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State of Minnesota
HOUSE OF REPRESENTATIVES
NINETY-FOURTH SESSION
H. F. No. 4466

03/18/2026 Authored by Bierman
The bill was read for the first time and referred to the Committee on Health Finance and Policy
04/20/2026 Adoption of Report: Amended and re-referred to the Committee on Ways and Means

1.1 A bill for an act

1.2 relating to state government; modifying provisions relating to health-related
1.3 licensing boards, the Department of Health, directed payments, and medical
1.4 assistance federal conformity; expanding allowable disclosures to commissioner
1.5 of human services; establishing work or community engagement requirements;
1.6 establishing fees; appropriating money; amending Minnesota Statutes 2024, sections
1.7 13.381, subdivision 20; 62U.04, subdivisions 4, 13, by adding a subdivision;
1.8 116J.035, by adding a subdivision; 144.1222, subdivision 4, by adding a
1.9 subdivision; 144.1501, subdivision 2; 144.1503, subdivision 7; 144.1505,
1.10 subdivisions 1, 2, 3; 144.1507, subdivisions 1, 2, 4, by adding a subdivision;
1.11 144.1911, subdivisions 1, 5, 6; 148.65, subdivisions 5, 6; 148.706, subdivisions
1.12 1, 2, 3; 149A.02, subdivision 26; 149A.20, subdivisions 6, 7; 149A.30, subdivision
1.13 1; 149A.91, subdivision 3; 149A.94, subdivision 1; 149A.955, subdivision 14;
1.14 151.74, subdivisions 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 13, 14; 151.741, subdivisions 1,
1.15 2; 256B.04, subdivision 27; 256B.056, subdivisions 2a, 3d, 7, 7a; 256B.0561,
1.16 subdivision 2; 256B.06, subdivision 4; 256B.061; 256B.0631, subdivision 1a, by
1.17 adding subdivisions; 256L.04, subdivision 14; 268.19, subdivision 1a; 295.52,
1.18 subdivision 8; Minnesota Statutes 2025 Supplement, sections 144.125, subdivision
1.19 1; 151.741, subdivision 5; 256.9657, subdivision 2b; 256.969, subdivision 2f;
1.20 256B.1973, subdivision 9; 268.19, subdivision 1; 270B.14, subdivision 1; Laws
1.21 2025, First Special Session chapter 3, article 21, section 3, subdivision 2; proposing
1.22 coding for new law in Minnesota Statutes, chapter 256B; repealing Minnesota
1.23 Statutes 2024, section 151.74, subdivision 15.

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

1.25 **ARTICLE 1**

1.26 **HEALTH-RELATED LICENSING BOARDS**

1.27 Section 1. Minnesota Statutes 2024, section 13.381, subdivision 20, is amended to read:

1.28 Subd. 20. **Insulin safety net.** Data collected relating to an individual who seeks to access
1.29 urgent-need covered insulin or participates in a manufacturer's patient assistance program
1.30 is classified under section 151.74, subdivision 11.

2.1 Sec. 2. Minnesota Statutes 2024, section 148.65, subdivision 5, is amended to read:

2.2 Subd. 5. **Student physical therapist.** "Student physical therapist" means a person in a
2.3 professional educational program, approved by the board under section 148.705, who is
2.4 satisfying supervised clinical education requirements by performing physical therapy under
2.5 the on-site direct supervision of a licensed physical therapist. "On-site supervision" means
2.6 the physical therapist is easily available for instruction to the student physical therapist. The
2.7 physical therapist shall have direct contact with the patient during at least every second
2.8 treatment session by the student physical therapist. "Direct supervision" means that the
2.9 physical therapist is physically present and immediately available for supervision.
2.10 Telecommunications, except within the facility, does not meet the requirement of on-site
2.11 direct supervision.

2.12 Sec. 3. Minnesota Statutes 2024, section 148.65, subdivision 6, is amended to read:

2.13 Subd. 6. **Student physical therapist assistant.** "Student physical therapist assistant"
2.14 means a person in a physical therapist assistant educational program accredited by the
2.15 Commission on Accreditation in Physical Therapy Education (CAPTE) or a recognized
2.16 comparable national accrediting agency approved by the board. The student physical therapist
2.17 assistant, under the direct supervision of the physical therapist, or the direct supervision of
2.18 the physical therapist and physical therapist assistant team, performs physical therapy
2.19 interventions and assists with coordination, communication, documentation, and
2.20 patient-client-related instruction. "Direct supervision" means the physical therapist or
2.21 physical therapist assistant when supervising a student physical therapist assistant as part
2.22 of a physical therapist and physical therapist assistant team is physically present and
2.23 immediately available to provide instruction to the student physical therapist assistant.
2.24 Telecommunications does not meet the requirement of direct supervision.

2.25 Sec. 4. Minnesota Statutes 2024, section 148.706, subdivision 1, is amended to read:

2.26 Subdivision 1. **Supervision.** (a) Every physical therapist who uses the services of a
2.27 physical therapist assistant or physical therapy aide for the purpose of assisting in the practice
2.28 of physical therapy is responsible for functions performed by the assistant or aide while
2.29 engaged in such assistance. The physical therapist shall delegate direct duties to the physical
2.30 therapist assistant and assign tasks to the physical therapy aide in accordance with subdivision
2.31 2. Physical therapists who instruct student physical therapists and student physical therapist
2.32 assistants are responsible for the functions performed by the students and shall supervise

~~the students as provided under section 148.65, subdivisions 5 and 6. A licensed physical therapist may supervise no more than two physical therapist assistants at any time.~~

(b) A licensed physical therapist may supervise no more than two physical therapist assistants at any time. A physical therapist supervising physical therapist assistants is not required to be on site, but must be easily available by telecommunications.

(c) Physical therapists who instruct student physical therapists and student physical therapist assistants are responsible for the functions performed by the students and shall supervise the students as provided under section 148.65, subdivisions 5 and 6. A physical therapist supervising a student physical therapist must have direct contact with the patient during at least every second treatment session by the student physical therapist. A physical therapist or physical therapist assistant as part of a physical therapist and physical therapist assistant team who is supervising a student physical therapist assistant must have direct contact with the patient during at least every second treatment session by the student physical therapist assistant.

Sec. 5. Minnesota Statutes 2024, section 148.706, subdivision 2, is amended to read:

Subd. 2. **~~Delegation~~ Direction of duties.** The physical therapist ~~may delegate~~ is authorized to direct patient treatment procedures only to a physical therapist assistant who has sufficient didactic and clinical preparation. The physical therapist ~~may~~ must not ~~delegate~~ direct the following activities to ~~the~~ a physical therapist assistant or to other supportive personnel: initial patient examination and evaluation, ~~treatment planning, initial treatment, change of treatment,~~ development and modification of the plan of care, and initial or final documentation.

Sec. 6. Minnesota Statutes 2024, section 148.706, subdivision 3, is amended to read:

Subd. 3. **Observation of and collaboration with physical therapist assistants.** When a physical therapist directs components of a patient's treatment ~~are delegated~~ to a physical therapist assistant, a physical therapist must ~~provide on-site observation of the treatment and documentation of its appropriateness at least every six treatment sessions. The physical therapist is not required to be on site, but must be easily available by telecommunications.~~ do the following at least every six treatment sessions that the physical therapist assistant provides services:

(1) observe a portion of the patient treatment session with the physical therapist assistant, either in person or remotely via telehealth; and

4.1 (2) document a collaborative discussion with the physical therapist assistant and the
4.2 continued appropriateness of the plan of care.

4.3 Sec. 7. Minnesota Statutes 2024, section 151.74, subdivision 1, is amended to read:

4.4 Subdivision 1. **Establishment.** (a) By July 1, 2020, Each manufacturer must establish
4.5 procedures to make covered insulin available in accordance with this section to eligible
4.6 individuals who are in urgent need of covered insulin or who are in need of access to an
4.7 affordable covered insulin supply.

4.8 (b) For purposes of this section, the following definitions apply:

4.9 (1) "manufacturer" means a manufacturer engaged in the manufacturing of covered
4.10 insulin that is self-administered on an outpatient basis;

4.11 (2) "MNsure" means the Board of Directors of MNsure established in chapter 62V;

4.12 (3) "navigator" has the meaning provided in section 62V.02; and

4.13 (4) "pharmacy" means a pharmacy located in Minnesota and licensed under section
4.14 151.19 that operates in the community or outpatient license category under Minnesota Rules,
4.15 part 6800.0350.; and

4.16 (5) "covered insulin" means a drug that is validly prescribed by a practitioner and contains
4.17 insulin for use to treat diabetes. Covered insulin does not include an insulin product with a
4.18 label approved by the United States Food and Drug Administration that indicates the product
4.19 is only for use for intravenous infusion.

4.20 (c) Any manufacturer with an annual gross revenue of $2,000,000 or less from covered
4.21 insulin sales in Minnesota is exempt from this section. To request a waiver under this
4.22 paragraph, the manufacturer must submit a request to the Board of Pharmacy that includes
4.23 documentation indicating that the manufacturer is eligible for an exemption.

4.24 (d) An A covered insulin product is exempt from this section if the wholesale acquisition
4.25 cost of the covered insulin is $8 or less per milliliter or applicable National Council for
4.26 Prescription Drug Plan billing unit, for the entire assessment time period, adjusted annually
4.27 based on the Consumer Price Index.

4.28 Sec. 8. Minnesota Statutes 2024, section 151.74, subdivision 2, is amended to read:

4.29 Subd. 2. **Eligibility for urgent-need safety net program.** (a) To be eligible to receive
4.30 an urgent-need supply of covered insulin under this section, an individual must attest to:

4.31 (1) being a resident of Minnesota;

5.1 (2) not being enrolled in medical assistance or MinnesotaCare;

5.2 (3) not being enrolled in prescription drug coverage that limits the total amount of
5.3 cost-sharing that the enrollee is required to pay for a 30-day supply of covered insulin,
5.4 including co-payments, deductibles, or coinsurance, to $75 or less, regardless of the type
5.5 or amount of covered insulin prescribed;

5.6 (4) not having received an urgent-need supply of covered insulin through this program
5.7 within the previous 12 months, unless authorized under subdivision 9; and

5.8 (5) being in urgent need of covered insulin.

5.9 (b) For purposes of this subdivision, "urgent need of covered insulin" means having
5.10 readily available for use less than a seven-day supply of covered insulin and in need of
5.11 covered insulin in order to avoid the likelihood of suffering significant health consequences.

5.12 Sec. 9. Minnesota Statutes 2024, section 151.74, subdivision 3, is amended to read:

5.13 Subd. 3. **Access to urgent-need covered insulin.** (a) MNsure shall develop an application
5.14 form to be used by an individual who is in urgent need of covered insulin. The application
5.15 must ask the individual to attest to the eligibility requirements described in subdivision 2.
5.16 The form shall be accessible through MNsure's website. MNsure shall also make the form
5.17 available to pharmacies and health care providers who prescribe or dispense covered insulin,
5.18 hospital emergency departments, urgent care clinics, and community health clinics. By
5.19 submitting a completed, signed, and dated application to a pharmacy, the individual attests
5.20 that the information contained in the application is correct.

5.21 (b) If the individual is in urgent need of covered insulin, the individual may present a
5.22 completed, signed, and dated application form to a pharmacy. The individual must also:

5.23 (1) have a ~~valid~~ covered insulin prescription; and

5.24 (2) present the pharmacist with identification indicating Minnesota residency in the form
5.25 of a valid Minnesota identification card, driver's license or permit, individual taxpayer
5.26 identification number, or Tribal identification card as defined in section 171.072, paragraph
5.27 (b). If the individual in urgent need of covered insulin is under the age of 18, the individual's
5.28 parent or legal guardian must provide the pharmacist with proof of residency.

5.29 (c) Upon receipt of a completed and signed application, the pharmacist shall dispense
5.30 the ~~prescribed~~ covered insulin in an amount that will provide the individual with a 30-day
5.31 supply. The pharmacy must notify the health care practitioner who issued the prescription
5.32 order no later than 72 hours after the covered insulin is dispensed.

(d) The pharmacy may submit to the manufacturer of the dispensed covered insulin product or to the manufacturer's vendor a claim for payment that is in accordance with the National Council for Prescription Drug Program standards for electronic claims processing, unless the manufacturer agrees to send to the pharmacy a replacement supply of the same covered insulin as dispensed in the amount dispensed. If the pharmacy submits an electronic claim to the manufacturer or the manufacturer's vendor, the manufacturer or vendor shall reimburse the pharmacy in an amount that covers the pharmacy's acquisition cost.

(e) The pharmacy may collect ~~an~~ a covered insulin co-payment from the individual to cover the pharmacy's costs of processing and dispensing in an amount not to exceed $35 for the 30-day supply of covered insulin dispensed.

(f) The pharmacy shall also provide each eligible individual with the information sheet described in subdivision 7 and a list of trained navigators provided by the Board of Pharmacy for the individual to contact if the individual needs to access ongoing covered insulin coverage options, including assistance in:

(1) applying for medical assistance or MinnesotaCare;

(2) applying for a qualified health plan offered through MNsure, subject to open and special enrollment periods;

(3) accessing information on providers who participate in prescription drug discount programs, including providers who are authorized to participate in the 340B program under section 340b of the federal Public Health Services Act, United States Code, title 42, section 256b; and

(4) accessing covered insulin manufacturers' patient assistance programs, co-payment assistance programs, and other foundation-based programs.

(g) The pharmacist shall retain a copy of the application form submitted by the individual to the pharmacy for reporting and auditing purposes.

(h) A manufacturer may submit to the commissioner of administration a request for reimbursement in an amount not to exceed $35 for each 30-day supply of covered insulin the manufacturer provides under paragraph (d). The commissioner of administration shall determine the manner and format for submitting and processing requests for reimbursement. After receiving a reimbursement request, the commissioner of administration shall reimburse the manufacturer in an amount not to exceed $35 for each 30-day supply of covered insulin the manufacturer provided under paragraph (d).

7.1 Sec. 10. Minnesota Statutes 2024, section 151.74, subdivision 4, is amended to read:

7.2 Subd. 4. **Continuing safety net program; general.** (a) Each manufacturer shall make
7.3 a patient assistance program available to any individual who meets the requirements of this
7.4 subdivision. Each manufacturer's patient assistance programs must meet the requirements
7.5 of this section. Each manufacturer shall provide the Board of Pharmacy with information
7.6 regarding the manufacturer's patient assistance program, including contact information for
7.7 individuals to call for assistance in accessing their patient assistance program.

7.8 (b) To be eligible to participate in a manufacturer's patient assistance program, the
7.9 individual must:

7.10 (1) be a Minnesota resident with a valid Minnesota identification card that indicates
7.11 Minnesota residency in the form of a Minnesota identification card, driver's license or
7.12 permit, individual taxpayer identification number, or Tribal identification card as defined
7.13 in section 171.072, paragraph (b). If the individual is under the age of 18, the individual's
7.14 parent or legal guardian must provide proof of residency;

7.15 (2) have a family income that is equal to or less than 400 percent of the federal poverty
7.16 guidelines;

7.17 (3) not be enrolled in medical assistance or MinnesotaCare;

7.18 (4) not be eligible to receive health care through a federally funded program or receive
7.19 prescription drug benefits through the Department of Veterans Affairs; and

7.20 (5) not be enrolled in prescription drug coverage through an individual or group health
7.21 plan that limits the total amount of cost-sharing that an enrollee is required to pay for a
7.22 30-day supply of covered insulin, including co-payments, deductibles, or coinsurance to
7.23 $75 or less, regardless of the type or amount of covered insulin needed.

7.24 (c) Notwithstanding the requirement in paragraph (b), clause (4), an individual who is
7.25 enrolled in Medicare Part D is eligible for a manufacturer's patient assistance program if
7.26 the individual has spent $1,000 on prescription drugs in the current calendar year and meets
7.27 the eligibility requirements in paragraph (b), clauses (1) to (3).

7.28 (d) An individual who is interested in participating in a manufacturer's patient assistance
7.29 program may apply directly to the manufacturer; apply through the individual's health care
7.30 practitioner, if the practitioner participates; or contact a trained navigator for assistance in
7.31 finding a long-term covered insulin supply solution, including assistance in applying to a
7.32 manufacturer's patient assistance program.

8.1 Sec. 11. Minnesota Statutes 2024, section 151.74, subdivision 5, is amended to read:

8.2 Subd. 5. **Continuing safety net program; manufacturer's responsibilities.** (a) Upon
8.3 receipt of an application for the manufacturer's patient assistance program, the manufacturer
8.4 shall process the application and determine eligibility. The manufacturer shall notify the
8.5 applicant of the determination within ten business days of receipt of the application. If
8.6 necessary, the manufacturer may request additional information from the applicant. If
8.7 additional information is needed, the manufacturer must notify the applicant within five
8.8 business days of receipt of the application as to what information is being requested. Within
8.9 three business days of receipt of the requested information, the manufacturer must determine
8.10 eligibility and notify the applicant of the determination. If the individual has been determined
8.11 to be not eligible, the manufacturer must include the reasons for denying eligibility in the
8.12 notification. The individual may seek an appeal of the determination in accordance with
8.13 subdivision 8.

8.14 (b) If the individual is determined to be eligible, the manufacturer shall provide the
8.15 individual with an eligibility statement or other indication that the individual has been
8.16 determined eligible for the manufacturer's patient assistance program. An individual's
8.17 eligibility is valid for 12 months and is renewable upon a redetermination of eligibility.

8.18 (c) If the eligible individual has prescription drug coverage through an individual or
8.19 group health plan, the manufacturer may determine that the individual's covered insulin
8.20 needs are better addressed through the use of the manufacturer's co-payment assistance
8.21 program, in which case, the manufacturer shall inform the individual and provide the
8.22 individual with the necessary coupons to submit to a pharmacy. In no instance shall an
8.23 eligible individual be required to pay more than the co-payment amount specified under
8.24 subdivision 6, paragraph (e).

