

STATE OF MINNESOTA

Journal of the House

NINETY-FOURTH SESSION — 2026

SIXTY-EIGHTH LEGISLATIVE DAY

SAINT PAUL, MINNESOTA, MONDAY, MAY 4, 2026

The House of Representatives convened at 1:00 p.m. and was called to order by Heather Keeler, Speaker pro tempore.

Prayer was offered by Sharon Day, Executive Director, Indigenous Peoples Task Force, Minneapolis, 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	Dippel	Harder	Kraft	Norris	Skraba
Agbaje	Dotseth	Heintzeman	Kresha	Novotny	Smith
Allen	Duran	Hicks	Lawrence	O'Driscoll	Stephenson
Altendorf	Elkins	Hill	Lee, F.	Olson	Stier
Anderson, P. E.	Engen	Hollins	Lee, K.	Pérez-Vega	Swedzinski
Anderson, P. H.	Falconer	Howard	Lee, X.	Perryman	Tabke
Backer	Feist	Hudson	Liebling	Pinto	Torkelson
Bahner	Finke	Huot	Lillie	Pursell	Van Binsbergen
Bakeberg	Fischer	Hussein	Long	Quam	Vang
Baker	Fogelman	Igo	Luger-Nikolai	Rarick	Virmig
Bennett	Franson	Jacob	Mahamoud	Rehm	Warwas
Berg	Frazier	Johnson, P.	McDonald	Rehrauer	West
Bierman	Frederick	Johnson, W.	Mekeland	Repinski	Wiener
Bliss	Freiberg	Jones	Moller	Reyer	Witte
Buck	Gander	Jordan	Momanyi-Hiltsley	Roach	Wolgamott
Burkel	Gillman	Joy	Mueller	Robbins	Xiong
Carroll	Gomez	Keeler	Murphy	Rymer	Youakim
Cha	Gordon	Klevorn	Myers	Schomacker	Zelevnikar
Clardy	Gottfried	Knudsen	Nadeau	Schultz	Spk. Demuth
Coulter	Greene	Koegel	Nash	Schwartz	
Curran	Greenman	Kotyza-Witthuhn	Nelson	Scott	
Davids	Hansen, R.	Kozlowski	Niska	Sencer-Mura	
Davis	Hanson, J.	Koznick	Noor	Sexton	

A quorum was present.

Pursuant to Rule 10.05, relating to Remote House Operations, the Speaker permitted the following member to vote via remote means: Bliss.

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Pursuant to Rule 10.05, relating to Remote House Operations, the DFL Caucus Leader permitted the following members to vote via remote means: Hussein and Momanyi-Hiltsley.

Pursuant to Rule 10.05, relating to Remote House Operations, the DFL Caucus Leader permitted the following member to vote via remote means between the hours of 1:00 p.m. and 10:15 p.m.: Pérez-Vega.

The Speaker assumed the Chair.

Niska 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.

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

PETITIONS AND COMMUNICATIONS

The following communications were received:

STATE OF MINNESOTA
OFFICE OF THE GOVERNOR
SAINT PAUL 55155

April 29, 2026

The Honorable Lisa Demuth
Speaker of the House of Representatives
The State of Minnesota

Dear Speaker Demuth:

Please be advised that I have received, approved, signed, and deposited in the Office of the Secretary of State the following House Files:

H. F. No. 3467, relating to veterans; allowing the commissioner of veterans affairs to direct agency resources to veterans' initiatives; requiring reports.

H. F. No. 3718, relating to animals; modifying provisions relating to the practice of veterinary medicine and veterinary technology.

H. F. No. 4241, relating to elections; modifying certain selection procedures for the Hennepin County medical examiner; modifying school board procedure for Independent School District No. 535; requiring economic interest disclosure for certain park district board candidates.

H. F. No. 4118, relating to financial institutions; authorizing credit unions to obtain insurance from a credit union share insurance provider; regulating credit union share guaranty corporations; making conforming changes.

H. F. No. 3699, relating to natural resources; adding requirements for state park license plate contest.

H. F. No. 3437, relating to commerce; modifying the application of residential mortgage loan fees and penalties in certain instances.

H. F. No. 1410, relating to public safety; modifying correctional and peace officer disciplinary procedures.

Sincerely,

TIM WALZ
Governor

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
ST. PAUL 55155

The Honorable Lisa Demuth
Speaker of the House of Representatives

The Honorable Bobby Joe Champion
President of the Senate

I have the honor to inform you that the following enrolled Acts of the 2026 Session of the State Legislature have been received from the Office of the Governor and are deposited in the Office of the Secretary of State for preservation, pursuant to the State Constitution, Article IV, Section 23:

<i>S. F. No.</i>	<i>H. F. No.</i>	<i>Session Laws Chapter No.</i>	<i>Time and Date Approved 2026</i>	<i>Date Filed 2026</i>
	3467	52	11:16 a.m. April 29	April 29
	3718	53	11:16 a.m. April 29	April 29
3832		54	11:16 a.m. April 29	April 29
	4241	55	11:17 a.m. April 29	April 29
	4118	56	11:18 a.m. April 29	April 29
	3699	57	11:18 a.m. April 29	April 29
	3437	58	11:20 a.m. April 29	April 29
	1410	59	11:20 a.m. April 29	April 29
3958		60	11:21 a.m. April 29	April 29
3622		61	11:21 a.m. April 29	April 29

Sincerely,

STEVE SIMON
Secretary of State

REPORTS OF STANDING COMMITTEES AND DIVISIONS

Frazier and Torkelson from the Committee on Ways and Means to which was referred:

H. F. No. 1695, A bill for an act relating to transportation; appropriating money for the Civil Air Patrol.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. Laws 2025, First Special Session chapter 8, article 1, section 3, subdivision 1, is amended to read:

Subdivision 1. Total Appropriation	\$114,258,000	\$120,091,000
	<u>123,181,000</u>	<u>131,011,000</u>

The appropriations in this section are from the general fund to the Metropolitan Council.

Sec. 2. Laws 2025, First Special Session chapter 8, article 1, section 3, subdivision 3, is amended to read:

Subd. 3. Special Transportation Service	112,507,000	118,340,000
	<u>121,430,000</u>	<u>129,260,000</u>

This appropriation is for special transportation service under Minnesota Statutes, section 473.386, including Metro Mobility and Metro Move."

Delete the title and insert:

"A bill for an act relating to transportation; Metropolitan Council; making forecast adjustments to special transportation service; appropriating money; amending Laws 2025, First Special Session chapter 8, article 1, section 3, subdivisions 1, 3."

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

The report was adopted.

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

H. F. No. 1849, A bill for an act relating to elections; providing term limits for governor and lieutenant governor; proposing an amendment to the Minnesota Constitution, article V, section 2.

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

The report was adopted.

Frazier and Torkelson from the Committee on Ways and Means to which was referred:

H. F. No. 4466, A bill for an act relating to state government; modifying provisions relating to health-related licensing boards, the Department of Health, directed payments, and medical assistance federal conformity; expanding allowable disclosures to commissioner of human services; establishing work or community engagement requirements; establishing fees; appropriating money; amending Minnesota Statutes 2024, sections 13.381, subdivision 20; 62U.04, subdivisions 4, 13, by adding a subdivision; 116J.035, by adding a subdivision; 144.1222, subdivision 4, by adding a subdivision; 144.1501, subdivision 2; 144.1503, subdivision 7; 144.1505, subdivisions 1, 2, 3; 144.1507, subdivisions 1, 2, 4, by adding a subdivision; 144.1911, subdivisions 1, 5, 6; 148.65, subdivisions 5, 6; 148.706, subdivisions 1, 2, 3; 149A.02, subdivision 26; 149A.20, subdivisions 6, 7; 149A.30, subdivision 1; 149A.91, subdivision 3; 149A.94, subdivision 1; 149A.955, subdivision 14; 151.74, subdivisions 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 13, 14; 151.741, subdivisions 1, 2; 256B.04, subdivision 27; 256B.056, subdivisions 2a, 3d, 7, 7a; 256B.0561, subdivision 2; 256B.06, subdivision 4; 256B.061; 256B.0631, subdivision 1a, by adding subdivisions; 256L.04, subdivision 14; 268.19, subdivision 1a; 295.52, subdivision 8; Minnesota Statutes 2025 Supplement, sections 144.125, subdivision 1; 151.741, subdivision 5; 256.9657, subdivision 2b; 256.969, subdivision 2f; 256B.1973, subdivision 9; 268.19, subdivision 1; 270B.14, subdivision 1; Laws 2025, First Special Session chapter 3, article 21, section 3, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 256B; repealing Minnesota Statutes 2024, section 151.74, subdivision 15.

Reported the same back with the following amendments:

Page 21, line 3, delete "the fee in this paragraph" and insert "a newborn screening program fee"

Page 21, lines 5 and 7, delete "in this paragraph"

Page 43, line 24, after the second comma, insert "and who is not an American Indian or Alaska Native."

Page 49, line 5, delete "September" and insert "August"

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

The report was adopted.

Frazier and Torkelson from the Committee on Ways and Means to which was referred:

H. F. No. 4546, A bill for an act relating to human services; adjustments to forecasted programs for the Department of Human Services and the Department of Children, Youth, and Families.

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

The report was adopted.

Frazier and Torkelson from the Committee on Ways and Means to which was referred:

S. F. No. 476, A bill for an act relating to state government; modifying policy provisions relating to continuity of care following a payment withhold, aging and disability services, adult protective services, substance use disorder treatment, Direct Care and Treatment, Department of Health regulation of long-term care services, and property markings; requiring and prohibiting certain actions relating to Optum reports; making technical and conforming

changes; requiring reports; amending Minnesota Statutes 2024, sections 3.7381; 13.04, subdivision 4a; 13.384, subdivision 3; 13.46, subdivision 1, by adding a subdivision; 97B.001, subdivision 4; 144.56, subdivision 2b; 144.586, subdivision 2; 144.6502, subdivision 1; 144.6512, subdivision 6; 144A.161, subdivisions 1a, 8; 144A.472, subdivision 5; 144A.72, subdivision 2; 144G.08, by adding subdivisions; 144G.19, by adding a subdivision; 144G.31, subdivision 6; 144G.40, subdivision 2; 144G.41, subdivisions 1, 2; 144G.60, subdivision 4; 144G.61, subdivision 2; 144G.92, subdivision 5; 152.137, subdivision 6; 157.17, subdivisions 2, 5; 182.6545; 245A.03, by adding subdivisions; 245A.11, subdivision 2a; 245D.09, subdivision 5; 245D.10, subdivision 3; 245F.02, subdivision 17; 245F.15, subdivision 7; 245G.06, subdivision 4; 245G.11, subdivision 8; 253B.03, subdivision 6, by adding a subdivision; 253B.18, subdivision 14; 254B.052, subdivision 1, by adding a subdivision; 256.9752, as amended; 256B.04, subdivision 24, by adding a subdivision; 256B.0658; 256B.0759, subdivision 3; 256B.0911, subdivision 32; 256B.0924, subdivisions 3, 5, 7, by adding a subdivision; 256B.4905, subdivision 2a; 256B.492, subdivisions 1, 3; 256B.493, subdivision 1; 256B.851, subdivision 8; 256L.03, subdivision 1; 256R.481; 256S.205, subdivision 1; 256S.21, subdivision 3; 295.50, subdivision 4; 524.5-409, subdivision 2; 626.557, subdivisions 9, 9a, 12b, by adding subdivisions; 626.5572, subdivisions 2, 9, 17, by adding subdivisions; Minnesota Statutes 2025 Supplement, sections 13.46, subdivision 2; 144A.474, subdivision 11; 245C.03, subdivision 6; 245C.04, subdivision 6; 245C.10, subdivision 6; 245D.091, subdivisions 2, 3; 245D.10, subdivision 3a; 245F.08, subdivision 3; 245G.11, subdivision 7; 253B.18, subdivision 6; 254A.03, subdivision 3; 254B.0501, subdivision 6; 254B.0505, subdivision 8, by adding subdivisions; 256B.04, subdivision 21; 256B.0701, subdivision 9; 256B.0759, subdivision 4; 256B.0911, subdivision 13; 256B.0924, subdivision 6; 256B.4914, subdivisions 8, 10a; 256S.205, subdivision 2; 295.50, subdivision 9b; 524.5-311; 626.5572, subdivision 13; proposing coding for new law in Minnesota Statutes, chapters 144A; 144G; 245D; 246C; repealing Minnesota Statutes 2024, sections 245A.03, subdivision 7; 256B.051, subdivisions 1, 4, 7; 256B.0759, subdivisions 2, 5; 256B.5012, subdivisions 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16; 626.557, subdivision 10; Minnesota Statutes 2025 Supplement, sections 254B.052, subdivision 6; 256B.051, subdivisions 2, 3, 5, 6, 6a, 6b, 8, 9, 10; Laws 2025, First Special Session chapter 3, article 18, section 3.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"ARTICLE 1
DIRECT CARE AND TREATMENT POLICY

Section 1. Minnesota Statutes 2024, section 3.7381, is amended to read:

3.7381 LOSS, DAMAGE, OR DESTRUCTION OF PROPERTY; STATE INSTITUTIONS; CORRECTIONAL FACILITIES.

(a) The commissioners of ~~human services~~, veterans affairs, or corrections or the Direct Care and Treatment executive board, as appropriate, shall determine, adjust, and settle, at any time, claims and demands of \$7,000 or less arising from negligent loss, damage, or destruction of property of a patient of a state institution under the control of the Direct Care and Treatment executive board or the commissioner of veterans affairs or an inmate of a state correctional facility.

(b) A claim of more than \$7,000, or a claim that was not paid by the appropriate department or agency may be presented to, heard, and determined by the appropriate committees of the senate and the house of representatives and, if approved, shall be paid pursuant to legislative claims procedure.

(c) The procedure established by this section is exclusive of all other legal, equitable, and statutory remedies.

Sec. 2. Minnesota Statutes 2024, section 13.04, subdivision 4a, is amended to read:

Subd. 4a. **Sex offender program data; challenges.** Notwithstanding subdivision 4, challenges to the accuracy or completeness of data maintained by the Direct Care and Treatment sex offender program about a civilly committed sex offender as defined in section 246B.01, subdivision 1a, must be submitted in writing to the data practices compliance official of Direct Care and Treatment or a delegee. The data practices compliance official or a delegee must respond to the challenge as provided in this section.

Sec. 3. Minnesota Statutes 2024, section 13.384, subdivision 1, is amended to read:

Subdivision 1. **Definition Definitions.** As used in this section:

(a) "Directory information" means name of the patient, date admitted, and general condition.

(b) "Medical data" are data collected because an individual was or is a patient or client of a hospital, nursing home, medical center, clinic, health or nursing agency operated by a government entity including business and financial records, data provided by private health care facilities, and data provided by or about relatives of the individual. Medical data does not include data collected, maintained, used, or disseminated by Direct Care and Treatment.

Sec. 4. Minnesota Statutes 2024, section 13.43, subdivision 5a, is amended to read:

Subd. 5a. **Limitation on disclosure of certain personnel data.** Notwithstanding any other provision of this section, the following data relating to employees of a secure treatment facility defined in section 253B.02, subdivision 18a, or 253D.02, subdivision 13; employees of a treatment program as defined in section 253D.02, subdivision 17; employees of a state correctional facility; or employees of the Department of Corrections directly involved in supervision of offenders in the community, ~~shall~~ must not be disclosed to facility patients or clients, corrections inmates, or other individuals who facility or correction administrators reasonably believe will use the information to harass, intimidate, or assault any of these employees:

(1) place where previous education or training occurred;

(2) place of prior employment; and

(3) payroll timesheets or other comparable data, to the extent that disclosure of payroll timesheets or other comparable data may disclose future work assignments, home address or telephone number, the location of an employee during nonwork hours, or the location of an employee's immediate family members.

EFFECTIVE DATE. This section is effective the day following final enactment and applies to any data request pending on or received after that date.

Sec. 5. Minnesota Statutes 2024, section 13.46, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** As used in this section:

(a) "Individual" means an individual according to section 13.02, subdivision 8, but does not include a vendor of services.

(b) "Program" includes all programs for which authority is vested in a component of the welfare system according to statute or federal law, including but not limited to Native American Tribe programs that provide a service component of the welfare system, the Minnesota family investment program, medical assistance, general assistance, general assistance medical care formerly codified in chapter 256D, the child care assistance program, and child support collections.

(c) "Welfare system" includes the Department of Human Services; Direct Care and Treatment; the Department of Children, Youth, and Families; local social services agencies; county welfare agencies; county public health agencies; county veteran services agencies; county housing agencies; private licensing agencies; the public authority responsible for child support enforcement; human services boards; community mental health center boards, state hospitals, state nursing homes, the ombudsman for mental health and developmental disabilities; Native American Tribes to the extent a Tribe provides a service component of the welfare system; and persons, agencies, institutions, organizations, and other entities under contract to any of the above agencies to the extent specified in the contract.

(d) "Mental health data" means data on individual clients and patients of community mental health centers, established under section 245.62, mental health divisions of counties and other providers under contract to deliver mental health services, ~~Direct Care and Treatment mental health services,~~ or the ombudsman for mental health and developmental disabilities.

(e) "Fugitive felon" means a person who has been convicted of a felony and who has escaped from confinement or violated the terms of probation or parole for that offense.

(f) "Private licensing agency" means an agency licensed by the commissioner of children, youth, and families under chapter 142B to perform the duties under section 142B.30.

Sec. 6. Minnesota Statutes 2025 Supplement, section 13.46, subdivision 2, is amended to read:

Subd. 2. **General.** (a) Data on individuals collected, maintained, used, or disseminated by the welfare system are private data on individuals, and shall not be disclosed except:

- (1) according to section 13.05;
- (2) according to court order;
- (3) according to a statute specifically authorizing access to the private data;
- (4) to an agent or investigator acting on behalf of a county, the state, or the federal government, including a law enforcement person or attorney in the investigation or prosecution of a criminal, civil, or administrative proceeding relating to the administration of a program;
- (5) to personnel of the welfare system who require the data to verify an individual's identity; determine eligibility, amount of assistance, and the need to provide services to an individual or family across programs; coordinate services for an individual or family; evaluate the effectiveness of programs; assess parental contribution amounts; and investigate suspected fraud;
- (6) to administer federal funds or programs;
- (7) between personnel of the welfare system working in the same program;
- (8) to the Department of Revenue to administer and evaluate tax refund or tax credit programs and to identify individuals who may benefit from these programs, and prepare the databases for reports required under section 270C.13 and Laws 2008, chapter 366, article 17, section 6. The following information may be disclosed under this paragraph: an individual's and their dependent's names, dates of birth, Social Security or individual taxpayer identification numbers, income, addresses, and other data as required, upon request by the Department of Revenue. Disclosures by the commissioner of revenue to the commissioner of human services for the purposes described in this clause are governed by section 270B.14, subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent care credit under section 290.067, the Minnesota working family credit under section 290.0671, the property tax refund under section 290A.04, and the Minnesota education credit under section 290.0674;

(9) between the Department of Human Services; the Department of Employment and Economic Development; the Department of Children, Youth, and Families; Direct Care and Treatment; and, when applicable, the Department of Education, for the following purposes:

(i) to monitor the eligibility of the data subject for unemployment benefits, for any employment or training program administered, supervised, or certified by that agency;

(ii) to administer any rehabilitation program or child care assistance program, whether alone or in conjunction with the welfare system;

(iii) to monitor and evaluate the Minnesota family investment program or the child care assistance program by exchanging data on recipients and former recipients of Supplemental Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 142F, 256D, 256J, or 256K, child care assistance under chapter 142E, medical programs under chapter 256B or 256L; and

(iv) to analyze public assistance employment services and program utilization, cost, effectiveness, and outcomes as implemented under the authority established in Title II, Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999. Health records governed by sections 144.291 to 144.298 and "protected health information" as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code of Federal Regulations, title 45, parts 160-164, including health care claims utilization information, must not be exchanged under this clause;

(10) to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the individual or other individuals or persons;

(11) data maintained by residential programs as defined in section 245A.02 may be disclosed to the protection and advocacy system established in this state according to Part C of Public Law 98-527 to protect the legal and human rights of persons with developmental disabilities or other related conditions who live in residential facilities for these persons if the protection and advocacy system receives a complaint by or on behalf of that person and the person does not have a legal guardian or the state or a designee of the state is the legal guardian of the person;

(12) to the county medical examiner or the county coroner for identifying or locating relatives or friends of a deceased person;

(13) data on a child support obligor who makes payments to the public agency may be disclosed to the Minnesota Office of Higher Education to the extent necessary to determine eligibility under section 136A.121, subdivision 2, clause (5);

(14) participant Social Security or individual taxpayer identification numbers and names collected by the telephone assistance program may be disclosed to the Department of Revenue to conduct an electronic data match with the property tax refund database to determine eligibility under section 237.70, subdivision 4a;

(15) the current address of a Minnesota family investment program participant may be disclosed to law enforcement officers who provide the name of the participant and notify the agency that:

(i) the participant:

(A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after conviction, for a crime or attempt to commit a crime that is a felony under the laws of the jurisdiction from which the individual is fleeing; or

(B) is violating a condition of probation or parole imposed under state or federal law;

(ii) the location or apprehension of the felon is within the law enforcement officer's official duties; and

(iii) the request is made in writing and in the proper exercise of those duties;

(16) the current address of a recipient of general assistance may be disclosed to probation officers and corrections agents who are supervising the recipient and to law enforcement officers who are investigating the recipient in connection with a felony level offense;

(17) information obtained from a SNAP applicant or recipient households may be disclosed to local, state, or federal law enforcement officials, upon their written request, for the purpose of investigating an alleged violation of the Food and Nutrition Act, according to Code of Federal Regulations, title 7, section 272.1(c);

(18) the address, Social Security or individual taxpayer identification number, and, if available, photograph of any member of a household receiving SNAP benefits shall be made available, on request, to a local, state, or federal law enforcement officer if the officer furnishes the agency with the name of the member and notifies the agency that:

(i) the member:

(A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

(B) is violating a condition of probation or parole imposed under state or federal law; or

(C) has information that is necessary for the officer to conduct an official duty related to conduct described in subitem (A) or (B);

(ii) locating or apprehending the member is within the officer's official duties; and

(iii) the request is made in writing and in the proper exercise of the officer's official duty;

(19) the current address of a recipient of Minnesota family investment program, general assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing, provide the name of the recipient and notify the agency that the recipient is a person required to register under section 243.166, but is not residing at the address at which the recipient is registered under section 243.166;

(20) certain information regarding child support obligors who are in arrears may be made public according to section 518A.74;

(21) data on child support payments made by a child support obligor and data on the distribution of those payments excluding identifying information on obligees may be disclosed to all obligees to whom the obligor owes support, and data on the enforcement actions undertaken by the public authority, the status of those actions, and data on the income of the obligor or obligee may be disclosed to the other party;

(22) data in the work reporting system may be disclosed under section 142A.29, subdivision 7;

(23) to the Department of Education for the purpose of matching Department of Education student data with public assistance data to determine students eligible for free and reduced-price meals, meal supplements, and free milk according to United States Code, title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and state funds that are distributed based on income of the student's family; and to verify receipt of energy assistance for the telephone assistance plan;

(24) the current address and telephone number of program recipients and emergency contacts may be released to the commissioner of health or a community health board as defined in section 145A.02, subdivision 5, when the commissioner or community health board has reason to believe that a program recipient is a disease case, carrier, suspect case, or at risk of illness, and the data are necessary to locate the person;

(25) to other state agencies, statewide systems, and political subdivisions of this state, including the attorney general, and agencies of other states, interstate information networks, federal agencies, and other entities as required by federal regulation or law for the administration of the child support enforcement program;

(26) to personnel of public assistance programs as defined in section 518A.81, for access to the child support system database for the purpose of administration, including monitoring and evaluation of those public assistance programs;

(27) to monitor and evaluate the Minnesota family investment program by exchanging data between the Departments of Human Services; Children, Youth, and Families; and Education, on recipients and former recipients of SNAP benefits, cash assistance under chapter 142F, 256D, 256J, or 256K, child care assistance under chapter 142E, medical programs under chapter 256B or 256L, or a medical program formerly codified under chapter 256D;

(28) to evaluate child support program performance and to identify and prevent fraud in the child support program by exchanging data between the Department of Human Services; Department of Children, Youth, and Families; Department of Revenue under section 270B.14, subdivision 1, paragraphs (a) and (b), without regard to the limitation of use in paragraph (c); Department of Health; Department of Employment and Economic Development; and other state agencies as is reasonably necessary to perform these functions;

(29) counties and the Department of Children, Youth, and Families operating child care assistance programs under chapter 142E may disseminate data on program participants, applicants, and providers to the commissioner of education;

(30) child support data on the child, the parents, and relatives of the child may be disclosed to agencies administering programs under titles IV-B and IV-E of the Social Security Act, as authorized by federal law;

(31) to a health care provider governed by sections 144.291 to 144.298, to the extent necessary to coordinate services;

(32) to the chief administrative officer of a school to coordinate services for a student and family; data that may be disclosed under this clause are limited to name, date of birth, gender, and address;

(33) to county correctional agencies to the extent necessary to coordinate services and diversion programs; data that may be disclosed under this clause are limited to name, client demographics, program, case status, and county worker information; or

(34) between the Department of Human Services and the Metropolitan Council for the following purposes:

(i) to coordinate special transportation service provided under section 473.386 with services for people with disabilities and elderly individuals funded by or through the Department of Human Services; and

(ii) to provide for reimbursement of special transportation service provided under section 473.386.

The data that may be shared under this clause are limited to the individual's first, last, and middle names; date of birth; residential address; and program eligibility status with expiration date for the purposes of informing the other party of program eligibility.

(b) Information on persons who have been treated for substance use disorder may only be disclosed according to the requirements of Code of Federal Regulations, title 42, sections 2.1 to 2.67.

(c) Data provided to law enforcement agencies under paragraph (a), clause (15), (16), (17), or (18), or paragraph (b), are investigative data and are confidential or protected nonpublic while the investigation is active. The data are private after the investigation becomes inactive under section 13.82, subdivision 7, clause (a) or (b).

(d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are not subject to the access provisions of subdivision 10, paragraph (b).

(e) For the purposes of this subdivision, a request ~~will be~~ is deemed to be made in writing if made through a computer interface system.

(f) Direct Care and Treatment may disclose data pursuant to this subdivision regardless of any restrictions on disclosure of that data under sections 144.291 to 144.298.

(g) Notwithstanding section 144.2925, Direct Care and Treatment may disclose data as permitted by law.

(h) Direct Care and Treatment is not required to share with federal law enforcement data on individuals collected, maintained, used, or disseminated by Direct Care and Treatment that relate to the reporting of suspected crime unless specifically required to do so by a Minnesota or federal law.

(i) Direct Care and Treatment may disclose welfare system data held by the agency to facilitate coordination of guardianship services for Direct Care and Treatment clients, including but not limited to making disclosures in guardianship proceedings, identifying potential guardians, communicating with guardianship legal representation, and reporting complaints to the judicial branch or the Office of Ombudsman for Mental Health and Developmental Disabilities. Direct Care and Treatment must obtain the client's consent to the disclosure except when the client:

(1) lacks capacity to provide the consent; or

(2) has a current legal guardian who is unavailable, is nonresponsive, or refuses to authorize the disclosure in relation to complaints to the judicial branch or Office of Ombudsman for Mental Health and Developmental Disabilities.

Sec. 7. Minnesota Statutes 2024, section 182.6545, is amended to read:

182.6545 RIGHTS OF NEXT OF KIN UPON DEATH.

In the case of a death of an employee, the department shall make reasonable efforts to locate the employee's next of kin and shall mail to them copies of the following:

(1) citations and notification of penalty;

(2) notices of hearings;

(3) complaints and answers;

(4) settlement agreements;

(5) orders and decisions; and

(6) notices of appeals.

In addition, the next of kin shall have the right to request a consultation with the department regarding citations and notification of penalties issued as a result of the investigation of the employee's death. For the purposes of this section, "next of kin" refers to the nearest proper relative as that term is defined by section 253B.03, subdivision 6, paragraph (b), clause ~~(3)~~ (10).

Sec. 8. **[246C.051] CLASSIFICATION ALIGNMENT FOR DIRECT CARE AND TREATMENT EMPLOYEES.**

(a) Notwithstanding section 43A.08; Minnesota Rules, part 3900.1300; or any other law to the contrary, Direct Care and Treatment may, with approval from Minnesota Management and Budget, convert employees deemed unclassified pursuant to pilot authority of the Department of Human Services under Laws 1997, chapter 97, section 18, into the classified service.

(b) Employees converted to the classified service pursuant to this section are subject to the terms and conditions of employment applicable to positions in the classified service pursuant to statute, rule, bargaining unit or compensation plan, and agency policy, including but not limited to required probationary periods and mandatory training requirements.

(c) Employees converted to the classified service pursuant to this section must not receive a reduction in salary at the time of the conversion.

Sec. 9. Minnesota Statutes 2024, section 253B.03, subdivision 2, is amended to read:

Subd. 2. **Correspondence.** A patient has the right to correspond freely without censorship, subject to section 253B.25. The head of the treatment facility or head of the state-operated treatment program may restrict correspondence if the patient's medical welfare requires this restriction. For a patient in a state-operated treatment program, that determination may be reviewed by the executive board. Any limitation imposed on the exercise of a patient's correspondence rights and the reason for it shall be made a part of the clinical record of the patient. Any communication which is not delivered to a patient shall be immediately returned to the sender.

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

Sec. 10. Minnesota Statutes 2024, section 253B.03, subdivision 3, is amended to read:

Subd. 3. **Visitors and phone calls.** Subject to the general rules of the treatment facility or state-operated treatment program and section 253B.25, a patient has the right to receive visitors and make phone calls. The head of the treatment facility or head of the state-operated treatment program may restrict visits and phone calls on determining that the medical welfare of the patient requires it. Any limitation imposed on the exercise of the patient's visitation and phone call rights and the reason for it shall be made a part of the clinical record of the patient.

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

Sec. 11. Minnesota Statutes 2024, section 253B.03, subdivision 6, is amended to read:

Subd. 6. **Consent for medical procedure.** (a) A patient has the right to give prior consent to any medical ~~or surgical~~ treatment, including but not limited to surgery, other than treatment for chemical dependency or noninvasive treatment for mental illness. For purposes of this subdivision, "patient" includes a person committed under chapter 253D who is in a state-operated treatment program.

(b) The following procedures shall be used to obtain consent for any treatment necessary to preserve the life or health of any committed patient:

(1) the written, informed consent of a competent adult patient for the treatment is sufficient;

(2) if the patient is subject to guardianship which includes the provision of medical care, the written, informed consent of the guardian for the treatment is sufficient;

(3) for a patient in a treatment facility, if the head of the treatment facility ~~or state-operated treatment program~~ determines that the patient is not competent to consent to the treatment and the patient has not been adjudicated incompetent, written, informed consent for the ~~surgery or~~ medical treatment shall be obtained from the person appointed the health care power of attorney, the patient's agent under the health care directive, or the nearest proper relative. ~~For this purpose, the following persons are proper relatives, in the order listed: the patient's spouse, parent, adult child, or adult sibling.~~ If the nearest proper ~~relatives~~ relative cannot be located, ~~refuse~~ refuses to consent to the procedure, or ~~are~~ is unable to consent, the head of the treatment facility ~~or state-operated treatment program~~ or an interested person, as defined by section 524.5-102, subdivision 7, may petition the committing court for approval for the treatment or may petition a court of competent jurisdiction for the appointment of a guardian. The determination that the patient is not competent, and the reasons for the determination, shall be documented in the patient's clinical record;

(4) for patients in a state-operated treatment program, if (i) the patient does not have a health care power of attorney or an agent under a health care directive or the patient's health care agent is not reasonably available to make the necessary health care decision for the patient, and (ii) the patient's treating physician determines that the patient lacks decision-making capacity to consent to the medical treatment, the state-operated treatment program must make a good faith attempt to locate the patient's nearest proper relative to obtain written informed consent for the medical treatment;

(5) if the state-operated treatment program is unable to reasonably locate a proper relative, the executive medical director has decision-making authority for the health care decision for the patient;

(6) any health care decision made by the executive medical director under clause (5) must be consistent with any documented patient health care directive and with reasonable medical practice and applicable law;

(7) if the state-operated treatment program consults with the patient's nearest proper relative under clause (4) and the patient's nearest proper relative and the patient's treating physician are not in agreement with respect to a medical treatment decision, the state-operated treatment program or an interested person may petition the committing court for approval of the treatment. The state-operated treatment program may also petition a court of competent jurisdiction for the appointment of a guardian at any time. If a court determines that a patient is not competent, the determination and the reasons for the determination must be documented in the patient's clinical record;

(8) before proceeding with treatment under clause (5), a state-operated treatment program must inform the patient of the determination, the proposed treatment, and the right to request review. Upon the request of the patient or an interested person, a second physician not directly involved in the patient's current treatment must review the incapacity determination. The executive medical director must review the proposed treatment decision and the second physician's review and make an updated determination. A state-operated treatment program may proceed with treatment of the patient while a review under this clause is pending;

(9) if a patient or interested person is dissatisfied with the outcome of the review under clause (8), the patient or interested person may petition the committing court under section 253B.17 for review of the determination made under clause (8). Filing a petition under section 253B.17 does not stay treatment under this subdivision unless otherwise ordered by the court. In reviewing the executive medical director's decision under clause (8) and issuing a determination, the court must determine if the patient lacks capacity. If the patient lacks capacity, the court must determine if the patient clearly stated what the patient would choose to do in the situation when the patient had the capacity to make a reasoned decision. Evidence of the patient's wishes may include written instruments, including a durable power of attorney for health care under chapter 145C or a declaration under subdivision 6d. If the court

finds that the patient clearly stated what the patient would choose to do in the situation, the patient's wishes must be followed. If the court determines that the evidence of the patient's wishes regarding the situation is conflicting or lacking, the court must make a decision based on what a reasonable person would do, taking into consideration:

(i) the patient's family, community, moral, religious, and social values;

(ii) the medical risks, benefits, and alternatives to the proposed treatment;

(iii) past efficacy and any extenuating circumstances of past experience with the particular medical treatment; and

(iv) any other relevant factors;

(10) for purposes of this subdivision, the following persons are proper relatives, in the order listed: the patient's spouse, parent, adult child, or adult sibling;

(4) (11) consent to treatment of any minor patient shall be secured in accordance with sections 144.341 to 144.346. A minor 16 years of age or older may consent to hospitalization, routine diagnostic evaluation, and emergency or short-term acute care; and

~~(5)~~ (12) in the case of an emergency when the persons ordinarily qualified to give consent cannot be located in sufficient time to address the emergency need, the head of the treatment facility or state-operated treatment program may give consent.

(c) No person who consents to treatment pursuant to the provisions of this subdivision shall be civilly or criminally liable for the performance or the manner of performing the treatment. No person shall be liable for performing treatment without consent if written, informed consent was given pursuant to this subdivision. This provision shall not affect any other liability which may result from the manner in which the treatment is performed.

(d) When a determination is made under paragraph (b), clauses (5) and (8), the state-operated treatment program must document the following information in the patient's clinical record:

(1) the determination of incapacity and the clinical basis for the determination;

(2) the specific treatment authorized;

(3) the person who provided consent or who made the determination allowing the treatment;

(4) the efforts made to locate and consult with a health care agent or nearest proper relative; and

(5) the patient's expressed preferences regarding the treatment, if known, and how the preferences were considered.

(e) The executive medical director must review a determination that a patient lacks capacity periodically as medically appropriate, but not less than every six months. The outcome of a review under this paragraph must be documented in the patient's clinical record.

Sec. 12. Minnesota Statutes 2025 Supplement, section 253B.18, subdivision 6, is amended to read:

Subd. 6. **Transfer.** (a) A patient who is a person who has a mental illness and is dangerous to the public shall not be transferred out of a secure treatment facility unless it appears to the satisfaction of the executive board, after a hearing and favorable recommendation by a majority of the special review board, that the transfer is appropriate. Transfer may be to another state-operated treatment program. In those instances where a commitment also exists to the Department of Corrections, transfer may be to a facility designated by the commissioner of corrections.

(b) The following factors must be considered in determining whether a transfer is appropriate:

- (1) the person's clinical progress and present treatment needs;
- (2) the need for security to accomplish continuing treatment;
- (3) the need for continued institutionalization;
- (4) which facility can best meet the person's needs; and
- (5) whether transfer can be accomplished with a reasonable degree of safety for the public.

(c) If a committed person has been transferred out of a secure treatment facility pursuant to this subdivision, that committed person may voluntarily return to a secure treatment facility ~~for a period of up to 60 days~~ with the consent of the head of the treatment facility- for a period of up to:

(1) 90 days if due to a psychiatric medical condition; or

(2) six months if due to a nonpsychiatric medical condition.

(d) If the committed person is not returned to the original, nonsecure transfer facility within ~~60~~ 90 days of being readmitted to a secure treatment facility if due to a psychiatric medical condition or within six months of being readmitted to a secure treatment facility if due to a nonpsychiatric medical condition, the transfer is revoked and the committed person must remain in a secure treatment facility. The committed person must immediately be notified in writing of the revocation.

(e) Within 15 days of receiving notice of the revocation, the committed person may petition the special review board for a review of the revocation. The special review board shall review the circumstances of the revocation and shall recommend to the executive board whether or not the revocation should be upheld. The special review board may also recommend a new transfer at the time of the revocation hearing.

(f) No action by the special review board is required if the transfer has not been revoked and the committed person is returned to the original, nonsecure transfer facility with no substantive change to the conditions of the transfer ordered under this subdivision.

(g) The head of the treatment facility may revoke a transfer made under this subdivision and require a committed person to return to a secure treatment facility if:

(1) remaining in a nonsecure setting does not provide a reasonable degree of safety to the committed person or others; or

(2) the committed person has regressed clinically and the facility to which the committed person was transferred does not meet the committed person's needs.

(h) Upon the revocation of the transfer, the committed person must be immediately returned to a secure treatment facility. A report documenting the reasons for revocation must be issued by the head of the treatment facility within seven days after the committed person is returned to the secure treatment facility. Advance notice to the committed person of the revocation is not required.

(i) The committed person must be provided a copy of the revocation report and informed, orally and in writing, of the rights of a committed person under this section. The revocation report must be served upon the committed person, the committed person's counsel, and the designated agency. The report must outline the specific reasons for the revocation, including but not limited to the specific facts upon which the revocation is based.

(j) If a committed person's transfer is revoked, the committed person may re-petition for transfer according to subdivision 5.

(k) A committed person aggrieved by a transfer revocation decision may petition the special review board within seven business days after receipt of the revocation report for a review of the revocation. The matter must be scheduled within 30 days. The special review board shall review the circumstances leading to the revocation and, after considering the factors in paragraph (b), shall recommend to the executive board whether or not the revocation shall be upheld. The special review board may also recommend a new transfer out of a secure treatment facility at the time of the revocation hearing.

EFFECTIVE DATE. This section is effective July 1, 2026.

Sec. 13. Minnesota Statutes 2024, section 253B.18, subdivision 14, is amended to read:

Subd. 14. **Voluntary readmission.** (a) With the consent of the head of the treatment facility or state-operated treatment program, a patient may voluntarily return from provisional discharge with the consent of the designated agency for a period of up to:

(1) 30 days; ~~or;~~

(2) up to 60 90 days with the consent of the designated agency. if due to a psychiatric medical condition; or

(3) six months if due to a nonpsychiatric medical condition.

(b) If the patient is not returned to provisional discharge status within ~~60 90~~ days of being readmitted if due to a psychiatric medical condition or within six months of being readmitted if due to a nonpsychiatric medical condition, the provisional discharge is revoked. Within 15 days of receiving notice of the change in status, the patient may request a review of the matter before the special review board. The special review board may recommend a return to a provisional discharge status.

~~(b)~~ (c) The treatment facility or state-operated treatment program is not required to petition for a further review by the special review board unless the patient's return to the community results in substantive change to the existing provisional discharge plan. All the terms and conditions of the provisional discharge order shall remain unchanged if the patient is released again.

EFFECTIVE DATE. This section is effective July 1, 2026.

Sec. 14. **[253B.25] PATIENT ACCESS TO INFORMATION ON FACILITY EMPLOYEES.**

The head of a treatment facility or state-operated treatment program may restrict patient access to correspondence and telephone calls that the head of the facility reasonably believes will be used to harass, intimidate, or assault employees of the treatment facility or state-operated treatment program.

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

Sec. 15. Minnesota Statutes 2024, section 253D.19, subdivision 1, is amended to read:

Subdivision 1. **Limited rights.** The executive board may limit the statutory rights described in subdivision 2 for persons committed to the Minnesota Sex Offender Program under this chapter or with the executive board's consent under section 246C.13. The statutory rights described in subdivision 2 may be limited only as necessary to

maintain a therapeutic environment or the security of the facility or to protect the safety and well-being of committed persons, staff, and the public. Protection of staff from harassment, intimidation, or assault is a basis for limiting the statutory rights described in subdivision 2.

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

ARTICLE 2
DIRECT CARE AND TREATMENT

Section 1. Minnesota Statutes 2024, section 15.43, subdivision 3, is amended to read:

Subd. 3. **Other exemptions.** ~~The commissioner of human services and corrections and Direct Care and Treatment executive board~~ may by rule prescribe procedures for the acceptance of gifts from any person or organization, provided that such gifts are accepted by the commissioner or executive board, or a designated representative of the commissioner or executive board, and that such gifts are used solely for the direct benefit of patients, clients, or inmates under the jurisdiction of the accepting state officer.

Sec. 2. Minnesota Statutes 2025 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 initial or annual renewal registration fee consisting of a base facility fee of \$155 and an additional fee for each x-ray tube, as follows:

(1) medical or veterinary equipment	\$130
(2) dental x-ray equipment	\$60
(3) x-ray equipment not used on humans or animals	\$130
(4) devices with sources of ionizing radiation not used on humans or animals	\$130
(5) security screening system	\$160
(6) radiation therapy and accelerator x-ray equipment	\$1,000
(7) industrial accelerator x-ray equipment	\$300

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

(c) 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 or who are civilly committed in a secure treatment facility, and used by the facility to image and identify contraband items concealed within or on all sides of a human body.

(d) 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.

(e) For purposes of this section, a secure treatment facility includes the facilities listed in sections 253B.02, subdivision 18a, and 253D.02, subdivision 13.

(f) The commissioner shall adopt rules to establish requirements for the use of security screening systems. Notwithstanding section 14.125, the authority to adopt these rules does not expire.

Sec. 3. Minnesota Statutes 2024, section 144.121, subdivision 9, is amended to read:

Subd. 9. **Exemption from examination requirements; operators of security screening systems.** (a) An employee of a correctional ~~or~~ detention, or secure treatment facility who operates a security screening system and the facility in which the system is being operated are exempt from the requirements of subdivisions 5 and 6.

(b) An employee of a correctional or detention facility who operates a security screening system and the facility in which the system is being operated must meet the requirements of a variance to Minnesota Rules, parts 4732.0305 and 4732.0565, issued under Minnesota Rules, parts 4717.7000 to 4717.7050. This paragraph expires on December 31 of the year that the permanent rules adopted by the commissioner governing security screening systems are published in the State Register.

(c) An employee of a secure treatment facility who operates a security screening system and the facility in which the system is being operated must meet the requirements of a variance to Minnesota Rules, parts 4732.0305 and 4732.0565, issued under Minnesota Rules, parts 4717.7000 to 4717.7050.

Sec. 4. Laws 2024, chapter 125, article 8, section 2, subdivision 20, is amended to read:

Subd. 20. **Direct Care and Treatment - Operations** -0- 6,094,000

(a) **Free Communication Services for Patients and Clients.** \$1,368,000 in fiscal year 2025 is for free communication services under article 6, section 1. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2026.

(b) **Direct Care and Treatment Capacity; Miller Building.** \$1,796,000 in fiscal year 2025 is to design a replacement facility for the Miller Building on the Anoka Metro Regional Treatment Center campus. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, 2027.

(c) **Direct Care and Treatment County Correctional Facility Support Pilot Program.** \$2,387,000 in fiscal year 2025 is to establish a two-year county correctional facility support pilot program. The pilot program must: (1) provide education and support to counties and county correctional facilities on protocols and best practices for the provision of involuntary medications for mental health treatment; (2) provide technical assistance to expand access to injectable psychotropic medications in county correctional facilities; and (3) survey county correctional facilities and their contracted medical providers on their capacity to provide injectable psychotropic medications, including involuntary administration of medications, and barriers to providing these services. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, ~~2026~~ 2028.

(d) Advisory Committee for Direct Care and Treatment.

\$482,000 in fiscal year 2025 is for the administration of the advisory committee for the operation of Direct Care and Treatment. This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28, subdivision 3, this appropriation is available until June 30, ~~2027~~ 2028.

(e) Base Level Adjustment. The general fund base is increased by \$31,000 in fiscal year 2026 and increased by \$0 in fiscal year 2027.

ARTICLE 3
DEPARTMENT OF HEALTH POLICY

Section 1. Minnesota Statutes 2024, section 144.56, subdivision 2b, is amended to read:

Subd. 2b. **Boarding care homes.** The commissioner shall not adopt or enforce any rule that limits:

(1) a certified boarding care home from providing nursing services in accordance with the home's Medicaid certification; or

(2) a noncertified boarding care home ~~registered under chapter 144D~~ from providing home care services ~~in accordance with the home's registration~~.

Sec. 2. Minnesota Statutes 2024, section 144.586, subdivision 2, is amended to read:

Subd. 2. **Postacute care discharge planning.** (a) Each hospital, including hospitals designated as critical access hospitals, must comply with the federal hospital requirements for discharge planning, which include:

(1) conducting a discharge planning evaluation that includes an evaluation of:

(i) the likelihood of the patient needing posthospital services and of the availability of those services; and

(ii) the patient's capacity for self-care or the possibility of the patient being cared for in the environment from which the patient entered the hospital;

(2) timely completion of the discharge planning evaluation under clause (1) by hospital personnel so that appropriate arrangements for posthospital care are made before discharge, and to avoid unnecessary delays in discharge;

(3) including the discharge planning evaluation under clause (1) in the patient's medical record for use in establishing an appropriate discharge plan. The hospital must discuss the results of the evaluation with the patient or individual acting on behalf of the patient. The hospital must reassess the patient's discharge plan if the hospital determines that there are factors that may affect continuing care needs or the appropriateness of the discharge plan; and

(4) providing counseling, as needed, for the patient and family members or interested persons to prepare them for posthospital care. The hospital must provide a list of available Medicare-eligible home care agencies or skilled nursing facilities that serve the patient's geographic area, or other area requested by the patient if such care or placement is indicated and appropriate. Once the patient has designated their preferred providers, the hospital will assist the patient in securing care covered by their health plan or within the care network. The hospital must not specify or otherwise limit the qualified providers that are available to the patient. The hospital must document in the patient's record that the list was presented to the patient or to the individual acting on the patient's behalf.

(b) Each hospital, including hospitals designated as critical access hospitals, must document in the patient's discharge plan instances when a restraint was used to manage the patient's behavior prior to discharge, including the type of restraint, duration, and frequency. In cases where the patient is transferred to a licensed or registered provider, the hospital must notify the provider of the type, duration, and frequency of the restraint. "Restraint" has the meaning given in section 144G.08, subdivision 61a.

EFFECTIVE DATE. This section is effective January 1, 2027.

