegation agreement.~~

Sec. 8. Minnesota Statutes 2018, section 147A.02, is amended to read:

**147A.02 QUALIFICATIONS FOR LICENSURE.**

Except as otherwise provided in this chapter, an individual shall be licensed by the board before the individual may practice as a physician assistant.

(a) The board may grant a license as a physician assistant to an applicant who:

- (1) submits an application on forms approved by the board;
- (2) pays the appropriate fee as determined by the board;
- (3) has current certification from the National Commission on Certification of Physician Assistants, or its successor agency as approved by the board;
- (4) certifies that the applicant is mentally and physically able to engage safely in practice as a physician assistant;
- (5) has no licensure, certification, or registration as a physician assistant under current discipline, revocation, suspension, or probation for cause resulting from the applicant's practice as a physician assistant, unless the board considers the condition and agrees to licensure;
- (6) submits any other information the board deems necessary to evaluate the applicant's qualifications; and
- (7) has been approved by the board.

(b) All persons registered as physician assistants as of June 30, 1995, are eligible for continuing license renewal. All persons applying for licensure after that date shall be licensed according to this chapter.

(c) A physician assistant who qualifies for licensure must practice for at least 2,080 hours, within the context of a collaborative agreement, within a hospital or integrated clinical setting where physician assistants and physicians work together to provide patient care. The physician assistant shall submit written evidence to the board with the application, or upon completion of the required collaborative practice experience. For purposes of this paragraph, a collaborative agreement is a mutually agreed upon plan for the overall working relationship and collaborative arrangement between a physician assistant, and one or more physicians licensed under chapter 147, that designates the scope of services that can be provided to manage the care of patients. The physician assistant and one of the collaborative physicians must have experience in providing care to patients with the same or similar medical conditions. The collaborating physician is not required to be physically present so long as the collaborating physician and physician assistant are or can be easily in contact with each other by radio, telephone, or other telecommunication device.

Sec. 9. Minnesota Statutes 2018, section 147A.03, is amended by adding a subdivision to read:

Subd. 1a. **Licensure required.** Except as provided under subdivision 2, it is unlawful for any person to practice as a physician assistant without being issued a valid license according to this chapter.

Sec. 10. Minnesota Statutes 2018, section 147A.05, is amended to read:

#### **147A.05 INACTIVE LICENSE.**

(a) Physician assistants who notify the board in writing may elect to place their license on an inactive status. Physician assistants with an inactive license shall be excused from payment of renewal fees and shall not practice as physician assistants. Persons who engage in practice while their license is lapsed or on inactive status shall be considered to be practicing without a license, which shall be grounds for discipline under section 147A.13. Physician assistants who provide care under the provisions of section 147A.23 shall not be considered practicing without a license or subject to disciplinary action. Physician assistants who notify the board of their intent to resume active practice shall be required to pay the current renewal fees and all unpaid back fees and shall be required to meet the criteria for renewal specified in section 147A.07.

(b) Notwithstanding section 147A.03, subdivision 1, a person with an inactive license may continue to use the protected titles specified in section 147A.03, subdivision 1, so long as the person does not practice as a physician assistant.

Sec. 11. Minnesota Statutes 2019 Supplement, section 147A.06, is amended to read:

**147A.06 CANCELLATION OF LICENSE FOR NONRENEWAL.**

Subdivision 1. **Cancellation of license.** The board shall not renew, reissue, reinstate, or restore a license that has lapsed ~~on or after July 1, 1996~~, and has not been renewed within two annual renewal cycles ~~starting July 1, 1997~~. A licensee whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements then in existence for an initial license to practice as a physician assistant.

Subd. 2. **Licensure following lapse of licensed status; transition.** (a) A licensee whose license has lapsed under subdivision 1 before January 1, 2020, and who seeks to regain licensed status after January 1, 2020, shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147A.29.

(b) This subdivision expires July 1, 2022.

Sec. 12. Minnesota Statutes 2018, section 147A.09, is amended to read:

**147A.09 SCOPE OF PRACTICE, DELEGATION.**

Subdivision 1. **Scope of practice.** Physician assistants shall practice medicine only ~~with physician supervision. Physician assistants may perform those duties and responsibilities as delegated in the physician physician assistant delegation agreement and delegation forms maintained at the address of record by the supervising physician and physician assistant, including the prescribing, administering, and dispensing of drugs, controlled substances, and medical devices, excluding anesthetics, other than local anesthetics, injected in connection with an operating room procedure, inhaled anesthesia and spinal anesthesia under an established practice agreement.~~

~~Patient service must be limited to~~ A physician assistant's scope of practice includes:

- (1) services within the training and experience of the physician assistant;
- (2) ~~patient services customary to the practice of the supervising physician or alternate supervising physician physician assistant and the practice agreement; and~~
- (3) ~~services delegated by the supervising physician or alternate supervising physician under the physician physician assistant delegation agreement; and~~
- (4) services within the parameters of the laws, rules, and standards of the facilities in which the physician assistant practices.

~~Nothing in this chapter authorizes physician assistants to perform duties regulated by the boards listed in section 214.01, subdivision 2, other than the Board of Medical Practice, and except as provided in this section.~~

Subd. 2. **Delegation Patient services.** Patient services may include, but are not limited to, the following, ~~as delegated by the supervising physician and authorized in the delegation agreement:~~

- (1) taking patient histories and developing medical status reports;

- (2) performing physical examinations;
- (3) interpreting and evaluating patient data;
- (4) ordering ~~or performing, or reviewing~~ diagnostic procedures, including the use of radiographic imaging systems in compliance with Minnesota Rules 2007, chapter 4732, ~~but excluding interpreting computed tomography scans, magnetic resonance imaging scans, positron emission tomography scans, nuclear scans, and mammography;~~
- (5) ordering or performing therapeutic procedures including the use of ionizing radiation in compliance with Minnesota Rules 2007, chapter 4732;
- (6) providing instructions regarding patient care, disease prevention, and health promotion;
- (7) ~~assisting the supervising physician in providing~~ patient care in the home and in health care facilities;
- (8) creating and maintaining appropriate patient records;
- (9) transmitting or executing specific orders ~~at the direction of the supervising physician~~;
- (10) prescribing, administering, and dispensing drugs, controlled substances, and medical devices ~~if this function has been delegated by the supervising physician pursuant to and subject to the limitations of section 147A.18 and chapter 151. For physician assistants who have been delegated the authority to prescribe controlled substances, such delegation shall be included in the physician physician assistant delegation agreement, and all schedules of controlled substances the physician assistant has the authority to prescribe shall be specified, including administering local anesthetics, but excluding anesthetics injected in connection with an operating room procedure, inhaled anesthesia, and spinal anesthesia;~~
- (11) ~~for physician assistants not delegated prescribing authority, administering legend drugs and medical devices following prospective review for each patient by and upon direction of the supervising physician;~~
- (12) functioning as an emergency medical technician with permission of the ambulance service and in compliance with section 144E.127, and ambulance service rules adopted by the commissioner of health;
- (13) ~~(12) initiating evaluation and treatment procedures essential to providing an appropriate response to emergency situations;~~
- (14) ~~(13) certifying a patient's eligibility for a disability parking certificate under section 169.345, subdivision 2;~~
- (15) ~~(14) assisting at surgery; and~~
- (16) ~~(15) providing medical authorization for admission for emergency care and treatment of a patient under section 253B.05, subdivision 2.~~

~~Orders of physician assistants shall be considered the orders of their supervising physicians in all practice related activities, including, but not limited to, the ordering of diagnostic, therapeutic, and other medical services.~~

**Subd. 3. Practice agreement review.** ~~A physician assistant shall have a practice agreement at the practice level that describes the practice of the physician assistant. The practice agreement must be reviewed on an annual basis by a licensed physician within the same clinic, hospital, health system, or other facility as the physician assistant and has knowledge of the physician assistant's practice to ensure that the physician assistant's medical practice is consistent with the practice agreement. A document stating that the review occurred must be maintained at the practice level and made available to the board, upon request.~~

Subd. 4. Scope of practice limitations; spinal injections for acute and chronic pain. Notwithstanding subdivision 1, a physician assistant may only perform spinal injections to address acute and chronic pain symptoms upon referral and in collaboration with a physician licensed under chapter 147. For purposes of performing spinal injections for acute or chronic pain symptoms, the physician assistant and one or more physicians licensed under chapter 147 must have a mutually agreed upon plan that designates the scope of collaboration necessary for treating patients with acute and chronic pain.

Subd. 5. Scope of practice limitations; psychiatric care for children with emotional disturbance or adults with serious mental illness. Notwithstanding subdivision 1, a physician assistant may only provide ongoing psychiatric treatment for children with emotional disturbance, as defined in section 245.4871, subdivision 15, or adults with serious mental illness in collaboration with a physician licensed under chapter 147. For purposes of providing ongoing psychiatric treatment for children with emotional disturbance or adults with serious mental illness, the practice agreement between the physician assistant and one or more physicians licensed under chapter 147 must define the collaboration between the physician assistant and the collaborating physician, including appropriate consultation or referral to psychiatry.

Sec. 13. Minnesota Statutes 2018, section 147A.13, subdivision 1, is amended to read:

Subdivision 1. **Grounds listed.** The board may refuse to grant licensure or may impose disciplinary action as described in this subdivision against any physician assistant. The following conduct is prohibited and is grounds for disciplinary action:

(1) failure to demonstrate the qualifications or satisfy the requirements for licensure contained in this chapter or rules of the board. The burden of proof shall be upon the applicant to demonstrate such qualifications or satisfaction of such requirements;

(2) obtaining a license by fraud or cheating, or attempting to subvert the examination process. Conduct which subverts or attempts to subvert the examination process includes, but is not limited to:

(i) conduct which violates the security of the examination materials, such as removing examination materials from the examination room or having unauthorized possession of any portion of a future, current, or previously administered licensing examination;

(ii) conduct which violates the standard of test administration, such as communicating with another examinee during administration of the examination, copying another examinee's answers, permitting another examinee to copy one's answers, or possessing unauthorized materials; and

(iii) impersonating an examinee or permitting an impersonator to take the examination on one's own behalf;

(3) conviction, during the previous five years, of a felony reasonably related to the practice of physician assistant. Conviction as used in this subdivision includes a conviction of an offense which if committed in this state would be deemed a felony without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered;

(4) revocation, suspension, restriction, limitation, or other disciplinary action against the person's physician assistant credentials in another state or jurisdiction, failure to report to the board that charges regarding the person's credentials have been brought in another state or jurisdiction, or having been refused licensure by any other state or jurisdiction;

(5) advertising which is false or misleading, violates any rule of the board, or claims without substantiation the positive cure of any disease or professional superiority to or greater skill than that possessed by another physician assistant;

(6) violating a rule adopted by the board or an order of the board, a state, or federal law which relates to the practice of a physician assistant, or in part regulates the practice of a physician assistant, including without limitation sections 604.201, 609.344, and 609.345, or a state or federal narcotics or controlled substance law;

(7) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient; or practice which is professionally incompetent, in that it may create unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of actual injury need not be established;

~~(8) failure to adhere to the provisions of the physician physician assistant delegation agreement;~~

~~(9) (8) engaging in the practice of medicine beyond that what is allowed by the physician physician assistant delegation agreement under this chapter, or aiding or abetting an unlicensed person in the practice of medicine;~~

~~(10) (9) adjudication as mentally incompetent, mentally ill or developmentally disabled, or as a chemically dependent person, a person dangerous to the public, a sexually dangerous person, or a person who has a sexual psychopathic personality by a court of competent jurisdiction, within or without this state. Such adjudication shall automatically suspend a license for its duration unless the board orders otherwise;~~

~~(11) (10) engaging in unprofessional conduct. Unprofessional conduct includes any departure from or the failure to conform to the minimal standards of acceptable and prevailing practice in which proceeding actual injury to a patient need not be established;~~

~~(12) (11) inability to practice with reasonable skill and safety to patients by reason of illness, drunkenness, use of drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills;~~

~~(13) (12) revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law;~~

~~(14) (13) any identification of a physician assistant by the title "Physician," "Doctor," or "Dr." in a patient care setting or in a communication directed to the general public;~~

~~(15) (14) improper management of medical records, including failure to maintain adequate medical records, to comply with a patient's request made pursuant to sections 144.291 to 144.298, or to furnish a medical record or report required by law;~~

~~(16) (15) engaging in abusive or fraudulent billing practices, including violations of the federal Medicare and Medicaid laws or state medical assistance laws;~~

~~(17) (16) becoming addicted or habituated to a drug or intoxicant;~~

~~(18) (17) prescribing a drug or device for other than medically accepted therapeutic, experimental, or investigative purposes authorized by a state or federal agency or referring a patient to any health care provider as defined in sections 144.291 to 144.298 for services or tests not medically indicated at the time of referral;~~

~~(19) (18) engaging in conduct with a patient which is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior which is seductive or sexually demeaning to a patient;~~

~~(20) (19) failure to make reports as required by section 147A.14 or to cooperate with an investigation of the board as required by section 147A.15, subdivision 3;~~

~~(21)~~ (20) knowingly providing false or misleading information that is directly related to the care of that patient unless done for an accepted therapeutic purpose such as the administration of a placebo;

~~(22)~~ (21) aiding suicide or aiding attempted suicide in violation of section 609.215 as established by any of the following:

(i) a copy of the record of criminal conviction or plea of guilty for a felony in violation of section 609.215, subdivision 1 or 2;

(ii) a copy of the record of a judgment of contempt of court for violating an injunction issued under section 609.215, subdivision 4;

(iii) a copy of the record of a judgment assessing damages under section 609.215, subdivision 5; or

(iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2. The board shall investigate any complaint of a violation of section 609.215, subdivision 1 or 2; or

~~(23)~~ (22) ~~failure to maintain annually reviewed and updated physician physician assistant delegation agreements for each physician physician assistant practice relationship, or failure to provide copies of such documents upon request by the board failure to maintain the proof of review document as required under section 147A.09, subdivision 3, or to provide a copy of the document upon request of the board.~~

Sec. 14. Minnesota Statutes 2018, section 147A.14, subdivision 4, is amended to read:

**Subd. 4. Licensed professionals.** Licensed health professionals and persons holding residency permits under section 147.0391, shall report to the board personal knowledge of any conduct which the person reasonably believes constitutes grounds for disciplinary action under this chapter by a physician assistant, including any conduct indicating that the person may be incompetent, or may have engaged in unprofessional conduct or may be medically or physically unable to engage safely in practice as a physician assistant. No report shall be required if the information was obtained in the course of a ~~physician patient~~ provider-patient relationship if the patient is a physician assistant, and the treating ~~physician~~ provider successfully counsels the person to limit or withdraw from practice to the extent required by the impairment.

Sec. 15. Minnesota Statutes 2018, section 147A.16, is amended to read:

#### **147A.16 FORMS OF DISCIPLINARY ACTION.**

When the board finds that a licensed physician assistant has violated a provision of this chapter, it may do one or more of the following:

(1) revoke the license;

(2) suspend the license;

(3) impose limitations or conditions on the physician assistant's practice, including limiting the scope of practice to designated field specialties; ~~impose imposing~~ retraining or rehabilitation requirements; ~~require practice under additional supervision; or condition continued limiting practice on until~~ demonstration of knowledge or skills by appropriate examination or other review of skill and competence;

(4) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the physician assistant of any economic advantage gained by reason of the violation charged or to reimburse the board for the cost of the investigation and proceeding; or

~~(5) order the physician assistant to provide unremunerated professional service under supervision at a designated public hospital, clinic, or other health care institution; or~~

~~(6) (5) censure or reprimand the licensed physician assistant.~~

Upon judicial review of any board disciplinary action taken under this chapter, the reviewing court shall seal the administrative record, except for the board's final decision, and shall not make the administrative record available to the public.

Sec. 16. **[147A.185] PRESCRIBING DRUGS AND THERAPEUTIC DEVICES.**

**Subdivision 1. Diagnosis, prescribing, and ordering.** A physician assistant is authorized to:

(1) diagnose, prescribe, and institute therapy or referrals of patients to health care agencies and providers;

(2) prescribe, procure, sign for, record, administer, and dispense over-the-counter drugs, legend drugs, and controlled substances, including sample drugs; and

(3) plan and initiate a therapeutic regimen that includes ordering and prescribing durable medical devices and equipment, nutrition, diagnostic services, and supportive services including but not limited to home health care, hospice, physical therapy, and occupational therapy.

**Subd. 2. Drug Enforcement Administration requirements.** (a) A physician assistant must:

(1) comply with federal Drug Enforcement Administration (DEA) requirements related to controlled substances; and

(2) file any and all of the physician assistant's DEA registrations and numbers with the board.

(b) The board shall maintain current records of all physician assistants with DEA registration and numbers.

**Subd. 3. Other requirements and restrictions.** (a) Each prescription initiated by a physician assistant shall indicate the following:

(1) the date of issue;

(2) the name and address of the patient;

(3) the name and quantity of the drug prescribed;

(4) directions for use; and

(5) the name and address of the prescribing physician assistant.

(b) In prescribing, dispensing, and administering legend drugs, controlled substances, and medical devices, a physician assistant must comply with this chapter and chapters 151 and 152.

Sec. 17. Minnesota Statutes 2018, section 147A.23, is amended to read:

**147A.23 RESPONDING TO DISASTER SITUATIONS.**

~~(a) A physician assistant duly licensed or credentialed in a United States jurisdiction or by a federal employer who is responding to a need for medical care created by an emergency according to section 604A.01, or a state or local disaster may render such care as the physician assistant is trained to provide, under the physician assistant's license or credential, without the need of a physician physician assistant delegation agreement or a notice of intent to practice as required under section 147A.20. A physician assistant may provide emergency care without physician supervision or under the supervision that is available.~~

~~(b) The physician who provides supervision to a physician assistant while the physician assistant is rendering care in accordance with this section may do so without meeting the requirements of section 147A.20.~~

~~(c) The supervising physician who otherwise provides supervision to a physician assistant under a physician physician assistant delegation agreement described in section 147A.20 shall not be held medically responsible for the care rendered by a physician assistant pursuant to paragraph (a). Services provided by a physician assistant under paragraph (a) shall be considered outside the scope of the relationship between the supervising physician and the physician assistant.~~

Sec. 18. Minnesota Statutes 2018, section 147D.03, subdivision 2, is amended to read:

Subd. 2. **Scope of practice.** The practice of traditional midwifery includes, but is not limited to:

(1) initial and ongoing assessment for suitability of traditional midwifery care;

(2) providing prenatal education and coordinating with a licensed health care provider as necessary to provide comprehensive prenatal care, including the routine monitoring of vital signs, indicators of fetal developments, and ordering standard prenatal laboratory tests and imaging, as needed, with attention to the physical, nutritional, and emotional needs of the woman and her family;

(3) attending and supporting the natural process of labor and birth;

(4) postpartum care of the mother and an initial assessment of the newborn; and

(5) providing information and referrals to community resources on childbirth preparation, breastfeeding, exercise, nutrition, parenting, and care of the newborn; and

(6) ordering ultrasounds, providing point-of-care testing, and ordering laboratory tests that conform to the standard prenatal protocol of the licensed traditional midwife's standard of care.

Sec. 19. Minnesota Statutes 2019 Supplement, section 151.01, subdivision 23, is amended to read:

Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed doctor of osteopathic medicine duly licensed to practice medicine, licensed doctor of dentistry, licensed doctor of optometry, licensed podiatrist, licensed veterinarian, or licensed advanced practice registered nurse. ~~For purposes of sections 151.15, subdivision 4; 151.211, subdivision 3; 151.252, subdivision 3; 151.37, subdivision 2, paragraphs (b), (e), and (f); and 151.461, "practitioner" also means a licensed physician assistant authorized to prescribe, dispense, and administer under chapter 147A.~~ For purposes of sections 151.15, subdivision 4; 151.211, subdivision 3; 151.252, subdivision 3; 151.37, subdivision 2, paragraph (b); and 151.461, "practitioner" also means a dental therapist authorized to dispense and administer under chapter 150A. ~~For purposes of sections 151.252, subdivision 3, and 151.461, "practitioner" also means a pharmacist authorized to prescribe self-administered hormonal contraceptives, nicotine replacement medications, or opiate antagonists under section 151.37, subdivision 14, 15, or 16.~~

Sec. 20. Minnesota Statutes 2019 Supplement, section 151.01, subdivision 27, is amended to read:

**Subd. 27. Practice of pharmacy.** "Practice of pharmacy" means:

(1) interpretation and evaluation of prescription drug orders;

(2) compounding, labeling, and dispensing drugs and devices (except labeling by a manufacturer or packager of nonprescription drugs or commercially packaged legend drugs and devices);

(3) participation in clinical interpretations and monitoring of drug therapy for assurance of safe and effective use of drugs, including the performance of laboratory tests that are waived under the federal Clinical Laboratory Improvement Act of 1988, United States Code, title 42, section 263a et seq., provided that a pharmacist may interpret the results of laboratory tests but may modify drug therapy only pursuant to a protocol or collaborative practice agreement;

(4) participation in drug and therapeutic device selection; drug administration for first dosage and medical emergencies; intramuscular and subcutaneous administration used for the treatment of alcohol or opioid dependence; drug regimen reviews; and drug or drug-related research;

(5) drug administration, through intramuscular and subcutaneous administration used to treat mental illnesses as permitted under the following conditions:

(i) upon the order of a prescriber and the prescriber is notified after administration is complete; or

(ii) pursuant to a protocol or collaborative practice agreement as defined by section 151.01, subdivisions 27b and 27c, and participation in the initiation, management, modification, administration, and discontinuation of drug therapy is according to the protocol or collaborative practice agreement between the pharmacist and a dentist, optometrist, physician, podiatrist, or veterinarian, or an advanced practice registered nurse authorized to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy or medication administration made pursuant to a protocol or collaborative practice agreement must be documented by the pharmacist in the patient's medical record or reported by the pharmacist to a practitioner responsible for the patient's care;

(6) participation in administration of influenza vaccines and vaccines approved by the United States Food and Drug Administration related to COVID-19 or SARS-CoV-2 to all eligible individuals six years of age and older and all other vaccines to patients 13 years of age and older by written protocol with a physician licensed under chapter 147, a physician assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered nurse authorized to prescribe drugs under section 148.235, provided that:

(i) the protocol includes, at a minimum:

(A) the name, dose, and route of each vaccine that may be given;

(B) the patient population for whom the vaccine may be given;

(C) contraindications and precautions to the vaccine;

(D) the procedure for handling an adverse reaction;

(E) the name, signature, and address of the physician, physician assistant, or advanced practice registered nurse;

(F) a telephone number at which the physician, physician assistant, or advanced practice registered nurse can be contacted; and

(G) the date and time period for which the protocol is valid;

(ii) the pharmacist has successfully completed a program approved by the Accreditation Council for Pharmacy Education specifically for the administration of immunizations or a program approved by the board;

(iii) the pharmacist utilizes the Minnesota Immunization Information Connection to assess the immunization status of individuals prior to the administration of vaccines, except when administering influenza vaccines to individuals age nine and older;

(iv) the pharmacist reports the administration of the immunization to the Minnesota Immunization Information Connection; and

(v) the pharmacist complies with guidelines for vaccines and immunizations established by the federal Advisory Committee on Immunization Practices, except that a pharmacist does not need to comply with those portions of the guidelines that establish immunization schedules when administering a vaccine pursuant to a valid, patient-specific order issued by a physician licensed under chapter 147, a physician assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered nurse authorized to prescribe drugs under section 148.235, provided that the order is consistent with the United States Food and Drug Administration approved labeling of the vaccine;

(7) participation in the initiation, management, modification, and discontinuation of drug therapy according to a written protocol or collaborative practice agreement between: (i) one or more pharmacists and one or more dentists, optometrists, physicians, podiatrists, or veterinarians; or (ii) one or more pharmacists and one or more physician assistants authorized to prescribe, dispense, and administer under chapter 147A, or advanced practice registered nurses authorized to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy made pursuant to a protocol or collaborative practice agreement must be documented by the pharmacist in the patient's medical record or reported by the pharmacist to a practitioner responsible for the patient's care;

(8) participation in the storage of drugs and the maintenance of records;

(9) patient counseling on therapeutic values, content, hazards, and uses of drugs and devices;

(10) offering or performing those acts, services, operations, or transactions necessary in the conduct, operation, management, and control of a pharmacy; and

(11) participation in the initiation, management, modification, and discontinuation of therapy with opiate antagonists, as defined in section 604A.04, subdivision 1, pursuant to:

(i) a written protocol as allowed under clause (6); or

(ii) a written protocol with a community health board medical consultant or a practitioner designated by the commissioner of health, as allowed under section 151.37, subdivision 13; and

(12) prescribing self-administered hormonal contraceptives; nicotine replacement medications; and opiate antagonists for the treatment of an acute opiate overdose pursuant to section 151.37, subdivision 14, 15, or 16.

Sec. 21. Minnesota Statutes 2018, section 151.01, is amended by adding a subdivision to read:

**Subd. 42. Self-administered hormonal contraceptive.** "Self-administered hormonal contraceptive" means a drug composed of a combination of hormones that is approved by the United States Food and Drug Administration to prevent pregnancy and is administered by the user.

Sec. 22. Minnesota Statutes 2018, section 151.37, subdivision 2, is amended to read:

**Subd. 2. Prescribing and filing.** (a) A licensed practitioner in the course of professional practice only, may prescribe, administer, and dispense a legend drug, and may cause the same to be administered by a nurse, a physician assistant, or medical student or resident under the practitioner's direction and supervision, and may cause a person who is an appropriately certified, registered, or licensed health care professional to prescribe, dispense, and administer the same within the expressed legal scope of the person's practice as defined in Minnesota Statutes. A licensed practitioner may prescribe a legend drug, without reference to a specific patient, by directing a licensed dietitian or licensed nutritionist, pursuant to section 148.634; a nurse, pursuant to section 148.235, subdivisions 8 and 9; physician assistant; medical student or resident; or pharmacist according to section 151.01, subdivision 27, to adhere to a particular practice guideline or protocol when treating patients whose condition falls within such guideline or protocol, and when such guideline or protocol specifies the circumstances under which the legend drug is to be prescribed and administered. An individual who verbally, electronically, or otherwise transmits a written, oral, or electronic order, as an agent of a prescriber, shall not be deemed to have prescribed the legend drug. This paragraph applies to a physician assistant only if the physician assistant meets the requirements of section 147A.18.

(b) The commissioner of health, if a licensed practitioner, or a person designated by the commissioner who is a licensed practitioner, may prescribe a legend drug to an individual or by protocol for mass dispensing purposes where the commissioner finds that the conditions triggering section 144.4197 or 144.4198, subdivision 2, paragraph (b), exist. The commissioner, if a licensed practitioner, or a designated licensed practitioner, may prescribe, dispense, or administer a legend drug or other substance listed in subdivision 10 to control tuberculosis and other communicable diseases. The commissioner may modify state drug labeling requirements, and medical screening criteria and documentation, where time is critical and limited labeling and screening are most likely to ensure legend drugs reach the maximum number of persons in a timely fashion so as to reduce morbidity and mortality.

(c) A licensed practitioner that dispenses for profit a legend drug that is to be administered orally, is ordinarily dispensed by a pharmacist, and is not a vaccine, must file with the practitioner's licensing board a statement indicating that the practitioner dispenses legend drugs for profit, the general circumstances under which the practitioner dispenses for profit, and the types of legend drugs generally dispensed. It is unlawful to dispense legend drugs for profit after July 31, 1990, unless the statement has been filed with the appropriate licensing board. For purposes of this paragraph, "profit" means (1) any amount received by the practitioner in excess of the acquisition cost of a legend drug for legend drugs that are purchased in prepackaged form, or (2) any amount received by the practitioner in excess of the acquisition cost of a legend drug plus the cost of making the drug available if the legend drug requires compounding, packaging, or other treatment. The statement filed under this paragraph is public data under section 13.03. This paragraph does not apply to a licensed doctor of veterinary medicine or a registered pharmacist. Any person other than a licensed practitioner with the authority to prescribe, dispense, and administer a legend drug under paragraph (a) shall not dispense for profit. To dispense for profit does not include dispensing by a community health clinic when the profit from dispensing is used to meet operating expenses.

(d) A prescription drug order for the following drugs is not valid, unless it can be established that the prescription drug order was based on a documented patient evaluation, including an examination, adequate to establish a diagnosis and identify underlying conditions and contraindications to treatment:

- (1) controlled substance drugs listed in section 152.02, subdivisions 3 to 5;
- (2) drugs defined by the Board of Pharmacy as controlled substances under section 152.02, subdivisions 7, 8, and 12;
- (3) muscle relaxants;
- (4) centrally acting analgesics with opioid activity;
- (5) drugs containing butalbital; or

(6) phosphodiesterase type 5 inhibitors when used to treat erectile dysfunction.

For purposes of prescribing drugs listed in clause (6), the requirement for a documented patient evaluation, including an examination, may be met through the use of telemedicine, as defined in section 147.033, subdivision 1.

(e) For the purposes of paragraph (d), the requirement for an examination shall be met if an in-person examination has been completed in any of the following circumstances:

(1) the prescribing practitioner examines the patient at the time the prescription or drug order is issued;

(2) the prescribing practitioner has performed a prior examination of the patient;

(3) another prescribing practitioner practicing within the same group or clinic as the prescribing practitioner has examined the patient;

(4) a consulting practitioner to whom the prescribing practitioner has referred the patient has examined the patient; or

(5) the referring practitioner has performed an examination in the case of a consultant practitioner issuing a prescription or drug order when providing services by means of telemedicine.

(f) Nothing in paragraph (d) or (e) prohibits a licensed practitioner from prescribing a drug through the use of a guideline or protocol pursuant to paragraph (a).

(g) Nothing in this chapter prohibits a licensed practitioner from issuing a prescription or dispensing a legend drug in accordance with the Expedited Partner Therapy in the Management of Sexually Transmitted Diseases guidance document issued by the United States Centers for Disease Control.

(h) Nothing in paragraph (d) or (e) limits prescription, administration, or dispensing of legend drugs through a public health clinic or other distribution mechanism approved by the commissioner of health or a community health board in order to prevent, mitigate, or treat a pandemic illness, infectious disease outbreak, or intentional or accidental release of a biological, chemical, or radiological agent.

(i) No pharmacist employed by, under contract to, or working for a pharmacy located within the state and licensed under section 151.19, subdivision 1, may dispense a legend drug based on a prescription that the pharmacist knows, or would reasonably be expected to know, is not valid under paragraph (d).

(j) No pharmacist employed by, under contract to, or working for a pharmacy located outside the state and licensed under section 151.19, subdivision 1, may dispense a legend drug to a resident of this state based on a prescription that the pharmacist knows, or would reasonably be expected to know, is not valid under paragraph (d).

(k) Nothing in this chapter prohibits the commissioner of health, if a licensed practitioner, or, if not a licensed practitioner, a designee of the commissioner who is a licensed practitioner, from prescribing legend drugs for field-delivered therapy in the treatment of a communicable disease according to the Centers For Disease Control and Prevention Partner Services Guidelines.

Sec. 23. Minnesota Statutes 2018, section 151.37, is amended by adding a subdivision to read:

Subd. 14. **Self-administered hormonal contraceptives.** (a) A pharmacist is authorized to prescribe self-administered hormonal contraceptives if the intended use is contraception in accordance with this subdivision. By January 1, 2021, the board shall develop a standardized protocol for the pharmacist to follow in prescribing

self-administrated hormonal contraceptives. In developing the protocol, the board shall consult with the Minnesota Board of Medical Practice; the Minnesota Board of Nursing; the commissioner of health; the Minnesota section of the American Congress of Obstetricians and Gynecologists; professional pharmacy associations; and professional associations of physicians, physician assistants, and advanced practice registered nurses. The protocol must, at a minimum, include:

(1) requiring the patient to complete a self-screening tool to identify patient risk factors for the use of self-administered hormonal contraceptives, based on the current United States Medical Eligibility Criteria for Contraceptive Use developed by the federal Centers for Disease Control and Prevention;

(2) requiring the pharmacist to review the screening tool with the patient;

(3) other assessments the pharmacist should make before prescribing self-administered hormonal contraceptives;

(4) situations when the prescribing of self-administered hormonal contraceptives by a pharmacist is contraindicated;

(5) situations when the pharmacist must refer a patient to the patient's primary care provider or, if the patient does not have a primary care provider, to a nearby clinic or hospital; and

(6) any additional information concerning the requirements and prohibitions in this subdivision that the board considers necessary.

(b) Before a pharmacist is authorized to prescribe a self-administered hormonal contraceptive to a patient under this subdivision, the pharmacist shall successfully complete a training program on prescribing self-administered hormonal contraceptives that is offered by a college of pharmacy or by a continuing education provider that is accredited by the Accreditation Council for Pharmacy Education, or a program approved by the board. To maintain authorization to prescribe, the pharmacist shall complete continuing education requirements as specified by the board.

(c) Before prescribing a self-administered hormonal contraceptive, the pharmacist shall follow the standardized protocol developed under paragraph (a), and if appropriate, may prescribe a self-administered hormonal contraceptive to a patient, if the patient is:

(1) 18 years of age or older; or

(2) under the age of 18 if the patient has previously been prescribed a self-administered hormonal contraceptive by a licensed physician, physician assistant, or advanced practice registered nurse.

(d) The pharmacist shall provide counseling to the patient on the use of self-administered hormonal contraceptives and provide the patient with a fact sheet that includes but is not limited to the contraindications for use of the drug, the appropriate method for using the drug, the need for medical follow-up, and any additional information listed in Minnesota Rules, part 6800.0910, subpart 2, that is required to be given to a patient during the counseling process. The pharmacist shall also provide the patient with a written record of the self-administered hormonal contraceptive prescribed by the pharmacist.

(e) If a pharmacist prescribes and dispenses a self-administered hormonal contraceptive under this subdivision, the pharmacist shall not prescribe a refill to the patient unless the patient has evidence of a clinical visit with a physician, physician assistant, or advanced practice registered nurse within the preceding three years.

(f) A pharmacist who is authorized to prescribe a self-administered hormonal contraceptive is prohibited from delegating the prescribing to any other person. A pharmacist intern registered pursuant to section 151.101 may prepare a prescription for a self-administered hormonal contraceptive, but before the prescription is processed or dispensed, a pharmacist authorized to prescribe under this subdivision must review, approve, and sign the prescription.

(g) Nothing in this subdivision prohibits a pharmacist from participating in the initiation, management, modification, and discontinuation of drug therapy according to a protocol or collaborative agreement as authorized in this section and in section 151.01, subdivision 27.

Sec. 24. Minnesota Statutes 2018, section 151.37, is amended by adding a subdivision to read:

**Subd. 15. Nicotine replacement medications.** (a) A pharmacist is authorized to prescribe nicotine replacement medications approved by the United States Food and Drug Administration in accordance with this subdivision. By January 1, 2021, the board shall develop a standardized protocol for the pharmacist to follow in prescribing nicotine replacement medications. In developing the protocol, the board shall consult with the Minnesota Board of Medical Practice; the Minnesota Board of Nursing; the commissioner of health; professional pharmacy associations; and professional associations of physicians, physician assistants, and advanced practice registered nurses.

(b) Before a pharmacist is authorized to prescribe nicotine replacement medications under this subdivision, the pharmacist shall successfully complete a training program specifically developed for prescribing nicotine replacement medications that is offered by a college of pharmacy or by a continuing education provider that is accredited by the Accreditation Council for Pharmacy Education, or a program approved by the board. To maintain authorization to prescribe, the pharmacist shall complete continuing education requirements as specified by the board.

(c) Before prescribing a nicotine replacement medication, the pharmacist shall follow the appropriate standardized protocol developed under paragraph (a), and if appropriate, may dispense to a patient a nicotine replacement medication.

(d) The pharmacist shall provide counseling to the patient on the use of the nicotine replacement medication and provide the patient with a fact sheet that includes but is not limited to the indications and contraindications for use of a nicotine replacement medication, the appropriate method for using the medication or product, the need for medical follow-up, and any additional information listed in Minnesota Rules, part 6800.0910, subpart 2, that is required to be given to a patient during the counseling process. The pharmacist shall also provide the patient with a written record of the medication prescribed by the pharmacist.

(e) A pharmacist who is authorized to prescribe a nicotine replacement medication under this subdivision is prohibited from delegating the prescribing of the medication to any other person. A pharmacist intern registered pursuant to section 151.101 may prepare a prescription for the medication, but before the prescription is processed or dispensed, a pharmacist authorized to prescribe under this subdivision must review, approve, and sign the prescription.

(f) Nothing in this subdivision prohibits a pharmacist from participating in the initiation, management, modification, and discontinuation of drug therapy according to a protocol or collaborative agreement as authorized in this section and in section 151.01, subdivision 27.

Sec. 25. Minnesota Statutes 2018, section 151.37, is amended by adding a subdivision to read:

**Subd. 16. Opiate antagonists for the treatment of an acute opiate overdose.** (a) A pharmacist is authorized to prescribe opiate antagonists for the treatment of an acute opiate overdose. By January 1, 2021, the board shall develop a standardized protocol for the pharmacist to follow in prescribing an opiate antagonist. In developing the protocol, the board shall consult with the Minnesota Board of Medical Practice; the Minnesota Board of Nursing; the commissioner of health; professional pharmacy associations; and professional associations of physicians, physician assistants, and advanced practice registered nurses.

(b) Before a pharmacist is authorized to prescribe an opiate antagonist under this subdivision, the pharmacist shall successfully complete a training program specifically developed for prescribing opiate antagonists for the treatment of an acute opiate overdose that is offered by a college of pharmacy or by a continuing education provider that is accredited by the Accreditation Council for Pharmacy Education, or a program approved by the board. To maintain authorization to prescribe, the pharmacist shall complete continuing education requirements as specified by the board.

(c) Before prescribing an opiate antagonist under this subdivision, the pharmacist shall follow the appropriate standardized protocol developed under paragraph (a), and if appropriate, may dispense to a patient an opiate antagonist.

(d) The pharmacist shall provide counseling to the patient on the use of the opiate antagonist and provide the patient with a fact sheet that includes but is not limited to the indications and contraindications for use of the opiate antagonist, the appropriate method for using the opiate antagonist, the need for medical follow-up, and any additional information listed in Minnesota Rules, part 6800.0910, subpart 2, that is required to be given to a patient during the counseling process. The pharmacist shall also provide the patient with a written record of the opiate antagonist prescribed by the pharmacist.

(e) A pharmacist who prescribes an opiate antagonist under this subdivision is prohibited from delegating the prescribing of the medication to any other person. A pharmacist intern registered pursuant to section 151.101 may prepare the prescription for the opiate antagonist, but before the prescription is processed or dispensed, a pharmacist authorized to prescribe under this subdivision must review, approve, and sign the prescription.

(f) Nothing in this subdivision prohibits a pharmacist from participating in the initiation, management, modification, and discontinuation of drug therapy according to a protocol as authorized in this section and in section 151.01, subdivision 27.

Sec. 26. Minnesota Statutes 2019 Supplement, section 151.555, subdivision 3, is amended to read:

**Subd. 3. Central repository requirements.** (a) The board shall may publish a request for proposal for participants who meet the requirements of this subdivision and are interested in acting as the central repository for the drug repository program. The board If the board publishes a request for proposal, it shall follow all applicable state procurement procedures in the selection process. The board may also work directly with the University of Minnesota to establish a central repository.

(b) To be eligible to act as the central repository, the participant must be a wholesale drug distributor located in Minnesota, licensed pursuant to section 151.47, and in compliance with all applicable federal and state statutes, rules, and regulations.

(c) The central repository shall be subject to inspection by the board pursuant to section 151.06, subdivision 1.

(d) The central repository shall comply with all applicable federal and state laws, rules, and regulations pertaining to the drug repository program, drug storage, and dispensing. The facility must maintain in good standing any state license or registration that applies to the facility.

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

Sec. 27. Minnesota Statutes 2018, section 152.12, subdivision 1, is amended to read:

**Subdivision 1. Prescribing, dispensing, administering controlled substances in Schedules II through V.** A licensed doctor of medicine, a doctor of osteopathic medicine, duly licensed to practice medicine, a doctor of dental surgery, a doctor of dental medicine, a licensed doctor of podiatry, a licensed advanced practice registered nurse, a licensed physician assistant, or a licensed doctor of optometry limited to Schedules IV and V, and in the course of professional practice only, may prescribe, administer, and dispense a controlled substance included in Schedules II through V of section 152.02, may cause the same to be administered by a nurse, an intern or an assistant under the direction and supervision of the doctor, and may cause a person who is an appropriately certified and licensed health care professional to prescribe and administer the same within the expressed legal scope of the person's practice as defined in Minnesota Statutes.

Sec. 28. Minnesota Statutes 2019 Supplement, section 256B.0625, subdivision 13, is amended to read:

**Subd. 13. Drugs.** (a) Medical assistance covers drugs, except for fertility drugs when specifically used to enhance fertility, if prescribed by a licensed practitioner and dispensed by a licensed pharmacist, by a physician enrolled in the medical assistance program as a dispensing physician, or by a physician, physician assistant, or a nurse practitioner employed by or under contract with a community health board as defined in section 145A.02, subdivision 5, for the purposes of communicable disease control.

(b) The dispensed quantity of a prescription drug must not exceed a 34-day supply, unless authorized by the commissioner.

(c) For the purpose of this subdivision and subdivision 13d, an "active pharmaceutical ingredient" is defined as a substance that is represented for use in a drug and when used in the manufacturing, processing, or packaging of a drug becomes an active ingredient of the drug product. An "excipient" is defined as an inert substance used as a diluent or vehicle for a drug. The commissioner shall establish a list of active pharmaceutical ingredients and excipients which are included in the medical assistance formulary. Medical assistance covers selected active pharmaceutical ingredients and excipients used in compounded prescriptions when the compounded combination is specifically approved by the commissioner or when a commercially available product:

(1) is not a therapeutic option for the patient;

(2) does not exist in the same combination of active ingredients in the same strengths as the compounded prescription; and

(3) cannot be used in place of the active pharmaceutical ingredient in the compounded prescription.

(d) Medical assistance covers the following over-the-counter drugs when prescribed by a licensed practitioner or by a licensed pharmacist who meets standards established by the commissioner, in consultation with the board of pharmacy: antacids, acetaminophen, family planning products, aspirin, insulin, products for the treatment of lice, vitamins for adults with documented vitamin deficiencies, vitamins for children under the age of seven and pregnant or nursing women, and any other over-the-counter drug identified by the commissioner, in consultation with the Formulary Committee, as necessary, appropriate, and cost-effective for the treatment of certain specified chronic diseases, conditions, or disorders, and this determination shall not be subject to the requirements of chapter 14. A pharmacist may prescribe over-the-counter medications as provided under this paragraph for purposes of receiving reimbursement under Medicaid. When prescribing over-the-counter drugs under this paragraph, licensed pharmacists must consult with the recipient to determine necessity, provide drug counseling, review drug therapy for potential adverse interactions, and make referrals as needed to other health care professionals.

(e) Effective January 1, 2006, medical assistance shall not cover drugs that are coverable under Medicare Part D as defined in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, section 1860D-2(e), for individuals eligible for drug coverage as defined in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, section 1860D-1(a)(3)(A). For these individuals, medical assistance may cover drugs from the drug classes listed in United States Code, title 42, section 1396r-8(d)(2), subject to this subdivision and subdivisions 13a to 13g, except that drugs listed in United States Code, title 42, section 1396r-8(d)(2)(E), shall not be covered.

(f) Medical assistance covers drugs acquired through the federal 340B Drug Pricing Program and dispensed by 340B covered entities and ambulatory pharmacies under common ownership of the 340B covered entity. Medical assistance does not cover drugs acquired through the federal 340B Drug Pricing Program and dispensed by 340B contract pharmacies.

(g) Notwithstanding paragraph (a), medical assistance covers self-administered hormonal contraceptives prescribed and dispensed by a licensed pharmacist in accordance with section 151.37, subdivision 14; nicotine replacement medications prescribed and dispensed by a licensed pharmacist in accordance with section 151.37, subdivision 15; and opiate antagonists used for the treatment of an acute opiate overdose prescribed and dispensed by a licensed pharmacist in accordance with section 151.37, subdivision 16.

Sec. 29. Minnesota Statutes 2018, section 256B.0625, subdivision 13h, is amended to read:

**Subd. 13h. Medication therapy management services.** (a) Medical assistance covers medication therapy management services for a recipient taking prescriptions to treat or prevent one or more chronic medical conditions. For purposes of this subdivision, "medication therapy management" means the provision of the following pharmaceutical care services by a licensed pharmacist to optimize the therapeutic outcomes of the patient's medications:

- (1) performing or obtaining necessary assessments of the patient's health status;
- (2) formulating a medication treatment plan, which may include prescribing medications or products in accordance with section 151.37, subdivision 14, 15, or 16;
- (3) monitoring and evaluating the patient's response to therapy, including safety and effectiveness;
- (4) performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events;
- (5) documenting the care delivered and communicating essential information to the patient's other primary care providers;
- (6) providing verbal education and training designed to enhance patient understanding and appropriate use of the patient's medications;
- (7) providing information, support services, and resources designed to enhance patient adherence with the patient's therapeutic regimens; and
- (8) coordinating and integrating medication therapy management services within the broader health care management services being provided to the patient.

Nothing in this subdivision shall be construed to expand or modify the scope of practice of the pharmacist as defined in section 151.01, subdivision 27.

(b) To be eligible for reimbursement for services under this subdivision, a pharmacist must meet the following requirements:

(1) have a valid license issued by the Board of Pharmacy of the state in which the medication therapy management service is being performed;

(2) have graduated from an accredited college of pharmacy on or after May 1996, or completed a structured and comprehensive education program approved by the Board of Pharmacy and the American Council of Pharmaceutical Education for the provision and documentation of pharmaceutical care management services that has both clinical and didactic elements;

(3) be practicing in an ambulatory care setting as part of a multidisciplinary team or have developed a structured patient care process that is offered in a private or semiprivate patient care area that is separate from the commercial business that also occurs in the setting, or in home settings, including long-term care settings, group homes, and facilities providing assisted living services, but excluding skilled nursing facilities; and

(4) make use of an electronic patient record system that meets state standards.

(c) For purposes of reimbursement for medication therapy management services, the commissioner may enroll individual pharmacists as medical assistance providers. The commissioner may also establish contact requirements between the pharmacist and recipient, including limiting the number of reimbursable consultations per recipient.

(d) If there are no pharmacists who meet the requirements of paragraph (b) practicing within a reasonable geographic distance of the patient, a pharmacist who meets the requirements may provide the services via two-way interactive video. Reimbursement shall be at the same rates and under the same conditions that would otherwise apply to the services provided. To qualify for reimbursement under this paragraph, the pharmacist providing the services must meet the requirements of paragraph (b), and must be located within an ambulatory care setting that meets the requirements of paragraph (b), clause (3). The patient must also be located within an ambulatory care setting that meets the requirements of paragraph (b), clause (3). Services provided under this paragraph may not be transmitted into the patient's residence.

(e) Medication therapy management services may be delivered into a patient's residence via secure interactive video if the medication therapy management services are performed electronically during a covered home care visit by an enrolled provider. Reimbursement shall be at the same rates and under the same conditions that would otherwise apply to the services provided. To qualify for reimbursement under this paragraph, the pharmacist providing the services must meet the requirements of paragraph (b) and must be located within an ambulatory care setting that meets the requirements of paragraph (b), clause (3).

**Sec. 30. ISSUANCE OF PRESCRIPTIONS TO TREAT SUBSTANCE USE DISORDERS.**

Subdivision 1. **Applicability during a peacetime emergency.** This section applies during a peacetime emergency declared by the governor under Minnesota Statutes, section 12.31, subdivision 2, for an outbreak of COVID-19.

Subd. 2. **Use of telemedicine allowed.** For purposes of Minnesota Statutes, section 151.37, subdivision 2, paragraph (d), the requirement for an examination shall be met if the prescribing practitioner has performed a telemedicine examination of the patient before issuing a prescription drug order for the treatment of a substance use disorder.

Subd. 3. **Expiration.** This section expires 60 days after the peacetime emergency specified in subdivision 1 is terminated or rescinded by proper authority.

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

Sec. 31. **THERAPEUTIC INTERCHANGE.**

Subdivision 1. **Applicability during a peacetime emergency.** This section applies during a peacetime emergency declared by the governor under Minnesota Statutes, section 12.31, subdivision 2, for an outbreak of COVID-19.

Subd. 2. **Therapeutic interchange.** Notwithstanding Minnesota Statutes, section 151.21, subdivision 7a, paragraph (a), a pharmacist may dispense a therapeutically equivalent and interchangeable prescribed drug or biological product, without having a protocol in place, provided:

(1) the drug prescribed is in short supply and the pharmacist is unable to obtain it from the manufacturer, drug wholesalers, or other pharmacies;

(2) the pharmacist is unable to contact the prescriber within a reasonable period of time to get authorization to dispense a drug that is available;

(3) the pharmacist determines a therapeutically equivalent drug to the one prescribed is available and is in the same American Hospital Formulary Service pharmacologic-therapeutic classification;

(4) the pharmacist informs the patient as required in Minnesota Statutes, section 151.21, subdivision 7a, paragraph (b), and provides counseling to the patient, as required by the Board of Pharmacy rules, about the substituted drug;

(5) the pharmacist informs the prescriber as soon as possible that the therapeutic interchange has been made; and

(6) the therapeutic interchange pursuant to this section is allowed only until the expiration date under subdivision 3.

Subd. 3. **Expiration.** This section expires 60 days after the peacetime emergency specified in subdivision 1 is terminated by proper authority.

Sec. 32. **OBSERVATION OF PHYSICAL THERAPIST ASSISTANTS.**

Subdivision 1. **Applicability during a peacetime emergency.** This section applies during a peacetime emergency declared by the governor under Minnesota Statutes, section 12.31, subdivision 2, for an outbreak of COVID-19.

Subd. 2. **On-site requirements.** For purposes of Minnesota Statutes, section 148.706, subdivision 3, the on-site observation requirement of treatment components delegated to a physical therapist assistant by a physical therapist may be met through observation via telemedicine.

Subd. 3. **Expiration.** This section expires 60 days after the peacetime emergency specified in subdivision 1 is terminated or rescinded by the proper authority.

Sec. 33. **REPEALER.**

Minnesota Statutes 2018, sections 147A.01, subdivisions 4, 11, 16a, 17a, 24, and 25; 147A.04; 147A.10; 147A.11; 147A.18, subdivisions 1, 2, and 3; and 147A.20, are repealed.

**EFFECTIVE DATE.** This section is effective July 1, 2020.

**ARTICLE 3**  
**HEALTH CARE**

Section 1. Minnesota Statutes 2019 Supplement, section 16A.151, subdivision 2, is amended to read:

**Subd. 2. Exceptions.** (a) If a state official litigates or settles a matter on behalf of specific injured persons or entities, this section does not prohibit distribution of money to the specific injured persons or entities on whose behalf the litigation or settlement efforts were initiated. If money recovered on behalf of injured persons or entities cannot reasonably be distributed to those persons or entities because they cannot readily be located or identified or because the cost of distributing the money would outweigh the benefit to the persons or entities, the money must be paid into the general fund.

(b) Money recovered on behalf of a fund in the state treasury other than the general fund may be deposited in that fund.

(c) This section does not prohibit a state official from distributing money to a person or entity other than the state in litigation or potential litigation in which the state is a defendant or potential defendant.

(d) State agencies may accept funds as directed by a federal court for any restitution or monetary penalty under United States Code, title 18, section 3663(a)(3), or United States Code, title 18, section 3663A(a)(3). Funds received must be deposited in a special revenue account and are appropriated to the commissioner of the agency for the purpose as directed by the federal court.

(e) Tobacco settlement revenues as defined in section 16A.98, subdivision 1, paragraph (t), may be deposited as provided in section 16A.98, subdivision 12.

(f) Any money received by the state resulting from a settlement agreement or an assurance of discontinuance entered into by the attorney general of the state, or a court order in litigation brought by the attorney general of the state, on behalf of the state or a state agency, against one or more opioid manufacturers or opioid wholesale drug distributors related to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this state or other alleged illegal actions that contributed to the excessive use of opioids, must be deposited in a separate account in the state treasury and the commissioner shall notify the chairs and ranking minority members of the Finance Committee in the senate and the Ways and Means Committee in the house of representatives that an account has been created. This paragraph does not apply to attorney fees and costs awarded to the state or the Attorney General's Office, to contract attorneys hired by the state or Attorney General's Office, or to other state agency attorneys. If the licensing fees under section 151.065, subdivision 1, clause (16), and subdivision 3, clause (14), are reduced and the registration fee under section 151.066, subdivision 3, is repealed in accordance with section 256.043, subdivision 4, then the commissioner shall transfer from the separate account created in this paragraph to the opiate epidemic response ~~account~~ fund under section 256.043 an amount that ensures that \$20,940,000 each fiscal year is available for distribution in accordance with section 256.043, subdivisions 2 and 3.

Sec. 2. Minnesota Statutes 2018, section 62U.03, is amended to read:

**62U.03 PAYMENT RESTRUCTURING; CARE COORDINATION PAYMENTS.**

(a) By January 1, 2010, health plan companies shall include health care homes in their provider networks and by July 1, 2010, shall pay a care coordination fee for their members who choose to enroll in health care homes certified by the ~~commissioners of health and human services~~ commissioner under section 256B.0751. Health plan companies shall develop payment conditions and terms for the care coordination fee for health care homes participating in their network in a manner that is consistent with the system developed under section 256B.0753. Nothing in this section shall restrict the ability of health plan companies to selectively contract with health care providers, including health care homes. Health plan companies may reduce or reallocate payments to other providers to ensure that implementation of care coordination payments is cost neutral.

(b) By July 1, 2010, the commissioner of management and budget shall implement the care coordination payments for participants in the state employee group insurance program. The commissioner of management and budget may reallocate payments within the health care system in order to ensure that the implementation of this section is cost neutral.

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

Sec. 3. Minnesota Statutes 2018, section 62U.04, subdivision 11, is amended to read:

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

(1) to evaluate the performance of the health care home program as authorized under ~~sections~~ section 256B.0751, subdivision 6, and ~~256B.0752~~, subdivision 2;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 4. Minnesota Statutes 2019 Supplement, section 151.065, subdivision 1, as amended by Laws 2020, chapter 71, article 2, section 5, is amended to read:

Subdivision 1. **Application fees.** Application fees for licensure and registration are as follows:

- (1) pharmacist licensed by examination, \$175;
- (2) pharmacist licensed by reciprocity, \$275;
- (3) pharmacy intern, \$50;
- (4) pharmacy technician, \$50;
- (5) pharmacy, \$260;
- (6) drug wholesaler, legend drugs only, \$5,260;
- (7) drug wholesaler, legend and nonlegend drugs, \$5,260;
- (8) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, \$5,260;
- (9) drug wholesaler, medical gases, \$5,260 for the first facility and \$260 for each additional facility;
- (10) third-party logistics provider, \$260;
- (11) drug manufacturer, nonopiate legend drugs only, \$5,260;
- (12) drug manufacturer, nonopiate legend and nonlegend drugs, \$5,260;
- (13) drug manufacturer, nonlegend or veterinary legend drugs, \$5,260;
- (14) drug manufacturer, medical gases, \$5,260 for the first facility and \$260 for each additional facility;
- (15) drug manufacturer, also licensed as a pharmacy in Minnesota, \$5,260;
- (16) drug manufacturer of opiate-containing controlled substances listed in section 152.02, subdivisions 3 to 5, ~~\$55,000~~ \$55,260;
- (17) medical gas ~~distributor~~ dispenser, \$260;
- (18) controlled substance researcher, \$75; and
- (19) pharmacy professional corporation, \$150.

**EFFECTIVE DATE.** This section is effective July 1, 2020, and applies to any license issued on or after that date.

Sec. 5. Minnesota Statutes 2019 Supplement, section 151.065, subdivision 3, as amended by Laws 2020, chapter 71, article 2, section 6, is amended to read:

**Subd. 3. Annual renewal fees.** Annual licensure and registration renewal fees are as follows:

- (1) pharmacist, \$175;
- (2) pharmacy technician, \$50;
- (3) pharmacy, \$260;
- (4) drug wholesaler, legend drugs only, \$5,260;
- (5) drug wholesaler, legend and nonlegend drugs, \$5,260;
- (6) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, \$5,260;
- (7) drug wholesaler, medical gases, \$5,260 for the first facility and \$260 for each additional facility;
- (8) third-party logistics provider, \$260;
- (9) drug manufacturer, nonopiate legend drugs only, \$5,260;
- (10) drug manufacturer, nonopiate legend and nonlegend drugs, \$5,260;
- (11) drug manufacturer, nonlegend, veterinary legend drugs, or both, \$5,260;
- (12) drug manufacturer, medical gases, \$5,260 for the first facility and \$260 for each additional facility;
- (13) drug manufacturer, also licensed as a pharmacy in Minnesota, \$5,260;
- (14) drug manufacturer of opiate-containing controlled substances listed in section 152.02, subdivisions 3 to 5, ~~\$55,000~~ \$55,260;
- (15) medical gas ~~distributor~~ dispenser, \$260;
- (16) controlled substance researcher, \$75; and
- (17) pharmacy professional corporation, \$100.

**EFFECTIVE DATE.** This section is effective July 1, 2020, and applies to any license renewed on or after that date.

Sec. 6. Minnesota Statutes 2019 Supplement, section 151.065, subdivision 6, is amended to read:

**Subd. 6. Reinstatement fees.** (a) A pharmacist who has allowed the pharmacist's license to lapse may reinstate the license with board approval and upon payment of any fees and late fees in arrears, up to a maximum of \$1,000.

(b) A pharmacy technician who has allowed the technician's registration to lapse may reinstate the registration with board approval and upon payment of any fees and late fees in arrears, up to a maximum of \$90.

(c) An owner of a pharmacy, a drug wholesaler, a drug manufacturer, third-party logistics provider, or a medical gas ~~distributor~~ dispenser who has allowed the license of the establishment to lapse may reinstate the license with board approval and upon payment of any fees and late fees in arrears.

(d) A controlled substance researcher who has allowed the researcher's registration to lapse may reinstate the registration with board approval and upon payment of any fees and late fees in arrears.

(e) A pharmacist owner of a professional corporation who has allowed the corporation's registration to lapse may reinstate the registration with board approval and upon payment of any fees and late fees in arrears.

Sec. 7. Minnesota Statutes 2019 Supplement, section 151.065, subdivision 7, as amended by Laws 2020, chapter 71, article 2, section 7, is amended to read:

**Subd. 7. Deposit of fees.** (a) The license fees collected under this section, with the exception of the fees identified in paragraphs (b) and (c), shall be deposited in the state government special revenue fund.

(b) \$5,000 of each fee collected under subdivision 1, clauses (6) to (9), and (11) to (15), and subdivision 3, clauses (4) to (7), and (9) to (13), and ~~the fees \$55,000 of each fee~~ collected under subdivision 1, clause (16), and subdivision 3, clause (14), shall be deposited in the opiate epidemic response ~~account~~ fund established in section 256.043.

(c) If the fees collected under subdivision 1, clause (16), or subdivision 3, clause (14), are reduced under section 256.043, \$5,000 of the reduced fee shall be deposited in the opiate epidemic response ~~account~~ fund in section 256.043.

Sec. 8. Minnesota Statutes 2019 Supplement, section 151.071, subdivision 2, is amended to read:

**Subd. 2. Grounds for disciplinary action.** The following conduct is prohibited and is grounds for disciplinary action:

(1) failure to demonstrate the qualifications or satisfy the requirements for a license or registration contained in this chapter or the rules of the board. The burden of proof is on the applicant to demonstrate such qualifications or satisfaction of such requirements;

(2) obtaining a license by fraud or by misleading the board in any way during the application process or obtaining a license by cheating, or attempting to subvert the licensing examination process. Conduct that subverts or attempts to subvert the licensing examination process includes, but is not limited to: (i) conduct that violates the security of the examination materials, such as removing examination materials from the examination room or having unauthorized possession of any portion of a future, current, or previously administered licensing examination; (ii) conduct that violates the standard of test administration, such as communicating with another examinee during administration of the examination, copying another examinee's answers, permitting another examinee to copy one's answers, or possessing unauthorized materials; or (iii) impersonating an examinee or permitting an impersonator to take the examination on one's own behalf;

(3) for a pharmacist, pharmacy technician, pharmacist intern, applicant for a pharmacist or pharmacy license, or applicant for a pharmacy technician or pharmacist intern registration, conviction of a felony reasonably related to the practice of pharmacy. Conviction as used in this subdivision includes a conviction of an offense that if committed in this state would be deemed a felony without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered thereon. The board may delay the issuance of a new license or registration if the applicant has been charged with a felony until the matter has been adjudicated;

(4) for a facility, other than a pharmacy, licensed or registered by the board, if an owner or applicant is convicted of a felony reasonably related to the operation of the facility. The board may delay the issuance of a new license or registration if the owner or applicant has been charged with a felony until the matter has been adjudicated;

(5) for a controlled substance researcher, conviction of a felony reasonably related to controlled substances or to the practice of the researcher's profession. The board may delay the issuance of a registration if the applicant has been charged with a felony until the matter has been adjudicated;

(6) disciplinary action taken by another state or by one of this state's health licensing agencies:

(i) revocation, suspension, restriction, limitation, or other disciplinary action against a license or registration in another state or jurisdiction, failure to report to the board that charges or allegations regarding the person's license or registration have been brought in another state or jurisdiction, or having been refused a license or registration by any other state or jurisdiction. The board may delay the issuance of a new license or registration if an investigation or disciplinary action is pending in another state or jurisdiction until the investigation or action has been dismissed or otherwise resolved; and

(ii) revocation, suspension, restriction, limitation, or other disciplinary action against a license or registration issued by another of this state's health licensing agencies, failure to report to the board that charges regarding the person's license or registration have been brought by another of this state's health licensing agencies, or having been refused a license or registration by another of this state's health licensing agencies. The board may delay the issuance of a new license or registration if a disciplinary action is pending before another of this state's health licensing agencies until the action has been dismissed or otherwise resolved;

(7) for a pharmacist, pharmacy, pharmacy technician, or pharmacist intern, violation of any order of the board, of any of the provisions of this chapter or any rules of the board or violation of any federal, state, or local law or rule reasonably pertaining to the practice of pharmacy;

(8) for a facility, other than a pharmacy, licensed by the board, violations of any order of the board, of any of the provisions of this chapter or the rules of the board or violation of any federal, state, or local law relating to the operation of the facility;

(9) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient; or pharmacy practice that is professionally incompetent, in that it may create unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of actual injury need not be established;

(10) aiding or abetting an unlicensed person in the practice of pharmacy, except that it is not a violation of this clause for a pharmacist to supervise a properly registered pharmacy technician or pharmacist intern if that person is performing duties allowed by this chapter or the rules of the board;

(11) for an individual licensed or registered by the board, adjudication as mentally ill or developmentally disabled, or as a chemically dependent person, a person dangerous to the public, a sexually dangerous person, or a person who has a sexual psychopathic personality, by a court of competent jurisdiction, within or without this state. Such adjudication shall automatically suspend a license for the duration thereof unless the board orders otherwise;

(12) for a pharmacist or pharmacy intern, engaging in unprofessional conduct as specified in the board's rules. In the case of a pharmacy technician, engaging in conduct specified in board rules that would be unprofessional if it were engaged in by a pharmacist or pharmacist intern or performing duties specifically reserved for pharmacists under this chapter or the rules of the board;

(13) for a pharmacy, operation of the pharmacy without a pharmacist present and on duty except as allowed by a variance approved by the board;

(14) for a pharmacist, the inability to practice pharmacy with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills. In the case of registered pharmacy technicians, pharmacist interns, or controlled substance researchers, the inability to carry out duties allowed under this chapter or the rules of the board with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills;

(15) for a pharmacist, pharmacy, pharmacist intern, pharmacy technician, medical gas ~~distributor~~ dispenser, or controlled substance researcher, revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law;

(16) for a pharmacist or pharmacy, improper management of patient records, including failure to maintain adequate patient records, to comply with a patient's request made pursuant to sections 144.291 to 144.298, or to furnish a patient record or report required by law;

(17) fee splitting, including without limitation:

(i) paying, offering to pay, receiving, or agreeing to receive, a commission, rebate, kickback, or other form of remuneration, directly or indirectly, for the referral of patients;

(ii) referring a patient to any health care provider as defined in sections 144.291 to 144.298 in which the licensee or registrant has a financial or economic interest as defined in section 144.6521, subdivision 3, unless the licensee or registrant has disclosed the licensee's or registrant's financial or economic interest in accordance with section 144.6521; and

(iii) any arrangement through which a pharmacy, in which the prescribing practitioner does not have a significant ownership interest, fills a prescription drug order and the prescribing practitioner is involved in any manner, directly or indirectly, in setting the price for the filled prescription that is charged to the patient, the patient's insurer or pharmacy benefit manager, or other person paying for the prescription or, in the case of veterinary patients, the price for the filled prescription that is charged to the client or other person paying for the prescription, except that a veterinarian and a pharmacy may enter into such an arrangement provided that the client or other person paying for the prescription is notified, in writing and with each prescription dispensed, about the arrangement, unless such arrangement involves pharmacy services provided for livestock, poultry, and agricultural production systems, in which case client notification would not be required;

(18) engaging in abusive or fraudulent billing practices, including violations of the federal Medicare and Medicaid laws or state medical assistance laws or rules;

(19) engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient;

(20) failure to make reports as required by section 151.072 or to cooperate with an investigation of the board as required by section 151.074;

(21) knowingly providing false or misleading information that is directly related to the care of a patient unless done for an accepted therapeutic purpose such as the dispensing and administration of a placebo;

(22) aiding suicide or aiding attempted suicide in violation of section 609.215 as established by any of the following:

- (i) a copy of the record of criminal conviction or plea of guilty for a felony in violation of section 609.215, subdivision 1 or 2;
- (ii) a copy of the record of a judgment of contempt of court for violating an injunction issued under section 609.215, subdivision 4;
- (iii) a copy of the record of a judgment assessing damages under section 609.215, subdivision 5; or
- (iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2. The board ~~shall~~ must investigate any complaint of a violation of section 609.215, subdivision 1 or 2;

(23) for a pharmacist, practice of pharmacy under a lapsed or nonrenewed license. For a pharmacist intern, pharmacy technician, or controlled substance researcher, performing duties permitted to such individuals by this chapter or the rules of the board under a lapsed or nonrenewed registration. For a facility required to be licensed under this chapter, operation of the facility under a lapsed or nonrenewed license or registration; and

(24) for a pharmacist, pharmacist intern, or pharmacy technician, termination or discharge from the health professionals services program for reasons other than the satisfactory completion of the program.