8.25 Sec. 12. Minnesota Statutes 2024, section 151.74, subdivision 6, is amended to read:

8.26 Subd. 6. **Continuing safety net program; process.** (a) The individual shall submit to
8.27 a pharmacy the statement of eligibility provided by the manufacturer under subdivision 5,
8.28 paragraph (b). Upon receipt of an individual's eligibility status, the pharmacy shall submit
8.29 an order containing the name of the covered insulin product and the daily dosage amount
8.30 as contained in a valid prescription to the product's manufacturer.

8.31 (b) The pharmacy must include with the order to the manufacturer the following
8.32 information:

8.33 (1) the pharmacy's name and shipping address;

9.1 (2) the pharmacy's office telephone number, fax number, email address, and contact
9.2 name; and

9.3 (3) any specific days or times when deliveries are not accepted by the pharmacy.

9.4 (c) Upon receipt of an order from a pharmacy and the information described in paragraph
9.5 (b), the manufacturer shall send to the pharmacy a 90-day supply of covered insulin as
9.6 ordered, unless a lesser amount is requested in the order, at no charge to the individual or
9.7 pharmacy.

9.8 (d) Except as authorized under paragraph (e), the pharmacy shall provide the covered
9.9 insulin to the individual at no charge to the individual. The pharmacy shall not provide
9.10 covered insulin received from the manufacturer to any individual other than the individual
9.11 associated with the specific order. The pharmacy shall not seek reimbursement for the
9.12 covered insulin received from the manufacturer or from any third-party payer.

9.13 (e) The pharmacy may collect a co-payment from the individual to cover the pharmacy's
9.14 costs for processing and dispensing in an amount not to exceed $50 for each 90-day supply
9.15 if the covered insulin is sent to the pharmacy.

9.16 (f) The pharmacy may submit to a manufacturer a reorder for an individual if the
9.17 individual's eligibility statement has not expired. Upon receipt of a reorder from a pharmacy,
9.18 the manufacturer must send to the pharmacy an additional 90-day supply of the product,
9.19 unless a lesser amount is requested, at no charge to the individual or pharmacy if the
9.20 individual's eligibility statement has not expired.

9.21 (g) Notwithstanding paragraph (c), a manufacturer may send the covered insulin as
9.22 ordered directly to the individual if the manufacturer provides a mail order service option.

9.23 (h) A manufacturer may submit to the commissioner of administration a request for
9.24 reimbursement in an amount not to exceed $105 for each 90-day supply of covered insulin
9.25 the manufacturer provides under paragraphs (c) and (f). The commissioner of administration
9.26 shall determine the manner and format for submitting and processing requests for
9.27 reimbursement. After receiving a reimbursement request, the commissioner of administration
9.28 shall reimburse the manufacturer in an amount not to exceed $105 for each 90-day supply
9.29 of covered insulin the manufacturer provided under paragraphs (c) and (f). If the manufacturer
9.30 provides less than a 90-day supply of covered insulin under paragraphs (c) and (f), the
9.31 manufacturer may submit a request for reimbursement not to exceed $35 for each 30-day
9.32 supply of covered insulin provided.

Sec. 13. Minnesota Statutes 2024, section 151.74, subdivision 7, is amended to read:

Subd. 7. **Board of Pharmacy and MNsure responsibilities.** (a) The Board of Pharmacy shall develop an information sheet to post on its website and provide a link to the information sheet on the board's website for pharmacies, health care practitioners, hospital emergency departments, urgent care clinics, and community health clinics. The information sheet must contain:

(1) a description of the urgent-need covered insulin safety net program, including how to access the program;

(2) a description of each covered insulin manufacturer's patient assistance program and cost-sharing assistance program, including contact information on accessing the assistance programs for each manufacturer;

(3) information on how to contact a trained navigator for assistance in applying for medical assistance, MinnesotaCare, a qualified health plan, or ~~an~~ a covered insulin manufacturer's patient assistance programs;

(4) information on how to contact the Board of Pharmacy if a manufacturer determines that an individual is not eligible for the manufacturer's patient assistance program; and

(5) notification that an individual in need of assistance may contact their local county social service department for more information or assistance in accessing ongoing affordable covered insulin options.

(b) The board shall also inform each individual who accesses urgent-need covered insulin through the insulin safety net program or accesses a manufacturer's patient assistance program that the individual may participate in a survey conducted by the Department of Health regarding satisfaction with the program. The board shall provide contact information for the individual to learn more about the survey and how to participate. This information may be included on the information sheet described in paragraph (a).

(c) MNsure, in consultation with the Board of Pharmacy and the commissioner of human services, shall develop a training program for navigators to provide navigators with information and resources necessary to assist individuals in accessing appropriate long-term covered insulin options.

(d) MNsure, in consultation with the Board of Pharmacy, shall compile a list of navigators who have completed the training program and who are available to assist individuals in accessing affordable covered insulin coverage options. The list shall be made available

11.1 through the board's website and to pharmacies and health care practitioners who dispense
11.2 and prescribe covered insulin.

11.3 (e) If a navigator assists an individual in accessing ~~an~~ a covered insulin manufacturer's
11.4 patient assistance program, MNsure, within the available appropriation, shall pay the
11.5 navigator a onetime application assistance bonus of no less than $25. If a navigator receives
11.6 a payment per enrollee of an assistance bonus under section 62V.05, subdivision 4, or
11.7 256.962, subdivision 5, the navigator shall not receive compensation under this paragraph.

11.8 Sec. 14. Minnesota Statutes 2024, section 151.74, subdivision 9, is amended to read:

11.9 Subd. 9. **Additional 30-day urgent-need covered insulin supply.** (a) If an individual
11.10 has applied for medical assistance or MinnesotaCare but has not been determined eligible
11.11 or has been determined eligible but coverage has not become effective or the individual has
11.12 been determined ineligible for the manufacturer's patient assistance program by the
11.13 manufacturer and the individual has requested a review pursuant to subdivision 8 but the
11.14 panel has not rendered a decision, the individual may access urgent-need covered insulin
11.15 under subdivision 3 if the individual is in urgent need of covered insulin as defined under
11.16 subdivision 2, paragraph (b).

11.17 (b) To access an additional 30-day supply of covered insulin, the individual must attest
11.18 to the pharmacy that the individual meets the requirements of paragraph (a) and must comply
11.19 with subdivision 3, paragraph (b).

11.20 Sec. 15. Minnesota Statutes 2024, section 151.74, subdivision 10, is amended to read:

11.21 Subd. 10. **Penalty.** (a) If a manufacturer fails to comply with this section, the board may
11.22 assess an administrative penalty of $200,000 per month of noncompliance, with the penalty
11.23 increasing to $400,000 per month if the manufacturer continues to be in noncompliance
11.24 after six months, and increasing to $600,000 per month if the manufacturer continues to be
11.25 in noncompliance after one year. The penalty shall remain at $600,000 per month for as
11.26 long as the manufacturer continues to be in noncompliance.

11.27 (b) In addition, a manufacturer is subject to the administrative penalties specified in
11.28 paragraph (a) if the manufacturer fails to:

11.29 (1) provide a hotline for individuals to call or access between 8 a.m. and 10 p.m. on
11.30 weekdays and between 10 a.m. and 6 p.m. on Saturdays; and

11.31 (2) list on the manufacturer's website the eligibility requirements for the manufacturer's
11.32 patient assistance programs for Minnesota residents.

(c) Any penalty assessed under this subdivision shall be deposited in a separate covered insulin assistance account in the special revenue fund.

Sec. 16. Minnesota Statutes 2024, section 151.74, subdivision 11, is amended to read:

Subd. 11. **Data.** (a) Any data collected, created, received, maintained, or disseminated by the Board of Pharmacy, the legislative auditor, the commissioner of health, MNsure, or a trained navigator under this section related to an individual who is seeking to access urgent-need covered insulin or participate in a manufacturer's patient assistance program under this section is classified as private data on individuals as defined in section 13.02, subdivision 12, and may not be retained for longer than ten years.

(b) A manufacturer must maintain the privacy of all data received from any individual applying for the manufacturer's patient assistance program under this section and is prohibited from selling, sharing, or disseminating data received under this section unless required to under this section or the individual has provided the manufacturer with a signed authorization.

Sec. 17. Minnesota Statutes 2024, section 151.74, subdivision 13, is amended to read:

Subd. 13. **Reports.** (a) By February 15 of each year, ~~beginning February 15, 2021,~~ each manufacturer shall report to the Board of Pharmacy the following:

(1) the number of Minnesota residents who accessed and received covered insulin on an urgent-need basis under this section in the preceding calendar year;

(2) the number of Minnesota residents participating in the manufacturer's patient assistance program in the preceding calendar year, including the number of Minnesota residents who the manufacturer determined were ineligible for their patient assistance program; and

(3) the value of the covered insulin provided by the manufacturer under clauses (1) and (2).

For purposes of this paragraph, "value" means the wholesale acquisition cost of the covered insulin provided.

(b) By March 15 of each year, ~~beginning March 15, 2021,~~ the Board of Pharmacy shall submit the information reported in paragraph (a) to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance. The board shall also include in the report any administrative penalties assessed under subdivision 10, including the name of the manufacturer and amount of the penalty assessed.

13.1 Sec. 18. Minnesota Statutes 2024, section 151.74, subdivision 14, is amended to read:

13.2 Subd. 14. **Program review; legislative auditor.** (a) The legislative auditor is requested
13.3 to conduct a program review to determine:

13.4 (1) whether the manufacturers are meeting the responsibilities required under this section,
13.5 including but not limited to:

13.6 (i) reimbursing pharmacies for urgent-need covered insulin dispensed under subdivision
13.7 3;

13.8 (ii) determining eligibility in a timely manner and notifying the individuals as required
13.9 under subdivision 5; and

13.10 (iii) providing pharmacies with covered insulin product under the manufacturers' patient
13.11 assistance programs; and

13.12 (2) whether the training program developed for navigators is adequate and easily
13.13 accessible for navigators interested in becoming trained, and that there is a sufficient number
13.14 of trained navigators to provide assistance to individuals in need of assistance.

13.15 (b) The legislative auditor may access application forms retained by pharmacies under
13.16 subdivision 3, paragraph (g), to determine whether urgent-need covered insulin is being
13.17 dispensed in accordance with this section.

13.18 Sec. 19. Minnesota Statutes 2024, section 151.741, subdivision 1, is amended to read:

13.19 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
13.20 the meanings given.

13.21 (b) "Board" means the Minnesota Board of Pharmacy under section 151.02.

13.22 (c) "Covered insulin" has the meaning given in section 151.74, subdivision 1.

13.23 ~~(c)~~ (d) "Manufacturer" means a manufacturer licensed under section 151.252 and engaged
13.24 in the manufacturing of ~~prescription~~ covered insulin.

13.25 Sec. 20. Minnesota Statutes 2024, section 151.741, subdivision 2, is amended to read:

13.26 Subd. 2. **Assessment of registration fee.** (a) The board shall assess each manufacturer
13.27 an annual registration fee of $100,000, except as provided in paragraph (b). The board shall
13.28 notify each manufacturer of this requirement beginning November 1, 2024, and each
13.29 November 1 thereafter.

14.1 (b) A manufacturer may request an exemption from the annual registration fee. The
14.2 board shall exempt a manufacturer from the annual registration fee if the manufacturer can
14.3 demonstrate to the board, in the form and manner specified by the board, that gross revenue
14.4 from sales of ~~prescription~~ covered insulin produced by that manufacturer and sold or
14.5 delivered within or into Minnesota was less than five percent of the total gross revenue from
14.6 sales of ~~prescription~~ covered insulin produced by all manufacturers and sold or delivered
14.7 within or into Minnesota in the previous calendar year.

14.8 Sec. 21. Minnesota Statutes 2025 Supplement, section 151.741, subdivision 5, is amended
14.9 to read:

14.10 Subd. 5. **Insulin repayment account; annual transfer from health care access fund.** (a)
14.11 The insulin repayment account is established in the special revenue fund in the state treasury.
14.12 Money in the account is appropriated each fiscal year to the commissioner of administration
14.13 to reimburse manufacturers for covered insulin dispensed under the insulin safety net program
14.14 in section 151.74, in accordance with section 151.74, subdivisions 3, paragraph (h), and 6,
14.15 paragraph (h), and to cover costs incurred by the commissioner in providing these
14.16 reimbursement payments.

14.17 (b) By June 30, 2025, and each June 30 thereafter, the commissioner of administration
14.18 shall certify to the commissioner of management and budget the total amount expended in
14.19 the prior fiscal year for:

14.20 (1) reimbursement to manufacturers for covered insulin dispensed under the insulin
14.21 safety net program in section 151.74, in accordance with section 151.74, subdivisions 3,
14.22 paragraph (h), and 6, paragraph (h); and

14.23 (2) costs incurred by the commissioner of administration in providing the reimbursement
14.24 payments described in clause (1).

14.25 (c) The commissioner of management and budget shall transfer from the health care
14.26 access fund to the insulin repayment account, beginning July 1, 2025, and each July 1
14.27 thereafter, an amount equal to the amount to which the commissioner of administration
14.28 certified pursuant to paragraph (b).

14.29 Sec. 22. **REPEALER.**

14.30 Minnesota Statutes 2024, section 151.74, subdivision 15, is repealed.

15.1 **ARTICLE 2**

15.2 **DEPARTMENT OF HEALTH**

15.3 Section 1. Minnesota Statutes 2024, section 62U.04, subdivision 4, is amended to read:

15.4 Subd. 4. **Encounter data.** (a) All health plan companies, dental organizations, and
15.5 third-party administrators shall submit encounter data on a monthly basis to a private entity
15.6 designated by the commissioner of health. The data shall be submitted in a form and manner
15.7 specified by the commissioner subject to the following requirements:

15.8 (1) the data must be de-identified data as described under the Code of Federal Regulations,
15.9 title 45, section 164.514;

15.10 (2) the data for each encounter must include an identifier for the patient's health care
15.11 home if the patient has selected a health care home, data on contractual value-based payments,
15.12 and data deemed necessary by the commissioner to uniquely identify claims in the individual
15.13 health insurance market;

15.14 (3) the data must include enrollee race and ethnicity, to the extent available, for claims
15.15 incurred on or after January 1, 2023; ~~and~~

15.16 (4) except for the data described in clauses (2) and (3), the data must not include
15.17 information that is not included in a health care claim, dental care claim, or equivalent
15.18 encounter information transaction that is required under section 62J.536~~.~~; and

15.19 (5) the data must include at least the following data fields for any fully denied claims:

15.20 (i) an indicator of which claim lines were denied;

15.21 (ii) the reason for denial of each denied claim line;

15.22 (iii) the claim line status in terms of adjudication; and

15.23 (iv) a claim identifier to link the original claim to subsequent action on the claim.

15.24 (b) The commissioner or the commissioner's designee shall only use the data submitted
15.25 under paragraph (a) to carry out the commissioner's responsibilities in this section, including
15.26 supplying the data to providers so they can verify their results of the peer grouping process
15.27 consistent with the recommendations developed pursuant to subdivision 3c, paragraph (d),
15.28 and adopted by the commissioner and, if necessary, submit comments to the commissioner
15.29 or initiate an appeal.

15.30 (c) Data on providers collected under this subdivision are private data on individuals or
15.31 nonpublic data, as defined in section 13.02. Notwithstanding the data classifications in this
15.32 paragraph, data on providers collected under this subdivision may be released or published

16.1 as authorized in subdivision 11. The commissioner or the commissioner's designee shall
16.2 establish procedures and safeguards to protect the integrity and confidentiality of any data
16.3 that it maintains.

16.4 (d) The commissioner or the commissioner's designee shall not publish analyses or
16.5 reports that identify, or could potentially identify, individual patients.

16.6 (e) The commissioner shall compile summary information on the data submitted under
16.7 this subdivision. The commissioner shall work with its vendors to assess the data submitted
16.8 in terms of compliance with the data submission requirements and the completeness of the
16.9 data submitted by comparing the data with summary information compiled by the
16.10 commissioner and with established and emerging data quality standards to ensure data
16.11 quality.

16.12 Sec. 2. Minnesota Statutes 2024, section 62U.04, subdivision 13, is amended to read:

16.13 Subd. 13. **Expanded access to and use of the all-payer claims data.** (a) The
16.14 commissioner or the commissioner's designee shall make the data submitted under
16.15 subdivisions 4, 5, 5a, and 5b, including data classified as private or nonpublic, available to
16.16 individuals and organizations engaged in research on, or efforts to effect transformation in,
16.17 health care outcomes, access, quality, disparities, or spending, provided the use of the data
16.18 serves a public benefit. Data made available under this subdivision may not be used to:

16.19 (1) create an unfair market advantage for any participant in the health care market in
16.20 Minnesota, including health plan companies, payers, and providers;

16.21 (2) reidentify or attempt to reidentify an individual in the data; or

16.22 (3) publicly report contract details between a health plan company and provider and
16.23 derived from the data.

16.24 (b) To implement paragraph (a), the commissioner shall:

16.25 (1) establish detailed requirements for data access; a process for data users to apply to
16.26 access and use the data; legally enforceable data use agreements to which data users must
16.27 consent; a clear and robust oversight process for data access and use, including a data
16.28 management plan, that ensures compliance with state and federal data privacy laws;
16.29 agreements for state agencies and the University of Minnesota to ensure proper and efficient
16.30 use and security of data; and technical assistance for users of the data and for stakeholders;

17.1 (2) ~~develop a~~ assess fees according to the fee schedule in subdivision 14 to support the
17.2 cost of expanded access to and use of the data, provided the fees charged under the schedule
17.3 do not create a barrier to access or use for those most affected by disparities; ~~and~~

17.4 (3) create a research advisory group to advise the commissioner on applications for data
17.5 use under this subdivision, including an examination of the rigor of the research approach,
17.6 the technical capabilities of the proposed user, and the ability of the proposed user to
17.7 successfully safeguard the data~~.~~; and

17.8 (4) annually publish on the Department of Health website a list of projects authorized
17.9 under this subdivision.

