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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. **2115**

03/10/2025 Authored by Schomacker, Noor, Gillman and Keeler
The bill was read for the first time and referred to the Committee on Human Services Finance and Policy

1.1 A bill for an act

1.2 relating to human services; modifying provisions relating to aging and disability

1.3 services, behavioral health, Direct Care and Treatment, health care administration,

1.4 the Office of the Inspector General, licensing and disqualification, and department

1.5 operations; establishing human services programs criminal penalties; establishing

1.6 the intermediate school district behavioral health grant program; correcting

1.7 cross-references and making conforming and technical changes; amending

1.8 Minnesota Statutes 2024, sections 13.46, subdivisions 3, 4; 15.471, subdivision

1.9 6; 16A.103, subdivision 1j; 62J.495, subdivision 2; 62M.17, subdivision 2;

1.10 97A.441, subdivision 3; 142B.10, subdivision 14; 142B.30, subdivision 1; 142B.51,

1.11 subdivision 2; 142B.65, subdivision 8; 142B.66, subdivision 3; 142B.70,

1.12 subdivision 7; 142C.06, by adding a subdivision; 142C.11, subdivision 8; 142C.12,

1.13 subdivision 1; 142E.51, subdivisions 5, 6; 144.53; 144.651, subdivisions 2, 4, 20,

1.14 31, 32; 144A.07; 146A.08, subdivision 4; 147.091, subdivision 6; 147A.13,

1.15 subdivision 6; 148.10, subdivision 1; 148.261, subdivision 5; 148.754; 148B.5905;

1.16 148F.09, subdivision 6; 150A.08, subdivision 6; 151.071, subdivision 10; 153.21,

1.17 subdivision 2; 153B.70; 168.012, subdivision 1; 244.052, subdivision 4; 245.4871,

1.18 subdivision 4, by adding a subdivision; 245.4881, subdivision 3; 245.50, subdivision

1.19 2; 245.91, subdivision 2; 245A.04, subdivisions 1, 7; 245A.16, subdivision 1;

1.20 245A.18, subdivision 1; 245A.242, subdivision 2; 245C.05, by adding a

1.21 subdivision; 245C.08, subdivision 3; 245C.22, subdivision 5; 245D.02, subdivision

1.22 4a; 245G.05, subdivision 1; 245G.06, subdivisions 1, 2a, 3a; 245G.07, subdivision

1.23 2; 245G.08, subdivision 6; 245G.09, subdivision 3; 245G.11, subdivision 11;

1.24 245G.18, subdivision 2; 245G.19, subdivision 4, by adding a subdivision; 245G.22,

1.25 subdivisions 1, 14, 15; 246.585; 246C.06, subdivision 11; 246C.12, subdivision

1.26 6; 246C.20; 252.291, subdivision 3; 252.43; 252.46, subdivision 1a; 252.50,

1.27 subdivision 5; 253B.09, subdivision 3a; 253B.10, subdivision 1; 256.01,

1.28 subdivisions 2, 5; 256.019, subdivision 1; 256.0281; 256.0451, subdivisions 1, 3,

1.29 6, 8, 9, 18, 22, 23, 24; 256.4825; 256.93, subdivision 1; 256.98, subdivisions 1,

1.30 7; 256B.0625, subdivision 25c; 256B.092, subdivisions 1a, 10, 11a; 256B.12;

1.31 256B.49, subdivisions 13, 29; 256G.09, subdivisions 4, 5; 299F.77, subdivision

1.32 2; 342.04; 352.91, subdivision 3f; 401.17, subdivision 1; 480.40, subdivision 1;

1.33 507.071, subdivision 1; 611.57, subdivisions 2, 4; 624.7131, subdivisions 1, 2;

1.34 624.7132, subdivisions 1, 2; 624.714, subdivisions 3, 4; 631.40, subdivision 3;

1.35 proposing coding for new law in Minnesota Statutes, chapters 245; 246C; 609;

1.36 repealing Minnesota Statutes 2024, sections 245.4862; 245A.11, subdivision 8;

1.37 246.015, subdivision 3; 246.50, subdivision 2; 246B.04, subdivision 1a; Laws

1.38 2024, chapter 79, article 1, sections 15; 16; 17.

2.1 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

2.2 **ARTICLE 1**

2.3 **AGING AND DISABILITY SERVICES**

2.4 Section 1. Minnesota Statutes 2024, section 252.43, is amended to read:

2.5 **252.43 COMMISSIONER'S DUTIES.**

2.6 (a) The commissioner shall supervise lead agencies' provision of day services to adults
2.7 with disabilities. The commissioner shall:

2.8 (1) determine the need for day programs, except for adult day services, under sections
2.9 256B.4914 and 252.41 to 252.46 operated in a day services facility licensed under sections
2.10 245D.27 to 245D.31;

2.11 (2) establish payment rates as provided under section 256B.4914;

2.12 (3) adopt rules for the administration and provision of day services under sections
2.13 245A.01 to 245A.16; 252.28, subdivision 2; or 252.41 to 252.46; or Minnesota Rules, parts
2.14 9525.1200 to 9525.1330;

2.15 (4) enter into interagency agreements necessary to ensure effective coordination and
2.16 provision of day services;

2.17 (5) monitor and evaluate the costs and effectiveness of day services; and

2.18 (6) provide information and technical help to lead agencies and vendors in their
2.19 administration and provision of day services.

2.20 (b) A determination of need in paragraph (a), clause (1), shall not be required for a
2.21 change in day service provider name or ownership.

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

2.23 Sec. 2. Minnesota Statutes 2024, section 252.46, subdivision 1a, is amended to read:

2.24 Subd. 1a. **Day training and habilitation rates.** The commissioner shall establish a
2.25 statewide rate-setting methodology rates for all day training and habilitation services and
2.26 for transportation delivered as a part of day training and habilitation services ~~as provided~~
2.27 ~~under section 256B.4914. The rate-setting methodology must abide by the principles of~~
2.28 ~~transparency and equitability across the state. The methodology must involve a uniform~~
2.29 ~~process of structuring rates for each service and must promote quality and participant choice.~~

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

3.1 Sec. 3. Minnesota Statutes 2024, section 256B.092, subdivision 1a, is amended to read:

3.2 Subd. 1a. **Case management services.** (a) Each recipient of a home and community-based
3.3 waiver shall be provided case management services by qualified vendors as described in
3.4 the federally approved waiver application.

3.5 (b) Case management service activities provided to or arranged for a person include:

3.6 (1) development of the person-centered support plan under subdivision 1b;

3.7 (2) informing the individual or the individual's legal guardian or conservator, or parent
3.8 if the person is a minor, of service options, including all service options available under the
3.9 waiver plan;

3.10 (3) consulting with relevant medical experts or service providers;

3.11 (4) assisting the person in the identification of potential providers of chosen services,
3.12 including:

3.13 (i) providers of services provided in a non-disability-specific setting;

3.14 (ii) employment service providers;

3.15 (iii) providers of services provided in settings that are not controlled by a provider; and

3.16 (iv) providers of financial management services;

3.17 (5) assisting the person to access services and assisting in appeals under section 256.045;

3.18 (6) coordination of services, if coordination is not provided by another service provider;

3.19 (7) evaluation and monitoring of the services identified in the support plan, which must
3.20 incorporate at least one annual face-to-face visit by the case manager with each person; and

3.21 (8) reviewing support plans and providing the lead agency with recommendations for
3.22 service authorization based upon the individual's needs identified in the support plan.

3.23 (c) Case management service activities that are provided to the person with a
3.24 developmental disability shall be provided directly by county agencies or under contract.

3.25 If a county agency contracts for case management services, the county agency must provide
3.26 each recipient of home and community-based services who is receiving contracted case
3.27 management services with the contact information the recipient may use to file a grievance
3.28 with the county agency about the quality of the contracted services the recipient is receiving
3.29 from a county-contracted case manager. If a county agency provides case management
3.30 under contracts with other individuals or agencies and the county agency utilizes a
3.31 competitive proposal process for the procurement of contracted case management services,

4.1 the competitive proposal process must include evaluation criteria to ensure that the county
4.2 maintains a culturally responsive program for case management services adequate to meet
4.3 the needs of the population of the county. For the purposes of this section, "culturally
4.4 responsive program" means a case management services program that: (1) ensures effective,
4.5 equitable, comprehensive, and respectful quality care services that are responsive to
4.6 individuals within a specific population's values, beliefs, practices, health literacy, preferred
4.7 language, and other communication needs; and (2) is designed to address the unique needs
4.8 of individuals who share a common language or racial, ethnic, or social background.

4.9 (d) Case management services must be provided by a public or private agency that is
4.10 enrolled as a medical assistance provider determined by the commissioner to meet all of
4.11 the requirements in the approved federal waiver plans. Case management services must not
4.12 be provided to a recipient by a private agency that has a financial interest in the provision
4.13 of any other services included in the recipient's support plan. For purposes of this section,
4.14 "private agency" means any agency that is not identified as a lead agency under section
4.15 256B.0911, subdivision 10.

4.16 (e) Case managers are responsible for service provisions listed in paragraphs (a) and
4.17 (b). Case managers shall collaborate with consumers, families, legal representatives, and
4.18 relevant medical experts and service providers in the development and annual review of the
4.19 person-centered support plan and habilitation plan.

4.20 (f) For persons who need a positive support transition plan as required in chapter 245D,
4.21 the case manager shall participate in the development and ongoing evaluation of the plan
4.22 with the expanded support team. At least quarterly, the case manager, in consultation with
4.23 the expanded support team, shall evaluate the effectiveness of the plan based on progress
4.24 evaluation data submitted by the licensed provider to the case manager. The evaluation must
4.25 identify whether the plan has been developed and implemented in a manner to achieve the
4.26 following within the required timelines:

4.27 (1) phasing out the use of prohibited procedures;

4.28 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's
4.29 timeline; and

4.30 (3) accomplishment of identified outcomes.

4.31 If adequate progress is not being made, the case manager shall consult with the person's
4.32 expanded support team to identify needed modifications and whether additional professional
4.33 support is required to provide consultation.

5.1 (g) The Department of Human Services shall offer ongoing education in case management
5.2 to case managers. Case managers shall receive no less than 20 hours of case management
5.3 education and disability-related training each year. The education and training must include
5.4 person-centered planning, informed choice, informed decision making, cultural competency,
5.5 employment planning, community living planning, self-direction options, and use of
5.6 technology supports. Case managers must annually pass a competency evaluation, in a form
5.7 determined by the commissioner, on informed decision-making topics. By August 1, 2024,
5.8 all case managers must complete an employment support training course identified by the
5.9 commissioner of human services. For case managers hired after August 1, 2024, this training
5.10 must be completed within the first six months of providing case management services. For
5.11 the purposes of this section, "person-centered planning" or "person-centered" has the meaning
5.12 given in section 256B.0911, subdivision 10. Case managers must document completion of
5.13 training in a system identified by the commissioner.

5.14 **EFFECTIVE DATE.** This section is effective August 1, 2025.

5.15 Sec. 4. Minnesota Statutes 2024, section 256B.092, subdivision 11a, is amended to read:

5.16 Subd. 11a. **Residential support services criteria.** (a) For the purposes of this subdivision,
5.17 "residential support services" means the following residential support services reimbursed
5.18 under section 256B.4914: community residential services, customized living services, and
5.19 24-hour customized living services.

5.20 (b) In order to increase independent living options for people with disabilities and in
5.21 accordance with section 256B.4905, subdivisions ~~3 and 4~~ 7 and 8, and consistent with
5.22 section 245A.03, subdivision 7, the commissioner must establish and implement criteria to
5.23 access residential support services. The criteria for accessing residential support services
5.24 must prohibit the commissioner from authorizing residential support services unless at least
5.25 all of the following conditions are met:

5.26 (1) the individual has complex behavioral health or complex medical needs; and

5.27 (2) the individual's service planning team has considered all other available residential
5.28 service options and determined that those options are inappropriate to meet the individual's
5.29 support needs.

5.30 (c) Nothing in this subdivision shall be construed as permitting the commissioner to
5.31 establish criteria prohibiting the authorization of residential support services for individuals
5.32 described in the statewide priorities established in subdivision 12, the transition populations

6.1 in subdivision 13, and the licensing moratorium exception criteria under section 245A.03,
6.2 subdivision 7, paragraph (a).

6.3 (d) Individuals with active service agreements for residential support services on the
6.4 date that the criteria for accessing residential support services become effective are exempt
6.5 from the requirements of this subdivision, and the exemption from the criteria for accessing
6.6 residential support services continues to apply for renewals of those service agreements.

6.7 **EFFECTIVE DATE.** This section is effective 90 days following federal approval of
6.8 Laws 2021, First Special Session chapter 7, article 13, section 18.

6.9 Sec. 5. Minnesota Statutes 2024, section 256B.49, subdivision 13, is amended to read:

6.10 Subd. 13. **Case management.** (a) Each recipient of a home and community-based waiver
6.11 shall be provided case management services by qualified vendors as described in the federally
6.12 approved waiver application. The case management service activities provided must include:

6.13 (1) finalizing the person-centered written support plan within the timelines established
6.14 by the commissioner and section 256B.0911, subdivision 29;

6.15 (2) informing the recipient or the recipient's legal guardian or conservator of service
6.16 options, including all service options available under the waiver plans;

6.17 (3) assisting the recipient in the identification of potential service providers of chosen
6.18 services, including:

6.19 (i) available options for case management service and providers;

6.20 (ii) providers of services provided in a non-disability-specific setting;

6.21 (iii) employment service providers;

6.22 (iv) providers of services provided in settings that are not community residential settings;

6.23 and

6.24 (v) providers of financial management services;

6.25 (4) assisting the recipient to access services and assisting with appeals under section
6.26 256.045; and

6.27 (5) coordinating, evaluating, and monitoring of the services identified in the service
6.28 plan.

6.29 (b) The case manager may delegate certain aspects of the case management service
6.30 activities to another individual provided there is oversight by the case manager. The case
6.31 manager may not delegate those aspects which require professional judgment including:

7.1 (1) finalizing the person-centered support plan;

7.2 (2) ongoing assessment and monitoring of the person's needs and adequacy of the
7.3 approved person-centered support plan; and

7.4 (3) adjustments to the person-centered support plan.

7.5 (c) Case management services must be provided by a public or private agency that is
7.6 enrolled as a medical assistance provider determined by the commissioner to meet all of
7.7 the requirements in the approved federal waiver plans. If a county agency provides case
7.8 management under contracts with other individuals or agencies and the county agency
7.9 utilizes a competitive proposal process for the procurement of contracted case management
7.10 services, the competitive proposal process must include evaluation criteria to ensure that
7.11 the county maintains a culturally responsive program for case management services adequate
7.12 to meet the needs of the population of the county. For the purposes of this section, "culturally
7.13 responsive program" means a case management services program that: (1) ensures effective,
7.14 equitable, comprehensive, and respectful quality care services that are responsive to
7.15 individuals within a specific population's values, beliefs, practices, health literacy, preferred
7.16 language, and other communication needs; and (2) is designed to address the unique needs
7.17 of individuals who share a common language or racial, ethnic, or social background.

7.18 (d) Case management services must not be provided to a recipient by a private agency
7.19 that has any financial interest in the provision of any other services included in the recipient's
7.20 support plan. For purposes of this section, "private agency" means any agency that is not
7.21 identified as a lead agency under section 256B.0911, subdivision 10.

7.22 (e) For persons who need a positive support transition plan as required in chapter 245D,
7.23 the case manager shall participate in the development and ongoing evaluation of the plan
7.24 with the expanded support team. At least quarterly, the case manager, in consultation with
7.25 the expanded support team, shall evaluate the effectiveness of the plan based on progress
7.26 evaluation data submitted by the licensed provider to the case manager. The evaluation must
7.27 identify whether the plan has been developed and implemented in a manner to achieve the
7.28 following within the required timelines:

7.29 (1) phasing out the use of prohibited procedures;

7.30 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's
7.31 timeline; and

7.32 (3) accomplishment of identified outcomes.

8.1 If adequate progress is not being made, the case manager shall consult with the person's
 8.2 expanded support team to identify needed modifications and whether additional professional
 8.3 support is required to provide consultation.

8.4 (f) The Department of Human Services shall offer ongoing education in case management
 8.5 to case managers. Case managers shall receive no less than 20 hours of case management
 8.6 education and disability-related training each year. The education and training must include
 8.7 person-centered planning, informed choice, informed decision making, cultural competency,
 8.8 employment planning, community living planning, self-direction options, and use of
 8.9 technology supports. Case managers must annually pass a competency evaluation, in a form
 8.10 determined by the commissioner, on informed decision-making topics. By August 1, 2024,
 8.11 all case managers must complete an employment support training course identified by the
 8.12 commissioner of human services. For case managers hired after August 1, 2024, this training
 8.13 must be completed within the first six months of providing case management services. For
 8.14 the purposes of this section, "person-centered planning" or "person-centered" has the meaning
 8.15 given in section 256B.0911, subdivision 10. Case managers shall document completion of
 8.16 training in a system identified by the commissioner.

8.17 **EFFECTIVE DATE.** This section is effective August 1, 2025.

8.18 Sec. 6. Minnesota Statutes 2024, section 256B.49, subdivision 29, is amended to read:

8.19 Subd. 29. **Residential support services criteria.** (a) For the purposes of this subdivision,
 8.20 "residential support services" means the following residential support services reimbursed
 8.21 under section 256B.4914: community residential services, customized living services, and
 8.22 24-hour customized living services.

8.23 (b) In order to increase independent living options for people with disabilities and in
 8.24 accordance with section 256B.4905, subdivisions ~~3 and 4~~ 7 and 8, and consistent with
 8.25 section 245A.03, subdivision 7, the commissioner must establish and implement criteria to
 8.26 access residential support services. The criteria for accessing residential support services
 8.27 must prohibit the commissioner from authorizing residential support services unless at least
 8.28 all of the following conditions are met:

8.29 (1) the individual has complex behavioral health or complex medical needs; and

8.30 (2) the individual's service planning team has considered all other available residential
 8.31 service options and determined that those options are inappropriate to meet the individual's
 8.32 support needs.

9.1 (c) Nothing in this subdivision shall be construed as permitting the commissioner to
 9.2 establish criteria prohibiting the authorization of residential support services for individuals
 9.3 described in the statewide priorities established in subdivision ~~12~~ 11a, the transition
 9.4 populations in subdivision ~~13~~ 24, and the licensing moratorium exception criteria under
 9.5 section 245A.03, subdivision 7, paragraph (a).

9.6 ~~(e)~~ (d) Individuals with active service agreements for residential support services on the
 9.7 date that the criteria for accessing residential support services become effective are exempt
 9.8 from the requirements of this subdivision, and the exemption from the criteria for accessing
 9.9 residential support services continues to apply for renewals of those service agreements.

9.10 **EFFECTIVE DATE.** This section is effective 90 days following federal approval of
 9.11 Laws 2021, First Special Session chapter 7, article 13, section 30.

9.12 **ARTICLE 2**

9.13 **BEHAVIORAL HEALTH**

9.14 Section 1. Minnesota Statutes 2024, section 245.4871, subdivision 4, is amended to read:

9.15 Subd. 4. **Case management service provider.** (a) "Case management service provider"
 9.16 means a case manager or case manager associate employed by the county or other entity
 9.17 authorized by the county board to provide case management services specified in subdivision
 9.18 3 for the child with severe emotional disturbance and the child's family.

9.19 (b) A case manager must:

9.20 (1) have experience and training in working with children;

9.21 (2) be a mental health practitioner under section 245I.04, subdivision 4, or have at least
 9.22 a bachelor's degree in one of the behavioral sciences or a related field including, but not
 9.23 limited to, social work, psychology, or nursing from an accredited college or university or
 9.24 meet the requirements of paragraph (d);

9.25 (3) have experience and training in identifying and assessing a wide range of children's
 9.26 needs;

9.27 (4) be knowledgeable about local community resources and how to use those resources
 9.28 for the benefit of children and their families; and

9.29 (5) meet the supervision and continuing education requirements of paragraphs (e), (f),
 9.30 and (g), as applicable.

10.1 (c) A case manager may be a member of any professional discipline that is part of the
10.2 local system of care for children established by the county board.

10.3 (d) A case manager ~~without~~ who is not a mental health practitioner and does not have
10.4 a bachelor's degree must meet one of the requirements in clauses (1) to (3):

10.5 (1) have three or four years of experience as a case manager associate;

10.6 (2) be a registered nurse without a bachelor's degree who has a combination of specialized
10.7 training in psychiatry and work experience consisting of community interaction and
10.8 involvement or community discharge planning in a mental health setting totaling three years;
10.9 or

10.10 (3) be a person who qualified as a case manager under the 1998 Department of Human
10.11 Services waiver provision and meets the continuing education, supervision, and mentoring
10.12 requirements in this section.

10.13 (e) A case manager with at least 2,000 hours of supervised experience in the delivery
10.14 of mental health services to children must receive regular ongoing supervision and clinical
10.15 supervision totaling 38 hours per year, of which at least one hour per month must be clinical
10.16 supervision regarding individual service delivery with a case management supervisor. The
10.17 other 26 hours of supervision may be provided by a case manager with two years of
10.18 experience. Group supervision may not constitute more than one-half of the required
10.19 supervision hours.

10.20 (f) A case manager without 2,000 hours of supervised experience in the delivery of
10.21 mental health services to children with emotional disturbance must:

10.22 (1) begin 40 hours of training approved by the commissioner of human services in case
10.23 management skills and in the characteristics and needs of children with severe emotional
10.24 disturbance before beginning to provide case management services; and

10.25 (2) receive clinical supervision regarding individual service delivery from a mental
10.26 health professional at least one hour each week until the requirement of 2,000 hours of
10.27 experience is met.

10.28 (g) A case manager who is not licensed, registered, or certified by a health-related
10.29 licensing board must receive 30 hours of continuing education and training in severe
10.30 emotional disturbance and mental health services every two years.

10.31 (h) Clinical supervision must be documented in the child's record. When the case manager
10.32 is not a mental health professional, the county board must provide or contract for needed
10.33 clinical supervision.

11.1 (i) The county board must ensure that the case manager has the freedom to access and
11.2 coordinate the services within the local system of care that are needed by the child.

11.3 (j) A case manager associate (CMA) must:

11.4 (1) work under the direction of a case manager or case management supervisor;

11.5 (2) be at least 21 years of age;

11.6 (3) have at least a high school diploma or its equivalent; and

11.7 (4) meet one of the following criteria:

11.8 (i) have an associate of arts degree in one of the behavioral sciences or human services;

11.9 (ii) be a registered nurse without a bachelor's degree;

11.10 (iii) have three years of life experience as a primary caregiver to a child with serious
11.11 emotional disturbance as defined in subdivision 6 within the previous ten years;

11.12 (iv) have 6,000 hours work experience as a nondegreed state hospital technician; or

11.13 (v) have 6,000 hours of supervised work experience in the delivery of mental health
11.14 services to children with emotional disturbances; hours worked as a mental health behavioral
11.15 aide I or II under section 256B.0943, subdivision 7, may count toward the 6,000 hours of
11.16 supervised work experience.

11.17 Individuals meeting one of the criteria in items (i) to (iv) may qualify as a case manager
11.18 after four years of supervised work experience as a case manager associate. Individuals
11.19 meeting the criteria in item (v) may qualify as a case manager after three years of supervised
11.20 experience as a case manager associate.

11.21 (k) Case manager associates must meet the following supervision, mentoring, and
11.22 continuing education requirements;

11.23 (1) have 40 hours of preservice training described under paragraph (f), clause (1);

11.24 (2) receive at least 40 hours of continuing education in severe emotional disturbance
11.25 and mental health service annually; and

11.26 (3) receive at least five hours of mentoring per week from a case management mentor.

11.27 A "case management mentor" means a qualified, practicing case manager or case management
11.28 supervisor who teaches or advises and provides intensive training and clinical supervision
11.29 to one or more case manager associates. Mentoring may occur while providing direct services
11.30 to consumers in the office or in the field and may be provided to individuals or groups of

12.1 case manager associates. At least two mentoring hours per week must be individual and
12.2 face-to-face.

12.3 (l) A case management supervisor must meet the criteria for a mental health professional
12.4 as specified in subdivision 27.

12.5 (m) An immigrant who does not have the qualifications specified in this subdivision
12.6 may provide case management services to child immigrants with severe emotional
12.7 disturbance of the same ethnic group as the immigrant if the person:

12.8 (1) is currently enrolled in and is actively pursuing credits toward the completion of a
12.9 bachelor's degree in one of the behavioral sciences or related fields at an accredited college
12.10 or university;

12.11 (2) completes 40 hours of training as specified in this subdivision; and

12.12 (3) receives clinical supervision at least once a week until the requirements of obtaining
12.13 a bachelor's degree and 2,000 hours of supervised experience are met.

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

12.15 Sec. 2. Minnesota Statutes 2024, section 245.4871, is amended by adding a subdivision
12.16 to read:

12.17 **Subd. 7a. Clinical supervision.** "Clinical supervision" means the oversight responsibility
12.18 for individual treatment plans and individual mental health service delivery, including
12.19 oversight provided by the case manager. Clinical supervision must be provided by a mental
12.20 health professional. The supervising mental health professional must cosign an individual
12.21 treatment plan, and their name must be documented in the client's record.

12.22 Sec. 3. Minnesota Statutes 2024, section 245.4881, subdivision 3, is amended to read:

12.23 **Subd. 3. Duties of case manager.** (a) Upon a determination of eligibility for case
12.24 management services, the case manager shall develop an individual family community
12.25 support plan for a child as specified in subdivision 4, review the child's progress, ~~and~~ monitor
12.26 the provision of services, and if the child and parent or legal guardian consent, complete a
12.27 written functional assessment as defined by section 245.4871, subdivision 18a. If services
12.28 are to be provided in a host county that is not the county of financial responsibility, the case
12.29 manager shall consult with the host county and obtain a letter demonstrating the concurrence
12.30 of the host county regarding the provision of services.

13.1 (b) The case manager shall note in the child's record the services needed by the child
 13.2 and the child's family, the services requested by the family, services that are not available,
 13.3 and the unmet needs of the child and child's family. The case manager shall note this
 13.4 provision in the child's record.

13.5 **Sec. 4. [245.4904] INTERMEDIATE SCHOOL DISTRICT BEHAVIORAL HEALTH**
 13.6 **GRANT PROGRAM.**

13.7 Subdivision 1. **Establishment.** The commissioner of human services must establish a
 13.8 grant program to improve behavioral health outcomes for youth attending a qualifying
 13.9 school unit and to build the capacity of schools to support student and teacher needs in the
 13.10 classroom. For the purposes of this section, "qualifying school unit" means an intermediate
 13.11 school district organized under section 136D.01.

13.12 Subd. 2. **Eligible applicants.** An eligible applicant is an intermediate school district
 13.13 organized under section 136D.01, and a partner entity or provider that has demonstrated
 13.14 capacity to serve the youth identified in subdivision 1 that is:

13.15 (1) a mental health clinic certified under section 245I.20;

13.16 (2) a community mental health center under section 256B.0625, subdivision 5;

13.17 (3) an Indian health service facility or a facility owned and operated by a Tribe or Tribal
 13.18 organization operating under United States Code, title 25, section 5321;

13.19 (4) a provider of children's therapeutic services and supports as defined in section
 13.20 256B.0943;

13.21 (5) enrolled in medical assistance as a mental health or substance use disorder provider
 13.22 agency and employs at least two full-time equivalent mental health professionals qualified
 13.23 according to section 245I.04, subdivision 2, or two alcohol and drug counselors licensed or
 13.24 exempt from licensure under chapter 148F who are qualified to provide clinical services to
 13.25 children and families;

13.26 (6) licensed under chapter 245G and in compliance with the applicable requirements in
 13.27 chapters 245A, 245C, and 260E; section 626.557; and Minnesota Rules, chapter 9544; or

13.28 (7) a licensed professional in private practice as defined in section 245G.01, subdivision
 13.29 17, who meets the requirements of section 254B.05, subdivision 1, paragraph (b).

13.30 Subd. 3. **Allowable grant activities and related expenses.** (a) Allowable grant activities
 13.31 and related expenses include but are not limited to:

13.32 (1) identifying mental health conditions and substance use disorders of students;

14.1 (2) delivering mental health and substance use disorder treatment and supportive services
14.2 to students and their families within the classroom, including via telehealth consistent with
14.3 section 256B.0625, subdivision 3b;

14.4 (3) delivering therapeutic interventions and customizing an array of supplementary
14.5 learning experiences for students;

14.6 (4) supporting families in meeting their child's needs, including navigating health care,
14.7 social service, and juvenile justice systems;

14.8 (5) providing transportation for students receiving behavioral health services when school
14.9 is not in session;

14.10 (6) building the capacity of schools to meet the needs of students with mental health and
14.11 substance use disorder concerns, including school staff development activities for licensed
14.12 and nonlicensed staff; and

14.13 (7) purchasing equipment, connection charges, on-site coordination, set-up fees, and
14.14 site fees in order to deliver school-linked behavioral health services via telehealth.

14.15 (b) Grantees must obtain all available third-party reimbursement sources as a condition
14.16 of receiving grant funds. For purposes of this grant program, a third-party reimbursement
14.17 source does not include a public school as defined in section 120A.20, subdivision 1. Grantees
14.18 shall serve students regardless of health coverage status or ability to pay.

14.19 Subd. 4. **Calculating the share of the appropriation.** (a) Grants must be awarded to
14.20 qualifying school units proportionately.

14.21 (b) The commissioner must calculate the share of the appropriation to be used in each
14.22 qualifying school unit by multiplying the total appropriation going to the grantees by the
14.23 qualifying school unit's average daily membership in a setting of federal instructional level
14.24 4 or higher and then dividing by the total average daily membership in a setting of federal
14.25 instructional level 4 or higher for the same year for all qualifying school units.

14.26 Subd. 5. **Data collection and outcome measurement.** Grantees must provide data to
14.27 the commissioner for the purpose of evaluating the Intermediate School District Behavioral
14.28 Health Innovation grant program. The commissioner must consult with grantees to develop
14.29 outcome measures for program capacity and performance.

15.1 **ARTICLE 3**

15.2 **DIRECT CARE AND TREATMENT**

15.3 Section 1. Minnesota Statutes 2024, section 13.46, subdivision 3, is amended to read:

15.4 Subd. 3. **Investigative data.** (a) Data on persons, including data on vendors of services,
15.5 licensees, and applicants that is collected, maintained, used, or disseminated by the welfare
15.6 system in an investigation, authorized by statute, and relating to the enforcement of rules
15.7 or law are confidential data on individuals pursuant to section 13.02, subdivision 3, or
15.8 protected nonpublic data not on individuals pursuant to section 13.02, subdivision 13, and
15.9 shall not be disclosed except:

15.10 (1) pursuant to section 13.05;

15.11 (2) pursuant to statute or valid court order;

15.12 (3) to a party named in a civil or criminal proceeding, administrative or judicial, for
15.13 preparation of defense;

15.14 (4) to an agent of the welfare system or an investigator acting on behalf of a county,
15.15 state, or federal government, including a law enforcement officer or attorney in the
15.16 investigation or prosecution of a criminal, civil, or administrative proceeding, unless the
15.17 commissioner of human services ~~or~~; the commissioner of children, youth, and families; or
15.18 the Direct Care and Treatment executive board determines that disclosure may compromise
15.19 a Department of Human Services ~~or~~; Department of Children, Youth, and Families; or Direct
15.20 Care and Treatment ongoing investigation; or

15.21 (5) to provide notices required or permitted by statute.

15.22 The data referred to in this subdivision shall be classified as public data upon submission
15.23 to an administrative law judge or court in an administrative or judicial proceeding. Inactive
15.24 welfare investigative data shall be treated as provided in section 13.39, subdivision 3.

15.25 (b) Notwithstanding any other provision in law, the commissioner of human services
15.26 shall provide all active and inactive investigative data, including the name of the reporter
15.27 of alleged maltreatment under section 626.557 or chapter 260E, to the ombudsman for
15.28 mental health and developmental disabilities upon the request of the ombudsman.

15.29 (c) Notwithstanding paragraph (a) and section 13.39, the existence of an investigation
15.30 by the commissioner of human services of possible overpayments of public funds to a service
15.31 provider or recipient may be disclosed if the commissioner determines that it will not
15.32 compromise the investigation.

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

16.2 Sec. 2. Minnesota Statutes 2024, section 13.46, subdivision 4, is amended to read:

16.3 Subd. 4. **Licensing data.** (a) As used in this subdivision:

16.4 (1) "licensing data" are all data collected, maintained, used, or disseminated by the
16.5 welfare system pertaining to persons licensed or registered or who apply for licensure or
16.6 registration or who formerly were licensed or registered under the authority of the
16.7 commissioner of human services;

16.8 (2) "client" means a person who is receiving services from a licensee or from an applicant
16.9 for licensure; and

16.10 (3) "personal and personal financial data" are Social Security numbers, identity of and
16.11 letters of reference, insurance information, reports from the Bureau of Criminal
16.12 Apprehension, health examination reports, and social/home studies.

16.13 (b)(1)(i) Except as provided in paragraph (c), the following data on applicants, license
16.14 holders, certification holders, and former licensees are public: name, address, telephone
16.15 number of licensees, email addresses except for family child foster care, date of receipt of
16.16 a completed application, dates of licensure, licensed capacity, type of client preferred,
16.17 variances granted, record of training and education in child care and child development,
16.18 type of dwelling, name and relationship of other family members, previous license history,
16.19 class of license, the existence and status of complaints, and the number of serious injuries
16.20 to or deaths of individuals in the licensed program as reported to the commissioner of human
16.21 services; the commissioner of children, youth, and families; the local social services agency;
16.22 or any other county welfare agency. For purposes of this clause, a serious injury is one that
16.23 is treated by a physician.

