

31.8 **ARTICLE 3**

31.9 **DIRECT CARE AND TREATMENT**

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

31.11 Subd. 3. **Investigative data.** (a) Data on persons, including data on vendors of services,

31.12 licensees, and applicants that is collected, maintained, used, or disseminated by the welfare

31.13 system in an investigation, authorized by statute, and relating to the enforcement of rules

31.14 or law are confidential data on individuals pursuant to section 13.02, subdivision 3, or

31.15 protected nonpublic data not on individuals pursuant to section 13.02, subdivision 13, and

31.16 shall not be disclosed except:

31.17 (1) pursuant to section 13.05;

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

31.19 (3) to a party named in a civil or criminal proceeding, administrative or judicial, for

31.20 preparation of defense;

31.21 (4) to an agent of the welfare system or an investigator acting on behalf of a county,

31.22 state, or federal government, including a law enforcement officer or attorney in the

31.23 investigation or prosecution of a criminal, civil, or administrative proceeding, unless the

31.24 commissioner of human services ~~or~~; the commissioner of children, youth, and families; or

31.25 the Direct Care and Treatment executive board determines that disclosure may compromise

31.26 a Department of Human Services ~~or~~; Department of Children, Youth, and Families; or Direct

31.27 Care and Treatment ongoing investigation; or

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

31.29 The data referred to in this subdivision shall be classified as public data upon submission

31.30 to an administrative law judge or court in an administrative or judicial proceeding. Inactive

31.31 welfare investigative data shall be treated as provided in section 13.39, subdivision 3.

32.1 (b) Notwithstanding any other provision in law, the commissioner of human services

32.2 shall provide all active and inactive investigative data, including the name of the reporter

32.3 of alleged maltreatment under section 626.557 or chapter 260E, to the ombudsman for

32.4 mental health and developmental disabilities upon the request of the ombudsman.

32.5 (c) Notwithstanding paragraph (a) and section 13.39, the existence of an investigation

32.6 by the commissioner of human services of possible overpayments of public funds to a service

32.7 provider or recipient may be disclosed if the commissioner determines that it will not

32.8 compromise the investigation.

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

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

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

43.18 **ARTICLE 3**

43.19 **DIRECT CARE AND TREATMENT POLICY**

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

43.21 Subd. 3. **Investigative data.** (a) Data on persons, including data on vendors of services,

43.22 licensees, and applicants that is collected, maintained, used, or disseminated by the welfare

43.23 system in an investigation, authorized by statute, and relating to the enforcement of rules

43.24 or law are confidential data on individuals pursuant to section 13.02, subdivision 3, or

43.25 protected nonpublic data not on individuals pursuant to section 13.02, subdivision 13, and

43.26 shall not be disclosed except:

43.27 (1) pursuant to section 13.05;

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

43.29 (3) to a party named in a civil or criminal proceeding, administrative or judicial, for

43.30 preparation of defense;

44.1 (4) to an agent of the welfare system or an investigator acting on behalf of a county,

44.2 state, or federal government, including a law enforcement officer or attorney in the

44.3 investigation or prosecution of a criminal, civil, or administrative proceeding, unless the

44.4 commissioner of human services ~~or~~; the commissioner of children, youth, and families; or

44.5 the Direct Care and Treatment executive board determines that disclosure may compromise

44.6 a Department of Human Services ~~or~~; Department of Children, Youth, and Families; or Direct

44.7 Care and Treatment ongoing investigation; or

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

44.9 The data referred to in this subdivision shall be classified as public data upon submission

44.10 to an administrative law judge or court in an administrative or judicial proceeding. Inactive

44.11 welfare investigative data shall be treated as provided in section 13.39, subdivision 3.

44.12 (b) Notwithstanding any other provision in law, the commissioner of human services

44.13 shall provide all active and inactive investigative data, including the name of the reporter

44.14 of alleged maltreatment under section 626.557 or chapter 260E, to the ombudsman for

44.15 mental health and developmental disabilities upon the request of the ombudsman.

44.16 (c) Notwithstanding paragraph (a) and section 13.39, the existence of an investigation

44.17 by the commissioner of human services of possible overpayments of public funds to a service

44.18 provider or recipient may be disclosed if the commissioner determines that it will not

44.19 compromise the investigation.

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

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

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

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

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

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

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

32.32 (ii) Except as provided in item (v), when a correction order, an order to forfeit a fine,  
32.33 an order of license suspension, an order of temporary immediate suspension, an order of  
33.1 license revocation, an order of license denial, or an order of conditional license has been  
33.2 issued, or a complaint is resolved, the following data on current and former licensees and  
33.3 applicants are public: the general nature of the complaint or allegations leading to the  
33.4 temporary immediate suspension; the substance and investigative findings of the licensing  
33.5 or maltreatment complaint, licensing violation, or substantiated maltreatment; the existence  
33.6 of settlement negotiations; the record of informal resolution of a licensing violation; orders  
33.7 of hearing; findings of fact; conclusions of law; specifications of the final correction order,  
33.8 fine, suspension, temporary immediate suspension, revocation, denial, or conditional license  
33.9 contained in the record of licensing action; whether a fine has been paid; and the status of  
33.10 any appeal of these actions.

33.11 (iii) When a license denial under section 142A.15 or 245A.05 or a sanction under section  
33.12 142B.18 or 245A.07 is based on a determination that a license holder, applicant, or controlling  
33.13 individual is responsible for maltreatment under section 626.557 or chapter 260E, the identity  
33.14 of the applicant, license holder, or controlling individual as the individual responsible for  
33.15 maltreatment is public data at the time of the issuance of the license denial or sanction.

33.16 (iv) When a license denial under section 142A.15 or 245A.05 or a sanction under section  
33.17 142B.18 or 245A.07 is based on a determination that a license holder, applicant, or controlling  
33.18 individual is disqualified under chapter 245C, the identity of the license holder, applicant,

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

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

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

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

45.12 (ii) Except as provided in item (v), when a correction order, an order to forfeit a fine,  
45.13 an order of license suspension, an order of temporary immediate suspension, an order of  
45.14 license revocation, an order of license denial, or an order of conditional license has been  
45.15 issued, or a complaint is resolved, the following data on current and former licensees and  
45.16 applicants are public: the general nature of the complaint or allegations leading to the  
45.17 temporary immediate suspension; the substance and investigative findings of the licensing  
45.18 or maltreatment complaint, licensing violation, or substantiated maltreatment; the existence  
45.19 of settlement negotiations; the record of informal resolution of a licensing violation; orders  
45.20 of hearing; findings of fact; conclusions of law; specifications of the final correction order,  
45.21 fine, suspension, temporary immediate suspension, revocation, denial, or conditional license  
45.22 contained in the record of licensing action; whether a fine has been paid; and the status of  
45.23 any appeal of these actions.

45.24 (iii) When a license denial under section 142A.15 or 245A.05 or a sanction under section  
45.25 142B.18 or 245A.07 is based on a determination that a license holder, applicant, or controlling  
45.26 individual is responsible for maltreatment under section 626.557 or chapter 260E, the identity  
45.27 of the applicant, license holder, or controlling individual as the individual responsible for  
45.28 maltreatment is public data at the time of the issuance of the license denial or sanction.

45.29 (iv) When a license denial under section 142A.15 or 245A.05 or a sanction under section  
45.30 142B.18 or 245A.07 is based on a determination that a license holder, applicant, or controlling  
45.31 individual is disqualified under chapter 245C, the identity of the license holder, applicant,

33.19 or controlling individual as the disqualified individual is public data at the time of the  
33.20 issuance of the licensing sanction or denial. If the applicant, license holder, or controlling  
33.21 individual requests reconsideration of the disqualification and the disqualification is affirmed,  
33.22 the reason for the disqualification and the reason to not set aside the disqualification are  
33.23 private data.

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

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

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

34.5 (4) When maltreatment is substantiated under section 626.557 or chapter 260E and the  
34.6 victim and the substantiated perpetrator are affiliated with a program licensed under chapter  
34.7 142B or 245A; the commissioner of human services; commissioner of children, youth, and  
34.8 families; local social services agency; or county welfare agency may inform the license  
34.9 holder where the maltreatment occurred of the identity of the substantiated perpetrator and  
34.10 the victim.

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

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

34.19 (d) The following are private data on individuals: the identity of persons who have made  
34.20 reports concerning licensees or applicants that appear in inactive investigative data, and the  
34.21 records of clients or employees of the licensee or applicant for licensure whose records are  
34.22 received by the licensing agency for purposes of review or in anticipation of a contested  
34.23 matter. The names of reporters of complaints or alleged violations of licensing standards

45.32 or controlling individual as the disqualified individual is public data at the time of the  
45.33 issuance of the licensing sanction or denial. If the applicant, license holder, or controlling  
45.34 individual requests reconsideration of the disqualification and the disqualification is affirmed,  
46.1 the reason for the disqualification and the reason to not set aside the disqualification are  
46.2 private data.

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

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

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

46.18 (4) When maltreatment is substantiated under section 626.557 or chapter 260E and the  
46.19 victim and the substantiated perpetrator are affiliated with a program licensed under chapter  
46.20 142B or 245A; the commissioner of human services; commissioner of children, youth, and  
46.21 families; local social services agency; or county welfare agency may inform the license  
46.22 holder where the maltreatment occurred of the identity of the substantiated perpetrator and  
46.23 the victim.

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

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

46.32 (d) The following are private data on individuals: the identity of persons who have made  
46.33 reports concerning licensees or applicants that appear in inactive investigative data, and the  
46.34 records of clients or employees of the licensee or applicant for licensure whose records are  
47.1 received by the licensing agency for purposes of review or in anticipation of a contested  
47.2 matter. The names of reporters of complaints or alleged violations of licensing standards

34.24 under chapters 142B, 245A, 245B, 245C, and 245D, and applicable rules and alleged  
34.25 maltreatment under section 626.557 and chapter 260E, are confidential data and may be  
34.26 disclosed only as provided in section 260E.21, subdivision 4; 260E.35; or 626.557,  
34.27 subdivision 12b.

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

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

35.1 (g) Data that are not public data collected, maintained, used, or disseminated under this  
35.2 subdivision that relate to or are derived from a report as defined in section 260E.03, or  
35.3 626.5572, subdivision 18, are subject to the destruction provisions of sections 260E.35,  
35.4 subdivision 6, and 626.557, subdivision 12b.

35.5 (h) Upon request, not public data collected, maintained, used, or disseminated under  
35.6 this subdivision that relate to or are derived from a report of substantiated maltreatment as  
35.7 defined in section 626.557 or chapter 260E may be exchanged with the Department of  
35.8 Health for purposes of completing background studies pursuant to section 144.057 and with  
35.9 the Department of Corrections for purposes of completing background studies pursuant to  
35.10 section 241.021.

35.11 (i) Data on individuals collected according to licensing activities under chapters 142B,  
35.12 245A, and 245C, data on individuals collected by the commissioner of human services  
35.13 according to investigations under section 626.557 and chapters 142B, 245A, 245B, 245C,  
35.14 245D, and 260E may be shared with the Department of Human Rights, the Department of  
35.15 Health, the Department of Corrections, the ombudsman for mental health and developmental  
35.16 disabilities, and the individual's professional regulatory board when there is reason to believe  
35.17 that laws or standards under the jurisdiction of those agencies may have been violated or  
35.18 the information may otherwise be relevant to the board's regulatory jurisdiction. Background  
35.19 study data on an individual who is the subject of a background study under chapter 245C  
35.20 for a licensed service for which the commissioner of human services ~~or; the commissioner~~  
35.21 of children, youth, and families; or the Direct Care and Treatment executive board is the  
35.22 license holder may be shared with the commissioner and the commissioner's delegate by  
35.23 the licensing division. Unless otherwise specified in this chapter, the identity of a reporter  
35.24 of alleged maltreatment or licensing violations may not be disclosed.

35.25 (j) In addition to the notice of determinations required under sections 260E.24,  
35.26 subdivisions 5 and 7, and 260E.30, subdivision 6, paragraphs (b), (c), (d), (e), and (f), if the  
35.27 commissioner of children, youth, and families or the local social services agency has  
35.28 determined that an individual is a substantiated perpetrator of maltreatment of a child based  
35.29 on sexual abuse, as defined in section 260E.03, and the commissioner or local social services  
35.30 agency knows that the individual is a person responsible for a child's care in another facility,

47.3 under chapters 142B, 245A, 245B, 245C, and 245D, and applicable rules and alleged  
47.4 maltreatment under section 626.557 and chapter 260E, are confidential data and may be  
47.5 disclosed only as provided in section 260E.21, subdivision 4; 260E.35; or 626.557,  
47.6 subdivision 12b.

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

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

47.13 (g) Data that are not public data collected, maintained, used, or disseminated under this  
47.14 subdivision that relate to or are derived from a report as defined in section 260E.03, or  
47.15 626.5572, subdivision 18, are subject to the destruction provisions of sections 260E.35,  
47.16 subdivision 6, and 626.557, subdivision 12b.

47.17 (h) Upon request, not public data collected, maintained, used, or disseminated under  
47.18 this subdivision that relate to or are derived from a report of substantiated maltreatment as  
47.19 defined in section 626.557 or chapter 260E may be exchanged with the Department of  
47.20 Health for purposes of completing background studies pursuant to section 144.057 and with  
47.21 the Department of Corrections for purposes of completing background studies pursuant to  
47.22 section 241.021.

47.23 (i) Data on individuals collected according to licensing activities under chapters 142B,  
47.24 245A, and 245C, data on individuals collected by the commissioner of human services  
47.25 according to investigations under section 626.557 and chapters 142B, 245A, 245B, 245C,  
47.26 245D, and 260E may be shared with the Department of Human Rights, the Department of  
47.27 Health, the Department of Corrections, the ombudsman for mental health and developmental  
47.28 disabilities, and the individual's professional regulatory board when there is reason to believe  
47.29 that laws or standards under the jurisdiction of those agencies may have been violated or  
47.30 the information may otherwise be relevant to the board's regulatory jurisdiction. Background  
47.31 study data on an individual who is the subject of a background study under chapter 245C  
47.32 for a licensed service for which the commissioner of human services ~~or; the commissioner~~  
47.33 of children, youth, and families; or the Direct Care and Treatment executive board is the  
47.34 license holder may be shared with the commissioner and the commissioner's delegate by  
48.1 the licensing division. Unless otherwise specified in this chapter, the identity of a reporter  
48.2 of alleged maltreatment or licensing violations may not be disclosed.

48.3 (j) In addition to the notice of determinations required under sections 260E.24,  
48.4 subdivisions 5 and 7, and 260E.30, subdivision 6, paragraphs (b), (c), (d), (e), and (f), if the  
48.5 commissioner of children, youth, and families or the local social services agency has  
48.6 determined that an individual is a substantiated perpetrator of maltreatment of a child based  
48.7 on sexual abuse, as defined in section 260E.03, and the commissioner or local social services  
48.8 agency knows that the individual is a person responsible for a child's care in another facility,

35.31 the commissioner or local social services agency shall notify the head of that facility of this  
35.32 determination. The notification must include an explanation of the individual's available  
35.33 appeal rights and the status of any appeal. If a notice is given under this paragraph, the  
35.34 government entity making the notification shall provide a copy of the notice to the individual  
35.35 who is the subject of the notice.

36.1 (k) All not public data collected, maintained, used, or disseminated under this subdivision  
36.2 and subdivision 3 may be exchanged between the Department of Human Services, Licensing  
36.3 Division, and the Department of Corrections for purposes of regulating services for which  
36.4 the Department of Human Services and the Department of Corrections have regulatory  
36.5 authority.

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

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

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

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

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

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

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

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

36.26 Sec. 4. Minnesota Statutes 2024, section 43A.241, is amended to read:

36.27 **43A.241 INSURANCE CONTRIBUTIONS; FORMER EMPLOYEES.**

36.28 (a) This section applies to a person who:

36.29 (1) was employed by the commissioner of corrections, the commissioner of human  
36.30 services, or the Direct Care and Treatment executive board;

48.9 the commissioner or local social services agency shall notify the head of that facility of this  
48.10 determination. The notification must include an explanation of the individual's available  
48.11 appeal rights and the status of any appeal. If a notice is given under this paragraph, the  
48.12 government entity making the notification shall provide a copy of the notice to the individual  
48.13 who is the subject of the notice.

48.14 (k) All not public data collected, maintained, used, or disseminated under this subdivision  
48.15 and subdivision 3 may be exchanged between the Department of Human Services, Licensing  
48.16 Division, and the Department of Corrections for purposes of regulating services for which  
48.17 the Department of Human Services and the Department of Corrections have regulatory  
48.18 authority.