17.10 Sec. 3. Minnesota Statutes 2024, section 62U.04, is amended by adding a subdivision to
17.11 read:

17.12 Subd. 14. **Fees for expanded access to and use of the all-payer claims database.** (a)
17.13 For purposes of this section:

17.14 (1) "custom data set or analysis" means a de-identified data set or report for which a
17.15 standard data set or limited use data sets are not appropriate, that only provides the minimum
17.16 necessary data, and that is de-identified using the expert determination method as defined
17.17 in Code of Federal Regulations, title 45, section 164.514(b)(1);

17.18 (2) "data file" means a data file derived from medical claims, pharmacy claims, dental
17.19 claims, eligibility information, membership information, or provider information for a single
17.20 year;

17.21 (3) "limited use data set" means a data set that meets the requirements in Code of Federal
17.22 Regulations, title 45, section 164.514(e)(2), and may include protected health information
17.23 from which certain direct identifiers of individuals have been removed under the principle
17.24 of minimum information necessary; and

17.25 (4) "standard data set" means a static data release designed by the commissioner to serve
17.26 a wide range of projects in which nearly all de-identified data elements are disclosed in one
17.27 release after applying the safe harbor de-identification method defined in Code of Federal
17.28 Regulations, title 45, section 164.514(b)(2), and from which protected health information
17.29 and any combination of data elements that directly identify any person are excluded.

17.30 (b) The commissioner must assess fees on an individual or organization that receives
17.31 data under subdivision 13 for the cost of accessing or receiving the data. Costs under this
17.32 paragraph may include but are not limited to the cost of producing and releasing data to the
17.33 individual or organization under subdivision 13 and managing infrastructure and operations.

18.1 The commissioner must assess fees according to the following schedule based on the type
18.2 of data requested and number of years for which access is requested:

18.3 (1) the fee for a standard data set is $3,500 per data file per year;

18.4 (2) the fee for a limited use data set is $7,000 per data file per year; and

18.5 (3) the fee for a custom data set or analysis is $89 per hour of staff time expended, with
18.6 fees not to exceed the cost of 65 hours of staff time.

18.7 (c) An individual or organization that receives approval to access or receive data under
18.8 subdivision 13 must pay all the required fees in full before accessing or receiving the
18.9 requested data.

18.10 (d) The commissioner may grant a partial or full waiver of the fees in paragraph (b) if
18.11 the individual or organization requesting the data meets at least one of the following criteria:

18.12 (1) the fees represent a financial hardship to the individual or organization;

18.13 (2) the organization is a self-insured data submitter under this section;

18.14 (3) the individual or organization is affiliated with an academic institution;

18.15 (4) the individual or organization requests a high volume of data files; or

18.16 (5) the request is from a Tribal health director for, or the governing body of, one of the
18.17 11 federally recognized Tribes in Minnesota.

18.18 In determining whether to grant a waiver under this paragraph, the commissioner may
18.19 consult the research advisory group established under subdivision 13.

18.20 (e) Fees paid by an individual or organization approved to access or receive data under
18.21 subdivision 13 are nonrefundable. Fees collected under this subdivision must be deposited
18.22 into an account in the special revenue fund. Money in that account does not cancel and is
18.23 appropriated to the commissioner to offset the cost of providing access to data under
18.24 subdivision 13 and maintaining data submitted under subdivisions 4 to 5b.

18.25 (f) The commissioner must publish the fee schedule in paragraph (b) on the Department
18.26 of Health website.

18.27 Sec. 4. Minnesota Statutes 2024, section 144.1222, is amended by adding a subdivision
18.28 to read:

18.29 Subd. 2e. **Private residential pool used for certified swimming classes.** Notwithstanding
18.30 Minnesota Rules, part 4717.0250, subpart 7, a private residential pool may be used as part
18.31 of a business if the private residential pool is used by a paying guest of the homeowner and

19.1 the guest is participating in a certified swimming class conducted by the homeowner,
19.2 provided that:

19.3 (1) the homeowner is a certified swimming instructor and is conducting a certified
19.4 swimming class on a one-on-one basis;

19.5 (2) not more than four individuals are in the pool at the same time during the class;

19.6 (3) prior to each new paying guest beginning participation in a certified swimming class:

19.7 (i) the guest, or the guest's parent or legal guardian if the guest is a minor, provides
19.8 written consent to use of the pool. The written consent must include a statement that the
19.9 guest, or the guest's parent or legal guardian if the guest is a minor, has received and read
19.10 materials provided by the Department of Health with information on the risk of disease
19.11 transmission and other risks associated with pools and a statement that the Department of
19.12 Health does not monitor or inspect the homeowner's pool to ensure compliance with the
19.13 requirements in section 144.1222 or Minnesota Rules, chapter 4717; and

19.14 (ii) the homeowner tests the pool's water for the concentration of chlorine or bromine,
19.15 pH, and alkalinity, and the water in the pool meets the requirements for disinfection residual,
19.16 pH, and alkalinity in Minnesota Rules, part 4717.1750, subparts 4, 5, and 6; and

19.17 (4) the following notice is conspicuously posted at the pool and, prior to each new paying
19.18 guest beginning participation in a certified swimming class, is provided to the guest or to
19.19 the guest's parent or legal guardian if the guest is a minor:

19.20 "NOTICE

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

19.24 USE AT YOUR OWN RISK"

19.25 Sec. 5. Minnesota Statutes 2024, section 144.1222, subdivision 4, is amended to read:

19.26 Subd. 4. **Definitions.** (a) For purposes of this section, the following terms have the
19.27 meanings given them.

19.28 (b) "ASME/ANSI standard" means a safety standard accredited by the American National
19.29 Standards Institute and published by the American Society of Mechanical Engineers.

19.30 (c) "ASTM standard" means a safety standard issued by ASTM International, formerly
19.31 known as the American Society for Testing and Materials.

20.1 (d) "Public pool" means any pool other than a private residential pool, that is: (1) open
20.2 to the public generally, whether for a fee or free of charge; (2) open exclusively to members
20.3 of an organization and their guests; (3) open to residents of a multiunit apartment building,
20.4 apartment complex, residential real estate development, or other multifamily residential
20.5 area; (4) open to patrons of a hotel or lodging or other public accommodation facility; or
20.6 (5) operated by a person in a park, school, licensed child care facility, group home, motel,
20.7 camp, resort, club, condominium, manufactured home park, or political subdivision with
20.8 the exception of swimming pools at family day care homes licensed under section 142B.41,
20.9 subdivision 9, paragraph (a).

20.10 (e) "Unblockable suction outlet or drain" means a drain of any size and shape that a
20.11 human body cannot sufficiently block to create a suction entrapment hazard and meets
20.12 ASME/ANSI standards.

20.13 (f) "Certified swimming class" means an infant swimming resource (ISR) class; an
20.14 American Red Cross swimming class, swimming lesson, or learn-to-swim class; or any
20.15 other swimming class certified by a nationally accredited organization that operates in all
20.16 50 states.

20.17 (g) "Certified swimming instructor" means a certified ISR instructor; a certified American
20.18 Red Cross swimming instructor or swim coach; or any other swimming instructor certified
20.19 by a nationally accredited organization that operates in all 50 states.

20.20 Sec. 6. Minnesota Statutes 2025 Supplement, section 144.125, subdivision 1, is amended
20.21 to read:

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

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

20.32 (c) The fee to support the newborn screening program, including tests administered
20.33 under this section and section 144.966, shall be $184.35 per specimen. This fee amount

21.1 shall be deposited in the state treasury and credited to the state government special revenue
21.2 fund. If the individual described in paragraph (a) submits to an insurer a claim for
21.3 reimbursement for the fee in this paragraph but does not receive reimbursement from the
21.4 insurer, the individual may request a special fee exemption form from the newborn screening
21.5 program and may apply for an exemption from the fee in this paragraph. To qualify for the
21.6 exemption, the individual must provide documentation to the newborn screening program
21.7 that the insurer did not reimburse the individual for the fee in this paragraph.

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

21.11 Sec. 7. Minnesota Statutes 2024, section 144.1501, subdivision 2, is amended to read:

21.12 Subd. 2. **Availability.** (a) The commissioner of health shall use money appropriated for
21.13 health professional education loan forgiveness in this section:

21.14 (1) for medical residents, physicians, mental health professionals, and alcohol and drug
21.15 counselors agreeing to practice in designated rural areas or underserved urban communities
21.16 or specializing in the area of pediatric psychiatry;

21.17 (2) for midlevel practitioners agreeing to practice in designated rural areas or to teach
21.18 at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program
21.19 at the undergraduate level or the equivalent at the graduate level;

21.20 (3) for nurses who agree to practice in a Minnesota nursing home; in an intermediate
21.21 care facility for persons with developmental disability; in a hospital if the hospital owns
21.22 and operates a Minnesota nursing home and a minimum of 50 percent of the hours worked
21.23 by the nurse is in the nursing home; in an assisted living facility as defined in section
21.24 144G.08, subdivision 7; or for a home care provider as defined in section 144A.43,
21.25 subdivision 4; or agree to teach at least 12 credit hours, or 720 hours per year in the nursing
21.26 field in a postsecondary program at the undergraduate level or the equivalent at the graduate
21.27 level;

21.28 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720
21.29 hours per year in their designated field in a postsecondary program at the undergraduate
21.30 level or the equivalent at the graduate level. The commissioner, in consultation with the
21.31 Healthcare Education-Industry Partnership, shall determine the health care fields where the
21.32 need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory
21.33 technology, radiologic technology, and surgical technology;

(5) for pharmacists, advanced dental therapists, dental therapists, and public health nurses who agree to practice in designated rural areas;

(6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient encounters to state public program enrollees or patients receiving sliding fee schedule discounts through a formal sliding fee schedule meeting the standards established by the United States Department of Health and Human Services under Code of Federal Regulations, title 42, section 51c.303; and

(7) for nurses employed as a hospital nurse by a nonprofit hospital and providing direct care to patients at the nonprofit hospital.

(b) Appropriations made for health professional education loan forgiveness in this section do not cancel and are available until expended~~, except that at the end of each biennium, any remaining balance in the account that is not committed by contract and not needed to fulfill existing commitments shall cancel to the fund~~.

Sec. 8. Minnesota Statutes 2024, section 144.1503, subdivision 7, is amended to read:

Subd. 7. **Selection process.** The commissioner shall determine a maximum award for grants and loan forgiveness, and shall make selections based on the information provided in the grant application, including the demonstrated need for an applicant provider to enhance the education of its workforce, the proposed employee scholarship or loan forgiveness selection process, the applicant's proposed budget, and other criteria as determined by the commissioner. Notwithstanding any law or rule to the contrary, amounts appropriated for purposes of this section do not cancel and are available until expended~~, except that at the end of each biennium, any remaining amount that is not committed by contract and not needed to fulfill existing commitments shall cancel to the general fund~~.

Sec. 9. Minnesota Statutes 2024, section 144.1505, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** For purposes of this section, the following definitions apply:

(1) "eligible advanced practice registered nurse program" means a program that is located in Minnesota and is currently accredited as a master's, doctoral, or postgraduate level advanced practice registered nurse program by the Commission on Collegiate Nursing Education or by the Accreditation Commission for Education in Nursing, or ~~is~~ has presented a credible plan as a candidate for accreditation;

(2) "eligible dental therapy program" means a dental therapy education program or advanced dental therapy education program ~~that is~~ located in Minnesota ~~and is either~~ that:

23.1 (i) is approved by the Board of Dentistry; or

23.2 (ii) is currently accredited by the Commission on Dental Accreditation; or

23.3 (iii) has presented a credible plan as a candidate for accreditation;

23.4 (3) "eligible mental health professional program" means a program that is located in
23.5 Minnesota and is listed currently accredited as a mental health professional program by the
23.6 appropriate accrediting body for clinical social work, psychology, marriage and family
23.7 therapy, or licensed professional clinical counseling, or is has presented a credible plan as
23.8 a candidate for accreditation;

23.9 (4) "eligible pharmacy program" means a program that is located in Minnesota and is
23.10 currently accredited as a doctor of pharmacy program by the Accreditation Council on
23.11 Pharmacy Education or has presented a credible plan as a candidate for accreditation;

23.12 (5) "eligible physician assistant program" means a program that is located in Minnesota
23.13 and is currently accredited as a physician assistant program by the Accreditation Review
23.14 Commission on Education for the Physician Assistant, or is has presented a credible plan
23.15 as a candidate for accreditation;

23.16 (6) "mental health professional" means an individual providing clinical services in the
23.17 treatment of mental illness who meets one of the qualifications under section 245.462,
23.18 subdivision 18;

23.19 (7) "eligible physician training program" means a medical school training program or a
23.20 physician residency training program located in Minnesota and that is currently accredited
23.21 by the accrediting body or has presented a credible plan as a candidate for accreditation;

23.22 (8) "eligible dental program" means a dental education program or a dental residency
23.23 training program located in Minnesota and that is currently accredited by the accrediting
23.24 body or has presented a credible plan as a candidate for accreditation; and

23.25 (9) "project" means a project to establish or expand (i) plan or implement a new eligible
23.26 clinical training for physician assistants, advanced practice registered nurses, pharmacists,
23.27 dental therapists, advanced dental therapists, or mental health professionals in Minnesota.
23.28 program or increase the base number of trainees in an existing eligible clinical training
23.29 program, or (ii) add or expand rural rotations or clinical training experiences in an existing
23.30 eligible clinical training program;

23.31 (10) "rural community" means a Tribal Nation, statutory city, home rule charter city, or
23.32 township in Minnesota that is outside the seven-county metropolitan area as defined in

24.1 section 473.121, subdivision 2, excluding the cities of Duluth, Mankato, Moorhead,
24.2 Rochester, and St. Cloud; and

24.3 (11) "underserved community" means a Minnesota area or population included in the
24.4 list of designated primary medical care health professional shortage areas, medically
24.5 underserved areas, or medically underserved populations maintained and updated by the
24.6 United States Department of Health and Human Services.

24.7 Sec. 10. Minnesota Statutes 2024, section 144.1505, subdivision 2, is amended to read:

24.8 Subd. 2. **Programs.** (a) For advanced practice provider clinical training expansion grants,
24.9 the commissioner of health shall award ~~health professional training site~~ grants to eligible
24.10 physician assistant, advanced practice registered nurse, pharmacy, dental therapy, and mental
24.11 health professional programs to plan and implement ~~expanded~~ a new eligible clinical training
24.12 program or increase the base number of trainees in an existing eligible clinical training
24.13 program. Clinical training must take place in rural communities or underserved communities.
24.14 A planning grant shall not exceed $75,000, and a three-year training grant shall not exceed
24.15 $300,000 per project. The commissioner may provide a ~~one-year,~~ no-cost extension for
24.16 grants.

24.17 (b) For health professional rural ~~and underserved~~ clinical rotations grants, the
24.18 commissioner of health shall award ~~health professional training site~~ grants to existing eligible
24.19 physician, physician assistant, advanced practice registered nurse, pharmacy, dentistry,
24.20 dental therapy, and mental health professional training programs to ~~augment existing clinical~~
24.21 ~~training programs to~~ add, expand, or enhance rural ~~and underserved~~ rotations or clinical
24.22 training experiences, such as credential or certificate rural tracks or other specialized training.
24.23 Rotations and clinical training experiences must take place in rural communities. For
24.24 physician and dentist training, the expanded training must include rotations in primary care
24.25 settings such as community clinics, hospitals, health maintenance organizations, or practices
24.26 in rural communities.

24.27 (c) Advanced practice provider clinical training expansion grant funds may be used for:

24.28 (1) ~~establishing or expanding rotations~~ planning and implementing a new clinical training
24.29 program or increasing the base number of trainees in an existing clinical training program
24.30 as described in paragraph (a);

24.31 (2) recruitment, training, and retention of students ~~and~~, faculty, and preceptors;

24.32 (3) connecting students with appropriate clinical training sites, internships, practicums,
24.33 or externship ~~activities~~ opportunities;

25.1 (4) travel and lodging for students;

25.2 (5) faculty, student, and preceptor salaries, incentives, or other financial support;

25.3 (6) development and implementation of health equity and cultural ~~competency~~
25.4 responsiveness training;

25.5 (7) evaluations of the clinical training program to inform program improvements;

25.6 (8) training site improvements, fees, equipment, and supplies required to establish,
25.7 maintain, or expand a training program; ~~and~~

25.8 (9) supporting clinical education in which trainees are part of a primary care team model~~.~~;
25.9 and

25.10 (10) onboarding expenses for trainees to meet clinical training site requirements.

25.11 (d) Health professional rural clinical rotation grant funds may be used for:

25.12 (1) adding, expanding, or enhancing rural rotations and clinical training experiences in
25.13 an existing clinical training program as described in paragraph (b);

25.14 (2) recruitment, training, and retention of students, faculty, and preceptors;

25.15 (3) connecting students with appropriate clinical training sites, internships, practicums,
25.16 or externship opportunities;

25.17 (4) travel and lodging for students;

25.18 (5) faculty, student, and preceptor salaries, stipends, or other financial support;

25.19 (6) development and implementation of health equity and cultural responsiveness training;

25.20 (7) evaluations of the rural rotation or clinical training experience to inform program
25.21 improvements;

25.22 (8) training site improvements, fees, equipment, and supplies required to establish or
25.23 expand rural rotations or clinical training experiences;

25.24 (9) supporting clinical education in which trainees are part of a primary care team model;
25.25 and

25.26 (10) onboarding expenses for trainees to meet clinical training site requirements.

25.27 Sec. 11. Minnesota Statutes 2024, section 144.1505, subdivision 3, is amended to read:

25.28 Subd. 3. **Applications.** (a) Eligible physician assistant, advanced practice registered
25.29 nurse, pharmacy, dental therapy, dental, physician, and mental health professional programs

seeking a grant shall apply to the commissioner. Applications for advanced practice provider clinical training expansion grants must include a description of the number of additional students who will be trained using grant funds~~;~~ and attestation that funding will be used to support an increase in the number of clinical training slots~~;~~.

(b) All applications must include: (1) a description of the problem that the proposed project will address; (2) a description of the project, including all costs associated with the project~~,~~; (3) sources of funds for the project~~,~~; (4) detailed uses of all funds for the project~~,~~ and the results expected; and (5) a plan to maintain or operate ~~any component included in~~ the project after the grant period, including a description of potential barriers to sustainability. ~~The applicant~~ Applicants must describe achievable objectives, a timetable, and roles and capabilities of responsible individuals in the organization.