16.24 (ii) Except as provided in item (v), when a correction order, an order to forfeit a fine,
16.25 an order of license suspension, an order of temporary immediate suspension, an order of
16.26 license revocation, an order of license denial, or an order of conditional license has been
16.27 issued, or a complaint is resolved, the following data on current and former licensees and
16.28 applicants are public: the general nature of the complaint or allegations leading to the
16.29 temporary immediate suspension; the substance and investigative findings of the licensing
16.30 or maltreatment complaint, licensing violation, or substantiated maltreatment; the existence
16.31 of settlement negotiations; the record of informal resolution of a licensing violation; orders
16.32 of hearing; findings of fact; conclusions of law; specifications of the final correction order,
16.33 fine, suspension, temporary immediate suspension, revocation, denial, or conditional license

17.1 contained in the record of licensing action; whether a fine has been paid; and the status of
17.2 any appeal of these actions.

17.3 (iii) When a license denial under section 142A.15 or 245A.05 or a sanction under section
17.4 142B.18 or 245A.07 is based on a determination that a license holder, applicant, or controlling
17.5 individual is responsible for maltreatment under section 626.557 or chapter 260E, the identity
17.6 of the applicant, license holder, or controlling individual as the individual responsible for
17.7 maltreatment is public data at the time of the issuance of the license denial or sanction.

17.8 (iv) When a license denial under section 142A.15 or 245A.05 or a sanction under section
17.9 142B.18 or 245A.07 is based on a determination that a license holder, applicant, or controlling
17.10 individual is disqualified under chapter 245C, the identity of the license holder, applicant,
17.11 or controlling individual as the disqualified individual is public data at the time of the
17.12 issuance of the licensing sanction or denial. If the applicant, license holder, or controlling
17.13 individual requests reconsideration of the disqualification and the disqualification is affirmed,
17.14 the reason for the disqualification and the reason to not set aside the disqualification are
17.15 private data.

17.16 (v) A correction order or fine issued to a child care provider for a licensing violation is
17.17 private data on individuals under section 13.02, subdivision 12, or nonpublic data under
17.18 section 13.02, subdivision 9, if the correction order or fine is seven years old or older.

17.19 (2) For applicants who withdraw their application prior to licensure or denial of a license,
17.20 the following data are public: the name of the applicant, the city and county in which the
17.21 applicant was seeking licensure, the dates of the commissioner's receipt of the initial
17.22 application and completed application, the type of license sought, and the date of withdrawal
17.23 of the application.

17.24 (3) For applicants who are denied a license, the following data are public: the name and
17.25 address of the applicant, the city and county in which the applicant was seeking licensure,
17.26 the dates of the commissioner's receipt of the initial application and completed application,
17.27 the type of license sought, the date of denial of the application, the nature of the basis for
17.28 the denial, the existence of settlement negotiations, the record of informal resolution of a
17.29 denial, orders of hearings, findings of fact, conclusions of law, specifications of the final
17.30 order of denial, and the status of any appeal of the denial.

17.31 (4) When maltreatment is substantiated under section 626.557 or chapter 260E and the
17.32 victim and the substantiated perpetrator are affiliated with a program licensed under chapter
17.33 142B or 245A; the commissioner of human services; commissioner of children, youth, and
17.34 families; local social services agency; or county welfare agency may inform the license

18.1 holder where the maltreatment occurred of the identity of the substantiated perpetrator and
18.2 the victim.

18.3 (5) Notwithstanding clause (1), for child foster care, only the name of the license holder
18.4 and the status of the license are public if the county attorney has requested that data otherwise
18.5 classified as public data under clause (1) be considered private data based on the best interests
18.6 of a child in placement in a licensed program.

18.7 (c) The following are private data on individuals under section 13.02, subdivision 12,
18.8 or nonpublic data under section 13.02, subdivision 9: personal and personal financial data
18.9 on family day care program and family foster care program applicants and licensees and
18.10 their family members who provide services under the license.

18.11 (d) The following are private data on individuals: the identity of persons who have made
18.12 reports concerning licensees or applicants that appear in inactive investigative data, and the
18.13 records of clients or employees of the licensee or applicant for licensure whose records are
18.14 received by the licensing agency for purposes of review or in anticipation of a contested
18.15 matter. The names of reporters of complaints or alleged violations of licensing standards
18.16 under chapters 142B, 245A, 245B, 245C, and 245D, and applicable rules and alleged
18.17 maltreatment under section 626.557 and chapter 260E, are confidential data and may be
18.18 disclosed only as provided in section 260E.21, subdivision 4; 260E.35; or 626.557,
18.19 subdivision 12b.

18.20 (e) Data classified as private, confidential, nonpublic, or protected nonpublic under this
18.21 subdivision become public data if submitted to a court or administrative law judge as part
18.22 of a disciplinary proceeding in which there is a public hearing concerning a license which
18.23 has been suspended, immediately suspended, revoked, or denied.

18.24 (f) Data generated in the course of licensing investigations that relate to an alleged
18.25 violation of law are investigative data under subdivision 3.

18.26 (g) Data that are not public data collected, maintained, used, or disseminated under this
18.27 subdivision that relate to or are derived from a report as defined in section 260E.03, or
18.28 626.5572, subdivision 18, are subject to the destruction provisions of sections 260E.35,
18.29 subdivision 6, and 626.557, subdivision 12b.

18.30 (h) Upon request, not public data collected, maintained, used, or disseminated under
18.31 this subdivision that relate to or are derived from a report of substantiated maltreatment as
18.32 defined in section 626.557 or chapter 260E may be exchanged with the Department of
18.33 Health for purposes of completing background studies pursuant to section 144.057 and with

19.1 the Department of Corrections for purposes of completing background studies pursuant to
19.2 section 241.021.

19.3 (i) Data on individuals collected according to licensing activities under chapters 142B,
19.4 245A, and 245C, data on individuals collected by the commissioner of human services
19.5 according to investigations under section 626.557 and chapters 142B, 245A, 245B, 245C,
19.6 245D, and 260E may be shared with the Department of Human Rights, the Department of
19.7 Health, the Department of Corrections, the ombudsman for mental health and developmental
19.8 disabilities, and the individual's professional regulatory board when there is reason to believe
19.9 that laws or standards under the jurisdiction of those agencies may have been violated or
19.10 the information may otherwise be relevant to the board's regulatory jurisdiction. Background
19.11 study data on an individual who is the subject of a background study under chapter 245C
19.12 for a licensed service for which the commissioner of human services ~~or~~; commissioner of
19.13 children, youth, and families; or the Direct Care and Treatment executive board is the license
19.14 holder may be shared with the commissioner and the commissioner's delegate by the licensing
19.15 division. Unless otherwise specified in this chapter, the identity of a reporter of alleged
19.16 maltreatment or licensing violations may not be disclosed.

19.17 (j) In addition to the notice of determinations required under sections 260E.24,
19.18 subdivisions 5 and 7, and 260E.30, subdivision 6, paragraphs (b), (c), (d), (e), and (f), if the
19.19 commissioner of children, youth, and families or the local social services agency has
19.20 determined that an individual is a substantiated perpetrator of maltreatment of a child based
19.21 on sexual abuse, as defined in section 260E.03, and the commissioner or local social services
19.22 agency knows that the individual is a person responsible for a child's care in another facility,
19.23 the commissioner or local social services agency shall notify the head of that facility of this
19.24 determination. The notification must include an explanation of the individual's available
19.25 appeal rights and the status of any appeal. If a notice is given under this paragraph, the
19.26 government entity making the notification shall provide a copy of the notice to the individual
19.27 who is the subject of the notice.

19.28 (k) All not public data collected, maintained, used, or disseminated under this subdivision
19.29 and subdivision 3 may be exchanged between the Department of Human Services, Licensing
19.30 Division, and the Department of Corrections for purposes of regulating services for which
19.31 the Department of Human Services and the Department of Corrections have regulatory
19.32 authority.

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

20.1 Sec. 3. Minnesota Statutes 2024, section 15.471, subdivision 6, is amended to read:

20.2 Subd. 6. **Party.** (a) Except as modified by paragraph (b), "party" means a person named
20.3 or admitted as a party, or seeking and entitled to be admitted as a party, in a court action or
20.4 contested case proceeding, or a person admitted by an administrative law judge for limited
20.5 purposes, and who is:

20.6 (1) an unincorporated business, partnership, corporation, association, or organization,
20.7 having not more than 500 employees at the time the civil action was filed or the contested
20.8 case proceeding was initiated; and

20.9 (2) an unincorporated business, partnership, corporation, association, or organization
20.10 whose annual revenues did not exceed \$7,000,000 at the time the civil action was filed or
20.11 the contested case proceeding was initiated.

20.12 (b) "Party" also includes a partner, officer, shareholder, member, or owner of an entity
20.13 described in paragraph (a), clauses (1) and (2).

20.14 (c) "Party" does not include a person providing services pursuant to licensure or
20.15 reimbursement on a cost basis by the Department of Health ~~or~~ the Department of Human
20.16 Services, or Direct Care and Treatment when that person is named or admitted or seeking
20.17 to be admitted as a party in a matter which involves the licensing or reimbursement rates,
20.18 procedures, or methodology applicable to those services.

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

20.20 Sec. 4. Minnesota Statutes 2024, section 16A.103, subdivision 1j, is amended to read:

20.21 Subd. 1j. **Federal reimbursement for administrative costs.** In preparing the forecast
20.22 of state revenues and expenditures under subdivision 1, the commissioner must include
20.23 estimates of the amount of federal reimbursement for administrative costs for the Department
20.24 of Human Services ~~and~~ the Department of Children, Youth, and Families; and Direct Care
20.25 and Treatment in the forecast as an expenditure reduction. The amount included under this
20.26 subdivision must conform with generally accepted accounting principles.

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

20.28 Sec. 5. Minnesota Statutes 2024, section 62J.495, subdivision 2, is amended to read:

20.29 Subd. 2. **E-Health Advisory Committee.** (a) The commissioner shall establish an
20.30 e-Health Advisory Committee governed by section 15.059 to advise the commissioner on
20.31 the following matters:

21.1 (1) assessment of the adoption and effective use of health information technology by
 21.2 the state, licensed health care providers and facilities, and local public health agencies;

21.3 (2) recommendations for implementing a statewide interoperable health information
 21.4 infrastructure, to include estimates of necessary resources, and for determining standards
 21.5 for clinical data exchange, clinical support programs, patient privacy requirements, and
 21.6 maintenance of the security and confidentiality of individual patient data;

21.7 (3) recommendations for encouraging use of innovative health care applications using
 21.8 information technology and systems to improve patient care and reduce the cost of care,
 21.9 including applications relating to disease management and personal health management
 21.10 that enable remote monitoring of patients' conditions, especially those with chronic
 21.11 conditions; and

21.12 (4) other related issues as requested by the commissioner.

21.13 (b) The members of the e-Health Advisory Committee shall include the commissioners,
 21.14 or commissioners' designees, of health, human services, administration, and commerce; a
 21.15 representative of the Direct Care and Treatment executive board; and additional members
 21.16 to be appointed by the commissioner to include persons representing Minnesota's local
 21.17 public health agencies, licensed hospitals and other licensed facilities and providers, private
 21.18 purchasers, the medical and nursing professions, health insurers and health plans, the state
 21.19 quality improvement organization, academic and research institutions, consumer advisory
 21.20 organizations with an interest and expertise in health information technology, and other
 21.21 stakeholders as identified by the commissioner to fulfill the requirements of section 3013,
 21.22 paragraph (g), of the HITECH Act.

21.23 (c) This subdivision expires June 30, 2031.

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

21.25 Sec. 6. Minnesota Statutes 2024, section 97A.441, subdivision 3, is amended to read:

21.26 Subd. 3. **Angling; residents of state institutions.** The commissioner may issue a license,
 21.27 without a fee, to take fish by angling to a person that is a ward of the commissioner of human
 21.28 services and a resident of a state institution under the control of the Direct Care and Treatment
 21.29 executive board upon application by the commissioner of human services.

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

22.1 Sec. 7. Minnesota Statutes 2024, section 144.53, is amended to read:

22.2 **144.53 FEES.**

22.3 Each application for a license, or renewal thereof, to operate a hospital, sanitarium or
 22.4 other institution for the hospitalization or care of human beings, within the meaning of
 22.5 sections 144.50 to 144.56, except applications by the Minnesota Veterans Home, the
 22.6 ~~commissioner of human services~~ Direct Care and Treatment executive board for the licensing
 22.7 of state institutions, ~~or by the administrator for the licensing of the University of Minnesota~~
 22.8 hospitals, shall be accompanied by a fee to be prescribed by the state commissioner of health
 22.9 pursuant to section 144.122. No fee shall be refunded. Licenses shall expire and shall be
 22.10 renewed as prescribed by the commissioner of health pursuant to section 144.122.

22.11 No license granted hereunder shall be assignable or transferable.

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

22.13 Sec. 8. Minnesota Statutes 2024, section 144.651, subdivision 2, is amended to read:

22.14 Subd. 2. **Definitions.** (a) For the purposes of this section, "patient" means a person who
 22.15 is admitted to an acute care inpatient facility for a continuous period longer than 24 hours,
 22.16 for the purpose of diagnosis or treatment bearing on the physical or mental health of that
 22.17 person. For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also
 22.18 means a person who receives health care services at an outpatient surgical center or at a
 22.19 birth center licensed under section 144.615. "Patient" also means a minor who is admitted
 22.20 to a residential program as defined in ~~section 253C.01~~ paragraph (c). For purposes of
 22.21 subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any person who is receiving
 22.22 mental health treatment on an outpatient basis or in a community support program or other
 22.23 community-based program.

22.24 (b) "Resident" means a person who is admitted to a nonacute care facility including
 22.25 extended care facilities, nursing homes, and boarding care homes for care required because
 22.26 of prolonged mental or physical illness or disability, recovery from injury or disease, or
 22.27 advancing age. For purposes of all subdivisions except subdivisions 28 and 29, "resident"
 22.28 also means a person who is admitted to a facility licensed as a board and lodging facility
 22.29 under Minnesota Rules, parts 4625.0100 to 4625.2355, a boarding care home under sections
 22.30 144.50 to 144.56, or a supervised living facility under Minnesota Rules, parts 4665.0100
 22.31 to 4665.9900, and which operates a rehabilitation program licensed under chapter 245G or
 22.32 245I, or Minnesota Rules, parts 9530.6510 to 9530.6590.

23.1 (c) "Residential program" means (1) a hospital-based primary treatment program that
 23.2 provides residential treatment to minors with emotional disturbance as defined by the
 23.3 Comprehensive Children's Mental Health Act in sections 245.487 to 245.4889, or (2) a
 23.4 facility licensed by the state under Minnesota Rules, parts 2960.0580 to 2960.0700, to
 23.5 provide services to minors on a 24-hour basis.

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

23.7 Sec. 9. Minnesota Statutes 2024, section 144.651, subdivision 4, is amended to read:

23.8 Subd. 4. **Information about rights.** Patients and residents shall, at admission, be told
 23.9 that there are legal rights for their protection during their stay at the facility or throughout
 23.10 their course of treatment and maintenance in the community and that these are described
 23.11 in an accompanying written statement of the applicable rights and responsibilities set forth
 23.12 in this section. In the case of patients admitted to residential programs as defined in ~~section~~
 23.13 ~~253C.01~~ subdivision 2, the written statement shall also describe the right of a person 16
 23.14 years old or older to request release as provided in section 253B.04, subdivision 2, and shall
 23.15 list the names and telephone numbers of individuals and organizations that provide advocacy
 23.16 and legal services for patients in residential programs. Reasonable accommodations shall
 23.17 be made for people who have communication disabilities and those who speak a language
 23.18 other than English. Current facility policies, inspection findings of state and local health
 23.19 authorities, and further explanation of the written statement of rights shall be available to
 23.20 patients, residents, their guardians or their chosen representatives upon reasonable request
 23.21 to the administrator or other designated staff person, consistent with chapter 13, the Data
 23.22 Practices Act, and section 626.557, relating to vulnerable adults.

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

23.24 Sec. 10. Minnesota Statutes 2024, section 144.651, subdivision 20, is amended to read:

23.25 Subd. 20. **Grievances.** Patients and residents shall be encouraged and assisted, throughout
 23.26 their stay in a facility or their course of treatment, to understand and exercise their rights
 23.27 as patients, residents, and citizens. Patients and residents may voice grievances and
 23.28 recommend changes in policies and services to facility staff and others of their choice, free
 23.29 from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge.
 23.30 Notice of the grievance procedure of the facility or program, as well as addresses and
 23.31 telephone numbers for the Office of Health Facility Complaints and the area nursing home
 23.32 ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a
 23.33 conspicuous place.

24.1 Every acute care inpatient facility, every residential program as defined in ~~section~~
 24.2 ~~253C.01~~ subdivision 2, every nonacute care facility, and every facility employing more
 24.3 than two people that provides outpatient mental health services shall have a written internal
 24.4 grievance procedure that, at a minimum, sets forth the process to be followed; specifies
 24.5 time limits, including time limits for facility response; provides for the patient or resident
 24.6 to have the assistance of an advocate; requires a written response to written grievances; and
 24.7 provides for a timely decision by an impartial decision maker if the grievance is not otherwise
 24.8 resolved. Compliance by hospitals, residential programs as defined in ~~section 253C.01~~
 24.9 subdivision 2 which are hospital-based primary treatment programs, and outpatient surgery
 24.10 centers with section 144.691 and compliance by health maintenance organizations with
 24.11 section 62D.11 is deemed to be compliance with the requirement for a written internal
 24.12 grievance procedure.

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

24.14 Sec. 11. Minnesota Statutes 2024, section 144.651, subdivision 31, is amended to read:

24.15 Subd. 31. **Isolation and restraints.** A minor patient who has been admitted to a
 24.16 residential program as defined in ~~section 253C.01~~ subdivision 2 has the right to be free from
 24.17 physical restraint and isolation except in emergency situations involving a likelihood that
 24.18 the patient will physically harm the patient's self or others. These procedures may not be
 24.19 used for disciplinary purposes, to enforce program rules, or for the convenience of staff.
 24.20 Isolation or restraint may be used only upon the prior authorization of a physician, advanced
 24.21 practice registered nurse, physician assistant, psychiatrist, or licensed psychologist, only
 24.22 when less restrictive measures are ineffective or not feasible and only for the shortest time
 24.23 necessary.

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

24.25 Sec. 12. Minnesota Statutes 2024, section 144.651, subdivision 32, is amended to read:

24.26 Subd. 32. **Treatment plan.** A minor patient who has been admitted to a residential
 24.27 program as defined in ~~section 253C.01~~ subdivision 2 has the right to a written treatment
 24.28 plan that describes in behavioral terms the case problems, the precise goals of the plan, and
 24.29 the procedures that will be utilized to minimize the length of time that the minor requires
 24.30 inpatient treatment. The plan shall also state goals for release to a less restrictive facility
 24.31 and follow-up treatment measures and services, if appropriate. To the degree possible, the
 24.32 minor patient and the minor patient's parents or guardian shall be involved in the development
 24.33 of the treatment and discharge plan.

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

25.2 Sec. 13. Minnesota Statutes 2024, section 144A.07, is amended to read:

25.3 **144A.07 FEES.**

25.4 Each application for a license to operate a nursing home, or for a renewal of license,
 25.5 except an application by the Minnesota Veterans Home or the ~~commissioner of human~~
 25.6 ~~services~~ Direct Care and Treatment executive board for the licensing of state institutions,
 25.7 shall be accompanied by a fee to be prescribed by the commissioner of health pursuant to
 25.8 section 144.122. No fee shall be refunded.

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

25.10 Sec. 14. Minnesota Statutes 2024, section 146A.08, subdivision 4, is amended to read:

25.11 **Subd. 4. Examination; access to medical data.** (a) If the commissioner has probable
 25.12 cause to believe that an unlicensed complementary and alternative health care practitioner
 25.13 has engaged in conduct prohibited by subdivision 1, paragraph (h), (i), (j), or (k), the
 25.14 commissioner may issue an order directing the practitioner to submit to a mental or physical
 25.15 examination or substance use disorder evaluation. For the purpose of this subdivision, every
 25.16 unlicensed complementary and alternative health care practitioner is deemed to have
 25.17 consented to submit to a mental or physical examination or substance use disorder evaluation
 25.18 when ordered to do so in writing by the commissioner and further to have waived all
 25.19 objections to the admissibility of the testimony or examination reports of the health care
 25.20 provider performing the examination or evaluation on the grounds that the same constitute
 25.21 a privileged communication. Failure of an unlicensed complementary and alternative health
 25.22 care practitioner to submit to an examination or evaluation when ordered, unless the failure
 25.23 was due to circumstances beyond the practitioner's control, constitutes an admission that
 25.24 the unlicensed complementary and alternative health care practitioner violated subdivision
 25.25 1, paragraph (h), (i), (j), or (k), based on the factual specifications in the examination or
 25.26 evaluation order and may result in a default and final disciplinary order being entered after
 25.27 a contested case hearing. An unlicensed complementary and alternative health care
 25.28 practitioner affected under this paragraph shall at reasonable intervals be given an opportunity
 25.29 to demonstrate that the practitioner can resume the provision of complementary and
 25.30 alternative health care practices with reasonable safety to clients. In any proceeding under
 25.31 this paragraph, neither the record of proceedings nor the orders entered by the commissioner
 25.32 shall be used against an unlicensed complementary and alternative health care practitioner
 25.33 in any other proceeding.

26.1 (b) In addition to ordering a physical or mental examination or substance use disorder
 26.2 evaluation, the commissioner may, notwithstanding section 13.384; 144.651; 595.02; or
 26.3 any other law limiting access to medical or other health data, obtain medical data and health
 26.4 records relating to an unlicensed complementary and alternative health care practitioner
 26.5 without the practitioner's consent if the commissioner has probable cause to believe that a
 26.6 practitioner has engaged in conduct prohibited by subdivision 1, paragraph (h), (i), (j), or
 26.7 (k). The medical data may be requested from a provider as defined in section 144.291,
 26.8 subdivision 2, paragraph (i), an insurance company, or a government agency, including the
 26.9 Department of Human Services and Direct Care and Treatment. A provider, insurance
 26.10 company, or government agency shall comply with any written request of the commissioner
 26.11 under this subdivision and is not liable in any action for damages for releasing the data
 26.12 requested by the commissioner if the data are released pursuant to a written request under
 26.13 this subdivision, unless the information is false and the person or organization giving the
 26.14 information knew or had reason to believe the information was false. Information obtained
 26.15 under this subdivision is private data under section 13.41.

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

26.17 Sec. 15. Minnesota Statutes 2024, section 147.091, subdivision 6, is amended to read:

26.18 Subd. 6. **Mental examination; access to medical data.** (a) If the board has probable
 26.19 cause to believe that a regulated person comes under subdivision 1, paragraph (1), it may
 26.20 direct the person to submit to a mental or physical examination. For the purpose of this
 26.21 subdivision every regulated person is deemed to have consented to submit to a mental or
 26.22 physical examination when directed in writing by the board and further to have waived all
 26.23 objections to the admissibility of the examining physicians' testimony or examination reports
 26.24 on the ground that the same constitute a privileged communication. Failure of a regulated
 26.25 person to submit to an examination when directed constitutes an admission of the allegations
 26.26 against the person, unless the failure was due to circumstance beyond the person's control,
 26.27 in which case a default and final order may be entered without the taking of testimony or
 26.28 presentation of evidence. A regulated person affected under this paragraph shall at reasonable
 26.29 intervals be given an opportunity to demonstrate that the person can resume the competent
 26.30 practice of the regulated profession with reasonable skill and safety to the public.

26.31 In any proceeding under this paragraph, neither the record of proceedings nor the orders
 26.32 entered by the board shall be used against a regulated person in any other proceeding.

26.33 (b) In addition to ordering a physical or mental examination, the board may,
 26.34 notwithstanding section 13.384, 144.651, or any other law limiting access to medical or

27.1 other health data, obtain medical data and health records relating to a regulated person or
27.2 applicant without the person's or applicant's consent if the board has probable cause to
27.3 believe that a regulated person comes under subdivision 1, paragraph (1). The medical data
27.4 may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph
27.5 (i), an insurance company, or a government agency, including the Department of Human
27.6 Services and Direct Care and Treatment. A provider, insurance company, or government
27.7 agency shall comply with any written request of the board under this subdivision and is not
27.8 liable in any action for damages for releasing the data requested by the board if the data are
27.9 released pursuant to a written request under this subdivision, unless the information is false
27.10 and the provider giving the information knew, or had reason to believe, the information was
27.11 false. Information obtained under this subdivision is classified as private under sections
27.12 13.01 to 13.87.

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

27.14 Sec. 16. Minnesota Statutes 2024, section 147A.13, subdivision 6, is amended to read:

27.15 Subd. 6. **Mental examination; access to medical data.** (a) If the board has probable
27.16 cause to believe that a physician assistant comes under subdivision 1, clause (1), it may
27.17 direct the physician assistant to submit to a mental or physical examination. For the purpose
27.18 of this subdivision, every physician assistant licensed under this chapter is deemed to have
27.19 consented to submit to a mental or physical examination when directed in writing by the
27.20 board and further to have waived all objections to the admissibility of the examining
27.21 physicians' testimony or examination reports on the ground that the same constitute a
27.22 privileged communication. Failure of a physician assistant to submit to an examination
27.23 when directed constitutes an admission of the allegations against the physician assistant,
27.24 unless the failure was due to circumstance beyond the physician assistant's control, in which
27.25 case a default and final order may be entered without the taking of testimony or presentation
27.26 of evidence. A physician assistant affected under this subdivision shall at reasonable intervals
27.27 be given an opportunity to demonstrate that the physician assistant can resume competent
27.28 practice with reasonable skill and safety to patients. In any proceeding under this subdivision,
27.29 neither the record of proceedings nor the orders entered by the board shall be used against
27.30 a physician assistant in any other proceeding.

27.31 (b) In addition to ordering a physical or mental examination, the board may,
27.32 notwithstanding sections 13.384, 144.651, or any other law limiting access to medical or
27.33 other health data, obtain medical data and health records relating to a licensee or applicant

28.1 without the licensee's or applicant's consent if the board has probable cause to believe that
28.2 a physician assistant comes under subdivision 1, clause (1).

28.3 The medical data may be requested from a provider, as defined in section 144.291,
28.4 subdivision 2, paragraph (i), an insurance company, or a government agency, including the
28.5 Department of Human Services and Direct Care and Treatment. A provider, insurance
28.6 company, or government agency shall comply with any written request of the board under
28.7 this subdivision and is not liable in any action for damages for releasing the data requested
28.8 by the board if the data are released pursuant to a written request under this subdivision,
28.9 unless the information is false and the provider giving the information knew, or had reason
28.10 to believe, the information was false. Information obtained under this subdivision is classified
28.11 as private under chapter 13.

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

28.13 Sec. 17. Minnesota Statutes 2024, section 148.10, subdivision 1, is amended to read:

28.14 Subdivision 1. **Grounds.** (a) The state Board of Chiropractic Examiners may refuse to
28.15 grant, or may revoke, suspend, condition, limit, restrict or qualify a license to practice
28.16 chiropractic, or may cause the name of a person licensed to be removed from the records
28.17 in the office of the court administrator of the district court for:

28.18 (1) advertising that is false or misleading; that violates a rule of the board; or that claims
28.19 the cure of any condition or disease;

28.20 (2) the employment of fraud or deception in applying for a license or in passing the
28.21 examination provided for in section 148.06 or conduct which subverts or attempts to subvert
28.22 the licensing examination process;

28.23 (3) the practice of chiropractic under a false or assumed name or the impersonation of
28.24 another practitioner of like or different name;

28.25 (4) the conviction of a crime involving moral turpitude;

28.26 (5) the conviction, during the previous five years, of a felony reasonably related to the
28.27 practice of chiropractic;

28.28 (6) habitual intemperance in the use of alcohol or drugs;

28.29 (7) practicing under a license which has not been renewed;

28.30 (8) advanced physical or mental disability;

29.1 (9) the revocation or suspension of a license to practice chiropractic; or other disciplinary
29.2 action against the licensee; or the denial of an application for a license by the proper licensing
29.3 authority of another state, territory or country; or failure to report to the board that charges
29.4 regarding the person's license have been brought in another state or jurisdiction;

29.5 (10) the violation of, or failure to comply with, the provisions of sections 148.01 to
29.6 148.105, the rules of the state Board of Chiropractic Examiners, or a lawful order of the
29.7 board;

29.8 (11) unprofessional conduct;

29.9 (12) being unable to practice chiropractic with reasonable skill and safety to patients by
29.10 reason of illness, professional incompetence, senility, drunkenness, use of drugs, narcotics,
29.11 chemicals or any other type of material, or as a result of any mental or physical condition,
29.12 including deterioration through the aging process or loss of motor skills. If the board has
29.13 probable cause to believe that a person comes within this clause, it shall direct the person
29.14 to submit to a mental or physical examination. For the purpose of this clause, every person
29.15 licensed under this chapter shall be deemed to have given consent to submit to a mental or
29.16 physical examination when directed in writing by the board and further to have waived all
29.17 objections to the admissibility of the examining physicians' testimony or examination reports
29.18 on the ground that the same constitute a privileged communication. Failure of a person to
29.19 submit to such examination when directed shall constitute an admission of the allegations,
29.20 unless the failure was due to circumstances beyond the person's control, in which case a
29.21 default and final order may be entered without the taking of testimony or presentation of
29.22 evidence. A person affected under this clause shall at reasonable intervals be afforded an
29.23 opportunity to demonstrate that the person can resume the competent practice of chiropractic
29.24 with reasonable skill and safety to patients.

29.25 In addition to ordering a physical or mental examination, the board may, notwithstanding
29.26 section 13.384, 144.651, or any other law limiting access to health data, obtain health data
29.27 and health records relating to a licensee or applicant without the licensee's or applicant's
29.28 consent if the board has probable cause to believe that a doctor of chiropractic comes under
29.29 this clause. The health data may be requested from a provider, as defined in section 144.291,
29.30 subdivision 2, paragraph (i), an insurance company, or a government agency, including the
29.31 Department of Human Services and Direct Care and Treatment. A provider, insurance
29.32 company, or government agency shall comply with any written request of the board under
29.33 this subdivision and is not liable in any action for damages for releasing the data requested
29.34 by the board if the data are released pursuant to a written request under this subdivision,
29.35 unless the information is false and the provider or entity giving the information knew, or

30.1 had reason to believe, the information was false. Information obtained under this subdivision
30.2 is classified as private under sections 13.01 to 13.87.

30.3 In any proceeding under this clause, neither the record of proceedings nor the orders
30.4 entered by the board shall be used against a person in any other proceeding;

30.5 (13) aiding or abetting an unlicensed person in the practice of chiropractic, except that
30.6 it is not a violation of this clause for a doctor of chiropractic to employ, supervise, or delegate
30.7 functions to a qualified person who may or may not be required to obtain a license or
30.8 registration to provide health services if that person is practicing within the scope of the
30.9 license or registration or delegated authority;

30.10 (14) improper management of health records, including failure to maintain adequate
30.11 health records as described in clause (18), to comply with a patient's request made under
30.12 sections 144.291 to 144.298 or to furnish a health record or report required by law;

30.13 (15) failure to make reports required by section 148.102, subdivisions 2 and 5, or to
30.14 cooperate with an investigation of the board as required by section 148.104, or the submission
30.15 of a knowingly false report against another doctor of chiropractic under section 148.10,
30.16 subdivision 3;

30.17 (16) splitting fees, or promising to pay a portion of a fee or a commission, or accepting
30.18 a rebate;

30.19 (17) revealing a privileged communication from or relating to a patient, except when
30.20 otherwise required or permitted by law;

30.21 (18) failing to keep written chiropractic records justifying the course of treatment of the
30.22 patient, including, but not limited to, patient histories, examination results, test results, and
30.23 x-rays. Unless otherwise required by law, written records need not be retained for more
30.24 than seven years and x-rays need not be retained for more than four years;

30.25 (19) exercising influence on the patient or client in such a manner as to exploit the patient
30.26 or client for financial gain of the licensee or of a third party which shall include, but not be
30.27 limited to, the promotion or sale of services, goods, or appliances;

30.28 (20) gross or repeated malpractice or the failure to practice chiropractic at a level of
30.29 care, skill, and treatment which is recognized by a reasonably prudent chiropractor as being
30.30 acceptable under similar conditions and circumstances; or

30.31 (21) delegating professional responsibilities to a person when the licensee delegating
30.32 such responsibilities knows or has reason to know that the person is not qualified by training,
30.33 experience, or licensure to perform them.

31.1 (b) For the purposes of paragraph (a), clause (2), conduct that subverts or attempts to
31.2 subvert the licensing examination process includes, but is not limited to: (1) conduct that
31.3 violates the security of the examination materials, such as removing examination materials
31.4 from the examination room or having unauthorized possession of any portion of a future,
31.5 current, or previously administered licensing examination; (2) conduct that violates the
31.6 standard of test administration, such as communicating with another examinee during
31.7 administration of the examination, copying another examinee's answers, permitting another
31.8 examinee to copy one's answers, or possessing unauthorized materials; or (3) impersonating
31.9 an examinee or permitting an impersonator to take the examination on one's own behalf.

31.10 (c) For the purposes of paragraph (a), clauses (4) and (5), conviction as used in these
31.11 subdivisions includes a conviction of an offense that if committed in this state would be
31.12 deemed a felony without regard to its designation elsewhere, or a criminal proceeding where
31.13 a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld
31.14 or not entered.

31.15 (d) For the purposes of paragraph (a), clauses (4), (5), and (6), a copy of the judgment
31.16 or proceeding under seal of the administrator of the court or of the administrative agency
31.17 which entered the same shall be admissible into evidence without further authentication
31.18 and shall constitute prima facie evidence of its contents.