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

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

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

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

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

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

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

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

49.7 Sec. 4. Minnesota Statutes 2024, section 43A.241, is amended to read:

49.8 **43A.241 INSURANCE CONTRIBUTIONS; FORMER EMPLOYEES.**

49.9 (a) This section applies to a person who:

49.10 (1) was employed by the commissioner of corrections, the commissioner of human  
49.11 services, or the Direct Care and Treatment executive board;

37.1 (2) was covered by the correctional employee retirement plan under section 352.91 or  
37.2 the general state employees retirement plan of the Minnesota State Retirement System as  
37.3 defined in section 352.021;

37.4 (3) while employed under clause (1), was assaulted by:

37.5 (i) a person under correctional supervision for a criminal offense; or

37.6 (ii) a client or patient at the Minnesota Sex Offender Program, or at a state-operated  
37.7 forensic services program as defined in section 352.91, subdivision 3j; and

37.8 (4) as a direct result of the assault under clause (3), was determined to be totally and  
37.9 permanently physically disabled under laws governing the Minnesota State Retirement  
37.10 System.

37.11 (b) For a person to whom this section applies, the commissioner of corrections, the  
37.12 commissioner of human services, or the Direct Care and Treatment executive board, using  
37.13 existing budget resources, must continue to make the employer contribution for medical  
37.14 and dental benefits under the State Employee Group Insurance Program after the person  
37.15 terminates state service. If the person had dependent coverage at the time of terminating  
37.16 state service, employer contributions for dependent coverage also must continue under this  
37.17 section. The employer contributions must be in the amount of the employer contribution  
37.18 for active state employees at the time each payment is made. The employer contributions  
37.19 must continue until the person reaches age 65, provided the person makes the required  
37.20 employee contributions, in the amount required of an active state employee, at the time and  
37.21 in the manner specified by the commissioner ~~or executive board~~.

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

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

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

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

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

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

49.12 (2) was covered by the correctional employee retirement plan under section 352.91 or  
49.13 the general state employees retirement plan of the Minnesota State Retirement System as  
49.14 defined in section 352.021;

49.15 (3) while employed under clause (1), was assaulted by:

49.16 (i) a person under correctional supervision for a criminal offense; or

49.17 (ii) a client or patient at the Minnesota Sex Offender Program, or at a state-operated  
49.18 forensic services program as defined in section 352.91, subdivision 3j; and

49.19 (4) as a direct result of the assault under clause (3), was determined to be totally and  
49.20 permanently physically disabled under laws governing the Minnesota State Retirement  
49.21 System.

49.22 (b) For a person to whom this section applies, the commissioner of corrections, the  
49.23 commissioner of human services, or the Direct Care and Treatment executive board, using  
49.24 existing budget resources, must continue to make the employer contribution for medical  
49.25 and dental benefits under the State Employee Group Insurance Program after the person  
49.26 terminates state service. If the person had dependent coverage at the time of terminating  
49.27 state service, employer contributions for dependent coverage also must continue under this  
49.28 section. The employer contributions must be in the amount of the employer contribution  
49.29 for active state employees at the time each payment is made. The employer contributions  
49.30 must continue until the person reaches age 65, provided the person makes the required  
49.31 employee contributions, in the amount required of an active state employee, at the time and  
49.32 in the manner specified by the commissioner ~~or executive board~~.

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

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

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

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

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

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

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

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

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

38.18 EFFECTIVE DATE. This section is effective July 1, 2025.

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

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

38.24 EFFECTIVE DATE. This section is effective July 1, 2025.

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

38.26 **144.53 FEES.**

38.27 Each application for a license, or renewal thereof, to operate a hospital, sanitarium or  
38.28 other institution for the hospitalization or care of human beings, within the meaning of  
38.29 sections 144.50 to 144.56, except applications by the Minnesota Veterans Home, the  
38.30 ~~commissioner of human services~~ Direct Care and Treatment executive board for the licensing  
38.31 of state institutions, ~~or by the administrator for the licensing of the University of Minnesota~~  
38.32 hospitals, shall be accompanied by a fee to be prescribed by the state commissioner of health  
39.1 pursuant to section 144.122. No fee shall be refunded. Licenses shall expire and shall be  
39.2 renewed as prescribed by the commissioner of health pursuant to section 144.122.

39.3 No license granted hereunder shall be assignable or transferable.

39.4 EFFECTIVE DATE. This section is effective July 1, 2025.

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

39.6 Subd. 2. **Definitions.** (a) For the purposes of this section, "patient" means a person who  
39.7 is admitted to an acute care inpatient facility for a continuous period longer than 24 hours,  
39.8 for the purpose of diagnosis or treatment bearing on the physical or mental health of that  
39.9 person. For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also

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

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

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

50.29 EFFECTIVE DATE. This section is effective July 1, 2025.

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

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

51.6 EFFECTIVE DATE. This section is effective July 1, 2025.

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

51.8 **144.53 FEES.**

51.9 Each application for a license, or renewal thereof, to operate a hospital, sanitarium or  
51.10 other institution for the hospitalization or care of human beings, within the meaning of  
51.11 sections 144.50 to 144.56, except applications by the Minnesota Veterans Home, the  
51.12 ~~commissioner of human services~~ Direct Care and Treatment executive board for the licensing  
51.13 of state institutions, ~~or by the administrator for the licensing of the University of Minnesota~~  
51.14 hospitals, shall be accompanied by a fee to be prescribed by the state commissioner of health  
51.15 pursuant to section 144.122. No fee shall be refunded. Licenses shall expire and shall be  
51.16 renewed as prescribed by the commissioner of health pursuant to section 144.122.

51.17 No license granted hereunder shall be assignable or transferable.

51.18 EFFECTIVE DATE. This section is effective July 1, 2025.

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

51.20 Subd. 2. **Definitions.** (a) For the purposes of this section, "patient" means a person who  
51.21 is admitted to an acute care inpatient facility for a continuous period longer than 24 hours,  
51.22 for the purpose of diagnosis or treatment bearing on the physical or mental health of that  
51.23 person. For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also

39.10 means a person who receives health care services at an outpatient surgical center or at a  
39.11 birth center licensed under section 144.615. "Patient" also means a minor who is admitted  
39.12 to a residential program as defined in ~~section 253C.01~~ paragraph (c). For purposes of  
39.13 subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any person who is receiving  
39.14 mental health treatment on an outpatient basis or in a community support program or other  
39.15 community-based program.

39.16 (b) "Resident" means a person who is admitted to a nonacute care facility including  
39.17 extended care facilities, nursing homes, and boarding care homes for care required because  
39.18 of prolonged mental or physical illness or disability, recovery from injury or disease, or  
39.19 advancing age. For purposes of all subdivisions except subdivisions 28 and 29, "resident"  
39.20 also means a person who is admitted to a facility licensed as a board and lodging facility  
39.21 under Minnesota Rules, parts 4625.0100 to 4625.2355, a boarding care home under sections  
39.22 144.50 to 144.56, or a supervised living facility under Minnesota Rules, parts 4665.0100  
39.23 to 4665.9900, and which operates a rehabilitation program licensed under chapter 245G or  
39.24 245I, or Minnesota Rules, parts 9530.6510 to 9530.6590.

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

39.30 EFFECTIVE DATE. This section is effective July 1, 2025.

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

40.2 Subd. 4. **Information about rights.** Patients and residents shall, at admission, be told  
40.3 that there are legal rights for their protection during their stay at the facility or throughout  
40.4 their course of treatment and maintenance in the community and that these are described  
40.5 in an accompanying written statement of the applicable rights and responsibilities set forth  
40.6 in this section. In the case of patients admitted to residential programs as defined in section  
40.7 253C.01, the written statement shall also describe the right of a person 16 years old or older  
40.8 to request release as provided in section 253B.04, subdivision 2, and shall list the names  
40.9 and telephone numbers of individuals and organizations that provide advocacy and legal  
40.10 services for patients in residential programs. Reasonable accommodations shall be made  
40.11 for people who have communication disabilities and those who speak a language other than  
40.12 English. Current facility policies, inspection findings of state and local health authorities,  
40.13 and further explanation of the written statement of rights shall be available to patients,  
40.14 residents, their guardians or their chosen representatives upon reasonable request to the  
40.15 administrator or other designated staff person, consistent with chapter 13, the Data Practices  
40.16 Act, and section 626.557, relating to vulnerable adults.

40.17 EFFECTIVE DATE. This section is effective July 1, 2025.

51.24 means a person who receives health care services at an outpatient surgical center or at a  
51.25 birth center licensed under section 144.615. "Patient" also means a minor who is admitted  
51.26 to a residential program as defined in ~~section 253C.01~~ paragraph (c). For purposes of  
51.27 subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any person who is receiving  
51.28 mental health treatment on an outpatient basis or in a community support program or other  
51.29 community-based program.

51.30 (b) "Resident" means a person who is admitted to a nonacute care facility including  
51.31 extended care facilities, nursing homes, and boarding care homes for care required because  
51.32 of prolonged mental or physical illness or disability, recovery from injury or disease, or  
52.1 advancing age. For purposes of all subdivisions except subdivisions 28 and 29, "resident"  
52.2 also means a person who is admitted to a facility licensed as a board and lodging facility  
52.3 under Minnesota Rules, parts 4625.0100 to 4625.2355, a boarding care home under sections  
52.4 144.50 to 144.56, or a supervised living facility under Minnesota Rules, parts 4665.0100  
52.5 to 4665.9900, and which operates a rehabilitation program licensed under chapter 245G or  
52.6 245I, or Minnesota Rules, parts 9530.6510 to 9530.6590.

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

52.12 EFFECTIVE DATE. This section is effective July 1, 2025.

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

52.14 Subd. 4. **Information about rights.** Patients and residents shall, at admission, be told  
52.15 that there are legal rights for their protection during their stay at the facility or throughout  
52.16 their course of treatment and maintenance in the community and that these are described  
52.17 in an accompanying written statement of the applicable rights and responsibilities set forth  
52.18 in this section. In the case of patients admitted to residential programs as defined in section  
52.19 253C.01 subdivision 2, the written statement shall also describe the right of a person 16  
52.20 years old or older to request release as provided in section 253B.04, subdivision 2, and shall  
52.21 list the names and telephone numbers of individuals and organizations that provide advocacy  
52.22 and legal services for patients in residential programs. Reasonable accommodations shall  
52.23 be made for people who have communication disabilities and those who speak a language  
52.24 other than English. Current facility policies, inspection findings of state and local health  
52.25 authorities, and further explanation of the written statement of rights shall be available to  
52.26 patients, residents, their guardians or their chosen representatives upon reasonable request  
52.27 to the administrator or other designated staff person, consistent with chapter 13, the Data  
52.28 Practices Act, and section 626.557, relating to vulnerable adults.

52.29 EFFECTIVE DATE. This section is effective July 1, 2025.



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

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

40.28 Every acute care inpatient facility, every residential program ~~as defined in section~~  
40.29 ~~253C.01~~, every nonacute care facility, and every facility employing more than two people  
40.30 that provides outpatient mental health services shall have a written internal grievance  
40.31 procedure that, at a minimum, sets forth the process to be followed; specifies time limits,  
40.32 including time limits for facility response; provides for the patient or resident to have the  
40.33 assistance of an advocate; requires a written response to written grievances; and provides  
40.34 for a timely decision by an impartial decision maker if the grievance is not otherwise resolved.  
41.1 Compliance by hospitals, residential programs ~~as defined in section 253C.01~~ which are  
41.2 hospital-based primary treatment programs, and outpatient surgery centers with section  
41.3 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed  
41.4 to be compliance with the requirement for a written internal grievance procedure.

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

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

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

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

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

41.17 Subd. 32. **Treatment plan.** A minor patient who has been admitted to a residential  
41.18 program ~~as defined in section 253C.01~~ has the right to a written treatment plan that describes  
41.19 in behavioral terms the case problems, the precise goals of the plan, and the procedures that  
41.20 will be utilized to minimize the length of time that the minor requires inpatient treatment.

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

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

53.7 Every acute care inpatient facility, every residential program ~~as defined in section~~  
53.8 ~~253C.01~~ subdivision 2, every nonacute care facility, and every facility employing more  
53.9 than two people that provides outpatient mental health services shall have a written internal  
53.10 grievance procedure that, at a minimum, sets forth the process to be followed; specifies  
53.11 time limits, including time limits for facility response; provides for the patient or resident  
53.12 to have the assistance of an advocate; requires a written response to written grievances; and  
53.13 provides for a timely decision by an impartial decision maker if the grievance is not otherwise  
53.14 resolved. Compliance by hospitals, residential programs ~~as defined in section 253C.01~~  
53.15 subdivision 2 which are hospital-based primary treatment programs, and outpatient surgery  
53.16 centers with section 144.691 and compliance by health maintenance organizations with  
53.17 section 62D.11 is deemed to be compliance with the requirement for a written internal  
53.18 grievance procedure.

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

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

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

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

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

53.32 Subd. 32. **Treatment plan.** A minor patient who has been admitted to a residential  
53.33 program ~~as defined in section 253C.01~~ subdivision 2 has the right to a written treatment  
54.1 plan that describes in behavioral terms the case problems, the precise goals of the plan, and  
54.2 the procedures that will be utilized to minimize the length of time that the minor requires

41.21 The plan shall also state goals for release to a less restrictive facility and follow-up treatment  
41.22 measures and services, if appropriate. To the degree possible, the minor patient and the  
41.23 minor patient's parents or guardian shall be involved in the development of the treatment  
41.24 and discharge plan.

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

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

41.27 **144A.07 FEES.**

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

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

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

42.5 Subd. 4. **Examination; access to medical data.** (a) If the commissioner has probable  
42.6 cause to believe that an unlicensed complementary and alternative health care practitioner  
42.7 has engaged in conduct prohibited by subdivision 1, paragraph (h), (i), (j), or (k), the  
42.8 commissioner may issue an order directing the practitioner to submit to a mental or physical  
42.9 examination or substance use disorder evaluation. For the purpose of this subdivision, every  
42.10 unlicensed complementary and alternative health care practitioner is deemed to have  
42.11 consented to submit to a mental or physical examination or substance use disorder evaluation  
42.12 when ordered to do so in writing by the commissioner and further to have waived all  
42.13 objections to the admissibility of the testimony or examination reports of the health care  
42.14 provider performing the examination or evaluation on the grounds that the same constitute  
42.15 a privileged communication. Failure of an unlicensed complementary and alternative health  
42.16 care practitioner to submit to an examination or evaluation when ordered, unless the failure  
42.17 was due to circumstances beyond the practitioner's control, constitutes an admission that  
42.18 the unlicensed complementary and alternative health care practitioner violated subdivision  
42.19 1, paragraph (h), (i), (j), or (k), based on the factual specifications in the examination or  
42.20 evaluation order and may result in a default and final disciplinary order being entered after  
42.21 a contested case hearing. An unlicensed complementary and alternative health care  
42.22 practitioner affected under this paragraph shall at reasonable intervals be given an opportunity  
42.23 to demonstrate that the practitioner can resume the provision of complementary and  
42.24 alternative health care practices with reasonable safety to clients. In any proceeding under  
42.25 this paragraph, neither the record of proceedings nor the orders entered by the commissioner  
42.26 shall be used against an unlicensed complementary and alternative health care practitioner  
42.27 in any other proceeding.

42.28 (b) In addition to ordering a physical or mental examination or substance use disorder  
42.29 evaluation, the commissioner may, notwithstanding section 13.384; 144.651; 595.02; or

54.3 inpatient treatment. The plan shall also state goals for release to a less restrictive facility  
54.4 and follow-up treatment measures and services, if appropriate. To the degree possible, the  
54.5 minor patient and the minor patient's parents or guardian shall be involved in the development  
54.6 of the treatment and discharge plan.

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

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

54.9 **144A.07 FEES.**

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

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

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

54.17 Subd. 4. **Examination; access to medical data.** (a) If the commissioner has probable  
54.18 cause to believe that an unlicensed complementary and alternative health care practitioner  
54.19 has engaged in conduct prohibited by subdivision 1, paragraph (h), (i), (j), or (k), the  
54.20 commissioner may issue an order directing the practitioner to submit to a mental or physical  
54.21 examination or substance use disorder evaluation. For the purpose of this subdivision, every  
54.22 unlicensed complementary and alternative health care practitioner is deemed to have  
54.23 consented to submit to a mental or physical examination or substance use disorder evaluation  
54.24 when ordered to do so in writing by the commissioner and further to have waived all  
54.25 objections to the admissibility of the testimony or examination reports of the health care  
54.26 provider performing the examination or evaluation on the grounds that the same constitute  
54.27 a privileged communication. Failure of an unlicensed complementary and alternative health  
54.28 care practitioner to submit to an examination or evaluation when ordered, unless the failure  
54.29 was due to circumstances beyond the practitioner's control, constitutes an admission that  
54.30 the unlicensed complementary and alternative health care practitioner violated subdivision  
54.31 1, paragraph (h), (i), (j), or (k), based on the factual specifications in the examination or  
54.32 evaluation order and may result in a default and final disciplinary order being entered after  
54.33 a contested case hearing. An unlicensed complementary and alternative health care  
55.1 practitioner affected under this paragraph shall at reasonable intervals be given an opportunity  
55.2 to demonstrate that the practitioner can resume the provision of complementary and  
55.3 alternative health care practices with reasonable safety to clients. In any proceeding under  
55.4 this paragraph, neither the record of proceedings nor the orders entered by the commissioner  
55.5 shall be used against an unlicensed complementary and alternative health care practitioner  
55.6 in any other proceeding.