Sec. 9. Minnesota Statutes 2018, section 151.071, subdivision 8, is amended to read:

**Subd. 8. Temporary suspension of license for pharmacies, drug wholesalers, drug manufacturers, medical gas manufacturers, and medical gas ~~distributors~~ dispensers.** In addition to any other remedy provided by law, the board may, without a hearing, temporarily suspend the license or registration of a pharmacy, drug wholesaler, drug manufacturer, medical gas manufacturer, or medical gas ~~distributor~~ dispenser if the board finds that the licensee or registrant has violated a statute or rule that the board is empowered to enforce and continued operation of the licensed facility would create a serious risk of harm to the public. The suspension ~~shall~~ must take effect upon written notice to the licensee or registrant, specifying the statute or rule violated. The suspension ~~shall~~ must remain in effect until the board issues a final order in the matter after a hearing. At the time it issues the suspension notice, the board ~~shall~~ must schedule a disciplinary hearing to be held pursuant to the Administrative Procedure Act. The licensee or registrant ~~shall~~ must be provided with at least 20 days' notice of any hearing held pursuant to this subdivision. The hearing ~~shall~~ must be scheduled to begin no later than 30 days after the issuance of the suspension order.

Sec. 10. Minnesota Statutes 2019 Supplement, section 151.19, subdivision 3, is amended to read:

**Subd. 3. Sale of federally restricted medical gases.** (a) A person or establishment not licensed as a pharmacy or a practitioner ~~shall~~ must not engage in the retail sale or ~~distribution~~ dispensing of federally restricted medical gases without first obtaining a registration from the board and paying the applicable fee specified in section 151.065. The registration ~~shall~~ must be displayed in a conspicuous place in the business for which it is issued and expires on the date set by the board. It is unlawful for a person to sell or ~~distribute~~ dispense federally restricted medical gases unless a certificate has been issued to that person by the board.

(b) Application for a medical gas ~~distributor~~ dispenser registration under this section ~~shall~~ must be made in a manner specified by the board.

(c) ~~No~~ A registration ~~shall~~ must not be issued or renewed for a medical gas ~~distributor~~ dispenser located within the state unless the applicant agrees to operate in a manner prescribed by federal and state law and according to the rules adopted by the board. ~~No~~ A license ~~shall~~ must not be issued for a medical gas ~~distributor~~ dispenser located outside of the state unless the applicant agrees to operate in a manner prescribed by federal law and, when ~~distributing~~ dispensing medical gases for residents of this state, the laws of this state and Minnesota Rules.

(d) ~~No~~ A registration ~~shall~~ must not be issued or renewed for a medical gas ~~distributor~~ dispenser that is required to be licensed or registered by the state in which it is physically located unless the applicant supplies the board with proof of the licensure or registration. The board may, by rule, establish standards for the registration of a medical gas ~~distributor~~ dispenser that is not required to be licensed or registered by the state in which it is physically located.

(e) The board ~~shall~~ must require a separate registration for each medical gas ~~distributor~~ dispenser located within the state and for each facility located outside of the state from which medical gases are ~~distributed~~ dispensed to residents of this state.

(f) Prior to the issuance of an initial or renewed registration for a medical gas ~~distributor~~ dispenser, the board may require the medical gas ~~distributor~~ dispenser to pass an inspection conducted by an authorized representative of the board. In the case of a medical gas ~~distributor~~ dispenser located outside of the state, the board may require the applicant to pay the cost of the inspection, in addition to the license fee in section 151.065, unless the applicant furnishes the board with a report, issued by the appropriate regulatory agency of the state in which the facility is located, of an inspection that has occurred within the 24 months immediately preceding receipt of the license application by the board. The board may deny licensure unless the applicant submits documentation satisfactory to the board that any deficiencies noted in an inspection report have been corrected.

Sec. 11. Minnesota Statutes 2019 Supplement, section 151.252, subdivision 1, is amended to read:

Subdivision 1. **Requirements.** (a) No person shall act as a drug manufacturer without first obtaining a license from the board and paying any applicable fee specified in section 151.065.

(b) In addition to the license required under paragraph (a), each manufacturer required to pay the registration fee under section 151.066 must pay the fee by June 1 of each year, beginning June 1, 2020. In the event of a change of ownership of the manufacturer, the new owner must pay the registration fee specified under section 151.066, subdivision 3, that the original owner would have been assessed had the original owner retained ownership. The registration fee collected under this paragraph shall be deposited in the opiate epidemic response ~~account~~ fund established under section 256.043.

(c) Application for a drug manufacturer license under this section shall be made in a manner specified by the board.

(d) No license shall be issued or renewed for a drug manufacturer unless the applicant agrees to operate in a manner prescribed by federal and state law and according to Minnesota Rules.

(e) No license shall be issued or renewed for a drug manufacturer that is required to be registered pursuant to United States Code, title 21, section 360, unless the applicant supplies the board with proof of registration. The board may establish by rule the standards for licensure of drug manufacturers that are not required to be registered under United States Code, title 21, section 360.

(f) No license shall be issued or renewed for a drug manufacturer that is required to be licensed or registered by the state in which it is physically located unless the applicant supplies the board with proof of licensure or registration. The board may establish, by rule, standards for the licensure of a drug manufacturer that is not required to be licensed or registered by the state in which it is physically located.

(g) The board shall require a separate license for each facility located within the state at which drug manufacturing occurs and for each facility located outside of the state at which drugs that are shipped into the state are manufactured, except a manufacturer of opiate-containing controlled substances shall not be required to pay the fee under section 151.065, subdivision 1, clause (16), or subdivision 3, clause (14), for more than one facility.

(h) Prior to the issuance of an initial or renewed license for a drug manufacturing facility, the board may require the facility to pass a current good manufacturing practices inspection conducted by an authorized representative of the board. In the case of a drug manufacturing facility located outside of the state, the board may require the applicant to pay the cost of the inspection, in addition to the license fee in section 151.065, unless the applicant furnishes the board with a report, issued by the appropriate regulatory agency of the state in which the facility is located or by the United States Food and Drug Administration, of an inspection that has occurred within the 24 months immediately preceding receipt of the license application by the board. The board may deny licensure unless the applicant submits documentation satisfactory to the board that any deficiencies noted in an inspection report have been corrected.

Sec. 12. Minnesota Statutes 2018, section 256.01, subdivision 29, is amended to read:

**Subd. 29. State medical review team.** (a) To ensure the timely processing of determinations of disability by the commissioner's state medical review team under sections 256B.055, subdivision subdivisions 7, paragraph (b), and 12, and 256B.057, subdivision 9, and 256B.055, subdivision 12, the commissioner shall review all medical evidence submitted by county agencies with a referral and seek additional information from providers, applicants, and enrollees to support the determination of disability where necessary. Disability shall be determined according to the rules of title XVI and title XIX of the Social Security Act and pertinent rules and policies of the Social Security Administration.

(b) Prior to a denial or withdrawal of a requested determination of disability due to insufficient evidence, the commissioner shall (1) ensure that the missing evidence is necessary and appropriate to a determination of disability, and (2) assist applicants and enrollees to obtain the evidence, including, but not limited to, medical examinations and electronic medical records.

(c) The commissioner shall provide the chairs of the legislative committees with jurisdiction over health and human services finance and budget the following information on the activities of the state medical review team by February 1 of each year:

(1) the number of applications to the state medical review team that were denied, approved, or withdrawn;

(2) the average length of time from receipt of the application to a decision;

(3) the number of appeals, appeal results, and the length of time taken from the date the person involved requested an appeal for a written decision to be made on each appeal;

(4) for applicants, their age, health coverage at the time of application, hospitalization history within three months of application, and whether an application for Social Security or Supplemental Security Income benefits is pending; and

(5) specific information on the medical certification, licensure, or other credentials of the person or persons performing the medical review determinations and length of time in that position.

(d) Any appeal made under section 256.045, subdivision 3, of a disability determination made by the state medical review team must be decided according to the timelines under section 256.0451, subdivision 22, paragraph (a). If a written decision is not issued within the timelines under section 256.0451, subdivision 22, paragraph (a), the appeal must be immediately reviewed by the chief human services judge.

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

Sec. 13. Minnesota Statutes 2019 Supplement, section 256.042, subdivision 2, is amended to read:

**Subd. 2. Membership.** (a) The council shall consist of the following 19 voting members, appointed by the commissioner of human services except as otherwise specified, and three nonvoting members:

(1) two members of the house of representatives, appointed in the following sequence: the first from the majority party appointed by the speaker of the house and the second from the minority party appointed by the minority leader. Of these two members, one member must represent a district outside of the seven-county metropolitan area, and one member must represent a district that includes the seven-county metropolitan area. The appointment by the minority leader must ensure that this requirement for geographic diversity in appointments is met;

(2) two members of the senate, appointed in the following sequence: the first from the majority party appointed by the senate majority leader and the second from the minority party appointed by the senate minority leader. Of these two members, one member must represent a district outside of the seven-county metropolitan area and one member must represent a district that includes the seven-county metropolitan area. The appointment by the minority leader must ensure that this requirement for geographic diversity in appointments is met;

(3) one member appointed by the Board of Pharmacy;

(4) one member who is a physician appointed by the Minnesota Medical Association;

(5) one member representing opioid treatment programs, sober living programs, or substance use disorder programs licensed under chapter 245G;

(6) one member appointed by the Minnesota Society of Addiction Medicine who is an addiction psychiatrist;

(7) one member representing professionals providing alternative pain management therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;

(8) one member representing nonprofit organizations conducting initiatives to address the opioid epidemic, with the commissioner's initial appointment being a member representing the Steve Rummel Hope Network, and subsequent appointments representing this or other organizations;

(9) one member appointed by the Minnesota Ambulance Association who is serving with an ambulance service as an emergency medical technician, advanced emergency medical technician, or paramedic;

(10) one member representing the Minnesota courts who is a judge or law enforcement officer;

(11) one public member who is a Minnesota resident and who is in opioid addiction recovery;

(12) two members representing Indian tribes, one representing the Ojibwe tribes and one representing the Dakota tribes;

(13) one public member who is a Minnesota resident and who is suffering from chronic pain, intractable pain, or a rare disease or condition;

(14) one mental health advocate representing persons with mental illness;

(15) one member ~~representing~~ appointed by the Minnesota Hospital Association;

(16) one member representing a local health department; and

(17) the commissioners of human services, health, and corrections, or their designees, who shall be ex officio nonvoting members of the council.

(b) The commissioner of human services shall coordinate the commissioner's appointments to provide geographic, racial, and gender diversity, and shall ensure that at least one-half of council members appointed by the commissioner reside outside of the seven-county metropolitan area. Of the members appointed by the commissioner, to the extent practicable, at least one member must represent a community of color disproportionately affected by the opioid epidemic.

(c) The council is governed by section 15.059, except that members of the council shall serve three-year terms and shall receive no compensation other than reimbursement for expenses. Notwithstanding section 15.059, subdivision 6, the council shall not expire.

(d) The chair shall convene the council at least quarterly, and may convene other meetings as necessary. The chair shall convene meetings at different locations in the state to provide geographic access, and shall ensure that at least one-half of the meetings are held at locations outside of the seven-county metropolitan area.

(e) The commissioner of human services shall provide staff and administrative services for the advisory council.

(f) The council is subject to chapter 13D.

Sec. 14. Minnesota Statutes 2019 Supplement, section 256.042, subdivision 4, is amended to read:

**Subd. 4. Grants.** (a) The commissioner of human services shall submit a report of the grants proposed by the advisory council to be awarded for the upcoming fiscal year to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance, by March 1 of each year, beginning March 1, 2020.

(b) The commissioner of human services shall award grants from the opiate epidemic response ~~account fund~~ under section 256.043. The grants shall be awarded to proposals selected by the advisory council that address the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated by the legislature. No more than three percent of the grant amount may be used by a grantee for administration.

Sec. 15. Minnesota Statutes 2019 Supplement, section 256.043, is amended to read:

#### **256.043 OPIATE EPIDEMIC RESPONSE ~~ACCOUNT~~ FUND.**

**Subdivision 1. Establishment.** The opiate epidemic response ~~account fund~~ is established in the ~~special revenue fund in the~~ state treasury. The registration fees assessed by the Board of Pharmacy under section 151.066 and the license fees identified in section 151.065, subdivision 7, paragraphs (b) and (c), shall be deposited into the ~~account fund~~. Beginning in fiscal year 2021, for each fiscal year, the ~~funds in the account fund~~ shall be administered according to this section.

**Subd. 2. Transfers from account to state agencies.** (a) The commissioner shall transfer the following amounts to the agencies specified in this subdivision.

(b) \$126,000 to the Board of Pharmacy for the collection of the registration fees under section 151.066.

(c) \$672,000 to the commissioner of public safety for the Bureau of Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

Subd. 3. **Appropriations from account fund.** (a) After the ~~transfers described in subdivision 2, and the appropriations in Laws 2019, chapter 63, article 3, section 1, paragraphs (e), (f), (g), and (h)~~ are made, \$249,000 is appropriated to the commissioner of human services for the provision of administrative services to the Opiate Epidemic Response Advisory Council and for the administration of the grants awarded under paragraph (e) (e).

(b) \$126,000 is appropriated to the Board of Pharmacy for the collection of the registration fees under section 151.066.

(c) \$672,000 is appropriated to the commissioner of public safety for the Bureau of Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

~~(b) (d) After the transfers in subdivision 2 and the appropriations in paragraph paragraphs (a) to (c) are made, 50 percent of the remaining amount is appropriated to the commissioner of human services for distribution to county social service and tribal social service agencies to provide child protection services to children and families who are affected by addiction. The commissioner shall distribute this money proportionally to counties and tribal social service agencies based on out-of-home placement episodes where parental drug abuse is the primary reason for the out-of-home placement using data from the previous calendar year. County and tribal social service agencies receiving funds from the opiate epidemic response account fund must annually report to the commissioner on how the funds were used to provide child protection services, including measurable outcomes, as determined by the commissioner. County social service agencies and tribal social service agencies must not use funds received under this paragraph to supplant current state or local funding received for child protection services for children and families who are affected by addiction.~~

~~(e) (e) After making the transfers in subdivision 2 and the appropriations in paragraphs (a) and (b) to (d), the remaining funds in the account are amount in the fund is appropriated to the commissioner to award grants as specified by the Opiate Epidemic Response Advisory Council in accordance with section 256.042, unless otherwise appropriated by the legislature.~~

Subd. 4. **Settlement; sunset.** (a) If the state receives a total sum of \$250,000,000 either as a result of a settlement agreement or an assurance of discontinuance entered into by the attorney general of the state, or resulting from a court order in litigation brought by the attorney general of the state on behalf of the state or a state agency, against one or more opioid manufacturers or opioid wholesale drug distributors related to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this state, or other alleged illegal actions that contributed to the excessive use of opioids, or from the fees collected under sections 151.065, subdivisions 1 and 3, and 151.066, that are deposited into the opiate epidemic response account fund established in this section 256.043, or from a combination of both, the fees specified in section 151.065, subdivisions 1, clause (16), and 3, clause (14), shall be reduced to \$5,260, and the opiate registration fee in section 151.066, subdivision 3, shall be repealed.

(b) The commissioner of management and budget shall inform the board of pharmacy, the governor, and the legislature when the amount specified in paragraph (a) has been reached. The board shall apply the reduced license fee for the next licensure period.

(c) Notwithstanding paragraph (a), the reduction of the license fee in section 151.065, subdivisions 1 and 3, and the repeal of the registration fee in section 151.066 shall not occur before July 1, 2024.

Sec. 16. Minnesota Statutes 2018, section 256B.056, subdivision 1a, is amended to read:

**Subd. 1a. Income and assets generally.** (a)(1) Unless specifically required by state law or rule or federal law or regulation, the methodologies used in counting income and assets to determine eligibility for medical assistance for persons whose eligibility category is based on blindness, disability, or age of 65 or more years, the methodologies for the Supplemental Security Income program shall be used, except as provided under subdivision 3, paragraph (a), clause (6).

(2) Increases in benefits under title II of the Social Security Act shall not be counted as income for purposes of this subdivision until July 1 of each year. Effective upon federal approval, for children eligible under section 256B.055, subdivision 12, or for home and community-based waiver services whose eligibility for medical assistance is determined without regard to parental income, child support payments, including any payments made by an obligor in satisfaction of or in addition to a temporary or permanent order for child support, and Social Security payments are not counted as income.

(b)(1) The modified adjusted gross income methodology as defined in the Affordable Care Act United States Code, title 42, section 1396a(e)(14), shall be used for eligibility categories based on:

- (i) children under age 19 and their parents and relative caretakers as defined in section 256B.055, subdivision 3a;
- (ii) children ages 19 to 20 as defined in section 256B.055, subdivision 16;
- (iii) pregnant women as defined in section 256B.055, subdivision 6;
- (iv) infants as defined in sections 256B.055, subdivision 10, and 256B.057, subdivision 8 1; and
- (v) adults without children as defined in section 256B.055, subdivision 15.

For these purposes, a "methodology" does not include an asset or income standard, or accounting method, or method of determining effective dates.

(2) For individuals whose income eligibility is determined using the modified adjusted gross income methodology in clause (1);

(i) the commissioner shall subtract from the individual's modified adjusted gross income an amount equivalent to five percent of the federal poverty guidelines; and

(ii) the individual's current monthly income and household size is used to determine eligibility for the 12-month eligibility period. If an individual's income is expected to vary month to month, eligibility is determined based on the income predicted for the 12-month eligibility period.

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

Sec. 17. Minnesota Statutes 2018, section 256B.056, subdivision 4, is amended to read:

**Subd. 4. Income.** (a) To be eligible for medical assistance, a person eligible under section 256B.055, subdivisions 7, 7a, and 12, may have income up to 100 percent of the federal poverty guidelines. Effective January 1, 2000, and each successive January, recipients of Supplemental Security Income may have an income up to the Supplemental Security Income standard in effect on that date.

(b) Effective January 1, 2014, To be eligible for medical assistance, under section 256B.055, subdivision 3a, a parent or caretaker relative may have an income up to 133 percent of the federal poverty guidelines for the household size.

(c) To be eligible for medical assistance under section 256B.055, subdivision 15, a person may have an income up to 133 percent of federal poverty guidelines for the household size.

(d) To be eligible for medical assistance under section 256B.055, subdivision 16, a child age 19 to 20 may have an income up to 133 percent of the federal poverty guidelines for the household size.

(e) To be eligible for medical assistance under section 256B.055, subdivision 3a, a child under age 19 may have income up to 275 percent of the federal poverty guidelines for the household size ~~or an equivalent standard when converted using modified adjusted gross income methodology as required under the Affordable Care Act. Children who are enrolled in medical assistance as of December 31, 2013, and are determined ineligible for medical assistance because of the elimination of income disregards under modified adjusted gross income methodology as defined in subdivision 1a remain eligible for medical assistance under the Children's Health Insurance Program Reauthorization Act of 2009, Public Law 111-3, until the date of their next regularly scheduled eligibility redetermination as required in subdivision 7a.~~

(f) In computing income to determine eligibility of persons under paragraphs (a) to (e) who are not residents of long-term care facilities, the commissioner shall disregard increases in income as required by Public Laws 94-566, section 503; 99-272; and 99-509. For persons eligible under paragraph (a), veteran aid and attendance benefits and Veterans Administration unusual medical expense payments are considered income to the recipient.

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

Sec. 18. Minnesota Statutes 2018, section 256B.056, subdivision 7, is amended to read:

**Subd. 7. Period of eligibility.** (a) Eligibility is available for the month of application and for three months prior to application if the person was eligible in those prior months. A redetermination of eligibility must occur every 12 months.

(b) For a person eligible for an insurance affordability program as defined in section 256B.02, subdivision 19, who reports a change that makes the person eligible for medical assistance, eligibility is available for the month the change was reported and for three months prior to the month the change was reported, if the person was eligible in those prior months.

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

Sec. 19. Minnesota Statutes 2019 Supplement, section 256B.056, subdivision 7a, is amended to read:

**Subd. 7a. Periodic renewal of eligibility.** (a) The commissioner shall make an annual redetermination of eligibility based on information contained in the enrollee's case file and other information available to the agency, including but not limited to information accessed through an electronic database, without requiring the enrollee to submit any information when sufficient data is available for the agency to renew eligibility.

(b) If the commissioner cannot renew eligibility in accordance with paragraph (a), the commissioner must provide the enrollee with a prepopulated renewal form containing eligibility information available to the agency and permit the enrollee to submit the form with any corrections or additional information to the agency and sign the renewal form via any of the modes of submission specified in section 256B.04, subdivision 18.

(c) An enrollee who is terminated for failure to complete the renewal process may subsequently submit the renewal form and required information within four months after the date of termination and have coverage reinstated without a lapse, if otherwise eligible under this chapter. The local agency may close the enrollee's case file if the required information is not submitted within four months of termination.

(d) Notwithstanding paragraph (a), ~~individuals a person who is~~ eligible under subdivision 5 shall be ~~required to renew eligibility~~ subject to a review of the person's income every six months.

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

Sec. 20. Minnesota Statutes 2018, section 256B.056, subdivision 10, is amended to read:

Subd. 10. **Eligibility verification.** (a) The commissioner shall require women who are applying for the continuation of medical assistance coverage following the end of the 60-day postpartum period to update their income and asset information and to submit any required income or asset verification.

(b) The commissioner shall determine the eligibility of private-sector health care coverage for infants less than one year of age eligible under section 256B.055, subdivision 10, or 256B.057, subdivision 1, paragraph ~~(b)~~ (c), and shall pay for private-sector coverage if this is determined to be cost-effective.

(c) The commissioner shall verify assets and income for all applicants, and for all recipients upon renewal.

(d) The commissioner shall utilize information obtained through the electronic service established by the secretary of the United States Department of Health and Human Services and other available electronic data sources in Code of Federal Regulations, title 42, sections 435.940 to 435.956, to verify eligibility requirements. The commissioner shall establish standards to define when information obtained electronically is reasonably compatible with information provided by applicants and enrollees, including use of self-attestation, to accomplish real-time eligibility determinations and maintain program integrity.

(e) Each person applying for or receiving medical assistance under section 256B.055, subdivision 7, and any other person whose resources are required by law to be disclosed to determine the applicant's or recipient's eligibility must authorize the commissioner to obtain information from financial institutions to identify unreported accounts as required in section 256.01, subdivision 18f. If a person refuses or revokes the authorization, the commissioner may determine that the applicant or recipient is ineligible for medical assistance. For purposes of this paragraph, an authorization to identify unreported accounts meets the requirements of the Right to Financial Privacy Act, United States Code, title 12, chapter 35, and need not be furnished to the financial institution.

(f) County and tribal agencies shall comply with the standards established by the commissioner for appropriate use of the asset verification system specified in section 256.01, subdivision 18f.

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

Sec. 21. Minnesota Statutes 2018, section 256B.0561, subdivision 2, is amended to read:

Subd. 2. **Periodic data matching.** (a) ~~Beginning April 1, 2018,~~ The commissioner shall conduct periodic data matching to identify recipients who, based on available electronic data, may not meet eligibility criteria for the public health care program in which the recipient is enrolled. The commissioner shall conduct data matching for medical assistance or MinnesotaCare recipients at least once during a recipient's 12-month period of eligibility.

(b) If data matching indicates a recipient may no longer qualify for medical assistance or MinnesotaCare, the commissioner must notify the recipient and allow the recipient no more than 30 days to confirm the information obtained through the periodic data matching or provide a reasonable explanation for the discrepancy to the state or county agency directly responsible for the recipient's case. If a recipient does not respond within the advance notice period or does not respond with information that demonstrates eligibility or provides a reasonable explanation for the discrepancy within the 30-day time period, the commissioner shall terminate the recipient's eligibility in the manner provided for by the laws and regulations governing the health care program for which the recipient has been identified as being ineligible.

(c) The commissioner shall not terminate eligibility for a recipient who is cooperating with the requirements of paragraph (b) and needs additional time to provide information in response to the notification.

(d) A recipient whose eligibility was terminated according to paragraph (b) may be eligible for medical assistance no earlier than the first day of the month in which the recipient provides information that demonstrates the recipient's eligibility.

~~(e)~~ Any termination of eligibility for benefits under this section may be appealed as provided for in sections 256.045 to 256.0451, and the laws governing the health care programs for which eligibility is terminated.

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

Sec. 22. Minnesota Statutes 2018, section 256B.057, subdivision 1, is amended to read:

Subdivision 1. **Infants and pregnant women.** (a) An infant less than two years of age ~~or a pregnant woman~~ is eligible for medical assistance if the ~~individual's infant's~~ countable household income is equal to or less than ~~275~~ ~~283~~ percent of the federal poverty guideline for the same household size ~~or an equivalent standard when converted using modified adjusted gross income methodology as required under the Affordable Care Act. Medical assistance for an uninsured infant younger than two years of age may be paid with federal funds available under title XXI of the Social Security Act and the state children's health insurance program, for an infant with countable income above~~ ~~275~~ percent and equal to or less than ~~283~~ percent of the federal poverty guideline for the household size.

(b) A pregnant woman is eligible for medical assistance if the woman's countable income is equal to or less than 278 percent of the federal poverty guideline for the applicable household size.

~~(b)~~ (c) An infant born to a woman who was eligible for and receiving medical assistance on the date of the child's birth shall continue to be eligible for medical assistance without redetermination until the child's first birthday.

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

Sec. 23. Minnesota Statutes 2018, section 256B.057, subdivision 10, is amended to read:

Subd. 10. **Certain persons needing treatment for breast or cervical cancer.** (a) Medical assistance may be paid for a person who:

(1) has been screened for breast or cervical cancer by ~~the Minnesota any Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP)-funded~~ breast and cervical cancer control program, and program funds have been used to pay for the person's screening;

(2) according to the person's treating health professional, needs treatment, including diagnostic services necessary to determine the extent and proper course of treatment, for breast or cervical cancer, including precancerous conditions and early stage cancer;

(3) meets the income eligibility guidelines for ~~the Minnesota any CDC NBCCEDP-funded~~ breast and cervical cancer control program;

(4) is under age 65;

(5) is not otherwise eligible for medical assistance under United States Code, title 42, section 1396a(a)(10)(A)(i); and

(6) is not otherwise covered under creditable coverage, as defined under United States Code, title 42, section 1396a(aa).

(b) Medical assistance provided for an eligible person under this subdivision shall be limited to services provided during the period that the person receives treatment for breast or cervical cancer.

(c) A person meeting the criteria in paragraph (a) is eligible for medical assistance without meeting the eligibility criteria relating to income and assets in section 256B.056, subdivisions 1a to 5a.

Sec. 24. Minnesota Statutes 2018, section 256B.0575, subdivision 1, is amended to read:

**Subdivision 1. Income deductions.** When an institutionalized person is determined eligible for medical assistance, the income that exceeds the deductions in paragraphs (a) and (b) must be applied to the cost of institutional care.

(a) The following amounts must be deducted from the institutionalized person's income in the following order:

(1) the personal needs allowance under section 256B.35 or, for a veteran who does not have a spouse or child, or a surviving spouse of a veteran having no child, the amount of an improved pension received from the veteran's administration ~~not exceeding \$90 per month, whichever amount is greater;~~

(2) the personal allowance for disabled individuals under section 256B.36;

(3) if the institutionalized person has a legally appointed guardian or conservator, five percent of the recipient's gross monthly income up to \$100 as reimbursement for guardianship or conservatorship services;

(4) a monthly income allowance determined under section 256B.058, subdivision 2, but only to the extent income of the institutionalized spouse is made available to the community spouse;

(5) a monthly allowance for children under age 18 which, together with the net income of the children, would provide income equal to the medical assistance standard for families and children according to section 256B.056, subdivision 4, for a family size that includes only the minor children. This deduction applies only if the children do not live with the community spouse and only to the extent that the deduction is not included in the personal needs allowance under section 256B.35, subdivision 1, as child support garnished under a court order;

(6) a monthly family allowance for other family members, equal to one-third of the difference between 122 percent of the federal poverty guidelines and the monthly income for that family member;

(7) reparations payments made by the Federal Republic of Germany and reparations payments made by the Netherlands for victims of Nazi persecution between 1940 and 1945;

(8) all other exclusions from income for institutionalized persons as mandated by federal law; and

(9) amounts for reasonable expenses, as specified in subdivision 2, incurred for necessary medical or remedial care for the institutionalized person that are recognized under state law, not medical assistance covered expenses, and not subject to payment by a third party.

For purposes of clause (6), "other family member" means a person who resides with the community spouse and who is a minor or dependent child, dependent parent, or dependent sibling of either spouse. "Dependent" means a person who could be claimed as a dependent for federal income tax purposes under the Internal Revenue Code.

(b) Income shall be allocated to an institutionalized person for a period of up to three calendar months, in an amount equal to the medical assistance standard for a family size of one if:

(1) a physician or advanced practice registered nurse certifies that the person is expected to reside in the long-term care facility for three calendar months or less;

(2) if the person has expenses of maintaining a residence in the community; and

(3) if one of the following circumstances apply:

(i) the person was not living together with a spouse or a family member as defined in paragraph (a) when the person entered a long-term care facility; or

(ii) the person and the person's spouse become institutionalized on the same date, in which case the allocation shall be applied to the income of one of the spouses.

For purposes of this paragraph, a person is determined to be residing in a licensed nursing home, regional treatment center, or medical institution if the person is expected to remain for a period of one full calendar month or more.

Sec. 25. Minnesota Statutes 2018, section 256B.0575, subdivision 2, is amended to read:

**Subd. 2. Reasonable expenses.** For the purposes of subdivision 1, paragraph (a), clause (9), reasonable expenses are limited to expenses that have not been previously used as a deduction from income and were not:

(1) for long-term care expenses incurred during a period of ineligibility as defined in section 256B.0595, subdivision 2;

(2) incurred more than three months before the month of application associated with the current period of eligibility;

(3) for expenses incurred by a recipient that are duplicative of services that are covered under chapter 256B; ~~or~~

(4) nursing facility expenses incurred without a timely assessment as required under section 256B.0911; ~~or~~

(5) for private room fees incurred by an assisted living client as defined in section 144G.01, subdivision 3.

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

Sec. 26. Minnesota Statutes 2018, section 256B.0625, subdivision 1, is amended to read:

**Subdivision 1. Inpatient hospital services.** (a) Medical assistance covers inpatient hospital services ~~performed by hospitals holding Medicare certifications for the services performed. A second medical opinion is required prior to reimbursement for elective surgeries requiring a second opinion. The commissioner shall publish in the State Register a list of elective surgeries that require a second medical opinion prior to reimbursement, and the criteria and standards for deciding whether an elective surgery should require a second medical opinion. The list and the criteria and standards are not subject to the requirements of sections 14.001 to 14.69. The commissioner's decision whether a second medical opinion is required, made in accordance with rules governing that decision, is not subject to administrative appeal.~~

(b) When determining medical necessity for inpatient hospital services, the medical review agent shall follow industry standard medical necessity criteria in determining the following:

(1) whether a recipient's admission is medically necessary;

(2) whether the inpatient hospital services provided to the recipient were medically necessary;

- (3) whether the recipient's continued stay was or will be medically necessary; and
- (4) whether all medically necessary inpatient hospital services were provided to the recipient.

The medical review agent will determine medical necessity of inpatient hospital services, including inpatient psychiatric treatment, based on a review of the patient's medical condition and records, in conjunction with industry standard evidence-based criteria to ensure consistent and optimal application of medical appropriateness criteria.

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

Sec. 27. Minnesota Statutes 2018, section 256B.0625, subdivision 27, is amended to read:

~~Subd. 27. Organ and tissue transplants. All organ transplants must be performed at transplant centers meeting united network for organ sharing criteria or at Medicare approved organ transplant centers. Organ and tissue transplants are a covered service.~~ Stem cell or bone marrow transplant centers must meet the standards established by the Foundation for the Accreditation of Hematopoietic Cell Therapy.

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

Sec. 28. Minnesota Statutes 2018, section 256B.0625, subdivision 64, is amended to read:

~~Subd. 64. Investigational drugs, biological products, and devices, and clinical trials. (a) Medical assistance and the early periodic screening, diagnosis, and treatment (EPSDT) program do not cover the costs of any services that are incidental to, associated with, or resulting from the use of investigational drugs, biological products, or devices as defined in section 151.375 or any other treatment that is part of an approved clinical trial as defined in section 62Q.526. Participation of an enrollee in an approved clinical trial does not preclude coverage of medically necessary services covered under this chapter that are not related to the approved clinical trial.~~

~~(b) Notwithstanding paragraph (a), stiripentol may be covered by the EPSDT program if all the following conditions are met:~~

~~(1) the use of stiripentol is determined to be medically necessary;~~

~~(2) the enrollee has a documented diagnosis of Dravet syndrome, regardless of whether an SCN1A genetic mutation is found, or the enrollee is a child with malignant migrating partial epilepsy in infancy due to an SCN2A genetic mutation;~~

~~(3) all other available covered prescription medications that are medically necessary for the enrollee have been tried without successful outcomes; and~~

~~(4) the United States Food and Drug Administration has approved the treating physician's individual patient investigational new drug application (IND) for the use of stiripentol for treatment.~~

~~This paragraph does not apply to MinnesotaCare coverage under chapter 256L.~~

Sec. 29. Minnesota Statutes 2018, section 256B.0751, is amended to read:

**256B.0751 HEALTH CARE HOMES.**

Subdivision 1. **Definitions.** (a) For purposes of ~~sections~~ ~~section~~ 256B.0751 to 256B.0753, the following definitions apply.

(b) "Commissioner" means the commissioner of ~~human services~~ ~~health~~.

(c) "Commissioners" means the commissioner of human services and the commissioner of health, acting jointly.

(d) (c) "Health plan company" has the meaning provided in section 62Q.01, subdivision 4.

(e) (d) "Personal clinician" means a physician licensed under chapter 147, a physician assistant licensed and practicing under chapter 147A, or an advanced practice nurse licensed and registered to practice under chapter 148.

(f) "State health care program" means the medical assistance and MinnesotaCare programs.

**Subd. 2. Development and implementation of standards.** (a) ~~By July 1, 2009, The commissioners~~ ~~commissioner of health and human services~~ shall develop and implement standards of certification for health care homes ~~for state health care programs~~. In developing these standards, the ~~commissioners~~ ~~commissioner~~ shall consider existing standards developed by national independent accrediting and medical home organizations. The standards developed by the ~~commissioners~~ ~~commissioner~~ must meet the following criteria:

- (1) emphasize, enhance, and encourage the use of primary care, and include the use of primary care physicians, advanced practice nurses, and physician assistants as personal clinicians;
- (2) focus on delivering high-quality, efficient, and effective health care services;
- (3) encourage patient-centered care, including active participation by the patient and family or a legal guardian, or a health care agent as defined in chapter 145C, as appropriate in decision making and care plan development, and providing care that is appropriate to the patient's race, ethnicity, and language;
- (4) provide patients with a consistent, ongoing contact with a personal clinician or team of clinical professionals to ensure continuous and appropriate care for the patient's condition;
- (5) ensure that health care homes develop and maintain appropriate comprehensive care plans for their patients with complex or chronic conditions, including an assessment of health risks and chronic conditions;
- (6) enable and encourage utilization of a range of qualified health care professionals, including dedicated care coordinators, in a manner that enables providers to practice to the fullest extent of their license;
- (7) focus initially on patients who have or are at risk of developing chronic health conditions;
- (8) incorporate measures of quality, resource use, cost of care, and patient experience;
- (9) ensure the use of health information technology and systematic follow-up, including the use of patient registries; and
- (10) encourage the use of scientifically based health care, patient decision-making aids that provide patients with information about treatment options and their associated benefits, risks, costs, and comparative outcomes, and other clinical decision support tools.

(b) In developing these standards, the ~~commissioners~~ ~~commissioner~~ shall consult with national and local organizations working on health care home models, physicians, relevant state agencies, health plan companies, hospitals, other providers, patients, and patient advocates. ~~The commissioners may satisfy this requirement by continuing the provider-directed care coordination advisory committee.~~

(c) For the purposes of developing and implementing these standards, the ~~commissioners~~ ~~commissioner~~ may use the expedited rulemaking process under section 14.389.

**Subd. 3. Requirements for clinicians certified as health care homes.** (a) A personal clinician or a primary care clinic may be certified as a health care home. If a primary care clinic is certified, all of the primary care clinic's clinicians must meet the criteria of a health care home. ~~In order~~ To be certified as a health care home, a clinician or clinic must meet the standards set by the ~~commissioners~~ commissioner in accordance with this section. Certification as a health care home is voluntary. ~~In order~~ To maintain their status as health care homes, clinicians or clinics must renew their certification every three years.

(b) Clinicians or clinics certified as health care homes must offer their health care home services to all their patients with complex or chronic health conditions who are interested in participation.

(c) Health care homes must participate in the health care home collaborative established under subdivision 5.

**Subd. 4. Alternative models and waivers of requirements.** (a) Nothing in this section ~~shall preclude precludes~~ the continued development of existing medical or health care home projects currently operating or under development by the commissioner of human services or ~~preclude precludes~~ the commissioner of human services from establishing alternative models and payment mechanisms for persons who are enrolled in integrated Medicare and Medicaid programs under section 256B.69, subdivisions 23 and 28, are enrolled in managed care long-term care programs under section 256B.69, subdivision 6b, are dually eligible for Medicare and medical assistance, are in the waiting period for Medicare, or who have other primary coverage.

(b) The commissioner ~~of health~~ shall waive health care home certification requirements if an applicant demonstrates that compliance with a certification requirement will create a major financial hardship or is not feasible, and the applicant establishes an alternative way to accomplish the objectives of the certification requirement.

**Subd. 5. Health care home collaborative.** ~~By July 1, 2009,~~ The ~~commissioners~~ commissioner shall establish a health care home collaborative to provide an opportunity for health care homes and state agencies to exchange information related to quality improvement and best practices.

**Subd. 6. Evaluation and continued development.** (a) For continued certification under this section, health care homes must meet process, outcome, and quality standards as developed and specified by the ~~commissioners~~ commissioner. The ~~commissioners~~ commissioner shall collect data from health care homes necessary for monitoring compliance with certification standards and for evaluating the impact of health care homes on health care quality, cost, and outcomes.

(b) The ~~commissioners~~ commissioner may contract with a private entity to perform an evaluation of the effectiveness of health care homes. Data collected under this subdivision is classified as nonpublic data under chapter 13.

**Subd. 7. Outreach.** ~~Beginning July 1, 2009,~~ The commissioner of human services shall encourage state health care program enrollees who have a complex or chronic condition to select a primary care clinic with clinicians who have been certified as health care homes.

**Subd. 8. Coordination with local services.** The health care home and the county shall coordinate care and services provided to patients enrolled with a health care home who have complex medical needs or a disability, and who need and are eligible for additional local services administered by counties, including but not limited to waivered services, mental health services, social services, public health services, transportation, and housing. The coordination of care and services must be as provided in the plan established by the patient and the health care home.

**Subd. 9. Pediatric care coordination.** The commissioner of human services shall implement a pediatric care coordination service for children with high-cost medical or high-cost psychiatric conditions who are at risk of recurrent hospitalization or emergency room use for acute, chronic, or psychiatric illness, who receive medical assistance services. Care coordination services must be targeted to children not already receiving care coordination through another service and may include but are not limited to the provision of health care home services to children admitted to hospitals that do not currently provide care coordination. Care coordination services must be provided by care coordinators who are directly linked to provider teams in the care delivery setting, but who may be part of a community care team shared by multiple primary care providers or practices. For purposes of this subdivision, the commissioner of human services shall, to the extent possible, use the existing health care home certification and payment structure established under this section and section 256B.0753.

**Subd. 10. Health care homes advisory committee.** (a) The ~~commissioners of health and human services~~ commissioner shall establish a health care homes advisory committee to advise the ~~commissioners~~ commissioner on the ongoing statewide implementation of the health care homes program authorized in this section.

(b) The ~~commissioners~~ commissioner shall establish an advisory committee that includes representatives of the health care professions such as primary care providers; mental health providers; nursing and care coordinators; certified health care home clinics with statewide representation; health plan companies; state agencies; employers; academic researchers; consumers; and organizations that work to improve health care quality in Minnesota. At least 25 percent of the committee members must be consumers or patients in health care homes. The ~~commissioners~~ commissioner, in making appointments to the committee, shall ensure geographic representation of all regions of the state.

(c) The advisory committee shall advise the ~~commissioners~~ commissioner on ongoing implementation of the health care homes program, including, but not limited to, the following activities:

(1) implementation of certified health care homes across the state on performance management and implementation of benchmarking;

(2) implementation of modifications to the health care homes program based on results of the legislatively mandated health care homes evaluation;

(3) statewide solutions for engagement of employers and commercial payers;

(4) potential modifications of the health care homes rules or statutes;

(5) consumer engagement, including patient and family-centered care, patient activation in health care, and shared decision making;

(6) oversight for health care homes subject matter task forces or workgroups; and

(7) other related issues as requested by the ~~commissioners~~ commissioner.

(d) The advisory committee shall have the ability to establish subcommittees on specific topics. The advisory committee is governed by section 15.059. Notwithstanding section 15.059, the advisory committee does not expire.

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

Sec. 30. Minnesota Statutes 2018, section 256B.0753, subdivision 1, is amended to read:

**Subdivision 1. Development.** The commissioner of human services, in coordination with the commissioner of health, shall develop a payment system that provides per-person care coordination payments to health care homes certified under section 256B.0751 for providing care coordination services and directly managing on-site or employing care coordinators. The care coordination payments under this section are in addition to the quality incentive payments in section 256B.0754, subdivision 1. The care coordination payment system must vary the fees paid by thresholds of care complexity, with the highest fees being paid for care provided to individuals requiring the most intensive care coordination. In developing the criteria for care coordination payments, the commissioner shall consider the feasibility of including the additional time and resources needed by patients with limited English-language skills, cultural differences, or other barriers to health care. The commissioner may determine a schedule for phasing in care coordination fees such that the fees will be applied first to individuals who have, or are at risk of developing, complex or chronic health conditions. ~~Development of the payment system must be completed by January 1, 2010.~~

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

Sec. 31. Minnesota Statutes 2018, section 256B.69, is amended by adding a subdivision to read:

**Subd. 6e. Dental services.** (a) If a dental provider is providing services to an enrollee of a managed care plan or county-based purchasing plan based on a treatment plan that requires more than one visit, the managed care plan or county-based purchasing plan or the plan's subcontractor, if the plan subcontracts with a third party to administer dental services to the plan's enrollees, must not require the completion of the treatment plan as a condition of payment to the dental provider for services performed as part of the treatment plan. The health plan or subcontractor must reimburse the dental provider for all services performed by the provider regardless of whether the treatment plan is completed, as long as the enrollee was covered under the plan at the time the service was performed.

**(b) Nothing in paragraph (a) prevents a health plan or its subcontractor from paying for services using a bundled payment method. If a bundled payment method is used and the treatment plan covered by the payment is not completed for any reason, the health plan or its subcontractor must reimburse the dental provider for the services performed, as long as the enrollee was covered under the plan at the time the service was performed.**

Sec. 32. Minnesota Statutes 2018, section 256B.75, is amended to read:

#### **256B.75 HOSPITAL OUTPATIENT REIMBURSEMENT.**

(a) For outpatient hospital facility fee payments for services rendered on or after October 1, 1992, the commissioner of human services shall pay the lower of (1) submitted charge, or (2) 32 percent above the rate in effect on June 30, 1992, except for those services for which there is a federal maximum allowable payment. Effective for services rendered on or after January 1, 2000, payment rates for nonsurgical outpatient hospital facility fees and emergency room facility fees shall be increased by eight percent over the rates in effect on December 31, 1999, except for those services for which there is a federal maximum allowable payment. Services for which there is a federal maximum allowable payment shall be paid at the lower of (1) submitted charge, or (2) the federal maximum allowable payment. Total aggregate payment for outpatient hospital facility fee services shall not exceed the Medicare upper limit. If it is determined that a provision of this section conflicts with existing or future requirements of the United States government with respect to federal financial participation in medical assistance, the federal requirements prevail. The commissioner may, in the aggregate, prospectively reduce payment rates to avoid reduced federal financial participation resulting from rates that are in excess of the Medicare upper limitations.

(b) Notwithstanding paragraph (a), payment for outpatient, emergency, and ambulatory surgery hospital facility fee services for critical access hospitals designated under section 144.1483, clause (9), shall be paid on a cost-based payment system that is based on the cost-finding methods and allowable costs of the Medicare program. Effective

for services provided on or after July 1, 2015, rates established for critical access hospitals under this paragraph for the applicable payment year shall be the final payment and shall not be settled to actual costs. Effective for services delivered on or after the first day of the hospital's fiscal year ending in ~~2016~~ 2017, the rate for outpatient hospital services shall be computed using information from each hospital's Medicare cost report as filed with Medicare for the year that is two years before the year that the rate is being computed. Rates shall be computed using information from Worksheet C series until the department finalizes the medical assistance cost reporting process for critical access hospitals. After the cost reporting process is finalized, rates shall be computed using information from Title XIX Worksheet D series. The outpatient rate shall be equal to ancillary cost plus outpatient cost, excluding costs related to rural health clinics and federally qualified health clinics, divided by ancillary charges plus outpatient charges, excluding charges related to rural health clinics and federally qualified health clinics.

(c) Effective for services provided on or after July 1, 2003, rates that are based on the Medicare outpatient prospective payment system shall be replaced by a budget neutral prospective payment system that is derived using medical assistance data. The commissioner shall provide a proposal to the 2003 legislature to define and implement this provision.

(d) For fee-for-service services provided on or after July 1, 2002, the total payment, before third-party liability and spenddown, made to hospitals for outpatient hospital facility services is reduced by .5 percent from the current statutory rate.

(e) In addition to the reduction in paragraph (d), the total payment for fee-for-service services provided on or after July 1, 2003, made to hospitals for outpatient hospital facility services before third-party liability and spenddown, is reduced five percent from the current statutory rates. Facilities defined under section 256.969, subdivision 16, are excluded from this paragraph.

(f) In addition to the reductions in paragraphs (d) and (e), the total payment for fee-for-service services provided on or after July 1, 2008, made to hospitals for outpatient hospital facility services before third-party liability and spenddown, is reduced three percent from the current statutory rates. Mental health services and facilities defined under section 256.969, subdivision 16, are excluded from this paragraph.

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

Sec. 33. Minnesota Statutes 2018, section 256L.03, subdivision 1, is amended to read:

**Subdivision 1. Covered health services.** (a) "Covered health services" means the health services reimbursed under chapter 256B, with the exception of special education services, home care nursing services, adult dental care services other than services covered under section 256B.0625, subdivision 9, orthodontic services, nonemergency medical transportation services, personal care assistance and case management services, behavioral health home services under section 256B.0757, and nursing home or intermediate care facilities services.

(b) No public funds shall be used for coverage of abortion under MinnesotaCare except where the life of the female would be endangered or substantial and irreversible impairment of a major bodily function would result if the fetus were carried to term; or where the pregnancy is the result of rape or incest.

(c) Covered health services shall be expanded as provided in this section.

(d) For the purposes of covered health services under this section, "child" means an individual younger than 19 years of age.

Sec. 34. Minnesota Statutes 2018, section 256L.15, subdivision 1, is amended to read:

**Subdivision 1. Premium determination for MinnesotaCare.** (a) Families with children and individuals shall pay a premium determined according to subdivision 2.

(b) Members of the military and their families who meet the eligibility criteria for MinnesotaCare upon eligibility approval made within 24 months following the end of the member's tour of active duty shall have their premiums paid by the commissioner. The effective date of coverage for an individual or family who meets the criteria of this paragraph shall be the first day of the month following the month in which eligibility is approved. This exemption applies for 12 months.

(c) Beginning July 1, 2009, American Indians enrolled in MinnesotaCare and their families shall have their premiums waived by the commissioner in accordance with section 5006 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. An individual must indicate status as an American Indian, as defined under Code of Federal Regulations, title 42, section 447.50, to qualify for the waiver of premiums. The commissioner shall accept attestation of an individual's status as an American Indian as verification until the United States Department of Health and Human Services approves an electronic data source for this purpose.

(d) ~~For premiums effective August 1, 2015, and after, the commissioner, after consulting with the chairs and ranking minority members of the legislative committees with jurisdiction over human services, shall increase premiums under subdivision 2 for recipients based on June 2015 program enrollment. Premium increases shall be sufficient to increase projected revenue to the fund described in section 16A.724 by at least \$27,800,000 for the biennium ending June 30, 2017. The commissioner shall publish the revised premium scale on the Department of Human Services website and in the State Register no later than June 15, 2015. The revised premium scale applies to all premiums on or after August 1, 2015, in place of the scale under subdivision 2.~~

(e) ~~By July 1, 2015, the commissioner shall provide the chairs and ranking minority members of the legislative committees with jurisdiction over human services the revised premium scale effective August 1, 2015, and statutory language to codify the revised premium schedule.~~

(f) ~~Premium changes authorized under paragraph (d) must only apply to enrollees not otherwise excluded from paying premiums under state or federal law. Premium changes authorized under paragraph (d) must satisfy the requirements for premiums for the Basic Health Program under title 42 of Code of Federal Regulations, section 600.505.~~

Sec. 35. Laws 2019, chapter 63, article 3, section 1, is amended to read:

## Section 1. APPROPRIATIONS.

(a) **Board of Pharmacy; administration.** \$244,000 in fiscal year 2020 is appropriated from the general fund to the Board of Pharmacy for onetime information technology and operating costs for administration of licensing activities under Minnesota Statutes, section 151.066. This is a onetime appropriation.

(b) **Commissioner of human services; administration.** \$309,000 in fiscal year 2020 is appropriated from the general fund and \$60,000 in fiscal year 2021 is appropriated from the opiate epidemic response ~~account fund~~ to the commissioner of human services for the provision of administrative services to the Opiate Epidemic Response Advisory Council and for the administration of the grants awarded under paragraphs (f), (g), and (h). The opiate epidemic response ~~account fund~~ base for this appropriation is \$60,000 in fiscal year 2022, \$60,000 in fiscal year 2023, \$60,000 in fiscal year 2024, and \$0 in fiscal year 2025.

(c) **Board of Pharmacy; administration.** \$126,000 in fiscal year 2020 is appropriated from the general fund to the Board of Pharmacy for the collection of the registration fees under section 151.066.

(d) **Commissioner of public safety; enforcement activities.** \$672,000 in fiscal year 2020 is appropriated from the general fund to the commissioner of public safety for the Bureau of Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

(e) **Commissioner of management and budget; evaluation activities.** \$300,000 in fiscal year 2020 is appropriated from the general fund and \$300,000 in fiscal year 2021 is appropriated from the opiate epidemic response ~~account fund~~ to the commissioner of management and budget for evaluation activities under Minnesota Statutes, section 256.042, subdivision 1, paragraph (c). The opiate epidemic response ~~account fund~~ base for this appropriation is \$300,000 in fiscal year 2022, \$300,000 in fiscal year 2023, \$300,000 in fiscal year 2024, and \$0 in fiscal year 2025.

(f) **Commissioner of human services; grants for Project ECHO.** \$400,000 in fiscal year 2020 is appropriated from the general fund and \$400,000 in fiscal year 2021 is appropriated from the opiate epidemic response ~~account fund~~ to the commissioner of human services for grants of \$200,000 to CHI St. Gabriel's Health Family Medical Center for the opioid-focused Project ECHO program and \$200,000 to Hennepin Health Care for the opioid-focused Project ECHO program. The opiate epidemic response ~~account fund~~ base for this appropriation is \$400,000 in fiscal year 2022, \$400,000 in fiscal year 2023, \$400,000 in fiscal year 2024, and \$0 in fiscal year 2025.

(g) **Commissioner of human services; opioid overdose prevention grant.** \$100,000 in fiscal year 2020 is appropriated from the general fund and \$100,000 in fiscal year 2021 is appropriated from the opiate epidemic response ~~account fund~~ to the commissioner of human services for a grant to a nonprofit organization that has provided overdose prevention programs to the public in at least 60 counties within the state, for at least three years, has received federal funding before January 1, 2019, and is dedicated to addressing the opioid epidemic. The grant must be used for opioid overdose prevention, community asset mapping, education, and overdose antagonist distribution. The opiate epidemic response ~~account fund~~ base for this appropriation is \$100,000 in fiscal year 2022, \$100,000 in fiscal year 2023, \$100,000 in fiscal year 2024, and \$0 in fiscal year 2025.

(h) **Commissioner of human services; traditional healing.** \$2,000,000 in fiscal year 2020 is appropriated from the general fund and \$2,000,000 in fiscal year 2021 is appropriated from the opiate epidemic response ~~account fund~~ to the commissioner of human services to award grants to tribal nations and five urban Indian communities for traditional healing practices to American Indians and to increase the capacity of culturally specific providers in the behavioral health workforce. The opiate epidemic response ~~account fund~~ base for this appropriation is \$2,000,000 in fiscal year 2022, \$2,000,000 in fiscal year 2023, \$2,000,000 in fiscal year 2024, and \$0 in fiscal year 2025.

(i) **Board of Dentistry; continuing education.** \$11,000 in fiscal year 2020 is appropriated from the state government special revenue fund to the Board of Dentistry to implement the continuing education requirements under Minnesota Statutes, section 214.12, subdivision 6.

(j) **Board of Medical Practice; continuing education.** \$17,000 in fiscal year 2020 is appropriated from the state government special revenue fund to the Board of Medical Practice to implement the continuing education requirements under Minnesota Statutes, section 214.12, subdivision 6.

(k) **Board of Nursing; continuing education.** \$17,000 in fiscal year 2020 is appropriated from the state government special revenue fund to the Board of Nursing to implement the continuing education requirements under Minnesota Statutes, section 214.12, subdivision 6.

(l) **Board of Optometry; continuing education.** \$5,000 in fiscal year 2020 is appropriated from the state government special revenue fund to the Board of Optometry to implement the continuing education requirements under Minnesota Statutes, section 214.12, subdivision 6.

(m) **Board of Podiatric Medicine; continuing education.** \$5,000 in fiscal year 2020 is appropriated from the state government special revenue fund to the Board of Podiatric Medicine to implement the continuing education requirements under Minnesota Statutes, section 214.12, subdivision 6.

(n) **Commissioner of health; nonnarcotic pain management and wellness.** \$1,250,000 is appropriated in fiscal year 2020 from the general fund to the commissioner of health, to provide funding for:

(1) statewide mapping and assessment of community-based nonnarcotic pain management and wellness resources; and

(2) up to five demonstration projects in different geographic areas of the state to provide community-based nonnarcotic pain management and wellness resources to patients and consumers.

The demonstration projects must include an evaluation component and scalability analysis. The commissioner shall award the grant for the statewide mapping and assessment, and the demonstration project grants, through a competitive request for proposal process. Grants for statewide mapping and assessment and demonstration projects may be awarded simultaneously. In awarding demonstration project grants, the commissioner shall give preference to proposals that incorporate innovative community partnerships, are informed and led by people in the community where the project is taking place, and are culturally relevant and delivered by culturally competent providers. This is a onetime appropriation.

(o) **Commissioner of health; administration.** \$38,000 in fiscal year 2020 is appropriated from the general fund to the commissioner of health for the administration of the grants awarded in paragraph (n).

Sec. 36. Laws 2019, chapter 63, article 3, section 2, is amended to read:

**Sec. 2. TRANSFER.**

By June 30, 2021, the commissioner of human services shall transfer \$5,439,000 from the opiate epidemic response ~~account~~ fund to the general fund. This is a onetime transfer.

**Sec. 37. REVISOR INSTRUCTION.**

(a) The revisor of statutes shall number the existing language in Minnesota Statutes, section 62U.03, as subdivision 1 and renumber the provisions of Minnesota Statutes listed in column A to the references listed in column B.

Column A

256B.0751, subdivision 1  
256B.0751, subdivision 2  
256B.0751, subdivision 3  
256B.0751, subdivision 4  
256B.0751, subdivision 5  
256B.0751, subdivision 6  
256B.0751, subdivision 7  
256B.0751, subdivision 8  
256B.0751, subdivision 9  
256B.0751, subdivision 10

Column B

62U.03, subdivision 2  
62U.03, subdivision 3  
62U.03, subdivision 4  
62U.03, subdivision 5  
62U.03, subdivision 6  
62U.03, subdivision 7  
62U.03, subdivision 8  
62U.03, subdivision 9  
62U.03, subdivision 10  
62U.03, subdivision 11

(b) The revisor of statutes shall change the applicable references to Minnesota Statutes, section 256B.0751, to section 62U.03. The revisor shall make necessary cross-reference changes in Minnesota Statutes consistent with the renumbering. The revisor shall also make technical and other necessary changes to sentence structure to preserve the meaning of the text.

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

Sec. 38. **REPEALER.**

Minnesota Statutes 2018, sections 62U.15, subdivision 2; 256B.057, subdivision 8; 256B.0752; and 256L.04, subdivision 13, are repealed.

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

ARTICLE 4  
ADVANCED PRACTICE REGISTERED NURSES

Section 1. Minnesota Statutes 2018, section 62D.09, subdivision 1, is amended to read:

Subdivision 1. **Marketing requirements.** (a) Any written marketing materials which may be directed toward potential enrollees and which include a detailed description of benefits provided by the health maintenance organization shall include a statement of enrollee information and rights as described in section 62D.07, subdivision 3, clauses (2) and (3). Prior to any oral marketing presentation, the agent marketing the plan must inform the potential enrollees that any complaints concerning the material presented should be directed to the health maintenance organization, the commissioner of health, or, if applicable, the employer.

(b) Detailed marketing materials must affirmatively disclose all exclusions and limitations in the organization's services or kinds of services offered to the contracting party, including but not limited to the following types of exclusions and limitations:

- (1) health care services not provided;
- (2) health care services requiring co-payments or deductibles paid by enrollees;
- (3) the fact that access to health care services does not guarantee access to a particular provider type; and
- (4) health care services that are or may be provided only by referral of a physician or advanced practice registered nurse.

(c) No marketing materials may lead consumers to believe that all health care needs will be covered. All marketing materials must alert consumers to possible uncovered expenses with the following language in bold print: "THIS HEALTH CARE PLAN MAY NOT COVER ALL YOUR HEALTH CARE EXPENSES; READ YOUR CONTRACT CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED." Immediately following the disclosure required under paragraph (b), clause (3), consumers must be given a telephone number to use to contact the health maintenance organization for specific information about access to provider types.

(d) The disclosures required in paragraphs (b) and (c) are not required on billboards or image, and name identification advertisement.

Sec. 2. Minnesota Statutes 2018, section 62E.06, subdivision 1, is amended to read:

Subdivision 1. **Number three plan.** A plan of health coverage shall be certified as a number three qualified plan if it otherwise meets the requirements established by chapters 62A, 62C, and 62Q, and the other laws of this state, whether or not the policy is issued in Minnesota, and meets or exceeds the following minimum standards:

(a) The minimum benefits for a covered individual shall, subject to the other provisions of this subdivision, be equal to at least 80 percent of the cost of covered services in excess of an annual deductible which does not exceed \$150 per person. The coverage shall include a limitation of \$3,000 per person on total annual out-of-pocket expenses for services covered under this subdivision. The coverage shall not be subject to a lifetime maximum on essential health benefits.

The prohibition on lifetime maximums for essential health benefits and \$3,000 limitation on total annual out-of-pocket expenses shall not be subject to change or substitution by use of an actuarially equivalent benefit.

(b) Covered expenses shall be the usual and customary charges for the following services and articles when prescribed by a physician or advanced practice registered nurse:

- (1) hospital services;
- (2) professional services for the diagnosis or treatment of injuries, illnesses, or conditions, other than dental, which are rendered by a physician or advanced practice registered nurse or at the physician's or advanced practice registered nurse's direction;
- (3) drugs requiring a physician's or advanced practice registered nurse's prescription;
- (4) services of a nursing home for not more than 120 days in a year if the services would qualify as reimbursable services under Medicare;
- (5) services of a home health agency if the services would qualify as reimbursable services under Medicare;
- (6) use of radium or other radioactive materials;
- (7) oxygen;
- (8) anesthetics;
- (9) prostheses other than dental but including scalp hair prostheses worn for hair loss suffered as a result of alopecia areata;
- (10) rental or purchase, as appropriate, of durable medical equipment other than eyeglasses and hearing aids, unless coverage is required under section 62Q.675;
- (11) diagnostic x-rays and laboratory tests;
- (12) oral surgery for partially or completely unerupted impacted teeth, a tooth root without the extraction of the entire tooth, or the gums and tissues of the mouth when not performed in connection with the extraction or repair of teeth;
- (13) services of a physical therapist;
- (14) transportation provided by licensed ambulance service to the nearest facility qualified to treat the condition; or a reasonable mileage rate for transportation to a kidney dialysis center for treatment; and
- (15) services of an occupational therapist.

(c) Covered expenses for the services and articles specified in this subdivision do not include the following:

- (1) any charge for care for injury or disease either (i) arising out of an injury in the course of employment and subject to a workers' compensation or similar law, (ii) for which benefits are payable without regard to fault under coverage statutorily required to be contained in any motor vehicle, or other liability insurance policy or equivalent self-insurance, or (iii) for which benefits are payable under another policy of accident and health insurance, Medicare, or any other governmental program except as otherwise provided by section 62A.04, subdivision 3, clause (4);

(2) any charge for treatment for cosmetic purposes other than for reconstructive surgery when such service is incidental to or follows surgery resulting from injury, sickness, or other diseases of the involved part or when such service is performed on a covered dependent child because of congenital disease or anomaly which has resulted in a functional defect as determined by the attending physician or advanced practice registered nurse;

(3) care which is primarily for custodial or domiciliary purposes which would not qualify as eligible services under Medicare;

(4) any charge for confinement in a private room to the extent it is in excess of the institution's charge for its most common semiprivate room, unless a private room is prescribed as medically necessary by a physician or advanced practice registered nurse, provided, however, that if the institution does not have semiprivate rooms, its most common semiprivate room charge shall be considered to be 90 percent of its lowest private room charge;

(5) that part of any charge for services or articles rendered or prescribed by a physician, advanced practice registered nurse, dentist, or other health care personnel which exceeds the prevailing charge in the locality where the service is provided; and

(6) any charge for services or articles the provision of which is not within the scope of authorized practice of the institution or individual rendering the services or articles.

(d) The minimum benefits for a qualified plan shall include, in addition to those benefits specified in clauses (a) and (e), benefits for well baby care, effective July 1, 1980, subject to applicable deductibles, coinsurance provisions, and maximum lifetime benefit limitations.

(e) Effective July 1, 1979, the minimum benefits of a qualified plan shall include, in addition to those benefits specified in clause (a), a second opinion from a physician on all surgical procedures expected to cost a total of \$500 or more in physician, laboratory, and hospital fees, provided that the coverage need not include the repetition of any diagnostic tests.

(f) Effective August 1, 1985, the minimum benefits of a qualified plan must include, in addition to the benefits specified in clauses (a), (d), and (e), coverage for special dietary treatment for phenylketonuria when recommended by a physician or advanced practice registered nurse.

(g) Outpatient mental health coverage is subject to section 62A.152, subdivision 2.