31.19 (e) For the purposes of paragraph (a), clause (11), unprofessional conduct means any
31.20 unethical, deceptive or deleterious conduct or practice harmful to the public, any departure
31.21 from or the failure to conform to the minimal standards of acceptable chiropractic practice,
31.22 or a willful or careless disregard for the health, welfare or safety of patients, in any of which
31.23 cases proof of actual injury need not be established. Unprofessional conduct shall include,
31.24 but not be limited to, the following acts of a chiropractor:

31.25 (1) gross ignorance of, or incompetence in, the practice of chiropractic;

31.26 (2) engaging in conduct with a patient that is sexual or may reasonably be interpreted
31.27 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning
31.28 to a patient;

31.29 (3) performing unnecessary services;

31.30 (4) charging a patient an unconscionable fee or charging for services not rendered;

31.31 (5) directly or indirectly engaging in threatening, dishonest, or misleading fee collection
31.32 techniques;

32.1 (6) perpetrating fraud upon patients, third-party payors, or others, relating to the practice
 32.2 of chiropractic, including violations of the Medicare or Medicaid laws or state medical
 32.3 assistance laws;

32.4 (7) advertising that the licensee will accept for services rendered assigned payments
 32.5 from any third-party payer as payment in full, if the effect is to give the impression of
 32.6 eliminating the need of payment by the patient of any required deductible or co-payment
 32.7 applicable in the patient's health benefit plan. As used in this clause, "advertise" means
 32.8 solicitation by the licensee by means of handbills, posters, circulars, motion pictures, radio,
 32.9 newspapers, television, or in any other manner. In addition to the board's power to punish
 32.10 for violations of this clause, violation of this clause is also a misdemeanor;

32.11 (8) accepting for services rendered assigned payments from any third-party payer as
 32.12 payment in full, if the effect is to eliminate the need of payment by the patient of any required
 32.13 deductible or co-payment applicable in the patient's health benefit plan, except as hereinafter
 32.14 provided; and

32.15 (9) any other act that the board by rule may define.

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

32.17 Sec. 18. Minnesota Statutes 2024, section 148.261, subdivision 5, is amended to read:

32.18 Subd. 5. **Examination; access to medical data.** The board may take the following
 32.19 actions if it has probable cause to believe that grounds for disciplinary action exist under
 32.20 subdivision 1, clause (9) or (10):

32.21 (a) It may direct the applicant or nurse to submit to a mental or physical examination or
 32.22 substance use disorder evaluation. For the purpose of this subdivision, when a nurse licensed
 32.23 under sections 148.171 to 148.285 is directed in writing by the board to submit to a mental
 32.24 or physical examination or substance use disorder evaluation, that person is considered to
 32.25 have consented and to have waived all objections to admissibility on the grounds of privilege.
 32.26 Failure of the applicant or nurse to submit to an examination when directed constitutes an
 32.27 admission of the allegations against the applicant or nurse, unless the failure was due to
 32.28 circumstances beyond the person's control, and the board may enter a default and final order
 32.29 without taking testimony or allowing evidence to be presented. A nurse affected under this
 32.30 paragraph shall, at reasonable intervals, be given an opportunity to demonstrate that the
 32.31 competent practice of professional, advanced practice registered, or practical nursing can
 32.32 be resumed with reasonable skill and safety to patients. Neither the record of proceedings

33.1 nor the orders entered by the board in a proceeding under this paragraph, may be used
33.2 against a nurse in any other proceeding.

33.3 (b) It may, notwithstanding sections 13.384, 144.651, 595.02, or any other law limiting
33.4 access to medical or other health data, obtain medical data and health records relating to a
33.5 registered nurse, advanced practice registered nurse, licensed practical nurse, or applicant
33.6 for a license without that person's consent. The medical data may be requested from a
33.7 provider, as defined in section 144.291, subdivision 2, paragraph (i), an insurance company,
33.8 or a government agency, including the Department of Human Services and Direct Care and
33.9 Treatment. A provider, insurance company, or government agency shall comply with any
33.10 written request of the board under this subdivision and is not liable in any action for damages
33.11 for releasing the data requested by the board if the data are released pursuant to a written
33.12 request under this subdivision unless the information is false and the provider giving the
33.13 information knew, or had reason to believe, the information was false. Information obtained
33.14 under this subdivision is classified as private data on individuals as defined in section 13.02.

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

33.16 Sec. 19. Minnesota Statutes 2024, section 148.754, is amended to read:

33.17 **148.754 EXAMINATION; ACCESS TO MEDICAL DATA.**

33.18 (a) If the board has probable cause to believe that a licensee comes under section 148.75,
33.19 paragraph (a), clause (2), it may direct the licensee to submit to a mental or physical
33.20 examination. For the purpose of this paragraph, every licensee is deemed to have consented
33.21 to submit to a mental or physical examination when directed in writing by the board and
33.22 further to have waived all objections to the admissibility of the examining physicians'
33.23 testimony or examination reports on the ground that they constitute a privileged
33.24 communication. Failure of the licensee to submit to an examination when directed constitutes
33.25 an admission of the allegations against the person, unless the failure was due to circumstances
33.26 beyond the person's control, in which case a default and final order may be entered without
33.27 the taking of testimony or presentation of evidence. A licensee affected under this paragraph
33.28 shall, at reasonable intervals, be given an opportunity to demonstrate that the person can
33.29 resume the competent practice of physical therapy with reasonable skill and safety to the
33.30 public.

33.31 (b) In any proceeding under paragraph (a), neither the record of proceedings nor the
33.32 orders entered by the board shall be used against a licensee in any other proceeding.

34.1 (c) In addition to ordering a physical or mental examination, the board may,
 34.2 notwithstanding section 13.384, 144.651, or any other law limiting access to medical or
 34.3 other health data, obtain medical data and health records relating to a licensee or applicant
 34.4 without the person's or applicant's consent if the board has probable cause to believe that
 34.5 the person comes under paragraph (a). The medical data may be requested from a provider,
 34.6 as defined in section 144.291, subdivision 2, paragraph (i), an insurance company, or a
 34.7 government agency, including the Department of Human Services and Direct Care and
 34.8 Treatment. A provider, insurance company, or government agency shall comply with any
 34.9 written request of the board under this paragraph and is not liable in any action for damages
 34.10 for releasing the data requested by the board if the data are released pursuant to a written
 34.11 request under this paragraph, unless the information is false and the provider giving the
 34.12 information knew, or had reason to believe, the information was false. Information obtained
 34.13 under this paragraph is classified as private under sections 13.01 to 13.87.

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

34.15 Sec. 20. Minnesota Statutes 2024, section 148B.5905, is amended to read:

34.16 **148B.5905 MENTAL, PHYSICAL, OR SUBSTANCE USE DISORDER**
 34.17 **EXAMINATION OR EVALUATION; ACCESS TO MEDICAL DATA.**

34.18 (a) If the board has probable cause to believe section 148B.59, paragraph (a), clause (9),
 34.19 applies to a licensee or applicant, the board may direct the person to submit to a mental,
 34.20 physical, or substance use disorder examination or evaluation. For the purpose of this section,
 34.21 every licensee and applicant is deemed to have consented to submit to a mental, physical,
 34.22 or substance use disorder examination or evaluation when directed in writing by the board
 34.23 and to have waived all objections to the admissibility of the examining professionals'
 34.24 testimony or examination reports on the grounds that the testimony or examination reports
 34.25 constitute a privileged communication. Failure of a licensee or applicant to submit to an
 34.26 examination when directed by the board constitutes an admission of the allegations against
 34.27 the person, unless the failure was due to circumstances beyond the person's control, in which
 34.28 case a default and final order may be entered without the taking of testimony or presentation
 34.29 of evidence. A licensee or applicant affected under this paragraph shall at reasonable intervals
 34.30 be given an opportunity to demonstrate that the person can resume the competent practice
 34.31 of licensed professional counseling with reasonable skill and safety to the public. In any
 34.32 proceeding under this paragraph, neither the record of proceedings nor the orders entered
 34.33 by the board shall be used against a licensee or applicant in any other proceeding.

35.1 (b) In addition to ordering a physical or mental examination, the board may,
35.2 notwithstanding section 13.384, 144.651, or any other law limiting access to medical or
35.3 other health data, obtain medical data and health records relating to a licensee or applicant
35.4 without the licensee's or applicant's consent if the board has probable cause to believe that
35.5 section 148B.59, paragraph (a), clause (9), applies to the licensee or applicant. The medical
35.6 data may be requested from a provider, as defined in section 144.291, subdivision 2,
35.7 paragraph (i); an insurance company; or a government agency, including the Department
35.8 of Human Services and Direct Care and Treatment. A provider, insurance company, or
35.9 government agency shall comply with any written request of the board under this subdivision
35.10 and is not liable in any action for damages for releasing the data requested by the board if
35.11 the data are released pursuant to a written request under this subdivision, unless the
35.12 information is false and the provider giving the information knew, or had reason to believe,
35.13 the information was false. Information obtained under this subdivision is classified as private
35.14 under sections 13.01 to 13.87.

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

35.16 Sec. 21. Minnesota Statutes 2024, section 148F.09, subdivision 6, is amended to read:

35.17 Subd. 6. **Mental, physical, or chemical health evaluation.** (a) If the board has probable
35.18 cause to believe that an applicant or licensee is unable to practice alcohol and drug counseling
35.19 with reasonable skill and safety due to a mental or physical illness or condition, the board
35.20 may direct the individual to submit to a mental, physical, or chemical dependency
35.21 examination or evaluation.

35.22 (1) For the purposes of this section, every licensee and applicant is deemed to have
35.23 consented to submit to a mental, physical, or chemical dependency examination or evaluation
35.24 when directed in writing by the board and to have waived all objections to the admissibility
35.25 of the examining professionals' testimony or examination reports on the grounds that the
35.26 testimony or examination reports constitute a privileged communication.

35.27 (2) Failure of a licensee or applicant to submit to an examination when directed by the
35.28 board constitutes an admission of the allegations against the person, unless the failure was
35.29 due to circumstances beyond the person's control, in which case a default and final order
35.30 may be entered without the taking of testimony or presentation of evidence.

35.31 (3) A licensee or applicant affected under this subdivision shall at reasonable intervals
35.32 be given an opportunity to demonstrate that the licensee or applicant can resume the
35.33 competent practice of licensed alcohol and drug counseling with reasonable skill and safety
35.34 to the public.

36.1 (4) In any proceeding under this subdivision, neither the record of proceedings nor the
36.2 orders entered by the board shall be used against the licensee or applicant in any other
36.3 proceeding.

36.4 (b) In addition to ordering a physical or mental examination, the board may,
36.5 notwithstanding section 13.384 or sections 144.291 to 144.298, or any other law limiting
36.6 access to medical or other health data, obtain medical data and health records relating to a
36.7 licensee or applicant without the licensee's or applicant's consent if the board has probable
36.8 cause to believe that subdivision 1, clause (9), applies to the licensee or applicant. The
36.9 medical data may be requested from:

36.10 (1) a provider, as defined in section 144.291, subdivision 2, paragraph (i);

36.11 (2) an insurance company; or

36.12 (3) a government agency, including the Department of Human Services and Direct Care
36.13 and Treatment.

36.14 (c) A provider, insurance company, or government agency must comply with any written
36.15 request of the board under this subdivision and is not liable in any action for damages for
36.16 releasing the data requested by the board if the data are released pursuant to a written request
36.17 under this subdivision, unless the information is false and the provider giving the information
36.18 knew, or had reason to believe, the information was false.

36.19 (d) Information obtained under this subdivision is private data on individuals as defined
36.20 in section 13.02, subdivision 12.

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

36.22 Sec. 22. Minnesota Statutes 2024, section 150A.08, subdivision 6, is amended to read:

36.23 Subd. 6. **Medical records.** Notwithstanding contrary provisions of sections 13.384 and
36.24 144.651 or any other statute limiting access to medical or other health data, the board may
36.25 obtain medical data and health records of a licensee or applicant without the licensee's or
36.26 applicant's consent if the information is requested by the board as part of the process specified
36.27 in subdivision 5. The medical data may be requested from a provider, as defined in section
36.28 144.291, subdivision 2, paragraph (h), an insurance company, or a government agency,
36.29 including the Department of Human Services and Direct Care and Treatment. A provider,
36.30 insurance company, or government agency shall comply with any written request of the
36.31 board under this subdivision and shall not be liable in any action for damages for releasing
36.32 the data requested by the board if the data are released pursuant to a written request under
36.33 this subdivision, unless the information is false and the provider giving the information

37.1 knew, or had reason to believe, the information was false. Information obtained under this
37.2 subdivision shall be classified as private under the Minnesota Government Data Practices
37.3 Act.

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

37.5 Sec. 23. Minnesota Statutes 2024, section 151.071, subdivision 10, is amended to read:

37.6 Subd. 10. **Mental examination; access to medical data.** (a) If the board receives a
37.7 complaint and has probable cause to believe that an individual licensed or registered by the
37.8 board falls under subdivision 2, clause (14), it may direct the individual to submit to a mental
37.9 or physical examination. For the purpose of this subdivision, every licensed or registered
37.10 individual is deemed to have consented to submit to a mental or physical examination when
37.11 directed in writing by the board and further to have waived all objections to the admissibility
37.12 of the examining practitioner's testimony or examination reports on the grounds that the
37.13 same constitute a privileged communication. Failure of a licensed or registered individual
37.14 to submit to an examination when directed constitutes an admission of the allegations against
37.15 the individual, unless the failure was due to circumstances beyond the individual's control,
37.16 in which case a default and final order may be entered without the taking of testimony or
37.17 presentation of evidence. Pharmacists affected under this paragraph shall at reasonable
37.18 intervals be given an opportunity to demonstrate that they can resume the competent practice
37.19 of the profession of pharmacy with reasonable skill and safety to the public. Pharmacist
37.20 interns, pharmacy technicians, or controlled substance researchers affected under this
37.21 paragraph shall at reasonable intervals be given an opportunity to demonstrate that they can
37.22 competently resume the duties that can be performed, under this chapter or the rules of the
37.23 board, by similarly registered persons with reasonable skill and safety to the public. In any
37.24 proceeding under this paragraph, neither the record of proceedings nor the orders entered
37.25 by the board shall be used against a licensed or registered individual in any other proceeding.

37.26 (b) Notwithstanding section 13.384, 144.651, or any other law limiting access to medical
37.27 or other health data, the board may obtain medical data and health records relating to an
37.28 individual licensed or registered by the board, or to an applicant for licensure or registration,
37.29 without the individual's consent when the board receives a complaint and has probable cause
37.30 to believe that the individual is practicing in violation of subdivision 2, clause (14), and the
37.31 data and health records are limited to the complaint. The medical data may be requested
37.32 from a provider, as defined in section 144.291, subdivision 2, paragraph (i), an insurance
37.33 company, or a government agency, including the Department of Human Services and Direct
37.34 Care and Treatment. A provider, insurance company, or government agency shall comply

38.1 with any written request of the board under this subdivision and is not liable in any action
 38.2 for damages for releasing the data requested by the board if the data are released pursuant
 38.3 to a written request under this subdivision, unless the information is false and the provider
 38.4 giving the information knew, or had reason to believe, the information was false. Information
 38.5 obtained under this subdivision is classified as private under sections 13.01 to 13.87.

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

38.7 Sec. 24. Minnesota Statutes 2024, section 153.21, subdivision 2, is amended to read:

38.8 Subd. 2. **Access to medical data.** In addition to ordering a physical or mental examination
 38.9 or substance use disorder evaluation, the board may, notwithstanding section 13.384, 144.651,
 38.10 or any other law limiting access to medical or other health data, obtain medical data and
 38.11 health records relating to a licensee or applicant without the licensee's or applicant's consent
 38.12 if the board has probable cause to believe that a doctor of podiatric medicine falls within
 38.13 the provisions of section 153.19, subdivision 1, clause (12). The medical data may be
 38.14 requested from a provider, as defined in section 144.291, subdivision 2, paragraph (h), an
 38.15 insurance company, or a government agency, including the Department of Human Services
 38.16 and Direct Care and Treatment. A provider, insurance company, or government agency
 38.17 shall comply with any written request of the board under this section and is not liable in
 38.18 any action for damages for releasing the data requested by the board if the data are released
 38.19 in accordance with a written request under this section, unless the information is false and
 38.20 the provider giving the information knew, or had reason to believe, the information was
 38.21 false.

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

38.23 Sec. 25. Minnesota Statutes 2024, section 153B.70, is amended to read:

38.24 **153B.70 GROUNDS FOR DISCIPLINARY ACTION.**

38.25 (a) The board may refuse to issue or renew a license, revoke or suspend a license, or
 38.26 place on probation or reprimand a licensee for one or any combination of the following:

38.27 (1) making a material misstatement in furnishing information to the board;

38.28 (2) violating or intentionally disregarding the requirements of this chapter;

38.29 (3) conviction of a crime, including a finding or verdict of guilt, an admission of guilt,
 38.30 or a no-contest plea, in this state or elsewhere, reasonably related to the practice of the
 38.31 profession. Conviction, as used in this clause, includes a conviction of an offense which, if
 38.32 committed in this state, would be deemed a felony, gross misdemeanor, or misdemeanor,

39.1 without regard to its designation elsewhere, or a criminal proceeding where a finding or
39.2 verdict of guilty is made or returned but the adjudication of guilt is either withheld or not
39.3 entered;

39.4 (4) making a misrepresentation in order to obtain or renew a license;

39.5 (5) displaying a pattern of practice or other behavior that demonstrates incapacity or
39.6 incompetence to practice;

39.7 (6) aiding or assisting another person in violating the provisions of this chapter;

39.8 (7) failing to provide information within 60 days in response to a written request from
39.9 the board, including documentation of completion of continuing education requirements;

39.10 (8) engaging in dishonorable, unethical, or unprofessional conduct;

39.11 (9) engaging in conduct of a character likely to deceive, defraud, or harm the public;

39.12 (10) inability to practice due to habitual intoxication, addiction to drugs, or mental or
39.13 physical illness;

39.14 (11) being disciplined by another state or territory of the United States, the federal
39.15 government, a national certification organization, or foreign nation, if at least one of the
39.16 grounds for the discipline is the same or substantially equivalent to one of the grounds in
39.17 this section;

39.18 (12) directly or indirectly giving to or receiving from a person, firm, corporation,
39.19 partnership, or association a fee, commission, rebate, or other form of compensation for
39.20 professional services not actually or personally rendered;

39.21 (13) incurring a finding by the board that the licensee, after the licensee has been placed
39.22 on probationary status, has violated the conditions of the probation;

39.23 (14) abandoning a patient or client;

39.24 (15) willfully making or filing false records or reports in the course of the licensee's
39.25 practice including, but not limited to, false records or reports filed with state or federal
39.26 agencies;

39.27 (16) willfully failing to report child maltreatment as required under the Maltreatment of
39.28 Minors Act, chapter 260E; or

39.29 (17) soliciting professional services using false or misleading advertising.

39.30 (b) A license to practice is automatically suspended if (1) a guardian of a licensee is
39.31 appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons other

40.1 than the minority of the licensee, or (2) the licensee is committed by order of a court pursuant
40.2 to chapter 253B. The license remains suspended until the licensee is restored to capacity
40.3 by a court and, upon petition by the licensee, the suspension is terminated by the board after
40.4 a hearing. The licensee may be reinstated to practice, either with or without restrictions, by
40.5 demonstrating clear and convincing evidence of rehabilitation. The regulated person is not
40.6 required to prove rehabilitation if the subsequent court decision overturns previous court
40.7 findings of public risk.

40.8 (c) If the board has probable cause to believe that a licensee or applicant has violated
40.9 paragraph (a), clause (10), it may direct the person to submit to a mental or physical
40.10 examination. For the purpose of this section, every person is deemed to have consented to
40.11 submit to a mental or physical examination when directed in writing by the board and to
40.12 have waived all objections to the admissibility of the examining physician's testimony or
40.13 examination report on the grounds that the testimony or report constitutes a privileged
40.14 communication. Failure of a regulated person to submit to an examination when directed
40.15 constitutes an admission of the allegations against the person, unless the failure was due to
40.16 circumstances beyond the person's control, in which case a default and final order may be
40.17 entered without the taking of testimony or presentation of evidence. A regulated person
40.18 affected under this paragraph shall at reasonable intervals be given an opportunity to
40.19 demonstrate that the person can resume the competent practice of the regulated profession
40.20 with reasonable skill and safety to the public. In any proceeding under this paragraph, neither
40.21 the record of proceedings nor the orders entered by the board shall be used against a regulated
40.22 person in any other proceeding.

40.23 (d) In addition to ordering a physical or mental examination, the board may,
40.24 notwithstanding section 13.384 or 144.293, or any other law limiting access to medical or
40.25 other health data, obtain medical data and health records relating to a licensee or applicant
40.26 without the person's or applicant's consent if the board has probable cause to believe that a
40.27 licensee is subject to paragraph (a), clause (10). The medical data may be requested from
40.28 a provider as defined in section 144.291, subdivision 2, paragraph (i), an insurance company,
40.29 or a government agency, including the Department of Human Services and Direct Care and
40.30 Treatment. A provider, insurance company, or government agency shall comply with any
40.31 written request of the board under this section and is not liable in any action for damages
40.32 for releasing the data requested by the board if the data are released pursuant to a written
40.33 request under this section, unless the information is false and the provider giving the
40.34 information knew, or had reason to know, the information was false. Information obtained
40.35 under this section is private data on individuals as defined in section 13.02.

41.1 (e) If the board issues an order of immediate suspension of a license, a hearing must be
41.2 held within 30 days of the suspension and completed without delay.

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

41.4 Sec. 26. Minnesota Statutes 2024, section 168.012, subdivision 1, is amended to read:

41.5 Subdivision 1. **Vehicles exempt from tax, fees, or plate display.** (a) The following
41.6 vehicles are exempt from the provisions of this chapter requiring payment of tax and
41.7 registration fees, except as provided in subdivision 1c:

41.8 (1) vehicles owned and used solely in the transaction of official business by the federal
41.9 government, the state, or any political subdivision;

41.10 (2) vehicles owned and used exclusively by educational institutions and used solely in
41.11 the transportation of pupils to and from those institutions;

41.12 (3) vehicles used solely in driver education programs at nonpublic high schools;

41.13 (4) vehicles owned by nonprofit charities and used exclusively to transport disabled
41.14 persons for charitable, religious, or educational purposes;

41.15 (5) vehicles owned by nonprofit charities and used exclusively for disaster response and
41.16 related activities;

41.17 (6) vehicles owned by ambulance services licensed under section 144E.10 that are
41.18 equipped and specifically intended for emergency response or providing ambulance services;
41.19 and

41.20 (7) vehicles owned by a commercial driving school licensed under section 171.34, or
41.21 an employee of a commercial driving school licensed under section 171.34, and the vehicle
41.22 is used exclusively for driver education and training.

41.23 (b) Provided the general appearance of the vehicle is unmistakable, the following vehicles
41.24 are not required to register or display number plates:

41.25 (1) vehicles owned by the federal government;

41.26 (2) fire apparatuses, including fire-suppression support vehicles, owned or leased by the
41.27 state or a political subdivision;

41.28 (3) police patrols owned or leased by the state or a political subdivision; and

41.29 (4) ambulances owned or leased by the state or a political subdivision.

42.1 (c) Unmarked vehicles used in general police work, liquor investigations, or arson
42.2 investigations, and passenger automobiles, pickup trucks, and buses owned or operated by
42.3 the Department of Corrections or by conservation officers of the Division of Enforcement
42.4 and Field Service of the Department of Natural Resources, must be registered and must
42.5 display appropriate license number plates, furnished by the registrar at cost. Original and
42.6 renewal applications for these license plates authorized for use in general police work and
42.7 for use by the Department of Corrections or by conservation officers must be accompanied
42.8 by a certification signed by the appropriate chief of police if issued to a police vehicle, the
42.9 appropriate sheriff if issued to a sheriff's vehicle, the commissioner of corrections if issued
42.10 to a Department of Corrections vehicle, or the appropriate officer in charge if issued to a
42.11 vehicle of any other law enforcement agency. The certification must be on a form prescribed
42.12 by the commissioner and state that the vehicle will be used exclusively for a purpose
42.13 authorized by this section.

42.14 (d) Unmarked vehicles used by the Departments of Revenue and Labor and Industry,
42.15 fraud unit, in conducting seizures or criminal investigations must be registered and must
42.16 display passenger vehicle classification license number plates, furnished at cost by the
42.17 registrar. Original and renewal applications for these passenger vehicle license plates must
42.18 be accompanied by a certification signed by the commissioner of revenue or the
42.19 commissioner of labor and industry. The certification must be on a form prescribed by the
42.20 commissioner and state that the vehicles will be used exclusively for the purposes authorized
42.21 by this section.

42.22 (e) Unmarked vehicles used by the Division of Disease Prevention and Control of the
42.23 Department of Health must be registered and must display passenger vehicle classification
42.24 license number plates. These plates must be furnished at cost by the registrar. Original and
42.25 renewal applications for these passenger vehicle license plates must be accompanied by a
42.26 certification signed by the commissioner of health. The certification must be on a form
42.27 prescribed by the commissioner and state that the vehicles will be used exclusively for the
42.28 official duties of the Division of Disease Prevention and Control.

42.29 (f) Unmarked vehicles used by staff of the Gambling Control Board in gambling
42.30 investigations and reviews must be registered and must display passenger vehicle
42.31 classification license number plates. These plates must be furnished at cost by the registrar.
42.32 Original and renewal applications for these passenger vehicle license plates must be
42.33 accompanied by a certification signed by the board chair. The certification must be on a
42.34 form prescribed by the commissioner and state that the vehicles will be used exclusively
42.35 for the official duties of the Gambling Control Board.

43.1 (g) Unmarked vehicles used in general investigation, surveillance, supervision, and
 43.2 monitoring by ~~the Department of Human Services' Office of Special Investigations' staff;~~
 43.3 ~~the Minnesota Sex Offender Program's executive director and the executive director's staff;~~
 43.4 ~~and~~ the Office of Inspector General's staff, including, but not limited to, county fraud
 43.5 prevention investigators, must be registered and must display passenger vehicle classification
 43.6 license number plates, furnished by the registrar at cost. Original and renewal applications
 43.7 for passenger vehicle license plates must be accompanied by a certification signed by the
 43.8 commissioner of human services. The certification must be on a form prescribed by the
 43.9 commissioner and state that the vehicles must be used exclusively for the official duties of
 43.10 the Office of Special Investigations' staff; ~~the Minnesota Sex Offender Program's executive~~
 43.11 ~~director and the executive director's staff;~~ and the Office of the Inspector General's staff,
 43.12 including, but not limited to, contract and county fraud prevention investigators.

43.13 (h) Unmarked vehicles used in general investigation, surveillance, supervision, and
 43.14 monitoring by the Direct Care and Treatment Office of Special Investigations' staff and
 43.15 unmarked vehicles used by the Minnesota Sex Offender Program's executive director and
 43.16 the executive director's staff must be registered and must display passenger vehicle
 43.17 classification license number plates, furnished by the registrar at cost. Original and renewal
 43.18 applications for passenger vehicle license plates must be accompanied by a certification
 43.19 signed by the Direct Care and Treatment executive board. The certification must be on a
 43.20 form prescribed by the commissioner and state that the vehicles must be used exclusively
 43.21 for the official duties of the Minnesota Sex Offender Program's executive director and the
 43.22 executive director's staff, including but not limited to contract and county fraud prevention
 43.23 investigators.

43.24 ~~(h)~~ (i) Each state hospital and institution for persons who are mentally ill and
 43.25 developmentally disabled may have one vehicle without the required identification on the
 43.26 sides of the vehicle. The vehicle must be registered and must display passenger vehicle
 43.27 classification license number plates. These plates must be furnished at cost by the registrar.
 43.28 Original and renewal applications for these passenger vehicle license plates must be
 43.29 accompanied by a certification signed by the hospital administrator. The certification must
 43.30 be on a form prescribed by the ~~commissioner~~ Direct Care and Treatment executive board
 43.31 and state that the vehicles will be used exclusively for the official duties of the state hospital
 43.32 or institution.

43.33 ~~(i)~~ (j) Each county social service agency may have vehicles used for child and vulnerable
 43.34 adult protective services without the required identification on the sides of the vehicle. The
 43.35 vehicles must be registered and must display passenger vehicle classification license number

44.1 plates. These plates must be furnished at cost by the registrar. Original and renewal
 44.2 applications for these passenger vehicle license plates must be accompanied by a certification
 44.3 signed by the agency administrator. The certification must be on a form prescribed by the
 44.4 commissioner and state that the vehicles will be used exclusively for the official duties of
 44.5 the social service agency.

44.6 ~~(j)~~ (k) Unmarked vehicles used in general investigation, surveillance, supervision, and
 44.7 monitoring by tobacco inspector staff of the Department of Human Services' Alcohol and
 44.8 Drug Abuse Division for the purposes of tobacco inspections, investigations, and reviews
 44.9 must be registered and must display passenger vehicle classification license number plates,
 44.10 furnished at cost by the registrar. Original and renewal applications for passenger vehicle
 44.11 license plates must be accompanied by a certification signed by the commissioner of human
 44.12 services. The certification must be on a form prescribed by the commissioner and state that
 44.13 the vehicles will be used exclusively by tobacco inspector staff for the duties specified in
 44.14 this paragraph.

44.15 ~~(k)~~ (l) All other motor vehicles must be registered and display tax-exempt number plates,
 44.16 furnished by the registrar at cost, except as provided in subdivision 1c. All vehicles required
 44.17 to display tax-exempt number plates must have the name of the state department or political
 44.18 subdivision, nonpublic high school operating a driver education program, licensed
 44.19 commercial driving school, or other qualifying organization or entity, plainly displayed on
 44.20 both sides of the vehicle. This identification must be in a color giving contrast with that of
 44.21 the part of the vehicle on which it is placed and must endure throughout the term of the
 44.22 registration. The identification must not be on a removable plate or placard and must be
 44.23 kept clean and visible at all times; except that a removable plate or placard may be utilized
 44.24 on vehicles leased or loaned to a political subdivision or to a nonpublic high school driver
 44.25 education program.

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

44.27 Sec. 27. Minnesota Statutes 2024, section 244.052, subdivision 4, is amended to read:

44.28 Subd. 4. **Law enforcement agency; disclosure of information to public.** (a) The law
 44.29 enforcement agency in the area where the predatory offender resides, expects to reside, is
 44.30 employed, or is regularly found, shall disclose to the public any information regarding the
 44.31 offender contained in the report forwarded to the agency under subdivision 3, paragraph
 44.32 (f), that is relevant and necessary to protect the public and to counteract the offender's
 44.33 dangerousness, consistent with the guidelines in paragraph (b). The extent of the information
 44.34 disclosed and the community to whom disclosure is made must relate to the level of danger

45.1 posed by the offender, to the offender's pattern of offending behavior, and to the need of
 45.2 community members for information to enhance their individual and collective safety.

45.3 (b) The law enforcement agency shall employ the following guidelines in determining
 45.4 the scope of disclosure made under this subdivision:

45.5 (1) if the offender is assigned to risk level I, the agency may maintain information
 45.6 regarding the offender within the agency and may disclose it to other law enforcement
 45.7 agencies. Additionally, the agency may disclose the information to any victims of or
 45.8 witnesses to the offense committed by the offender. The agency shall disclose the information
 45.9 to victims of the offense committed by the offender who have requested disclosure and to
 45.10 adult members of the offender's immediate household;

45.11 (2) if the offender is assigned to risk level II, the agency also may disclose the information
 45.12 to agencies and groups that the offender is likely to encounter for the purpose of securing
 45.13 those institutions and protecting individuals in their care while they are on or near the
 45.14 premises of the institution. These agencies and groups include the staff members of public
 45.15 and private educational institutions, day care establishments, and establishments and
 45.16 organizations that primarily serve individuals likely to be victimized by the offender. The
 45.17 agency also may disclose the information to individuals the agency believes are likely to
 45.18 be victimized by the offender. The agency's belief shall be based on the offender's pattern
 45.19 of offending or victim preference as documented in the information provided by the
 45.20 Department of Corrections ~~or~~, the Department of Human Services, or Direct Care and
 45.21 Treatment. The agency may disclose the information to property assessors, property
 45.22 inspectors, code enforcement officials, and child protection officials who are likely to visit
 45.23 the offender's home in the course of their duties;

45.24 (3) if the offender is assigned to risk level III, the agency shall disclose the information
 45.25 to the persons and entities described in clauses (1) and (2) and to other members of the
 45.26 community whom the offender is likely to encounter, unless the law enforcement agency
 45.27 determines that public safety would be compromised by the disclosure or that a more limited
 45.28 disclosure is necessary to protect the identity of the victim.

45.29 Notwithstanding the assignment of a predatory offender to risk level II or III, a law
 45.30 enforcement agency may not make the disclosures permitted or required by clause (2) or
 45.31 (3), if: the offender is placed or resides in a residential facility. However, if an offender is
 45.32 placed or resides in a residential facility, the offender and the head of the facility shall
 45.33 designate the offender's likely residence upon release from the facility and the head of the
 45.34 facility shall notify the commissioner of corrections ~~or~~, the commissioner of human services,

46.1 or the Direct Care and Treatment executive board of the offender's likely residence at least
46.2 14 days before the offender's scheduled release date. The commissioner shall give this
46.3 information to the law enforcement agency having jurisdiction over the offender's likely
46.4 residence. The head of the residential facility also shall notify the commissioner of corrections
46.5 ~~or~~, the commissioner of human services, or the Direct Care and Treatment executive board
46.6 within 48 hours after finalizing the offender's approved relocation plan to a permanent
46.7 residence. Within five days after receiving this notification, the appropriate commissioner
46.8 shall give to the appropriate law enforcement agency all relevant information the
46.9 commissioner has concerning the offender, including information on the risk factors in the
46.10 offender's history and the risk level to which the offender was assigned. After receiving this
46.11 information, the law enforcement agency shall make the disclosures permitted or required
46.12 by clause (2) or (3), as appropriate.