55.7 (b) In addition to ordering a physical or mental examination or substance use disorder  
55.8 evaluation, the commissioner may, notwithstanding section 13.384; 144.651; 595.02; or

42.30 any other law limiting access to medical or other health data, obtain medical data and health  
42.31 records relating to an unlicensed complementary and alternative health care practitioner  
42.32 without the practitioner's consent if the commissioner has probable cause to believe that a  
42.33 practitioner has engaged in conduct prohibited by subdivision 1, paragraph (h), (i), (j), or  
42.34 (k). The medical data may be requested from a provider as defined in section 144.291,  
43.1 subdivision 2, paragraph (i), an insurance company, or a government agency, including the  
43.2 Department of Human Services and Direct Care and Treatment. A provider, insurance  
43.3 company, or government agency shall comply with any written request of the commissioner  
43.4 under this subdivision and is not liable in any action for damages for releasing the data  
43.5 requested by the commissioner if the data are released pursuant to a written request under  
43.6 this subdivision, unless the information is false and the person or organization giving the  
43.7 information knew or had reason to believe the information was false. Information obtained  
43.8 under this subdivision is private data under section 13.41.

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

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

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

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

43.26 (b) In addition to ordering a physical or mental examination, the board may,  
43.27 notwithstanding section 13.384, 144.651, or any other law limiting access to medical or  
43.28 other health data, obtain medical data and health records relating to a regulated person or  
43.29 applicant without the person's or applicant's consent if the board has probable cause to  
43.30 believe that a regulated person comes under subdivision 1, paragraph (1). The medical data  
43.31 may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph  
43.32 (i), an insurance company, or a government agency, including the Department of Human  
43.33 Services and Direct Care and Treatment. A provider, insurance company, or government  
43.34 agency shall comply with any written request of the board under this subdivision and is not  
44.1 liable in any action for damages for releasing the data requested by the board if the data are  
44.2 released pursuant to a written request under this subdivision, unless the information is false

55.9 any other law limiting access to medical or other health data, obtain medical data and health  
55.10 records relating to an unlicensed complementary and alternative health care practitioner  
55.11 without the practitioner's consent if the commissioner has probable cause to believe that a  
55.12 practitioner has engaged in conduct prohibited by subdivision 1, paragraph (h), (i), (j), or  
55.13 (k). The medical data may be requested from a provider as defined in section 144.291,  
55.14 subdivision 2, paragraph (i), an insurance company, or a government agency, including the  
55.15 Department of Human Services and Direct Care and Treatment. A provider, insurance  
55.16 company, or government agency shall comply with any written request of the commissioner  
55.17 under this subdivision and is not liable in any action for damages for releasing the data  
55.18 requested by the commissioner if the data are released pursuant to a written request under  
55.19 this subdivision, unless the information is false and the person or organization giving the  
55.20 information knew or had reason to believe the information was false. Information obtained  
55.21 under this subdivision is private data under section 13.41.

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

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

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

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

56.5 (b) In addition to ordering a physical or mental examination, the board may,  
56.6 notwithstanding section 13.384, 144.651, or any other law limiting access to medical or  
56.7 other health data, obtain medical data and health records relating to a regulated person or  
56.8 applicant without the person's or applicant's consent if the board has probable cause to  
56.9 believe that a regulated person comes under subdivision 1, paragraph (1). The medical data  
56.10 may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph  
56.11 (i), an insurance company, or a government agency, including the Department of Human  
56.12 Services and Direct Care and Treatment. A provider, insurance company, or government  
56.13 agency shall comply with any written request of the board under this subdivision and is not  
56.14 liable in any action for damages for releasing the data requested by the board if the data are  
56.15 released pursuant to a written request under this subdivision, unless the information is false

44.3 and the provider giving the information knew, or had reason to believe, the information was  
44.4 false. Information obtained under this subdivision is classified as private under sections  
44.5 13.01 to 13.87.

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

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

44.8 Subd. 6. **Mental examination; access to medical data.** (a) If the board has probable  
44.9 cause to believe that a physician assistant comes under subdivision 1, clause (1), it may  
44.10 direct the physician assistant to submit to a mental or physical examination. For the purpose  
44.11 of this subdivision, every physician assistant licensed under this chapter is deemed to have  
44.12 consented to submit to a mental or physical examination when directed in writing by the  
44.13 board and further to have waived all objections to the admissibility of the examining  
44.14 physicians' testimony or examination reports on the ground that the same constitute a  
44.15 privileged communication. Failure of a physician assistant to submit to an examination  
44.16 when directed constitutes an admission of the allegations against the physician assistant,  
44.17 unless the failure was due to circumstance beyond the physician assistant's control, in which  
44.18 case a default and final order may be entered without the taking of testimony or presentation  
44.19 of evidence. A physician assistant affected under this subdivision shall at reasonable intervals  
44.20 be given an opportunity to demonstrate that the physician assistant can resume competent  
44.21 practice with reasonable skill and safety to patients. In any proceeding under this subdivision,  
44.22 neither the record of proceedings nor the orders entered by the board shall be used against  
44.23 a physician assistant in any other proceeding.

44.24 (b) In addition to ordering a physical or mental examination, the board may,  
44.25 notwithstanding sections 13.384, 144.651, or any other law limiting access to medical or  
44.26 other health data, obtain medical data and health records relating to a licensee or applicant  
44.27 without the licensee's or applicant's consent if the board has probable cause to believe that  
44.28 a physician assistant comes under subdivision 1, clause (1).

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

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

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

45.6 Subdivision 1. **Grounds.** (a) The state Board of Chiropractic Examiners may refuse to  
45.7 grant, or may revoke, suspend, condition, limit, restrict or qualify a license to practice

56.16 and the provider giving the information knew, or had reason to believe, the information was  
56.17 false. Information obtained under this subdivision is classified as private under sections  
56.18 13.01 to 13.87.

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

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

56.21 Subd. 6. **Mental examination; access to medical data.** (a) If the board has probable  
56.22 cause to believe that a physician assistant comes under subdivision 1, clause (1), it may  
56.23 direct the physician assistant to submit to a mental or physical examination. For the purpose  
56.24 of this subdivision, every physician assistant licensed under this chapter is deemed to have  
56.25 consented to submit to a mental or physical examination when directed in writing by the  
56.26 board and further to have waived all objections to the admissibility of the examining  
56.27 physicians' testimony or examination reports on the ground that the same constitute a  
56.28 privileged communication. Failure of a physician assistant to submit to an examination  
56.29 when directed constitutes an admission of the allegations against the physician assistant,  
56.30 unless the failure was due to circumstance beyond the physician assistant's control, in which  
56.31 case a default and final order may be entered without the taking of testimony or presentation  
56.32 of evidence. A physician assistant affected under this subdivision shall at reasonable intervals  
56.33 be given an opportunity to demonstrate that the physician assistant can resume competent  
56.34 practice with reasonable skill and safety to patients. In any proceeding under this subdivision,  
57.1 neither the record of proceedings nor the orders entered by the board shall be used against  
57.2 a physician assistant in any other proceeding.

57.3 (b) In addition to ordering a physical or mental examination, the board may,  
57.4 notwithstanding sections 13.384, 144.651, or any other law limiting access to medical or  
57.5 other health data, obtain medical data and health records relating to a licensee or applicant  
57.6 without the licensee's or applicant's consent if the board has probable cause to believe that  
57.7 a physician assistant comes under subdivision 1, clause (1).

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

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

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

57.19 Subdivision 1. **Grounds.** (a) The state Board of Chiropractic Examiners may refuse to  
57.20 grant, or may revoke, suspend, condition, limit, restrict or qualify a license to practice

45.8 chiropractic, or may cause the name of a person licensed to be removed from the records  
45.9 in the office of the court administrator of the district court for:

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

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

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

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

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

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

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

45.22 (8) advanced physical or mental disability;

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

45.27 (10) the violation of, or failure to comply with, the provisions of sections 148.01 to  
45.28 148.105, the rules of the state Board of Chiropractic Examiners, or a lawful order of the  
45.29 board;

45.30 (11) unprofessional conduct;

46.1 (12) being unable to practice chiropractic with reasonable skill and safety to patients by  
46.2 reason of illness, professional incompetence, senility, drunkenness, use of drugs, narcotics,  
46.3 chemicals or any other type of material, or as a result of any mental or physical condition,  
46.4 including deterioration through the aging process or loss of motor skills. If the board has  
46.5 probable cause to believe that a person comes within this clause, it shall direct the person  
46.6 to submit to a mental or physical examination. For the purpose of this clause, every person  
46.7 licensed under this chapter shall be deemed to have given consent to submit to a mental or  
46.8 physical examination when directed in writing by the board and further to have waived all  
46.9 objections to the admissibility of the examining physicians' testimony or examination reports  
46.10 on the ground that the same constitute a privileged communication. Failure of a person to  
46.11 submit to such examination when directed shall constitute an admission of the allegations,  
46.12 unless the failure was due to circumstances beyond the person's control, in which case a  
46.13 default and final order may be entered without the taking of testimony or presentation of

57.21 chiropractic, or may cause the name of a person licensed to be removed from the records  
57.22 in the office of the court administrator of the district court for:

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

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

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

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

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

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

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

58.3 (8) advanced physical or mental disability;

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

58.8 (10) the violation of, or failure to comply with, the provisions of sections 148.01 to  
58.9 148.105, the rules of the state Board of Chiropractic Examiners, or a lawful order of the  
58.10 board;

58.11 (11) unprofessional conduct;

58.12 (12) being unable to practice chiropractic with reasonable skill and safety to patients by  
58.13 reason of illness, professional incompetence, senility, drunkenness, use of drugs, narcotics,  
58.14 chemicals or any other type of material, or as a result of any mental or physical condition,  
58.15 including deterioration through the aging process or loss of motor skills. If the board has  
58.16 probable cause to believe that a person comes within this clause, it shall direct the person  
58.17 to submit to a mental or physical examination. For the purpose of this clause, every person  
58.18 licensed under this chapter shall be deemed to have given consent to submit to a mental or  
58.19 physical examination when directed in writing by the board and further to have waived all  
58.20 objections to the admissibility of the examining physicians' testimony or examination reports  
58.21 on the ground that the same constitute a privileged communication. Failure of a person to  
58.22 submit to such examination when directed shall constitute an admission of the allegations,  
58.23 unless the failure was due to circumstances beyond the person's control, in which case a  
58.24 default and final order may be entered without the taking of testimony or presentation of

46.14 evidence. A person affected under this clause shall at reasonable intervals be afforded an  
46.15 opportunity to demonstrate that the person can resume the competent practice of chiropractic  
46.16 with reasonable skill and safety to patients.

46.17 In addition to ordering a physical or mental examination, the board may, notwithstanding  
46.18 section 13.384, 144.651, or any other law limiting access to health data, obtain health data  
46.19 and health records relating to a licensee or applicant without the licensee's or applicant's  
46.20 consent if the board has probable cause to believe that a doctor of chiropractic comes under  
46.21 this clause. The health data may be requested from a provider, as defined in section 144.291,  
46.22 subdivision 2, paragraph (i), an insurance company, or a government agency, including the  
46.23 Department of Human Services and Direct Care and Treatment. A provider, insurance  
46.24 company, or government agency shall comply with any written request of the board under  
46.25 this subdivision and is not liable in any action for damages for releasing the data requested  
46.26 by the board if the data are released pursuant to a written request under this subdivision,  
46.27 unless the information is false and the provider or entity giving the information knew, or  
46.28 had reason to believe, the information was false. Information obtained under this subdivision  
46.29 is classified as private under sections 13.01 to 13.87.

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

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

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

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

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

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

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

58.25 evidence. A person affected under this clause shall at reasonable intervals be afforded an  
58.26 opportunity to demonstrate that the person can resume the competent practice of chiropractic  
58.27 with reasonable skill and safety to patients.

58.28 In addition to ordering a physical or mental examination, the board may, notwithstanding  
58.29 section 13.384, 144.651, or any other law limiting access to health data, obtain health data  
58.30 and health records relating to a licensee or applicant without the licensee's or applicant's  
58.31 consent if the board has probable cause to believe that a doctor of chiropractic comes under  
58.32 this clause. The health data may be requested from a provider, as defined in section 144.291,  
58.33 subdivision 2, paragraph (i), an insurance company, or a government agency, including the  
58.34 Department of Human Services and Direct Care and Treatment. A provider, insurance  
59.1 company, or government agency shall comply with any written request of the board under  
59.2 this subdivision and is not liable in any action for damages for releasing the data requested  
59.3 by the board if the data are released pursuant to a written request under this subdivision,  
59.4 unless the information is false and the provider or entity giving the information knew, or  
59.5 had reason to believe, the information was false. Information obtained under this subdivision  
59.6 is classified as private under sections 13.01 to 13.87.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

48.22 (3) performing unnecessary services;

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

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

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

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

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

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

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

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

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

61.1 (3) performing unnecessary services;

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

48.24 (5) directly or indirectly engaging in threatening, dishonest, or misleading fee collection

48.25 techniques;

48.26 (6) perpetrating fraud upon patients, third-party payors, or others, relating to the practice

48.27 of chiropractic, including violations of the Medicare or Medicaid laws or state medical

48.28 assistance laws;

48.29 (7) advertising that the licensee will accept for services rendered assigned payments

48.30 from any third-party payer as payment in full, if the effect is to give the impression of

48.31 eliminating the need of payment by the patient of any required deductible or co-payment

48.32 applicable in the patient's health benefit plan. As used in this clause, "advertise" means

48.33 solicitation by the licensee by means of handbills, posters, circulars, motion pictures, radio,

49.1 newspapers, television, or in any other manner. In addition to the board's power to punish

49.2 for violations of this clause, violation of this clause is also a misdemeanor;

49.3 (8) accepting for services rendered assigned payments from any third-party payer as

49.4 payment in full, if the effect is to eliminate the need of payment by the patient of any required

49.5 deductible or co-payment applicable in the patient's health benefit plan, except as hereinafter

49.6 provided; and

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

49.8 EFFECTIVE DATE. This section is effective July 1, 2025.

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

49.10 Subd. 5. **Examination; access to medical data.** The board may take the following

49.11 actions if it has probable cause to believe that grounds for disciplinary action exist under

49.12 subdivision 1, clause (9) or (10):

49.13 (a) It may direct the applicant or nurse to submit to a mental or physical examination or

49.14 substance use disorder evaluation. For the purpose of this subdivision, when a nurse licensed

49.15 under sections 148.171 to 148.285 is directed in writing by the board to submit to a mental

49.16 or physical examination or substance use disorder evaluation, that person is considered to

49.17 have consented and to have waived all objections to admissibility on the grounds of privilege.

49.18 Failure of the applicant or nurse to submit to an examination when directed constitutes an

49.19 admission of the allegations against the applicant or nurse, unless the failure was due to

49.20 circumstances beyond the person's control, and the board may enter a default and final order

49.21 without taking testimony or allowing evidence to be presented. A nurse affected under this

49.22 paragraph shall, at reasonable intervals, be given an opportunity to demonstrate that the

49.23 competent practice of professional, advanced practice registered, or practical nursing can

49.24 be resumed with reasonable skill and safety to patients. Neither the record of proceedings

49.25 nor the orders entered by the board in a proceeding under this paragraph, may be used

49.26 against a nurse in any other proceeding.

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

61.3 (5) directly or indirectly engaging in threatening, dishonest, or misleading fee collection

61.4 techniques;

61.5 (6) perpetrating fraud upon patients, third-party payors, or others, relating to the practice

61.6 of chiropractic, including violations of the Medicare or Medicaid laws or state medical

61.7 assistance laws;

61.8 (7) advertising that the licensee will accept for services rendered assigned payments

61.9 from any third-party payer as payment in full, if the effect is to give the impression of

61.10 eliminating the need of payment by the patient of any required deductible or co-payment

61.11 applicable in the patient's health benefit plan. As used in this clause, "advertise" means

61.12 solicitation by the licensee by means of handbills, posters, circulars, motion pictures, radio,

61.13 newspapers, television, or in any other manner. In addition to the board's power to punish

61.14 for violations of this clause, violation of this clause is also a misdemeanor;

61.15 (8) accepting for services rendered assigned payments from any third-party payer as

61.16 payment in full, if the effect is to eliminate the need of payment by the patient of any required

61.17 deductible or co-payment applicable in the patient's health benefit plan, except as hereinafter

61.18 provided; and

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

61.20 EFFECTIVE DATE. This section is effective July 1, 2025.

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

61.22 Subd. 5. **Examination; access to medical data.** The board may take the following

61.23 actions if it has probable cause to believe that grounds for disciplinary action exist under

61.24 subdivision 1, clause (9) or (10):

61.25 (a) It may direct the applicant or nurse to submit to a mental or physical examination or

61.26 substance use disorder evaluation. For the purpose of this subdivision, when a nurse licensed

61.27 under sections 148.171 to 148.285 is directed in writing by the board to submit to a mental

61.28 or physical examination or substance use disorder evaluation, that person is considered to

61.29 have consented and to have waived all objections to admissibility on the grounds of privilege.