~~Applicants applying under subdivision 2, paragraph (b),~~ (c) Applications for rural clinical rotation grants must include a description of the new, expanded, or enhanced rural rotations or clinical training experiences; attestation that funding will be used to support improved rural clinical training experiences; and information about length of training and training site settings, geographic location of rural sites, and rural populations expected to be served.

Sec. 12. Minnesota Statutes 2024, section 144.1507, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have the meanings given.

(b) "Eligible program" means a program that meets the following criteria:

(1) is located in Minnesota;

(2) trains medical residents in the specialties of family medicine, general internal medicine, general pediatrics, psychiatry, geriatrics, or general surgery in rural residency training programs or in community-based ambulatory care centers that primarily serve the underserved, or trains postdoctoral psychology residents; and

(3) is accredited by the Accreditation Council for Graduate Medical Education or the American Psychological Association or presents a credible plan to obtain accreditation.

(c) "Rural community" means a Tribal Nation, statutory city, home rule charter city, or township in Minnesota that is outside the seven-county metropolitan area as defined in section 473.121, subdivision 2, excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

27.1 ~~(c)~~ (d) "Rural residency training program" means a rural medical residency program or
27.2 a rural psychology residency program that provides ~~an initial year of~~ training in an accredited
27.3 residency program in Minnesota. ~~The subsequent years of the residency program are~~ At
27.4 least two-thirds of the residency training must be based in rural communities, utilizing local
27.5 clinics and community hospitals, with specialty rotations in nearby regional medical centers.
27.6 When specialty rotations cannot be fulfilled within rural communities, training may occur
27.7 in regional or urban sites as long as at least one-half of all training occurs in rural
27.8 communities. For residency training programs in general surgery, pediatrics, and psychiatry,
27.9 at least one-half of the residency training must be based in communities outside the
27.10 seven-county metropolitan area, with rotations in rural communities.

27.11 ~~(d)~~ (e) "Community-based ambulatory care centers" means federally qualified health
27.12 centers, community mental health centers, rural health clinics, health centers operated by
27.13 the Indian Health Service, an Indian Tribe or Tribal organization, or an urban American
27.14 Indian organization or an entity receiving funds under Title X of the Public Health Service
27.15 Act.

27.16 ~~(e)~~ (f) "Eligible project" means a project to establish and maintain a rural residency
27.17 training program.

27.18 Sec. 13. Minnesota Statutes 2024, section 144.1507, subdivision 2, is amended to read:

27.19 Subd. 2. **Rural residency training program.** (a) The commissioner of health shall
27.20 award rural residency training program grants to eligible programs to plan, implement, and
27.21 sustain rural residency training programs. A rural medical residency training program grant
27.22 shall not exceed $250,000 per year for up to three years for planning and development, and
27.23 $225,000 per resident per year for each year thereafter to sustain the program. A rural
27.24 psychology residency training program grant shall not exceed $150,000 per year for up to
27.25 three years for planning and development, and $150,000 per resident per year for each year
27.26 thereafter to sustain the program. Medical and psychology residency programs that meet
27.27 eligibility guidelines and continue to demonstrate financial need shall be granted sustaining
27.28 funds, renewable every five years.

27.29 (b) Funds may be spent to cover the costs of:

27.30 (1) planning related to establishing accredited rural residency training programs;

27.31 (2) obtaining accreditation by the Accreditation Council for Graduate Medical Education,
27.32 the American Psychological Association, or another national body that accredits rural
27.33 residency training programs;

28.1 (3) establishing new rural residency training programs;

28.2 (4) recruitment, training, and retention of new residents and faculty related to the new
28.3 rural residency training program;

28.4 (5) travel and lodging for new residents;

28.5 (6) faculty, new resident, and preceptor salaries related to new rural residency training
28.6 programs;

28.7 (7) training site improvements, fees, equipment, and supplies required for new rural
28.8 residency training programs; and

28.9 (8) supporting clinical education in which trainees are part of a primary care team model.

28.10 Sec. 14. Minnesota Statutes 2024, section 144.1507, subdivision 4, is amended to read:

28.11 Subd. 4. **Consideration of grant applications.** The commissioner shall review each
28.12 application to determine if the residency program application is complete, if the proposed
28.13 rural residency program and residency slots are eligible for a grant, and if the program is
28.14 eligible for federal graduate medical education funding, and when the funding is available.
28.15 If eligible programs are not eligible for federal graduate medical education funding, the
28.16 commissioner may award continuation funding to the eligible program beyond the initial
28.17 grant period without requiring a competitive application. The commissioner shall award
28.18 grants to support training programs in family medicine, general internal medicine, general
28.19 pediatrics, psychiatry, geriatrics, general surgery, psychology, and other primary care focus
28.20 areas.

28.21 Sec. 15. Minnesota Statutes 2024, section 144.1507, is amended by adding a subdivision
28.22 to read:

28.23 Subd. 6. **Clinical training program coordination.** The commissioner may award grants
28.24 to the University of Minnesota to provide technical assistance to residency training programs
28.25 for coordinated development of rural clinical training programs.

28.26 Sec. 16. Minnesota Statutes 2024, section 144.1911, subdivision 1, is amended to read:

28.27 Subdivision 1. **Establishment.** The international medical graduates assistance program
28.28 is established to address barriers to practice and facilitate pathways to assist immigrant
28.29 international medical graduates to integrate into the Minnesota health care delivery system,
28.30 with the goal of increasing access to primary care in rural and underserved areas of the state.

29.1 Notwithstanding any law to the contrary, appropriations made to the program do not cancel
29.2 and are available until expended.

29.3 Sec. 17. Minnesota Statutes 2024, section 144.1911, subdivision 5, is amended to read:

29.4 Subd. 5. **Clinical preparation.** ~~(a)~~ The commissioner shall award grants to support
29.5 clinical preparation for Minnesota international medical graduates needing additional clinical
29.6 preparation or experience to qualify for residency. The grant program shall include:

29.7 (1) proposed training curricula;

29.8 (2) associated policies and procedures for clinical training sites, which must be part of
29.9 existing clinical medical education programs in Minnesota; and

29.10 (3) monthly stipends for international medical graduate participants. Priority shall be
29.11 given to primary care sites in rural or underserved areas of the state~~, and~~. International
29.12 medical graduate participants who receive support from the international medical graduate
29.13 primary care residency grant program must commit to serving at least five years in a rural
29.14 or underserved community of the state.

29.15 ~~(b) The policies and procedures for the clinical preparation grants must be developed~~
29.16 ~~by December 31, 2015, including an implementation schedule that begins awarding grants~~
29.17 ~~to clinical preparation programs beginning in June of 2016.~~

29.18 Sec. 18. Minnesota Statutes 2024, section 144.1911, subdivision 6, is amended to read:

29.19 Subd. 6. **International medical graduate primary care residency grant program**
29.20 **and revolving account.** (a) The commissioner shall award grants to support primary care
29.21 residency positions designated for Minnesota immigrant physicians who are willing to serve
29.22 in rural or underserved areas of the state. No grant shall exceed $150,000 per residency
29.23 position per year. Eligible primary care residency grant recipients include accredited family
29.24 medicine, general surgery, internal medicine, obstetrics and gynecology, psychiatry, and
29.25 pediatric residency programs. Eligible primary care residency programs shall apply to the
29.26 commissioner. Applications must include the number of anticipated residents to be funded
29.27 using grant funds and a budget. ~~Notwithstanding any law to the contrary, funds awarded to~~
29.28 ~~grantees in a grant agreement do not lapse until the grant agreement expires.~~ Before any
29.29 funds are distributed, a grant recipient shall provide the commissioner with the following:

29.30 (1) a copy of the signed contract between the primary care residency program and the
29.31 participating international medical graduate;

30.1 (2) certification that the participating international medical graduate has lived in
30.2 Minnesota for at least two years and is certified by the Educational Commission on Foreign
30.3 Medical Graduates. Residency programs may also require that participating international
30.4 medical graduates hold a Minnesota certificate of clinical readiness for residency, once the
30.5 certificates become available; and

30.6 (3) verification that the participating international medical graduate has executed a
30.7 participant agreement pursuant to paragraph (b).

30.8 (b) Upon acceptance by a participating residency program, international medical graduates
30.9 shall enter into an agreement with the commissioner to provide primary care for at least
30.10 five years in a rural or underserved area of Minnesota after graduating from the residency
30.11 program and make payments to the revolving international medical graduate residency
30.12 account for five years beginning in their second year of postresidency employment.
30.13 Participants shall pay $15,000 or ten percent of their annual compensation each year,
30.14 whichever is less.

30.15 (c) A revolving international medical graduate residency account is established as an
30.16 account in the special revenue fund in the state treasury. The commissioner of management
30.17 and budget shall credit to the account appropriations, payments, and transfers to the account.
30.18 Earnings, such as interest, dividends, and any other earnings arising from fund assets, must
30.19 be credited to the account. Funds in the account are appropriated annually to the
30.20 commissioner to award grants and administer the grant program established in paragraph
30.21 (a). Notwithstanding any law to the contrary, any funds deposited in the account do not
30.22 expire. The commissioner may accept contributions to the account from private sector
30.23 entities subject to the following provisions:

30.24 (1) the contributing entity may not specify the recipient or recipients of any grant issued
30.25 under this subdivision;

30.26 (2) the commissioner shall make public the identity of any private contributor to the
30.27 account, as well as the amount of the contribution provided; and

30.28 (3) a contributing entity may not specify that the recipient or recipients of any funds use
30.29 specific products or services, nor may the contributing entity imply that a contribution is
30.30 an endorsement of any specific product or service.

30.31 Sec. 19. Minnesota Statutes 2024, section 149A.02, subdivision 26, is amended to read:

30.32 Subd. 26. **Intern.** "Intern" means an individual ~~that~~ who: (1)(i) has met the educational
30.33 and testing requirements for a license to practice mortuary science in Minnesota~~,~~; (ii) has

31.1 completed a mortuary science program accredited by the American Board of Funeral Service
31.2 Education; or (iii) is enrolled in a mortuary science program accredited by the American
31.3 Board of Funeral Service Education; (2) has registered with the commissioner of health,;
31.4 and (3) is engaged in the practice of mortuary science under the direction and supervision
31.5 of a currently licensed Minnesota mortuary science practitioner.

31.6 Sec. 20. Minnesota Statutes 2024, section 149A.20, subdivision 6, is amended to read:

31.7 Subd. 6. **Internship.** (a) A person who attains a passing score on both examinations in
31.8 subdivision 5 must complete a registered internship under the direct supervision of an
31.9 individual currently licensed to practice mortuary science in Minnesota. Interns must file
31.10 with the commissioner: A person may begin the registered internship while the person is
31.11 enrolled in a mortuary science program accredited by the American Board of Funeral Service
31.12 Education, upon completion of the accredited mortuary science program, or after attaining
31.13 a passing score on both examinations in subdivision 5.

31.14 (b) An applicant for an internship must file with the commissioner:

31.15 (1) the appropriate fee; and

31.16 (2) a registration form indicating the name and home address of the intern, applicant;
31.17 the date the internship begins, and; the name, license number, and business address of the
31.18 primary supervising mortuary science licensee.; and the name, license number, and business
31.19 address of the alternate supervising mortuary science licensee, if applicable; and

31.20 (3) if the applicant is currently enrolled in a mortuary science program accredited by
31.21 the American Board of Funeral Service Education, a letter from the program specifying the
31.22 name and address of the program; verifying the applicant's enrollment, number of credit
31.23 hours completed, and anticipated graduation date; and specifying whether the applicant has
31.24 completed coursework in embalming and restorative arts.

31.25 (b) (c) Any changes in information provided in the registration must be immediately
31.26 reported to the commissioner. The internship shall be a minimum of 2,080 hours to be
31.27 completed within a three-year period, however, during enrollment in a mortuary science
31.28 program accredited by the American Board of Funeral Service Education, after graduation,
31.29 or both during enrollment and after graduation. However, the commissioner may waive up
31.30 to 520 hours of the internship time requirement upon satisfactory completion of a clinical
31.31 or practicum in mortuary science administered through the program of mortuary science of
31.32 the University of Minnesota or a substantially similar mortuary science program approved
31.33 by the commissioner accredited by the American Board of Funeral Service Education.

32.1 Registrations must be renewed on an annual basis if they exceed one calendar year. During
32.2 the internship period, the intern must be under the direct supervision of a person holding a
32.3 current license to practice mortuary science in Minnesota. An intern may be registered under
32.4 only one registered primary supervising licensee and one registered alternate supervising
32.5 licensee at any given time and may be directed and supervised only by the registered primary
32.6 supervising licensee or registered alternate supervising licensee. The registered primary
32.7 supervising licensee shall have only one intern registered at any given time. The
32.8 commissioner shall issue to each registered intern a registration permit that must be displayed
32.9 with the other establishment and practice licenses. While under the direct supervision of
32.10 the registered primary supervising or alternate supervising licensee, the intern must complete
32.11 25 case reports in each of the following areas: embalming, funeral arrangements, and services.
32.12 An intern who has not completed coursework in embalming and restorative arts must be in
32.13 the physical presence of the primary or alternate supervising licensee in order to perform
32.14 surgical procedures and embalming. Case reports, on forms provided by the commissioner,
32.15 shall be completed by the intern and filed with the commissioner prior to the completion
32.16 of the internship. Information contained in these reports that identifies the subject or the
32.17 family of the subject embalmed or the subject or the family of the subject of the funeral
32.18 shall be classified as licensing data under section 13.41, subdivision 2.

32.19 Sec. 21. Minnesota Statutes 2024, section 149A.20, subdivision 7, is amended to read:

32.20 Subd. 7. **Application procedure and documentation.** After completing the registered
32.21 internship, the applicant for an initial license to practice mortuary science must submit to
32.22 the commissioner a complete application and the appropriate fee. A complete application
32.23 includes:

32.24 (1) a completed application form, as provided by the commissioner;

32.25 (2) proof of age;

32.26 (3) an official transcript from each post high school educational institution attended,
32.27 including colleges of funeral service education;

32.28 (4) certification of a passing score on the National Board Examination from the
32.29 commissioner of the Conference of Funeral Service Examining Boards of the United States,
32.30 Inc.;

32.31 (5) a copy of the notification of a passing score on the state licensing examination; and

32.32 (6) a signed, dated, and notarized affidavit from the registered primary supervising
32.33 licensee who supervised the Minnesota internship stating the date the internship began and

33.1 ended and that both the applicant and the registered primary supervising licensee fulfilled
33.2 the requirements under subdivision 6.

33.3 Upon receipt of the completed application and appropriate fee, the commissioner shall
33.4 review and verify all information. Upon completion of the verification process and resolution
33.5 of any deficiencies in the application information, the commissioner shall make a
33.6 determination, based on all the information available, to grant or deny licensure. If the
33.7 commissioner's determination is to grant licensure, the applicant shall be notified and the
33.8 license shall issue and remain valid for a period prescribed on the license, but not to exceed
33.9 one calendar year from the date of issuance of the license. If the commissioner's determination
33.10 is to deny licensure, the commissioner must notify the applicant, in writing, of the denial
33.11 and provide the specific reason for the denial.

33.12 Sec. 22. Minnesota Statutes 2024, section 149A.30, subdivision 1, is amended to read:

33.13 Subdivision 1. **Licensees of other states.** (a) The commissioner may issue a reciprocal
33.14 license to practice mortuary science to a person who holds a current license or other credential
33.15 from another jurisdiction if the ~~commissioner determines that the requirements for that~~
33.16 ~~license or other credential are substantially similar to the requirements under this chapter.~~
33.17 ~~The individual seeking reciprocal licensing must~~ person:

33.18 (1) ~~attain~~ attains:

33.19 (i) a passing score on the Minnesota state licensing examination; and

33.20 (ii) a passing score on the National Board Examination administered by the International
33.21 Conference of Funeral Service Examining Boards of the United States, Inc., or another
33.22 examination determined by the commissioner to adequately and accurately assess the
33.23 knowledge and skills required to practice mortuary science;

33.24 (2) ~~submit~~ submits to the commissioner the documentation described in section 149A.20,
33.25 subdivision 7, clauses (1) and (5), and certification of a passing score on an examination
33.26 described in clause (1), item (ii); ~~and~~

33.27 (3) ~~pay~~ pays the appropriate licensing fee~~.~~;

33.28 (4) submits to the commissioner:

33.29 (i) documentation that the person meets one of the educational requirements in section
33.30 149A.20, subdivision 4; or

34.1 (ii) documentation that the person has been licensed or credentialed in another jurisdiction
34.2 and a signed, dated affidavit from the person declaring that the person has engaged in at
34.3 least three years of practice in that jurisdiction performing the duties of a licensed mortician;

34.4 (5) submits to the commissioner a signed, dated affidavit from the person declaring that
34.5 the person is not subject to any pending investigations by the mortuary science licensing or
34.6 credentialing authority in any other jurisdiction and is not currently practicing as a licensed
34.7 mortician in any other jurisdiction under a restricted license or credential;

34.8 (6) submits to the commissioner a signed, dated affidavit from the person declaring that
34.9 the person has performed at least 25 services, completed at least 25 funeral arrangements,
34.10 and performed at least 25 embalming cases; and

34.11 (7) submits to the commissioner documentation that the person has completed the
34.12 continuing education hours required in section 149A.40, subdivision 11, within the two-year
34.13 period prior to applying for licensure under this subdivision.

34.14 (b) When, in the determination of the commissioner, all of the requirements of this
34.15 subdivision have been met, the commissioner shall, based on all the information available,
34.16 grant or deny licensure. If the commissioner grants licensure, the applicant shall be notified
34.17 and the license shall issue and remain valid for a period prescribed on the license, but not
34.18 to exceed one calendar year from the date of issuance of the license. If the commissioner
34.19 denies licensure, the commissioner must notify the applicant, in writing, of the denial and
34.20 provide the specific reason for denial.