Sec. 3. Minnesota Statutes 2024, 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 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; or

~~(3) until August 1, 2021, 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, 2021, (3) licensed as an assisted living facility under chapter 144G.~~

(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. 4. Minnesota Statutes 2024, section 144A.161, subdivision 1a, is amended to read:

Subd. 1a. **Scope.** Where a facility is undertaking a closure, reduction, or change in operations, ~~or where a housing with services unit registered under chapter 144D is closed because the space that it occupies is being replaced by a nursing facility bed that is being reactivated from layaway status,~~ the facility and the county social services agency must comply with the requirements of this section.

Sec. 5. Minnesota Statutes 2024, section 144A.472, subdivision 5, is amended to read:

Subd. 5. **Changes in ownership.** (a) A home care license issued by the commissioner may not be transferred to another party. Before acquiring ownership of or a controlling interest in a home care provider business, a prospective owner must apply for a new license. A change of ownership is a transfer of operational control of the home care provider business and includes:

(1) transfer of the business to a different or new corporation;

(2) in the case of a partnership, the dissolution or termination of the partnership under chapter 323A, with the business continuing by a successor partnership or other entity;

(3) relinquishment of control of the provider to another party, including to a contract management firm that is not under the control of the owner of the business' assets;

(4) transfer of the business by a sole proprietor to another party or entity; or

(5) transfer of ownership or control of 50 percent or more of the controlling interest of a home care provider business not covered by clauses (1) to (4).

(b) An employee who was employed by the previous owner of the home care provider business prior to the effective date of a change in ownership under paragraph (a), and who will be employed by the new owner in the same or a similar capacity, shall be treated as if no change in employer occurred, with respect to orientation, training, tuberculosis testing, background studies, and competency testing and training on the policies identified in subdivision 1, clause (14), and subdivision 2, if applicable.

(c) Notwithstanding paragraph (b), a new owner of a home care provider business must ensure that employees of the provider receive and complete training and testing on any provisions of policies that differ from those of the previous owner within 90 days after the date of the change in ownership.

(d) After a change of ownership, the new licensee is responsible for any outstanding fines and any fines assessed following the effective date of the change of ownership. Additionally, the new licensee is responsible for bringing the home care provider into compliance with all existing ordered, imposed, or agreed-upon corrections and conditions.

Sec. 6. Minnesota Statutes 2025 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;

(3) Level 3, a fine of \$1,000 per incident, in addition to any of the enforcement mechanisms authorized in section 144A.475;

(4) Level 4, a fine of \$3,000 per incident, in addition to any of the enforcement mechanisms authorized in section 144A.475;

(5) Level 5, a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in section 144A.475; and

(6) 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.

The fines in clauses (1) to (5) 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 will cause only 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, or a violation that had the potential to cause more than minimal harm to the client;

(iv) Level 4 is a violation that harmed a client's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury or death; and

(v) Level 5 is a violation that results in serious injury or death; and

(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 email to the applicant's or provider's last known email 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). 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~~ the license. In such an event, the license holder shall be liable for payment of the fine. In the event of a change of ownership, the new licensee is responsible for any outstanding fines and any fines assessed following the effective date of the change of ownership regardless of the date of the violation.

(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) 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.~~ Money deposited in the account is appropriated to the commissioner on an annual basis for a competitive grant program for special projects for improving home care client quality of care and outcomes in Minnesota, with a specific focus on workforce and clinical outcomes, including projects consistent with the criteria in section 144A.4799, subdivision 3, paragraph (c). Grants must be distributed to home care providers licensed under this chapter or organizations with experience in or knowledge of home care operations, compliance, client needs, or best practices. Each grant must be at least \$1,000. The commissioner may retain up to ten percent of the amount available to cover the costs to administer the grant under this section. The commissioner must publish on the department's website an annual report on the fines assessed and collected, and how the appropriated money was allocated.

Sec. 7. Minnesota Statutes 2025 Supplement, section 144A.4799, subdivision 1, is amended to read:

Subdivision 1. **Membership.** (a) The commissioner of health shall appoint 14 persons to a home care and assisted living advisory council consisting of the following:

(1) four public members as defined in section 214.02, one of whom must be a person who either is receiving or has received home care services preferably within the five years prior to initial appointment, one of whom must be a person who has or had a family member receiving home care services preferably within the five years prior to initial appointment, one of whom must be a person who either is or has been a resident in an assisted living facility preferably within the five years prior to initial appointment, and one of whom must be a person who has or had a family member residing in an assisted living facility preferably within the five years prior to initial appointment;

(2) two 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;
- (5) one member representing the Office of Ombudsman for Mental Health and Developmental Disabilities;
- (6) one member of a county health and human services or county adult protection office;

(7) two Minnesota assisted living facility licensees representing assisted living facilities and assisted living facilities with dementia care levels of licensure who may be the facility's assisted living director, managerial official, or clinical nurse supervisor;

(8) one organization representing long-term care providers, home care providers, and assisted living providers in Minnesota; and

(9) one representative of a consumer advocacy organization representing individuals receiving long-term care from licensed home care providers or assisted living facilities.

(b) When a vacancy occurs for an appointment identified in paragraph (a), the commissioner must select an applicant for appointment within 81 calendar days of the position being posted by the secretary of state if the application of a qualified and, if applicable, a licensee in good standing applicant is received within 21 days of posting. If no qualified applications are received within the first 21 days, the commissioner must select an applicant for appointment within 60 calendar days of receiving the application of a qualified and, if applicable, a licensee in good standing applicant.

Sec. 8. Minnesota Statutes 2024, section 144A.72, subdivision 2, is amended to read:

Subd. 2. **Penalties.** (a) Failure to comply with this section shall subject the supplemental nursing services agency to revocation or nonrenewal of its registration. Violations of section 144A.74 are subject to a fine equal to 200 percent of the amount billed or received in excess of the maximum permitted under that section.

(b) The commissioner may request and must be given access to relevant information, records, incident reports, or other documents in the possession of a facility if the commissioner considers them necessary to verify a supplemental nursing services agency's compliance with this section. The commissioner may bring enforcement action against a supplemental nursing services agency or facility that fails to provide the commissioner with information, records, reports, or other documents requested under this paragraph.

Sec. 9. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to read:

Subd. 26a. **Imminent risk.** "Imminent risk" means an immediate and impending threat to the health, safety, or rights of an individual.

EFFECTIVE DATE. This section is effective January 1, 2027.

Sec. 10. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to read:

Subd. 54a. **Prone restraint.** "Prone restraint" means the use of manual restraint that places a resident in a face-down position. Prone restraint does not include the brief physical holding of a resident who, during an emergency use of a manual restraint, rolls into a prone position and as quickly as possible the resident is restored to a standing, sitting, or side-lying position.

EFFECTIVE DATE. This section is effective January 1, 2027.

Sec. 11. Minnesota Statutes 2024, section 144G.08, is amended by adding a subdivision to read:

Subd. 61a. **Restraint.** "Restraint" means:

- (1) chemical restraint, as defined in section 245D.02, subdivision 3b;
- (2) manual restraint, as defined in section 245D.02, subdivision 15a;
- (3) mechanical restraint, as defined in section 245D.02, subdivision 15b; or
- (4) any other form of restraint that limits the free and normal movement of body or limbs.

EFFECTIVE DATE. This section is effective January 1, 2027.

Sec. 12. Minnesota Statutes 2024, section 144G.19, is amended by adding a subdivision to read:

Subd. 6. **Correction orders and fines.** After a change of ownership, the new licensee is responsible for any outstanding fines and any fines assessed following the effective date of the change of ownership regardless of the date of the violation. Additionally, the new licensee is responsible for bringing the facility into compliance with all existing ordered, imposed or agreed-upon corrections and conditions.

Sec. 13. Minnesota Statutes 2024, section 144G.31, subdivision 6, is amended to read:

Subd. 6. **Payment of fines required.** When a fine has been assessed, the licensee may not avoid payment by closing, selling, or otherwise transferring the license to a third party the license. In such an event, the licensee shall be liable for payment of the fine. In the event of a change of ownership, the new licensee is responsible for any outstanding fines and any fines assessed following the effective date of the change of ownership regardless of the date of the violation.

Sec. 14. Minnesota Statutes 2024, section 144G.41, subdivision 1, is amended to read:

Subdivision 1. **Minimum requirements.** All assisted living facilities shall:

- (1) distribute to residents the assisted living bill of rights;
- (2) provide services in a manner that complies with the Nurse Practice Act in sections 148.171 to 148.285;
- (3) utilize a person-centered planning and service delivery process;
- (4) have and maintain a system for delegation of health care activities to unlicensed personnel by a registered nurse, including supervision and evaluation of the delegated activities as required by the Nurse Practice Act in sections 148.171 to 148.285;
- (5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week;
- (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract;
- (7) permit residents access to food at any time;

(8) allow residents to choose the resident's visitors and times of visits;

(9) allow the resident the right to choose a roommate if sharing a unit;

(10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit;

(11) develop and implement a staffing plan for determining its staffing level that:

(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;

(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and

(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;

(12) effective until the effective date of clause (14), ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:

(i) awake;

(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;

(iii) capable of communicating with residents;

(iv) capable of providing or summoning the appropriate assistance; and

(v) capable of following directions; ~~and~~

(13) provide staff access to an on-call registered nurse 24 hours per day, seven days per week;

(14) effective August 1, 2027, ensure that one or more persons who are trained in accordance with section 144G.61, subdivision 2, are available 24 hours per day, seven days per week, and are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:

(i) awake;

(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;

(iii) capable of communicating with residents;

(iv) capable of providing or summoning the appropriate assistance; and

(v) capable of following directions;

(15) effective August 1, 2027, ensure a plan is in place for facility staff to immediately attend to resident needs in a medical emergency until any emergency personnel arrive if summoned; and

(16) effective August 1, 2027, ensure a plan is in place for facility staff to meet the nonemergency medical needs of residents due to falling, including needs for lift assistance.

Sec. 15. Minnesota Statutes 2024, section 144G.41, subdivision 2, is amended to read:

Subd. 2. **Policies and procedures.** (a) Each assisted living facility must have policies and procedures in place to address the following ~~and keep them current~~:

- (1) requirements in section 626.557, reporting of maltreatment of vulnerable adults;
- (2) conducting and handling background studies on employees;
- (3) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance;
- (4) handling complaints regarding staff or services provided by staff;
- (5) conducting initial evaluations of residents' needs and the providers' ability to provide those services;
- (6) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate;
- (7) orientation to and implementation of the assisted living bill of rights;
- (8) infection control practices;
- (9) reminders for medications, treatments, or exercises, if provided;
- (10) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards;
- (11) ensuring that nurses and licensed health professionals have current and valid licenses to practice;
- (12) medication and treatment management;
- (13) delegation of tasks by registered nurses or licensed health professionals;
- (14) supervision of registered nurses and licensed health professionals; ~~and~~
- (15) supervision of unlicensed personnel performing delegated tasks;
- (16) effective August 1, 2027, emergency procedures to be initiated by facility staff when a resident experiences a medical emergency due to falling, a heart event, difficulty breathing, or choking, and to be followed until emergency personnel arrive if summoned; and
- (17) effective August 1, 2027, after determining that a resident is not experiencing a medical emergency pursuant to clause (16), procedures to be initiated by facility staff to meet the nonemergency medical needs of residents due to falling, including needs for lift assistance.

(b) Beginning August 1, 2027, each assisted living facility must keep all policies and procedures current and make them available to a resident or the resident's representative upon request. Policies and procedures covering medical emergency events under paragraph (a), clause (16), must be provided, before signing the assisted living contract, to prospective residents for whom a preadmission assessment has been performed as described under section 144G.70, subdivision 2, paragraph (b), and to current residents upon any changes to the policies and procedures covering medical emergency events under paragraph (a), clause (16).

Sec. 16. Minnesota Statutes 2024, section 144G.60, subdivision 4, is amended to read:

Subd. 4. **Unlicensed personnel.** (a) Unlicensed personnel providing assisted living services must have:

(1) successfully completed a training and competency evaluation appropriate to the services provided by the facility and the topics listed in section 144G.61, subdivision 2, paragraph (a); or

(2) demonstrated competency by satisfactorily completing a written or oral test on the tasks the unlicensed personnel will perform and on the topics listed in section 144G.61, subdivision 2, paragraph (a); and successfully demonstrated competency on topics in section 144G.61, subdivision 2, paragraph (a), clauses (5), (7), ~~and (8)~~, and (20), by a practical skills test.

Unlicensed personnel who only provide assisted living services listed in section 144G.08, subdivision 9, clauses (1) to (5), shall not perform delegated nursing or therapy tasks.

(b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must:

(1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) ~~and~~, (7), and (20), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform;

(2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or

(3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner.

(c) Unlicensed personnel performing therapy or treatment tasks delegated or assigned by a licensed health professional must meet the requirements for delegated tasks in section 144G.62, subdivision 2, paragraph (a), and any other training or competency requirements within the licensed health professional's scope of practice relating to delegation or assignment of tasks to unlicensed personnel.

Sec. 17. Minnesota Statutes 2024, section 144G.61, subdivision 2, is amended to read:

Subd. 2. **Training and evaluation of unlicensed personnel.** (a) Training and competency evaluations for all unlicensed personnel must include the following:

(1) documentation requirements for all services provided;

(2) reports of changes in the resident's condition to the supervisor designated by the facility;

(3) basic infection control, including blood-borne pathogens;

- (4) maintenance of a clean and safe environment;
 - (5) appropriate and safe techniques in personal hygiene and grooming, including:
 - (i) hair care and bathing;
 - (ii) care of teeth, gums, and oral prosthetic devices;
 - (iii) care and use of hearing aids; and
 - (iv) dressing and assisting with toileting;
 - (6) training on the prevention of falls;
 - (7) standby assistance techniques and how to perform them;
 - (8) medication, exercise, and treatment reminders;
 - (9) basic nutrition, meal preparation, food safety, and assistance with eating;
 - (10) preparation of modified diets as ordered by a licensed health professional;
 - (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;
 - (12) awareness of confidentiality and privacy;
 - (13) understanding appropriate boundaries between staff and residents and the resident's family;
 - (14) effective until the effective date of clause (15), procedures to use in handling various emergency situations; and
 - (15) effective August 1, 2027, procedures to use in handling various medical and nonmedical emergency situations;
 - ~~(15)~~ (16) awareness of commonly used health technology equipment and assistive devices;
 - (17) effective August 1, 2027, recognition of and immediate response to signs and symptoms of airway, breathing, and circulation concerns;
 - (18) effective August 1, 2027, recognition of and immediate response to bleeding, including hemorrhage;
 - (19) effective August 1, 2027, safe techniques for emergency movement of residents; and
 - (20) effective August 1, 2027, log roll technique and spinal precautions.
- (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:
- (1) observing, reporting, and documenting resident status;

(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;

(3) reading and recording temperature, pulse, and respirations of the resident;

(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;

(5) safe transfer techniques and ambulation;

(6) range of motioning and positioning; and

(7) administering medications or treatments as required.

Sec. 18. **[144G.65] TRAINING IN EMERGENCY MANUAL RESTRAINTS.**

Subdivision 1. Training. A licensee must ensure that staff who are authorized to apply an emergency use of a manual restraint complete a minimum of four hours of training from a qualified individual prior to assuming these responsibilities. Training must include:

(1) types of behaviors, de-escalation techniques and their value;

(2) principles of person-centered planning and service delivery as identified in section 245D.07, subdivision 1a, paragraph (b);

(3) what constitutes the use of a restraint;

(4) staff responsibilities related to: (i) prohibited procedures under section 144G.85; (ii) why prohibited procedures are not effective for reducing or eliminating symptoms or interfering behavior; and (iii) why prohibited procedures are not safe;

(5) the situations when staff must contact 911 services in response to an imminent risk of harm to the resident or others; and

(6) strategies for respecting and supporting each resident's cultural preferences.

Subd. 2. Annual refresher training. The licensee must ensure that staff who apply an emergency use of a manual restraint complete two hours of refresher training on an annual basis covering each of the training areas listed in subdivision 1.

Subd. 3. Implementation. The assisted living facility must implement all orientation and training topics covered in this section.

Subd. 4. Verification and documentation of orientation and training. For staff who are authorized to apply an emergency use of a manual restraint, the assisted living facility must retain evidence in the employee record of each staff person having completed the orientation and training under this section.

Subd. 5. Exemption. This section does not apply to licensees who have a policy prohibiting the use of restraints.

EFFECTIVE DATE. This section is effective January 1, 2027.

Sec. 19. **[144G.85] USE OF RESTRAINTS.**

Subdivision 1. Use of restraints prohibited. Restraints are prohibited except as described in subdivisions 2 and 4.

Subd. 2. Exception. (a) Emergency use of a manual restraint is permitted only when immediate intervention is needed to protect the resident or others from imminent risk of physical harm and is the least restrictive intervention to address the risk. The restraint must be imposed for the least amount of time necessary and removed when there is no longer imminent risk of physical harm to the resident or other persons in the facility. The use of restraint under this subdivision must:

- (1) take into consideration the rights, health, and welfare of the resident;
- (2) not apply pressure to the back or chest while a resident is in a prone, supine, or side-lying position; and
- (3) allow the resident to be free from prone restraint.

(b) This section does not apply when a resident, a resident's legal representative, or a family member acting on the resident's behalf chooses to utilize a bed rail or other device that may constitute a restraint, after being informed of the facility's policy prohibiting the use of restraints and of the risks of using the device. The facility must document that the resident, resident's legal representative, or family member received information regarding the facility's policy and the risks of using the device and voluntarily elected to use the device.

Subd. 3. Documentation and notification. (a) The resident's legal representative must be notified within 24 hours of an emergency use of a manual restraint and of the circumstances that prompted the use. Notification and the emergency use of a manual restraint must be documented. If known, the advanced practice registered nurse, physician, or physician assistant must be notified within 24 hours of an emergency use of a manual restraint.

(b) On a form developed by the commissioner, the facility must notify the commissioner and the ombudsman for long-term care within seven calendar days of any emergency use of a manual restraint, including when any restraint is first applied or ordered. The commissioner will monitor reported uses to detect overuse or unauthorized, inappropriate, or ineffective use of the restraint. The form must include:

- (1) the name and date of birth of the resident;
- (2) the date and time of the use of the restraint;
- (3) the names of staff and any residents who were involved in the incident leading up to the emergency use of a manual restraint;
- (4) a description of the incident, including the length of time the restraint was applied and who was present before and during the incident leading up to the emergency use of a manual restraint;
- (5) a description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety that identifies when, how, and for how long the alternative measures were attempted before the emergency use of a manual restraint was implemented;
- (6) a description of the mental, physical, and emotional condition of the resident who was restrained and of other persons involved in the incident leading up to, during, and following the emergency use of a manual restraint;
- (7) whether there was any injury to the resident who was restrained or other persons involved in the incident, including staff, before or as a result of the emergency use of a manual restraint; and

(8) whether there was a debriefing following the incident with the staff, and, if not contraindicated, with the resident who was restrained and other persons who were involved in or who witnessed the emergency use of a manual restraint, and the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the form should identify whether a debriefing is planned and a plan for mitigating use of restraints in the future.

(c) A copy of the form submitted under paragraph (b) must be maintained in the resident's record.

(d) A copy of the form submitted under paragraph (b) must be sent to the resident's waiver case manager within seven calendar days of the emergency use of manual restraints. An emergency use of manual restraints on people served under section 256B.49 and chapter 256S must be documented by the case manager in the resident's support plan, as defined in sections 256B.49, subdivision 15, and 256S.10.

(e) The use of restraints by law enforcement officers or other emergency personnel acting in a licensed capacity does not require the facility to comply with the requirements of this subdivision.

Subd. 4. **Ordered treatment.** The use of a restraint, other than an emergency use of a manual restraint to address an imminent risk, that is part of an ordered treatment must comply with the requirements for ordered treatment under section 144G.72 and must be the least restrictive option.

EFFECTIVE DATE. This section is effective January 1, 2027.

Sec. 20. Minnesota Statutes 2024, section 157.17, subdivision 2, is amended to read:

Subd. 2. **Registration.** At the time of licensure or license renewal, a boarding and lodging establishment or a lodging establishment that provides supportive services or health supervision services must be registered with the commissioner, and must register annually thereafter. The registration must include the name, address, and telephone number of the establishment, the name of the operator, the types of services that are being provided, a description of the residents being served, the type and qualifications of staff in the facility, and other information that is necessary to identify the needs of the residents and the types of services that are being provided. The commissioner shall develop and furnish to the boarding and lodging establishment or lodging establishment the necessary form for submitting the registration.

~~Housing with services establishments registered under chapter 144D shall be considered registered under this section for all purposes except that:~~

~~(1) the establishments shall operate under the requirements of chapter 144D; and~~

~~(2) the criminal background check requirements of sections 299C.66 to 299C.71 apply. The criminal background check requirements of section 144.057 apply only to personnel providing home care services under sections 144A.43 to 144A.47 and personnel providing hospice care under sections 144A.75 to 144A.755.~~

Sec. 21. Minnesota Statutes 2024, section 157.17, subdivision 5, is amended to read:

Subd. 5. **Services that may not be provided in a boarding and lodging establishment or lodging establishment.** ~~Except those facilities registered under chapter 144D,~~ A boarding and lodging establishment or lodging establishment may not admit or retain individuals who:

(1) would require assistance from establishment staff because of the following needs: bowel incontinence, catheter care, use of injectable or parenteral medications, wound care, or dressing changes or irrigations of any kind; or

(2) require a level of care and supervision beyond supportive services or health supervision services.

Sec. 22. Minnesota Statutes 2024, section 295.50, subdivision 4, is amended to read:

Subd. 4. **Health care provider.** (a) "Health care provider" means:

(1) a person whose health care occupation is regulated or required to be regulated by the state of Minnesota furnishing any or all of the following goods or services directly to a patient or consumer: medical, surgical, optical, visual, dental, hearing, nursing services, drugs, laboratory, diagnostic or therapeutic services;

(2) a person who provides goods and services not listed in clause (1) that qualify for reimbursement under the medical assistance program provided under chapter 256B;

(3) a staff model health plan company;

(4) an ambulance service required to be licensed;

(5) a person who sells or repairs hearing aids and related equipment or prescription eyewear; or

(6) a person providing patient services, who does not otherwise meet the definition of health care provider and is not specifically excluded in clause (b), who employs or contracts with a health care provider as defined in clauses (1) to (5) to perform, supervise, otherwise oversee, or consult with regarding patient services.

(b) Health care provider does not include:

(1) hospitals; medical supplies distributors, except as specified under paragraph (a), clause (5); nursing homes licensed under chapter 144A or licensed in any other jurisdiction; wholesale drug distributors; pharmacies; surgical centers; bus and taxicab transportation, or any other providers of transportation services other than ambulance services required to be licensed; supervised living facilities for persons with developmental disabilities, licensed under Minnesota Rules, parts 4665.0100 to 4665.9900; ~~housing with services establishments required to be registered under chapter 144D~~; board and lodging establishments providing only custodial services that are licensed under chapter 157 and registered under section 157.17 to provide supportive services or health supervision services; adult foster homes as defined in Minnesota Rules, part 9555.5105; day training and habilitation services for adults with developmental disabilities as defined in section 252.41, subdivision 3; boarding care homes, as defined in Minnesota Rules, part 4655.0100; and adult day care centers as defined in Minnesota Rules, part 9555.9600;

(2) home health agencies as defined in Minnesota Rules, part 9505.0175, subpart 15; a person providing personal care ~~assistance~~ services and supervision of personal care ~~assistance~~ services as defined in ~~Minnesota Rules, part 9505.0335~~ section 256B.0625, subdivision 19a; a person providing home care nursing services as defined in Minnesota Rules, part 9505.0360; and home care providers required to be licensed under chapter 144A for home care services provided under chapter 144A;

(3) a person who employs health care providers solely for the purpose of providing patient services to its employees;

(4) an educational institution that employs health care providers solely for the purpose of providing patient services to its students if the institution does not receive fee for service payments or payments for extended coverage; and

(5) a person who receives all payments for patient services from health care providers, surgical centers, or hospitals for goods and services that are taxable to the paying health care providers, surgical centers, or hospitals, as provided under section 295.53, subdivision 1, paragraph (b), clause (3) or (4), or from a source of funds that is excluded or exempt from tax under sections 295.50 to 295.59.

Sec. 23. Minnesota Statutes 2025 Supplement, section 295.50, subdivision 9b, is amended to read:

Subd. 9b. **Patient services.** (a) "Patient services" means inpatient and outpatient services and other goods and services provided by hospitals, surgical centers, or health care providers. They include the following health care goods and services provided to a patient or consumer:

- (1) bed and board;
- (2) nursing services and other related services;
- (3) use of hospitals, surgical centers, or health care provider facilities;
- (4) medical social services;
- (5) drugs, biologicals, supplies, appliances, and equipment;
- (6) other diagnostic or therapeutic items or services;
- (7) medical or surgical services;
- (8) items and services furnished to ambulatory patients not requiring emergency care; and
- (9) emergency services.

(b) "Patient services" does not include:

- (1) services provided to nursing homes licensed under chapter 144A;
- (2) examinations for purposes of utilization reviews, insurance claims or eligibility, litigation, and employment, including reviews of medical records for those purposes;
- (3) services provided to and by community residential mental health facilities licensed under section 245I.23 or Minnesota Rules, parts 9520.0500 to 9520.0670, and to and by residential treatment programs for children with a serious mental illness licensed or certified under chapter 245A;
- (4) services provided under the following programs: day treatment services as defined in section 245.462, subdivision 8; assertive community treatment as described in section 256B.0622; adult rehabilitative mental health services as described in section 256B.0623; crisis response services as described in section 256B.0624; and children's therapeutic services and supports as described in section 256B.0943;
- (5) services provided to and by community mental health centers as defined in section 245.62, subdivision 2;
- (6) services provided to and by assisted living programs and congregate housing programs;
- (7) hospice care services;
- (8) home and community-based waived services under chapter 256S and sections 256B.49 and 256B.501;
- (9) targeted case management services under sections 256B.0621; 256B.0625, subdivisions 20, 20a, 33, and 44; and 256B.094; and

(10) services provided to the following: supervised living facilities for persons with developmental disabilities licensed under Minnesota Rules, parts 4665.0100 to 4665.9900; ~~housing with services establishments required to be registered under chapter 144D~~; board and lodging establishments providing only custodial services that are licensed under chapter 157 and registered under section 157.17 to provide supportive services or health supervision services; adult foster homes as defined in Minnesota Rules, part 9555.5105; day training and habilitation services for adults with developmental disabilities as defined in section 252.41, subdivision 3; boarding care homes as defined in Minnesota Rules, part 4655.0100; adult day care services as defined in section 245A.02, subdivision 2a; and home health agencies as defined in Minnesota Rules, part 9505.0175, subpart 15, or licensed under chapter 144A.

Sec. 24. **SPECIAL PROJECTS GRANT PROGRAM FOR HOME CARE PROVIDERS.**

By December 31, 2028, the commissioner of health must distribute the balance as of January 1, 2027, in the special revenue account under Minnesota Statutes, section 144A.474, subdivision 11, paragraph (j), under a competitive grant program for special projects for improving home care client quality of care and outcomes in Minnesota, with a specific focus on workforce and clinical outcomes, including projects consistent with criteria in Minnesota Statutes, section 144A.4799, subdivision 3, paragraph (c). Grants must be distributed to home care providers licensed under Minnesota Statutes, chapter 144A, or organizations with experience in or knowledge of home care operations, compliance, client needs, or best practices. Each grant must be at least \$1,000. Any amount that has not been awarded as a grant by December 31, 2028, must be used for the annual distributions under Minnesota Statutes, section 144A.474, subdivision 11, paragraph (j), beginning January 1, 2029.

ARTICLE 4

AGING AND DISABILITY SERVICES POLICY

Section 1. Minnesota Statutes 2024, section 245A.03, subdivision 7, is amended to read:

Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, which does not include child foster residence settings with residential program certifications for compliance with the Family First Prevention Services Act under section 245A.25, subdivision 1, paragraph (a), or adult foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter for a physical location that will not be the primary residence of the license holder for the entire period of licensure. If a child foster residence setting that was previously exempt from the licensing moratorium under this paragraph has its Family First Prevention Services Act certification rescinded under section 245A.25, subdivision 9, or if a family adult foster care home license is issued during this moratorium, and the license holder changes the license holder's primary residence away from the physical location of the foster care license, the commissioner shall revoke the license according to section 245A.07. The commissioner shall not issue an initial license for a community residential setting licensed under chapter 245D. When approving an exception under this paragraph, the commissioner shall consider the resource need determination process in paragraph (h), the availability of foster care licensed beds in the geographic area in which the licensee seeks to operate, the results of a person's choices during their annual assessment and service plan review, and the recommendation of the local county board. The determination by the commissioner is final and not subject to appeal. Exceptions to the moratorium include:

(1) a license for a person in a foster care setting that is not the primary residence of the license holder and where at least 80 percent of the residents are 55 years of age or older;

~~(2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or community residential setting licenses replacing adult foster care licenses in existence on December 31, 2013, and determined to be needed by the commissioner under paragraph (b);~~

~~(3)~~ (2) new foster care licenses or community residential setting licenses determined to be needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD, or regional treatment center; restructuring of state-operated services that limits the capacity of state-operated facilities; or allowing movement to the community for people who no longer require the level of care provided in state-operated facilities as provided under section 256B.092, subdivision 13, or 256B.49, subdivision 24; or

(4) (3) new foster care licenses or community residential setting licenses determined to be needed by the commissioner under paragraph (b) for persons requiring hospital-level care; ~~or.~~

~~(5) new community residential setting licenses determined necessary by the commissioner for people affected by the closure of homes with a capacity of five or six beds currently licensed as supervised living facilities licensed under Minnesota Rules, chapter 4665, but not designated as intermediate care facilities. This exception is available until June 30, 2025.~~

(b) The commissioner shall determine the need for newly licensed foster care homes or community residential settings as defined under this subdivision. As part of the determination, the commissioner shall consider the availability of foster care capacity in the area in which the licensee seeks to operate, and the recommendation of the local county board. The determination by the commissioner must be final. A determination of need is not required for a change in ownership at the same address.

(c) When an adult resident served by the program moves out of a foster home that is not the primary residence of the license holder according to section 256B.49, subdivision 15, paragraph (f), or the adult community residential setting, the county shall immediately inform the Department of Human Services Licensing Division. The department may decrease the statewide licensed capacity for adult foster care settings.

(d) Residential settings that would otherwise be subject to the decreased license capacity established in paragraph (c) must be exempt if the license holder's beds are occupied by residents whose primary diagnosis is mental illness and the license holder is certified under the requirements in subdivision 6a or section 245D.33.

(e) A resource need determination process, managed at the state level, using the available data required by section 144A.351, and other data and information must be used to determine where the reduced capacity determined under section 256B.493 will be implemented. The commissioner shall consult with the stakeholders described in section 144A.351, and employ a variety of methods to improve the state's capacity to meet the informed decisions of those people who want to move out of corporate foster care or community residential settings, long-term service needs within budgetary limits, including seeking proposals from service providers or lead agencies to change service type, capacity, or location to improve services, increase the independence of residents, and better meet needs identified by the long-term services and supports reports and statewide data and information.

(f) At the time of application and reapplication for licensure, the applicant and the license holder that are subject to the moratorium or an exclusion established in paragraph (a) are required to inform the commissioner whether the physical location where the foster care will be provided is or will be the primary residence of the license holder for the entire period of licensure. If the primary residence of the applicant or license holder changes, the applicant or license holder must notify the commissioner immediately. The commissioner shall print on the foster care license certificate whether or not the physical location is the primary residence of the license holder.

(g) License holders of foster care homes identified under paragraph (f) that are not the primary residence of the license holder and that also provide services in the foster care home that are covered by a federally approved home and community-based services waiver, as authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human services licensing division that the license holder provides or intends to provide these waiver-funded services.

(h) The commissioner may adjust capacity to address needs identified in section 144A.351. Under this authority, the commissioner may approve new licensed settings or delicense existing settings. Delicensing of settings will be accomplished through a process identified in section 256B.493.

(i) The commissioner must notify a license holder when its corporate foster care or community residential setting licensed beds are reduced under this section. The notice of reduction of licensed beds must be in writing and delivered to the license holder by certified mail or personal service. The notice must state why the licensed beds are reduced and must inform the license holder of its right to request reconsideration by the commissioner. The license holder's request for reconsideration must be in writing. If mailed, the request for reconsideration must be postmarked and sent to the commissioner within 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds. If a request for reconsideration is made by personal service, it must be received by the commissioner within 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

(j) The commissioner shall not issue an initial license for children's residential treatment services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter for a program that Centers for Medicare and Medicaid Services would consider an institution for mental diseases. Facilities that serve only private pay clients are exempt from the moratorium described in this paragraph. The commissioner has the authority to manage existing statewide capacity for children's residential treatment services subject to the moratorium under this paragraph and may issue an initial license for such facilities if the initial license would not increase the statewide capacity for children's residential treatment services subject to the moratorium under this paragraph.

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

Sec. 2. Minnesota Statutes 2025 Supplement, section 245D.091, subdivision 2, is amended to read:

Subd. 2. **Positive support professional qualifications.** A positive support professional providing positive support services as identified in section 245D.03, subdivision 1, paragraph (c), clause (1), item (i), must have competencies in the following areas as required under the brain injury, community access for disability inclusion, community alternative care, and developmental disabilities waiver plans or successor plans:

- (1) ethical considerations;
- (2) functional assessment;
- (3) functional analysis;
- (4) measurement of behavior and interpretation of data;
- (5) selecting intervention outcomes and strategies;
- (6) behavior reduction and elimination strategies that promote least restrictive approved alternatives;
- (7) data collection;
- (8) staff and caregiver training;
- (9) support plan monitoring;
- (10) co-occurring mental disorders or neurocognitive disorder;
- (11) demonstrated expertise with populations being served; and

(12) must be a:

(i) psychologist licensed under sections 148.88 to 148.98, who has stated to the Board of Psychology competencies in the above identified areas;

(ii) clinical social worker licensed as an independent clinical social worker under chapter 148E, 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 areas identified in clauses (1) to (11);

(iii) physician licensed under chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry with competencies in the areas identified in clauses (1) to (11);

(iv) licensed professional clinical counselor licensed under sections ~~148B.29 to 148B.39~~ 148B.5301 and 148B.532 with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services who has demonstrated competencies in the areas identified in clauses (1) to (11);

(v) person with a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services with demonstrated competencies in the areas identified in clauses (1) to (11);

(vi) person with a master's degree or PhD in one of the behavioral sciences or related fields with demonstrated expertise in positive support services, as determined by the person's needs as outlined in the person's assessment summary;

(vii) registered nurse who is licensed under sections 148.171 to 148.285, and who is certified as a clinical specialist or as a nurse practitioner in adult or family 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; or

(viii) person who has completed a competency-based training program as determined by the commissioner.

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

Sec. 3. Minnesota Statutes 2025 Supplement, section 245D.091, subdivision 3, is amended to read:

Subd. 3. **Positive support analyst qualifications.** (a) A positive support analyst providing positive support services as identified in section 245D.03, subdivision 1, paragraph (c), clause (1), item (i), must satisfy one of the following requirements as required under the brain injury, community access for disability inclusion, community alternative care, and developmental disabilities waiver plans or successor plans:

(1) have obtained a baccalaureate degree, master's degree, or PhD in either a social services discipline or nursing;

(2) meet the qualifications of a mental health practitioner as defined in section 245.462, subdivision 17;

(3) be a ~~board-certified licensed~~ behavior analyst or a board-certified assistant behavior analyst certified by the Behavior Analyst Certification Board, Incorporated; or

(4) have completed a competency-based training program as determined by the commissioner.

(b) In addition, a positive support analyst must:

(1) either have two years of supervised experience conducting functional behavior assessments and designing, implementing, and evaluating effectiveness of positive practices behavior support strategies for people who exhibit challenging behaviors as well as co-occurring mental disorders and neurocognitive disorder, or for those who have obtained a baccalaureate degree in one of the behavioral sciences or related fields, demonstrated expertise in positive support services;

(2) have received training prior to hire or within 90 calendar days of hire that includes:

(i) ten hours of instruction in functional assessment and functional analysis;

(ii) 20 hours of instruction in the understanding of the function of behavior;

(iii) ten hours of instruction on design of positive practices behavior support strategies;

(iv) 20 hours of instruction preparing written intervention strategies, designing data collection protocols, training other staff to implement positive practice strategies, summarizing and reporting program evaluation data, analyzing program evaluation data to identify design flaws in behavioral interventions or failures in implementation fidelity, and recommending enhancements based on evaluation data; and

(v) eight hours of instruction on principles of person-centered thinking;

(3) be determined by a positive support professional to have the training and prerequisite skills required to provide positive practice strategies as well as behavior reduction approved and permitted intervention to the person who receives positive support; and

(4) be under the direct supervision of a positive support professional.

(c) Meeting the qualifications for a positive support professional under subdivision 2 shall substitute for meeting the qualifications listed in paragraph (b).

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

Sec. 4. Minnesota Statutes 2024, section 256.9752, as amended by Laws 2025, First Special Session chapter 9, article 1, sections 6 and 7, is amended to read:

256.9752 SENIOR NUTRITION PROGRAMS.

Subdivision 1. **Program goals.** It is the goal of all area agencies on aging and senior nutrition programs to support the physical and mental health of ~~seniors~~ older adults living in the community by:

(1) promoting nutrition programs that serve ~~senior citizens~~ older adults in their homes and communities; ~~and~~

(2) providing, within the limit of funds available, the support services that will enable ~~the senior citizen~~ each older adult to access nutrition programs in the most cost-effective and efficient manner; ~~and~~ and

(3) coordinating with health and long-term care systems, emergency preparedness systems, and other systems and stakeholders that support the health and wellness of older adults.

Subd. 1a. **Food delivery support account; appropriation.** (a) A food delivery support account is established in the special revenue fund. The account consists of funds under section 174.49, subdivision 2, and as provided by law and any other money donated, allotted, transferred, or otherwise provided to the account.

(b) Money in the account is annually appropriated to the commissioner of human services for grants to nonprofit organizations to provide transportation of home-delivered meals, groceries, purchased food, or a combination, to Minnesotans who are experiencing food insecurity and have difficulty obtaining or preparing meals due to limited mobility, disability, age, or resources to prepare their own meals. A nonprofit organization must have a demonstrated history of providing and distributing food customized for the population that they serve.

(c) Grant funds under this subdivision must supplement, but not supplant, any state or federal funding used to provide prepared meals to Minnesotans experiencing food insecurity.

Subd. 2. **Authority.** The Minnesota Board on Aging shall allocate to area agencies on aging the state nutrition support and food delivery support funds and the federal funds which that are received for ~~the~~ senior nutrition programs ~~of congregate dining and home-delivered meals~~ in a manner consistent with the board's intrastate funding formula.

Subd. 3. **Nutrition support services.** (a) Funds allocated to an area agency on aging for nutrition support services may be used for the following, as determined appropriate by the area agency on aging to address the needs of older adults in the agency's planning and service area:

(1) transportation of home-delivered meals and purchased food and medications to the residence of ~~a senior citizen~~ an older adult;

(2) expansion of home-delivered meals into unserved and underserved areas;

(3) transportation of older adults to supermarkets grocery stores or delivery of groceries ~~from supermarkets~~ to homes of older adults;

(4) vouchers for food purchases at selected restaurants in isolated rural areas;

(5) the Supplemental Nutrition Assistance Program (SNAP) outreach;

(6) transportation of ~~seniors~~ older adults to congregate dining sites;

(7) nutrition screening assessments and counseling as needed by individuals with special dietary needs, performed by a licensed dietitian or nutritionist;

(8) medically tailored meals;

~~(8)~~ (9) other appropriate services which and tools that support senior nutrition programs, including new service delivery models and technology; and

~~(9)~~ (10) development and implementation of innovative models of providing to provide healthy and nutritious ~~meals to seniors~~ food to older adults, including through partnerships with schools, restaurants, hospitals, food shelves and food pantries, farmers, and other community partners.

(b) An area agency on aging may transfer unused funding for nutrition support services to fund congregate dining services and home-delivered meals.

(c) State funds under this subdivision are subject to federal requirements in accordance with the Minnesota Board on Aging's intrastate funding formula.

Sec. 5. Minnesota Statutes 2024, section 256B.0625, is amended by adding a subdivision to read:

Subd. 77. **Early intensive developmental and behavioral intervention benefit.** Medical assistance covers early intensive developmental and behavioral intervention services according to section 256B.0949.

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

Sec. 6. Minnesota Statutes 2025 Supplement, section 256B.0911, subdivision 13, is amended to read:

Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The commissioner shall develop and implement a curriculum and an assessor certification process.

(b) MnCHOICES certified assessors must have received training and certification specific to assessment and consultation for long-term care services in the state and either:

(1) have at least an associate's degree in human services, or other closely related field;

(2) have at least an associate's degree in nursing with a public health nursing certificate, or other closely related field; or

(3) be a registered nurse.

(c) Certified assessors shall demonstrate best practices in assessment and support planning, including person-centered planning principles, and have a common set of skills that ensures consistency and equitable access to services statewide.

(d) Certified assessors must be recertified every three years.

(e) A Tribal Nation may establish the Tribal Nation's own education and experience qualifications for certified assessors.

EFFECTIVE DATE. This section is effective January 1, 2027, or upon federal approval, whichever is later.

Sec. 7. Minnesota Statutes 2024, section 256B.0911, subdivision 32, is amended to read:

Subd. 32. **Administrative activity.** (a) The commissioner shall:

(1) streamline the processes, including timelines for when assessments need to be completed;

(2) provide the services in this section; and

(3) implement integrated solutions to automate the business processes to the extent necessary for support plan approval, reimbursement, program planning, evaluation, and policy development.

(b) The commissioner shall work with lead agencies responsible for conducting long-term care consultation services to:

~~(4) modify the MnCHOICES application and assessment policies to create efficiencies while ensuring federal compliance with medical assistance and long-term services and supports eligibility criteria; and~~

~~(2) develop a set of measurable benchmarks sufficient to demonstrate quarterly improvement in the average time per assessment and other mutually agreed upon measures of increasing efficiency.~~

~~(c) The commissioner shall collect data on the benchmarks developed under paragraph (b) and provide to the lead agencies an annual trend analysis of the data in order to demonstrate the commissioner's compliance with the requirements of this subdivision.~~

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

Sec. 8. Minnesota Statutes 2024, section 256B.0924, subdivision 3, is amended to read:

Subd. 3. **Eligibility.** Persons are eligible to receive targeted case management services under this section if the requirements in paragraphs (a) and (b) are met.

(a) The person must be assessed and determined by the local county or Tribal agency to:

- (1) be age 18 or older;
- (2) be receiving medical assistance;
- (3) have significant functional limitations; and
- (4) be in need of service coordination to attain or maintain living in an integrated community setting.

(b) Except as permitted under paragraph (c), the person must be: (1) a vulnerable adult in need of adult protection as defined in section 626.5572, ~~or is;~~ (2) an adult with a developmental disability as defined in section 252A.02, subdivision 2, ~~or;~~ (3) an adult with a related condition as defined in section 256B.02, subdivision 11, ~~and who~~ is not receiving home and community-based waiver services; ~~or is~~ (4) an adult who lacks a permanent residence and who has been without a permanent residence for at least one year or on at least four occasions in the last three years.

(c) Tribal agencies may make a determination of eligibility under Tribal governance codes for adult protection or policy procedures consistent with section 626.5572 when determining whether a person is a vulnerable adult in need of adult protection or an adult with developmental disabilities or a related condition.

EFFECTIVE DATE. This section is effective January 1, 2027, or upon federal approval, whichever is later.

Sec. 9. Minnesota Statutes 2024, section 256B.0924, subdivision 5, is amended to read:

Subd. 5. **Provider standards.** County boards ~~or~~ providers who contract with the county, or Tribal government contracted providers are eligible to receive medical assistance reimbursement for adult targeted case management services. To qualify as a provider of targeted case management services the vendor must:

- (1) have demonstrated the capacity and experience to provide the activities of case management services defined in subdivision 4;
- (2) be able to coordinate and link community resources needed by the recipient;
- (3) have the administrative capacity and experience to serve the eligible population in providing services and to ensure quality of services under state and federal requirements;

(4) have a financial management system that provides accurate documentation of services and costs under state and federal requirements;

(5) have the capacity to document and maintain individual case records complying with state and federal requirements;

(6) coordinate with county social ~~service services~~ services or Tribal human services agencies responsible for planning for community social services under chapters 256E and 256F; conducting adult protective investigations under section 626.557, and conducting prepetition screenings for commitments under section 253B.07;

(7) coordinate with health care providers to ensure access to necessary health care services;

(8) have a procedure in place that notifies the recipient and the recipient's legal representative of any conflict of interest if the contracted targeted case management service provider also provides the recipient's services and supports and provides information on all potential conflicts of interest and obtains the recipient's informed consent and provides the recipient with alternatives; and

(9) have demonstrated the capacity to achieve the following performance outcomes: access, quality, and consumer satisfaction.

EFFECTIVE DATE. This section is effective January 1, 2027, or upon federal approval, whichever is later.

Sec. 10. Minnesota Statutes 2024, section 256B.0924, is amended by adding a subdivision to read:

Subd. 5a. Tribal case manager qualifications. An individual is authorized to serve as a vulnerable adult and developmental disability targeted case manager if the individual is certified by a federally recognized Tribal government in Minnesota pursuant to section 256B.02, subdivision 7, paragraph (c).

Sec. 11. Minnesota Statutes 2025 Supplement, section 256B.0924, subdivision 6, is amended to read:

Subd. 6. Payment for targeted case management. (a) Medical assistance and MinnesotaCare payment for targeted case management shall be made on a monthly basis. In order to receive payment for an eligible adult, the provider must document at least one contact per month and not more than two consecutive months without a face-to-face contact either in person or by interactive video that meets the requirements in section 256B.0625, subdivision 20b, with the adult or the adult's legal representative, family, primary caregiver, or other relevant persons identified as necessary to the development or implementation of the goals of the personal service plan.

(b) Except as provided under paragraph (m), payment for targeted case management provided by county staff under this subdivision shall be based on the monthly rate methodology under section 256B.094, subdivision 6, paragraph (b), calculated as one combined average rate together with adult mental health case management under section 256B.0625, subdivision 20, ~~except for calendar year 2002. In calendar year 2002, the rate for case management under this section shall be the same as the rate for adult mental health case management in effect as of December 31, 2001.~~ Billing and payment must identify the recipient's primary population group to allow tracking of revenues.

(c) Payment for targeted case management provided by county-contracted vendors shall be based on a monthly rate calculated in accordance with section 256B.076, subdivision 2. Payment for case management provided by vendors who contract with a Tribe must be made in accordance with Indian Health Service facility requirements. If a Tribe chooses to contract with a vendor receiving payment not through an Indian Health Service facility, the rate must be based on a monthly rate negotiated by the Tribe. The rate must not exceed the rate charged by the vendor for the same service to other payers. If the service is provided by a team of contracted vendors, the team shall

determine how to distribute the rate among its members. No reimbursement received by contracted vendors shall be returned to the county or Tribe, except to reimburse the county or Tribe for advance funding provided by the county or Tribe to the vendor.

(d) If the service is provided by a team that includes any combination of contracted vendors ~~and~~ county staff and Tribal staff, the costs for county staff participation on the team shall be included in the rate for county-provided services. In this case, the contracted vendor and the county and Tribal case managers may each receive separate payment for services provided by each entity in the same month. In order to prevent duplication of services, ~~the county~~ each entity must document, ~~in the recipient's file~~, the need for team targeted case management and a description of the different roles of ~~the team members~~ staff.