61.30 Failure of the applicant or nurse to submit to an examination when directed constitutes an

61.31 admission of the allegations against the applicant or nurse, unless the failure was due to

61.32 circumstances beyond the person's control, and the board may enter a default and final order

62.1 without taking testimony or allowing evidence to be presented. A nurse affected under this

62.2 paragraph shall, at reasonable intervals, be given an opportunity to demonstrate that the

62.3 competent practice of professional, advanced practice registered, or practical nursing can

62.4 be resumed with reasonable skill and safety to patients. Neither the record of proceedings

62.5 nor the orders entered by the board in a proceeding under this paragraph, may be used

62.6 against a nurse in any other proceeding.



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

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

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

50.8 **148.754 EXAMINATION; ACCESS TO MEDICAL DATA.**

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

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

50.24 (c) In addition to ordering a physical or mental examination, the board may,  
50.25 notwithstanding section 13.384, 144.651, or any other law limiting access to medical or  
50.26 other health data, obtain medical data and health records relating to a licensee or applicant  
50.27 without the person's or applicant's consent if the board has probable cause to believe that  
50.28 the person comes under paragraph (a). The medical data may be requested from a provider,  
50.29 as defined in section 144.291, subdivision 2, paragraph (i), an insurance company, or a  
50.30 government agency, including the Department of Human Services and Direct Care and  
50.31 Treatment. A provider, insurance company, or government agency shall comply with any  
50.32 written request of the board under this paragraph and is not liable in any action for damages  
50.33 for releasing the data requested by the board if the data are released pursuant to a written

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

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

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

62.21 **148.754 EXAMINATION; ACCESS TO MEDICAL DATA.**

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

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

63.3 (c) In addition to ordering a physical or mental examination, the board may,  
63.4 notwithstanding section 13.384, 144.651, or any other law limiting access to medical or  
63.5 other health data, obtain medical data and health records relating to a licensee or applicant  
63.6 without the person's or applicant's consent if the board has probable cause to believe that  
63.7 the person comes under paragraph (a). The medical data may be requested from a provider,  
63.8 as defined in section 144.291, subdivision 2, paragraph (i), an insurance company, or a  
63.9 government agency, including the Department of Human Services and Direct Care and  
63.10 Treatment. A provider, insurance company, or government agency shall comply with any  
63.11 written request of the board under this paragraph and is not liable in any action for damages  
63.12 for releasing the data requested by the board if the data are released pursuant to a written

50.34 request under this paragraph, unless the information is false and the provider giving the  
51.1 information knew, or had reason to believe, the information was false. Information obtained  
51.2 under this paragraph is classified as private under sections 13.01 to 13.87.

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

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

51.5 **148B.5905 MENTAL, PHYSICAL, OR SUBSTANCE USE DISORDER**  
51.6 **EXAMINATION OR EVALUATION; ACCESS TO MEDICAL DATA.**

51.7 (a) If the board has probable cause to believe section 148B.59, paragraph (a), clause (9),  
51.8 applies to a licensee or applicant, the board may direct the person to submit to a mental,  
51.9 physical, or substance use disorder examination or evaluation. For the purpose of this section,  
51.10 every licensee and applicant is deemed to have consented to submit to a mental, physical,  
51.11 or substance use disorder examination or evaluation when directed in writing by the board  
51.12 and to have waived all objections to the admissibility of the examining professionals'  
51.13 testimony or examination reports on the grounds that the testimony or examination reports  
51.14 constitute a privileged communication. Failure of a licensee or applicant to submit to an  
51.15 examination when directed by the board constitutes an admission of the allegations against  
51.16 the person, unless the failure was due to circumstances beyond the person's control, in which  
51.17 case a default and final order may be entered without the taking of testimony or presentation  
51.18 of evidence. A licensee or applicant affected under this paragraph shall at reasonable intervals  
51.19 be given an opportunity to demonstrate that the person can resume the competent practice  
51.20 of licensed professional counseling with reasonable skill and safety to the public. In any  
51.21 proceeding under this paragraph, neither the record of proceedings nor the orders entered  
51.22 by the board shall be used against a licensee or applicant in any other proceeding.

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

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

63.13 request under this paragraph, unless the information is false and the provider giving the  
63.14 information knew, or had reason to believe, the information was false. Information obtained  
63.15 under this paragraph is classified as private under sections 13.01 to 13.87.

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

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

63.18 **148B.5905 MENTAL, PHYSICAL, OR SUBSTANCE USE DISORDER**  
63.19 **EXAMINATION OR EVALUATION; ACCESS TO MEDICAL DATA.**

63.20 (a) If the board has probable cause to believe section 148B.59, paragraph (a), clause (9),  
63.21 applies to a licensee or applicant, the board may direct the person to submit to a mental,  
63.22 physical, or substance use disorder examination or evaluation. For the purpose of this section,  
63.23 every licensee and applicant is deemed to have consented to submit to a mental, physical,  
63.24 or substance use disorder examination or evaluation when directed in writing by the board  
63.25 and to have waived all objections to the admissibility of the examining professionals'  
63.26 testimony or examination reports on the grounds that the testimony or examination reports  
63.27 constitute a privileged communication. Failure of a licensee or applicant to submit to an  
63.28 examination when directed by the board constitutes an admission of the allegations against  
63.29 the person, unless the failure was due to circumstances beyond the person's control, in which  
63.30 case a default and final order may be entered without the taking of testimony or presentation  
63.31 of evidence. A licensee or applicant affected under this paragraph shall at reasonable intervals  
63.32 be given an opportunity to demonstrate that the person can resume the competent practice  
63.33 of licensed professional counseling with reasonable skill and safety to the public. In any  
64.1 proceeding under this paragraph, neither the record of proceedings nor the orders entered  
64.2 by the board shall be used against a licensee or applicant in any other proceeding.

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

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

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

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

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

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

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

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

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

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

53.1 (2) an insurance company; or

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

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

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

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

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

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

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

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

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

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

65.15 (2) an insurance company; or

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

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

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

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

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

53.13 Subd. 6. **Medical records.** Notwithstanding contrary provisions of sections 13.384 and  
53.14 144.651 or any other statute limiting access to medical or other health data, the board may  
53.15 obtain medical data and health records of a licensee or applicant without the licensee's or  
53.16 applicant's consent if the information is requested by the board as part of the process specified  
53.17 in subdivision 5. The medical data may be requested from a provider, as defined in section  
53.18 144.291, subdivision 2, paragraph (h), an insurance company, or a government agency,  
53.19 including the Department of Human Services and Direct Care and Treatment. A provider,  
53.20 insurance company, or government agency shall comply with any written request of the  
53.21 board under this subdivision and shall not be liable in any action for damages for releasing  
53.22 the data requested by the board if the data are released pursuant to a written request under  
53.23 this subdivision, unless the information is false and the provider giving the information  
53.24 knew, or had reason to believe, the information was false. Information obtained under this  
53.25 subdivision shall be classified as private under the Minnesota Government Data Practices  
53.26 Act.

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

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

53.29 Subd. 10. **Mental examination; access to medical data.** (a) If the board receives a  
53.30 complaint and has probable cause to believe that an individual licensed or registered by the  
53.31 board falls under subdivision 2, clause (14), it may direct the individual to submit to a mental  
53.32 or physical examination. For the purpose of this subdivision, every licensed or registered  
54.1 individual is deemed to have consented to submit to a mental or physical examination when  
54.2 directed in writing by the board and further to have waived all objections to the admissibility  
54.3 of the examining practitioner's testimony or examination reports on the grounds that the  
54.4 same constitute a privileged communication. Failure of a licensed or registered individual  
54.5 to submit to an examination when directed constitutes an admission of the allegations against  
54.6 the individual, unless the failure was due to circumstances beyond the individual's control,  
54.7 in which case a default and final order may be entered without the taking of testimony or  
54.8 presentation of evidence. Pharmacists affected under this paragraph shall at reasonable  
54.9 intervals be given an opportunity to demonstrate that they can resume the competent practice  
54.10 of the profession of pharmacy with reasonable skill and safety to the public. Pharmacist  
54.11 interns, pharmacy technicians, or controlled substance researchers affected under this  
54.12 paragraph shall at reasonable intervals be given an opportunity to demonstrate that they can  
54.13 competently resume the duties that can be performed, under this chapter or the rules of the  
54.14 board, by similarly registered persons with reasonable skill and safety to the public. In any  
54.15 proceeding under this paragraph, neither the record of proceedings nor the orders entered  
54.16 by the board shall be used against a licensed or registered individual in any other proceeding.

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

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

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

65.27 Subd. 6. **Medical records.** Notwithstanding contrary provisions of sections 13.384 and  
65.28 144.651 or any other statute limiting access to medical or other health data, the board may  
65.29 obtain medical data and health records of a licensee or applicant without the licensee's or  
65.30 applicant's consent if the information is requested by the board as part of the process specified  
65.31 in subdivision 5. The medical data may be requested from a provider, as defined in section  
65.32 144.291, subdivision 2, paragraph (h), an insurance company, or a government agency,  
66.1 including the Department of Human Services and Direct Care and Treatment. A provider,  
66.2 insurance company, or government agency shall comply with any written request of the  
66.3 board under this subdivision and shall not be liable in any action for damages for releasing  
66.4 the data requested by the board if the data are released pursuant to a written request under  
66.5 this subdivision, unless the information is false and the provider giving the information  
66.6 knew, or had reason to believe, the information was false. Information obtained under this  
66.7 subdivision shall be classified as private under the Minnesota Government Data Practices  
66.8 Act.

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

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

66.11 Subd. 10. **Mental examination; access to medical data.** (a) If the board receives a  
66.12 complaint and has probable cause to believe that an individual licensed or registered by the  
66.13 board falls under subdivision 2, clause (14), it may direct the individual to submit to a mental  
66.14 or physical examination. For the purpose of this subdivision, every licensed or registered  
66.15 individual is deemed to have consented to submit to a mental or physical examination when  
66.16 directed in writing by the board and further to have waived all objections to the admissibility  
66.17 of the examining practitioner's testimony or examination reports on the grounds that the  
66.18 same constitute a privileged communication. Failure of a licensed or registered individual  
66.19 to submit to an examination when directed constitutes an admission of the allegations against  
66.20 the individual, unless the failure was due to circumstances beyond the individual's control,  
66.21 in which case a default and final order may be entered without the taking of testimony or  
66.22 presentation of evidence. Pharmacists affected under this paragraph shall at reasonable  
66.23 intervals be given an opportunity to demonstrate that they can resume the competent practice  
66.24 of the profession of pharmacy with reasonable skill and safety to the public. Pharmacist  
66.25 interns, pharmacy technicians, or controlled substance researchers affected under this  
66.26 paragraph shall at reasonable intervals be given an opportunity to demonstrate that they can  
66.27 competently resume the duties that can be performed, under this chapter or the rules of the  
66.28 board, by similarly registered persons with reasonable skill and safety to the public. In any  
66.29 proceeding under this paragraph, neither the record of proceedings nor the orders entered  
66.30 by the board shall be used against a licensed or registered individual in any other proceeding.

54.17 (b) Notwithstanding section 13.384, 144.651, or any other law limiting access to medical  
54.18 or other health data, the board may obtain medical data and health records relating to an  
54.19 individual licensed or registered by the board, or to an applicant for licensure or registration,  
54.20 without the individual's consent when the board receives a complaint and has probable cause  
54.21 to believe that the individual is practicing in violation of subdivision 2, clause (14), and the  
54.22 data and health records are limited to the complaint. The medical data may be requested  
54.23 from a provider, as defined in section 144.291, subdivision 2, paragraph (i), an insurance  
54.24 company, or a government agency, including the Department of Human Services and Direct  
54.25 Care and Treatment. A provider, insurance company, or government agency shall comply  
54.26 with any written request of the board under this subdivision and is not liable in any action  
54.27 for damages for releasing the data requested by the board if the data are released pursuant  
54.28 to a written request under this subdivision, unless the information is false and the provider  
54.29 giving the information knew, or had reason to believe, the information was false. Information  
54.30 obtained under this subdivision is classified as private under sections 13.01 to 13.87.

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

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

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

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

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

55.15 **153B.70 GROUNDS FOR DISCIPLINARY ACTION.**

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

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

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

66.31 (b) Notwithstanding section 13.384, 144.651, or any other law limiting access to medical  
66.32 or other health data, the board may obtain medical data and health records relating to an  
66.33 individual licensed or registered by the board, or to an applicant for licensure or registration,  
66.34 without the individual's consent when the board receives a complaint and has probable cause  
67.1 to believe that the individual is practicing in violation of subdivision 2, clause (14), and the  
67.2 data and health records are limited to the complaint. The medical data may be requested  
67.3 from a provider, as defined in section 144.291, subdivision 2, paragraph (i), an insurance  
67.4 company, or a government agency, including the Department of Human Services and Direct  
67.5 Care and Treatment. A provider, insurance company, or government agency shall comply  
67.6 with any written request of the board under this subdivision and is not liable in any action  
67.7 for damages for releasing the data requested by the board if the data are released pursuant  
67.8 to a written request under this subdivision, unless the information is false and the provider  
67.9 giving the information knew, or had reason to believe, the information was false. Information  
67.10 obtained under this subdivision is classified as private under sections 13.01 to 13.87.

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

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

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

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

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

67.29 **153B.70 GROUNDS FOR DISCIPLINARY ACTION.**

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

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

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

55.20 (3) conviction of a crime, including a finding or verdict of guilt, an admission of guilt,  
55.21 or a no-contest plea, in this state or elsewhere, reasonably related to the practice of the  
55.22 profession. Conviction, as used in this clause, includes a conviction of an offense which, if  
55.23 committed in this state, would be deemed a felony, gross misdemeanor, or misdemeanor,  
55.24 without regard to its designation elsewhere, or a criminal proceeding where a finding or  
55.25 verdict of guilty is made or returned but the adjudication of guilt is either withheld or not  
55.26 entered;

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

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

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

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

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

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

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

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

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

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

56.14 (14) abandoning a patient or client;

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

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

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

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

68.2 (3) conviction of a crime, including a finding or verdict of guilt, an admission of guilt,  
68.3 or a no-contest plea, in this state or elsewhere, reasonably related to the practice of the  
68.4 profession. Conviction, as used in this clause, includes a conviction of an offense which, if  
68.5 committed in this state, would be deemed a felony, gross misdemeanor, or misdemeanor,  
68.6 without regard to its designation elsewhere, or a criminal proceeding where a finding or  
68.7 verdict of guilty is made or returned but the adjudication of guilt is either withheld or not  
68.8 entered;

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

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

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

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

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

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

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

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

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

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

68.28 (14) abandoning a patient or client;

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

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

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

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

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

56.30 (c) If the board has probable cause to believe that a licensee or applicant has violated  
56.31 paragraph (a), clause (10), it may direct the person to submit to a mental or physical  
56.32 examination. For the purpose of this section, every person is deemed to have consented to  
57.1 submit to a mental or physical examination when directed in writing by the board and to  
57.2 have waived all objections to the admissibility of the examining physician's testimony or  
57.3 examination report on the grounds that the testimony or report constitutes a privileged  
57.4 communication. Failure of a regulated person to submit to an examination when directed  
57.5 constitutes an admission of the allegations against the person, unless the failure was due to  
57.6 circumstances beyond the person's control, in which case a default and final order may be  
57.7 entered without the taking of testimony or presentation of evidence. A regulated person  
57.8 affected under this paragraph shall at reasonable intervals be given an opportunity to  
57.9 demonstrate that the person can resume the competent practice of the regulated profession  
57.10 with reasonable skill and safety to the public. In any proceeding under this paragraph, neither  
57.11 the record of proceedings nor the orders entered by the board shall be used against a regulated  
57.12 person in any other proceeding.

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

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

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

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

69.13 (c) If the board has probable cause to believe that a licensee or applicant has violated  
69.14 paragraph (a), clause (10), it may direct the person to submit to a mental or physical  
69.15 examination. For the purpose of this section, every person is deemed to have consented to  
69.16 submit to a mental or physical examination when directed in writing by the board and to  
69.17 have waived all objections to the admissibility of the examining physician's testimony or  
69.18 examination report on the grounds that the testimony or report constitutes a privileged  
69.19 communication. Failure of a regulated person to submit to an examination when directed  
69.20 constitutes an admission of the allegations against the person, unless the failure was due to  
69.21 circumstances beyond the person's control, in which case a default and final order may be  
69.22 entered without the taking of testimony or presentation of evidence. A regulated person  
69.23 affected under this paragraph shall at reasonable intervals be given an opportunity to  
69.24 demonstrate that the person can resume the competent practice of the regulated profession  
69.25 with reasonable skill and safety to the public. In any proceeding under this paragraph, neither  
69.26 the record of proceedings nor the orders entered by the board shall be used against a regulated  
69.27 person in any other proceeding.