34.21 Sec. 23. Minnesota Statutes 2024, section 149A.91, subdivision 3, is amended to read:

34.22 Subd. 3. **Embalming or refrigeration required.** (a) A dead human body must be
34.23 embalmed by a licensed mortician or registered intern or practicum student or clinical
34.24 student, refrigerated, or packed in dry ice in the following circumstances:

34.25 (1) if the body will be transported by public transportation, pursuant to section 149A.93,
34.26 subdivision 7;

34.27 (2) if final disposition will not be accomplished within 72 hours after death or release
34.28 of the body by a competent authority with jurisdiction over the body or the body will be
34.29 lawfully stored for final disposition in the future, except as provided in section 149A.94,
34.30 subdivision 1;

34.31 (3) if the body will be publicly viewed subject to paragraph (b); or

35.1 (4) if so ordered by the commissioner of health for the control of infectious disease and
35.2 the protection of the public health.

35.3 (b) For purposes of this subdivision, "publicly viewed" means reviewal of a dead human
35.4 body by anyone other than those mentioned in section 149A.80, subdivision 2, and their
35.5 minor children. Dry ice may only be used when the dead human body is publicly viewed
35.6 within private property.

35.7 (c) Except as provided in section 149A.955, subdivision 14, a body may not be kept in
35.8 refrigeration for a period that exceeds six calendar days, or packed in dry ice for a period
35.9 that exceeds four calendar days, from the time and release of the body from the place of
35.10 death or from the time of release from the coroner or medical examiner.

35.11 Sec. 24. Minnesota Statutes 2024, section 149A.94, subdivision 1, is amended to read:

35.12 Subdivision 1. **Generally.** Every dead human body lying within the state, except
35.13 unclaimed bodies delivered for dissection by the medical examiner, those delivered for
35.14 anatomical study pursuant to section 149A.81, subdivision 2, or lawfully carried through
35.15 the state for the purpose of disposition elsewhere; and the remains of any dead human body
35.16 after dissection or anatomical study, shall be decently buried or entombed in a public or
35.17 private cemetery, alkaline hydrolyzed, cremated, or~~, effective July 1, 2025,~~ naturally reduced
35.18 within a reasonable time after death. Where final disposition of a body will not be
35.19 accomplished~~,~~ or~~, effective July 1, 2025,~~ when natural organic reduction will not be initiated~~,~~
35.20 within 72 hours following death or release of the body by a competent authority with
35.21 jurisdiction over the body, the body must be properly embalmed, refrigerated, or packed
35.22 with dry ice. Except as provided in section 149A.955, subdivision 14, a body may not be
35.23 kept in refrigeration for a period exceeding six calendar days, or packed in dry ice for a
35.24 period that exceeds four calendar days, from the time of death or release of the body from
35.25 the coroner or medical examiner.

35.26 Sec. 25. Minnesota Statutes 2024, section 149A.955, subdivision 14, is amended to read:

35.27 Subd. 14. **Bodies awaiting natural organic reduction.** A dead human body must be
35.28 placed in the natural organic reduction vessel to initiate the natural reduction process within
35.29 ~~24 hours~~ 30 days after the natural organic reduction facility accepts legal and physical
35.30 custody of the body. A natural organic reduction facility must keep a body awaiting natural
35.31 organic reduction in refrigeration if the facility holds the body for a period that exceeds four
35.32 calendar days. A natural organic reduction facility must embalm a body awaiting natural
35.33 organic reduction or have the body embalmed if the natural reduction process is not initiated

36.1 within 30 days after the facility accepted legal and physical custody of the body, but the
36.2 facility is not required to embalm or have embalmed the body if the natural reduction process
36.3 is initiated within 30 days after the facility accepted legal and physical custody of the body.

36.4 **ARTICLE 3**

36.5 **FEDERAL CONFORMITY AND RELATED PROVISIONS**

36.6 Section 1. Minnesota Statutes 2024, section 116J.035, is amended by adding a subdivision
36.7 to read:

36.8 Subd. 9. **Disclosure to the commissioner of human services.** The commissioner may
36.9 disclose workforce program participation data gathered under chapter 116L to the
36.10 commissioner of human services for the purpose of administering section 256B.0562 without
36.11 the consent of the subject of the data.

36.12 Sec. 2. Minnesota Statutes 2025 Supplement, section 256.9657, subdivision 2b, is amended
36.13 to read:

36.14 Subd. 2b. **Hospital assessment.** (a) For purposes of this subdivision, the following terms
36.15 have the meanings given:

36.16 (1) "eligible hospital" means:

36.17 (i) PrairieCare psychiatric hospital; or

36.18 (ii) a hospital licensed under section 144.50, located in Minnesota, and with a Medicare
36.19 cost report filed and showing in the Healthcare Cost Report Information System (HCRIS),
36.20 except for the following:

36.21 (A) federal Indian Health Service facilities;

36.22 (B) state-owned or state-operated regional treatment centers and all state-operated
36.23 services;

36.24 (C) federal Veterans Administration Medical Centers; ~~and~~

36.25 (D) long-term acute care hospitals; and

36.26 (E) hospitals that do not receive payments under section 256B.1974;

36.27 (2) "net outpatient revenue" means total outpatient revenue less Medicare revenue as
36.28 calculated from:

36.29 (i) values on Worksheet G of the hospital's Medicare cost report; or

36.30 (ii) for PrairieCare psychiatric hospital, data available to the commissioner; and

37.1 (3) "total patient days" means total hospital inpatient days as reported on:

37.2 (i) Worksheet S-3 of the hospital's Medicare cost report; or

37.3 (ii) for PrairieCare psychiatric hospital, data available to the commissioner.

37.4 (b) Subject to paragraphs (m) to (o), each eligible hospital must pay assessments to the
37.5 hospital directed payment program account in the special revenue fund, with an aggregate
37.6 annual assessment amount equal to the sum of the following:

37.7 (1) $120.22 multiplied by total patient days; and

37.8 (2) 5.96 percent of the hospital's net outpatient revenue.

37.9 (c) The assessment amount for calendar years 2026 and 2027 must be based on the total
37.10 patient days and net outpatient revenue reflected on an eligible hospital's Medicare cost
37.11 report as follows:

37.12 (1) an eligible hospital with a fiscal year ending on March 31 or June 30 must use data
37.13 from a cost report from the hospital's fiscal year 2022; and

37.14 (2) an eligible hospital with a fiscal year ending on September 30 or December 31 must
37.15 use data from a cost report from the hospital's fiscal year 2021.

37.16 (d) The annual assessment amount for calendar years after 2027 must be set for a two-year
37.17 period and must be based on the total patient days and net outpatient revenue reflected on
37.18 an eligible hospital's most recent Medicare cost report filed and showing in HCRIS as of
37.19 August 1 of the year prior to the subsequent two-year period.

37.20 (e) The commissioner may, after consultation with the Minnesota Hospital Association,
37.21 modify the rates of assessment in paragraph (b) as necessary to comply with federal law,
37.22 obtain or maintain a waiver under Code of Federal Regulations, title 42, section 433.72, or
37.23 otherwise maximize under this section federal financial participation for medical assistance.
37.24 Notwithstanding the foregoing authorization to maximize federal financial participation for
37.25 medical assistance, the commissioner must reduce the rates of assessment in paragraph (b)
37.26 as necessary to ensure:

37.27 (1) the state's aggregated health care-related taxes on inpatient hospital services do not
37.28 exceed 5.75 percent of the net patient revenue attributable to those services; and

37.29 (2) the state's aggregated health care-related taxes on outpatient hospital services do not
37.30 exceed 5.75 percent of the net patient revenue attributable to those services.

37.31 (f) Eligible hospitals must pay the annual assessment amount under paragraph (b) to the
37.32 commissioner by paying four equal, quarterly assessments. Eligible hospitals must pay the

38.1 quarterly assessments by January 1, April 1, July 1, and October 1 each year. Assessments
38.2 must be paid in the form and manner specified by the commissioner. An eligible hospital
38.3 is prohibited from paying a quarterly assessment until the eligible hospital has received the
38.4 applicable invoice under paragraph (g).

38.5 (g) The commissioner must provide eligible hospitals with an invoice by December 1
38.6 for the assessment due January 1, March 1 for the assessment due April 1, June 1 for the
38.7 assessment due July 1, and September 1 for the assessment due October 1 each year.

38.8 (h) The commissioner must notify each eligible hospital of the hospital's estimated annual
38.9 assessment amount for the subsequent calendar year by October 15 each year.

38.10 (i) If any of the dates for assessments or invoices in paragraphs (f) to (h) fall on a holiday,
38.11 the applicable date is the next business day.

38.12 (j) A hospital that has merged with another hospital must have the surviving hospital's
38.13 assessment revised at the start of the hospital's first full fiscal year after the merger is
38.14 complete. A closed hospital is retroactively responsible for assessments owed for services
38.15 provided through the final date of operations.

38.16 (k) If the commissioner determines that a hospital has underpaid or overpaid an
38.17 assessment, the commissioner must notify the hospital of the unpaid assessment or of any
38.18 refund due. The commissioner must refund a hospital's overpayment from the hospital
38.19 directed payment program account created in section 256B.1975, subdivision 1.

38.20 (l) Revenue from an assessment under this subdivision must only be used by the
38.21 commissioner to pay the nonfederal share of the directed payment program under section
38.22 256B.1974.

38.23 (m) The commissioner is prohibited from collecting any assessment under this subdivision
38.24 during any period of time when:

38.25 (1) federal financial participation is unavailable or disallowed, or if the approved
38.26 aggregate federal financial participation for the directed payment under section 256B.1974
38.27 is less than 51 percent; or

38.28 (2) a directed payment under section 256B.1974 is not approved by the Centers for
38.29 Medicare and Medicaid Services.

38.30 (n) The commissioner must make the following discounts from the inpatient portion of
38.31 the assessment under paragraph (b), clause (1), in the stated amount or as necessary to
38.32 achieve federal approval of the assessment in this section:

39.1 (1) Hennepin Healthcare, with a discount of 25 percent;

39.2 (2) Mayo Rochester, with a discount of ten percent;

39.3 (3) Gillette Children's Hospital, with a discount of 90 percent;

39.4 (4) each hospital not included in another discount category, and with greater than
39.5 $200,000,000 in total medical assistance inpatient and outpatient revenue in fee-for-service
39.6 and managed care, as reported in state fiscal year 2022 medical assistance fee-for-service
39.7 and managed care claims data, with a discount of five percent; and

39.8 (5) any hospital responsible for greater than 12 percent of the total assessment annually
39.9 collected statewide, with a discount in the amount necessary such that the hospital is
39.10 responsible for 12 percent of the total assessment annually collected statewide.

39.11 (o) The commissioner must make the following discounts from the outpatient portion
39.12 of the assessment under paragraph (b), clause (2), in the stated amount or as necessary to
39.13 achieve federal approval of the assessment in this section:

39.14 (1) each critical access hospital or independent hospital located outside a city of the first
39.15 class and paid under the Medicare prospective payment system, with a discount of 40 percent;

39.16 (2) Gillette Children's Hospital, with a discount of 90 percent;

39.17 (3) Hennepin Healthcare, with a discount of 60 percent;

39.18 (4) Mayo Rochester, with a discount of 20 percent; and

39.19 (5) each hospital not included in another discount category, and with greater than
39.20 $200,000,000 in total medical assistance inpatient and outpatient revenue in fee-for-service
39.21 and managed care, as reported in state fiscal year 2022 medical assistance fee-for-service
39.22 and managed care claims data, with a discount of ten percent.

39.23 (p) If the federal share of the hospital directed payment program under section 256B.1974
39.24 is increased as the result of an increase to the federal medical assistance percentage, the
39.25 commissioner must reduce the assessment on a uniform percentage basis across eligible
39.26 hospitals on which the assessment is imposed, such that the aggregate amount collected
39.27 from hospitals under this subdivision does not exceed the total amount needed to maintain
39.28 the same aggregate state and federal funding level for the directed payments authorized by
39.29 section 256B.1974.

39.30 (q) Eligible hospitals must submit to the commissioner on an annual basis, in the form
39.31 and manner specified by the commissioner in consultation with the Minnesota Hospital

Association, all documentation necessary to determine the assessment amounts under this subdivision.

EFFECTIVE DATE. This section is effective upon the date that Laws 2025, First Special Session chapter 3, article 8, section 4, becomes effective.

Sec. 3. Minnesota Statutes 2025 Supplement, section 256.969, subdivision 2f, is amended to read:

Subd. 2f. **Alternate inpatient payment rate.** (a) Effective January 1, 2022, for a hospital eligible to receive disproportionate share hospital payments under subdivision 9, paragraph (d), clause (6), the commissioner shall reduce the amount calculated under subdivision 9, paragraph (d), clause (6), by ~~99~~ one percent and compute an alternate inpatient payment rate. The alternate payment rate shall be structured to target a total aggregate reimbursement amount equal to what the hospital would have received for providing fee-for-service inpatient services under this section to patients enrolled in medical assistance had the hospital received the entire amount calculated under subdivision 9, paragraph (d), clause (6). This paragraph expires when paragraph (b) becomes effective.

(b) For hospitals eligible to receive payment under section 256B.1973 or 256B.1974 and meeting the criteria in subdivision 9, paragraph (d), the commissioner ~~must~~ may reduce the amount calculated under subdivision 9, paragraph (d), by one percent and compute an alternate inpatient payment rate. The alternate payment rate must be structured to target a total aggregate reimbursement amount equal to the amount that the hospital would have received for providing fee-for-service inpatient services under this section to patients enrolled in medical assistance had the hospital received 99 percent of the entire amount calculated under subdivision 9, paragraph (d). Hospitals that do not meet federal requirements for Medicaid disproportionate share hospitals are not eligible for the alternate payment rate.

EFFECTIVE DATE. This section is effective upon the date that Laws 2025, First Special Session chapter 3, article 8, section 5, becomes effective.

Sec. 4. Minnesota Statutes 2024, section 256B.04, subdivision 27, is amended to read:

Subd. 27. **Disenrollment under medical assistance and MinnesotaCare.** (a) The commissioner shall regularly obtain and use information from reliable data sources, including but not limited to managed care and county-based purchasing plans, state health and human services programs, mail returned by the United States Postal Service with a forwarding address, and the National Change of Address database maintained by the United States Postal Service, to update mailing addresses and other contact information for medical

41.1 assistance and MinnesotaCare enrollees ~~in cases of returned mail and nonresponse using~~
41.2 ~~information available through managed care and county-based purchasing plans, state health~~
41.3 ~~and human services programs, and other sources~~.

41.4 (b) The commissioner shall not disenroll an individual from medical assistance or
41.5 MinnesotaCare in cases of returned mail until the commissioner makes at least two attempts
41.6 by phone, email, or other methods to contact the individual. The commissioner may disenroll
41.7 the individual after providing no less than 30 days for the individual to respond to the most
41.8 recent contact attempt.

41.9 <u>**EFFECTIVE DATE.**</u> <u>This section is effective January 1, 2027.</u>

41.10 Sec. 5. Minnesota Statutes 2024, section 256B.056, subdivision 2a, is amended to read:

41.11 Subd. 2a. **Home equity limit for medical assistance payment of long-term care**
41.12 **services.** (a) Effective for requests of medical assistance payment of long-term care services
41.13 filed on or after July 1, 2006, and for renewals on or after July 1, 2006, for persons who
41.14 received payment of long-term care services under a request filed on or after January 1,
41.15 2006, the equity interest in the home of a person whose eligibility for long-term care services
41.16 is determined on or after January 1, 2006, shall not exceed $500,000, unless it is the lawful
41.17 residence of the person's spouse or child who is under age 21, or a child of any age who is
41.18 blind or permanently and totally disabled as defined in the Supplemental Security Income
41.19 program. The amount specified in this paragraph shall be increased beginning in year 2011,
41.20 from year to year based on the percentage increase in the Consumer Price Index for all urban
41.21 consumers (all items; United States city average), rounded to the nearest $1,000.

41.22 <u>(b) Effective January 1, 2028, the amount specified in paragraph (a) must not exceed</u>
41.23 <u>$1,000,000.</u>

41.24 ~~(b)~~ <u>(c)</u> For purposes of this subdivision, a "home" means any real or personal property
41.25 interest, including an interest in an agricultural homestead as defined under section 273.124,
41.26 subdivision 1, that, at the time of the request for medical assistance payment of long-term
41.27 care services, is the primary dwelling of the person or was the primary dwelling of the
41.28 person before receipt of long-term care services began outside of the home.

41.29 ~~(c)~~ <u>(d)</u> A person denied or terminated from medical assistance payment of long-term
41.30 care services because the person's home equity exceeds the home equity limit may seek a
41.31 waiver based upon a hardship by filing a written request with the county agency. Hardship
41.32 is an imminent threat to the person's health and well-being that is demonstrated by
41.33 documentation of no alternatives for payment of long-term care services. The county agency

shall make a decision regarding the written request to waive the home equity limit within 30 days if all necessary information has been provided. The county agency shall send the person and the person's representative a written notice of decision on the request for a demonstrated hardship waiver that also advises the person of appeal rights under the fair hearing process of section 256.045.

Sec. 6. Minnesota Statutes 2024, section 256B.056, subdivision 3d, is amended to read:

Subd. 3d. **Reduction of excess assets.** Assets in excess of the limits in subdivisions 3 to 3c may be reduced to allowable limits as follows:

(a) Assets may be reduced in ~~any of the three~~ either one or two calendar months before the month of application in which the applicant seeks coverage, according to the applicant's retroactive eligibility under section 256B.061 by paying bills for health services that are incurred in the retroactive period for which the applicant seeks eligibility, starting with the oldest bill. After assets are reduced to allowable limits, eligibility begins with the next dollar of MA-covered health services incurred in the retroactive period. Applicants reducing assets under this subdivision who also have excess income shall first spend excess assets to pay health service bills and may meet the income spenddown on remaining bills.

(b) Assets may be reduced beginning the month of application by paying bills for health services that are incurred during the period specified in Minnesota Rules, part 9505.0090, subpart 2, that would otherwise be paid by medical assistance. After assets are reduced to allowable limits, eligibility begins with the next dollar of medical assistance covered health services incurred in the period. Applicants reducing assets under this subdivision who also have excess income shall first spend excess assets to pay health service bills and may meet the income spenddown on remaining bills.