Sec. 3. Minnesota Statutes 2018, section 62J.17, subdivision 4a, is amended to read:

Subd. 4a. **Expenditure reporting.** Each hospital, outpatient surgical center, diagnostic imaging center, and physician or advanced practice registered nurse clinic shall report annually to the commissioner on all major spending commitments, in the form and manner specified by the commissioner. The report shall include the following information:

(1) a description of major spending commitments made during the previous year, including the total dollar amount of major spending commitments and purpose of the expenditures;

(2) the cost of land acquisition, construction of new facilities, and renovation of existing facilities;

(3) the cost of purchased or leased medical equipment, by type of equipment;

(4) expenditures by type for specialty care and new specialized services;

(5) information on the amount and types of added capacity for diagnostic imaging services, outpatient surgical services, and new specialized services; and

(6) information on investments in electronic medical records systems.

For hospitals and outpatient surgical centers, this information shall be included in reports to the commissioner that are required under section 144.698. For diagnostic imaging centers, this information shall be included in reports to the commissioner that are required under section 144.565. For all other health care providers that are subject to this reporting requirement, reports must be submitted to the commissioner by March 1 each year for the preceding calendar year.

Sec. 4. Minnesota Statutes 2019 Supplement, section 62J.23, subdivision 2, is amended to read:

**Subd. 2. Restrictions.** (a) From July 1, 1992, until rules are adopted by the commissioner under this section, the restrictions in the federal Medicare antikickback statutes in section 1128B(b) of the Social Security Act, United States Code, title 42, section 1320a-7b(b), and rules adopted under the federal statutes, apply to all persons in the state, regardless of whether the person participates in any state health care program.

(b) Nothing in paragraph (a) shall be construed to prohibit an individual from receiving a discount or other reduction in price or a limited-time free supply or samples of a prescription drug, medical supply, or medical equipment offered by a pharmaceutical manufacturer, medical supply or device manufacturer, health plan company, or pharmacy benefit manager, so long as:

(1) the discount or reduction in price is provided to the individual in connection with the purchase of a prescription drug, medical supply, or medical equipment prescribed for that individual;

(2) it otherwise complies with the requirements of state and federal law applicable to enrollees of state and federal public health care programs;

(3) the discount or reduction in price does not exceed the amount paid directly by the individual for the prescription drug, medical supply, or medical equipment; and

(4) the limited-time free supply or samples are provided by a physician, advanced practice registered nurse, or pharmacist, as provided by the federal Prescription Drug Marketing Act.

For purposes of this paragraph, "prescription drug" includes prescription drugs that are administered through infusion, and related services and supplies.

(c) No benefit, reward, remuneration, or incentive for continued product use may be provided to an individual or an individual's family by a pharmaceutical manufacturer, medical supply or device manufacturer, or pharmacy benefit manager, except that this prohibition does not apply to:

(1) activities permitted under paragraph (b);

(2) a pharmaceutical manufacturer, medical supply or device manufacturer, health plan company, or pharmacy benefit manager providing to a patient, at a discount or reduced price or free of charge, ancillary products necessary for treatment of the medical condition for which the prescription drug, medical supply, or medical equipment was prescribed or provided; and

(3) a pharmaceutical manufacturer, medical supply or device manufacturer, health plan company, or pharmacy benefit manager providing to a patient a trinket or memento of insignificant value.

(d) Nothing in this subdivision shall be construed to prohibit a health plan company from offering a tiered formulary with different co-payment or cost-sharing amounts for different drugs.

Sec. 5. Minnesota Statutes 2018, section 62J.495, subdivision 1a, is amended to read:

**Subd. 1a. Definitions.** (a) "Certified electronic health record technology" means an electronic health record that is certified pursuant to section 3001(c)(5) of the HITECH Act to meet the standards and implementation specifications adopted under section 3004 as applicable.

(b) "Commissioner" means the commissioner of health.

(c) "Pharmaceutical electronic data intermediary" means any entity that provides the infrastructure to connect computer systems or other electronic devices utilized by prescribing practitioners with those used by pharmacies, health plans, third-party administrators, and pharmacy benefit managers in order to facilitate the secure transmission of electronic prescriptions, refill authorization requests, communications, and other prescription-related information between such entities.

(d) "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act in division A, title XIII and division B, title IV of the American Recovery and Reinvestment Act of 2009, including federal regulations adopted under that act.

(e) "Interoperable electronic health record" means an electronic health record that securely exchanges health information with another electronic health record system that meets requirements specified in subdivision 3, and national requirements for certification under the HITECH Act.

(f) "Qualified electronic health record" means an electronic record of health-related information on an individual that includes patient demographic and clinical health information and has the capacity to:

(1) provide clinical decision support;

(2) support ~~physician~~ provider order entry;

(3) capture and query information relevant to health care quality; and

(4) exchange electronic health information with, and integrate such information from, other sources.

Sec. 6. Minnesota Statutes 2018, section 62J.52, subdivision 2, is amended to read:

**Subd. 2. Uniform billing form CMS 1500.** (a) On and after January 1, 1996, all noninstitutional health care services rendered by providers in Minnesota except dental or pharmacy providers, that are not currently being billed using an equivalent electronic billing format, must be billed using the most current version of the health insurance claim form CMS 1500.

(b) The instructions and definitions for the use of the uniform billing form CMS 1500 shall be in accordance with the manual developed by the Administrative Uniformity Committee entitled standards for the use of the CMS 1500 form, dated February 1994, as further defined by the commissioner.

(c) Services to be billed using the uniform billing form CMS 1500 include physician services and supplies, durable medical equipment, noninstitutional ambulance services, independent ancillary services including occupational therapy, physical therapy, speech therapy and audiology, home infusion therapy, podiatry services, optometry services, mental health licensed professional services, substance abuse licensed professional services, ~~nursing practitioner professional services, certified registered nurse anesthetists advanced practice registered nurse services~~, chiropractors, physician assistants, laboratories, medical suppliers, waivered services, personal care attendants, and other health care providers such as day activity centers and freestanding ambulatory surgical centers.

(d) Services provided by Medicare Critical Access Hospitals electing Method II billing will be allowed an exception to this provision to allow the inclusion of the professional fees on the CMS 1450.

Sec. 7. Minnesota Statutes 2018, section 62J.823, subdivision 3, is amended to read:

**Subd. 3. Applicability and scope.** Any hospital, as defined in section 144.696, subdivision 3, and outpatient surgical center, as defined in section 144.696, subdivision 4, shall provide a written estimate of the cost of a specific service or stay upon the request of a patient, doctor, advanced practice registered nurse, or the patient's representative. The request must include:

(1) the health coverage status of the patient, including the specific health plan or other health coverage under which the patient is enrolled, if any; and

(2) at least one of the following:

(i) the specific diagnostic-related group code;

(ii) the name of the procedure or procedures to be performed;

(iii) the type of treatment to be received; or

(iv) any other information that will allow the hospital or outpatient surgical center to determine the specific diagnostic-related group or procedure code or codes.

Sec. 8. Minnesota Statutes 2019 Supplement, section 62Q.184, subdivision 1, is amended to read:

**Subdivision 1. Definitions.** (a) For the purposes of this section, the terms in this subdivision have the meanings given them.

(b) "Clinical practice guideline" means a systematically developed statement to assist health care providers and enrollees in making decisions about appropriate health care services for specific clinical circumstances and conditions developed independently of a health plan company, pharmaceutical manufacturer, or any entity with a conflict of interest. A clinical practice guideline also includes a preferred drug list developed in accordance with section 256B.0625.

(c) "Clinical review criteria" means the written screening procedures, decision abstracts, clinical protocols, and clinical practice guidelines used by a health plan company to determine the medical necessity and appropriateness of health care services.

(d) "Health plan company" has the meaning given in section 62Q.01, subdivision 4, but also includes a county-based purchasing plan participating in a public program under chapter 256B or 256L and an integrated health partnership under section 256B.0755.

(e) "Step therapy protocol" means a protocol or program that establishes the specific sequence in which prescription drugs for a specified medical condition, including self-administered drugs and physician-administered drugs that are administered by a physician or advanced practice registered nurse, are medically appropriate for a particular enrollee and are covered under a health plan.

(f) "Step therapy override" means that the step therapy protocol is overridden in favor of coverage of the selected prescription drug of the prescribing health care provider because at least one of the conditions of subdivision 3, paragraph (a), exists.

Sec. 9. Minnesota Statutes 2018, section 62Q.43, subdivision 1, is amended to read:

Subdivision 1. **Closed-panel health plan.** For purposes of this section, "closed-panel health plan" means a health plan as defined in section 62Q.01 that requires an enrollee to receive all or a majority of primary care services from a specific clinic or physician primary care provider designated by the enrollee that is within the health plan company's clinic or physician provider network.

Sec. 10. Minnesota Statutes 2018, section 62Q.43, subdivision 2, is amended to read:

Subd. 2. **Access requirement.** Every closed-panel health plan must allow enrollees under the age of 26 years to change their designated clinic or physician primary care provider at least once per month, as long as the clinic or physician provider is part of the health plan company's statewide clinic or physician provider network. A health plan company shall not charge enrollees who choose this option higher premiums or cost sharing than would otherwise apply to enrollees who do not choose this option. A health plan company may require enrollees to provide 15 days' written notice of intent to change their designated clinic or physician primary care provider.

Sec. 11. Minnesota Statutes 2018, section 62Q.54, is amended to read:

#### **62Q.54 REFERRALS FOR RESIDENTS OF HEALTH CARE FACILITIES.**

If an enrollee is a resident of a health care facility licensed under chapter 144A or a housing with services establishment registered under chapter 144D, the enrollee's primary care physician provider must refer the enrollee to that facility's skilled nursing unit or that facility's appropriate care setting, provided that the health plan company and the provider can best meet the patient's needs in that setting, if the following conditions are met:

(1) the facility agrees to be reimbursed at that health plan company's contract rate negotiated with similar providers for the same services and supplies; and

(2) the facility meets all guidelines established by the health plan company related to quality of care, utilization, referral authorization, risk assumption, use of health plan company network, and other criteria applicable to providers under contract for the same services and supplies.

Sec. 12. Minnesota Statutes 2018, section 62Q.57, subdivision 1, is amended to read:

Subdivision 1. **Choice of primary care provider.** (a) If a health plan company offering a group health plan, or an individual health plan that is not a grandfathered plan, requires or provides for the designation by an enrollee of a participating primary care provider, the health plan company shall permit each enrollee to:

(1) designate any participating primary care provider available to accept the enrollee; and

(2) for a child, designate any participating physician or advanced practice registered nurse who specializes in pediatrics as the child's primary care provider and is available to accept the child.

(b) This section does not waive any exclusions of coverage under the terms and conditions of the health plan with respect to coverage of pediatric care.

Sec. 13. Minnesota Statutes 2018, section 62Q.73, subdivision 7, is amended to read:

Subd. 7. **Standards of review.** (a) For an external review of any issue in an adverse determination that does not require a medical necessity determination, the external review must be based on whether the adverse determination was in compliance with the enrollee's health benefit plan.

(b) For an external review of any issue in an adverse determination by a health plan company licensed under chapter 62D that requires a medical necessity determination, the external review must determine whether the adverse determination was consistent with the definition of medically necessary care in Minnesota Rules, part 4685.0100, subpart 9b.

(c) For an external review of any issue in an adverse determination by a health plan company, other than a health plan company licensed under chapter 62D, that requires a medical necessity determination, the external review must determine whether the adverse determination was consistent with the definition of medically necessary care in section 62Q.53, subdivision 2.

(d) For an external review of an adverse determination involving experimental or investigational treatment, the external review entity must base its decision on all documents submitted by the health plan company and enrollee, including medical records, the attending physician, advanced practice registered nurse, or health care professional's recommendation, consulting reports from health care professionals, the terms of coverage, federal Food and Drug Administration approval, and medical or scientific evidence or evidence-based standards.

Sec. 14. Minnesota Statutes 2018, section 62Q.733, subdivision 3, is amended to read:

**Subd. 3. Health care provider or provider.** "Health care provider" or "provider" means a physician, advanced practice registered nurse, chiropractor, dentist, podiatrist, or other provider as defined under section 62J.03, other than hospitals, ambulatory surgical centers, or freestanding emergency rooms.

Sec. 15. Minnesota Statutes 2018, section 62Q.74, subdivision 1, is amended to read:

**Subdivision 1. Definitions.** (a) For purposes of this section, "category of coverage" means one of the following types of health-related coverage:

- (1) health;
- (2) no-fault automobile medical benefits; or
- (3) workers' compensation medical benefits.

(b) "Health care provider" or "provider" means a physician, advanced practice registered nurse, chiropractor, dentist, podiatrist, hospital, ambulatory surgical center, freestanding emergency room, or other provider, as defined in section 62J.03.

Sec. 16. Minnesota Statutes 2018, section 62S.08, subdivision 3, is amended to read:

**Subd. 3. Mandatory format.** The following standard format outline of coverage must be used, unless otherwise specifically indicated:

COMPANY NAME

ADDRESS - CITY AND STATE

TELEPHONE NUMBER

LONG-TERM CARE INSURANCE

OUTLINE OF COVERAGE

Policy Number or Group Master Policy and Certificate Number

(Except for policies or certificates which are guaranteed issue, the following caution statement, or language substantially similar, must appear as follows in the outline of coverage.)

CAUTION: The issuance of this long-term care insurance (policy) (certificate) is based upon your responses to the questions on your application. A copy of your (application) (enrollment form) (is enclosed) (was retained by you when you applied). If your answers are incorrect or untrue, the company has the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of your answers are incorrect, contact the company at this address: (insert address).

(1) This policy is (an individual policy of insurance) (a group policy) which was issued in the (indicate jurisdiction in which group policy was issued).

(2) PURPOSE OF OUTLINE OF COVERAGE. This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other policies available to you. This is not an insurance contract, but only a summary of coverage. Only the individual or group policy contains governing contractual provisions. This means that the policy or group policy sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR POLICY (OR CERTIFICATE) CAREFULLY.

(3) THIS PLAN IS INTENDED TO BE A QUALIFIED LONG-TERM CARE INSURANCE CONTRACT AS DEFINED UNDER SECTION 7702(B)(b) OF THE INTERNAL REVENUE CODE OF 1986.

(4) TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE CONTINUED IN FORCE OR DISCONTINUED.

(a) (For long-term care health insurance policies or certificates describe one of the following permissible policy renewability provisions:)

(1) (Policies and certificates that are guaranteed renewable shall contain the following statement:) RENEWABILITY: THIS POLICY (CERTIFICATE) IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, (certificate) to continue this policy as long as you pay your premiums on time. (Company name) cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

(2) (Policies and certificates that are noncancelable shall contain the following statement:) RENEWABILITY: THIS POLICY (CERTIFICATE) IS NONCANCELABLE. This means that you have the right, subject to the terms of your policy, to continue this policy as long as you pay your premiums on time. (Company name) cannot change any of the terms of your policy on its own and cannot change the premium you currently pay. However, if your policy contains an inflation protection feature where you choose to increase your benefits, (company name) may increase your premium at that time for those additional benefits.

(b) (For group coverage, specifically describe continuation/conversion provisions applicable to the certificate and group policy.)

(c) (Describe waiver of premium provisions or state that there are not such provisions.)

(5) TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.

(In bold type larger than the maximum type required to be used for the other provisions of the outline of coverage, state whether or not the company has a right to change the premium and, if a right exists, describe clearly and concisely each circumstance under which the premium may change.)

(6) TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE RETURNED AND PREMIUM REFUNDED.

(a) (Provide a brief description of the right to return -- "free look" provision of the policy.)

(b) (Include a statement that the policy either does or does not contain provisions providing for a refund or partial refund of premium upon the death of an insured or surrender of the policy or certificate. If the policy contains such provisions, include a description of them.)

(7) THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the insurance company.

(a) (For agents) neither (insert company name) nor its agents represent Medicare, the federal government, or any state government.

(b) (For direct response) (insert company name) is not representing Medicare, the federal government, or any state government.

(8) LONG-TERM CARE COVERAGE. Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

This policy provides coverage in the form of a fixed dollar indemnity benefit for covered long-term care expenses, subject to policy (limitations), (waiting periods), and (coinsurance) requirements. (Modify this paragraph if the policy is not an indemnity policy.)

(9) BENEFITS PROVIDED BY THIS POLICY.

(a) (Covered services, related deductible(s), waiting periods, elimination periods, and benefit maximums.)

(b) (Institutional benefits, by skill level.)

(c) (Noninstitutional benefits, by skill level.)

(d) (Eligibility for payment of benefits.)

(Activities of daily living and cognitive impairment shall be used to measure an insured's need for long-term care and must be defined and described as part of the outline of coverage.)

(Any benefit screens must be explained in this section. If these screens differ for different benefits, explanation of the screen should accompany each benefit description. If an attending physician, advanced practice registered nurse, or other specified person must certify a certain level of functional dependency in order to be eligible for benefits, this too must be specified. If activities of daily living (ADLs) are used to measure an insured's need for long-term care, then these qualifying criteria or screens must be explained.)

(10) LIMITATIONS AND EXCLUSIONS:

Describe:

(a) preexisting conditions;

- (b) noneligible facilities/provider;
- (c) noneligible levels of care (e.g., unlicensed providers, care or treatment provided by a family member, etc.);
- (d) exclusions/exceptions; and
- (e) limitations.

(This section should provide a brief specific description of any policy provisions which limit, exclude, restrict, reduce, delay, or in any other manner operate to qualify payment of the benefits described in paragraph (8).)

THIS POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

(11) RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. As applicable, indicate the following:

- (a) that the benefit level will not increase over time;
- (b) any automatic benefit adjustment provisions;
- (c) whether the insured will be guaranteed the option to buy additional benefits and the basis upon which benefits will be increased over time if not by a specified amount or percentage;
- (d) if there is such a guarantee, include whether additional underwriting or health screening will be required, the frequency and amounts of the upgrade options, and any significant restrictions or limitations; and
- (e) whether there will be any additional premium charge imposed and how that is to be calculated.

(12) ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS. (State that the policy provides coverage for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses. Specifically, describe each benefit screen or other policy provision which provides preconditions to the availability of policy benefits for such an insured.)

(13) PREMIUM.

- (a) State the total annual premium for the policy.
- (b) If the premium varies with an applicant's choice among benefit options, indicate the portion of annual premium which corresponds to each benefit option.

(14) ADDITIONAL FEATURES.

- (a) Indicate if medical underwriting is used.
- (b) Describe other important features.

(15) CONTACT THE STATE DEPARTMENT OF COMMERCE OR SENIOR LINKAGE LINE IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY OR CERTIFICATE.

Sec. 17. Minnesota Statutes 2018, section 62S.20, subdivision 5b, is amended to read:

**Subd. 5b. Benefit triggers.** Activities of daily living and cognitive impairment must be used to measure an insured's need for long-term care and must be described in the policy or certificate in a separate paragraph and must be labeled "Eligibility for the Payment of Benefits." Any additional benefit triggers must also be explained in this section. If these triggers differ for different benefits, explanation of the trigger must accompany each benefit description. If an attending physician, advanced practice registered nurse, or other specified person must certify a certain level of functional dependency in order to be eligible for benefits, this too shall be specified.

Sec. 18. Minnesota Statutes 2018, section 62S.21, subdivision 2, is amended to read:

**Subd. 2. Medication information required.** If an application for long-term care insurance contains a question which asks whether the applicant has had medication prescribed by a physician or advanced practice registered nurse, it must also ask the applicant to list the medication that has been prescribed. If the medications listed in the application were known by the insurer, or should have been known at the time of application, to be directly related to a medical condition for which coverage would otherwise be denied, then the policy or certificate shall not be rescinded for that condition.

Sec. 19. Minnesota Statutes 2018, section 62S.268, subdivision 1, is amended to read:

**Subdivision 1. Definitions.** For purposes of this section, the following terms have the meanings given them:

(a) "Qualified long-term care services" means services that meet the requirements of section 7702(c)(1) of the Internal Revenue Code of 1986, as amended, as follows: necessary diagnostic, preventive, therapeutic, curative, treatment, mitigation, and rehabilitative services, and maintenance or personal care services which are required by a chronically ill individual, and are provided pursuant to a plan of care prescribed by a licensed health care practitioner.

(b) "Chronically ill individual" has the meaning prescribed for this term by section 7702B(c)(2) of the Internal Revenue Code of 1986, as amended. Under this provision, a chronically ill individual means any individual who has been certified by a licensed health care practitioner as being unable to perform, without substantial assistance from another individual, at least two activities of daily living for a period of at least 90 days due to a loss of functional capacity, or requiring substantial supervision to protect the individual from threats to health and safety due to severe cognitive impairment.

The term "chronically ill individual" does not include an individual otherwise meeting these requirements unless within the preceding 12-month period a licensed health care practitioner has certified that the individual meets these requirements.

(c) "Licensed health care practitioner" means a physician, as defined in section 1861(r)(1) of the Social Security Act, an advanced practice registered nurse, a registered professional nurse, licensed social worker, or other individual who meets requirements prescribed by the Secretary of the Treasury.

(d) "Maintenance or personal care services" means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which the individual is a chronically ill individual, including the protection from threats to health and safety due to severe cognitive impairment.

Sec. 20. Minnesota Statutes 2018, section 144.3345, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** (a) The following definitions are used for the purposes of this section.

(b) "Eligible community e-health collaborative" means an existing or newly established collaborative to support the adoption and use of interoperable electronic health records. A collaborative must consist of at least two or more eligible health care entities in at least two of the categories listed in paragraph (c) and have a focus on interconnecting the members of the collaborative for secure and interoperable exchange of health care information.

(c) "Eligible health care entity" means one of the following:

(1) community clinics, as defined under section 145.9268;

(2) hospitals eligible for rural hospital capital improvement grants, as defined in section 144.148;

(3) physician or advanced practice registered nurse clinics located in a community with a population of less than 50,000 according to United States Census Bureau statistics and outside the seven-county metropolitan area;

(4) nursing facilities licensed under sections 144A.01 to 144A.27;

(5) community health boards as established under chapter 145A;

(6) nonprofit entities with a purpose to provide health information exchange coordination governed by a representative, multi-stakeholder board of directors; and

(7) other providers of health or health care services approved by the commissioner for which interoperable electronic health record capability would improve quality of care, patient safety, or community health.

Sec. 21. Minnesota Statutes 2018, section 144.3352, is amended to read:

#### **144.3352 HEPATITIS B MATERNAL CARRIER DATA; INFANT IMMUNIZATION.**

The commissioner of health or a community health board may inform the physician or advanced practice registered nurse attending a newborn of the hepatitis B infection status of the biological mother.

Sec. 22. Minnesota Statutes 2018, section 144.34, is amended to read:

#### **144.34 INVESTIGATION AND CONTROL OF OCCUPATIONAL DISEASES.**

Any physician or advanced practice registered nurse having under professional care any person whom the physician or advanced practice registered nurse believes to be suffering from poisoning from lead, phosphorus, arsenic, brass, silica dust, carbon monoxide gas, wood alcohol, or mercury, or their compounds, or from anthrax or from compressed-air illness or any other disease contracted as a result of the nature of the employment of such person shall within five days mail to the Department of Health a report stating the name, address, and occupation of such patient, the name, address, and business of the patient's employer, the nature of the disease, and such other information as may reasonably be required by the department. The department shall prepare and furnish the physicians and advanced practice registered nurses of this state suitable blanks for the reports herein required. No report made pursuant to the provisions of this section shall be admissible as evidence of the facts therein stated in any action at law or in any action under the Workers' Compensation Act against any employer of such diseased person. The Department of Health is authorized to investigate and to make recommendations for the elimination or prevention of occupational diseases which have been reported to it, or which shall be reported to it, in accordance with the provisions of this section. The department is also authorized to study and provide advice in regard to

conditions that may be suspected of causing occupational diseases. Information obtained upon investigations made in accordance with the provisions of this section shall not be admissible as evidence in any action at law to recover damages for personal injury or in any action under the Workers' Compensation Act. Nothing herein contained shall be construed to interfere with or limit the powers of the Department of Labor and Industry to make inspections of places of employment or issue orders for the protection of the health of the persons therein employed. When upon investigation the commissioner of health reaches a conclusion that a condition exists which is dangerous to the life and health of the workers in any industry or factory or other industrial institutions the commissioner shall file a report thereon with the Department of Labor and Industry.

Sec. 23. Minnesota Statutes 2018, section 144.441, subdivision 4, is amended to read:

**Subd. 4. Screening of employees.** As determined by the commissioner under subdivision 2, a person employed by the designated school or school district shall submit to the administrator or other person having general control and supervision of the school one of the following:

(1) a statement from a physician, advanced practice registered nurse, or public clinic stating that the person has had a negative Mantoux test reaction within the past year, provided that the person has no symptoms suggestive of tuberculosis or evidence of a new exposure to active tuberculosis;

(2) a statement from a physician, advanced practice registered nurse, or public clinic stating that a person who has a positive Mantoux test reaction has had a negative chest roentgenogram (X-ray) for tuberculosis within the past year, provided that the person has no symptoms suggestive of tuberculosis or evidence of a new exposure to active tuberculosis;

(3) a statement from a physician, advanced practice registered nurse, or public health clinic stating that the person (i) has a history of adequately treated active tuberculosis; (ii) is currently receiving tuberculosis preventive therapy; (iii) is currently undergoing therapy for active tuberculosis and the person's presence in a school building will not endanger the health of other people; or (iv) has completed a course of preventive therapy or was intolerant to preventive therapy, provided the person has no symptoms suggestive of tuberculosis or evidence of a new exposure to active tuberculosis; or

(4) a notarized statement signed by the person stating that the person has not submitted the proof of tuberculosis screening as required by this subdivision because of conscientiously held beliefs. This statement must be forwarded to the commissioner of health.

Sec. 24. Minnesota Statutes 2018, section 144.441, subdivision 5, is amended to read:

**Subd. 5. Exceptions.** Subdivisions 3 and 4 do not apply to:

(1) a person with a history of either a past positive Mantoux test reaction or active tuberculosis who has a documented history of completing a course of tuberculosis therapy or preventive therapy when the school or school district holds a statement from a physician, advanced practice registered nurse, or public health clinic indicating that such therapy was provided to the person and that the person has no symptoms suggestive of tuberculosis or evidence of a new exposure to active tuberculosis; and

(2) a person with a history of a past positive Mantoux test reaction who has not completed a course of preventive therapy. This determination shall be made by the commissioner based on currently accepted public health standards and the person's health status.

Sec. 25. Minnesota Statutes 2018, section 144.442, subdivision 1, is amended to read:

**Subdivision 1. Administration; notification.** In the event that the commissioner designates a school or school district under section 144.441, subdivision 2, the school or school district or community health board may administer Mantoux screening tests to some or all persons enrolled in or employed by the designated school or school district. Any Mantoux screening provided under this section shall be under the direction of a licensed physician or advanced practice registered nurse.

Prior to administering the Mantoux test to such persons, the school or school district or community health board shall inform in writing such persons and parents or guardians of minor children to whom the test may be administered, of the following:

- (1) that there has been an occurrence of active tuberculosis or evidence of a higher than expected prevalence of tuberculosis infection in that school or school district;
- (2) that screening is necessary to avoid the spread of tuberculosis;
- (3) the manner by which tuberculosis is transmitted;
- (4) the risks and possible side effects of the Mantoux test;
- (5) the risks from untreated tuberculosis to the infected person and others;
- (6) the ordinary course of further diagnosis and treatment if the Mantoux test is positive;
- (7) that screening has been scheduled; and
- (8) that no person will be required to submit to the screening if the person submits a statement of objection due to the conscientiously held beliefs of the person employed or of the parent or guardian of a minor child.

Sec. 26. Minnesota Statutes 2018, section 144.4803, subdivision 1, is amended to read:

**Subdivision 1. Active tuberculosis.** "Active tuberculosis" includes infectious and noninfectious tuberculosis and means:

- (1) a condition evidenced by a positive culture for mycobacterium tuberculosis taken from a pulmonary or laryngeal source;
- (2) a condition evidenced by a positive culture for mycobacterium tuberculosis taken from an extrapulmonary source when there is clinical evidence such as a positive skin test for tuberculosis infection, coughing, sputum production, fever, or other symptoms compatible with pulmonary tuberculosis; or
- (3) a condition in which clinical specimens are not available for culture, but there is radiographic evidence of tuberculosis such as an abnormal chest x-ray, and clinical evidence such as a positive skin test for tuberculosis infection, coughing, sputum production, fever, or other symptoms compatible with pulmonary tuberculosis, that lead a physician or advanced practice registered nurse to reasonably diagnose active tuberculosis according to currently accepted standards of medical practice and to initiate treatment for tuberculosis.

Sec. 27. Minnesota Statutes 2018, section 144.4803, is amended by adding a subdivision to read:

**Subd. 1a. Advanced practice registered nurse.** "Advanced practice registered nurse" means a person who is licensed by the Board of Nursing under chapter 148 to practice as an advanced practice registered nurse.

Sec. 28. Minnesota Statutes 2018, section 144.4803, subdivision 4, is amended to read:

**Subd. 4. Clinically suspected of having active tuberculosis.** "Clinically suspected of having active tuberculosis" means presenting a reasonable possibility of having active tuberculosis based upon epidemiologic, clinical, or radiographic evidence, laboratory test results, or other reliable evidence as determined by a physician or advanced practice registered nurse using currently accepted standards of medical practice.

Sec. 29. Minnesota Statutes 2018, section 144.4803, subdivision 10, is amended to read:

**Subd. 10. Endangerment to the public health.** "Endangerment to the public health" means a carrier who may transmit tuberculosis to another person or persons because the carrier has engaged or is engaging in any of the following conduct:

(1) refuses or fails to submit to a diagnostic tuberculosis examination that is ordered by a physician or advanced practice registered nurse and is reasonable according to currently accepted standards of medical practice;

(2) refuses or fails to initiate or complete treatment for tuberculosis that is prescribed by a physician or advanced practice registered nurse and is reasonable according to currently accepted standards of medical practice;

(3) refuses or fails to keep appointments for treatment of tuberculosis;

(4) refuses or fails to provide the commissioner, upon request, with evidence showing the completion of a course of treatment for tuberculosis that is prescribed by a physician or advanced practice registered nurse and is reasonable according to currently accepted standards of medical practice;

(5) refuses or fails to initiate or complete a course of directly observed therapy that is prescribed by a physician or advanced practice registered nurse and is reasonable according to currently accepted standards of medical practice;

(6) misses at least 20 percent of scheduled appointments for directly observed therapy, or misses at least two consecutive appointments for directly observed therapy;

(7) refuses or fails to follow contagion precautions for tuberculosis after being instructed on the precautions by a licensed health professional or by the commissioner;

(8) based on evidence of the carrier's past or present behavior, may not complete a course of treatment for tuberculosis that is reasonable according to currently accepted standards of medical practice; or

(9) may expose other persons to tuberculosis based on epidemiological, medical, or other reliable evidence.

Sec. 30. Minnesota Statutes 2018, section 144.4806, is amended to read:

#### **144.4806 PREVENTIVE MEASURES UNDER HEALTH ORDER.**

A health order may include, but need not be limited to, an order:

(1) requiring the carrier's attending physician, advanced practice registered nurse, or treatment facility to isolate and detain the carrier for treatment or for a diagnostic examination for tuberculosis, pursuant to section 144.4807, subdivision 1, if the carrier is an endangerment to the public health and is in a treatment facility;

(2) requiring a carrier who is an endangerment to the public health to submit to diagnostic examination for tuberculosis and to remain in the treatment facility until the commissioner receives the results of the examination;

(3) requiring a carrier who is an endangerment to the public health to remain in or present at a treatment facility until the carrier has completed a course of treatment for tuberculosis that is prescribed by a physician or advanced practice registered nurse and is reasonable according to currently accepted standards of medical practice;

(4) requiring a carrier who is an endangerment to the public health to complete a course of treatment for tuberculosis that is prescribed by a physician or advanced practice registered nurse and is reasonable according to currently accepted standards of medical practice and, if necessary, to follow contagion precautions for tuberculosis;

(5) requiring a carrier who is an endangerment to the public health to follow a course of directly observed therapy that is prescribed by a physician or advanced practice registered nurse and is reasonable according to currently accepted standards of medical practice;

(6) excluding a carrier who is an endangerment to the public health from the carrier's place of work or school, or from other premises if the commissioner determines that exclusion is necessary because contagion precautions for tuberculosis cannot be maintained in a manner adequate to protect others from being exposed to tuberculosis;

(7) requiring a licensed health professional or treatment facility to provide to the commissioner certified copies of all medical and epidemiological data relevant to the carrier's tuberculosis and status as an endangerment to the public health;

(8) requiring the diagnostic examination for tuberculosis of other persons in the carrier's household, workplace, or school, or other persons in close contact with the carrier if the commissioner has probable cause to believe that the persons may have active tuberculosis or may have been exposed to tuberculosis based on epidemiological, medical, or other reliable evidence; or

(9) requiring a carrier or other persons to follow contagion precautions for tuberculosis.

Sec. 31. Minnesota Statutes 2018, section 144.4807, subdivision 1, is amended to read:

**Subdivision 1. Obligation to isolate.** If the carrier is in a treatment facility, the commissioner or a carrier's attending physician or advanced practice registered nurse, after obtaining approval from the commissioner, may issue a notice of obligation to isolate to a treatment facility if the commissioner or attending physician or advanced practice registered nurse has probable cause to believe that a carrier is an endangerment to the public health.

Sec. 32. Minnesota Statutes 2018, section 144.4807, subdivision 2, is amended to read:

**Subd. 2. Obligation to examine.** If the carrier is clinically suspected of having active tuberculosis, the commissioner may issue a notice of obligation to examine to the carrier's attending physician or advanced practice registered nurse to conduct a diagnostic examination for tuberculosis on the carrier.

Sec. 33. Minnesota Statutes 2018, section 144.4807, subdivision 4, is amended to read:

**Subd. 4. Service of health order on carrier.** When issuing a notice of obligation to isolate or examine to the carrier's physician or advanced practice registered nurse or a treatment facility, the commissioner shall simultaneously serve a health order on the carrier ordering the carrier to remain in the treatment facility for treatment or examination.

Sec. 34. Minnesota Statutes 2018, section 144.50, subdivision 2, is amended to read:

**Subd. 2. Hospital, sanitarium, other institution; definition.** Hospital, sanitarium or other institution for the hospitalization or care of human beings, within the meaning of sections 144.50 to 144.56 shall mean any institution, place, building, or agency, in which any accommodation is maintained, furnished, or offered for five or more

persons for: the hospitalization of the sick or injured; the provision of care in a swing bed authorized under section 144.562; elective outpatient surgery for preexamined, prediagnosed low risk patients; emergency medical services offered 24 hours a day, seven days a week, in an ambulatory or outpatient setting in a facility not a part of a licensed hospital; or the institutional care of human beings. Nothing in sections 144.50 to 144.56 shall apply to a clinic, a physician's or advanced practice registered nurse's office or to hotels or other similar places that furnish only board and room, or either, to their guests.

Sec. 35. Minnesota Statutes 2019 Supplement, section 144.55, subdivision 2, is amended to read:

Subd. 2. **Definitions.** (a) For the purposes of this section, the terms in this subdivision have the meanings given them.

(b) "Outpatient surgical center" or "center" means a facility organized for the specific purpose of providing elective outpatient surgery for preexamined, prediagnosed, low-risk patients. An outpatient surgical center is not organized to provide regular emergency medical services and does not include a physician's, advanced practice registered nurse's, or dentist's office or clinic for the practice of medicine, the practice of dentistry, or the delivery of primary care.

(c) "Approved accrediting organization" means any organization recognized as an accreditation organization by the Centers for Medicare and Medicaid Services.

Sec. 36. Minnesota Statutes 2018, section 144.55, subdivision 6, is amended to read:

Subd. 6. **Suspension, revocation, and refusal to renew.** (a) The commissioner may refuse to grant or renew, or may suspend or revoke, a license on any of the following grounds:

(1) violation of any of the provisions of sections 144.50 to 144.56 or the rules or standards issued pursuant thereto, or Minnesota Rules, chapters 4650 and 4675;

(2) permitting, aiding, or abetting the commission of any illegal act in the institution;

(3) conduct or practices detrimental to the welfare of the patient; or

(4) obtaining or attempting to obtain a license by fraud or misrepresentation; or

(5) with respect to hospitals and outpatient surgical centers, if the commissioner determines that there is a pattern of conduct that one or more physicians or advanced practice registered nurses who have a "financial or economic interest," as defined in section 144.6521, subdivision 3, in the hospital or outpatient surgical center, have not provided the notice and disclosure of the financial or economic interest required by section 144.6521.

(b) The commissioner shall not renew a license for a boarding care bed in a resident room with more than four beds.

Sec. 37. Minnesota Statutes 2018, section 144.6501, subdivision 7, is amended to read:

Subd. 7. **Consent to treatment.** An admission contract must not include a clause requiring a resident to sign a consent to all treatment ordered by any physician or advanced practice registered nurse. An admission contract may require consent only for routine nursing care or emergency care. An admission contract must contain a clause that informs the resident of the right to refuse treatment.

Sec. 38. Minnesota Statutes 2018, section 144.651, subdivision 7, is amended to read:

**Subd. 7. Physician's or advanced practice registered nurse's identity.** Patients and residents shall have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician or advanced practice registered nurse responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician or advanced practice registered nurse in a patient's or resident's care record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative.

Sec. 39. Minnesota Statutes 2018, section 144.651, subdivision 8, is amended to read:

**Subd. 8. Relationship with other health services.** Patients and residents who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Residents shall be informed, in writing, of any health care services which are provided to those residents by individuals, corporations, or organizations other than their facility. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician or advanced practice registered nurse in a patient's or resident's care record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative.

Sec. 40. Minnesota Statutes 2018, section 144.651, subdivision 9, is amended to read:

**Subd. 9. Information about treatment.** Patients and residents shall be given by their physicians or advanced practice registered nurses complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's or advanced practice registered nurse's legal duty to disclose. This information shall be in terms and language the patients or residents can reasonably be expected to understand. Patients and residents may be accompanied by a family member or other chosen representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician or advanced practice registered nurse in a patient's or resident's medical record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative. Individuals have the right to refuse this information.

Every patient or resident suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician or advanced practice registered nurse is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

Sec. 41. Minnesota Statutes 2018, section 144.651, subdivision 10, is amended to read:

**Subd. 10. Participation in planning treatment; notification of family members.** (a) Patients and residents shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative, or both. In the event that the patient or resident cannot be present, a family member or other representative chosen by the patient or resident may be included in such conferences. A chosen representative may include a doula of the patient's choice.

(b) If a patient or resident who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph (c) to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient or resident has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the

facility knows or has reason to believe the patient or resident has an effective advance directive to the contrary or knows the patient or resident has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the patient or resident has executed an advance directive relative to the patient or resident's health care decisions. For purposes of this paragraph, "reasonable efforts" include:

- (1) examining the personal effects of the patient or resident;
- (2) examining the medical records of the patient or resident in the possession of the facility;
- (3) inquiring of any emergency contact or family member contacted under this section whether the patient or resident has executed an advance directive and whether the patient or resident has a physician or advanced practice registered nurse to whom the patient or resident normally goes for care; and
- (4) inquiring of the physician or advanced practice registered nurse to whom the patient or resident normally goes for care, if known, whether the patient or resident has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family member to participate in treatment planning in accordance with this paragraph, the facility is not liable to the patient or resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

(c) In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the patient or resident and the medical records of the patient or resident in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the patient or resident has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility in implementing this subdivision is not liable to the patient or resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

Sec. 42. Minnesota Statutes 2018, section 144.651, subdivision 12, is amended to read:

**Subd. 12. Right to refuse care.** Competent patients and residents shall have the right to refuse treatment based on the information required in subdivision 9. Residents who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the individual medical record. In cases where a patient or resident is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician or advanced practice registered nurse in the patient's or resident's medical record.

Sec. 43. Minnesota Statutes 2018, section 144.651, subdivision 14, is amended to read:

**Subd. 14. Freedom from maltreatment.** Patients and residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every patient and resident shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patient's or resident's physician or advanced practice registered nurse for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others.

Sec. 44. Minnesota Statutes 2018, section 144.651, subdivision 31, is amended to read:

**Subd. 31. Isolation and restraints.** A minor patient who has been admitted to a residential program as defined in section 253C.01 has the right to be free from physical restraint and isolation except in emergency situations involving a likelihood that the patient will physically harm the patient's self or others. These procedures may not be used for disciplinary purposes, to enforce program rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, advanced practice registered nurse, psychiatrist, or licensed psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

Sec. 45. Minnesota Statutes 2018, section 144.651, subdivision 33, is amended to read:

**Subd. 33. Restraints.** (a) Competent nursing home residents, family members of residents who are not competent, and legally appointed conservators, guardians, and health care agents as defined under section 145C.01, have the right to request and consent to the use of a physical restraint in order to treat the medical symptoms of the resident.

(b) Upon receiving a request for a physical restraint, a nursing home shall inform the resident, family member, or legal representative of alternatives to and the risks involved with physical restraint use. The nursing home shall provide a physical restraint to a resident only upon receipt of a signed consent form authorizing restraint use and a written order from the attending physician or advanced practice registered nurse that contains statements and determinations regarding medical symptoms and specifies the circumstances under which restraints are to be used.

(c) A nursing home providing a restraint under paragraph (b) must:

(1) document that the procedures outlined in that paragraph have been followed;

(2) monitor the use of the restraint by the resident; and

(3) periodically, in consultation with the resident, the family, and the attending physician or advanced practice registered nurse, reevaluate the resident's need for the restraint.

(d) A nursing home shall not be subject to fines, civil money penalties, or other state or federal survey enforcement remedies solely as the result of allowing the use of a physical restraint as authorized in this subdivision. Nothing in this subdivision shall preclude the commissioner from taking action to protect the health and safety of a resident if:

(1) the use of the restraint has jeopardized the health and safety of the resident; and

(2) the nursing home failed to take reasonable measures to protect the health and safety of the resident.

(e) For purposes of this subdivision, "medical symptoms" include:

(1) a concern for the physical safety of the resident; and

(2) physical or psychological needs expressed by a resident. A resident's fear of falling may be the basis of a medical symptom.

A written order from the attending physician or advanced practice registered nurse that contains statements and determinations regarding medical symptoms is sufficient evidence of the medical necessity of the physical restraint.

(f) When determining nursing facility compliance with state and federal standards for the use of physical restraints, the commissioner of health is bound by the statements and determinations contained in the attending physician's or advanced practice registered nurse's order regarding medical symptoms. For purposes of this order, "medical symptoms" include the request by a competent resident, family member of a resident who is not competent, or legally appointed conservator, guardian, or health care agent as defined under section 145C.01, that the facility provide a physical restraint in order to enhance the physical safety of the resident.

Sec. 46. Minnesota Statutes 2018, section 144.652, subdivision 2, is amended to read:

**Subd. 2. Correction order; emergencies.** A substantial violation of the rights of any patient or resident as defined in section 144.651, shall be grounds for issuance of a correction order pursuant to section 144.653 or 144A.10. The issuance or nonissuance of a correction order shall not preclude, diminish, enlarge, or otherwise alter private action by or on behalf of a patient or resident to enforce any unreasonable violation of the patient's or resident's rights. Compliance with the provisions of section 144.651 shall not be required whenever emergency conditions, as documented by the attending physician or advanced practice registered nurse in a patient's medical record or a resident's care record, indicate immediate medical treatment, including but not limited to surgical procedures, is necessary and it is impossible or impractical to comply with the provisions of section 144.651 because delay would endanger the patient's or resident's life, health, or safety.

Sec. 47. Minnesota Statutes 2018, section 144.69, is amended to read:

#### **144.69 CLASSIFICATION OF DATA ON INDIVIDUALS.**

Notwithstanding any law to the contrary, including section 13.05, subdivision 9, data collected on individuals by the cancer surveillance system, including the names and personal identifiers of persons required in section 144.68 to report, shall be private and may only be used for the purposes set forth in this section and sections 144.671, 144.672, and 144.68. Any disclosure other than is provided for in this section and sections 144.671, 144.672, and 144.68, is declared to be a misdemeanor and punishable as such. Except as provided by rule, and as part of an epidemiologic investigation, an officer or employee of the commissioner of health may interview patients named in any such report, or relatives of any such patient, only after the consent of the attending physician, advanced practice registered nurse, or surgeon is obtained.

Sec. 48. Minnesota Statutes 2018, section 144.7402, subdivision 2, is amended to read:

**Subd. 2. Conditions.** A facility shall follow the procedures outlined in sections 144.7401 to 144.7415 when all of the following conditions are met:

(1) the facility determines that significant exposure has occurred, following the protocol under section 144.7414;

(2) the licensed physician or advanced practice registered nurse for the emergency medical services person needs the source individual's blood-borne pathogen test results to begin, continue, modify, or discontinue treatment, in accordance with the most current guidelines of the United States Public Health Service, because of possible exposure to a blood-borne pathogen; and

(3) the emergency medical services person consents to provide a blood sample for testing for a blood-borne pathogen. If the emergency medical services person consents to blood collection, but does not consent at that time to blood-borne pathogen testing, the facility shall preserve the sample for at least 90 days. If the emergency medical services person elects to have the sample tested within 90 days, the testing shall be done as soon as feasible.

Sec. 49. Minnesota Statutes 2018, section 144.7406, subdivision 2, is amended to read:

**Subd. 2. Procedures without consent.** If the source individual has provided a blood sample with consent but does not consent to blood-borne pathogen testing, the facility shall test for blood-borne pathogens if the emergency medical services person or emergency medical services agency requests the test, provided all of the following criteria are met:

- (1) the emergency medical services person or emergency medical services agency has documented exposure to blood or body fluids during performance of that person's occupation or while acting as a Good Samaritan under section 604A.01 or executing a citizen's arrest under section 629.30;
- (2) the facility has determined that a significant exposure has occurred and a licensed physician or advanced practice registered nurse for the emergency medical services person has documented in the emergency medical services person's medical record that blood-borne pathogen test results are needed for beginning, modifying, continuing, or discontinuing medical treatment for the emergency medical services person under section 144.7414, subdivision 2;
- (3) the emergency medical services person provides a blood sample for testing for blood-borne pathogens as soon as feasible;
- (4) the facility asks the source individual to consent to a test for blood-borne pathogens and the source individual does not consent;
- (5) the facility has provided the source individual with all of the information required by section 144.7403; and
- (6) the facility has informed the emergency medical services person of the confidentiality requirements of section 144.7411 and the penalties for unauthorized release of source information under section 144.7412.

Sec. 50. Minnesota Statutes 2018, section 144.7407, subdivision 2, is amended to read:

**Subd. 2. Procedures without consent.** (a) An emergency medical services agency, or, if there is no agency, an emergency medical services person, may bring a petition for a court order to require a source individual to provide a blood sample for testing for blood-borne pathogens. The petition shall be filed in the district court in the county where the source individual resides or is hospitalized. The petitioner shall serve the petition on the source individual at least three days before a hearing on the petition. The petition shall include one or more affidavits attesting that:

- (1) the facility followed the procedures in sections 144.7401 to 144.7415 and attempted to obtain blood-borne pathogen test results according to those sections;
- (2) it has been determined under section 144.7414, subdivision 2, that a significant exposure has occurred to the emergency medical services person; and
- (3) a physician with specialty training in infectious diseases, including HIV, has documented that the emergency medical services person has provided a blood sample and consented to testing for blood-borne pathogens and blood-borne pathogen test results are needed for beginning, continuing, modifying, or discontinuing medical treatment for the emergency medical services person.

(b) Facilities shall cooperate with petitioners in providing any necessary affidavits to the extent that facility staff can attest under oath to the facts in the affidavits.

(c) The court may order the source individual to provide a blood sample for blood-borne pathogen testing if:

- (1) there is probable cause to believe the emergency medical services person has experienced a significant exposure to the source individual;

(2) the court imposes appropriate safeguards against unauthorized disclosure that must specify the persons who have access to the test results and the purposes for which the test results may be used;

(3) a licensed physician or advanced practice registered nurse for the emergency medical services person needs the test results for beginning, continuing, modifying, or discontinuing medical treatment for the emergency medical services person; and

(4) the court finds a compelling need for the test results. In assessing compelling need, the court shall weigh the need for the court-ordered blood collection and test results against the interests of the source individual, including, but not limited to, privacy, health, safety, or economic interests. The court shall also consider whether the involuntary blood collection and testing would serve the public interest.

(d) The court shall conduct the proceeding in camera unless the petitioner or the source individual requests a hearing in open court and the court determines that a public hearing is necessary to the public interest and the proper administration of justice.

(e) The court shall conduct an ex parte hearing if the source individual does not attend the noticed hearing and the petitioner complied with the notice requirements in paragraph (a).

(f) The source individual has the right to counsel in any proceeding brought under this subdivision.

(g) The court may order a source individual taken into custody by a peace officer for purposes of obtaining a blood sample if the source individual does not comply with an order issued by the court pursuant to paragraph (c). The source individual shall be held no longer than is necessary to secure a blood sample. A person may not be held for more than 24 hours without receiving a court hearing.

Sec. 51. Minnesota Statutes 2018, section 144.7414, subdivision 2, is amended to read:

**Subd. 2. Facility protocol requirements.** Every facility shall adopt and follow a postexposure protocol for emergency medical services persons who have experienced a significant exposure. The postexposure protocol must adhere to the most current recommendations of the United States Public Health Service and include, at a minimum, the following:

(1) a process for emergency medical services persons to report an exposure in a timely fashion;

(2) a process for an infectious disease specialist, or a licensed physician or advanced practice registered nurse who is knowledgeable about the most current recommendations of the United States Public Health Service in consultation with an infectious disease specialist, (i) to determine whether a significant exposure to one or more blood-borne pathogens has occurred and (ii) to provide, under the direction of a licensed physician or advanced practice registered nurse, a recommendation or recommendations for follow-up treatment appropriate to the particular blood-borne pathogen or pathogens for which a significant exposure has been determined;

(3) if there has been a significant exposure, a process to determine whether the source individual has a blood-borne pathogen through disclosure of test results, or through blood collection and testing as required by sections 144.7401 to 144.7415;

(4) a process for providing appropriate counseling prior to and following testing for a blood-borne pathogen regarding the likelihood of blood-borne pathogen transmission and follow-up recommendations according to the most current recommendations of the United States Public Health Service, recommendations for testing, and treatment to the emergency medical services person;

(5) a process for providing appropriate counseling under clause (4) to the emergency medical services person and the source individual; and

(6) compliance with applicable state and federal laws relating to data practices, confidentiality, informed consent, and the patient bill of rights.

Sec. 52. Minnesota Statutes 2018, section 144.7415, subdivision 2, is amended to read:

**Subd. 2. Immunity.** A facility, licensed physician, advanced practice registered nurse, and designated health care personnel are immune from liability in any civil, administrative, or criminal action relating to the disclosure of test results to an emergency medical services person or emergency medical services agency and the testing of a blood sample from the source individual for blood-borne pathogens if a good faith effort has been made to comply with sections 144.7401 to 144.7415.

Sec. 53. Minnesota Statutes 2018, section 144.9502, subdivision 4, is amended to read:

**Subd. 4. Blood lead analyses and epidemiologic information.** The blood lead analysis reports required in this section must specify:

- (1) whether the specimen was collected as a capillary or venous sample;
- (2) the date the sample was collected;
- (3) the results of the blood lead analysis;
- (4) the date the sample was analyzed;
- (5) the method of analysis used;
- (6) the full name, address, and phone number of the laboratory performing the analysis;

(7) the full name, address, and phone number of the physician, advanced practice registered nurse, or facility requesting the analysis;

(8) the full name, address, and phone number of the person with the blood lead level, and the person's birthdate, gender, and race.

Sec. 54. Minnesota Statutes 2018, section 144.966, subdivision 3, is amended to read:

**Subd. 3. Early hearing detection and intervention programs.** All hospitals shall establish an early hearing detection and intervention (EHDI) program. Each EHDI program shall:

- (1) in advance of any hearing screening testing, provide to the newborn's or infant's parents or parent information concerning the nature of the screening procedure, applicable costs of the screening procedure, the potential risks and effects of hearing loss, and the benefits of early detection and intervention;
- (2) comply with parental election as described under section 144.125, subdivision 4;
- (3) develop policies and procedures for screening and rescreening based on Department of Health recommendations;
- (4) provide appropriate training and monitoring of individuals responsible for performing hearing screening tests as recommended by the Department of Health;

(5) test the newborn's hearing prior to discharge, or, if the newborn is expected to remain in the hospital for a prolonged period, testing shall be performed prior to three months of age or when medically feasible;

(6) develop and implement procedures for documenting the results of all hearing screening tests;

(7) inform the newborn's or infant's parents or parent, primary care physician or advanced practice registered nurse, and the Department of Health according to recommendations of the Department of Health of the results of the hearing screening test or rescreening if conducted, or if the newborn or infant was not successfully tested. The hospital that discharges the newborn or infant to home is responsible for the screening; and

(8) collect performance data specified by the Department of Health.

Sec. 55. Minnesota Statutes 2018, section 144.966, subdivision 6, is amended to read:

**Subd. 6. Civil and criminal immunity and penalties.** (a) No physician, advanced practice registered nurse, or hospital shall be civilly or criminally liable for failure to conduct hearing screening testing.

(b) No physician, midwife, nurse, other health professional, or hospital acting in compliance with this section shall be civilly or criminally liable for any acts conforming with this section, including furnishing information required according to this section.

Sec. 56. Minnesota Statutes 2018, section 144A.135, is amended to read:

#### **144A.135 TRANSFER AND DISCHARGE APPEALS.**

(a) The commissioner shall establish a mechanism for hearing appeals on transfers and discharges of residents by nursing homes or boarding care homes licensed by the commissioner. The commissioner may adopt permanent rules to implement this section.

(b) Until federal regulations are adopted under sections 1819(f)(3) and 1919(f)(3) of the Social Security Act that govern appeals of the discharges or transfers of residents from nursing homes and boarding care homes certified for participation in Medicare or medical assistance, the commissioner shall provide hearings under sections 14.57 to 14.62 and the rules adopted by the Office of Administrative Hearings governing contested cases. To appeal the discharge or transfer, or notification of an intended discharge or transfer, a resident or the resident's representative must request a hearing in writing no later than 30 days after receiving written notice, which conforms to state and federal law, of the intended discharge or transfer.

(c) Hearings under this section shall be held no later than 14 days after receipt of the request for hearing, unless impractical to do so or unless the parties agree otherwise. Hearings shall be held in the facility in which the resident resides, unless impractical to do so or unless the parties agree otherwise.

(d) A resident who timely appeals a notice of discharge or transfer, and who resides in a certified nursing home or boarding care home, may not be discharged or transferred by the nursing home or boarding care home until resolution of the appeal. The commissioner can order the facility to readmit the resident if the discharge or transfer was in violation of state or federal law. If the resident is required to be hospitalized for medical necessity before resolution of the appeal, the facility shall readmit the resident unless the resident's attending physician or advanced practice registered nurse documents, in writing, why the resident's specific health care needs cannot be met in the facility.

(e) The commissioner and Office of Administrative Hearings shall conduct the hearings in compliance with the federal regulations described in paragraph (b), when adopted.

(f) Nothing in this section limits the right of a resident or the resident's representative to request or receive assistance from the Office of Ombudsman for Long-Term Care or the Office of Health Facility Complaints with respect to an intended discharge or transfer.

(g) A person required to inform a health care facility of the person's status as a registered predatory offender under section 243.166, subdivision 4b, who knowingly fails to do so shall be deemed to have endangered the safety of individuals in the facility under Code of Federal Regulations, chapter 42, section 483.12. Notwithstanding paragraph (d), any appeal of the notice and discharge shall not constitute a stay of the discharge.

Sec. 57. Minnesota Statutes 2018, section 144A.161, subdivision 5, is amended to read:

**Subd. 5. Licensee responsibilities related to sending the notice in subdivision 5a.** (a) The licensee shall establish an interdisciplinary team responsible for coordinating and implementing the plan. The interdisciplinary team shall include representatives from the county social services agency, the Office of Ombudsman for Long-Term Care, the Office of the Ombudsman for Mental Health and Developmental Disabilities, facility staff that provide direct care services to the residents, and facility administration.

(b) Concurrent with the notice provided in subdivision 5a, the licensee shall provide an updated resident census summary document to the county social services agency, the Ombudsman for Long-Term Care, and the Ombudsman for Mental Health and Developmental Disabilities that includes the following information on each resident to be relocated:

- (1) resident name;
- (2) date of birth;
- (3) Social Security number;
- (4) payment source and medical assistance identification number, if applicable;
- (5) county of financial responsibility if the resident is enrolled in a Minnesota health care program;
- (6) date of admission to the facility;
- (7) all current diagnoses;
- (8) the name of and contact information for the resident's physician or advanced practice registered nurse;
- (9) the name and contact information for the resident's responsible party;
- (10) the name of and contact information for any case manager, managed care coordinator, or other care coordinator, if known;
- (11) information on the resident's status related to commitment and probation; and
- (12) the name of the managed care organization in which the resident is enrolled, if known.

Sec. 58. Minnesota Statutes 2018, section 144A.161, subdivision 5a, is amended to read:

**Subd. 5a. Administrator and licensee responsibility to provide notice.** At least 60 days before the proposed date of closing, reduction, or change in operations as agreed to in the plan, the administrator shall send a written notice of closure, reduction, or change in operations to each resident being relocated, the resident's responsible party,

the resident's managed care organization if it is known, the county social services agency, the commissioner of health, the commissioner of human services, the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, the resident's attending physician or advanced practice registered nurse, and, in the case of a complete facility closure, the Centers for Medicare and Medicaid Services regional office designated representative. The notice must include the following:

- (1) the date of the proposed closure, reduction, or change in operations;
- (2) the contact information of the individual or individuals in the facility responsible for providing assistance and information;
- (3) notification of upcoming meetings for residents, responsible parties, and resident and family councils to discuss the plan for relocation of residents;
- (4) the contact information of the county social services agency contact person; and
- (5) the contact information of the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.

Sec. 59. Minnesota Statutes 2018, section 144A.161, subdivision 5e, is amended to read:

**Subd. 5e. Licensee responsibility for site visits.** The licensee shall assist residents desiring to make site visits to facilities with available beds or other appropriate living options to which the resident may relocate, unless it is medically inadvisable, as documented by the attending physician or advanced practice registered nurse in the resident's care record. The licensee shall make available to the resident at no charge transportation for up to three site visits to facilities or other living options within the county or contiguous counties.

Sec. 60. Minnesota Statutes 2018, section 144A.161, subdivision 5g, is amended to read:

**Subd. 5g. Licensee responsibilities for final written discharge notice and records transfer.** (a) The licensee shall provide the resident, the resident's responsible parties, the resident's managed care organization, if known, and the resident's attending physician or advanced practice registered nurse with a final written discharge notice prior to the relocation of the resident. The notice must:

- (1) be provided prior to the actual relocation; and
- (2) identify the effective date of the anticipated relocation and the destination to which the resident is being relocated.

(b) The licensee shall provide the receiving facility or other health, housing, or care entity with complete and accurate resident records including contact information for family members, responsible parties, social service or other caseworkers, and managed care coordinators. These records must also include all information necessary to provide appropriate medical care and social services. This includes, but is not limited to, information on preadmission screening, Level I and Level II screening, minimum data set (MDS), all other assessments, current resident diagnoses, social, behavioral, and medication information, required forms, and discharge summaries.

(c) For residents with special care needs, the licensee shall consult with the receiving facility or other placement entity and provide staff training or other preparation as needed to assist in providing for the special needs.

Sec. 61. Minnesota Statutes 2018, section 144A.75, subdivision 3, is amended to read:

**Subd. 3. Core services.** "Core services" means physician services, registered nursing services, advanced practice registered nurse services, medical social services, and counseling services. A hospice must ensure that at least two core services are regularly provided directly by hospice employees. A hospice provider may use contracted staff if necessary to supplement hospice employees in order to meet the needs of patients during peak patient loads or under extraordinary circumstances.

Sec. 62. Minnesota Statutes 2018, section 144A.75, subdivision 6, is amended to read:

**Subd. 6. Hospice patient.** "Hospice patient" means an individual whose illness has been documented by the individual's attending physician or advanced practice registered nurse and hospice medical director, who alone or, when unable, through the individual's family has voluntarily consented to and received admission to a hospice provider, and who:

- (1) has been diagnosed as terminally ill, with a probable life expectancy of under one year; or
- (2) is 21 years of age or younger; has been diagnosed with a chronic, complex, and life-threatening illness contributing to a shortened life expectancy; and is not expected to survive to adulthood.

Sec. 63. Minnesota Statutes 2018, section 144A.752, subdivision 1, is amended to read:

**Subdivision 1. Rules.** The commissioner shall adopt rules for the regulation of hospice providers according to sections 144A.75 to 144A.755. The rules shall include the following:

- (1) provisions to ensure, to the extent possible, the health, safety, well-being, and appropriate treatment of persons who receive hospice care;
- (2) requirements that hospice providers furnish the commissioner with specified information necessary to implement sections 144A.75 to 144A.755;
- (3) standards of training of hospice provider personnel;
- (4) standards for medication management, which may vary according to the nature of the hospice care provided, the setting in which the hospice care is provided, or the status of the patient;
- (5) standards for hospice patient and hospice patient's family evaluation or assessment, which may vary according to the nature of the hospice care provided or the status of the patient; and
- (6) requirements for the involvement of a patient's physician or advanced practice registered nurse; documentation of physicians' or advanced practice registered nurses' orders, if required, and the patient's hospice plan of care; and maintenance of accurate, current clinical records.

Sec. 64. Minnesota Statutes 2018, section 145.853, subdivision 5, is amended to read:

**Subd. 5. Notification; medical care.** A law enforcement officer who determines or has reason to believe that a disabled person is suffering from an illness causing the person's condition shall promptly notify the person's physician or advanced practice registered nurse, if practicable. If the officer is unable to ascertain the physician's or advanced practice registered nurse's identity or to communicate with the physician or advanced practice registered nurse, the officer shall make a reasonable effort to cause the disabled person to be transported immediately to a medical practitioner or to a facility where medical treatment is available. If the officer believes it unduly dangerous to move the disabled person, the officer shall make a reasonable effort to obtain the assistance of a medical practitioner.

Sec. 65. Minnesota Statutes 2018, section 145.892, subdivision 3, is amended to read:

Subd. 3. **Pregnant woman.** "Pregnant woman" means an individual determined by a licensed physician, advanced practice registered nurse, midwife, or appropriately trained registered nurse to have one or more fetuses in utero.

Sec. 66. Minnesota Statutes 2018, section 145.94, subdivision 2, is amended to read:

Subd. 2. **Disclosure of information.** The commissioner may disclose to individuals or to the community, information including data made nonpublic by law, relating to the hazardous properties and health hazards of hazardous substances released from a workplace if the commissioner finds:

(1) evidence that a person requesting the information may have suffered or is likely to suffer illness or injury from exposure to a hazardous substance; or

(2) evidence of a community health risk and if the commissioner seeks to have the employer cease an activity which results in release of a hazardous substance.

Nonpublic data obtained under subdivision 1 is subject to handling, use, and storage according to established standards to prevent unauthorized use or disclosure. If the nonpublic data is required for the diagnosis, treatment, or prevention of illness or injury, a personal physician or advanced practice registered nurse may be provided with this information if the physician or advanced practice registered nurse agrees to preserve the confidentiality of the information, except for patient health records subject to sections 144.291 to 144.298. After the disclosure of any hazardous substance information relating to a particular workplace, the commissioner shall advise the employer of the information disclosed, the date of the disclosure, and the person who received the information.

Sec. 67. Minnesota Statutes 2018, section 145B.13, is amended to read:

#### **145B.13 REASONABLE MEDICAL PRACTICE REQUIRED.**

In reliance on a patient's living will, a decision to administer, withhold, or withdraw medical treatment after the patient has been diagnosed by the attending physician or advanced practice registered nurse to be in a terminal condition must always be based on reasonable medical practice, including:

(1) continuation of appropriate care to maintain the patient's comfort, hygiene, and human dignity and to alleviate pain;

(2) oral administration of food or water to a patient who accepts it, except for clearly documented medical reasons; and

(3) in the case of a living will of a patient that the attending physician or advanced practice registered nurse knows is pregnant, the living will must not be given effect as long as it is possible that the fetus could develop to the point of live birth with continued application of life-sustaining treatment.

Sec. 68. Minnesota Statutes 2018, section 145C.02, is amended to read:

#### **145C.02 HEALTH CARE DIRECTIVE.**

A principal with the capacity to do so may execute a health care directive. A health care directive may include one or more health care instructions to direct health care providers, others assisting with health care, family members, and a health care agent. A health care directive may include a health care power of attorney to appoint a health care agent to make health care decisions for the principal when the principal, in the judgment of the principal's attending physician or advanced practice registered nurse, lacks decision-making capacity, unless otherwise specified in the health care directive.