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

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

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

- 70.9        Sec. 26. Minnesota Statutes 2024, section 168.012, subdivision 1, is amended to read:
- 70.10        Subdivision 1. **Vehicles exempt from tax, fees, or plate display.** (a) The following
- 70.11        vehicles are exempt from the provisions of this chapter requiring payment of tax and
- 70.12        registration fees, except as provided in subdivision 1c:
- 70.13        (1) vehicles owned and used solely in the transaction of official business by the federal
- 70.14        government, the state, or any political subdivision;
- 70.15        (2) vehicles owned and used exclusively by educational institutions and used solely in
- 70.16        the transportation of pupils to and from those institutions;
- 70.17        (3) vehicles used solely in driver education programs at nonpublic high schools;
- 70.18        (4) vehicles owned by nonprofit charities and used exclusively to transport disabled
- 70.19        persons for charitable, religious, or educational purposes;
- 70.20        (5) vehicles owned by nonprofit charities and used exclusively for disaster response and
- 70.21        related activities;
- 70.22        (6) vehicles owned by ambulance services licensed under section 144E.10 that are
- 70.23        equipped and specifically intended for emergency response or providing ambulance services;
- 70.24        and
- 70.25        (7) vehicles owned by a commercial driving school licensed under section 171.34, or
- 70.26        an employee of a commercial driving school licensed under section 171.34, and the vehicle
- 70.27        is used exclusively for driver education and training.
- 70.28        (b) Provided the general appearance of the vehicle is unmistakable, the following vehicles
- 70.29        are not required to register or display number plates:
- 70.30        (1) vehicles owned by the federal government;
- 71.1        (2) fire apparatuses, including fire-suppression support vehicles, owned or leased by the
- 71.2        state or a political subdivision;
- 71.3        (3) police patrols owned or leased by the state or a political subdivision; and
- 71.4        (4) ambulances owned or leased by the state or a political subdivision.
- 71.5        (c) Unmarked vehicles used in general police work, liquor investigations, or arson
- 71.6        investigations, and passenger automobiles, pickup trucks, and buses owned or operated by
- 71.7        the Department of Corrections or by conservation officers of the Division of Enforcement
- 71.8        and Field Service of the Department of Natural Resources, must be registered and must
- 71.9        display appropriate license number plates, furnished by the registrar at cost. Original and
- 71.10        renewal applications for these license plates authorized for use in general police work and
- 71.11        for use by the Department of Corrections or by conservation officers must be accompanied
- 71.12        by a certification signed by the appropriate chief of police if issued to a police vehicle, the
- 71.13        appropriate sheriff if issued to a sheriff's vehicle, the commissioner of corrections if issued



71.14 to a Department of Corrections vehicle, or the appropriate officer in charge if issued to a  
71.15 vehicle of any other law enforcement agency. The certification must be on a form prescribed  
71.16 by the commissioner and state that the vehicle will be used exclusively for a purpose  
71.17 authorized by this section.

71.18 (d) Unmarked vehicles used by the Departments of Revenue and Labor and Industry,  
71.19 fraud unit, in conducting seizures or criminal investigations must be registered and must  
71.20 display passenger vehicle classification license number plates, furnished at cost by the  
71.21 registrar. Original and renewal applications for these passenger vehicle license plates must  
71.22 be accompanied by a certification signed by the commissioner of revenue or the  
71.23 commissioner of labor and industry. The certification must be on a form prescribed by the  
71.24 commissioner and state that the vehicles will be used exclusively for the purposes authorized  
71.25 by this section.

71.26 (e) Unmarked vehicles used by the Division of Disease Prevention and Control of the  
71.27 Department of Health must be registered and must display passenger vehicle classification  
71.28 license number plates. These plates must be furnished at cost by the registrar. Original and  
71.29 renewal applications for these passenger vehicle license plates must be accompanied by a  
71.30 certification signed by the commissioner of health. The certification must be on a form  
71.31 prescribed by the commissioner and state that the vehicles will be used exclusively for the  
71.32 official duties of the Division of Disease Prevention and Control.

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

72.6 (g) Unmarked vehicles used in general investigation, surveillance, supervision, and  
72.7 monitoring by the Department of Human Services' Office of Special Investigations' staff;  
72.8 the Minnesota Sex Offender Program's executive director and the executive director's staff;  
72.9 and the Office of Inspector General's staff, including, but not limited to, county fraud  
72.10 prevention investigators, must be registered and must display passenger vehicle classification  
72.11 license number plates, furnished by the registrar at cost. Original and renewal applications  
72.12 for passenger vehicle license plates must be accompanied by a certification signed by the  
72.13 commissioner of human services. The certification must be on a form prescribed by the  
72.14 commissioner and state that the vehicles must be used exclusively for the official duties of  
72.15 the Office of Special Investigations' staff; the Minnesota Sex Offender Program's executive  
72.16 director and the executive director's staff; and the Office of the Inspector General's staff,  
72.17 including, but not limited to, contract and county fraud prevention investigators.

72.18 (h) Unmarked vehicles used in general investigation, surveillance, supervision, and  
72.19 monitoring by the Direct Care and Treatment Office of Special Investigations' staff and  
72.20 unmarked vehicles used by the Minnesota Sex Offender Program's executive director and

72.21 the executive director's staff must be registered and must display passenger vehicle  
72.22 classification license number plates, furnished by the registrar at cost. Original and renewal  
72.23 applications for passenger vehicle license plates must be accompanied by a certification  
72.24 signed by the Direct Care and Treatment executive board. The certification must be on a  
72.25 form prescribed by the commissioner and state that the vehicles must be used exclusively  
72.26 for the official duties of the Minnesota Sex Offender Program's executive director and the  
72.27 executive director's staff, including but not limited to contract and county fraud prevention  
72.28 investigators.

72.29 ~~(H)~~ (i) Each state hospital and institution for persons who are mentally ill and  
72.30 developmentally disabled may have one vehicle without the required identification on the  
72.31 sides of the vehicle. The vehicle must be registered and must display passenger vehicle  
72.32 classification license number plates. These plates must be furnished at cost by the registrar.  
72.33 Original and renewal applications for these passenger vehicle license plates must be  
72.34 accompanied by a certification signed by the hospital administrator. The certification must  
72.35 be on a form prescribed by the ~~commissioner~~ Direct Care and Treatment executive board  
73.1 and state that the vehicles will be used exclusively for the official duties of the state hospital  
73.2 or institution.

73.3 ~~(I)~~ (j) Each county social service agency may have vehicles used for child and vulnerable  
73.4 adult protective services without the required identification on the sides of the vehicle. The  
73.5 vehicles must be registered and must display passenger vehicle classification license number  
73.6 plates. These plates must be furnished at cost by the registrar. Original and renewal  
73.7 applications for these passenger vehicle license plates must be accompanied by a certification  
73.8 signed by the agency administrator. The certification must be on a form prescribed by the  
73.9 commissioner and state that the vehicles will be used exclusively for the official duties of  
73.10 the social service agency.

73.11 ~~(J)~~ (k) Unmarked vehicles used in general investigation, surveillance, supervision, and  
73.12 monitoring by tobacco inspector staff of the Department of Human Services' Alcohol and  
73.13 Drug Abuse Division for the purposes of tobacco inspections, investigations, and reviews  
73.14 must be registered and must display passenger vehicle classification license number plates,  
73.15 furnished at cost by the registrar. Original and renewal applications for passenger vehicle  
73.16 license plates must be accompanied by a certification signed by the commissioner of human  
73.17 services. The certification must be on a form prescribed by the commissioner and state that  
73.18 the vehicles will be used exclusively by tobacco inspector staff for the duties specified in  
73.19 this paragraph.

73.20 ~~(K)~~ (l) All other motor vehicles must be registered and display tax-exempt number plates,  
73.21 furnished by the registrar at cost, except as provided in subdivision 1c. All vehicles required  
73.22 to display tax-exempt number plates must have the name of the state department or political  
73.23 subdivision, nonpublic high school operating a driver education program, licensed  
73.24 commercial driving school, or other qualifying organization or entity, plainly displayed on  
73.25 both sides of the vehicle. This identification must be in a color giving contrast with that of  
73.26 the part of the vehicle on which it is placed and must endure throughout the term of the

57.29 Sec. 26. Minnesota Statutes 2024, section 244.052, subdivision 4, is amended to read:

57.30 Subd. 4. **Law enforcement agency; disclosure of information to public.** (a) The law  
57.31 enforcement agency in the area where the predatory offender resides, expects to reside, is  
57.32 employed, or is regularly found, shall disclose to the public any information regarding the  
57.33 offender contained in the report forwarded to the agency under subdivision 3, paragraph  
57.34 (f), that is relevant and necessary to protect the public and to counteract the offender's  
58.1 dangerousness, consistent with the guidelines in paragraph (b). The extent of the information  
58.2 disclosed and the community to whom disclosure is made must relate to the level of danger  
58.3 posed by the offender, to the offender's pattern of offending behavior, and to the need of  
58.4 community members for information to enhance their individual and collective safety.

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

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

58.13 (2) if the offender is assigned to risk level II, the agency also may disclose the information  
58.14 to agencies and groups that the offender is likely to encounter for the purpose of securing  
58.15 those institutions and protecting individuals in their care while they are on or near the  
58.16 premises of the institution. These agencies and groups include the staff members of public  
58.17 and private educational institutions, day care establishments, and establishments and  
58.18 organizations that primarily serve individuals likely to be victimized by the offender. The  
58.19 agency also may disclose the information to individuals the agency believes are likely to  
58.20 be victimized by the offender. The agency's belief shall be based on the offender's pattern  
58.21 of offending or victim preference as documented in the information provided by the  
58.22 Department of Corrections ~~or~~, the Department of Human Services, or Direct Care and  
58.23 Treatment. The agency may disclose the information to property assessors, property  
58.24 inspectors, code enforcement officials, and child protection officials who are likely to visit  
58.25 the offender's home in the course of their duties;

58.26 (3) if the offender is assigned to risk level III, the agency shall disclose the information  
58.27 to the persons and entities described in clauses (1) and (2) and to other members of the  
58.28 community whom the offender is likely to encounter, unless the law enforcement agency

73.27 registration. The identification must not be on a removable plate or placard and must be  
73.28 kept clean and visible at all times; except that a removable plate or placard may be utilized  
73.29 on vehicles leased or loaned to a political subdivision or to a nonpublic high school driver  
73.30 education program.

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

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

73.33 Subd. 4. **Law enforcement agency; disclosure of information to public.** (a) The law  
73.34 enforcement agency in the area where the predatory offender resides, expects to reside, is  
74.1 employed, or is regularly found, shall disclose to the public any information regarding the  
74.2 offender contained in the report forwarded to the agency under subdivision 3, paragraph  
74.3 (f), that is relevant and necessary to protect the public and to counteract the offender's  
74.4 dangerousness, consistent with the guidelines in paragraph (b). The extent of the information  
74.5 disclosed and the community to whom disclosure is made must relate to the level of danger  
74.6 posed by the offender, to the offender's pattern of offending behavior, and to the need of  
74.7 community members for information to enhance their individual and collective safety.

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

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

74.16 (2) if the offender is assigned to risk level II, the agency also may disclose the information  
74.17 to agencies and groups that the offender is likely to encounter for the purpose of securing  
74.18 those institutions and protecting individuals in their care while they are on or near the  
74.19 premises of the institution. These agencies and groups include the staff members of public  
74.20 and private educational institutions, day care establishments, and establishments and  
74.21 organizations that primarily serve individuals likely to be victimized by the offender. The  
74.22 agency also may disclose the information to individuals the agency believes are likely to  
74.23 be victimized by the offender. The agency's belief shall be based on the offender's pattern  
74.24 of offending or victim preference as documented in the information provided by the  
74.25 Department of Corrections ~~or~~, the Department of Human Services, or Direct Care and  
74.26 Treatment. The agency may disclose the information to property assessors, property  
74.27 inspectors, code enforcement officials, and child protection officials who are likely to visit  
74.28 the offender's home in the course of their duties;

74.29 (3) if the offender is assigned to risk level III, the agency shall disclose the information  
74.30 to the persons and entities described in clauses (1) and (2) and to other members of the  
74.31 community whom the offender is likely to encounter, unless the law enforcement agency

58.29 determines that public safety would be compromised by the disclosure or that a more limited  
58.30 disclosure is necessary to protect the identity of the victim.

58.31 Notwithstanding the assignment of a predatory offender to risk level II or III, a law  
58.32 enforcement agency may not make the disclosures permitted or required by clause (2) or  
58.33 (3), if: the offender is placed or resides in a residential facility. However, if an offender is  
58.34 placed or resides in a residential facility, the offender and the head of the facility shall  
59.1 designate the offender's likely residence upon release from the facility and the head of the  
59.2 facility shall notify the commissioner of corrections ~~or~~ the commissioner of human services,  
59.3 or the Direct Care and Treatment executive board of the offender's likely residence at least  
59.4 14 days before the offender's scheduled release date. The commissioner shall give this  
59.5 information to the law enforcement agency having jurisdiction over the offender's likely  
59.6 residence. The head of the residential facility also shall notify the commissioner of corrections  
59.7 ~~or~~ the commissioner of human services, or the Direct Care and Treatment executive board  
59.8 within 48 hours after finalizing the offender's approved relocation plan to a permanent  
59.9 residence. Within five days after receiving this notification, the appropriate commissioner  
59.10 shall give to the appropriate law enforcement agency all relevant information the  
59.11 commissioner has concerning the offender, including information on the risk factors in the  
59.12 offender's history and the risk level to which the offender was assigned. After receiving this  
59.13 information, the law enforcement agency shall make the disclosures permitted or required  
59.14 by clause (2) or (3), as appropriate.

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

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

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

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

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

59.31 (f) A law enforcement agency shall continue to disclose information on an offender as  
59.32 required by this subdivision for as long as the offender is required to register under section  
59.33 243.166. This requirement on a law enforcement agency to continue to disclose information

74.32 determines that public safety would be compromised by the disclosure or that a more limited  
74.33 disclosure is necessary to protect the identity of the victim.

75.1 Notwithstanding the assignment of a predatory offender to risk level II or III, a law  
75.2 enforcement agency may not make the disclosures permitted or required by clause (2) or  
75.3 (3), if: the offender is placed or resides in a residential facility. However, if an offender is  
75.4 placed or resides in a residential facility, the offender and the head of the facility shall  
75.5 designate the offender's likely residence upon release from the facility and the head of the  
75.6 facility shall notify the commissioner of corrections ~~or~~ the commissioner of human services,  
75.7 or the Direct Care and Treatment executive board of the offender's likely residence at least  
75.8 14 days before the offender's scheduled release date. The commissioner shall give this  
75.9 information to the law enforcement agency having jurisdiction over the offender's likely  
75.10 residence. The head of the residential facility also shall notify the commissioner of corrections  
75.11 ~~or~~ the commissioner of human services, or the Direct Care and Treatment executive board  
75.12 within 48 hours after finalizing the offender's approved relocation plan to a permanent  
75.13 residence. Within five days after receiving this notification, the appropriate commissioner  
75.14 shall give to the appropriate law enforcement agency all relevant information the  
75.15 commissioner has concerning the offender, including information on the risk factors in the  
75.16 offender's history and the risk level to which the offender was assigned. After receiving this  
75.17 information, the law enforcement agency shall make the disclosures permitted or required  
75.18 by clause (2) or (3), as appropriate.

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

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

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

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

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

76.1 (f) A law enforcement agency shall continue to disclose information on an offender as  
76.2 required by this subdivision for as long as the offender is required to register under section  
76.3 243.166. This requirement on a law enforcement agency to continue to disclose information

60.1 also applies to an offender who lacks a primary address and is registering under section  
60.2 243.166, subdivision 3a.

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

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

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

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

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

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

61.1 Sec. 27. Minnesota Statutes 2024, section 245.50, subdivision 2, is amended to read:

61.2 Subd. 2. **Purpose and authority.** (a) The purpose of this section is to enable appropriate  
61.3 treatment or detoxification services to be provided to individuals, across state lines from  
61.4 the individual's state of residence, in qualified facilities that are closer to the homes of  
61.5 individuals than are facilities available in the individual's home state.

76.4 also applies to an offender who lacks a primary address and is registering under section  
76.5 243.166, subdivision 3a.

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

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

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

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

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

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

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

77.3 Subd. 2. **Purpose and authority.** (a) The purpose of this section is to enable appropriate  
77.4 treatment or detoxification services to be provided to individuals, across state lines from  
77.5 the individual's state of residence, in qualified facilities that are closer to the homes of  
77.6 individuals than are facilities available in the individual's home state.

61.6 (b) Unless prohibited by another law and subject to the exceptions listed in subdivision  
61.7 3, a county board ~~or~~ the commissioner of human services, ~~or the Direct Care and Treatment~~  
61.8 ~~executive board~~ may contract with an agency or facility in a bordering state for mental  
61.9 health, chemical health, or detoxification services for residents of Minnesota, and a Minnesota  
61.10 mental health, chemical health, or detoxification agency or facility may contract to provide  
61.11 services to residents of bordering states. Except as provided in subdivision 5, a person who  
61.12 receives services in another state under this section is subject to the laws of the state in  
61.13 which services are provided. A person who will receive services in another state under this  
61.14 section must be informed of the consequences of receiving services in another state, including  
61.15 the implications of the differences in state laws, to the extent the individual will be subject  
61.16 to the laws of the receiving state.