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

Sec. 7. Minnesota Statutes 2024, section 256B.056, subdivision 7, is amended to read:

Subd. 7. **Period of eligibility.** (a) Eligibility is available for the month of application and for ~~three~~:

(1) one month prior to application for an individual eligible under section 256B.055, subdivision 15, if the individual was eligible in the prior month; or

(2) two months prior to application for all other eligible individuals if the ~~person~~ individual was eligible in those prior months. ~~A redetermination of eligibility must occur every 12 months.~~

43.1 (b) Notwithstanding any other law to the contrary:

43.2 (1) a child under 19 years of age who is determined eligible for medical assistance must
43.3 remain eligible for a period of 12 months;

43.4 (2) a child 19 years of age and older but under 21 years of age who is determined eligible
43.5 for medical assistance must remain eligible for a period of 12 months; and

43.6 (3) a child under six years of age who is determined eligible for medical assistance must
43.7 remain eligible through the month in which the child reaches six years of age.

43.8 (c) A child's eligibility under paragraph (b) may be terminated earlier if:

43.9 (1) the child or the child's representative requests voluntary termination of eligibility;

43.10 (2) the child ceases to be a resident of this state;

43.11 (3) the child dies;

43.12 (4) the child attains the maximum age; or

43.13 (5) the agency determines eligibility was erroneously granted at the most recent eligibility
43.14 determination due to agency error or fraud, abuse, or perjury attributed to the child or the
43.15 child's representative.

43.16 (d) For ~~a person~~ an individual eligible for an insurance affordability program as defined
43.17 in section 256B.02, subdivision 19, who reports a change that makes the ~~person~~ individual
43.18 eligible for medical assistance, eligibility is available for the month the change was reported
43.19 and for ~~three~~ one month prior to the month the change was reported for an individual eligible
43.20 under section 256B.055, subdivision 15, or two months prior to the month the change was
43.21 reported~~,~~ for all other eligible individuals if the ~~person~~ individual was eligible in ~~those~~ the
43.22 prior month or months.

43.23 (e) The period of eligibility for an individual eligible for medical assistance under section
43.24 256B.055, subdivision 15, is six months. The period of eligibility for all other medical
43.25 assistance enrollees is 12 months.

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

43.27 Sec. 8. Minnesota Statutes 2024, section 256B.056, subdivision 7a, is amended to read:

43.28 Subd. 7a. **Periodic renewal of eligibility.** (a) Except as provided in paragraphs (d) and
43.29 (e), the commissioner shall make an annual redetermination of eligibility based on
43.30 information contained in the enrollee's case file and other information available to the
43.31 agency, including but not limited to information accessed through an electronic database,

44.1 without requiring the enrollee to submit any information when sufficient data is available
44.2 for the agency to renew eligibility.

44.3 (b) If the commissioner cannot renew eligibility in accordance with paragraph (a), the
44.4 commissioner must provide the enrollee with a prepopulated renewal form containing
44.5 eligibility information available to the agency and permit the enrollee to submit the form
44.6 with any corrections or additional information to the agency and sign the renewal form via
44.7 any of the modes of submission specified in section 256B.04, subdivision 18.

44.8 (c) An enrollee who is terminated for failure to complete the renewal process may
44.9 subsequently submit the renewal form and required information within four months after
44.10 the date of termination and have coverage reinstated without a lapse, if otherwise eligible
44.11 under this chapter. The local agency may close the enrollee's case file if the required
44.12 information is not submitted within four months of termination.

44.13 (d) Notwithstanding paragraph (a), a person who is eligible under subdivision 5 ~~shall~~
44.14 ~~be~~ <u>is</u> subject to a review of the person's income every six months.

44.15 <u>(e) Notwithstanding paragraph (a), a person who is eligible under section 256B.055,</u>
44.16 <u>subdivision 15, and who is not an American Indian or Alaska Native is subject to</u>
44.17 <u>redetermination of eligibility every six months.</u>

44.18 <u>**EFFECTIVE DATE.** This section is effective January 1, 2027.</u>

44.19 Sec. 9. Minnesota Statutes 2024, section 256B.0561, subdivision 2, is amended to read:

44.20 Subd. 2. **Periodic data matching.** (a) The commissioner shall conduct periodic data
44.21 matching to identify recipients who, based on available electronic data, may not meet
44.22 eligibility criteria for the public health care program in which the recipient is enrolled. The
44.23 commissioner shall conduct data matching for medical assistance or MinnesotaCare recipients
44.24 at least once during a recipient's ~~12-month~~ period of eligibility<u>, except as provided in</u>
44.25 <u>paragraph (f)</u>.

44.26 (b) If data matching indicates a recipient may no longer qualify for medical assistance
44.27 or MinnesotaCare, the commissioner must notify the recipient and allow the recipient no
44.28 more than 30 days to confirm the information obtained through the periodic data matching
44.29 or provide a reasonable explanation for the discrepancy to the state or county agency directly
44.30 responsible for the recipient's case. If a recipient does not respond within the advance notice
44.31 period or does not respond with information that demonstrates eligibility or provides a
44.32 reasonable explanation for the discrepancy within the 30-day time period, the commissioner
44.33 shall terminate the recipient's eligibility in the manner provided for by the laws and

45.1 regulations governing the health care program for which the recipient has been identified
45.2 as being ineligible.

45.3 (c) The commissioner shall not terminate eligibility for a recipient who is cooperating
45.4 with the requirements of paragraph (b) and needs additional time to provide information in
45.5 response to the notification.

45.6 (d) A recipient whose eligibility was terminated according to paragraph (b) may be
45.7 eligible for medical assistance no earlier than the first day of the month in which the recipient
45.8 provides information that demonstrates the recipient's eligibility.

45.9 (e) Any termination of eligibility for benefits under this section may be appealed as
45.10 provided for in sections 256.045 to 256.0451, and the laws governing the health care
45.11 programs for which eligibility is terminated.

45.12 (f) Effective January 1, 2027, an individual who is subject to a redetermination of
45.13 eligibility every six months under section 256B.056, subdivision 7a, paragraph (e), is exempt
45.14 from periodic data matching under this subdivision.

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

45.16 Sec. 10. **[256B.0562] WORK OR COMMUNITY ENGAGEMENT REQUIREMENTS.**

45.17 Subdivision 1. **Demonstrating work or community engagement.** (a) To be eligible
45.18 for medical assistance, an applicable individual must either demonstrate compliance with
45.19 the work or community engagement requirements or qualify for an exemption from the
45.20 requirements under this section. For purposes of this section, "applicable individual" means
45.21 an individual eligible for medical assistance under section 256B.055, subdivision 15.

45.22 (b) An applicant must meet the requirements of this section for the 45 days immediately
45.23 preceding the month during which the applicant submits an application for medical assistance.

45.24 (c) To renew eligibility under section 256B.056, subdivision 7a, an enrollee must meet
45.25 the requirements of this section for at least 45 days during the enrollee's six-month period
45.26 of eligibility.

45.27 (d) To comply with the work or community engagement requirements in a given month,
45.28 an applicable individual must do one or more of the following:

45.29 (1) work at least 80 hours;

45.30 (2) complete at least 80 hours of community service;

46.1 (3) participate in a work program, as defined in United States Code, title 7, section
46.2 2015(o)(1), for at least 80 hours;

46.3 (4) be enrolled at least half-time in an educational program, including but not limited to
46.4 an institution of higher education and a program of career and technical education;

46.5 (5) engage in any combination of the activities described in clauses (1) to (4) for a total
46.6 of at least 80 hours;

46.7 (6) have a monthly income that is equal to or greater than the federal minimum wage
46.8 multiplied by 80 hours; or

46.9 (7) have had an average monthly income over the preceding six months that is equal to
46.10 or greater than the federal minimum wage multiplied by 80 hours, and be a seasonal worker,
46.11 as defined under United States Code, title 26, section 45R(d)(5)(B).

46.12 Subd. 2. **Exemptions.** (a) An applicable individual is not subject to the work or
46.13 community engagement requirements for part or all of a month in which the applicable
46.14 individual is:

46.15 (1) an American Indian or Alaska Native;

46.16 (2) a parent, guardian, caretaker relative, or family caregiver, as defined in section 2 of
46.17 the RAISE Family Caregivers Act, Public Law 115-119, as amended, of an individual with
46.18 a disability;

46.19 (3) a veteran with a disability rated as total under United States Code, title 38, section
46.20 1155;

46.21 (4) receiving benefits under the Minnesota family investment program under chapter
46.22 142G and meeting the work activity and participation requirements under chapter 142G;

46.23 (5) a member of a household that receives Supplemental Nutrition Assistance Program
46.24 (SNAP) benefits under the federal Food and Nutrition Act of 2008, Public Law 88-525, as
46.25 amended, and is not exempt from a work requirement under the act;

46.26 (6) a participant in a drug addiction or alcohol treatment and rehabilitation program, as
46.27 defined under United States Code, title 7, section 2012;

46.28 (7) incarcerated;

46.29 (8) pregnant or entitled to postpartum medical assistance; or

46.30 (9) is medically frail or otherwise has special medical needs, in accordance with guidance
46.31 issued by the United States Department of Health and Human Services. This includes but

47.1 is not limited to an individual who: is blind or has a disability; has a substance use disorder;
47.2 has a disabling mental disorder; has a physical, intellectual, or developmental disability that
47.3 significantly impairs the individual's ability to perform one or more activities of daily living;
47.4 or has a serious or complex medical condition.

47.5 (b) The commissioner must develop standard processes for an individual to request and
47.6 verify that they meet an exemption from the work or community engagement requirements
47.7 on the basis of being medically frail or otherwise having special medical needs.

47.8 (c) Enrollees who are exempt from the work or community engagement requirements
47.9 under this subdivision must report any changes related to the enrollee's exemption status
47.10 within ten days of the change to the county agency. The agency must redetermine eligibility
47.11 for the exemption when a change in exemption status is reported and at the time of the
47.12 enrollee's renewal.

47.13 Subd. 3. **Short-term hardship exemption.** (a) The commissioner must deem an
47.14 applicable individual as meeting the work or community engagement requirements for a
47.15 given month if for part or all of the month the applicable individual:

47.16 (1) requests an exemption on the basis of receiving inpatient hospital services, nursing
47.17 facility services, services in an intermediate care facility for persons with developmental
47.18 disabilities, inpatient psychiatric hospital services, or such other services of similar acuity,
47.19 including but not limited to outpatient care relating to the above-listed services, in accordance
47.20 with guidance issued by the United States Department of Health and Human Services;

47.21 (2) requests an exemption on the basis of having to travel outside of the individual's
47.22 community for an extended period of time to receive medical services necessary to treat a
47.23 serious or complex medical condition, either for the individual or the individual's dependent,
47.24 when the services are not available in the individual's community of residence;

47.25 (3) resides in a county or equivalent unit of local government in which an emergency
47.26 or disaster has been declared under the National Emergencies Act, Public Law 94-412, as
47.27 amended, or the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public
47.28 Law 93-288, as amended; or

47.29 (4) resides in a county or equivalent unit of local government that has an unemployment
47.30 rate that is at or above the lesser of eight percent or 1.5 times the national unemployment
47.31 rate, and for which the United States Department of Health and Human Services has granted
47.32 an exception based on a request from the commissioner.

48.1 (b) The commissioner must grant short-term hardship exemptions required under this
48.2 subdivision in accordance with standards specified by the United States Department of
48.3 Health and Human Services.

48.4 Subd. 4. **Determining and verifying compliance.** (a) The commissioner must determine
48.5 whether an individual is subject to, compliant with, or exempt from the work or community
48.6 engagement requirements using processes established by the commissioner that rely on
48.7 information available to the commissioner through electronic data sources. The commissioner
48.8 must not request additional information or documentation from an applicable individual
48.9 unless the commissioner is unable to make a determination using the information available
48.10 to the commissioner.

48.11 (b) The commissioner is prohibited from relying on managed care plans, county-based
48.12 purchasing plans, or contractors with direct or indirect financial relationships with managed
48.13 care or county-based purchasing plans to make determinations about whether an individual
48.14 is subject to, compliant with, or exempt from the work or community engagement
48.15 requirements.

48.16 Subd. 5. **Failure to satisfy work or community engagement requirements.** (a) If the
48.17 commissioner cannot establish an applicable individual's compliance with or exemption
48.18 from the work or community engagement requirements, the commissioner must provide
48.19 notice of noncompliance and allow the applicant or beneficiary 30 calendar days from the
48.20 date the notice is received to demonstrate compliance with or exemption from the
48.21 requirements. The notice must include:

48.22 (1) information about how to demonstrate compliance with or exemption from the
48.23 requirements; and

48.24 (2) information about how to reapply for medical assistance if the individual's application
48.25 is denied or if the beneficiary is disenrolled.

48.26 (b) An enrolled beneficiary continues to be eligible for medical assistance during the
48.27 30-day period under paragraph (a).

48.28 (c) If the commissioner determines that an individual is subject to but not compliant
48.29 with the work or community engagement requirements after the 30-day period, the
48.30 commissioner must:

48.31 (1) determine whether the individual has any other basis for eligibility for medical
48.32 assistance or another insurance affordability program;

49.1 (2) provide written notice and fair hearing rights in accordance with Code of Federal
49.2 Regulations, title 42, part 431, subpart E; and

49.3 (3) if there is no other basis for medical assistance eligibility, deny the application or
49.4 terminate eligibility by the end of the month that follows the 30-day period.

49.5 Subd. 6. **Outreach to applicable individuals.** (a) By September 1, 2026, the
49.6 commissioner must notify medical assistance enrollees who may be applicable individuals
49.7 about the work or community engagement requirements.

49.8 (b) Beginning January 1, 2027, the commissioner must semiannually notify medical
49.9 assistance enrollees who may be applicable individuals about the work or community
49.10 engagement requirements.

49.11 (c) The notifications required under this subdivision must include, at a minimum:

49.12 (1) information about how to comply with the requirements;

49.13 (2) an explanation of who is considered an applicable individual;

49.14 (3) the list of exemptions from the requirements and how to obtain an exemption from
49.15 the requirements;

49.16 (4) information about how to report a change in status that could result in the individual
49.17 qualifying for an exemption, meeting an exemption, or being subject to the requirements
49.18 after an exemption ends; and

49.19 (5) information about the consequences of not complying with the requirements.

49.20 (d) The commissioner must provide the notices required under this subdivision by mail
49.21 or an electronic format, if elected by the individual, and one or more additional formats
49.22 deemed appropriate by the United States Department of Health and Human Services.

49.23 Subd. 7. **Additional requirements for the commissioner.** The commissioner, in
49.24 collaboration with county agencies, must implement strategies to assist applicable individuals
49.25 in meeting the work or community engagement requirements and link applicable individuals
49.26 to additional resources for job training or other employment services, child care assistance,
49.27 transportation, or other supports to help applicable individuals prepare for work, maintain
49.28 employment, or increase earnings.

50.1 Sec. 11. **[256B.0563] REVIEW OF DEATH MASTER FILE.**

50.2 Subdivision 1. **Definition.** For purposes of this section, "death master file" means
50.3 information about deceased individuals maintained by the Social Security Administration
50.4 under United States Code, title 42, section 1306c(d), or any successor system.

50.5 Subd. 2. **Review of the death master file.** (a) Beginning January 1, 2027, the
50.6 commissioner must review the death master file at least quarterly to identify any medical
50.7 assistance recipients who are deceased.

50.8 (b) If review of the death master file or any other source indicates that a recipient is
50.9 deceased, the commissioner must:

50.10 (1) terminate the recipient's eligibility for medical assistance in the manner provided for
50.11 by the laws and regulations governing medical assistance;

50.12 (2) notify the recipient and the recipient's representative no later than the date of the
50.13 termination; and

50.14 (3) discontinue any payments to providers under this chapter made on behalf of the
50.15 recipient as of the date of the termination.

50.16 (c) If the commissioner determines that a recipient was misidentified as deceased and
50.17 erroneously disenrolled from medical assistance based on information obtained from the
50.18 death master file or any other source, the commissioner must immediately re-enroll the
50.19 individual in medical assistance retroactive to the date of termination under paragraph (b).

50.20 Subd. 3. **Review of other sources.** Nothing in this section prevents the commissioner
50.21 from reviewing other sources to identify recipients of medical assistance who are deceased,
50.22 provided the commissioner is in compliance with this section and all other requirements
50.23 under this chapter related to medical assistance eligibility determination and redetermination.

50.24 Sec. 12. Minnesota Statutes 2024, section 256B.06, subdivision 4, is amended to read:

50.25 Subd. 4. **Citizenship requirements.** (a) Eligibility for medical assistance is limited to
50.26 citizens of the United States, qualified noncitizens as defined in this subdivision, and other
50.27 persons residing lawfully in the United States as described in this subdivision. Citizens or
50.28 nationals of the United States must cooperate in obtaining satisfactory documentary evidence
50.29 of citizenship or nationality according to the requirements of the federal Deficit Reduction
50.30 Act of 2005, Public Law 109-171.

50.31 (b) "Qualified noncitizen" means a person who meets one of the following immigration
50.32 criteria:

51.1 (1) admitted for lawful permanent residence according to United States Code, title 8;

51.2 ~~(2) admitted to the United States as a refugee according to United States Code, title 8,~~
51.3 ~~section 1157;~~

51.4 ~~(3) granted asylum according to United States Code, title 8, section 1158;~~

51.5 ~~(4) granted withholding of deportation according to United States Code, title 8, section~~
51.6 ~~1253(h);~~

51.7 ~~(5) paroled for a period of at least one year according to United States Code, title 8,~~
51.8 ~~section 1182(d)(5);~~

51.9 ~~(6) granted conditional entrant status according to United States Code, title 8, section~~
51.10 ~~1153(a)(7);~~

51.11 ~~(7) determined to be a battered noncitizen by the United States Attorney General~~
51.12 ~~according to the Illegal Immigration Reform and Immigrant Responsibility Act of 1996,~~
51.13 ~~title V of the Omnibus Consolidated Appropriations Bill, Public Law 104-200;~~

51.14 ~~(8) is a child of a noncitizen determined to be a battered noncitizen by the United States~~
51.15 ~~Attorney General according to the Illegal Immigration Reform and Immigrant Responsibility~~
51.16 ~~Act of 1996, title V, of the Omnibus Consolidated Appropriations Bill, Public Law 104-200;~~
51.17 ~~or~~

51.18 ~~(9)~~ (2) determined to be a Cuban or Haitian entrant as defined in section 501(e) of Public
51.19 Law 96-422, the Refugee Education Assistance Act of 1980~~.~~; or

51.20 (3) lawfully resides in the United States in accordance with a Compact of Free Association
51.21 under United States Code, title 8, section 1612(b)(2)(G).