(e) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of costs for targeted case management shall be provided by the recipient's county of responsibility, as defined in sections 256G.01 to 256G.12, from sources other than federal funds or funds used to match other federal funds. If the service is provided by a Tribal agency, the recipient's Tribe must provide the nonfederal share of costs, if any.

(f) The commissioner may suspend, reduce, or terminate reimbursement to a provider that does not meet the reporting or other requirements of this section. The county of responsibility, as defined in sections 256G.01 to 256G.12, or Tribe when applicable, is responsible for any federal disallowances. The county may share this responsibility with its contracted vendors.

(g) The commissioner shall set aside five percent of the federal funds received under this section for use in reimbursing the state for costs of developing and implementing this section.

(h) Payments to counties and Tribes for targeted case management expenditures under this section shall only be made from federal earnings from services provided under this section. Payments to contracted vendors shall include both the federal earnings and the county share.

(i) Notwithstanding section 256B.041, county or Tribal payments for the cost of case management services provided by county or Tribal staff shall not be made to the commissioner of management and budget. For the purposes of targeted case management services provided by county or Tribal staff under this section, the centralized disbursement of payments to counties or Tribes under section 256B.041 consists only of federal earnings from services provided under this section.

(j) If the recipient is a resident of a nursing facility, intermediate care facility, or hospital, and the recipient's institutional care is paid by medical assistance, payment for targeted case management services under this subdivision is limited to the lesser of:

- (1) the last 180 days of the recipient's residency in that facility; or
- (2) the limits and conditions which apply to federal Medicaid funding for this service.

(k) Payment for targeted case management services under this subdivision shall not duplicate payments made under other program authorities for the same purpose.

(l) Any growth in targeted case management services and cost increases under this section shall be the responsibility of the counties or Tribes.

(m) The commissioner may make payments for Tribes according to section 256B.0625, subdivision 34, or other relevant federally approved rate setting methodologies for vulnerable adult and developmental disability targeted case management provided by Indian health services and facilities operated by a Tribe or Tribal organization.

EFFECTIVE DATE. This section is effective January 1, 2027, or upon federal approval, whichever is later.

Sec. 12. Minnesota Statutes 2024, section 256B.0924, subdivision 7, is amended to read:

Subd. 7. **Implementation and evaluation.** The commissioner of human services in consultation with county boards and Tribal Nations shall establish a program to accomplish the provisions of subdivisions 1 to 6. The commissioner in consultation with county boards and Tribal Nations shall establish performance measures to evaluate the effectiveness of the targeted case management services. If a county or Tribe fails to meet agreed-upon performance measures, the commissioner may authorize contracted providers other than the county or Tribe. Providers contracted by the commissioner shall also be subject to the standards in subdivision 6.

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

Sec. 13. Minnesota Statutes 2025 Supplement, section 256B.0949, subdivision 2, is amended to read:

Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this subdivision.

(b) "Advanced certification" means a person who has completed advanced certification in an approved modality under subdivision 13, paragraph (b).

(c) "Agency" means the legal entity that is enrolled with Minnesota health care programs as a medical assistance provider according to Minnesota Rules, part 9505.0195, to provide EIDBI services and that has the legal responsibility to ensure that its employees carry out the responsibilities defined in this section. Agency includes a licensed individual professional who practices independently and acts as an agency.

(d) "Autism spectrum disorder or a related condition" or "ASD or a related condition" means either autism spectrum disorder (ASD) as defined in the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found to be closely related to ASD, as identified under the current version of the DSM, and meets all of the following criteria:

(1) is severe and chronic;

(2) results in impairment of adaptive behavior and function similar to that of a person with ASD;

(3) requires treatment or services similar to those required for a person with ASD; and

(4) results in substantial functional limitations in three core developmental deficits of ASD: social or interpersonal interaction; functional communication, including nonverbal or social communication; and restrictive or repetitive behaviors or hyperreactivity or hyporeactivity to sensory input; and may include deficits or a high level of support in one or more of the following domains:

(i) behavioral challenges and self-regulation;

(ii) cognition;

(iii) learning and play;

(iv) self-care; or

(v) safety.

(e) "Behavior analyst" means an individual licensed under sections 148.9981 to 148.9995 as a behavior analyst.

(f) "Clinical supervision" means the overall responsibility for the control and direction of EIDBI service delivery, including ~~individual treatment planning~~, staff supervision, including observation and direction; individual treatment plan development and progress monitoring; family training and counseling; and ~~treatment review~~ coordinated care conference coordination for each person. Clinical supervision is provided by a qualified supervising professional (QSP) who takes full professional responsibility for the service provided by each supervisee and the clinical effectiveness of all interventions.

(g) "Commissioner" means the commissioner of human services, unless otherwise specified.

(h) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive evaluation of a person to determine medical necessity for EIDBI services based on the requirements in subdivision 5.

(i) "Department" means the Department of Human Services, unless otherwise specified.

(j) "Early intensive developmental and behavioral intervention benefit" or "EIDBI benefit" means a variety of individualized, intensive treatment modalities approved and published by the commissioner that are based in behavioral and developmental science consistent with best practices on effectiveness.

(k) "Employee of an agency" or "employee" means any individual who is employed temporarily, part time, or full time by the agency that is submitting claims or billing for the work, services, supervision, or treatment performed by the individual. Employee does not include an independent contractor, billing agency, or consultant who is not providing EIDBI services. Employee does not include an individual who performs work, provides services, supervises, or provides treatment for less than 80 hours in a 12-month period.

(l) "Generalizable goals" means results or gains that are observed during a variety of activities over time with different people, such as providers, family members, other adults, and people, and in different environments including, but not limited to, clinics, homes, schools, and the community.

(m) "Incident" means when any of the following occur:

(1) an illness, accident, or injury that requires first aid treatment;

(2) a bump or blow to the head; or

(3) an unusual or unexpected event that jeopardizes the safety of a person or staff, including a person leaving the agency unattended.

(n) "Individual treatment plan" or "ITP" means the person-centered, individualized written plan of care that integrates and coordinates person and family information from the CMDE for a person who meets medical necessity for the EIDBI benefit. An individual treatment plan must meet the standards in subdivision 6.

(o) "Legal representative" means the parent of a child who is under 18 years of age, a court-appointed guardian, or other representative with legal authority to make decisions about service for a person. For the purpose of this subdivision, "other representative with legal authority to make decisions" includes a health care agent or an attorney-in-fact authorized through a health care directive or power of attorney.

(p) "Mental health professional" means a staff person who is qualified according to section 245I.04, subdivision 2.

(q) "Person" means an individual under 21 years of age.

(r) "Person-centered" means a service that both responds to the identified needs, interests, values, preferences, and desired outcomes of the person or the person's legal representative and respects the person's history, dignity, and cultural background and allows inclusion and participation in the person's community.

(s) "Qualified EIDBI provider" means an individual who is a QSP or a level I, level II, or level III treatment provider.

Sec. 14. Minnesota Statutes 2025 Supplement, section 256B.0949, subdivision 16, is amended to read:

Subd. 16. **Agency duties.** (a) An agency delivering an EIDBI service under this section must:

(1) enroll as a medical assistance Minnesota health care program provider according to Minnesota Rules, part 9505.0195, and section 256B.04, subdivision 21, and meet all applicable provider standards and requirements;

(2) designate an individual as the agency's compliance officer who must perform the duties described in section 256B.04, subdivision 21, paragraph (g);

(3) demonstrate compliance with federal and state laws for the delivery of and billing for EIDBI service;

(4) verify and maintain records of a service provided to the person or the person's legal representative as required under Minnesota Rules, parts 9505.2175 and 9505.2197;

(5) demonstrate that while enrolled or seeking enrollment as a Minnesota health care program provider the agency did not have a lead agency contract or provider agreement discontinued because of a conviction of fraud; or did not have an owner, board member, or manager fail a state or federal criminal background check or appear on the list of excluded individuals or entities maintained by the federal Department of Human Services Office of Inspector General;

(6) have established business practices including written policies and procedures, internal controls, and a system that demonstrates the organization's ability to deliver quality EIDBI services, appropriately submit claims, conduct required staff training, document staff qualifications, document service activities, and document service quality;

(7) have an office located in Minnesota or a border state;

(8) initiate a background study as required under subdivision 16a;

(9) report maltreatment according to section 626.557 and chapter 260E;

(10) comply with any data requests consistent with the Minnesota Government Data Practices Act, sections 256B.064 and 256B.27;

(11) provide training for all agency staff on the requirements and responsibilities listed in the Maltreatment of Minors Act, chapter 260E, and the Vulnerable Adult Protection Act, section 626.557, including mandated and voluntary reporting, nonretaliation, and the agency's policy for all staff on how to report suspected abuse and neglect;

(12) have a written policy to resolve issues collaboratively with the person and the person's legal representative when possible. The policy must include a timeline for when the person and the person's legal representative will be notified about issues that arise in the provision of services;

(13) provide the person's legal representative with prompt notification if the person is injured while being served by the agency. An incident report must be completed by the agency staff member in charge of the person. A copy of all incident and injury reports must remain on file at the agency for at least five years from the report of the incident;

(14) before starting a service, provide the person or the person's legal representative a description of the treatment modality that the person shall receive, including the staffing certification levels and training of the staff who shall provide a treatment;

(15) provide clinical supervision for a minimum of one hour for every 16 hours of direct treatment per person, unless otherwise authorized in the person's individual treatment plan; and

(16) provide the required EIDBI intervention observation and direction by a QSP at least once per month. Notwithstanding subdivision 13, paragraph (l), required EIDBI intervention observation and direction under this clause may be conducted via telehealth provided that no more than two consecutive monthly required EIDBI intervention observation and direction sessions under this clause are conducted via telehealth.

(b) Upon request of the commissioner, an agency delivering services under this section must:

(1) identify the agency's controlling individuals, as defined under section 245A.02, subdivision 5a;

(2) provide disclosures of the use of billing agencies and other consultants who do not provide EIDBI services; and

(3) provide copies of any contracts with consultants or independent contractors who do not provide EIDBI services, including hours contracted and responsibilities.

(c) When delivering the ITP, and annually thereafter, an agency must provide the person or the person's legal representative with:

(1) a written copy and a verbal explanation of the person's or person's legal representative's rights and the agency's responsibilities;

(2) documentation in the person's file the date that the person or the person's legal representative received a copy and explanation of the person's or person's legal representative's rights and the agency's responsibilities; and

(3) reasonable accommodations to provide the information in another format or language as needed to facilitate understanding of the person's or person's legal representative's rights and the agency's responsibilities.

Sec. 15. Minnesota Statutes 2025 Supplement, section 256B.0949, subdivision 18, is amended to read:

Subd. 18. **Site visits and sanctions.** (a) The commissioner may conduct unannounced on-site inspections of any and all EIDBI agencies and service locations to verify that information submitted to the commissioner is accurate, determine compliance with all enrollment requirements, investigate reports of maltreatment, determine compliance with service delivery and billing requirements, and determine compliance with any other applicable laws or rules.

(b) The commissioner may withhold payment from an agency or suspend or terminate the agency's enrollment number if the agency fails to provide access to the agency's service locations or records or fails to comply with documentation requirements under subdivision 19 or the commissioner determines the agency has failed to comply fully with applicable laws or rules. The provider has the right to appeal the decision of the commissioner under section 256B.064.

Sec. 16. Minnesota Statutes 2024, section 256B.0949, is amended by adding a subdivision to read:

Subd. 19. **Documentation requirements.** (a) CMDE and EIDBI providers must ensure that all documentation, including but not limited to health service records and personnel files, complies with this subdivision, subdivision 16, and Minnesota Rules, parts 9505.2175 and 9505.2197. Documentation must be complete, legible, accurate, and readily accessible.

(b) All documentation must:

(1) be legible and understandable to individuals outside service delivery;

(2) include the participant's name on each health record page and the provider's name on each personnel file page;

(3) be signed and dated by the provider completing the documentation with the provider's full name, title, and credentials;

(4) be entered within 72 hours of service and contain a record and explanation of any delays in entry;

(5) clearly reflect clinical decision-making and support medical necessity;

(6) be securely stored in accordance with the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191;

(7) be stored in accordance with state and federal document retention laws;

(8) be available for review or audit;

(9) include a record of caregiver involvement where applicable; and

(10) include a record of supervision and oversight for staff providing services requiring supervision under EIDBI policy.

(c) Each EIDBI service occurrence must be documented in a progress note in a manner and with the information determined by the commissioner.

(d) All providers must maintain current personnel records for each employee in a manner determined by the commissioner that include:

(1) the employee's name, contact information, and hire date;

(2) the employee's completed employment application and acknowledgment of duties;

(3) the job description for the employee's job with the effective date;

(4) verification of the employee's qualifications, including but not limited to education, licenses, certifications, enrollment attestation, degrees, transcripts, and experience;

(5) a background study pursuant to chapter 245C with a notice from the commissioner that the subject of the study is:

(i) not disqualified under section 245C.14; or

(ii) disqualified but the subject of the study has received a set-aside of the disqualification under section 245C.22;

(6) orientation and required training the employee attended, including but not limited to training on mandated reporting, cultural responsiveness, and EIDBI competencies;

(7) the dates of the employee's first supervised and unsupervised client contact following employment;

(8) documentation of supervision received by the employee, including but not limited to the supervisor's name and credentials, dates of supervision, supervision content, and the employee's signature indicating the accuracy of the documented supervision;

(9) the employee's CPR and emergency response training, if required; and

(10) the employee's annual performance evaluations.

(e) If an incident occurs or the person is injured while receiving services, the provider must document what occurred and how staff responded to the incident.

Sec. 17. Minnesota Statutes 2024, section 256B.4905, subdivision 2a, is amended to read:

Subd. 2a. **Informed choice policy.** (a) It is the policy of this state that all adults who have disabilities and, with support from their families or legal representatives, that all children who have disabilities:

(1) may make informed choices to select and utilize disability services and supports; and

(2) are offered an informed decision-making process sufficient to make informed choices.

(b) It is the policy of this state that disability waiver services support the presumption that adults who have disabilities and, with support from their families or legal representatives, all children who have disabilities may make informed choices; and that all adults who have disabilities and all families of children who have disabilities and are accessing waiver services under sections 256B.092 and 256B.49 are provided an informed decision-making process that satisfies the requirements of subdivision 3a.

(c) Lead agencies must support individuals in making informed choices by:

(1) providing complete and accurate information about available home and community-based services and settings;

(2) providing the information in a manner that is culturally and linguistically appropriate; and

(3) facilitating access to services that reflect the individual's preferences and assessed needs.

(d) For individuals who are members of or affiliated with a federally recognized Tribal Nation located within Minnesota, informed choice includes the right to receive services administered or provided by the individual's Tribal Nation. Lead agencies must:

(1) inform individuals of services offered by Tribal Nations enrolled as Minnesota health care providers;

(2) directly coordinate with the individual's Tribal Nation human services agency when the individual seeks or may be eligible for services administered or provided by that Tribal Nation; and

(3) ensure that service planning and delivery respects the individual's rights as both a member of a sovereign Tribal Nation and a resident of Minnesota.

(e) County lead agencies and Tribal Nation human services agencies must establish and maintain procedures to share updated contact information, coordinate case management, and provide timely referrals necessary to ensure that informed choice is fully exercised.

(f) Nothing in this section limits the sovereignty of Tribal Nations or the authority of Tribal governments to administer home and community-based services to their members.

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

Sec. 18. Minnesota Statutes 2025 Supplement, section 256B.4914, subdivision 10a, is amended to read:

Subd. 10a. **Reporting and analysis of cost data.** (a) The commissioner must ensure that wage values and component values in subdivisions 5 to 9 reflect the cost to provide the service. As determined by the commissioner, in consultation with community partners identified in subdivision 17, a provider enrolled to provide services with rates determined under this section must submit requested cost data to the commissioner to support research on the cost of providing services that have rates determined by the disability waiver rates system. Requested cost data may include, but is not limited to:

- (1) worker wage costs;
- (2) benefits paid;
- (3) supervisor wage costs;
- (4) executive wage costs;
- (5) vacation, sick, and training time paid;
- (6) taxes, workers' compensation, and unemployment insurance costs paid;
- (7) administrative costs paid;
- (8) program costs paid;
- (9) transportation costs paid;
- (10) vacancy rates; and
- (11) other data relating to costs required to provide services requested by the commissioner.

(b) At least once in any five-year period, a provider must submit cost data for a fiscal year that ended not more than 18 months prior to the submission date. The commissioner shall provide each provider a 90-day notice prior to its submission due date. The commissioner may review report submissions for inaccurate, inconclusive, incomplete, or otherwise deficient data and may remove the report from submitted status for further verification. If a provider fails to submit required reporting data, the commissioner shall provide notice to providers that have not provided required data 30 days after the required submission date, and a second notice for providers who have not provided required data 60 days after the required submission date. The commissioner shall temporarily suspend payments to the provider if cost data is not received 90 days after the required submission date. Withheld payments shall be made once data is received and reviewed for compliance by the commissioner.

(c) The commissioner shall conduct a random validation of data submitted under paragraph (a) to ensure data accuracy. Providers selected to validate cost reports must respond to the commissioner within 30 days with the requested financial documentation. If a provider fails to respond to the commissioner with all the requested information within 30 days, the commissioner must temporarily suspend payments. The commissioner must resume payments once the requested documentation is received. If a provider is unable to validate the provider's costs with supporting documentation, the commissioner must require the provider to participate in the random validation the next year that the commissioner selects providers to report their costs. The commissioner shall analyze cost documentation in paragraph (a) and provide recommendations for adjustments to cost components.

(d) The commissioner shall analyze cost data submitted under paragraph (a). The commissioner shall release cost data in an aggregate form. Cost data from individual providers must not be released except as provided for in current law.

(e) Beginning January 1, 2029, the commissioner shall use data collected in paragraph (a) to determine the compliance with requirements identified under subdivision 10d. The commissioner shall identify providers who have not met the thresholds identified under subdivision 10d on the Department of Human Services website for the year for which the providers reported their costs.

EFFECTIVE DATE. This section is effective January 1, 2027.

Sec. 19. Minnesota Statutes 2024, section 256B.851, subdivision 8, is amended to read:

Subd. 8. **Personal care provider agency; required reporting of cost data; training.** (a) As determined by the commissioner and in consultation with stakeholders, agencies enrolled to provide services with rates determined under this section must submit requested cost data to the commissioner. The commissioner may request cost data, including but not limited to:

- (1) worker wage costs;
- (2) benefits paid;
- (3) supervisor wage costs;
- (4) executive wage costs;
- (5) vacation, sick, and training time paid;
- (6) taxes, workers' compensation, and unemployment insurance costs paid;
- (7) administrative costs paid;
- (8) program costs paid;
- (9) transportation costs paid;
- (10) staff vacancy rates; and
- (11) other data relating to costs required to provide services requested by the commissioner.

(b) At least once in any three-year period, a provider must submit the required cost data for a fiscal year that ended not more than 18 months prior to the submission date. The commissioner must provide each provider a 90-day notice prior to its submission due date. The commissioner may review report submissions for inaccurate, inconclusive, incomplete, or otherwise deficient data and may remove the report from submitted status for further

verification. If a provider fails to submit required cost data, the commissioner must provide notice to a provider that has not provided required cost data 30 days after the required submission date and a second notice to a provider that has not provided required cost data 60 days after the required submission date. The commissioner must temporarily suspend payments to a provider if the commissioner has not received required cost data 90 days after the required submission date. The commissioner must make withheld payments when the required cost data is received and reviewed for compliance by the commissioner.

(c) The commissioner must conduct a random validation of data submitted under this subdivision to ensure data accuracy. A provider selected to validate the provider's cost reports must respond to the commissioner within 30 days with the requested financial documentation. If a provider fails to respond to the commissioner with the requested information within 30 days, the commissioner must temporarily suspend payments. The commissioner must resume payments once the requested documentation is received. If a provider is unable to validate the provider's costs with supporting documentation, the commissioner must require the provider to participate in the random validation the next year that the commissioner selects providers to report their costs. The commissioner shall analyze cost documentation in paragraph (a) and provide recommendations for adjustments to cost components.

(d) The commissioner, in consultation with stakeholders, must develop and implement a process for providing training and technical assistance necessary to support provider submission of cost data required under this subdivision.

EFFECTIVE DATE. This section is effective January 1, 2027.

Sec. 20. Minnesota Statutes 2024, section 256S.21, subdivision 3, is amended to read:

Subd. 3. **Cost reporting.** (a) As determined by the commissioner, in consultation with stakeholders, a provider enrolled to provide services with rates determined under this chapter must submit requested cost data to the commissioner to support evaluation of the rate methodologies in this chapter. Requested cost data may include but are not limited to:

- (1) worker wage costs;
- (2) benefits paid;
- (3) supervisor wage costs;
- (4) executive wage costs;
- (5) vacation, sick, and training time paid;
- (6) taxes, workers' compensation, and unemployment insurance costs paid;
- (7) administrative costs paid;
- (8) program costs paid;
- (9) transportation costs paid;
- (10) vacancy rates; and
- (11) other data relating to costs required to provide services requested by the commissioner.

(b) At least once in any five-year period, a provider must submit the required cost data for a fiscal year that ended not more than 18 months prior to the submission date. The commissioner ~~shall~~ must provide each provider a 90-day notice prior to the provider's submission due date. The commissioner may review report submissions for inaccurate, inconclusive, incomplete, or otherwise deficient data and may remove the report from submitted status for further verification. If by 30 days after the required submission date a provider fails to submit required reporting data, the commissioner ~~shall~~ must provide notice to the provider, ~~and~~. If by 60 days after the required submission date a provider has not provided the required data, the commissioner ~~shall~~ must provide a second notice. The commissioner ~~shall~~ must temporarily suspend payments to ~~the a~~ provider if the commissioner has not received the required cost data is not received 90 days after the required submission date or 90 days after the department requests updated data. The commissioner must make withheld payments must be made once data is received when the required cost data is received and reviewed for compliance by the commissioner.

(c) The commissioner shall coordinate the cost reporting activities required under this section with the cost reporting activities directed under section 256B.4914, subdivision 10a.

(d) The commissioner shall analyze cost documentation in paragraph (a) and, in consultation with stakeholders, may submit recommendations on rate methodologies in this chapter, including ways to monitor and enforce the spending requirements directed in section ~~256S.2101, subdivision 3,~~ 256S.211, subdivision 4, through the reports directed by subdivision 2.

EFFECTIVE DATE. This section is effective January 1, 2027.

Sec. 21. Laws 2023, chapter 61, article 1, section 67, subdivision 3, as amended by Laws 2024, chapter 125, article 8, section 10, is amended to read:

Subd. 3. **Evaluation and report.** (a) The Metropolitan Center for Independent Living must contract with a third party to evaluate the pilot project's impact on health care costs, retention of personal care assistants, and patients' and providers' satisfaction of care. The evaluation must include the number of participants, the hours of care provided by participants, and the retention of participants from semester to semester.

(b) By January 15, ~~2026~~ 2028, the Metropolitan Center for Independent Living must report the findings under paragraph (a) to the chairs and ranking minority members of the legislative committees with jurisdiction over human services finance and policy.

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

Sec. 22. Laws 2023, chapter 61, article 9, section 2, subdivision 5, as amended by Laws 2024, chapter 125, article 8, section 12, is amended to read:

Subd. 5. Central Office; Aging and Disability Services	40,115,000	11,995,000
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(a) **Employment Supports Alignment Study.** \$50,000 in fiscal year 2024 and \$200,000 in fiscal year 2025 are to conduct an interagency employment supports alignment study. The base for this appropriation is \$150,000 in fiscal year 2026 and \$100,000 in fiscal year 2027.

(b) **Case Management Training Curriculum.** \$377,000 in fiscal year 2024 and \$377,000 in fiscal year 2025 are to develop and implement a curriculum and training plan to ensure all lead agency assessors and case managers have the knowledge and skills

necessary to fulfill support planning and coordination responsibilities for individuals who use home and community-based disability services and live in own-home settings. This is a onetime appropriation.

(c) **Office of Ombudsperson for Long-Term Care.** \$875,000 in fiscal year 2024 and \$875,000 in fiscal year 2025 are for additional staff and associated direct costs in the Office of Ombudsperson for Long-Term Care.

(d) **Direct Care Services Corps Pilot Project.** \$500,000 in fiscal year 2024 is from the general fund for a grant to the Metropolitan Center for Independent Living for the direct care services corps pilot project. Up to \$25,000 may be used by the Metropolitan Center for Independent Living for administrative costs. This is a onetime appropriation and is available until June 30, ~~2026~~ 2027.

(e) **Research on Access to Long-Term Care Services and Financing.** Any unexpended amount of the fiscal year 2023 appropriation referenced in Laws 2021, First Special Session chapter 7, article 17, section 16, estimated to be \$300,000, is canceled. The amount canceled is appropriated in fiscal year 2024 for the same purpose.

(f) **Native American Elder Coordinator.** \$441,000 in fiscal year 2024 and \$441,000 in fiscal year 2025 are for the Native American elder coordinator position under Minnesota Statutes, section 256.975, subdivision 6.

(g) **Grant Administration Carryforward.**

(1) Of this amount, \$8,154,000 in fiscal year 2024 is available until June 30, 2027.

(2) Of this amount, \$1,071,000 in fiscal year 2025 is available until June 30, 2027.

(3) Of this amount, \$19,000,000 in fiscal year 2024 is available until June 30, 2029.

(h) **Base Level Adjustment.** The general fund base is increased by \$8,189,000 in fiscal year 2026 and increased by \$8,093,000 in fiscal year 2027.

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

Sec. 23. Laws 2024, chapter 125, article 1, section 47, is amended to read:

Sec. 47. **DIRECTION TO COMMISSIONER; PEDIATRIC HOSPITAL-TO-HOME TRANSITION PILOT PROGRAM.**

(a) The commissioner of human services must award a single competitive grant to a home care nursing provider to develop and implement, in coordination with the commissioner of health, Fairview Masonic Children's Hospital, Gillette Children's Specialty Healthcare, and Children's Minnesota of St. Paul and Minneapolis, a pilot program to expedite and facilitate pediatric hospital-to-home discharges for patients receiving services in this state under medical assistance, including under the community alternative care waiver, community access for disability inclusion waiver, and developmental disabilities waiver.

(b) Grant money awarded under this section must be used only to support the administrative, training, and auxiliary services necessary to reduce:

(1) delayed discharge days due to unavailability of home care nursing staffing to accommodate complex pediatric patients;

(2) avoidable rehospitalization days for pediatric patients;

(3) unnecessary emergency department utilization by pediatric patients following discharge;

(4) long-term nursing needs for pediatric patients; and

(5) the number of school days missed by pediatric patients.

(c) Grant money must not be used to supplant payment rates for services covered under Minnesota Statutes, chapter 256B.

(d) No later than December 15, ~~2026~~ 2027, the commissioner must prepare a report summarizing the impact of the pilot program that includes but is not limited to: (1) the number of delayed discharge days eliminated; (2) the number of rehospitalization days eliminated; (3) the number of unnecessary emergency department admissions eliminated; (4) the number of missed school days eliminated; and (5) an estimate of the return on investment of the pilot program.

(e) The commissioner must submit the report under paragraph (d) to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services finance and policy.

Sec. 24. **REPEALER.**

Minnesota Statutes 2024, section 256B.5012, subdivisions 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, and 16, are repealed.

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

ARTICLE 5
BEHAVIORAL HEALTH POLICY

Section 1. Minnesota Statutes 2025 Supplement, section 245.469, subdivision 1, is amended to read:

Subdivision 1. **Availability of emergency services.** (a) County boards must provide or contract for enough emergency services within the county to meet the needs of adults, children, and families in the county who are experiencing an emotional crisis or mental illness. Clients must not be charged for services provided. Emergency service providers must not delay or deny the timely provision of emergency services to a client due to payor source for services and must meet the qualifications under section 256B.0624, subdivision 4. Emergency services must include assessment, crisis intervention, and appropriate case disposition. Emergency services must:

- (1) promote the safety and emotional stability of each client;
- (2) minimize further deterioration of each client;
- (3) help each client to obtain ongoing care and treatment;
- (4) prevent placement in settings that are more intensive, costly, or restrictive than necessary and appropriate to meet client needs; and
- (5) provide support, psychoeducation, and referrals to each client's family members, service providers, and other third parties on behalf of the client in need of emergency services.

(b) If a county provides engagement services under section 253B.041, the county's emergency service providers must refer clients to engagement services when the client meets the criteria for engagement services.

Sec. 2. Minnesota Statutes 2024, section 245F.02, subdivision 17, is amended to read:

Subd. 17. **Peer recovery support services.** "Peer recovery support services" means services provided according to section ~~245F.08, subdivision 3~~ 254B.052.

Sec. 3. Minnesota Statutes 2025 Supplement, section 245F.08, subdivision 3, is amended to read:

Subd. 3. **Peer recovery support services.** Peer recovery support services must meet the requirements in section ~~245G.07, subdivision 2a, paragraph (b), clause (2)~~ 254B.052, and must be provided by a person who is qualified according to the requirements in section ~~245F.15, subdivision 7~~ 245I.04, subdivisions 18 and 19.

Sec. 4. Minnesota Statutes 2024, section 245F.15, subdivision 7, is amended to read:

Subd. 7. **Recovery peer qualifications.** Recovery peers must:

- (1) meet the qualifications in section 245I.04, subdivision 18; and
- (2) provide services according to the scope of practice established in section 245I.04, subdivision 19, ~~under the supervision of an alcohol and drug counselor.~~

Sec. 5. Minnesota Statutes 2024, section 245G.04, is amended by adding a subdivision to read:

Subd. 4. **Tobacco educational material.** A license holder must provide tobacco and nicotine educational material to a client on the day of service initiation. The license holder must use educational material approved by the commissioner that contains information on:

(1) risks associated with use of tobacco or nicotine products;

(2) types of tobacco or nicotine products, including differentiating between commercial versus traditional or sacred tobacco;

(3) treatment options, including the use of medication for tobacco use disorder; and

(4) benefits of receiving treatment for tobacco or nicotine use while attending substance use disorder treatment for another primary substance.

EFFECTIVE DATE. This section is effective January 1, 2027.

Sec. 6. Minnesota Statutes 2024, section 245G.06, subdivision 4, is amended to read:

Subd. 4. **Service discharge summary.** (a) An alcohol and drug counselor must write a service discharge summary for each client. The service discharge summary must be completed within five days of the client's service termination, excluding weekends and holidays. A copy of the client's service discharge summary must be provided to the client upon the client's request.

(b) The service discharge summary must be recorded in the six dimensions listed in section 254B.04, subdivision 4, and include the following information:

(1) the client's issues, strengths, and needs while participating in treatment, including services provided;

(2) the client's progress toward achieving each goal identified in the individual treatment plan;

(3) a risk rating and description for each of the ASAM six dimensions;

(4) the reasons for and circumstances of service termination. If a program discharges a client at staff request, the reason for discharge and the procedure followed for the decision to discharge must be documented and comply with the requirements in section 245G.14, subdivision 3, clause (3);

(5) the client's living arrangements at service termination;

(6) continuing care recommendations, including transitions between more or less intense services, or more frequent to less frequent services, and referrals made with specific attention to continuity of care for mental health, as needed; and

(7) service termination diagnosis.

Sec. 7. Minnesota Statutes 2025 Supplement, section 245G.09, subdivision 3, is amended to read:

Subd. 3. **Contents.** (a) Client records must contain the following:

(1) documentation that the client was given:

(i) information on client rights and responsibilities and grievance procedures on the day of service initiation;

(ii) information on tuberculosis and HIV within 72 hours of service initiation;

(iii) an orientation to the program abuse prevention plan required under section 245A.65, subdivision 2, paragraph (a), clause (4), within 24 hours of admission or, for clients who would benefit from a later orientation, 72 hours; and

(iv) opioid educational material according to section 245G.04, subdivision 3, and tobacco educational material according to section 245G.04, subdivision 4, on the day of service initiation;

(2) an initial services plan completed according to section 245G.04;

(3) a comprehensive assessment completed according to section 245G.05;

(4) an individual abuse prevention plan according to sections 245A.65, subdivision 2, and 626.557, subdivision 14, when applicable;

(5) an individual treatment plan according to section 245G.06, subdivisions 1 and 1a;

(6) documentation of treatment services, significant events, appointments, concerns, and treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, 3, and 3a; and

(7) a summary at the time of service termination according to section 245G.06, subdivision 4.

(b) For a client that transfers to another of the license holder's licensed treatment locations, the license holder is not required to complete new documents or orientation for the client, except that the client must receive an orientation to the new location's grievance procedure, program abuse prevention plan, and maltreatment of minor and vulnerable adults reporting procedures.

EFFECTIVE DATE. This section is effective January 1, 2027.

Sec. 8. Minnesota Statutes 2025 Supplement, section 245G.11, subdivision 7, is amended to read:

Subd. 7. **Treatment coordination provider qualifications.** (a) Treatment coordination must be provided by qualified staff. An individual is qualified to provide treatment coordination if the individual meets the qualifications of an alcohol and drug counselor under subdivision 5 or if the individual:

(1) is skilled in the process of identifying and assessing a wide range of client needs;

(2) is knowledgeable about local community resources and how to use those resources for the benefit of the client;

(3) has completed 15 hours of education or training on substance use disorder, co-occurring conditions, and care coordination for individuals with substance use disorder or co-occurring conditions that is consistent with national evidence-based standards;

(4) meets one of the following criteria:

~~(i) has a bachelor's degree in one of the behavioral sciences or related fields;~~

~~(ii)~~ (i) has a high school diploma or equivalent; or

~~(iii)~~ (ii) is a mental health practitioner who meets the qualifications under section 245I.04, subdivision 4; and

(5) either has at least 1,000 hours of supervised experience working with individuals with substance use disorder or co-occurring conditions or receives treatment supervision at least once per week until obtaining 1,000 hours of supervised experience working with individuals with substance use disorder or co-occurring conditions.

(b) A treatment coordinator must receive the following levels of supervision from an alcohol and drug counselor or a mental health professional whose scope of practice includes substance use disorder treatment and assessments:

(1) for a treatment coordinator that has not obtained 1,000 hours of supervised experience under paragraph (a), clause (5), at least one hour of supervision per week; or

(2) for a treatment coordinator that has obtained at least 1,000 hours of supervised experience under paragraph (a), clause (5), at least one hour of supervision per month.

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

Sec. 9. Minnesota Statutes 2024, section 245G.11, subdivision 8, is amended to read:

Subd. 8. **Recovery peer qualifications.** A recovery peer must:

(1) meet the qualifications in section 245I.04, subdivision 18; and

(2) provide services according to the scope of practice established in section 245I.04, subdivision 19, ~~under the supervision of an alcohol and drug counselor.~~

Sec. 10. Minnesota Statutes 2025 Supplement, section 245I.04, subdivision 17, is amended to read:

Subd. 17. **Mental health behavioral aide scope of practice.** While under the treatment supervision of a mental health professional, a mental health behavioral aide may practice psychosocial skills with a child client according to the child's treatment plan ~~and individual behavior plan~~ that a mental health professional, clinical trainee, or behavioral health practitioner has previously taught to the child.

Sec. 11. Minnesota Statutes 2024, section 245I.04, is amended by adding a subdivision to read:

Subd. 20. Limitation on affiliation across service lines. (a) A mental health professional, as defined in subdivision 3, must not simultaneously serve in a clinical, supervisory, or designated role for more than ten distinct licensed provider organizations or service lines delivering Medicaid-funded services. A mental health professional must not provide clinical or administrative supervision to more than 20 direct care or clinical staff across all affiliated provider organizations and service lines unless an exception is granted by the commissioner under paragraph (c).

(b) The commissioner shall establish criteria and a standardized process for evaluating exception requests under paragraph (a).

(c) Upon written request, the commissioner may grant an exception if the requester demonstrates that:

(1) the mental health professional can effectively meet all clinical, supervisory, and administrative responsibilities across affiliated programs;

(2) the oversight of client care will not be compromised; and

(3) the proposed arrangement complies with all applicable supervision, documentation, and service delivery requirements.

(d) In determining whether to grant an exception under paragraph (c), the commissioner shall consider:

(1) the geographic distribution of services;

(2) the complexity and acuity of client needs;

(3) the mental health professional's other responsibilities, including but not limited to direct service provision; and

(4) whether adequate supervision can be maintained in compliance with program standards.

(e) The commissioner shall rescind approval of the exception granted under paragraph (c) if the requester fails to comply with applicable program standards or with the terms of the exception.

(f) A mental health professional determined to be in violation of this subdivision may be subject to corrective action, licensing sanctions, or administrative penalties in accordance with chapter 245A and other applicable law.

Sec. 12. Minnesota Statutes 2024, section 245I.08, subdivision 4, is amended to read:

Subd. 4. **Progress notes.** A license holder must use a progress note to document each occurrence of a mental health service that a staff person provides to a client. A progress note must include the following:

(1) the type of service;

(2) the date of service;

(3) the start and stop time of the service unless the license holder is licensed as a residential program;

(4) the location of the service;

(5) the scope of the service, including: (i) the targeted goal and objective; (ii) the intervention that the staff person provided to the client and the methods that the staff person used; (iii) the client's response to the intervention; and (iv) the staff person's plan to take future actions, including changes in treatment that the staff person will implement if the intervention was ineffective;

(6) the signature and credentials of the staff person who provided the service to the client;

(7) the dated signature and credentials of the treatment supervisor;

~~(7)~~ (8) the mental health provider travel documentation required by section 256B.0625, if applicable; and

~~(8)~~ (9) significant observations by the staff person, if applicable, including: (i) the client's current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with or referrals to other professionals, family, or significant others; and (iv) changes in the client's mental or physical symptoms.

Sec. 13. Minnesota Statutes 2024, section 245I.10, subdivision 6, is amended to read:

Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health professional or a clinical trainee may complete a standard diagnostic assessment of a client. A standard diagnostic assessment of a client must include a face-to-face interview with a client and a written evaluation of the client. The assessor must

complete a client's standard diagnostic assessment within the client's cultural context. An alcohol and drug counselor may gather and document the information in paragraphs (b) and (c) when completing a comprehensive assessment according to section 245G.05.

(b) When completing a standard diagnostic assessment of a client, the assessor must gather and document information about the client's current life situation, including the following information:

- (1) the client's age;
- (2) the client's current living situation, including the client's housing status and household members;
- (3) the status of the client's basic needs;
- (4) the client's education level and employment status;
- (5) the client's current medications;
- (6) any immediate risks to the client's health and safety, including withdrawal symptoms, medical conditions, and behavioral and emotional symptoms;
- (7) the client's perceptions of the client's condition;
- (8) the client's description of the client's symptoms, including the reason for the client's referral;
- (9) the client's history of mental health and substance use disorder treatment, including but not limited to treatment for tobacco or nicotine use;
- (10) cultural influences on the client; and
- (11) substance use history, if applicable, including:
 - (i) amounts and types of substances, including but not limited to tobacco and nicotine products; frequency and duration; route of administration; periods of abstinence; and circumstances of relapse; and
 - (ii) the impact to functioning when under the influence of substances, including legal interventions.

(c) If the assessor cannot obtain the information that this paragraph requires without retraumatizing the client or harming the client's willingness to engage in treatment, the assessor must identify which topics will require further assessment during the course of the client's treatment. The assessor must gather and document information related to the following topics:

- (1) the client's relationship with the client's family and other significant personal relationships, including the client's evaluation of the quality of each relationship;
- (2) the client's strengths and resources, including the extent and quality of the client's social networks;
- (3) important developmental incidents in the client's life;
- (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;
- (5) the client's history of or exposure to alcohol and drug usage and treatment; and

(6) the client's health history and the client's family health history, including the client's physical, chemical, and mental health history.

(d) When completing a standard diagnostic assessment of a client, an assessor must use a recognized diagnostic framework.

(1) When completing a standard diagnostic assessment of a client who is five years of age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood published by Zero to Three.

(2) When completing a standard diagnostic assessment of a client who is six years of age or older, the assessor must use the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

(3) When completing a standard diagnostic assessment of a client who is 18 years of age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association to screen and assess the client for a substance use disorder, including but not limited to tobacco use disorder.

(e) When completing a standard diagnostic assessment of a client, the assessor must include and document the following components of the assessment:

(1) the client's mental status examination;

(2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources; vulnerabilities; safety needs, including client information that supports the assessor's findings after applying a recognized diagnostic framework from paragraph (d); and any differential diagnosis of the client; and

(3) an explanation of: (i) how the assessor diagnosed the client using the information from the client's interview, assessment, psychological testing, and collateral information about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths; and (v) the client's responsivity factors.

(f) When completing a standard diagnostic assessment of a client, the assessor must consult the client and the client's family about which services that the client and the family prefer to treat the client. The assessor must make referrals for the client as to services required by law.

(g) Information from other providers and prior assessments may be used to complete the diagnostic assessment if the source of the information is documented in the diagnostic assessment.

EFFECTIVE DATE. This section is effective January 1, 2027.

Sec. 14. Minnesota Statutes 2025 Supplement, section 245I.23, subdivision 7, is amended to read:

Subd. 7. **Intensive residential treatment services assessment and treatment planning.** (a) Within 12 hours of a client's admission, the license holder must evaluate and document the client's immediate needs, including the client's:

(1) health and safety, including the client's need for crisis assistance;

(2) responsibilities for children, family and other natural supports, and employers; and

(3) housing and legal issues.

(b) Within 24 hours of the client's admission, the license holder must complete an initial treatment plan for the client. The license holder must:

(1) base the client's initial treatment plan on the client's referral information and an assessment of the client's immediate needs;

(2) consider crisis assistance strategies that have been effective for the client in the past;

(3) identify the client's initial treatment goals, measurable treatment objectives, and specific interventions that the license holder will use to help the client engage in treatment;

(4) identify the participants involved in the client's treatment planning. The client must be a participant; and

(5) ensure that a treatment supervisor approves of the client's initial treatment plan if a behavioral health practitioner or clinical trainee completes the client's treatment plan, notwithstanding section 245I.08, subdivision 3.

(c) According to section 245A.65, subdivision 2, paragraph (b), the license holder must complete an individual abuse prevention plan as part of a client's initial treatment plan.

(d) Within five days of the client's admission and again within 60 days after the client's admission, the license holder must complete a level of care assessment of the client. If the license holder determines that a client does not need a medically monitored level of service, a treatment supervisor must document how the client's admission to and continued services in intensive residential treatment services are medically necessary for the client.

(e) Within ten days of a client's admission, excluding weekends and holidays, the license holder must complete or review and update the client's standard diagnostic assessment.

(f) Within ten days of a client's admission, the license holder must complete the client's individual treatment plan, notwithstanding section 245I.10, subdivision 8. Within 40 days after the client's admission and again within 70 days after the client's admission, the license holder must update the client's individual treatment plan. The license holder must focus the client's treatment planning on preparing the client for a successful transition from intensive residential treatment services to another setting. In addition to the required elements of an individual treatment plan under section 245I.10, subdivision 8, the license holder must identify the following information in the client's individual treatment plan: (1) the client's referrals and resources for the client's health and safety; and (2) the staff persons who are responsible for following up with the client's referrals and resources. If the client does not receive a referral or resource that the client needs, the license holder must document the reason that the license holder did not make the referral or did not connect the client to a particular resource. The license holder is responsible for determining whether additional follow-up is required on behalf of the client.

(g) Within 30 days of the client's admission, the license holder must complete a functional assessment of the client. Within 60 days after the client's admission, the license holder must update the client's functional assessment to include any changes in the client's functioning and symptoms.

(h) For a client with a current substance use disorder diagnosis and for a client whose substance use disorder screening in the client's standard diagnostic assessment indicates the possibility that the client has a substance use disorder, the license holder must complete a written assessment of the client's substance use within 30 days of the client's admission. In the substance use assessment, the license holder must: (1) evaluate the client's history of substance use, relapses, and hospitalizations related to substance use; (2) assess the effects of the client's substance use on the client's relationships including with family member and others; (3) identify financial problems, health

issues, housing instability, and unemployment; (4) assess the client's legal problems, past and pending incarceration, violence, and victimization; and (5) evaluate the client's suicide attempts, noncompliance with taking prescribed medications, and noncompliance with psychosocial treatment.

(i) On a weekly basis, a mental health professional or certified rehabilitation specialist must review each client's treatment plan and individual abuse prevention plan. The license holder must document in the client's file each weekly review of the client's treatment plan and individual abuse prevention plan.

Sec. 15. Minnesota Statutes 2025 Supplement, section 254A.03, subdivision 3, is amended to read:

Subd. 3. **Rules for substance use disorder care.** (a) An eligible vendor of comprehensive assessments under section 254B.0501 may determine the appropriate level of substance use disorder treatment for a recipient of public assistance. The process for determining an individual's financial eligibility for the behavioral health fund or determining an individual's enrollment in or eligibility for a publicly subsidized health plan is not affected by the individual's choice to access a comprehensive assessment for placement.

~~(b) The commissioner shall develop and implement a utilization review process for publicly funded treatment placements to monitor and review the clinical appropriateness and timeliness of all publicly funded placements in treatment.~~

~~(e)~~ (b) If a screen result is positive for alcohol or substance misuse, a brief screening for alcohol or substance use disorder that is provided to a recipient of public assistance within a primary care clinic, hospital, or other medical setting or school setting establishes medical necessity and approval for an initial set of substance use disorder services identified in section 254B.0505. The initial set of services approved for a recipient whose screen result is positive may include any combination of up to four hours of individual or group substance use disorder treatment, two hours of substance use disorder treatment coordination, or two hours of substance use disorder peer support services provided by a qualified individual according to chapter 245G. A recipient must obtain an assessment pursuant to paragraph (a) to be approved for additional treatment services. A comprehensive assessment pursuant to section 245G.05 is not required to receive the initial set of services allowed under this subdivision. A positive screen result establishes eligibility for the initial set of services allowed under this subdivision.

~~(d)~~ (c) An individual may choose to obtain a comprehensive assessment as provided in section 245G.05. Individuals obtaining a comprehensive assessment may access any enrolled provider that is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision 3. If the individual is enrolled in a prepaid health plan, the individual must comply with any provider network requirements or limitations.

Sec. 16. Minnesota Statutes 2025 Supplement, section 254B.04, subdivision 1a, is amended to read:

Subd. 1a. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal Regulations, title 25, part 20, who meet the income standards of section 256B.056, subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health fund services. State money appropriated for this paragraph must be placed in a separate account established for this purpose.

(b) Persons with dependent children who are determined to be in need of substance use disorder treatment pursuant to an assessment under section 260E.20, subdivision 1, or in need of chemical dependency treatment pursuant to a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the commissioner to access needed treatment services. Treatment services must be appropriate for the individual or family, which may include long-term care treatment or treatment in a facility that allows the dependent children to stay in the treatment facility. The county shall pay for out-of-home placement costs, if applicable.

(c) Notwithstanding paragraph (a), any person enrolled in medical assistance or MinnesotaCare is eligible for room and board services under section 254B.0505, subdivision 1, clause (9).

(d) A client is eligible to have substance use disorder treatment paid for with funds from the behavioral health fund when the client:

(1) is eligible for MFIP as determined under chapter 142G;

(2) is eligible for medical assistance as determined under Minnesota Rules, parts 9505.0010 to 9505.0140;

(3) is eligible for general assistance, general assistance medical care, or work readiness as determined under Minnesota Rules, parts 9500.1200 to 9500.1272; or

(4) has income that is within current household size and income guidelines for entitled persons, as defined in this subdivision and subdivision 7.