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

61.18 Sec. 28. Minnesota Statutes 2024, section 245.52, is amended to read:

61.19 **245.52 COMMISSIONER OF HUMAN SERVICES CHIEF EXECUTIVE**  
61.20 **OFFICER OF DIRECT CARE AND TREATMENT AS COMPACT**  
61.21 **ADMINISTRATOR.**

61.22 ~~The commissioner of human services~~ chief executive officer of Direct Care and Treatment  
61.23 is hereby designated as "compact administrator." ~~The commissioner~~ chief executive officer  
61.24 shall have the powers and duties specified in the compact, and may, in the name of the state  
61.25 of Minnesota, subject to the approval of the attorney general as to form and legality, enter  
61.26 into such agreements authorized by the compact as the ~~commissioner~~ chief executive officer  
61.27 deems appropriate to effecting the purpose of the compact. ~~The commissioner~~ chief executive  
61.28 officer shall, within the limits of the appropriations for the care of persons with mental  
61.29 illness or developmental disabilities, authorize such payments as are necessary to discharge  
61.30 any financial obligations imposed upon this state by the compact or any agreement entered  
61.31 into under the compact.

61.32 If the patient has no established residence in a Minnesota county, the commissioner of  
61.33 human services shall designate the county of financial responsibility for the purposes of  
62.1 carrying out the provisions of the Interstate Compact on Mental Health as it pertains to  
62.2 patients being transferred to Minnesota. ~~The commissioner of human services~~ shall designate  
62.3 the county which is the residence of the person in Minnesota who initiates the earliest written  
62.4 request for the patient's transfer.

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

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

62.7 Subd. 2. **Agency.** "Agency" means the divisions, officials, or employees of the state  
62.8 Departments of Human Services, ~~Direct Care and Treatment~~, Health, and Education; ~~of~~  
62.9 ~~Direct Care and Treatment~~; and of local school districts and designated county social service  
62.10 agencies as defined in section 256G.02, subdivision 7, that are engaged in monitoring,

77.7 (b) Unless prohibited by another law and subject to the exceptions listed in subdivision  
77.8 3, a county board ~~or~~ the commissioner of human services, ~~or the Direct Care and Treatment~~  
77.9 ~~executive board~~ may contract with an agency or facility in a bordering state for mental  
77.10 health, chemical health, or detoxification services for residents of Minnesota, and a Minnesota  
77.11 mental health, chemical health, or detoxification agency or facility may contract to provide  
77.12 services to residents of bordering states. Except as provided in subdivision 5, a person who  
77.13 receives services in another state under this section is subject to the laws of the state in  
77.14 which services are provided. A person who will receive services in another state under this  
77.15 section must be informed of the consequences of receiving services in another state, including  
77.16 the implications of the differences in state laws, to the extent the individual will be subject  
77.17 to the laws of the receiving state.

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

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

77.20 Subd. 2. **Agency.** "Agency" means the divisions, officials, or employees of the state  
77.21 Departments of Human Services, ~~Direct Care and Treatment~~, Health, and Education; ~~of~~  
77.22 ~~Direct Care and Treatment~~; and of local school districts and designated county social service  
77.23 agencies as defined in section 256G.02, subdivision 7, that are engaged in monitoring,

62.11 providing, or regulating services or treatment for mental illness, developmental disability,  
62.12 substance use disorder, or emotional disturbance.

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

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

62.15 **246.585 CRISIS SERVICES.**

62.16 Within the limits of appropriations, state-operated regional technical assistance must be  
62.17 available in each region to assist counties, Tribal Nations, residential and ~~day programming~~  
62.18 ~~staff~~ vocational service providers, ~~and~~ families, and persons with disabilities to prevent or  
62.19 resolve crises that could lead to a ~~change in placement~~ person moving to a less integrated  
62.20 setting. ~~Crisis capacity must be provided on all regional treatment center campuses serving~~  
62.21 ~~persons with developmental disabilities.~~ In addition, crisis capacity may be developed to  
62.22 serve 16 persons in the Twin Cities metropolitan area. ~~Technical assistance and consultation~~  
62.23 ~~must also be available in each region to providers and counties.~~ Staff must be available to  
62.24 provide:

62.25 (1) individual assessments;

62.26 (2) program plan development and implementation assistance;

62.27 (3) analysis of service delivery problems; and

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

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

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

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

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

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

77.24 providing, or regulating services or treatment for mental illness, developmental disability,  
77.25 substance use disorder, or emotional disturbance.

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

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

77.28 **246.585 CRISIS SERVICES.**

77.29 Within the limits of appropriations, state-operated regional technical assistance must be  
77.30 available in each region to assist counties, Tribal Nations, residential and ~~day programming~~  
77.31 ~~staff~~ vocational service providers, ~~and~~ families, and persons with disabilities to prevent or  
78.1 resolve crises that could lead to a ~~change in placement~~ person moving to a less integrated  
78.2 setting. ~~Crisis capacity must be provided on all regional treatment center campuses serving~~  
78.3 ~~persons with developmental disabilities.~~ In addition, crisis capacity may be developed to  
78.4 serve 16 persons in the Twin Cities metropolitan area. ~~Technical assistance and consultation~~  
78.5 ~~must also be available in each region to providers and counties.~~ Staff must be available to  
78.6 provide:

78.7 (1) individual assessments;

78.8 (2) program plan development and implementation assistance;

78.9 (3) analysis of service delivery problems; and

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

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

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

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

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

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

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

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

63.19 Subd. 6. ~~**Dissemination of Admission and stay criteria; dissemination.**~~ (a) The

63.20 executive board shall establish standard admission and continued-stay criteria for

63.21 state-operated services facilities to ensure that appropriate services are provided in the least

63.22 restrictive setting.

63.23 (b) The executive board shall periodically disseminate criteria for admission and

63.24 continued stay in a state-operated services facility. The executive board shall disseminate

63.25 the criteria to the courts of the state and counties.

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

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

63.28 **246C.20 CONTRACT WITH DEPARTMENT OF HUMAN SERVICES FOR**

63.29 **ADMINISTRATIVE SERVICES.**

63.30 (a) Direct Care and Treatment shall contract with the Department of Human Services

63.31 to provide determinations on issues of county of financial responsibility under chapter 256G

64.1 and to provide administrative and judicial review of direct care and treatment matters

64.2 according to section 256.045.

64.3 (b) The executive board may prescribe rules necessary to carry out this ~~subdivision~~

64.4 ~~section~~, except that the executive board must not create any rule purporting to control the

64.5 decision making or processes of state human services judges under section 256.045,

64.6 subdivision 4, or the decision making or processes of the commissioner of human services

64.7 issuing an advisory opinion or recommended order to the executive board under section

64.8 256G.09, subdivision 3. The executive board must not create any rule purporting to control

64.9 processes for determinations of financial responsibility under chapter 256G or administrative

64.10 and judicial review under section 256.045 on matters outside of the jurisdiction of Direct

64.11 Care and Treatment.

64.12 (c) The executive board and commissioner of human services may adopt joint rules

64.13 necessary to accomplish the purposes of this section.

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

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

64.16 Job applicants for professional, administrative, or highly technical positions recruited

64.17 by the Direct Care and Treatment executive board may be reimbursed for necessary travel

64.18 expenses to and from interviews arranged by the Direct Care and Treatment executive board.

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

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

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

79.2 Subd. 6. ~~**Dissemination of Admission and stay criteria; dissemination.**~~ (a) The

79.3 executive board shall establish standard admission and continued-stay criteria for

79.4 state-operated services facilities to ensure that appropriate services are provided in the least

79.5 restrictive setting.

79.6 (b) The executive board shall periodically disseminate criteria for admission and

79.7 continued stay in a state-operated services facility. The executive board shall disseminate

79.8 the criteria to the courts of the state and counties.

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

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

79.11 **246C.20 CONTRACT WITH DEPARTMENT OF HUMAN SERVICES FOR**

79.12 **ADMINISTRATIVE SERVICES.**

79.13 (a) Direct Care and Treatment shall contract with the Department of Human Services

79.14 to provide determinations on issues of county of financial responsibility under chapter 256G

79.15 and to provide administrative and judicial review of direct care and treatment matters

79.16 according to section 256.045.

79.17 (b) The executive board may prescribe rules necessary to carry out this ~~subdivision~~

79.18 ~~section~~, except that the executive board must not create any rule purporting to control the

79.19 decision making or processes of state human services judges under section 256.045,

79.20 subdivision 4, or the decision making or processes of the commissioner of human services

79.21 issuing an advisory opinion or recommended order to the executive board under section

79.22 256G.09, subdivision 3. The executive board must not create any rule purporting to control

79.23 processes for determinations of financial responsibility under chapter 256G or administrative

79.24 and judicial review under section 256.045 on matters outside of the jurisdiction of Direct

79.25 Care and Treatment.

79.26 (c) The executive board and commissioner of human services may adopt joint rules

79.27 necessary to accomplish the purposes of this section.

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

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

80.2 Job applicants for professional, administrative, or highly technical positions recruited

80.3 by the Direct Care and Treatment executive board may be reimbursed for necessary travel

80.4 expenses to and from interviews arranged by the Direct Care and Treatment executive board.

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



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

64.21 The Direct Care and Treatment executive board is authorized to enter into contracts with  
64.22 the United States Departments of Health and Human Services; Education; and Interior,  
64.23 Bureau of Indian Affairs, for the purposes of receiving federal grants for the welfare and  
64.24 relief of Minnesota Indians.

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

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

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

64.28 (1) establish ~~standard admission criteria for state hospitals and~~ county utilization targets  
64.29 to limit and reduce the number of intermediate care beds in state hospitals and community  
64.30 facilities in accordance with approved waivers under United States Code, title 42, sections  
65.1 1396 to 1396p, as amended through December 31, 1987, to ~~assure~~ ensure that appropriate  
65.2 services are provided in the least restrictive setting;

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

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

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

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

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

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

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

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

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

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

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

80.7 The Direct Care and Treatment executive board is authorized to enter into contracts with  
80.8 the United States Departments of Health and Human Services; Education; and Interior,  
80.9 Bureau of Indian Affairs, for the purposes of receiving federal grants for the welfare and  
80.10 relief of Minnesota Indians.

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

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

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

80.14 (1) establish ~~standard admission criteria for state hospitals and~~ county utilization targets  
80.15 to limit and reduce the number of intermediate care beds in state hospitals and community  
80.16 facilities in accordance with approved waivers under United States Code, title 42, sections  
80.17 1396 to 1396p, as amended through December 31, 1987, to ~~assure~~ ensure that appropriate  
80.18 services are provided in the least restrictive setting;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

66.9 (6) the availability of qualified staff;

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

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

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

66.16 Sec. 38. Minnesota Statutes 2024, section 253B.07, subdivision 2b, is amended to read:

66.17 Subd. 2b. **Apprehend and hold orders.** (a) The court may order the treatment facility  
66.18 or state-operated treatment program to hold the proposed patient or direct a health officer,  
66.19 peace officer, or other person to take the proposed patient into custody and transport the  
66.20 proposed patient to a treatment facility or state-operated treatment program for observation,  
66.21 evaluation, diagnosis, care, treatment, and, if necessary, confinement, when:

66.22 (1) there has been a particularized showing by the petitioner that serious physical harm  
66.23 to the proposed patient or others is likely unless the proposed patient is immediately  
66.24 apprehended;

66.25 (2) the proposed patient has not voluntarily appeared for the examination or the  
66.26 commitment hearing pursuant to the summons; or

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

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

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

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

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

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

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

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

81.25 (6) the availability of qualified staff;

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

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

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

82.3 Sec. 38. Minnesota Statutes 2024, section 253B.07, subdivision 2b, is amended to read:

82.4 Subd. 2b. **Apprehend and hold orders.** (a) The court may order the treatment facility  
82.5 or state-operated treatment program to hold the proposed patient or direct a health officer,  
82.6 peace officer, or other person to take the proposed patient into custody and transport the  
82.7 proposed patient to a treatment facility or state-operated treatment program for observation,  
82.8 evaluation, diagnosis, care, treatment, and, if necessary, confinement, when:

82.9 (1) there has been a particularized showing by the petitioner that serious physical harm  
82.10 to the proposed patient or others is likely unless the proposed patient is immediately  
82.11 apprehended;

82.12 (2) the proposed patient has not voluntarily appeared for the examination or the  
82.13 commitment hearing pursuant to the summons; or

66.27 (3) a person is held pursuant to section 253B.051 and a request for a petition for  
66.28 commitment has been filed.

66.29 (b) The order of the court may be executed on any day and at any time by the use of all  
66.30 necessary means including the imposition of necessary restraint upon the proposed patient.  
66.31 Where possible, a peace officer taking the proposed patient into custody pursuant to this  
67.1 subdivision shall not be in uniform and shall not use a vehicle visibly marked as a law  
67.2 enforcement vehicle. Except as provided in section 253D.10, subdivision 2, in the case of  
67.3 an individual on a judicial hold due to a petition for civil commitment under chapter 253D,  
67.4 assignment of custody during the hold is to the ~~commissioner~~ executive board. The  
67.5 ~~commissioner~~ executive board is responsible for determining the appropriate placement  
67.6 within a secure treatment facility under the authority of the ~~commissioner~~ executive board.

67.7 (c) A proposed patient must not be allowed or required to consent to nor participate in  
67.8 a clinical drug trial while an order is in effect under this subdivision. A consent given while  
67.9 an order is in effect is void and unenforceable. This paragraph does not prohibit a patient  
67.10 from continuing participation in a clinical drug trial if the patient was participating in the  
67.11 clinical drug trial at the time the order was issued under this subdivision.

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

67.13 Sec. 39. Minnesota Statutes 2024, section 253B.09, subdivision 3a, is amended to read:

67.14 Subd. 3a. **Reporting judicial commitments; private treatment program or**  
67.15 **facility.** Notwithstanding section 253B.23, subdivision 9, when a court commits a patient  
67.16 to a non-state-operated treatment facility or program, the court shall report the commitment  
67.17 to the ~~commissioner~~ executive board through the supreme court information system for  
67.18 purposes of providing commitment information for firearm background checks under section  
67.19 246C.15. If the patient is committed to a state-operated treatment program, the court shall  
67.20 send a copy of the commitment order to the ~~commissioner~~ and the executive board.

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

67.22 Sec. 40. Minnesota Statutes 2024, section 253B.10, subdivision 1, is amended to read:

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

67.28 (b) The executive board shall prioritize civilly committed patients being admitted from  
67.29 jail or a correctional institution or who are referred to a state-operated treatment facility for  
67.30 competency attainment or a competency examination under sections 611.40 to 611.59 for  
67.31 admission to a medically appropriate state-operated direct care and treatment bed based on  
67.32 the decisions of physicians in the executive medical director's office, using a priority

82.14 (3) a person is held pursuant to section 253B.051 and a request for a petition for  
82.15 commitment has been filed.

82.16 (b) The order of the court may be executed on any day and at any time by the use of all  
82.17 necessary means including the imposition of necessary restraint upon the proposed patient.  
82.18 Where possible, a peace officer taking the proposed patient into custody pursuant to this  
82.19 subdivision shall not be in uniform and shall not use a vehicle visibly marked as a law  
82.20 enforcement vehicle. Except as provided in section 253D.10, subdivision 2, in the case of  
82.21 an individual on a judicial hold due to a petition for civil commitment under chapter 253D,  
82.22 assignment of custody during the hold is to the ~~commissioner~~ executive board. The  
82.23 ~~commissioner~~ executive board is responsible for determining the appropriate placement  
82.24 within a secure treatment facility under the authority of the ~~commissioner~~ executive board.

82.25 (c) A proposed patient must not be allowed or required to consent to nor participate in  
82.26 a clinical drug trial while an order is in effect under this subdivision. A consent given while  
82.27 an order is in effect is void and unenforceable. This paragraph does not prohibit a patient  
82.28 from continuing participation in a clinical drug trial if the patient was participating in the  
82.29 clinical drug trial at the time the order was issued under this subdivision.

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

83.1 Sec. 39. Minnesota Statutes 2024, section 253B.09, subdivision 3a, is amended to read:

83.2 Subd. 3a. **Reporting judicial commitments; private treatment program or**  
83.3 **facility.** Notwithstanding section 253B.23, subdivision 9, when a court commits a patient  
83.4 to a non-state-operated treatment facility or program, the court shall report the commitment  
83.5 to the ~~commissioner~~ executive board through the supreme court information system for  
83.6 purposes of providing commitment information for firearm background checks under section  
83.7 246C.15. If the patient is committed to a state-operated treatment program, the court shall  
83.8 send a copy of the commitment order to the ~~commissioner~~ and the executive board.

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

83.10 Sec. 40. Minnesota Statutes 2024, section 253B.10, subdivision 1, is amended to read:

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

83.16 (b) The executive board shall prioritize civilly committed patients being admitted from  
83.17 jail or a correctional institution or who are referred to a state-operated treatment facility for  
83.18 competency attainment or a competency examination under sections 611.40 to 611.59 for  
83.19 admission to a medically appropriate state-operated direct care and treatment bed based on  
83.20 the decisions of physicians in the executive medical director's office, using a priority

68.1 admissions framework. The framework must account for a range of factors for priority  
68.2 admission, including but not limited to:

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

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

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

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

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

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

68.12 (7) any relevant federal prioritization requirements.