51.22 (c) All qualified noncitizens who were residing in the United States before August 22,
51.23 1996, who otherwise meet the eligibility requirements of this chapter, are eligible for medical
51.24 assistance with federal financial participation.

51.25 ~~(d) Beginning December 1, 1996, qualified noncitizens who entered the United States~~
51.26 ~~on or after August 22, 1996, and who otherwise meet the eligibility requirements of this~~
51.27 ~~chapter are eligible for medical assistance with federal participation for five years if they~~
51.28 ~~meet one of the following criteria:~~

51.29 ~~(1) refugees admitted to the United States according to United States Code, title 8, section~~
51.30 ~~1157;~~

51.31 ~~(2) persons granted asylum according to United States Code, title 8, section 1158;~~

~~(3) persons granted withholding of deportation according to United States Code, title 8, section 1253(h);~~

~~(4) veterans of the United States armed forces with an honorable discharge for a reason other than noncitizen status, their spouses and unmarried minor dependent children; or~~

~~(5) persons on active duty in the United States armed forces, other than for training, their spouses and unmarried minor dependent children.~~

(d) Beginning July 1, 2010, children and pregnant women who are noncitizens described in paragraph (b) or who are lawfully present in the United States as defined in Code of Federal Regulations, title 8, section 103.12, and who otherwise meet eligibility requirements of this chapter, are eligible for medical assistance with federal financial participation as provided by the federal Children's Health Insurance Program Reauthorization Act of 2009, Public Law 111-3.

(e) Nonimmigrants who otherwise meet the eligibility requirements of this chapter are eligible for the benefits as provided in paragraphs (f) to (h). For purposes of this subdivision, a "nonimmigrant" is a person in one of the classes listed in United States Code, title 8, section 1101(a)(15).

(f) Payment shall also be made for care and services that are furnished to noncitizens, regardless of immigration status, who otherwise meet the eligibility requirements of this chapter, if such care and services are necessary for the treatment of an emergency medical condition.

(g) For purposes of this subdivision, the term "emergency medical condition" means a medical condition that meets the requirements of United States Code, title 42, section 1396b(v).

(h)(1) Notwithstanding paragraph (g), services that are necessary for the treatment of an emergency medical condition are limited to the following:

(i) services delivered in an emergency room or by an ambulance service licensed under chapter 144E that are directly related to the treatment of an emergency medical condition;

(ii) services delivered in an inpatient hospital setting following admission from an emergency room or clinic for an acute emergency condition; and

(iii) follow-up services that are directly related to the original service provided to treat the emergency medical condition and are covered by the global payment made to the provider.

53.1 (2) Services for the treatment of emergency medical conditions do not include:

53.2 (i) services delivered in an emergency room or inpatient setting to treat a nonemergency
53.3 condition;

53.4 (ii) organ transplants, stem cell transplants, and related care;

53.5 (iii) services for routine prenatal care;

53.6 (iv) continuing care, including long-term care, nursing facility services, home health
53.7 care, adult day care, day training, or supportive living services;

53.8 (v) elective surgery;

53.9 (vi) outpatient prescription drugs, unless the drugs are administered or dispensed as part
53.10 of an emergency room visit;

53.11 (vii) preventative health care and family planning services;

53.12 (viii) rehabilitation services;

53.13 (ix) physical, occupational, or speech therapy;

53.14 (x) transportation services;

53.15 (xi) case management;

53.16 (xii) prosthetics, orthotics, durable medical equipment, or medical supplies;

53.17 (xiii) dental services;

53.18 (xiv) hospice care;

53.19 (xv) audiology services and hearing aids;

53.20 (xvi) podiatry services;

53.21 (xvii) chiropractic services;

53.22 (xviii) immunizations;

53.23 (xix) vision services and eyeglasses;

53.24 (xx) waiver services;

53.25 (xxi) individualized education programs; or

53.26 (xxii) substance use disorder treatment.

53.27 (i) Pregnant noncitizens who are ineligible for federally funded medical assistance
53.28 because of immigration status, are not covered by a group health plan or health insurance

54.1 coverage according to Code of Federal Regulations, title 42, section 457.310, and who
54.2 otherwise meet the eligibility requirements of this chapter, are eligible for medical assistance
54.3 through the period of pregnancy, including labor and delivery, and 12 months postpartum.

54.4 (j) Beginning October 1, 2003, persons who are receiving care and rehabilitation services
54.5 from a nonprofit center established to serve victims of torture and are otherwise ineligible
54.6 for medical assistance under this chapter are eligible for medical assistance without federal
54.7 financial participation. These individuals are eligible only for the period during which they
54.8 are receiving services from the center. Individuals eligible under this paragraph shall not
54.9 be required to participate in prepaid medical assistance. The nonprofit center referenced
54.10 under this paragraph may establish itself as a provider of mental health targeted case
54.11 management services through a county contract under section 256.0112, subdivision 6. If
54.12 the nonprofit center is unable to secure a contract with a lead county in its service area, then,
54.13 notwithstanding the requirements of section 256B.0625, subdivision 20, the commissioner
54.14 may negotiate a contract with the nonprofit center for provision of mental health targeted
54.15 case management services. When serving clients who are not the financial responsibility
54.16 of their contracted lead county, the nonprofit center must gain the concurrence of the county
54.17 of financial responsibility prior to providing mental health targeted case management services
54.18 for those clients.

54.19 (k) Notwithstanding paragraph (h), clause (2), the following services are covered as
54.20 emergency medical conditions under paragraph (f) except where coverage is prohibited
54.21 under federal law for services under clauses (1) and (2):

54.22 (1) dialysis services provided in a hospital or freestanding dialysis facility;

54.23 (2) surgery and the administration of chemotherapy, radiation, and related services
54.24 necessary to treat cancer if the recipient has a cancer diagnosis that is not in remission and
54.25 requires surgery, chemotherapy, or radiation treatment; and

54.26 (3) kidney transplant if the person has been diagnosed with end stage renal disease, is
54.27 currently receiving dialysis services, and is a potential candidate for a kidney transplant.

54.28 (l) Effective July 1, 2013, recipients of emergency medical assistance under this
54.29 subdivision are eligible for coverage of the elderly waiver services provided under chapter
54.30 256S, and coverage of rehabilitative services provided in a nursing facility. The age limit
54.31 for elderly waiver services does not apply. In order to qualify for coverage, a recipient of
54.32 emergency medical assistance is subject to the assessment and reassessment requirements
54.33 of section 256B.0911. Initial and continued enrollment under this paragraph is subject to
54.34 the limits of available funding.

55.1 **EFFECTIVE DATE.** This section is effective October 1, 2026.

55.2 Sec. 13. Minnesota Statutes 2024, section 256B.061, is amended to read:

55.3 **256B.061 ELIGIBILITY; RETROACTIVE EFFECT; RESTRICTIONS.**

55.4 (a) If any individual has been determined to be eligible for medical assistance under
55.5 section 256B.055, subdivision 15, it will be made available for care and services included
55.6 under the plan and furnished in or after the ~~third~~ first month before the month in which the
55.7 individual made application for such assistance~~,~~ if such individual was, or upon application
55.8 would have been, eligible for medical assistance at the time the care and services were
55.9 furnished. If any individual has been determined to be eligible for medical assistance under
55.10 any other section, it will be made available for care and services included under the plan
55.11 and furnished in or after the second month before the month in which the individual made
55.12 application for such assistance if such individual was, or upon application would have been,
55.13 eligible for medical assistance at the time the care and services were furnished.

55.14 (b) The commissioner may limit, restrict, or suspend the eligibility of an individual for
55.15 up to one year upon that individual's conviction of a criminal offense related to application
55.16 for or receipt of medical assistance benefits.

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

55.18 Sec. 14. Minnesota Statutes 2024, section 256B.0631, subdivision 1a, is amended to read:

55.19 Subd. 1a. **Prohibition on cost-sharing and deductibles.** ~~Effective January 1, 2024~~
55.20 Except for recipients eligible under section 256B.055, subdivision 15, the medical assistance
55.21 benefit plan must not include cost-sharing or deductibles for any medical assistance recipient
55.22 or benefit.

55.23 Sec. 15. Minnesota Statutes 2024, section 256B.0631, is amended by adding a subdivision
55.24 to read:

55.25 Subd. 5. **Cost sharing.** (a) Effective for services provided on or after October 1, 2028,
55.26 except as provided in subdivision 6, the medical assistance benefit plan includes the following
55.27 cost sharing for recipients eligible under section 256B.055, subdivision 15, with income
55.28 above 100 percent of the federal poverty level:

55.29 (1) $3 per nonpreventive visit, except as provided in paragraph (c). For purposes of this
55.30 subdivision, a visit means an episode of service that is required because of a recipient's
55.31 symptoms, diagnosis, or established illness, and that is delivered in an ambulatory setting

56.1 by a physician or physician assistant, chiropractor, podiatrist, nurse midwife, advanced
56.2 practice nurse, audiologist, optician, or optometrist;

56.3 (2) $3.50 for nonemergency visits to a hospital-based emergency room; and

56.4 (3) $3 per brand-name drug prescription, $1 per generic drug prescription, and $1 per
56.5 prescription for a brand-name multisource drug listed in preferred status on the preferred
56.6 drug list, subject to a $12 maximum per month for prescription drug co-payments. No
56.7 co-payments shall apply to antipsychotic drugs when used for the treatment of mental illness.

56.8 (b) Cost sharing for prescription drugs and related medical supplies to treat chronic
56.9 disease must comply with the requirements of section 62Q.481.

56.10 (c) A person eligible for medical assistance under section 256B.055, subdivision 15, is
56.11 responsible for all co-payments and deductibles in this subdivision.

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

56.13 Sec. 16. Minnesota Statutes 2024, section 256B.0631, is amended by adding a subdivision
56.14 to read:

56.15 Subd. 6. **Exceptions.** Co-payments and deductibles are subject to the exceptions and
56.16 limits required by section 71120 of the One Big Beautiful Bill Act, Public Law 119-21.

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

56.18 Sec. 17. Minnesota Statutes 2024, section 256B.0631, is amended by adding a subdivision
56.19 to read:

56.20 Subd. 7. **Collection.** (a) The medical assistance reimbursement to the provider must be
56.21 reduced by the amount of the co-payment or deductible, except that reimbursements must
56.22 not be reduced:

56.23 (1) once a recipient has reached the $12 maximum per month for prescription drug
56.24 co-payments; or

56.25 (2) for a recipient who has met the recipient's monthly five percent cost-sharing limit.

56.26 (b) The provider collects the co-payment or deductible from the recipient. Providers
56.27 must not deny services to recipients who are unable to pay the co-payment or deductible.

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

57.1 Sec. 18. Minnesota Statutes 2025 Supplement, section 256B.1973, subdivision 9, is
57.2 amended to read:

57.3 Subd. 9. **Interaction with other directed payments.** (a) An eligible provider under
57.4 subdivision 3 may participate in the hospital directed payment program under section
57.5 256B.1974 for inpatient hospital services, outpatient hospital services, or both. A provider
57.6 participating in the hospital directed payment program must not receive a directed payment
57.7 under this section for any provider classes paid via the hospital directed payment program.
57.8 A hospital subject to this section must notify the commissioner in writing no later than 30
57.9 days after enactment of this subdivision of the hospital's intention to participate in the
57.10 hospital directed payment program under section 256B.1974 for inpatient hospital services,
57.11 outpatient hospital services, or both.

57.12 (b) The election under this subdivision is a onetime election, except that if an eligible
57.13 provider elects to participate in the hospital directed payment program, and the hospital
57.14 directed payment program expires or is not federally approved, the eligible provider may
57.15 subsequently elect to participate in the directed payment under this section.

57.16 (c) If an eligible provider elects not to participate in the hospital directed payment
57.17 program under section 256B.1974 and the federal statutes or regulations related to hospital
57.18 directed payment programs are subsequently substantially changed, the eligible provider
57.19 may elect to participate in the hospital directed payment program under section 256B.1974.

57.20 (d) The effective date of the election to participate in the hospital directed payment
57.21 program under this section must align with the beginning of the calendar year in which
57.22 payment rates under this section are updated. The eligible provider must notify the
57.23 commissioner of the eligible provider's intention to make the election ten months before
57.24 the effective date of the election.

57.25 Sec. 19. Minnesota Statutes 2024, section 256L.04, subdivision 14, is amended to read:

57.26 Subd. 14. **Coordination with medical assistance.** (a) Individuals eligible for medical
57.27 assistance under chapter 256B are not eligible for MinnesotaCare under this section.

57.28 (b) Individuals denied or disenrolled from medical assistance for failure to comply with
57.29 the eligibility requirements of section 256B.0562 are not eligible for MinnesotaCare under
57.30 this section.

57.31 ~~(b)~~ (c) The commissioner shall coordinate eligibility and coverage to ensure that
57.32 individuals transitioning between medical assistance and MinnesotaCare have seamless
57.33 eligibility and access to health care services.

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

Sec. 20. Minnesota Statutes 2025 Supplement, section 268.19, subdivision 1, is amended to read:

Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from any person under the administration of the Minnesota Unemployment Insurance Law are private data on individuals or nonpublic data not on individuals as defined in section 13.02, subdivisions 9 and 12, and may not be disclosed except according to a district court order or section 13.05. A subpoena is not considered a district court order. These data may be disseminated to and used by the following agencies without the consent of the subject of the data:

(1) state and federal agencies specifically authorized access to the data by state or federal law;

(2) any agency of any other state or any federal agency charged with the administration of an unemployment insurance program;

(3) any agency responsible for the maintenance of a system of public employment offices for the purpose of assisting individuals in obtaining employment;

(4) the public authority responsible for child support in Minnesota or any other state in accordance with section 518A.83;

(5) human rights agencies within Minnesota that have enforcement powers;

(6) the Department of Revenue to the extent necessary for its duties under Minnesota laws;

(7) public and private agencies responsible for administering publicly financed assistance programs for the purpose of monitoring the eligibility of the program's recipients;

(8) the Department of Labor and Industry, the Department of Commerce, and the Bureau of Criminal Apprehension for uses consistent with the administration of their duties under Minnesota law;

(9) the Department of Human Services and the Office of Inspector General and its agents within the Department of Human Services, including county fraud investigators, for investigations related to recipient or provider fraud and employees of providers when the provider is suspected of committing public assistance fraud;

(10) the Department of Human Services for the purpose of evaluating medical assistance services ~~and~~, supporting program improvement, and administering section 256B.0562;

59.1 (11) local and state welfare agencies for monitoring the eligibility of the data subject
59.2 for assistance programs, or for any employment or training program administered by those
59.3 agencies, whether alone, in combination with another welfare agency, or in conjunction
59.4 with the department or to monitor and evaluate the statewide Minnesota family investment
59.5 program and other cash assistance programs, the Supplemental Nutrition Assistance Program,
59.6 and the Supplemental Nutrition Assistance Program Employment and Training program by
59.7 providing data on recipients and former recipients of Supplemental Nutrition Assistance
59.8 Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child
59.9 care assistance under chapter 142E, or medical programs under chapter 256B or 256L or
59.10 formerly codified under chapter 256D;

59.11 (12) local and state welfare agencies for the purpose of identifying employment, wages,
59.12 and other information to assist in the collection of an overpayment debt in an assistance
59.13 program;

59.14 (13) local, state, and federal law enforcement agencies for the purpose of ascertaining
59.15 the last known address and employment location of an individual who is the subject of a
59.16 criminal investigation;

59.17 (14) the United States Immigration and Customs Enforcement has access to data on
59.18 specific individuals and specific employers provided the specific individual or specific
59.19 employer is the subject of an investigation by that agency;

59.20 (15) the Department of Health for the purposes of epidemiologic investigations;

59.21 (16) the Department of Corrections for the purposes of case planning and internal research
59.22 for preprobation, probation, and postprobation employment tracking of offenders sentenced
59.23 to probation and preconfinement and postconfinement employment tracking of committed
59.24 offenders;

59.25 (17) the state auditor to the extent necessary to conduct audits of job opportunity building
59.26 zones as required under section 469.3201;

59.27 (18) the Office of Higher Education for purposes of supporting program improvement,
59.28 system evaluation, and research initiatives including the Statewide Longitudinal Education
59.29 Data System;

59.30 (19) the Family and Medical Benefits Division of the Department of Employment and
59.31 Economic Development to be used as necessary to administer chapter 268B; and

60.1 (20) the executive director or interim executive director of the Minnesota Secure Choice
60.2 Retirement Program established under chapter 187 for the purposes of assisting with
60.3 communication with employers and to verify employer compliance with chapter 187.

60.4 (b) Data on individuals and employers that are collected, maintained, or used by the
60.5 department in an investigation under section 268.182 are confidential as to data on individuals
60.6 and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3
60.7 and 13, and must not be disclosed except under statute or district court order or to a party
60.8 named in a criminal proceeding, administrative or judicial, for preparation of a defense.

60.9 (c) Data gathered by the department in the administration of the Minnesota unemployment
60.10 insurance program must not be made the subject or the basis for any suit in any civil
60.11 proceedings, administrative or judicial, unless the action is initiated by the department.