(e) Clients who meet the financial eligibility requirement in paragraph (a) and who have a third-party payment source are eligible for the behavioral health fund if the third-party payment source pays less than 100 percent of the cost of treatment services for eligible clients.

(f) A client is ineligible to have substance use disorder treatment services paid for with behavioral health fund money if the client:

(1) has an income that exceeds current household size and income guidelines for entitled persons as defined in this subdivision and subdivision 7; or

(2) has an available third-party payment source that will pay the total cost of the client's treatment.

(g) A client who is disenrolled from a state prepaid health plan during a treatment episode is eligible for continued treatment service that is paid for by the behavioral health fund until the treatment episode is completed or the client is re-enrolled in a state prepaid health plan if the client:

(1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance medical care; or

(2) is eligible according to paragraphs (a) and (b) and is determined eligible by the commissioner under section 254B.04.

(h) When a county commits a client under chapter 253B to a regional treatment center for substance use disorder services and the client is ineligible for the behavioral health fund, the county is responsible for the payment to the regional treatment center according to section 254B.0501, subdivision 3.

(i) Notwithstanding any law to the contrary, persons enrolled in MinnesotaCare or medical assistance are eligible for room and board services when provided through intensive residential treatment services and residential crisis services under section 256B.0632 and chapter 245I.

(j) A person is eligible for one 60-consecutive-calendar-day period per year. A person may submit a request for additional eligibility to the commissioner. A person denied additional eligibility under this paragraph may request a state agency hearing under section 256.045.

Sec. 17. Minnesota Statutes 2025 Supplement, section 254B.0501, subdivision 6, is amended to read:

Subd. 6. **Recovery community organizations.** (a) A recovery community organization that meets the requirements of clauses (1) to (15), complies with the training requirements in section 254B.052, subdivision 4, and meets certification requirements of the Minnesota Alliance of Recovery Community Organizations or another Minnesota statewide recovery organization identified by the commissioner is an eligible vendor of peer recovery support services. If the commissioner does not identify another statewide recovery organization, or the Minnesota Alliance of Recovery Community Organizations or the statewide recovery organization identified by the commissioner is not reasonably positioned to certify vendors, the commissioner must determine the eligibility of a vendor of peer recovery support services. A Minnesota statewide recovery organization identified by the commissioner must update recovery community organization applicants for certification on the status of the application within 45 days of receipt. If the approved statewide recovery organization denies an application, it must provide a written explanation for the denial to the recovery community organization. Eligible vendors under this paragraph must:

(1) be nonprofit organizations under section 501(c)(3) of the Internal Revenue Code, be free from conflicting self-interests, and be autonomous in decision-making, program development, peer recovery support services provided, and advocacy efforts for the purpose of supporting the recovery community organization's mission;

(2) be led and governed by individuals in the recovery community, with more than 50 percent of the board of directors or advisory board members self-identifying as people in personal recovery from substance use disorders;

(3) have a mission statement and conduct corresponding activities indicating that the organization's primary purpose is to support recovery from substance use disorder;

(4) demonstrate ongoing community engagement with the identified primary region and population served by the organization, including individuals in recovery and their families, friends, and recovery allies;

(5) be accountable to the recovery community through documented priority-setting and participatory decision-making processes that promote the engagement of, and consultation with, people in recovery and their families, friends, and recovery allies;

(6) provide nonclinical peer recovery support services, including but not limited to recovery support groups, recovery coaching, telephone recovery support, skill-building, and harm-reduction activities, and provide recovery public education and advocacy;

(7) have written policies that allow for and support opportunities for all paths toward recovery and refrain from excluding anyone based on their chosen recovery path, which may include but is not limited to harm reduction paths, faith-based paths, and nonfaith-based paths;

(8) maintain organizational practices to meet the needs of Black, Indigenous, and people of color communities, LGBTQ+ communities, and other underrepresented or marginalized communities. Organizational practices may include board and staff training, service offerings, advocacy efforts, and culturally informed outreach and services;

(9) use recovery-friendly language in all media and written materials that is supportive of and promotes recovery across diverse geographical and cultural contexts and reduces stigma;

(10) establish and maintain a publicly available recovery community organization code of ethics and grievance policy and procedures;

(11) not classify or treat any recovery peer hired on or after July 1, 2024, as an independent contractor;

(12) not classify or treat any recovery peer as an independent contractor on or after January 1, 2025;

(13) provide an orientation for recovery peers that includes an overview of the consumer advocacy services provided by the Ombudsman for Mental Health and Developmental Disabilities and other relevant advocacy services;

(14) provide notice to peer recovery support services participants that includes the following statement: "If you have a complaint about the provider or the person providing your peer recovery support services, you may contact the Minnesota Alliance of Recovery Community Organizations. You may also contact the Office of Ombudsman for Mental Health and Developmental Disabilities." The statement must also include:

(i) the telephone number, website address, email address, and mailing address of the Minnesota Alliance of Recovery Community Organizations and the Office of Ombudsman for Mental Health and Developmental Disabilities;

(ii) the recovery community organization's name, address, email, telephone number, and name or title of the person at the recovery community organization to whom problems or complaints may be directed; and

(iii) a statement that the recovery community organization will not retaliate against a peer recovery support services participant because of a complaint; and

(15) comply with the requirements of section 245A.04, subdivision 15a.

(b) A recovery community organization approved by the commissioner before June 30, 2023, must have begun the application process as required by an approved certifying or accrediting entity and have begun the process to meet the requirements under paragraph (a) by September 1, 2024, in order to be considered as an eligible vendor of peer recovery support services.

(c) A recovery community organization that is aggrieved by a certification determination and believes it meets the requirements under paragraph (a) may appeal the determination under section 256.045, subdivision 3, paragraph (a), clause (14), for reconsideration as an eligible vendor. If the human services judge determines that the recovery community organization meets the requirements under paragraph (a), the recovery community organization is an eligible vendor of peer recovery support services for up to two years from the date of the determination. After two years, the recovery community organization must apply for certification under paragraph (a) to continue to be an eligible vendor of peer recovery support services.

(d) All recovery community organizations must be certified by an entity listed in paragraph (a) by June 30, ~~2027~~ 2026.

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

Sec. 18. Minnesota Statutes 2025 Supplement, section 254B.0505, subdivision 8, is amended to read:

Subd. 8. ~~Peer recovery support services~~ **Utilization review requirements.** Eligible vendors of peer recovery support services ~~in subdivision 1, clauses (1) to (10), must:~~

~~(1) submit to a review by the commissioner of up to ten percent of all medical assistance and behavioral health fund claims to determine the medical necessity of peer recovery support services for entities billing for peer recovery support services individually and not receiving a daily rate; and,~~

~~(2) limit an individual client to 14 hours per week for peer recovery support services from an individual provider of peer recovery support services.~~

Sec. 19. Minnesota Statutes 2025 Supplement, section 254B.0505, is amended by adding a subdivision to read:

Subd. 9. **Withdrawal management services.** For withdrawal management services provided by an eligible vendor that is licensed under chapter 245F as a clinically managed withdrawal management program or as a medically monitored withdrawal management program, utilization review, as defined in section 62M.02, is prohibited until five calendar days after the date of service initiation.

EFFECTIVE DATE. This section is effective January 1, 2027, or upon federal approval, whichever is later.

Sec. 20. Minnesota Statutes 2025 Supplement, section 254B.0505, is amended by adding a subdivision to read:

Subd. 10. **Monetary recovery.** Reimbursement for services authorized under this chapter that are not provided in accordance with this chapter are subject to monetary recovery under section 256B.064 as money improperly paid.

Sec. 21. Minnesota Statutes 2024, section 254B.052, subdivision 1, is amended to read:

Subdivision 1. **Peer recovery support services; service requirements.** (a) Peer recovery support services are face-to-face interactions between a recovery peer and a client, on a one-on-one basis, in which specific goals identified in an individual recovery plan, treatment plan, or stabilization plan are discussed and addressed. Peer recovery support services are provided to promote a client's recovery goals, self-sufficiency, self-advocacy, and development of natural supports and to support maintenance of a client's recovery.

(b) Peer recovery support services must be provided according to (1) an individual recovery plan if provided by a recovery community organization or county, (2) a treatment plan if provided in either a substance use disorder treatment program under chapter 245G; or a Tribally licensed substance use disorder treatment program, or (3) a stabilization plan if provided by a withdrawal management program under chapter 245F.

(c) A client receiving peer recovery support services must participate in the services voluntarily. Any program that incorporates peer recovery support services must provide written notice to the client that peer recovery support services will be provided.

(d) Peer recovery support services may not be provided to a client residing with or employed by a recovery peer from whom ~~they receive~~ the client receives services.

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

Sec. 22. Minnesota Statutes 2024, section 254B.052, is amended by adding a subdivision to read:

Subd. 7. **Billing limits.** Eligible vendors of peer recovery support services must limit an individual client to 14 hours per week for peer recovery support services from an individual provider of peer recovery support services.

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

Sec. 23. Minnesota Statutes 2024, section 256B.0624, subdivision 6b, is amended to read:

Subd. 6b. **Crisis intervention services.** (a) If the crisis assessment determines mobile crisis intervention services are needed, the crisis intervention services must be provided promptly. As opportunity presents during the intervention, at least two members of the mobile crisis intervention team must confer directly or by telephone about the crisis assessment, crisis treatment plan, and actions taken and needed. At least one of the team members must be providing face-to-face crisis intervention services. If providing crisis intervention services, a clinical trainee or mental health practitioner must seek treatment supervision as required in subdivision 9.

(b) If a provider delivers crisis intervention services while the recipient is absent, the provider must document the reason for delivering services while the recipient is absent.

(c) The mobile crisis intervention team must develop a crisis treatment plan according to subdivision 11.

(d) The mobile crisis intervention team must document which crisis treatment plan goals and objectives have been met and when no further crisis intervention services are required.

(e) If the recipient's mental health crisis is stabilized, but the recipient needs a referral to other services, the team must provide referrals to these services. If the recipient has a case manager, planning for other services must be coordinated with the case manager. If the recipient is unable to follow up on the referral, the team must link the recipient to the service and follow up to ensure the recipient is receiving the service.

~~(f) If the recipient's mental health crisis is stabilized and the recipient does not have an advance directive, the case manager or crisis team shall offer to work with the recipient to develop one.~~

EFFECTIVE DATE. This section is effective upon federal approval.

Sec. 24. Minnesota Statutes 2024, section 256B.0624, subdivision 7, is amended to read:

Subd. 7. **Crisis stabilization services.** (a) Crisis stabilization services must be provided by qualified staff of a crisis stabilization services provider entity and must meet the following standards:

(1) a crisis treatment plan must be developed that meets the criteria in subdivision 11;

(2) staff must be qualified as defined in subdivision 8;

(3) crisis stabilization services must be delivered according to the crisis treatment plan and include face-to-face contact with the recipient by qualified staff for further assessment, help with referrals, updating of the crisis treatment plan, skills training, and collaboration with other service providers in the community; ~~and~~

(4) if a provider delivers crisis stabilization services while the recipient is absent, the provider must document the reason for delivering services while the recipient is absent; ~~and~~

(5) if the recipient is an adult, the recipient's mental health crisis is stabilized, and the recipient does not have a health care directive as defined by section 145C.01, subdivision 5a, or psychiatric declaration as defined by section 253B.03, subdivision 6d, the case manager or crisis team must offer to work with the recipient to develop a directive or declaration.

(b) If crisis stabilization services are provided in a supervised, licensed residential setting that serves no more than four adult residents, and one or more individuals are present at the setting to receive residential crisis stabilization, the residential staff must include, for at least eight hours per day, at least one mental health professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner. The commissioner shall establish a statewide per diem rate for crisis stabilization services provided under this paragraph to medical assistance enrollees. The rate for a provider shall not exceed the rate charged by that provider for the same service to other payers. Payment shall not be made to more than one entity for each individual for services provided under this paragraph on a given day. The commissioner shall set rates prospectively for the annual rate period. The commissioner shall require providers to submit annual cost reports on a uniform cost reporting form and shall use submitted cost reports to inform the rate-setting process. The commissioner shall recalculate the statewide per diem every year.

EFFECTIVE DATE. This section is effective upon federal approval.

Sec. 25. Minnesota Statutes 2024, section 256B.0625, subdivision 47, is amended to read:

Subd. 47. ~~Treatment foster care~~ Children's intensive behavioral health services. Effective July 1, 2011, and subject to federal approval, Medical assistance covers ~~treatment foster care~~ children's intensive behavioral health services according to section 256B.0946.

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

Sec. 26. Minnesota Statutes 2024, section 256B.0759, subdivision 3, is amended to read:

Subd. 3. **Provider standards.** (a) ~~The commissioner must establish requirements for participating providers that are consistent with the federal requirements of the demonstration project. The following programs that receive payment for substance use disorder treatment services under section 256B.0625 must enroll as a Minnesota health care programs provider, meet the requirements established by the commissioner, and certify that the program meets the applicable American Society of Addiction Medicine (ASAM) levels of care according to section 254B.19:~~

(1) nonresidential substance use disorder treatment programs and residential treatment programs licensed under chapter 245G as licensed substance use disorder treatment facilities;

(2) withdrawal management programs licensed under chapter 245F; and

(3) out-of-state residential substance use disorder treatment programs.

(b) Programs that do not meet the requirements of paragraph (a) are ineligible for payment for services provided under section 256B.0625.

~~(b) A participating residential provider must obtain applicable licensure under chapter 245F or 245G or other applicable standards for the services provided and must:~~

~~(1) deliver services in accordance with standards published by the commissioner pursuant to paragraph (d);~~

~~(2) maintain formal patient referral arrangements with providers delivering step up or step down levels of care in accordance with ASAM standards; and~~

~~(3) offer substance use disorder treatment services with medications for opioid use disorder on site or facilitate access to substance use disorder treatment services with medications for opioid use disorder off site.~~

~~(c) A participating outpatient provider must obtain applicable licensure under chapter 245G or other applicable standards for the services provided and must:~~

~~(1) deliver services in accordance with standards published by the commissioner pursuant to paragraph (d); and~~

~~(2) maintain formal patient referral arrangements with providers delivering step up or step down levels of care in accordance with ASAM standards.~~

~~(d) If the provider standards under chapter 245G or other applicable standards conflict or are duplicative, the commissioner may grant variances to the standards if the variances do not conflict with federal requirements. The commissioner must publish service components, service standards, and staffing requirements for participating providers that are consistent with ASAM standards and federal requirements by October 1, 2020.~~

(c) Programs licensed by the department as residential treatment programs according to section 245G.21 that (1) receive payment under this chapter, (2) are licensed as a hospital under sections 144.50 to 144.581, and (3) provide only ASAM level 3.7 medically monitored inpatient level of care are not required to certify the ASAM 3.7 level of care. If a program described in this paragraph provides any additional ASAM levels of care, the program must certify those levels of care according to section 254B.19. Programs meeting the criteria in this paragraph must submit evidence of providing the required level of care to the commissioner to be exempt from enrolling in the demonstration.

(d) Tribally licensed programs that otherwise meet the requirements of subdivision 3 may elect to participate in the demonstration project. The department must consult with Tribal Nations to discuss participation in the substance use disorder demonstration project.

(e) Programs subject to this section must:

(1) deliver services in accordance with section 254B.19; and

(2) offer substance use disorder treatment services with medications for opioid use disorder on site or facilitate timely access to medications for opioid use disorder off site.

Sec. 27. Minnesota Statutes 2025 Supplement, section 256B.0759, subdivision 4, is amended to read:

Subd. 4. **Provider payment rates.** ~~(a) Payment rates for participating Providers must be increased for services provided to medical assistance enrollees. To receive a rate increase, participating providers must meet demonstration project requirements and provide evidence of formal referral arrangements with providers delivering step up or step down levels of care. Providers that have enrolled in the demonstration project but have not met the provider standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under this subdivision until the date that the provider meets the provider standards in subdivision 3. Services provided from July 1, 2022, to the date that the provider meets the provider standards under subdivision 3 shall be reimbursed at rates according to section 254B.0505, subdivision 1. Rate increases paid under this subdivision to a provider for services provided between July 1, 2021, and July 1, 2022, are not subject to recoupment when the provider is taking meaningful steps to meet demonstration project requirements that are not otherwise required by law, and the provider provides documentation to the commissioner, upon request, of the steps being taken.~~

~~(b) The commissioner may temporarily suspend payments to the provider according to section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements in paragraph (a). Payments withheld from the provider must be made once the commissioner determines that the requirements in paragraph (a) are met.~~

~~(c) For outpatient individual and group substance use disorder services under section 254B.0505, subdivision 1, clause (1), and adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18, provided on or after January 1, 2021, payment rates must be increased by 20 percent over the rates in effect on December 31, 2020.~~

~~(d) (b) Effective January 1, 2021, and contingent on annual federal approval, managed care plans and county-based purchasing plans must reimburse providers of the substance use disorder services meeting the criteria described in paragraph (a) who requirements of section 254B.19 that are employed by or under contract with the plan an amount that is at least equal to the fee-for-service base rate payment for the substance use disorder services described in paragraph (c) (a). The commissioner must monitor the effect of this requirement on the rate of access to substance use disorder services and residential substance use disorder rates. Capitation rates paid to managed care organizations and county-based purchasing plans must reflect the impact of this requirement. This paragraph expires if federal approval is not received at any time as required under this paragraph.~~

~~(e)~~ (c) Effective July 1, 2021, contracts between managed care plans and county-based purchasing plans and providers to whom paragraph ~~(d)~~ (b) applies must allow recovery of payments from those providers if, for any contract year, federal approval for the provisions of paragraph ~~(d)~~ (b) is not received, and capitation rates are adjusted as a result. Payment recoveries must not exceed the amount equal to any decrease in rates that results from this provision.

~~(f)~~ (d) For substance use disorder services with medications for opioid use disorder under section 254B.0505, subdivision 1, clause (7), provided on or after January 1, 2021, payment rates must be increased by 20 percent over the rates in effect on December 31, 2020. Upon implementation of new rates according to section 254B.121, the 20 percent increase will no longer apply.

Sec. 28. Minnesota Statutes 2025 Supplement, section 256B.0943, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have the meanings given ~~them~~.

(b) "Children's therapeutic services and supports" means the flexible package of mental health services for children who require varying therapeutic and rehabilitative levels of intervention to treat a diagnosed mental illness, as defined in section 245.462, subdivision 20, or 245.4871, subdivision 15. The services are time-limited interventions that are delivered using various treatment modalities and combinations of services designed to reach treatment outcomes identified in the individual treatment plan.

(c) "Clinical trainee" means a staff person who is qualified according to section 245I.04, subdivision 6.

(d) "Crisis planning" has the meaning given in section 245.4871, subdivision 9a.

(e) "Culturally competent provider" means a provider who understands and can utilize to a client's benefit the client's culture when providing services to the client. A provider may be culturally competent because the provider is of the same cultural or ethnic group as the client or the provider has developed the knowledge and skills through training and experience to provide services to culturally diverse clients.

(f) "Day treatment program" for children means a site-based structured mental health program consisting of psychotherapy for three or more individuals and individual or group skills training provided by a team, under the treatment supervision of a mental health professional.

(g) "Direct service time" means the time that a mental health professional, clinical trainee, mental health practitioner, or mental health behavioral aide spends face-to-face with a client and the client's family or providing covered services through telehealth as defined under section 256B.0625, subdivision 3b. Direct service time includes time in which the provider obtains a client's history, develops a client's treatment plan, records individual treatment outcomes, or provides service components of children's therapeutic services and supports. Direct service time does not include time doing work before and after providing direct services, including scheduling or maintaining clinical records.

(h) "Direction of mental health behavioral aide" means the activities of a mental health professional, clinical trainee, or mental health practitioner in guiding the mental health behavioral aide in providing services to a client. The direction of a mental health behavioral aide must be based on the client's individual treatment plan and meet the requirements in subdivision 6, paragraph (b), clause (7).

(i) "Individual treatment plan" means the plan described in section 245I.10, subdivisions 7 and 8.

(j) "Mental health behavioral aide services" means medically necessary one-on-one activities performed by a mental health behavioral aide qualified according to section 245I.04, subdivision 16, to assist a child retain or generalize psychosocial skills as previously trained by a mental health professional, clinical trainee, or mental health practitioner and as described in the child's individual treatment plan ~~and individual behavior plan~~. Activities involve working directly with the child or child's family as provided in subdivision 9, paragraph (b), clause (4).

(k) "Mental health certified family peer specialist" means a staff person who is qualified according to section 245I.04, subdivision 12.

(l) "Mental health practitioner" means a staff person who is qualified according to section 245I.04, subdivision 4.

(m) "Mental health professional" means a staff person who is qualified according to section 245I.04, subdivision 2.

(n) "Mental health service plan development" includes:

(1) development and revision of a child's individual treatment plan; and

(2) administering and reporting standardized outcome measurements approved by the commissioner, as periodically needed to evaluate the effectiveness of treatment.

(o) "Mental illness" has the meaning given in section 245.462, subdivision 20, paragraph (a), for persons at least 18 years of age but under 21 years of age, and has the meaning given in section 245.4871, subdivision 15, for children under 18 years of age.

(p) "Psychotherapy" means the treatment described in section 256B.0671, subdivision 11.

(q) "Rehabilitative services" or "psychiatric rehabilitation services" means interventions to: (1) restore a child or adolescent to an age-appropriate developmental trajectory that had been disrupted by a psychiatric illness; or (2) enable the child to self-monitor, compensate for, cope with, counteract, or replace psychosocial skills deficits or maladaptive skills acquired over the course of a psychiatric illness. Psychiatric rehabilitation services for children combine coordinated psychotherapy to address internal psychological, emotional, and intellectual processing deficits, and skills training to restore personal and social functioning. Psychiatric rehabilitation services establish a progressive series of goals with each achievement building upon a prior achievement.

(r) "Skills training" means individual, family, or group training, delivered by or under the supervision of a mental health professional, designed to facilitate the acquisition of psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate developmental trajectory heretofore disrupted by a psychiatric illness or to enable the child to self-monitor, compensate for, cope with, counteract, or replace skills deficits or maladaptive skills acquired over the course of a psychiatric illness. Skills training is subject to the service delivery requirements under subdivision 9, paragraph (b), clause (2).

(s) "Standard diagnostic assessment" means the assessment described in section 245I.10, subdivision 6.

(t) "Treatment supervision" means the supervision described in section 245I.06.

Sec. 29. Minnesota Statutes 2024, section 256B.0943, subdivision 6, is amended to read:

Subd. 6. **Provider entity clinical infrastructure requirements.** (a) To be an eligible provider entity under this section, a provider entity must have a clinical infrastructure that utilizes diagnostic assessment, individual treatment plans, service delivery, and individual treatment plan review that are culturally competent, child-centered, and family-driven to achieve maximum benefit for the client. The provider entity must review, and update as necessary, the clinical policies and procedures every ~~three~~ two years, must distribute the policies and procedures to staff initially and upon each subsequent update, and must train staff accordingly.

(b) The clinical infrastructure written policies and procedures must include policies and procedures for meeting the requirements in this subdivision:

(1) providing or obtaining a client's standard diagnostic assessment, including a standard diagnostic assessment. When required components of the standard diagnostic assessment are not provided in an outside or independent assessment or cannot be attained immediately, the provider entity must determine the missing information within 30 days and amend the child's standard diagnostic assessment or incorporate the information into the child's individual treatment plan;

(2) developing an individual treatment plan;

(3) providing treatment supervision plans for staff according to section 245I.06. Treatment supervision does not include the authority to make or terminate court-ordered placements of the child. A treatment supervisor must be available for urgent consultation as required by the individual client's needs or the situation;

(4) requiring a mental health professional to determine the level of supervision for a behavioral health aide and to document and sign the supervision determination in the behavioral health aide's supervision plan;

(5) ensuring the immediate accessibility of a mental health professional, clinical trainee, or mental health practitioner to the behavioral aide during service delivery;

(6) providing service delivery that implements the individual treatment plan and meets the requirements under subdivision 9; and

(7) individual treatment plan review. The review must determine the extent to which the services have met each of the goals and objectives in the treatment plan. The review must assess the client's progress and ensure that services and treatment goals continue to be necessary and appropriate to the client and the client's family or foster family.

Sec. 30. Minnesota Statutes 2024, section 256B.0946, subdivision 4, is amended to read:

Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under this section, a provider must develop and practice written policies and procedures for children's intensive behavioral health services, consistent with subdivision 1, paragraph (b), and comply with the following requirements in paragraphs (b) to (n).

(b) Each previous and current mental health, school, and physical health treatment provider must be contacted to request documentation of treatment and assessments that the eligible client has received. This information must be reviewed and incorporated into the standard diagnostic assessment and team consultation and treatment planning review process.

(c) Each client receiving treatment must be assessed for a trauma history, and the client's treatment plan must document how the results of the assessment will be incorporated into treatment.

(d) The level of care assessment as defined in section 245I.02, subdivision 19, and functional assessment as defined in section 245I.02, subdivision 17, must be updated at least every 180 days or prior to discharge from the service, whichever comes first.

(e) Each client receiving treatment services must have an individual treatment plan that is reviewed, evaluated, and approved every 180 days using the team consultation and treatment planning process.

(f) Clinical care consultation must be provided in accordance with the client's individual treatment plan.

(g) Each client must have a crisis plan within ten days of initiating services and must have access to clinical phone support 24 hours per day, seven days per week, during the course of treatment. The crisis plan must demonstrate coordination with the local or regional mobile crisis intervention team.

(h) Services must be delivered and documented at least three days per week, equaling at least six hours of treatment per week. If the mental health professional, client, and family agree, service units may be temporarily reduced for a period of no more than 60 days in order to meet the needs of the client and family, or as part of transition or on a discharge plan to another service or level of care. The reasons for service reduction must be identified, ~~and documented, and included~~ in the treatment plan or case file. Billing and payment are prohibited for days on which no services are delivered and documented.

(i) Location of service delivery must be in the client's home, day care setting, school, or other community-based setting that is specified on the client's individualized treatment plan.

(j) Treatment must be developmentally and culturally appropriate for the client.

(k) Services must be delivered in continual collaboration and consultation with the client's medical providers and, in particular, with prescribers of psychotropic medications, including those prescribed on an off-label basis. Members of the service team must be aware of the medication regimen and potential side effects.

(l) Parents, siblings, foster parents, legal guardians, and members of the child's permanency plan must be involved in treatment and service delivery unless otherwise noted in the treatment plan.

(m) Transition planning for the child must be conducted starting with the first treatment plan and must be addressed throughout treatment to support the child's permanency plan and postdischarge mental health service needs.

(n) In order for a provider to receive the daily per-client encounter rate, at least one of the services listed in subdivision 1, paragraph (b), clauses (1) to (3), must be provided. The services listed in subdivision 1, paragraph (b), clauses (4) and (5), may be included as part of the daily per-client encounter rate.

Sec. 31. Minnesota Statutes 2025 Supplement, section 256B.0947, subdivision 3a, is amended to read:

Subd. 3a. **Required service components.** (a) Intensive nonresidential rehabilitative mental health services, supports, and ancillary activities that are covered by a single daily rate per client must include the following, as needed by the individual client:

(1) individual, family, and group psychotherapy;

(2) individual, family, and group skills training, as defined in section 256B.0943, subdivision 1, paragraph (r);

(3) crisis planning as defined in section 245.4871, subdivision 9a;

(4) medication management provided by a ~~physician, an advanced practice registered nurse with certification in psychiatric and mental health care, or a physician assistant~~ qualified provider;

(5) mental health case management as provided in section 256B.0625, subdivision 20;

(6) medication education services as defined in this section;

(7) care coordination by a client-specific lead worker assigned by and responsible to the treatment team;

(8) psychoeducation of and consultation and coordination with the client's biological, adoptive, or foster family and, in the case of a youth living independently, the client's immediate nonfamilial support network;

(9) clinical consultation to a client's employer or school or to other service agencies or to the courts to assist in managing the mental illness or co-occurring disorder and to develop client support systems;

(10) coordination with, or performance of, crisis intervention and stabilization services as defined in section 256B.0624;

(11) transition services;

(12) co-occurring substance use disorder treatment as defined in section 245I.02, subdivision 11; and

(13) housing access support that assists clients to find, obtain, retain, and move to safe and adequate housing. Housing access support does not provide monetary assistance for rent, damage deposits, or application fees.

(b) The provider shall ensure and document the following by means of performing the required function or by contracting with a qualified person or entity: client access to crisis intervention services, as defined in section 256B.0624, and available 24 hours per day and seven days per week.

EFFECTIVE DATE. This section is effective July 1, 2027, or upon federal approval, whichever is later.

Sec. 32. Minnesota Statutes 2024, section 256B.0947, subdivision 5, is amended to read:

Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services must meet the standards in this section and chapter 245I as required in section 245I.011, subdivision 5.

(b) The treatment team must have specialized training in providing services to the specific age group of youth that the team serves. An individual treatment team must serve youth who are: (1) at least eight years of age or older and under 16 years of age; ~~or;~~ (2) at least 14 years of age or older and under 21 years of age; or (3) if a treatment team demonstrates to the commissioner expertise in meeting the developmental and clinical needs of an expanded age range, at least eight years of age and under 21 years of age.

(c) The treatment team for intensive nonresidential rehabilitative mental health services comprises both permanently employed core team members and client-specific team members as follows:

(1) Based on professional qualifications and client needs, clinically qualified core team members are assigned on a rotating basis as the client's lead worker to coordinate a client's care. The core team must comprise at least four full-time equivalent direct care staff and must minimally include:

(i) a mental health professional who serves as team leader to provide administrative direction and treatment supervision to the team;

(ii) ~~an advanced practice registered nurse with certification in psychiatric or mental health care or a board-certified child and adolescent psychiatrist, either of which must be credentialed to prescribe medications; a psychiatric care provider who is credentialed to prescribe medications and is either an advanced practice registered nurse with advanced education and training in psychiatric and mental health care or a board-certified psychiatrist. The psychiatric care provider must have demonstrated clinical experience and qualifications for working with children and adolescents with serious mental illness and co-occurring mental illness and substance use disorders;~~
a psychiatric care provider who is credentialed to prescribe medications and is either an advanced practice registered nurse with advanced education and training in psychiatric and mental health care or a board-certified psychiatrist. The psychiatric care provider must have demonstrated clinical experience and qualifications for working with children and adolescents with serious mental illness and co-occurring mental illness and substance use disorders;

(iii) a mental health certified peer specialist who is qualified according to section 245I.04, subdivision 10, and is also a former children's mental health consumer; and

(iv) a co-occurring disorder specialist who meets the requirements under section 256B.0622, subdivision 7a, paragraph (a), clause (4), who will provide or facilitate the provision of co-occurring disorder treatment to clients.

(2) The core team may also include any of the following:

(i) additional mental health professionals;

(ii) a vocational specialist;

(iii) an educational specialist with knowledge and experience working with youth regarding special education requirements and goals, special education plans, and coordination of educational activities with health care activities;

(iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

(v) a clinical trainee qualified according to section 245I.04, subdivision 6;

(vi) a mental health practitioner qualified according to section 245I.04, subdivision 4;

(vii) a case management service provider, as defined in section 245.4871, subdivision 4;

(viii) a housing access specialist; ~~and~~

(ix) a family peer specialist as defined in subdivision 2, paragraph (j)-; and

(x) a registered nurse, as defined in section 148.171, subdivision 20.

(3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc members not employed by the team who consult on a specific client and who must accept overall clinical direction from the treatment team for the duration of the client's placement with the treatment team and must be paid by the provider agency at the rate for a typical session by that provider with that client or at a rate negotiated with the client-specific member. Client-specific treatment team members may include:

(i) the mental health professional treating the client prior to placement with the treatment team;

(ii) the client's current substance use counselor, if applicable;

(iii) a lead member of the client's individualized education program team or school-based mental health provider, if applicable;

(iv) a representative from the client's health care home or primary care clinic, as needed to ensure integration of medical and behavioral health care;

(v) the client's probation officer or other juvenile justice representative, if applicable; and

(vi) the client's current vocational or employment counselor, if applicable.

(d) The treatment supervisor shall be an active member of the treatment team and shall function as a practicing clinician at least on a part-time basis. The treatment team shall meet with the treatment supervisor at least weekly to discuss recipients' progress and make rapid adjustments to meet recipients' needs. The team meeting must include client-specific case reviews and general treatment discussions among team members. Client-specific case reviews and planning must be documented in the individual client's treatment record.

(e) The staffing ratio must not exceed ten clients to one full-time equivalent treatment team position.

(f) The treatment team shall serve no more than 80 clients at any one time. Should local demand exceed the team's capacity, an additional team must be established rather than exceed this limit.

(g) Nonclinical staff shall have prompt access in person or by telephone to a mental health practitioner, clinical trainee, or mental health professional. The provider shall have the capacity to promptly and appropriately respond to emergent needs and make any necessary staffing adjustments to ensure the health and safety of clients.

(h) The intensive nonresidential rehabilitative mental health services provider shall participate in evaluation of the assertive community treatment for youth (Youth ACT) model as conducted by the commissioner, including the collection and reporting of data and the reporting of performance measures as specified by contract with the commissioner.

(i) A regional treatment team may serve multiple counties.

Sec. 33. Minnesota Statutes 2025 Supplement, section 256L.03, subdivision 5, is amended to read:

Subd. 5. **Cost-sharing.** (a) Co-payments, coinsurance, and deductibles do not apply to children under the age of 21 and to American Indians as defined in Code of Federal Regulations, title 42, section 600.5.

(b) The commissioner must adjust co-payments, coinsurance, and deductibles for covered services in a manner sufficient to maintain the actuarial value of the benefit to 94 percent. The cost-sharing changes described in this paragraph do not apply to eligible recipients or services exempt from cost-sharing under state law. The cost-sharing changes described in this paragraph shall not be implemented prior to January 1, 2016.

(c) The cost-sharing changes authorized under paragraph (b) must satisfy the requirements for cost-sharing under the Basic Health Program as set forth in Code of Federal Regulations, title 42, sections 600.510 and 600.520.

(d) Cost-sharing for prescription drugs and related medical supplies to treat chronic disease must comply with the requirements of section 62Q.481.

(e) Co-payments, coinsurance, and deductibles do not apply to additional diagnostic services or testing that a health care provider determines an enrollee requires after a mammogram, as specified under section 62A.30, subdivision 5.

(f) Cost-sharing must not apply to drugs used for tobacco and nicotine cessation or to tobacco and nicotine cessation services covered under section 256B.0625, subdivision 68.

(g) Co-payments, coinsurance, and deductibles do not apply to pre-exposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) medications when used for the prevention or treatment of the human immunodeficiency virus (HIV).

(h) Co-payments, coinsurance, and deductibles do not apply to mobile crisis intervention, crisis stabilization provided in a community setting, or crisis assessment as defined in section 256B.0624, subdivision 2.

Sec. 34. **REPEALER.**

(a) Minnesota Statutes 2024, section 256B.0759, subdivisions 2 and 5, are repealed.

(b) Minnesota Statutes 2025 Supplement, section 254B.052, subdivision 6, is repealed.

ARTICLE 6
HOMELESSNESS, HOUSING, AND SUPPORT SERVICES POLICY

Section 1. Minnesota Statutes 2024, section 245.991, subdivision 3, is amended to read:

Subd. 3. **Allowable grant activities.** Grantees must provide homeless outreach and case management services. Projects may provide clinical assessment, habilitation and rehabilitation services, community mental health services, substance use disorder treatment, housing transition and sustaining services, or direct assistance funding. Services must be provided to individuals with a serious mental illness, substance use disorder, or ~~with a~~ co-occurring substance use disorder, ~~and~~ who are homeless or at imminent risk of homelessness. Individuals receiving homeless outreach services may be presumed eligible until a serious mental illness can be verified.

EFFECTIVE DATE. This section is effective July 1, 2026.

Sec. 2. Minnesota Statutes 2024, section 245.992, subdivision 2, is amended to read:

Subd. 2. **Eligible beneficiaries.** Program activities must be provided to people with a serious mental illness, substance use disorder, or ~~with a~~ co-occurring substance use disorder; who meet homeless criteria determined by the commissioner.

EFFECTIVE DATE. This section is effective July 1, 2026.

ARTICLE 7
MALTREATMENT OF VULNERABLE ADULTS

Section 1. Minnesota Statutes 2024, section 144.6512, subdivision 6, is amended to read:

Subd. 6. **Other laws.** Nothing in this section affects the rights and remedies available under section 626.557, subdivisions ~~10~~ 11b to 11j, 17, and 20.

Sec. 2. Minnesota Statutes 2024, section 144A.161, subdivision 8, is amended to read:

Subd. 8. **Responsibilities of county social services agency.** (a) The county social services agency shall participate in the meeting as outlined in subdivision 3, paragraph (b), to develop a relocation plan.

(b) The county social services agency shall designate a representative to the interdisciplinary team established by the licensee responsible for coordinating the relocation efforts.

(c) The county social services agency shall serve as a resource in the relocation process.

(d) Concurrent with the notice sent to residents from the licensee as provided in subdivision 5a, the county social services agency shall provide written notice to residents and responsible parties describing:

(1) the county's role in the relocation process and in the follow-up to relocations;

(2) the county social services agency contact information; and

(3) the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.

(c) The county social services agency designee shall meet with appropriate facility staff to coordinate any assistance in the relocation process. This coordination shall include participating in group meetings with residents, families, and responsible parties to explain the relocation process.

(f) Beginning from the initial notice given in subdivision 2, the county social services agency shall monitor compliance with all components of this section and the plan developed under subdivision 3, paragraph (b). If the licensee is not in compliance, the county social services agency shall notify the commissioner of the Department of Health and the commissioner of the Department of Human Services.

(g) Except as requested by the resident or responsible party and within the parameters of the Vulnerable Adults Act, the county social services agency, in coordination with the commissioner of health and the commissioner of human services, may halt a relocation that it deems inappropriate or dangerous to the health or safety of a resident. In situations where a resident relocation is halted, the county social services agency must notify the resident, family, responsible parties, Office of the Ombudsman for Long-Term Care and Office of the Ombudsman for Mental Health and Developmental Disabilities, and resident's managed care organization, of this action. The county social services agency shall pursue remedies to protect the resident during the relocation process, including, but not limited to, assisting the resident with filing an appeal of transfer or discharge, notification of all appropriate licensing boards and agencies, and other remedies available to the county under section 626.557, ~~subdivision 10~~ subdivisions 11b to 11j.

(h) A member of the county social services agency staff shall follow up with relocated residents within 30 days after the relocation. This requirement does not apply to changes in operation where the facility moved to a new location and residents chose to move to that new location. The requirement also does not apply to residents admitted after the notice in subdivision 5a is given and discharged prior to the actual change in facility operations or reduction. County social services agency staff shall interview the resident or responsible party and review and discuss pertinent medical or social records with appropriate facility staff to:

(1) assess the adjustment of the resident to the new placement;

(2) recommend services or methods to meet any special needs of the resident; and

(3) identify residents at risk.

(i) The county social services agency shall conduct subsequent follow-up visits on site in cases where the adjustment of the resident to the new placement is in question.

(j) Within 60 days of the completion of the follow up under paragraphs (h) and (i), the county social services agency shall submit a written summary of the follow-up work to the Department of Health and the Department of Human Services in a manner approved by the commissioners.

(k) The county social services agency shall submit to the Department of Health and the Department of Human Services a report of any issues that may require further review or monitoring.

(l) The county social services agency shall be responsible for the safe and orderly relocation of residents in cases where an emergent need arises or when the licensee has abrogated its responsibilities under the plan.

Sec. 3. Minnesota Statutes 2024, section 144G.92, subdivision 5, is amended to read:

Subd. 5. **Other laws.** Nothing in this section affects the rights and remedies available under section 626.557, subdivisions ~~40 11b to 11j~~, 17, and 20.

Sec. 4. Minnesota Statutes 2024, section 152.137, subdivision 6, is amended to read:

Subd. 6. **Reporting maltreatment of vulnerable adult.** (a) A peace officer shall make a report of suspected maltreatment of a vulnerable adult if the vulnerable adult is present in an area where any of the activities described in subdivision 2, paragraph (a), clauses (1) to (4), are taking place, and the peace officer has reason to believe the vulnerable adult inhaled, was exposed to, had contact with, or ingested methamphetamine, a chemical substance, or methamphetamine paraphernalia. The peace officer shall immediately report to the county common entry point as described in section 626.557, subdivision 9b.

(b) As required in section 626.557, subdivision 9b, law enforcement is the primary agency to conduct investigations of any incident when there is reason to believe a crime has been committed. Law enforcement shall initiate a response immediately. If the common entry point notified a county agency for adult protective services, law enforcement shall cooperate with that county agency when both agencies are involved and shall exchange data to the extent authorized in section 626.557, subdivision 12b, paragraph (g). County adult protection shall initiate a response immediately.

(c) The county social services agency shall immediately respond as required in section 626.557, ~~subdivision 10 subdivisions 11b to 11j~~, upon receipt of a report from the common entry point staff.

Sec. 5. Minnesota Statutes 2025 Supplement, section 524.5-311, is amended to read:

524.5-311 EMERGENCY GUARDIAN.

(a) If the court finds that compliance with the procedures of this article will likely result in substantial harm to the respondent's health, safety, or welfare, and that no other person appears to have authority and willingness to act in the circumstances, the court, on petition by a person interested in the respondent's welfare, may appoint an emergency guardian whose authority may not exceed 60 days and who may exercise only the powers specified in the order. A county that is acting under section 626.557, ~~subdivision 10 subdivisions 11h and 11i~~, by petitioning for appointment of an emergency guardian on behalf of a vulnerable adult may be granted authority to act for a period not to exceed 90 days. An emergency guardian's appointment under this section may only be extended once for a period not to exceed 60 days if the court finds good cause for the continuation of the guardianship. Immediately upon receipt of the petition for an emergency guardianship, the court shall appoint a lawyer to represent the respondent in the proceeding. Except as otherwise provided in paragraph (b), reasonable notice of the time and place of a hearing on the petition must be given to the respondent; interested parties, if known; and any other persons as the court directs.

(b) An emergency guardian may be appointed without notice to the respondent and the respondent's lawyer only if the court finds from affidavit or other sworn testimony that the respondent will be substantially harmed before a hearing on the appointment can be held and the petitioner made good faith efforts to provide notice to the respondent or the respondent's lawyer. If the court appoints an emergency guardian without notice to the respondent, the respondent must be given notice of the appointment within 48 hours after the appointment. The court shall hold a hearing on the appropriateness of the appointment within five days after the appointment.

(c) Appointment of an emergency guardian, with or without notice, is not a determination of the respondent's incapacity.

(d) The court may remove an emergency guardian at any time. An emergency guardian shall make any report the court requires. In other respects, the provisions of this article concerning guardians apply to an emergency guardian.

(e) Any documents or information disclosing or pertaining to health or financial information shall be filed as confidential documents, consistent with the bill of particulars under section 524.5-121.

(f) The mere fact that the respondent is a patient in a hospital or a resident of a facility is not in and of itself sufficient evidence to support a risk of substantial harm to the respondent's health, safety, or welfare.

Sec. 6. Minnesota Statutes 2024, section 524.5-409, subdivision 2, is amended to read:

Subd. 2. **Emergency and temporary conservator.** (a) If the court finds that compliance with the procedures of this article will likely result in the immediate loss, waste, or dissipation of the individual's assets or income unless management is provided, or money is needed for the support, care, education, health, and welfare of the individual or of individuals who are entitled to the individual's support and that protection is necessary or desirable to obtain or provide money, and that no other person appears to have authority and willingness to act in the circumstances, the court, on petition by a person interested in the respondent's welfare, may appoint an emergency conservator whose authority may not exceed 60 days and who may exercise only the powers specified in the order. A county that is acting under section 626.557, ~~subdivision 10~~ subdivisions 11h and 11i, by petitioning for appointment of an emergency conservator on behalf of a vulnerable adult may be granted authority to act for a period not to exceed 90 days. An emergency conservator's appointment under this section may be extended once for a period not to exceed 60 days if the court finds good cause for the continuation of the conservatorship. Immediately upon receipt of the petition for an emergency conservatorship, the court shall appoint a lawyer to represent the respondent in the proceeding. Except as otherwise provided in paragraph (b), reasonable notice of the time and place of a hearing on the petition must be given to the respondent and any other persons as the court directs.

(b) An emergency conservator may be appointed without notice to the respondent and the respondent's lawyer only if the court finds from affidavit or other sworn testimony that the respondent will be substantially harmed before a hearing on the appointment can be held. If the court appoints an emergency conservator without notice to the respondent, the respondent must be given notice of the appointment within 48 hours after the appointment. The court shall hold a hearing on the appropriateness of the appointment within five days after the appointment.

(c) Appointment of an emergency conservator, with or without notice, is not a determination of the respondent's incapacity.

(d) The court may remove an emergency conservator at any time. An emergency conservator shall make any report the court requires. In other respects, the provisions of this article concerning conservators apply to an emergency conservator.

(e) If the court finds that a conservator is not effectively performing the conservator's duties and that the security and preservation of the assets of the person subject to conservatorship requires immediate action, the court may appoint a temporary substitute conservator for the person subject to conservatorship for a specified period not exceeding six months. Except as otherwise ordered by the court, a temporary substitute conservator so appointed has the powers set forth in the previous order of appointment. The authority of any unlimited or limited conservator previously appointed by the court is suspended as long as a temporary substitute conservator has authority. If an appointment is made without previous notice to the person subject to conservatorship or the affected conservator within five days after the appointment, the court shall inform the person subject to conservatorship or conservator of the appointment.

(f) The court may remove a temporary substitute conservator at any time. A temporary substitute conservator shall make any report the court requires. In other respects, the provisions of this article concerning conservators apply to a temporary substitute conservator.

(g) Any documents or information disclosing or pertaining to health or financial information shall be filed as confidential documents, consistent with the bill of particulars under section 524.5-121.

Sec. 7. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to read:

Subd. 1a. Adult protective services. Adult protective services must receive referrals from the common entry point and carry out lead investigative agency duties to investigate for a determination of responsibility for maltreatment. When the county social services agency is the lead investigative agency, or when the Department of Human Services or Department of Health in the role of the lead investigative agency request adult protective services, adult protective services must conduct assessments, develop services plans, and implement interventions to safeguard adults who are vulnerable and suspected of experiencing maltreatment. Adult protective services must conclude services following final determination of maltreatment and the adult is assessed as safe. The Department of Human Services is the state agency responsible for supervision of adult protective services administered by county social services agencies.

Sec. 8. Minnesota Statutes 2024, section 626.557, subdivision 9, is amended to read:

Subd. 9. Common entry point designation. (a) The commissioner of human services shall establish a common entry point. The common entry point is the unit responsible for receiving the report of suspected maltreatment under this section.

(b) The common entry point must be available 24 hours per day to ~~take calls~~ accept reports from reporters of suspected maltreatment and make required referrals for suspected maltreatment of a vulnerable adult. The common entry point shall use a standard intake form that includes:

- (1) the time and date of the report;
- (2) the name, relationship, and identifying and contact information for the person believed to be a vulnerable adult and the individual or facility alleged responsible for maltreatment;
- (3) the name, relationship, and contact information for the:
 - (i) reporter;
 - (ii) initial reporter, witnesses, and persons who may have knowledge about the maltreatment; and
 - (iii) legal surrogate and persons who may provide support to the vulnerable adult;
- (4) the basis of vulnerability for the vulnerable adult;
- (5) the time, date, and location of the incident;
- (6) the immediate safety risk to the vulnerable adult;
- (7) a description of the suspected maltreatment;
- (8) the impact of the suspected maltreatment on the vulnerable adult;

- (9) whether a facility was involved and, if so, which agency licenses the facility;
- (10) the actions taken to protect the vulnerable adult;
- (11) the required notifications and referrals made by the common entry point; and
- (12) whether the reporter wishes to receive notification of the disposition.