Sec. 69. Minnesota Statutes 2019 Supplement, section 145C.05, subdivision 2, is amended to read:

**Subd. 2. Provisions that may be included.** (a) A health care directive may include provisions consistent with this chapter, including, but not limited to:

(1) the designation of one or more alternate health care agents to act if the named health care agent is not reasonably available to serve;

(2) directions to joint health care agents regarding the process or standards by which the health care agents are to reach a health care decision for the principal, and a statement whether joint health care agents may act independently of one another;

(3) limitations, if any, on the right of the health care agent or any alternate health care agents to receive, review, obtain copies of, and consent to the disclosure of the principal's medical records or to visit the principal when the principal is a patient in a health care facility;

(4) limitations, if any, on the nomination of the health care agent as guardian for purposes of sections 524.5-202, 524.5-211, 524.5-302, and 524.5-303;

(5) a document of gift for the purpose of making an anatomical gift, as set forth in chapter 525A, or an amendment to, revocation of, or refusal to make an anatomical gift;

(6) a declaration regarding intrusive mental health treatment under section 253B.03, subdivision 6d, or a statement that the health care agent is authorized to give consent for the principal under section 253B.04, subdivision 1a;

(7) a funeral directive as provided in section 149A.80, subdivision 2;

(8) limitations, if any, to the effect of dissolution or annulment of marriage or termination of domestic partnership on the appointment of a health care agent under section 145C.09, subdivision 2;

(9) specific reasons why a principal wants a health care provider or an employee of a health care provider attending the principal to be eligible to act as the principal's health care agent;

(10) health care instructions by a woman of child bearing age regarding how she would like her pregnancy, if any, to affect health care decisions made on her behalf;

(11) health care instructions regarding artificially administered nutrition or hydration; and

(12) health care instructions to prohibit administering, dispensing, or prescribing an opioid, except that these instructions must not be construed to limit the administering, dispensing, or prescribing an opioid to treat substance abuse, opioid dependence, or an overdose, unless otherwise prohibited in the health care directive.

(b) A health care directive may include a statement of the circumstances under which the directive becomes effective other than upon the judgment of the principal's attending physician or advanced practice registered nurse in the following situations:

(1) a principal who in good faith generally selects and depends upon spiritual means or prayer for the treatment or care of disease or remedial care and does not have an attending physician or advanced practice registered nurse, may include a statement appointing an individual who may determine the principal's decision-making capacity; and

(2) a principal who in good faith does not generally select a physician, advanced practice registered nurse, or a health care facility for the principal's health care needs may include a statement appointing an individual who may determine the principal's decision-making capacity, provided that if the need to determine the principal's capacity arises when the principal is receiving care under the direction of an attending physician or advanced practice registered nurse in a health care facility, the determination must be made by an attending physician or advanced practice registered nurse after consultation with the appointed individual.

If a person appointed under clause (1) or (2) is not reasonably available and the principal is receiving care under the direction of an attending physician or advanced practice registered nurse in a health care facility, an attending physician or advanced practice registered nurse shall determine the principal's decision-making capacity.

(c) A health care directive may authorize a health care agent to make health care decisions for a principal even though the principal retains decision-making capacity.

Sec. 70. Minnesota Statutes 2018, section 145C.06, is amended to read:

**145C.06 WHEN EFFECTIVE.**

A health care directive is effective for a health care decision when:

(1) it meets the requirements of section 145C.03, subdivision 1; and

(2) the principal, in the determination of the attending physician or advanced practice registered nurse of the principal, lacks decision-making capacity to make the health care decision; or if other conditions for effectiveness otherwise specified by the principal have been met.

A health care directive is not effective for a health care decision when the principal, in the determination of the attending physician or advanced practice registered nurse of the principal, recovers decision-making capacity; or if other conditions for effectiveness otherwise specified by the principal have been met.

Sec. 71. Minnesota Statutes 2018, section 145C.07, subdivision 1, is amended to read:

Subdivision 1. **Authority.** The health care agent has authority to make any particular health care decision only if the principal lacks decision-making capacity, in the determination of the attending physician or advanced practice registered nurse, to make or communicate that health care decision; or if other conditions for effectiveness otherwise specified by the principal have been met. The physician, advanced practice registered nurse, or other health care provider shall continue to obtain the principal's informed consent to all health care decisions for which the principal has decision-making capacity, unless other conditions for effectiveness otherwise specified by the principal have been met. An alternate health care agent has authority to act if the primary health care agent is not reasonably available to act.

Sec. 72. Minnesota Statutes 2018, section 145C.16, is amended to read:

**145C.16 SUGGESTED FORM.**

The following is a suggested form of a health care directive and is not a required form.

**HEALTH CARE DIRECTIVE**

I, ..... understand this document allows me to do ONE OR BOTH of the following:

**PART I:** Name another person (called the health care agent) to make health care decisions for me if I am unable to decide or speak for myself. My health care agent must make health care decisions for me based on the instructions I provide in this document (Part II), if any, the wishes I have made known to him or her, or must act in my best interest if I have not made my health care wishes known.

AND/OR

**PART II:** Give health care instructions to guide others making health care decisions for me. If I have named a health care agent, these instructions are to be used by the agent. These instructions may also be used by my health care providers, others assisting with my health care and my family, in the event I cannot make decisions for myself.

**PART I: APPOINTMENT OF HEALTH CARE AGENT**

**THIS IS WHO I WANT TO MAKE HEALTH CARE DECISIONS  
FOR ME IF I AM UNABLE TO DECIDE OR SPEAK FOR MYSELF**

(I know I can change my agent or alternate agent at any time and I know I do not have to appoint an agent or an alternate agent)

NOTE: If you appoint an agent, you should discuss this health care directive with your agent and give your agent a copy. If you do not wish to appoint an agent, you may leave Part I blank and go to Part II.

When I am unable to decide or speak for myself, I trust and appoint ..... to make health care decisions for me. This person is called my health care agent.

Relationship of my health care agent to me:.....

Telephone number of my health care agent:.....

Address of my health care agent:.....

**(OPTIONAL) APPOINTMENT OF ALTERNATE HEALTH CARE AGENT:** If my health care agent is not reasonably available, I trust and appoint ..... to be my health care agent instead.

Relationship of my alternate health care agent to me:.....

Telephone number of my alternate health care agent:.....

Address of my alternate health care agent:.....

**THIS IS WHAT I WANT MY HEALTH CARE AGENT TO BE ABLE TO  
DO IF I AM UNABLE TO DECIDE OR SPEAK FOR MYSELF**

(I know I can change these choices)

My health care agent is automatically given the powers listed below in (A) through (D). My health care agent must follow my health care instructions in this document or any other instructions I have given to my agent. If I have not given health care instructions, then my agent must act in my best interest.

Whenever I am unable to decide or speak for myself, my health care agent has the power to:

(A) Make any health care decision for me. This includes the power to give, refuse, or withdraw consent to any care, treatment, service, or procedures. This includes deciding whether to stop or not start health care that is keeping me or might keep me alive, and deciding about intrusive mental health treatment.

(B) Choose my health care providers.

(C) Choose where I live and receive care and support when those choices relate to my health care needs.

(D) Review my medical records and have the same rights that I would have to give my medical records to other people.

If I DO NOT want my health care agent to have a power listed above in (A) through (D) OR if I want to LIMIT any power in (A) through (D), I MUST say that here:

.....  
.....  
.....

My health care agent is NOT automatically given the powers listed below in (1) and (2). If I WANT my agent to have any of the powers in (1) and (2), I must INITIAL the line in front of the power; then my agent WILL HAVE that power.

..... (1) To decide whether to donate any parts of my body, including organs, tissues, and eyes, when I die.

..... (2) To decide what will happen with my body when I die (burial, cremation).

If I want to say anything more about my health care agent's powers or limits on the powers, I can say it here:

.....  
.....  
.....

## PART II: HEALTH CARE INSTRUCTIONS

NOTE: Complete this Part II if you wish to give health care instructions. If you appointed an agent in Part I, completing this Part II is optional but would be very helpful to your agent. However, if you chose not to appoint an agent in Part I, you MUST complete some or all of this Part II if you wish to make a valid health care directive.

These are instructions for my health care when I am unable to decide or speak for myself. These instructions must be followed (so long as they address my needs).

### THESE ARE MY BELIEFS AND VALUES ABOUT MY HEALTH CARE

(I know I can change these choices or leave any of them blank)

I want you to know these things about me to help you make decisions about my health care:

My goals for my health care: .....

.....  
.....

My fears about my health care: .....

.....  
.....

My spiritual or religious beliefs and traditions: .....

.....

.....

My beliefs about when life would be no longer worth living: .....

.....

.....

My thoughts about how my medical condition might affect my family: .....

.....

.....

#### THIS IS WHAT I WANT AND DO NOT WANT FOR MY HEALTH CARE

(I know I can change these choices or leave any of them blank)

Many medical treatments may be used to try to improve my medical condition or to prolong my life. Examples include artificial breathing by a machine connected to a tube in the lungs, artificial feeding or fluids through tubes, attempts to start a stopped heart, surgeries, dialysis, antibiotics, and blood transfusions. Most medical treatments can be tried for a while and then stopped if they do not help.

I have these views about my health care in these situations:

(Note: You can discuss general feelings, specific treatments, or leave any of them blank)

If I had a reasonable chance of recovery, and were temporarily unable to decide or speak for myself, I would want: .....

.....

.....

If I were dying and unable to decide or speak for myself, I would want: .....

.....

.....

If I were permanently unconscious and unable to decide or speak for myself, I would want: .....

.....

.....

If I were completely dependent on others for my care and unable to decide or speak for myself, I would want: .....

.....

.....

In all circumstances, my doctors or advanced practice registered nurses will try to keep me comfortable and reduce my pain. This is how I feel about pain relief if it would affect my alertness or if it could shorten my life: .....

.....

.....

There are other things that I want or do not want for my health care, if possible: .....

.....

.....

Who I would like to be my doctor or advanced practice registered nurse: .....

.....

Where I would like to live to receive health care: .....

.....

Where I would like to die and other wishes I have about dying: .....

.....

My wishes about donating parts of my body when I die: .....

.....

My wishes about what happens to my body when I die (cremation, burial): .....

.....

Any other things: .....

.....

### PART III: MAKING THE DOCUMENT LEGAL

This document must be signed by me. It also must either be verified by a notary public (Option 1) OR witnessed by two witnesses (Option 2). It must be dated when it is verified or witnessed.

I am thinking clearly, I agree with everything that is written in this document, and I have made this document willingly.

.....  
My Signature

Date signed: .....

Date of birth: .....

Address: .....

.....  
If I cannot sign my name, I can ask someone to sign this document for me.

.....  
Signature of the person who I asked to sign this document for me.

.....  
Printed name of the person who I asked to sign this document for me.

#### Option 1: Notary Public

In my presence on ..... (date), ..... (name) acknowledged his/her signature on this document or acknowledged that he/she authorized the person signing this document to sign on his/her behalf. I am not named as a health care agent or alternate health care agent in this document.

.....  
(Signature of Notary)

.....  
(Notary Stamp)

## Option 2: Two Witnesses

Two witnesses must sign. Only one of the two witnesses can be a health care provider or an employee of a health care provider giving direct care to me on the day I sign this document.

Witness One:

(i) In my presence on ..... (date), ..... (name) acknowledged his/her signature on this document or acknowledged that he/she authorized the person signing this document to sign on his/her behalf.

(ii) I am at least 18 years of age.

(iii) I am not named as a health care agent or an alternate health care agent in this document.

(iv) If I am a health care provider or an employee of a health care provider giving direct care to the person listed above in (A), I must initial this box: [ ]

I certify that the information in (i) through (iv) is true and correct.

.....  
(Signature of Witness One)

Address: .....

.....

Witness Two:

(i) In my presence on ..... (date), ..... (name) acknowledged his/her signature on this document or acknowledged that he/she authorized the person signing this document to sign on his/her behalf.

(ii) I am at least 18 years of age.

(iii) I am not named as a health care agent or an alternate health care agent in this document.

(iv) If I am a health care provider or an employee of a health care provider giving direct care to the person listed above in (A), I must initial this box: [ ]

I certify that the information in (i) through (iv) is true and correct.

.....  
(Signature of Witness Two)

Address: .....

.....

REMINDER: Keep this document with your personal papers in a safe place (not in a safe deposit box). Give signed copies to your doctors or advanced practice registered nurses, family, close friends, health care agent, and alternate health care agent. Make sure your doctor or advanced practice registered nurse is willing to follow your wishes. This document should be part of your medical record at your physician's or advanced practice registered nurse's office and at the hospital, home care agency, hospice, or nursing facility where you receive your care.

Sec. 73. Minnesota Statutes 2018, section 148.6438, subdivision 1, is amended to read:

**Subdivision 1. Required notification.** In the absence of a physician or advanced practice registered nurse referral or prior authorization, and before providing occupational therapy services for remuneration or expectation of payment from the client, an occupational therapist must provide the following written notification in all capital letters of 12-point or larger boldface type, to the client, parent, or guardian:

"Your health care provider, insurer, or plan may require a physician or advanced practice registered nurse referral or prior authorization and you may be obligated for partial or full payment for occupational therapy services rendered."

Information other than this notification may be included as long as the notification remains conspicuous on the face of the document. A nonwritten disclosure format may be used to satisfy the recipient notification requirement when necessary to accommodate the physical condition of a client or client's guardian.

Sec. 74. Minnesota Statutes 2018, section 151.19, subdivision 4, is amended to read:

**Subd. 4. Licensing of physicians and advanced practice registered nurses to dispense drugs; renewals.** (a) The board may grant a license to any physician licensed under chapter 147 or advanced practice registered nurse licensed under chapter 148 who provides services in a health care facility located in a designated health professional shortage area authorizing the physician or advanced practice registered nurse to dispense drugs to individuals for whom pharmaceutical care is not reasonably available. The license may be renewed annually. Any physician or advanced practice registered nurse licensed under this subdivision shall be limited to dispensing drugs in a limited service pharmacy and shall be governed by the rules adopted by the board when dispensing drugs.

(b) For the purposes of this subdivision, pharmaceutical care is not reasonably available if the limited service pharmacy in which the physician or advanced practice registered nurse is dispensing drugs is located in a health professional shortage area, and no other licensed pharmacy is located within 15 miles of the limited service pharmacy.

(c) For the purposes of this subdivision, section 151.15, subdivision 2, shall not apply, and section 151.215 shall not apply provided that a physician or advanced practice registered nurse granted a license under this subdivision certifies each filled prescription in accordance with Minnesota Rules, part 6800.3100, subpart 3.

(d) Notwithstanding section 151.102, a physician or advanced practice registered nurse granted a license under this subdivision may be assisted by a pharmacy technician if the technician holds a valid certification from the Pharmacy Technician Certification Board or from another national certification body for pharmacy technicians that requires passage of a nationally recognized psychometrically valid certification examination for certification as determined by the board. The physician or advanced practice registered nurse may supervise the pharmacy technician as long as the physician or advanced practice registered nurse assumes responsibility for all functions performed by the technician. For purposes of this subdivision, supervision does not require the physician or advanced practice registered nurse to be physically present if the physician, advanced practice registered nurse, or a licensed pharmacist is available, either electronically or by telephone.

(e) Nothing in this subdivision shall be construed to prohibit a physician or advanced practice registered nurse from dispensing drugs pursuant to section 151.37 and Minnesota Rules, parts 6800.9950 to 6800.9954.

Sec. 75. Minnesota Statutes 2018, section 151.21, subdivision 4a, is amended to read:

**Subd. 4a. Sign.** A pharmacy must post a sign in a conspicuous location and in a typeface easily seen at the counter where prescriptions are dispensed stating: "In order to save you money, this pharmacy will substitute whenever possible an FDA-approved, less expensive, generic drug product, which is therapeutically equivalent to and safely interchangeable with the one prescribed by your doctor or advanced practice registered nurse, unless you object to this substitution."

Sec. 76. Minnesota Statutes 2018, section 152.32, subdivision 3, is amended to read:

**Subd. 3. Discrimination prohibited.** (a) No school or landlord may refuse to enroll or lease to and may not otherwise penalize a person solely for the person's status as a patient enrolled in the registry program under sections 152.22 to 152.37, unless failing to do so would violate federal law or regulations or cause the school or landlord to lose a monetary or licensing-related benefit under federal law or regulations.

(b) For the purposes of medical care, including organ transplants, a registry program enrollee's use of medical cannabis under sections 152.22 to 152.37 is considered the equivalent of the authorized use of any other medication used at the discretion of a physician or advanced practice registered nurse and does not constitute the use of an illicit substance or otherwise disqualify a patient from needed medical care.

(c) Unless a failure to do so would violate federal law or regulations or cause an employer to lose a monetary or licensing-related benefit under federal law or regulations, an employer may not discriminate against a person in hiring, termination, or any term or condition of employment, or otherwise penalize a person, if the discrimination is based upon either of the following:

(1) the person's status as a patient enrolled in the registry program under sections 152.22 to 152.37; or

(2) a patient's positive drug test for cannabis components or metabolites, unless the patient used, possessed, or was impaired by medical cannabis on the premises of the place of employment or during the hours of employment.

(d) An employee who is required to undergo employer drug testing pursuant to section 181.953 may present verification of enrollment in the patient registry as part of the employee's explanation under section 181.953, subdivision 6.

(e) A person shall not be denied custody of a minor child or visitation rights or parenting time with a minor child solely based on the person's status as a patient enrolled in the registry program under sections 152.22 to 152.37. There shall be no presumption of neglect or child endangerment for conduct allowed under sections 152.22 to 152.37, unless the person's behavior is such that it creates an unreasonable danger to the safety of the minor as established by clear and convincing evidence.

Sec. 77. Minnesota Statutes 2018, section 245A.143, subdivision 8, is amended to read:

**Subd. 8. Nutritional services.** (a) The license holder shall ensure that food served is nutritious and meets any special dietary needs of the participants as prescribed by the participant's physician, advanced practice registered nurse, or dietitian as specified in the service delivery plan.

(b) Food and beverages must be obtained, handled, and properly stored to prevent contamination, spoilage, or a threat to the health of a resident.

Sec. 78. Minnesota Statutes 2018, section 245A.1435, is amended to read:

**245A.1435 REDUCTION OF RISK OF SUDDEN UNEXPECTED INFANT DEATH IN LICENSED PROGRAMS.**

(a) When a license holder is placing an infant to sleep, the license holder must place the infant on the infant's back, unless the license holder has documentation from the infant's physician or advanced practice registered nurse directing an alternative sleeping position for the infant. The physician or advanced practice registered nurse directive must be on a form approved by the commissioner and must remain on file at the licensed location. An infant who independently rolls onto its stomach after being placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant is at least six months of age or the license holder has a signed statement from the parent indicating that the infant regularly rolls over at home.

(b) The license holder must place the infant in a crib directly on a firm mattress with a fitted sheet that is appropriate to the mattress size, that fits tightly on the mattress, and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort. The license holder must not place anything in the crib with the infant except for the infant's pacifier, as defined in Code of Federal Regulations, title 16, part 1511. The requirements of this section apply to license holders serving infants younger than one year of age. Licensed child care providers must meet the crib requirements under section 245A.146. A correction order shall not be issued under this paragraph unless there is evidence that a violation occurred when an infant was present in the license holder's care.

(c) If an infant falls asleep before being placed in a crib, the license holder must move the infant to a crib as soon as practicable, and must keep the infant within sight of the license holder until the infant is placed in a crib. When an infant falls asleep while being held, the license holder must consider the supervision needs of other children in care when determining how long to hold the infant before placing the infant in a crib to sleep. The sleeping infant must not be in a position where the airway may be blocked or with anything covering the infant's face.

(d) Placing a swaddled infant down to sleep in a licensed setting is not recommended for an infant of any age and is prohibited for any infant who has begun to roll over independently. However, with the written consent of a parent or guardian according to this paragraph, a license holder may place the infant who has not yet begun to roll over on its own down to sleep in a one-piece sleeper equipped with an attached system that fastens securely only across the upper torso, with no constriction of the hips or legs, to create a swaddle. Prior to any use of swaddling for sleep by a provider licensed under this chapter, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant on a form provided by the commissioner and prepared in partnership with the Minnesota Sudden Infant Death Center.

Sec. 79. Minnesota Statutes 2018, section 245C.02, subdivision 18, is amended to read:

**Subd. 18. Serious maltreatment.** (a) "Serious maltreatment" means sexual abuse, maltreatment resulting in death, neglect resulting in serious injury which reasonably requires the care of a physician or advanced practice registered nurse whether or not the care of a physician or advanced practice registered nurse was sought, or abuse resulting in serious injury.

(b) For purposes of this definition, "care of a physician or advanced practice registered nurse" is treatment received or ordered by a physician, physician assistant, advanced practice registered nurse, or nurse practitioner, but does not include:

(1) diagnostic testing, assessment, or observation;

(2) the application of, recommendation to use, or prescription solely for a remedy that is available over the counter without a prescription; or

(3) a prescription solely for a topical antibiotic to treat burns when there is no follow-up appointment.

(c) For purposes of this definition, "abuse resulting in serious injury" means: bruises, bites, skin laceration, or tissue damage; fractures; dislocations; evidence of internal injuries; head injuries with loss of consciousness; extensive second-degree or third-degree burns and other burns for which complications are present; extensive second-degree or third-degree frostbite and other frostbite for which complications are present; irreversible mobility or avulsion of teeth; injuries to the eyes; ingestion of foreign substances and objects that are harmful; near drowning; and heat exhaustion or sunstroke.

(d) Serious maltreatment includes neglect when it results in criminal sexual conduct against a child or vulnerable adult.

Sec. 80. Minnesota Statutes 2018, section 245C.04, subdivision 1, is amended to read:

**Subdivision 1. Licensed programs; other child care programs.** (a) The commissioner shall conduct a background study of an individual required to be studied under section 245C.03, subdivision 1, at least upon application for initial license for all license types.

(b) The commissioner shall conduct a background study of an individual required to be studied under section 245C.03, subdivision 1, including a child care background study subject as defined in section 245C.02, subdivision 6a, in a family child care program, licensed child care center, certified license-exempt child care center, or legal nonlicensed child care provider, on a schedule determined by the commissioner. Except as provided in section 245C.05, subdivision 5a, a child care background study must include submission of fingerprints for a national criminal history record check and a review of the information under section 245C.08. A background study for a child care program must be repeated within five years from the most recent study conducted under this paragraph.

(c) At reapplication for a family child care license:

(1) for a background study affiliated with a licensed family child care center or legal nonlicensed child care provider, the individual shall provide information required under section 245C.05, subdivision 1, paragraphs (a), (b), and (d), to the county agency, and be fingerprinted and photographed under section 245C.05, subdivision 5;

(2) the county agency shall verify the information received under clause (1) and forward the information to the commissioner to complete the background study; and

(3) the background study conducted by the commissioner under this paragraph must include a review of the information required under section 245C.08.

(d) The commissioner is not required to conduct a study of an individual at the time of reapplication for a license if the individual's background study was completed by the commissioner of human services and the following conditions are met:

(1) a study of the individual was conducted either at the time of initial licensure or when the individual became affiliated with the license holder;

(2) the individual has been continuously affiliated with the license holder since the last study was conducted; and

(3) the last study of the individual was conducted on or after October 1, 1995.

(e) The commissioner of human services shall conduct a background study of an individual specified under section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6), who is newly affiliated with a child foster care license holder:

(1) the county or private agency shall collect and forward to the commissioner the information required under section 245C.05, subdivisions 1 and 5, when the child foster care applicant or license holder resides in the home where child foster care services are provided;

(2) the child foster care license holder or applicant shall collect and forward to the commissioner the information required under section 245C.05, subdivisions 1 and 5, when the applicant or license holder does not reside in the home where child foster care services are provided; and

(3) the background study conducted by the commissioner of human services under this paragraph must include a review of the information required under section 245C.08, subdivisions 1, 3, and 4.

(f) The commissioner shall conduct a background study of an individual specified under section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6), who is newly affiliated with an adult foster care or family adult day services and with a family child care license holder or a legal nonlicensed child care provider authorized under chapter 119B and:

(1) except as provided in section 245C.05, subdivision 5a, the county shall collect and forward to the commissioner the information required under section 245C.05, subdivision 1, paragraphs (a) and (b), and subdivision 5, paragraphs (a), (b), and (d), for background studies conducted by the commissioner for all family adult day services, for adult foster care when the adult foster care license holder resides in the adult foster care residence, and for family child care and legal nonlicensed child care authorized under chapter 119B;

(2) the license holder shall collect and forward to the commissioner the information required under section 245C.05, subdivisions 1, paragraphs (a) and (b); and 5, paragraphs (a) and (b), for background studies conducted by the commissioner for adult foster care when the license holder does not reside in the adult foster care residence; and

(3) the background study conducted by the commissioner under this paragraph must include a review of the information required under section 245C.08, subdivision 1, paragraph (a), and subdivisions 3 and 4.

(g) Applicants for licensure, license holders, and other entities as provided in this chapter must submit completed background study requests to the commissioner using the electronic system known as NETStudy before individuals specified in section 245C.03, subdivision 1, begin positions allowing direct contact in any licensed program.

(h) For an individual who is not on the entity's active roster, the entity must initiate a new background study through NETStudy when:

(1) an individual returns to a position requiring a background study following an absence of 120 or more consecutive days; or

(2) a program that discontinued providing licensed direct contact services for 120 or more consecutive days begins to provide direct contact licensed services again.

The license holder shall maintain a copy of the notification provided to the commissioner under this paragraph in the program's files. If the individual's disqualification was previously set aside for the license holder's program and the new background study results in no new information that indicates the individual may pose a risk of harm to persons receiving services from the license holder, the previous set-aside shall remain in effect.

(i) For purposes of this section, a physician licensed under chapter 147 or advanced practice registered nurse licensed under chapter 148 is considered to be continuously affiliated upon the license holder's receipt from the commissioner of health or human services of the physician's or advanced practice registered nurse's background study results.

(j) For purposes of family child care, a substitute caregiver must receive repeat background studies at the time of each license renewal.

(k) A repeat background study at the time of license renewal is not required if the family child care substitute caregiver's background study was completed by the commissioner on or after October 1, 2017, and the substitute caregiver is on the license holder's active roster in NETStudy 2.0.

(l) Before and after school programs authorized under chapter 119B, are exempt from the background study requirements under section 123B.03, for an employee for whom a background study under this chapter has been completed.

Sec. 81. Minnesota Statutes 2018, section 245D.02, subdivision 11, is amended to read:

Subd. 11. **Incident.** "Incident" means an occurrence which involves a person and requires the program to make a response that is not a part of the program's ordinary provision of services to that person, and includes:

(1) serious injury of a person as determined by section 245.91, subdivision 6;

(2) a person's death;

(3) any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician or advanced practice registered nurse treatment, or hospitalization;

(4) any mental health crisis that requires the program to call 911, a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate;

(5) an act or situation involving a person that requires the program to call 911, law enforcement, or the fire department;

(6) a person's unauthorized or unexplained absence from a program;

(7) conduct by a person receiving services against another person receiving services that:

(i) is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support;

(ii) places the person in actual and reasonable fear of harm;

(iii) places the person in actual and reasonable fear of damage to property of the person; or

(iv) substantially disrupts the orderly operation of the program;

(8) any sexual activity between persons receiving services involving force or coercion as defined under section 609.341, subdivisions 3 and 14;

(9) any emergency use of manual restraint as identified in section 245D.061 or successor provisions; or

(10) a report of alleged or suspected child or vulnerable adult maltreatment under section 626.556 or 626.557.

Sec. 82. Minnesota Statutes 2018, section 245D.11, subdivision 2, is amended to read:

Subd. 2. **Health and welfare.** The license holder must establish policies and procedures that promote health and welfare by ensuring:

- (1) use of universal precautions and sanitary practices in compliance with section 245D.06, subdivision 2, clause (5);
- (2) if the license holder operates a residential program, health service coordination and care according to the requirements in section 245D.05, subdivision 1;
- (3) safe medication assistance and administration according to the requirements in sections 245D.05, subdivisions 1a, 2, and 5, and 245D.051, that are established in consultation with a registered nurse, ~~nurse practitioner advanced practice registered nurse~~, physician assistant, or medical doctor and require completion of medication administration training according to the requirements in section 245D.09, subdivision 4a, paragraph (d). Medication assistance and administration includes, but is not limited to:
  - (i) providing medication-related services for a person;
  - (ii) medication setup;
  - (iii) medication administration;
  - (iv) medication storage and security;
  - (v) medication documentation and charting;
  - (vi) verification and monitoring of effectiveness of systems to ensure safe medication handling and administration;
  - (vii) coordination of medication refills;
  - (viii) handling changes to prescriptions and implementation of those changes;
  - (ix) communicating with the pharmacy; and
  - (x) coordination and communication with prescriber;
- (4) safe transportation, when the license holder is responsible for transportation of persons, with provisions for handling emergency situations according to the requirements in section 245D.06, subdivision 2, clauses (2) to (4);
- (5) a plan for ensuring the safety of persons served by the program in emergencies as defined in section 245D.02, subdivision 8, and procedures for staff to report emergencies to the license holder. A license holder with a community residential setting or a day service facility license must ensure the policy and procedures comply with the requirements in section 245D.22, subdivision 4;
- (6) a plan for responding to all incidents as defined in section 245D.02, subdivision 11; and reporting all incidents required to be reported according to section 245D.06, subdivision 1. The plan must:
  - (i) provide the contact information of a source of emergency medical care and transportation; and
  - (ii) require staff to first call 911 when the staff believes a medical emergency may be life threatening, or to call the mental health crisis intervention team or similar mental health response team or service when such a team is available and appropriate when the person is experiencing a mental health crisis; and

(7) a procedure for the review of incidents and emergencies to identify trends or patterns, and corrective action if needed. The license holder must establish and maintain a record-keeping system for the incident and emergency reports. Each incident and emergency report file must contain a written summary of the incident. The license holder must conduct a review of incident reports for identification of incident patterns, and implementation of corrective action as necessary to reduce occurrences. Each incident report must include:

- (i) the name of the person or persons involved in the incident. It is not necessary to identify all persons affected by or involved in an emergency unless the emergency resulted in an incident;
- (ii) the date, time, and location of the incident or emergency;
- (iii) a description of the incident or emergency;
- (iv) a description of the response to the incident or emergency and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
- (v) the name of the staff person or persons who responded to the incident or emergency; and
- (vi) the determination of whether corrective action is necessary based on the results of the review.

Sec. 83. Minnesota Statutes 2018, section 245D.22, subdivision 7, is amended to read:

**Subd. 7. Telephone and posted numbers.** A facility must have a non-coin-operated telephone that is readily accessible. A list of emergency numbers must be posted in a prominent location. When an area has a 911 number or a mental health crisis intervention team number, both numbers must be posted and the emergency number listed must be 911. In areas of the state without a 911 number, the numbers listed must be those of the local fire department, police department, emergency transportation, and poison control center. The names and telephone numbers of each person's representative, physician or advanced practice registered nurse, and dentist must be readily available.

Sec. 84. Minnesota Statutes 2018, section 245D.25, subdivision 2, is amended to read:

**Subd. 2. Food.** Food served must meet any special dietary needs of a person as prescribed by the person's physician, advanced practice registered nurse, or dietitian. Three nutritionally balanced meals a day must be served or made available to persons, and nutritious snacks must be available between meals.

Sec. 85. Minnesota Statutes 2018, section 245G.08, subdivision 2, is amended to read:

**Subd. 2. Procedures.** The applicant or license holder must have written procedures for obtaining a medical intervention for a client, that are approved in writing by a physician who is licensed under chapter 147 or advanced practice registered nurse who is licensed under chapter 148, unless:

- (1) the license holder does not provide a service under section 245G.21; and
- (2) a medical intervention is referred to 911, the emergency telephone number, or the client's physician or advanced practice registered nurse.

Sec. 86. Minnesota Statutes 2019 Supplement, section 245G.08, subdivision 3, is amended to read:

**Subd. 3. Standing order protocol.** A license holder that maintains a supply of naloxone available for emergency treatment of opioid overdose must have a written standing order protocol by a physician who is licensed under chapter 147 or an advanced practice registered nurse who is licensed under chapter 148, that permits the

license holder to maintain a supply of naloxone on site. A license holder must require staff to undergo training in the specific mode of administration used at the program, which may include intranasal administration, intramuscular injection, or both.

Sec. 87. Minnesota Statutes 2018, section 245G.08, subdivision 5, is amended to read:

**Subd. 5. Administration of medication and assistance with self-medication.** (a) A license holder must meet the requirements in this subdivision if a service provided includes the administration of medication.

(b) A staff member, other than a licensed practitioner or nurse, who is delegated by a licensed practitioner or a registered nurse the task of administration of medication or assisting with self-medication, must:

(1) successfully complete a medication administration training program for unlicensed personnel through an accredited Minnesota postsecondary educational institution. A staff member's completion of the course must be documented in writing and placed in the staff member's personnel file;

(2) be trained according to a formalized training program that is taught by a registered nurse and offered by the license holder. The training must include the process for administration of naloxone, if naloxone is kept on site. A staff member's completion of the training must be documented in writing and placed in the staff member's personnel records; or

(3) demonstrate to a registered nurse competency to perform the delegated activity. A registered nurse must be employed or contracted to develop the policies and procedures for administration of medication or assisting with self-administration of medication, or both.

(c) A registered nurse must provide supervision as defined in section 148.171, subdivision 23. The registered nurse's supervision must include, at a minimum, monthly on-site supervision or more often if warranted by a client's health needs. The policies and procedures must include:

(1) a provision that a delegation of administration of medication is limited to the administration of a medication that is administered orally, topically, or as a suppository, an eye drop, an ear drop, or an inhalant;

(2) a provision that each client's file must include documentation indicating whether staff must conduct the administration of medication or the client must self-administer medication, or both;

(3) a provision that a client may carry emergency medication such as nitroglycerin as instructed by the client's physician or advanced practice registered nurse;

(4) a provision for the client to self-administer medication when a client is scheduled to be away from the facility;

(5) a provision that if a client self-administers medication when the client is present in the facility, the client must self-administer medication under the observation of a trained staff member;

(6) a provision that when a license holder serves a client who is a parent with a child, the parent may only administer medication to the child under a staff member's supervision;

(7) requirements for recording the client's use of medication, including staff signatures with date and time;

(8) guidelines for when to inform a nurse of problems with self-administration of medication, including a client's failure to administer, refusal of a medication, adverse reaction, or error; and

(9) procedures for acceptance, documentation, and implementation of a prescription, whether written, verbal, telephonic, or electronic.

Sec. 88. Minnesota Statutes 2018, section 245G.21, subdivision 2, is amended to read:

**Subd. 2. Visitors.** A client must be allowed to receive visitors at times prescribed by the license holder. The license holder must set and post a notice of visiting rules and hours, including both day and evening times. A client's right to receive visitors other than a personal physician or advanced practice registered nurse, religious adviser, county case manager, parole or probation officer, or attorney may be subject to visiting hours established by the license holder for all clients. The treatment director or designee may impose limitations as necessary for the welfare of a client provided the limitation and the reasons for the limitation are documented in the client's file. A client must be allowed to receive visits at all reasonable times from the client's personal physician or advanced practice registered nurse, religious adviser, county case manager, parole or probation officer, and attorney.

Sec. 89. Minnesota Statutes 2018, section 245G.21, subdivision 3, is amended to read:

**Subd. 3. Client property management.** A license holder who provides room and board and treatment services to a client in the same facility, and any license holder that accepts client property must meet the requirements for handling client funds and property in section 245A.04, subdivision 13. License holders:

(1) may establish policies regarding the use of personal property to ensure that treatment activities and the rights of other clients are not infringed upon;

(2) may take temporary custody of a client's property for violation of a facility policy;

(3) must retain the client's property for a minimum of seven days after the client's service termination if the client does not reclaim property upon service termination, or for a minimum of 30 days if the client does not reclaim property upon service termination and has received room and board services from the license holder; and

(4) must return all property held in trust to the client at service termination regardless of the client's service termination status, except that:

(i) a drug, drug paraphernalia, or drug container that is subject to forfeiture under section 609.5316, must be given to the custody of a local law enforcement agency. If giving the property to the custody of a local law enforcement agency violates Code of Federal Regulations, title 42, sections 2.1 to 2.67, or title 45, parts 160 to 164, a drug, drug paraphernalia, or drug container must be destroyed by a staff member designated by the program director; and

(ii) a weapon, explosive, and other property that can cause serious harm to the client or others must be given to the custody of a local law enforcement agency, and the client must be notified of the transfer and of the client's right to reclaim any lawful property transferred; and

(iii) a medication that was determined by a physician or advanced practice registered nurse to be harmful after examining the client must be destroyed, except when the client's personal physician or advanced practice registered nurse approves the medication for continued use.

Sec. 90. Minnesota Statutes 2019 Supplement, section 245H.11, is amended to read:

#### **245H.11 REPORTING.**

(a) The certification holder must comply and must have written policies for staff to comply with the reporting requirements for abuse and neglect specified in section 626.556. A person mandated to report physical or sexual child abuse or neglect occurring within a certified center shall report the information to the commissioner.

(b) The certification holder must inform the commissioner within 24 hours of:

- (1) the death of a child in the program; and
- (2) any injury to a child in the program that required treatment by a physician or advanced practice registered nurse.

Sec. 91. Minnesota Statutes 2018, section 246.711, subdivision 2, is amended to read:

**Subd. 2. Conditions.** The secure treatment facility shall follow the procedures in sections 246.71 to 246.722 when all of the following conditions are met:

- (1) a licensed physician or advanced practice registered nurse determines that a significant exposure has occurred following the protocol under section 246.721;
- (2) the licensed physician or advanced practice registered nurse for the employee needs the patient's blood-borne pathogens test results to begin, continue, modify, or discontinue treatment in accordance with the most current guidelines of the United States Public Health Service, because of possible exposure to a blood-borne pathogen; and
- (3) the employee consents to providing a blood sample for testing for a blood-borne pathogen.

Sec. 92. Minnesota Statutes 2018, section 246.715, subdivision 2, is amended to read:

**Subd. 2. Procedures without consent.** If the patient has provided a blood sample, but does not consent to blood-borne pathogens testing, the secure treatment facility shall ensure that the blood is tested for blood-borne pathogens if the employee requests the test, provided all of the following criteria are met:

- (1) the employee and secure treatment facility have documented exposure to blood or body fluids during performance of the employee's work duties;
- (2) a licensed physician or advanced practice registered nurse has determined that a significant exposure has occurred under section 246.711 and has documented that blood-borne pathogen test results are needed for beginning, modifying, continuing, or discontinuing medical treatment for the employee as recommended by the most current guidelines of the United States Public Health Service;
- (3) the employee provides a blood sample for testing for blood-borne pathogens as soon as feasible;
- (4) the secure treatment facility asks the patient to consent to a test for blood-borne pathogens and the patient does not consent;
- (5) the secure treatment facility has provided the patient and the employee with all of the information required by section 246.712; and
- (6) the secure treatment facility has informed the employee of the confidentiality requirements of section 246.719 and the penalties for unauthorized release of patient information under section 246.72.

Sec. 93. Minnesota Statutes 2018, section 246.716, subdivision 2, is amended to read:

**Subd. 2. Procedures without consent.** (a) A secure treatment facility or an employee of a secure treatment facility may bring a petition for a court order to require a patient to provide a blood sample for testing for blood-borne pathogens. The petition shall be filed in the district court in the county where the patient is receiving treatment from the secure treatment facility. The secure treatment facility shall serve the petition on the patient three days before a hearing on the petition. The petition shall include one or more affidavits attesting that:

(1) the secure treatment facility followed the procedures in sections 246.71 to 246.722 and attempted to obtain blood-borne pathogen test results according to those sections;

(2) a licensed physician or advanced practice registered nurse knowledgeable about the most current recommendations of the United States Public Health Service has determined that a significant exposure has occurred to the employee of a secure treatment facility under section 246.721; and

(3) a physician or advanced practice registered nurse has documented that the employee has provided a blood sample and consented to testing for blood-borne pathogens and blood-borne pathogen test results are needed for beginning, continuing, modifying, or discontinuing medical treatment for the employee under section 246.721.

(b) Facilities shall cooperate with petitioners in providing any necessary affidavits to the extent that facility staff can attest under oath to the facts in the affidavits.

(c) The court may order the patient to provide a blood sample for blood-borne pathogen testing if:

(1) there is probable cause to believe the employee of a secure treatment facility has experienced a significant exposure to the patient;

(2) the court imposes appropriate safeguards against unauthorized disclosure that must specify the persons who have access to the test results and the purposes for which the test results may be used;

(3) a licensed physician or advanced practice registered nurse for the employee of a secure treatment facility needs the test results for beginning, continuing, modifying, or discontinuing medical treatment for the employee; and

(4) the court finds a compelling need for the test results. In assessing compelling need, the court shall weigh the need for the court-ordered blood collection and test results against the interests of the patient, including, but not limited to, privacy, health, safety, or economic interests. The court shall also consider whether involuntary blood collection and testing would serve the public interests.

(d) The court shall conduct the proceeding in camera unless the petitioner or the patient requests a hearing in open court and the court determines that a public hearing is necessary to the public interest and the proper administration of justice.

(e) The patient may arrange for counsel in any proceeding brought under this subdivision.

Sec. 94. Minnesota Statutes 2018, section 246.721, is amended to read:

**246.721 PROTOCOL FOR EXPOSURE TO BLOOD-BORNE PATHOGENS.**

(a) A secure treatment facility shall follow applicable Occupational Safety and Health Administration guidelines under Code of Federal Regulations, title 29, part 1910.1030, for blood-borne pathogens.

(b) Every secure treatment facility shall adopt and follow a postexposure protocol for employees at a secure treatment facility who have experienced a significant exposure. The postexposure protocol must adhere to the most current recommendations of the United States Public Health Service and include, at a minimum, the following:

(1) a process for employees to report an exposure in a timely fashion;

(2) a process for an infectious disease specialist, or a licensed physician or advanced practice registered nurse who is knowledgeable about the most current recommendations of the United States Public Health Service in consultation with an infectious disease specialist, (i) to determine whether a significant exposure to one or more blood-borne pathogens has occurred, and (ii) to provide, under the direction of a licensed physician or advanced practice registered nurse, a recommendation or recommendations for follow-up treatment appropriate to the particular blood-borne pathogen or pathogens for which a significant exposure has been determined;

(3) if there has been a significant exposure, a process to determine whether the patient has a blood-borne pathogen through disclosure of test results, or through blood collection and testing as required by sections 246.71 to 246.722;

(4) a process for providing appropriate counseling prior to and following testing for a blood-borne pathogen regarding the likelihood of blood-borne pathogen transmission and follow-up recommendations according to the most current recommendations of the United States Public Health Service, recommendations for testing, and treatment;

(5) a process for providing appropriate counseling under clause (4) to the employee of a secure treatment facility and to the patient; and

(6) compliance with applicable state and federal laws relating to data practices, confidentiality, informed consent, and the patient bill of rights.

Sec. 95. Minnesota Statutes 2018, section 246.722, is amended to read:

**246.722 IMMUNITY.**

A secure treatment facility, licensed physician or advanced practice registered nurse, and designated health care personnel are immune from liability in any civil, administrative, or criminal action relating to the disclosure of test results of a patient to an employee of a secure treatment facility and the testing of a blood sample from the patient for blood-borne pathogens if a good faith effort has been made to comply with sections 246.71 to 246.722.

Sec. 96. Minnesota Statutes 2018, section 251.043, subdivision 1, is amended to read:

**Subdivision 1. Duty to seek treatment.** If upon the evidence mentioned in the preceding section, the workers' compensation division finds that an employee is suffering from tuberculosis contracted in the institution or department by contact with inmates or patients therein or by contact with tuberculosis contaminated material therein, it shall order the employee to seek the services of a physician, advanced practice registered nurse, or medical care facility. There shall be paid to the physician, advanced practice registered nurse, or facility where the employee may be received, the same fee for the maintenance and care of the person as is received by the institution for the maintenance and care of a nonresident patient. If the employee worked in a state hospital or nursing home, payment for the care shall be made by the commissioner of human services. If employed in any other institution or department the payment shall be made from funds allocated or appropriated for the operation of the institution or department. If the employee dies from the effects of the disease of tuberculosis and if the tuberculosis was the primary infection and the authentic cause of death, the workers' compensation division shall order payment to dependents as provided for under the general provisions of the workers' compensation law.

Sec. 97. Minnesota Statutes 2018, section 252A.02, subdivision 12, is amended to read:

**Subd. 12. Comprehensive evaluation.** "Comprehensive evaluation" shall consist of:

(1) a medical report on the health status and physical condition of the proposed ward, prepared under the direction of a licensed physician or advanced practice registered nurse;

(2) a report on the proposed ward's intellectual capacity and functional abilities, specifying the tests and other data used in reaching its conclusions, prepared by a psychologist who is qualified in the diagnosis of developmental disability; and

(3) a report from the case manager that includes:

(i) the most current assessment of individual service needs as described in rules of the commissioner;

(ii) the most current individual service plan under section 256B.092, subdivision 1b; and

(iii) a description of contacts with and responses of near relatives of the proposed ward notifying them that a nomination for public guardianship has been made and advising them that they may seek private guardianship.

Each report shall contain recommendations as to the amount of assistance and supervision required by the proposed ward to function as independently as possible in society. To be considered part of the comprehensive evaluation, reports must be completed no more than one year before filing the petition under section 252A.05.

Sec. 98. Minnesota Statutes 2018, section 252A.04, subdivision 2, is amended to read:

**Subd. 2. Medication; treatment.** A proposed ward who, at the time the comprehensive evaluation is to be performed, has been under medical care shall not be so under the influence or so suffer the effects of drugs, medication, or other treatment as to be hampered in the testing or evaluation process. When in the opinion of the licensed physician or advanced practice registered nurse attending the proposed ward, the discontinuance of medication or other treatment is not in the proposed ward's best interest, the physician or advanced practice registered nurse shall record a list of all drugs, medication or other treatment which the proposed ward received 48 hours immediately prior to any examination, test or interview conducted in preparation for the comprehensive evaluation.

Sec. 99. Minnesota Statutes 2018, section 252A.20, subdivision 1, is amended to read:

**Subdivision 1. Witness and attorney fees.** In each proceeding under sections 252A.01 to 252A.21, the court shall allow and order paid to each witness subpoenaed the fees and mileage prescribed by law; to each physician, advanced practice registered nurse, psychologist, or social worker who assists in the preparation of the comprehensive evaluation and who is not in the employ of the local agency or the state Department of Human Services, a reasonable sum for services and for travel; and to the ward's counsel, when appointed by the court, a reasonable sum for travel and for each day or portion of a day actually employed in court or actually consumed in preparing for the hearing. Upon order the county auditor shall issue a warrant on the county treasurer for payment of the amount allowed.

Sec. 100. Minnesota Statutes 2018, section 253B.03, subdivision 4, is amended to read:

**Subd. 4. Special visitation; religion.** A patient has the right to meet with or call a personal physician or advanced practice registered nurse, spiritual advisor, and counsel at all reasonable times. The patient has the right to continue the practice of religion.

Sec. 101. Minnesota Statutes 2018, section 253B.03, subdivision 6d, is amended to read:

**Subd. 6d. Adult mental health treatment.** (a) A competent adult may make a declaration of preferences or instructions regarding intrusive mental health treatment. These preferences or instructions may include, but are not limited to, consent to or refusal of these treatments.

(b) A declaration may designate a proxy to make decisions about intrusive mental health treatment. A proxy designated to make decisions about intrusive mental health treatments and who agrees to serve as proxy may make decisions on behalf of a declarant consistent with any desires the declarant expresses in the declaration.

(c) A declaration is effective only if it is signed by the declarant and two witnesses. The witnesses must include a statement that they believe the declarant understands the nature and significance of the declaration. A declaration becomes operative when it is delivered to the declarant's physician, advanced practice registered nurse, or other mental health treatment provider. The physician, advanced practice registered nurse, or provider must comply with it to the fullest extent possible, consistent with reasonable medical practice, the availability of treatments requested, and applicable law. The physician, advanced practice registered nurse, or provider shall continue to obtain the declarant's informed consent to all intrusive mental health treatment decisions if the declarant is capable of informed consent. A treatment provider may not require a person to make a declaration under this subdivision as a condition of receiving services.

(d) The physician, advanced practice registered nurse, or other provider shall make the declaration a part of the declarant's medical record. If the physician, advanced practice registered nurse, or other provider is unwilling at any time to comply with the declaration, the physician, advanced practice registered nurse, or provider must promptly notify the declarant and document the notification in the declarant's medical record. If the declarant has been committed as a patient under this chapter, the physician, advanced practice registered nurse, or provider may subject a declarant to intrusive treatment in a manner contrary to the declarant's expressed wishes, only upon order of the committing court. If the declarant is not a committed patient under this chapter, the physician, advanced practice registered nurse, or provider may subject the declarant to intrusive treatment in a manner contrary to the declarant's expressed wishes, only if the declarant is committed as mentally ill or mentally ill and dangerous to the public and a court order authorizing the treatment has been issued.

(e) A declaration under this subdivision may be revoked in whole or in part at any time and in any manner by the declarant if the declarant is competent at the time of revocation. A revocation is effective when a competent declarant communicates the revocation to the attending physician, advanced practice registered nurse, or other provider. The attending physician, advanced practice registered nurse, or other provider shall note the revocation as part of the declarant's medical record.

(f) A provider who administers intrusive mental health treatment according to and in good faith reliance upon the validity of a declaration under this subdivision is held harmless from any liability resulting from a subsequent finding of invalidity.

(g) In addition to making a declaration under this subdivision, a competent adult may delegate parental powers under section 524.5-211 or may nominate a guardian under sections 524.5-101 to 524.5-502.

Sec. 102. Minnesota Statutes 2018, section 253B.06, subdivision 2, is amended to read:

Subd. 2. **Chemically dependent persons.** Patients hospitalized as chemically dependent pursuant to section 253B.04 or 253B.05 shall also be examined within 48 hours of admission. At a minimum, the examination shall consist of a physical evaluation by facility staff according to procedures established by a physician or advanced practice registered nurse and an evaluation by staff knowledgeable and trained in the diagnosis of the alleged disability related to the need for admission as a chemically dependent person.

Sec. 103. Minnesota Statutes 2018, section 253B.23, subdivision 4, is amended to read:

Subd. 4. **Immunity.** All persons acting in good faith, upon either actual knowledge or information thought by them to be reliable, who act pursuant to any provision of this chapter or who procedurally or physically assist in the commitment of any individual, pursuant to this chapter, are not subject to any civil or criminal liability under this

chapter. Any privilege otherwise existing between patient and physician, patient and advanced practice registered nurse, patient and registered nurse, patient and psychologist, patient and examiner, or patient and social worker, is waived as to any physician, advanced practice registered nurse, registered nurse, psychologist, examiner, or social worker who provides information with respect to a patient pursuant to any provision of this chapter.

Sec. 104. Minnesota Statutes 2018, section 254A.08, subdivision 2, is amended to read:

**Subd. 2. Program requirements.** For the purpose of this section, a detoxification program means a social rehabilitation program licensed by the Department of Human Services under chapter 245A, and governed by the standards of Minnesota Rules, parts 9530.6510 to 9530.6590, and established for the purpose of facilitating access into care and treatment by detoxifying and evaluating the person and providing entrance into a comprehensive program. Evaluation of the person shall include verification by a professional, after preliminary examination, that the person is intoxicated or has symptoms of substance misuse or substance use disorder and appears to be in imminent danger of harming self or others. A detoxification program shall have available the services of a licensed physician or advanced practice registered nurse for medical emergencies and routine medical surveillance. A detoxification program licensed by the Department of Human Services to serve both adults and minors at the same site must provide for separate sleeping areas for adults and minors.

Sec. 105. Minnesota Statutes 2018, section 256.9685, subdivision 1a, is amended to read:

**Subd. 1a. Administrative reconsideration.** Notwithstanding section 256B.04, subdivision 15, the commissioner shall establish an administrative reconsideration process for appeals of inpatient hospital services determined to be medically unnecessary. A physician, advanced practice registered nurse, or hospital may request a reconsideration of the decision that inpatient hospital services are not medically necessary by submitting a written request for review to the commissioner within 30 days after receiving notice of the decision. The reconsideration process shall take place prior to the procedures of subdivision 1b and shall be conducted by the medical review agent that is independent of the case under reconsideration.

Sec. 106. Minnesota Statutes 2018, section 256.9685, subdivision 1b, is amended to read:

**Subd. 1b. Appeal of reconsideration.** Notwithstanding section 256B.72, the commissioner may recover inpatient hospital payments for services that have been determined to be medically unnecessary after the reconsideration and determinations. A physician, advanced practice registered nurse, or hospital may appeal the result of the reconsideration process by submitting a written request for review to the commissioner within 30 days after receiving notice of the action. The commissioner shall review the medical record and information submitted during the reconsideration process and the medical review agent's basis for the determination that the services were not medically necessary for inpatient hospital services. The commissioner shall issue an order upholding or reversing the decision of the reconsideration process based on the review.

Sec. 107. Minnesota Statutes 2018, section 256.9685, subdivision 1c, is amended to read:

**Subd. 1c. Judicial review.** A hospital ~~or~~, physician, or advanced practice registered nurse aggrieved by an order of the commissioner under subdivision 1b may appeal the order to the district court of the county in which the physician, advanced practice registered nurse, or hospital is located by:

(1) serving a written copy of a notice of appeal upon the commissioner within 30 days after the date the commissioner issued the order; and

(2) filing the original notice of appeal and proof of service with the court administrator of the district court. The appeal shall be treated as a dispositive motion under the Minnesota General Rules of Practice, rule 115. The district court scope of review shall be as set forth in section 14.69.

Sec. 108. Minnesota Statutes 2018, section 256.975, subdivision 7a, is amended to read:

**Subd. 7a. Preadmission screening activities related to nursing facility admissions.** (a) All individuals seeking admission to Medicaid-certified nursing facilities, including certified boarding care facilities, must be screened prior to admission regardless of income, assets, or funding sources for nursing facility care, except as described in subdivision 7b, paragraphs (a) and (b). The purpose of the screening is to determine the need for nursing facility level of care as described in section 256B.0911, subdivision 4e, and to complete activities required under federal law related to mental illness and developmental disability as outlined in paragraph (b).

(b) A person who has a diagnosis or possible diagnosis of mental illness or developmental disability must receive a preadmission screening before admission regardless of the exemptions outlined in subdivision 7b, paragraphs (a) and (b), to identify the need for further evaluation and specialized services, unless the admission prior to screening is authorized by the local mental health authority or the local developmental disabilities case manager, or unless authorized by the county agency according to Public Law 101-508.

(c) The following criteria apply to the preadmission screening:

(1) requests for preadmission screenings must be submitted via an online form developed by the commissioner;

(2) the Senior LinkAge Line must use forms and criteria developed by the commissioner to identify persons who require referral for further evaluation and determination of the need for specialized services; and

(3) the evaluation and determination of the need for specialized services must be done by:

(i) a qualified independent mental health professional, for persons with a primary or secondary diagnosis of a serious mental illness; or

(ii) a qualified developmental disability professional, for persons with a primary or secondary diagnosis of developmental disability. For purposes of this requirement, a qualified developmental disability professional must meet the standards for a qualified developmental disability professional under Code of Federal Regulations, title 42, section 483.430.

(d) The local county mental health authority or the state developmental disability authority under Public Laws 100-203 and 101-508 may prohibit admission to a nursing facility if the individual does not meet the nursing facility level of care criteria or needs specialized services as defined in Public Laws 100-203 and 101-508. For purposes of this section, "specialized services" for a person with developmental disability means active treatment as that term is defined under Code of Federal Regulations, title 42, section 483.440 (a)(1).

(e) In assessing a person's needs, the screener shall:

(1) use an automated system designated by the commissioner;

(2) consult with care transitions coordinators ~~or~~, physician, or advanced practice registered nurse; and

(3) consider the assessment of the individual's physician or advanced practice registered nurse.

Other personnel may be included in the level of care determination as deemed necessary by the screener.

Sec. 109. Minnesota Statutes 2018, section 256.975, subdivision 11, is amended to read:

**Subd. 11. Regional and local dementia grants.** (a) The Minnesota Board on Aging shall award competitive grants to eligible applicants for regional and local projects and initiatives targeted to a designated community, which may consist of a specific geographic area or population, to increase awareness of Alzheimer's disease and other dementias, increase the rate of cognitive testing in the population at risk for dementias, promote the benefits of early diagnosis of dementias, or connect caregivers of persons with dementia to education and resources.

(b) The project areas for grants include:

(1) local or community-based initiatives to promote the benefits of physician or advanced practice registered nurse consultations for all individuals who suspect a memory or cognitive problem;

(2) local or community-based initiatives to promote the benefits of early diagnosis of Alzheimer's disease and other dementias; and

(3) local or community-based initiatives to provide informational materials and other resources to caregivers of persons with dementia.

(c) Eligible applicants for local and regional grants may include, but are not limited to, community health boards, school districts, colleges and universities, community clinics, tribal communities, nonprofit organizations, and other health care organizations.

(d) Applicants must:

(1) describe the proposed initiative, including the targeted community and how the initiative meets the requirements of this subdivision; and

(2) identify the proposed outcomes of the initiative and the evaluation process to be used to measure these outcomes.

(e) In awarding the regional and local dementia grants, the Minnesota Board on Aging must give priority to applicants who demonstrate that the proposed project:

(1) is supported by and appropriately targeted to the community the applicant serves;

(2) is designed to coordinate with other community activities related to other health initiatives, particularly those initiatives targeted at the elderly;

(3) is conducted by an applicant able to demonstrate expertise in the project areas;

(4) utilizes and enhances existing activities and resources or involves innovative approaches to achieve success in the project areas; and

(5) strengthens community relationships and partnerships in order to achieve the project areas.

(f) The board shall divide the state into specific geographic regions and allocate a percentage of the money available for the local and regional dementia grants to projects or initiatives aimed at each geographic region.

(g) The board shall award any available grants by January 1, 2016, and each July 1 thereafter.

(h) Each grant recipient shall report to the board on the progress of the initiative at least once during the grant period, and within two months of the end of the grant period shall submit a final report to the board that includes the outcome results.

(i) The Minnesota Board on Aging shall:

(1) develop the criteria and procedures to allocate the grants under this subdivision, evaluate all applicants on a competitive basis and award the grants, and select qualified providers to offer technical assistance to grant applicants and grantees. The selected provider shall provide applicants and grantees assistance with project design, evaluation methods, materials, and training; and

(2) submit by January 15, 2017, and on each January 15 thereafter, a progress report on the dementia grants programs under this subdivision to the chairs and ranking minority members of the senate and house of representatives committees and divisions with jurisdiction over health finance and policy. The report shall include:

(i) information on each grant recipient;

(ii) a summary of all projects or initiatives undertaken with each grant;

(iii) the measurable outcomes established by each grantee, an explanation of the evaluation process used to determine whether the outcomes were met, and the results of the evaluation; and

(iv) an accounting of how the grant funds were spent.

Sec. 110. Minnesota Statutes 2018, section 256B.04, subdivision 14a, is amended to read:

**Subd. 14a. Level of need determination.** Nonemergency medical transportation level of need determinations must be performed by a physician, a registered nurse working under direct supervision of a physician, a physician assistant, ~~a nurse practitioner an advanced practice registered nurse~~, a licensed practical nurse, or a discharge planner. Nonemergency medical transportation level of need determinations must not be performed more than annually on any individual, unless the individual's circumstances have sufficiently changed so as to require a new level of need determination. Individuals residing in licensed nursing facilities are exempt from a level of need determination and are eligible for special transportation services until the individual no longer resides in a licensed nursing facility. If a person authorized by this subdivision to perform a level of need determination determines that an individual requires stretcher transportation, the individual is presumed to maintain that level of need until otherwise determined by a person authorized to perform a level of need determination, or for six months, whichever is sooner.

Sec. 111. Minnesota Statutes 2018, section 256B.043, subdivision 2, is amended to read:

**Subd. 2. Access to care.** (a) The commissioners of human services and health, as part of their ongoing duties, shall consider the adequacy of the current system of community health clinics and centers both statewide and in urban areas with significant disparities in health status and access to services across racial and ethnic groups, including:

(1) methods to provide 24-hour availability of care through the clinics and centers;

(2) methods to expand the availability of care through the clinics and centers;

(3) the use of grants to expand the number of clinics and centers, the services provided, and the availability of care; and

(4) the extent to which increased use of physician assistants, ~~nurse practitioners advanced practice registered nurses~~, medical residents and interns, and other allied health professionals in clinics and centers would increase the availability of services.

(b) The commissioners shall make departmental modifications and legislative recommendations as appropriate on the basis of their considerations under paragraph (a).

Sec. 112. Minnesota Statutes 2018, section 256B.055, subdivision 12, is amended to read:

**Subd. 12. Children with disabilities.** (a) A person is eligible for medical assistance if the person is under age 19 and qualifies as a disabled individual under United States Code, title 42, section 1382c(a), and would be eligible for medical assistance under the state plan if residing in a medical institution, and the child requires a level of care provided in a hospital, nursing facility, or intermediate care facility for persons with developmental disabilities, for whom home care is appropriate, provided that the cost to medical assistance under this section is not more than the amount that medical assistance would pay for if the child resides in an institution. After the child is determined to be eligible under this section, the commissioner shall review the child's disability under United States Code, title 42, section 1382c(a) and level of care defined under this section no more often than annually and may elect, based on the recommendation of health care professionals under contract with the state medical review team, to extend the review of disability and level of care up to a maximum of four years. The commissioner's decision on the frequency of continuing review of disability and level of care is not subject to administrative appeal under section 256.045. The county agency shall send a notice of disability review to the enrollee six months prior to the date the recertification of disability is due. Nothing in this subdivision shall be construed as affecting other redeterminations of medical assistance eligibility under this chapter and annual cost-effective reviews under this section.

(b) For purposes of this subdivision, "hospital" means an institution as defined in section 144.696, subdivision 3, 144.55, subdivision 3, or Minnesota Rules, part 4640.3600, and licensed pursuant to sections 144.50 to 144.58. For purposes of this subdivision, a child requires a level of care provided in a hospital if the child is determined by the commissioner to need an extensive array of health services, including mental health services, for an undetermined period of time, whose health condition requires frequent monitoring and treatment by a health care professional or by a person supervised by a health care professional, who would reside in a hospital or require frequent hospitalization if these services were not provided, and the daily care needs are more complex than a nursing facility level of care.

A child with serious emotional disturbance requires a level of care provided in a hospital if the commissioner determines that the individual requires 24-hour supervision because the person exhibits recurrent or frequent suicidal or homicidal ideation or behavior, recurrent or frequent psychosomatic disorders or somatopsychic disorders that may become life threatening, recurrent or frequent severe socially unacceptable behavior associated with psychiatric disorder, ongoing and chronic psychosis or severe, ongoing and chronic developmental problems requiring continuous skilled observation, or severe disabling symptoms for which office-centered outpatient treatment is not adequate, and which overall severely impact the individual's ability to function.

(c) For purposes of this subdivision, "nursing facility" means a facility which provides nursing care as defined in section 144A.01, subdivision 5, licensed pursuant to sections 144A.02 to 144A.10, which is appropriate if a person is in active restorative treatment; is in need of special treatments provided or supervised by a licensed nurse; or has unpredictable episodes of active disease processes requiring immediate judgment by a licensed nurse. For purposes of this subdivision, a child requires the level of care provided in a nursing facility if the child is determined by the commissioner to meet the requirements of the preadmission screening assessment document under section 256B.0911, adjusted to address age-appropriate standards for children age 18 and under.

(d) For purposes of this subdivision, "intermediate care facility for persons with developmental disabilities" or "ICF/DD" means a program licensed to provide services to persons with developmental disabilities under section 252.28, and chapter 245A, and a physical plant licensed as a supervised living facility under chapter 144, which together are certified by the Minnesota Department of Health as meeting the standards in Code of Federal Regulations, title 42, part 483, for an intermediate care facility which provides services for persons with developmental disabilities who require 24-hour supervision and active treatment for medical, behavioral, or

habilitation needs. For purposes of this subdivision, a child requires a level of care provided in an ICF/DD if the commissioner finds that the child has a developmental disability in accordance with section 256B.092, is in need of a 24-hour plan of care and active treatment similar to persons with developmental disabilities, and there is a reasonable indication that the child will need ICF/DD services.

(e) For purposes of this subdivision, a person requires the level of care provided in a nursing facility if the person requires 24-hour monitoring or supervision and a plan of mental health treatment because of specific symptoms or functional impairments associated with a serious mental illness or disorder diagnosis, which meet severity criteria for mental health established by the commissioner and published in March 1997 as the Minnesota Mental Health Level of Care for Children and Adolescents with Severe Emotional Disorders.

(f) The determination of the level of care needed by the child shall be made by the commissioner based on information supplied to the commissioner by the parent or guardian, the child's physician or physicians or advanced practice registered nurse or advanced practice registered nurses, and other professionals as requested by the commissioner. The commissioner shall establish a screening team to conduct the level of care determinations according to this subdivision.