68.13 Patients described in this paragraph must be admitted to a state-operated treatment program  
68.14 within 48 hours. The commitment must be ordered by the court as provided in section  
68.15 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or  
68.16 less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2,  
68.17 must be prioritized for admission to a state-operated treatment program using the priority  
68.18 admissions framework in this paragraph.

68.19 (c) Upon the arrival of a patient at the designated treatment facility, state-operated  
68.20 treatment program, or community-based treatment program, the head of the facility or  
68.21 program shall retain the duplicate of the warrant and endorse receipt upon the original  
68.22 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must  
68.23 be filed in the court of commitment. After arrival, the patient shall be under the control and  
68.24 custody of the head of the facility or program.

68.25 (d) Copies of the petition for commitment, the court's findings of fact and conclusions  
68.26 of law, the court order committing the patient, the report of the court examiners, and the  
68.27 prepetition report, and any medical and behavioral information available shall be provided  
68.28 at the time of admission of a patient to the designated treatment facility or program to which  
68.29 the patient is committed. Upon a patient's referral to the executive board for admission  
68.30 pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or  
68.31 correctional facility that has provided care or supervision to the patient in the previous two  
68.32 years shall, when requested by the treatment facility or executive board, provide copies of  
68.33 the patient's medical and behavioral records to the executive board for purposes of  
69.1 preadmission planning. This information shall be provided by the head of the treatment  
69.2 facility to treatment facility staff in a consistent and timely manner and pursuant to all  
69.3 applicable laws.

83.21 admissions framework. The framework must account for a range of factors for priority  
83.22 admission, including but not limited to:

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

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

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

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

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

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

83.32 (7) any relevant federal prioritization requirements.

84.1 Patients described in this paragraph must be admitted to a state-operated treatment program  
84.2 within 48 hours the timelines specified in section 253B.1005. The commitment must be  
84.3 ordered by the court as provided in section 253B.09, subdivision 1, paragraph (d). Patients  
84.4 committed to a secure treatment facility or less restrictive setting as ordered by the court  
84.5 under section 253B.18, subdivisions 1 and 2, must be prioritized for admission to a  
84.6 state-operated treatment program using the priority admissions framework in this paragraph.

84.7 (c) Upon the arrival of a patient at the designated treatment facility, state-operated  
84.8 treatment program, or community-based treatment program, the head of the facility or  
84.9 program shall retain the duplicate of the warrant and endorse receipt upon the original  
84.10 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must  
84.11 be filed in the court of commitment. After arrival, the patient shall be under the control and  
84.12 custody of the head of the facility or program.

84.13 (d) Copies of the petition for commitment, the court's findings of fact and conclusions  
84.14 of law, the court order committing the patient, the report of the court examiners, and the  
84.15 prepetition report, and any medical and behavioral information available shall be provided  
84.16 at the time of admission of a patient to the designated treatment facility or program to which  
84.17 the patient is committed. Upon a patient's referral to the executive board for admission  
84.18 pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or  
84.19 correctional facility that has provided care or supervision to the patient in the previous two  
84.20 years shall, when requested by the treatment facility or executive board, provide copies of  
84.21 the patient's medical and behavioral records to the executive board for purposes of  
84.22 preadmission planning. This information shall be provided by the head of the treatment  
84.23 facility to treatment facility staff in a consistent and timely manner and pursuant to all  
84.24 applicable laws.

69.4 (e) Patients described in paragraph (b) must be admitted to a state-operated treatment  
69.5 program within 48 hours of the Office of Executive Medical Director, under section 246C.09,  
69.6 or a designee determining that a medically appropriate bed is available. This paragraph  
69.7 expires on June 30, 2025. expires on June 30, 2027.

69.8 (f) Within four business days of determining which state-operated direct care and  
69.9 treatment program or programs are appropriate for an individual, the executive medical  
69.10 director's office or a designee must notify the source of the referral and the responsible  
69.11 county human services agency, the individual being ordered to direct care and treatment,  
69.12 and the district court that issued the order of the determination. The notice shall include  
69.13 which program or programs are appropriate for the person's priority status. Any interested  
69.14 person may provide additional information or request updated priority status about the  
69.15 individual to the executive medical director's office or a designee while the individual is  
69.16 awaiting admission. Updated priority status of an individual will only be disclosed to  
69.17 interested persons who are legally authorized to receive private information about the  
69.18 individual. When an available bed has been identified, the executive medical director's  
69.19 office or a designee must notify the designated agency and the facility where the individual  
69.20 is awaiting admission that the individual has been accepted for admission to a particular  
69.21 state-operated direct care and treatment program and the earliest possible date the admission  
69.22 can occur. The designated agency or facility where the individual is awaiting admission  
69.23 must transport the individual to the admitting state-operated direct care and treatment  
69.24 program no more than 48 hours after the offered admission date.

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

69.26 Sec. 41. Minnesota Statutes 2024, section 253B.141, subdivision 2, is amended to read:

69.27 Subd. 2. **Apprehension; return to facility or program.** (a) Upon receiving the report  
69.28 of absence from the head of the treatment facility, state-operated treatment program, or  
69.29 community-based treatment program or the committing court, a patient may be apprehended  
69.30 and held by a peace officer in any jurisdiction pending return to the facility or program from

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

84.29 (f) Within four business days of determining which state-operated direct care and  
84.30 treatment program or programs are appropriate for an individual, the executive medical  
84.31 director's office or a designee must notify the source of the referral and the responsible  
84.32 county human services agency, the individual being ordered to direct care and treatment,  
84.33 and the district court that issued the order of the determination. The notice shall include  
84.34 which program or programs are appropriate for the person's priority status. Any interested  
84.35 person may provide additional information or request updated priority status about the  
85.1 individual to the executive medical director's office or a designee while the individual is  
85.2 awaiting admission. Updated Priority status of an individual will only be disclosed to  
85.3 interested persons who are legally authorized to receive private information about the  
85.4 individual. When an available bed has been identified, the executive medical director's  
85.5 office or a designee must notify the designated agency and the facility where the individual  
85.6 is awaiting admission that the individual has been accepted for admission to a particular  
85.7 state-operated direct care and treatment program and the earliest possible date the admission  
85.8 can occur. The designated agency or facility where the individual is awaiting admission  
85.9 must transport the individual to the admitting state-operated direct care and treatment  
85.10 program no more than 48 hours after the offered admission date.

85.11 Sec. 41. **[253B.1005] ADMISSION TIMELINES.**

85.12 Subdivision 1. **Admission required within 48 hours.** Unless required otherwise under  
85.13 this section, patients described in section 253B.10, subdivision 1, paragraph (b), must be  
85.14 admitted to a state-operated treatment program within 48 hours.

85.15 Subd. 2. **Temporary alternative admission timeline.** Patients described in section  
85.16 253B.10, subdivision 1, paragraph (b), must be admitted to a state-operated treatment  
85.17 program within 48 hours of the Office of Executive Medical Director, under section 246C.09,  
85.18 or a designee determining that a medically appropriate bed is available. This subdivision  
85.19 expires on June 30, 2027.

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

85.21 Sec. 42. Minnesota Statutes 2024, section 253B.141, subdivision 2, is amended to read:

85.22 Subd. 2. **Apprehension; return to facility or program.** (a) Upon receiving the report  
85.23 of absence from the head of the treatment facility, state-operated treatment program, or  
85.24 community-based treatment program or the committing court, a patient may be apprehended  
85.25 and held by a peace officer in any jurisdiction pending return to the facility or program from

69.31 which the patient is absent without authorization. A patient may also be returned to any  
69.32 state-operated treatment program or any other treatment facility or community-based  
69.33 treatment program willing to accept the person. A person who has a mental illness and is  
70.1 dangerous to the public and detained under this subdivision may be held in a jail or lockup  
70.2 only if:

70.3 (1) there is no other feasible place of detention for the patient;

70.4 (2) the detention is for less than 24 hours; and

70.5 (3) there are protections in place, including segregation of the patient, to ensure the  
70.6 safety of the patient.

70.7 (b) If a patient is detained under this subdivision, the head of the facility or program  
70.8 from which the patient is absent shall arrange to pick up the patient within 24 hours of the  
70.9 time detention was begun and shall be responsible for securing transportation for the patient  
70.10 to the facility or program. The expense of detaining and transporting a patient shall be the  
70.11 responsibility of the facility or program from which the patient is absent. The expense of  
70.12 detaining and transporting a patient to a state-operated treatment program shall be paid by  
70.13 the ~~commissioner~~ executive board unless paid by the patient or persons on behalf of the  
70.14 patient.

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

70.16 Sec. 42. Minnesota Statutes 2024, section 253B.18, subdivision 6, is amended to read:

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

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

70.26 (1) the person's clinical progress and present treatment needs;

70.27 (2) the need for security to accomplish continuing treatment;

70.28 (3) the need for continued institutionalization;

70.29 (4) which facility can best meet the person's needs; and

70.30 (5) whether transfer can be accomplished with a reasonable degree of safety for the  
70.31 public.

85.26 which the patient is absent without authorization. A patient may also be returned to any  
85.27 state-operated treatment program or any other treatment facility or community-based  
85.28 treatment program willing to accept the person. A person who has a mental illness and is  
85.29 dangerous to the public and detained under this subdivision may be held in a jail or lockup  
85.30 only if:

85.31 (1) there is no other feasible place of detention for the patient;

85.32 (2) the detention is for less than 24 hours; and

86.1 (3) there are protections in place, including segregation of the patient, to ensure the  
86.2 safety of the patient.

86.3 (b) If a patient is detained under this subdivision, the head of the facility or program  
86.4 from which the patient is absent shall arrange to pick up the patient within 24 hours of the  
86.5 time detention was begun and shall be responsible for securing transportation for the patient  
86.6 to the facility or program. The expense of detaining and transporting a patient shall be the  
86.7 responsibility of the facility or program from which the patient is absent. The expense of  
86.8 detaining and transporting a patient to a state-operated treatment program shall be paid by  
86.9 the ~~commissioner~~ executive board unless paid by the patient or persons on behalf of the  
86.10 patient.

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

86.12 Sec. 43. Minnesota Statutes 2024, section 253B.18, subdivision 6, is amended to read:

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

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

86.22 (1) the person's clinical progress and present treatment needs;

86.23 (2) the need for security to accomplish continuing treatment;

86.24 (3) the need for continued institutionalization;

86.25 (4) which facility can best meet the person's needs; and

86.26 (5) whether transfer can be accomplished with a reasonable degree of safety for the  
86.27 public.

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

71.4 (d) If the committed person is not returned to the original, nonsecure transfer facility  
71.5 within 60 days of being readmitted to a secure treatment facility, the transfer is revoked and  
71.6 the committed person must remain in a secure treatment facility. The committed person  
71.7 must immediately be notified in writing of the revocation.

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

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

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

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

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

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

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

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

72.1 (k) A committed person aggrieved by a transfer revocation decision may petition the  
72.2 special review board within seven business days after receipt of the revocation report for a  
72.3 review of the revocation. The matter must be scheduled within 30 days. The special review  
72.4 board shall review the circumstances leading to the revocation and, after considering the  
72.5 factors in paragraph (b), shall recommend to the ~~commissioner~~ executive board whether or

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

86.31 (d) If the committed person is not returned to the original, nonsecure transfer facility  
86.32 within 60 days of being readmitted to a secure treatment facility, the transfer is revoked and  
87.1 the committed person must remain in a secure treatment facility. The committed person  
87.2 must immediately be notified in writing of the revocation.

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

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

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

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

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

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

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

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

87.29 (k) A committed person aggrieved by a transfer revocation decision may petition the  
87.30 special review board within seven business days after receipt of the revocation report for a  
87.31 review of the revocation. The matter must be scheduled within 30 days. The special review  
87.32 board shall review the circumstances leading to the revocation and, after considering the  
87.33 factors in paragraph (b), shall recommend to the ~~commissioner~~ executive board whether or

72.6 not the revocation shall be upheld. The special review board may also recommend a new  
72.7 transfer out of a secure treatment facility at the time of the revocation hearing.

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

72.9 Sec. 43. Minnesota Statutes 2024, section 253B.19, subdivision 2, is amended to read:

72.10 Subd. 2. **Petition; hearing.** (a) A patient committed as a person who has a mental illness  
72.11 and is dangerous to the public under section 253B.18, or the county attorney of the county  
72.12 from which the patient was committed or the county of financial responsibility, may petition  
72.13 the judicial appeal panel for a rehearing and reconsideration of a decision by the  
72.14 ~~commissioner~~ executive board under section 253B.18, subdivision 5. The judicial appeal  
72.15 panel must not consider petitions for relief other than those considered by the executive  
72.16 board from which the appeal is taken. The petition must be filed with the supreme court  
72.17 within 30 days after the decision of the executive board is signed. The hearing must be held  
72.18 within 45 days of the filing of the petition unless an extension is granted for good cause.

72.19 (b) For an appeal under paragraph (a), the supreme court shall refer the petition to the  
72.20 chief judge of the judicial appeal panel. The chief judge shall notify the patient, the county  
72.21 attorney of the county of commitment, the designated agency, the executive board, the head  
72.22 of the facility or program to which the patient was committed, any interested person, and  
72.23 other persons the chief judge designates, of the time and place of the hearing on the petition.  
72.24 The notice shall be given at least 14 days prior to the date of the hearing.

72.25 (c) Any person may oppose the petition. The patient, the patient's counsel, the county  
72.26 attorney of the committing county or the county of financial responsibility, and the executive  
72.27 board shall participate as parties to the proceeding pending before the judicial appeal panel  
72.28 and shall, except when the patient is committed solely as a person who has a mental illness  
72.29 and is dangerous to the public, no later than 20 days before the hearing on the petition,  
72.30 inform the judicial appeal panel and the opposing party in writing whether they support or  
72.31 oppose the petition and provide a summary of facts in support of their position. The judicial  
72.32 appeal panel may appoint court examiners and may adjourn the hearing from time to time.  
72.33 It shall hear and receive all relevant testimony and evidence and make a record of all  
72.34 proceedings. The patient, the patient's counsel, and the county attorney of the committing  
73.1 county or the county of financial responsibility have the right to be present and may present  
73.2 and cross-examine all witnesses and offer a factual and legal basis in support of their  
73.3 positions. The petitioning party seeking discharge or provisional discharge bears the burden  
73.4 of going forward with the evidence, which means presenting a prima facie case with  
73.5 competent evidence to show that the person is entitled to the requested relief. If the petitioning  
73.6 party has met this burden, the party opposing discharge or provisional discharge bears the  
73.7 burden of proof by clear and convincing evidence that the discharge or provisional discharge  
73.8 should be denied. A party seeking transfer under section 253B.18, subdivision 6, must  
73.9 establish by a preponderance of the evidence that the transfer is appropriate.

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

88.1 not the revocation shall be upheld. The special review board may also recommend a new  
88.2 transfer out of a secure treatment facility at the time of the revocation hearing.

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

88.4 Sec. 44. Minnesota Statutes 2024, section 253B.19, subdivision 2, is amended to read:

88.5 Subd. 2. **Petition; hearing.** (a) A patient committed as a person who has a mental illness  
88.6 and is dangerous to the public under section 253B.18, or the county attorney of the county  
88.7 from which the patient was committed or the county of financial responsibility, may petition  
88.8 the judicial appeal panel for a rehearing and reconsideration of a decision by the  
88.9 ~~commissioner~~ executive board under section 253B.18, subdivision 5. The judicial appeal  
88.10 panel must not consider petitions for relief other than those considered by the executive  
88.11 board from which the appeal is taken. The petition must be filed with the supreme court  
88.12 within 30 days after the decision of the executive board is signed. The hearing must be held  
88.13 within 45 days of the filing of the petition unless an extension is granted for good cause.

88.14 (b) For an appeal under paragraph (a), the supreme court shall refer the petition to the  
88.15 chief judge of the judicial appeal panel. The chief judge shall notify the patient, the county  
88.16 attorney of the county of commitment, the designated agency, the executive board, the head  
88.17 of the facility or program to which the patient was committed, any interested person, and  
88.18 other persons the chief judge designates, of the time and place of the hearing on the petition.  
88.19 The notice shall be given at least 14 days prior to the date of the hearing.