(c) The common entry point is not required to complete each item on the form prior to dispatching the report to the appropriate lead investigative agency.

(d) The common entry point shall immediately report to a law enforcement agency any incident in which there is reason to believe a crime has been committed.

(e) If a report is initially made to a law enforcement agency or a lead investigative agency, those agencies shall take the report on the appropriate common entry point intake forms and immediately forward a copy to the common entry point.

(f) The common entry point staff must receive training on how to screen and dispatch reports efficiently and in accordance with this section.

(g) The commissioner of human services shall maintain a centralized database for the collection of common entry point data, lead investigative agency data including maltreatment report disposition, and appeals data. The common entry point shall have access to the centralized database and must log the reports into the database.

(h) When appropriate, the common entry point staff must refer calls that do not allege the abuse, neglect, or exploitation of a vulnerable adult to other organizations that might resolve the reporter's concerns.

(i) A common entry point must be operated in a manner that enables the commissioner of human services to:

(1) track critical steps in the reporting, evaluation, referral, response, disposition, and investigative process to ensure compliance with all requirements for all reports;

(2) maintain data to facilitate the production of aggregate statistical reports for monitoring patterns of abuse, neglect, or exploitation;

(3) serve as a resource for the evaluation, management, and planning of preventative and remedial services for vulnerable adults who have been subject to abuse, neglect, or exploitation;

(4) set standards, priorities, and policies to maximize the efficiency and effectiveness of the common entry point; and

(5) track and manage consumer complaints related to the common entry point.

(j) The commissioners of human services and health shall collaborate on the creation of a system for referring reports to the lead investigative agencies. This system shall enable the commissioner of human services to track critical steps in the reporting, evaluation, referral, response, disposition, investigation, notification, determination, and appeal processes.

Sec. 9. Minnesota Statutes 2024, section 626.557, subdivision 9a, is amended to read:

Subd. 9a. **Evaluation and referral of reports made to common entry point.** (a) The common entry point must screen the reports of alleged or suspected maltreatment for immediate risk and make all necessary referrals ~~as follows~~ using the referral guidelines established by the commissioner and the following:

(1) if the common entry point determines that there is an immediate need for emergency adult protective services, the common entry point agency shall immediately notify the appropriate county agency;

(2) if the report contains suspected criminal activity against a vulnerable adult, the common entry point shall immediately notify the appropriate law enforcement agency;

(3) the common entry point shall refer all reports of alleged or suspected maltreatment to the appropriate lead investigative agency as soon as possible, but in any event no longer than two working days;

(4) if the report contains information about a suspicious death, the common entry point shall immediately notify the appropriate law enforcement agencies, the local medical examiner, and the ombudsman for mental health and developmental disabilities established under section 245.92. Law enforcement agencies shall coordinate with the local medical examiner and the ombudsman as provided by law; and

(5) for reports involving multiple locations or changing circumstances, the common entry point shall determine the county agency responsible for emergency adult protective services and the county responsible as the lead investigative agency, ~~using referral guidelines established by the commissioner.~~

(b) If the lead investigative agency receiving a report believes the report was referred by the common entry point in error, the lead investigative agency shall immediately notify the common entry point of the error, including the basis for the lead investigative agency's belief that the referral was made in error. The common entry point shall review the information submitted by the lead investigative agency and immediately refer the report to the appropriate lead investigative agency using the referral guidelines established by the commissioner.

Sec. 10. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to read:

Subd. 11b. **County social services agency; responsibilities.** The county social services agency is responsible for supervision of:

(1) intake decisions for initial disposition of the report;

(2) agency prioritization used to screen out an adult meeting eligibility for adult protective services as vulnerable and maltreated;

(3) safety, assessment, and services plans;

(4) protective service interventions;

(5) use of guardianship and other involuntary interventions;

(6) final determination for maltreatment; and

(7) case closure decisions.

Sec. 11. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to read:

Subd. 11c. **County social services agency; referrals.** (a) When the common entry point refers a report to the county social services agency as the lead investigative agency or makes a referral to the county social services agency for emergency adult protective services, or when another lead investigative agency requests adult protective services from the county social services agency for an adult referred to that lead investigative agency by the common entry point, the county social services agency must use the data report system and standardized decision and assessment tools provided by the commissioner of human services. The information entered by the county social services agency into the data system and standardized tools must be accessible to the Department of Human Services for the department to meet federal requirements, evaluate consistent application of policy, review quality of services and outcomes for adults, and meet requirements for background studies and disqualification of individuals determined responsible for vulnerable adult maltreatment under chapter 245C.

(b) The county social services agency must screen the report using the standardized tools provided by the commissioner to determine:

(1) whether the referred adult meets adult protective services eligibility as potentially vulnerable and maltreated under this section; and

(2) the response time required to initiate adult protective services.

(c) For reports referred by the common entry point for emergency adult protective services, the county social services agency must immediately screen the report to determine whether the adult should be accepted for emergency adult protective services. If the adult is accepted for emergency adult protective services, the county social services agency must immediately offer protective services to prevent further maltreatment and safeguard the welfare of the vulnerable adult. Assessment of adults accepted by the county social services agency for emergency protective services must be conducted in person by the agency or a designee within 24 hours of the agency receiving the referral. When sexual or physical abuse is suspected, the county social services agency must immediately arrange for and make available to the vulnerable adult appropriate medical examination and services.

(d) For reports referred by the common entry point to the county as lead investigative agency, the county social services agency must screen the report and make an initial determination within seven calendar days following receipt of the report from the common entry point on whether the adult should be accepted for adult protective services.

(e) For referrals made for adult protective services by the Department of Human Services or the Department of Health in the applicable department's role as the lead investigative agency responsible for reports made under this section, the county social services agency must screen the report and determine within seven calendar days following receipt of referral whether the adult should be accepted for adult protective services.

(f) If an adult meets eligibility requirements but is not accepted for adult protective services based on local agency prioritization, the agency must document the reason for the screening decision in the standardized tool provided by the commissioner.

Sec. 12. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to read:

Subd. 11d. **County social services agency; assessments.** (a) For adults accepted into adult protective services, the county social services agency must decide, prior to initiation of assessment activities, if the agency must also conduct an investigation for final disposition for responsibility of maltreatment in addition to the assessment for adult protective services.

(b) The county social services agency must conduct assessments concurrently with investigations when: (1) the county is both the lead investigative agency and responsible for making a final determination of responsibility for maltreatment; or (2) another lead investigative agency responsible for the final determination of maltreatment requests assistance from the county social services agency.

(c) The county social services agency must conduct an in-person assessment to initiate adult protective services:

(1) within 24 hours of accepting a referral for emergency protective services;

(2) within 24 hours of making an initial disposition that the adult is in immediate need of protection, unless an in-person response would endanger the safety of the adult; or

(3) within 72 hours but in no instance later than seven calendar days from the first business day after receiving the report for adults accepted for adult protective services.

(d) The county social services agency must use the standardized decision, assessment, and service planning tools provided by the commissioner with all vulnerable adults accepted for adult protective services. The county social services agency must involve the vulnerable adult in the assessment and service plan. The county social services agency must document and update assessment and service plans consistent with significant changes in the vulnerable adult's health and safety.

(e) The county social services agency must notify the vulnerable adult and, if applicable, the guardian or health care agent of the vulnerable adult of the results of the assessment and service plan, including but not limited to recommendations for protective services intervention to stop or prevent maltreatment and to protect the vulnerable adult's health, safety, and comfort. When necessary to prevent further maltreatment or safeguard the vulnerable adult, the county social services agency may share the results of the assessment with the vulnerable adult's primary supports.

Sec. 13. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to read:

Subd. 11e. **County social services agency; investigations.** (a) The county social services agency must investigate for a final disposition of responsibility for maltreatment for an allegation of:

(1) abuse;

(2) financial abuse by a fiduciary;

(3) financial exploitation involving a nonfiduciary that may be criminal or that involved force, coercion, harassment, deception, fraud, undue influence, or a scam;

(4) financial exploitation that involved another type of maltreatment;

(5) caregiver neglect by a paid caregiver or personal care assistance provider under chapter 256B;

(6) caregiver neglect by an unpaid caregiver that resulted in intentional harm to the vulnerable adult or involved another type of maltreatment; and

(7) a situation for which the county social services agency finds that a determination of responsibility of maltreatment may safeguard a vulnerable adult or prevent further maltreatment.

(b) The county social services agency must conduct an investigation for final disposition of responsibility for maltreatment if the agency receives information during an assessment that indicates the presence of any scenario listed in paragraph (a) or subdivision 11f.

Sec. 14. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to read:

Subd. 11f. **County social services agency; self-neglect.** (a) The county social services agency may determine that an allegation that does not result in a determination of responsibility for maltreatment is:

(1) self-neglect;

(2) neglect by an unpaid caregiver that did not result in intentional harm to the vulnerable adult and did not involve another type of alleged maltreatment; or

(3) financial exploitation by a nonfiduciary that is consistent with the choice of the adult and not criminal or involving force, coercion, harassment, deception, fraud, undue influence, a scam, or another type of alleged maltreatment.

(b) An allegation of self-neglect is a substantiated determination if the county social services agency determines that adult protective services are needed.

Sec. 15. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to read:

Subd. 11g. **County social services agency; initial contact.** (a) At the initial contact with the vulnerable adult accepted by the county social services agency, the agency must provide the vulnerable adult with information about the process for adult protective services and the vulnerable adult's rights as an adult protective client.

(b) At initial contact, the county social services agency must inform the individual or entity alleged responsible for maltreatment of the allegation in a manner consistent with requirements under this section to protect the identity of the reporter. The interview with the individual or entity alleged responsible for maltreatment may be postponed at the request of a law enforcement agency or if the interview may endanger the safety of the vulnerable adult.

Sec. 16. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to read:

Subd. 11h. **County social services agency; agency authority.** (a) A county social services agency may enter all facilities and business premises of a licensed provider to inspect and copy records as part of an adult protective services assessment or investigation. The licensed provider must provide the county social services agency access to not public data as defined in section 13.02, subdivision 8a, and medical records under sections 144.291 to 144.298 that are maintained at the facilities and business premises to the extent that the data and records are necessary to conduct the agency's investigation. The licensed provider must provide the county social services agency access to all available sources of information at the facilities and business premises, not only written records.

(b) When necessary in order to protect a vulnerable adult from serious harm from maltreatment, the county social services agency may seek any of the following protective services interventions:

(1) emergency protective services;

(2) participation of law enforcement or emergency medical services;

(3) authority from a court to remove an adult from the situation in which maltreatment occurred;

(4) a restraining order or court order for removal of the perpetrator from the residence of the vulnerable adult pursuant to section 518B.01;

(5) a referral for a financial transaction hold under chapter 45A or a protective arrangement under this chapter or chapter 524;

(6) a referral for a representative payee;

(7) a referral to the prosecuting attorney for possible criminal prosecution of the perpetrator under chapter 609;

(8) the appointment or replacement of a guardian or conservator pursuant to sections 524.5-101 to 524.5-502, or guardianship or conservatorship pursuant to chapter 252A when maltreatment has been substantiated and when less restrictive interventions are not sufficient to stop or reduce the risk of serious harm from maltreatment; and

(9) other interventions recommended by a multidisciplinary team under this section.

(c) The county social services agency may seek the protective services interventions under paragraph (b) regardless of the vulnerable adult's voluntary or involuntary participation.

(d) The county social services agency may offer voluntary service interventions to support the vulnerable adult or primary supports to stop, reduce the risk for, or prevent subsequent maltreatment.

Sec. 17. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to read:

Subd. 11i. **County social services agency; legal intervention.** (a) In proceedings under sections 524.5-101 to 524.5-502, if a suitable relative or other person is not available to petition for guardianship or conservatorship, a county employee must present the petition with representation by the county attorney. The county must contract with or arrange for a suitable person or organization to provide ongoing guardianship services. If the county presents evidence to the court exercising probate jurisdiction that the county has made diligent effort and no other suitable person can be found, a county employee may serve as guardian or conservator.

(b) The county must not retaliate against the employee for any action taken on behalf of the person subject to guardianship or conservatorship, even if the action is adverse to the county's interests. Any person retaliated against in violation of this subdivision shall have a cause of action against the county and is entitled to reasonable attorney fees and costs of the action if the action is upheld by the court.

(c) The expenses of a legal intervention must be paid by the county in the case of indigent persons under section 524.5-502 and chapter 563.

Sec. 18. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to read:

Subd. 11j. **County social services agency; conflict of interest.** (a) A county that identifies a potential conflict of interest under paragraph (c) related to an investigation, assessment, or protective services intervention must coordinate with another county social services agency to delegate the initial county's authority as the lead investigative agency to remediate the potential conflict. County social services agencies must cooperate and accept jurisdiction when an initial county social services agency identifies a potential conflict of interest and requests the other county's assistance.

(b) The initial county must notify the commissioner of human services when no other county is available to accept delegation of adult protective services duties. If the commissioner is notified that no other county is available, the commissioner may use the authority under subdivision 9a to determine the county social services agency responsible as lead investigative agency and for adult protective services.

(c) A county social services agency employee or designee must not have:

(1) a personal or family relationship with a party in the investigation or assessment;

(2) a dual relationship, as defined in Code of Federal Regulations, title 45, section 1324.401, with the vulnerable adult;

(3) a personal financial interest or financial relationship with a provider receiving referrals from the employee; or

(4) any other appearance of conflict of interest as determined by the county social services agency.

Sec. 19. Minnesota Statutes 2024, section 626.557, subdivision 12b, is amended to read:

Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a lead investigative agency, the county social ~~service~~ services agency shall maintain appropriate records. Data collected by the county social ~~service~~ services agency under this section while providing adult protective services are welfare data under section 13.46. Investigative data collected under this section are confidential data on individuals or protected nonpublic data as defined under section 13.02. Notwithstanding section 13.46, subdivision 1, paragraph (a), data under this paragraph that are inactive investigative data on an individual who is a vendor of services are private data on individuals, as defined in section 13.02. The identity of the reporter may only be disclosed as provided in paragraph (c).

Data maintained by the common entry point are confidential data on individuals or protected nonpublic data as defined in section 13.02. Notwithstanding section 138.163, the common entry point shall maintain data for three calendar years after date of receipt and then destroy the data unless otherwise directed by federal requirements.

(b) The commissioners of health and human services shall prepare an investigation memorandum for each report alleging maltreatment investigated under this section. County social ~~service~~ services agencies must maintain private data on individuals but are not required to prepare an investigation memorandum. During an investigation by the commissioner of health or the commissioner of human services, data collected under this section are confidential data on individuals or protected nonpublic data as defined in section 13.02. Upon completion of the investigation, the data are classified as provided in clauses (1) to (3) and paragraph (c).

(1) The investigation memorandum must contain the following data, which are public:

(i) the name of the facility investigated;

(ii) a statement of the nature of the alleged maltreatment;

(iii) pertinent information obtained from medical or other records reviewed;

(iv) the identity of the investigator;

(v) a summary of the investigation's findings;

(vi) statement of whether the report was found to be substantiated, inconclusive, false, or that no determination will be made;

(vii) a statement of any action taken by the facility;

(viii) a statement of any action taken by the lead investigative agency; and

(ix) when a lead investigative agency's determination has substantiated maltreatment, a statement of whether an individual, individuals, or a facility were responsible for the substantiated maltreatment, if known.

The investigation memorandum must be written in a manner which protects the identity of the reporter and of the vulnerable adult and may not contain the names or, to the extent possible, data on individuals or private data listed in clause (2).

(2) Data on individuals collected and maintained in the investigation memorandum are private data, including:

(i) the name of the vulnerable adult;

(ii) the identity of the individual alleged to be the perpetrator;

(iii) the identity of the individual substantiated as the perpetrator; and

(iv) the identity of all individuals interviewed as part of the investigation.

(3) Other data on individuals maintained as part of an investigation under this section are private data on individuals upon completion of the investigation.

(c) The name of the reporter must be confidential. The subject of the report may compel disclosure of the name of the reporter only with the consent of the reporter or upon a written finding by a court that the report was false and there is evidence that the report was made in bad faith. This subdivision does not alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except that where the identity of the reporter is relevant to a criminal prosecution, the district court shall do an in-camera review prior to determining whether to order disclosure of the identity of the reporter.

(d) Notwithstanding section 138.163, data maintained under this section by the commissioners of health and human services and county adult protective services must be maintained under the following schedule and then destroyed unless otherwise directed by federal requirements:

(1) data from reports determined to be false, maintained for three years after the finding was made for reports under the jurisdiction of the Department of Human Services or the Department of Health and five years after the finding was made for reports under the jurisdiction of county adult protective services;

(2) data from reports determined to be inconclusive, maintained for four years after the finding was made for reports under the jurisdiction of the Department of Human Services or the Department of Health and five years after the finding was made for reports under the jurisdiction of county adult protective services;

(3) data from reports determined to be substantiated, maintained for seven years after the finding was made; and

(4) data from reports which were not investigated by a lead investigative agency and for which there is no final disposition, maintained for three years from the date of the report for reports under the jurisdiction of the Department of Human Services or the Department of Health and five years from the date of the report for reports under the jurisdiction of county adult protective services.

(e) The commissioners of health and human services shall annually publish on their websites the number and type of reports of alleged maltreatment involving licensed facilities reported under this section, the number of those requiring investigation under this section, and the resolution of those investigations.

~~(f) Each lead investigative agency must have a record retention policy.~~

~~(g)~~ (f) Lead investigative agencies, county agencies responsible for adult protective services, prosecuting authorities, and law enforcement agencies may exchange not public data, as defined in section 13.02, with a tribal agency, facility, service provider, vulnerable adult, primary support person for a vulnerable adult, emergency management service, financial institution, medical examiner, state licensing board, federal or state agency, the ombudsman for long-term care, or the ombudsman for mental health and developmental disabilities, if the agency or authority providing the data determines that the data are pertinent and necessary to prevent further maltreatment of a vulnerable adult, to safeguard a vulnerable adult, or for an investigation under this section. Data collected under this section must be made available to prosecuting authorities and law enforcement officials, local county agencies, the commissioner of human services as the state Medicaid agency, and licensing agencies investigating the alleged maltreatment under this section. The lead investigative agency shall exchange not public data with the vulnerable adult maltreatment review panel established in section 256.021 if the data are pertinent and necessary for a review requested under that section. Notwithstanding section 138.17, upon completion of the review, not public data received by the review panel must be destroyed.

~~(h)~~ (g) Each lead investigative agency shall keep records of the length of time it takes to complete its investigations.

~~(i)~~ (h) A lead investigative agency may notify other affected parties and their authorized representative if the lead investigative agency has reason to believe maltreatment has occurred and determines the information will safeguard the well-being of the affected parties or dispel widespread rumor or unrest in the affected facility.

~~(j)~~ (i) Under any notification provision of this section, where federal law specifically prohibits the disclosure of patient identifying information, a lead investigative agency may not provide any notice unless the vulnerable adult has consented to disclosure in a manner which conforms to federal requirements.

(j) When a county agency acting as the lead investigative agency is aware the person determined responsible for maltreatment is a guardian or conservator appointed under chapter 524, the county agency must share the final determination with the state judicial branch within 14 calendar days of the determination.

Sec. 20. Minnesota Statutes 2024, section 626.5572, subdivision 2, is amended to read:

Subd. 2. **Abuse.** "Abuse" means:

(a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

- (1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;
- (2) the use of drugs to injure or facilitate crime as defined in section 609.235;
- (3) the solicitation, inducement, and promotion of prostitution as defined in section 609.322; and
- (4) criminal sexual conduct in the first through fifth degrees as defined in sections 609.342 to 609.3451.

A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

(1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;

(2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening; or

(3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult unless authorized under applicable licensing requirements or Minnesota Rules, chapter 9544.

(c) Any contact with the vulnerable adult that is not therapeutic conduct and a reasonable person would consider a sexual act or any nonconsensual sexual interaction with the vulnerable adult, including but not limited to:

(1) making, viewing, or sharing sexual images or videos with or of the vulnerable adult; and

(2) using oral, written, gestured, or electronic communication that is sexually harassing, including but not limited to unwelcome sexual advances or requests for sexual favors.

~~(e)~~ (d) Any sexual contact or penetration as defined in section 609.341, between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.

~~(d)~~ (e) The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.

~~(e)~~ (f) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parenterally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:

(1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or

(2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

~~(f)~~ (g) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.

~~(g)~~ (h) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:

(1) a person, including a facility staff person, when a consensual sexual personal relationship existed prior to the caregiving relationship; or

(2) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship.

Sec. 21. Minnesota Statutes 2024, section 626.5572, is amended by adding a subdivision to read:

Subd. 3a. **Adult protective services.** "Adult protective services" means an adult protection program administered by a county social services agency under the authority of the agency's governing body or delegated to a Tribal government by the commissioner of human services to support adults referred for maltreatment to live safely and with dignity.

Sec. 22. Minnesota Statutes 2024, section 626.5572, is amended by adding a subdivision to read:

Subd. 3b. **Assessment.** "Assessment" means a structured process conducted by a county social services agency to review the safety, strengths, and needs of an adult referred as vulnerable and maltreated and accepted by the agency for adult protective services and to develop a service plan to stop, prevent, and reduce risk of maltreatment for the adult using standardized tools provided by the Department of Human Services.

Sec. 23. Minnesota Statutes 2024, section 626.5572, subdivision 9, is amended to read:

Subd. 9. **Financial exploitation.** "Financial exploitation" means:

(a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person:

(1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or

(2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

(b) In the absence of legal authority a person:

(1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

(2) obtains for the actor or another the performance of services by ~~a third person~~ the vulnerable adult for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;

(3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or

(4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

(c) Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

Sec. 24. Minnesota Statutes 2024, section 626.5572, is amended by adding a subdivision to read:

Subd. 12a. **Investigation.** "Investigation" means activities for fact gathering conducted by the lead investigative agency to make a final determination of maltreatment.

Sec. 25. Minnesota Statutes 2025 Supplement, section 626.5572, subdivision 13, is amended to read:

Subd. 13. **Lead investigative agency.** "Lead investigative agency" is the primary administrative agency responsible for investigating reports made under section 626.557.

(a) The Department of Health is the lead investigative agency for facilities or services licensed or required to be licensed as hospitals, home care providers, nursing homes, boarding care homes, hospice providers, residential facilities that are also federally certified as intermediate care facilities that serve people with developmental disabilities, or any other facility or service not listed in this subdivision that is licensed or required to be licensed by the Department of Health for the care of vulnerable adults. "Home care provider" has the meaning provided in section 144A.43, subdivision 4, and applies when care or services are delivered in the vulnerable adult's home.

(b) The Department of Human Services is the lead investigative agency for facilities or services licensed or required to be licensed as adult day care, adult foster care, community residential settings, programs for people with disabilities, EIDBI agencies, family adult day services, mental health programs, mental health clinics, substance use disorder programs, the Minnesota Sex Offender Program, or any other facility or service not listed in this subdivision that is licensed or required to be licensed by the Department of Human Services. The Department of Human Services is also the lead investigative agency for unlicensed EIDBI agencies under section 256B.0949.

(c) The county social ~~service~~ services agency adult protective services or ~~its~~ the agency's designee or a federally recognized Indian Tribe that entered into a contractual agreement with the commissioner of human services to operate adult protective services is the lead investigative agency for all other reports, including but not limited to reports involving vulnerable adults receiving services from a personal care provider organization under section 256B.0659 or 256B.85.

Sec. 26. Minnesota Statutes 2024, section 626.5572, subdivision 17, is amended to read:

Subd. 17. **Neglect.** (a) "Neglect" means neglect by a caregiver or self-neglect.

(b) "Caregiver neglect" means the failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

(2) which is not the result of an accident or therapeutic conduct.

(c) "Self-neglect" means neglect by a vulnerable adult of the vulnerable adult's own food, clothing, shelter, health care, financial management, or other services that are not the responsibility of a caregiver which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort.

(d) For purposes of this section, a vulnerable adult is not neglected for the sole reason that:

(1) the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or sections 253B.03 or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice,

to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration parenterally or through intubation; this paragraph does not enlarge or diminish rights otherwise held under law by:

(i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or

(ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; ~~or~~

(2) the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;

(3) the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:

(i) a person including a facility staff person when a consensual sexual personal relationship existed prior to the caregiving relationship; or

(ii) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship; ~~or~~

(4) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult which does not result in injury or harm which reasonably requires medical or mental health care; or

(5) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician, and:

(i) the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult;

(ii) if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition;

(iii) the error is not part of a pattern of errors by the individual;

(iv) if in a facility, the error is immediately reported as required under section 626.557, and recorded internally in the facility;

(v) if in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and

(vi) if in a facility, the actions required under items (iv) and (v) are sufficiently documented for review and evaluation by the facility and any applicable licensing, certification, and ombudsman agency.

(e) Nothing in this definition requires a caregiver, if regulated, to provide services in excess of those required by the caregiver's license, certification, registration, or other regulation.

(f) If the findings of an investigation by a lead investigative agency result in a determination of substantiated maltreatment for the sole reason that the actions required of a facility under paragraph (d), clause (5), item (iv), (v), or (vi), were not taken, then the facility is subject to a correction order. An individual will not be found to have

neglected or maltreated the vulnerable adult based solely on the facility's not having taken the actions required under paragraph (d), clause (5), item (iv), (v), or (vi). This must not alter the lead investigative agency's determination of mitigating factors under section 626.557, subdivision 9c, paragraph (f).

Sec. 27. **REPEALER.**

Minnesota Statutes 2024, section 626.557, subdivision 10, is repealed.

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

ARTICLE 8
MISCELLANEOUS POLICY

Section 1. Minnesota Statutes 2025 Supplement, section 245C.03, subdivision 6, is amended to read:

Subd. 6. **Unlicensed home and community-based waiver providers of service to seniors and individuals with disabilities and providers of housing stabilization services.** (a) For providers of services specified in the federally approved home and community-based waiver plans under section 256B.4912 ~~and providers of housing stabilization services under section 256B.051~~, the commissioner shall conduct background studies on any individual who is an owner with at least a five percent ownership stake in the provider, an operator of the provider, or an employee or volunteer for the provider who has direct contact with people receiving the services. The individual studied must meet the requirements of this chapter prior to providing waiver services and as part of ongoing enrollment.

(b) The requirements in paragraph (a) apply to consumer-directed community supports under section 256B.4911.

(c) For purposes of this section, "operator" includes but is not limited to a managerial officer who oversees the billing, management, or policies of the services provided.

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

Sec. 2. Minnesota Statutes 2025 Supplement, section 245C.10, subdivision 6, is amended to read:

Subd. 6. **Unlicensed home and community-based waiver providers of service to seniors and individuals with disabilities and providers of housing stabilization services.** The commissioner shall recover the cost of background studies initiated by unlicensed home and community-based waiver providers of service to seniors and individuals with disabilities under section 256B.4912 ~~and providers of housing stabilization services under section 256B.051~~ through a fee of no more than \$44 per study.

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

Sec. 3. Minnesota Statutes 2025 Supplement, section 256B.04, subdivision 21, is amended to read:

Subd. 21. **Provider enrollment.** (a) The commissioner shall enroll providers and conduct screening activities as required by Code of Federal Regulations, title 42, section 455, subpart E. A provider must enroll each provider-controlled location where direct services are provided. The commissioner may deny a provider's incomplete application if a provider fails to respond to the commissioner's request for additional information within 60 days of the request. The commissioner must conduct a background study under chapter 245C, including a review of databases in section 245C.08, subdivision 1, paragraph (a), clauses (1) to (5), for a provider described in this paragraph. The background study requirement may be satisfied if the commissioner conducted a fingerprint-based background study on the provider that includes a review of databases in section 245C.08, subdivision 1, paragraph (a), clauses (1) to (5).

(b) The commissioner shall revalidate:

- (1) each provider under this subdivision at least once every five years;
- (2) each personal care assistance agency, CFSS provider-agency, and CFSS financial management services provider under this subdivision at least once every three years;
- (3) each EIDBI agency under this subdivision at least once every three years; and
- (4) at the commissioner's discretion, any medical-assistance-only provider type the commissioner deems "high-risk" under this subdivision.

(c) The commissioner shall conduct revalidation as follows:

(1) provide 30-day notice of the revalidation due date including instructions for revalidation and a list of materials the provider must submit;

(2) if a provider fails to submit all required materials by the due date, notify the provider of the deficiency within 30 days after the due date and allow the provider an additional 30 days from the notification date to comply; and

(3) if a provider fails to remedy a deficiency within the 30-day time period, give 60-day notice of termination and immediately suspend the provider's ability to bill. The provider does not have the right to appeal suspension of ability to bill.

(d) If a provider fails to comply with any individual provider requirement or condition of participation, the commissioner may suspend the provider's ability to bill until the provider comes into compliance. The commissioner's decision to suspend the provider is not subject to an administrative appeal.

(e) Correspondence and notifications, including notifications of termination and other actions, may be delivered electronically to a provider's MN-ITS mailbox. This paragraph does not apply to correspondences and notifications related to background studies.

(f) If the commissioner or the Centers for Medicare and Medicaid Services determines that a provider is designated "high-risk," the commissioner may withhold payment from providers within that category upon initial enrollment for a 90-day period. The withholding for each provider must begin on the date of the first submission of a claim.

(g) An enrolled provider that is also licensed by the commissioner under chapter 245A, is licensed as a home care provider by the Department of Health under chapter 144A, or is licensed as an assisted living facility under chapter 144G and has a home and community-based services designation on the home care license under section 144A.484, must designate an individual as the entity's compliance officer. The compliance officer must:

(1) develop policies and procedures to assure adherence to medical assistance laws and regulations and to prevent inappropriate claims submissions;

(2) train the employees of the provider entity, and any agents or subcontractors of the provider entity including billers, on the policies and procedures under clause (1);

(3) respond to allegations of improper conduct related to the provision or billing of medical assistance services, and implement action to remediate any resulting problems;

(4) use evaluation techniques to monitor compliance with medical assistance laws and regulations;

(5) promptly report to the commissioner any identified violations of medical assistance laws or regulations; and

(6) within 60 days of discovery by the provider of a medical assistance reimbursement overpayment, report the overpayment to the commissioner and make arrangements with the commissioner for the commissioner's recovery of the overpayment.

The commissioner may require, as a condition of enrollment in medical assistance, that a provider within a particular industry sector or category establish a compliance program that contains the core elements established by the Centers for Medicare and Medicaid Services.

(h) The commissioner may revoke the enrollment of an ordering or rendering provider for a period of not more than one year, if the provider fails to maintain and, upon request from the commissioner, provide access to documentation relating to written orders or requests for payment for durable medical equipment, certifications for home health services, or referrals for other items or services written or ordered by such provider, when the commissioner has identified a pattern of a lack of documentation. A pattern means a failure to maintain documentation or provide access to documentation on more than one occasion. Nothing in this paragraph limits the authority of the commissioner to sanction a provider under the provisions of section 256B.064.

(i) The commissioner shall terminate or deny the enrollment of any individual or entity if the individual or entity has been terminated from participation in Medicare or under the Medicaid program or Children's Health Insurance Program of any other state. The commissioner may exempt a rehabilitation agency from termination or denial that would otherwise be required under this paragraph, if the agency:

(1) is unable to retain Medicare certification and enrollment solely due to a lack of billing to the Medicare program;

(2) meets all other applicable Medicare certification requirements based on an on-site review completed by the commissioner of health; and

(3) serves primarily a pediatric population.

(j) As a condition of enrollment in medical assistance, the commissioner shall require that a provider designated "moderate" or "high-risk" by the Centers for Medicare and Medicaid Services or the commissioner permit the Centers for Medicare and Medicaid Services, its agents, or its designated contractors and the state agency, its agents, or its designated contractors to conduct unannounced on-site inspections of any provider location. The commissioner shall publish in the Minnesota Health Care Program Provider Manual a list of provider types designated "limited," "moderate," or "high-risk," based on the criteria and standards used to designate Medicare providers in Code of Federal Regulations, title 42, section 424.518. The list and criteria are not subject to the requirements of chapter 14. The commissioner's designations are not subject to administrative appeal.

(k) As a condition of enrollment in medical assistance, the commissioner shall require that a high-risk provider, or a person with a direct or indirect ownership interest in the provider of five percent or higher, consent to criminal background checks, including fingerprinting, when required to do so under state law or by a determination by the commissioner or the Centers for Medicare and Medicaid Services that a provider is designated high-risk for fraud, waste, or abuse.

(l)(1) Upon initial enrollment, reenrollment, and notification of revalidation, all durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) medical suppliers meeting the durable medical equipment provider and supplier definition in clause (3), operating in Minnesota and receiving Medicaid funds must purchase a surety

bond that is annually renewed and designates the Minnesota Department of Human Services as the obligee, and must be submitted in a form approved by the commissioner. For purposes of this clause, the following medical suppliers are not required to obtain a surety bond: a federally qualified health center, a home health agency, the Indian Health Service, a pharmacy, and a rural health clinic.

(2) At the time of initial enrollment or reenrollment, durable medical equipment providers and suppliers defined in clause (3) must purchase a surety bond of \$50,000. If a revalidating provider's Medicaid revenue in the previous calendar year is up to and including \$300,000, the provider agency must purchase a surety bond of \$50,000. If a revalidating provider's Medicaid revenue in the previous calendar year is over \$300,000, the provider agency must purchase a surety bond of \$100,000. The surety bond must allow for recovery of costs and fees in pursuing a claim on the bond. Any action to obtain monetary recovery or sanctions from a surety bond must occur within six years from the date the debt is affirmed by a final agency decision. An agency decision is final when the right to appeal the debt has been exhausted or the time to appeal has expired under section 256B.064.

(3) "Durable medical equipment provider or supplier" means a medical supplier that can purchase medical equipment or supplies for sale or rental to the general public and is able to perform or arrange for necessary repairs to and maintenance of equipment offered for sale or rental.

(m) The Department of Human Services may require a provider to purchase a surety bond as a condition of initial enrollment, reenrollment, reinstatement, or continued enrollment if: (1) the provider fails to demonstrate financial viability, (2) the department determines there is significant evidence of or potential for fraud and abuse by the provider, or (3) the provider or category of providers is designated high-risk pursuant to paragraph (f) and as per Code of Federal Regulations, title 42, section 455.450. The surety bond must be in an amount of \$100,000 or ten percent of the provider's payments from Medicaid during the immediately preceding 12 months, whichever is greater. The surety bond must name the Department of Human Services as an obligee and must allow for recovery of costs and fees in pursuing a claim on the bond. This paragraph does not apply if the provider currently maintains a surety bond under the requirements in section ~~256B.051~~, 256B.0659, 256B.0701, or 256B.85.

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

Sec. 4. Minnesota Statutes 2024, section 256B.057, subdivision 9, is amended to read:

Subd. 9. **Employed persons with disabilities.** (a) Medical assistance may be paid for a person who is employed and who:

(1) but for excess earnings or assets meets the definition of disabled under the Supplemental Security Income program; and

(2) pays a premium and other obligations under paragraph (d).

(b) For purposes of eligibility, there is a \$65 earned income disregard. To be eligible for medical assistance under this subdivision, a person must have more than \$65 of earned income, be receiving an unemployment insurance benefit under chapter 268 that the person began receiving while eligible under this subdivision, or be receiving family and medical leave benefits under chapter 268B that the person began receiving while eligible under this subdivision. A person who is self-employed must file and pay all applicable taxes. Any spousal income shall be disregarded for purposes of eligibility and premium determinations.

(c) After the month of enrollment, a person enrolled in medical assistance under this subdivision who would otherwise be ineligible and be disenrolled due to one of the following circumstances may retain eligibility for up to four consecutive months after a month of job loss if the person:

(1) is temporarily unable to work and without receipt of earned income due to a medical condition, as verified by a physician, advanced practice registered nurse, or physician assistant; or

(2) loses employment for reasons not attributable to the enrollee, and is without receipt of earned income.

To receive a four-month extension of continued eligibility under this paragraph, enrollees must verify the medical condition or provide notification of job loss, continue to meet all other eligibility requirements, and continue to pay all calculated premium costs.

(d) All enrollees must pay a premium to be eligible for medical assistance under this subdivision, except as provided under clause (5).

(1) An enrollee must pay the greater of a \$35 premium or the premium calculated based on the person's gross earned and unearned income and the applicable family size using a sliding fee scale established by the commissioner, which begins at one percent of income at 100 percent of the federal poverty guidelines and increases to 7.5 percent of income for those with incomes at or above 300 percent of the federal poverty guidelines.

(2) Annual adjustments in the premium schedule based upon changes in the federal poverty guidelines shall be effective for premiums due in July of each year.

(3) All enrollees who receive unearned income must pay one-half of one percent of unearned income in addition to the premium amount, except as provided under clause (5).

(4) 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.

(5) Effective July 1, 2009, American Indians are exempt from paying premiums as required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. For purposes of this clause, an American Indian is any person who meets the definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

(e) A person's eligibility and premium shall be determined by the local county agency. Premiums must be paid to the commissioner. All premiums are dedicated to the commissioner.

(f) Any required premium shall be determined at application and redetermined at the enrollee's 12-month income review or when a change in income or household size is reported. Enrollees must report any change in income or household size within 30 days of when the change occurs. A decreased premium resulting from a reported change in income or household size shall be effective the first day of the next available billing month after the change is reported. Except for changes occurring from annual cost-of-living increases, a change resulting in an increased premium shall not affect the premium amount until the next 12-month review.

(g) Premium payment is due upon notification from the commissioner of the premium amount required. Premiums may be paid in installments at the discretion of the commissioner.

(h) Nonpayment of the premium shall result in denial or termination of medical assistance unless the person demonstrates good cause for nonpayment. "Good cause" means an excuse for the enrollee's failure to pay the required premium when due because the circumstances were beyond the enrollee's control or not reasonably foreseeable. The commissioner shall determine whether good cause exists based on the weight of the supporting evidence submitted by the enrollee to demonstrate good cause. The commissioner must not determine that good cause exists for a month for which the premium has already been paid. Except when an installment agreement is

accepted by the commissioner, all persons disenrolled for nonpayment of a premium must pay any past due premiums as well as current premiums due prior to being reenrolled. Nonpayment shall include payment with a returned, refused, or dishonored instrument. The commissioner may require a guaranteed form of payment as the only means to replace a returned, refused, or dishonored instrument.

(i) For enrollees whose income does not exceed 200 percent of the federal poverty guidelines and who are also enrolled in Medicare, the commissioner shall reimburse the enrollee for Medicare part B premiums under section 256B.0625, subdivision 15, paragraph (a).

(j) The commissioner is authorized to determine that a premium amount was calculated or billed in error, make corrections to financial records and billing systems, and refund premiums collected in error.

Sec. 5. Minnesota Statutes 2024, section 256B.0625, subdivision 4, is amended to read:

Subd. 4. **Outpatient and physician-directed clinic services.** Medical assistance covers outpatient hospital or physician-directed clinic services. ~~The~~ All services provided by physician-directed clinic staff ~~shall include at least two physicians and all services shall~~ must be provided under the direct supervision direction of a physician. Hospital outpatient departments are subject to the same limitations and reimbursements as other enrolled vendors for all services, except initial triage, emergency services, and services not provided or immediately available in clinics, physicians' offices, or by other enrolled providers. "Emergency services" means those medical services required for the immediate diagnosis and treatment of medical conditions that, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death or are necessary to alleviate severe pain. Neither the hospital, its employees, nor any physician or dentist, shall be liable in any action arising out of a determination not to render emergency services or care if reasonable care is exercised in determining the condition of the person, or in determining the appropriateness of the facilities, or the qualifications and availability of personnel to render these services consistent with this section.

EFFECTIVE DATE. This section is effective upon federal approval.

Sec. 6. Minnesota Statutes 2024, section 256B.0658, is amended to read:

256B.0658 HOUSING ACCESS GRANTS.

Subdivision 1. **Establishment.** The commissioner of human services shall award through a competitive process contracts for grants to public and private agencies to support and assist individuals with a disability ~~as defined in section 256B.051, subdivision 2, paragraph (e),~~ to access housing.

Subd. 2. **Definition.** (a) For the purposes of this section, the term defined in this subdivision has the meaning given.

(b) "Individual with a disability" means:

(1) an individual who is aged, blind, or disabled as determined by the criteria under sections 216(i)(1) and 221 of the Social Security Act; or

(2) an individual who meets a category of eligibility under section 256D.05, subdivision 1, paragraph (a), clause (1), (4), (5) to (8), or (13).

Subd. 3. **Allowable uses of grant funds.** Grants may be awarded to agencies that may include, but are not limited to, the following supports: assessment to ensure suitability of housing, accompanying an individual to look at housing, filling out applications and rental agreements, meeting with landlords, helping with Section 8 or other program applications, helping to develop a budget, obtaining furniture and household goods, if necessary, and assisting with any problems that may arise with housing.

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

Sec. 7. Minnesota Statutes 2025 Supplement, section 256B.0701, subdivision 9, is amended to read:

Subd. 9. **Provider qualifications and duties.** A provider is eligible for reimbursement under this section only if the provider:

(1) is confirmed by the commissioner as an eligible provider after a pre-enrollment risk assessment under subdivision 10;

(2) is enrolled as a medical assistance Minnesota health care program provider and meets all applicable provider standards and requirements;

~~(3) demonstrates compliance with federal and state laws and policies for housing stabilization services as determined by the commissioner;~~

(4) (3) complies with background study requirements under chapter 245C and maintains documentation of background study requests and results;

(5) (4) provides at the time of enrollment, reenrollment, and revalidation in a format determined by the commissioner, proof of surety bond coverage for each business location providing services. Upon new enrollment, or if the provider's medical assistance revenue in the previous calendar year is \$300,000 or less, the provider agency must purchase a surety bond of \$50,000. If the provider's medical assistance revenue in the previous year is over \$300,000, the provider agency must purchase a surety bond of \$100,000. The surety bond must be in a form approved by the commissioner, must be renewed annually, and must allow for recovery of costs and fees in pursuing a claim on the bond. Any action to obtain monetary recovery or sanctions from a surety bond must occur within six years from the date the debt is affirmed by a final agency decision. An agency decision is final when the right to appeal the debt has been exhausted or the time to appeal has expired under section 256B.064;

(6) (5) ensures all controlling individuals and employees of the agency complete annual vulnerable adult training;

(7) (6) completes compliance training as required under subdivision 11; and

(8) (7) complies with the habitability inspection requirements in subdivision 13.

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

Sec. 8. Minnesota Statutes 2024, 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, nonemergency medical transportation services, personal care assistance and case management services, community first services and supports under section 256B.85, behavioral health home services under section 256B.0757, ~~housing stabilization services under section 256B.051,~~ and nursing home or intermediate care facilities services.

(b) Covered health services shall be expanded as provided in this section.

(c) For the purposes of covered health services under this section, "child" means an individual younger than 19 years of age.

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

Sec. 9. Laws 2024, chapter 125, article 4, section 12, subdivision 5, is amended to read:

Subd. 5. **Report.** By ~~December 15, 2025~~ November 30, 2026, the commissioner must provide a summary report on the pilot program to the chairs and ranking minority members of the legislative committees with jurisdiction over mental health and county correctional facilities.

EFFECTIVE DATE. This section is effective retroactively from December 15, 2025.

Sec. 10. **DIRECTION TO COMMISSIONER; RULEMAKING.**

The commissioner of human services must amend Minnesota Rules, part 9505.2165, subpart 4, item C, to remove the citation to United States Code, title 42, section 1320a-7b(b)(3)(D), and insert a citation to United States Code, title 42, section 1320a-7b(b). The commissioner may use the procedure under Minnesota Statutes, section 14.388, subdivision 1, clause (3), for changes to Minnesota Rules pursuant to this section. Minnesota Statutes, section 14.386, does not apply to rules adopted pursuant to this section except as provided under Minnesota Statutes, section 14.388.

Sec. 11. **DIRECTION TO COMMISSIONER; UNREDACTED INITIAL OPTUM REPORTS.**

(a) For purposes of this section, "initial Optum reports" means the reports produced by Optum, Inc., under contract with the Department of Human Services and announced in the news release from the department on February 6, 2026.

(b) Notwithstanding any law to the contrary, upon a joint request by the chairs and ranking minority members of a legislative committee with jurisdiction over human services policy and finance, the commissioner of human services must immediately release the initial Optum reports to the members of that legislative committee in the reports' entirety without redactions or edits, except for redactions requested by Optum to protect proprietary information. Legislators or legislative staff who receive initial Optum reports under this section must not disseminate or publicize any not public data, as defined in Minnesota Statutes, section 13.02, subdivision 8a, that the reports contain.

EFFECTIVE DATE. This section is effective 14 days following final enactment.

Sec. 12. **OPTUM PROHIBITED FROM DISSEMINATING PRIVATE DATA.**

Optum, Inc., must not sell, share, or disseminate any private data on individuals, as defined in Minnesota Statutes, section 13.02, subdivision 12, that Optum receives under or incidental to Optum's contract or engagement with the Department of Human Services pursuant to the governor's Executive Order No. 25-10.

Sec. 13. **REPEALER.**

(a) Minnesota Statutes 2024, section 256B.051, subdivisions 1, 4, and 7, are repealed.

(b) Minnesota Statutes 2025 Supplement, section 256B.051, subdivisions 2, 3, 5, 6, 6a, 6b, 8, 9, and 10, are repealed.