(g) If a child meets the conditions in paragraph (b), (c), (d), or (e), the commissioner must assess the case to determine whether:

(1) the child qualifies as a disabled individual under United States Code, title 42, section 1382c(a), and would be eligible for medical assistance if residing in a medical institution; and

(2) the cost of medical assistance services for the child, if eligible under this subdivision, would not be more than the cost to medical assistance if the child resides in a medical institution to be determined as follows:

(i) for a child who requires a level of care provided in an ICF/DD, the cost of care for the child in an institution shall be determined using the average payment rate established for the regional treatment centers that are certified as ICF's/DD;

(ii) for a child who requires a level of care provided in an inpatient hospital setting according to paragraph (b), cost-effectiveness shall be determined according to Minnesota Rules, part 9505.3520, items F and G; and

(iii) for a child who requires a level of care provided in a nursing facility according to paragraph (c) or (e), cost-effectiveness shall be determined according to Minnesota Rules, part 9505.3040, except that the nursing facility average rate shall be adjusted to reflect rates which would be paid for children under age 16. The commissioner may authorize an amount up to the amount medical assistance would pay for a child referred to the commissioner by the preadmission screening team under section 256B.0911.

Sec. 113. Minnesota Statutes 2018, section 256B.0622, subdivision 2b, is amended to read:

**Subd. 2b. Continuing stay and discharge criteria for assertive community treatment.** (a) A client receiving assertive community treatment is eligible to continue receiving services if:

(1) the client has not achieved the desired outcomes of their individual treatment plan;

(2) the client's level of functioning has not been restored, improved, or sustained over the time frame outlined in the individual treatment plan;

(3) the client continues to be at risk for relapse based on current clinical assessment, history, or the tenuous nature of the functional gains; or

(4) the client is functioning effectively with this service and discharge would otherwise be indicated but without continued services the client's functioning would decline; and

(5) one of the following must also apply:

(i) the client has achieved current individual treatment plan goals but additional goals are indicated as evidenced by documented symptoms;

(ii) the client is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service shall be effective in addressing the goals outlined in the individual treatment plan;

(iii) the client is making progress, but the specific interventions in the individual treatment plan need to be modified so that greater gains, which are consistent with the client's potential level of functioning, are possible; or

(iv) the client fails to make progress or demonstrates regression in meeting goals through the interventions outlined in the individual treatment plan.

(b) Clients receiving assertive community treatment are eligible to be discharged if they meet at least one of the following criteria:

(1) the client and the ACT team determine that assertive community treatment services are no longer needed based on the attainment of goals as identified in the individual treatment plan and a less intensive level of care would adequately address current goals;

(2) the client moves out of the ACT team's service area and the ACT team has facilitated the referral to either a new ACT team or other appropriate mental health service and has assisted the individual in the transition process;

(3) the client, or the client's legal guardian when applicable, chooses to withdraw from assertive community treatment services and documented attempts by the ACT team to re-engage the client with the service have not been successful;

(4) the client has a demonstrated need for a medical nursing home placement lasting more than three months, as determined by a physician or advanced practice registered nurse;

(5) the client is hospitalized, in residential treatment, or in jail for a period of greater than three months. However, the ACT team must make provisions for the client to return to the ACT team upon their discharge or release from the hospital or jail if the client still meets eligibility criteria for assertive community treatment and the team is not at full capacity;

(6) the ACT team is unable to locate, contact, and engage the client for a period of greater than three months after persistent efforts by the ACT team to locate the client; or

(7) the client requests a discharge, despite repeated and proactive efforts by the ACT team to engage the client in service planning. The ACT team must develop a transition plan to arrange for alternate treatment for clients in this situation who have a history of suicide attempts, assault, or forensic involvement.

(c) For all clients who are discharged from assertive community treatment to another service provider within the ACT team's service area there is a three-month transfer period, from the date of discharge, during which a client who does not adjust well to the new service, may voluntarily return to the ACT team. During this period, the ACT team must maintain contact with the client's new service provider.

Sec. 114. Minnesota Statutes 2018, section 256B.0623, subdivision 2, is amended to read:

**Subd. 2. Definitions.** For purposes of this section, the following terms have the meanings given them.

(a) "Adult rehabilitative mental health services" means mental health services which are rehabilitative and enable the recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, independent living, parenting skills, and community skills, when these abilities are impaired by the symptoms of mental illness. Adult rehabilitative mental health services are also appropriate when provided to enable a recipient to retain stability and functioning, if the recipient would be at risk of significant functional decompensation or more restrictive service settings without these services.

(1) Adult rehabilitative mental health services instruct, assist, and support the recipient in areas such as: interpersonal communication skills, community resource utilization and integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills, transportation skills, medication education and monitoring, mental illness symptom management skills, household management skills, employment-related skills, parenting skills, and transition to community living services.

(2) These services shall be provided to the recipient on a one-to-one basis in the recipient's home or another community setting or in groups.

(b) "Medication education services" means services provided individually or in groups which focus on educating the recipient about mental illness and symptoms; the role and effects of medications in treating symptoms of mental illness; and the side effects of medications. Medication education is coordinated with medication management services and does not duplicate it. Medication education services are provided by physicians, advanced practice registered nurses, pharmacists, physician assistants, or registered nurses.

(c) "Transition to community living services" means services which maintain continuity of contact between the rehabilitation services provider and the recipient and which facilitate discharge from a hospital, residential treatment program under Minnesota Rules, chapter 9505, board and lodging facility, or nursing home. Transition to community living services are not intended to provide other areas of adult rehabilitative mental health services.

Sec. 115. Minnesota Statutes 2018, section 256B.0625, subdivision 12, is amended to read:

**Subd. 12. Eyeglasses, dentures, and prosthetic devices.** (a) Medical assistance covers eyeglasses, dentures, and prosthetic and orthotic devices if prescribed by a licensed practitioner.

(b) For purposes of prescribing prosthetic and orthotic devices, "licensed practitioner" includes a physician, an advanced practice registered nurse, or a podiatrist.

Sec. 116. Minnesota Statutes 2019 Supplement, section 256B.0625, subdivision 13, is amended to read:

**Subd. 13. Drugs.** (a) Medical assistance covers drugs, except for fertility drugs when specifically used to enhance fertility, if prescribed by a licensed practitioner and dispensed by a licensed pharmacist, by a physician enrolled in the medical assistance program as a dispensing physician, or by a physician, physician assistant, or ~~a nurse practitioner~~ advanced practice registered nurse employed by or under contract with a community health board as defined in section 145A.02, subdivision 5, for the purposes of communicable disease control.

(b) The dispensed quantity of a prescription drug must not exceed a 34-day supply, unless authorized by the commissioner.

(c) For the purpose of this subdivision and subdivision 13d, an "active pharmaceutical ingredient" is defined as a substance that is represented for use in a drug and when used in the manufacturing, processing, or packaging of a drug becomes an active ingredient of the drug product. An "excipient" is defined as an inert substance used as a diluent or vehicle for a drug. The commissioner shall establish a list of active pharmaceutical ingredients and excipients which are included in the medical assistance formulary. Medical assistance covers selected active pharmaceutical ingredients and excipients used in compounded prescriptions when the compounded combination is specifically approved by the commissioner or when a commercially available product:

- (1) is not a therapeutic option for the patient;
- (2) does not exist in the same combination of active ingredients in the same strengths as the compounded prescription; and
- (3) cannot be used in place of the active pharmaceutical ingredient in the compounded prescription.

(d) Medical assistance covers the following over-the-counter drugs when prescribed by a licensed practitioner or by a licensed pharmacist who meets standards established by the commissioner, in consultation with the board of pharmacy: antacids, acetaminophen, family planning products, aspirin, insulin, products for the treatment of lice, vitamins for adults with documented vitamin deficiencies, vitamins for children under the age of seven and pregnant or nursing women, and any other over-the-counter drug identified by the commissioner, in consultation with the Formulary Committee, as necessary, appropriate, and cost-effective for the treatment of certain specified chronic diseases, conditions, or disorders, and this determination shall not be subject to the requirements of chapter 14. A pharmacist may prescribe over-the-counter medications as provided under this paragraph for purposes of receiving reimbursement under Medicaid. When prescribing over-the-counter drugs under this paragraph, licensed pharmacists must consult with the recipient to determine necessity, provide drug counseling, review drug therapy for potential adverse interactions, and make referrals as needed to other health care professionals.

(e) Effective January 1, 2006, medical assistance shall not cover drugs that are coverable under Medicare Part D as defined in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, section 1860D-2(e), for individuals eligible for drug coverage as defined in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, section 1860D-1(a)(3)(A). For these individuals, medical assistance may cover drugs from the drug classes listed in United States Code, title 42, section 1396r-8(d)(2), subject to this subdivision and subdivisions 13a to 13g, except that drugs listed in United States Code, title 42, section 1396r-8(d)(2)(E), shall not be covered.

(f) Medical assistance covers drugs acquired through the federal 340B Drug Pricing Program and dispensed by 340B covered entities and ambulatory pharmacies under common ownership of the 340B covered entity. Medical assistance does not cover drugs acquired through the federal 340B Drug Pricing Program and dispensed by 340B contract pharmacies.

Sec. 117. Minnesota Statutes 2019 Supplement, section 256B.0625, subdivision 17, is amended to read:

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

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

- (1) nonemergency medical transportation providers who meet the requirements of this subdivision;
- (2) ambulances, as defined in section 144E.001, subdivision 2;
- (3) taxicabs that meet the requirements of this subdivision;
- (4) public transit, as defined in section 174.22, subdivision 7; or
- (5) not-for-hire vehicles, including volunteer drivers.

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

- (d) An organization may be terminated, denied, or suspended from enrollment if:

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

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

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

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

- (e) The administrative agency of nonemergency medical transportation must:

- (1) adhere to the policies defined by the commissioner in consultation with the Nonemergency Medical Transportation Advisory Committee;

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

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

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

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

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

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

Nonemergency medical transportation providers may not bill for separate base rates for the continuation of a trip beyond the original destination. Nonemergency medical transportation providers must maintain trip logs, which include pickup and drop-off times, signed by the medical provider or client, whichever is deemed most appropriate, attesting to mileage traveled to obtain covered medical services. Clients requesting client mileage reimbursement must sign the trip log attesting mileage traveled to obtain covered medical services.

(h) The administrative agency shall use the level of service process established by the commissioner in consultation with the Nonemergency Medical Transportation Advisory Committee to determine the client's most appropriate mode of transportation. If public transit or a certified transportation provider is not available to provide the appropriate service mode for the client, the client may receive a onetime service upgrade.

(i) The covered modes of transportation are:

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

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

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

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

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

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

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

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

(k) The commissioner shall:

- (1) in consultation with the Nonemergency Medical Transportation Advisory Committee, verify that the mode and use of nonemergency medical transportation is appropriate;
- (2) verify that the client is going to an approved medical appointment; and
- (3) investigate all complaints and appeals.

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

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

- (1) \$0.22 per mile for client reimbursement;
- (2) up to 100 percent of the Internal Revenue Service business deduction rate for volunteer transport;
- (3) equivalent to the standard fare for unassisted transport when provided by public transit, and \$11 for the base rate and \$1.30 per mile when provided by a nonemergency medical transportation provider;
- (4) \$13 for the base rate and \$1.30 per mile for assisted transport;
- (5) \$18 for the base rate and \$1.55 per mile for lift-equipped/ramp transport;
- (6) \$75 for the base rate and \$2.40 per mile for protected transport; and
- (7) \$60 for the base rate and \$2.40 per mile for stretcher transport, and \$9 per trip for an additional attendant if deemed medically necessary.

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

- (1) for a trip equal to 17 miles or less, equal to 125 percent of the respective mileage rate in paragraph (m), clauses (1) to (7); and
- (2) for a trip between 18 and 50 miles, equal to 112.5 percent of the respective mileage rate in paragraph (m), clauses (1) to (7).

(o) For purposes of reimbursement rates for nonemergency medical transportation services under paragraphs (m) and (n), the zip code of the recipient's place of residence shall determine whether the urban, rural, or super rural reimbursement rate applies.

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

(q) The commissioner, when determining reimbursement rates for nonemergency medical transportation under paragraphs (m) and (n), shall exempt all modes of transportation listed under paragraph (i) from Minnesota Rules, part 9505.0445, item R, subitem (2).

Sec. 118. Minnesota Statutes 2018, section 256B.0625, subdivision 26, is amended to read:

**Subd. 26. Special education services.** (a) Medical assistance covers evaluations necessary in making a determination for eligibility for individualized education program and individualized family service plan services and for medical services identified in a recipient's individualized education program and individualized family service plan and covered under the medical assistance state plan. Covered services include occupational therapy, physical therapy, speech-language therapy, clinical psychological services, nursing services, school psychological services, school social work services, personal care assistants serving as management aides, assistive technology devices, transportation services, health assessments, and other services covered under the medical assistance state plan. Mental health services eligible for medical assistance reimbursement must be provided or coordinated through a children's mental health collaborative where a collaborative exists if the child is included in the collaborative operational target population. The provision or coordination of services does not require that the individualized education program be developed by the collaborative.

The services may be provided by a Minnesota school district that is enrolled as a medical assistance provider or its subcontractor, and only if the services meet all the requirements otherwise applicable if the service had been provided by a provider other than a school district, in the following areas: medical necessity, physician's or advanced practice registered nurse's orders, documentation, personnel qualifications, and prior authorization requirements. The nonfederal share of costs for services provided under this subdivision is the responsibility of the local school district as provided in section 125A.74. Services listed in a child's individualized education program are eligible for medical assistance reimbursement only if those services meet criteria for federal financial participation under the Medicaid program.

(b) Approval of health-related services for inclusion in the individualized education program does not require prior authorization for purposes of reimbursement under this chapter. The commissioner may require physician or advanced practice registered nurse review and approval of the plan not more than once annually or upon any modification of the individualized education program that reflects a change in health-related services.

(c) Services of a speech-language pathologist provided under this section are covered notwithstanding Minnesota Rules, part 9505.0390, subpart 1, item L, if the person:

(1) holds a masters degree in speech-language pathology;

(2) is licensed by the Professional Educator Licensing and Standards Board as an educational speech-language pathologist; and

(3) either has a certificate of clinical competence from the American Speech and Hearing Association, has completed the equivalent educational requirements and work experience necessary for the certificate or has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

(d) Medical assistance coverage for medically necessary services provided under other subdivisions in this section may not be denied solely on the basis that the same or similar services are covered under this subdivision.

(e) The commissioner shall develop and implement package rates, bundled rates, or per diem rates for special education services under which separately covered services are grouped together and billed as a unit in order to reduce administrative complexity.

(f) The commissioner shall develop a cost-based payment structure for payment of these services. Only costs reported through the designated Minnesota Department of Education data systems in distinct service categories qualify for inclusion in the cost-based payment structure. The commissioner shall reimburse claims submitted based on an interim rate, and shall settle at a final rate once the department has determined it. The commissioner shall notify the school district of the final rate. The school district has 60 days to appeal the final rate. To appeal the final rate, the school district shall file a written appeal request to the commissioner within 60 days of the date the final rate determination was mailed. The appeal request shall specify (1) the disputed items and (2) the name and address of the person to contact regarding the appeal.

(g) Effective July 1, 2000, medical assistance services provided under an individualized education program or an individual family service plan by local school districts shall not count against medical assistance authorization thresholds for that child.

(h) Nursing services as defined in section 148.171, subdivision 15, and provided as an individualized education program health-related service, are eligible for medical assistance payment if they are otherwise a covered service under the medical assistance program. Medical assistance covers the administration of prescription medications by a licensed nurse who is employed by or under contract with a school district when the administration of medications is identified in the child's individualized education program. The simple administration of medications alone is not covered under medical assistance when administered by a provider other than a school district or when it is not identified in the child's individualized education program.

Sec. 119. Minnesota Statutes 2018, section 256B.0625, subdivision 28, is amended to read:

Subd. 28. **Certified nurse practitioner Advanced practice registered nurse** services. Medical assistance covers services performed by a certified pediatric ~~nurse practitioner~~ advanced practice registered nurse, a certified family ~~nurse practitioner~~ advanced practice registered nurse, a certified adult ~~nurse practitioner~~ advanced practice registered nurse, a certified obstetric/gynecological ~~nurse practitioner~~ advanced practice registered nurse, a certified neonatal ~~nurse practitioner~~ advanced practice registered nurse, or a certified geriatric ~~nurse practitioner~~ advanced practice registered nurse in independent practice, if:

- (1) the service provided on an inpatient basis is not included as part of the cost for inpatient services included in the operating payment rate;
- (2) the service is otherwise covered under this chapter as a physician service; and
- (3) the service is within the scope of practice of the ~~nurse practitioner's~~ advanced practice registered nurse's license as a registered nurse, as defined in section 148.171.

Sec. 120. Minnesota Statutes 2019 Supplement, section 256B.0625, subdivision 60a, is amended to read:

Subd. 60a. **Community emergency medical technician services.** (a) Medical assistance covers services provided by a community emergency medical technician (CEMT) who is certified under section 144E.275, subdivision 7, when the services are provided in accordance with this subdivision.

(b) A CEMT may provide a postdischarge visit, after discharge from a hospital or skilled nursing facility, when ordered by a treating physician or advanced practice registered nurse. The postdischarge visit includes:

- (1) verbal or visual reminders of discharge orders;
- (2) recording and reporting of vital signs to the patient's primary care provider;
- (3) medication access confirmation;

- (4) food access confirmation; and
- (5) identification of home hazards.

(c) An individual who has repeat ambulance calls due to falls or has been identified by the individual's primary care provider as at risk for nursing home placement, may receive a safety evaluation visit from a CEMT when ordered by a primary care provider in accordance with the individual's care plan. A safety evaluation visit includes:

- (1) medication access confirmation;
- (2) food access confirmation; and
- (3) identification of home hazards.

(d) A CEMT shall be paid at \$9.75 per 15-minute increment. A safety evaluation visit may not be billed for the same day as a postdischarge visit for the same individual.

Sec. 121. Minnesota Statutes 2018, section 256B.0654, subdivision 1, is amended to read:

**Subdivision 1. Definitions.** (a) "Complex home care nursing" means home care nursing services provided to recipients who meet the criteria for regular home care nursing and require life-sustaining interventions to reduce the risk of long-term injury or death.

(b) "Home care nursing" means ongoing ~~physician-ordered~~ hourly nursing ordered by a physician or advanced practice registered nurse and services performed by a registered nurse or licensed practical nurse within the scope of practice as defined by the Minnesota Nurse Practice Act under sections 148.171 to 148.285, in order to maintain or restore a person's health.

(c) "Home care nursing agency" means a medical assistance enrolled provider licensed under chapter 144A to provide home care nursing services.

(d) "Regular home care nursing" means home care nursing provided because:

- (1) the recipient requires more individual and continuous care than can be provided during a skilled nurse visit; or
- (2) the cares are outside of the scope of services that can be provided by a home health aide or personal care assistant.

(e) "Shared home care nursing" means the provision of home care nursing services by a home care nurse to two recipients at the same time and in the same setting.

Sec. 122. Minnesota Statutes 2018, section 256B.0654, subdivision 2a, is amended to read:

**Subd. 2a. Home care nursing services.** (a) Home care nursing services must be used:

- (1) in the recipient's home or outside the home when normal life activities require;
- (2) when the recipient requires more individual and continuous care than can be provided during a skilled nurse visit; and
- (3) when the care required is outside of the scope of services that can be provided by a home health aide or personal care assistant.

(b) Home care nursing services must be:

- (1) assessed by a registered nurse on a form approved by the commissioner;
- (2) ordered by a physician or advanced practice registered nurse and documented in a plan of care that is reviewed by the physician at least once every 60 days; and
- (3) authorized by the commissioner under section 256B.0652.

Sec. 123. Minnesota Statutes 2018, section 256B.0654, subdivision 3, is amended to read:

**Subd. 3. Shared home care nursing option.** (a) Medical assistance payments for shared home care nursing services by a home care nurse shall be limited according to this subdivision. Unless otherwise provided in this subdivision, all other statutory and regulatory provisions relating to home care nursing services apply to shared home care nursing services. Nothing in this subdivision shall be construed to reduce the total number of home care nursing hours authorized for an individual recipient.

(b) Shared home care nursing is the provision of nursing services by a home care nurse to two medical assistance eligible recipients at the same time and in the same setting. This subdivision does not apply when a home care nurse is caring for multiple recipients in more than one setting.

(c) For the purposes of this subdivision, "setting" means:

- (1) the home residence or foster care home of one of the individual recipients as defined in section 256B.0651;
- (2) a child care program licensed under chapter 245A or operated by a local school district or private school;
- (3) an adult day care service licensed under chapter 245A; or
- (4) outside the home residence or foster care home of one of the recipients when normal life activities take the recipients outside the home.

(d) The home care nursing agency must offer the recipient the option of shared or one-on-one home care nursing services. The recipient may withdraw from participating in a shared service arrangement at any time.

(e) The recipient or the recipient's legal representative, and the recipient's physician or advanced practice registered nurse, in conjunction with the home care nursing agency, shall determine:

- (1) whether shared home care nursing care is an appropriate option based on the individual needs and preferences of the recipient; and
- (2) the amount of shared home care nursing services authorized as part of the overall authorization of nursing services.

(f) The recipient or the recipient's legal representative, in conjunction with the home care nursing agency, shall approve the setting, grouping, and arrangement of shared home care nursing care based on the individual needs and preferences of the recipients. Decisions on the selection of recipients to share services must be based on the ages of the recipients, compatibility, and coordination of their care needs.

(g) The following items must be considered by the recipient or the recipient's legal representative and the home care nursing agency, and documented in the recipient's health service record:

(1) the additional training needed by the home care nurse to provide care to two recipients in the same setting and to ensure that the needs of the recipients are met appropriately and safely;

(2) the setting in which the shared home care nursing care will be provided;

(3) the ongoing monitoring and evaluation of the effectiveness and appropriateness of the service and process used to make changes in service or setting;

(4) a contingency plan which accounts for absence of the recipient in a shared home care nursing setting due to illness or other circumstances;

(5) staffing backup contingencies in the event of employee illness or absence; and

(6) arrangements for additional assistance to respond to urgent or emergency care needs of the recipients.

(h) The documentation for shared home care nursing must be on a form approved by the commissioner for each individual recipient sharing home care nursing. The documentation must be part of the recipient's health service record and include:

(1) permission by the recipient or the recipient's legal representative for the maximum number of shared nursing hours per week chosen by the recipient and permission for shared home care nursing services provided in and outside the recipient's home residence;

(2) revocation by the recipient or the recipient's legal representative for the shared home care nursing permission, or services provided to others in and outside the recipient's residence; and

(3) daily documentation of the shared home care nursing services provided by each identified home care nurse, including:

(i) the names of each recipient receiving shared home care nursing services;

(ii) the setting for the shared services, including the starting and ending times that the recipient received shared home care nursing care; and

(iii) notes by the home care nurse regarding changes in the recipient's condition, problems that may arise from the sharing of home care nursing services, and scheduling and care issues.

(i) The commissioner shall provide a rate methodology for shared home care nursing. For two persons sharing nursing care, the rate paid to a provider must not exceed 1.5 times the regular home care nursing rates paid for serving a single individual by a registered nurse or licensed practical nurse. These rates apply only to situations in which both recipients are present and receive shared home care nursing care on the date for which the service is billed.

Sec. 124. Minnesota Statutes 2018, section 256B.0654, subdivision 4, is amended to read:

**Subd. 4. Hardship criteria; home care nursing.** (a) Payment is allowed for extraordinary services that require specialized nursing skills and are provided by parents of minor children, family foster parents, spouses, and legal guardians who are providing home care nursing care under the following conditions:

(1) the provision of these services is not legally required of the parents, spouses, or legal guardians;

(2) the services are necessary to prevent hospitalization of the recipient; and

(3) the recipient is eligible for state plan home care or a home and community-based waiver and one of the following hardship criteria are met:

(i) the parent, spouse, or legal guardian resigns from a part-time or full-time job to provide nursing care for the recipient;

(ii) the parent, spouse, or legal guardian goes from a full-time to a part-time job with less compensation to provide nursing care for the recipient;

(iii) the parent, spouse, or legal guardian takes a leave of absence without pay to provide nursing care for the recipient; or

(iv) because of labor conditions, special language needs, or intermittent hours of care needed, the parent, spouse, or legal guardian is needed in order to provide adequate home care nursing services to meet the medical needs of the recipient.

(b) Home care nursing may be provided by a parent, spouse, family foster parent, or legal guardian who is a nurse licensed in Minnesota. Home care nursing services provided by a parent, spouse, family foster parent, or legal guardian cannot be used in lieu of nursing services covered and available under liable third-party payors, including Medicare. The home care nursing provided by a parent, spouse, family foster parent, or legal guardian must be included in the service agreement. Authorized nursing services for a single recipient or recipients with the same residence and provided by the parent, spouse, family foster parent, or legal guardian may not exceed 50 percent of the total approved nursing hours, or eight hours per day, whichever is less, up to a maximum of 40 hours per week. A parent or parents, spouse, family foster parent, or legal guardian shall not provide more than 40 hours of services in a seven-day period. For parents, family foster parents, and legal guardians, 40 hours is the total amount allowed regardless of the number of children or adults who receive services. Nothing in this subdivision precludes the parent's, spouse's, or legal guardian's obligation of assuming the nonreimbursed family responsibilities of emergency backup caregiver and primary caregiver.

(c) A parent, family foster parent, or a spouse may not be paid to provide home care nursing care if:

(1) the parent or spouse fails to pass a criminal background check according to chapter 245C;

(2) it has been determined by the home care nursing agency, the case manager, or the physician or advanced practice registered nurse that the home care nursing provided by the parent, family foster parent, spouse, or legal guardian is unsafe; or

(3) the parent, family foster parent, spouse, or legal guardian does not follow physician or advanced practice registered nurse orders.

(d) For purposes of this section, "assessment" means a review and evaluation of a recipient's need for home care services conducted in person. Assessments for home care nursing must be conducted by a registered nurse.

Sec. 125. Minnesota Statutes 2018, section 256B.0659, subdivision 2, is amended to read:

Subd. 2. **Personal care assistance services; covered services.** (a) The personal care assistance services eligible for payment include services and supports furnished to an individual, as needed, to assist in:

(1) activities of daily living;

(2) health-related procedures and tasks;

(3) observation and redirection of behaviors; and

(4) instrumental activities of daily living.

(b) Activities of daily living include the following covered services:

(1) dressing, including assistance with choosing, application, and changing of clothing and application of special appliances, wraps, or clothing;

(2) grooming, including assistance with basic hair care, oral care, shaving, applying cosmetics and deodorant, and care of eyeglasses and hearing aids. Nail care is included, except for recipients who are diabetic or have poor circulation;

(3) bathing, including assistance with basic personal hygiene and skin care;

(4) eating, including assistance with hand washing and application of orthotics required for eating, transfers, and feeding;

(5) transfers, including assistance with transferring the recipient from one seating or reclining area to another;

(6) mobility, including assistance with ambulation, including use of a wheelchair. Mobility does not include providing transportation for a recipient;

(7) positioning, including assistance with positioning or turning a recipient for necessary care and comfort; and

(8) toileting, including assistance with helping recipient with bowel or bladder elimination and care including transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area, inspection of the skin, and adjusting clothing.

(c) Health-related procedures and tasks include the following covered services:

(1) range of motion and passive exercise to maintain a recipient's strength and muscle functioning;

(2) assistance with self-administered medication as defined by this section, including reminders to take medication, bringing medication to the recipient, and assistance with opening medication under the direction of the recipient or responsible party, including medications given through a nebulizer;

(3) interventions for seizure disorders, including monitoring and observation; and

(4) other activities considered within the scope of the personal care service and meeting the definition of health-related procedures and tasks under this section.

(d) A personal care assistant may provide health-related procedures and tasks associated with the complex health-related needs of a recipient if the procedures and tasks meet the definition of health-related procedures and tasks under this section and the personal care assistant is trained by a qualified professional and demonstrates competency to safely complete the procedures and tasks. Delegation of health-related procedures and tasks and all training must be documented in the personal care assistance care plan and the recipient's and personal care assistant's files. A personal care assistant must not determine the medication dose or time for medication.

(e) Effective January 1, 2010, for a personal care assistant to provide the health-related procedures and tasks of tracheostomy suctioning and services to recipients on ventilator support there must be:

(1) delegation and training by a registered nurse, advanced practice registered nurse, certified or licensed respiratory therapist, or a physician;

(2) utilization of clean rather than sterile procedure;

(3) specialized training about the health-related procedures and tasks and equipment, including ventilator operation and maintenance;

(4) individualized training regarding the needs of the recipient; and

(5) supervision by a qualified professional who is a registered nurse.

(f) Effective January 1, 2010, a personal care assistant may observe and redirect the recipient for episodes where there is a need for redirection due to behaviors. Training of the personal care assistant must occur based on the needs of the recipient, the personal care assistance care plan, and any other support services provided.

(g) Instrumental activities of daily living under subdivision 1, paragraph (i).

Sec. 126. Minnesota Statutes 2018, section 256B.0659, subdivision 4, is amended to read:

**Subd. 4. Assessment for personal care assistance services; limitations.** (a) An assessment as defined in subdivision 3a must be completed for personal care assistance services.

(b) The following limitations apply to the assessment:

(1) a person must be assessed as dependent in an activity of daily living based on the person's daily need or need on the days during the week the activity is completed for:

(i) cuing and constant supervision to complete the task; or

(ii) hands-on assistance to complete the task; and

(2) a child may not be found to be dependent in an activity of daily living if because of the child's age an adult would either perform the activity for the child or assist the child with the activity. Assistance needed is the assistance appropriate for a typical child of the same age.

(c) Assessment for complex health-related needs must meet the criteria in this paragraph. A recipient qualifies as having complex health-related needs if the recipient has one or more of the interventions that are ordered by a physician or advanced practice registered nurse, specified in a personal care assistance care plan or community support plan developed under section 256B.0911, and found in the following:

(1) tube feedings requiring:

(i) a gastrojejunostomy tube; or

(ii) continuous tube feeding lasting longer than 12 hours per day;

(2) wounds described as:

(i) stage III or stage IV;

(ii) multiple wounds;

- (iii) requiring sterile or clean dressing changes or a wound vac; or
- (iv) open lesions such as burns, fistulas, tube sites, or ostomy sites that require specialized care;

(3) parenteral therapy described as:

- (i) IV therapy more than two times per week lasting longer than four hours for each treatment; or
- (ii) total parenteral nutrition (TPN) daily;

(4) respiratory interventions, including:

- (i) oxygen required more than eight hours per day;
- (ii) respiratory vest more than one time per day;
- (iii) bronchial drainage treatments more than two times per day;
- (iv) sterile or clean suctioning more than six times per day;
- (v) dependence on another to apply respiratory ventilation augmentation devices such as BiPAP and CPAP; and
- (vi) ventilator dependence under section 256B.0652;

(5) insertion and maintenance of catheter, including:

- (i) sterile catheter changes more than one time per month;
- (ii) clean intermittent catheterization, and including self-catheterization more than six times per day; or
- (iii) bladder irrigations;

(6) bowel program more than two times per week requiring more than 30 minutes to perform each time;

(7) neurological intervention, including:

- (i) seizures more than two times per week and requiring significant physical assistance to maintain safety; or
- (ii) swallowing disorders diagnosed by a physician or advanced practice registered nurse and requiring specialized assistance from another on a daily basis; and

(8) other congenital or acquired diseases creating a need for significantly increased direct hands-on assistance and interventions in six to eight activities of daily living.

(d) An assessment of behaviors must meet the criteria in this paragraph. A recipient qualifies as having a need for assistance due to behaviors if the recipient's behavior requires assistance at least four times per week and shows one or more of the following behaviors:

- (1) physical aggression towards self or others, or destruction of property that requires the immediate response of another person;
- (2) increased vulnerability due to cognitive deficits or socially inappropriate behavior; or

(3) increased need for assistance for recipients who are verbally aggressive or resistive to care so that the time needed to perform activities of daily living is increased.

Sec. 127. Minnesota Statutes 2018, section 256B.0659, subdivision 8, is amended to read:

**Subd. 8. Communication with recipient's physician or advanced practice registered nurse.** The personal care assistance program requires communication with the recipient's physician or advanced practice registered nurse about a recipient's assessed needs for personal care assistance services. The commissioner shall work with the state medical director to develop options for communication with the recipient's physician or advanced practice registered nurse.

Sec. 128. Minnesota Statutes 2019 Supplement, section 256B.0659, subdivision 11, is amended to read:

**Subd. 11. Personal care assistant; requirements.** (a) A personal care assistant must meet the following requirements:

(1) be at least 18 years of age with the exception of persons who are 16 or 17 years of age with these additional requirements:

(i) supervision by a qualified professional every 60 days; and

(ii) employment by only one personal care assistance provider agency responsible for compliance with current labor laws;

(2) be employed by a personal care assistance provider agency;

(3) enroll with the department as a personal care assistant after clearing a background study. Except as provided in subdivision 11a, before a personal care assistant provides services, the personal care assistance provider agency must initiate a background study on the personal care assistant under chapter 245C, and the personal care assistance provider agency must have received a notice from the commissioner that the personal care assistant is:

(i) not disqualified under section 245C.14; or

(ii) disqualified, but the personal care assistant has received a set aside of the disqualification under section 245C.22;

(4) be able to effectively communicate with the recipient and personal care assistance provider agency;

(5) be able to provide covered personal care assistance services according to the recipient's personal care assistance care plan, respond appropriately to recipient needs, and report changes in the recipient's condition to the supervising qualified professional ~~or, physician, or advanced practice registered nurse;~~

(6) not be a consumer of personal care assistance services;

(7) maintain daily written records including, but not limited to, time sheets under subdivision 12;

(8) effective January 1, 2010, complete standardized training as determined by the commissioner before completing enrollment. The training must be available in languages other than English and to those who need accommodations due to disabilities. Personal care assistant training must include successful completion of the following training components: basic first aid, vulnerable adult, child maltreatment, OSHA universal precautions,

basic roles and responsibilities of personal care assistants including information about assistance with lifting and transfers for recipients, emergency preparedness, orientation to positive behavioral practices, fraud issues, and completion of time sheets. Upon completion of the training components, the personal care assistant must demonstrate the competency to provide assistance to recipients;

- (9) complete training and orientation on the needs of the recipient; and
- (10) be limited to providing and being paid for up to 275 hours per month of personal care assistance services regardless of the number of recipients being served or the number of personal care assistance provider agencies enrolled with. The number of hours worked per day shall not be disallowed by the department unless in violation of the law.

(b) A legal guardian may be a personal care assistant if the guardian is not being paid for the guardian services and meets the criteria for personal care assistants in paragraph (a).

(c) Persons who do not qualify as a personal care assistant include parents, stepparents, and legal guardians of minors; spouses; paid legal guardians of adults; family foster care providers, except as otherwise allowed in section 256B.0625, subdivision 19a; and staff of a residential setting.

(d) Personal care assistance services qualify for the enhanced rate described in subdivision 17a if the personal care assistant providing the services:

- (1) provides covered services to a recipient who qualifies for 12 or more hours per day of personal care assistance services; and
- (2) satisfies the current requirements of Medicare for training and competency or competency evaluation of home health aides or nursing assistants, as provided in the Code of Federal Regulations, title 42, section 483.151 or 484.36, or alternative state-approved training or competency requirements.

Sec. 129. Minnesota Statutes 2019 Supplement, section 256B.0913, subdivision 8, is amended to read:

**Subd. 8. Requirements for individual coordinated service and support plan.** (a) The case manager shall implement the coordinated service and support plan for each alternative care client and ensure that a client's service needs and eligibility are reassessed at least every 12 months. The coordinated service and support plan must meet the requirements in section 256S.10. The plan shall include any services prescribed by the individual's attending physician or advanced practice registered nurse as necessary to allow the individual to remain in a community setting. In developing the individual's care plan, the case manager should include the use of volunteers from families and neighbors, religious organizations, social clubs, and civic and service organizations to support the formal home care services. The lead agency shall be held harmless for damages or injuries sustained through the use of volunteers under this subdivision including workers' compensation liability. The case manager shall provide documentation in each individual's plan and, if requested, to the commissioner that the most cost-effective alternatives available have been offered to the individual and that the individual was free to choose among available qualified providers, both public and private, including qualified case management or service coordination providers other than those employed by any county; however, the county or tribe maintains responsibility for prior authorizing services in accordance with statutory and administrative requirements. The case manager must give the individual a ten-day written notice of any denial, termination, or reduction of alternative care services.

(b) The county of service or tribe must provide access to and arrange for case management services, including assuring implementation of the coordinated service and support plan. "County of service" has the meaning given it in Minnesota Rules, part 9505.0015, subpart 11. The county of service must notify the county of financial responsibility of the approved care plan and the amount of encumbered funds.

Sec. 130. Minnesota Statutes 2018, section 256B.73, subdivision 5, is amended to read:

**Subd. 5. Enrollee benefits.** (a) Eligible persons enrolled by a demonstration provider shall receive a health services benefit package that includes health services which the enrollees might reasonably require to be maintained in good health, including emergency care, inpatient hospital and physician or advanced practice registered nurse care, outpatient health services, and preventive health services.

(b) Services related to chemical dependency, mental illness, vision care, dental care, and other benefits may be excluded or limited upon approval by the commissioners. The coalition may petition the commissioner of commerce or health, whichever is appropriate, for waivers that allow these benefits to be excluded or limited.

(c) The commissioners, the coalition, and demonstration providers shall work together to design a package of benefits or packages of benefits that can be provided to enrollees for an affordable monthly premium.

Sec. 131. Minnesota Statutes 2018, section 256J.08, subdivision 73a, is amended to read:

**Subd. 73a. Qualified professional.** (a) For physical illness, injury, or incapacity, a "qualified professional" means a licensed physician, a physician assistant, ~~a nurse practitioner~~ an advanced practice registered nurse, or a licensed chiropractor.

(b) For developmental disability and intelligence testing, a "qualified professional" means an individual qualified by training and experience to administer the tests necessary to make determinations, such as tests of intellectual functioning, assessments of adaptive behavior, adaptive skills, and developmental functioning. These professionals include licensed psychologists, certified school psychologists, or certified psychometrists working under the supervision of a licensed psychologist.

(c) For learning disabilities, a "qualified professional" means a licensed psychologist or school psychologist with experience determining learning disabilities.

(d) For mental health, a "qualified professional" means a licensed physician or a qualified mental health professional. A "qualified mental health professional" means:

(1) for children, in psychiatric nursing, a registered nurse or advanced practice registered nurse who is licensed under sections 148.171 to 148.285, and who is certified as a clinical specialist in child and adolescent psychiatric or mental health nursing by a national nurse certification organization or who has a master's degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;

(2) for adults, in psychiatric nursing, a registered nurse or advanced practice registered nurse who is licensed under sections 148.171 to 148.285, and who is certified as a clinical specialist in adult psychiatric and mental health nursing by a national nurse certification organization or who has a master's degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;

(3) in clinical social work, a person licensed as an independent clinical social worker under chapter 148D, or a person with a master's degree in social work from an accredited college or university, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;

(4) in psychology, an individual licensed by the Board of Psychology under sections 148.88 to 148.98, who has stated to the Board of Psychology competencies in the diagnosis and treatment of mental illness;

(5) in psychiatry, a physician licensed under chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry;

(6) in marriage and family therapy, the mental health professional must be a marriage and family therapist licensed under sections 148B.29 to 148B.39, with at least two years of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness; and

(7) in licensed professional clinical counseling, the mental health professional shall be a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

Sec. 132. Minnesota Statutes 2019 Supplement, section 256R.44, is amended to read:

**256R.44 RATE ADJUSTMENT FOR PRIVATE ROOMS FOR MEDICAL NECESSITY.**

(a) The amount paid for a private room is 111.5 percent of the established total payment rate for a resident if the resident is a medical assistance recipient and the private room is considered a medical necessity for the resident or others who are affected by the resident's condition, except as provided in Minnesota Rules, part 9549.0060, subpart 11, item C. Conditions requiring a private room must be determined by the resident's attending physician or advanced practice registered nurse and submitted to the commissioner for approval or denial by the commissioner on the basis of medical necessity.

(b) For a nursing facility with a total property payment rate determined under section 256R.26, subdivision 8, the amount paid for a private room is 111.5 percent of the established total payment rate for a resident if the resident is a medical assistance recipient and the private room is considered a medical necessity for the resident or others who are affected by the resident's condition. Conditions requiring a private room must be determined by the resident's attending physician or advanced practice registered nurse and submitted to the commissioner for approval or denial by the commissioner on the basis of medical necessity.

Sec. 133. Minnesota Statutes 2018, section 256R.54, subdivision 1, is amended to read:

**Subdivision 1. Setting payment; monitoring use of therapy services.** (a) The commissioner shall adopt rules under the Administrative Procedure Act to set the amount and method of payment for ancillary materials and services provided to recipients residing in nursing facilities. Payment for materials and services may be made to either the vendor of ancillary services pursuant to Minnesota Rules, parts 9505.0170 to 9505.0475, or to a nursing facility pursuant to Minnesota Rules, parts 9505.0170 to 9505.0475.

(b) Payment for the same or similar service to a recipient shall not be made to both the nursing facility and the vendor. The commissioner shall ensure: (1) the avoidance of double payments through audits and adjustments to the nursing facility's annual cost report as required by section 256R.12, subdivisions 8 and 9; and (2) that charges and arrangements for ancillary materials and services are cost-effective and as would be incurred by a prudent and cost-conscious buyer.

(c) Therapy services provided to a recipient must be medically necessary and appropriate to the medical condition of the recipient. If the vendor, nursing facility, or ordering physician or advanced practice registered nurse cannot provide adequate medical necessity justification, as determined by the commissioner, the commissioner may recover or disallow the payment for the services and may require prior authorization for therapy services as a condition of payment or may impose administrative sanctions to limit the vendor, nursing facility, or ordering physician's or advanced practice registered nurse's participation in the medical assistance program. If the provider number of a nursing facility is used to bill services provided by a vendor of therapy services that is not related to the nursing facility by ownership, control, affiliation, or employment status, no withholding of payment shall be

imposed against the nursing facility for services not medically necessary except for funds due the unrelated vendor of therapy services as provided in subdivision 5. For the purpose of this subdivision, no monetary recovery may be imposed against the nursing facility for funds paid to the unrelated vendor of therapy services as provided in subdivision 5, for services not medically necessary.

(d) For purposes of this section and section 256R.12, subdivisions 8 and 9, therapy includes physical therapy, occupational therapy, speech therapy, audiology, and mental health services that are covered services according to Minnesota Rules, parts 9505.0170 to 9505.0475.

(e) For purposes of this subdivision, "ancillary services" includes transportation defined as a covered service in section 256B.0625, subdivision 17.

Sec. 134. Minnesota Statutes 2018, section 256R.54, subdivision 2, is amended to read:

**Subd. 2. Certification that treatment is appropriate.** The physical therapist, occupational therapist, speech therapist, mental health professional, or audiologist who provides or supervises the provision of therapy services, other than an initial evaluation, to a medical assistance recipient must certify in writing that the therapy's nature, scope, duration, and intensity are appropriate to the medical condition of the recipient every 30 days. The therapist's statement of certification must be maintained in the recipient's medical record together with the specific orders by the physician or advanced practice registered nurse and the treatment plan. If the recipient's medical record does not include these documents, the commissioner may recover or disallow the payment for such services. If the therapist determines that the therapy's nature, scope, duration, or intensity is not appropriate to the medical condition of the recipient, the therapist must provide a statement to that effect in writing to the nursing facility for inclusion in the recipient's medical record. The commissioner shall make recommendations regarding the medical necessity of services provided.

Sec. 135. Minnesota Statutes 2018, section 257.63, subdivision 3, is amended to read:

**Subd. 3. Medical privilege.** Testimony of a physician or advanced practice registered nurse concerning the medical circumstances of the pregnancy itself and the condition and characteristics of the child upon birth is not privileged.

Sec. 136. Minnesota Statutes 2018, section 257B.01, subdivision 3, is amended to read:

**Subd. 3. Attending physician or advanced practice registered nurse.** "Attending physician or advanced practice registered nurse" means a physician or advanced practice registered nurse who has primary responsibility for the treatment and care of the designator. If physicians or advanced practice registered nurses share responsibility, another physician or advanced practice registered nurse is acting on the attending physician's or advanced practice registered nurse's behalf, or no physician or advanced practice registered nurse has primary responsibility, any physician or advanced practice registered nurse who is familiar with the designator's medical condition may act as an attending physician or advanced practice registered nurse under this chapter.

Sec. 137. Minnesota Statutes 2018, section 257B.01, subdivision 9, is amended to read:

**Subd. 9. Determination of debilitation.** "Determination of debilitation" means a written finding made by an attending physician or advanced practice registered nurse which states that the designator suffers from a physically incapacitating disease or injury. No identification of the illness in question is required.

Sec. 138. Minnesota Statutes 2018, section 257B.01, subdivision 10, is amended to read:

**Subd. 10. Determination of incapacity.** "Determination of incapacity" means a written finding made by an attending physician or advanced practice registered nurse which states the nature, extent, and probable duration of the designator's mental or organic incapacity.

Sec. 139. Minnesota Statutes 2018, section 257B.06, subdivision 7, is amended to read:

**Subd. 7. Restored capacity.** If a licensed physician or advanced practice registered nurse determines that the designator has regained capacity, the co-custodian's authority that commenced on the occurrence of a triggering event becomes inactive. Failure of a co-custodian to immediately return the child(ren) to the designator's care entitles the designator to an emergency hearing within five days of a request for a hearing.

**Sec. 140. REPEALER.**

Minnesota Rules, part 9505.0365, subpart 3, is repealed."

Delete the title and insert:

"A bill for an act relating to state government; modifying policy provisions governing health care; specifying when a provider must furnish requested medical records; modifying x-ray equipment provisions; requiring an annual unannounced inspection of medical cannabis manufacturers; modifying eligibility for the reduced patient enrollment fee for the medical cannabis program; modifying use of drinking water revolving fund; permitting licensed physician assistants to practice without a delegation agreement; modifying licensed traditional midwifery scope of practice; modifying the request for proposal for a central drug repository; authorizing pharmacists to prescribe self-administered hormonal contraceptives, nicotine replacement medications, and opiate antagonists; allowing telemedicine to be used to prescribe medications for erectile dysfunction, for the treatment of substance abuse disorders, and to observe physical therapist assistants; changing the terminology and other technical changes to the opiate epidemic response account and council; adding advanced practice registered nurses to certain statutes; amending Minnesota Statutes 2018, sections 62A.307, subdivision 2; 62D.09, subdivision 1; 62E.06, subdivision 1; 62J.17, subdivision 4a; 62J.495, subdivision 1a; 62J.52, subdivision 2; 62J.823, subdivision 3; 62Q.43, subdivisions 1, 2; 62Q.54; 62Q.57, subdivision 1; 62Q.73, subdivision 7; 62Q.733, subdivision 3; 62Q.74, subdivision 1; 62S.08, subdivision 3; 62S.20, subdivision 5b; 62S.21, subdivision 2; 62S.268, subdivision 1; 62U.03; 62U.04, subdivision 11; 144.121, subdivisions 1, 2, 5, by adding subdivisions; 144.292, subdivisions 2, 5; 144.3345, subdivision 1; 144.3352; 144.34; 144.441, subdivisions 4, 5; 144.442, subdivision 1; 144.4803, subdivisions 1, 4, 10, by adding a subdivision; 144.4806; 144.4807, subdivisions 1, 2, 4; 144.50, subdivision 2; 144.55, subdivision 6; 144.6501, subdivision 7; 144.651, subdivisions 7, 8, 9, 10, 12, 14, 31, 33; 144.652, subdivision 2; 144.69; 144.7402, subdivision 2; 144.7406, subdivision 2; 144.7407, subdivision 2; 144.7414, subdivision 2; 144.7415, subdivision 2; 144.9502, subdivision 4; 144.966, subdivisions 3, 6; 144A.135; 144A.161, subdivisions 5, 5a, 5e, 5g; 144A.75, subdivisions 3, 6; 144A.752, subdivision 1; 145.853, subdivision 5; 145.892, subdivision 3; 145.94, subdivision 2; 145B.13; 145C.02; 145C.06; 145C.07, subdivision 1; 145C.16; 147A.01, subdivisions 3, 21, 26, 27, by adding a subdivision; 147A.02; 147A.03, by adding a subdivision; 147A.05; 147A.09; 147A.13, subdivision 1; 147A.14, subdivision 4; 147A.16; 147A.23; 147D.03, subdivision 2; 148.6438, subdivision 1; 151.01, by adding a subdivision; 151.071, subdivision 8; 151.19, subdivision 4; 151.21, subdivision 4a; 151.37, subdivision 2, by adding subdivisions; 152.12, subdivision 1; 152.32, subdivision 3; 152.35; 245A.143, subdivision 8; 245A.1435; 245C.02, subdivision 18; 245C.04, subdivision 1; 245D.02, subdivision 11; 245D.11, subdivision 2; 245D.22, subdivision 7; 245D.25, subdivision 2; 245G.08, subdivisions 2, 5; 245G.21, subdivisions 2, 3; 246.711, subdivision 2; 246.715, subdivision 2; 246.716, subdivision 2; 246.721; 246.722; 251.043, subdivision 1; 252A.02, subdivision 12; 252A.04, subdivision 2; 252A.20, subdivision 1; 253B.03, subdivisions 4, 6d; 253B.06, subdivision 2; 253B.23, subdivision 4; 254A.08, subdivision 2; 256.01, subdivision 29; 256.9685, subdivisions 1a, 1b, 1c; 256.975, subdivisions 7a, 11; 256B.04, subdivision 14a; 256B.043, subdivision 2; 256B.055, subdivision 12; 256B.056, subdivisions 1a, 4, 7, 10; 256B.0561, subdivision 2; 256B.057, subdivisions 1, 10; 256B.0575, subdivisions 1, 2; 256B.0622, subdivision 2b; 256B.0623, subdivision 2; 256B.0625, subdivisions 1, 12, 13h, 26, 27, 28, 64; 256B.0654, subdivisions 1, 2a, 3, 4; 256B.0659, subdivisions 2, 4, 8; 256B.0751; 256B.0753, subdivision 1; 256B.69, by adding a subdivision; 256B.73, subdivision 5; 256B.75; 256J.08, subdivision 73a; 256L.03, subdivision 1; 256L.15, subdivision 1; 256R.54, subdivisions 1, 2; 257.63, subdivision 3; 257B.01, subdivisions 3, 9, 10; 257B.06,

subdivision 7; 446A.081, subdivision 9; Minnesota Statutes 2019 Supplement, sections 16A.151, subdivision 2; 62J.23, subdivision 2; 62Q.184, subdivision 1; 144.121, subdivisions 1a, 5a; 144.55, subdivision 2; 145C.05, subdivision 2; 147A.06; 151.01, subdivisions 23, 27; 151.065, subdivisions 1, as amended, 3, as amended, 6, 7, as amended; 151.071, subdivision 2; 151.19, subdivision 3; 151.252, subdivision 1; 151.555, subdivision 3; 152.29, subdivision 1; 245G.08, subdivision 3; 245H.11; 256.042, subdivisions 2, 4; 256.043; 256B.056, subdivision 7a; 256B.0625, subdivisions 13, 17, 60a; 256B.0659, subdivision 11; 256B.0913, subdivision 8; 256R.44; Laws 2019, chapter 63, article 3, sections 1; 2; Laws 2019, First Special Session chapter 9, article 11, section 35; proposing coding for new law in Minnesota Statutes, chapters 62Q; 147A; repealing Minnesota Statutes 2018, sections 62U.15, subdivision 2; 144.121, subdivisions 3, 5b; 147A.01, subdivisions 4, 11, 16a, 17a, 24, 25; 147A.04; 147A.10; 147A.11; 147A.18, subdivisions 1, 2, 3; 147A.20; 256B.057, subdivision 8; 256B.0752; 256L.04, subdivision 13; Minnesota Rules, parts 7380.0280; 9505.0365, subpart 3."

With the recommendation that when so amended the bill be placed on the General Register.

The report was adopted.

Pursuant to Joint Rule 2.03 and in accordance with Senate Concurrent Resolution No. 6, H. F. No. 3727 was re-referred to the Committee on Rules and Legislative Administration.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 3837, A bill for an act relating to public safety; expanding the reporting of crimes motivated by bias; amending the crime of property damage motivated by bias; requiring the Peace Officer Standards and Training Board to update training in recognizing, responding to, and reporting crimes of bias; requiring law enforcement agencies to adopt standard policies regarding crimes motivated by bias; appropriating money; amending Minnesota Statutes 2018, sections 363A.06, subdivision 1; 609.595, subdivisions 1a, 2; 626.5531, subdivision 1; 626.8451, subdivision 1; 626.8469, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 626.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 3849, A bill for an act relating to education finance; increasing funding for concurrent enrollment teacher training; modifying concurrent enrollment aid; appropriating money; amending Laws 2016, chapter 189, article 25, section 58, as amended; Laws 2019, First Special Session chapter 11, article 2, section 33, subdivision 23; article 3, section 23, subdivision 8.

Reported the same back with the recommendation that the bill be re-referred to the Education Finance Division.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 3976, A bill for an act relating to public safety; establishing a task force on sentencing for aiding and abetting felony murder; requiring a report.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4018, A bill for an act relating to state aid; extending the state aid to local governments to fund increased employer contributions to the Public Employees Retirement Association; amending Minnesota Statutes 2018, section 273.1385, subdivision 4.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4098, A bill for an act relating to education; establishing the innovation research zone program; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 124D.

Reported the same back with the recommendation that the bill be re-referred to the Education Finance Division.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4137, A bill for an act relating to public safety; requiring intent for the crimes of repeated harassing conduct; amending Minnesota Statutes 2018, sections 609.79, subdivision 1; 609.795, subdivision 1; Minnesota Statutes 2019 Supplement, sections 504B.206, subdivision 1; 609.749, subdivisions 2, 3; repealing Minnesota Statutes 2018, section 609.749, subdivision 1a; Minnesota Statutes 2019 Supplement, section 609.749, subdivision 1.

Reported the same back with the recommendation that the bill be placed on the General Register.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4206, A bill for an act relating to workers' compensation; adopting recommendations of the 2020 Workers' Compensation Advisory Council; amending Minnesota Statutes 2018, sections 79A.02, subdivision 4; 79A.04, subdivision 2; 79A.06, subdivision 5; 79A.22, subdivision 13; 79A.24, subdivision 2; 176.011, subdivision 15; 176.102, subdivision 10; 176.111, subdivision 22; 176.135, subdivision 1; 176.185, by adding a subdivision; 176.223; Minnesota Statutes 2019 Supplement, sections 176.181, subdivision 2; 176.231, subdivisions 5, 6, 9, 9a; 176.2611, subdivision 5; 176.2612, subdivisions 1, 3; 176.275, subdivision 2; 176.285, subdivision 1; repealing Minnesota Statutes 2018, section 176.181, subdivision 6.

Reported the same back with the recommendation that the bill be placed on the General Register.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4219, A bill for an act relating to natural resources; providing uniformity in enforcing driving under the influence provisions for certain recreational vehicles; providing criminal penalties; amending Minnesota Statutes 2018, sections 84.795, subdivision 5; 84.83, subdivision 5; 86B.705, subdivision 2; 97A.065, subdivision 2; 169A.03, subdivision 18; 169A.20, subdivision 1; 169A.52, by adding a subdivision; 169A.54, by adding a subdivision; 171.306, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapters 84; 86B; 171; repealing Minnesota Statutes 2018, section 169A.20, subdivisions 1a, 1b, 1c; Minnesota Statutes 2019 Supplement, sections 84.91, subdivision 1; 86B.331, subdivision 1.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Pinto from the Early Childhood Finance and Policy Division to which was referred:

H. F. No. 4375, A bill for an act relating to early childhood; appropriating money for early learning scholarships.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2018, section 120A.20, is amended by adding a subdivision to read:

**Subd. 4. Verification of age for admission to public school.** (a) Public schools may request documentation that verifies a pupil falls within the school's minimum and maximum age requirements for admission to publicly funded prekindergarten, preschool, kindergarten, or grades 1 to 12. Documentation may include a passport, a hospital birth record or physician's certificate, a baptismal or religious certificate, an adoption record, health records, immunization records, immigration records, previously verified school records, early childhood screening records, Minnesota Immunization Information Connection records, or an affidavit from a parent.

(b) The school district or charter school must not deny a child from public school enrollment solely because the child's parent or guardian is unable to provide a birth certificate record.

Sec. 2. Minnesota Statutes 2018, section 124D.165, subdivision 3, is amended to read:

Subd. 3. **Administration.** (a) The commissioner shall establish application timelines and determine the schedule for awarding scholarships that meets operational needs of eligible families and programs. The commissioner must give highest priority to applications from children who:

- (1) have a parent under age 21 who is pursuing a high school diploma or a course of study for a high school equivalency test;
- (2) are in foster care or otherwise in need of protection or services; or
- (3) have experienced homelessness in the last 24 months, as defined under the federal McKinney-Vento Homeless Assistance Act, United States Code, title 42, section 11434a.

The commissioner may prioritize applications on additional factors including family income, geographic location, and whether the child's family is on a waiting list for a publicly funded program providing early education or child care services.

(b) The commissioner shall establish a target for the average scholarship amount per child based on the results of the rate survey conducted under section 119B.02.

(c) A four-star rated program that has children eligible for a scholarship enrolled in or on a waiting list for a program beginning in July, August, or September may notify the commissioner, in the form and manner prescribed by the commissioner, each year of the program's desire to enhance program services or to serve more children than current funding provides. The commissioner may designate a predetermined number of scholarship slots for that program and notify the program of that number. For fiscal year 2018 and later, the statewide amount of funding directly designated by the commissioner must not exceed the funding directly designated for fiscal year 2017. Beginning July 1, 2016, a school district or Head Start program qualifying under this paragraph may use its established registration process to enroll scholarship recipients and may verify a scholarship recipient's family income in the same manner as for other program participants.

(d) A scholarship is awarded for a 12-month period. If the scholarship recipient has not been accepted and subsequently enrolled in a rated program within ten months of the awarding of the scholarship, the scholarship cancels and the recipient must reapply in order to be eligible for another scholarship. A child may not be awarded more than one scholarship in a 12-month period.

(e) A child who receives a scholarship who has not completed development screening under sections 121A.16 to 121A.19 must complete that screening within 90 days of first attending an eligible program or within 90 days after the child's third birthday if awarded a scholarship under the age of three.

(f) For fiscal year 2017 and later, a school district or Head Start program enrolling scholarship recipients under paragraph (c) may apply to the commissioner, in the form and manner prescribed by the commissioner, for direct payment of state aid. Upon receipt of the application, the commissioner must pay each program directly for each approved scholarship recipient enrolled under paragraph (c) according to the metered payment system or another schedule established by the commissioner.

Sec. 3. Minnesota Statutes 2018, section 124D.165, subdivision 4, is amended to read:

Subd. 4. **Early childhood program eligibility.** (a) In order to be eligible to accept an early learning scholarship, a program must:

- (1) participate in the quality rating and improvement system under section 124D.142; and
- (2) beginning July 1, 2020 when 40 percent of programs eligible for rating under section 124D.142 have received ratings, have a three- or four-star rating in the quality rating and improvement system.

(b) Any program accepting scholarships must use the revenue to supplement and not supplant federal funding.

(c) ~~Notwithstanding paragraph (a), all Minnesota early learning foundation scholarship program pilot sites are eligible to accept an early learning scholarship under this section.~~

Sec. 4. Minnesota Statutes 2018, section 125A.30, is amended to read:

**125A.30 INTERAGENCY EARLY INTERVENTION COMMITTEES.**

(a) A group of school districts or special education cooperatives, in cooperation with the county and tribal health and human service agencies located in the county or counties in which the districts or cooperatives are located, must establish an Interagency Early Intervention Committee for children with disabilities under age five and their families under this section, and for children with disabilities ages three to 22 consistent with the requirements under sections 125A.023 and 125A.027. Committees must include representatives of local health, education, and county human service agencies, early childhood family education programs, Head Start, parents of young children with disabilities under age 12, child care resource and referral agencies, school readiness programs, current service providers, and agencies that serve families experiencing homelessness, and may also include representatives from other private or public agencies and school nurses. The committee must elect a chair from among its members and must meet at least quarterly.

(b) The committee must develop and implement interagency policies and procedures concerning the following ongoing duties:

(1) develop public awareness systems designed to inform potential recipient families, especially parents with premature infants, or infants with other physical risk factors associated with learning or development complications, of available programs and services;

(2) to reduce families' need for future services, and especially parents with premature infants, or infants with other physical risk factors associated with learning or development complications, implement interagency child find systems designed to actively seek out, identify, and refer infants and young children with, or at risk of, disabilities, including a child under the age of three who: (i) is the subject of a substantiated case of abuse or neglect or (ii) is identified as directly affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure;

(3) implement a process for assuring that services involve cooperating agencies at all steps leading to individualized programs;

(4) identify the current services and funding being provided within the community for children with disabilities under age five and their families; and

(5) develop a plan for the allocation and expenditure of federal early intervention funds under United States Code, title 20, section 1471 et seq. (Part C, Public Law 108-446) and United States Code, title 20, section 631, et seq. (Chapter I, Public Law 89-313).

(c) The local committee shall also participate in needs assessments and program planning activities conducted by local social service, health and education agencies for young children with disabilities and their families."

Delete the title and insert:

"A bill for an act relating to early childhood; modifying provisions for age verification for admission to public school, eligibility for early learning scholarships, and interagency early intervention committees; amending Minnesota Statutes 2018, sections 120A.20, by adding a subdivision; 124D.165, subdivisions 3, 4; 125A.30."

With the recommendation that when so amended the bill be placed on the General Register.

The report was adopted.

Pursuant to Joint Rule 2.03 and in accordance with Senate Concurrent Resolution No. 6, H. F. No. 4375 was re-referred to the Committee on Rules and Legislative Administration.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4429, A bill for an act relating to economic development; modifying the pay-for-performance grant program; renaming the displaced homemaker program; amending Minnesota Statutes 2018, sections 116J.8747, subdivisions 2, 3; 116L.96.

Reported the same back with the recommendation that the bill be placed on the General Register.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Poppe from the Agriculture and Food Finance and Policy Division to which was referred:

H. F. No. 4490, A bill for an act relating to agriculture; appropriating money for veterinary diagnostic laboratory equipment.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

**"ARTICLE 1**  
**AGRICULTURE APPROPRIATIONS**

Section 1. Laws 2019, First Special Session chapter 1, article 1, section 2, subdivision 3, is amended to read:

<b>Subd. 3. Agricultural Marketing and Development</b>	3,996,000	<b><u>3,996,000</u></b>
		<b><u>4,036,000</u></b>

(a) \$186,000 the first year and \$186,000 the second year are for transfer to the Minnesota grown account and may be used as grants for Minnesota grown promotion under Minnesota Statutes, section 17.102. Grants may be made for one year. Notwithstanding Minnesota Statutes, section 16A.28, the appropriations encumbered under contract on or before June 30, 2021, for Minnesota grown grants in this paragraph are available until June 30, 2023.

(b) \$100,000 the first year and \$100,000 the second year are to expand domestic and international marketing opportunities for farmers and value-added processors, including staffing to facilitate farm-to-school sales and new markets for Minnesota-grown hemp.

(c) \$634,000 the first year and \$634,000 the second year are for continuation of the dairy development and profitability enhancement and dairy business planning grant programs established under Laws 1997, chapter 216, section 7, subdivision 2, and Laws 2001, First Special Session chapter 2, section 9, subdivision 2. The commissioner may allocate the available sums among permissible activities, including efforts to improve the quality of milk produced in the state, in the proportions that the commissioner deems most beneficial to Minnesota's dairy farmers. The commissioner must submit a detailed accomplishment report and a work plan detailing future plans for, and anticipated accomplishments from, expenditures under this program to the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over agriculture policy and finance on or before the start of each fiscal year. If significant changes are made to the plans in the course of the year, the commissioner must notify the chairs and ranking minority members.

(d) \$50,000 the first year and ~~\$50,000~~ \$90,000 the second year are for additional community outreach on farms and rural mental health services including the 24-hour hotline, service availability, suicide prevention training, mental health awareness and training for farm and rural adolescents, and mental health forums. Of this appropriation, \$12,000 each year is to provide professional development training for Farm Business Management instructors in the Minnesota State system. The appropriations under this paragraph are onetime.

(e) The commissioner may use funds appropriated in this subdivision for annual cost-share payments to resident farmers or entities that sell, process, or package agricultural products in this state for the costs of organic certification. The commissioner may allocate these funds for assistance to persons transitioning from conventional to organic agriculture.