46.13 (c) As used in paragraph (b), clauses (2) and (3), "likely to encounter" means that:

46.14 (1) the organizations or community members are in a location or in close proximity to
46.15 a location where the offender lives or is employed, or which the offender visits or is likely
46.16 to visit on a regular basis, other than the location of the offender's outpatient treatment
46.17 program; and

46.18 (2) the types of interaction which ordinarily occur at that location and other circumstances
46.19 indicate that contact with the offender is reasonably certain.

46.20 (d) A law enforcement agency or official who discloses information under this subdivision
46.21 shall make a good faith effort to make the notification within 14 days of receipt of a
46.22 confirmed address from the Department of Corrections indicating that the offender will be,
46.23 or has been, released from confinement, or accepted for supervision, or has moved to a new
46.24 address and will reside at the address indicated. If a change occurs in the release plan, this
46.25 notification provision does not require an extension of the release date.

46.26 (e) A law enforcement agency or official who discloses information under this subdivision
46.27 shall not disclose the identity or any identifying characteristics of the victims of or witnesses
46.28 to the offender's offenses.

46.29 (f) A law enforcement agency shall continue to disclose information on an offender as
46.30 required by this subdivision for as long as the offender is required to register under section
46.31 243.166. This requirement on a law enforcement agency to continue to disclose information
46.32 also applies to an offender who lacks a primary address and is registering under section
46.33 243.166, subdivision 3a.

47.1 (g) A law enforcement agency that is disclosing information on an offender assigned to
47.2 risk level III to the public under this subdivision shall inform the commissioner of corrections
47.3 what information is being disclosed and forward this information to the commissioner within
47.4 two days of the agency's determination. The commissioner shall post this information on
47.5 the Internet as required in subdivision 4b.

47.6 (h) A city council may adopt a policy that addresses when information disclosed under
47.7 this subdivision must be presented in languages in addition to English. The policy may
47.8 address when information must be presented orally, in writing, or both in additional languages
47.9 by the law enforcement agency disclosing the information. The policy may provide for
47.10 different approaches based on the prevalence of non-English languages in different
47.11 neighborhoods.

47.12 (i) An offender who is the subject of a community notification meeting held pursuant
47.13 to this section may not attend the meeting.

47.14 (j) When a school, day care facility, or other entity or program that primarily educates
47.15 or serves children receives notice under paragraph (b), clause (3), that a level III predatory
47.16 offender resides or works in the surrounding community, notice to parents must be made
47.17 as provided in this paragraph. If the predatory offender identified in the notice is participating
47.18 in programs offered by the facility that require or allow the person to interact with children
47.19 other than the person's children, the principal or head of the entity must notify parents with
47.20 children at the facility of the contents of the notice received pursuant to this section. The
47.21 immunity provisions of subdivision 7 apply to persons disclosing information under this
47.22 paragraph.

47.23 (k) When an offender for whom notification was made under this subdivision no longer
47.24 resides, is employed, or is regularly found in the area, and the law enforcement agency that
47.25 made the notification is aware of this, the agency shall inform the entities and individuals
47.26 initially notified of the change in the offender's status. If notification was made under
47.27 paragraph (b), clause (3), the agency shall provide the updated information required under
47.28 this paragraph in a manner designed to ensure a similar scope of dissemination. However,
47.29 the agency is not required to hold a public meeting to do so.

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

47.31 Sec. 28. Minnesota Statutes 2024, section 245.50, subdivision 2, is amended to read:

47.32 Subd. 2. **Purpose and authority.** (a) The purpose of this section is to enable appropriate
47.33 treatment or detoxification services to be provided to individuals, across state lines from

48.1 the individual's state of residence, in qualified facilities that are closer to the homes of
 48.2 individuals than are facilities available in the individual's home state.

48.3 (b) Unless prohibited by another law and subject to the exceptions listed in subdivision
 48.4 3, a county board ~~or~~ the commissioner of human services, or the Direct Care and Treatment
 48.5 executive board may contract with an agency or facility in a bordering state for mental
 48.6 health, chemical health, or detoxification services for residents of Minnesota, and a Minnesota
 48.7 mental health, chemical health, or detoxification agency or facility may contract to provide
 48.8 services to residents of bordering states. Except as provided in subdivision 5, a person who
 48.9 receives services in another state under this section is subject to the laws of the state in
 48.10 which services are provided. A person who will receive services in another state under this
 48.11 section must be informed of the consequences of receiving services in another state, including
 48.12 the implications of the differences in state laws, to the extent the individual will be subject
 48.13 to the laws of the receiving state.

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

48.15 Sec. 29. Minnesota Statutes 2024, section 245.91, subdivision 2, is amended to read:

48.16 Subd. 2. **Agency.** "Agency" means the divisions, officials, or employees of the state
 48.17 Departments of Human Services, ~~Direct Care and Treatment~~, Health, and Education; Direct
 48.18 Care and Treatment; and of local school districts and designated county social service
 48.19 agencies as defined in section 256G.02, subdivision 7, that are engaged in monitoring,
 48.20 providing, or regulating services or treatment for mental illness, developmental disability,
 48.21 substance use disorder, or emotional disturbance.

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

48.23 Sec. 30. Minnesota Statutes 2024, section 246.585, is amended to read:

48.24 **246.585 CRISIS SERVICES.**

48.25 Within the limits of appropriations, state-operated regional technical assistance must be
 48.26 available in each region to assist counties, Tribal Nations, residential and ~~day programming~~
 48.27 ~~staff~~ vocational service providers, ~~and families~~, and persons with disabilities to prevent or
 48.28 resolve crises that could lead to a change in placement person moving to a less integrated
 48.29 setting. ~~Crisis capacity must be provided on all regional treatment center campuses serving~~
 48.30 ~~persons with developmental disabilities~~. In addition, crisis capacity may be developed to
 48.31 serve 16 persons in the Twin Cities metropolitan area. ~~Technical assistance and consultation~~

49.1 ~~must also be available in each region to providers and counties.~~ Staff must be available to
 49.2 provide:

49.3 (1) individual assessments;

49.4 (2) program plan development and implementation assistance;

49.5 (3) analysis of service delivery problems; and

49.6 (4) assistance with transition planning, including technical assistance to counties, Tribal
 49.7 Nations, and service providers to develop new services, site the new services, and assist
 49.8 with community acceptance.

49.9 Sec. 31. Minnesota Statutes 2024, section 246C.06, subdivision 11, is amended to read:

49.10 Subd. 11. **Rulemaking.** (a) The executive board is authorized to adopt, amend, and
 49.11 repeal rules in accordance with chapter 14 to the extent necessary to implement this chapter
 49.12 or any responsibilities of Direct Care and Treatment specified in state law. The 18-month
 49.13 time limit under section 14.125 does not apply to the rulemaking authority under this
 49.14 subdivision.

49.15 (b) Until July 1, 2027, the executive board may adopt rules using the expedited
 49.16 rulemaking process in section 14.389.

49.17 (c) In accordance with section 15.039, all orders, rules, delegations, permits, and other
 49.18 privileges issued or granted by the Department of Human Services with respect to any
 49.19 function of Direct Care and Treatment and in effect at the time of the establishment of Direct
 49.20 Care and Treatment shall continue in effect as if such establishment had not occurred. The
 49.21 executive board may amend or repeal rules applicable to Direct Care and Treatment that
 49.22 were established by the Department of Human Services in accordance with chapter 14.

49.23 (d) The executive board must not adopt rules that go into effect or enforce rules prior
 49.24 to July 1, 2025.

49.25 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2024.

49.26 Sec. 32. Minnesota Statutes 2024, section 246C.12, subdivision 6, is amended to read:

49.27 Subd. 6. ~~Dissemination of Admission and stay criteria; dissemination.~~ (a) The
 49.28 executive board shall establish standard admission and continued-stay criteria for
 49.29 state-operated services facilities to ensure that appropriate services are provided in the least
 49.30 restrictive setting.

50.1 (b) The executive board shall periodically disseminate criteria for admission and
 50.2 continued stay in a state-operated services facility. The executive board shall disseminate
 50.3 the criteria to the courts of the state and counties.

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

50.5 Sec. 33. Minnesota Statutes 2024, section 246C.20, is amended to read:

50.6 **246C.20 CONTRACT WITH DEPARTMENT OF HUMAN SERVICES FOR**
 50.7 **ADMINISTRATIVE SERVICES.**

50.8 (a) Direct Care and Treatment shall contract with the Department of Human Services
 50.9 to provide determinations on issues of county of financial responsibility under chapter 256G
 50.10 and to provide administrative and judicial review of direct care and treatment matters
 50.11 according to section 256.045.

50.12 (b) The executive board may prescribe rules necessary to carry out this ~~subdivision~~
 50.13 section, except that the executive board must not create any rule purporting to control the
 50.14 decision making or processes of state human services judges under section 256.045,
 50.15 subdivision 4, or the decision making or processes of the commissioner of human services
 50.16 issuing an advisory opinion or recommended order to the executive board under section
 50.17 256G.09, subdivision 3. The executive board must not create any rule purporting to control
 50.18 processes for determinations of financial responsibility under chapter 256G or administrative
 50.19 and judicial review under section 256.045 on matters outside of the jurisdiction of Direct
 50.20 Care and Treatment.

50.21 (c) The executive board and commissioner of human services may adopt joint rules
 50.22 necessary to accomplish the purposes of this section.

50.23 Sec. 34. **[246C.21] INTERVIEW EXPENSES.**

50.24 Job applicants for professional, administrative, or highly technical positions recruited
 50.25 by the Direct Care and Treatment executive board may be reimbursed for necessary travel
 50.26 expenses to and from interviews arranged by the Direct Care and Treatment executive board.

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

50.28 Sec. 35. **[246C.211] FEDERAL GRANTS FOR MINNESOTA INDIANS.**

50.29 The Direct Care and Treatment executive board is authorized to enter into contracts with
 50.30 the United States Departments of Health and Human Services; Education; and Interior,

51.1 Bureau of Indian Affairs, for the purposes of receiving federal grants for the welfare and
51.2 relief of Minnesota Indians.

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

51.4 Sec. 36. Minnesota Statutes 2024, section 252.291, subdivision 3, is amended to read:

51.5 Subd. 3. **Duties of commissioner of human services.** The commissioner shall:

51.6 (1) ~~establish standard admission criteria for state hospitals and~~ county utilization targets
51.7 to limit and reduce the number of intermediate care beds in state hospitals and community
51.8 facilities in accordance with approved waivers under United States Code, title 42, sections
51.9 1396 to 1396p, as amended through December 31, 1987, to ~~assure~~ ensure that appropriate
51.10 services are provided in the least restrictive setting;

51.11 (2) define services, including respite care, that may be needed in meeting individual
51.12 service plan objectives;

51.13 (3) provide technical assistance so that county boards may establish a request for proposal
51.14 system for meeting individual service plan objectives through home and community-based
51.15 services; alternative community services; or, if no other alternative will meet the needs of
51.16 identifiable individuals for whom the county is financially responsible, a new intermediate
51.17 care facility for persons with developmental disabilities;

51.18 (4) establish a client tracking and evaluation system as required under applicable federal
51.19 waiver regulations, Code of Federal Regulations, title 42, sections 431, 435, 440, and 441,
51.20 as amended through December 31, 1987; and

51.21 (5) develop a state plan for the delivery and funding of residential day and support
51.22 services to persons with developmental disabilities in Minnesota. The biennial developmental
51.23 disability plan shall include but not be limited to:

51.24 (i) county by county maximum intermediate care bed utilization quotas;

51.25 (ii) plans for the development of the number and types of services alternative to
51.26 intermediate care beds;

51.27 (iii) procedures for the administration and management of the plan;

51.28 (iv) procedures for the evaluation of the implementation of the plan; and

51.29 (v) the number, type, and location of intermediate care beds targeted for decertification.

51.30 The commissioner shall modify the plan to ensure conformance with the medical
51.31 assistance home and community-based services waiver.

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

52.2 Sec. 37. Minnesota Statutes 2024, section 252.50, subdivision 5, is amended to read:

52.3 Subd. 5. **Location of programs.** (a) In determining the location of state-operated,
52.4 community-based programs, the needs of the individual client shall be paramount. The
52.5 executive board shall also take into account:

52.6 (1) prioritization of ~~beds~~ services in state-operated, community-based programs for
52.7 individuals with complex behavioral needs that cannot be met by private community-based
52.8 providers;

52.9 (2) choices made by individuals who chose to move to a more integrated setting, and
52.10 shall coordinate with the lead agency to ensure that appropriate person-centered transition
52.11 plans are created;

52.12 (3) the personal preferences of the persons being served and their families as determined
52.13 by Minnesota Rules, parts 9525.0004 to 9525.0036;

52.14 (4) the location of the support services established by the individual service plans of the
52.15 persons being served;

52.16 (5) the appropriate grouping of the persons served;

52.17 (6) the availability of qualified staff;

52.18 (7) the need for state-operated, community-based programs in the geographical region
52.19 of the state; and

52.20 (8) a reasonable commuting distance from a regional treatment center or the residences
52.21 of the program staff.

52.22 (b) The executive board must locate state-operated, community-based programs in
52.23 coordination with the commissioner of human services according to section 252.28.

52.24 Sec. 38. Minnesota Statutes 2024, section 253B.09, subdivision 3a, is amended to read:

52.25 Subd. 3a. **Reporting judicial commitments; private treatment program or**
52.26 **facility.** Notwithstanding section 253B.23, subdivision 9, when a court commits a patient
52.27 to a non-state-operated treatment facility or program, the court shall report the commitment
52.28 to the commissioner through the supreme court information system for purposes of providing
52.29 commitment information for firearm background checks under section 246C.15. If the
52.30 patient is committed to a state-operated treatment program, the court shall send a copy of
52.31 the commitment order to ~~the commissioner and~~ the executive board.

53.1 Sec. 39. Minnesota Statutes 2024, section 253B.10, subdivision 1, is amended to read:

53.2 Subdivision 1. **Administrative requirements.** (a) When a person is committed, the
53.3 court shall issue a warrant or an order committing the patient to the custody of the head of
53.4 the treatment facility, state-operated treatment program, or community-based treatment
53.5 program. The warrant or order shall state that the patient meets the statutory criteria for
53.6 civil commitment.

53.7 (b) The executive board shall prioritize civilly committed patients being admitted from
53.8 jail or a correctional institution or who are referred to a state-operated treatment facility for
53.9 competency attainment or a competency examination under sections 611.40 to 611.59 for
53.10 admission to a medically appropriate state-operated direct care and treatment bed based on
53.11 the decisions of physicians in the executive medical director's office, using a priority
53.12 admissions framework. The framework must account for a range of factors for priority
53.13 admission, including but not limited to:

53.14 (1) the length of time the person has been on a waiting list for admission to a
53.15 state-operated direct care and treatment program since the date of the order under paragraph
53.16 (a), or the date of an order issued under sections 611.40 to 611.59;

53.17 (2) the intensity of the treatment the person needs, based on medical acuity;

53.18 (3) the person's revoked provisional discharge status;

53.19 (4) the person's safety and safety of others in the person's current environment;

53.20 (5) whether the person has access to necessary or court-ordered treatment;

53.21 (6) distinct and articulable negative impacts of an admission delay on the facility referring
53.22 the individual for treatment; and

53.23 (7) any relevant federal prioritization requirements.

53.24 Patients described in this paragraph must be admitted to a state-operated treatment program
53.25 within 48 hours. The commitment must be ordered by the court as provided in section
53.26 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or
53.27 less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2,
53.28 must be prioritized for admission to a state-operated treatment program using the priority
53.29 admissions framework in this paragraph.

53.30 (c) Upon the arrival of a patient at the designated treatment facility, state-operated
53.31 treatment program, or community-based treatment program, the head of the facility or
53.32 program shall retain the duplicate of the warrant and endorse receipt upon the original

54.1 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must
54.2 be filed in the court of commitment. After arrival, the patient shall be under the control and
54.3 custody of the head of the facility or program.

54.4 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
54.5 of law, the court order committing the patient, the report of the court examiners, and the
54.6 prepetition report, and any medical and behavioral information available shall be provided
54.7 at the time of admission of a patient to the designated treatment facility or program to which
54.8 the patient is committed. Upon a patient's referral to the executive board for admission
54.9 pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or
54.10 correctional facility that has provided care or supervision to the patient in the previous two
54.11 years shall, when requested by the treatment facility or executive board, provide copies of
54.12 the patient's medical and behavioral records to the executive board for purposes of
54.13 preadmission planning. This information shall be provided by the head of the treatment
54.14 facility to treatment facility staff in a consistent and timely manner and pursuant to all
54.15 applicable laws.

54.16 (e) Patients described in paragraph (b) must be admitted to a state-operated treatment
54.17 program within 48 hours of the Office of Executive Medical Director, under section 246C.09,
54.18 or a designee determining that a medically appropriate bed is available. ~~This paragraph
54.19 expires on June 30, 2025.~~

54.20 (f) Within four business days of determining which state-operated direct care and
54.21 treatment program or programs are appropriate for an individual, the executive medical
54.22 director's office or a designee must notify the source of the referral and the responsible
54.23 county human services agency, the individual being ordered to direct care and treatment,
54.24 and the district court that issued the order of the determination. The notice shall include
54.25 which program or programs are appropriate for the person's priority status. Any interested
54.26 person may provide additional information or request updated priority status about the
54.27 individual to the executive medical director's office or a designee while the individual is
54.28 awaiting admission. Updated priority status of an individual will only be disclosed to
54.29 interested persons who are legally authorized to receive private information about the
54.30 individual. When an available bed has been identified, the executive medical director's
54.31 office or a designee must notify the designated agency and the facility where the individual
54.32 is awaiting admission that the individual has been accepted for admission to a particular
54.33 state-operated direct care and treatment program and the earliest possible date the admission
54.34 can occur. The designated agency or facility where the individual is awaiting admission

55.1 must transport the individual to the admitting state-operated direct care and treatment
55.2 program no more than 48 hours after the offered admission date.

55.3 Sec. 40. Minnesota Statutes 2024, section 256.01, subdivision 2, is amended to read:

55.4 Subd. 2. **Specific powers.** Subject to the provisions of section 241.021, subdivision 2,
55.5 the commissioner of human services shall carry out the specific duties in paragraphs (a)
55.6 through (bb):

55.7 (a) Administer and supervise the forms of public assistance provided for by state law
55.8 and other welfare activities or services that are vested in the commissioner. Administration
55.9 and supervision of human services activities or services includes, but is not limited to,
55.10 assuring timely and accurate distribution of benefits, completeness of service, and quality
55.11 program management. In addition to administering and supervising human services activities
55.12 vested by law in the department, the commissioner shall have the authority to:

55.13 (1) require county agency participation in training and technical assistance programs to
55.14 promote compliance with statutes, rules, federal laws, regulations, and policies governing
55.15 human services;

55.16 (2) monitor, on an ongoing basis, the performance of county agencies in the operation
55.17 and administration of human services, enforce compliance with statutes, rules, federal laws,
55.18 regulations, and policies governing welfare services and promote excellence of administration
55.19 and program operation;

55.20 (3) develop a quality control program or other monitoring program to review county
55.21 performance and accuracy of benefit determinations;

55.22 (4) require county agencies to make an adjustment to the public assistance benefits issued
55.23 to any individual consistent with federal law and regulation and state law and rule and to
55.24 issue or recover benefits as appropriate;

55.25 (5) delay or deny payment of all or part of the state and federal share of benefits and
55.26 administrative reimbursement according to the procedures set forth in section 256.017;

55.27 (6) make contracts with and grants to public and private agencies and organizations,
55.28 both profit and nonprofit, and individuals, using appropriated funds; and

55.29 (7) enter into contractual agreements with federally recognized Indian Tribes with a
55.30 reservation in Minnesota to the extent necessary for the Tribe to operate a federally approved
55.31 family assistance program or any other program under the supervision of the commissioner.
55.32 The commissioner shall consult with the affected county or counties in the contractual

56.1 agreement negotiations, if the county or counties wish to be included, in order to avoid the
56.2 duplication of county and Tribal assistance program services. The commissioner may
56.3 establish necessary accounts for the purposes of receiving and disbursing funds as necessary
56.4 for the operation of the programs.

56.5 The commissioner shall work in conjunction with the commissioner of children, youth, and
56.6 families to carry out the duties of this paragraph when necessary and feasible.

56.7 (b) Inform county agencies, on a timely basis, of changes in statute, rule, federal law,
56.8 regulation, and policy necessary to county agency administration of the programs.

56.9 (c) Administer and supervise all noninstitutional service to persons with disabilities,
56.10 including persons who have vision impairments, and persons who are deaf, deafblind, and
56.11 hard-of-hearing or with other disabilities. The commissioner may provide and contract for
56.12 the care and treatment of qualified indigent children in facilities other than those located
56.13 and available at state hospitals operated by the executive board when it is not feasible to
56.14 provide the service in state hospitals operated by the executive board.

56.15 (d) Assist and actively cooperate with other departments, agencies and institutions, local,
56.16 state, and federal, by performing services in conformity with the purposes of Laws 1939,
56.17 chapter 431.

56.18 (e) Act as the agent of and cooperate with the federal government in matters of mutual
56.19 concern relative to and in conformity with the provisions of Laws 1939, chapter 431,
56.20 including the administration of any federal funds granted to the state to aid in the performance
56.21 of any functions of the commissioner as specified in Laws 1939, chapter 431, and including
56.22 the promulgation of rules making uniformly available medical care benefits to all recipients
56.23 of public assistance, at such times as the federal government increases its participation in
56.24 assistance expenditures for medical care to recipients of public assistance, the cost thereof
56.25 to be borne in the same proportion as are grants of aid to said recipients.

56.26 (f) Establish and maintain any administrative units reasonably necessary for the
56.27 performance of administrative functions common to all divisions of the department.

56.28 (g) Act as designated guardian of both the estate and the person of all the wards of the
56.29 state of Minnesota, whether by operation of law or by an order of court, without any further
56.30 act or proceeding whatever, except as to persons committed as developmentally disabled.

56.31 (h) Act as coordinating referral and informational center on requests for service for
56.32 newly arrived immigrants coming to Minnesota.

57.1 (i) The specific enumeration of powers and duties as hereinabove set forth shall in no
57.2 way be construed to be a limitation upon the general transfer of powers herein contained.

57.3 (j) Establish county, regional, or statewide schedules of maximum fees and charges
57.4 which may be paid by county agencies for medical, dental, surgical, hospital, nursing and
57.5 nursing home care and medicine and medical supplies under all programs of medical care
57.6 provided by the state and for congregate living care under the income maintenance programs.

57.7 (k) Have the authority to conduct and administer experimental projects to test methods
57.8 and procedures of administering assistance and services to recipients or potential recipients
57.9 of public welfare. To carry out such experimental projects, it is further provided that the
57.10 commissioner of human services is authorized to waive the enforcement of existing specific
57.11 statutory program requirements, rules, and standards in one or more counties. The order
57.12 establishing the waiver shall provide alternative methods and procedures of administration,
57.13 shall not be in conflict with the basic purposes, coverage, or benefits provided by law, and
57.14 in no event shall the duration of a project exceed four years. It is further provided that no
57.15 order establishing an experimental project as authorized by the provisions of this section
57.16 shall become effective until the following conditions have been met:

57.17 (1) the United States Secretary of Health and Human Services has agreed, for the same
57.18 project, to waive state plan requirements relative to statewide uniformity; and

57.19 (2) a comprehensive plan, including estimated project costs, shall be approved by the
57.20 Legislative Advisory Commission and filed with the commissioner of administration.

57.21 (l) According to federal requirements and in coordination with the commissioner of
57.22 children, youth, and families, establish procedures to be followed by local welfare boards
57.23 in creating citizen advisory committees, including procedures for selection of committee
57.24 members.

57.25 (m) Allocate federal fiscal disallowances or sanctions which are based on quality control
57.26 error rates for medical assistance in the following manner:

57.27 (1) one-half of the total amount of the disallowance shall be borne by the county boards
57.28 responsible for administering the programs. Disallowances shall be shared by each county
57.29 board in the same proportion as that county's expenditures for the sanctioned program are
57.30 to the total of all counties' expenditures for medical assistance. Each county shall pay its
57.31 share of the disallowance to the state of Minnesota. When a county fails to pay the amount
57.32 due hereunder, the commissioner may deduct the amount from reimbursement otherwise
57.33 due the county, or the attorney general, upon the request of the commissioner, may institute
57.34 civil action to recover the amount due; and

58.1 (2) notwithstanding the provisions of clause (1), if the disallowance results from knowing
58.2 noncompliance by one or more counties with a specific program instruction, and that knowing
58.3 noncompliance is a matter of official county board record, the commissioner may require
58.4 payment or recover from the county or counties, in the manner prescribed in clause (1), an
58.5 amount equal to the portion of the total disallowance which resulted from the noncompliance,
58.6 and may distribute the balance of the disallowance according to clause (1).

58.7 (n) Develop and implement special projects that maximize reimbursements and result
58.8 in the recovery of money to the state. For the purpose of recovering state money, the
58.9 commissioner may enter into contracts with third parties. Any recoveries that result from
58.10 projects or contracts entered into under this paragraph shall be deposited in the state treasury
58.11 and credited to a special account until the balance in the account reaches \$1,000,000. When
58.12 the balance in the account exceeds \$1,000,000, the excess shall be transferred and credited
58.13 to the general fund. All money in the account is appropriated to the commissioner for the
58.14 purposes of this paragraph.

58.15 (o) Have the authority to establish and enforce the following county reporting
58.16 requirements:

58.17 (1) the commissioner shall establish fiscal and statistical reporting requirements necessary
58.18 to account for the expenditure of funds allocated to counties for human services programs.
58.19 When establishing financial and statistical reporting requirements, the commissioner shall
58.20 evaluate all reports, in consultation with the counties, to determine if the reports can be
58.21 simplified or the number of reports can be reduced;

58.22 (2) the county board shall submit monthly or quarterly reports to the department as
58.23 required by the commissioner. Monthly reports are due no later than 15 working days after
58.24 the end of the month. Quarterly reports are due no later than 30 calendar days after the end
58.25 of the quarter, unless the commissioner determines that the deadline must be shortened to
58.26 20 calendar days to avoid jeopardizing compliance with federal deadlines or risking a loss
58.27 of federal funding. Only reports that are complete, legible, and in the required format shall
58.28 be accepted by the commissioner;

58.29 (3) if the required reports are not received by the deadlines established in clause (2), the
58.30 commissioner may delay payments and withhold funds from the county board until the next
58.31 reporting period. When the report is needed to account for the use of federal funds and the
58.32 late report results in a reduction in federal funding, the commissioner shall withhold from
58.33 the county boards with late reports an amount equal to the reduction in federal funding until
58.34 full federal funding is received;

59.1 (4) a county board that submits reports that are late, illegible, incomplete, or not in the
59.2 required format for two out of three consecutive reporting periods is considered
59.3 noncompliant. When a county board is found to be noncompliant, the commissioner shall
59.4 notify the county board of the reason the county board is considered noncompliant and
59.5 request that the county board develop a corrective action plan stating how the county board
59.6 plans to correct the problem. The corrective action plan must be submitted to the
59.7 commissioner within 45 days after the date the county board received notice of
59.8 noncompliance;

59.9 (5) the final deadline for fiscal reports or amendments to fiscal reports is one year after
59.10 the date the report was originally due. If the commissioner does not receive a report by the
59.11 final deadline, the county board forfeits the funding associated with the report for that
59.12 reporting period and the county board must repay any funds associated with the report
59.13 received for that reporting period;

59.14 (6) the commissioner may not delay payments, withhold funds, or require repayment
59.15 under clause (3) or (5) if the county demonstrates that the commissioner failed to provide
59.16 appropriate forms, guidelines, and technical assistance to enable the county to comply with
59.17 the requirements. If the county board disagrees with an action taken by the commissioner
59.18 under clause (3) or (5), the county board may appeal the action according to sections 14.57
59.19 to 14.69; and

59.20 (7) counties subject to withholding of funds under clause (3) or forfeiture or repayment
59.21 of funds under clause (5) shall not reduce or withhold benefits or services to clients to cover
59.22 costs incurred due to actions taken by the commissioner under clause (3) or (5).

59.23 (p) Allocate federal fiscal disallowances or sanctions for audit exceptions when federal
59.24 fiscal disallowances or sanctions are based on a statewide random sample in direct proportion
59.25 to each county's claim for that period.

59.26 (q) Be responsible for ensuring the detection, prevention, investigation, and resolution
59.27 of fraudulent activities or behavior by applicants, recipients, and other participants in the
59.28 human services programs administered by the department.

59.29 (r) Require county agencies to identify overpayments, establish claims, and utilize all
59.30 available and cost-beneficial methodologies to collect and recover these overpayments in
59.31 the human services programs administered by the department.

59.32 (s) Have the authority to administer the federal drug rebate program for drugs purchased
59.33 under the medical assistance program as allowed by section 1927 of title XIX of the Social
59.34 Security Act and according to the terms and conditions of section 1927. Rebates shall be

60.1 collected for all drugs that have been dispensed or administered in an outpatient setting and
60.2 that are from manufacturers who have signed a rebate agreement with the United States
60.3 Department of Health and Human Services.

60.4 (t) Have the authority to administer a supplemental drug rebate program for drugs
60.5 purchased under the medical assistance program. The commissioner may enter into
60.6 supplemental rebate contracts with pharmaceutical manufacturers and may require prior
60.7 authorization for drugs that are from manufacturers that have not signed a supplemental
60.8 rebate contract. Prior authorization of drugs shall be subject to the provisions of section
60.9 256B.0625, subdivision 13.

60.10 (u) Operate the department's communication systems account established in Laws 1993,
60.11 First Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared
60.12 communication costs necessary for the operation of the programs the commissioner
60.13 supervises. Each account must be used to manage shared communication costs necessary
60.14 for the operations of the programs the commissioner supervises. The commissioner may
60.15 distribute the costs of operating and maintaining communication systems to participants in
60.16 a manner that reflects actual usage. Costs may include acquisition, licensing, insurance,
60.17 maintenance, repair, staff time and other costs as determined by the commissioner. Nonprofit
60.18 organizations and state, county, and local government agencies involved in the operation
60.19 of programs the commissioner supervises may participate in the use of the department's
60.20 communications technology and share in the cost of operation. The commissioner may
60.21 accept on behalf of the state any gift, bequest, devise or personal property of any kind, or
60.22 money tendered to the state for any lawful purpose pertaining to the communication activities
60.23 of the department. Any money received for this purpose must be deposited in the department's
60.24 communication systems accounts. Money collected by the commissioner for the use of
60.25 communication systems must be deposited in the state communication systems account and
60.26 is appropriated to the commissioner for purposes of this section.

60.27 (v) Receive any federal matching money that is made available through the medical
60.28 assistance program for the consumer satisfaction survey. Any federal money received for
60.29 the survey is appropriated to the commissioner for this purpose. The commissioner may
60.30 expend the federal money received for the consumer satisfaction survey in either year of
60.31 the biennium.

60.32 (w) Designate community information and referral call centers and incorporate cost
60.33 reimbursement claims from the designated community information and referral call centers
60.34 into the federal cost reimbursement claiming processes of the department according to
60.35 federal law, rule, and regulations. Existing information and referral centers provided by

61.1 Greater Twin Cities United Way or existing call centers for which Greater Twin Cities
 61.2 United Way has legal authority to represent, shall be included in these designations upon
 61.3 review by the commissioner and assurance that these services are accredited and in
 61.4 compliance with national standards. Any reimbursement is appropriated to the commissioner
 61.5 and all designated information and referral centers shall receive payments according to
 61.6 normal department schedules established by the commissioner upon final approval of
 61.7 allocation methodologies from the United States Department of Health and Human Services
 61.8 Division of Cost Allocation or other appropriate authorities.

61.9 (x) Develop recommended standards for adult foster care homes that address the
 61.10 components of specialized therapeutic services to be provided by adult foster care homes
 61.11 with those services.

61.12 (y) Authorize the method of payment to or from the department as part of the human
 61.13 services programs administered by the department. This authorization includes the receipt
 61.14 or disbursement of funds held by the department in a fiduciary capacity as part of the human
 61.15 services programs administered by the department.

61.16 (z) Designate the agencies that operate the Senior LinkAge Line under section 256.975,
 61.17 subdivision 7, and the Disability Hub under subdivision 24 as the state of Minnesota Aging
 61.18 and Disability Resource Center under United States Code, title 42, section 3001, the Older
 61.19 Americans Act Amendments of 2006, and incorporate cost reimbursement claims from the
 61.20 designated centers into the federal cost reimbursement claiming processes of the department
 61.21 according to federal law, rule, and regulations. Any reimbursement must be appropriated
 61.22 to the commissioner and treated consistent with section 256.011. All Aging and Disability
 61.23 Resource Center designated agencies shall receive payments of grant funding that supports
 61.24 the activity and generates the federal financial participation according to Board on Aging
 61.25 administrative granting mechanisms.

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

61.27 Sec. 41. Minnesota Statutes 2024, section 256.01, subdivision 5, is amended to read:

61.28 Subd. 5. **Gifts, contributions, pensions and benefits; acceptance.** The commissioner
 61.29 may receive and accept on behalf of patients and residents at the several state hospitals for
 61.30 persons with mental illness or developmental disabilities during the period of their
 61.31 hospitalization and while on provisional discharge therefrom, money due and payable to
 61.32 them as old age and survivors insurance benefits, veterans benefits, pensions or other such
 61.33 monetary benefits. Such gifts, contributions, pensions and benefits shall be deposited in and
 61.34 disbursed from the social welfare fund provided for in sections 256.88 to 256.92.