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

Delete the title and insert:

"A bill for an act relating to human services; modifying policy provisions relating to Direct Care and Treatment, the Department of Health, aging and disability services, behavioral health, homelessness, housing, and maltreatment of vulnerable adults; removing housing stabilization supports provisions; requiring rulemaking; requiring release of initial Optum reports; prohibiting Optum from disseminating private data; requiring reports; appropriating money; amending Minnesota Statutes 2024, sections 3.7381; 13.04, subdivision 4a; 13.384, subdivision 1; 13.43, subdivision 5a; 13.46, subdivision 1; 15.43, subdivision 3; 144.121, subdivision 9; 144.56, subdivision 2b; 144.586, subdivision 2; 144.6502, subdivision 1; 144.6512, subdivision 6; 144A.161, subdivisions 1a, 8; 144A.472, subdivision 5; 144A.72, subdivision 2; 144G.08, by adding subdivisions; 144G.19, by adding a subdivision; 144G.31, subdivision 6; 144G.41, subdivisions 1, 2; 144G.60, subdivision 4; 144G.61, subdivision 2; 144G.92, subdivision 5; 152.137, subdivision 6; 157.17, subdivisions 2, 5; 182.6545; 245.991, subdivision 3; 245.992, subdivision 2; 245A.03, subdivision 7; 245F.02, subdivision 17; 245F.15, subdivision 7; 245G.04, by adding a subdivision; 245G.06, subdivision 4; 245G.11, subdivision 8; 245I.04, by adding a subdivision; 245I.08, subdivision 4; 245I.10, subdivision 6; 253B.03, subdivisions 2, 3, 6; 253B.18, subdivision 14; 253D.19, subdivision 1; 254B.052, subdivision 1, by adding a subdivision; 256.9752, as amended; 256B.057, subdivision 9; 256B.0624, subdivisions 6b, 7; 256B.0625, subdivisions 4, 47, by adding a subdivision; 256B.0658; 256B.0759, subdivision 3; 256B.0911, subdivision 32; 256B.0924, subdivisions 3, 5, 7, by adding a subdivision; 256B.0943, subdivision 6; 256B.0946, subdivision 4; 256B.0947, subdivision 5; 256B.0949, by adding a subdivision; 256B.4905, subdivision 2a; 256B.851, subdivision 8; 256L.03, subdivision 1; 256S.21, subdivision 3; 295.50, subdivision 4; 524.5-409, subdivision 2; 626.557, subdivisions 9, 9a, 12b, by adding subdivisions; 626.5572, subdivisions 2, 9, 17, by adding subdivisions; Minnesota Statutes 2025 Supplement, sections 13.46, subdivision 2; 144.121, subdivision 1a; 144A.474, subdivision 11; 144A.4799, subdivision 1; 245.469, subdivision 1; 245C.03, subdivision 6; 245C.10, subdivision 6; 245D.091, subdivisions 2, 3; 245F.08, subdivision 3; 245G.09, subdivision 3; 245G.11, subdivision 7; 245I.04, subdivision 17; 245I.23, subdivision 7; 253B.18, subdivision 6; 254A.03, subdivision 3; 254B.04, subdivision 1a; 254B.0501, subdivision 6; 254B.0505, subdivision 8, by adding subdivisions; 256B.04, subdivision 21; 256B.0701, subdivision 9; 256B.0759, subdivision 4; 256B.0911, subdivision 13; 256B.0924, subdivision 6; 256B.0943, subdivision 1; 256B.0947, subdivision 3a; 256B.0949, subdivisions 2, 16, 18; 256B.4914, subdivision 10a; 256L.03, subdivision 5; 295.50, subdivision 9b; 524.5-311; 626.5572, subdivision 13; Laws 2023, chapter 61, article 1, section 67, subdivision 3, as amended; article 9, section 2, subdivision 5, as amended; Laws 2024, chapter 125, article 1, section 47; article 4, section 12, subdivision 5; article 8, section 2, subdivision 20; proposing coding for new law in Minnesota Statutes, chapters 144G; 246C; 253B; repealing Minnesota Statutes 2024, sections 256B.051, subdivisions 1, 4, 7; 256B.0759, subdivisions 2, 5; 256B.5012, subdivisions 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16; 626.557, subdivision 10; Minnesota Statutes 2025 Supplement, sections 254B.052, subdivision 6; 256B.051, subdivisions 2, 3, 5, 6, 6a, 6b, 8, 9, 10."

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

The report was adopted.

Frazier and Torkelson from the Committee on Ways and Means to which was referred:

S. F. No. 856, A bill for an act relating to state government; creating the Office of the Inspector General; creating an advisory committee; requiring reports; transferring certain agency duties; placing limits and prohibiting certain programs from receiving public funds; making conforming and technical changes; providing for interagency agreements; appropriating money; amending Minnesota Statutes 2024, sections 3.971, by adding a subdivision; 13.82, subdivision 1; 15A.0815, subdivision 2; 127A.21, subdivisions 1a, 5, by adding subdivisions; 142A.03, by adding a subdivision; 142A.12, subdivision 5; 144.05, by adding a subdivision; 181.932, subdivision 1; 245.095, subdivision 5; 256.01, by adding a subdivision; 609.456, subdivision 2; 626.84, subdivision 1; proposing coding for new law as Minnesota Statutes, chapter 15D; repealing Minnesota Statutes 2024, sections 13.321, subdivision 12; 127A.21, subdivisions 1, 2, 3, 4, 6, 7.

Reported the same back with the following amendments:

Page 5, line 16, before "agencies" insert "executive branch"

Page 5, after line 25, insert:

"(1) "agency" means a department, board, council, committee, authority, commission, agency, or office in the executive branch of state government, including the constitutional offices;"

Renumber the clauses in sequence

Page 5, line 26, delete "a state department"

Page 5, line 27, delete "or" and insert "an"

Page 7, line 4, after the period, insert "If the senate does not confirm a person appointed by the governor, the Legislative Inspector General Advisory Commission must consider applicants and make recommendations to the governor as required under section 15E.60, subdivision 4."

Page 7, lines 31 and 32, delete "department and"

Page 8, line 1, delete "Departments and agencies" and insert "Agencies"

Page 8, lines 3 and 19, delete "departments and"

Page 8, lines 4 and 6, delete "departments or"

Page 8, line 5, delete "department or" and delete "department or"

Page 8, lines 9 and 14, delete "department or"

Page 8, line 10, delete "department and"

Page 8, line 11, delete "department's commissioner or"

Page 8, line 12, delete "A commissioner or" and insert "An"

Page 8, line 15, delete "department's or"

Page 8, line 16, delete "commissioner or"

Page 8, line 18, delete "state executive branch"

Page 8, delete lines 30 to 31 and insert:

"(8) investigate any private entity or local unit of government administering a state program, or any private recipient of state funds or services, to ensure the proper use of state funds and compliance with all other laws and requirements applicable to funds or services provided by the state;"

Page 9, line 4, delete "commissioners or heads of departments and agencies" and insert "agency heads"

Page 9, line 5, after "committed" insert "that constitutes a credible allegation"

Page 9, line 9, delete "departments and"

Page 9, line 14, delete "state departments and"

Page 9, line 16, delete "department or"

Page 9, line 21, delete everything after "in" and insert "child care programs under chapters 142D and 142E, but the inspector general has authority to conduct independent investigations related to the child care programs under chapters 142D and 142E."

Page 9, delete line 22

Page 10, lines 7, 12, 14, and 18, delete "department or"

Page 10, line 10, delete "commissioner or"

Page 10, line 15, delete "department's or"

Page 10, line 20, delete "a commissioner of a department or head of an agency" and insert "an agency head"

Page 10, line 27, delete "state department or"

Page 11, line 4, delete "The" and insert "Beginning January 1, 2028, the"

Page 11, line 9, delete "abuse" and insert "misuse"

Page 11, line 10, after the period, insert "The Department of Human Services and the attorney general's Medicaid Fraud Control Unit have primary responsibility to investigate fraud in the Medicaid program, but the Anti-Fraud and Waste Bureau may work cooperatively with these agencies."

Page 13, line 22, after "falsely" insert "to the inspector general"

Page 13, line 26, delete "commissioner or head of each executive branch department or" and insert "head of each"

Page 13, line 27, delete "department's or"

Page 14, line 3, delete "state department or"

Page 14, line 30, after the semicolon, insert "or"

Page 14, delete line 31

Page 15, line 1, delete "(4)" and insert "(3)"

Page 15, after line 2, insert:

"Subd. 5. Legislative auditor. The inspector general must disseminate data of any classification, including not public data, to the legislative auditor upon request."

Renumber the subdivisions in sequence

Page 17, delete lines 17 and 18 and insert:

"(b) The governor must contract with the Association of Inspectors General or another recognized body for an external quality assurance review of the Office of the Inspector General after years two and four of each inspector general term."

Page 18, after line 32, insert:

"**EFFECTIVE DATE.** This section is effective January 1, 2027."

Page 19, line 6, after "general." insert "Upon appointment, the inspector general may engage the superintendent of the Bureau of Criminal Apprehension and negotiate an interagency agreement as provided in section 19, paragraph (c)."

Page 19, after line 8, insert:

"Subd. 3. **Staffing.** The inspector general's first annual report submitted under Minnesota Statutes, section 15E.25, subdivision 1, clause (9), is due February 1, 2028, and must include the following information:

(1) the current number of positions authorized by the inspector general, by job classification;

(2) the number of positions under clause (1) that the inspector general has filled; and

(3) any staffing changes the inspector general anticipates during calendar year 2028."

Renumber the subdivisions in sequence

Page 19, line 9, delete "Before September 1" and insert "After June 30"

Page 21, line 1, delete "January 1, 2027" and insert "the day following final enactment"

Page 22, line 16, after the period, insert "The interagency agreement must provide for embedding Office of the Inspector General employees within office space occupied by the Department of Education. Embedded employees remain under the operational control and direction of the inspector general and must focus only on the Department of Education and its programs."

Page 22, after line 20, insert:

"(e) The Office of the Inspector General may enter into an interagency agreement with the Bureau of Criminal Apprehension to assist the inspector general with any criminal investigation or to conduct a criminal investigation on behalf of the inspector general. The Office of the Inspector General and the Bureau of Criminal Apprehension may coordinate investigative efforts as necessary or practical. The interagency agreement must include a clause on cost-sharing for investigations that may require multiagency coordination and a clause that details what process will be followed if a joint investigation is required. Any Bureau of Criminal Apprehension personnel that assist the Office of the Inspector General under an interagency agreement remain under the operational control and direction of the superintendent of the Bureau of Criminal Apprehension. The Office of the Inspector General may have access to any criminal investigative data obtained or created by the Bureau of Criminal Apprehension as part of any criminal investigation efforts conducted pursuant to the interagency agreement."

Page 22, delete section 20 and insert:

"Sec. 20. **APPROPRIATIONS.**

Subdivision 1. **Inspector general.** \$1,875,000 in fiscal year 2027 is appropriated from the general fund to the Office of the Inspector General for purposes of this act. The base for this appropriation is \$8,070,000 in fiscal year 2028 and \$8,070,000 in fiscal year 2029. The commissioner of administration, in consultation with the commissioner of management and budget, may transfer amounts in fiscal year 2027 to the commissioner of administration for office build out, cost of space, office equipment, and other costs directly related to the establishment of the office.

Subd. 2. **Administration.** \$892,000 in fiscal year 2027 is appropriated from the general fund to the commissioner of administration to establish the Office of the Inspector General. The base for this appropriation is \$891,000 in fiscal year 2028 and \$0 in fiscal year 2029.

Subd. 3. **Children, youth, and families.** \$465,000 in fiscal year 2027 is appropriated from the general fund to the commissioner of children, youth, and families to coordinate with the Office of the Inspector General as required under this act. The base for this appropriation is \$620,000 in fiscal year 2028 and \$620,000 in fiscal year 2029.

Subd. 4. **Health.** \$499,000 in fiscal year 2027 is appropriated from the general fund to the commissioner of health to coordinate with the Office of the Inspector General as required under this act.

Subd. 5. **Human services.** \$4,918,000 in fiscal year 2027 is appropriated from the general fund to the commissioner of human services to coordinate with the Office of the Inspector General as required under this act. The base for this appropriation is \$5,720,000 in fiscal year 2028 and \$5,720,000 in fiscal year 2029.

Subd. 6. **Legislature.** \$29,000 in fiscal year 2027 is appropriated from the general fund to the executive director of the Legislative Coordinating Commission to support the Legislative Inspector General Advisory Commission. The base for this appropriation is \$7,000 in fiscal year 2028 and \$7,000 in fiscal year 2029."

Page 23, after line 14, insert:

"Sec. 2. Minnesota Statutes 2024, section 43A.32, is amended by adding a subdivision to read:

Subd. 4. **Leave for legislative service.** An officer or employee elected to state legislative office and required to take a leave of absence under subdivision 2 or 3 has the same rights with respect to accrued and future seniority status, efficiency rating, vacation, insurance benefits, sick leave, and other benefits as if the leave had not been taken. The appointing authority must not subtract a period of mandatory legislative leave when determining the officer's or employee's length of service. The officer's or employee's pension and retirement benefit rights are as provided for local government employees under section 3.088, subdivisions 3 and 6.

EFFECTIVE DATE. This section is effective July 1, 2027, and applies to collective bargaining agreements that take effect on or after that date."

Page 34, lines 10 and 21, delete "6" and insert "7"

Renumber the sections in sequence and correct the internal references

Correct the title numbers accordingly

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

The report was adopted.

SECOND READING OF HOUSE BILLS

H. F. Nos. 1695, 1849, 4466 and 4546 were read for the second time.

SECOND READING OF SENATE BILLS

S. F. Nos. 476 and 856 were read for the second time.

INTRODUCTION AND FIRST READING OF HOUSE BILLS

The following House Files were introduced:

Frazier introduced:

H. F. No. 5103, A bill for an act relating to public safety; requiring licensing of bail enforcement agents; authorizing the board of private detective and protective agent services to license bail enforcement agents; establishing criminal penalties; requiring licensed bail enforcement agents to retain certain records; prohibiting licensed bail enforcement agents from enforcing civil immigration laws; amending Minnesota Statutes 2024, sections 60M.07, by adding a subdivision; 326.32, subdivisions 5, 8, 9, 10, by adding subdivisions; 326.3311; 326.3331; 326.336, subdivisions 2, 3, 4; 326.3361, subdivision 2; 326.338, as amended; 326.3381, subdivisions 1, 3, by adding a subdivision; 326.3382; 326.3383, subdivision 1; 326.3384, subdivision 1, by adding a subdivision; 326.3385, subdivision 2; 326.3386, subdivisions 1, 2; 326.3387, subdivision 1; 326.3389; 629.63; proposing coding for new law in Minnesota Statutes, chapter 326.

The bill was read for the first time and referred to the Committee on Public Safety Finance and Policy.

Frazier introduced:

H. F. No. 5104, A bill for an act relating to corrections; modifying the definition of employee under the Minnesota Fair Labor Standards Act and whistleblower protections to explicitly include incarcerated people; modifying the Public Employee Labor Relations Act and the Occupational Safety and Health Act of 1973 to include incarcerated persons; reclassifying inmates in state correctional institutions as employees; requiring a report; amending Minnesota Statutes 2024, sections 177.23, subdivision 7; 179A.03, subdivision 14; 181.931, subdivision 2; 182.651, subdivision 9; 241.27, subdivision 1; 243.23; 243.88, subdivision 2; 363A.03, subdivision 15.

The bill was read for the first time and referred to the Committee on Workforce, Labor, and Economic Development Finance and Policy.

Buck, Pursell, Reyer, Virnig, Rehm and Gottfried introduced:

H. F. No. 5105, A bill for an act relating to public safety; enhancing criminal penalties for certain domestic violence-related crimes; amending Minnesota Statutes 2024, sections 518B.01, subdivision 14; 609.2242, subdivision 4; 629.75, subdivision 2.

The bill was read for the first time and referred to the Committee on Public Safety Finance and Policy.

Buck, Pursell, Reyer, Virnig, Rehm and Gottfried introduced:

H. F. No. 5106, A bill for an act relating to public safety; defining domestic assault by strangulation as a violent crime; amending Minnesota Statutes 2024, section 609.1095, subdivision 1.

The bill was read for the first time and referred to the Committee on Public Safety Finance and Policy.

Gordon introduced:

H. F. No. 5107, A bill for an act relating to capital investment; appropriating money for infrastructure improvements along marked Trunk Highway 95 in the city of Cambridge; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Committee on Capital Investment.

Gordon introduced:

H. F. No. 5108, A bill for an act relating to education finance; modifying the operating referendum ballot notice; eliminating the authority for the school board to renew a referendum without seeking voter approval unless notice requirements are met; amending Minnesota Statutes 2024, section 126C.17, subdivision 9, by adding a subdivision; Minnesota Statutes 2025 Supplement, section 126C.17, subdivision 9b.

The bill was read for the first time and referred to the Committee on Education Finance.

Warwas introduced:

H. F. No. 5109, A bill for an act relating to capital investment; appropriating money for street and water infrastructure in the city of McKinley; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Committee on Capital Investment.

Wiener introduced:

H. F. No. 5110, A bill for an act relating to civil commitment; establishing a process to vacate an order any time based on error or false information; proposing coding for new law in Minnesota Statutes, chapter 253B.

The bill was read for the first time and referred to the Committee on Judiciary Finance and Civil Law.

Skraba introduced:

H. F. No. 5111, A bill for an act relating to game and fish; prohibiting the use of sonar when fishing for muskellunge or northern pike in certain waters; amending Minnesota Statutes 2024, section 97C.335.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources Finance and Policy.

MESSAGES FROM THE SENATE

The following messages were received from the Senate:

Madam Speaker:

I hereby announce the passage by the Senate of the following House File, herewith returned:

H. F. No. 1606, A bill for an act relating to commerce; prohibiting access to nudification technology; proposing coding for new law in Minnesota Statutes, chapter 325E.

THOMAS S. BOTTERN, Secretary of the Senate

Madam Speaker:

I hereby announce the passage by the Senate of the following House File, herewith returned:

H. F. No. 2358, A bill for an act relating to public safety; providing enhanced criminal penalty for certain violations of coercion crime; amending Minnesota Statutes 2024, section 609.27, subdivision 2.

THOMAS S. BOTTERN, Secretary of the Senate

Madam Speaker:

I hereby announce the passage by the Senate of the following House File, herewith returned:

H. F. No. 3155, A bill for an act relating to public safety; including gift card fraud in organized retail theft; amending Minnesota Statutes 2024, section 609.522, subdivisions 1, 2.

THOMAS S. BOTTERN, Secretary of the Senate

Madam Speaker:

I hereby announce the passage by the Senate of the following House File, herewith returned:

H. F. No. 3875, A bill for an act relating to judiciary; clarifying publication process for court notices and provisions regarding restitution and conciliation court; clarifying certain notices to public authorities in dissolution cases; modifying expiration of the Supreme Court Council on Child Protection; amending Minnesota Statutes 2024, sections 331A.03, subdivision 1; 518A.44; 611A.04, subdivision 3; Laws 2024, chapter 115, article 12, section 30, subdivisions 6, 7; article 22, section 6; proposing coding for new law in Minnesota Statutes, chapter 484.

THOMAS S. BOTTERN, Secretary of the Senate

Madam Speaker:

I hereby announce the passage by the Senate of the following House File, herewith returned:

H. F. No. 3970, A bill for an act relating to civil law; establishing a remedy to extinguish a joint interest in a contract for deed of a perpetrator of domestic abuse or sexual assault; amending Minnesota Statutes 2024, section 559.21, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 559.

THOMAS S. BOTTERN, Secretary of the Senate

Madam Speaker:

I hereby announce the passage by the Senate of the following House File, herewith returned:

H. F. No. 4052, A bill for an act relating to telecommunications; modifying and clarifying various provisions governing telephone company regulation, facilities and property, pricing plans, service classification, and reporting requirements; amending Minnesota Statutes 2024, sections 237.035; 237.036; 237.069; 237.07, subdivision 1; 237.11; 237.164; 237.626, subdivisions 1, 3; 237.66, by adding subdivisions; 237.70, subdivision 7; 237.762, subdivision 5; repealing Minnesota Statutes 2024, sections 237.065; 237.066; 237.067; 237.071; 237.072; 237.075, subdivisions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11; 237.14; 237.15; 237.16, subdivision 9; 237.22; 237.231; 237.59, subdivisions 1, 1a, 2, 3, 4, 5, 6, 8, 9, 10; 237.66, subdivisions 1, 1a, 1c, 1d, 2, 2a, 3; 237.75; 237.766; 237.768; 237.772; 237.775.

THOMAS S. BOTTERN, Secretary of the Senate

Madam Speaker:

I hereby announce the passage by the Senate of the following House File, herewith returned:

H. F. No. 4075, A bill for an act relating to public safety; establishing a uniform procedure for imposition, implementation, and oversight of firearm restrictions resulting from certain criminal convictions and judicial orders; amending Minnesota Statutes 2024, sections 260C.201, subdivision 3; 518B.01, subdivisions 6, 14; 609.2242, subdivision 3; 609.749, subdivision 8; 629.715, subdivision 2; Minnesota Statutes 2025 Supplement, sections 260C.141, subdivision 1; 518B.01, subdivision 4; proposing coding for new law in Minnesota Statutes, chapter 518B.

THOMAS S. BOTTERN, Secretary of the Senate

Madam Speaker:

I hereby announce the passage by the Senate of the following House File, herewith returned:

H. F. No. 4224, A bill for an act relating to environment; modifying notice requirements for water discharges; amending Minnesota Statutes 2024, section 115.061.

THOMAS S. BOTTERN, Secretary of the Senate

Madam Speaker:

I hereby announce the passage by the Senate of the following Senate Files, herewith returned:

S. F. Nos. 4367, 4474, 4511, 4535 and 4612.

THOMAS S. BOTTERN, Secretary of the Senate

FIRST READING OF SENATE BILLS

S. F. No. 4367, A bill for an act relating to local government; authorizing housing and redevelopment agencies to utilize certain long-term equity investment authority; modifying investment types in which a qualifying government may invest; amending Minnesota Statutes 2024, section 118A.09, subdivisions 2, 4, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Elections Finance and Government Operations.

S. F. No. 4474, A bill for an act relating to commerce; prohibiting online sweepstakes games; proposing coding for new law in Minnesota Statutes, chapter 325F.

The bill was read for the first time and referred to the Committee on Public Safety Finance and Policy.

S. F. No. 4511, A bill for an act relating to public safety; prohibiting certain wagers and other activities regarding prediction markets; making certain criminal convictions a disqualification for receiving a lawful gambling license; providing criminal penalties; amending Minnesota Statutes 2024, sections 299L.03, subdivision 12; 609.75, subdivision 3; proposing coding for new law in Minnesota Statutes, chapter 609.

The bill was read for the first time and referred to the Committee on Commerce Finance and Policy.

S. F. No. 4535, A bill for an act relating to economic development; establishing a Minnesota business recovery loan program; canceling prior appropriations; appropriating and transferring money; requiring a report.

The bill was read for the first time and referred to the Committee on Workforce, Labor, and Economic Development Finance and Policy.

S. F. No. 4612, A bill for an act relating to state government; modifying provisions relating to the Departments of Health, Human Services, and Children, Youth, and Families; making changes for federal compliance; establishing work or community engagement requirements; providing for pharmacy dispensing reimbursements; modifying reimbursement rates for mental health services; modifying mental health provider credentialing requirements; modifying the county share for Supplemental Nutrition Assistance Program costs; modernizing child care and family child care licensing; modifying the Minnesota African American Family Preservation and Child Welfare Disproportionality Act; establishing a committee, legislative commission, and advisory task force; establishing a hospital stabilization program; transferring regulatory oversight of health maintenance organizations to the commissioner of commerce; requiring coverage of infertility treatment; regulating gas resource development;

providing for health care worker retention and protection; requiring reports; authorizing rulemaking; requiring transfer; appropriating money; amending Minnesota Statutes 2024, sections 16A.103, by adding a subdivision; 60A.50, subdivision 3; 60A.951, subdivision 3; 60A.985, subdivision 8; 60A.9853, subdivision 1; 60A.9854; 60B.03, subdivision 2; 60G.01, subdivisions 2, 4; 62A.02, subdivision 8; 62A.021, subdivision 1; 62A.61; 62A.65, subdivisions 7, 8; 62D.08, subdivisions 1, 2, 3, 7; 62D.12, subdivision 1; 62D.124, subdivision 5; 62D.221, subdivisions 1, 2; 62E.11, subdivisions 9, 13; 62J.60, subdivision 5; 62L.02, subdivision 8; 62L.08, subdivision 11; 62L.09, subdivision 3; 62L.10, subdivision 4; 62L.11, subdivision 2; 62M.11; 62Q.01, subdivision 2; 62Q.096; 62Q.106; 62Q.188, subdivision 2; 62Q.37, subdivision 2; 62Q.47; 62Q.51, subdivision 3; 62Q.556, subdivisions 3, 4; 62Q.679; 62Q.69, subdivisions 2, 3; 62Q.71; 62Q.73, subdivisions 3, 10; 62Q.81, subdivision 7; 62U.04, subdivision 13, by adding a subdivision; 103I.001; 103I.005, subdivisions 9, 21, by adding subdivisions; 103I.601, subdivision 1, by adding subdivisions; 142D.21, subdivision 3; 142F.05, by adding subdivisions; 144.1222, subdivision 4, by adding a subdivision; 144.1501, subdivision 2; 144.1503, subdivision 7; 144.1505, subdivisions 1, 2, 3; 144.1507, subdivisions 1, 2, 4, by adding a subdivision; 144.1911, subdivisions 1, 5, 6; 144.555, by adding subdivisions; 145A.14, subdivision 2a; 151.741, subdivision 4; 245.462, by adding a subdivision; 245.4711, subdivision 5; 245.4881, subdivision 5; 245A.211, subdivision 1; 256.01, by adding a subdivision; 256.017, subdivision 2; 256B.01; 256B.04, subdivision 27; 256B.056, subdivisions 1, 2a, 7, 7a; 256B.0561, subdivision 2; 256B.06, subdivision 4; 256B.0625, by adding a subdivision; 256B.076, subdivision 1, by adding subdivisions; 256B.094, subdivisions 2, 3, 6; 256B.75; 260.63, subdivision 10; 260.64, subdivision 2; 260.67, subdivision 2; 260.68, subdivision 2; 260.69, subdivision 1; 260.693, subdivision 2; 260C.451, by adding a subdivision; 295.52, subdivision 8; Minnesota Statutes 2025 Supplement, sections 62D.21; 62D.211; 142A.03, subdivision 2; 144.125, subdivision 1; 151.741, subdivision 5; 245A.07, subdivision 3; 245C.02, subdivision 15a; 245C.05, subdivision 5; 256.043, subdivision 3; 256.9657, subdivision 2b; 256.969, subdivision 2f; 256B.0625, subdivisions 8, 20; 256B.0924, subdivision 6; 256B.1973, subdivision 9; 256B.69, subdivision 6d; 256B.761, by adding a subdivision; 260.691, subdivision 1; 260.692, subdivisions 1, 2, 3; Laws 2024, chapter 117, sections 21; 22; Laws 2024, chapter 127, article 67, section 7; proposing coding for new law in Minnesota Statutes, chapters 62D; 62Q; 103I; 142D; 144; 245A; 256; 256B; 260; proposing coding for new law as Minnesota Statutes, chapters 142H; 142I; repealing Minnesota Statutes 2024, sections 142B.01, subdivisions 11, 12, 13, 25, 26, 27; 142B.41, subdivisions 4, 6, 7, 8, 10, 11, 12, 13; 142B.54, subdivisions 1, 2, 3; 142B.62; 142B.65, subdivisions 1, 2, 3, 4, 5, 6, 7, 10; 142B.66, subdivisions 1, 2, 4, 5; 142B.70, subdivisions 1, 2, 3, 4, 5, 6, 9, 10, 11, 12; 142B.71; 142B.72; 142B.74; 142B.75; 142B.76; 142B.77; 151.741, subdivisions 2, 3, 6; 256B.0625, subdivision 38; 256B.198; 260.63, subdivision 9; Minnesota Statutes 2025 Supplement, sections 142B.41, subdivision 9; 142B.65, subdivisions 8, 9; 142B.66, subdivision 3; 142B.70, subdivisions 7, 8; 256B.69, subdivision 6i; Minnesota Rules, parts 9502.0300; 9502.0315; 9502.0325; 9502.0335; 9502.0341; 9502.0345; 9502.0355; 9502.0365; 9502.0367; 9502.0375; 9502.0395; 9502.0405; 9502.0415; 9502.0425; 9502.0435, subparts 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16; 9502.0445; 9503.0005; 9503.0010; 9503.0015; 9503.0030; 9503.0031; 9503.0032; 9503.0033; 9503.0034; 9503.0040; 9503.0045; 9503.0050; 9503.0055; 9503.0060; 9503.0065; 9503.0070; 9503.0075; 9503.0080; 9503.0085; 9503.0090; 9503.0095; 9503.0100; 9503.0105; 9503.0110; 9503.0115; 9503.0120; 9503.0125; 9503.0130; 9503.0140; 9503.0145; 9503.0150; 9503.0155; 9503.0170.

The bill was read for the first time.

Bierman moved that S. F. No. 4612 and H. F. No. 4466, now on the General Register, be referred to the Chief Clerk for comparison. The motion prevailed.

REPORT FROM THE COMMITTEE ON RULES AND LEGISLATIVE ADMINISTRATION

Long 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 Wednesday, May 6, 2026 and established a prefiling requirement for amendments offered to the following bills:

H. F. No. 4195; S. F. No. 2814; H. F. Nos. 4240, 4348, 4242 and 82; S. F. Nos. 4244, 3432 and 1714; H. F. Nos. 4482 and 3554; and S. F. No. 3637.

ANNOUNCEMENT BY THE SPEAKER

Pursuant to Rule 1.15(c)

A message from the Senate has been received requesting concurrence by the House to amendments adopted by the Senate to the following House File: H. F. No. 4502.

CALENDAR FOR THE DAY

H. F. No. 3919, A bill for an act relating to veterans affairs; modifying benefits available to veterans of the Secret War in Laos; directing the commissioner of veterans affairs to establish an eligibility process; making technical changes; canceling an appropriation; appropriating money; amending Minnesota Statutes 2024, section 171.07, subdivision 15; Minnesota Statutes 2025 Supplement, sections 197.236, subdivision 9; 197.448, subdivisions 1, 2, by adding subdivisions.

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 132 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Davis	Hanson, J.	Kozlowski	Nelson	Scott
Agbaje	Dippel	Harder	Koznick	Niska	Sencer-Mura
Allen	Dotseth	Heintzeman	Kraft	Noor	Sexton
Altendorf	Duran	Hicks	Kresha	Norris	Skraba
Anderson, P. E.	Elkins	Hill	Lawrence	Novotny	Smith
Anderson, P. H.	Engen	Hollins	Lee, F.	O'Driscoll	Stephenson
Backer	Falconer	Howard	Lee, K.	Olson	Stier
Bahner	Feist	Hudson	Lee, X.	Pérez-Vega	Swedzinski
Bakeberg	Finke	Huot	Liebling	Perryman	Tabke
Baker	Fischer	Hussein	Lillie	Pinto	Torkelson
Bennett	Franson	Igo	Long	Pursell	Van Binsbergen
Berg	Frazier	Jacob	Luger-Nikolai	Quam	Vang
Bierman	Frederick	Johnson, P.	Mahamoud	Rarick	Virmig
Bliss	Freiberg	Johnson, W.	McDonald	Rehm	Warwas
Buck	Gander	Jones	Mekeland	Rehrauer	West
Burkel	Gillman	Jordan	Moller	Repinski	Wiener
Carroll	Gomez	Joy	Momanyi-Hiltsley	Reyer	Witte
Cha	Gordon	Keeler	Mueller	Robbins	Wolgamott
Clardy	Gottfried	Klevorn	Murphy	Rymer	Xiong
Coulter	Greene	Knudsen	Myers	Schomacker	Youakim
Curran	Greenman	Koegel	Nadeau	Schultz	Zeleznikar
Davids	Hansen, R.	Kotyza-Witthuhn	Nash	Schwartz	Spk. Demuth

The bill was passed and its title agreed to.

S. F. No. 4807 was reported to the House.

Olson moved to amend S. F. No. 4807, the second engrossment, as follows:

Delete everything after the enacting clause and insert the following language of H. F. No. 4615, as introduced:

Section 1. Minnesota Statutes 2025 Supplement, section 192.49, subdivision 1, is amended to read:

Subdivision 1. **Officers and enlisted members.** Every commissioned officer and enlisted member of the military forces ~~shall~~ must receive from the state, while engaged in state active service as defined in section 190.05, subdivision 5a, pay and allowances at the rate now or hereafter paid or allowed by law to officers or enlisted members of the same grade and length of service in the armed forces of the United States, but basic pay must not be less than \$130 a day basic pay of an E-5 pay grade according to the military basic pay tables maintained by the federal Defense Finance and Accounting Service.

Sec. 2. **REPEALER.**

Minnesota Statutes 2025 Supplement, section 192.49, subdivision 2, is repealed."

Delete the title and insert:

"A bill for an act relating to the military; modifying the amount of pay for commissioned officers and enlisted members engaged in state active service; amending Minnesota Statutes 2025 Supplement, section 192.49, subdivision 1; repealing Minnesota Statutes 2025 Supplement, section 192.49, subdivision 2."

The motion prevailed and the amendment was adopted.

S. F. No. 4807, A bill for an act relating to state government; modifying benefits available to veterans of the Secret War in Laos; directing the commissioner of veterans affairs to establish an eligibility process; modifying eligibility for burial in state veterans cemeteries; requiring a report; making technical changes; appropriating money; amending Minnesota Statutes 2024, sections 171.07, subdivision 15; 197.231; Minnesota Statutes 2025 Supplement, sections 197.236, subdivisions 8, 9; 197.448, subdivisions 1, 2, by adding subdivisions.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 133 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Bennett	Curran	Finke	Gordon	Hollins
Agbaje	Berg	Davids	Fischer	Gottfried	Howard
Allen	Bierman	Davis	Fogelman	Greene	Hudson
Altendorf	Bliss	Dippel	Franson	Greenman	Huot
Anderson, P. E.	Buck	Dotseth	Frazier	Hansen, R.	Igo
Anderson, P. H.	Burkel	Duran	Frederick	Hanson, J.	Jacob
Backer	Carroll	Elkins	Freiberg	Harder	Johnson, P.
Bahner	Cha	Engen	Gander	Heintzeman	Johnson, W.
Bakeberg	Clardy	Falconer	Gillman	Hicks	Jones
Baker	Coulter	Feist	Gomez	Hill	Jordan

Joy	Lee, X.	Nadeau	Quam	Sencer-Mura	West
Keeler	Liebling	Nash	Rarick	Sexton	Wiener
Klevorn	Lillie	Nelson	Rehm	Skraba	Witte
Knudsen	Long	Niska	Rehrauer	Smith	Wolgamott
Koegel	Luger-Nikolai	Noor	Repinski	Stephenson	Xiong
Kotyza-Witthuhn	Mahamoud	Norris	Reyer	Stier	Youakim
Kozlowski	McDonald	Novotny	Roach	Swedzinski	Zeleznikar
Koznick	Mekeland	O'Driscoll	Robbins	Tabke	Spk. Demuth
Kraft	Moller	Olson	Rymer	Torkelson	
Kresha	Momanyi-Hiltsley	Pérez-Vega	Schomacker	Van Binsbergen	
Lawrence	Mueller	Perryman	Schultz	Vang	
Lee, F.	Murphy	Pinto	Schwartz	Virnig	
Lee, K.	Myers	Pursell	Scott	Warwas	

The bill was passed, as amended, and its title agreed to.

H. F. No. 3532 was reported to the House.

Olson moved to amend H. F. No. 3532, the first engrossment, as follows:

Page 1, after line 5, insert:

"Section 1. Minnesota Statutes 2024, section 197.231, is amended to read:

197.231 HONOR GUARDS.

The commissioner of veterans affairs shall pay, within available funds and upon request by a local unit of a congressionally chartered veterans organization or its auxiliary, up to \$50 to the local unit for each time that local unit provides an honor guard detail at the funeral of a:

(1) deceased veteran;

(2) veteran of the Secret War in Laos, as defined in section 197.448, subdivision 1; or

(3) member of a reserve component of the armed forces, and any member of the Army National Guard or the Air National Guard, as defined in section 197.236, subdivision 8, clause (2) .

If the local unit provides a student to play "Taps," the local unit may pay some or all of the \$50 to the student."

Page 1, line 13, after "(2)" insert "beginning January 1, 2027,"

Page 1, line 19, after "(3)" insert "beginning January 1, 2027,"

ReNUMBER the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed and the amendment was adopted.

H. F. No. 3532, A bill for an act relating to veterans; modifying eligibility for burial in state veterans cemeteries; amending Minnesota Statutes 2025 Supplement, section 197.236, subdivisions 8, 9.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 133 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Dippel	Harder	Kresha	Novotny	Smith
Agbaje	Dotseth	Heintzeman	Lawrence	O'Driscoll	Stephenson
Allen	Duran	Hicks	Lee, F.	Olson	Stier
Altendorf	Elkins	Hill	Lee, K.	Pérez-Vega	Swedzinski
Anderson, P. E.	Engen	Hollins	Lee, X.	Perryman	Tabke
Anderson, P. H.	Falconer	Howard	Liebling	Pinto	Torkelson
Backer	Feist	Hudson	Lillie	Pursell	Van Binsbergen
Bahner	Finke	Huot	Long	Quam	Vang
Bakeberg	Fischer	Igo	Luger-Nikolai	Rarick	Virmig
Baker	Fogelman	Jacob	Mahamoud	Rehm	Warwas
Bennett	Franson	Johnson, P.	McDonald	Rehrauer	West
Berg	Frazier	Johnson, W.	Mekeland	Repinski	Wiener
Bierman	Frederick	Jones	Moller	Reyer	Witte
Bliss	Freiberg	Jordan	Momanyi-Hiltsley	Roach	Wolgamott
Buck	Gander	Joy	Mueller	Robbins	Xiong
Burkel	Gillman	Keeler	Murphy	Rymer	Youakim
Carroll	Gomez	Klevorn	Myers	Schomacker	Zeleznikar
Cha	Gordon	Knudsen	Nadeau	Schultz	Spk. Demuth
Clardy	Gottfried	Koegel	Nash	Schwartz	
Coulter	Greene	Kotyza-Witthuhn	Nelson	Scott	
Curran	Greenman	Kozlowski	Niska	Sencer-Mura	
Davids	Hansen, R.	Koznick	Noor	Sexton	
Davis	Hanson, J.	Kraft	Norris	Skraba	

The bill was passed, as amended, and its title agreed to.

H. F. No. 3522 was reported to the House.

Duran moved to amend H. F. No. 3522 as follows:

Page 1, line 10, after "not" insert "permanently"

Page 1, line 11, after "enacted" insert "by the legislature"

Page 1, line 13, delete "Notwithstanding paragraph (a)." and after "may" insert "temporarily"

Page 1, line 18, after "Before" insert "temporarily"

Amend the title as follows:

Page 1, line 2, before "close" insert "temporarily"

The motion prevailed and the amendment was adopted.

H. F. No. 3522, A bill for an act relating to veterans; allowing the commissioner of veterans affairs to close veterans homes under certain circumstances; amending Minnesota Statutes 2024, section 198.01.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 132 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Davis	Hansen, R.	Kozlowski	Nelson	Scott
Agbaje	Dippel	Hanson, J.	Koznick	Niska	Sencer-Mura
Allen	Dotseth	Harder	Kraft	Noor	Sexton
Altendorf	Duran	Heintzeman	Kresha	Norris	Skraba
Anderson, P. E.	Elkins	Hicks	Lawrence	Novotny	Smith
Anderson, P. H.	Engen	Hill	Lee, F.	O'Driscoll	Stephenson
Backer	Falconer	Hollins	Lee, K.	Olson	Stier
Bahner	Feist	Howard	Lee, X.	Perryman	Swedzinski
Bakeberg	Finke	Hudson	Liebling	Pinto	Tabke
Baker	Fischer	Huot	Lillie	Pursell	Torkelson
Bennett	Fogelman	Igo	Long	Quam	Van Binsbergen
Berg	Franson	Jacob	Luger-Nikolai	Rarick	Vang
Bierman	Frazier	Johnson, P.	Mahamoud	Rehm	Virinig
Bliss	Frederick	Johnson, W.	McDonald	Rehrauer	Warwas
Buck	Freiberg	Jones	Mekeland	Repinski	West
Burkel	Gander	Jordan	Moller	Reyer	Wiener
Carroll	Gillman	Joy	Momanyi-Hiltsley	Roach	Witte
Cha	Gomez	Keeler	Mueller	Robbins	Wolgamott
Clardy	Gordon	Klevorn	Murphy	Rymer	Xiong
Coulter	Gottfried	Knudsen	Myers	Schomacker	Youakim
Curran	Greene	Koegel	Nadeau	Schultz	Zelebnikar
Davids	Greenman	Kotyza-Witthuhn	Nash	Schwartz	Spk. Demuth

The bill was passed, as amended, and its title agreed to.

H. F. No. 3684, A bill for an act relating to veterans; establishing standards for legislatively directed competitive and direct grants issued by the Department of Veterans Affairs; requiring a report; proposing coding for new law in Minnesota Statutes, chapter 196.

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 133 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Bakeberg	Carroll	Dotseth	Fogelman	Gordon
Agbaje	Baker	Cha	Duran	Franson	Gottfried
Allen	Bennett	Clardy	Elkins	Frazier	Greene
Altendorf	Berg	Coulter	Engen	Frederick	Greenman
Anderson, P. E.	Bierman	Curran	Falconer	Freiberg	Hansen, R.
Anderson, P. H.	Bliss	Davids	Feist	Gander	Hanson, J.
Backer	Buck	Davis	Finke	Gillman	Harder
Bahner	Burkel	Dippel	Fischer	Gomez	Heintzeman

Hicks	Klevorn	Luger-Nikolai	Novotny	Schomacker	Virnig
Hill	Knudsen	Mahamoud	O'Driscoll	Schultz	Warwas
Hollins	Koegel	McDonald	Olson	Schwartz	West
Howard	Kotyza-Witthuhn	Mekeland	Perryman	Scott	Wiener
Hudson	Kozlowski	Moller	Pinto	Sencer-Mura	Witte
Huot	Koznick	Momanyi-Hiltsley	Pursell	Sexton	Wolgamott
Hussein	Kraft	Mueller	Quam	Skraba	Xiong
Igo	Kresha	Murphy	Rarick	Smith	Youakim
Jacob	Lawrence	Myers	Rehm	Stephenson	Zeleznikar
Johnson, P.	Lee, F.	Nadeau	Rehrauer	Stier	Spk. Demuth
Johnson, W.	Lee, K.	Nash	Repinski	Swedzinski	
Jones	Lee, X.	Nelson	Reyer	Tabke	
Jordan	Liebling	Niska	Roach	Torkelson	
Joy	Lillie	Noor	Robbins	Van Binsbergen	
Keeler	Long	Norris	Rymer	Vang	

The bill was passed and its title agreed to.

H. F. No. 4492, A bill for an act relating to veterans; establishing the Commanders Task Force; proposing coding for new law in Minnesota Statutes, chapter 197.

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 133 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Dippel	Harder	Kraft	Norris	Smith
Agbaje	Dotseth	Heintzeman	Kresha	Novotny	Stephenson
Allen	Duran	Hicks	Lawrence	O'Driscoll	Stier
Altendorf	Elkins	Hill	Lee, F.	Olson	Swedzinski
Anderson, P. E.	Engen	Hollins	Lee, K.	Perryman	Tabke
Anderson, P. H.	Falconer	Howard	Lee, X.	Pinto	Torkelson
Backer	Feist	Hudson	Liebling	Pursell	Van Binsbergen
Bahner	Finke	Huot	Lillie	Quam	Vang
Bakeberg	Fischer	Hussein	Long	Rarick	Virnig
Baker	Fogelman	Igo	Luger-Nikolai	Rehm	Warwas
Bennett	Franson	Jacob	Mahamoud	Rehrauer	West
Berg	Frazier	Johnson, P.	McDonald	Repinski	Wiener
Bierman	Frederick	Johnson, W.	Mekeland	Reyer	Witte
Bliss	Freiberg	Jones	Moller	Roach	Wolgamott
Buck	Gander	Jordan	Momanyi-Hiltsley	Robbins	Xiong
Burkel	Gillman	Joy	Mueller	Rymer	Youakim
Carroll	Gomez	Keeler	Murphy	Schomacker	Zeleznikar
Cha	Gordon	Klevorn	Myers	Schultz	Spk. Demuth
Clardy	Gottfried	Knudsen	Nadeau	Schwartz	
Coulter	Greene	Koegel	Nash	Scott	
Curran	Greenman	Kotyza-Witthuhn	Nelson	Sencer-Mura	
Davids	Hansen, R.	Kozlowski	Niska	Sexton	
Davis	Hanson, J.	Koznick	Noor	Skraba	

The bill was passed and its title agreed to.

H. F. No. 3900 was reported to the House.

The Speaker called Olson to the Chair.

Long moved to amend H. F. No. 3900, the first engrossment, as follows:

Page 2, line 1, delete ", minus necessary administrative"

Page 2, line 2, delete "spending,"

Page 2, line 3, delete "Administrative spending shall be" and insert "Reasonable and necessary administrative costs associated with managing the fund or school trust lands may be paid from the fund"

Page 3, line 29, delete the first "1" and insert "3"

The motion prevailed and the amendment was adopted.

H. F. No. 3900, A bill for an act relating to state government; proposing an amendment to the Minnesota Constitution, article XI, section 8; modifying the investment, management, and distribution policy for the permanent school fund; amending Minnesota Statutes 2024, sections 11A.16, subdivisions 5, 6; 127A.32.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 133 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Curran	Gordon	Jordan	McDonald	Rarick
Agbaje	Davids	Gottfried	Joy	Mekeland	Rehm
Allen	Davis	Greene	Keeler	Moller	Rehrauer
Altendorf	Dippel	Greenman	Klevorn	Momanyi-Hiltsley	Repinski
Anderson, P. E.	Dotseth	Hansen, R.	Knudsen	Mueller	Reyer
Anderson, P. H.	Duran	Hanson, J.	Koegel	Murphy	Roach
Backer	Elkins	Harder	Kotyza-Witthuhn	Myers	Robbins
Bahner	Engen	Heintzeman	Kozlowski	Nadeau	Rymer
Bakeberg	Falconer	Hicks	Koznick	Nash	Schomacker
Baker	Feist	Hill	Kraft	Nelson	Schultz
Bennett	Finke	Hollins	Kresha	Niska	Schwartz
Berg	Fischer	Howard	Lawrence	Noor	Scott
Bierman	Fogelman	Hudson	Lee, F.	Norris	Sencer-Mura
Bliss	Franson	Huot	Lee, K.	Novotny	Sexton
Buck	Frazier	Hussein	Lee, X.	O'Driscoll	Skraba
Burkel	Frederick	Igo	Liebling	Olson	Smith
Carroll	Freiberg	Jacob	Lillie	Perryman	Stephenson
Cha	Gander	Johnson, P.	Long	Pinto	Stier
Clardy	Gillman	Johnson, W.	Luger-Nikolai	Pursell	Swedzinski
Coulter	Gomez	Jones	Mahamoud	Quam	Tabke

Torkelson	Virnig	Wiener	Xiong	Spk. Demuth
Van Binsbergen	Warwas	Witte	Youakim	
Vang	West	Wolgamott	Zeleznikar	

The bill was passed, as amended, and its title agreed to.

H. F. No. 4252 was reported to the House.

Rarick moved to amend H. F. No. 4252, the second engrossment, as follows:

Page 40, after line 20, insert:

"Sec. 62. Minnesota Statutes 2024, section 137.0246, is amended by adding a subdivision to read:

Subd. 3. **Governor appointments.** (a) If the joint legislative committee recommends a candidate to the joint convention for a vacancy on the board of regents and the legislature does not elect a person to fill the vacancy, the governor, in making an appointment to fill the vacancy, may only appoint a candidate recommended by the joint legislative committee.

(b) If the Regent Candidate Advisory Council has recommended candidates for a vacancy on the board of regents, the legislature does not elect a person to fill the vacancy, and the joint legislative committee does not recommend a candidate to the joint convention for the vacancy, the governor, in making an appointment to fill the vacancy, may only appoint a candidate recommended by the advisory council."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

Coulter moved to amend the Rarick amendment to H. F. No. 4252, the second engrossment, as follows:

Page 1, before line 3, insert:

"Sec. 62. Minnesota Statutes 2024, section 137.0245, subdivision 3, is amended to read:

Subd. 3. **Duties.** (a) The advisory council shall:

(1) develop, in consultation with current and former regents and the administration of the University of Minnesota, a statement of the selection criteria to be applied and a description of the responsibilities and duties of a regent, and shall distribute this to potential candidates; and

(2) for each position on the board, identify and recruit qualified candidates for the Board of Regents, based on the background and experience of the candidates, their potential for discharging the responsibilities of a member of the Board of Regents, and the needs of the board. The selection criteria must not include a limitation on the number of terms an individual may serve on the Board of Regents.