Sec. 2. Laws 2019, First Special Session chapter 1, article 1, section 2, subdivision 4, is amended to read:

Subd. 4. <b>Agriculture, Bioenergy, and Bioproduct Advancement</b>	<u>23,653,000</u>	<u>23,654,000</u>
	<u>23,853,000</u>	<u>23,254,000</u>

(a) \$9,300,000 the first year and ~~\$9,300,000~~ \$8,900,000 the second year are for transfer to the agriculture research, education, extension, and technology transfer account under Minnesota Statutes, section 41A.14, subdivision 3. Of these amounts: at least \$600,000 the first year and \$600,000 the second year are for the

Minnesota Agricultural Experiment Station's agriculture rapid response fund under Minnesota Statutes, section 41A.14, subdivision 1, clause (2); \$2,000,000 the first year and \$2,000,000 the second year are for grants to the Minnesota Agriculture Education Leadership Council to enhance agricultural education with priority given to Farm Business Management challenge grants; \$350,000 the first year and \$350,000 the second year are for potato breeding; and \$450,000 the first year and \$450,000 the second year are for the cultivated wild rice breeding project at the North Central Research and Outreach Center to include a tenure track/research associate plant breeder. The commissioner shall transfer the remaining funds in this appropriation each year to the Board of Regents of the University of Minnesota for purposes of Minnesota Statutes, section 41A.14. Of the amount transferred to the Board of Regents, up to \$1,000,000 each the first year is and \$600,000 the second year are for research on avian influenza.

To the extent practicable, money expended under Minnesota Statutes, section 41A.14, subdivision 1, clauses (1) and (2), must supplement and not supplant existing sources and levels of funding. The commissioner may use up to one percent of this appropriation for costs incurred to administer the program. The base amount for this appropriation is \$9,300,000 in fiscal year 2022 and \$9,300,000 in fiscal year 2023.

(b) \$14,353,000 \$14,553,000 the first year and \$14,354,000 the second year are for the agricultural growth, research, and innovation program in Minnesota Statutes, section 41A.12. Except as provided below, the commissioner may allocate the appropriation each year among the following areas: facilitating the start-up, modernization, improvement, or expansion of livestock operations including beginning and transitioning livestock operations with preference given to robotic dairy-milking equipment; providing funding not to exceed \$400,000 each year to develop and enhance farm-to-school markets for Minnesota farmers by providing more fruits, vegetables, meat, grain, and dairy for Minnesota children in school and child care settings including, at the commissioner's discretion, reimbursing schools for purchases from local farmers; assisting value-added agricultural businesses to begin or expand, to access new markets, or to diversify, including aquaponics systems, with additional priority given to meat and poultry processors in the second year; providing funding not to exceed \$300,000 each year for urban youth agricultural education or urban agriculture community development; providing funding not to exceed \$300,000 each year for the good food access program under Minnesota Statutes, section 17.1017; facilitating the start-up, modernization, or expansion of other beginning and transitioning farms including by providing loans under Minnesota Statutes, section 41B.056; sustainable agriculture on-farm research and demonstration;

development or expansion of food hubs and other alternative community-based food distribution systems; enhancing renewable energy infrastructure and use; crop research including basic and applied turf seed research; Farm Business Management tuition assistance; and good agricultural practices/good handling practices certification assistance. The commissioner may use up to 6.5 percent of this appropriation for costs incurred to administer the program.

Of the amount appropriated for the agricultural growth, research, and innovation program in Minnesota Statutes, section 41A.12:

- (1) \$1,000,000 the first year and \$1,000,000 the second year are for distribution in equal amounts to each of the state's county fairs to preserve and promote Minnesota agriculture;
- (2) \$2,500,000 the first year and \$2,500,000 the second year are for incentive payments under Minnesota Statutes, sections 41A.16, 41A.17, and 41A.18. Notwithstanding Minnesota Statutes, section 16A.28, the first year appropriation is available until June 30, 2021, and the second year appropriation is available until June 30, 2022. If this appropriation exceeds the total amount for which all producers are eligible in a fiscal year, the balance of the appropriation is available for the agricultural growth, research, and innovation program. The base amount for the allocation under this clause is \$3,000,000 in fiscal year 2022 and later;
- (3) up to \$5,000,000 the first year is for Dairy Assistance, Investment, Relief Initiative (DAIRI) grants to Minnesota dairy farmers who enroll for five years of coverage under the federal dairy margin coverage program and produced no more than 16,000,000 pounds of milk in 2018. The commissioner must award DAIRI grants based on participating producers' amount of 2018 milk, up to 5,000,000 pounds per participating producer, at a rate determined by the commissioner within the limits of available funding;
- (4) up to \$5,000,000 the second year is for innovative soybean processing and research;
- (5) \$75,000 the first year is for a grant to Greater Mankato Growth, Inc. for assistance to agricultural-related businesses to promote jobs, innovation, and synergy development; and
- (6) \$75,000 the first year and \$75,000 the second year are for grants to the Minnesota Turf Seed Council for basic and applied research; and
- (7) \$200,000 the first year is for assistance to farmers and value-added agricultural businesses whose markets and operations were negatively impacted by COVID-19.

The amounts in clauses (3) to ~~(6)~~ (7) are onetime.

Notwithstanding Minnesota Statutes, section 16A.28, any unencumbered balance does not cancel at the end of the first year and is available for the second year and appropriations encumbered under contract on or before June 30, 2021, for agricultural growth, research, and innovation grants are available until June 30, 2024.

The base amount for the agricultural growth, research, and innovation program is \$14,693,000 in fiscal year 2022 and \$14,693,000 in fiscal year 2023, and includes funding for incentive payments under Minnesota Statutes, sections 41A.16, 41A.17, 41A.18, and 41A.20.

The commissioner must consult with the commissioner of transportation, the commissioner of administration, and local units of government to identify at least ten parcels of publicly owned land that are suitable for urban agriculture.

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

Sec. 3. Laws 2019, First Special Session chapter 1, article 1, section 2, subdivision 5, as amended by Laws 2020, chapter 74, article 1, section 3, is amended to read:

<b>Subd. 5. Administration and Financial Assistance</b>	8,760,000	<u>7,508,000</u>
		<u>7,568,000</u>

(a) \$474,000 the first year and \$474,000 the second year are for payments to county and district agricultural societies and associations under Minnesota Statutes, section 38.02, subdivision 1. Aid payments to county and district agricultural societies and associations shall be disbursed no later than July 15 of each year. These payments are the amount of aid from the state for an annual fair held in the previous calendar year.

(b) \$2,000 the first year is for a grant to the Minnesota State Poultry Association. This is a onetime appropriation, and is available until June 30, 2021.

(c) \$18,000 the first year and \$18,000 the second year are for grants to the Minnesota Livestock Breeders Association. These are onetime appropriations.

(d) \$47,000 the first year and \$47,000 the second year are for the Northern Crops Institute. These appropriations may be spent to purchase equipment. These are onetime appropriations.

(e) \$267,000 the first year and ~~\$267,000~~ \$327,000 the second year are for farm advocate services. The base for this appropriation is \$267,000 in fiscal year 2022 and \$267,000 in fiscal year 2023.

(f) \$17,000 the first year and \$17,000 the second year are for grants to the Minnesota Horticultural Society. These are onetime appropriations.

(g) \$250,000 the first year and \$250,000 the second year are for transfer to the Board of Trustees of the Minnesota State Colleges and Universities for statewide mental health counseling support to farm families and business operators through the Minnesota State Agricultural Centers of Excellence. South Central College and Central Lakes College shall serve as the fiscal agents. The base amount for this appropriation in fiscal year 2022 and later is \$238,000.

(h) \$2,950,000 the first year and \$1,700,000 the second year are for grants to Second Harvest Heartland on behalf of Minnesota's six Feeding America food banks for the following:

(1) to purchase milk for distribution to Minnesota's food shelves and other charitable organizations that are eligible to receive food from the food banks. Milk purchased under the grants must be acquired from Minnesota milk processors and based on low-cost bids. The milk must be allocated to each Feeding America food bank serving Minnesota according to the formula used in the distribution of United States Department of Agriculture commodities under The Emergency Food Assistance Program. Second Harvest Heartland may enter into contracts or agreements with food banks for shared funding or reimbursement of the direct purchase of milk. Each food bank that receives funding under this clause may use up to two percent for administrative expenses;

(2) to compensate agricultural producers and processors for costs incurred to harvest and package for transfer surplus fruits, vegetables, and other agricultural commodities that would otherwise go unharvested, be discarded, or sold in a secondary market. Surplus commodities must be distributed statewide to food shelves and other charitable organizations that are eligible to receive food from the food banks. Surplus food acquired under this clause must be from Minnesota producers and processors. Second Harvest Heartland may use up to 15 percent of each grant awarded under this clause for administrative and transportation expenses; and

(3) to purchase and distribute protein products, which must be surplus products when practicable, including but not limited to pork, poultry, beef, dry legumes, cheese, and eggs to Minnesota's food shelves and other charitable organizations that are eligible to receive food from the food banks. Second Harvest Heartland may use up to two percent of each grant awarded under this clause for administrative expenses. To the extent practicable, protein products purchased under the grants must be acquired from Minnesota processors and producers and based on low-cost bids.

Of the amount appropriated under this paragraph, at least \$600,000 each year must be allocated under clause (1); and \$1,250,000 of the onetime money appropriated in the first year must be allocated under clause (1) or (3). Notwithstanding Minnesota Statutes, section 16A.28, any unencumbered balance the first year does not cancel and is available in the second year. Second Harvest Heartland must submit quarterly reports to the commissioner and the chairs and ranking minority members of the legislative committees with jurisdiction over agriculture finance in the form prescribed by the commissioner. The reports must include but are not limited to information on the expenditure of funds, the amount of milk or other commodities purchased, and the organizations to which this food was distributed. The base for this appropriation is \$1,650,000 in fiscal year 2022 and \$1,650,000 in fiscal year 2023.

(i) \$150,000 the first year and \$150,000 the second year are for grants to the Center for Rural Policy and Development. These are onetime appropriations.

(j) \$250,000 the first year and \$250,000 the second year are for grants to the Minnesota Agricultural Education and Leadership Council for programs of the council under Minnesota Statutes, chapter 41D.

(k) The commissioner shall continue to increase connections with ethnic minority and immigrant farmers to farming opportunities and farming programs throughout the state.

**Sec. 4. FARM SAFETY GRANT AND OUTREACH; APPROPRIATION.**

(a) \$125,000 in fiscal year 2021 is appropriated from the general fund to the commissioner of agriculture for farm safety grants and outreach programs under Minnesota Statutes, section 17.1195. Of this amount, \$75,000 is for grain storage facility safety grants, and \$50,000 is for (1) outreach, which may include creating and presenting a grain storage facility safety curriculum, and (2) awarding grants under paragraph (b). This is a onetime appropriation.

(b) The commissioner of agriculture may award grants to the Board of Regents of the University of Minnesota or the Board of Trustees of the Minnesota State Colleges and Universities to design digital applications that allow a user to remotely power off a grain storage facility via cell phone or electronic device. Any digital applications created as a result of this grant must be made available to the public at no cost. By January 15, 2021, the commissioner shall report on the grants issued under this appropriation to the members of the legislative committees with jurisdiction over agriculture finance and higher education finance. By February 1, 2022, a recipient of a grant for this purpose is requested to report to the commissioner of agriculture and the members of the legislative committees with jurisdiction over agriculture finance and higher education finance regarding the digital application produced as a result of the grant.

**Sec. 5. VETERINARY DIAGNOSTIC EQUIPMENT; APPROPRIATION.**

\$675,000 in fiscal year 2021 is appropriated from the general fund to the commissioner of agriculture for a grant to the Board of Regents of the University of Minnesota to purchase testing equipment for the Veterinary Diagnostic Laboratory, including but not limited to equipment and supplies needed to respond to incidents of African swine fever. This is a onetime appropriation.

**Sec. 6. FARM CRISIS LOAN ORIGINATION FEE GRANT PROGRAM; APPROPRIATION.**

(a) \$175,000 in fiscal year 2020 is appropriated from the general fund to the commissioner of agriculture for grants to eligible farmers who have been approved for farm debt restructuring loans guaranteed by the United States Department of Agriculture (USDA), Farm Service Agency, or issued under a loan program administered by the Rural Finance Authority. The commissioner must award an eligible farmer a grant in an amount equal to the loan origination fee amount required for the farmer to obtain the USDA, Farm Service Agency guaranteed loan, or Rural Finance Authority program loan.

(b) For purposes of this section, "eligible farmer" means an individual who regularly participates in physical labor or operations management in the individual's farming operation and files "Schedule F" as part of the person's annual Form 1040 filing with the United States Internal Revenue Service or a family farm organized under Minnesota Statutes, section 500.24, if the individual or family farm:

(1) has a total net worth of less than \$800,000 in calendar year 2020; and

(2) is either in mediation proceedings under Minnesota Statutes, chapter 583, or has received a mediation notice under Minnesota Statutes, section 583.26, subdivision 1, paragraph (a).

(c) The commissioner must give first priority to grant applicants who are currently in mediation under Minnesota Statutes, chapter 583, and must give second priority to grant applicants who have received a mediation notice under Minnesota Statutes, section 583.26, subdivision 1, paragraph (a).

(d) The amount appropriated under this section is onetime and is available until June 30, 2023.

(e) The commissioner may use up to ten percent of the amount appropriated under this section to administer the grant program.

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

**Sec. 7. RETAIL FOOD HANDLER SAFETY; APPROPRIATION.**

(a) \$125,000 in fiscal year 2020 is appropriated from the general fund to the commissioner of agriculture for grants to retail food handlers, as described in Minnesota Statutes, section 28A.05, paragraph (a). The commissioner may adjust the grant amounts specified under this section based on the total amount of money requested in the applications, and the availability of federal money for a similar purpose. The commissioner may award grants for recipients to execute requirements, guidance, and recommendations related to the infectious disease known as COVID-19 provided by the Centers for Disease Control and Prevention and the Minnesota Department of Health, and to develop safety procedures, update and retrofit retail locations, purchase personal protective equipment for employees, and educate the public on the need to follow safety procedures. This is a onetime appropriation and is available until June 30, 2021.

(b) Grants under this section equal \$500 for stores that qualify as retail food handlers. The commissioner must not award a business with multiple eligible locations more than \$2,000 in total grants. Applicants must provide information to the commissioner on how grant money will be used to ensure safety of Minnesotans from COVID-19.

(c) The commissioner of management and budget must determine whether any of the expenditures an appropriation is made for under this section is an eligible use of federal funding received under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law 116-136, title V. If the commissioner of management and budget determines an expenditure is eligible for funding under title V of the CARES Act, the amount for the eligible expenditure is appropriated from the account where CARES Act money has been deposited and the corresponding amount appropriated under this section cancels to the general fund.

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

**ARTICLE 2**  
**STATUTORY PROVISIONS**

**Section 1. [17.1195] FARM SAFETY GRANT AND OUTREACH PROGRAMS.**

Subdivision 1. **Tractor rollover grants.** (a) The commissioner may award grants to Minnesota farmers and Minnesota schools that retrofit eligible tractors with eligible rollover protective structures.

(b) Grants for farmers are limited to 70 percent of the farmer's documented cost to purchase, ship, and install an eligible rollover protective structure. The commissioner must increase a farmer's grant award amount over the 70 percent grant limitation requirement if necessary to limit a farmer's cost per tractor to no more than \$500.

(c) Schools are eligible for grants that cover the full amount of a school's documented cost to purchase, ship, and install an eligible rollover protective structure.

(d) A rollover protective structure is eligible if it is certified to appropriate national or international rollover protection structure standards with a seat belt.

(e) "Eligible tractor" means a tractor that was built before 1987.

Subd. 2. **Grain storage facility safety grants; farm safety outreach.** (a) The commissioner may award grants to Minnesota farmers who purchase eligible grain storage facility safety equipment. Grants are limited to 75 percent of the farmer's documented cost to purchase, ship, and install grain storage facility safety equipment, or \$500 per bin or silo, whichever is less.

(b) Eligible grain storage facility safety equipment includes:

(1) fall protection systems;

(2) engineering controls to prevent contact with an auger or other moving parts;

(3) dust collection systems to minimize explosion hazards;

(4) personal protective equipment to increase survivability in the event of a grain-bin-related emergency;

(5) grain silo air quality monitoring equipment; and

(6) other grain storage facility safety equipment approved by the commissioner.

(c) The commissioner may create a farm safety outreach campaign, including but not limited to development and distribution of safety educational materials related to grain bins, silos, and other agricultural confined spaces.

Subd. 3. **Promotion; administration.** The commissioner may spend up to six percent of total program dollars each fiscal year to promote and administer the programs to Minnesota farmers and schools.

Sec. 2. Minnesota Statutes 2018, section 31.175, is amended to read:

**31.175 WATER, PLUMBING, AND SEWAGE.**

A person who is required by statutes administered by the Department of Agriculture, or by rules adopted pursuant to those statutes, to provide a suitable water supply, or plumbing or sewage disposal system shall not engage in the business of manufacturing, processing, selling, handling, or storing food at wholesale or retail unless

the person's water supply is satisfactory pursuant to rules adopted by the Department of Health, the person's plumbing is satisfactory pursuant to rules adopted by the Department of Labor and Industry, and the person's sewage disposal system satisfies the rules of the Pollution Control Agency. This section does not limit the commissioner's ability to issue a food handler's license when an investigation completed pursuant to section 28A.07 has determined the requirements of this section are not relevant and the applicant is considered fit to engage in business as described in the license application."

Delete the title and insert:

"A bill for an act relating to agriculture; providing supplemental agriculture-related appropriations for farm and rural mental health services, farmers assistance, farm advocate services, farm safety, veterinary diagnostic equipment, farm loan origination fee assistance, and retail food handler safety; providing farm safety grant and outreach programs; making technical changes; amending Minnesota Statutes 2018, section 31.175; Laws 2019, First Special Session chapter 1, article 1, section 2, subdivisions 3, 5, as amended; proposing coding for new law in Minnesota Statutes, chapter 17."

With the recommendation that when so amended the bill be re-referred to the Committee on Ways and Means.

The report was adopted.

Pursuant to Joint Rule 2.03 and in accordance with Senate Concurrent Resolution No. 6, H. F. No. 4490 was re-referred to the Committee on Rules and Legislative Administration.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4500, A bill for an act relating to state government; changing a provision for the Legislative Reference Library; amending Minnesota Statutes 2018, section 3.302, subdivision 3.

Reported the same back with the recommendation that the bill be re-referred to the State Government Finance Division.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4501, A bill for an act relating to state government; changing a provision of the Legislative Coordinating Commission; amending Minnesota Statutes 2018, section 3.303, subdivision 1.

Reported the same back with the recommendation that the bill be re-referred to the State Government Finance Division.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Freiberg from the Committee on Government Operations to which was referred:

H. F. No. 4536, A bill for an act relating to state government; establishing a Legislative Commission on Cybersecurity; providing legislative appointments; proposing coding for new law in Minnesota Statutes, chapter 3.

Reported the same back with the following amendments:

Page 1, after line 5, insert:

"ARTICLE 1  
LEGISLATIVE COMMISSION ON CYBERSECURITY"

Page 2, after line 25, insert:

"ARTICLE 2  
TECHNICAL CHANGES

Section 1. Minnesota Statutes 2018, section 16E.01, is amended to read:

**16E.01 OFFICE OF MN.IT MINNESOTA DEPARTMENT OF INFORMATION TECHNOLOGY SERVICES.**

Subdivision 1. **Creation; chief information officer.** The Office of MN.IT Minnesota Department of Information Technology Services, which may also be known as Minnesota Information Technology Services or Minnesota IT Services, referred to in this chapter as the "office," "department," is an agency in the executive branch headed by a commissioner, who also is the state chief information officer. The appointment of the commissioner is subject to the advice and consent of the senate under section 15.066.

Subd. 1a. **Responsibilities.** The office department shall provide oversight, leadership, and direction for information and telecommunications technology policy and the management, delivery, accessibility, and security of executive branch information and telecommunications technology systems and services in Minnesota. The office department shall manage strategic investments in information and telecommunications technology systems and services to encourage the development of a technically literate society, to ensure sufficient access to and efficient delivery of accessible government services, and to maximize benefits for the state government as an enterprise.

Subd. 2. **Discretionary powers.** The office department may:

(1) enter into contracts for goods or services with public or private organizations and charge fees for services it provides;

(2) apply for, receive, and expend money from public agencies;

(3) apply for, accept, and disburse grants and other aids from the federal government and other public or private sources;

(4) enter into contracts with agencies of the federal government, local governmental units, the University of Minnesota and other educational institutions, and private persons and other nongovernmental organizations as necessary to perform its statutory duties;

(5) sponsor and conduct conferences and studies, collect and disseminate information, and issue reports relating to information and communications technology issues;

(6) review the technology infrastructure of regions of the state and cooperate with and make recommendations to the governor, legislature, state agencies, local governments, local technology development agencies, the federal government, private businesses, and individuals for the realization of information and communications technology infrastructure development potential;

(7) sponsor, support, and facilitate innovative and collaborative economic and community development and government services projects, including technology initiatives related to culture and the arts, with public and private organizations; and

(8) review and recommend alternative sourcing strategies for state information and communications systems.

**Subd. 3. Duties.** (a) The ~~office~~ department shall:

(1) manage the efficient and effective use of available federal, state, local, and public-private resources to develop statewide information and telecommunications technology systems and services and its infrastructure;

(2) approve state agency and intergovernmental information and telecommunications technology systems and services development efforts involving state or intergovernmental funding, including federal funding, provide information to the legislature regarding projects reviewed, and recommend projects for inclusion in the governor's budget under section 16A.11;

(3) ~~ensure~~ promote cooperation and collaboration among state and local governments in developing intergovernmental information and telecommunications technology systems and services, and ~~define the structure and responsibilities of a representative governance structure~~;

(4) cooperate and collaborate with the legislative and judicial branches in the development of information and communications systems in those branches, as requested;

(5) continue the development of North Star, the state's official comprehensive online service and information initiative;

~~(6) promote and collaborate with the state's agencies in the state's transition to an effectively competitive telecommunications market;~~

~~(7) collaborate with entities carrying out education and lifelong learning initiatives to assist Minnesotans in developing technical literacy and obtaining access to ongoing learning resources;~~

~~(8) (6) promote and coordinate public information access and network initiatives, consistent with chapter 13, to connect Minnesota's citizens and communities to each other, to their governments, and to the world;~~

~~(9) promote and coordinate electronic commerce initiatives to ensure that Minnesota businesses and citizens can successfully compete in the global economy;~~

~~(10) (7) manage and promote the regular and periodic reinvestment in the information and telecommunications technology systems and services infrastructure so that state and local government agencies can effectively and efficiently serve their customers;~~

~~(11) (8) facilitate the cooperative development of and ensure compliance with standards and policies for information and telecommunications technology systems and services, electronic data practices and privacy, and electronic commerce among international, national, state, and local public and private organizations within the executive branch;~~

~~(12) (9)~~ eliminate unnecessary duplication of existing information and telecommunications technology systems and services provided by state agencies;

~~(13) (10)~~ identify, sponsor, develop, and execute shared information and telecommunications technology projects and ongoing operations;

~~(14) (11)~~ ensure overall security of the state's information and technology systems and services; and

~~(15) (12)~~ manage and direct compliance with accessibility standards for informational technology, including hardware, software, websites, online forms, and online surveys.

(b) The chief information officer, in consultation with the commissioner of management and budget, must determine when it is cost-effective for agencies to develop and use shared information and telecommunications technology systems and services for the delivery of electronic government services. The chief information officer may require agencies to use shared information and telecommunications technology systems and services. The chief information officer shall establish reimbursement rates in cooperation with the commissioner of management and budget to be billed to agencies and other governmental entities sufficient to cover the actual development, operating, maintenance, and administrative costs of the shared systems. The methodology for billing may include the use of interagency agreements, or other means as allowed by law.

(c) A state agency that has an information and telecommunications technology project ~~with a total expected project cost of more than \$1,000,000~~, whether funded as part of the biennial budget or by any other means, shall register with the ~~office department~~ by submitting basic project startup documentation, as specified by the chief information officer in both format and content, ~~before any project funding is requested or committed and before the project commences~~. State agency project leaders must demonstrate that the project will be properly managed, provide updates to the project documentation as changes are proposed, and regularly report on the current status of the project on a schedule agreed to with the chief information officer. The chief information officer has the authority to define a project for the purposes of this chapter.

(d) The chief information officer shall monitor progress on any active information and telecommunications technology project with a total expected project cost of more than \$5,000,000 and report on the performance of the project in comparison with the plans for the project in terms of time, scope, and budget. The chief information officer may conduct an independent project audit of the project. The audit analysis and evaluation of the projects subject to paragraph (c) must be presented to agency executive sponsors, the project governance bodies, and the chief information officer. All reports and responses must become part of the project record.

(e) For any active information and telecommunications technology project with a total expected project cost of more than \$10,000,000, the state agency must perform an annual independent audit that conforms to published project audit principles ~~promulgated adopted by the office department~~.

(f) The chief information officer shall report by January 15 of each year to the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over the ~~office department~~ regarding projects the ~~office department~~ has reviewed under paragraph (a), clause ~~(13) (10)~~. The report must include the reasons for the determinations made in the review of each project and a description of its current status.

Sec. 2. Minnesota Statutes 2018, section 16E.016, is amended to read:

#### **16E.016 RESPONSIBILITY FOR INFORMATION TECHNOLOGY SERVICES AND EQUIPMENT.**

(a) The chief information officer is responsible for providing or entering into managed services contracts for the provision, improvement, and development of the following information technology systems and services to state agencies:

- (1) state data centers;
- (2) mainframes including system software;
- (3) servers including system software;
- (4) desktops including system software;
- (5) laptop computers including system software;
- (6) a data network including system software;
- (7) database, electronic mail, office systems, reporting, and other standard software tools;
- (8) business application software and related technical support services;
- (9) help desk for the components listed in clauses (1) to (8);
- (10) maintenance, problem resolution, and break-fix for the components listed in clauses (1) to (8);
- (11) regular upgrades and replacement for the components listed in clauses (1) to (8); and
- (12) network-connected output devices.

(b) All state agency employees whose work primarily involves functions specified in paragraph (a) are employees of the ~~Office of MN.IT Services~~ Minnesota Department of Information Technology Services. This includes employees who directly perform the functions in paragraph (a), as well as employees whose work primarily involves managing, supervising, or providing administrative services or support services to employees who directly perform these functions. The chief information officer may assign employees of the ~~office~~ department to perform work exclusively for another state agency.

(c) Subject to sections 16C.08 and 16C.09, the chief information officer may allow a state agency to obtain services specified in paragraph (a) through a contract with an outside vendor when the chief information officer and the agency head agree that a contract would provide best value, as defined in section 16C.02, under the service-level agreement. The chief information officer must require that agency contracts with outside vendors ensure that systems and services are compatible with standards established by the ~~Office of MN.IT Services~~ Minnesota Department of Information Technology Services.

(d) The Minnesota State Retirement System, the Public Employees Retirement Association, the Teachers Retirement Association, the State Board of Investment, the Campaign Finance and Public Disclosure Board, the State Lottery, and the Statewide Radio Board are not state agencies for purposes of this section.

Sec. 3. Minnesota Statutes 2018, section 16E.02, is amended to read:

**16E.02 ~~OFFICE OF MN.IT~~ MINNESOTA DEPARTMENT OF INFORMATION TECHNOLOGY SERVICES; STRUCTURE AND PERSONNEL.**

Subdivision 1. **Office Department management and structure.** (a) The chief information officer is appointed by the governor. The chief information officer serves in the unclassified service at the pleasure of the governor. The chief information officer must have experience leading enterprise-level information technology organizations. The chief information officer is the state's chief information officer and information and telecommunications technology adviser to the governor.

(b) The chief information officer may appoint other employees of the office department. The Staff of the office department must include individuals knowledgeable in information and telecommunications technology systems and services and individuals with specialized training in information security and accessibility.

~~(c) The chief information officer may appoint a webmaster responsible for the supervision and development of state websites under the control of the office. The webmaster, if appointed, shall ensure that these websites are maintained in an easily accessible format that is consistent throughout state government and are consistent with the accessibility standards developed under section 16E.03, subdivision 9. The webmaster, if appointed, shall provide assistance and guidance consistent with the requirements of this paragraph to other state agencies for the maintenance of other websites not under the direct control of the office.~~

Subd. 1a. **Accountability.** The chief information officer reports to the governor. The chief information officer must consult regularly with the executive branch agency commissioners of administration, management and budget, human services, revenue, and other commissioners as designated by the governor, on technology projects, standards, and services as well as management of resources and staff utilization.

Sec. 4. Minnesota Statutes 2019 Supplement, section 16E.03, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** (a) For the purposes of this chapter, the following terms have the meanings given them.

(b) "Information and telecommunications technology systems and services" means all computing and telecommunications hardware and software, the activities undertaken to secure that hardware and software, and the activities undertaken to acquire, transport, process, analyze, store, and disseminate information electronically. "Information and telecommunications technology systems and services" includes all proposed expenditures for computing and telecommunications hardware and software, security for that hardware and software, and related consulting or other professional services.

(c) "Information and telecommunications technology project" means an effort to acquire or produce information and telecommunications technology systems and services.

(d) "Telecommunications" means voice, video, and data electronic transmissions transported by wire, wireless, fiber-optic, radio, or other available transport technology.

(e) "Cyber security" means the protection of data and systems in networks connected to the Internet.

(f) "State agency" means an agency in the executive branch of state government and includes the Minnesota Office of Higher Education, but does not include the Minnesota State Colleges and Universities unless specifically provided elsewhere in this chapter.

(g) "Total expected project cost" includes direct staff costs, all supplemental contract staff and vendor costs, and costs of hardware and software development or purchase. Breaking a project into several phases does not affect the cost threshold, which must be computed based on the full cost of all phases.

(h) "Cloud computing" has the meaning described by the National Institute of Standards and Technology of the United States Department of Commerce in special publication 800-145, September 2011.

Sec. 5. Minnesota Statutes 2018, section 16E.03, subdivision 2, is amended to read:

Subd. 2. **Chief information officer's responsibility.** The chief information officer shall:

(1) design a master plan for information and telecommunications technology systems and services in the state ~~and its political subdivisions~~ and shall report on the plan to the governor and legislature at the beginning of each regular session;

(2) coordinate, review, and approve all information and telecommunications technology projects and oversee the state's information and telecommunications technology systems and services;

(3) establish and enforce compliance with standards for information and telecommunications technology systems and services that are cost-effective and support open systems environments and that are compatible with state, national, and international standards, including accessibility standards;

(4) maintain a library of systems and programs developed by the state ~~and its political subdivisions~~ for use by agencies of government;

(5) direct and manage the shared operations of the state's information and telecommunications technology systems and services; and

(6) establish and enforce standards and ensure acquisition of hardware and software necessary to protect data and systems in state agency networks connected to the Internet.

Sec. 6. Minnesota Statutes 2018, section 16E.03, subdivision 3, is amended to read:

Subd. 3. **Evaluation and approval.** A state agency may not undertake an information and telecommunications technology project until it has been evaluated according to the procedures developed under subdivision 4. The chief information officer ~~or delegate~~ shall give written approval of the proposed project. ~~When notified by the chief information officer that a project has not been approved, the commissioner of management and budget shall cancel the unencumbered balance of any appropriation allotted for the project.~~

Sec. 7. Minnesota Statutes 2018, section 16E.03, subdivision 6, is amended to read:

Subd. 6. **System development methods.** The chief information officer shall establish and, as necessary, update and modify methods for developing information and communications systems appropriate to the specific needs of individual state agencies. The development methods shall be used to define the design, programming, and implementation of systems. ~~The development methods must also enable and require a data processing system to be defined in terms of its computer programs, input requirements, output formats, administrative procedures, and processing frequencies.~~

Sec. 8. Minnesota Statutes 2018, section 16E.036, is amended to read:

**16E.036 ADVISORY COMMITTEE COUNCIL.**

(a) The Technology Advisory Committee Council is created to advise the ~~governor, executive branch, and the state~~ chief information officer. The ~~committee consists of~~ council shall consist of 15 voting members. The ~~governor shall appoint~~ six members appointed by the ~~governor~~ who are individuals actively involved in business planning for state executive branch agencies, one county member designated by the Association of Minnesota Counties, one member appointed by the governor as a representative of a union that represents state information technology employees, and one member appointed by the governor to represent private businesses. ~~The governor and lieutenant governor shall select six additional members with private-sector or public-sector IT experience or experience in academia pertaining to IT. The council shall also have the following four ex officio nonvoting members:~~

(1) a member of the house of representatives selected by the speaker of the house;

(2) a member of the house of representatives selected by the minority leader;

(3) a member of the senate selected by the majority leader; and

(4) a member of the senate selected by the minority leader.

(b) Membership terms, removal of members, and filling of vacancies are as provided in section 15.059. Members do not receive compensation or reimbursement for expenses.

(c) The ~~committee~~ council shall select a chair from its members. The chief information officer shall provide administrative support to the ~~committee~~ council.

(d) The ~~committee~~ council shall advise the chief information officer on:

(1) development and implementation of the state information technology strategic plan;

(2) critical information technology initiatives for the state;

(3) standards for state information architecture;

(4) identification of business and technical needs of state agencies;

(5) strategic information technology portfolio management, project prioritization, and investment decisions;

(6) the ~~officer's~~ department's performance measures and fees for service agreements with executive branch agencies;

(7) management of the state MN.IT services revolving fund; and

(8) the efficient and effective operation of the ~~officer~~ department.

Sec. 9. Minnesota Statutes 2018, section 16E.04, subdivision 3, is amended to read:

**Subd. 3. Risk assessment and mitigation.** (a) A risk assessment and risk mitigation plan are required for all information systems development projects undertaken by a state agency in the executive or judicial branch or by a constitutional officer. The chief information officer must contract with an entity outside of state government to conduct the initial assessment and prepare the mitigation plan for a project estimated to cost more than \$5,000,000. The outside entity conducting the risk assessment and preparing the mitigation plan must not have any other direct or indirect financial interest in the project. The risk assessment and risk mitigation plan must provide for periodic monitoring by the commissioner until the project is completed.

(b) The risk assessment and risk mitigation plan must be paid for with money appropriated for the information and telecommunications technology project. ~~The chief information officer must notify the commissioner of management and budget when work has begun on a project and must identify the proposed budget for the project. The commissioner of management and budget shall ensure that no more than ten percent of the proposed budget be spent on the project, other than the money spent on the risk assessment and risk mitigation plan, is spent until the risk assessment and mitigation plan are reported to the chief information officer and the chief information officer has approved the risk mitigation plan.~~

Sec. 10. Minnesota Statutes 2018, section 16E.0465, subdivision 2, is amended to read:

**Subd. 2. Required review and approval.** (a) A state agency receiving an appropriation for an information and telecommunications technology project subject to this section must divide the project into phases.

(b) ~~The commissioner of management and budget may not authorize the An encumbrance or expenditure of an appropriation of state funds to a state agency may not be made for any phase of a state agency information and telecommunications technology project, device, or system subject to this section unless the Office of MN.IT Minnesota Department of Information Technology Services has reviewed each phase of the project, device, or system, and based on this review, the chief information officer has determined for each phase that:~~

- (1) the project is compatible with the state information architecture and other policies and standards established by the chief information officer;
- (2) the agency is able to accomplish the goals of the phase of the project with the funds appropriated; and
- (3) the project supports the enterprise information technology strategy.

Sec. 11. Minnesota Statutes 2018, section 16E.05, subdivision 1, is amended to read:

**Subdivision 1. Duties.** The ~~office department~~, in consultation with interested persons, shall:

~~(1) coordinate statewide efforts by units of state and local government to plan for and develop a system for providing access to government services; and~~

~~(2) explore ways and means to improve citizen and business access to public services, including implementation of technological improvements.~~

Sec. 12. Minnesota Statutes 2018, section 16E.07, subdivision 12, is amended to read:

**Subd. 12. Private entity services; fee authority.** (a) The ~~office department~~ may enter into a contract with a private entity to manage, maintain, support, and expand North Star and online government information services to citizens and businesses.

(b) A contract established under paragraph (a) may provide for compensation of the private entity through a fee established under paragraph (c).

(c) The ~~office department~~, subject to the approval of the agency or ~~office department~~ responsible for the data or services involved in the transaction, may charge and may authorize a private entity that enters into a contract under paragraph (a) to charge a convenience fee for users of North Star and online government information services up to a total of \$2 per transaction, provided that no fee shall be charged for viewing or inspecting data. ~~The office shall consider the recommendation of the E Government Advisory Council under section 16E.071 in setting the convenience fee.~~ A fee established under this paragraph is in addition to any fees or surcharges authorized under other law.

(d) Receipts from the convenience fee shall be deposited in the North Star account established in subdivision 7. Notwithstanding section 16A.1285, subdivision 2, receipts credited to the account are appropriated to the ~~office department~~ for payment to the contracted private entity under paragraph (a). In lieu of depositing the receipts in the North Star account, the ~~office department~~ can directly transfer the receipts to the private entity or allow the private entity to retain the receipts pursuant to a contract established under this subdivision.

(e) The ~~office department~~ shall report to the chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over state government finance by January 15 of each odd-numbered year regarding the convenience fee receipts and the status of North Star projects and online government information services developed and supported by convenience fee receipts.

Sec. 13. Minnesota Statutes 2018, section 16E.21, subdivision 2, is amended to read:

Subd. 2. **Charges.** (a) Upon agreement of the participating agency, the ~~Office of MN.IT Minnesota Department of Information Technology~~ Services may collect a charge or receive a fund transfer under section 16E.0466 for purchases of information and telecommunications technology systems and services by state agencies and other governmental entities through state contracts for purposes described in subdivision 1. Charges collected under this section must be credited to the information and telecommunications technology systems and services account.

(b) ~~Notwithstanding section 16A.28, subdivision 3, any unexpended operating balance appropriated to a state agency may be transferred to the information and telecommunications technology systems and services account for the information technology cost of a specific project, subject to the review of the Legislative Advisory Commission under section 16E.21, subdivision 3.~~

Sec. 14. Minnesota Statutes 2018, section 97A.057, subdivision 1, is amended to read:

Subdivision 1. **Compliance with federal law.** The commissioner shall take any action necessary to comply with the Federal Aid in Wildlife Restoration Act, United States Code, title 16, sections 669 to 669i, and the Federal Aid in Fish Restoration Act, United States Code, title 16, sections 777 to 777k. Notwithstanding ~~section 16E.145 or~~ any ~~other~~ law to the contrary, an appropriation for an information or telecommunications technology project from the game and fish fund, as established in section 97A.055, must be made to the commissioner. Any assets acquired with or expenditures made from the game and fish fund must remain under control of the commissioner.

Sec. 15. **REVISOR INSTRUCTION.**

~~The revisor of statutes shall change "Office of MN.IT Services" to "Minnesota Department of Information Technology Services" or a derivative of these terms wherever it appears in Minnesota Statutes.~~

Sec. 16. **REPEALER.**

~~Minnesota Statutes 2018, sections 16E.0466, subdivision 1; 16E.05, subdivision 3; 16E.071; and 16E.145, are repealed.~~

Amend the title as follows:

Page 1, line 3, after the second semicolon, insert "changing the name of the Office of MN.IT Services; changing provisions in chapter 16E;"

Correct the title numbers accordingly

With the recommendation that when so amended the bill be re-referred to the State Government Finance Division.

The report was adopted.

Pursuant to Joint Rule 2.03 and in accordance with Senate Concurrent Resolution No. 6, H. F. No. 4536 was re-referred to the Committee on Rules and Legislative Administration.

Davnie from the Education Finance Division to which was referred:

H. F. No. 4542, A bill for an act relating to education finance; making forecast adjustments to funding for general education, education excellence, teachers, special education, facilities, fund transfers, and accounting, nutrition and libraries, early childhood, and community education and lifelong learning; clarifying the responsibilities for the Department of Education and Department of Labor and Industry for construction and skills trades career counseling services; clarifying the operation referendum calculation; clarifying the appropriation for the Grow Your Own program; adjusting base appropriations; amending Minnesota Statutes 2018, section 126C.17, subdivision 7b; Minnesota Statutes 2019 Supplement, section 126C.17, subdivision 2; Laws 2019, First Special Session chapter 11, article 1, section 25, subdivisions 2, 3, 4, 6, 7, 9; article 2, section 33, subdivisions 2, 3, 4, 5, 6, 16; article 3, section 23, subdivisions 3, 6; article 4, section 11, subdivisions 2, 3, 4, 5; article 6, section 7, subdivisions 2, 3, 6; article 7, section 1, subdivisions 2, 3, 4; article 8, section 13, subdivisions 5, 6, 14; article 9, section 3, subdivisions 2, 8; article 10, sections 5, subdivision 2; 6; 7; proposing coding for new law in Minnesota Statutes, chapter 120B.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"ARTICLE 1  
GENERAL EDUCATION

Section 1. Minnesota Statutes 2019 Supplement, section 123B.92, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** For purposes of this section and section 125A.76, the terms defined in this subdivision have the meanings given to them.

(a) "Actual expenditure per pupil transported in the regular and excess transportation categories" means the quotient obtained by dividing:

(1) the sum of:

(i) all expenditures for transportation in the regular category, as defined in paragraph (b), clause (1), and the excess category, as defined in paragraph (b), clause (2), plus

(ii) an amount equal to one year's depreciation on the district's school bus fleet and mobile units computed on a straight line basis at the rate of 15 percent per year for districts operating a program under section 124D.128 for grades 1 to 12 for all students in the district and 12-1/2 percent per year for other districts of the cost of the fleet, plus

(iii) an amount equal to one year's depreciation on the district's type III vehicles, as defined in section 169.011, subdivision 71, which must be used a majority of the time for pupil transportation purposes, computed on a straight line basis at the rate of 20 percent per year of the cost of the type three school buses by:

(2) the number of pupils eligible for transportation in the regular category, as defined in paragraph (b), clause (1), and the excess category, as defined in paragraph (b), clause (2).

(b) "Transportation category" means a category of transportation service provided to pupils as follows:

(1) Regular transportation is:

(i) transportation to and from school during the regular school year for resident elementary pupils residing one mile or more from the public or nonpublic school they attend, and resident secondary pupils residing two miles or more from the public or nonpublic school they attend, excluding desegregation transportation and noon kindergarten transportation; but with respect to transportation of pupils to and from nonpublic schools, only to the extent permitted by sections 123B.84 to 123B.87;

(ii) transportation of resident pupils to and from language immersion programs;

(iii) transportation of a pupil who is a custodial parent and that pupil's child between the pupil's home and the child care provider and between the provider and the school, if the home and provider are within the attendance area of the school;

(iv) transportation to and from or board and lodging in another district, of resident pupils of a district without a secondary school;

(v) transportation to and from school during the regular school year required under subdivision 3 for nonresident elementary pupils when the distance from the attendance area border to the public school is one mile or more, and for nonresident secondary pupils when the distance from the attendance area border to the public school is two miles or more, excluding desegregation transportation and noon kindergarten transportation; and

(vi) transportation of pregnant or parenting pupils to and from a program that was established on or before January 1, 2018, or that is in operation on or after July 1, ~~2021~~ 2020, that provides:

(A) academic instruction;

(B) at least four hours per week of parenting instruction; and

(C) high-quality child care on site during the education day with the capacity to serve all children of enrolled pupils.

For the purposes of this paragraph, a district may designate a licensed day care facility, school day care facility, respite care facility, the residence of a relative, or the residence of a person or other location chosen by the pupil's parent or guardian, or an after-school program for children operated by a political subdivision of the state, as the home of a pupil for part or all of the day, if requested by the pupil's parent or guardian, and if that facility, residence, or program is within the attendance area of the school the pupil attends.

(2) Excess transportation is:

(i) transportation to and from school during the regular school year for resident secondary pupils residing at least one mile but less than two miles from the public or nonpublic school they attend, and transportation to and from school for resident pupils residing less than one mile from school who are transported because of full-service school zones, extraordinary traffic, drug, or crime hazards; and

(ii) transportation to and from school during the regular school year required under subdivision 3 for nonresident secondary pupils when the distance from the attendance area border to the school is at least one mile but less than two miles from the public school they attend, and for nonresident pupils when the distance from the attendance area border to the school is less than one mile from the school and who are transported because of full-service school zones, extraordinary traffic, drug, or crime hazards.

(3) Desegregation transportation is transportation within and outside of the district during the regular school year of pupils to and from schools located outside their normal attendance areas under a plan for desegregation mandated by the commissioner or under court order.

(4) "Transportation services for pupils with disabilities" is:

(i) transportation of pupils with disabilities who cannot be transported on a regular school bus between home or a respite care facility and school;

(ii) necessary transportation of pupils with disabilities from home or from school to other buildings, including centers such as developmental achievement centers, hospitals, and treatment centers where special instruction or services required by sections 125A.03 to 125A.24, 125A.26 to 125A.48, and 125A.65 are provided, within or outside the district where services are provided;

(iii) necessary transportation for resident pupils with disabilities required by sections 125A.12, and 125A.26 to 125A.48;

(iv) board and lodging for pupils with disabilities in a district maintaining special classes;

(v) transportation from one educational facility to another within the district for resident pupils enrolled on a shared-time basis in educational programs, and necessary transportation required by sections 125A.18, and 125A.26 to 125A.48, for resident pupils with disabilities who are provided special instruction and services on a shared-time basis or if resident pupils are not transported, the costs of necessary travel between public and private schools or neutral instructional sites by essential personnel employed by the district's program for children with a disability;

(vi) transportation for resident pupils with disabilities to and from board and lodging facilities when the pupil is boarded and lodged for educational purposes;

(vii) transportation of pupils for a curricular field trip activity on a school bus equipped with a power lift when the power lift is required by a student's disability or section 504 plan; and

(viii) services described in clauses (i) to (vii), when provided for pupils with disabilities in conjunction with a summer instructional program that relates to the pupil's individualized education program or in conjunction with a learning year program established under section 124D.128.

For purposes of computing special education initial aid under section 125A.76, the cost of providing transportation for children with disabilities includes (A) the additional cost of transporting a student in a shelter care facility as defined in section 260C.007, subdivision 30, a homeless student in another district to the school of origin, or a formerly homeless student from a permanent home in another district to the school of origin but only through the end of the academic year; and (B) depreciation on district-owned school buses purchased after July 1, 2005, and used primarily for transportation of pupils with disabilities, calculated according to paragraph (a), clauses (ii) and (iii). Depreciation costs included in the disabled transportation category must be excluded in calculating the actual expenditure per pupil transported in the regular and excess transportation categories according to paragraph (a). For purposes of subitem (A), a school district may transport a child who does not have a school of origin to the same school attended by that child's sibling, if the siblings are homeless or in a shelter care facility.

(5) "Nonpublic nonregular transportation" is:

(i) transportation from one educational facility to another within the district for resident pupils enrolled on a shared-time basis in educational programs, excluding transportation for nonpublic pupils with disabilities under clause (4);

(ii) transportation within district boundaries between a nonpublic school and a public school or a neutral site for nonpublic school pupils who are provided pupil support services pursuant to section 123B.44; and

(iii) late transportation home from school or between schools within a district for nonpublic school pupils involved in after-school activities.

(c) "Mobile unit" means a vehicle or trailer designed to provide facilities for educational programs and services, including diagnostic testing, guidance and counseling services, and health services. A mobile unit located off nonpublic school premises is a neutral site as defined in section 123B.41, subdivision 13.

**EFFECTIVE DATE.** This section is effective for fiscal year 2021 and later.

Sec. 2. Minnesota Statutes 2019 Supplement, section 124D.68, subdivision 2, is amended to read:

Subd. 2. **Eligible pupils.** (a) A pupil under the age of 21 or who meets the requirements of section 120A.20, subdivision 1, paragraph (c), is eligible to participate in the graduation incentives program, if the pupil:

(1) performs substantially below the performance level for pupils of the same age in a locally determined achievement test;

(2) is behind in satisfactorily completing coursework or obtaining credits for graduation;

(3) is pregnant or is a parent;

(4) has been assessed as chemically dependent;

(5) has been excluded or expelled according to sections 121A.40 to 121A.56;

(6) has been referred by a school district for enrollment in an eligible program or a program pursuant to section 124D.69;

(7) is a victim of physical or sexual abuse;

(8) has experienced mental health problems;

(9) has experienced homelessness sometime within six months before requesting a transfer to an eligible program;

(10) speaks English as a second language or is an English learner;

(11) has withdrawn from school or has been chronically truant; or

(12) is being treated in a hospital in the seven-county metropolitan area for cancer or other life threatening illness or is the sibling of an eligible pupil who is being currently treated, and resides with the pupil's family at least 60 miles beyond the outside boundary of the seven-county metropolitan area.

(b) ~~For fiscal years 2020 and 2021,~~ A pupil otherwise qualifying under paragraph (a) who is at least 21 years of age and not yet 22 years of age, and is an English learner with an interrupted formal education according to section 124D.59, subdivision 2a, is eligible to participate in the graduation incentives program under section 124D.68 and in concurrent enrollment courses offered under section 124D.09, subdivision 10, and is funded in the same manner as other pupils under this section.

**EFFECTIVE DATE.** This section is effective July 1, 2020.

Sec. 3. Minnesota Statutes 2018, section 126C.10, subdivision 3, is amended to read:

**Subd. 3. Compensatory education revenue.** (a) The compensatory education revenue for each building in the district equals the formula allowance minus \$839 times the compensation revenue pupil units computed according to section 126C.05, subdivision 3. A district's compensatory revenue equals the sum of its compensatory revenue for each building in the district and the amounts designated under Laws 2015, First Special Session chapter 3, article 2, section 70, subdivision 8, for fiscal year 2017. Revenue shall be paid to the district and must be allocated according to section 126C.15, subdivision 2.

(b) When the district contracting with an alternative program under section 124D.69 changes prior to the start of a school year, the compensatory revenue generated by pupils attending the program shall be paid to the district contracting with the alternative program for the current school year, and shall not be paid to the district contracting with the alternative program for the prior school year.

(c) When the fiscal agent district for an area learning center changes prior to the start of a school year, the compensatory revenue shall be paid to the fiscal agent district for the current school year, and shall not be paid to the fiscal agent district for the prior school year.

~~(d) Of the amount of revenue under this subdivision, 1.7 percent for fiscal year 2018, 3.5 percent for fiscal year 2019, and for fiscal year 2020 and later, 3.5 percent plus the percentage change in the formula allowance from fiscal year 2019, must be used for extended time activities under subdivision 2a, paragraph (e).~~

**EFFECTIVE DATE.** This section is effective for fiscal year 2021 and later.

## ARTICLE 2 EDUCATION EXCELLENCE

Section 1. Minnesota Statutes 2018, section 124D.83, is amended by adding a subdivision to read:

**Subd. 2a. Permanent school fund replacement aid.** A tribal contract or grant school eligible for aid under this section qualifies for permanent school fund replacement aid. The aid for each tribal contract or grant school equals the school's pupils in average daily membership for that year times the per pupil allowance paid to school districts and charter schools under section 127A.33 for that year.

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2021 and later.

Sec. 2. Laws 2016, chapter 189, article 25, section 58, as amended by Laws 2017, First Special Session chapter 5, article 2, section 48, is amended to read:

### Sec. 58. STATEWIDE CONCURRENT ENROLLMENT TEACHER TRAINING PROGRAM.

Subdivision 1. **Definition.** (a) For purposes of this section, the following terms have the meanings given them.

(b) "Northwest Regional Concurrent Enrollment Teacher Partnership" means a voluntary association of the Lakes Country Service Cooperative, the Northwest Service Cooperative, and the Metropolitan Educational Cooperative Service Unit, Minnesota State University-Moorhead, and other interested Minnesota State Colleges and Universities that works work together to provide coordinated higher learning opportunities for teachers.

(c) "State Partnership" means a voluntary association of the Northwest Regional Partnership and the Metropolitan Educational Cooperative Service Unit.

~~(d)~~ (c) "Eligible postsecondary institution" means a public or private postsecondary institution that awards graduate credits.

(e) (d) "Eligible teacher" means a licensed teacher of ~~secondary school~~ courses for postsecondary credit.

Subd. 1a. **Fiscal host.** Lakes Country Service Cooperative is the fiscal host for the Concurrent Enrollment Teacher Partnership.

**Subd. 2. Establishment.** (a) ~~Lakes Country Service Cooperative, in consultation with the Northwest Service Cooperative, The Concurrent Enrollment Teacher Partnership~~ may develop a ~~continuing education~~ program to allow eligible teachers to attain the requisite graduate credits necessary to be qualified to teach ~~secondary school~~ courses for postsecondary credit.

(b) ~~If established,~~ The State Concurrent Enrollment Teacher Partnership must contract with one or more eligible postsecondary institutions to establish a ~~continuing education credit~~ program to allow eligible teachers to attain sufficient graduate credits to qualify to teach ~~secondary school~~ courses for postsecondary credit. Members of the State Concurrent Enrollment Teacher Partnership must work to eliminate duplication of service and develop the ~~continuing education credit~~ program efficiently and cost-effectively.

**Subd. 3. Curriculum development.** The ~~continuing education~~ program must use flexible delivery models, such as an online education curriculum, that allow eligible secondary school teachers to attain graduate credit at a reduced credit rate. Information about the curriculum, including course length and course requirements, must be posted on the Web site of the eligible institution offering the course at least two weeks before eligible teachers are required to register for courses ~~in the continuing education program~~.

**Subd. 4. Funding for course participation; course development; scholarships; stipends participation incentives.** (a) Lakes Country Service Cooperative, in consultation with the other members of the ~~Northwest Regional Concurrent Enrollment Teacher Partnership, shall: must~~

(1) provide funding for ~~course development~~ eligible teachers to participate in the program for up to 18 credits in applicable postsecondary subject areas;.

(2) provide scholarships for eligible teachers to enroll in the continuing education program; and

(3) ~~develop criteria for awarding educator stipends on a per credit basis to incentivize participation in the continuing education program.~~

(b) ~~If established,~~ the State Partnership must:

(1) provide funding for course development for up to 18 credits in applicable postsecondary subject areas;.

(2) provide scholarships for eligible teachers to enroll in the continuing education program; and

(3) ~~develop criteria for awarding educator stipends on a per credit basis to incentivize participation in the continuing education program.~~

(b) The Concurrent Enrollment Teacher Partnership may:

(1) provide funding for course development in applicable postsecondary subject areas;.

(2) work with school districts to develop incentives for teachers to participate in the program; and

(3) enroll college faculty, as space permits, and provide financial assistance if state aid remains available.

**Subd. 6. Private funding.** The partnerships may receive private resources to supplement the available public money. ~~All money received in fiscal year 2017 shall be administered by the Lakes Country Service Cooperative. All money received in fiscal year 2018 and later shall be administered by the State Partnership.~~

**Subd. 7. Report required.** ~~(a) The Northwest Regional Partnership must submit a report by January 15, 2018, on the progress of its activities to the legislature, commissioner of education, and Board of Trustees of the Minnesota State Colleges and Universities. The report shall contain a financial report for the preceding year.~~

~~(b) If established, The State Concurrent Enrollment Teacher Partnership must submit an annual joint report to the legislature and the Office of Higher Education by January 15 of each year on the progress of its activities. The report must include the number of teachers participating in the program, the geographic location of the teachers, the number of credits earned, and the subject areas of the courses in which participants earned credit. The report must include a financial report for the preceding year.~~

Sec. 3. Laws 2019, First Special Session chapter 11, article 2, section 33, subdivision 5, is amended to read:

**Subd. 5. Tribal contract school aid.** For tribal contract school aid under Minnesota Statutes, section 124D.83:

\$ 3,275,000	2,766,000	.....	2020
\$ 3,763,000	3,136,000	.....	2021

The 2020 appropriation includes \$299,000 for 2019 and ~~\$2,976,000~~ \$2,467,000 for 2020.

The 2021 appropriation includes ~~\$330,000~~ \$274,000 for 2020 and ~~\$3,433,000~~ \$2,862,000 for 2021.

Sec. 4. Laws 2019, First Special Session chapter 11, article 2, section 33, subdivision 23, is amended to read:

**Subd. 23. Concurrent enrollment aid.** ~~(a) For concurrent enrollment aid under Minnesota Statutes, section 124D.091:~~

\$4,000,000	.....	2020	
\$ 4,000,000	<u>3,375,000</u>	.....	2021

~~(b) If the appropriation is insufficient, the commissioner must proportionately reduce the aid payment to each school district.~~

~~(c) Any balance in the first year does not cancel but is available in the second year.~~

~~(d) The base for this program is \$3,375,000 each year for fiscal years 2022 and 2023 and \$4,000,000 for fiscal year 2024 and thereafter.~~

Sec. 5. Laws 2019, First Special Session chapter 11, article 3, section 23, subdivision 8, is amended to read:

**Subd. 8. Statewide Concurrent enrollment teacher training program.** ~~(a) To the Lakes Country Service Cooperative for the Northwest Regional Concurrent Enrollment Teacher Partnership concurrent enrollment program and the statewide concurrent enrollment teacher training program under Laws 2016, chapter 189, article 25, section 58, as amended by Laws 2017, First Special Session chapter 5, article 2, section 48 under section 1:~~

\$1,775,000	.....	2020	
\$ 375,000	<u>1,000,000</u>	.....	2021

~~(b) Any balance in the first year does not cancel but is available in the second year.~~

(c) The base budget for this program is \$1,000,000 each year for fiscal years 2022 and 2023 and \$375,000 for fiscal year 2024 and thereafter.

ARTICLE 3  
DISTANCE LEARNING

Section 1. **DISTANCE LEARNING PERIOD; 2019-2020 SCHOOL YEAR.**

Subdivision 1. **Definitions.** (a) For the purposes of this act, "distance learning period" means March 18, 2020, through May 4, 2020, or later, if extended by emergency executive order.

(b) For the purposes of this section, a "school district" includes a cooperative unit under Minnesota Statutes, section 123A.24, subdivision 2, that serves students on site.

Subd. 2. **Distance learning period; employees.** (a) This subdivision applies to an employee of a school district or charter school, during the distance learning period, who:

(1) was scheduled to work during the distance learning period;

(2) did not work on a scheduled day or worked fewer than the number of scheduled hours for the employee that day; and

(3) did not receive compensation for all scheduled hours that day.

(b) In addition to paragraph (a), this subdivision applies to any day or portion of a day not worked, during which the employee was scheduled to work, that the employee did not work at the recommendation or direction of a health care provider acting within the provider's scope of practice or a Department of Health staff member due to the possibility the employee was exposed to or infected with COVID-19.

(c) Notwithstanding any law to the contrary, for each day or portion of a day identified in paragraph (a) or (b), a school district or charter school must compensate any school district or charter school employee for any hours scheduled but not worked at the employee's regular rate of pay.

(d) Notwithstanding any law to the contrary, for the purposes of this subdivision, an employee is deemed scheduled to work if:

(1) a school district or charter school notified the employee of the schedule orally or in writing;

(2) the employee works a fixed or periodically recurring schedule and had not notified the school district or charter school that the employee intended to deviate from that schedule; or

(3) if neither clause (1) nor (2) apply, the employee is deemed scheduled to work the same number of hours and days as the most recent prior schedule for which the school district or charter school provided notice.

(e) Subject to Department of Health guidelines, labor agreements, and school district or charter school policies, a school district or charter school may schedule an employee to work on tasks outside of their normal purview.

(f) Notwithstanding any law to the contrary, compensation under this subdivision must not be deducted from accrued sick or paid leave unless the employee is unable to work due to illness, injury, or other incapacity, including treatment for a COVID-19 infection.

(g) Notwithstanding any law to the contrary, a school district or charter school must count any hours or days for which an employee is entitled to compensation under this subdivision as hours or days worked for the purpose of entitlement to or accrual of any benefits to which the employee would be otherwise entitled.

(h) A school district or charter school is encouraged to use hourly employees for COVID-19 response related work. This may include but is not limited to appropriate work in food distribution, cleaning and disinfecting, assistance with distance learning, or connecting families with resources.

Subd. 3. **Distance learning period; contract employer compensation for eligible employees.** (a) For purposes of this subdivision, "contract employer" means an employer who provides student-related services throughout the school year to a school district or charter school, and "eligible employee" means a person who:

(1) has the primary task of providing services to students attending a school district or charter school;

(2) was scheduled to work for the contract employer on any day or days of the distance learning period;

(3) did not work on any or all of those days; and

(4) did not receive compensation for any or all of the employee's regularly scheduled shifts or hours on those school days.

(b) A contract employer who agrees to compensate eligible employees at the regular rate of pay for the hours of pay lost during the distance learning period must notify the school district or charter school of the intended compensation and, once notified, the school district or charter school must fully compensate the contract employer for the days identified.

(c) Notwithstanding paragraph (b), a school district or charter school and contract employer may, by mutual agreement, adjust the full, regularly scheduled daily contract rate if special circumstances within the school district or charter school warrant an adjustment.

## **Sec. 2. PROBATIONARY TEACHERS.**

For the 2019-2020 school year only, for purposes of Minnesota Statutes, sections 122A.40, subdivision 5, paragraph (e), and 122A.41, subdivision 2, paragraph (d), the minimum number of days of teacher service that a probationary teacher must complete equals the difference between 120 days and the number of scheduled instructional days that were canceled for COVID-19-related reasons.

## **Sec. 3. TRUANCY.**

Notwithstanding Minnesota Statutes, section 260A.02, subdivision 3, a student's absence, without valid excuse, beginning March 1, 2020, and through the end of the distance learning period on May 4, 2020, or any extension of the distance learning period, does not bring the student within the definition of a continuing truant.

## **Sec. 4. EFFECTIVE DATE.**

Sections 1 to 3 are effective the day following final enactment and are effective retroactively from the beginning of the 2019-2020 school year. Sections 1 to 3 expire June 30, 2020.

**ARTICLE 4**  
**STATE AGENCY EMERGENCY POWERS**

**Section 1. COMMISSIONER OF EDUCATION AND PROFESSIONAL EDUCATOR LICENSING AND STANDARDS BOARD COVID-19 EMERGENCY POWERS.**

(a) Notwithstanding Minnesota Statutes, chapters 120A and 120B, or Minnesota Rules, chapter 3501, the commissioner of education is granted authority to waive for students and schools negatively affected by a COVID-19 disruption provisions relating to the:

- (1) required number of instructional days and hours;
- (2) required credits and earning of credits, including credits for advancement in grade; and
- (3) state graduation requirements.

In authorizing a waiver, the commissioner must consider the quality of the continuity of education and the mastery of academic standards with provisions for students to demonstrate the potential toward grade advancement and graduation. Before authorizing a waiver under this paragraph, the commissioner must consult with representatives of school boards reflective of school districts throughout the state.

(b) Notwithstanding Minnesota Statutes, section 120B.30, for the 2019-2020 school year only, the commissioner of education is granted authority to waive the state requirements on statewide assessments, including requirements allowing students to take a college entrance exam in school on a regular school day. The commissioner must waive any state accountability and reporting requirements linked to the statewide assessments. The commissioner must distribute any savings attributable to this paragraph equitably among schools for purposes of complying with Executive Order 20-19 and the corresponding Department of Education guidance related to the COVID-19 pandemic, including employee compensation.

(c) Notwithstanding Minnesota Statutes, section 122A.183, Minnesota Rules, part 8710.0313, or any other law to the contrary, the Professional Educator Licensing and Standards Board must issue a one-year conditional Tier 3 license to an applicant that is otherwise qualified under Minnesota Statutes, section 122A.183, but was unable to complete a required licensure exam under Minnesota Statutes, section 122A.185, because of a COVID-19-related disruption. As a condition of renewing the Tier 3 license, the applicant must pass all required licensure exams under Minnesota Statutes, section 122A.185. The term of the renewed Tier 3 license under this section must be two years. The board must waive the licensure renewal fee.

(d) Notwithstanding any law to the contrary, the Professional Educator Licensing and Standards Board must extend by six months any calendar year 2020 deadline for completion of license renewal requirements for licenses under their jurisdiction.

**EFFECTIVE DATE.** Paragraphs (a) and (b) expire June 30, 2020. Paragraph (c) expires October 31, 2020.

**Sec. 2. REPORTING; RIGHT OF ACTION.**

(a) A court must not construe anything in this article as creating a right of action for a student, parent, teacher license applicant, or any other individual or entity to enforce any provisions of this article.

(b) By December 15, 2020, the Professional Educator Licensing and Standards Board must report on waivers made under section 1, paragraph (a), and all conditional licenses issued under section 1, paragraph (c), to the chairs and ranking minority members of the committees in the house of representatives and senate with jurisdiction over kindergarten through grade 12 education policy and finance.

**ARTICLE 5**  
**COVID-19 FORMULA ADJUSTMENTS**

Section 1. Minnesota Statutes 2018, section 134.355, subdivision 8, is amended to read:

**Subd. 8. Eligibility.** (a) A regional public library system may apply for regional library telecommunications aid on behalf of itself and member public libraries.

(b) The aid must first be used for connections and other eligible non-voice-related e-rate program category one services.

(c) If sufficient funds remain once category one needs are met in the funding year, aid may be used for e-rate program category two services as identified in the Federal Communication Commission's eligible services list for the current and preceding four funding years, if sufficient funds remain once category one needs are met in each funding year.

(d) If sufficient funds remain after the aid has been used for the purposes of paragraphs (b) and (c), the aid may be used to improve Internet access and access to technology with items that are not e-rated including but not limited to digital or online resources.

(e) To be eligible, a regional public library system must be officially designated by the commissioner of education as a regional public library system as defined in section 134.34, subdivision 3, and each of its participating cities and counties must meet local support levels defined in section 134.34, subdivision 1. A public library building that receives aid under this section must be open a minimum of 20 hours per week. Exceptions to the minimum open hours requirement may be granted by the Department of Education on request of the regional public library system for the following circumstances: short-term closing for emergency maintenance and repairs following a natural disaster; in response to exceptional economic circumstances; building repair or maintenance that requires public services areas to be closed; or to adjust hours of public service to respond to documented seasonal use patterns.