60.12 Sec. 21. Minnesota Statutes 2024, section 268.19, subdivision 1a, is amended to read:

60.13 Subd. 1a. **Wage detail data.** (a) Wage and employment data gathered under section
60.14 268.044 may be disseminated to and used, without the consent of the subject of the data,
60.15 by an agency of another state that is designated as the performance accountability and
60.16 consumer information agency for that state under Code of Federal Regulations, volume 20,
60.17 part 663.510(c), in order to carry out the requirements of the Workforce Investment Act of
60.18 1998, United States Code, title 29, sections 2842 and 2871.

60.19 (b) The commissioner may enter into a data exchange agreement with an employment
60.20 and training service provider under section 116L.17, or the Workforce Investment Act of
60.21 1998, United States Code, title 29, section 2864, under which the commissioner, with the
60.22 consent of the subject of the data, may furnish data on the quarterly wages paid and number
60.23 of hours worked on those individuals who have received employment and training services
60.24 from the provider. With the initial consent of the subject of the data, this data may be shared
60.25 for up to three years after termination of the employment and training services provided to
60.26 the individual without execution of an additional consent. This data is furnished solely for
60.27 the purpose of evaluating the employment and training services provided. The data subject's
60.28 ability to receive service is not affected by a refusal to give consent under this paragraph.
60.29 The consent form must state this fact.

60.30 (c) Wage and employment data gathered under section 268.044 may be disseminated to
60.31 and used by the commissioner of human services for the purpose of administering section
60.32 256B.0562 without the consent of the subject of the data.

61.1 Sec. 22. Minnesota Statutes 2025 Supplement, section 270B.14, subdivision 1, is amended
61.2 to read:

61.3 Subdivision 1. **Disclosure to commissioner of human services.** (a) The commissioner
61.4 shall provide the records and information necessary to administer the supplemental housing
61.5 allowance to the commissioner of human services.

61.6 (b) At the request of the commissioner of human services, the commissioner of revenue
61.7 shall electronically match the Social Security or individual taxpayer identification numbers
61.8 and names of participants in the telephone assistance plan operated under sections 237.69
61.9 to 237.71, with those of property tax refund filers under chapter 290A or renter's credit filers
61.10 under section 290.0693, and determine whether each participant's household income is
61.11 within the eligibility standards for the telephone assistance plan.

61.12 (c) The commissioner may provide records and information collected under sections
61.13 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid
61.14 Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law
61.15 102-234. Upon the written agreement by the United States Department of Health and Human
61.16 Services to maintain the confidentiality of the data, the commissioner may provide records
61.17 and information collected under sections 295.50 to 295.59 to the Centers for Medicare and
61.18 Medicaid Services section of the United States Department of Health and Human Services
61.19 for purposes of meeting federal reporting requirements.

61.20 (d) The commissioner may provide records and information to the commissioner of
61.21 human services as necessary to administer the early refund of refundable tax credits.

61.22 (e) The commissioner may disclose information to the commissioner of human services
61.23 as necessary for income verification for eligibility and premium payment under the
61.24 MinnesotaCare program, under section 256L.05, subdivision 2, as well as the medical
61.25 assistance program under chapter 256B.

61.26 (f) The commissioner may disclose information to the commissioner of human services
61.27 necessary to verify whether applicants or recipients for general assistance and the Minnesota
61.28 supplemental aid program have claimed refundable tax credits under chapter 290 and the
61.29 property tax refund under chapter 290A, and the amounts of the credits.

61.30 (g) At the request of the commissioner of human services and when authorized in writing
61.31 by the taxpayer, the commissioner of revenue may match the business legal name or
61.32 individual legal name, and the Minnesota tax identification number, federal Employer
61.33 Identification Number, or Social Security number of the applicant under section 142C.03;
61.34 245A.04, subdivision 1; or 245I.20; or license or certification holder. The commissioner of

62.1 revenue may share the matching with the commissioner of human services. The matching
62.2 may only be used by the commissioner of human services to determine eligibility for provider
62.3 grant programs and to facilitate the regulatory oversight of license and certification holders
62.4 as it relates to ownership and public funds program integrity. This paragraph applies only
62.5 if the commissioner of human services and the commissioner of revenue enter into an
62.6 interagency agreement for the purposes of this paragraph.

62.7 (h) The commissioner may disclose return information to the commissioner of human
62.8 services for the purpose of administering section 256B.0562.

62.9 Sec. 23. Minnesota Statutes 2024, section 295.52, subdivision 8, is amended to read:

62.10 Subd. 8. **Contingent reduction in tax rate.** (a) By December 1 of each year, beginning
62.11 in 2011, the commissioner of management and budget shall determine the projected balance
62.12 in the health care access fund for the biennium.

62.13 (b) If the commissioner of management and budget determines that the projected balance
62.14 in the health care access fund for the biennium reflects a ratio of revenues to expenditures
62.15 and transfers greater than 125 percent, and if the actual cash balance in the fund is adequate,
62.16 as determined by the commissioner of management and budget, the commissioner, in
62.17 consultation with the ~~commissioner~~ commissioners of revenue and human services, shall
62.18 reduce the tax rates levied under subdivisions 1, 1a, 2, 3, and 4, for the subsequent calendar
62.19 year sufficient to reduce the structural balance in the fund. The rate may be reduced to the
62.20 extent that the projected revenues for the biennium do not exceed 125 percent of expenditures
62.21 and transfers. The new rate shall be rounded to the nearest one-tenth of one percent. The
62.22 rate reduction under this paragraph expires at the end of each calendar year and is subject
62.23 to an annual redetermination by the commissioner of management and budget.

62.24 (c) For purposes of the analysis defined in paragraph (b), the commissioner of
62.25 management and budget shall include projected revenues.

62.26 Sec. 24. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
62.27 **NOTIFICATION TO MEDICAL ASSISTANCE RECIPIENTS.**

62.28 By October 1, 2026, the commissioner of human services must notify medical assistance
62.29 recipients who are enrolled under Minnesota Statutes, section 256B.055, subdivision 15,
62.30 that they may be eligible for medical assistance under a disability determination. The
62.31 notification must include information about how the recipient can request a determination
62.32 of disability and an explanation about the changes to medical assistance eligibility that go
62.33 into effect January 1, 2027.

63.1 **ARTICLE 4**

63.2 **HUMAN SERVICES FORECAST ADJUSTMENTS**

63.3 Section 1. **HUMAN SERVICES FORECAST ADJUSTMENTS.**

63.4 The sums shown in the columns marked "Appropriations" are added to or, if shown in
63.5 parentheses, subtracted from the appropriations in Laws 2025, First Special Session chapter
63.6 3, article 20, and Laws 2025, First Special Session chapter 9, article 12, to the commissioner
63.7 of human services from the general fund or other named fund for the purposes specified in
63.8 section 2 and are available for the fiscal years indicated for each purpose. The figures "2026"
63.9 and "2027" used in this article mean that the addition to or subtraction from the appropriation
63.10 listed under them is available for the fiscal year ending June 30, 2026, or June 30, 2027,
63.11 respectively.

			APPROPRIATIONS Available for the Year Ending June 30	
			2026	**2027**
Sec. 2. **COMMISSIONER OF HUMAN SERVICES.**				
Subdivision 1. **Total Appropriation**			**$ 739,634,000**	**$ 775,035,000**
Appropriations by Fund				
General Fund	652,953,000	615,407,000		
Health Care Access Fund	86,681,000	159,628,000		
Subd. 2. **Forecasted Programs**				
(a) **General Assistance**			7,909,000	9,653,000
(b) **Minnesota Supplemental Aid**			2,976,000	3,233,000
(c) **Housing Support**			29,593,000	44,727,000
(d) **MinnesotaCare**			86,681,000	159,628,000
These appropriations are from the health care access fund.				
(e) **Medical Assistance**			589,777,000	525,140,000
(f) **Behavioral Health Fund**			22,698,000	32,654,000

63.32 Sec. 3. **EFFECTIVE DATE.**

63.33 This article is effective the day following final enactment.

ARTICLE 5

CHILDREN, YOUTH, AND FAMILIES FORECAST ADJUSTMENTS

Section 1. **CHILDREN, YOUTH, AND FAMILIES FORECAST ADJUSTMENTS.**

The sums shown in the columns marked "Appropriations" are added to or, if shown in parentheses, subtracted from the appropriations in Laws 2025, First Special Session chapter 3, article 22, to the commissioner of children, youth, and families from the general fund or other named fund for the purposes specified in section 2 and are available for the fiscal years indicated for each purpose. The figures "2026" and "2027" used in this article mean that the addition to or subtraction from the appropriation listed under them is available for the fiscal year ending June 30, 2026, or June 30, 2027, respectively.

			APPROPRIATIONS Available for the Year Ending June 30	
			2026	**2027**
Sec. 2. **COMMISSIONER OF CHILDREN, YOUTH, AND FAMILIES.**				
Subdivision 1. **Total Appropriation**			**$ (45,161,000)**	**$ (36,451,000)**
Appropriations by Fund				
General Fund	(22,395,000)	(10,320,000)		
Federal TANF	(22,766,000)	(26,131,000)		
Subd. 2. **Forecasted Programs**				
(a) **MFIP/DWP**				
Appropriations by Fund				
General Fund	(7,245,000)	(3,125,000)		
Federal TANF	(22,766,000)	(26,131,000)		
(b) **MFIP Child Care Assistance**			(26,220,000)	(18,822,000)
(c) **Northstar Care for Children**			11,070,000	11,627,000

Sec. 3. **EFFECTIVE DATE.**

This article is effective the day following final enactment.

ARTICLE 6

DEPARTMENT OF HUMAN SERVICES APPROPRIATIONS

Section 1. **HUMAN SERVICES APPROPRIATIONS.**

65.1 The dollar amounts shown in the columns marked "Appropriations" are added to or, if
65.2 shown in parentheses, are subtracted from the appropriations in Laws 2025, First Special
65.3 Session chapter 3, article 20, from the general fund or any fund named for the purposes
65.4 specified in this article, to be available for the fiscal year indicated for each purpose. The
65.5 figures "2026" and "2027" used in this article mean that the appropriations listed under them
65.6 are available for the fiscal years ending June 30, 2026, or June 30, 2027, respectively. "The
65.7 first year" is fiscal year 2026. "The second year" is fiscal year 2027. "The biennium" is
65.8 fiscal years 2026 and 2027.

		APPROPRIATIONS Available for the Year Ending June 30		
		2026		**2027**
65.13–65.14 Sec. 2. **COMMISSIONER OF HUMAN SERVICES**	**$**	**-0-**	**$**	**3,026,000**

65.15 The amounts that may be spent for each
65.16 purpose are specified in this article.

65.17 Sec. 3. **CENTRAL OFFICE; OPERATIONS**	**$**	**-0-**	**$**	**1,046,000**

65.18 **Base Level Adjustment.** The general fund
65.19 base is increased by $6,257,000 in fiscal year
65.20 2028 and increased by $7,093,000 in fiscal
65.21 year 2029.

65.22 Sec. 4. **CENTRAL OFFICE; HEALTH CARE**	**$**	**-0-**	**$**	**16,403,000**

65.23 **Base Level Adjustment.** The general fund
65.24 base is increased by $16,838,000 in fiscal year
65.25 2028 and increased by $17,350,000 in fiscal
65.26 year 2029.

65.27–65.28 Sec. 5. **FORECASTED PROGRAMS; MEDICAL ASSISTANCE**	**$**	**-0-**	**$**	**(15,923,000)**

65.29 **Base Level Adjustment.** The general fund
65.30 base is decreased by $65,257,000 in fiscal year
65.31 2028 and decreased by $70,977,000 in fiscal
65.32 year 2029.

65.33–65.34 Sec. 6. **GRANT PROGRAMS; HEALTH CARE GRANTS**	**$**	**-0-**	**$**	**1,500,000**

66.1 **Base Level Adjustment.** The general fund
66.2 base is increased by $1,750,000 in fiscal year
66.3 2028 and increased by $1,125,000 in fiscal
66.4 year 2029.

66.5 Sec. 7. **EXPIRATION OF UNCODIFIED LANGUAGE.**

66.6 All uncodified language in this article expires June 30, 2027, unless a different expiration
66.7 date is specified.

66.8 Sec. 8. **EFFECTIVE DATE.**

66.9 This article is effective July 1, 2026, unless a different effective date is specified.

66.10 **ARTICLE 7**

66.11 **DEPARTMENT OF HEALTH APPROPRIATIONS**

66.12 Section 1. **HEALTH APPROPRIATIONS.**

66.13 The dollar amounts shown in the columns marked "Appropriations" are added to or, if
66.14 shown in parentheses, subtracted from the appropriations in Laws 2025, First Special Session
66.15 chapter 3, article 21, from the general fund or any named fund and are available for the
66.16 fiscal years indicated for each purpose. The figures "2026" and "2027" used in this article
66.17 mean that the addition to or subtraction from the appropriations listed under them are
66.18 available for the fiscal years ending June 30, 2026, or June 30, 2027, respectively. "The
66.19 first year" is fiscal year 2026. "The second year" is fiscal year 2027.

		APPROPRIATIONS Available for the Year Ending June 30	
66.20–66.23		**2026**	**2027**
66.24	Sec. 2. **COMMISSIONER OF HEALTH**	**$ 440,000**	**$ 682,000**

66.25 Appropriations by Fund

		2026	2027
66.26			
66.27	General	-0-	55,000
66.28–66.29	State Government Special Revenue	440,000	627,000

66.30 The amounts that may be spent for each
66.31 purpose are specified in this article.

66.32 Sec. 3. **HEALTH IMPROVEMENT**

67.1 Subdivision 1. **Total Appropriation** $ 440,000 $ 682,000

67.2 Appropriations by Fund

	2026	2027
General	-0-	55,000
State Government Special Revenue	440,000	627,000

67.7 Subd. 2. **Licensing and Regulation of Health**
67.8 **Maintenance Organizations**

67.9 $440,000 in fiscal year 2026 and $440,000 in
67.10 fiscal year 2027 are from the state government
67.11 special revenue fund for licensing and
67.12 regulation of health maintenance organizations
67.13 under Minnesota Statutes, chapter 62D. These
67.14 appropriations are contingent on the
67.15 commissioner of health retaining authority in
67.16 fiscal year 2027 to license and regulate health
67.17 maintenance organizations.

67.18 Subd. 3. **All-Payer Claims Database;**
67.19 **Administration**

67.20 $187,000 in fiscal year 2027 is from the state
67.21 government special revenue fund for
67.22 administering the all-payer claims database
67.23 under Minnesota Statutes, section 62U.04. The
67.24 state government special revenue fund base
67.25 for this subdivision is increased by $234,000
67.26 in fiscal year 2028 and increased by $292,000
67.27 in fiscal year 2029.

67.28 Subd. 4. **All-Payer Claims Database; Data on**
67.29 **Fully Denied Claims**

67.30 $55,000 in fiscal year 2027 is from the general
67.31 fund for the collection of data on fully denied
67.32 claims according to Minnesota Statutes,
67.33 section 62U.04, subdivision 4. This is a
67.34 onetime appropriation.

68.1 Sec. 4. Laws 2025, First Special Session chapter 3, article 21, section 3, subdivision 2, is
68.2 amended to read:

68.3 Subd. 2. **Substance Use Treatment, Recovery,**
68.4 **and Prevention Grants**

68.5 $3,000,000 in fiscal year 2026 and $3,000,000
68.6 in fiscal year 2027 are from the general fund
68.7 for substance use treatment, recovery, and
68.8 prevention grants under Minnesota Statutes,
68.9 section 342.72. The commissioner may use
68.10 up to $300,000 of this appropriation for
68.11 administration.

68.12 Sec. 5. **EXPIRATION OF UNCODIFIED LANGUAGE.**

68.13 All uncodified language contained in this article expires June 30, 2027, unless a different
68.14 expiration date is specified.

68.15 Sec. 6. **EFFECTIVE DATE.**

68.16 This article is effective June 30, 2026, unless a different effective date is specified.

APPENDIX
Article locations for H4466-1

ARTICLE 1	HEALTH-RELATED LICENSING BOARDS	Page.Ln 1.25
ARTICLE 2	DEPARTMENT OF HEALTH	Page.Ln 15.1
ARTICLE 3	FEDERAL CONFORMITY AND RELATED PROVISIONS	Page.Ln 36.4
ARTICLE 4	HUMAN SERVICES FORECAST ADJUSTMENTS	Page.Ln 63.1
ARTICLE 5	CHILDREN, YOUTH, AND FAMILIES FORECAST ADJUSTMENTS	Page.Ln 64.1
ARTICLE 6	DEPARTMENT OF HUMAN SERVICES APPROPRIATIONS	Page.Ln 64.30
ARTICLE 7	DEPARTMENT OF HEALTH APPROPRIATIONS	Page.Ln 66.10

151.74 INSULIN SAFETY NET PROGRAM.

Subd. 15. **Program satisfaction; surveys.** (a) The commissioner of health, in consultation with the Board of Pharmacy and individuals who are insulin-dependent, shall develop and conduct a survey of individuals who have accessed urgent-need insulin through the program and who are accessing or have accessed a manufacturer's patient assistance program since the commencement of the insulin safety net program; and a survey of pharmacies that have dispensed insulin on an urgent-need basis under the program and have participated in the manufacturers' patient assistance programs under this section.

(b) The survey for individuals shall cover overall satisfaction with the program, including but not limited to:

(1) accessibility to urgent-need insulin;

(2) adequacy of the information sheet and list of navigators received from the pharmacy;

(3) whether the individual contacted a trained navigator and, if so, if the navigator was helpful and knowledgeable;

(4) whether the individual accessed the manufacturer's patient assistance program and, if so, how easy it was to access application forms, apply to the manufacturer's programs, and receive the insulin product from the pharmacy; and

(5) whether the individual is still in need of a long-term solution for affordable insulin.

(c) The survey for the pharmacies shall include, but is not limited to:

(1) timeliness of reimbursement from the manufacturers for urgent-need insulin dispensed by the pharmacy;

(2) ease in submitting insulin product orders to the manufacturers; and

(3) timeliness of receiving insulin orders from the manufacturers.

(d) The commissioner may contract with a nonprofit entity to develop and conduct the survey and to evaluate the survey results.

(e) By January 15, 2022, the commissioner shall submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance containing the results of the surveys.