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

62.2 Sec. 42. Minnesota Statutes 2024, section 256.019, subdivision 1, is amended to read:

62.3 Subdivision 1. **Retention rates.** When an assistance recovery amount is collected and
 62.4 posted by a county agency under the provisions governing public assistance programs
 62.5 including general assistance medical care formerly codified in chapter 256D, general
 62.6 assistance, and Minnesota supplemental aid, the county may keep one-half of the recovery
 62.7 made by the county agency using any method other than recoupment. For medical assistance,
 62.8 if the recovery is made by a county agency using any method other than recoupment, the
 62.9 county may keep one-half of the nonfederal share of the recovery. For MinnesotaCare, if
 62.10 the recovery is collected and posted by the county agency, the county may keep one-half
 62.11 of the nonfederal share of the recovery.

62.12 This does not apply to recoveries from medical providers or to recoveries begun by the
 62.13 Department of Human Services' Surveillance and Utilization Review Division, ~~State Hospital~~
 62.14 ~~Collections Unit~~, and the Benefit Recoveries Division ~~or, by the~~ Direct Care and Treatment
 62.15 State Hospital Collections Unit, the attorney general's office, or child support collections.

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

62.17 Sec. 43. Minnesota Statutes 2024, section 256.0281, is amended to read:

62.18 **256.0281 INTERAGENCY DATA EXCHANGE.**

62.19 (a) The Department of Human Services, the Department of Health, Direct Care and
 62.20 Treatment, and the Office of the Ombudsman for Mental Health and Developmental
 62.21 Disabilities may establish interagency agreements governing the electronic exchange of
 62.22 data on providers and individuals collected, maintained, or used by each agency when such
 62.23 exchange is outlined by each agency in an interagency agreement to accomplish the purposes
 62.24 in clauses (1) to (4):

62.25 (1) to improve provider enrollment processes for home and community-based services
 62.26 and state plan home care services;

62.27 (2) to improve quality management of providers between state agencies;

62.28 (3) to establish and maintain provider eligibility to participate as providers under
 62.29 Minnesota health care programs; or

62.30 (4) to meet the quality assurance reporting requirements under federal law under section
 62.31 1915(c) of the Social Security Act related to home and community-based waiver programs.

63.1 (b) Each interagency agreement must include provisions to ensure anonymity of
 63.2 individuals, including mandated reporters, and must outline the specific uses of and access
 63.3 to shared data within each agency. Electronic interfaces between source data systems
 63.4 developed under these interagency agreements must incorporate these provisions as well
 63.5 as other HIPAA provisions related to individual data.

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

63.7 Sec. 44. Minnesota Statutes 2024, section 256.0451, subdivision 1, is amended to read:

63.8 Subdivision 1. **Scope.** (a) The requirements in this section apply to all fair hearings and
 63.9 appeals under sections 142A.20, subdivision 2, and 256.045, subdivision 3, paragraph (a),
 63.10 clauses (1), (2), (3), (5), (6), (7), (10), and (12). Except as provided in subdivisions 3 and
 63.11 19, the requirements under this section apply to fair hearings and appeals under section
 63.12 256.045, subdivision 3, paragraph (a), clauses (4), (8), (9), and (11).

63.13 (b) For purposes of this section, "person" means an individual who, on behalf of
 63.14 themselves or their household, is appealing or disputing or challenging an action, a decision,
 63.15 or a failure to act, by an agency ~~in the human services system~~ subject to this section. When
 63.16 a person involved in a proceeding under this section is represented by an attorney or by an
 63.17 authorized representative, the term "person" also means the person's attorney or authorized
 63.18 representative. Any notice sent to the person involved in the hearing must also be sent to
 63.19 the person's attorney or authorized representative.

63.20 (c) For purposes of this section, "agency" means ~~the~~ a county human services agency,
 63.21 ~~the~~ a state ~~human services~~ agency, and, where applicable, any entity involved under a
 63.22 contract, subcontract, grant, or subgrant with the state agency or with a county agency, that
 63.23 provides or operates programs or services in which appeals are governed by section 256.045.

63.24 (d) For purposes of this section, "state agency" means the Department of Human Services;
 63.25 the Department of Health; the Department of Education; the Department of Children, Youth,
 63.26 and Families; or Direct Care and Treatment.

63.27 Sec. 45. Minnesota Statutes 2024, section 256.0451, subdivision 3, is amended to read:

63.28 Subd. 3. **Agency appeal summary.** (a) Except in fair hearings and appeals under section
 63.29 256.045, subdivision 3, paragraph (a), clauses (4), (9), and (10), the agency involved in an
 63.30 appeal must prepare a state agency appeal summary for each fair hearing appeal. The state
 63.31 agency appeal summary shall be mailed or otherwise delivered to the person who is involved
 63.32 in the appeal at least three working days before the date of the hearing. The state agency

64.1 appeal summary must also be mailed or otherwise delivered to the ~~department's~~ Department
64.2 of Human Services' Appeals Office at least three working days before the date of the fair
64.3 hearing appeal.

64.4 (b) In addition, the human services judge shall confirm that the state agency appeal
64.5 summary is mailed or otherwise delivered to the person involved in the appeal as required
64.6 under paragraph (a). The person involved in the fair hearing should be provided, through
64.7 the state agency appeal summary or other reasonable methods, appropriate information
64.8 about the procedures for the fair hearing and an adequate opportunity to prepare. These
64.9 requirements apply equally to the state agency or an entity under contract when involved
64.10 in the appeal.

64.11 (c) The contents of the state agency appeal summary must be adequate to inform the
64.12 person involved in the appeal of the evidence on which the agency relies and the legal basis
64.13 for the agency's action or determination.

64.14 Sec. 46. Minnesota Statutes 2024, section 256.0451, subdivision 6, is amended to read:

64.15 Subd. 6. **Appeal request for emergency assistance or urgent matter.** (a) When an
64.16 appeal involves an application for emergency assistance, the agency involved shall mail or
64.17 otherwise deliver the state agency appeal summary to the ~~department's~~ Department of Human
64.18 Services' Appeals Office within two working days of receiving the request for an appeal.
64.19 A person may also request that a fair hearing be held on an emergency basis when the issue
64.20 requires an immediate resolution. The human services judge shall schedule the fair hearing
64.21 on the earliest available date according to the urgency of the issue involved. Issuance of the
64.22 recommended decision after an emergency hearing shall be expedited.

64.23 (b) The applicable commissioner or executive board shall issue a written decision within
64.24 five working days of receiving the recommended decision, shall immediately inform the
64.25 parties of the outcome by telephone, and shall mail the decision no later than two working
64.26 days following the date of the decision.

64.27 Sec. 47. Minnesota Statutes 2024, section 256.0451, subdivision 8, is amended to read:

64.28 Subd. 8. **Subpoenas.** A person involved in a fair hearing or the agency may request a
64.29 subpoena for a witness, for evidence, or for both. A reasonable number of subpoenas shall
64.30 be issued to require the attendance and the testimony of witnesses, and the production of
64.31 evidence relating to any issue of fact in the appeal hearing. The request for a subpoena must
64.32 show a need for the subpoena and the general relevance to the issues involved. The subpoena

65.1 shall be issued in the name of the Department of Human Services and shall be served and
 65.2 enforced as provided in section 357.22 and the Minnesota Rules of Civil Procedure.

65.3 An individual or entity served with a subpoena may petition the human services judge
 65.4 in writing to vacate or modify a subpoena. The human services judge shall resolve such a
 65.5 petition in a prehearing conference involving all parties and shall make a written decision.
 65.6 A subpoena may be vacated or modified if the human services judge determines that the
 65.7 testimony or evidence sought does not relate with reasonable directness to the issues of the
 65.8 fair hearing appeal; that the subpoena is unreasonable, over broad, or oppressive; that the
 65.9 evidence sought is repetitious or cumulative; or that the subpoena has not been served
 65.10 reasonably in advance of the time when the appeal hearing will be held.

65.11 Sec. 48. Minnesota Statutes 2024, section 256.0451, subdivision 9, is amended to read:

65.12 Subd. 9. **No ex parte contact.** The human services judge shall not have ex parte contact
 65.13 on substantive issues with the agency or with any person or witness in a fair hearing appeal.
 65.14 No employee of ~~the Department~~ or an agency shall review, interfere with, change, or attempt
 65.15 to influence the recommended decision of the human services judge in any fair hearing
 65.16 appeal, except through the procedure allowed in subdivision 18. The limitations in this
 65.17 subdivision do not affect the applicable commissioner's or executive board's authority to
 65.18 review or reconsider decisions or make final decisions.

65.19 Sec. 49. Minnesota Statutes 2024, section 256.0451, subdivision 18, is amended to read:

65.20 Subd. 18. **Inviting comment by ~~department~~ state agency.** The human services judge
 65.21 or the applicable commissioner or executive board may determine that a written comment
 65.22 by the ~~department~~ state agency about the policy implications of a specific legal issue could
 65.23 help resolve a pending appeal. Such a written policy comment from the ~~department~~ state
 65.24 agency shall be obtained only by a written request that is also sent to the person involved
 65.25 and to the agency or its representative. When such a written comment is received, both the
 65.26 person involved in the hearing and the agency shall have adequate opportunity to review,
 65.27 evaluate, and respond to the written comment, including submission of additional testimony
 65.28 or evidence, and cross-examination concerning the written comment.

65.29 Sec. 50. Minnesota Statutes 2024, section 256.0451, subdivision 22, is amended to read:

65.30 Subd. 22. **Decisions.** A timely, written decision must be issued in every appeal. Each
 65.31 decision must contain a clear ruling on the issues presented in the appeal hearing and should

66.1 contain a ruling only on questions directly presented by the appeal and the arguments raised
66.2 in the appeal.

66.3 (a) A written decision must be issued within 90 days of the date the person involved
66.4 requested the appeal unless a shorter time is required by law. An additional 30 days is
66.5 provided in those cases where the applicable commissioner or executive board refuses to
66.6 accept the recommended decision. In appeals of maltreatment determinations or
66.7 disqualifications filed pursuant to section 256.045, subdivision 3, paragraph (a), clause (4),
66.8 (8), or (9), that also give rise to possible licensing actions, the 90-day period for issuing
66.9 final decisions does not begin until the later of the date that the licensing authority provides
66.10 notice to the appeals division that the authority has made the final determination in the
66.11 matter or the date the appellant files the last appeal in the consolidated matters.

66.12 (b) The decision must contain both findings of fact and conclusions of law, clearly
66.13 separated and identified. The findings of fact must be based on the entire record. Each
66.14 finding of fact made by the human services judge shall be supported by a preponderance
66.15 of the evidence unless a different standard is required under the regulations of a particular
66.16 program. The "preponderance of the evidence" means, in light of the record as a whole, the
66.17 evidence leads the human services judge to believe that the finding of fact is more likely to
66.18 be true than not true. The legal claims or arguments of a participant do not constitute either
66.19 a finding of fact or a conclusion of law, except to the extent the human services judge adopts
66.20 an argument as a finding of fact or conclusion of law.

66.21 The decision shall contain at least the following:

66.22 (1) a listing of the date and place of the hearing and the participants at the hearing;

66.23 (2) a clear and precise statement of the issues, including the dispute under consideration
66.24 and the specific points which must be resolved in order to decide the case;

66.25 (3) a listing of the material, including exhibits, records, reports, placed into evidence at
66.26 the hearing, and upon which the hearing decision is based;

66.27 (4) the findings of fact based upon the entire hearing record. The findings of fact must
66.28 be adequate to inform the participants and any interested person in the public of the basis
66.29 of the decision. If the evidence is in conflict on an issue which must be resolved, the findings
66.30 of fact must state the reasoning used in resolving the conflict;

66.31 (5) conclusions of law that address the legal authority for the hearing and the ruling, and
66.32 which give appropriate attention to the claims of the participants to the hearing;

67.1 (6) a clear and precise statement of the decision made resolving the dispute under
67.2 consideration in the hearing; and

67.3 (7) written notice of the right to appeal to district court or to request reconsideration,
67.4 and of the actions required and the time limits for taking appropriate action to appeal to
67.5 district court or to request a reconsideration.

67.6 (c) The human services judge shall not independently investigate facts or otherwise rely
67.7 on information not presented at the hearing. The human services judge may not contact
67.8 other agency personnel, except as provided in subdivision 18. The human services judge's
67.9 recommended decision must be based exclusively on the testimony and evidence presented
67.10 at the hearing, and legal arguments presented, and the human services judge's research and
67.11 knowledge of the law.

67.12 (d) The applicable commissioner ~~will~~ or executive board must review the recommended
67.13 decision and accept or refuse to accept the decision according to section 142A.20, subdivision
67.14 3, or 256.045, subdivision 5 or 5a.

67.15 Sec. 51. Minnesota Statutes 2024, section 256.0451, subdivision 23, is amended to read:

67.16 Subd. 23. **Refusal to accept recommended orders.** (a) If the applicable commissioner
67.17 or executive board refuses to accept the recommended order from the human services judge,
67.18 the person involved, the person's attorney or authorized representative, and the agency shall
67.19 be sent a copy of the recommended order, a detailed explanation of the basis for refusing
67.20 to accept the recommended order, and the proposed modified order.

67.21 (b) The person involved and the agency shall have at least ten business days to respond
67.22 to the proposed modification of the recommended order. The person involved and the agency
67.23 may submit a legal argument concerning the proposed modification, and may propose to
67.24 submit additional evidence that relates to the proposed modified order.

67.25 Sec. 52. Minnesota Statutes 2024, section 256.0451, subdivision 24, is amended to read:

67.26 Subd. 24. **Reconsideration.** (a) Reconsideration may be requested within 30 days of
67.27 the date of the applicable commissioner's or executive board's final order. If reconsideration
67.28 is requested under section 142A.20, subdivision 3, or 256.045, subdivision 5 or 5a, the other
67.29 participants in the appeal shall be informed of the request. The person seeking reconsideration
67.30 has the burden to demonstrate why the matter should be reconsidered. The request for
67.31 reconsideration may include legal argument and may include proposed additional evidence

68.1 supporting the request. The other participants shall be sent a copy of all material submitted
68.2 in support of the request for reconsideration and must be given ten days to respond.

68.3 (b) When the requesting party raises a question as to the appropriateness of the findings
68.4 of fact, the applicable commissioner or executive board shall review the entire record.

68.5 (c) When the requesting party questions the appropriateness of a conclusion of law, the
68.6 applicable commissioner or executive board shall consider the recommended decision, the
68.7 decision under reconsideration, and the material submitted in connection with the
68.8 reconsideration. The applicable commissioner or executive board shall review the remaining
68.9 record as necessary to issue a reconsidered decision.

68.10 (d) The applicable commissioner or executive board shall issue a written decision on
68.11 reconsideration in a timely fashion. The decision must clearly inform the parties that this
68.12 constitutes the final administrative decision, advise the participants of the right to seek
68.13 judicial review, and the deadline for doing so.

68.14 Sec. 53. Minnesota Statutes 2024, section 256.4825, is amended to read:

68.15 **256.4825 REPORT REGARDING PROGRAMS AND SERVICES FOR PEOPLE**
68.16 **WITH DISABILITIES.**

68.17 The Minnesota State Council on Disability, the Minnesota Consortium for Citizens with
68.18 Disabilities, and the Arc of Minnesota may submit an annual report by January 15 of each
68.19 year, beginning in 2012, to the chairs and ranking minority members of the legislative
68.20 committees with jurisdiction over programs serving people with disabilities as provided in
68.21 this section. The report must describe the existing state policies and goals for programs
68.22 serving people with disabilities including, but not limited to, programs for employment,
68.23 transportation, housing, education, quality assurance, consumer direction, physical and
68.24 programmatic access, and health. The report must provide data and measurements to assess
68.25 the extent to which the policies and goals are being met. The commissioner of human
68.26 services, the Direct Care and Treatment executive board, and the commissioners of other
68.27 state agencies administering programs for people with disabilities shall cooperate with the
68.28 Minnesota State Council on Disability, the Minnesota Consortium for Citizens with
68.29 Disabilities, and the Arc of Minnesota and provide those organizations with existing
68.30 published information and reports that will assist in the preparation of the report.

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

69.1 Sec. 54. Minnesota Statutes 2024, section 256.93, subdivision 1, is amended to read:

69.2 Subdivision 1. **Limitations.** In any case where the guardianship of any child with a
 69.3 developmental disability or who is disabled, dependent, neglected or delinquent, or a child
 69.4 born to a mother who was not married to the child's father when the child was conceived
 69.5 nor when the child was born, has been ~~committed~~ appointed to the commissioner of human
 69.6 services, and in any case where the guardianship of any person with a developmental
 69.7 disability has been ~~committed~~ appointed to the commissioner of human services, the court
 69.8 having jurisdiction of the estate may on such notice as the court may direct, authorize the
 69.9 commissioner to take possession of the personal property in the estate, liquidate it, and hold
 69.10 the proceeds in trust for the ward, to be invested, expended and accounted for as provided
 69.11 by sections 256.88 to 256.92.

69.12 Sec. 55. Minnesota Statutes 2024, section 256.98, subdivision 7, is amended to read:

69.13 Subd. 7. **Division of recovered amounts.** Except for recoveries under chapter 142E, if
 69.14 the state is responsible for the recovery, the amounts recovered shall be paid to the appropriate
 69.15 units of government. If the recovery is directly attributable to a county, the county may
 69.16 retain one-half of the nonfederal share of any recovery from a recipient or the recipient's
 69.17 estate.

69.18 This subdivision does not apply to recoveries from medical providers or to recoveries
 69.19 involving the Department of Human ~~services~~, Services' Surveillance and Utilization Review
 69.20 Division, ~~state hospital collections unit~~, and the Benefit Recoveries Division or the Direct
 69.21 Care and Treatment State Hospital Collections Unit.

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

69.23 Sec. 56. Minnesota Statutes 2024, section 256B.092, subdivision 10, is amended to read:

69.24 Subd. 10. **Admission of persons to and discharge of persons from regional treatment**
 69.25 **centers.** (a) Prior to the admission of a person to a regional treatment center program for
 69.26 persons with developmental disabilities, the case manager shall make efforts to secure
 69.27 community-based alternatives. If these alternatives are rejected by the person, the person's
 69.28 legal guardian or conservator, or the county agency in favor of a regional treatment center
 69.29 placement, the case manager shall document the reasons why the alternatives were rejected.

69.30 (b) Assessment and support planning must be completed in accordance with requirements
 69.31 identified in section 256B.0911.

70.1 (c) No discharge shall take place until disputes are resolved under section 256.045,
 70.2 subdivision 4a, or until a review by the ~~commissioner~~ Direct Care and Treatment executive
 70.3 board is completed upon request of the chief executive officer or program director of the
 70.4 regional treatment center, or the county agency. For persons under public guardianship, the
 70.5 ombudsman may request a review or hearing under section 256.045.

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

70.7 Sec. 57. Minnesota Statutes 2024, section 256G.09, subdivision 4, is amended to read:

70.8 Subd. 4. **Appeals.** A local agency that is aggrieved by the order of ~~the~~ a department or
 70.9 the executive board may appeal the opinion to the district court of the county responsible
 70.10 for furnishing assistance or services by serving a written copy of a notice of appeal on ~~the~~
 70.11 a commissioner or the executive board and any adverse party of record within 30 days after
 70.12 the date the department issued the opinion, and by filing the original notice and proof of
 70.13 service with the court administrator of district court. Service may be made personally or by
 70.14 mail. Service by mail is complete upon mailing.

70.15 ~~The~~ A commissioner or the executive board may elect to become a party to the
 70.16 proceedings in district court. The court may consider the matter in or out of chambers and
 70.17 shall take no new or additional evidence.

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

70.19 Sec. 58. Minnesota Statutes 2024, section 256G.09, subdivision 5, is amended to read:

70.20 Subd. 5. **Payment pending appeal.** After ~~the~~ a department or the executive board issues
 70.21 an opinion in any submission under this section, the service or assistance covered by the
 70.22 submission must be provided or paid pending or during an appeal to the district court.

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

70.24 Sec. 59. Minnesota Statutes 2024, section 299F.77, subdivision 2, is amended to read:

70.25 Subd. 2. **Background check.** (a) For licenses issued by the commissioner under section
 70.26 299F.73, the applicant for licensure must provide the commissioner with all of the
 70.27 information required by Code of Federal Regulations, title 28, section 25.7. The commissioner
 70.28 shall forward the information to the superintendent of the Bureau of Criminal Apprehension
 70.29 so that criminal records, histories, and warrant information on the applicant can be retrieved
 70.30 from the Minnesota Crime Information System and the National Instant Criminal Background
 70.31 Check System, as well as the civil commitment records maintained by ~~the Department of~~

71.1 ~~Human Services~~ Direct Care and Treatment. The results must be returned to the commissioner
71.2 to determine if the individual applicant is qualified to receive a license.

71.3 (b) For permits issued by a county sheriff or chief of police under section 299F.75, the
71.4 applicant for a permit must provide the county sheriff or chief of police with all of the
71.5 information required by Code of Federal Regulations, title 28, section 25.7. The county
71.6 sheriff or chief of police must check, by means of electronic data transfer, criminal records,
71.7 histories, and warrant information on each applicant through the Minnesota Crime
71.8 Information System and the National Instant Criminal Background Check System, as well
71.9 as the civil commitment records maintained by ~~the Department of Human Services~~ Direct
71.10 Care and Treatment. The county sheriff or chief of police shall use the results of the query
71.11 to determine if the individual applicant is qualified to receive a permit.

71.12 Sec. 60. Minnesota Statutes 2024, section 342.04, is amended to read:

71.13 **342.04 STUDIES; REPORTS.**

71.14 (a) The office shall conduct a study to determine the expected size and growth of the
71.15 regulated cannabis industry and hemp consumer industry, including an estimate of the
71.16 demand for cannabis flower and cannabis products, the number and geographic distribution
71.17 of cannabis businesses needed to meet that demand, and the anticipated business from
71.18 residents of other states.

71.19 (b) The office shall conduct a study to determine the size of the illicit cannabis market,
71.20 the sources of illicit cannabis flower and illicit cannabis products in the state, the locations
71.21 of citations issued and arrests made for cannabis offenses, and the subareas, such as census
71.22 tracts or neighborhoods, that experience a disproportionately large amount of cannabis
71.23 enforcement.

71.24 (c) The office shall conduct a study on impaired driving to determine:

71.25 (1) the number of accidents involving one or more drivers who admitted to using cannabis
71.26 flower, cannabis products, lower-potency hemp edibles, or hemp-derived consumer products,
71.27 or who tested positive for cannabis or tetrahydrocannabinol;

71.28 (2) the number of arrests of individuals for impaired driving in which the individual
71.29 tested positive for cannabis or tetrahydrocannabinol; and

71.30 (3) the number of convictions for driving under the influence of cannabis flower, cannabis
71.31 products, lower-potency hemp edibles, hemp-derived consumer products, or
71.32 tetrahydrocannabinol.

72.1 (d) The office shall provide preliminary reports on the studies conducted pursuant to
72.2 paragraphs (a) to (c) to the legislature by January 15, 2024, and shall provide final reports
72.3 to the legislature by January 15, 2025. The reports may be consolidated into a single report
72.4 by the office.

72.5 (e) The office shall collect existing data from the Department of Human Services,
72.6 Department of Health, Direct Care and Treatment, Minnesota state courts, and hospitals
72.7 licensed under chapter 144 on the utilization of mental health and substance use disorder
72.8 services, emergency room visits, and commitments to identify any increase in the services
72.9 provided or any increase in the number of visits or commitments. The office shall also obtain
72.10 summary data from existing first episode psychosis programs on the number of persons
72.11 served by the programs and number of persons on the waiting list. All information collected
72.12 by the office under this paragraph shall be included in the report required under paragraph
72.13 (f).

72.14 (f) The office shall conduct an annual market analysis on the status of the regulated
72.15 cannabis industry and submit a report of the findings. The office shall submit the report by
72.16 January 15, 2025, and each January 15 thereafter and the report may be combined with the
72.17 annual report submitted by the office. The process of completing the market analysis must
72.18 include holding public meetings to solicit the input of consumers, market stakeholders, and
72.19 potential new applicants and must include an assessment as to whether the office has issued
72.20 the necessary number of licenses in order to:

- 72.21 (1) ensure the sufficient supply of cannabis flower and cannabis products to meet demand;
72.22 (2) provide market stability;
72.23 (3) ensure a competitive market; and
72.24 (4) limit the sale of unregulated cannabis flower and cannabis products.

72.25 (g) The office shall submit an annual report to the legislature by January 15, 2024, and
72.26 each January 15 thereafter. The annual report shall include but not be limited to the following:

- 72.27 (1) the status of the regulated cannabis industry;
72.28 (2) the status of the illicit cannabis market and hemp consumer industry;
72.29 (3) the number of accidents, arrests, and convictions involving drivers who admitted to
72.30 using cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived
72.31 consumer products or who tested positive for cannabis or tetrahydrocannabinol;

- 73.1 (4) the change in potency, if any, of cannabis flower and cannabis products available
73.2 through the regulated market;
- 73.3 (5) progress on providing opportunities to individuals and communities that experienced
73.4 a disproportionate, negative impact from cannabis prohibition, including but not limited to
73.5 providing relief from criminal convictions and increasing economic opportunities;
- 73.6 (6) the status of racial and geographic diversity in the cannabis industry;
- 73.7 (7) proposed legislative changes, including but not limited to recommendations to
73.8 streamline licensing systems and related administrative processes;
- 73.9 (8) information on the adverse effects of second-hand smoke from any cannabis flower,
73.10 cannabis products, and hemp-derived consumer products that are consumed by the
73.11 combustion or vaporization of the product and the inhalation of smoke, aerosol, or vapor
73.12 from the product; and
- 73.13 (9) recommendations for the levels of funding for:
- 73.14 (i) a coordinated education program to address and raise public awareness about the top
73.15 three adverse health effects, as determined by the commissioner of health, associated with
73.16 the use of cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived
73.17 consumer products by individuals under 21 years of age;
- 73.18 (ii) a coordinated education program to educate pregnant individuals, breastfeeding
73.19 individuals, and individuals who may become pregnant on the adverse health effects of
73.20 cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived consumer
73.21 products;
- 73.22 (iii) training, technical assistance, and educational materials for home visiting programs,
73.23 Tribal home visiting programs, and child welfare workers regarding safe and unsafe use of
73.24 cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived consumer
73.25 products in homes with infants and young children;
- 73.26 (iv) model programs to educate middle school and high school students on the health
73.27 effects on children and adolescents of the use of cannabis flower, cannabis products,
73.28 lower-potency hemp edibles, hemp-derived consumer products, and other intoxicating or
73.29 controlled substances;
- 73.30 (v) grants issued through the CanTrain, CanNavigate, CanStartup, and CanGrow
73.31 programs;

74.1 (vi) grants to organizations for community development in social equity communities
74.2 through the CanRenew program;

74.3 (vii) training of peace officers and law enforcement agencies on changes to laws involving
74.4 cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived consumer
74.5 products and the law's impact on searches and seizures;

74.6 (viii) training of peace officers to increase the number of drug recognition experts;

74.7 (ix) training of peace officers on the cultural uses of sage and distinguishing use of sage
74.8 from the use of cannabis flower, including whether the Board of Peace Officer Standards
74.9 and Training should approve or develop training materials;

74.10 (x) the retirement and replacement of drug detection canines; and

74.11 (xi) the Department of Human Services and county social service agencies to address
74.12 any increase in demand for services.

74.13 (g) In developing the recommended funding levels under paragraph (f), clause (9), items
74.14 (vii) to (xi), the office shall consult with local law enforcement agencies, the Minnesota
74.15 Chiefs of Police Association, the Minnesota Sheriff's Association, the League of Minnesota
74.16 Cities, the Association of Minnesota Counties, and county social services agencies.

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

74.18 Sec. 61. Minnesota Statutes 2024, section 352.91, subdivision 3f, is amended to read:

74.19 Subd. 3f. **Additional Direct Care and Treatment personnel.** (a) "Covered correctional
74.20 service" means service by a state employee in one of the employment positions specified
74.21 in paragraph (b) in the state-operated forensic services program or the Minnesota Sex
74.22 Offender Program if at least 75 percent of the employee's working time is spent in direct
74.23 contact with patients and the determination of this direct contact is certified to the executive
74.24 director by the ~~commissioner of human services~~ or Direct Care and Treatment executive
74.25 board.

74.26 (b) The employment positions are:

74.27 (1) baker;

74.28 (2) behavior analyst 2;

74.29 (3) behavior analyst 3;

74.30 (4) certified occupational therapy assistant 1;

74.31 (5) certified occupational therapy assistant 2;

- 75.1 (6) client advocate;
- 75.2 (7) clinical program therapist 2;
- 75.3 (8) clinical program therapist 3;
- 75.4 (9) clinical program therapist 4;
- 75.5 (10) cook;
- 75.6 (11) culinary supervisor;
- 75.7 (12) customer services specialist principal;
- 75.8 (13) dental assistant registered;
- 75.9 (14) dental hygienist;
- 75.10 (15) food service worker;
- 75.11 (16) food services supervisor;
- 75.12 (17) group supervisor;
- 75.13 (18) group supervisor assistant;
- 75.14 (19) human services support specialist;
- 75.15 (20) licensed alcohol and drug counselor;
- 75.16 (21) licensed practical nurse;
- 75.17 (22) management analyst 3;
- 75.18 (23) music therapist;
- 75.19 (24) occupational therapist;
- 75.20 (25) occupational therapist, senior;
- 75.21 (26) physical therapist;
- 75.22 (27) psychologist 1;
- 75.23 (28) psychologist 2;
- 75.24 (29) psychologist 3;
- 75.25 (30) recreation program assistant;
- 75.26 (31) recreation therapist lead;
- 75.27 (32) recreation therapist senior;

- 76.1 (33) rehabilitation counselor senior;
- 76.2 (34) residential program lead;
- 76.3 (35) security supervisor;
- 76.4 (36) skills development specialist;
- 76.5 (37) social worker senior;
- 76.6 (38) social worker specialist;
- 76.7 (39) social worker specialist, senior;
- 76.8 (40) special education program assistant;
- 76.9 (41) speech pathology clinician;
- 76.10 (42) substance use disorder counselor senior;
- 76.11 (43) work therapy assistant; and
- 76.12 (44) work therapy program coordinator.

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

76.14 Sec. 62. Minnesota Statutes 2024, section 401.17, subdivision 1, is amended to read:

76.15 Subdivision 1. **Establishment; members.** (a) The commissioner must establish a
 76.16 Community Supervision Advisory Committee to develop and make recommendations to
 76.17 the commissioner on standards for probation, supervised release, and community supervision.
 76.18 The committee consists of 19 members as follows:

76.19 (1) two directors appointed by the Minnesota Association of Community Corrections
 76.20 Act Counties;

76.21 (2) two probation directors appointed by the Minnesota Association of County Probation
 76.22 Officers;

76.23 (3) three county commissioner representatives appointed by the Association of Minnesota
 76.24 Counties;

76.25 (4) two behavioral health, treatment, or programming providers who work directly with
 76.26 individuals on correctional supervision, one appointed by the ~~Department of Human Services~~
 76.27 Direct Care and Treatment executive board and one appointed by the Minnesota Association
 76.28 of County Social Service Administrators;

76.29 (5) two representatives appointed by the Minnesota Indian Affairs Council;

- 77.1 (6) two commissioner-appointed representatives from the Department of Corrections;
- 77.2 (7) the chair of the statewide Evidence-Based Practice Advisory Committee;
- 77.3 (8) three individuals who have been supervised, either individually or collectively, under
- 77.4 each of the state's three community supervision delivery systems appointed by the
- 77.5 commissioner in consultation with the Minnesota Association of County Probation Officers
- 77.6 and the Minnesota Association of Community Corrections Act Counties;
- 77.7 (9) an advocate for victims of crime appointed by the commissioner; and
- 77.8 (10) a representative from a community-based research and advocacy entity appointed
- 77.9 by the commissioner.

77.10 (b) When an appointing authority selects an individual for membership on the committee,

77.11 the authority must make reasonable efforts to reflect geographic diversity and to appoint

77.12 qualified members of protected groups, as defined under section 43A.02, subdivision 33.

77.13 (c) Chapter 15 applies to the extent consistent with this section.

77.14 (d) The commissioner must convene the first meeting of the committee on or before

77.15 October 1, 2023.

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

77.17 Sec. 63. Minnesota Statutes 2024, section 507.071, subdivision 1, is amended to read:

77.18 Subdivision 1. **Definitions.** For the purposes of this section the following terms have

77.19 the meanings given:

77.20 (a) "Beneficiary" or "grantee beneficiary" means a person or entity named as a grantee

77.21 beneficiary in a transfer on death deed, including a successor grantee beneficiary.

77.22 (b) "County agency" means the county department or office designated to recover medical

77.23 assistance benefits from the estates of decedents.

77.24 (c) "Grantor owner" means an owner, whether individually, as a joint tenant, or as a

77.25 tenant in common, named as a grantor in a transfer on death deed upon whose death the

77.26 conveyance or transfer of the described real property is conditioned. Grantor owner does

77.27 not include a spouse who joins in a transfer on death deed solely for the purpose of conveying

77.28 or releasing statutory or other marital interests in the real property to be conveyed or

77.29 transferred by the transfer on death deed.

77.30 (d) "Owner" means a person having an ownership or other interest in all or part of the

77.31 real property to be conveyed or transferred by a transfer on death deed either at the time the

78.1 deed is executed or at the time the transfer becomes effective. Owner does not include a
 78.2 spouse who joins in a transfer on death deed solely for the purpose of conveying or releasing
 78.3 statutory or other marital interests in the real property to be conveyed or transferred by the
 78.4 transfer on death deed.