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

Sec. 2. Laws 2019, First Special Session chapter 11, article 2, section 33, subdivision 2, is amended to read:

**Subd. 2. Achievement and integration aid.** For achievement and integration aid under Minnesota Statutes, section 124D.862:

<u>\$ 80,424,000</u>	<u>77,247,000</u>	.....	2020
<u>\$ 83,256,000</u>	<u>81,233,000</u>	.....	2021

The 2020 appropriation includes \$7,058,000 for 2019 and \$73,366,000 \$70,189,000 for 2020.

The 2021 appropriation includes \$8,151,000 \$7,763,000 for 2020 and \$75,105,000 \$73,470,000 for 2021.

Sec. 3. Laws 2019, First Special Session chapter 11, article 2, section 33, subdivision 4, is amended to read:

**Subd. 4. Literacy incentive aid.** For literacy incentive aid under Minnesota Statutes, section 124D.98:

\$ 45,304,000	<u>44,976,000</u>	.....	2020
\$ 45,442,000	<u>44,566,000</u>	.....	2021

The 2020 appropriation includes \$4,582,000 \$4,573,000 for 2019 and \$40,722,000 \$40,403,000 for 2020.

The 2021 appropriation includes \$4,524,000 \$4,490,000 for 2020 and \$40,918,000 \$40,076,000 for 2021.

Sec. 4. Laws 2019, First Special Session chapter 11, article 8, section 13, subdivision 6, is amended to read:

**Subd. 6. Developmental screening aid.** (a) For developmental screening aid under Minnesota Statutes, sections 121A.17 and 121A.19:

\$ 3,639,000	<u>3,608,000</u>	.....	2020
\$ 3,625,000	<u>3,608,000</u>	.....	2021

(b) The 2020 appropriation includes \$363,000 \$360,000 for 2019 and \$3,276,000 \$3,248,000 for 2020.

(c) The 2021 appropriation includes \$364,000 \$360,000 for 2020 and \$3,261,000 \$3,248,000 for 2021.

Sec. 5. Laws 2019, First Special Session chapter 11, article 10, section 8, subdivision 1, is amended to read:

**Subdivision 1. Professional Educator Licensing and Standards Board.** (a) The sums indicated in this section are appropriated from the general fund to the Professional Educator Licensing and Standards Board for the fiscal years designated:

\$2,744,000	.....	2020
\$ 2,719,000	<u>2,768,000</u>	.....

(b) Any balance in the first year does not cancel but is available in the second year.

(c) This appropriation includes funds for information technology project services and support subject to Minnesota Statutes, section 16E.0466. Any ongoing information technology costs will be incorporated into an interagency agreement and will be paid to the Office of MN.IT Services by the Professional Educator Licensing and Standards Board under the mechanism specified in that agreement.

(d) The base for fiscal year 2022 and later is \$2,719,000.

Sec. 6. **SCHOOL AID FORMULAS ADJUSTED.**

**Subdivision 1. Special education.** Notwithstanding any law to the contrary, fiscal year 2020 expenditures for employees and contracted services that would have been eligible for state special education aid under Minnesota Statutes, section 125A.76, and for special education tuition billing under Minnesota Statutes, sections 125A.11 and 127A.47, in the absence of school closures or learning plan modifications due to COVID-19 must be included as eligible expenditures for the calculation of state special education aid and special education tuition billing.

**Subd. 2. School meals.** (a) Notwithstanding any law to the contrary, for school meals served beginning on or after March 16, 2020, the commissioner of education may adjust the appropriations remaining under Laws 2019, First Special Session chapter 11, article 7, section 1, subdivisions 2, 3, and 4, as specified in paragraph (b).

(b) On June 30, 2020, the commissioner must subtract the amount actually paid to participants for the 2019-2020 school year under Laws 2019, First Special Session chapter 11, article 7, section 1, subdivisions 2, 3, and 4, through March 15, 2020, from the total appropriations for each program. The commissioner must then allocate the remaining funds under each appropriation to participants in the summer food service program on a per-meal basis for meals served on or after March 16, 2020, and before July 1, 2020.

Subd. 3. Career and technical aid. Notwithstanding any law to the contrary, for fiscal years 2020 and 2021, the commissioner of education may recalculate career and technical revenue for school districts, cooperative units, and charter schools to ensure that the total statewide career and technical revenue does not fall below the amount estimated for fiscal years 2020 and 2021 based on the February 2020 forecast. For expenses incurred on or after March 18, 2020, the commissioner may recalculate school district, cooperative unit, and charter school amounts based on any other mechanism that allows for the full amount of this appropriation to be equitably paid to school districts, cooperative units, and charter schools. These amounts must be prorated at the end of each fiscal year if career and technical revenue is to exceed the February 2020 forecast estimate of this revenue for these fiscal years.

Subd. 4. Nonpublic pupil transportation aid. Notwithstanding any law to the contrary, the commissioner of education may adjust the fiscal year 2020 pupil transportation expenditures used to determine nonpublic pupil transportation aid for fiscal year 2022 based on any mechanism that allows for the full amount of the state total fiscal year 2020 expenditure estimated in the February 2020 forecast to be equitably allocated among school districts.

Subd. 5. Interdistrict desegregation or integration transportation grants. Notwithstanding any law to the contrary, the commissioner of education may adjust the fiscal year 2020 pupil transportation expenditures used to determine interdistrict desegregation and integration aid for fiscal year 2021 based on any mechanism that allows for the full amount of the state total fiscal year 2020 expenditure estimated in the February 2020 forecast to be equitably allocated among school districts.

Subd. 6. Adult basic education aid. Notwithstanding any law to the contrary, for the 2020-2021 school year only, the commissioner of education may recalculate adult basic education aid to ensure that the total aid does not fall below the amount estimated for the 2020-2021 school year based on the February 2020 forecast. The commissioner may recalculate contract hourly rates or otherwise adjust the formula based on any mechanism that allows for the full amount of this appropriation to be equitably paid to aid recipients. These amounts must be prorated at the end of the fiscal year if adult basic education aid were to exceed the February 2020 forecast estimate of this aid.

Subd. 7. School employees; ensuring state revenue. Notwithstanding any law to the contrary, for purposes of state aid formulas under subdivisions 1 and 3, the commissioner of education may include in any counts and costs of essential personnel the services provided by individuals who were essential personnel prior to March 13, 2020, for the purpose of ensuring state aid payments to school districts, cooperative units, and charter schools are consistent with the February 2020 forecast.

Subd. 8. Literacy incentive aid. (a) Notwithstanding Minnesota Statutes, section 124D.98, subdivision 2, for purposes of calculating literacy proficiency aid for fiscal years 2021, 2022, and 2023 only, tests administered during the 2019-2020 school year must be excluded from the three-year average proficiency percentages.

(b) Notwithstanding Minnesota Statutes, section 124D.98, subdivision 3, for purposes of calculating literacy growth aid for fiscal years 2021, 2022, and 2023 only, tests administered during the 2019-2020 school year must be excluded from the three-year average growth percentages.

Subd. 9. **Community education after-school enrichment revenue.** Notwithstanding Minnesota Statutes, section 124D.19, subdivision 12, for fiscal year 2020 only, for spending occurring on or after March 18, 2020, after-school enrichment revenue under Minnesota Statutes, section 124D.20, subdivision 4a, continues and may be used for purposes consistent with guidance issued by the commissioner.

Subd. 10. **School-age care revenue.** Notwithstanding Minnesota Statutes, section 124D.22, for fiscal year 2020 only, for spending on or after March 18, 2020, each district's school-age care revenue continues at its approved amounts and program funds may be spent consistent with guidance issued by the commissioner.

Subd. 11. **Early childhood screening revenue.** Notwithstanding any law to the contrary, for fiscal years 2020 and 2021 only, the commissioner of education must calculate each school district's early childhood screening revenue under Minnesota Statutes, section 121A.19, using the formula amounts set in statute for each age group and the 2018-2019 school year counts of children screened for each age group.

Subd. 12. **Achievement and integration revenue.** Notwithstanding Minnesota Statutes, section 124D.861 or 124D.862, or any other law to the contrary, for fiscal year 2020 only, a school district that has not spent the full approved amount of its achievement and integration revenue may carry the unspent portion of that revenue forward into fiscal year 2021.

Subd. 13. **Report.** The commissioner of education must notify school districts and charter schools of these formula changes as soon as practicable. The commissioner must issue a report by January 15, 2021, to the chairs and ranking minority members of the legislative committees having jurisdiction over kindergarten through grade 12 education describing the formula changes and the distributional impact on school districts and charter schools.

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

**Sec. 7. FUND TRANSFERS; FISCAL YEAR 2020 ONLY.**

Subdivision 1. **Fund and account transfers allowed.** Notwithstanding Minnesota Statutes, section 123B.80, subdivision 3, for fiscal year 2020 only, a school district, charter school, or cooperative unit may transfer any funds not already assigned to or encumbered by staff salary and benefits, or otherwise encumbered by federal law, from any accounts or operating fund to the undesignated balance in any other operating fund.

Subd. 2. **No aid or levy effect.** A fund or account transfer is allowed under this section if the transfer does not increase state aid obligations to the district or school, or result in additional property tax authority for the district. A fund or account transfer is limited to the operating funds and accounts of a school district, charter school, or cooperative unit.

Subd. 3. **Board approval required; reporting; audit trail.** A fund or account transfer under this section is effective June 30, 2020, and the school board must approve any fund or account transfer before the reporting deadline for fiscal year 2020. A school district, charter school, or cooperative unit must maintain accounting records for the purposes of this section that are sufficient to document both the specific funds transferred and use of those funds. The accounting records are subject to auditor review. Any execution of flexibility must not interfere with or jeopardize funding per federal requirements. Any transfer must not interfere with the equitable delivery of distance learning or social distancing models.

Subd. 4. **Commissioner's guidance.** The commissioner must prepare and post to the department's website a document providing guidance on the process for approval of fund and account balance transfers authorized under this section.

**EFFECTIVE DATE.** This section is effective the day following final enactment and applies retroactively from March 18, 2020.

Sec. 8. **ACCOUNTING.**

Notwithstanding any law to the contrary, services paid under section 1, including expenses recorded in the food service fund, may be charged to the same Uniform Financial Accounting and Reporting Standards codes to which the service is charged for an instructional day.

**EFFECTIVE DATE.** This section is effective the day following final enactment and is retroactive from the beginning of the 2019-2020 school year. This section expires June 30, 2020.

Sec. 9. **CASH FLOW ADJUSTMENT; FISCAL YEAR 2021 ONLY.**

Notwithstanding any law to the contrary, for fiscal year 2021 only, a school district unable to make a required payment from its debt service fund because of a delay in receipt of its anticipated property tax proceeds may apply for modified cash flow payments under Minnesota Statutes, section 127A.45. The school district must apply in the form and manner specified by the commissioner of education and the commissioner must adjust the state aid cash flow payments accordingly.

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

Sec. 10. **INSTRUCTION TO COMMISSIONER; FEDERAL EDUCATION STABILIZATION FUND APPLICATION.**

In applying for education stabilization fund grants authorized under the federal Coronavirus Aid, Relief, and Economic Security Act, the Department of Education must prioritize distribution and expenditure of funds that enable a school to comply with Executive Order 20-19 and any future executive order on kindergarten through grade 12 education that relates to the infectious disease known as COVID-19, as well as the corresponding Department of Education guidance related to the COVID-19 pandemic, including employee compensation.

**EFFECTIVE DATE.** This section is effective the day following final enactment and expires June 30, 2020.

ARTICLE 6  
FACILITIES, FUND TRANSFERS, AND ACCOUNTING

Section 1. **FUND TRANSFERS.**

Subdivision 1. **Marshall County.** Notwithstanding Minnesota Statutes, section 123B.79, 123B.80, or 124D.135, on June 30, 2020, Independent School District No. 441, Marshall County Central Schools, may permanently transfer up to \$45,000 from the early childhood and family education reserve account in the community service fund to the school readiness reserve account in the community service fund.

Subd. 2. **Ogilvie school district.** (a) Notwithstanding Minnesota Statutes, section 123B.79, 123B.80, or 475.61, subdivision 4, on June 30, 2021, Independent School District No. 333, Ogilvie, may permanently transfer up to \$800,000 from its debt redemption fund to its undesignated general fund balance without making a levy reduction.

(b) The transfer in paragraph (a) may be made by the district only after the commissioner of education certifies that the transfer does not increase state aid obligations. If the transfer increases state aid obligations, the district may pay that amount to the state and transfer any remaining balance according to paragraph (a).

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

**Sec. 2. SCHOOL BUILDING EFFICIENCIES; DULUTH SCHOOL DISTRICT.**

Subdivision 1. **Plan.** (a) Independent School District No. 709, Duluth, must develop a plan to sell Historic Old Central High School to another party. The plan must document the current operating costs of the facility, the expected maintenance costs for the facility over the next 20 years, and describe the alternatives for the programs and staff currently located at Historic Old Central High School.

(b) The plan must also document potential building projects, which may include:

- (1) constructing or acquiring new administrative space;
- (2) adding transportation maintenance and bus storage facilities;
- (3) improving roads and infrastructure; and
- (4) preparing sites for building or demolishing the Duluth Central High School facility constructed in 1971.

(c) The plan must be submitted by the school board to the commissioner of education after the hearing required in subdivision 2.

(d) The commissioner must examine the plan, and if the commissioner concludes that the plan will yield financial, student, and staff efficiencies for the district, approve the plan.

Subd. 2. **Public hearing.** At least 30 days prior to submitting the projects listed in the plan developed under subdivision 1 for review and comment, the school board must hold a public hearing on the plan and the building projects. The school board must allow public testimony on the proposal.

Subd. 3. **Review and comment.** The district must submit the projects included in the plan to the commissioner of education for review and comment under Minnesota Statutes, section 123B.71.

Subd. 4. **Bond authorization.** (a) Independent School District No. 709, Duluth, may issue general obligation bonds in an amount not to exceed \$31,500,000 under this section to finance the school facility plan approved by the district and the commissioner of education under subdivision 1. The district must comply with Minnesota Statutes, chapter 475, except Minnesota Statutes, sections 475.58 and 475.59. The authority to issue bonds under this section is in addition to any other bonding authority granted to the district.

(b) At least 20 days before the issuance of bonds or the final certification of levies under this section, the district must publish notice of the intended projects, the amount of the bonds to be issued, and the total amount of the district's debt.

(c) The debt service required by the bonds issued is debt service revenue under Minnesota Statutes, section 123B.53.

Subd. 5. **Long-term facilities maintenance revenue.** The commissioner of education must ensure that the district's long-term facilities maintenance plan under Minnesota Statutes, section 123B.595 reflects the savings outlined in the plan developed in subdivision 1.

Subd. 6. **Report.** On February 15 of each even-numbered year, Independent School District No. 709, Duluth, must submit a report on the outcomes and efficiencies achieved under this section to the commissioner of education and to the chairs and ranking minority members of the legislative committees having jurisdiction over education finance.

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

**ARTICLE 7**  
**2019 CORRECTIONS**

Section 1. Minnesota Statutes 2019 Supplement, section 126C.17, subdivision 2, is amended to read:

**Subd. 2. Referendum allowance limit.** (a) Notwithstanding subdivision 1, for fiscal year 2021 and later, a district's referendum allowance must not exceed the greater of:

(1) the product of the annual inflationary increase as calculated under paragraph (b), and \$2,079.50, minus \$300;

(2) the product of the annual inflationary increase as calculated under paragraph (b), and ~~the sum of the referendum revenue allowance limit the district would have received for fiscal year 2015 2021 under Minnesota Statutes 2012 2018, section 126C.17, subdivision 4-2, paragraph (a), clause (2), based on elections held before July 1, 2013, and the adjustment the district would have received under Minnesota Statutes 2012, section 127A.47, subdivision 7, paragraphs (a), (b), and (c), based on elections held before July 1, 2013, divided by the district's adjusted pupil units for fiscal year 2015~~, minus \$300;

(3) for a newly reorganized district created on July 1, 2020, the referendum revenue authority for each reorganizing district in the year preceding reorganization divided by its adjusted pupil units for the year preceding reorganization, minus \$300; or

(4) for a newly reorganized district created after July 1, 2021, the referendum revenue authority for each reorganizing district in the year preceding reorganization divided by its adjusted pupil units for the year preceding reorganization.

(b) For purposes of this subdivision, for fiscal year 2022 and later, "inflationary increase" means one plus the percentage change in the Consumer Price Index for urban consumers, as prepared by the United States Bureau of Labor Statistics, for the current fiscal year to fiscal year 2021.

**EFFECTIVE DATE.** This section is effective for revenue for fiscal year 2021 and later.

Sec. 2. Minnesota Statutes 2018, section 126C.17, subdivision 7b, is amended to read:

**Subd. 7b. Referendum aid guarantee.** (a) Notwithstanding subdivision 7, the sum of a district's referendum equalization aid and local optional aid under section 126C.10, subdivision 2e, for fiscal year 2015 must not be less than the sum of the referendum equalization aid the district would have received for fiscal year 2015 under Minnesota Statutes 2012, section 126C.17, subdivision 7, and the adjustment the district would have received under Minnesota Statutes 2012, section 127A.47, subdivision 7, paragraphs (a), (b), and (c).

(b) Notwithstanding subdivision 7, the sum of referendum equalization aid and local optional aid under section 126C.10, subdivision 2e, for fiscal year 2016 and later, for a district qualifying for additional aid under paragraph (a) for fiscal year 2015, must not be less than the product of (1) the sum of the district's referendum equalization aid and local optional aid under section 126C.10, subdivision 2e, for fiscal year 2015, times (2) the lesser of one or the ratio of the sum of the district's referendum revenue and local optional revenue for that school year to the sum of the district's referendum revenue and local optional revenue for fiscal year 2015, times (3) the lesser of one or the ratio of the district's referendum market value used for fiscal year 2015 referendum equalization calculations to the district's referendum market value used for that year's referendum equalization calculations.

**EFFECTIVE DATE.** This section is effective for fiscal year 2016 and later.

Sec. 3. Laws 2019, First Special Session chapter 11, article 3, section 23, subdivision 6, is amended to read:

**Subd. 6. Paraprofessional pathway to teacher licensure.** (a) For grants to school districts for Grow Your Own new teacher programs:

\$1,500,000	.....	<u>2018</u> <u>2020</u>
\$1,500,000	.....	<u>2019</u> <u>2021</u>

(b) The grants are for school districts with more than 30 percent minority students for a Board of Teaching-approved nonconventional teacher residency pilot program. The program must provide tuition scholarships or stipends to enable school district employees or community members affiliated with a school district who seek an education license to participate in a nonconventional teacher preparation program. School districts that receive funds under this subdivision are strongly encouraged to recruit candidates of color and American Indian candidates to participate in the Grow Your Own new teacher programs. Districts or schools providing financial support may require a commitment as determined by the district to teach in the district or school for a reasonable amount of time that does not exceed five years.

(c) School districts and charter schools may also apply for grants to develop innovative expanded Grow Your Own programs that encourage secondary school students to pursue teaching, including developing and offering dual-credit postsecondary course options in schools for "Introduction to Teaching" or "Introduction to Education" courses consistent with Minnesota Statutes, section 124D.09, subdivision 10.

(d) Programs must annually report to the commissioner by the date determined by the commissioner on their activities under this section, including the number of participants, the percentage of participants who are of color or who are American Indian, and an assessment of program effectiveness, including participant feedback, areas for improvement, the percentage of participants continuing to pursue teacher licensure, and the number of participants hired in the school or district as teachers after completing preparation programs.

(e) The department may retain up to three percent of the appropriation amount to monitor and administer the grant program.

(f) Any balance in the first year does not cancel but is available in the second year.

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

Sec. 4. Laws 2019, First Special Session chapter 11, article 10, section 5, subdivision 2, is amended to read:

**Subd. 2. Department.** (a) For the Department of Education:

\$29,196,000	.....	2020
\$24,911,000	.....	2021

Of these amounts:

(1) \$319,000 each year is for the Board of School Administrators;

(2) \$1,000,000 each year is for regional centers of excellence under Minnesota Statutes, section 120B.115;

(3) \$250,000 each year is for the School Finance Division to enhance financial data analysis;

(4) \$720,000 each year is for implementing Minnesota's Learning for English Academic Proficiency and Success Act under Laws 2014, chapter 272, article 1, as amended;

(5) \$123,000 each year is for a dyslexia specialist;

(6) \$4,700,000 in fiscal year 2020 only is for legal fees and costs associated with litigation; and

(7) \$400,000 in fiscal year 2020 and \$480,000 in fiscal year 2021 and later are for the Department of Education's mainframe update.

(b) None of the amounts appropriated under this subdivision may be used for Minnesota's Washington, D.C. office.

(c) The expenditures of federal grants and aids as shown in the biennial budget document and its supplements are approved and appropriated and shall be spent as indicated.

(d) This appropriation includes funds for information technology project services and support subject to the provisions of Minnesota Statutes, section 16E.0466. Any ongoing information technology costs will be incorporated into the service level agreement and will be paid to the Office of MN.IT Services by the Department of Education under the rates and mechanism specified in that agreement.

(e) To account for the base adjustments provided in Laws 2018, chapter 211, article 21, section 1, paragraph (a), and section 3, paragraph (a), the base for fiscal year 2022 is \$24,591,000. The base for fiscal year 2023 is \$24,611,000. The base for fiscal year 2024 is \$24,629,000.

Sec. 5. Laws 2019, First Special Session chapter 11, article 10, section 6, is amended to read:

**Sec. 6. APPROPRIATIONS; MINNESOTA STATE ACADEMIES.**

(a) The sums indicated in this section are appropriated from the general fund to the Minnesota State Academies for the Deaf and the Blind for the fiscal years designated:

\$13,746,000	.....	2020
\$13,787,000	.....	2021

(b) Any balance in the first year does not cancel but is available in the second year.

(c) To account for the base adjustments provided in Laws 2018, chapter 211, article 21, section 1, paragraph (a), and section 3, paragraph (b), the base for fiscal year 2022 is \$13,794,000 and the base for fiscal year 2023 is \$13,801,000. The base for fiscal year 2024 is \$13,807,000.

Sec. 6. Laws 2019, First Special Session chapter 11, article 10, section 7, is amended to read:

**Sec. 7. APPROPRIATIONS; PERPICH CENTER FOR ARTS EDUCATION.**

(a) The sums in this section are appropriated from the general fund to the Perpich Center for Arts Education for the fiscal years designated:

\$7,292,000	.....	2020
\$7,283,000	.....	2021

(b) Any balance in the first year does not cancel but is available in the second year.

(c) To account for the base adjustments provided in Laws 2018, chapter 211, article 21, section 1, paragraph (a), and section 3, paragraph (c), the base for fiscal year 2022 is \$7,288,000. The base for fiscal year 2023 is \$7,294,000. The base for fiscal year 2024 is \$7,299,000.

(d) Of the amount appropriated in fiscal year 2020, \$80,000 is for severance payments related to the closure of the Crosswinds school and is available until June 30, 2021.

**ARTICLE 8**  
**FORECAST ADJUSTMENTS**

**A. GENERAL EDUCATION**

Section 1. Laws 2019, First Special Session chapter 11, article 1, section 25, subdivision 2, is amended to read:

Subd. 2. **General education aid.** For general education aid under Minnesota Statutes, section 126C.13, subdivision 4:

<u>\$ 7,383,162,000</u>	<u>7,347,424,000</u>	.....	2020
<u>\$ 7,566,309,000</u>	<u>7,509,639,000</u>	.....	2021

The 2020 appropriation includes \$700,383,000 \$700,383,000 for 2019 and \$6,682,779,000 \$6,647,041,000 for 2020.

The 2021 appropriation includes \$715,184,000 \$711,885,000 for 2020 and \$6,851,125,000 \$6,797,754,000 for 2021.

Sec. 2. Laws 2019, First Special Session chapter 11, article 1, section 25, subdivision 3, is amended to read:

Subd. 3. **Enrollment options transportation.** For transportation of pupils attending postsecondary institutions under Minnesota Statutes, section 124D.09, or for transportation of pupils attending nonresident districts under Minnesota Statutes, section 124D.03:

<u>\$ 24,000</u>	<u>19,000</u>	.....	2020
<u>\$ 26,000</u>	<u>20,000</u>	.....	2021

Sec. 3. Laws 2019, First Special Session chapter 11, article 1, section 25, subdivision 4, is amended to read:

Subd. 4. **Abatement aid.** For abatement aid under Minnesota Statutes, section 127A.49:

<u>\$ 2,897,000</u>	<u>1,770,000</u>	.....	2020
<u>\$ 2,971,000</u>	<u>2,827,000</u>	.....	2021

The 2020 appropriation includes \$274,000 for 2019 and \$2,623,000 \$1,496,000 for 2020.

The 2021 appropriation includes \$291,000 \$166,000 for 2020 and \$2,680,000 \$2,661,000 for 2021.

Sec. 4. Laws 2019, First Special Session chapter 11, article 1, section 25, subdivision 6, is amended to read:

Subd. 6. **Nonpublic pupil education aid.** For nonpublic pupil education aid under Minnesota Statutes, sections 123B.40 to 123B.43 and 123B.87:

<u>\$ 18,083,000</u>	<u>17,925,000</u>	.....	2020
<u>\$ 18,670,000</u>	<u>18,917,000</u>	.....	2021

The 2020 appropriation includes \$1,806,000 for 2019 and \$16,277,000 \$16,119,000 for 2020.

The 2021 appropriation includes ~~\$1,808,000~~ \$1,790,000 for 2020 and ~~\$16,862,000~~ \$17,127,000 for 2021.

Sec. 5. Laws 2019, First Special Session chapter 11, article 1, section 25, subdivision 7, is amended to read:

**Subd. 7. Nonpublic pupil transportation.** For nonpublic pupil transportation aid under Minnesota Statutes, section 123B.92, subdivision 9:

\$ 19,478,000	<del>19,168,000</del>	.....	2020
\$ 19,728,000	<ins>20,100,000</ins>	.....	2021

The 2020 appropriation includes \$1,961,000 for 2019 and ~~\$17,517,000~~ \$17,207,000 for 2020.

The 2021 appropriation includes ~~\$1,946,000~~ \$1,911,000 for 2020 and ~~\$17,782,000~~ \$18,189,000 for 2021.

Sec. 6. Laws 2019, First Special Session chapter 11, article 1, section 25, subdivision 9, is amended to read:

**Subd. 9. Career and technical aid.** For career and technical aid under Minnesota Statutes, section 124D.4531, subdivision 1b:

\$ 3,751,000	<del>3,857,000</del>	.....	2020
\$ 3,321,000	<ins>3,433,000</ins>	.....	2021

The 2020 appropriation includes \$422,000 for 2019 and ~~\$3,329,000~~ \$3,435,000 for 2020.

The 2021 appropriation includes ~~\$369,000~~ \$378,000 for 2020 and ~~\$2,952,000~~ \$3,055,000 for 2021.

## B. EDUCATION EXCELLENCE

Sec. 7. Laws 2019, First Special Session chapter 11, article 2, section 33, subdivision 3, is amended to read:

**Subd. 3. Interdistrict desegregation or integration transportation grants.** For interdistrict desegregation or integration transportation grants under Minnesota Statutes, section 124D.87:

\$ 13,874,000	<del>14,231,000</del>	.....	2020
\$ 14,589,000	<ins>14,962,000</ins>	.....	2021

Sec. 8. Laws 2019, First Special Session chapter 11, article 2, section 33, subdivision 6, is amended to read:

**Subd. 6. American Indian education aid.** For American Indian education aid under Minnesota Statutes, section 124D.81, subdivision 2a:

\$ 9,515,000	<del>10,113,000</del>	.....	2020
\$ 9,673,000	<ins>10,696,000</ins>	.....	2021

The 2020 appropriation includes \$960,000 for 2019 and ~~\$8,555,000~~ \$9,153,000 for 2020.

The 2021 appropriation includes ~~\$950,000~~ \$1,016,000 for 2020 and ~~\$8,723,000~~ \$9,680,000 for 2021.

Sec. 9. Laws 2019, First Special Session chapter 11, article 2, section 33, subdivision 16, is amended to read:

Subd. 16. **Charter school building lease aid.** For building lease aid under Minnesota Statutes, section 124E.22:

\$ 85,450,000	<u>83,214,000</u>	.....	2020
\$ 91,064,000	<u>88,454,000</u>	.....	2021

The 2020 appropriation includes \$8,021,000 for 2019 and ~~\$77,429,000~~ \$75,193,000 for 2020.

The 2021 appropriation includes ~~\$8,603,000~~ \$8,354,000 for 2020 and ~~\$82,461,000~~ \$80,100,000 for 2021.

#### C. TEACHERS

Sec. 10. Laws 2019, First Special Session chapter 11, article 3, section 23, subdivision 3, is amended to read:

Subd. 3. **Alternative teacher compensation aid.** (a) For alternative teacher compensation aid under Minnesota Statutes, section 122A.415, subdivision 4:

\$ 89,211,000	<u>89,166,000</u>	.....	2020
\$ 88,853,000	<u>88,851,000</u>	.....	2021

(b) The 2020 appropriation includes \$8,974,000 for 2019 and ~~\$80,237,000~~ \$80,192,000 for 2020.

(c) The 2021 appropriation includes ~~\$8,915,000~~ \$8,887,000 for 2020 and ~~\$79,938,000~~ \$79,964,000 for 2021.

#### D. SPECIAL EDUCATION

Sec. 11. Laws 2019, First Special Session chapter 11, article 4, section 11, subdivision 2, is amended to read:

Subd. 2. **Special education; regular.** For special education aid under Minnesota Statutes, section 125A.75:

\$ 1,619,065,000	<u>1,600,889,000</u>	.....	2020
\$ 1,773,125,000	<u>1,747,701,000</u>	.....	2021

The 2020 appropriation includes \$184,363,000 for 2019 and ~~\$1,434,702,000~~ \$1,416,526,000 for 2020.

The 2021 appropriation includes ~~\$201,964,000~~ \$199,406,000 for 2020 and ~~\$1,571,161,000~~ \$1,548,295,000 for 2021.

Sec. 12. Laws 2019, First Special Session chapter 11, article 4, section 11, subdivision 3, is amended to read:

Subd. 3. **Aid for children with disabilities.** For aid under Minnesota Statutes, section 125A.75, subdivision 3, for children with disabilities placed in residential facilities within the district boundaries for whom no district of residence can be determined:

\$ 4,382,000	<u>1,109,000</u>	.....	2020
\$ 4,564,000	<u>1,267,000</u>	.....	2021

If the appropriation for either year is insufficient, the appropriation for the other year is available.

Sec. 13. Laws 2019, First Special Session chapter 11, article 4, section 11, subdivision 4, is amended to read:

**Subd. 4. Travel for home-based services.** For aid for teacher travel for home-based services under Minnesota Statutes, section 125A.75, subdivision 1:

\$ 422,000	<u>445,000</u>	.....	2020
\$ 442,000	<u>467,000</u>	.....	2021

The 2020 appropriation includes \$40,000 for 2019 and \$382,000 \$405,000 for 2020.

The 2021 appropriation includes \$42,000 \$44,000 for 2020 and \$400,000 \$423,000 for 2021.

Sec. 14. Laws 2019, First Special Session chapter 11, article 4, section 11, subdivision 5, is amended to read:

**Subd. 5. Court-placed special education revenue.** For reimbursing serving school districts for unreimbursed eligible expenditures attributable to children placed in the serving school district by court action under Minnesota Statutes, section 125A.79, subdivision 4:

\$ 34,000	<u>-0-</u>	.....	2020
\$ 32,000	<u>23,000</u>	.....	2021

#### E. FACILITIES, FUND TRANSFERS, AND ACCOUNTING

Sec. 15. Laws 2019, First Special Session chapter 11, article 6, section 7, subdivision 2, is amended to read:

**Subd. 2. Debt service equalization aid.** For debt service equalization aid under Minnesota Statutes, section 123B.53, subdivision 6:

\$20,684,000	.....	2020	
\$ 20,363,000	<u>25,398,000</u>	.....	2021

The 2020 appropriation includes \$2,292,000 for 2019 and \$18,392,000 for 2020.

The 2021 appropriation includes \$2,043,000 for 2020 and \$18,320,000 \$23,355,000 for 2021.

Sec. 16. Laws 2019, First Special Session chapter 11, article 6, section 7, subdivision 3, is amended to read:

**Subd. 3. Long-term facilities maintenance equalized aid.** For long-term facilities maintenance equalized aid under Minnesota Statutes, section 123B.595, subdivision 9:

\$ 105,315,000	<u>104,690,000</u>	.....	2020
\$ 108,042,000	<u>107,820,000</u>	.....	2021

The 2020 appropriation includes \$10,464,000 for 2019 and \$94,851,000 \$94,226,000 for 2020.

The 2021 appropriation includes \$10,539,000 \$10,412,000 for 2020 and \$97,503,000 \$97,408,000 for 2021.

Sec. 17. Laws 2019, First Special Session chapter 11, article 6, section 7, subdivision 6, is amended to read:

Subd. 6. **Maximum effort loan aid.** For aid payments to schools under Minnesota Statutes, section 477A.09:

\$3,291,000	.....	2020
<u>\$3,291,000</u> <u>3,265,000</u>	.....	2021

The base for fiscal year 2022 is \$3,291,000 3,265,000 and the base for fiscal year 2023 is \$0.

#### F. NUTRITION AND LIBRARIES

Sec. 18. Laws 2019, First Special Session chapter 11, article 7, section 1, subdivision 2, is amended to read:

Subd. 2. **School lunch.** For school lunch aid under Minnesota Statutes, section 124D.111, and Code of Federal Regulations, title 7, section 210.17:

\$ 16,306,000 <u>16,245,000</u>	.....	2020
<u>\$ 16,575,000</u> <u>16,514,000</u>	.....	2021

Sec. 19. Laws 2019, First Special Session chapter 11, article 7, section 1, subdivision 3, is amended to read:

Subd. 3. **School breakfast.** For traditional school breakfast aid under Minnesota Statutes, section 124D.1158:

\$ 11,310,000 <u>11,428,000</u>	.....	2020
<u>\$ 11,771,000</u> <u>11,846,000</u>	.....	2021

Sec. 20. Laws 2019, First Special Session chapter 11, article 7, section 1, subdivision 4, is amended to read:

Subd. 4. **Kindergarten milk.** For kindergarten milk aid under Minnesota Statutes, section 124D.118:

\$ 691,000 <u>658,000</u>	.....	2020
<u>\$ 691,000</u> <u>658,000</u>	.....	2021

#### G. EARLY CHILDHOOD

Sec. 21. Laws 2019, First Special Session chapter 11, article 8, section 13, subdivision 5, is amended to read:

Subd. 5. **Early childhood family education aid.** (a) For early childhood family education aid under Minnesota Statutes, section 124D.135:

\$ 32,176,000 <u>32,151,000</u>	.....	2020
<u>\$ 33,531,000</u> <u>33,540,000</u>	.....	2021

(b) The 2020 appropriation includes \$3,098,000 for 2019 and \$29,078,000 \$29,053,000 for 2020.

(c) The 2021 appropriation includes \$3,230,000 \$3,133,000 for 2020 and \$30,301,000 \$30,407,000 for 2021.

Sec. 22. Laws 2019, First Special Session chapter 11, article 8, section 13, subdivision 14, is amended to read:

Subd. 14. **Home visiting aid.** (a) For home visiting aid under Minnesota Statutes, section 124D.135:

\$521,000	.....	2020
<u>\$ 503,000</u> <u>528,000</u>	.....	2021

(b) The 2020 appropriation includes \$54,000 for 2019 and \$467,000 for 2020.

(c) The 2021 appropriation includes \$51,000 for 2020 and \$452,000 \$477,000 for 2021.

#### H. COMMUNITY EDUCATION AND LIFELONG LEARNING

Sec. 23. Laws 2019, First Special Session chapter 11, article 9, section 3, subdivision 2, is amended to read:

Subd. 2. **Community education aid.** For community education aid under Minnesota Statutes, section 124D.20:

\$ 330,000 <u>327,000</u>	.....	2020
<u>\$ 257,000</u> <u>249,000</u>	.....	2021

The 2020 appropriation includes \$40,000 for 2019 and \$290,000 \$287,000 for 2020.

The 2021 appropriation includes \$32,000 \$31,000 for 2020 and \$225,000 \$218,000 for 2021.

Sec. 24. Laws 2019, First Special Session chapter 11, article 9, section 3, subdivision 8, is amended to read:

Subd. 8. **Adult basic education aid.** For adult basic education aid under Minnesota Statutes, section 124D.531:

\$ 50,106,000 <u>50,052,000</u>	.....	2020
<u>\$ 51,620,000</u> <u>51,613,000</u>	.....	2021

The 2020 appropriation includes \$4,868,000 for 2019 and \$45,238,000 \$45,184,000 for 2020.

The 2021 appropriation includes \$5,026,000 \$5,020,000 for 2020 and \$46,594,000 \$46,593,000 for 2021."

Delete the title and insert:

"A bill for an act relating to education; making certain policy changes for prekindergarten through grade 12 education including general education, education excellence, facilities and fund transfers, distance learning, state agency emergency powers, making COVID-19 formula adjustments, and making corrections to 2019 law for certain referendum provisions and appropriations; making forecast adjustments to funding for general education, education excellence, teachers, special education, facilities, fund transfers, and accounting, nutrition and libraries, early childhood, and community education and lifelong learning; requiring reports; amending Minnesota Statutes 2018, sections 124D.83, by adding a subdivision; 126C.10, subdivision 3; 126C.17, subdivision 7b; 134.355, subdivision 8; Minnesota Statutes 2019 Supplement, sections 123B.92, subdivision 1; 124D.68, subdivision 2; 126C.17, subdivision 2; Laws 2016, chapter 189, article 25, section 58, as amended; Laws 2019, First Special Session chapter 11,

article 1, section 25, subdivisions 2, 3, 4, 6, 7, 9; article 2, section 33, subdivisions 2, 3, 4, 5, 6, 16, 23; article 3, section 23, subdivisions 3, 6, 8; article 4, section 11, subdivisions 2, 3, 4, 5; article 6, section 7, subdivisions 2, 3, 6; article 7, section 1, subdivisions 2, 3, 4; article 8, section 13, subdivisions 5, 6, 14; article 9, section 3, subdivisions 2, 8; article 10, sections 5, subdivision 2; 6; 7; 8, subdivision 1."

With the recommendation that when so amended the bill be re-referred to the Committee on Ways and Means.

The report was adopted.

Pursuant to Joint Rule 2.03 and in accordance with Senate Concurrent Resolution No. 6, H. F. No. 4542 was re-referred to the Committee on Rules and Legislative Administration.

Nelson, M., from the State Government Finance Division to which was referred:

H. F. No. 4571, A bill for an act relating to forfeiture; limiting vehicles and other property subject to forfeiture; providing for recovery of property by innocent owners; modifying participation in the federal equitable sharing program; requiring reports; amending Minnesota Statutes 2018, sections 169A.63, subdivisions 1, 7, 8, 10, by adding subdivisions; 609.531, subdivision 1, by adding a subdivision; 609.5311, subdivisions 2, 3, 4; 609.5314, subdivisions 1, 2, by adding a subdivision; 609.5315, subdivisions 5, 5b, 6; Minnesota Statutes 2019 Supplement, section 169A.63, subdivision 13; repealing Minnesota Statutes 2018, section 609.5317.

Reported the same back with the following amendments:

Page 24, after line 22, insert:

"Sec. 20. **APPROPRIATION; STATE AUDITOR.**

\$61,000 in fiscal year 2021 is appropriated from the general fund to the state auditor for the audit, data collection, and reporting requirements in section 18. The base for this activity is \$209,000 in fiscal year 2022 and each year thereafter."

Renumber the sections in sequence and correct the internal references

Amend the title as follows:

Page 1, line 4, after "reports" insert ";" appropriating money"

With the recommendation that when so amended the bill be re-referred to the Committee on Ways and Means.

The report was adopted.

Liebling from the Health and Human Services Finance Division to which was referred:

H. F. No. 4579, A bill for an act relating to public health; establishing a grant program to advance the development of a serological test for COVID-19; appropriating money.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

**"ARTICLE 1**  
**CONTACT TRACING, CASE INVESTIGATION,**  
**AND FOLLOW-UP SERVICES PROGRAM**

**Section 1. CONTACT TRACING, CASE INVESTIGATION, AND FOLLOW-UP SERVICES PROGRAM FOR PERSONS WITH COVID-19.**

**Subdivision 1. Definitions.** (a) The definitions in this subdivision apply to this section.

(b) "Commissioner" means the commissioner of health.

(c) "Contact tracing" means a program to identify persons who may be at risk of contracting COVID-19 through contact, in a manner consistent with known or suspected modes of COVID-19 transmission, with a person with COVID-19.

(d) "Employee" means any person who performs health care services for hire in Minnesota for an employer.

(e) "Employer" means any person having one or more employees in Minnesota and includes the state and political or other governmental subdivisions of the state.

(f) "Person with COVID-19" means a person who has received a positive diagnostic test for COVID-19 and is currently contagious.

(g) "Public health response contingency account" or "account" means the account established under Minnesota Statutes, section 144.4199, subdivision 1.

**Subd. 2. Program established.** In order to control the spread of COVID-19 in the state, the commissioner shall establish a contact tracing, case investigation, and follow-up services program for persons with COVID-19. This program must operate to accurately and efficiently identify contacts of persons with COVID-19, perform case investigations, and provide follow-up services.

**Subd. 3. Expenditures from public health response contingency account.** (a) Money in the public health response contingency account transferred to the account for purposes of this section, is appropriated to the commissioner for the contact tracing, case investigation, and follow-up services program under this section. In order to make expenditures from the account under this section, the commissioner is not required to comply with Minnesota Statutes, section 144.4199, subdivisions 3 and 7.

(b) When the commissioner has complied with Minnesota Statutes, section 144.4199, subdivision 5, paragraph (a), the commissioner may make expenditures from the account for purposes of this section, including but not limited to for the following purposes:

(1) contact tracing, case investigation, follow-up services, and information technology necessary to support these activities;

(2) hiring, training, and managing staff and volunteers to perform contact tracing, case investigation, and follow-up services;

(3) the provision of essential services, including but not limited to the provision of alternate housing, food delivery, and delivery of medications, to persons with COVID-19 who are subject to isolation or quarantine;

(4) community education;

(5) interpreter services;

(6) community outreach through statewide or local media or other methods of communication;

(7) the purchase of personal protective equipment necessary for staff and volunteers to perform contact tracing, case investigation, and follow-up services;

(8) providing grants to local health departments, community health boards, and tribal health departments for purposes of this section;

(9) contracting with a vendor to hire, train, and manage program staff and volunteers; and

(10) transferring funds to other state agencies as necessary to establish and operate the program.

**Subd. 4. Health care workers who are furloughed or on unpaid leave.** (a) Notwithstanding any law or rule to the contrary, no employer shall prohibit an employee from performing contact tracing, case investigation, and follow-up services for hire under the program established under this section, during a period of one week or more that the employee is furloughed or on unpaid leave of absence, provided such work for hire does not violate the terms of the employee's collective bargaining agreement. An employee who performs contact tracing, case investigation, and follow-up services under the program established under this section shall notify the employer from which the employee has been furloughed or placed on unpaid leave of absence, and shall be available to return to work with that employer upon one week's notice from that employer.

(b) An employer shall not terminate, retaliate against, or alter the terms, conditions, or benefits of employment of an employee who performs contact tracing, case investigation, and follow-up services under the program established under this section.

**Subd. 5. Expiration.** This section expires February 1, 2021.

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

**Sec. 2. TRANSFERS TO PUBLIC HEALTH RESPONSE CONTINGENCY ACCOUNT.**

(a) \$25,000,000 in fiscal year 2020 is transferred from the COVID-19 Minnesota fund established under Laws 2020, chapter 71, article 1, section 7, and appropriated to the commissioner of management and budget under that section, to the public health response contingency account under Minnesota Statutes, section 144.4199, for purposes of section 1. This is a onetime transfer.

(b) \$200,000,000 in fiscal year 2020 is transferred from the fund in the state treasury where funds received under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law 116-136, title V, have been deposited, to the public health response contingency account under Minnesota Statutes, section 144.4199, for purposes of section 1. This is a onetime transfer.

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

**ARTICLE 2**  
**ASSISTED LIVING LICENSURE CHANGES; CONSUMER PROTECTIONS**  
**FOR ASSISTED LIVING CLIENTS**

Section 1. Minnesota Statutes 2019 Supplement, section 144.6502, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this subdivision have the meanings given.

(b) "Commissioner" means the commissioner of health.

(c) "Department" means the Department of Health.

(d) "Electronic monitoring" means the placement and use of an electronic monitoring device by a resident in the resident's room or private living unit in accordance with this section.

(e) "Electronic monitoring device" means a camera or other device that captures, records, or broadcasts audio, video, or both, that is placed in a resident's room or private living unit and is used to monitor the resident or activities in the room or private living unit.

(f) "Facility" means a facility that is:

(1) licensed as a nursing home under chapter 144A;

(2) licensed as a boarding care home under sections 144.50 to 144.56;

(3) until August 1, ~~2024~~ 2022, a housing with services establishment registered under chapter 144D that is either subject to chapter 144G or has a disclosed special unit under section 325F.72; or

(4) on or after August 1, ~~2024~~ 2022, an assisted living facility.

(g) "Resident" means a person 18 years of age or older residing in a facility.

(h) "Resident representative" means one of the following in the order of priority listed, to the extent the person may reasonably be identified and located:

(1) a court-appointed guardian;

(2) a health care agent as defined in section 145C.01, subdivision 2; or

(3) a person who is not an agent of a facility or of a home care provider designated in writing by the resident and maintained in the resident's records on file with the facility.

Sec. 2. Minnesota Statutes 2019 Supplement, section 144.6512, is amended by adding a subdivision to read:

**Subd. 6. Other laws.** Nothing in this section affects the rights and remedies available under section 626.557, subdivisions 10, 17, and 20.

**EFFECTIVE DATE.** This section is effective August 1, 2020.

Sec. 3. Minnesota Statutes 2019 Supplement, section 144A.20, subdivision 4, is amended to read:

**Subd. 4. Assisted living director qualifications; ongoing training.** (a) The Board of Executives may issue licenses to qualified persons as an assisted living director and shall approve training and examinations. No license shall be issued to a person as an assisted living director unless that person:

- (1) is eligible for licensure;
- (2) has applied for licensure under this subdivision within six months of hire; and
- (3) has satisfactorily met standards set by the board or is scheduled to complete the training in paragraph (b) within one year of hire. The standards shall be designed to assure that assisted living directors are individuals who, by training or experience, are qualified to serve as assisted living directors.

(b) In order to be qualified to serve as an assisted living director, an individual must:

(1) have completed an approved training course and passed an examination approved by the board that is designed to test for competence and that includes assisted living facility laws in Minnesota;

(2)(i) currently be licensed as a nursing home administrator or have been validated as a qualified health services executive by the National Association of Long Term Care Administrator Boards; and

(ii) have core knowledge of assisted living facility laws; or

(3) apply for licensure by July 1, ~~2024~~ 2022, and satisfy one of the following:

(i) have a higher education degree in nursing, social services, or mental health, or another professional degree with training specific to management and regulatory compliance;

(ii) have at least three years of supervisory, management, or operational experience and higher education training applicable to an assisted living facility;

(iii) have completed at least 1,000 hours of an executive in training program provided by an assisted living director licensed under this subdivision; or

(iv) have managed a housing with services establishment operating under assisted living title protection for at least three years.

(c) An assisted living director must receive at least 30 hours of training every two years on topics relevant to the operation of an assisted living facility and the needs of its residents. An assisted living director must maintain records of the training required by this paragraph for at least the most recent three-year period and must provide these records to Department of Health surveyors upon request. Continuing education earned to maintain another professional license, such as a nursing home administrator license, nursing license, social worker license, mental health professional license, or real estate license, may be used to satisfy this requirement when the continuing education is relevant to the assisted living services offered and residents served at the assisted living facility.

**EFFECTIVE DATE.** This section is effective July 1, 2021.

Sec. 4. Minnesota Statutes 2019 Supplement, section 144A.474, subdivision 11, is amended to read:

**Subd. 11. Fines.** (a) Fines and enforcement actions under this subdivision may be assessed based on the level and scope of the violations described in paragraph (b) and imposed immediately with no opportunity to correct the violation first as follows:

(1) Level 1, no fines or enforcement;

(2) Level 2, a fine of \$500 per violation, in addition to any of the enforcement mechanisms authorized in section 144A.475 for widespread violations;

(3) Level 3, a fine of \$3,000 per incident, in addition to any of the enforcement mechanisms authorized in section 144A.475;

(4) Level 4, a fine of \$5,000 per incident, in addition to any of the enforcement mechanisms authorized in section 144A.475;

(5) for maltreatment violations for which the licensee was determined to be responsible for the maltreatment under section 626.557, subdivision 9c, paragraph (c), a fine of \$1,000. A fine of \$5,000 may be imposed if the commissioner determines the licensee is responsible for maltreatment consisting of sexual assault, death, or abuse resulting in serious injury; and

(6) the fines in clauses (1) to (4) are increased and immediate fine imposition is authorized for both surveys and investigations conducted.

When a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

(b) Correction orders for violations are categorized by both level and scope and fines shall be assessed as follows:

(1) level of violation:

(i) Level 1 is a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety;

(ii) Level 2 is a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death;

(iii) Level 3 is a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death; and

(iv) Level 4 is a violation that results in serious injury, impairment, or death;

(2) scope of violation:

(i) isolated, when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally;

(ii) pattern, when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly but is not found to be pervasive; and

(iii) widespread, when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients.

(c) If the commissioner finds that the applicant or a home care provider has not corrected violations by the date specified in the correction order or conditional license resulting from a survey or complaint investigation, the commissioner shall provide a notice of noncompliance with a correction order by e-mail to the applicant's or provider's last known e-mail address. The noncompliance notice must list the violations not corrected.

(d) For every violation identified by the commissioner, the commissioner shall issue an immediate fine pursuant to paragraph (a), clause (6). The license holder must still correct the violation in the time specified. The issuance of an immediate fine can occur in addition to any enforcement mechanism authorized under section 144A.475. The immediate fine may be appealed as allowed under this subdivision.

(e) The license holder must pay the fines assessed on or before the payment date specified. If the license holder fails to fully comply with the order, the commissioner may issue a second fine or suspend the license until the license holder complies by paying the fine. A timely appeal shall stay payment of the fine until the commissioner issues a final order.

(f) A license holder shall promptly notify the commissioner in writing when a violation specified in the order is corrected. If upon reinspection the commissioner determines that a violation has not been corrected as indicated by the order, the commissioner may issue a second fine. The commissioner shall notify the license holder by mail to the last known address in the licensing record that a second fine has been assessed. The license holder may appeal the second fine as provided under this subdivision.

(g) A home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14.

(h) When a fine has been assessed, the license holder may not avoid payment by closing, selling, or otherwise transferring the licensed program to a third party. In such an event, the license holder shall be liable for payment of the fine.

(i) In addition to any fine imposed under this section, the commissioner may assess a penalty amount based on costs related to an investigation that results in a final order assessing a fine or other enforcement action authorized by this chapter.

(j) Fines collected under paragraph (a), clauses (1) to (4), shall be deposited in a dedicated special revenue account. On an annual basis, the balance in the special revenue account shall be appropriated to the commissioner to implement the recommendations of the advisory council established in section 144A.4799.

(k) Fines collected under paragraph (a), clause (5), shall be deposited in a dedicated special revenue account and appropriated to the commissioner to provide compensation according to subdivision 14 to clients subject to maltreatment. A client may choose to receive compensation from this fund, not to exceed \$5,000 for each substantiated finding of maltreatment, or take civil action. This paragraph expires July 31, 2024 2022.

Sec. 5. Minnesota Statutes 2019 Supplement, section 144A.474, subdivision 14, is amended to read:

**Subd. 14. Maltreatment compensation fund.** (a) Once a finding of maltreatment for which the licensee is determined to be responsible is substantiated and any request for reconsideration, if applicable, is completed, the commissioner shall pay the fine assessed under subdivision 11, paragraph (a), clause (5), as compensation to the client who was subject to the maltreatment, if:

(1) the client chooses to receive a compensation payment of either \$1,000 or \$5,000 as determined by the fine assessed under subdivision 11, paragraph (a), clause (5), depending on the level of maltreatment; and

(2) the client accepts payment of compensation under this subdivision as payment in full and agrees to waive any civil claims, including claims under section 626.557, subdivision 20, arising from the specific maltreatment incident that resulted in the fine.

(b) The commissioner shall notify the client that the client may reject a compensation payment under this subdivision and instead pursue any civil claims.

(c) Except as provided in paragraph (a), nothing in this subdivision affects the rights available to clients under section 626.557 or prevents a client from filing a maltreatment report in the future.

(d) This subdivision expires July 31, ~~2024~~ 2022.

Sec. 6. Minnesota Statutes 2019 Supplement, section 144A.4799, subdivision 1, is amended to read:

**Subdivision 1. Membership.** The commissioner of health shall appoint eight persons to a home care and assisted living program advisory council consisting of the following:

(1) three public members as defined in section 214.02 who shall be persons who are currently receiving home care services, persons who have received home care services within five years of the application date, persons who have family members receiving home care services, or persons who have family members who have received home care services within five years of the application date;

(2) three Minnesota home care licensees representing basic and comprehensive levels of licensure who may be a managerial official, an administrator, a supervising registered nurse, or an unlicensed personnel performing home care tasks;

(3) one member representing the Minnesota Board of Nursing;

(4) one member representing the Office of Ombudsman for Long-Term Care; and

(5) beginning July 1, ~~2024~~ 2022, one member of a county health and human services or county adult protection office.

Sec. 7. Minnesota Statutes 2019 Supplement, section 144G.07, is amended by adding a subdivision to read:

**Subd. 6. Other laws.** Nothing in this section affects the rights and remedies available under section 626.557, subdivisions 10, 17, and 20.

**EFFECTIVE DATE.** This section is effective August 1, 2020.

Sec. 8. Minnesota Statutes 2019 Supplement, section 144G.08, subdivision 7, is amended to read:

**Subd. 7. Assisted living facility.** "Assisted living facility" means a licensed facility that provides sleeping accommodations and assisted living services to one or more adults. Assisted living facility includes assisted living facility with dementia care, and does not include:

(1) emergency shelter, transitional housing, or any other residential units serving exclusively or primarily homeless individuals, as defined under section 116L.361;

- (2) a nursing home licensed under chapter 144A;
- (3) a hospital, certified boarding care, or supervised living facility licensed under sections 144.50 to 144.56;
- (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts 9520.0500 to 9520.0670, or under chapter 245D or 245G;
- (5) services and residential settings licensed under chapter 245A, including adult foster care and services and settings governed under the standards in chapter 245D;
- (6) a private home in which the residents are related by kinship, law, or affinity with the provider of services;
- (7) a duly organized condominium, cooperative, and common interest community, or owners' association of the condominium, cooperative, and common interest community where at least 80 percent of the units that comprise the condominium, cooperative, or common interest community are occupied by individuals who are the owners, members, or shareholders of the units;
- (8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593;
- (9) a setting offering services conducted by and for the adherents of any recognized church or religious denomination for its members exclusively through spiritual means or by prayer for healing;
- (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with low-income housing tax credits pursuant to United States Code, title 26, section 42, and units financed by the Minnesota Housing Finance Agency that are intended to serve individuals with disabilities or individuals who are homeless, except for those developments that market or hold themselves out as assisted living facilities and provide assisted living services;
- (11) rental housing developed under United States Code, title 42, section 1437, or United States Code, title 12, section 1701q;
- (12) rental housing designated for occupancy by only elderly or elderly and disabled residents under United States Code, title 42, section 1437e, or rental housing for qualifying families under Code of Federal Regulations, title 24, section 983.56;
- (13) rental housing funded under United States Code, title 42, chapter 89, or United States Code, title 42, section 8011; ~~or~~
- (14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or
- (15) any establishment that exclusively or primarily serves as a shelter or temporary shelter for victims of domestic or any other form of violence.

**EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 9. Minnesota Statutes 2019 Supplement, section 144G.08, is amended by adding a subdivision to read:

Subd. 7a. **Assisted living facility license.** "Assisted living facility license" means a certificate issued by the commissioner under section 144G.10 that authorizes the licensee to manage, control, and operate an assisted living facility for a specified period of time and in accordance with the terms of the license and the rules of the commissioner.

**EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 10. Minnesota Statutes 2019 Supplement, section 144G.08, subdivision 9, is amended to read:

Subd. 9. **Assisted living services.** "Assisted living services" includes one or more of the following:

(1) assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing;

(2) providing standby assistance;

(3) providing verbal or visual reminders to the resident to take regularly scheduled medication, which includes bringing the resident previously set up medication, medication in original containers, or liquid or food to accompany the medication;

(4) providing verbal or visual reminders to the resident to perform regularly scheduled treatments and exercises;

(5) preparing ~~modified~~ specialized diets ordered by a licensed health professional;

(6) services of an advanced practice registered nurse, registered nurse, licensed practical nurse, physical therapist, respiratory therapist, occupational therapist, speech-language pathologist, dietitian or nutritionist, or social worker;

(7) tasks delegated to unlicensed personnel by a registered nurse or assigned by a licensed health professional within the person's scope of practice;

(8) medication management services;

(9) hands-on assistance with transfers and mobility;

(10) treatment and therapies;

(11) assisting residents with eating when the residents have complicated eating problems as identified in the resident record or through an assessment such as difficulty swallowing, recurrent lung aspirations, or requiring the use of a tube or parenteral or intravenous instruments to be fed;

(12) providing other complex or specialty health care services; and

(13) supportive services in addition to the provision of at least one of the services listed in clauses (1) to (12).

**EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 11. Minnesota Statutes 2019 Supplement, section 144G.08, subdivision 23, is amended to read:

Subd. 23. **Direct ownership interest.** "Direct ownership interest" means an individual or ~~organization legal entity~~ with the possession of at least five percent equity in capital, stock, or profits of the licensee, or who is a member of a limited liability company of the licensee.

**EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 12. Minnesota Statutes 2019 Supplement, section 144G.09, subdivision 3, is amended to read:

Subd. 3. **Rulemaking authorized.** (a) The commissioner shall adopt rules for all assisted living facilities that promote person-centered planning and service delivery and optimal quality of life, and that ensure resident rights are protected, resident choice is allowed, and public health and safety is ensured.

(b) On July 1, 2019, the commissioner shall begin rulemaking.

(c) The commissioner shall adopt rules that include but are not limited to the following:

- (1) staffing appropriate for each licensure category to best protect the health and safety of residents no matter their vulnerability;
- (2) training prerequisites and ongoing training, including dementia care training and standards for demonstrating competency;
- (3) procedures for discharge planning and ensuring resident appeal rights;
- (4) initial assessments, continuing assessments, and a uniform assessment tool;
- (5) emergency disaster and preparedness plans;
- (6) uniform checklist disclosure of services;
- (7) a definition of serious injury that results from maltreatment;
- (8) conditions and fine amounts for planned closures;
- (9) procedures and timelines for the commissioner regarding termination appeals between facilities and the Office of Administrative Hearings;
- (10) establishing base fees and per-resident fees for each category of licensure;
- (11) considering the establishment of a maximum amount for any one fee;
- (12) procedures for relinquishing an assisted living facility with dementia care license and fine amounts for noncompliance; and
- (13) procedures to efficiently transfer existing housing with services registrants and home care licensees to the new assisted living facility licensure structure.

(d) The commissioner shall publish the proposed rules by December 31, 2019, and shall publish ~~final rules~~ the notice of adoption by December 31, 2020 2021.

Sec. 13. Minnesota Statutes 2019 Supplement, section 144G.10, subdivision 1, is amended to read:

Subdivision 1. **License required.** ~~(a) Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter.~~

~~The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. August 1, 2022, unless licensed under this chapter, no individual, organization, or government entity may:~~

(1) manage, control, or operate an assisted living facility in Minnesota; or

(2) advertise, market, or otherwise promote its facility as providing assisted living services or specialized care for individuals with Alzheimer's disease or other dementias.

(b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.

(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single assisted living facility license for each facility located at a separate address, except as provided in paragraph (d).

(d) Upon approving an application for an assisted living facility located on a campus and at the request of the applicant, the commissioner may issue an assisted living facility license for the campus at the address of the campus' main building. An assisted living facility license for a campus shall identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.

(e) Before any building to be included on a campus advertises, markets, or promotes itself as providing specialized care for individuals with Alzheimer's disease or other dementias or a secured dementia care unit, the individual, organization, or government entity must apply for the assisted living with dementia care level of licensure for that campus license or apply for a separate assisted living facility with dementia care level of licensure. These services may not be provided at the building until the license is issued by the commissioner.

**EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 14. Minnesota Statutes 2019 Supplement, section 144G.10, is amended by adding a subdivision to read:

Subd. 1a. **Definitions.** (a) For the purposes of this section, the terms defined in this subdivision have the meanings given them.

(b) "Adjacent" means sharing a portion of a legal boundary.

(c) "Campus" means an assisted living facility that provides sleeping accommodations and assisted living services operated by the same licensee in:

(1) two or more buildings, each with a separate address, located on the same property identified by a single property identification number;

(2) a single building having two or more addresses, located on the same property, identified by a single property identification number; or

(3) two or more buildings at different addresses, identified by different property identification numbers, when the buildings are located on adjacent properties.

(d) "Campus' main building" means a building designated by the commissioner as the main building of a campus and to which the commissioner may issue an assisted living facility license for a campus.

**EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 15. Minnesota Statutes 2019 Supplement, section 144G.16, subdivision 1, is amended to read:

Subdivision 1. **Provisional license.** Beginning August 1, ~~2021~~ 2022, for new assisted living facility license applicants, the commissioner shall issue a provisional license from one of the licensure categories specified in section 144G.10, subdivision 2. A provisional license is effective for up to one year from the initial effective date of the license, except that a provisional license may be extended according to subdivisions 2, paragraph (d), and 3.

**EFFECTIVE DATE.** This section is effective August 1, 2022.

**Sec. 16. [144G.191] ASSISTED LIVING FACILITY LICENSING IMPLEMENTATION; PROVISIONAL LICENSES; TRANSITION PERIOD FOR CURRENT PROVIDERS.**

Subdivision 1. **Provisional licenses.** (a) Beginning March 1, 2022, applications for provisional assisted living facility licenses under section 144G.16 may be submitted. No provisional assisted living facility licenses under this chapter shall be effective prior to August 1, 2022.

(b) Beginning June 1, 2022, no initial housing with services establishment registration applications shall be accepted under chapter 144D.

(c) Beginning June 1, 2022, no temporary comprehensive home care provider license applications shall be accepted for providers that do not intend to provide home care services under sections 144A.43 to 144A.484 on or after August 1, 2022.

Subd. 2. **New construction; building permit.** (a) All prospective assisted living facility license applicants seeking a license for new construction who have submitted a complete building permit application to the appropriate building code jurisdiction on or before July 31, 2022, may meet construction requirements in effect when the application was submitted.

(b) All prospective assisted living facility license applicants seeking a license for new construction who have submitted a complete building permit application to the appropriate building code jurisdiction on or after August 1, 2022, must meet the construction requirements under section 144G.45.

(c) For the purposes of paragraph (a), in areas of jurisdiction where there is no building code authority, a complete application for an electrical or plumbing permit is acceptable in lieu of the building permit application.

(d) For the purposes of paragraph (a), in jurisdictions where building plan review applications are separated from building permit applications, a complete application for plan review is acceptable in lieu of the building permit application.

Subd. 3. **New construction; plan review.** Beginning March 1, 2022, prospective assisted living facility license applicants under new construction may submit to the commissioner plans and specifications described in section 144G.45, subdivision 6, for plan review of the new construction requirements under section 144G.45.

Subd. 4. **Current comprehensive home care providers; provision of assisted living services.** (a) Comprehensive home care providers that do not intend to provide home care services under chapter 144A on or after August 1, 2022, shall be issued a prorated license period upon renewal, effective for license renewals beginning on or after September 1, 2021. The prorated license period shall be effective from the provider's current comprehensive home care license renewal date through July 31, 2022.

(b) Comprehensive home care providers with prorated license periods shall pay a prorated fee based on the number of months the comprehensive home care license is in effect.

(c) A comprehensive home care provider using the prorated license period in paragraph (a), or who otherwise does not intend to provide home care services under chapter 144A on or after August 1, 2022, must notify the recipients of changes to their home care services in writing at least 60 days before the expiration of its license, or no later than May 31, 2022, whichever is earlier. The notice must:

(1) state that the provider will no longer be providing home care services under chapter 144A;

(2) include the date when the provider will no longer be providing these services;

(3) include the name, e-mail address, and phone number of the individual associated with the comprehensive home care provider that the recipient of home care services may contact to discuss the notice;

(4) include the contact information consisting of the phone number, e-mail address, mailing address, and website for the state Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; and

(5) for recipients of home care services who receive home and community-based waiver services under section 256B.49 and chapter 256S, this written notice must also be provided to the resident's case manager at the same time that it is provided to the resident.