(b) The selection criteria developed under paragraph (a), clause (1), must include: (1) a criterion that regents represent diversity in geography; gender; race; occupation, including business and labor; and experience; and (2) the prohibition under subdivision 4, paragraph (c).

(c) The selection criterion must include an identification of the membership needs of the board for individual skills relevant to the governance of the University of Minnesota and the needs for certain individual characteristics. Individual characteristics relate to qualities such as gender, race, and geographic location of residence.

Sec. 63. Minnesota Statutes 2024, section 137.0245, subdivision 4, is amended to read:

Subd. 4. **Recommendations.** (a) Subject to paragraph (c), the advisory council shall recommend at least two and not more than four candidates. By January 15 of each odd-numbered year, the advisory council shall submit its recommendations to the joint legislative committee described in section 137.0246, subdivision 2.

(b) The advisory council must submit a report to the joint committee on the needs criterion identified under subdivision 3, paragraph (c), at the same time it submits its recommendations.

(c) The advisory council must not recommend a candidate who, within the previous two years, made a contribution to the campaign committee of a legislative caucus, a member of the joint committee, or a person holding a legislative leadership position under section 3.099, subdivision 3.

Sec. 64. Minnesota Statutes 2024, section 137.0246, subdivision 2, is amended to read:

Subd. 2. **Regent nomination joint committee.** (a) The joint legislative committee consists of the members of the higher education budget and policy divisions in each house of the legislature. The chairs of the divisions from each body shall be cochairs of the joint legislative committee. A majority of the members from each house is a quorum of the joint committee.

(b) By February 28 of each odd-numbered year, or at a date agreed to by concurrent resolution, the joint legislative committee shall meet to consider the advisory council's recommendations for regent of the University of Minnesota for possible presentation to a joint convention of the legislature.

(c) Subject to paragraph (d), the joint committee may recommend to the joint convention candidates recommended by the advisory council and the other candidates nominated by the joint committee. A candidate other than those recommended by the advisory council may be nominated for consideration by the joint committee only if the nomination receives the support of at least three house of representatives members of the committee and two senate members of the committee. A candidate must receive a majority vote of members from the house of representatives and from the senate on the joint committee to be recommended to the joint convention. The joint committee may recommend no more than one candidate for each vacancy. In recommending nominees, the joint committee must consider the needs of the board of regents and the balance of the board membership with respect to gender, racial, and ethnic composition.

(d) The joint committee must not recommend to the joint convention a candidate who, within the previous two years, made a contribution to the campaign committee of a legislative caucus, a member of the joint committee, or a person holding a legislative leadership position under section 3.099, subdivision 3."

Page 1, line 5, delete everything after the third period

Page 1, delete lines 6 to 8

Page 1, line 9, delete "(b)"

Page 1, line 10, after the comma, insert "and" and delete the second "and the"

Page 1, delete line 11

Page 1, line 12, delete "vacancy."

Page 1, line 13, delete "recommended by" and insert "that" and after "council" insert "has determined meets the selection criteria it developed under section 137.0245, subdivision 3"

A roll call was requested and properly seconded.

The question was taken on the Coulter amendment to the Rarick amendment and the roll was called. There were 67 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Stephenson
Agbaje	Feist	Hicks	Kotzya-Witthuhn	Momanyi-Hiltsley	Tabke
Bahner	Finke	Hill	Kozlowski	Noor	Vang
Berg	Fischer	Hollins	Kraft	Norris	Virinig
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Wolgamott
Buck	Frederick	Huot	Lee, K.	Pinto	Xiong
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Youakim
Cha	Gomez	Johnson, P.	Liebling	Rehm	
Clardy	Gottfried	Jones	Lillie	Rehrauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Sencer-Mura	
Elkins	Hansen, R.	Klevorn	Mahamoud	Smith	

Those who voted in the negative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

The motion did not prevail and the amendment to the amendment was not adopted.

The question recurred on the Rarick amendment and the roll was called. There were 67 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Allen	Anderson, P. H.	Baker	Burkel	Dippel	Engen
Altendorf	Backer	Bennett	Davids	Dotseth	Fogelman
Anderson, P. E.	Bakeberg	Bliss	Davis	Duran	Franson

Gander	Joy	Myers	Quam	Scott	Wiener
Gillman	Knudsen	Nadeau	Rarick	Sexton	Witte
Gordon	Koznick	Nash	Repinski	Skraba	Zeleznikar
Harder	Kresha	Nelson	Roach	Stier	Spk. Demuth
Heintzeman	Lawrence	Niska	Robbins	Swedzinski	
Hudson	McDonald	Novotny	Rymer	Torkelson	
Igo	Mekeland	O'Driscoll	Schomacker	Van Binsbergen	
Jacob	Mueller	Olson	Schultz	Warwas	
Johnson, W.	Murphy	Perryman	Schwartz	West	

Those who voted in the negative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Stephenson
Agbaje	Feist	Hicks	Kotyza-Witthuhn	Momanyi-Hiltsley	Tabke
Bahner	Finke	Hill	Kozlowski	Noor	Vang
Berg	Fischer	Hollins	Kraft	Norris	Virmig
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Wolgamott
Buck	Frederick	Huot	Lee, K.	Pinto	Xiong
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Youakim
Cha	Gomez	Johnson, P.	Liebling	Rehm	
Clardy	Gottfried	Jones	Lillie	Rehrauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Sencer-Mura	
Elkins	Hansen, R.	Klevorn	Mahamoud	Smith	

The motion did not prevail and the amendment was not adopted.

Coulter moved to amend H. F. No. 4252, the second engrossment, as follows:

Page 6, after line 13, insert:

"Sec. 9. Minnesota Statutes 2025 Supplement, section 136A.103, subdivision 1, is amended to read:

Subdivision 1. **Eligibility.** (a) Except as provided in paragraph (d), a postsecondary institution is eligible for state student aid and to receive state student aid on behalf of students under this chapter 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 meets the requirements of paragraph (b).

(b) A private institution must:

(1) be licensed or registered as a postsecondary institution by the office; and

(2) meet one of the following criteria:

(i) the institution participates in the federal Pell Grant program under Title IV of the Higher Education Act of 1965, Public Law 89-329, as amended;

(ii) the institution:

(A) was participating in state student aid programs as of June 30, 2010, but does not participate in the federal Pell Grant program under Title IV of the Higher Education Act of 1965, Public Law 89-329, as amended;

(B) requires 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; and

(C) has not had a change in ownership as defined in section 136A.63, subdivision 2; or

(iii) the institution offers only graduate-level degrees or graduate-level nondegree programs and participates in federal financial aid under Title IV of the Higher Education Act of 1965, Public Law 89-329, as amended.

(c) An institution under paragraph (b), clause (2), that changes ownership as defined in section 136A.63, subdivision 2, remains eligible for state student aid for six months following the change in ownership.

(d) To be eligible for state student aid and to receive state student aid on behalf of students under section 136A.121, a private institution must be a nonprofit institution.

EFFECTIVE DATE. This section is effective the day following final enactment and applies to grant awards beginning in the fall 2026 academic term."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Coulter amendment and the roll was called. There were 65 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Acomb	Elkins	Greenman	Jordan	Long	Reyer
Agbaje	Falconer	Hansen, R.	Keeler	Luger-Nikolai	Sencer-Mura
Bahner	Feist	Hanson, J.	Klevorn	Mahamoud	Smith
Berg	Finke	Hicks	Koegel	Moller	Stephenson
Bierman	Fischer	Hill	Kotyza-Witthuhn	Momanyi-Hiltsley	Tabke
Buck	Frazier	Hollins	Kozlowski	Noor	Vang
Carroll	Frederick	Howard	Kraft	Norris	Virmig
Cha	Freiberg	Huot	Lee, F.	Pinto	Wolgamott
Clardy	Gomez	Hussein	Lee, K.	Pursell	Xiong
Coulter	Gottfried	Johnson, P.	Liebling	Rehm	Youakim
Curran	Greene	Jones	Lillie	Rehrauer	

Those who voted in the negative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zelebnikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

The motion did not prevail and the amendment was not adopted.

Koegel moved to amend H. F. No. 4252, the second engrossment, as follows:

Page 44, after line 11, insert:

"Sec. 65. Laws 2025, First Special Session chapter 8, article 1, section 8, is amended to read:

Sec. 8. APPROPRIATION; UNIVERSITY OF MINNESOTA.

\$2,000,000 in fiscal year 2026 and \$2,000,000 in fiscal year 2027 are appropriated from the general fund to the Board of Regents of the University of Minnesota for the empowering small Minnesota communities program under Minnesota Statutes, section 137.345. ~~This is a onetime appropriation~~ These are onetime appropriations and are available until June 30, 2028."

ReNUMBER the sections in sequence

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Koegel amendment and the roll was called. There were 67 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Stephenson
Agbaje	Feist	Hicks	Kotzya-Witthuhn	Momanyi-Hiltsley	Tabke
Bahner	Finke	Hill	Kozlowski	Noor	Vang
Berg	Fischer	Hollins	Kraft	Norris	Virmig
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Wolgamott
Buck	Frederick	Huot	Lee, K.	Pinto	Xiong
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Youakim
Cha	Gomez	Johnson, P.	Liebling	Rehm	
Clardy	Gottfried	Jones	Lillie	Rehrauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Sencer-Mura	
Elkins	Hansen, R.	Klevorn	Mahamoud	Smith	

Those who voted in the negative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zelevnikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

The motion did not prevail and the amendment was not adopted.

Hicks moved to amend H. F. No. 4252, the second engrossment, as follows:

Page 44, after line 11, insert:

"Sec. 65. **ROCHESTER COMMUNITY AND TECHNICAL COLLEGE; CITY OF ROCHESTER LEASE AGREEMENT.**

(a) The Board of Trustees of the Minnesota State Colleges and Universities may enter into a lease agreement with the city of Rochester, not to exceed 50 years, for the lease of land on the Rochester Community and Technical College for the construction of a sports facility.

(b) Siting and design of the facility must be consistent with the college's master plan and Minnesota State Colleges and Universities' building standards. Rochester Community and Technical College may negotiate for use of the facility for partial benefit of student and nonstudent purposes."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Hicks amendment and the roll was called. There were 74 yeas and 58 nays as follows:

Those who voted in the affirmative were:

Acomb	Davids	Greenman	Klevorn	Moller	Smith
Agbaje	Elkins	Hansen, R.	Koegel	Momanyi-Hiltsley	Stephenson
Bahner	Falconer	Hanson, J.	Kotyza-Witthuhn	Mueller	Stier
Baker	Feist	Hicks	Kozlowski	Noor	Tabke
Bennett	Finke	Hill	Kraft	Norris	Vang
Berg	Fischer	Hollins	Lee, F.	Pérez-Vega	Virnig
Bierman	Frazier	Howard	Lee, K.	Pinto	Wolgamott
Buck	Frederick	Huot	Lee, X.	Pursell	Xiong
Carroll	Freiberg	Hussein	Liebling	Quam	Youakim
Cha	Gomez	Johnson, P.	Lillie	Rehm	
Clardy	Gordon	Jones	Long	Rehrauer	
Coulter	Gottfried	Jordan	Luger-Nikolai	Reyer	
Curran	Greene	Keeler	Mahamoud	Sencer-Mura	

Those who voted in the negative were:

Allen	Bliss	Engen	Heintzeman	Knudsen	Murphy
Altendorf	Burkel	Fogelman	Hudson	Koznick	Myers
Anderson, P. E.	Davis	Franson	Igo	Kresha	Nash
Anderson, P. H.	Dippel	Gander	Jacob	Lawrence	Nelson
Backer	Dotseth	Gillman	Johnson, W.	McDonald	Niska
Bakeberg	Duran	Harder	Joy	Mekeland	Novotny

O'Driscoll	Roach	Schultz	Skraba	Warwas	Zeleznikar
Perryman	Robbins	Schwartz	Swedzinski	West	Spk. Demuth
Rarick	Rymer	Scott	Torkelson	Wiener	
Repinski	Schomacker	Sexton	Van Binsbergen	Witte	

The motion prevailed and the amendment was adopted.

H. F. No. 4252, A bill for an act relating to higher education; modifying student aid reporting requirements; requiring additional accommodations for parenting students; modifying American Indian Scholars program eligibility; modifying provisions related to private career schools, private and out-of-state postsecondary institutions, unemployment insurance aid, and developmental courses; requiring reports; amending Minnesota Statutes 2024, sections 135A.121, subdivision 2; 136A.053; 136A.091, subdivisions 2, 9; 136A.121, subdivision 2; 136A.1215, subdivision 5; 136A.1241, subdivision 8; 136A.125, subdivision 2; 136A.1274, subdivision 4; 136A.1275, subdivision 4; 136A.1465, subdivision 10; 136A.233, subdivision 3; 136A.62, by adding a subdivision; 136A.64, subdivisions 1, 5; 136A.65, subdivision 8; 136A.653, subdivisions 1b, 3a; 136A.672, subdivision 5; 136A.675, subdivision 1, by adding a subdivision; 136A.821, subdivisions 13, 16, 17; 136A.822, subdivisions 4, 10, 12, by adding subdivisions; 136A.823, subdivisions 1, 3; 136A.826, subdivision 1; 136A.827, subdivisions 1, 4; 136A.828, subdivision 6; 136A.829, subdivisions 1, 3; 136A.8295, subdivision 5; 136A.83; 136G.03, subdivisions 30, 31, by adding a subdivision; 136G.05, subdivision 10; 136G.13, by adding a subdivision; 268.193, subdivision 2; Minnesota Statutes 2025 Supplement, sections 135A.1582, subdivisions 1, 2, 3; 136A.246, subdivision 1a; 136A.69, subdivision 1; 136A.82, subdivision 1; 136A.821, subdivisions 5, 21; 136A.822, subdivisions 6, 8, 13; 136A.824, subdivisions 1, 2; 136A.833, subdivisions 1, 2; Laws 2025, First Special Session chapter 5, article 1, section 3, subdivisions 1, 3; proposing coding for new law in Minnesota Statutes, chapters 135A; 136A; repealing Minnesota Statutes 2024, sections 124D.09, subdivision 10a; 136A.657; 136A.827, subdivisions 1b, 2; 136A.834, subdivisions 2, 3, 4; 136G.03, subdivision 11; 136G.09, subdivision 10; Minnesota Statutes 2025 Supplement, section 136A.834, subdivisions 1, 5.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 82 yeas and 52 nays as follows:

Those who voted in the affirmative were:

Acomb	Finke	Howard	Lee, F.	Norris	Smith
Agbaje	Fischer	Huot	Lee, K.	Pérez-Vega	Stephenson
Bahner	Frazier	Hussein	Lee, X.	Pinto	Tabke
Berg	Frederick	Igo	Liebling	Pursell	Vang
Bierman	Freiberg	Johnson, P.	Lillie	Rehm	Virmig
Buck	Gomez	Johnson, W.	Long	Rehrauer	Warwas
Carroll	Gottfried	Jones	Luger-Nikolai	Repinski	Witte
Cha	Greene	Jordan	Mahamoud	Reyer	Wolgamott
Clardy	Greenman	Keeler	Moller	Robbins	Xiong
Coulter	Hansen, R.	Klevorn	Momanyi-Hiltsley	Schwartz	Youakim
Curran	Hanson, J.	Koegel	Myers	Scott	Zeleznikar
Elkins	Hicks	Kotzya-Witthuhn	Nadeau	Sencer-Mura	Spk. Demuth
Falconer	Hill	Kozlowski	Niska	Sexton	
Feist	Hollins	Kraft	Noor	Skraba	

Those who voted in the negative were:

Allen	Anderson, P. H.	Baker	Burkel	Dippel	Engen
Altendorf	Backer	Bennett	Davids	Dotseth	Fogelman
Anderson, P. E.	Bakeberg	Bliss	Davis	Duran	Franson

Gander	Jacob	McDonald	Novotny	Roach	Torkelson
Gillman	Joy	Mekeland	O'Driscoll	Rymer	Van Binsbergen
Gordon	Knudsen	Mueller	Olson	Schomacker	West
Harder	Koznick	Murphy	Perryman	Schultz	Wiener
Heintzeman	Kresha	Nash	Quam	Stier	
Hudson	Lawrence	Nelson	Rarick	Swedzinski	

The bill was passed, as amended, and its title agreed to.

H. F. No. 1141 was reported to the House.

Norris moved to amend H. F. No. 1141, the second engrossment, as follows:

Page 10, after line 30, insert:

"Sec. 7. Minnesota Statutes 2024, section 462A.222, is amended by adding a subdivision to read:

Subd. 5. Limitation on rental increases. A senior housing project awarded tax credits under this section must not increase rent in any 12-month period by a percentage exceeding the lesser of:

(1) the percent change in the Consumer Price Index for all urban consumers, as published by the Bureau of Labor Statistics of the Department of Labor, for the most recent 12-month period; or

(2) the percent change in the area median income levels for a household size of four between the current and previous calendar years.

EFFECTIVE DATE. This section is effective August 1, 2026, and applies to rent increases that take effect on or after that date."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

Igo moved to amend the Norris amendment to H. F. No. 1141, the second engrossment, as follows:

Page 1, line 5, delete "increases" and insert "ordinances" and after "A" insert "city, county, or township may not adopt or renew an ordinance to limit rental increases on a"

Page 1, line 6, delete everything after "section" and insert a period

Page 1, delete lines 7 to 12

Page 1, line 13, delete everything after "2026" and insert a period

Page 1, delete line 14

Page 1, before line 15, insert:

"Page 11, line 17, after "5" insert "; and 471.9996, subdivision 2" and delete "is" and insert "are"

A roll call was requested and properly seconded.

The question was taken on the Igo amendment to the Norris amendment and the roll was called. There were 67 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

Those who voted in the negative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Stephenson
Agbaje	Feist	Hicks	Kotyza-Witthuhn	Momanyi-Hiltsley	Tabke
Bahner	Finke	Hill	Kozlowski	Noor	Vang
Berg	Fischer	Hollins	Kraft	Norris	Virmig
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Wolgamott
Buck	Frederick	Huot	Lee, K.	Pinto	Xiong
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Youakim
Cha	Gomez	Johnson, P.	Liebling	Rehm	
Clardy	Gottfried	Jones	Lillie	Rehrauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Sencer-Mura	
Elkins	Hansen, R.	Klevorn	Mahamoud	Smith	

The motion did not prevail and the amendment to the amendment was not adopted.

The question recurred on the Norris amendment and the roll was called. There were 67 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Acomb	Berg	Carroll	Coulter	Falconer	Fischer
Agbaje	Bierman	Cha	Curran	Feist	Frazier
Bahner	Buck	Clardy	Elkins	Finke	Frederick

Freiberg	Hollins	Koegel	Long	Pursell	Virmig
Gomez	Howard	Kotyza-Witthuhn	Luger-Nikolai	Rehm	Wolgamott
Gottfried	Huot	Kozlowski	Mahamoud	Rehrauer	Xiong
Greene	Hussein	Kraft	Moller	Reyer	Youakim
Greenman	Johnson, P.	Lee, F.	Momanyi-Hiltsley	Sencer-Mura	
Hansen, R.	Jones	Lee, K.	Noor	Smith	
Hanson, J.	Jordan	Lee, X.	Norris	Stephenson	
Hicks	Keeler	Liebling	Pérez-Vega	Tabke	
Hill	Klevorn	Lillie	Pinto	Vang	

Those who voted in the negative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

The motion did not prevail and the amendment was not adopted.

H. F. No. 1141, A bill for an act relating to housing; establishing a supplemental budget for the Minnesota Housing Finance Agency; authorizing the issuance of housing infrastructure bonds; modifying the authority of the Minnesota Housing Finance Agency over the housing development fund; requiring reports; transferring money; appropriating money; amending Minnesota Statutes 2024, sections 462A.05, subdivision 8; 462A.20, subdivisions 3, 4, by adding a subdivision; 462A.21, subdivisions 10, 12a; 462A.37, by adding a subdivision; Minnesota Statutes 2025 Supplement, section 462A.37, subdivision 5; Laws 2025, chapter 32, article 1, section 2, subdivisions 1, 3, 15, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 462A; repealing Minnesota Statutes 2024, section 462A.21, subdivision 5.

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 99 yeas and 34 nays as follows:

Those who voted in the affirmative were:

Acomb	Berg	Cha	Duran	Frazier	Greenman
Agbaje	Bierman	Clardy	Elkins	Frederick	Hansen, R.
Allen	Bliss	Coulter	Falconer	Freiberg	Hanson, J.
Anderson, P. H.	Buck	Curran	Feist	Gomez	Heintzeman
Bahner	Burkel	Davids	Finke	Gottfried	Hicks
Baker	Carroll	Dotseth	Fischer	Greene	Hill

Hollins	Klevorn	Luger-Nikolai	Norris	Reyer	Warwas
Howard	Koegel	Mahamoud	Novotny	Schwartz	West
Hudson	Kotyza-Witthuhn	Mekeland	O'Driscoll	Sencer-Mura	Witte
Huot	Kozlowski	Moller	Olson	Sexton	Wolgamott
Hussein	Kraft	Momanyi-Hiltsley	Perryman	Skraba	Xiong
Igo	Lee, F.	Mueller	Pinto	Smith	Youakim
Johnson, P.	Lee, K.	Myers	Pursell	Stephenson	Zeleznikar
Johnson, W.	Lee, X.	Nadeau	Rarick	Tabke	Spk. Demuth
Jones	Liebling	Nash	Rehm	Torkelson	
Jordan	Lillie	Niska	Rehrauer	Vang	
Keeler	Long	Noor	Repinski	Virnig	

Those who voted in the negative were:

Altendorf	Dippel	Gordon	Kresha	Roach	Stier
Anderson, P. E.	Engen	Harder	Lawrence	Robbins	Swedzinski
Backer	Fogelman	Jacob	McDonald	Rymer	Van Binsbergen
Bakeberg	Franson	Joy	Murphy	Schomacker	Wiener
Bennett	Gander	Knudsen	Nelson	Schultz	
Davis	Gillman	Koznick	Quam	Scott	

The bill was passed and its title agreed to.

H. F. No. 3732 was reported to the House.

Zeleznikar moved to amend H. F. No. 3732, the second engrossment, as follows:

Page 16, after line 10, insert:

"Section 1. Minnesota Statutes 2024, section 177.253, is amended by adding a subdivision to read:

Subd. 4. Exemptions. (a) Subdivisions 1 and 3 do not apply to employees in the following situations:

(1) when the employee is the only employee working at that time and location and is providing a service that protects or sustains life;

(2) when the employee is the only employee working at that time and location and is working with a vulnerable adult, as defined in section 626.5572, subdivision 21; and

(3) during an emergency response.

(b) An employee who qualifies for an exemption under paragraph (a) must still be allowed time to use the restroom while working.

Sec. 2. Minnesota Statutes 2024, section 177.254, is amended by adding a subdivision to read:

Subd. 5. Exemptions. (a) Subdivisions 1 and 4 do not apply to employees in the following situations:

(1) when the employee is the only employee working at that time and location and is providing a service that protects or sustains life;

(2) when the employee is the only employee working at that time and location and is working with a vulnerable adult, as defined in section 626.5572, subdivision 21; and

(3) during an emergency response.

(b) An employee who qualifies for an exemption under paragraph (a) must still be allowed time to eat a meal while working."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Zeleznikar amendment and the roll was called. There were 67 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

Those who voted in the negative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Stephenson
Agbaje	Feist	Hicks	Kotyza-Witthuhn	Momanyi-Hiltsley	Tabke
Bahner	Finke	Hill	Kozlowski	Noor	Vang
Berg	Fischer	Hollins	Kraft	Norris	Virmig
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Wolgamott
Buck	Frederick	Huot	Lee, K.	Pinto	Xiong
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Youakim
Cha	Gomez	Johnson, P.	Liebling	Rehm	
Clardy	Gottfried	Jones	Lillie	Rehrauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Sencer-Mura	
Elkins	Hansen, R.	Klevorn	Mahamoud	Smith	

The motion did not prevail and the amendment was not adopted.

Tabke moved to amend H. F. No. 3732, the second engrossment, as follows:

Page 15, after line 7, insert:

"Sec. 14. **FEDERAL EMPLOYEE PERSONAL LOAN GUARANTEE PROGRAM.**

Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have the meanings given.

(b) "Affected employee" means a federal employee who during the shutdown is:

(1) a resident of this state; and

(2) furloughed from federal employment without pay or required to work as a federal employee without pay.

(c) "Commissioner" means the commissioner of employment and economic development.

(d) "Federal employee personal loan guarantee program" or "program" is the program created under this section to guarantee personal loans to affected employees.

(e) "Financial institution" means a bank, bank and trust, trust company with banking powers, savings bank, savings association, or credit union organized under the laws of this state, any other state, or the United States; an industrial loan and thrift under Minnesota Statutes, chapter 53; or a regulated lender under Minnesota Statutes, chapter 56. Financial institution also includes a subsidiary or operating subsidiary of a financial institution or bank holding company, as defined in the federal Bank Holding Company Act, United States Code, title 12, section 1841, et seq., if the subsidiary or operating subsidiary can demonstrate to the satisfaction of the commissioner of commerce that the subsidiary or operating subsidiary is regulated and subject to active and ongoing oversight and supervision by a federal banking agency, as defined in the Federal Deposit Insurance Act, United States Code, title 12, section 1811, et seq., or the commissioner.

(f) "Grace period" means the 90-day period after an affected employee's federal agency is funded and the shutdown ends.

(g) "Loan guarantee" means a guarantee of 100 percent of the amount of a personal loan.

(h) "Personal loan" means an unsecured loan made by a financial institution to an affected employee that complies with the requirements of this section.

(i) "Shutdown" means the federal fiscal year 2026 partial government shutdown affecting the Transportation Security Administration and other federal agencies that began February 14, 2026.

Subd. 2. **Loan guarantee program.** A personal loan guarantee program to support affected employees of the Transportation Security Administration and other federal agencies is created in the Department of Employment and Economic Development. The commissioner shall administer the personal loan guarantee program in accordance with this section.

Subd. 3. **Duties of commissioner.** (a) The commissioner must approve or disapprove an application from a financial institution to participate in the loan guarantee program within one day after receiving the application.

(b) The commissioner must keep administrative records regarding the personal loan guarantee program.

(c) The commissioner must review requests for payments of loan guarantees under subdivision 4 and disallow any request for guarantees that do not comply with the requirements of this section.

(d) The commissioner must pay loan guarantees that comply with this section to a financial institution from the federal employee personal loan account in the special revenue fund.

(e) The commissioner must cease accepting personal loan information from financial institutions the day after the shutdown ends.

(f) The commissioner must cease accepting applications and approving claims for loan guarantees if the number of loan guarantees requested exceeds ten percent of the total number of personal loans issued. The commissioner must inform financial institutions that have applied to the program within two days of ceasing to accept applications or approve claims under this paragraph.

(g) The commissioner must wind-down and terminate operation of the program by July 31, 2028.

Subd. 4. **Financial institutions.** (a) A financial institution may apply to the commissioner to participate in the program. Upon approval by the commissioner, a financial institution may make personal loans and receive loan guarantees.

(b) In order to participate in the program, a financial institution must be in good standing. In order to be in good standing, a financial institution must not be subject to:

(1) a formal agreement with the Office of the Comptroller of the Currency;

(2) a consent order or cease and desist order issued by the Federal Deposit Insurance Corporation;

(3) a consent order or cease and desist order from the commissioner of commerce;

(4) a letter of understanding and agreement or consent order issued by the National Credit Union Administration; or

(5) a finding by the commissioner that the financial institution has failed to comply with this section.

(c) A financial institution must document a personal loan with the following information:

(1) evidence of the affected employee's employment status, income, and residence; and

(2) the amount of unemployment compensation benefits the affected employee has received or is eligible to receive during the shutdown.

(d) A financial institution must notify the commissioner within one day of making a personal loan. This notification must be in a form and manner determined by the commissioner.

(e) A financial institution must provide an affected employee with information regarding credit counseling services offered by the financial institution or nonprofit credit counselors.

(f) If a financial institution has made a good faith effort to collect on a personal loan 180 days after the grace period has concluded, the financial institution may submit a request for payment of a loan guarantee from the commissioner.

(g) The commissioner shall prepare a form for financial institutions to use in applying for loan guarantees. The form shall include:

(1) the name and contact information of the financial institution, including the name and title of a contact person;

(2) evidence that the financial institution's efforts to collect the personal loan have been in accordance with the financial institution's collection policies;

(3) the amount of the personal loan provided to the affected employee; and

(4) the loan guarantee amount that is being requested from the program.

Subd. 5. **Personal loan; terms.** (a) A personal loan must:

(1) not require an affected employee to repay in part or in full the personal loan earlier than the end of the grace period;

(2) not require an affected employee to repay the loan in full earlier than 180 days after the end of the grace period;

(3) allow an affected employee to repay the personal loan in no fewer than three and no more than six equal installments; and

(4) not charge interest on the principal or charge fees until 180 days after the grace period.

(b) A loan to an affected employee must not exceed the lesser of:

(1) \$7,500;

(2) the affected employee's most recent monthly net pay; or

(3) four times the amount the affected employee has reported to the financial institution in weekly unemployment compensation benefits that the employee has received or is eligible to receive.

(c) An affected employee is eligible for an additional personal loan for each 30-day period that the shutdown continues. An affected employee may have up to three personal loans.

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

Sec. 15. **FEDERAL EMPLOYEE PERSONAL LOAN GUARANTEE PROGRAM ACCOUNT.**

The federal employee personal loan guarantee account is created in the special revenue fund.

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

Sec. 16. **FEDERAL EMPLOYEE PERSONAL LOAN GUARANTEE PROGRAM; APPROPRIATION.**

\$150,000 in fiscal year 2026 is appropriated from the state airports fund to the commissioner of employment and economic development for deposit in the federal employee personal loan guarantee program account in the special revenue fund. This is a onetime appropriation. Any amount remaining in the account as of August 1, 2028, is transferred to the state airports fund.

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

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Tabke amendment and the roll was called. There were 66 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Acomb	Elkins	Greenman	Jordan	Lillie	Rehrauer
Agbaje	Falconer	Hansen, R.	Keeler	Long	Reyer
Bahner	Feist	Hanson, J.	Klevorn	Luger-Nikolai	Sencer-Mura
Berg	Finke	Hicks	Koegel	Mahamoud	Smith
Bierman	Fischer	Hill	Kotyza-Witthuhn	Moller	Stephenson
Buck	Frazier	Hollins	Kozlowski	Momanyi-Hiltsley	Tabke
Carroll	Frederick	Howard	Kraft	Noor	Vang
Cha	Freiberg	Huot	Lee, F.	Norris	Virmig
Clardy	Gomez	Hussein	Lee, K.	Pinto	Wolgamott
Coulter	Gottfried	Johnson, P.	Lee, X.	Pursell	Xiong
Curran	Greene	Jones	Liebling	Rehm	Youakim

Those who voted in the negative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

The motion did not prevail and the amendment was not adopted.

Frazier moved to amend H. F. No. 3732, the second engrossment, as follows:

Page 15, after line 7, insert:

"Sec. 14. **BUSINESS RELIEF PROGRAM.**

Subdivision 1. **Establishment.** The commissioner of employment and economic development must establish a relief program to make grants and loans to businesses negatively impacted by federal enforcement activity, and the response to that activity, between December of 2025 and February of 2026.

Subd. 2. **Eligible entities.** To be eligible for a grant or loan under this section, a business must:

(1) have primary business operations located in the state of Minnesota;

(2) be at least 50 percent owned by a resident of the state of Minnesota;

(3) be in good standing with the secretary of state and the Department of Revenue as of the date the grant or loan agreement is signed;

(4) be able to demonstrate at least a 20 percent decline in either revenue, net income, or sales when comparing the period of December 1, 2024, through February 28, 2025, and the period of December 1, 2025, through February 28, 2026; and

(5) have had an annual revenue in 2025 of no more than \$3,000,000.

Subd. 3. **Award criteria.** Preference must be given to applications from businesses that can demonstrate:

(1) significant negative impact on the business from federal enforcement activity, and the response to that activity, between December of 2025 and February of 2026; and

(2) a grant or loan is necessary for the business to be able to continue to operate.

Subd. 4. **Eligible uses.** (a) Businesses may use grant and loan funds for the following purposes:

(1) payroll and contractor payments;

(2) commercial rent and mortgages;

(3) utilities payments;

(4) inventory replacement;

(5) working capital; and

(6) past-due loan payments.

(b) Grant and loan funds may not be used to refinance debt that existed before December 1, 2025.

Subd. 5. **Award requirements.** (a) The minimum grant or loan amount for a business is \$5,000 and the maximum grant or loan amount for a business is \$25,000.

(b) All grants and loans to businesses must be executed by October 31, 2026.

(c) All grants are subject to the grant requirements in Minnesota Statutes, chapter 16B.

(d) The entity issuing the grant or loan must verify the identity and eligibility of all recipients.

(e) All loans are for zero percent interest and, with the approval of the commissioner, may be forgiven 12 months after the loan agreement is signed if the business is still in operation.

Subd. 6. **Fraud deterrent measures.** (a) Any applicant suspected of fraud must be reported to the commissioner of employment and economic development within 15 days of discovery. The commissioner must send the report to the Minnesota Bureau of Criminal Apprehension for investigation.

(b) Each application form must display the following notice: "Fraudulent applications will not be tolerated. Information from any suspected fraudulent application will be reported to state investigating authorities."

(c) Applicants must certify by signature that they have read and understand the notice required by paragraph (b).

Subd. 7. **Report.** By December 31, 2026, the commissioner of employment and economic development must submit a report that details the use of funds to the chairs and ranking minority members of the committees of the house of representatives and the senate having jurisdiction over economic development and as required by Minnesota Statutes, section 3.195. This report must include data on the number of businesses served and any evidence of a positive impact on economic development from the grants and loans.

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

Sec. 15. **APPROPRIATIONS; BUSINESS RELIEF.**

(a) \$100,000,000 in fiscal year 2026 is appropriated from the Minnesota forward fund account to the commissioner of employment and economic development for the business relief program under section 14. This is a onetime appropriation and is available until June 30, 2027.

(b) Of the amount in paragraph (a):

(1) \$50,000,000 is for a grant to the Minneapolis Foundation; and

(2) \$50,000,000 is for a grant to the Saint Paul and Minnesota Foundation.

(c) The grant recipients in paragraph (b) must make subgrants to community development financial institutions and nonprofit organizations to make grants and loans under section 14. Of the amounts appropriated in paragraph (b), 20 percent must be subgranted to the Minnesota Initiative Foundations. Each foundation must use a competitive application process to select these subgrantees through a request for proposal process that prioritizes applications from organizations that:

(1) are in good standing with the secretary of state and the Department of Revenue;

(2) have demonstrated capacity to administer state grants and loans;

(3) have the ability to provide applicants with technical assistance; and

(4) have existing relationships with small businesses in communities negatively affected by federal enforcement activity between December of 2025 and February of 2026.

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

Sec. 16. **CANCELLATION.**

\$100,000,000 of the fiscal year 2024 Minnesota forward fund account appropriation in Laws 2023, chapter 53, article 21, section 7, paragraph (c), is canceled.

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

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Frazier amendment and the roll was called. There were 67 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Stephenson
Agbaje	Feist	Hicks	Kotyza-Witthuhn	Momanyi-Hiltsley	Tabke
Bahner	Finke	Hill	Kozlowski	Noor	Vang
Berg	Fischer	Hollins	Kraft	Norris	Virmig
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Wolgamott
Buck	Frederick	Huot	Lee, K.	Pinto	Xiong
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Youakim
Cha	Gomez	Johnson, P.	Liebling	Rehm	
Clardy	Gottfried	Jones	Lillie	Rehauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Sencer-Mura	
Elkins	Hansen, R.	Klevorn	Mahamoud	Smith	

Those who voted in the negative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

The motion did not prevail and the amendment was not adopted.

H. F. No. 3732, A bill for an act relating to state government; appropriating money for the Department of Employment and Economic Development; modifying economic development and workforce development policy; making labor and industry policy changes; canceling and modifying prior appropriations; modifying fees; requiring reports; amending Minnesota Statutes 2024, sections 116J.435, by adding a subdivision; 116J.575, subdivision 1a; 116J.8731, subdivision 4; 116L.20, subdivision 2; 116L.362, subdivision 1; 116L.364, subdivision 1; 116L.561, subdivision 6; 116L.665, by adding a subdivision; 116L.99, subdivision 3; 116T.02; 116T.03, subdivision 1; 116U.24; 116U.242; 116U.25; 326B.107, subdivision 2; 326B.32, subdivision 2; 326B.33, subdivisions 4, 19; 326B.36, subdivision 3; 326B.37, subdivision 7; 446A.07, subdivision 9; Minnesota Statutes 2025 Supplement, sections 116L.05, subdivision 5; 116L.562, subdivision 1; 116L.90, subdivision 3; 116L.98, subdivision 3; 326B.37, subdivisions 5, 6; 446A.07, subdivision 8; proposing coding for new law in Minnesota Statutes, chapter 116L; repealing Minnesota Statutes 2024, sections 116J.437; 116J.438; 116J.617, subdivisions 1, 2, 3, 4; 116J.658; 116J.872; 116J.8745; 116J.876; 116J.8761; 116J.8762; 116J.8763; 116J.8764; 116J.8765; 116J.8766; 116J.8767; 116J.8768; 116J.8769; 116J.8770; 116J.8771; 116J.9922; 116L.18; 326B.31, subdivision 7; 326B.33, subdivisions 3, 5, 6; 469.309.

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 98 yeas and 35 nays as follows:

Those who voted in the affirmative were:

Acomb	Falconer	Hollins	Lee, F.	Norris	Smith
Agbaje	Feist	Howard	Lee, K.	Novotny	Stephenson
Allen	Finke	Hudson	Lee, X.	O'Driscoll	Swedzinski
Anderson, P. H.	Fischer	Huot	Liebling	Olson	Tabke
Bahner	Frazier	Hussein	Lillie	Pinto	Torkelson
Bakeberg	Frederick	Igo	Long	Pursell	Vang
Baker	Freiberg	Johnson, P.	Luger-Nikolai	Rarick	Virmig
Berg	Gander	Johnson, W.	Mahamoud	Rehm	Warwas
Bierman	Gomez	Jones	Moller	Rehrauer	Witte
Buck	Gottfried	Jordan	Momanyi-Hiltsley	Repinski	Wolgamott
Carroll	Greene	Keeler	Mueller	Reyer	Youakim
Cha	Greenman	Klevorn	Myers	Schomacker	Zeleznikar
Clardy	Hansen, R.	Koegel	Nadeau	Schwartz	Spk. Demuth
Coulter	Hanson, J.	Kotyza-Witthuhn	Nash	Scott	
Curran	Heintzeman	Kozlowski	Nelson	Sencer-Mura	
Davids	Hicks	Kraft	Niska	Sexton	
Elkins	Hill	Kresha	Noor	Skraba	

Those who voted in the negative were:

Altendorf	Davis	Franson	Knudsen	Perryman	Stier
Anderson, P. E.	Dippel	Gillman	Koznick	Quam	Van Binsbergen
Backer	Dotseth	Gordon	Lawrence	Roach	West
Bennett	Duran	Harder	McDonald	Robbins	Wiener
Bliss	Engen	Jacob	Mekeland	Rymer	Xiong
Burkel	Fogelman	Joy	Murphy	Schultz	

The bill was passed and its title agreed to.

H. F. No. 1082 was reported to the House.

Stier moved to amend H. F. No. 1082, the fourth engrossment, as follows:

Page 30, after line 16, insert:

"Sec. 14. **TASK FORCE TO ESTABLISH A STATEWIDE NETWORK FUNDING FOR PUBLIC SAFETY RADIO COMMUNICATIONS INFRASTRUCTURE.**

Subdivision 1. **Establishment.** The Task Force to Establish a Statewide Network Funding for Public Safety Radio Communications Infrastructure is established to evaluate and make recommendations regarding transitioning the Allied Radio Matrix for Emergency Response (ARMER) network and related interoperable communications to a statewide, state-funded framework.

Subd. 2. **Membership.** (a) The task force consists of the following members:

- (1) one member of the house of representatives, appointed by the speaker of the house;
- (2) one member of the house of representatives, appointed by the leader of the Democratic-Farmer-Labor caucus;
- (3) one member of the senate, appointed by the senate majority leader;
- (4) one member of the senate, appointed by the senate minority leader;
- (5) two county commissioners appointed by the Association of Minnesota Counties;
- (6) one member from a greater Minnesota county with ARMER expertise, appointed by the Association of Minnesota Counties;
- (7) one member from a metro Minnesota county with ARMER expertise, appointed by the Association of Minnesota Counties;
- (8) three members from the telecommunications industry representing wireless, cable, and telephone; appointed by the respective trade organizations;
- (9) one representative from the city of Minneapolis, appointed by the Minneapolis City Council;
- (10) one representative from the city of St. Cloud, appointed by the St. Cloud City Council;
- (11) one peace officer, as defined in Minnesota Statutes, section 626.84, subdivision 1, paragraph (c), appointed by the Minnesota Sheriffs' Association;
- (12) one peace officer, as defined in Minnesota Statutes, section 626.84, subdivision 1, paragraph (c), appointed by the Minnesota Chiefs of Police Association;
- (13) the commissioner of public safety, or designee;
- (14) the commissioner of transportation, or designee;

(15) a member from the Department of Transportation Office of Statewide Radio;

(16) the executive director of the Metropolitan Emergency Services Board;

(17) the executive director of the Statewide Emergency Communications Board; and

(18) the Statewide Interoperability Coordinator (SWIC) for the State of Minnesota as designated by the commissioner of public safety.

(b) Appointments must be made by July 1, 2026. Appointments made by an agency or commissioner may also be made by a designee.

(c) Members of the task force serve without compensation.

(d) Members of the task force serve at the pleasure of the appointing authority or until the task force expires. Vacancies shall be filled by the appointing authority consistent with the qualifications of the vacating member required by this subdivision.

Subd. 3. Officers; meetings. (a) The commissioner of public safety shall convene the first meeting of the task force no later than August 1, 2026, and shall provide meeting space and administrative assistance as necessary for the task force to conduct its work.

(b) At its first meeting the task force must elect a chair from the members listed in subdivision 2, paragraph (a), clauses (5) to (18). The task force may elect a vice-chair and other officers as necessary.

(c) The task force shall meet at least monthly or upon the call of the chair. The task force shall meet sufficiently enough to accomplish the tasks identified in this section. Meetings of the task force are subject to Minnesota Statutes, chapter 13D. The task force may meet by telephone or interactive technology consistent with Minnesota Statutes, section 13D.015.

Subd. 4. Duties. (a) The task force must make findings and recommendations on:

(1) transitioning to a statewide, state-funded ARMER network infrastructure and achieving interoperability standards;

(2) a dedicated revenue source to ensure the statewide ARMER infrastructure and equipment is maintained, stable, and up-to-date. The task force is encouraged to evaluate: surcharges on telecommunications, public safety related fees, federal grants and matching funds, revenue from state asset forfeitures designated for public safety purposes, and other revenue sources deemed appropriate;

(3) the roles of Minnesota Department of Transportation Office of Statewide Radio, Department of Public Safety, and Statewide Emergency Communications Board;

(4) statewide performance metrics; and

(5) any other related issues necessary to ensure a sustainable, statewide public safety communications system.

(b) The Department of Public Safety, Department of Transportation, the Statewide Emergency Communications Board, regional emergency communications or services boards, and local ARMER infrastructure owners must provide relevant data and research to the task force to facilitate the task force's work.

Subd. 5. **Report.** The task force must submit a report to the chairs, cochairs, and ranking minority members of the legislative committees and divisions with jurisdiction over ARMER funding by February 15, 2027.

Subd. 6. **Expiration.** The task force expires the day after submitting its final report under subdivision 5.

Subd. 7. **Funding.** The commissioner of public safety may request funds through the Statewide Emergency Communications Board to support the work of the task force.

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

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed and the amendment was adopted.

Duran moved to amend H. F. No. 1082, the fourth engrossment, as amended, as follows:

Page 46, after line 33, insert:

"ARTICLE 6
PUBLIC SAFETY OFFICER DATA

Section 1. **[13.807] PUBLIC SAFETY OFFICER DATA; PERSONAL INFORMATION.**

(a) Subject to paragraph (b), the personal information of all public safety officers collected, created, or maintained by a government entity is private data on individuals. For purposes of this section, the terms "personal information" and "public safety officer" have the meanings given in section 626.97, subdivision 1.

(b) If the responsible authority or government entity violates this chapter, the remedies and penalties under this chapter are available only if the public safety officer making a claim previously provided written notification to the responsible authority confirming on a form provided by the commissioner of the Department of Public Safety that they are entitled to protection under section 626.97. If the subject of the data is an adult child of a public safety officer who does not reside with the public safety officer, the remedies and penalties under this chapter are available only if the adult child previously provided written notification to the responsible authority confirming their status as the child of a public safety officer. In the case of county records, the form shall be filed with the responsible authority that maintains the personal information for which the public safety officer is seeking protection. A form submitted under this section is private data on individuals. A notice filed under this paragraph expires five years following the date of filing, unless it is renewed prior to the expiration date.

(c) This section shall not apply to personal information contained in:

(1) real property records as defined in section 13.045, subdivision 1, clause (5);

(2) Uniform Commercial Code filings and tax liens maintained by the secretary of state; and

(3) any other records maintained by a government entity evidencing title to, or any lien, judgment, or other encumbrance on, real or personal property.

EFFECTIVE DATE. This section is effective August 1, 2026.

Sec. 2. Minnesota Statutes 2024, section 609.5151, is amended to read:

609.5151 DISSEMINATION OF PERSONAL INFORMATION ABOUT ~~LAW ENFORCEMENT~~ CERTAIN PERSONS INVOLVED IN PUBLIC SAFETY PROHIBITED; PENALTY.

Subdivision 1. **Definitions.** As used in this section:

(1) "correctional officer" has the meaning given in section 241.026, subdivision 1, paragraph (b);

(2) "family or household member" has the meaning given in section 518B.01, subdivision 2;

~~(2)~~ (3) "law enforcement official" means both peace officers as defined in section 626.84, subdivision 1, and persons employed by a law enforcement agency; and

~~(3)~~ (4) "personal information" means a home telephone number, personal cell number, personal email address, name of the official's minor child, photographs of the official's minor child, home address, directions to a home, or photographs of a home; and

(5) "public safety official" means a correctional officer or a law enforcement official.

Subd. 2. **Crime described.** (a) It is a misdemeanor for a person to knowingly and without consent make publicly available, including but not limited to through the Internet, personal information about a ~~law enforcement~~ public safety official or an official's family or household member, if:

(1) the public availability of information poses an imminent and serious threat to the official's safety or the safety of an official's family or household member; and

(2) the person making the information publicly available knows or reasonably should know of the imminent and serious threat.

(b) A person who is convicted of a second or subsequent violation of this section is guilty of a gross misdemeanor.

(c) A person is guilty of a ~~gross misdemeanor~~ felony if the person violates paragraph (a) and a ~~law enforcement~~ public safety official or an official's family or household member suffers great bodily harm or death as a result of the violation.

~~(c) A person who is convicted of a second or subsequent violation of this section is guilty of a gross misdemeanor.~~

EFFECTIVE DATE. This section is effective August 1, 2026, and applies to crimes committed on or after that date.

Sec. 3. **[626.97] PERSONAL INFORMATION; DISSEMINATION.**

Subdivision 1. **Definitions.** (a) For purposes of this section and section 626.971, the following terms have the meanings given.