78.5 (e) "Property" and "interest in real property" mean any interest in real property located
 78.6 in this state which is transferable on the death of the owner and includes, without limitation,
 78.7 an interest in real property defined in chapter 500, a mortgage, a deed of trust, a security
 78.8 interest in, or a security pledge of, an interest in real property, including the rights to
 78.9 payments of the indebtedness secured by the security instrument, a judgment, a tax lien,
 78.10 both the seller's and purchaser's interest in a contract for deed, land contract, purchase
 78.11 agreement, or earnest money contract for the sale and purchase of real property, including
 78.12 the rights to payments under such contracts, or any other lien on, or interest in, real property.

78.13 (f) "Recorded" means recorded in the office of the county recorder or registrar of titles,
 78.14 as appropriate for the real property described in the instrument to be recorded.

78.15 (g) "State agency" means the Department of Human Services or any successor agency
 78.16 or Direct Care and Treatment or any successor agency.

78.17 (h) "Transfer on death deed" means a deed authorized under this section.

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

78.19 Sec. 64. Minnesota Statutes 2024, section 611.57, subdivision 2, is amended to read:

78.20 Subd. 2. **Membership.** (a) The Certification Advisory Committee consists of the
 78.21 following members:

78.22 (1) a mental health professional, as defined in section 245I.02, subdivision 27, with
 78.23 community behavioral health experience, appointed by the governor;

78.24 (2) a board-certified forensic psychiatrist with experience in competency evaluations,
 78.25 providing competency attainment services, or both, appointed by the governor;

78.26 (3) a board-certified forensic psychologist with experience in competency evaluations,
 78.27 providing competency attainment services, or both, appointed by the governor;

78.28 (4) the president of the Minnesota Corrections Association or a designee;

78.29 (5) the Direct Care and Treatment ~~deputy commissioner~~ chief executive officer or a
 78.30 designee;

79.1 (6) the president of the Minnesota Association of County Social Service Administrators
79.2 or a designee;

79.3 (7) the president of the Minnesota Association of Community Mental Health Providers
79.4 or a designee;

79.5 (8) the president of the Minnesota Sheriffs' Association or a designee; and

79.6 (9) the executive director of the National Alliance on Mental Illness Minnesota or a
79.7 designee.

79.8 (b) Members of the advisory committee serve without compensation and at the pleasure
79.9 of the appointing authority. Vacancies shall be filled by the appointing authority consistent
79.10 with the qualifications of the vacating member required by this subdivision.

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

79.12 Sec. 65. Minnesota Statutes 2024, section 611.57, subdivision 4, is amended to read:

79.13 Subd. 4. **Duties.** The Certification Advisory Committee shall consult with the Department
79.14 of Human Services, the Department of Health, ~~and~~ the Department of Corrections, and
79.15 Direct Care and Treatment; make recommendations to the Minnesota Competency Attainment
79.16 Board regarding competency attainment curriculum, certification requirements for
79.17 competency attainment programs including jail-based programs, and certification of
79.18 individuals to provide competency attainment services; and provide information and
79.19 recommendations on other issues relevant to competency attainment as requested by the
79.20 board.

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

79.22 Sec. 66. Minnesota Statutes 2024, section 624.7131, subdivision 1, is amended to read:

79.23 Subdivision 1. **Information.** Any person may apply for a transferee permit by providing
79.24 the following information in writing to the chief of police of an organized full time police
79.25 department of the municipality in which the person resides or to the county sheriff if there
79.26 is no such local chief of police:

79.27 (1) the name, residence, telephone number, and driver's license number or
79.28 nonqualification certificate number, if any, of the proposed transferee;

79.29 (2) the sex, date of birth, height, weight, and color of eyes, and distinguishing physical
79.30 characteristics, if any, of the proposed transferee;

80.1 (3) a statement that the proposed transferee authorizes the release to the local police
 80.2 authority of commitment information about the proposed transferee maintained by the
 80.3 ~~commissioner of human services~~ Direct Care and Treatment executive board, to the extent
 80.4 that the information relates to the proposed transferee's eligibility to possess a pistol or
 80.5 semiautomatic military-style assault weapon under section 624.713, subdivision 1; and

80.6 (4) a statement by the proposed transferee that the proposed transferee is not prohibited
 80.7 by section 624.713 from possessing a pistol or semiautomatic military-style assault weapon.

80.8 The statements shall be signed and dated by the person applying for a permit. At the
 80.9 time of application, the local police authority shall provide the applicant with a dated receipt
 80.10 for the application. The statement under clause (3) must comply with any applicable
 80.11 requirements of Code of Federal Regulations, title 42, sections 2.31 to 2.35, with respect
 80.12 to consent to disclosure of alcohol or drug abuse patient records.

80.13 Sec. 67. Minnesota Statutes 2024, section 624.7131, subdivision 2, is amended to read:

80.14 Subd. 2. **Investigation.** The chief of police or sheriff shall check criminal histories,
 80.15 records and warrant information relating to the applicant through the Minnesota Crime
 80.16 Information System, the national criminal record repository, and the National Instant Criminal
 80.17 Background Check System. The chief of police or sheriff shall also make a reasonable effort
 80.18 to check other available state and local record-keeping systems. The chief of police or sheriff
 80.19 shall obtain commitment information from the ~~commissioner of human services~~ Direct Care
 80.20 and Treatment executive board as provided in section 246C.15.

80.21 Sec. 68. Minnesota Statutes 2024, section 624.7132, subdivision 1, is amended to read:

80.22 Subdivision 1. **Required information.** Except as provided in this section and section
 80.23 624.7131, every person who agrees to transfer a pistol or semiautomatic military-style
 80.24 assault weapon shall report the following information in writing to the chief of police of
 80.25 the organized full-time police department of the municipality where the proposed transferee
 80.26 resides or to the appropriate county sheriff if there is no such local chief of police:

80.27 (1) the name, residence, telephone number, and driver's license number or
 80.28 nonqualification certificate number, if any, of the proposed transferee;

80.29 (2) the sex, date of birth, height, weight, and color of eyes, and distinguishing physical
 80.30 characteristics, if any, of the proposed transferee;

80.31 (3) a statement that the proposed transferee authorizes the release to the local police
 80.32 authority of commitment information about the proposed transferee maintained by the

81.1 ~~commissioner of human services~~ Direct Care and Treatment executive board, to the extent
 81.2 that the information relates to the proposed transferee's eligibility to possess a pistol or
 81.3 semiautomatic military-style assault weapon under section 624.713, subdivision 1;

81.4 (4) a statement by the proposed transferee that the transferee is not prohibited by section
 81.5 624.713 from possessing a pistol or semiautomatic military-style assault weapon; and

81.6 (5) the address of the place of business of the transferor.

81.7 The report shall be signed and dated by the transferor and the proposed transferee. The
 81.8 report shall be delivered by the transferor to the chief of police or sheriff no later than three
 81.9 days after the date of the agreement to transfer, excluding weekends and legal holidays.

81.10 The statement under clause (3) must comply with any applicable requirements of Code of
 81.11 Federal Regulations, title 42, sections 2.31 to 2.35, with respect to consent to disclosure of
 81.12 alcohol or drug abuse patient records.

81.13 Sec. 69. Minnesota Statutes 2024, section 624.7132, subdivision 2, is amended to read:

81.14 Subd. 2. **Investigation.** Upon receipt of a transfer report, the chief of police or sheriff
 81.15 shall check criminal histories, records and warrant information relating to the proposed
 81.16 transferee through the Minnesota Crime Information System, the national criminal record
 81.17 repository, and the National Instant Criminal Background Check System. The chief of police
 81.18 or sheriff shall also make a reasonable effort to check other available state and local
 81.19 record-keeping systems. The chief of police or sheriff shall obtain commitment information
 81.20 from the ~~commissioner of human services~~ Direct Care and Treatment executive board as
 81.21 provided in section 246C.15.

81.22 Sec. 70. Minnesota Statutes 2024, section 624.714, subdivision 3, is amended to read:

81.23 Subd. 3. **Form and contents of application.** (a) Applications for permits to carry must
 81.24 be an official, standardized application form, adopted under section 624.7151, and must set
 81.25 forth in writing only the following information:

81.26 (1) the applicant's name, residence, telephone number, if any, and driver's license number
 81.27 or state identification card number;

81.28 (2) the applicant's sex, date of birth, height, weight, and color of eyes and hair, and
 81.29 distinguishing physical characteristics, if any;

81.30 (3) the township or statutory city or home rule charter city, and county, of all Minnesota
 81.31 residences of the applicant in the last five years, though not including specific addresses;

82.1 (4) the township or city, county, and state of all non-Minnesota residences of the applicant
82.2 in the last five years, though not including specific addresses;

82.3 (5) a statement that the applicant authorizes the release to the sheriff of commitment
82.4 information about the applicant maintained by the ~~commissioner of human services~~ Direct
82.5 Care and Treatment executive board or any similar agency or department of another state
82.6 where the applicant has resided, to the extent that the information relates to the applicant's
82.7 eligibility to possess a firearm; and

82.8 (6) a statement by the applicant that, to the best of the applicant's knowledge and belief,
82.9 the applicant is not prohibited by law from possessing a firearm.

82.10 (b) The statement under paragraph (a), clause (5), must comply with any applicable
82.11 requirements of Code of Federal Regulations, title 42, sections 2.31 to 2.35, with respect
82.12 to consent to disclosure of alcohol or drug abuse patient records.

82.13 (c) An applicant must submit to the sheriff an application packet consisting only of the
82.14 following items:

82.15 (1) a completed application form, signed and dated by the applicant;

82.16 (2) an accurate photocopy of the certificate described in subdivision 2a, paragraph (c),
82.17 that is submitted as the applicant's evidence of training in the safe use of a pistol; and

82.18 (3) an accurate photocopy of the applicant's current driver's license, state identification
82.19 card, or the photo page of the applicant's passport.

82.20 (d) In addition to the other application materials, a person who is otherwise ineligible
82.21 for a permit due to a criminal conviction but who has obtained a pardon or expungement
82.22 setting aside the conviction, sealing the conviction, or otherwise restoring applicable rights,
82.23 must submit a copy of the relevant order.

82.24 (e) Applications must be submitted in person.

82.25 (f) The sheriff may charge a new application processing fee in an amount not to exceed
82.26 the actual and reasonable direct cost of processing the application or \$100, whichever is
82.27 less. Of this amount, \$10 must be submitted to the commissioner and deposited into the
82.28 general fund.

82.29 (g) This subdivision prescribes the complete and exclusive set of items an applicant is
82.30 required to submit in order to apply for a new or renewal permit to carry. The applicant
82.31 must not be asked or required to submit, voluntarily or involuntarily, any information, fees,
82.32 or documentation beyond that specifically required by this subdivision. This paragraph does

83.1 not apply to alternate training evidence accepted by the sheriff under subdivision 2a,
83.2 paragraph (d).

83.3 (h) Forms for new and renewal applications must be available at all sheriffs' offices and
83.4 the commissioner must make the forms available on the Internet.

83.5 (i) Application forms must clearly display a notice that a permit, if granted, is void and
83.6 must be immediately returned to the sheriff if the permit holder is or becomes prohibited
83.7 by law from possessing a firearm. The notice must list the applicable state criminal offenses
83.8 and civil categories that prohibit a person from possessing a firearm.

83.9 (j) Upon receipt of an application packet and any required fee, the sheriff must provide
83.10 a signed receipt indicating the date of submission.

83.11 Sec. 71. Minnesota Statutes 2024, section 624.714, subdivision 4, is amended to read:

83.12 Subd. 4. **Investigation.** (a) The sheriff must check, by means of electronic data transfer,
83.13 criminal records, histories, and warrant information on each applicant through the Minnesota
83.14 Crime Information System and the National Instant Criminal Background Check System.
83.15 The sheriff shall also make a reasonable effort to check other available and relevant federal,
83.16 state, or local record-keeping systems. The sheriff must obtain commitment information
83.17 from the ~~commissioner of human services~~ Direct Care and Treatment executive board as
83.18 provided in section 246C.15 or, if the information is reasonably available, as provided by
83.19 a similar statute from another state.

83.20 (b) When an application for a permit is filed under this section, the sheriff must notify
83.21 the chief of police, if any, of the municipality where the applicant resides. The police chief
83.22 may provide the sheriff with any information relevant to the issuance of the permit.

83.23 (c) The sheriff must conduct a background check by means of electronic data transfer
83.24 on a permit holder through the Minnesota Crime Information System and the National
83.25 Instant Criminal Background Check System at least yearly to ensure continuing eligibility.
83.26 The sheriff may also conduct additional background checks by means of electronic data
83.27 transfer on a permit holder at any time during the period that a permit is in effect.

83.28 Sec. 72. Minnesota Statutes 2024, section 631.40, subdivision 3, is amended to read:

83.29 Subd. 3. **Departments of Human Services; Children, Youth, and Families; and**
83.30 **Health licensees.** When a person who is affiliated with a program or facility ~~governed~~
83.31 licensed by the Department of Human Services; Department of Children, Youth, and
83.32 Families; or Department of Health is convicted of a disqualifying crime, the probation

84.1 officer or corrections agent shall notify the commissioner of the conviction, as provided in
84.2 chapter 245C.

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

84.4 Sec. 73. **REVISOR INSTRUCTION.**

84.5 (a) The revisor of statutes shall renumber Minnesota Statutes, section 252.50, subdivision
84.6 5, as Minnesota Statutes, section 246C.11, subdivision 4a.

84.7 (b) The revisor of statutes shall renumber Minnesota Statutes, section 252.52, as
84.8 Minnesota Statutes, section 246C.191.

84.9 (c) The revisor of statutes shall make necessary cross-reference changes consistent with
84.10 the renumbering in this section.

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

84.12 Sec. 74. **REPEALER.**

84.13 (a) Minnesota Statutes 2024, sections 245.4862; 246.015, subdivision 3; 246.50,
84.14 subdivision 2; and 246B.04, subdivision 1a, are repealed.

84.15 (b) Laws 2024, chapter 79, article 1, sections 15; 16; and 17, are repealed.

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

84.17 **ARTICLE 4**

84.18 **HEALTH CARE ADMINISTRATION**

84.19 Section 1. Minnesota Statutes 2024, section 62M.17, subdivision 2, is amended to read:

84.20 Subd. 2. **Effect of change in prior authorization clinical criteria.** (a) If, during a plan
84.21 year, or a calendar year for fee-for-service providers under chapters 256B and 256L, a
84.22 utilization review organization changes coverage terms for a health care service or the
84.23 clinical criteria used to conduct prior authorizations for a health care service, the change in
84.24 coverage terms or change in clinical criteria shall not apply until the next plan year, or the
84.25 next calendar year for fee-for-service providers under chapters 256B and 256L, for any
84.26 enrollee who received prior authorization for a health care service using the coverage terms
84.27 or clinical criteria in effect before the effective date of the change.

84.28 (b) Paragraph (a) does not apply if a utilization review organization changes coverage
84.29 terms for a drug or device that has been deemed unsafe by the United States Food and Drug
84.30 Administration (FDA); that has been withdrawn by either the FDA or the product

85.1 manufacturer; or when an independent source of research, clinical guidelines, or
85.2 evidence-based standards has issued drug- or device-specific warnings or recommended
85.3 changes in drug or device usage.

85.4 (c) Paragraph (a) does not apply if a utilization review organization changes coverage
85.5 terms for a service or the clinical criteria used to conduct prior authorizations for a service
85.6 when an independent source of research, clinical guidelines, or evidence-based standards
85.7 has recommended changes in usage of the service for reasons related to patient harm. This
85.8 paragraph expires December 31, 2025, for health benefit plans offered, sold, issued, or
85.9 renewed on or after that date.

85.10 (d) Effective January 1, 2026, and applicable to health benefit plans offered, sold, issued,
85.11 or renewed on or after that date, paragraph (a) does not apply if a utilization review
85.12 organization changes coverage terms for a service or the clinical criteria used to conduct
85.13 prior authorizations for a service when an independent source of research, clinical guidelines,
85.14 or evidence-based standards has recommended changes in usage of the service for reasons
85.15 related to previously unknown and imminent patient harm.

85.16 (e) Paragraph (a) does not apply if a utilization review organization removes a brand
85.17 name drug from its formulary or places a brand name drug in a benefit category that increases
85.18 the enrollee's cost, provided the utilization review organization (1) adds to its formulary a
85.19 generic or multisource brand name drug rated as therapeutically equivalent according to
85.20 the FDA Orange Book, or a biologic drug rated as interchangeable according to the FDA
85.21 Purple Book, at a lower cost to the enrollee, and (2) provides at least a 60-day notice to
85.22 prescribers, pharmacists, and affected enrollees.

85.23 Sec. 2. Minnesota Statutes 2024, section 256B.0625, subdivision 25c, is amended to read:

85.24 Subd. 25c. **Applicability of utilization review provisions.** Effective January 1, 2026,
85.25 the following provisions of chapter 62M apply to the commissioner when delivering services
85.26 under chapters 256B and 256L: 62M.02, subdivisions 1 to 5, 7 to 12, 13, 14 to 18, and 21;
85.27 62M.04; 62M.05, subdivisions 1 to 4; 62M.06, subdivisions 1 to 3; 62M.07; 62M.072;
85.28 62M.09; 62M.10; 62M.12; and 62M.17, subdivision 2; ~~and 62M.18.~~

ARTICLE 5

HUMAN SERVICES OFFICE OF THE INSPECTOR GENERAL

Section 1. Minnesota Statutes 2024, section 142E.51, subdivision 5, is amended to read:

Subd. 5. **Administrative disqualification of child care providers caring for children receiving child care assistance.** (a) The department shall pursue an administrative disqualification, if the child care provider is accused of committing an intentional program violation, in lieu of a criminal action when it has not been pursued. Intentional program violations include intentionally making false or misleading statements; receiving or providing a kickback, as defined in subdivision 6, paragraph (b); intentionally misrepresenting, concealing, or withholding facts; and repeatedly and intentionally violating program regulations under this chapter. Intent may be proven by demonstrating a pattern of conduct that violates program rules under this chapter.

(b) To initiate an administrative disqualification, the commissioner must send written notice using a signature-verified confirmed delivery method to the provider against whom the action is being taken. Unless otherwise specified under this chapter or Minnesota Rules, chapter 3400, the commissioner must send the written notice at least 15 calendar days before the adverse action's effective date. The notice shall state (1) the factual basis for the agency's determination, (2) the action the agency intends to take, (3) the dollar amount of the monetary recovery or recoupment, if known, and (4) the provider's right to appeal the agency's proposed action.

(c) The provider may appeal an administrative disqualification by submitting a written request to the state agency. A provider's request must be received by the state agency no later than 30 days after the date the commissioner mails the notice.

(d) The provider's appeal request must contain the following:

(1) each disputed item, the reason for the dispute, and, if applicable, an estimate of the dollar amount involved for each disputed item;

(2) the computation the provider believes to be correct, if applicable;

(3) the statute or rule relied on for each disputed item; and

(4) the name, address, and telephone number of the person at the provider's place of business with whom contact may be made regarding the appeal.

(e) On appeal, the issuing agency bears the burden of proof to demonstrate by a preponderance of the evidence that the provider committed an intentional program violation.

87.1 (f) The hearing is subject to the requirements of section 142A.20. The human services
 87.2 judge may combine a fair hearing and administrative disqualification hearing into a single
 87.3 hearing if the factual issues arise out of the same or related circumstances and the provider
 87.4 receives prior notice that the hearings will be combined.

87.5 (g) A provider found to have committed an intentional program violation and is
 87.6 administratively disqualified must be disqualified, for a period of three years for the first
 87.7 offense and permanently for any subsequent offense, from receiving any payments from
 87.8 any child care program under this chapter.

87.9 (h) Unless a timely and proper appeal made under this section is received by the
 87.10 department, the administrative determination of the department is final and binding.

87.11 Sec. 2. Minnesota Statutes 2024, section 142E.51, subdivision 6, is amended to read:

87.12 Subd. 6. **Prohibited hiring ~~practice~~ practices.** (a) It is prohibited to hire a child care
 87.13 center employee when, as a condition of employment, the employee is required to have one
 87.14 or more children who are eligible for or receive child care assistance, if:

87.15 (1) the individual hiring the employee is, or is acting at the direction of or in cooperation
 87.16 with, a child care center provider, center owner, director, manager, license holder, or other
 87.17 controlling individual; and

87.18 (2) the individual hiring the employee knows or has reason to know the purpose in hiring
 87.19 the employee is to obtain child care assistance program funds.

87.20 (b) Program applicants, participants, and providers are prohibited from receiving or
 87.21 providing a kickback or payment in exchange for obtaining or attempting to obtain child
 87.22 care assistance benefits for their own financial gain. This paragraph does not apply to:

87.23 (1) marketing or promotional offerings that directly benefit an applicant or recipient's
 87.24 child or dependent for whom the child care provider is providing child care services; or

87.25 (2) child care provider discounts, scholarships, or other financial assistance allowed
 87.26 under section 142E.17, subdivision 7.

87.27 (c) An attempt to buy or sell access to a family's child care subsidy benefits to an
 87.28 unauthorized person by an applicant, a participant, or a provider is a kickback, an intentional
 87.29 program violation under subdivision 5, and wrongfully obtaining assistance under section
 87.30 256.98.

88.1 Sec. 3. Minnesota Statutes 2024, section 144.651, subdivision 2, is amended to read:

88.2 Subd. 2. **Definitions.** For the purposes of this section, "patient" means a person who is
88.3 admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for
88.4 the purpose of diagnosis or treatment bearing on the physical or mental health of that person.
88.5 For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a
88.6 person who receives health care services at an outpatient surgical center or at a birth center
88.7 licensed under section 144.615. "Patient" also means a ~~minor person~~ person who is admitted to a
88.8 residential program as defined in section 253C.01. "Patient" also means a person who is
88.9 admitted to a residential substance use disorder treatment program licensed according to
88.10 Minnesota Rules, parts 2960.0430 to 2960.0490. For purposes of subdivisions 1, 3 to 16,
88.11 18, 20 and 30, "patient" also means any person who is receiving mental health treatment or
88.12 substance use disorder treatment on an outpatient basis or in a community support program
88.13 or other community-based program. "Resident" means a person who is admitted to a nonacute
88.14 care facility including extended care facilities, nursing homes, and boarding care homes for
88.15 care required because of prolonged mental or physical illness or disability, recovery from
88.16 injury or disease, or advancing age. For purposes of all subdivisions except subdivisions
88.17 28 and 29, "resident" also means a person who is admitted to a facility licensed as a board
88.18 and lodging facility under Minnesota Rules, parts 4625.0100 to 4625.2355, a boarding care
88.19 home under sections 144.50 to 144.56, or a supervised living facility under Minnesota Rules,
88.20 parts 4665.0100 to 4665.9900, and ~~which that~~ operates a rehabilitation withdrawal
88.21 management program licensed under chapter 245F, a residential substance use disorder
88.22 treatment program licensed under chapter 245G ~~or~~, an intensive residential treatment services
88.23 or residential crisis stabilization program licensed under chapter 245I, or a detoxification
88.24 program licensed under Minnesota Rules, parts 9530.6510 to 9530.6590.

88.25 Sec. 4. Minnesota Statutes 2024, section 245A.04, subdivision 1, is amended to read:

88.26 Subdivision 1. **Application for licensure.** (a) An individual, organization, or government
88.27 entity that is subject to licensure under section 245A.03 must apply for a license. The
88.28 application must be made on the forms and in the manner prescribed by the commissioner.
88.29 The commissioner shall provide the applicant with instruction in completing the application
88.30 and provide information about the rules and requirements of other state agencies that affect
88.31 the applicant. An applicant seeking licensure in Minnesota with headquarters outside of
88.32 Minnesota must have a program office located within 30 miles of the Minnesota border.
88.33 An applicant who intends to buy or otherwise acquire a program or services licensed under
88.34 this chapter that is owned by another license holder must apply for a license under this
88.35 chapter and comply with the application procedures in this section and section 245A.043.

89.1 The commissioner shall act on the application within 90 working days after a complete
89.2 application and any required reports have been received from other state agencies or
89.3 departments, counties, municipalities, or other political subdivisions. The commissioner
89.4 shall not consider an application to be complete until the commissioner receives all of the
89.5 required information.

89.6 When the commissioner receives an application for initial licensure that is incomplete
89.7 because the applicant failed to submit required documents or that is substantially deficient
89.8 because the documents submitted do not meet licensing requirements, the commissioner
89.9 shall provide the applicant written notice that the application is incomplete or substantially
89.10 deficient. In the written notice to the applicant the commissioner shall identify documents
89.11 that are missing or deficient and give the applicant 45 days to resubmit a second application
89.12 that is substantially complete. An applicant's failure to submit a substantially complete
89.13 application after receiving notice from the commissioner is a basis for license denial under
89.14 section 245A.043.

89.15 (b) An application for licensure must identify all controlling individuals as defined in
89.16 section 245A.02, subdivision 5a, and must designate one individual to be the authorized
89.17 agent. The application must be signed by the authorized agent and must include the authorized
89.18 agent's first, middle, and last name; mailing address; and email address. By submitting an
89.19 application for licensure, the authorized agent consents to electronic communication with
89.20 the commissioner throughout the application process. The authorized agent must be
89.21 authorized to accept service on behalf of all of the controlling individuals. A government
89.22 entity that holds multiple licenses under this chapter may designate one authorized agent
89.23 for all licenses issued under this chapter or may designate a different authorized agent for
89.24 each license. Service on the authorized agent is service on all of the controlling individuals.
89.25 It is not a defense to any action arising under this chapter that service was not made on each
89.26 controlling individual. The designation of a controlling individual as the authorized agent
89.27 under this paragraph does not affect the legal responsibility of any other controlling individual
89.28 under this chapter.

89.29 (c) An applicant or license holder must have a policy that prohibits license holders,
89.30 employees, subcontractors, and volunteers, when directly responsible for persons served
89.31 by the program, from abusing prescription medication or being in any manner under the
89.32 influence of a chemical that impairs the individual's ability to provide services or care. The
89.33 license holder must train employees, subcontractors, and volunteers about the program's
89.34 drug and alcohol policy before the employee, subcontractor, or volunteer has direct contact,
89.35 as defined in section 245C.02, subdivision 11, with a person served by the program.

90.1 (d) An applicant and license holder must have a program grievance procedure that permits
90.2 persons served by the program and their authorized representatives to bring a grievance to
90.3 the highest level of authority in the program.

90.4 (e) The commissioner may limit communication during the application process to the
90.5 authorized agent or the controlling individuals identified on the license application and for
90.6 whom a background study was initiated under chapter 245C. Upon implementation of the
90.7 provider licensing and reporting hub, applicants and license holders must use the hub in the
90.8 manner prescribed by the commissioner. The commissioner may require the applicant,
90.9 except for child foster care, to demonstrate competence in the applicable licensing
90.10 requirements by successfully completing a written examination. The commissioner may
90.11 develop a prescribed written examination format.

90.12 (f) When an applicant is an individual, the applicant must provide:

90.13 (1) the applicant's taxpayer identification numbers including the Social Security number
90.14 or Minnesota tax identification number, and federal employer identification number if the
90.15 applicant has employees;

90.16 (2) at the request of the commissioner, a copy of the most recent filing with the secretary
90.17 of state that includes the complete business name, if any;

90.18 (3) if doing business under a different name, the doing business as (DBA) name, as
90.19 registered with the secretary of state;

90.20 (4) if applicable, the applicant's National Provider Identifier (NPI) number and Unique
90.21 Minnesota Provider Identifier (UMPI) number; and

90.22 (5) at the request of the commissioner, the notarized signature of the applicant or
90.23 authorized agent.

90.24 (g) When an applicant is an organization, the applicant must provide:

90.25 (1) the applicant's taxpayer identification numbers including the Minnesota tax
90.26 identification number and federal employer identification number;

90.27 (2) at the request of the commissioner, a copy of the most recent filing with the secretary
90.28 of state that includes the complete business name, and if doing business under a different
90.29 name, the doing business as (DBA) name, as registered with the secretary of state;

90.30 (3) the first, middle, and last name, and address for all individuals who will be controlling
90.31 individuals, including all officers, owners, and managerial officials as defined in section

91.1 245A.02, subdivision 5a, and the date that the background study was initiated by the applicant
91.2 for each controlling individual;

91.3 (4) if applicable, the applicant's NPI number and UMPI number;

91.4 (5) the documents that created the organization and that determine the organization's
91.5 internal governance and the relations among the persons that own the organization, have
91.6 an interest in the organization, or are members of the organization, in each case as provided
91.7 or authorized by the organization's governing statute, which may include a partnership
91.8 agreement, bylaws, articles of organization, organizational chart, and operating agreement,
91.9 or comparable documents as provided in the organization's governing statute; and

91.10 (6) the notarized signature of the applicant or authorized agent.

91.11 (h) When the applicant is a government entity, the applicant must provide:

91.12 (1) the name of the government agency, political subdivision, or other unit of government
91.13 seeking the license and the name of the program or services that will be licensed;

91.14 (2) the applicant's taxpayer identification numbers including the Minnesota tax
91.15 identification number and federal employer identification number;

91.16 (3) a letter signed by the manager, administrator, or other executive of the government
91.17 entity authorizing the submission of the license application; and

91.18 (4) if applicable, the applicant's NPI number and UMPI number.

91.19 (i) At the time of application for licensure or renewal of a license under this chapter, the
91.20 applicant or license holder must acknowledge on the form provided by the commissioner
91.21 if the applicant or license holder elects to receive any public funding reimbursement from
91.22 the commissioner for services provided under the license that:

91.23 (1) the applicant's or license holder's compliance with the provider enrollment agreement
91.24 or registration requirements for receipt of public funding may be monitored by the
91.25 commissioner as part of a licensing investigation or licensing inspection; and

91.26 (2) noncompliance with the provider enrollment agreement or registration requirements
91.27 for receipt of public funding that is identified through a licensing investigation or licensing
91.28 inspection, or noncompliance with a licensing requirement that is a basis of enrollment for
91.29 reimbursement for a service, may result in:

91.30 (i) a correction order or a conditional license under section 245A.06, or sanctions under
91.31 section 245A.07;

- 92.1 (ii) nonpayment of claims submitted by the license holder for public program
 92.2 reimbursement;
- 92.3 (iii) recovery of payments made for the service;
- 92.4 (iv) disenrollment in the public payment program; or
- 92.5 (v) other administrative, civil, or criminal penalties as provided by law.

92.6 Sec. 5. Minnesota Statutes 2024, section 245A.04, subdivision 7, is amended to read:

92.7 Subd. 7. **Grant of license; license extension.** (a) If the commissioner determines that
 92.8 the program complies with all applicable rules and laws, the commissioner shall issue a
 92.9 license consistent with this section or, if applicable, a temporary change of ownership license
 92.10 under section 245A.043. At minimum, the license shall state:

- 92.11 (1) the name of the license holder;
- 92.12 (2) the address of the program;
- 92.13 (3) the effective date and expiration date of the license;
- 92.14 (4) the type of license;
- 92.15 (5) the maximum number and ages of persons that may receive services from the program;
- 92.16 and
- 92.17 (6) any special conditions of licensure.

92.18 (b) The commissioner may issue a license for a period not to exceed two years if:

- 92.19 (1) the commissioner is unable to conduct the observation required by subdivision 4,
 92.20 paragraph (a), clause (3), because the program is not yet operational;
- 92.21 (2) certain records and documents are not available because persons are not yet receiving
 92.22 services from the program; and
- 92.23 (3) the applicant complies with applicable laws and rules in all other respects.

92.24 (c) A decision by the commissioner to issue a license does not guarantee that any person
 92.25 or persons will be placed or cared for in the licensed program.

92.26 (d) Except as provided in paragraphs (i) and (j), the commissioner shall not issue a
 92.27 license if the applicant, license holder, or an affiliated controlling individual has:

- 92.28 (1) been disqualified and the disqualification was not set aside and no variance has been
 92.29 granted;

- 93.1 (2) been denied a license under this chapter or chapter 142B within the past two years;
- 93.2 (3) had a license issued under this chapter or chapter 142B revoked within the past five
- 93.3 years; or
- 93.4 (4) failed to submit the information required of an applicant under subdivision 1,
- 93.5 paragraph (f), (g), or (h), after being requested by the commissioner.

93.6 When a license issued under this chapter or chapter 142B is revoked, the license holder

93.7 and each affiliated controlling individual with a revoked license may not hold any license

93.8 under chapter 245A for five years following the revocation, and other licenses held by the

93.9 applicant or license holder or licenses affiliated with each controlling individual shall also

93.10 be revoked.

93.11 (e) Notwithstanding paragraph (d), the commissioner may elect not to revoke a license

93.12 affiliated with a license holder or controlling individual that had a license revoked within

93.13 the past five years if the commissioner determines that (1) the license holder or controlling

93.14 individual is operating the program in substantial compliance with applicable laws and rules

93.15 and (2) the program's continued operation is in the best interests of the community being

93.16 served.

93.17 (f) Notwithstanding paragraph (d), the commissioner may issue a new license in response

93.18 to an application that is affiliated with an applicant, license holder, or controlling individual

93.19 that had an application denied within the past two years or a license revoked within the past

93.20 five years if the commissioner determines that (1) the applicant or controlling individual

93.21 has operated one or more programs in substantial compliance with applicable laws and rules

93.22 and (2) the program's operation would be in the best interests of the community to be served.

93.23 (g) In determining whether a program's operation would be in the best interests of the

93.24 community to be served, the commissioner shall consider factors such as the number of

93.25 persons served, the availability of alternative services available in the surrounding

93.26 community, the management structure of the program, whether the program provides

93.27 culturally specific services, and other relevant factors.