A comprehensive home care provider that obtains an assisted living facility license but does so under a different business name as a result of reincorporation, and continues to provide services to the recipient, is not subject to the 60-day notice required under this paragraph. However, the provider must otherwise provide notice to the recipient as required under sections 144A.44, 144A.441, and 144A.442, as applicable, and section 144A.4791.

**Subd. 5. Current housing with services establishment registration to an assisted living facility license; conversion to licensure.** (a) Beginning January 1, 2022, all current housing with services establishments registered under chapter 144D and intending to provide assisted living services on or after August 1, 2022, must apply for an assisted living facility license under this chapter. The applicant on the assisted living facility license application may, but need not, be the same as the current housing with services establishment registrant.

(b) Notwithstanding the housing with services contract requirements identified in section 144D.04, any existing housing with services establishment registered under chapter 144D that does not intend to convert its registration to an assisted living facility license under this chapter must provide written notice to its residents at least 60 days before the expiration of its registration, or no later than May 31, 2022, whichever is earlier. The notice must:

(1) state that the housing with services establishment does not intend to convert to an assisted living facility;

(2) include the date when the housing with services establishment will no longer provide housing with services;

(3) include the name, e-mail address, and phone number of the individual associated with the housing with services establishment that the recipient of home care services may contact to discuss the notice;

(4) include the contact information consisting of the phone number, e-mail address, mailing address, and website for the state Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; and

(5) for residents who receive home and community-based waiver services under section 256B.49 and chapter 256S, the written notice must also be provided to the resident's case manager at the same time that it is provided to the resident.

A housing with services provider that obtains an assisted living facility license, but does so under a different business name as a result of reincorporation, and continues to provide services to the recipient, is not subject to the 60-day notice required under this paragraph. However, the provider must otherwise provide notice to the recipient as required under sections 144D.04 and 144D.045, as applicable, and section 144D.09.

(c) By August 1, 2022, all registered housing with services establishments providing assisted living as defined in section 144G.01, subdivision 2, prior to August 1, 2022, must have an assisted living facility license under this chapter.

(d) Effective August 1, 2022, any housing with services establishment registered under chapter 144D that has not converted its registration to an assisted living facility license under this chapter is prohibited from providing assisted living services.

**Subd. 6. Conversion to assisted living licensure; renewal periods; prorated licenses.** (a) Applicants converting from a housing with services establishment registration under chapter 144D to an assisted living facility license under this chapter must be provided a new renewal date upon application for an assisted living facility license. The commissioner shall assign a new, randomly generated renewal date to evenly disperse assisted living facility license renewal dates throughout a calendar year.

(b) Applicants converting from a housing with services establishment registration to an assisted living facility license that receive new license renewal dates occurring in September or October shall receive one assisted living facility license upon conversion that is effective from August 1, 2022, and prorated for 13- or 14-month periods, respectively.

(c) Applicants converting from a housing with services establishment registration to an assisted living facility license that receive new license renewal dates occurring in November or December must choose one of two options:

(1) receive one assisted living facility license upon conversion effective August 1, 2022, and prorated for 15- or 16-month periods, respectively; or

(2) receive one assisted living facility license upon conversion, effective August 1, 2022, prorated for three- or four-month periods, respectively.

(d) Applicants for current housing with services establishments that receive new license renewal dates occurring in January through July shall receive one assisted living facility license upon conversion effective August 1, 2022, and prorated for five- to 11-month periods, respectively.

(e) Applicants converting from a current housing with services establishment registration to an assisted living facility license that receive a new license renewal date occurring in August shall receive one assisted living facility license upon conversion effective for a full 12-month period.

(f) An assisted living facility shall receive its first assisted living facility license renewal application for a full 12-month effective period approximately 90 days prior to the expiration of the facility's prorated license.

(g) Applicants for current housing with services establishments who intend to obtain more than one assisted living facility license under this chapter may request that the commissioner allow all applicable renewal dates to occur on the same date or may request all applicable renewal dates to occur at different points throughout a calendar year.

(h) All prorated licensing fee amounts for applicants converting from a housing with services establishment to an assisted living facility license must be determined by calculating the appropriate annual fee based on section 144.122, paragraph (d), and dividing the total annual fee amount by the number of months the prorated license is effective.

**Subd. 7. Conversion to assisted living licensure; background studies.** (a) Any individual listed on an application of a registered housing with services establishment converting to an assisted living facility license who is not on the existing housing with services registration and either has a direct ownership interest or is a managerial official is subject to the background study requirements of section 144.057. No individual may be involved in the management, operation, or control of an assisted living facility if the individual has been disqualified under chapter 245C.

(b) The commissioner shall not issue a license if any controlling individual, including a managerial official, has been unsuccessful in having a background study disqualification set aside under section 144.057 and chapter 245C.

(c) If the individual requests reconsideration of a disqualification under section 144.057 or chapter 245C and the commissioner sets aside or rescinds the disqualification, the individual is eligible to be involved in the management, operation, or control of the assisted living facility.

(d) If an individual has a disqualification under section 245C.15, subdivision 1, and the disqualification is affirmed, the individual's disqualification is barred from a set aside and the individual must not be involved in the management, operation, or control of the assisted living facility.

(e) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.

**Subd. 8. Changes of ownership; current housing with services establishment registrations.** (a) If an applicant converting from a housing with services establishment registration to an assisted living facility license anticipates a change of ownership transaction effective on or after August 1, 2022, the applicant must submit an assisted living facility change of ownership application with the assisted living facility license application and the assisted living licensure fees in section 144.122, paragraph (d).

(b) Applications for changes of ownership under paragraph (a) must be submitted to the commissioner at least 60 calendar days prior to the anticipated effective date of the sale or transaction.

**Subd. 9. Expiration.** This section expires August 1, 2023.

**EFFECTIVE DATE.** This section is effective August 1, 2021.

Sec. 17. Minnesota Statutes 2019 Supplement, section 144G.401, is amended to read:

#### **144G.401 PAYMENT FOR SERVICES UNDER DISABILITY WAIVERS.**

For new assisted living facilities that did not operate as registered housing with services establishments prior to August 1, 2024 2022, home and community-based services under section 256B.49 are not available when the new facility setting is adjoined to, or on the same property as, an institution as defined in Code of Federal Regulations, title 42, section 441.301(c).

**EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 18. Minnesota Statutes 2019 Supplement, section 144G.42, subdivision 9, is amended to read:

**Subd. 9. Tuberculosis prevention and control.** (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report (MMWR). The program must include a tuberculosis infection control plan that covers all paid and unpaid employees staff, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.

(b) The facility must maintain written evidence of compliance with this subdivision.

**EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 19. Minnesota Statutes 2019 Supplement, section 144G.42, is amended by adding a subdivision to read:

Subd. 9a. Communicable diseases. A facility must follow current state requirements for prevention, control, and reporting of communicable diseases as defined in Minnesota Rules, parts 4605.7040, 4605.7044, 4605.7050, 4605.7075, 4605.7080, and 4605.7090.

**EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 20. Minnesota Statutes 2019 Supplement, section 144G.45, subdivision 2, is amended to read:

Subd. 2. Fire protection and physical environment. (a) Each assisted living facility must have a comprehensive fire protection system that includes comply with the State Fire Code in Minnesota Rules, chapter 7511, and:

(1) protection throughout by an approved supervised automatic sprinkler system according to building code requirements established in Minnesota Rules, part 1305.0903, or smoke detectors in each occupied room installed and maintained in accordance with the National Fire Protection Association (NFPA) Standard 72 for dwellings or sleeping units, as defined in the Minnesota State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside of each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;

(2) install portable fire extinguishers installed and tested in accordance with the NFPA Standard 10; and

(3) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment that is kept in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.

(b) Fire drills in assisted living facilities shall be conducted in accordance with the residential board and care requirements in the Life Safety Code, except that fire drills in secured dementia care units shall be conducted in accordance with section 144G.81, subdivision 2.

(c) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2024 2022, shall be permitted to be continued continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.

**EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 21. Minnesota Statutes 2019 Supplement, section 144G.45, subdivision 5, is amended to read:

**Subd. 5. Assisted living facilities; Life Safety Code.** (a) All assisted living facilities with six or more residents must meet the applicable provisions of the ~~most current~~ 2018 edition of the NFPA Standard 101, Life Safety Code, Residential Board and Care Occupancies chapter. The minimum design standard shall be met for all new licenses, new construction, modifications, renovations, alterations, changes of use, or additions.

(b) If the commissioner decides to update the Life Safety Code for purposes of this subdivision, the commissioner must notify the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health care and public safety of the planned update by January 15 of the year in which the new Life Safety Code will become effective. Following notice from the commissioner, the new edition shall become effective for assisted living facilities beginning August 1 of that year, unless provided otherwise in law. The commissioner shall, by publication in the State Register, specify a date by which facilities must comply with the updated Life Safety Code. The date by which facilities must comply shall not be sooner than six months after publication of the commissioner's notice in the State Register.

**EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 22. Minnesota Statutes 2019 Supplement, section 144G.45, subdivision 6, is amended to read:

**Subd. 6. New construction; plans.** (a) For all new licensure and construction beginning on or after August 1, ~~2024~~ 2022, the following must be provided to the commissioner:

(1) architectural and engineering plans and specifications for new construction must be prepared and signed by architects and engineers who are registered in Minnesota. Final working drawings and specifications for proposed construction must be submitted to the commissioner for review and approval;

(2) final architectural plans and specifications must include elevations and sections through the building showing types of construction, and must indicate dimensions and assignments of rooms and areas, room finishes, door types and hardware, elevations and details of nurses' work areas, utility rooms, toilet and bathing areas, and large-scale layouts of dietary and laundry areas. Plans must show the location of fixed equipment and sections and details of elevators, chutes, and other conveying systems. Fire walls and smoke partitions must be indicated. The roof plan must show all mechanical installations. The site plan must indicate the proposed and existing buildings, topography, roadways, walks and utility service lines; and

(3) final mechanical and electrical plans and specifications must address the complete layout and type of all installations, systems, and equipment to be provided. Heating plans must include heating elements, piping, thermostatic controls, pumps, tanks, heat exchangers, boilers, breeching, and accessories. Ventilation plans must include room air quantities, ducts, fire and smoke dampers, exhaust fans, humidifiers, and air handling units. Plumbing plans must include the fixtures and equipment fixture schedule; water supply and circulating piping, pumps, tanks, riser diagrams, and building drains; the size, location, and elevation of water and sewer services; and the building fire protection systems. Electrical plans must include fixtures and equipment, receptacles, switches, power outlets, circuits, power and light panels, transformers, and service feeders. Plans must show location of nurse call signals, cable lines, fire alarm stations, and fire detectors and emergency lighting.

(b) Unless construction is begun within one year after approval of the final working drawing and specifications, the drawings must be resubmitted for review and approval.

(c) The commissioner must be notified within 30 days before completion of construction so that the commissioner can make arrangements for a final inspection by the commissioner.

(d) At least one set of complete life safety plans, including changes resulting from remodeling or alterations, must be kept on file in the facility.

**EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 23. Minnesota Statutes 2019 Supplement, section 144G.92, subdivision 5, is amended to read:

Subd. 5. **Other laws.** Nothing in this section affects the rights and remedies available to a resident under section 626.557, subdivisions 10, 17, and 20.

**EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 24. Minnesota Statutes 2019 Supplement, section 144G.9999, subdivision 3, is amended to read:

Subd. 3. **Recommendations.** The task force shall periodically provide recommendations to the commissioner and the legislature on changes needed to promote safety and quality improvement practices in long-term care settings and with long-term care providers. The task force shall meet no fewer than four times per year. The task force shall be established by July 1, 2020 2021.

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

Sec. 25. Laws 2019, chapter 60, article 1, section 45, is amended to read:

**Sec. 45. TRANSITION PERIOD.**

(a) The commissioner shall begin rulemaking on July 1, 2019.

(b) From July 1, 2020, to July 31, 2024 2022, the commissioner shall prepare for the new assisted living facility and assisted living facility with dementia care licensure by hiring staff, developing forms, and communicating with stakeholders about the new facility licensing.

(c) Effective August 1, 2024 2022, all existing housing with services establishments providing home care services under Minnesota Statutes, chapter 144A, must convert their registration to licensure under Minnesota Statutes, chapter 144I 144G.

(d) Effective August 1, 2024 2022, all new assisted living facilities and assisted living facilities with dementia care must be licensed by the commissioner.

Sec. 26. Laws 2019, chapter 60, article 1, section 46, is amended to read:

**Sec. 46. PRIORITIZATION OF ENFORCEMENT ACTIVITIES.**

Within available appropriations to the commissioner of health for enforcement activities for fiscal years 2020 and 2021, and 2022, the commissioner of health shall prioritize enforcement activities taken under Minnesota Statutes, section 144A.442.

Sec. 27. Laws 2019, chapter 60, article 1, section 48, is amended to read:

**Sec. 48. REPEALER.**

Minnesota Statutes 2018, sections 144D.01; 144D.015; 144D.02; 144D.025; 144D.03; 144D.04; 144D.045; 144D.05; 144D.06; 144D.065; 144D.066; 144D.07; 144D.08; 144D.09; 144D.10; 144D.11; 144G.01; 144G.02; 144G.03; 144G.04; 144G.05; and 144G.06, are repealed effective August 1, 2021 2022.

Sec. 28. Laws 2019, chapter 60, article 4, section 35, is amended to read:

**Sec. 35. REPEALER.**

(a) Minnesota Statutes 2018, section 144A.472, subdivision 4, is repealed July 1, 2019.

(b) Minnesota Statutes 2018, sections 144A.441; and 144A.442, are repealed August 1, 2021 2022.

Sec. 29. Laws 2019, chapter 60, article 5, section 2, is amended to read:

**Sec. 2. COMMISSIONER OF HEALTH.**

**Subdivision 1. General fund appropriation.** (a) \$9,656,000 in fiscal year 2020 and \$9,416,000 in fiscal year 2021 are appropriated from the general fund to the commissioner of health to implement regulatory activities relating to vulnerable adults and assisted living licensure.

(b) Of the amount in paragraph (a), \$7,438,000 in fiscal year 2020 and \$4,302,000 in fiscal year 2021 are for improvements to the current regulatory activities, systems, analysis, reporting, and communications relating to regulation of vulnerable adults. The base for this appropriation is \$5,800,000 in fiscal year 2022 and \$5,369,000 in fiscal year 2023.

(c) Of the amount in paragraph (a), \$2,218,000 in fiscal year 2020 and \$5,114,000 in fiscal year 2021 are to establish assisted living licensure under Minnesota Statutes, section 144I.01 sections 144G.08 to 144G.9999. The fiscal year 2021 appropriation is available until June 30, 2023. This is a onetime appropriation.

**Subd. 2. State government special revenue fund appropriation.** \$1,103,000 in fiscal year 2020 and \$1,103,000 in fiscal year 2021 are appropriated from the state government special revenue fund to improve the frequency of home care provider inspections and to implement assisted living licensure activities under Minnesota Statutes, section 144I.01 sections 144G.08 to 144G.9999. The base for this appropriation is \$8,131,000 \$1,103,000 in fiscal year 2022 and \$8,339,000, \$8,131,000 in fiscal year 2023, \$8,339,000 in fiscal year 2024, and \$8,339,000 in fiscal year 2025.

**Subd. 3. Transfer.** The commissioner shall transfer fine revenue previously deposited to the state government special revenue fund under Minnesota Statutes, section 144A.474, subdivision 11, estimated to be \$632,000 to a dedicated special revenue account in the state treasury established for the purposes of implementing the recommendations of the Home Care Advisory Council under Minnesota Statutes, section 144A.4799.

**Sec. 30. AMENDMENTS TO EFFECTIVE DATES FOR CERTAIN SECTIONS IN LAWS 2019, CHAPTER 60.**

(a) Notwithstanding any law to the contrary, the following sections enacted in Laws 2019, chapter 60, and recodified in Minnesota Statutes, chapter 144G, shall be effective August 1, 2022: article 1, sections 2 to 30, 32 to 39, and 42 to 44; and article 2, sections 1 to 4.

(b) Notwithstanding any law to the contrary, the following sections enacted in Laws 2019, chapter 60, shall be effective August 1, 2022: article 1, section 1; and article 4, sections 1 to 4, 13, 14, 31, and 32.

(c) Notwithstanding any law to the contrary, Laws 2019, chapter 60, article 1, section 31, shall be effective August 1, 2022, for contracts entered into on or after that date.

(d) Notwithstanding any law to the contrary, Laws 2019, chapter 60, article 3, section 3, shall expire July 31, 2022.

(e) Notwithstanding any law to the contrary, Laws 2019, chapter 60, article 3, section 4, shall be effective for contracts entered into on or after August 1, 2022.

(f) Notwithstanding any law to the contrary, the following sections enacted in Laws 2019, chapter 60, shall be effective July 1, 2021: article 4, sections 6 to 12.

(g) Notwithstanding any law to the contrary, Laws 2019, chapter 60, article 4, section 18, shall be effective July 1, 2022.

**EFFECTIVE DATE.** Paragraph (f) is effective the day following final enactment.

**Sec. 31. CONSUMER PROTECTIONS FOR ASSISTED LIVING CLIENTS.**

Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

(b) "Arranged home care provider" has the meaning given in Minnesota Statutes, section 144D.01, subdivision 2a.

(c) "Client" has the meaning given in Minnesota Statutes, section 144G.01, subdivision 3.

(d) "Client representative" means one of the following in the order of priority listed, to the extent the person may reasonably be identified and located:

(1) a court-appointed guardian acting in accordance with the powers granted to the guardian under Minnesota Statutes, chapter 524;

(2) a conservator acting in accordance with the powers granted to the conservator under Minnesota Statutes, chapter 524;

(3) a health care agent acting in accordance with the powers granted to the health care agent under Minnesota Statutes, chapter 145C;

(4) an attorney-in-fact acting in accordance with the powers granted to the attorney-in-fact by a written power of attorney under Minnesota Statutes, chapter 523; or

(5) a person who: (i) is not an agent of a facility or an agent of a home care provider; and (ii) is designated by the client orally or in writing to act on the client's behalf.

(e) "Facility" means: (1) a housing with services establishment registered under Minnesota Statutes, section 144D.02, and operating under title protection under Minnesota Statutes, sections 144G.01 to 144G.07; or (2) a housing with services establishment registered under Minnesota Statutes, section 144D.02, and required to disclose special care status under Minnesota Statutes, section 325F.72.

(f) "Home care provider" has the meaning given in Minnesota Statutes, section 144A.43, subdivision 4.

(g) "Safe location" means a location that does not place a client's health or safety at risk. A safe location is not a private home where the occupant is unwilling or unable to care for the client, a homeless shelter, a hotel, or a motel.

(h) "Service plan" has the meaning given in Minnesota Statutes, section 144A.43, subdivision 27.

(i) "Services" means services provided to a client by a home care provider according to a service plan.

**Subd. 2. Prerequisite to termination or nonrenewal of lease, services, or service plan.** (a) A facility must schedule and participate in a meeting with the client and the client representative before:

(1) the facility issues a notice of termination of a lease;

(2) the facility issues a notice of termination or nonrenewal of all services; or

(3) an arranged home care provider issues a notice of termination or nonrenewal of a service plan.

(b) The purposes of the meeting required under paragraph (a) are to:

(1) explain in detail the reasons for the proposed termination or nonrenewal; and

(2) identify and offer reasonable accommodations or modifications, interventions, or alternatives to avoid the termination or nonrenewal and enable the client to remain in the facility, including but not limited to securing services from another home care provider of the client's choosing. A facility is not required to offer accommodations, modifications, interventions, or alternatives that fundamentally alter the nature of the operation of the facility.

(c) The meeting required under paragraph (a) must be scheduled to take place at least seven days before a notice of termination or nonrenewal is issued. The facility must make reasonable efforts to ensure that the client and the client representative are able to attend the meeting.

(d) The facility must notify the client that the client may invite family members, relevant health professionals, a representative of the Office of Ombudsman for Long-Term Care, or other persons of the client's choosing to attend the meeting. For clients who receive home and community-based waiver services under Minnesota Statutes, section 256B.49, and Minnesota Statutes, chapter 256S, the facility must notify the client's case manager of the meeting.

**Subd. 3. Restrictions on lease terminations.** (a) A facility may not terminate a lease except as provided in this subdivision.

(b) Upon 30 days' prior written notice, a facility may initiate a termination of a lease only for:

(1) nonpayment of rent, provided the facility informs the client that public benefits may be available and provides contact information for the Senior LinkAge Line under Minnesota Statutes, section 256.975, subdivision 7. An interruption to a client's public benefits that lasts for no more than 60 days does not constitute nonpayment; or

(2) a violation of a lawful provision of the lease if the client does not cure the violation within a reasonable amount of time after the facility provides written notice to the client of the ability to cure. Written notice of the ability to cure may be provided in person or by first class mail. A facility is not required to provide a client with written notice of the ability to cure for a violation that threatens the health or safety of the client or another individual in the facility, or for a violation that constitutes illegal conduct.

(c) Upon 15 days' prior written notice, a facility may terminate a lease only if the client has:

(1) engaged in conduct that substantially interferes with the rights, health, or safety of other clients;

(2) engaged in conduct that substantially and intentionally interferes with the safety or physical health of facility staff; or

(3) committed an act listed in Minnesota Statutes, section 504B.171, that substantially interferes with the rights, health, or safety of other clients.

(d) Nothing in this subdivision affects the rights and remedies available to facilities and clients under Minnesota Statutes, chapter 504B.

**Subd. 4. Restrictions on terminations and nonrenewals of services and service plans.** (a) An arranged home care provider may not terminate or fail to renew a service plan of a client in a facility except as provided in this subdivision.

(b) Upon 30 days' prior written notice, an arranged home care provider may initiate a termination of services for nonpayment if the client does not cure the violation within a reasonable amount of time after the facility provides written notice to the client of the ability to cure. An interruption to a client's public benefits that lasts for no more than 60 days does not constitute nonpayment.

(c) Upon 15 days' prior written notice, an arranged home care provider may terminate or fail to renew a service plan only if:

(1) the client has engaged in conduct that substantially interferes with the client's health or safety;

(2) the client's assessed needs exceed the scope of services agreed upon in the service plan and are not otherwise offered by the arranged home care provider; or

(3) extraordinary circumstances exist, causing the arranged home care provider to be unable to provide the client with the services agreed to in the service plan that are necessary to meet the client's needs.

(d) A violation of paragraph (b) that would make it necessary for the client to move out of the facility in which the arranged home care provider is providing the services, constitutes a constructive eviction. A client alleging that an arranged home care provider is terminating services in violation of paragraph (b) may seek a temporary injunction against the termination under Minnesota Statutes, section 504B.381. The court may grant a temporary injunction upon a showing by the client that: (1) there is a genuine issue of material fact as to whether the arranged home care provider is terminating services in violation of paragraph (b); and (2) the termination would cause irreparable harm to the client. Upon a grant of a temporary injunction, the termination shall be automatically stayed while the underlying dispute is adjudicated in a court of competent jurisdiction. If a client prevails in an action brought under this paragraph, the client is entitled to reasonable attorney fees and court costs. During the period of time between the issuance of a temporary injunction and final adjudication of the underlying dispute, the client is responsible for contracting for those additional services the client needs from the arranged home care provider or another home care provider, and for ensuring that the costs for those additional services are covered.

**Subd. 5. Restriction on lease nonrenewals.** If a facility decides to not renew a client's lease, the facility must:

(1) provide the client with 60 calendar days' notice of the nonrenewal;

(2) ensure a coordinated move as provided under subdivision 7;

(3) consult and cooperate with the client; the client representative; the case manager of a client who receives home and community-based waiver services under Minnesota Statutes, section 256B.49, and Minnesota Statutes, chapter 256S; relevant health professionals; and any other person of the client's choosing, to make arrangements to move the client; and

(4) prepare a written plan to prepare for the move.

Subd. 6. Right to return. If a client is absent from a facility for any reason, the facility shall not refuse to allow a client to return if a lease termination has not been effectuated.

Subd. 7. Coordinated moves. (a) A facility or arranged home care provider, as applicable, must arrange a coordinated move for a client according to this subdivision if:

(1) a facility terminates a lease or closes the facility;

(2) an arranged home care provider terminates or does not renew a service plan; or

(3) an arranged home care provider reduces or eliminates services to the extent that the client needs to move.

(b) If an event listed in paragraph (a) occurs, the facility or arranged home care provider, as applicable, must:

(1) ensure a coordinated move to a safe location that is appropriate for the client and that is identified by the facility;

(2) ensure a coordinated move to an appropriate service provider identified by the facility, provided services are still needed and desired by the client; and

(3) consult and cooperate with the client; the client representative; the case manager for a client who receives home and community-based waiver services under Minnesota Statutes, section 256B.49, and Minnesota Statutes, chapter 256S; relevant health professionals; and any other person of the client's choosing, to make arrangements to move the client.

(c) A facility may satisfy the requirements in paragraph (b), clauses (1) and (2), by moving the client to a different location within the same facility, if appropriate for the client.

(d) A client may decline to move to the location the facility identifies or to accept services from a service provider the facility identifies, and may choose instead to move to a location of the client's choosing or receive services from a service provider of the client's choosing.

(e) Sixty days before the facility or arranged home care provider reduces or eliminates one or more services for a particular client, the facility must provide written notice of the reduction or elimination. If the facility, arranged home care provider, client, or client representative determines that the reduction or elimination of services will force the client to move to a new location, the facility must ensure a coordinated move in accordance with this subdivision, and must provide notice to the Office of Ombudsman for Long-Term Care.

(f) The facility or arranged home care provider, as applicable, must prepare a relocation plan to prepare for the move to the new location or service provider.

(g) With the client's knowledge and consent, if the client is relocated to another facility or to a nursing home, or if care is transferred to another service provider, the facility must timely convey to the new facility, nursing home, or service provider:

(1) the client's full name, date of birth, and insurance information;

(2) the name, telephone number, and address of the client representative, if any;

(3) the client's current, documented diagnoses that are relevant to the services being provided;

(4) the client's known allergies that are relevant to the services being provided;

(5) the name and telephone number of the client's physician, if known, and the current physician orders that are relevant to the services being provided;

(6) all medication administration records that are relevant to the services being provided;

(7) the most recent client assessment, if relevant to the services being provided; and

(8) copies of health care directives, "do not resuscitate" orders, and any guardianship orders or powers of attorney.

Subd. 8. **No waiver.** No facility or arranged home care provider may request or require that a client waive the client's rights or requirements under this section at any time or for any reason, including as a condition of admission to the facility.

**EFFECTIVE DATE.** This section is effective for contracts entered into on or after August 1, 2021, and expires July 31, 2022."

Delete the title and insert:

"A bill for an act relating to health; establishing contact tracing, case investigation, and follow-up services for persons with COVID-19; changing assisted living licensure and consumer protection provisions; appropriating money; amending Minnesota Statutes 2019 Supplement, sections 144.6502, subdivision 1; 144.6512, by adding a subdivision; 144A.20, subdivision 4; 144A.474, subdivisions 11, 14; 144A.4799, subdivision 1; 144G.07, by adding a subdivision; 144G.08, subdivisions 7, 9, 23, by adding a subdivision; 144G.09, subdivision 3; 144G.10, subdivision 1, by adding a subdivision; 144G.16, subdivision 1; 144G.401; 144G.42, subdivision 9, by adding a subdivision; 144G.45, subdivisions 2, 5, 6; 144G.92, subdivision 5; 144G.9999, subdivision 3; Laws 2019, chapter 60, article 1, sections 45; 46; 48; article 4, section 35; article 5, section 2; proposing coding for new law in Minnesota Statutes, chapter 144G."

With the recommendation that when so amended the bill be re-referred to the Committee on Ways and Means.

The report was adopted.

Pursuant to Joint Rule 2.03 and in accordance with Senate Concurrent Resolution No. 6, H. F. No. 4579 was re-referred to the Committee on Rules and Legislative Administration.

Halverson from the Committee on Commerce to which was referred:

H. F. No. 4597, A bill for an act relating to horse racing; modifying provisions relating to wagering and simulcasting; providing for certain waivers and expenditures; amending Minnesota Statutes 2018, sections 240.01, subdivisions 1b, 20; 240.25, subdivision 2; Minnesota Statutes 2019 Supplement, sections 240.10; 240.13, subdivision 5; repealing Minnesota Rules, part 7880.0010.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2019 Supplement, section 240.13, subdivision 5, is amended to read:

**Subd. 5. Purses.** (a) From the amounts deducted from all pari-mutuel pools by a licensee, including breakage, an amount equal to not less than the following percentages of all money in all pools must be set aside by the licensee and used for purses for races conducted by the licensee, provided that a licensee may agree by contract with an organization representing a majority of the horsepersons racing the breed involved to set aside amounts in addition to the following percentages, if the contract is in writing and reviewed by the commission for compliance with this subdivision:

- (1) for live races conducted at a class A facility, 8.4 percent of handle;
- (2) for simulcasts conducted any day a class A facility is licensed, not less than 37 percent of the amount remaining after deduction for the state pari-mutuel tax, payment to the breeders fund, and payment to the sending out-of-state racetrack for receipt of the signal.

The commission may by rule provide for the administration and enforcement of this subdivision. The deductions for payment to the sending out-of-state racetrack must be actual, except that when there exists any overlap of ownership, control, or interest between the sending out-of-state racetrack and the receiving licensee, the deduction must not be greater than three percent unless agreed to between the licensee and the horsepersons' organization representing the majority of horsepersons racing the breed racing the majority of races during the existing racing meeting or, if outside of the racing season, during the most recent racing meeting.

The licensee shall pay to the commission for deposit in the Minnesota breeders fund 5-1/2 percent of the takeout from all pari-mutuel pools generated by wagering at the licensee's facility on simulcasts of races not conducted in this state.

(b) The licensee shall pay to the horseperson's organization representing the majority of the horsepersons racing the breed involved and contracting with the licensee with respect to purses and the conduct of the racing meetings and providing representation to its members, an amount as may be determined by agreement by the licensee and the horsepersons' organization sufficient to provide for capital improvements and expense reimbursements specific to the operation of live racing at the licensee and beneficial to horsepersons racing at the licensee's facility, benevolent programs, benefits, and services for horsepersons and their on-track employees. The amount paid may be deducted from the money set aside for purses to be paid in races for the breed represented by the horseperson's organization or may be paid from breakage retained by the licensee from live or simulcast wagering as agreed between the licensee and horsepersons' organization. With respect to racing meetings where more than one breed is racing, the licensee may contract independently with the horseperson's organization representing each breed racing. The contract must be in writing and reviewed by the commission for compliance with this subdivision.

(c) Notwithstanding sections 325D.49 to 325D.66, a horseperson's organization representing the majority of the horsepersons racing a breed at a meeting, and the members thereof, may agree to withhold horses during a meeting.

(d) Money set aside for purses from wagering on simulcasts must be used for purses for live races involving the same breed involved in the simulcast except that money set aside for purses and payments to the breeders fund from wagering on simulcasts of races not conducted in this state, occurring during a live mixed meet, must be allotted to the purses and breeders fund for each breed participating in the mixed meet as agreed upon by the breed organizations participating in the live mixed meet. The agreement shall be in writing and reviewed by the commission for compliance with this subdivision prior to the first day of the live mixed meet. In the absence of a written agreement reviewed by the commission, the money set aside for purses and payments to the breeders fund from wagering on simulcasts, occurring during a live mixed meet, shall be allotted to each breed participating in the live mixed meet in the same proportion that the number of live races run by each breed bears to the total number of live races conducted during the period of the mixed meet.

(e) The allocation of money set aside for purses to particular racing meets may be adjusted, relative to overpayments and underpayments, by contract between the licensee and the horsepersons' organization representing the majority of horsepersons racing the breed involved at the licensee's facility. The contract must be in writing and reviewed by the commission for compliance with this subdivision.

(f) Subject to the provisions of this chapter, money set aside from pari-mutuel pools for purses must be for the breed involved in the race that generated the pool, except that if the breed involved in the race generating the pari-mutuel pool is not racing in the current racing meeting, or has not raced within the preceding 12 months at the licensee's class A facility, money set aside for purses may be distributed proportionately to those breeds that have run during the preceding 12 months or paid to the commission and used for purses or to promote racing for the breed involved in the race generating the pari-mutuel pool, or both, in a manner prescribed by the commission.

(g) This subdivision does not apply to a class D licensee.

Sec. 2. Minnesota Statutes 2019 Supplement, section 240.131, subdivision 7, is amended to read:

**Subd. 7. Payments to state.** (a) A regulatory fee is imposed at the rate of ~~one~~ two percent of all amounts wagered by Minnesota residents with an authorized advance deposit wagering provider. The fee shall be declared on a form prescribed by the commission. The ADW provider must pay the fee to the commission no more than 15 days after the end of the month in which the wager was made. Fees collected under this paragraph must be deposited in the state treasury and credited to a racing and card-playing regulation account in the special revenue fund and are appropriated to the commission to offset the costs associated with regulating horse racing and pari-mutuel wagering in Minnesota.

(b) A breeders fund fee is imposed in the amount of one-quarter of one percent of all amounts wagered by Minnesota residents with an authorized advance deposit wagering provider. The fee shall be declared on a form prescribed by the commission. The ADW provider must pay the fee to the commission no more than 15 days after the end of the month in which the wager was made. Fees collected under this paragraph must be deposited in the state treasury and credited to a racing and card-playing regulation account in the special revenue fund and are appropriated to the commission to offset the cost of administering the breeders fund and promote horse breeding in Minnesota.

Sec. 3. Minnesota Statutes 2018, section 240.30, subdivision 5, is amended to read:

**Subd. 5. Limitation.** The commission shall not authorize a licensee to operate a card club ~~unless if~~ the licensee has not conducted at least 50 days of live racing at a class A facility within the past 12 months or during the preceding calendar year unless the commission authorizes a shorter period because of circumstances beyond the licensee's control.

Sec. 4. Minnesota Statutes 2018, section 240.30, subdivision 9, is amended to read:

**Subd. 9. Reimbursement to commission.** The commission ~~shall~~ may require that the licensee reimburse it for the commission's actual costs, including personnel costs, of regulating the card club. Amounts received under this subdivision must be deposited as provided in section 240.155, subdivision 1.

Sec. 5. **EFFECTIVE DATE.**

Sections 1 to 4 are effective the day following final enactment and expire on December 31, 2021."

Delete the title and insert:

"A bill for an act relating to horse racing; modifying certain revenue and reimbursement provisions; granting certain discretion to the commission for operation of a card club; amending Minnesota Statutes 2018, section 240.30, subdivisions 5, 9; Minnesota Statutes 2019 Supplement, sections 240.13, subdivision 5; 240.131, subdivision 7."

With the recommendation that when so amended the bill be re-referred to the State Government Finance Division.

The report was adopted.

Pursuant to Joint Rule 2.03 and in accordance with Senate Concurrent Resolution No. 6, H. F. No. 4597 was re-referred to the Committee on Rules and Legislative Administration.

Poppe from the Agriculture and Food Finance and Policy Division to which was referred:

H. F. No. 4599, A bill for an act relating to agriculture; modifying the time period for the Farmer-Lender Mediation Act in 2020; amending Laws 2020, chapter 74, article 1, section 19.

Reported the same back with the recommendation that the bill be placed on the General Register.

The report was adopted.

Pursuant to Joint Rule 2.03 and in accordance with Senate Concurrent Resolution No. 6, H. F. No. 4599 was re-referred to the Committee on Rules and Legislative Administration.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4602, A bill for an act relating to economic development; modifying conditions for forgiveness of a loan from the Minnesota investment fund; amending Laws 2019, First Special Session chapter 7, article 1, section 2, subdivision 2, as amended.

Reported the same back with the recommendation that the bill be placed on the General Register.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4603, A bill for an act relating to transferring money to the 21st century fund; modifying small business emergency loans; amending Minnesota Statutes 2018, section 16A.152, subdivision 2; Laws 2020, chapter 71, article 1, section 11.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4605, A bill for an act relating to local government; authorizing counties, cities, and townships to accept certain documents or signatures electronically, by mail, or by facsimile.

Reported the same back with the recommendation that the bill be placed on the General Register.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

### **SECOND READING OF HOUSE BILLS**

H. F. Nos. 3104, 4137, 4206, 4429, 4602 and 4605 were read for the second time.

### **SECOND READING OF SENATE BILLS**

S. F. No. 3072 was read for the second time.

### **INTRODUCTION AND FIRST READING OF HOUSE BILLS**

The following House Files were introduced:

Wolgamott introduced:

H. F. No. 4642, A bill for an act relating to corrections; appropriating money for The Redemption Project to assist inmates to transition from incarceration to the community.

The bill was read for the first time and referred to the Public Safety and Criminal Justice Reform Finance and Policy Division.

Robbins introduced:

H. F. No. 4643, A bill for an act relating to economic development; modifying small business loan transfers; appropriating money for emergency small business grants and loans; amending Laws 2020, chapter 71, article 1, section 11.

The bill was read for the first time and referred to the Jobs and Economic Development Finance Division.

Liebling introduced:

H. F. No. 4644, A bill for an act relating to state government; modifying provisions governing children and family services, chemical and mental health services, health care, and health boards; amending child care assistance provisions; expanding the Opioid Response Council; modifying housing support provisions; modifying child

welfare provisions; changing certain health provisions; changing licensing fees for the Board of Executives for Long Term Services and Supports; making forecast adjustments; appropriating money; amending Minnesota Statutes 2018, sections 13.461, subdivision 16; 62U.04, subdivisions 5, 11, by adding subdivisions; 119B.125, subdivisions 1, 1a, 2; 119B.13, subdivision 1; 145.901; 152.25, by adding a subdivision; 152.35; 245F.02, subdivision 26; 245F.03; 254A.02, subdivision 8a; 254B.01, subdivision 5; 256.01, subdivisions 12, 12a; 256I.05, subdivisions 1a, 11; 260.012; 260C.151, subdivision 6; 260C.152, subdivision 5; 260C.175, subdivision 2; 260C.176, subdivision 2; 260C.181, subdivision 2; 260C.193, subdivision 3; 260C.202; 260C.203; 260C.204; 260C.212, subdivision 1; 260C.221; 260C.605, subdivision 1; 260C.607, subdivisions 2, 5, 6; 260C.613, subdivisions 1, 5; 626.556, subdivisions 3, 11d; Minnesota Statutes 2019 Supplement, sections 62U.04, subdivision 4; 119B.011, subdivision 19; 144A.291, subdivision 2; 152.29, subdivision 1; 256.042, subdivision 2; 256B.0759, subdivisions 3, 4; 260C.178, subdivision 1; 260C.201, subdivisions 1, 2; 260C.212, subdivision 2; 626.556, subdivision 2; Laws 2019, chapter 63, article 3, section 1; Laws 2019, First Special Session chapter 9, article 14, section 2, subdivisions 2, 24, 30, 31, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapters 115; 145; repealing Minnesota Statutes 2018, section 119B.125, subdivision 5; Minnesota Statutes 2019 Supplement, section 254B.03, subdivision 4a; Minnesota Rules, parts 9530.6600, subparts 1, 3; 9530.6605, subparts 1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 13, 14, 21a, 21b, 24a, 25, 25a, 26; 9530.6610, subparts 1, 2, 3, 5; 9530.6615; 9530.6620; 9530.6622; 9530.6655.

The bill was read for the first time and referred to the Health and Human Services Finance Division.

Carlson, L., introduced:

H. F. No. 4645, A bill for an act relating to state government; extending the COVID-19 Minnesota fund; amending Laws 2020, chapter 71, article 1, section 7, subdivision 1.

The bill was read for the first time and referred to the Committee on Ways and Means.

## MESSAGES FROM THE SENATE

The following message was received from the Senate:

Madam Speaker:

I hereby announce the passage by the Senate of the following Senate Files, herewith transmitted:

S. F. Nos. 1805, 3357 and 3800.

CAL R. LUDEMAN, Secretary of the Senate

## FIRST READING OF SENATE BILLS

S. F. No. 1805, A bill for an act relating to youth employment; allowing 16 and 17 year olds to be employed to operate certain lawn care equipment; proposing coding for new law in Minnesota Statutes, chapter 181A.

The bill was read for the first time and referred to the Committee on Government Operations.

S. F. No. 3357, A bill for an act relating to civil law; making policy, technical, and conforming changes to law related to guardianships, minor trusts, common interest ownerships, and garnishment; amending Minnesota Statutes 2018, sections 484.76, subdivision 2; 515B.1-102; 515B.2-118; 524.5-102, subdivisions 6, 7, 13a, by adding subdivisions; 524.5-104; 524.5-110; 524.5-113; 524.5-120; 524.5-205; 524.5-211; 524.5-303; 524.5-304; 524.5-307; 524.5-310; 524.5-311; 524.5-313; 524.5-316; 524.5-317; 524.5-403; 524.5-406; 524.5-408; 524.5-409; 524.5-411; 524.5-412; 524.5-414; 524.5-415; 524.5-416; 524.5-417; 524.5-420; 524.5-423; 524.5-431; 524.5-502; 527.32; 527.33; 527.40; 527.42; 550.136, subdivisions 3, 4, 5, 9, 10, 12; 551.04, subdivisions 2, 11; 551.06, subdivisions 3, 4, 5, 9, 12; 571.72, subdivisions 2, 7; 571.73, subdivision 3; 571.74; 571.75, subdivisions 1, 2; 571.922; 571.923; 609.748, subdivision 2; 611A.01; proposing coding for new law in Minnesota Statutes, chapter 524.

The bill was read for the first time.

Lesch moved that S. F. No. 3357 and H. F. No. 3517, now on the General Register, be referred to the Chief Clerk for comparison. The motion prevailed.

S. F. No. 3800, A bill for an act relating to commerce; regulating certain conduct relating to the timing of money transmission; amending Minnesota Statutes 2018, section 53B.18.

The bill was read for the first time and referred to the Committee on Commerce.

ANNOUNCEMENT BY THE SPEAKER  
PURSUANT TO RULE 1.15(c)

A message from the Senate was received requesting concurrence by the House to amendments adopted by the Senate to the following House File:

H. F. No. 745.

REPORTS FROM THE COMMITTEE ON RULES  
AND LEGISLATIVE ADMINISTRATION

Winkler from the Committee on Rules and Legislative Administration, pursuant to rules 1.21 and 3.33, designated the following bills to be placed on the Calendar for the Day for Saturday, May 9, 2020 and established a prefiling requirement for amendments offered to the following bills:

S. F. No. 1098; H. F. Nos. 331 and 4582; S. F. No. 2939; H. F. No. 3126; S. F. No. 4091; and H. F. Nos. 3356 and 4044.

Winkler from the Committee on Rules and Legislative Administration, pursuant to rules 1.21 and 3.33, designated the following bills to be placed on the Calendar for the Day for Monday, May 11, 2020 and established a prefiling requirement for amendments offered to the following bills:

H. F. Nos. 2768, 2385 and 4502.

Winkler moved that the House recess subject to the call of the Chair. The motion prevailed.

RECESS

RECONVENED

The House reconvened and was called to order by the Speaker.

There being no objection, the order of business reverted to Reports of Standing Committees and Divisions.

### **REPORTS OF STANDING COMMITTEES AND DIVISIONS**

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 3089, A bill for an act relating to higher education; appropriating money for the addiction medicine graduate medical education fellowship program.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 3232, A bill for an act relating to education; creating a pilot project for training career and technical education teachers; appropriating money.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 3392, A bill for an act relating to higher education; providing for policy changes for the Office of Higher Education, including financial aid, institutional approval, and the Minnesota college savings plan; establishing and increasing fees; requiring a report; amending Minnesota Statutes 2018, sections 124D.09,

subdivision 10a; 135A.15, subdivision 1a; 136A.01, subdivision 1; 136A.031, subdivision 3; 136A.103; 136A.121, by adding a subdivision; 136A.125, subdivision 3; 136A.1275, subdivision 1; 136A.1701, subdivision 4; 136A.1791, subdivisions 1, 3; 136A.1795, subdivision 4; 136A.65, subdivisions 4, 7, 8; 136A.653, subdivision 1; 136A.657, subdivisions 1, 2, 3; 136A.658; 136A.675; 136A.69, subdivisions 1, 4, by adding a subdivision; 136A.824, subdivision 4, by adding a subdivision; 136A.827, subdivision 4; 136A.829, subdivision 1; 136A.833, subdivision 1; 136A.834, subdivisions 1, 2; 136G.01; 136G.03, subdivisions 8, 10, 11, 20, 31, by adding a subdivision; 136G.05, subdivisions 2, 5, 7; 136G.09, subdivisions 6, 8; 136G.11, subdivisions 11, 13; 136G.13; 136G.14; Minnesota Statutes 2019 Supplement, sections 136A.64, subdivision 1; 136A.646; proposing coding for new law in Minnesota Statutes, chapter 136A; repealing Minnesota Statutes 2018, sections 136G.03, subdivisions 4, 22; 136G.05, subdivision 6.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4257, A bill for an act relating to education; amending teacher license renewal requirements to include mental illness training; amending Minnesota Statutes 2018, sections 122A.181, subdivision 3; 122A.182, subdivision 3; 122A.187, subdivision 6.

Reported the same back with the recommendation that the bill be placed on the General Register.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4490, A bill for an act relating to agriculture; providing supplemental agriculture-related appropriations for farm and rural mental health services, farmers assistance, farm advocate services, farm safety, veterinary diagnostic equipment, farm loan origination fee assistance, and retail food handler safety; providing farm safety grant and outreach programs; making technical changes; amending Minnesota Statutes 2018, section 31.175; Laws 2019, First Special Session chapter 1, article 1, section 2, subdivisions 3, 5, as amended; proposing coding for new law in Minnesota Statutes, chapter 17.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4527, A bill for an act relating to state government; changing the name of the Office of MN.IT Services; changing provisions in chapter 16E; amending Minnesota Statutes 2018, sections 16E.01; 16E.016; 16E.02; 16E.03, subdivisions 2, 3, 6; 16E.036; 16E.04, subdivision 3; 16E.0465, subdivision 2; 16E.05, subdivision 1; 16E.07, subdivision 12; 16E.21, subdivision 2; 97A.057, subdivision 1; Minnesota Statutes 2019 Supplement, section 16E.03, subdivision 1; repealing Minnesota Statutes 2018, sections 16E.0466, subdivision 1; 16E.05, subdivision 3; 16E.071; 16E.145.

Reported the same back with the recommendation that the bill be placed on the General Register.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4536, A bill for an act relating to state government; establishing a Legislative Commission on Cybersecurity; providing legislative appointments; changing the name of the Office of MN.IT Services; changing provisions in chapter 16E; amending Minnesota Statutes 2018, sections 16E.01; 16E.016; 16E.02; 16E.03, subdivisions 2, 3, 6; 16E.036; 16E.04, subdivision 3; 16E.0465, subdivision 2; 16E.05, subdivision 1; 16E.07, subdivision 12; 16E.21, subdivision 2; 97A.057, subdivision 1; Minnesota Statutes 2019 Supplement, section 16E.03, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 3; repealing Minnesota Statutes 2018, sections 16E.0466, subdivision 1; 16E.05, subdivision 3; 16E.071; 16E.145.

Reported the same back with the recommendation that the bill be re-referred to the State Government Finance Division.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4542, A bill for an act relating to education; making certain policy changes for prekindergarten through grade 12 education including general education, education excellence, facilities and fund transfers, distance learning, state agency emergency powers, making COVID-19 formula adjustments, and making corrections to 2019 law for certain referendum provisions and appropriations; making forecast adjustments to funding for general education, education excellence, teachers, special education, facilities, fund transfers, and accounting, nutrition and libraries, early childhood, and community education and lifelong learning; requiring reports; amending Minnesota Statutes 2018, sections 124D.83, by adding a subdivision; 126C.10, subdivision 3; 126C.17, subdivision 7b; 134.355, subdivision 8; Minnesota Statutes 2019 Supplement, sections 123B.92, subdivision 1; 124D.68, subdivision 2; 126C.17, subdivision 2; Laws 2016, chapter 189, article 25, section 58, as amended; Laws 2019, First Special Session chapter 11, article 1, section 25, subdivisions 2, 3, 4, 6, 7, 9; article 2, section 33, subdivisions 2, 3, 4, 5, 6, 16, 23; article 3, section 23, subdivisions 3, 6, 8; article 4, section 11, subdivisions 2, 3, 4, 5; article 6, section 7, subdivisions 2, 3, 6; article 7, section 1, subdivisions 2, 3, 4; article 8, section 13, subdivisions 5, 6, 14; article 9, section 3, subdivisions 2, 8; article 10, sections 5, subdivision 2; 6; 7; 8, subdivision 1.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4579, A bill for an act relating to health; establishing contact tracing, case investigation, and follow-up services for persons with COVID-19; changing assisted living licensure and consumer protection provisions; appropriating money; amending Minnesota Statutes 2019 Supplement, sections 144.6502, subdivision 1; 144.6512, by adding a subdivision; 144A.20, subdivision 4; 144A.474, subdivisions 11, 14; 144A.4799, subdivision 1; 144G.07, by adding a subdivision; 144G.08, subdivisions 7, 9, 23, by adding a subdivision; 144G.09, subdivision 3; 144G.10, subdivision 1, by adding a subdivision; 144G.16, subdivision 1; 144G.401; 144G.42, subdivision 9, by adding a subdivision; 144G.45, subdivisions 2, 5, 6; 144G.92, subdivision 5; 144G.9999, subdivision 3; Laws 2019, chapter 60, article 1, sections 45; 46; 48; article 4, section 35; article 5, section 2; proposing coding for new law in Minnesota Statutes, chapter 144G.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

H. F. No. 4597, A bill for an act relating to horse racing; modifying certain revenue and reimbursement provisions; granting certain discretion to the commission for operation of a card club; amending Minnesota Statutes 2018, section 240.30, subdivisions 5, 9; Minnesota Statutes 2019 Supplement, sections 240.13, subdivision 5; 240.131, subdivision 7.

Reported the same back with the recommendation that the bill be re-referred to the State Government Finance Division.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

Winkler from the Committee on Rules and Legislative Administration to which was referred:

S. F. No. 2130, A bill for an act relating to liquor; allowing the Metropolitan Airports Commission to set on-sale hours in security areas of Minneapolis-St. Paul International Airport; providing for an accounting adjustment; authorizing various local licenses; amending Minnesota Statutes 2018, sections 340A.5041; 340A.602; Laws 1999, chapter 202, section 13, as amended.

Reported the same back with the recommendation that the bill be placed on the General Register.

Joint Rule 2.03 has been waived for any subsequent committee action on this bill.

The report was adopted.

## SECOND READING OF HOUSE BILLS

H. F. Nos. 4257 and 4527 were read for the second time.

## SECOND READING OF SENATE BILLS

S. F. No. 2130 was read for the second time.

## CALENDAR FOR THE DAY

H. F. No. 1507 was reported to the House.

Kresha moved to amend H. F. No. 1507, the second engrossment, as follows:

Page 6, delete section 1 and insert:

"Section 1. **DISTANCE LEARNING BROADBAND ACCESS FUNDING.**

Subdivision 1. Definitions. For the purposes of this section, "commissioner" means the commissioner of education, and "school" means a school district, charter school, or cooperative unit.

Subd. 2. Establishment; purpose. A distance learning broadband access funding program is established in the Department of Education to provide wireless or wire-line broadband access for a limited duration to students currently lacking Internet access so that the students may participate in distance learning offered by school districts and charter schools during the peacetime public health emergency period that relates to the infectious disease known as COVID-19.

Subd. 3. Grants. (a) A Minnesota school applying for a grant award under this section must file an application with the commissioner on a form developed by the commissioner. The commissioner may consult with the commissioner of employment and economic development when developing the form.

(b) An application for a grant under this subdivision must describe a school's approach to identify and prioritize access for students unable to access the Internet for distance learning and may include a description of local or private matching grants or in-kind contributions.

(c) A school may develop its application in cooperation with the school's community education department, the school's adult basic education program provider, a public library, an Internet service provider, or other community partner.

(d) The commissioner must prioritize applicants based on (1) the location of a school in or near an unserved area of the state according to the Department of Employment and Economic Development, (2) the percentage of students that live in a household without wired or wireless broadband service, and (3) the percentage of students that were provided Internet access by the school under subdivision 3, clause (3).

(e) The commissioner must develop administrative procedures governing the application and grant award process.

(f) The commissioner must establish a minimum and maximum per-pupil amount for grants awarded under this section based on (1) the number of schools that apply for a grant, (2) the total amount of money requested in the applications, and (3) the availability of federal money that may be used for a similar purpose.

**Subd. 4. Eligible expenditures.** Aid received under this section must be used to:

(1) provide a student with the equipment necessary for the student to use a broadband connection to access learning materials available on the Internet through a mobile wireless or wire-line broadband connection;

(2) pay for actual costs incurred to provide emergency distance learning wireless or wire-line broadband access during the 2019-2020 school year; and

(3) pay for the cost of wireless or wire-line broadband Internet access for households with students that did not otherwise have Internet access before March 13, 2020, for the 2019-2020 school year.

**Subd. 5. Schools to report expenditures.** Every school that receives aid under this section must submit a report to the commissioner of education by February 15, 2021, documenting its expenditures and describing the onetime and permanent improvements made to its distance learning access delivery system.

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

Page 9, delete lines 12 to 22 and insert:

"(a) \$15,000,000 in fiscal year 2020 is appropriated from any account or fund where the Governor's Emergency Education Relief portion of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law 116-136, money has been deposited, and the corresponding amount appropriated under this act cancels to the general fund to the commissioner of employment and economic development for transfer to the commissioner of education for emergency distance learning wireless or wire-line broadband access for student grants for schools under this article. This is a onetime appropriation."

Page 10, line 13, after "under" insert "paragraphs (b) and (c) of"

A roll call was requested and properly seconded.

Kresha moved to amend the Kresha amendment to H. F. No. 1507, the second engrossment, as follows:

Page 2, line 31, after the period, insert "Up to \$3,000,000 of the appropriation in this paragraph is to provide 5G wireless data hot spots, including the temporary placement of small wireless facilities, in Minneapolis and St. Paul, to target distance learning broadband access to neighborhoods with high numbers or high percentages of households with school age children who have limited or no broadband access."

A roll call was requested and properly seconded.

The question was taken on the Kresha amendment to the Kresha amendment and the roll was called. There were 57 yeas and 76 nays as follows:

Those who voted in the affirmative were:

Albright	Dettmer	Haley	Layman	Novotny	Scott
Anderson	Drazkowski	Hamilton	Lucero	O'Driscoll	Swedzinski
Backer	Erickson	Heinrich	Lueck	O'Neill	Theis
Baker	Fabian	Heintzman	McDonald	Petersburg	Torkelson
Bennett	Franson	Hertaus	Mekeland	Pierson	Urdahl
Boe	Garofalo	Johnson	Miller	Poston	Vogel
Daniels	Green	Jurgens	Nash	Quam	West
Dautt	Grossell	Kiel	Nelson, N.	Robbins	
Davids	Gruenhagen	Koznick	Neu	Runbeck	
Demuth	Gunther	Kresha	Nornes	Schomacker	

Those who voted in the negative were:

Acomb	Davnie	Hornstein	Lippert	Noor	Sundin
Bahner	Dehn	Howard	Lislegard	Olson	Tabke
Bahr	Ecklund	Huot	Long	Pelowski	Vang
Becker-Finn	Edelson	Jordan	Mahoney	Persell	Wagenius
Bernardy	Elkins	Klevorn	Mann	Pinto	Wazlawik
Bierman	Fischer	Koegel	Mariani	Poppe	Winkler
Brand	Freiberg	Kotyza-Witthuhn	Marquart	Pryor	Wolgamott
Cantrell	Gomez	Kunesh-Podein	Masin	Richardson	Xiong, J.
Carlson, A.	Halverson	Lee	Moller	Sandell	Xiong, T.
Carlson, L.	Hansen	Lesch	Morrison	Sandstede	Youakim
Christensen	Hassan	Liebling	Munson	Sauke	Spk. Hortman
Claflin	Hausman	Lien	Murphy	Schultz	
Considine	Her	Lillie	Nelson, M.	Stephenson	

The motion did not prevail and the amendment to the amendment was not adopted.

The question recurred on the Kresha amendment and the roll was called. There were 57 yeas and 77 nays as follows:

Those who voted in the affirmative were:

Albright	Dettmer	Haley	Layman	Novotny	Scott
Anderson	Drazkowski	Hamilton	Lucero	O'Driscoll	Swedzinski
Backer	Erickson	Heinrich	Lueck	O'Neill	Theis
Baker	Fabian	Heintzman	McDonald	Petersburg	Torkelson
Bennett	Franson	Hertaus	Mekeland	Pierson	Urdahl
Boe	Garofalo	Johnson	Miller	Poston	Vogel
Daniels	Green	Jurgens	Nash	Quam	West
Dautt	Grossell	Kiel	Nelson, N.	Robbins	
Davids	Gruenhagen	Koznick	Neu	Runbeck	
Demuth	Gunther	Kresha	Nornes	Schomacker	

Those who voted in the negative were:

Acomb	Becker-Finn	Brand	Carlson, L.	Considine	Ecklund
Bahner	Bernardy	Cantrell	Christensen	Davnie	Edelson
Bahr	Bierman	Carlson, A.	Claflin	Dehn	Elkins

Fischer	Huot	Lillie	Moran	Poppe	Vang
Freiberg	Jordan	Lippert	Morrison	Pryor	Wagenius
Gomez	Klevorn	Lislegard	Munson	Richardson	Wazlawik
Halverson	Koegel	Long	Murphy	Sandell	Winkler
Hansen	Kotyza-Witthuhn	Mahoney	Nelson, M.	Sandstede	Wolgamott
Hassan	Kunesh-Podein	Mann	Noor	Sauke	Xiong, J.
Hausman	Lee	Mariani	Olson	Schultz	Xiong, T.
Her	Lesch	Marquart	Pelowski	Stephenson	Youakim
Hornstein	Liebling	Masin	Persell	Sundin	Spk. Hortman
Howard	Lien	Moller	Pinto	Tabke	

The motion did not prevail and the amendment was not adopted.

Hertaus offered an amendment to H. F. No. 1507, the second engrossment.

#### POINT OF ORDER

Becker-Finn raised a point of order pursuant to rule 3.21 that the Hertaus amendment was not in order. The Speaker ruled the point of order well taken and the Hertaus amendment out of order.

Hertaus appealed the decision of the Speaker.

A roll call was requested and properly seconded.

The vote was taken on the question "Shall the decision of the Speaker stand as the judgment of the House?" and the roll was called. There were 75 yeas and 59 nays as follows:

Those who voted in the affirmative were:

Acmb	Dehn	Howard	Lislegard	Olson	Tabke
Bahner	Ecklund	Huot	Long	Pelowski	Vang
Becker-Finn	Edelson	Jordan	Mahoney	Persell	Wagenius
Bernardy	Elkins	Klevorn	Mann	Pinto	Wazlawik
Bierman	Fischer	Koegel	Mariani	Poppe	Winkler
Brand	Freiberg	Kotyza-Witthuhn	Marquart	Pryor	Wolgamott
Cantrell	Gomez	Kunesh-Podein	Masin	Richardson	Xiong, J.
Carlson, A.	Halverson	Lee	Moller	Sandell	Xiong, T.
Carlson, L.	Hansen	Lesch	Moran	Sandstede	Youakim
Christensen	Hassan	Liebling	Morrison	Sauke	Spk. Hortman
Claflin	Hausman	Lien	Murphy	Schultz	
Considine	Her	Lillie	Nelson, M.	Stephenson	
Davnie	Hornstein	Lippert	Noor	Sundin	

Those who voted in the negative were:

Albright	Baker	Daudt	Drazkowski	Garofalo	Gunther
Anderson	Bennett	Davids	Erickson	Green	Haley
Backer	Boe	Demuth	Fabian	Grossell	Hamilton
Bahr	Daniels	Dettmer	Franson	Gruenhagen	Heinrich

Heintzman	Kresha	Miller	Novotny	Quam	Theis
Hertaus	Layman	Munson	O'Driscoll	Robbins	Torkelson
Johnson	Lucero	Nash	O'Neill	Runbeck	Urdahl
Jurgens	Lueck	Nelson, N.	Petersburg	Schomacker	Vogel
Kiel	McDonald	Neu	Pierson	Scott	West
Koznick	Mekeland	Nornes	Poston	Swedzinski	

So it was the judgment of the House that the decision of the Speaker should stand.

Drazkowski offered an amendment to H. F. No. 1507, the second engrossment.

#### POINT OF ORDER

Becker-Finn raised a point of order pursuant to rule 3.21 that the Drazkowski amendment was not in order. The Speaker ruled the point of order well taken and the Drazkowski amendment out of order.

H. F. No. 1507, A bill for an act relating to state government; establishing the COVID-19 Economic Security Act; modifying loans during public health emergency; providing for small business loans and grants; providing grants for expanding broadband and telemedicine; providing housing assistance; expanding personal care assistance services; increasing personal care assistant rates; providing penalties; appropriating money; amending Minnesota Statutes 2018, section 48.512, subdivisions 2, 3; Minnesota Statutes 2019 Supplement, sections 256B.0659, subdivision 11; 256B.85, subdivision 16.

The bill was read for the third time and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 75 yeas and 58 nays as follows:

Those who voted in the affirmative were:

Acomb	Dehn	Howard	Lislegard	Olson	Tabke
Bahner	Ecklund	Huot	Long	Pelowski	Vang
Becker-Finn	Edelson	Jordan	Mahoney	Persell	Wagenius
Bernardy	Elkins	Klevorn	Mann	Pinto	Wazlawik
Bierman	Fischer	Koegel	Mariani	Poppe	Winkler
Brand	Freiberg	Kotyza-Withuhn	Marquart	Pryor	Wolgamott
Cantrell	Gomez	Kunesh-Podein	Masin	Richardson	Xiong, J.
Carlson, A.	Halverson	Lee	Moller	Sandell	Xiong, T.
Carlson, L.	Hansen	Lesch	Moran	Sandstede	Youakim
Christensen	Hassan	Liebling	Morrison	Sauke	Spk. Hortman
Claflin	Hausman	Lien	Murphy	Schultz	
Considine	Her	Lillie	Nelson, M.	Stephenson	
Davnie	Hornstein	Lippert	Noor	Sundin	

Those who voted in the negative were:

Albright	Bahr	Boe	Davids	Drazkowski	Franson
Anderson	Baker	Daniels	Demuth	Erickson	Garofalo
Backer	Bennett	Daudt	Dettmer	Fabian	Green

Grossell	Hertaus	Lucero	Neu	Poston	Theis
Gruenhagen	Johnson	Lueck	Nornes	Quam	Torkelson
Gunther	Jurgens	McDonald	Novotny	Robbins	Urdahl
Haley	Kiel	Miller	O'Driscoll	Runbeck	Vogel
Hamilton	Koznick	Munson	O'Neill	Schomacker	West
Heinrich	Kresha	Nash	Petersburg	Scott	
Heintzeman	Layman	Nelson, N.	Pierson	Swedzinski	

The bill was passed and its title agreed to.

**ANNOUNCEMENT BY THE SPEAKER**  
**PURSUANT TO RULE 1.15(c)**

A message from the Senate was received requesting concurrence by the House to amendments adopted by the Senate to the following House File:

H. F. No. 3429.

**MOTIONS AND RESOLUTIONS**

Moran moved that the name of Kunesh-Podein be added as an author on H. F. No. 1050. The motion prevailed.

Albright moved that his name be stricken as an author on H. F. No. 1507. The motion prevailed.

Stephenson moved that the name of Hassan be added as an author on H. F. No. 1507. The motion prevailed.

Claflin moved that the name of Lippert be added as an author on H. F. No. 2274. The motion prevailed.

Christensen moved that the name of Morrison be added as an author on H. F. No. 3202. The motion prevailed.

Hornstein moved that the name of Lillie be added as an author on H. F. No. 3837. The motion prevailed.

Stephenson moved that the name of Moller be added as an author on H. F. No. 4502. The motion prevailed.

Sundin moved that the name of Jordan be added as an author on H. F. No. 4621. The motion prevailed.

Olson moved that the names of Becker-Finn, Tabke and Runbeck be added as authors on H. F. No. 4640. The motion prevailed.

Schultz moved that S. F. No. 2466 be recalled from the Judiciary Finance and Civil Law Division and together with H. F. No. 2475, now on the General Register, be referred to the Chief Clerk for comparison. The motion prevailed.

## ADJOURNMENT

Winkler moved that when the House adjourns today it adjourn until 1:30 p.m., Saturday, May 9, 2020. The motion prevailed.

Winkler moved that the House adjourn. The motion prevailed, and the Speaker declared the House stands adjourned until 1:30 p.m., Saturday, May 9, 2020.

PATRICK D. MURPHY, Chief Clerk, House of Representatives

8262

JOURNAL OF THE HOUSE

[89TH DAY