(b) "Correctional officer" has the meaning given in section 241.026, subdivision 1, paragraph (b).

(c) "Law enforcement support organizations" do not include charitable organizations.

(d) "Peace officer" has the meaning given in section 626.84, subdivision 1, paragraph (c).

(e) "Personal information" does not include publicly available information. Personal information means:

(1) a residential address of a public safety officer;

(2) a residential address of the spouse, domestic partner, or children of a public safety officer;

(3) a nonemployer-issued telephone number or email address of a public safety officer;

(4) the name of any child of a public safety officer;

(5) the name of any child care facility or school that is attended by a child of a public safety officer if combined with an assertion that the named facility or school is attended by the child of a public safety officer; and

(6) data about a public safety officer that is classified as private data on individuals under section 13.43, subdivision 5, including but not limited to the officer's name.

(f) "Public safety officer" means a peace officer, a correctional officer, a former peace officer, or a former correctional officer.

(g) "Publicly available information" means information that is lawfully made available through federal, state, or local government records or information that a business has a reasonable basis to believe is lawfully made available to the general public through widely distributed media, by a public safety officer, or by a person to whom the public safety officer has disclosed the information, unless the public safety officer has restricted the information to a specific audience.

Subd. 2. **Dissemination of personal information.** Subject to the exceptions in subdivision 3 and the requirements of section 626.971, no person, business, association, or government entity shall knowingly publicly post, display, publish, sell, or otherwise make available on the Internet the personal information of any public safety officer. Personal information shall be kept in a secure manner to prevent unauthorized access. Personal information may be disseminated pursuant to a specific authorization in law, rule, or with the written consent of the public safety officer.

Subd. 3. **Exceptions.** Subdivision 2 does not apply to:

(1) the dissemination of personal information if the information is relevant to and displayed as part of a news story, commentary, editorial, or other speech on a matter of public concern;

(2) personal information that the public safety officer voluntarily disseminates publicly after August 1, 2026;

(3) the dissemination of personal information made at the request of the public safety officer or that is necessary to effectuate the request of a public safety officer;

(4) a commercial entity using personal information internally, providing access to businesses under common ownership or affiliated by corporate control, or selling or providing data for a transaction or service requested by or concerning the individual whose personal information is being transferred;

(5) a commercial entity providing publicly available information through real-time or near real-time alert services for health or safety purposes;

(6) a commercial entity engaged in the collection, maintenance, disclosure, sale, communication, or use of any personal information bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living by a consumer reporting agency, furnisher, or user that provides information for use in a consumer report, and by a user of a consumer report, but only to the extent that such activity is regulated by and authorized under the federal Fair Credit Reporting Act, United States Code, title 15, section 1681, et seq.;

(7) a consumer reporting agency subject to the federal Fair Credit Reporting Act, United States Code, title 15, section 1681, et seq.;

(8) a commercial entity using personal information collected, processed, sold, or disclosed in compliance with the federal Driver's Privacy Protection Act of 1994, United States Code, title 18, section 2721, et seq.;

(9) a commercial entity using personal information to prevent, detect, protect against, or respond to security incidents, identity theft, fraud, harassment, malicious or deceptive activities, or any illegal activity; preserve the integrity or security of systems; or investigate, report, or prosecute any person responsible for any such action;

(10) a financial institution, affiliate of a financial institution, or data subject to title V of the federal Gramm-Leach-Bliley Act, United States Code, title 15, section 6801, et seq.;

(11) a covered entity or business associate for purposes of the federal privacy regulations promulgated under the federal Health Insurance Portability and Accountability Act of 1996, specifically United States Code, title 42, section 1320d-2 note;

(12) insurance and insurance support organizations;

(13) law enforcement agencies or law enforcement support organizations and vendors that provide data support services to law enforcement agencies;

(14) the collection and sale or licensing of covered information incidental to conducting the activities described in clauses (4) to (13); and

(15) personal information contained in:

(i) real property records as defined in section 13.045, subdivision 1, clause (5);

(ii) uniform commercial code filings and tax liens maintained by the secretary of state; and

(iii) any other records maintained by a government entity evidencing title to, or any lien, judgment, or other encumbrance on, real or personal property.

EFFECTIVE DATE. This section is effective August 1, 2026.

Sec. 4. [626.971] REMOVAL OF PERSONAL INFORMATION.

Subdivision 1. Internet dissemination. If personal information about a public safety officer is publicly posted to the Internet by a person, business, association, or government entity, the public safety officer may submit a sworn affidavit to the person, business, association, or government entity requesting that the publicly posted personal information be removed. The affidavit shall:

(1) state that the individual whose information was disseminated is a public safety officer as defined in section 626.97;

(2) describe with specificity the personal information that the public safety officer seeks to remove; and

(3) state the name of the publication, website, or otherwise identify where the public safety officer's personal information is available to the public.

Subd. 2. **Removal of personal information; exception.** (a) Upon receipt of an affidavit requesting removal of the personal information of a public safety officer that meets the requirements of subdivision 1, the person, business, association, or government entity shall remove the publicly posted personal information within 30 days. If the person, business, association, or government entity fails to remove the publicly posted personal information within 30 days after an affidavit is submitted, the public safety officer may file a civil action in a court of competent jurisdiction seeking a court order compelling compliance, including injunctive and declarative relief.

(b) Paragraph (a) shall not apply to personal information contained in:

(1) real property records as defined in section 13.045, subdivision 1, clause (5);

(2) Uniform Commercial Code filings and tax liens maintained by the secretary of state; and

(3) any other records maintained by a government entity evidencing title to, or any lien, judgment, or other encumbrance on, real or personal property.

Subd. 3. **Penalties and damages.** If a person, business, association, or government entity knowingly violates an order granting injunctive or declarative relief, the court issuing the order may award to the public safety officer an amount equal to the actual damages sustained by the public safety officer, and court costs and reasonable attorney fees.

EFFECTIVE DATE. This section is effective August 1, 2026."

Amend the title accordingly

A roll call was requested and properly seconded.

Moller moved to amend the Duran amendment to H. F. No. 1082, the fourth engrossment, as amended, as follows:

Page 2, line 17, after "1" insert ", paragraph (c)" and after "agency" insert "as defined in section 626.84, subdivision 1, paragraph (f)"

The motion prevailed and the amendment to the amendment was adopted.

The question recurred on the Duran amendment, as amended, and the roll was called. There were 119 yeas and 11 nays as follows:

Those who voted in the affirmative were:

Acomb	Anderson, P. E.	Bakeberg	Bierman	Carroll	Curran
Agbaje	Anderson, P. H.	Baker	Bliss	Cha	Davids
Allen	Backer	Bennett	Buck	Clardy	Davis
Altendorf	Bahner	Berg	Burkel	Coulter	Dippel

Dotseth	Greenman	Klevorn	Moller	Quam	Stephenson
Duran	Hansen, R.	Knudsen	Momanyi-Hiltsley	Rarick	Stier
Elkins	Harder	Koegel	Mueller	Rehm	Swedzinski
Engen	Heintzeman	Kotzya-Witthuhn	Murphy	Rehrauer	Tabke
Falconer	Hicks	Koznick	Myers	Repinski	Torkelson
Feist	Hill	Kraft	Nadeau	Reyer	Van Binsbergen
Finke	Hollins	Kresha	Nash	Roach	Virnig
Fischer	Hudson	Lawrence	Nelson	Robbins	Warwas
Fogelman	Huot	Lee, F.	Niska	Rymer	West
Franson	Hussein	Lee, X.	Norris	Schomacker	Wiener
Frederick	Igo	Lillie	Novotny	Schultz	Witte
Freiberg	Jacob	Long	O'Driscoll	Schwartz	Wolgamott
Gander	Johnson, P.	Luger-Nikolai	Olson	Scott	Youakim
Gillman	Johnson, W.	Mahamoud	Perryman	Sexton	Zeleznikar
Gordon	Jones	McDonald	Pinto	Skraba	Spk. Demuth
Greene	Joy	Mekeland	Pursell	Smith	

Those who voted in the negative were:

Gomez	Jordan	Kozlowski	Liebling	Sencer-Mura	Xiong
Hanson, J.	Keeler	Lee, K.	Noor	Vang	

The motion prevailed and the amendment, as amended, was adopted.

H. F. No. 1082, A bill for an act relating to public safety; extending the time to use certain appropriations; providing for certain public safety officer and survivor benefits; prohibiting the sale or transfer of a law enforcement vehicle, assault of hospital or clinic security guard, and grooming; modifying the crimes of impersonating a peace officer and theft; establishing task forces and a grant program; modifying MINNCOR policies; modifying the process in certain domestic violence cases; providing for criminal penalties; requiring reports; appropriating money; amending Minnesota Statutes 2024, sections 241.27, subdivisions 6, 7, by adding subdivisions; 299A.41, subdivisions 3, 4, by adding subdivisions; 299A.45, subdivision 2; 609.352, subdivisions 1, 4, by adding subdivisions; 609.4751; 609.52, subdivision 3a; 611A.0311, subdivision 1; 629.341, subdivisions 1, 4; 629.72, subdivisions 1a, 2; Minnesota Statutes 2025 Supplement, sections 299C.80, subdivision 6; 609.2231, subdivision 2; Laws 2023, chapter 52, article 2, section 3, subdivision 8, as amended; Laws 2025, chapter 35, article 2, sections 4; 9; proposing coding for new law in Minnesota Statutes, chapters 169; 299A; 626; repealing Minnesota Statutes 2024, section 629.72, subdivision 3.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 126 yeas and 7 nays as follows:

Those who voted in the affirmative were:

Acomb	Bakeberg	Cha	Elkins	Frederick	Greenman
Agbaje	Baker	Clardy	Engen	Freiberg	Hansen, R.
Allen	Berg	Coulter	Falconer	Gander	Hanson, J.
Altendorf	Bierman	Curran	Feist	Gillman	Harder
Anderson, P. E.	Bliss	Davids	Finke	Gomez	Heintzeman
Anderson, P. H.	Buck	Dippel	Fischer	Gordon	Hicks
Backer	Burkel	Dotseth	Franson	Gottfried	Hill
Bahner	Carroll	Duran	Frazier	Greene	Hollins

Howard	Knudsen	Long	Norris	Robbins	Torkelson
Hudson	Koegel	Luger-Nikolai	Novotny	Rymer	Van Binsbergen
Huot	Kotyza-Witthuhn	Mahamoud	O'Driscoll	Schomacker	Vang
Hussein	Kozlowski	McDonald	Olson	Schwartz	Virinig
Igo	Koznick	Moller	Perryman	Scott	Warwas
Jacob	Kraft	Momanyi-Hiltsley	Pinto	Sencer-Mura	West
Johnson, P.	Kresha	Mueller	Pursell	Sexton	Wiener
Johnson, W.	Lawrence	Myers	Quam	Skraba	Witte
Jones	Lee, F.	Nadeau	Rarick	Smith	Wolgamott
Jordan	Lee, K.	Nash	Rehm	Stephenson	Xiong
Joy	Lee, X.	Nelson	Rehrauer	Stier	Youakim
Keeler	Liebling	Niska	Repinski	Swedzinski	Zeleznikar
Klevorn	Lillie	Noor	Reyer	Tabke	Spk. Demuth

Those who voted in the negative were:

Bennett	Fogelman	Murphy	Schultz
Davis	Mekeland	Roach	

The bill was passed, as amended, and its title agreed to.

H. F. No. 1270 was reported to the House.

Gillman moved to amend H. F. No. 1270, the first engrossment, as follows:

Page 1, line 21, after "a" insert "unique and" and reinstate the stricken "comprehensive" and delete "primary"

Page 2, after line 20, insert:

"Sec. 6. Minnesota Statutes 2024, section 147B.01, is amended by adding a subdivision to read:

Subd. 14a. **Low-level or cold laser.** "Low-level or cold laser" means a nonsurgical laser classified as Class III by the federal Food and Drug Administration.

Sec. 7. Minnesota Statutes 2024, section 147B.02, subdivision 4, is amended to read:

Subd. 4. **Exceptions.** (a) The following persons may practice acupuncture within the scope of their practice without an acupuncture license:

(1) a physician licensed under chapter 147;

(2) an osteopathic physician licensed under chapter 147;

(3) a chiropractor licensed under chapter 148;

(4) a person who is studying in a formal course of study so long as the person's acupuncture and herbal medicine practice is supervised by a licensed acupuncturist or a person who is exempt under clause (5);

(5) a visiting acupuncturist practicing acupuncture within an instructional setting for the sole purpose of teaching at a school registered with the Minnesota Office of Higher Education, who may practice without a license for a period of one year, with two one-year extensions permitted; and

(6) a visiting acupuncturist who is in the state for the sole purpose of providing a tutorial or workshop not to exceed 30 days in one calendar year.

(b) This chapter does not prohibit a person who does not have an acupuncturist license from practicing specific noninvasive techniques, such as acupressure, that are within the scope of practice as set forth in section 147B.06, subdivision 4."

Page 3, after line 17, insert:

"Sec. 9. Minnesota Statutes 2024, section 147B.05, subdivision 3, is amended to read:

Subd. 3. **Duties.** The advisory council shall:

(1) advise the board on issuance, denial, renewal, suspension, revocation, conditioning, or restricting of licenses to practice acupuncture;

(2) advise the board on issues related to receiving, investigating, conducting hearings, and imposing disciplinary action in relation to complaints against acupuncture practitioners;

(3) maintain a register of acupuncture practitioners licensed under section 147B.02;

(4) maintain a record of all advisory council actions;

(5) prescribe registration application forms, license forms, protocol forms, and other necessary forms;

(6) review the patient visit records submitted by applicants during the transition period;

(7) advise the board regarding standards for acupuncturists;

(8) distribute information regarding acupuncture and herbal medicine practice standards;

(9) review complaints;

(10) advise the board regarding continuing education programs;

(11) review the investigation of reports of complaints and recommend to the board whether disciplinary action should be taken; and

(12) perform other duties authorized by advisory councils under chapter 214, as directed by the board."

Page 4, lines 6 to 8, reinstate the stricken language

Page 4, line 9, reinstate the stricken language and delete the new language

Page 5, line 8, delete "cold."

Page 5, line 9, delete "bleeding."

Page 5, line 10, delete "or means" and insert "in accordance with the training of an acupuncture practitioner"

Page 5, line 15, delete "cold."

Page 5, line 17, after the semicolon, insert "and"

Page 5, delete lines 18 to 21 and insert:

"(7) general dietary guidance that is provided for wellness and supportive purposes and that is consistent with the education and training of an acupuncture practitioner."

Page 5, after line 30, insert:

"Sec. 12. Minnesota Statutes 2024, section 147B.06, is amended by adding a subdivision to read:

Subd. 8. **Licensed health care professionals.** Nothing in section 147B.01, subdivision 2a, shall be construed to expand or restrict the existing scope of practice of other licensed health care professionals."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed and the amendment was adopted.

Sencer-Mura moved to amend H. F. No. 1270, the first engrossment, as amended, as follows:

Page 1, after line 8, insert:

"Section 1. Minnesota Statutes 2024, section 146A.01, subdivision 4, is amended to read:

Subd. 4. **Complementary and alternative health care practices.** (a) "Complementary and alternative health care practices" means the broad domain of complementary and alternative healing methods and treatments, including but not limited to: (1) acupressure; (2) anthroposophy; (3) aroma therapy; (4) ayurveda; (5) cranial sacral therapy; (6) culturally traditional healing practices; (7) detoxification practices and therapies; (8) energetic healing; (9) polarity therapy; (10) folk practices; (11) healing practices utilizing food, food supplements, nutrients, and the physical forces of heat, cold, water, touch, and light; (12) Gerson therapy and colostrum therapy; (13) healing touch; (14) herbology or herbalism; (15) homeopathy; (16) nondiagnostic iridology; (17) body work, massage, and massage therapy; (18) meditation; (19) mind-body healing practices; (20) naturopathy; (21) noninvasive instrumentalities; and (22) traditional ~~Oriental~~ practices, such as Qi Gong energy healing.

(b) Complementary and alternative health care practices do not include surgery, x-ray radiation, administering or dispensing legend drugs and controlled substances, practices that invade the human body by puncture of the skin, setting fractures, the use of medical devices as defined in section 147A.01, any practice included in the practice of dentistry as defined in section 150A.05, subdivision 1, or the manipulation or adjustment of articulations of joints or the spine as described in section 146.23 or 148.01.

(c) Complementary and alternative health care practices do not include practices that are permitted under section 147.09, clause (11), or 148.271, clause (5).

(d) This chapter does not apply to, control, prevent, or restrict the practice, service, or activity of lawfully marketing or distributing food products, including dietary supplements as defined in the federal Dietary Supplement Health and Education Act, educating customers about such products, or explaining the uses of such products. Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments."

Page 2, after line 13, insert:

"Sec. 4. Minnesota Statutes 2024, section 147B.01, subdivision 5, is amended to read:

Subd. 5. **Acupuncture points.** "Acupuncture points" means specific anatomically described locations as defined by the recognized acupuncture reference texts. These texts are listed in the study guide to the examination for the ~~NCCAOM~~ NCBAHM certification exam."

Page 2, after line 16, insert:

"Sec. 5. Minnesota Statutes 2024, section 147B.01, subdivision 12, is amended to read:

Subd. 12. **Diplomate in acupuncture.** "Diplomate in acupuncture" means a person who is certified by the ~~NCCAOM~~ NCBAHM as having met the standards of competence established by the ~~NCCAOM~~ NCBAHM, who subscribes to the ~~NCCAOM~~ NCBAHM code of ethics, and who has a current and active ~~NCCAOM~~ NCBAHM certificate. Current and active ~~NCCAOM~~ NCBAHM certification indicates successful completion of continued professional development and previous satisfaction of ~~NCCAOM~~ NCBAHM requirements."

Page 2, after line 20, insert:

"Sec. 6. Minnesota Statutes 2024, section 147B.01, subdivision 16, is amended to read:

Subd. 16. ~~NCCAOM~~ NCBAHM. "~~NCCAOM~~ NCBAHM" means the National Certification ~~Commission for Acupuncture and Oriental Medicine~~ Board for Acupuncture and Herbal Medicine, a not-for-profit corporation organized under section ~~501(e)(4)~~ 501(c)(6) of the Internal Revenue Code.

Sec. 7. Minnesota Statutes 2024, section 147B.01, subdivision 16a, is amended to read:

Subd. 16a. ~~NCCAOM~~ NCBAHM certification. "~~NCCAOM~~ NCBAHM certification" means a certification granted by the ~~NCCAOM~~ NCBAHM to a person who has met the standards of competence established for either ~~NCCAOM~~ NCBAHM certification in acupuncture or ~~NCCAOM~~ NCBAHM certification in ~~Oriental~~ herbal medicine.

Sec. 8. Minnesota Statutes 2025 Supplement, section 147B.02, subdivision 7, is amended to read:

Subd. 7. **Licensure requirements.** (a) An applicant for licensure must:

(1) submit a completed application for licensure on forms provided by the board, which must include the applicant's name and address of record, which shall be public;

(2) unless licensed under subdivision 6, submit evidence satisfactory to the board of current ~~NCCAOM~~ NCBAHM certification;

(3) sign a statement that the information in the application is true and correct to the best of the applicant's knowledge and belief;

(4) submit with the application all fees required; and

(5) sign a waiver authorizing the board to obtain access to the applicant's records in this state or any state in which the applicant has engaged in the practice of acupuncture.

(b) The board may ask the applicant to provide any additional information necessary to ensure that the applicant is able to practice with reasonable skill and safety to the public.

(c) The board may investigate information provided by an applicant to determine whether the information is accurate and complete. The board shall notify an applicant of action taken on the application and the reasons for denying licensure if licensure is denied.

Sec. 9. Minnesota Statutes 2025 Supplement, section 147B.02, subdivision 9, is amended to read:

Subd. 9. **Renewal.** (a) To renew a license an applicant must:

(1) annually, or as determined by the board, complete a renewal application on a form provided by the board;

(2) submit the renewal fee;

(3) provide documentation of current and active ~~NCCAOM~~ NCBAHM certification; or

(4) if licensed under subdivision 6, meet the same ~~NCCAOM~~ NCBAHM professional development activity requirements as those licensed under subdivision 7.

(b) An applicant shall submit any additional information requested by the board to clarify information presented in the renewal application. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

(c) An applicant must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first-class United States mail, addressed to the applicant at the applicant's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve an applicant of the obligation to comply with this section.

(d) The name of an applicant who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the applicant's license is reinstated, the applicant's name shall be placed on the list of individuals authorized to practice.

Sec. 10. Minnesota Statutes 2024, section 147B.02, subdivision 12, is amended to read:

Subd. 12. **Inactive status.** (a) A license may be placed in inactive status upon application to the board and upon payment of an inactive status fee. The board may not renew or restore a license that has lapsed and has not been renewed within two annual license renewal cycles.

(b) An inactive license may be reactivated by the license holder upon application to the board. A licensee whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all the requirements then in existence for the initial license to practice acupuncture in the state of Minnesota. The application must include:

(1) evidence of current and active ~~NCCAOM~~ NCBAHM certification;

- (2) evidence of the certificate holder's payment of an inactive status fee;
- (3) an annual fee; and
- (4) all back fees since previous renewal.

(c) A person licensed under subdivision 5 who has allowed the license to reach inactive status must become ~~NCCAOM~~ NCBAHM certified.

Sec. 11. Minnesota Statutes 2024, section 147B.03, subdivision 1, is amended to read:

Subdivision 1. ~~NCCAOM~~ NCBAHM requirements. Unless a person is licensed under section 147B.02, subdivision 6, each licensee is required to meet the ~~NCCAOM~~ NCBAHM professional development activity requirements to maintain ~~NCCAOM~~ NCBAHM certification. These requirements may be met through a board approved continuing education program."

Page 3, after line 9, insert:

"Sec. 8. Minnesota Statutes 2024, section 147B.03, subdivision 4, is amended to read:

Subd. 4. **Verification.** The board shall periodically select a random sample of acupuncturists and require the acupuncturist to show evidence of having completed the ~~NCCAOM~~ NCBAHM professional development activities requirements. Either the acupuncturist, the state, or the national organization that maintains continuing education records may provide the board documentation of the continuing education program."

Page 3, lines 15 and 17, strike "NCCAOM" and insert "NCBAHM"

Reorder the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed and the amendment was adopted.

Pursuant to Rule 10.05, relating to Remote House Operations, the DFL Caucus Leader permitted the following member to vote via remote means between the hours of 9:15 p.m. and 10:15 p.m.: Xiong.

H. F. No. 1270, A bill for an act relating to health-related occupations; modifying licensing for practice of acupuncture and herbal medicine; amending Minnesota Statutes 2024, sections 147B.01, subdivisions 3, 4, 9, 14, by adding a subdivision; 147B.03, subdivisions 2, 3; 147B.05, subdivision 1; 147B.06, subdivisions 1, 5; Minnesota Statutes 2025 Supplement, section 147B.06, subdivision 4; repealing Minnesota Statutes 2024, section 147B.01, subdivision 18.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 105 yeas and 21 nays as follows:

Those who voted in the affirmative were:

Agbaje	Davis	Heintzeman	Kozlowski	Norris	Stephenson
Allen	Dippel	Hicks	Koznick	Novotny	Stier
Altendorf	Dotseth	Hill	Kraft	O'Driscoll	Swedzinski
Anderson, P. E.	Duran	Hollins	Kresha	Olson	Tabke
Anderson, P. H.	Elkins	Howard	Lawrence	Perryman	Torkelson
Backer	Engen	Hudson	Long	Pursell	Van Binsbergen
Bahner	Finke	Huot	Luger-Nikolai	Quam	Virmig
Bakeberg	Fogelman	Hussein	Mahamoud	Repinski	Warwas
Baker	Franson	Igo	McDonald	Roach	West
Bennett	Frazier	Jacob	Mekeland	Robbins	Wiener
Berg	Frederick	Johnson, P.	Momanyi-Hiltsley	Rymer	Witte
Bierman	Freiberg	Johnson, W.	Mueller	Schomacker	Wolgamott
Bliss	Gander	Jordan	Murphy	Schultz	Youakim
Burkel	Gillman	Joy	Myers	Schwartz	Zeleznikar
Cha	Gomez	Keeler	Nadeau	Scott	Spk. Demuth
Clardy	Gordon	Knudsen	Nash	Sencer-Mura	
Curran	Greenman	Koegel	Nelson	Sexton	
Davids	Harder	Kotyza-Witthuhn	Niska	Skraba	

Those who voted in the negative were:

Acomb	Falconer	Hansen, R.	Lee, K.	Noor	Vang
Buck	Feist	Hanson, J.	Lee, X.	Rarick	
Carroll	Fischer	Jones	Liebling	Rehrauer	
Coulter	Greene	Klevorn	Lillie	Reyer	

The bill was passed, as amended, and its title agreed to.

H. F. No. 3521 was reported to the House.

Backer moved to amend H. F. No. 3521, the first engrossment, as follows:

Page 6, lines 7 and 13, strike "designated" and insert "regulated"

Page 7, line 23, strike "designated" and insert "regulated"

Page 7, line 29, delete "designated" and insert "regulated"

The motion prevailed and the amendment was adopted.

H. F. No. 3521, A bill for an act relating to health; providing for an exception to the hospital construction moratorium; amending Minnesota Statutes 2024, section 144.551, subdivision 1.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 131 yeas and 1 nay as follows:

Those who voted in the affirmative were:

Acomb	Davis	Hanson, J.	Kozlowski	Nelson	Scott
Agbaje	Dippel	Harder	Koznick	Niska	Sencer-Mura
Allen	Dotseth	Heintzeman	Kraft	Noor	Sexton
Altendorf	Duran	Hicks	Kresha	Norris	Skraba
Anderson, P. E.	Elkins	Hill	Lawrence	Novotny	Smith
Anderson, P. H.	Engen	Hollins	Lee, F.	O'Driscoll	Stephenson
Backer	Falconer	Howard	Lee, K.	Olson	Stier
Bahner	Feist	Hudson	Lee, X.	Perryman	Swedzinski
Bakeberg	Finke	Huot	Liebling	Pinto	Tabke
Baker	Fischer	Hussein	Lillie	Pursell	Torkelson
Bennett	Fogelman	Igo	Long	Quam	Van Binsbergen
Berg	Franson	Jacob	Luger-Nikolai	Rarick	Vang
Bierman	Frazier	Johnson, P.	Mahamoud	Rehm	Virnig
Bliss	Frederick	Johnson, W.	McDonald	Rehrauer	Warwas
Buck	Freiberg	Jones	Mekeland	Repinski	West
Burkel	Gander	Jordan	Moller	Reyer	Wiener
Carroll	Gillman	Joy	Momanyi-Hiltsley	Roach	Witte
Cha	Gomez	Keeler	Mueller	Robbins	Wolgamott
Clardy	Gordon	Klevorn	Murphy	Rymer	Youakim
Coulter	Gottfried	Knudsen	Myers	Schomacker	Zeleznikar
Curran	Greenman	Koegel	Nadeau	Schultz	Spk. Demuth
Davids	Hansen, R.	Kotyza-Witthuhn	Nash	Schwartz	

Those who voted in the negative were:

Greene

The bill was passed, as amended, and its title agreed to.

H. F. No. 4462 was reported to the House.

Nash moved to amend H. F. No. 4462, the first engrossment, as follows:

Page 1, after line 5, insert:

"Section 1. **[16A.402] CASH TRANSACTION ROUNDING.**

Subdivision 1. Authorization to round cash transactions. (a) Notwithstanding any other provision of law, an agency entering into any transaction with a person that results in a payment or transfer of cash between the parties to the transaction may round the payment in the following manner:

(1) in any case in which the total transaction amount ends with one cent, two cents, six cents, or seven cents as the final digit, the amount of cents in the sum shall be rounded down to the nearest amount divisible by five;

(2) in any case in which the total transaction amount ends with three cents, four cents, eight cents, or nine cents as the final digit, the amount of cents in the sum shall be rounded up to the nearest amount divisible by five; and

(3) notwithstanding clause (1), transactions in which the transaction total is \$0.01 or \$0.02 shall be rounded up to \$0.05.

(b) A party authorized to engage in a transaction on behalf of an agency may round the payment in the manner directed by the agency consistent with this section.

(c) This section does not apply to a transaction for which payment is made by electronic fund transfer, check, gift card, money order, credit card, or other similar instrument or method.

Subd. 2. **Policy posted.** An agency that engages in cash transactions must establish a policy for rounding cash transactions consistent with this section and post the policy at each location where cash transactions occur.

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

Renumber the sections in sequence

Amend the title as follows:

Page 1, line 2, after the semicolon, insert "authorizing the rounding of a payment or transfer of cash;"

Correct the title numbers accordingly

The motion prevailed and the amendment was adopted.

Davis moved to amend H. F. No. 4462, the first engrossment, as amended, as follows:

Page 1, line 11, after the period, insert "The commissioner must report each approved exception to the chairs and ranking minority members of the legislative committees with jurisdiction over the agency."

Page 1, line 22, strike "waste" and insert "misuse"

The motion prevailed and the amendment was adopted.

H. F. No. 4462, A bill for an act relating to state government; requiring the commissioner to provide a standard template summary page for requests for proposals; amending Minnesota Statutes 2024, section 16B.97, subdivision 4.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 132 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Altendorf	Backer	Baker	Bierman	Burkel
Agbaje	Anderson, P. E.	Bahner	Bennett	Bliss	Carroll
Allen	Anderson, P. H.	Bakeberg	Berg	Buck	Cha

Clardy	Gander	Jacob	Liebling	O'Driscoll	Sexton
Coulter	Gillman	Johnson, P.	Lillie	Olson	Skraba
Curran	Gomez	Johnson, W.	Long	Perryman	Smith
Davids	Gordon	Jones	Luger-Nikolai	Pinto	Stephenson
Davis	Gottfried	Jordan	Mahamoud	Pursell	Stier
Dippel	Greene	Joy	McDonald	Quam	Swedzinski
Dotseth	Greenman	Keeler	Mekeland	Rarick	Tabke
Duran	Hansen, R.	Klevorn	Moller	Rehm	Torkelson
Elkins	Hanson, J.	Knudsen	Momanyi-Hiltsley	Rehrauer	Van Binsbergen
Engen	Harder	Koegel	Mueller	Repinski	Vang
Falconer	Heintzeman	Kotyza-Witthuhn	Murphy	Reyer	Virmig
Feist	Hicks	Kozlowski	Myers	Roach	Warwas
Finke	Hill	Koznick	Nadeau	Robbins	West
Fischer	Hollins	Kraft	Nash	Rymer	Wiener
Fogelman	Howard	Kresha	Nelson	Schomacker	Witte
Franson	Hudson	Lawrence	Niska	Schultz	Wolgammott
Frazier	Huot	Lee, F.	Noor	Schwartz	Youakim
Frederick	Hussein	Lee, K.	Norris	Scott	Zeleznikar
Freiberg	Igo	Lee, X.	Novotny	Sencer-Mura	Spk. Demuth

The bill was passed, as amended, and its title agreed to.

H. F. No. 3860, A bill for an act relating to state government; extending the Legislative Commission on Cybersecurity; amending Minnesota Statutes 2024, section 3.888, subdivision 7.

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 132 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Coulter	Gillman	Johnson, P.	Lillie	Olson
Agbaje	Curran	Gomez	Johnson, W.	Long	Perryman
Allen	Davids	Gordon	Jones	Luger-Nikolai	Pinto
Altendorf	Davis	Gottfried	Jordan	Mahamoud	Pursell
Anderson, P. E.	Dippel	Greene	Joy	McDonald	Quam
Anderson, P. H.	Dotseth	Greenman	Keeler	Mekeland	Rarick
Backer	Duran	Hansen, R.	Klevorn	Moller	Rehm
Bahner	Elkins	Hanson, J.	Knudsen	Momanyi-Hiltsley	Rehrauer
Bakeberg	Engen	Harder	Koegel	Mueller	Repinski
Baker	Falconer	Heintzeman	Kotyza-Witthuhn	Murphy	Reyer
Bennett	Feist	Hicks	Kozlowski	Myers	Roach
Berg	Finke	Hill	Koznick	Nadeau	Robbins
Bierman	Fischer	Hollins	Kraft	Nash	Rymer
Bliss	Fogelman	Howard	Kresha	Nelson	Schomacker
Buck	Franson	Hudson	Lawrence	Niska	Schultz
Burkel	Frazier	Huot	Lee, F.	Noor	Schwartz
Carroll	Frederick	Hussein	Lee, K.	Norris	Scott
Cha	Freiberg	Igo	Lee, X.	Novotny	Sencer-Mura
Clardy	Gander	Jacob	Liebling	O'Driscoll	Sexton

Skraba	Stier	Torkelson	Virnig	Wiener	Youakim
Smith	Swedzinski	Van Binsbergen	Warwas	Witte	Zeleznikar
Stephenson	Tabke	Vang	West	Wolgamott	Spk. Demuth

The bill was passed and its title agreed to.

H. F. No. 3679 was reported to the House.

Nash moved to amend H. F. No. 3679 as follows:

Page 1, after line 5, insert:

"Section 1. **[3.051] CONTINUING OPERATIONS IN ADVANCE OF LEGISLATIVE ORGANIZATION.**

Subdivision 1. House of representatives and senate. During the period beginning on the commencement of a new term, and ending at the time that the applicable house has duly organized, the chief clerk of the house of representatives and the secretary of the senate are authorized to direct the following actions and conduct other duties as necessary to maintain the orderly administrative operation of their respective houses:

(1) the designation of all last elected officers who are not members of the legislature, to serve as acting officers and to perform the duties of those offices until such time as successor officers are elected and qualified; and

(2) the appointment of all employees employed as of the end of the prior term, to continue their assigned duties; the appointment of any additional employees agreed to by the designated leaders of the two largest incoming caucuses; and the granting of administrative approvals as needed to process employee terminations and leaves.

Subd. 2. Legislative Coordinating Commission. The chief clerk of the house and the secretary of the senate, acting jointly, may direct actions necessary to maintain the orderly administrative operation of the Legislative Coordinating Commission until both houses of the legislature have duly organized.

Sec. 2. Minnesota Statutes 2025 Supplement, section 3.06, subdivision 2, is amended to read:

Subd. 2. Successors. Upon the expiration of a term, the last elected chief clerk of the house of representatives and the last elected secretary of the senate shall continue to exercise the duties of those offices, until a successor is elected and qualified. If an officer of the house of representatives or senate resigns or dies, the duties of the officer shall be performed by a successor as provided in the rules of the officer's house until a successor is elected at a regular or special session."

Renumber the sections in sequence

Amend the title as follows:

Page 1, line 2, after the semicolon insert "providing for the continuing operations of the legislature in advance of the legislature becoming duly organized; providing that the term of office of the chief clerk of the house of representatives and the secretary of the senate shall continue until a successor is elected and qualified;"

Correct the title numbers accordingly

The motion prevailed and the amendment was adopted.

Engen moved to amend H. F. No. 3679, as amended, as follows:

Page 1, after line 5, insert:

"Section 1. **[3.0845] CERTAIN EMPLOYMENT AND COMPENSATION PROHIBITED.**

A sitting member of the legislature is prohibited from accepting employment with, or otherwise receiving compensation for services performed from, any nongovernmental organization that is a named recipient of state funding in a law enacted during the member's service in the legislature. The house of representatives and the senate must adopt rules to enforce this section."

Renumber the sections in sequence

Amend the title as follows:

Page 1, line 2, after the semicolon, insert "prohibiting certain employment and compensation for sitting legislators;"

Correct the title numbers accordingly

A roll call was requested and properly seconded.

The question was taken on the Engen amendment and the roll was called. There were 66 yeas and 66 nays as follows:

Those who voted in the affirmative were:

Allen	Davis	Heintzeman	Mekeland	Perryman	Sexton
Altendorf	Dippel	Hudson	Mueller	Quam	Skraba
Anderson, P. E.	Dotseth	Igo	Murphy	Rarick	Stier
Anderson, P. H.	Duran	Jacob	Myers	Repinski	Swedzinski
Backer	Engen	Johnson, W.	Nadeau	Roach	Van Binsbergen
Bakeberg	Fogelman	Joy	Nash	Robbins	Warwas
Baker	Franson	Knudsen	Nelson	Rymer	West
Bennett	Gander	Koznick	Niska	Schomacker	Wiener
Bliss	Gillman	Kresha	Novotny	Schultz	Witte
Burkel	Gordon	Lawrence	O'Driscoll	Schwartz	Zeleznikar
Davids	Harder	McDonald	Olson	Scott	Spk. Demuth

Those who voted in the negative were:

Acomb	Elkins	Greenman	Jordan	Lillie	Rehrauer
Agbaje	Falconer	Hansen, R.	Keeler	Long	Reyer
Bahner	Feist	Hanson, J.	Klevorn	Luger-Nikolai	Sencer-Mura
Berg	Finke	Hicks	Koegel	Mahamoud	Smith
Bierman	Fischer	Hill	Kotzya-Witthuhn	Moller	Stephenson
Buck	Frazier	Hollins	Kozlowski	Momanyi-Hiltsley	Tabke
Carroll	Frederick	Howard	Kraft	Noor	Vang
Cha	Freiberg	Huot	Lee, F.	Norris	Virmig
Clardy	Gomez	Hussein	Lee, K.	Pinto	Wolgamott
Coulter	Gottfried	Johnson, P.	Lee, X.	Pursell	Xiong
Curran	Greene	Jones	Liebling	Rehm	Youakim

The motion did not prevail and the amendment was not adopted.

H. F. No. 3679, A bill for an act relating to state government; requiring mandatory reports to be submitted to members of legislative committees electronically; amending Minnesota Statutes 2024, section 3.195, subdivision 1.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 132 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Davis	Hansen, R.	Kotzya-Witthuhn	Nash	Schwartz
Agbaje	Dippel	Hanson, J.	Kozlowski	Nelson	Scott
Allen	Dotseth	Harder	Koznick	Niska	Sencer-Mura
Altendorf	Duran	Heintzeman	Kraft	Noor	Sexton
Anderson, P. E.	Elkins	Hicks	Kresha	Norris	Skraba
Anderson, P. H.	Engen	Hill	Lawrence	Novotny	Smith
Backer	Falconer	Hollins	Lee, F.	O'Driscoll	Stephenson
Bahner	Feist	Howard	Lee, K.	Olson	Stier
Bakeberg	Finke	Hudson	Lee, X.	Perryman	Swedzinski
Baker	Fischer	Huot	Liebling	Pinto	Tabke
Bennett	Fogelman	Hussein	Lillie	Pursell	Torkelson
Berg	Franson	Igo	Long	Quam	Van Binsbergen
Bierman	Frazier	Jacob	Luger-Nikolai	Rarick	Vang
Bliss	Frederick	Johnson, P.	Mahamoud	Rehm	Virmig
Buck	Freiberg	Johnson, W.	McDonald	Rehrauer	Warwas
Burkel	Gander	Jones	Mekeland	Repinski	West
Carroll	Gillman	Jordan	Moller	Reyer	Wiener
Cha	Gomez	Joy	Momanyi-Hiltsley	Roach	Witte
Clardy	Gordon	Keeler	Mueller	Robbins	Wolgamott
Coulter	Gottfried	Klevorn	Murphy	Rymer	Youakim
Curran	Greene	Knudsen	Myers	Schomacker	Zeleznikar
Davids	Greenman	Koegel	Nadeau	Schultz	Spk. Demuth

The bill was passed, as amended, and its title agreed to.

Pérez-Vega and Xiong were excused for the remainder of today's session.

H. F. No. 3972 was reported to the House.

Rymer moved to amend H. F. No. 3972, first engrossment, as follows:

Page 3, delete lines 3 to 6 and insert:

"(d) A person handling rental home marketplace guarantee losses on behalf of a provider must be trained in property damage and loss assessment and interpretation of the rental home marketplace guarantee terms before handling losses. The training must be adequate for a person handling rental home marketplace guarantee losses to provide knowledgeable, fair, and objective service. A provider must maintain records demonstrating completion of the training by a person handling rental home marketplace guarantee losses."

Page 4, delete lines 12 to 16 and insert:

"The commissioner has the enforcement authority in chapters 45 and 60A available to enforce the provisions of this chapter."

The motion prevailed and the amendment was adopted.

H. F. No. 3972, A bill for an act relating to insurance; providing for and regulating short-term rental guarantees and reimbursement insurance policies; proposing coding for new law as Minnesota Statutes, chapter 59E.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 131 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Davis	Hanson, J.	Kozlowski	Nelson	Scott
Agbaje	Dippel	Harder	Koznick	Niska	Sencer-Mura
Allen	Dotseth	Heintzeman	Kraft	Noor	Sexton
Altendorf	Duran	Hicks	Kresha	Norris	Skraba
Anderson, P. E.	Elkins	Hill	Lawrence	Novotny	Smith
Anderson, P. H.	Engen	Hollins	Lee, F.	O'Driscoll	Stephenson
Backer	Falconer	Howard	Lee, K.	Olson	Stier
Bahner	Feist	Hudson	Lee, X.	Perryman	Swedzinski
Bakeberg	Finke	Huot	Liebling	Pinto	Tabke
Baker	Fischer	Hussein	Lillie	Pursell	Torkelson
Bennett	Franson	Igo	Long	Quam	Van Binsbergen
Berg	Frazier	Jacob	Luger-Nikolai	Rarick	Vang
Bierman	Frederick	Johnson, P.	Mahamoud	Rehm	Virmig
Bliss	Freiberg	Johnson, W.	McDonald	Rehrauer	Warwas
Buck	Gander	Jones	Mekeland	Repinski	West
Burkel	Gillman	Jordan	Moller	Reyer	Wiener
Carroll	Gomez	Joy	Momanyi-Hiltsley	Roach	Witte
Cha	Gordon	Keeler	Mueller	Robbins	Wolgamott
Clardy	Gottfried	Klevorn	Murphy	Rymer	Youakim
Coulter	Greene	Knudsen	Myers	Schomacker	Zelevnikar
Curran	Greenman	Koegel	Nadeau	Schultz	Spk. Demuth
Davids	Hansen, R.	Kotyza-Witthuhn	Nash	Schwartz	

The bill was passed, as amended, and its title agreed to.

H. F. No. 4006, A bill for an act relating to transportation; modifying prior appropriation for Progress Parkway construction project in the city of Eveleth; amending Laws 2023, chapter 68, article 1, section 17, subdivision 17.

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 130 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Davis	Hansen, R.	Kotzya-Witthuhn	Nelson	Seencer-Mura
Agbaje	Dippel	Hanson, J.	Kozlowski	Niska	Sexton
Allen	Dotseth	Harder	Koznick	Noor	Skraba
Altendorf	Duran	Heintzeman	Kraft	Norris	Smith
Anderson, P. E.	Elkins	Hicks	Kresha	Novotny	Stephenson
Anderson, P. H.	Engen	Hill	Lawrence	O'Driscoll	Stier
Backer	Falconer	Hollins	Lee, F.	Olson	Swedzinski
Bahner	Feist	Howard	Lee, X.	Perryman	Tabke
Bakeberg	Finke	Hudson	Liebling	Pinto	Torkelson
Baker	Fischer	Huot	Lillie	Pursell	Van Binsbergen
Bennett	Fogelman	Hussein	Long	Quam	Vang
Berg	Franson	Igo	Luger-Nikolai	Rarick	Virnig
Bierman	Frazier	Jacob	Mahamoud	Rehrauer	Warwas
Bliss	Frederick	Johnson, P.	McDonald	Repinski	West
Buck	Freiberg	Johnson, W.	Mekeland	Reyer	Wiener
Burkel	Gander	Jones	Moller	Roach	Witte
Carroll	Gillman	Jordan	Momanyi-Hiltsley	Robbins	Wolgamott
Cha	Gomez	Joy	Mueller	Rymer	Youakim
Clardy	Gordon	Keeler	Murphy	Schomacker	Zeleznikar
Coulter	Gottfried	Klevorn	Myers	Schultz	Spk. Demuth
Curran	Greene	Knudsen	Nadeau	Schwartz	
Dauids	Greenman	Koegel	Nash	Scott	

The bill was passed and its title agreed to.

MOTIONS AND RESOLUTIONS

Greenman moved that the name of Lee, K., be added as an author on H. F. No. 76. The motion prevailed.

Bahner moved that the name of Elkins be added as an author on H. F. No. 1268. The motion prevailed.

Norris moved that the names of Acomb and Mueller be added as authors on H. F. No. 2627. The motion prevailed.

Johnson, W., moved that the name of Youakim be added as an author on H. F. No. 3381. The motion prevailed.

Jordan moved that the names of Hansen, R., and Repinski be added as authors on H. F. No. 3426. The motion prevailed.

Olson moved that the name of Virnig be added as an author on H. F. No. 3685. The motion prevailed.

Vang moved that the name of Rehm be added as an author on H. F. No. 3879. The motion prevailed.

Hill moved that the name of Luger-Nikolai be added as an author on H. F. No. 3953. The motion prevailed.

Tabke moved that the name of Rehm be added as an author on H. F. No. 3965. The motion prevailed.

Reyer moved that the name of Warwas be added as an author on H. F. No. 3977. The motion prevailed.

Greenman moved that the name of Jones be added as an author on H. F. No. 4077. The motion prevailed.

Youakim moved that the name of Clardy be added as an author on H. F. No. 4548. The motion prevailed.

Igo moved that the name of Dotseth be added as an author on H. F. No. 4590. The motion prevailed.

Zeleznikar moved that the name of Davids be added as an author on H. F. No. 4949. The motion prevailed.

Davids moved that the names of Hansen, R.; Norris; Fischer and Huot be added as authors on H. F. No. 5031. The motion prevailed.

Freiberg moved that the name of Kotyza-Witthuhn be added as an author on H. F. No. 5077. The motion prevailed.

Huot moved that the name of Kraft be added as an author on H. F. No. 5082. The motion prevailed.

Igo moved that the name of Davids be added as an author on H. F. No. 5092. The motion prevailed.

Dippel moved that the name of Perryman be added as an author on H. F. No. 5102. The motion prevailed.

NOTICE TO PLACE A BILL ON THE CALENDAR FOR THE DAY

Pursuant to House Rule 1.21, Frazier gave notice of his intent to make a motion placing H. F. No. 3658, a bill for an act relating to public safety; modifying the processes for applying for, securing, and enforcing extreme risk protection orders, on the Calendar for the Day.

NOTICE TO PLACE A BILL ON THE CALENDAR FOR THE DAY

Pursuant to House Rule 1.21, Hicks gave notice of her intent to make a motion placing S. F. No. 3210, a bill for an act relating to human rights; including disability accommodations as protection from discrimination, on the Calendar for the Day.

COMMUNICATION FROM THE COMMITTEE ON ETHICS

The House Ethics Committee wishes to clarify the expectations and norms of behavior for the body. House members are expected to attend assigned committees unless excused, do the work of the committee, and treat testifiers with dignity and respect. It is incumbent upon members to bring honor to the body and to uphold the public trust.

GREG DAVIDS, GOP Co-Chair
ANDREW MYERS

KELLY MOLLER, DFL Co-Chair
GINNY KLEVORN

ADJOURNMENT

Niska moved that when the House adjourns today it adjourn until 11:00 a.m., Tuesday, May 5, 2026. The motion prevailed.

Niska moved that the House adjourn. The motion prevailed, and Speaker pro tempore Olson declared the House stands adjourned until 11:00 a.m., Tuesday, May 5, 2026.

PATRICK DUFFY MURPHY, Chief Clerk, House of Representatives