93.28 (h) The commissioner shall not issue or reissue a license under this chapter if an individual

93.29 living in the household where the services will be provided as specified under section

93.30 245C.03, subdivision 1, has been disqualified and the disqualification has not been set aside

93.31 and no variance has been granted.

93.32 (i) Pursuant to section 245A.07, subdivision 1, paragraph (b), when a license issued

93.33 under this chapter has been suspended or revoked and the suspension or revocation is under

94.1 appeal, the program may continue to operate pending a final order from the commissioner.
 94.2 If the license under suspension or revocation will expire before a final order is issued, a
 94.3 temporary provisional license may be issued provided any applicable license fee is paid
 94.4 before the temporary provisional license is issued.

94.5 (j) Notwithstanding paragraph (i), when a revocation is based on the disqualification of
 94.6 a controlling individual or license holder, and the controlling individual or license holder
 94.7 is ordered under section 245C.17 to be immediately removed from direct contact with
 94.8 persons receiving services or is ordered to be under continuous, direct supervision when
 94.9 providing direct contact services, the program may continue to operate only if the program
 94.10 complies with the order and submits documentation demonstrating compliance with the
 94.11 order. If the disqualified individual fails to submit a timely request for reconsideration, or
 94.12 if the disqualification is not set aside and no variance is granted, the order to immediately
 94.13 remove the individual from direct contact or to be under continuous, direct supervision
 94.14 remains in effect pending the outcome of a hearing and final order from the commissioner.

94.15 (k) Unless otherwise specified by statute, all licenses issued under this chapter expire
 94.16 at 12:01 a.m. on the day after the expiration date stated on the license. A license holder must
 94.17 ~~apply for and be granted~~ comply with the requirements in section 245A.10 and be reissued
 94.18 a new license to operate the program or the program must not be operated after the expiration
 94.19 date. Adult foster care, family adult day services, child foster residence setting, and
 94.20 community residential services license holders must apply for and be granted a new license
 94.21 to operate the program or the program must not be operated after the expiration date. Upon
 94.22 implementation of the provider licensing and reporting hub, licenses may be issued each
 94.23 calendar year.

94.24 (l) The commissioner shall not issue or reissue a license under this chapter if it has been
 94.25 determined that a Tribal licensing authority has established jurisdiction to license the program
 94.26 or service.

94.27 (m) The commissioner of human services may coordinate and share data with the
 94.28 commissioner of children, youth, and families to enforce this section.

94.29 Sec. 6. Minnesota Statutes 2024, section 245A.16, subdivision 1, is amended to read:

94.30 Subdivision 1. **Delegation of authority to agencies.** (a) County agencies that have been
 94.31 designated by the commissioner to perform licensing functions and activities under section
 94.32 245A.04; to recommend denial of applicants under section 245A.05; to issue correction
 94.33 orders, to issue variances, and recommend a conditional license under section 245A.06; or
 94.34 to recommend suspending or revoking a license or issuing a fine under section 245A.07,

95.1 shall comply with rules and directives of the commissioner governing those functions and
 95.2 with this section. The following variances are excluded from the delegation of variance
 95.3 authority and may be issued only by the commissioner:

95.4 (1) dual licensure of child foster residence setting and community residential setting;

95.5 (2) until the responsibility for family child foster care transfers to the commissioner of
 95.6 children, youth, and families under Laws 2023, chapter 70, article 12, section 30, dual
 95.7 licensure of family child foster care and family adult foster care;

95.8 (3) until the responsibility for family child care transfers to the commissioner of children,
 95.9 youth, and families under Laws 2023, chapter 70, article 12, section 30, dual licensure of
 95.10 family adult foster care and family child care;

95.11 (4) adult foster care or community residential setting maximum capacity;

95.12 (5) adult foster care or community residential setting minimum age requirement;

95.13 (6) child foster care maximum age requirement;

95.14 (7) variances regarding disqualified individuals;

95.15 (8) the required presence of a caregiver in the adult foster care residence during normal
 95.16 sleeping hours;

95.17 (9) variances to requirements relating to chemical use problems of a license holder or a
 95.18 household member of a license holder; and

95.19 (10) variances to section 142B.46 for the use of a cradleboard for a cultural
 95.20 accommodation.

95.21 (b) Once the respective responsibilities transfer from the commissioner of human services
 95.22 to the commissioner of children, youth, and families, under Laws 2023, chapter 70, article
 95.23 12, section 30, the commissioners of human services and children, youth, and families must
 95.24 both approve a variance for dual licensure of family child foster care and family adult foster
 95.25 care or family adult foster care and family child care. Variances under this paragraph are
 95.26 excluded from the delegation of variance authority and may be issued only by both
 95.27 commissioners.

95.28 ~~(c) For family adult day services programs, the commissioner may authorize licensing~~
 95.29 ~~reviews every two years after a licensee has had at least one annual review.~~

95.30 ~~(d)~~ (c) An adult foster care, family adult day services, child foster residence setting,
 95.31 or community residential services license issued under this section may be issued for up to
 95.32 two years until implementation of the provider licensing and reporting hub. Upon

96.1 implementation of the provider licensing and reporting hub, licenses may be issued each
 96.2 calendar year.

96.3 ~~(e)~~ (d) During implementation of chapter 245D, the commissioner shall consider:

96.4 (1) the role of counties in quality assurance;

96.5 (2) the duties of county licensing staff; and

96.6 (3) the possible use of joint powers agreements, according to section 471.59, with counties
 96.7 through which some licensing duties under chapter 245D may be delegated by the
 96.8 commissioner to the counties.

96.9 Any consideration related to this paragraph must meet all of the requirements of the corrective
 96.10 action plan ordered by the federal Centers for Medicare and Medicaid Services.

96.11 ~~(f)~~ (e) Licensing authority specific to section 245D.06, subdivisions 5, 6, 7, and 8, or
 96.12 successor provisions; and section 245D.061 or successor provisions, for family child foster
 96.13 care programs providing out-of-home respite, as identified in section 245D.03, subdivision
 96.14 1, paragraph (b), clause (1), is excluded from the delegation of authority to county agencies.

96.15 Sec. 7. Minnesota Statutes 2024, section 245A.242, subdivision 2, is amended to read:

96.16 Subd. 2. **Emergency overdose treatment.** (a) A license holder must maintain a supply
 96.17 of opiate antagonists as defined in section 604A.04, subdivision 1, available for emergency
 96.18 treatment of opioid overdose and must have a written standing order protocol by a physician
 96.19 who is licensed under chapter 147, advanced practice registered nurse who is licensed under
 96.20 chapter 148, or physician assistant who is licensed under chapter 147A, that permits the
 96.21 license holder to maintain a supply of opiate antagonists on site. A license holder must
 96.22 require staff to undergo training in the specific mode of administration used at the program,
 96.23 which may include intranasal administration, intramuscular injection, or both, before the
 96.24 staff has direct contact, as defined in section 245C.02, subdivision 11, with a person served
 96.25 by the program.

96.26 (b) Notwithstanding any requirements to the contrary in Minnesota Rules, chapters 2960
 96.27 and 9530, and Minnesota Statutes, chapters 245F, 245G, and 245I:

96.28 (1) emergency opiate antagonist medications are not required to be stored in a locked
 96.29 area and staff and adult clients may carry this medication on them and store it in an unlocked
 96.30 location;

96.31 (2) staff persons who only administer emergency opiate antagonist medications only
 96.32 require the training required by paragraph (a), which any knowledgeable trainer may provide.

97.1 The trainer is not required to be a registered nurse or part of an accredited educational
97.2 institution; and

97.3 (3) nonresidential substance use disorder treatment programs that do not administer
97.4 client medications beyond emergency opiate antagonist medications are not required to
97.5 have the policies and procedures required in section 245G.08, subdivisions 5 and 6, and
97.6 must instead describe the program's procedures for administering opiate antagonist
97.7 medications in the license holder's description of health care services under section 245G.08,
97.8 subdivision 1.

97.9 Sec. 8. Minnesota Statutes 2024, section 245C.05, is amended by adding a subdivision to
97.10 read:

97.11 Subd. 9. **Electronic signature.** For documentation requiring a signature under this
97.12 chapter, use of an electronic signature as defined under section 325L.02, paragraph (h), is
97.13 allowed.

97.14 Sec. 9. Minnesota Statutes 2024, section 245C.08, subdivision 3, is amended to read:

97.15 Subd. 3. **Arrest and investigative information.** (a) For any background study completed
97.16 under this section, if the commissioner has reasonable cause to believe the information is
97.17 pertinent to the disqualification of an individual, the commissioner also may review arrest
97.18 and investigative information from:

97.19 (1) the Bureau of Criminal Apprehension;

97.20 (2) the commissioners of children, youth, and families; health; and human services;

97.21 (3) a ~~county attorney~~ prosecutor;

97.22 ~~(4) a county sheriff;~~

97.23 ~~(5) (4) a county agency;~~

97.24 ~~(6) (5) a local chief of police~~ law enforcement agency;

97.25 ~~(7) (6) other states;~~

97.26 ~~(8) (7) the courts;~~

97.27 ~~(9) (8) the Federal Bureau of Investigation;~~

97.28 ~~(10) (9) the National Criminal Records Repository; and~~

97.29 ~~(11) (10) criminal records from other states.~~

98.1 (b) Except when specifically required by law, the commissioner is not required to conduct
98.2 more than one review of a subject's records from the Federal Bureau of Investigation if a
98.3 review of the subject's criminal history with the Federal Bureau of Investigation has already
98.4 been completed by the commissioner and there has been no break in the subject's affiliation
98.5 with the entity that initiated the background study.

98.6 (c) If the commissioner conducts a national criminal history record check when required
98.7 by law and uses the information from the national criminal history record check to make a
98.8 disqualification determination, the data obtained is private data and cannot be shared with
98.9 private agencies or prospective employers of the background study subject.

98.10 (d) If the commissioner conducts a national criminal history record check when required
98.11 by law and uses the information from the national criminal history record check to make a
98.12 disqualification determination, the license holder or entity that submitted the study is not
98.13 required to obtain a copy of the background study subject's disqualification letter under
98.14 section 245C.17, subdivision 3.

98.15 Sec. 10. Minnesota Statutes 2024, section 245C.22, subdivision 5, is amended to read:

98.16 Subd. 5. **Scope of set-aside.** (a) If the commissioner sets aside a disqualification under
98.17 this section, the disqualified individual remains disqualified, but may hold a license and
98.18 have direct contact with or access to persons receiving services. Except as provided in
98.19 paragraph (b), the commissioner's set-aside of a disqualification is limited solely to the
98.20 licensed program, applicant, or agency specified in the set aside notice under section 245C.23.
98.21 For personal care provider organizations, financial management services organizations,
98.22 community first services and supports organizations, unlicensed home and community-based
98.23 organizations, and consumer-directed community supports organizations, the commissioner's
98.24 set-aside may further be limited to a specific individual who is receiving services. For new
98.25 background studies required under section 245C.04, subdivision 1, paragraph (h), if an
98.26 individual's disqualification was previously set aside for the license holder's program and
98.27 the new background study results in no new information that indicates the individual may
98.28 pose a risk of harm to persons receiving services from the license holder, the previous
98.29 set-aside shall remain in effect.

98.30 (b) If the commissioner has previously set aside an individual's disqualification for one
98.31 or more programs or agencies, and the individual is the subject of a subsequent background
98.32 study for a different program or agency, the commissioner shall determine whether the
98.33 disqualification is set aside for the program or agency that initiated the subsequent

99.1 background study. A notice of a set-aside under paragraph (c) shall be issued within 15
99.2 working days if all of the following criteria are met:

99.3 (1) the subsequent background study was initiated in connection with a program licensed
99.4 or regulated under the same provisions of law and rule for at least one program for which
99.5 the individual's disqualification was previously set aside by the commissioner;

99.6 (2) the individual is not disqualified for an offense specified in section 245C.15,
99.7 subdivision 1 or 2;

99.8 (3) the commissioner has received no new information to indicate that the individual
99.9 may pose a risk of harm to any person served by the program; and

99.10 (4) the previous set-aside was not limited to a specific person receiving services.

99.11 (c) Notwithstanding paragraph (b), clause (2), for an individual who is employed in the
99.12 substance use disorder field, if the commissioner has previously set aside an individual's
99.13 disqualification for one or more programs or agencies in the substance use disorder treatment
99.14 field, and the individual is the subject of a subsequent background study for a different
99.15 program or agency in the substance use disorder treatment field, the commissioner shall set
99.16 aside the disqualification for the program or agency in the substance use disorder treatment
99.17 field that initiated the subsequent background study when the criteria under paragraph (b),
99.18 clauses (1), (3), and (4), are met and the individual is not disqualified for an offense specified
99.19 in section 245C.15, subdivision 1. A notice of a set-aside under paragraph (d) shall be issued
99.20 within 15 working days.

99.21 (d) When a disqualification is set aside under paragraph (b), the notice of background
99.22 study results issued under section 245C.17, in addition to the requirements under section
99.23 245C.17, shall state that the disqualification is set aside for the program or agency that
99.24 initiated the subsequent background study. The notice must inform the individual that the
99.25 individual may request reconsideration of the disqualification under section 245C.21 on the
99.26 basis that the information used to disqualify the individual is incorrect.

99.27 Sec. 11. Minnesota Statutes 2024, section 245D.02, subdivision 4a, is amended to read:

99.28 Subd. 4a. **Community residential setting.** "Community residential setting" means a
99.29 residential program as identified in section 245A.11, subdivision 8, where residential supports
99.30 and services identified in section 245D.03, subdivision 1, paragraph (c), clause (3), items
99.31 (i) and (ii), are provided to adults, as defined in section 245A.02, subdivision 2, and the
99.32 license holder is the owner, lessor, or tenant of the facility licensed according to this chapter,
99.33 and the license holder does not reside in the facility.

100.1 **EFFECTIVE DATE.** This section is effective August 1, 2025.

100.2 Sec. 12. Minnesota Statutes 2024, section 245G.05, subdivision 1, is amended to read:

100.3 Subdivision 1. **Comprehensive assessment.** A comprehensive assessment of the client's
100.4 substance use disorder must be administered face-to-face by an alcohol and drug counselor
100.5 within five calendar days from the day of service initiation for a residential program or by
100.6 the end of the fifth day on which a treatment service is provided in a nonresidential program.
100.7 The number of days to complete the comprehensive assessment excludes the day of service
100.8 initiation. If the comprehensive assessment is not completed within the required time frame,
100.9 the person-centered reason for the delay and the planned completion date must be documented
100.10 in the client's file. The comprehensive assessment is complete upon a qualified staff member's
100.11 dated signature. If the client previously received a comprehensive assessment ~~that authorized~~
100.12 ~~the treatment service~~, an alcohol and drug counselor may use the comprehensive assessment
100.13 for requirements of this subdivision but must document a review of the comprehensive
100.14 assessment and update the comprehensive assessment as clinically necessary to ensure
100.15 compliance with this subdivision within applicable timelines. An alcohol and drug counselor
100.16 must sign and date the comprehensive assessment review and update.

100.17 Sec. 13. Minnesota Statutes 2024, section 245G.06, subdivision 1, is amended to read:

100.18 Subdivision 1. **General.** Each client must have a person-centered individual treatment
100.19 plan developed by an alcohol and drug counselor within ten days from the day of service
100.20 initiation for a residential program, by the end of the tenth day on which a treatment session
100.21 has been provided from the day of service initiation for a client in a nonresidential program,
100.22 not to exceed 30 days. Opioid treatment programs must complete the individual treatment
100.23 plan within ~~21~~ 14 days from the day of service initiation. The number of days to complete
100.24 the individual treatment plan excludes the day of service initiation. The individual treatment
100.25 plan must be signed by the client and the alcohol and drug counselor and document the
100.26 client's involvement in the development of the plan. The individual treatment plan is
100.27 developed upon the qualified staff member's dated signature. Treatment planning must
100.28 include ongoing assessment of client needs. An individual treatment plan must be updated
100.29 based on new information gathered about the client's condition, the client's level of
100.30 participation, and on whether methods identified have the intended effect. A change to the
100.31 plan must be signed by the client and the alcohol and drug counselor. If the client chooses
100.32 to have family or others involved in treatment services, the client's individual treatment plan
100.33 must include how the family or others will be involved in the client's treatment. If a client
100.34 is receiving treatment services or an assessment via telehealth and the alcohol and drug

101.1 counselor documents the reason the client's signature cannot be obtained, the alcohol and
101.2 drug counselor may document the client's verbal approval or electronic written approval of
101.3 the treatment plan or change to the treatment plan in lieu of the client's signature.

101.4 Sec. 14. Minnesota Statutes 2024, section 245G.06, subdivision 2a, is amended to read:

101.5 Subd. 2a. **Documentation of treatment services.** The license holder must ensure that
101.6 the staff member who provides the treatment service documents in the client record the
101.7 date, type, and amount of each treatment service provided to a client and the client's response
101.8 to each treatment service within seven days of providing the treatment service. In addition
101.9 to the other requirements of this subdivision, if a guest speaker presents information during
101.10 a treatment service, the alcohol and drug counselor who provided the service and is
101.11 responsible for the information presented by the guest speaker must document the name of
101.12 the guest speaker, date of service, time the presentation began, time the presentation ended,
101.13 and a summary of the topic presentation.

101.14 Sec. 15. Minnesota Statutes 2024, section 245G.06, subdivision 3a, is amended to read:

101.15 Subd. 3a. **Frequency of treatment plan reviews.** (a) A license holder must ensure that
101.16 the alcohol and drug counselor responsible for a client's treatment plan completes and
101.17 documents a treatment plan review that meets the requirements of subdivision 3 in each
101.18 client's file, according to the frequencies required in this subdivision. All ASAM levels
101.19 referred to in this chapter are those described in section 254B.19, subdivision 1.

101.20 (b) For a client receiving residential ASAM level 3.3 or 3.5 high-intensity services or
101.21 residential hospital-based services, a treatment plan review must be completed once every
101.22 14 days.

101.23 (c) For a client receiving residential ASAM level 3.1 low-intensity services or any other
101.24 residential level not listed in paragraph (b), a treatment plan review must be completed once
101.25 every 30 days.

101.26 (d) For a client receiving nonresidential ASAM level 2.5 partial hospitalization services,
101.27 a treatment plan review must be completed once every 14 days.

101.28 (e) For a client receiving nonresidential ASAM level 1.0 outpatient or 2.1 intensive
101.29 outpatient services or any other nonresidential level not included in paragraph (d), a treatment
101.30 plan review must be completed once every 30 days.

101.31 (f) For a client receiving nonresidential opioid treatment program services according to
101.32 section 245G.22, a treatment plan review must be completed:

102.1 (1) weekly for the ten weeks following completion of the treatment plan; and

102.2 (2) monthly thereafter.

102.3 Treatment plan reviews must be completed more frequently when clinical needs warrant.

102.4 (g) The ten-week time frame in paragraph (f), clause (1), may include a client's previous
 102.5 time at another opioid treatment program licensed in Minnesota under section 245G.22 if:

102.6 (1) the client was enrolled in the other opioid treatment program immediately prior to
 102.7 admission to the license holder's program;

102.8 (2) the client did not miss taking a daily dose of medication to treat an opioid use disorder;
 102.9 and

102.10 (3) the license holder obtains from the previous opioid treatment program the client's
 102.11 number of days in comprehensive treatment, discharge summary, amount of daily milligram
 102.12 dose of medication for opioid use disorder, and previous three drug abuse test results.

102.13 ~~(g)~~ (h) Notwithstanding paragraphs (e) and (f), clause (2), for a client in a nonresidential
 102.14 program with a treatment plan that clearly indicates less than five hours of skilled treatment
 102.15 services will be provided to the client each month, a treatment plan review must be completed
 102.16 once every 90 days. Treatment plan reviews must be completed more frequently when
 102.17 clinical needs warrant.

102.18 Sec. 16. Minnesota Statutes 2024, section 245G.07, subdivision 2, is amended to read:

102.19 Subd. 2. **Additional treatment service.** A license holder may provide or arrange the
 102.20 following additional treatment service as a part of the client's individual treatment plan:

102.21 (1) relationship counseling provided by a qualified professional to help the client identify
 102.22 the impact of the client's substance use disorder on others and to help the client and persons
 102.23 in the client's support structure identify and change behaviors that contribute to the client's
 102.24 substance use disorder;

102.25 (2) therapeutic recreation to allow the client to participate in recreational activities
 102.26 without the use of mood-altering chemicals and to plan and select leisure activities that do
 102.27 not involve the inappropriate use of chemicals;

102.28 (3) stress management and physical well-being to help the client reach and maintain an
 102.29 appropriate level of health, physical fitness, and well-being;

102.30 (4) living skills development to help the client learn basic skills necessary for independent
 102.31 living;

103.1 (5) employment or educational services to help the client become financially independent;

103.2 (6) socialization skills development to help the client live and interact with others in a
103.3 positive and productive manner;

103.4 (7) room, board, and supervision at the treatment site to provide the client with a safe
103.5 and appropriate environment to gain and practice new skills; and

103.6 (8) peer recovery support services must be provided one-to-one and face-to-face,
103.7 including through the Internet, by a recovery peer qualified according to section 245I.04,
103.8 subdivision 18. Peer recovery support services must be provided according to sections
103.9 254B.05, subdivision 5, and 254B.052.

103.10 Sec. 17. Minnesota Statutes 2024, section 245G.08, subdivision 6, is amended to read:

103.11 Subd. 6. **Control of drugs.** A license holder must have and implement written policies
103.12 and procedures developed by a registered nurse that contain:

103.13 (1) a requirement that each drug must be stored in a locked compartment. A Schedule
103.14 II drug, as defined by section 152.02, subdivision 3, must be stored in a separately locked
103.15 compartment, permanently affixed to the physical plant or medication cart;

103.16 (2) a documentation system which that accounts for all ~~scheduled drugs each shift~~
103.17 schedule II to V drugs listed in section 152.02, subdivisions 3 to 6;

103.18 (3) a procedure for recording the client's use of medication, including the signature of
103.19 the staff member who completed the administration of the medication with the time and
103.20 date;

103.21 (4) a procedure to destroy a discontinued, outdated, or deteriorated medication;

103.22 (5) a statement that only authorized personnel are permitted access to the keys to a locked
103.23 compartment;

103.24 (6) a statement that no legend drug supply for one client shall be given to another client;
103.25 and

103.26 (7) a procedure for monitoring the available supply of an opiate antagonist as defined
103.27 in section 604A.04, subdivision 1, on site and replenishing the supply when needed.

103.28 Sec. 18. Minnesota Statutes 2024, section 245G.09, subdivision 3, is amended to read:

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

103.30 (1) documentation that the client was given;

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

104.3 (ii) information on tuberculosis; and HIV; and that the client was provided within 72
 104.4 hours of service initiation;

104.5 (iii) an orientation to the program abuse prevention plan required under section 245A.65,
 104.6 subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record
 104.7 must contain documentation that the client was provided within 24 hours of admission or,
 104.8 for clients who would benefit from a later orientation, 72 hours; and

104.9 (iv) opioid educational information material according to section 245G.04, subdivision
 104.10 3, on the day of service initiation;

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

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

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

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

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

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

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

104.25 Sec. 19. Minnesota Statutes 2024, section 245G.11, subdivision 11, is amended to read:

104.26 Subd. 11. **Individuals with temporary permit.** An individual with a temporary permit
 104.27 from the Board of Behavioral Health and Therapy may provide substance use disorder
 104.28 treatment ~~service~~ services and complete comprehensive assessments, individual treatment
 104.29 plans, treatment plan reviews, and service discharge summaries according to this subdivision
 104.30 if they meet the requirements of either paragraph (a) or (b).

105.1 (a) An individual with a temporary permit must be supervised by a licensed alcohol and
 105.2 drug counselor assigned by the license holder. The supervising licensed alcohol and drug
 105.3 counselor must document the amount and type of supervision provided at least on a weekly
 105.4 basis. The supervision must relate to the clinical practice.

105.5 (b) An individual with a temporary permit must be supervised by a clinical supervisor
 105.6 approved by the Board of Behavioral Health and Therapy. The supervision must be
 105.7 documented and meet the requirements of section 148F.04, subdivision 4.

105.8 Sec. 20. Minnesota Statutes 2024, section 245G.18, subdivision 2, is amended to read:

105.9 Subd. 2. **Alcohol and drug counselor qualifications.** In addition to the requirements
 105.10 specified in section 245G.11, subdivisions 1 and 5, an alcohol and drug counselor providing
 105.11 treatment service to an adolescent must have:

105.12 ~~(1) an additional 30 hours of training or classroom instruction or one three-credit semester~~
 105.13 ~~college course in adolescent development. This The training, classroom instruction, or~~
 105.14 ~~college course must be completed no later than six months after the counselor first provides~~
 105.15 ~~treatment services to adolescents and need only be completed one time; and. The training~~
 105.16 ~~must be interactive and must not consist only of reading information. An alcohol and drug~~
 105.17 ~~counselor who is also qualified as a mental health professional under section 245I.04,~~
 105.18 ~~subdivision 2, is exempt from the requirement in this subdivision.~~

105.19 ~~(2) at least 150 hours of supervised experience as an adolescent counselor, either as a~~
 105.20 ~~student or as a staff member.~~

105.21 Sec. 21. Minnesota Statutes 2024, section 245G.19, subdivision 4, is amended to read:

105.22 Subd. 4. **Additional licensing requirements.** During the times the license holder is
 105.23 responsible for the supervision of a child, except for license holders described in subdivision
 105.24 5, the license holder must meet the following standards:

105.25 (1) child and adult ratios in Minnesota Rules, part 9502.0367;

105.26 (2) day care training in section 142B.70;

105.27 (3) behavior guidance in Minnesota Rules, part 9502.0395;

105.28 (4) activities and equipment in Minnesota Rules, part 9502.0415;

105.29 (5) physical environment in Minnesota Rules, part 9502.0425;

105.30 (6) physical space requirements in section 142B.72; and

106.1 (7) water, food, and nutrition in Minnesota Rules, part 9502.0445, unless the license
 106.2 holder has a license from the Department of Health.

106.3 Sec. 22. Minnesota Statutes 2024, section 245G.19, is amended by adding a subdivision
 106.4 to read:

106.5 Subd. 5. **Child care license exemption.** (a) License holders that only provide supervision
 106.6 of children for less than three hours a day while the child's parent is in the same building
 106.7 or contiguous building as allowed by the exclusion from licensure in section 245A.03,
 106.8 subdivision 2, paragraph (a), clause (6), are exempt from the requirements of subdivision
 106.9 4, if the requirements of this subdivision are met.

106.10 (b) During the times the license holder is responsible for the supervision of the child,
 106.11 there must always be a staff member present that is responsible for supervising the child
 106.12 who is trained in cardiopulmonary resuscitation (CPR) and first aid. This staff person must
 106.13 be able to immediately contact the child's parent at all times.

106.14 Sec. 23. Minnesota Statutes 2024, section 245G.22, subdivision 1, is amended to read:

106.15 **Subdivision 1. Additional requirements.** (a) An opioid treatment program licensed
 106.16 under this chapter must also: (1) comply with the requirements of this section and Code of
 106.17 Federal Regulations, title 42, part 8; (2) be registered as a narcotic treatment program with
 106.18 the Drug Enforcement Administration; (3) be accredited through an accreditation body
 106.19 approved by the Division of Pharmacologic Therapy of the Center for Substance Abuse
 106.20 Treatment; (4) be certified through the Division of Pharmacologic Therapy of the Center
 106.21 for Substance Abuse Treatment; and (5) hold a license from the Minnesota Board of
 106.22 Pharmacy or ~~equivalent agency~~ meet the requirements for dispensing by a practitioner in
 106.23 section 151.37, subdivision 2, and Minnesota Rules, parts 6800.9950 to 6800.9954.

106.24 (b) A license holder operating under the dispensing by practitioner requirements in
 106.25 section 151.37, subdivision 2, and Minnesota Rules, parts 6800.9950 to 6800.9954, must
 106.26 maintain documentation that the practitioner responsible for complying with the above
 106.27 statute and rules has signed a statement attesting that they are the practitioner responsible
 106.28 for complying with the applicable statutes and rules. If more than one person is responsible
 106.29 for compliance, all practitioners must sign a statement.

106.30 ~~(b)~~ (c) Where a standard in this section differs from a standard in an otherwise applicable
 106.31 administrative rule or statute, the standard of this section applies.

107.1 Sec. 24. Minnesota Statutes 2024, section 245G.22, subdivision 14, is amended to read:

107.2 Subd. 14. **Central registry.** ~~(a)~~ A license holder must comply with requirements to
 107.3 submit information and necessary consents to the state central registry for each client
 107.4 admitted, as specified by the commissioner. The license holder must submit data concerning
 107.5 medication used for the treatment of opioid use disorder. The data must be submitted in a
 107.6 method determined by the commissioner and the original information must be kept in the
 107.7 client's record. The information must be submitted for each client at admission and discharge.
 107.8 The program must document the date the information was submitted. The client's failure to
 107.9 provide the information shall prohibit participation in an opioid treatment program. The
 107.10 information submitted must include the client's:

107.11 (1) full name and all aliases;

107.12 (2) date of admission;

107.13 (3) date of birth;

107.14 (4) Social Security number or Alien Registration Number, if any; and

107.15 (5) current or previous enrollment status in another opioid treatment program;

107.16 ~~(6) government-issued photo identification card number; and~~

107.17 ~~(7) driver's license number, if any.~~

107.18 ~~(b) The requirements in paragraph (a) are effective upon the commissioner's~~
 107.19 ~~implementation of changes to the drug and alcohol abuse normative evaluation system or~~
 107.20 ~~development of an electronic system by which to submit the data.~~

107.21 Sec. 25. Minnesota Statutes 2024, section 245G.22, subdivision 15, is amended to read:

107.22 Subd. 15. **Nonmedication treatment services; documentation.** (a) The program must
 107.23 offer at least 50 consecutive minutes of individual or group therapy treatment services as
 107.24 defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first
 107.25 ten weeks following the day of service initiation, and at least 50 consecutive minutes per
 107.26 month thereafter. As clinically appropriate, the program may offer these services cumulatively
 107.27 and not consecutively in increments of no less than 15 minutes over the required time period,
 107.28 and for a total of 60 minutes of treatment services over the time period, and must document
 107.29 the reason for providing services cumulatively in the client's record. The program may offer
 107.30 additional levels of service when deemed clinically necessary.

107.31 (b) The ten-week time frame may include a client's previous time at another opioid
 107.32 treatment program licensed in Minnesota under this section if:

108.1 (1) the client was enrolled in the other opioid treatment program immediately prior to
 108.2 admission to the license holder's program;

108.3 (2) the client did not miss taking a daily dose of medication to treat an opioid use disorder;
 108.4 and

108.5 (3) the license holder obtains from the previous opioid treatment program the client's
 108.6 number of days in comprehensive maintenance treatment, discharge summary, amount of
 108.7 daily milligram dose of medication for opioid use disorder, and previous three drug abuse
 108.8 test results.

108.9 ~~(b)~~ (c) Notwithstanding the requirements of comprehensive assessments in section
 108.10 245G.05, the assessment must be completed within 21 days from the day of service initiation.

108.11 Sec. 26. Minnesota Statutes 2024, section 256.98, subdivision 1, is amended to read:

108.12 Subdivision 1. **Wrongfully obtaining assistance.** (a) A person who commits any of the
 108.13 following acts or omissions with intent to defeat the purposes of sections 145.891 to 145.897,
 108.14 the MFIP program formerly codified in sections 256.031 to 256.0361, the AFDC program
 108.15 formerly codified in sections 256.72 to 256.871, chapter 142G, 256B, 256D, 256I, 256K,
 108.16 or 256L, child care assistance programs, and emergency assistance programs under section
 108.17 256D.06, is guilty of theft and shall be sentenced under section 609.52, subdivision 3, clauses
 108.18 (1) to (5):

108.19 (1) obtains or attempts to obtain, or aids or abets any person to obtain by means of a
 108.20 willfully false statement or representation, by intentional concealment of any material fact,
 108.21 or by impersonation or other fraudulent device, assistance or the continued receipt of
 108.22 assistance, to include child care assistance or food benefits produced according to sections
 108.23 145.891 to 145.897 and MinnesotaCare services according to sections 256.9365, 256.94,
 108.24 and 256L.01 to 256L.15, to which the person is not entitled or assistance greater than that
 108.25 to which the person is entitled;

108.26 (2) knowingly aids or abets in buying or in any way disposing of the property of a
 108.27 recipient or applicant of assistance without the consent of the county agency; or

108.28 (3) obtains or attempts to obtain, alone or in collusion with others, the receipt of payments
 108.29 to which the individual is not entitled as a provider of subsidized child care, ~~or by furnishing~~
 108.30 ~~or concurring in~~ receiving or providing any prohibited payment, as defined in section
 108.31 609.542, subdivision 2, including a kickback, or by submitting or aiding or abetting the
 108.32 submission of a willfully false claim for child care assistance.

109.1 (b) The continued receipt of assistance to which the person is not entitled or greater than
109.2 that to which the person is entitled as a result of any of the acts, failure to act, or concealment
109.3 described in this subdivision shall be deemed to be continuing offenses from the date that
109.4 the first act or failure to act occurred.

109.5 Sec. 27. Minnesota Statutes 2024, section 256B.12, is amended to read:

109.6 **256B.12 LEGAL REPRESENTATION.**

109.7 The attorney general or the appropriate county attorney appearing at the direction of the
109.8 attorney general shall be the attorney for the state agency, and the county attorney of the
109.9 appropriate county shall be the attorney for the ~~local~~ agency in all matters pertaining hereto.
109.10 To prosecute under this chapter or sections 609.466 ~~and~~, 609.52, subdivision 2, and 609.542
109.11 or to recover payments wrongfully made under this chapter, the attorney general or the
109.12 appropriate county attorney, acting independently or at the direction of the attorney general
109.13 may institute a criminal or civil action.

109.14 Sec. 28. Minnesota Statutes 2024, section 480.40, subdivision 1, is amended to read:

109.15 Subdivision 1. **Definitions.** (a) For purposes of this section and section 480.45, the
109.16 following terms have the meanings given.

109.17 (b) "Judicial official" means:

109.18 (1) every Minnesota district court judge, senior judge, retired judge, and every judge of
109.19 the Minnesota Court of Appeals and every active, senior, recalled, or retired federal judge
109.20 who resides in Minnesota;

109.21 (2) a justice of the Minnesota Supreme Court;

109.22 (3) employees of the Minnesota judicial branch;

109.23 (4) judicial referees and magistrate judges; and

109.24 (5) current and retired judges and current employees of the Office of Administrative
109.25 Hearings, Department of Human Services Appeals Division, Workers' Compensation Court
109.26 of Appeals, and Tax Court.

109.27 (c) "Personal information" does not include publicly available information. Personal
109.28 information means:

109.29 (1) a residential address of a judicial official;

109.30 (2) a residential address of the spouse, domestic partner, or children of a judicial official;

110.1 (3) a nonjudicial branch issued telephone number or email address of a judicial official;
 110.2 (4) the name of any child of a judicial official; and

110.3 (5) the name of any child care facility or school that is attended by a child of a judicial
 110.4 official if combined with an assertion that the named facility or school is attended by the
 110.5 child of a judicial official.

110.6 (d) "Publicly available information" means information that is lawfully made available
 110.7 through federal, state, or local government records or information that a business has a
 110.8 reasonable basis to believe is lawfully made available to the general public through widely
 110.9 distributed media, by a judicial official, or by a person to whom the judicial official has
 110.10 disclosed the information, unless the judicial official has restricted the information to a
 110.11 specific audience.

110.12 (e) "Law enforcement support organizations" do not include charitable organizations.

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

110.14 Sec. 29. **[609.542] HUMAN SERVICES PROGRAMS CRIMES.**

110.15 **Subdivision 1. Definition.** For purposes of this section, "federal health care program"
 110.16 has the meaning given in United States Code, title 42, section 1320a-7b(f).

110.17 **Subd. 2. Prohibited payments made relating to human services programs.** A person
 110.18 is guilty of a crime and may be sentenced as provided in subdivision 5 if the person
 110.19 intentionally offers or pays any remuneration, including any kickback, bribe, or rebate,
 110.20 directly or indirectly, overtly or covertly, in cash or in kind, to another person:

110.21 (1) to induce that person to apply for, receive, or induce another person to apply for or
 110.22 receive an item or service for which payment may be made in whole or in part under a
 110.23 federal health care program, state behavioral health program under section 254B.04, or
 110.24 family program under chapter 142E; or

110.25 (2) in return for purchasing, leasing, ordering, or arranging for or inducing the purchasing,
 110.26 leasing, or ordering of any good, facility, service, or item for which payment may be made
 110.27 in whole or in part, or which is administered in whole or in part under a federal health care
 110.28 program, state behavioral health program under section 254B.04, or family program under
 110.29 chapter 142E.

110.30 **Subd. 3. Receipt of prohibited payments relating to human services programs.** A
 110.31 person is guilty of a crime and may be sentenced as provided in subdivision 5 if the person

111.1 intentionally solicits or receives any remuneration, including any kickback, bribe, or rebate,
111.2 directly or indirectly, overtly or covertly, in cash or in kind:

111.3 (1) in return for applying for or receiving a human services benefit, service, or grant for
111.4 which payment may be made in whole or in part under a federal health care program, state
111.5 behavioral health program under section 254B.04, or family program under chapter 142E;
111.6 or

111.7 (2) in return for purchasing, leasing, ordering, or arranging for or inducing the purchasing,
111.8 leasing, or ordering of any good, facility, service, or item for which payment may be made
111.9 in whole or in part under a federal health care program, state behavioral health program
111.10 under section 254B.04, or family program under chapter 142E.

111.11 Subd. 4. Exemptions. (a) This section does not apply to remuneration exempted under
111.12 the Anti-Kickback Statute, United States Code, title 42, section 1320a-7b(b)(3), or payment
111.13 made under a federal health care program which is exempt from liability by United States
111.14 Code, title 42, section 1001.952.

111.15 (b) This section does not apply to:

111.16 (1) any amount paid by an employer to a bona fide employee for providing covered
111.17 items or services under chapter 142E while acting in the course and scope of employment;
111.18 or

111.19 (2) child care provider discounts, scholarships, or other financial assistance to families
111.20 allowed under section 142E.17, subdivision 7.

111.21 Subd. 5. Sentence. (a) A person convicted under subdivision 2 or 3 may be sentenced
111.22 pursuant to section 609.52, subdivision 3.

111.23 (b) For purposes of sentencing a violation of subdivision 2, "value" means the fair market
111.24 value of the good, facility, service, or item that was obtained as a direct or indirect result
111.25 of the prohibited payment.

111.26 (c) For purposes of sentencing a violation of subdivision 3, "value" means the amount
111.27 of the prohibited payment solicited or received.

111.28 (d) As a matter of law, a claim for any good, facility, service, or item rendered or claimed
111.29 to have been rendered in violation of this section is noncompensable and unenforceable at
111.30 the time the claim is made.

111.31 Subd. 6. Aggregation. In a prosecution under this section, the value of the money,
111.32 property, or benefit received or solicited by the defendant within a six-month period may

112.1 be aggregated and the defendant charged accordingly in applying the provisions of
 112.2 subdivision 5.

112.3 Subd. 7. **False claims.** In addition to the penalties provided for in this section, a claim,
 112.4 as defined in section 15C.01, subdivision 2, that includes items or services resulting from
 112.5 a violation of this section constitutes a false or fraudulent claim for purposes of section
 112.6 15C.02.

112.7 **EFFECTIVE DATE.** This section is effective August 1, 2025, and applies to crimes
 112.8 committed on or after that date.

112.9 **Sec. 30. MODIFICATION OF DEFINITIONS.**

112.10 For the purposes of implementing the provider licensing and reporting hub, the
 112.11 commissioner of human services may modify definitions in Minnesota Statutes, chapters
 112.12 142B, 245A, 245D, 245F, 245G, and 245I, and Minnesota Rules, chapters 2960, 9502,
 112.13 9520, 9530, 9543, 9555, and 9570. Definitions changed pursuant to this section do not affect
 112.14 the rights, responsibilities, or duties of the commissioner; the Department of Human Services;
 112.15 programs administered, licensed, certified, or funded by the commissioner; or the programs'
 112.16 employees or clients. This section expires August 31, 2028.

112.17 **Sec. 31. REPEALER.**

112.18 Minnesota Statutes 2024, section 245A.11, subdivision 8, is repealed.

112.19 **EFFECTIVE DATE.** This section is effective August 1, 2025.

112.20 **ARTICLE 6**

112.21 **CHILDREN AND FAMILIES OFFICE OF THE INSPECTOR GENERAL**

112.22 Section 1. Minnesota Statutes 2024, section 142B.10, subdivision 14, is amended to read:

112.23 **Subd. 14. Grant of license; license extension.** (a) If the commissioner determines that
 112.24 the program complies with all applicable rules and laws, the commissioner shall issue a
 112.25 license consistent with this section or, if applicable, a temporary change of ownership license
 112.26 under section 142B.11. At minimum, the license shall state:

112.27 (1) the name of the license holder;

112.28 (2) the address of the program;

112.29 (3) the effective date and expiration date of the license;

112.30 (4) the type of license;

113.1 (5) the maximum number and ages of persons that may receive services from the program;
113.2 and

113.3 (6) any special conditions of licensure.

113.4 (b) The commissioner may issue a license for a period not to exceed two years if:

113.5 (1) the commissioner is unable to conduct the observation required by subdivision 11,
113.6 paragraph (a), clause (3), because the program is not yet operational;

113.7 (2) certain records and documents are not available because persons are not yet receiving
113.8 services from the program; and

113.9 (3) the applicant complies with applicable laws and rules in all other respects.

113.10 (c) A decision by the commissioner to issue a license does not guarantee that any person
113.11 or persons will be placed or cared for in the licensed program.

113.12 (d) Except as provided in paragraphs (i) and (j), the commissioner shall not issue a
113.13 license if the applicant, license holder, or an affiliated controlling individual has:

113.14 (1) been disqualified and the disqualification was not set aside and no variance has been
113.15 granted;

113.16 (2) been denied a license under this chapter or chapter 245A within the past two years;

113.17 (3) had a license issued under this chapter or chapter 245A revoked within the past five
113.18 years; or

113.19 (4) failed to submit the information required of an applicant under subdivision 1,
113.20 paragraph (f), (g), or (h), after being requested by the commissioner.

113.21 When a license issued under this chapter or chapter 245A is revoked, the license holder
113.22 and each affiliated controlling individual with a revoked license may not hold any license
113.23 under chapter 142B for five years following the revocation, and other licenses held by the
113.24 applicant or license holder or licenses affiliated with each controlling individual shall also
113.25 be revoked.

113.26 (e) Notwithstanding paragraph (d), the commissioner may elect not to revoke a license
113.27 affiliated with a license holder or controlling individual that had a license revoked within
113.28 the past five years if the commissioner determines that (1) the license holder or controlling
113.29 individual is operating the program in substantial compliance with applicable laws and rules
113.30 and (2) the program's continued operation is in the best interests of the community being
113.31 served.

114.1 (f) Notwithstanding paragraph (d), the commissioner may issue a new license in response
114.2 to an application that is affiliated with an applicant, license holder, or controlling individual
114.3 that had an application denied within the past two years or a license revoked within the past
114.4 five years if the commissioner determines that (1) the applicant or controlling individual
114.5 has operated one or more programs in substantial compliance with applicable laws and rules
114.6 and (2) the program's operation would be in the best interests of the community to be served.

114.7 (g) In determining whether a program's operation would be in the best interests of the
114.8 community to be served, the commissioner shall consider factors such as the number of
114.9 persons served, the availability of alternative services available in the surrounding
114.10 community, the management structure of the program, whether the program provides
114.11 culturally specific services, and other relevant factors.

114.12 (h) The commissioner shall not issue or reissue a license under this chapter if an individual
114.13 living in the household where the services will be provided as specified under section
114.14 245C.03, subdivision 1, has been disqualified and the disqualification has not been set aside
114.15 and no variance has been granted.

114.16 (i) Pursuant to section 142B.18, subdivision 1, paragraph (b), when a license issued
114.17 under this chapter has been suspended or revoked and the suspension or revocation is under
114.18 appeal, the program may continue to operate pending a final order from the commissioner.
114.19 If the license under suspension or revocation will expire before a final order is issued, a
114.20 temporary provisional license may be issued provided any applicable license fee is paid
114.21 before the temporary provisional license is issued.

114.22 (j) Notwithstanding paragraph (i), when a revocation is based on the disqualification of
114.23 a controlling individual or license holder, and the controlling individual or license holder
114.24 is ordered under section 245C.17 to be immediately removed from direct contact with
114.25 persons receiving services or is ordered to be under continuous, direct supervision when
114.26 providing direct contact services, the program may continue to operate only if the program
114.27 complies with the order and submits documentation demonstrating compliance with the
114.28 order. If the disqualified individual fails to submit a timely request for reconsideration, or
114.29 if the disqualification is not set aside and no variance is granted, the order to immediately
114.30 remove the individual from direct contact or to be under continuous, direct supervision
114.31 remains in effect pending the outcome of a hearing and final order from the commissioner.

114.32 (k) For purposes of reimbursement for meals only, under the Child and Adult Care Food
114.33 Program, Code of Federal Regulations, title 7, subtitle B, chapter II, subchapter A, part 226,
114.34 relocation within the same county by a licensed family day care provider, shall be considered

115.1 an extension of the license for a period of no more than 30 calendar days or until the new
115.2 license is issued, whichever occurs first, provided the county agency has determined the
115.3 family day care provider meets licensure requirements at the new location.

115.4 (l) Unless otherwise specified by statute, all licenses issued under this chapter expire at
115.5 12:01 a.m. on the day after the expiration date stated on the license. A license holder must
115.6 ~~apply for and be granted~~ comply with the requirements in section 142B.12 and be reissued
115.7 a new license to operate the program or the program must not be operated after the expiration
115.8 date. Child foster care license holders must apply for and be granted a new license to operate
115.9 the program or the program must not be operated after the expiration date. Upon
115.10 implementation of the provider licensing and reporting hub, licenses may be issued each
115.11 calendar year.

115.12 (m) The commissioner shall not issue or reissue a license under this chapter if it has
115.13 been determined that a tribal licensing authority has established jurisdiction to license the
115.14 program or service.

115.15 (n) The commissioner of children, youth, and families shall coordinate and share data
115.16 with the commissioner of human services to enforce this section.

115.17 Sec. 2. Minnesota Statutes 2024, section 142B.30, subdivision 1, is amended to read:

115.18 Subdivision 1. **Delegation of authority to agencies.** (a) County agencies and private
115.19 agencies that have been designated or licensed by the commissioner to perform licensing
115.20 functions and activities under section 142B.10; to recommend denial of applicants under
115.21 section 142B.15; to issue correction orders, to issue variances, and to recommend a
115.22 conditional license under section 142B.16; or to recommend suspending or revoking a
115.23 license or issuing a fine under section 142B.18, shall comply with rules and directives of
115.24 the commissioner governing those functions and with this section. The following variances
115.25 are excluded from the delegation of variance authority and may be issued only by the
115.26 commissioner:

115.27 (1) dual licensure of family child care and family child foster care;

115.28 (2) child foster care maximum age requirement;

115.29 (3) variances regarding disqualified individuals;

115.30 (4) variances to requirements relating to chemical use problems of a license holder or a
115.31 household member of a license holder; and

116.1 (5) variances to section 142B.74 for a time-limited period. If the commissioner grants
116.2 a variance under this clause, the license holder must provide notice of the variance to all
116.3 parents and guardians of the children in care.

116.4 (b) The commissioners of human services and children, youth, and families must both
116.5 approve a variance for dual licensure of family child foster care and family adult foster care
116.6 or family adult foster care and family child care. Variances under this paragraph are excluded
116.7 from the delegation of variance authority and may be issued only by both commissioners.

116.8 (c) Except as provided in section 142B.41, subdivision 4, paragraph (e), a county agency
116.9 must not grant a license holder a variance to exceed the maximum allowable family child
116.10 care license capacity of 14 children.

116.11 (d) A county agency that has been designated by the commissioner to issue family child
116.12 care variances must:

116.13 (1) publish the county agency's policies and criteria for issuing variances on the county's
116.14 public website and update the policies as necessary; and

116.15 (2) annually distribute the county agency's policies and criteria for issuing variances to
116.16 all family child care license holders in the county.

116.17 (e) Before the implementation of NETStudy 2.0, county agencies must report information
116.18 about disqualification reconsiderations under sections 245C.25 and 245C.27, subdivision
116.19 2, paragraphs (a) and (b), and variances granted under paragraph (a), clause (5), to the
116.20 commissioner at least monthly in a format prescribed by the commissioner.

116.21 (f) For family child care programs, the commissioner shall require a county agency to
116.22 conduct one unannounced licensing review at least annually.

116.23 (g) A child foster care license issued under this section may be issued for up to two years
116.24 until implementation of the provider licensing and reporting hub. Upon implementation of
116.25 the provider licensing and reporting hub, licenses may be issued each calendar year.

116.26 (h) A county agency shall report to the commissioner, in a manner prescribed by the
116.27 commissioner, the following information for a licensed family child care program:

116.28 (1) the results of each licensing review completed, including the date of the review, and
116.29 any licensing correction order issued;

116.30 (2) any death, serious injury, or determination of substantiated maltreatment; and

117.1 (3) any fires that require the service of a fire department within 48 hours of the fire. The
117.2 information under this clause must also be reported to the state fire marshal within two
117.3 business days of receiving notice from a licensed family child care provider.

117.4 Sec. 3. Minnesota Statutes 2024, section 142B.51, subdivision 2, is amended to read:

117.5 Subd. 2. **Child passenger restraint systems; training requirement.** (a) Programs
117.6 licensed by the Department of Human Services under chapter 245A or the Department of
117.7 Children, Youth, and Families under this chapter and Minnesota Rules, chapter 2960, that
117.8 serve a child or children under ~~eight~~ nine years of age must document training that fulfills
117.9 the requirements in this subdivision.

117.10 (b) Before a license holder, staff person, or caregiver transports a child or children under
117.11 age ~~eight~~ nine in a motor vehicle, the person transporting the child must satisfactorily
117.12 complete training on the proper use and installation of child restraint systems in motor
117.13 vehicles. Training completed under this section may be used to meet initial or ongoing
117.14 training under Minnesota Rules, part 2960.3070, subparts 1 and 2.

117.15 (c) Training required under this section must be completed at orientation or initial training
117.16 and repeated at least once every five years. At a minimum, the training must address the
117.17 proper use of child restraint systems based on the child's size, weight, and age, and the
117.18 proper installation of a car seat or booster seat in the motor vehicle used by the license
117.19 holder to transport the child or children.

117.20 (d) Training under paragraph (c) must be provided by individuals who are certified and
117.21 approved by the Office of Traffic Safety within the Department of Public Safety. License
117.22 holders may obtain a list of certified and approved trainers through the Department of Public
117.23 Safety website or by contacting the agency.

117.24 ~~(e) Notwithstanding paragraph (a), for an emergency relative placement under section~~
117.25 ~~142B.06, the commissioner may grant a variance to the training required by this subdivision~~
117.26 ~~for a relative who completes a child seat safety check up. The child seat safety check up~~
117.27 ~~trainer must be approved by the Department of Public Safety, Office of Traffic Safety, and~~
117.28 ~~must provide one-on-one instruction on placing a child of a specific age in the exact child~~
117.29 ~~passenger restraint in the motor vehicle in which the child will be transported. Once granted~~
117.30 ~~a variance, and if all other licensing requirements are met, the relative applicant may receive~~
117.31 ~~a license and may transport a relative foster child younger than eight years of age. A child~~
117.32 ~~seat safety check up must be completed each time a child requires a different size car seat~~
117.33 ~~according to car seat and vehicle manufacturer guidelines. A relative license holder must~~
117.34 ~~complete training that meets the other requirements of this subdivision prior to placement~~

118.1 ~~of another foster child younger than eight years of age in the home or prior to the renewal~~
118.2 ~~of the child foster care license.~~

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

118.4 Sec. 4. Minnesota Statutes 2024, section 142B.65, subdivision 8, is amended to read:

118.5 Subd. 8. **Child passenger restraint systems; training requirement.** (a) Before a license
118.6 holder transports a child or children under age ~~eight~~ nine in a motor vehicle, the person
118.7 placing the child or children in a passenger restraint must satisfactorily complete training
118.8 on the proper use and installation of child restraint systems in motor vehicles.

118.9 (b) Training required under this subdivision must be repeated at least once every five
118.10 years. At a minimum, the training must address the proper use of child restraint systems
118.11 based on the child's size, weight, and age, and the proper installation of a car seat or booster
118.12 seat in the motor vehicle used by the license holder to transport the child or children.

118.13 (c) Training required under this subdivision must be provided by individuals who are
118.14 certified and approved by the Department of Public Safety, Office of Traffic Safety. License
118.15 holders may obtain a list of certified and approved trainers through the Department of Public
118.16 Safety website or by contacting the agency.

118.17 (d) Child care providers that only transport school-age children as defined in section
118.18 142B.01, subdivision 25, in child care buses as defined in section 169.448, subdivision 1,
118.19 paragraph (e), are exempt from this subdivision.

118.20 (e) Training completed under this subdivision may be used to meet in-service training
118.21 requirements under subdivision 9. Training completed within the previous five years is
118.22 transferable upon a staff person's change in employment to another child care center.

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

118.24 Sec. 5. Minnesota Statutes 2024, section 142B.66, subdivision 3, is amended to read:

118.25 Subd. 3. **Emergency preparedness.** (a) A licensed child care center must have a written
118.26 emergency plan for emergencies that require evacuation, sheltering, or other protection of
118.27 a child, such as fire, natural disaster, intruder, or other threatening situation that may pose
118.28 a health or safety hazard to a child. The plan must be written on a form developed by the
118.29 commissioner and must include:

118.30 (1) procedures for an evacuation, relocation, shelter-in-place, or lockdown;

118.31 (2) a designated relocation site and evacuation route;

119.1 (3) procedures for notifying a child's parent or legal guardian of the evacuation, relocation,
119.2 shelter-in-place, or lockdown, including procedures for reunification with families;

119.3 (4) accommodations for a child with a disability or a chronic medical condition;

119.4 (5) procedures for storing a child's medically necessary medicine that facilitates easy
119.5 removal during an evacuation or relocation;

119.6 (6) procedures for continuing operations in the period during and after a crisis;

119.7 (7) procedures for communicating with local emergency management officials, law
119.8 enforcement officials, or other appropriate state or local authorities; and

119.9 (8) accommodations for infants and toddlers.

119.10 (b) The license holder must train staff persons on the emergency plan at orientation,
119.11 when changes are made to the plan, and at least once each calendar year. Training must be
119.12 documented in each staff person's personnel file.

119.13 (c) The license holder must conduct drills according to the requirements in Minnesota
119.14 Rules, part 9503.0110, subpart 3. The date and time of the drills must be documented.

119.15 (d) The license holder must review and update the emergency plan ~~annually~~ each calendar
119.16 year. Documentation of the ~~annual~~ yearly emergency plan review shall be maintained in
119.17 the program's administrative records.

119.18 (e) The license holder must include the emergency plan in the program's policies and
119.19 procedures as specified under section 142B.10, subdivision 21. The license holder must
119.20 provide a physical or electronic copy of the emergency plan to the child's parent or legal
119.21 guardian upon enrollment.

119.22 (f) The relocation site and evacuation route must be posted in a visible place as part of
119.23 the written procedures for emergencies and accidents in Minnesota Rules, part 9503.0140,
119.24 subpart 21.

119.25 Sec. 6. Minnesota Statutes 2024, section 142B.70, subdivision 7, is amended to read:

119.26 Subd. 7. **Child passenger restraint systems; training requirement.** (a) A license
119.27 holder must comply with all seat belt and child passenger restraint system requirements
119.28 under section 169.685.

119.29 (b) Family and group family child care programs licensed by the Department of Children,
119.30 Youth, and Families that serve a child or children under ~~eight~~ nine years of age must
119.31 document training that fulfills the requirements in this subdivision.

120.1 (1) Before a license holder, second adult caregiver, substitute, or helper transports a
 120.2 child or children under age ~~eight~~ nine in a motor vehicle, the person placing the child or
 120.3 children in a passenger restraint must satisfactorily complete training on the proper use and
 120.4 installation of child restraint systems in motor vehicles. Training completed under this
 120.5 subdivision may be used to meet initial training under subdivision 1 or ongoing training
 120.6 under subdivision 8.

120.7 (2) Training required under this subdivision must be at least one hour in length, completed
 120.8 at initial training, and repeated at least once every five years. At a minimum, the training
 120.9 must address the proper use of child restraint systems based on the child's size, weight, and
 120.10 age, and the proper installation of a car seat or booster seat in the motor vehicle used by the
 120.11 license holder to transport the child or children.

120.12 (3) Training under this subdivision must be provided by individuals who are certified
 120.13 and approved by the Department of Public Safety, Office of Traffic Safety. License holders
 120.14 may obtain a list of certified and approved trainers through the Department of Public Safety
 120.15 website or by contacting the agency.

120.16 (c) Child care providers that only transport school-age children as defined in section
 120.17 142B.01, subdivision 13, paragraph (f), in child care buses as defined in section 169.448,
 120.18 subdivision 1, paragraph (e), are exempt from this subdivision.

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

120.20 Sec. 7. Minnesota Statutes 2024, section 142C.06, is amended by adding a subdivision to
 120.21 read:

120.22 **Subd. 4. Requirement to post conditional certification.** Upon receipt of any order of
 120.23 conditional certification issued by the commissioner under this section, and notwithstanding
 120.24 a pending request for reconsideration of the order of conditional certification by the
 120.25 certification holder, the certification holder shall post the order of conditional certification
 120.26 in a place that is conspicuous to the people receiving services and all visitors to the facility
 120.27 for the duration of the conditional certification. When the order of conditional certification
 120.28 is accompanied by a maltreatment investigation memorandum prepared under chapter 260E,
 120.29 the investigation memoranda must be posted with the order of conditional certification.

120.30 Sec. 8. Minnesota Statutes 2024, section 142C.11, subdivision 8, is amended to read:

120.31 **Subd. 8. Required policies.** A certified center must have written policies for health and
 120.32 safety items in subdivisions 1 to 6, 9, and 10.

121.1 Sec. 9. Minnesota Statutes 2024, section 142C.12, subdivision 1, is amended to read:

121.2 Subdivision 1. **First aid and cardiopulmonary resuscitation.** (a) Before having
121.3 unsupervised direct contact with a child, but within 90 days after the first date of direct
121.4 contact with a child, the director, all staff persons, substitutes, and unsupervised volunteers
121.5 must successfully complete pediatric first aid and pediatric cardiopulmonary resuscitation
121.6 (CPR) training, unless the training has been completed within the previous two calendar
121.7 years. Staff must complete the pediatric first aid and pediatric CPR training at least every
121.8 other calendar year and the center must document the training in the staff person's personnel
121.9 record.

121.10 (b) Training completed under this subdivision may be used to meet the in-service training
121.11 requirements under subdivision 6.

121.12 (c) Training must include CPR and techniques for providing immediate care to people
121.13 experiencing life-threatening cardiac emergencies, choking, bleeding, fractures and sprains,
121.14 head injuries, poisoning, and burns. Training developed by the American Heart Association,
121.15 the American Red Cross, or another organization that uses nationally recognized,
121.16 evidence-based guidelines meets these requirements.

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

121.18 Sec. 10. Minnesota Statutes 2024, section 245A.18, subdivision 1, is amended to read:

121.19 Subdivision 1. **Seat belt and child passenger restraint system use.** All license holders
121.20 that transport children must comply with the requirements of section 142B.51, subdivision
121.21 1, and license holders that transport a child or children under ~~eight~~ nine years of age must
121.22 document training that fulfills the requirements in section 142B.51, subdivision 2.

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

APPENDIX
Article locations for 25-00311

ARTICLE 1 AGING AND DISABILITY SERVICES..... Page.Ln 2.2
ARTICLE 2 BEHAVIORAL HEALTH..... Page.Ln 9.12
ARTICLE 3 DIRECT CARE AND TREATMENT..... Page.Ln 15.1
ARTICLE 4 HEALTH CARE ADMINISTRATION..... Page.Ln 84.17
ARTICLE 5 HUMAN SERVICES OFFICE OF THE INSPECTOR GENERAL..... Page.Ln 86.1
CHILDREN AND FAMILIES OFFICE OF THE INSPECTOR
ARTICLE 6 GENERAL..... Page.Ln 112.20

245.4862 MENTAL HEALTH URGENT CARE AND PSYCHIATRIC CONSULTATION.

Subdivision 1. **Mental health urgent care and psychiatric consultation.** The commissioner shall include mental health urgent care and psychiatric consultation services as part of, but not limited to, the redesign of six community-based behavioral health hospitals and the Anoka-Metro Regional Treatment Center. These services must not duplicate existing services in the region, and must be implemented as specified in subdivisions 3 to 7.

Subd. 2. **Definitions.** For purposes of this section:

(a) Mental health urgent care includes:

- (1) initial mental health screening;
- (2) mobile crisis assessment and intervention;
- (3) rapid access to psychiatry, including psychiatric evaluation, initial treatment, and short-term psychiatry;
- (4) nonhospital crisis stabilization residential beds; and
- (5) health care navigator services that include, but are not limited to, assisting uninsured individuals in obtaining health care coverage.

(b) Psychiatric consultation services includes psychiatric consultation to primary care practitioners.

Subd. 3. **Rapid access to psychiatry.** The commissioner shall develop rapid access to psychiatric services based on the following criteria:

- (1) the individuals who receive the psychiatric services must be at risk of hospitalization and otherwise unable to receive timely services;
- (2) where clinically appropriate, the service may be provided via interactive video where the service is provided in conjunction with an emergency room, a local crisis service, or a primary care or behavioral care practitioner; and
- (3) the commissioner may integrate rapid access to psychiatry with the psychiatric consultation services in subdivision 4.

Subd. 4. **Collaborative psychiatric consultation.** (a) The commissioner shall establish a collaborative psychiatric consultation service based on the following criteria:

- (1) the service may be available via telephone, interactive video, email, or other means of communication to emergency rooms, local crisis services, mental health professionals, and primary care practitioners, including pediatricians;
- (2) the service shall be provided by a multidisciplinary team including, at a minimum, a child and adolescent psychiatrist, an adult psychiatrist, and a licensed clinical social worker;
- (3) the service shall include a triage-level assessment to determine the most appropriate response to each request, including appropriate referrals to other mental health professionals, as well as provision of rapid psychiatric access when other appropriate services are not available;
- (4) the first priority for this service is to provide the consultations required under section 256B.0625, subdivision 13j; and
- (5) the service must encourage use of cognitive and behavioral therapies and other evidence-based treatments in addition to or in place of medication, where appropriate.

(b) The commissioner shall appoint an interdisciplinary work group to establish appropriate medication and psychotherapy protocols to guide the consultative process, including consultation with the Drug Utilization Review Board, as provided in section 256B.0625, subdivision 13j.

Subd. 5. **Phased availability.** (a) The commissioner may phase in the availability of mental health urgent care services based on the limits of appropriations and the commissioner's determination of level of need and cost-effectiveness.

(b) For subdivisions 3 and 4, the first phase must focus on adults in Hennepin and Ramsey Counties and children statewide who are affected by section 256B.0625, subdivision 13j, and must include tracking of costs for the services provided and associated impacts on utilization of inpatient, emergency room, and other services.

Subd. 6. **Limited appropriations.** The commissioner shall maximize use of available health care coverage for the services provided under this section. The commissioner's responsibility to provide these services for individuals without health care coverage must not exceed the appropriations for this section.

Subd. 7. **Flexible implementation.** To implement this section, the commissioner shall select the structure and funding method that is the most cost-effective for each county or group of counties. This may include grants, contracts, service agreements with the Direct Care and Treatment executive board, and public-private partnerships. Where feasible, the commissioner shall make any grants under this section a part of the integrated adult mental health initiative grants under section 245.4661.

245A.11 SPECIAL CONDITIONS FOR RESIDENTIAL PROGRAMS.

Subd. 8. **Community residential setting license.** (a) The commissioner shall establish provider standards for residential support services that integrate service standards and the residential setting under one license. The commissioner shall propose statutory language and an implementation plan for licensing requirements for residential support services to the legislature by January 15, 2012, as a component of the quality outcome standards recommendations required by Laws 2010, chapter 352, article 1, section 24.

(b) Providers licensed under chapter 245B, and providing, contracting, or arranging for services in settings licensed as adult foster care under Minnesota Rules, parts 9555.5105 to 9555.6265; and meeting the provisions of section 245D.02, subdivision 4a, must be required to obtain a community residential setting license.

246.015 CONSULTATIVE SERVICES; AFTERCARE OF PATIENTS.

Subd. 3. **Authorization.** The Direct Care and Treatment executive board may authorize state-operated services to provide consultative services for courts, state welfare agencies, and supervise the placement and aftercare of patients, on a fee-for-service basis as defined in section 246.50, provisionally or otherwise discharged from a state-operated services facility. State-operated services may also promote and conduct programs of education relating to mental health. The executive board shall administer, expend, and distribute federal funds which may be made available to the state and other funds not appropriated by the legislature, which may be made available to the state for mental health purposes.

246.50 CARE OF CLIENTS AT STATE FACILITIES; DEFINITIONS.

Subd. 2. **Commissioner.** "Commissioner" means the commissioner of human services of the state of Minnesota.

246B.04 RULES; EVALUATION.

Subd. 1a. **Program evaluation.** The executive board shall establish an evaluation process to measure outcomes and behavioral changes as a result of treatment compared with incarceration without treatment to determine the value, if any, of treatment in protecting the public.

Laws 2024, chapter 79, article 1, section 15

Sec. 15. Minnesota Statutes 2022, section 246.41, subdivision 1, is amended to read:

Subdivision 1. **Acceptance.** ~~The commissioner of human services executive board~~ is authorized to accept, for and ~~in~~ on behalf of the state, contributions of money for the use and benefit of persons with developmental disabilities.

Laws 2024, chapter 79, article 1, section 16

Sec. 16. Minnesota Statutes 2022, section 246.41, subdivision 2, is amended to read:

Subd. 2. **Special welfare fund.** ~~The executive board shall deposit any money so received by the commissioner shall be deposited~~ executive board under paragraph (a) with the commissioner of management and budget in a special welfare fund, which fund is to be used by the commissioner of human services executive board for the benefit of persons with developmental disabilities within the state, including those within state hospitals. And, without excluding other possible uses, Allowable uses of the money by the executive board include but are not limited to research relating to persons with developmental disabilities shall be considered an appropriate use of such funds; but such funds shall not be used for must not include creation of any structures or installations which by their nature would require state expenditures for their ongoing operation or maintenance without specific legislative enactment therefor for such a project.

Laws 2024, chapter 79, article 1, section 17

Sec. 17. Minnesota Statutes 2022, section 246.41, subdivision 3, is amended to read:

Subd. 3. **Appropriation.** ~~There is hereby appropriated from~~ The amount in the special welfare fund ~~in the state treasury to such persons as are entitled thereto to carry out the provisions stated~~ is annually appropriated to the executive board for the purposes of this section.