88.20 (c) Any person may oppose the petition. The patient, the patient's counsel, the county  
88.21 attorney of the committing county or the county of financial responsibility, and the executive  
88.22 board shall participate as parties to the proceeding pending before the judicial appeal panel  
88.23 and shall, except when the patient is committed solely as a person who has a mental illness  
88.24 and is dangerous to the public, no later than 20 days before the hearing on the petition,  
88.25 inform the judicial appeal panel and the opposing party in writing whether they support or  
88.26 oppose the petition and provide a summary of facts in support of their position. The judicial  
88.27 appeal panel may appoint court examiners and may adjourn the hearing from time to time.  
88.28 It shall hear and receive all relevant testimony and evidence and make a record of all  
88.29 proceedings. The patient, the patient's counsel, and the county attorney of the committing  
88.30 county or the county of financial responsibility have the right to be present and may present  
88.31 and cross-examine all witnesses and offer a factual and legal basis in support of their  
88.32 positions. The petitioning party seeking discharge or provisional discharge bears the burden  
88.33 of going forward with the evidence, which means presenting a prima facie case with  
88.34 competent evidence to show that the person is entitled to the requested relief. If the petitioning  
89.1 party has met this burden, the party opposing discharge or provisional discharge bears the  
89.2 burden of proof by clear and convincing evidence that the discharge or provisional discharge  
89.3 should be denied. A party seeking transfer under section 253B.18, subdivision 6, must  
89.4 establish by a preponderance of the evidence that the transfer is appropriate.

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



73.11 Sec. 44. Minnesota Statutes 2024, section 253D.14, subdivision 3, is amended to read:

73.12 Subd. 3. **Notice of discharge or release.** Before provisionally discharging, discharging,  
73.13 ~~granting pass-eligible status, approving a pass plan,~~ or otherwise permanently or temporarily  
73.14 releasing a person committed under this chapter from a treatment facility, the executive  
73.15 director shall make a reasonable effort to notify any victim of a crime for which the person  
73.16 was convicted that the person may be discharged or released and that the victim has a right  
73.17 to submit a written statement regarding decisions of the executive director, or ~~special review~~  
73.18 ~~board~~ judicial appeal panel, with respect to the person. To the extent possible, the notice  
73.19 must be provided at least 14 days before any ~~special review board~~ judicial appeal panel  
73.20 ~~hearing or before a determination on a pass plan.~~ Notwithstanding section 611A.06,  
73.21 subdivision 4, the executive board shall provide the judicial appeal panel with victim  
73.22 information in order to comply with the provisions of this chapter. The judicial appeal panel  
73.23 shall ensure that the data on victims remains private as provided for in section 611A.06,  
73.24 subdivision 4. This subdivision applies only to victims who have submitted a written request  
73.25 for notification as provided in subdivision 2a.

73.26 Sec. 45. Minnesota Statutes 2024, section 253D.27, subdivision 2, is amended to read:

73.27 Subd. 2. **Filing.** A petition for a reduction in custody or an appeal of a revocation of  
73.28 provisional discharge or revocation of transfer to a nonsecure facility may be filed by either  
73.29 the committed person or by the executive director and must be filed with and considered  
73.30 ~~by a panel of the special review board authorized under section 253B.18, subdivision 4e~~  
73.31 ~~judicial appeal panel established under section 253B.19, subdivision 1.~~ A committed person  
73.32 may not petition the ~~special review board~~ judicial appeal panel any sooner than six months  
73.33 following either:

74.1 (1) the entry of judgment in the district court of the order for commitment issued under  
74.2 section 253D.07, subdivision 5, or upon the exhaustion of all related appeal rights in state  
74.3 court relating to that order, whichever is later; or

74.4 (2) any ~~recommendation of the special review board or~~ order of the judicial appeal panel,  
74.5 or upon the exhaustion of all appeal rights in state court, whichever is later. The executive  
74.6 director may petition at any time. ~~The special review board proceedings are not contested~~  
74.7 ~~cases as defined in chapter 14.~~

74.8 Sec. 46. Minnesota Statutes 2024, section 253D.28, is amended to read:

74.9 **253D.28 JUDICIAL APPEAL PANEL.**

74.10 Subdivision 1. **Rehearing and reconsideration.** (a) A person committed as a sexually  
74.11 dangerous person or a person with a sexual psychopathic personality under this chapter, or  
74.12 committed as both mentally ill and dangerous to the public under section 253B.18 and as  
74.13 a sexually dangerous person or a person with a sexual psychopathic personality under this  
74.14 chapter; the county attorney of the county from which the person was committed or the  
74.15 county of financial responsibility; or the executive board may petition the judicial appeal

74.16 panel established under section 253B.19, subdivision 1, for a rehearing and reconsideration  
74.17 of a recommendation of the special review board under section 253D.27 reduction in custody.

74.18 (b) The petition must be filed with the supreme court within 30 days after the  
74.19 recommendation is mailed by the executive board as required in section 253D.27, subdivision  
74.20 4. The hearing must be held within 180 days of the filing of the petition unless an extension  
74.21 is granted for good cause.

74.22 (e) If no party petitions the judicial appeal panel for a rehearing or reconsideration within  
74.23 30 days, the judicial appeal panel shall either issue an order adopting the recommendations  
74.24 of the special review board or set the matter on for a hearing pursuant to this section.

74.25 Subd. 2. **Procedure.** (a) The supreme court shall refer a petition for rehearing and  
74.26 reconsideration to the chief judge of the judicial appeal panel. The chief judge shall Upon  
74.27 receiving a petition for reduction in custody, the chief judge of the judicial appeal panel  
74.28 shall schedule a hearing and notify the committing court, the committed person, the county  
74.29 attorneys of the county of commitment and county of financial responsibility, the executive  
74.30 board, the executive director, any interested person, and other persons the chief judge  
74.31 designates, of the time and place of the hearing on the petition. The notice shall be given  
74.32 at least 14 days prior to the date of the hearing. The hearing may be conducted by interactive  
75.1 video conference under General Rules of Practice, rule 131, and Minnesota Rules of Civil  
75.2 Commitment, rule 14.

75.3 (b) ~~Any person may oppose the petition.~~ The committed person, the committed person's  
75.4 counsel, the county attorneys of the committing county and county of financial responsibility,  
75.5 and the executive board shall participate as parties to the proceeding pending before the  
75.6 judicial appeal panel and shall, no later than 20 days before the hearing on the petition,  
75.7 inform the judicial appeal panel and the opposing party in writing whether they support or  
75.8 oppose the petition and provide a summary of facts in support of their position.

75.9 (c) The judicial appeal panel may appoint court examiners and may adjourn the hearing  
75.10 from time to time. It shall hear and receive all relevant testimony and evidence and make  
75.11 a record of all proceedings. The committed person, the committed person's counsel, ~~and the~~  
75.12 county attorney of the committing county or the county of financial responsibility, and the  
75.13 executive board have the right to be present and may present and cross-examine all witnesses  
75.14 and offer a factual and legal basis in support of their positions.

75.15 (d) The petitioning party seeking discharge under section 253D.31 or provisional  
75.16 discharge under section 253D.30 bears the burden of going forward with the evidence,  
75.17 which means presenting a prima facie case with competent evidence to show that the person  
75.18 is entitled to the requested relief. If the petitioning party has met this burden, the party  
75.19 opposing discharge or provisional discharge bears the burden of proof by clear and  
75.20 convincing evidence that the discharge or provisional discharge should be denied.

75.21 (e) A party seeking transfer under section 253D.29 must establish by a preponderance  
75.22 of the evidence that the transfer is appropriate.

75.23 Subd. 3. **Decision.** A majority of the judicial appeal panel shall rule upon the petition.  
75.24 ~~The panel shall consider the petition de novo.~~ No order of the judicial appeal panel granting  
75.25 a transfer, discharge, or provisional discharge shall be made effective sooner than 15 days  
75.26 after it is issued. ~~The panel may not consider petitions for relief other than those considered~~  
75.27 ~~by the special review board from which the appeal is taken. The judicial appeal panel may~~  
75.28 ~~not grant a transfer or provisional discharge on terms or conditions that were not presented~~  
75.29 ~~to the special review board.~~

75.30 Subd. 4. **Appeal.** A party aggrieved by an order of the judicial appeal panel may appeal  
75.31 that order as provided under section 253B.19, subdivision 5.

76.1 Sec. 47. Minnesota Statutes 2024, section 253D.29, subdivision 1, is amended to read:

76.2 Subdivision 1. **Factors.** (a) A person who is committed as a sexually dangerous person  
76.3 or a person with a sexual psychopathic personality shall not be transferred out of a secure  
76.4 treatment facility unless the transfer is appropriate. Transfer may be to ~~other treatment~~  
76.5 ~~programs~~ a facility under the control of the executive board.

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

76.8 (1) the person's clinical progress and present treatment needs;

76.9 (2) the need for security to accomplish continuing treatment;

76.10 (3) the need for continued institutionalization;

76.11 (4) which ~~other treatment program~~ facility can best meet the person's needs; and

76.12 (5) whether transfer can be accomplished with a reasonable degree of safety for the  
76.13 public.

76.14 Sec. 48. Minnesota Statutes 2024, section 253D.29, subdivision 2, is amended to read:

76.15 Subd. 2. **Voluntary readmission to a secure treatment facility.** (a) After a committed  
76.16 person has been transferred out of a secure treatment facility pursuant to subdivision 1 and  
76.17 with the consent of the executive director, a committed person may voluntarily return to a  
76.18 secure treatment facility for a period of up to 60 days.

76.19 (b) If the committed person is not returned to the ~~other treatment program~~ secure treatment  
76.20 facility to which the person was originally transferred pursuant to subdivision 1 within 60  
76.21 days of being readmitted to a secure treatment facility under this subdivision, the transfer  
76.22 to the ~~other treatment program~~ secure treatment facility under subdivision 1 is revoked and  
76.23 the committed person shall remain in a secure treatment facility. The committed person  
76.24 shall immediately be notified in writing of the revocation.

89.6 Sec. 45. Minnesota Statutes 2024, section 253D.29, subdivision 1, is amended to read:

89.7 Subdivision 1. **Factors.** (a) A person who is committed as a sexually dangerous person  
89.8 or a person with a sexual psychopathic personality shall not be transferred out of a secure  
89.9 treatment facility unless the transfer is appropriate. Transfer may be to ~~other treatment~~  
89.10 ~~programs~~ a facility under the control of the executive board.

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

89.13 (1) the person's clinical progress and present treatment needs;

89.14 (2) the need for security to accomplish continuing treatment;

89.15 (3) the need for continued institutionalization;

89.16 (4) which ~~other treatment program~~ facility can best meet the person's needs; and

89.17 (5) whether transfer can be accomplished with a reasonable degree of safety for the  
89.18 public.

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

89.20 Sec. 46. Minnesota Statutes 2024, section 253D.29, subdivision 2, is amended to read:

89.21 Subd. 2. **Voluntary readmission to a secure treatment facility.** (a) After a committed  
89.22 person has been transferred out of a secure treatment facility pursuant to subdivision 1 and  
89.23 with the consent of the executive director, a committed person may voluntarily return to a  
89.24 secure treatment facility for a period of up to 60 days.

89.25 (b) If the committed person is not returned to the ~~other treatment program~~ secure treatment  
89.26 facility to which the person was originally transferred pursuant to subdivision 1 within 60  
89.27 days of being readmitted to a secure treatment facility under this subdivision, the transfer  
89.28 to the ~~other treatment program~~ secure treatment facility under subdivision 1 is revoked and  
89.29 the committed person shall remain in a secure treatment facility. The committed person  
89.30 shall immediately be notified in writing of the revocation.

76.25 (c) Within 15 days of receiving notice of the revocation, the committed person may  
76.26 petition the special review board judicial appeal panel for a review of the revocation. The  
76.27 special review board judicial appeal panel shall review the circumstances of the revocation  
76.28 and shall recommend to the judicial appeal panel determine whether ~~or not~~ the revocation  
76.29 shall be upheld. The special review board judicial appeal panel may also recommend grant  
76.30 a new transfer at the time of the revocation hearing.

76.31 (d) If the transfer has not been revoked and the committed person is to be returned to  
76.32 the ~~other treatment program~~ facility to which the committed person was originally transferred  
77.1 pursuant to subdivision 1 with no substantive change to the conditions of the transfer ordered  
77.2 pursuant to subdivision 1, no action by the ~~special review board or~~ judicial appeal panel is  
77.3 required.

77.4 Sec. 49. Minnesota Statutes 2024, section 253D.29, subdivision 3, is amended to read:

77.5 Subd. 3. **Revocation.** (a) The executive director may revoke a transfer made pursuant  
77.6 to subdivision 1 and require a committed person to return to a secure treatment facility if:

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

77.9 (2) the committed person has regressed in clinical progress so that the ~~other treatment~~  
77.10 ~~program~~ facility to which the committed person was transferred is no longer sufficient to  
77.11 meet the committed person's needs.

77.12 (b) Upon the revocation of the transfer, the committed person shall be immediately  
77.13 returned to a secure treatment facility. A report documenting reasons for revocation shall  
77.14 be issued by the executive director within seven days after the committed person is returned  
77.15 to the secure treatment facility. Advance notice to the committed person of the revocation  
77.16 is not required.

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

77.22 (d) If a committed person's transfer is revoked, the committed person may re-petition  
77.23 for transfer according to section 253D.27.

77.24 (e) Any committed person aggrieved by a transfer revocation decision may petition the  
77.25 special review board judicial appeal panel within seven days, exclusive of Saturdays,  
77.26 Sundays, and legal holidays, after receipt of the revocation report for a review of the  
77.27 revocation. The matter shall be scheduled within 30 days. The special review board judicial  
77.28 appeal panel shall review the circumstances leading to the revocation and, after considering  
77.29 the factors in subdivision 1, paragraph (b), shall recommend to the judicial appeal panel

90.1 (c) Within 15 days of receiving notice of the revocation, the committed person may  
90.2 petition the special review board for a review of the revocation. The special review board  
90.3 shall review the circumstances of the revocation and shall recommend to the judicial appeal  
90.4 panel whether ~~or not~~ the revocation shall be upheld. The special review board may also  
90.5 recommend a new transfer at the time of the revocation hearing.

90.6 (d) If the transfer has not been revoked and the committed person is to be returned to  
90.7 the ~~other treatment program~~ facility to which the committed person was originally transferred  
90.8 pursuant to subdivision 1 with no substantive change to the conditions of the transfer ordered  
90.9 pursuant to subdivision 1, no action by the special review board or judicial appeal panel is  
90.10 required.

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

90.12 Sec. 47. Minnesota Statutes 2024, section 253D.29, subdivision 3, is amended to read:

90.13 Subd. 3. **Revocation.** (a) The executive director may revoke a transfer made pursuant  
90.14 to subdivision 1 and require a committed person to return to a secure treatment facility if:

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

90.17 (2) the committed person has regressed in clinical progress so that the ~~other treatment~~  
90.18 ~~program~~ facility to which the committed person was transferred is no longer sufficient to  
90.19 meet the committed person's needs.

90.20 (b) Upon the revocation of the transfer, the committed person shall be immediately  
90.21 returned to a secure treatment facility. A report documenting reasons for revocation shall  
90.22 be issued by the executive director within seven days after the committed person is returned  
90.23 to the secure treatment facility. Advance notice to the committed person of the revocation  
90.24 is not required.

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

90.30 (d) If a committed person's transfer is revoked, the committed person may re-petition  
90.31 for transfer according to section 253D.27.

91.1 (e) Any committed person aggrieved by a transfer revocation decision may petition the  
91.2 special review board within seven days, exclusive of Saturdays, Sundays, and legal holidays,  
91.3 after receipt of the revocation report for a review of the revocation. The matter shall be  
91.4 scheduled within 30 days. The special review board shall review the circumstances leading  
91.5 to the revocation and, after considering the factors in subdivision 1, paragraph (b), shall  
91.6 recommend to the judicial appeal panel whether ~~or not~~ the revocation shall be upheld. The

77.30 ~~determine~~ whether ~~or not~~ the revocation shall be upheld. The ~~special review board~~ judicial  
77.31 appeal panel may also ~~recommend~~ grant a new transfer out of a secure treatment facility at  
77.32 the time of the revocation hearing.

78.1 Sec. 50. Minnesota Statutes 2024, section 253D.30, subdivision 3, is amended to read:

78.2 Subd. 3. **Review.** A provisional discharge pursuant to this chapter shall not automatically  
78.3 terminate. A full discharge shall occur only as provided in section 253D.31. The terms of  
78.4 a provisional discharge continue unless the committed person requests and is granted a  
78.5 change in the conditions of provisional discharge or unless the committed person petitions  
78.6 the ~~special review board~~ judicial appeal panel for a full discharge and the discharge is granted  
78.7 by the judicial appeal panel.

78.8 Sec. 51. Minnesota Statutes 2024, section 253D.30, subdivision 4, is amended to read:

78.9 Subd. 4. **Voluntary readmission.** (a) With the consent of the executive director, a  
78.10 committed person may voluntarily return to ~~the Minnesota Sex Offender Program~~ a secure  
78.11 treatment facility from provisional discharge for a period of up to 60 days.

78.12 (b) If the committed person is not returned to provisional discharge status within 60 days  
78.13 of being readmitted to ~~the Minnesota Sex Offender Program~~ a secure treatment facility, the  
78.14 provisional discharge is revoked. The committed person shall immediately be notified of  
78.15 the revocation in writing. Within 15 days of receiving notice of the revocation, the committed  
78.16 person may request a review of the matter before the ~~special review board~~ judicial appeal  
78.17 panel. The ~~special review board~~ judicial appeal panel shall review the circumstances of the  
78.18 revocation and, after applying the standards in subdivision 5, paragraph (a), shall ~~recommend~~  
78.19 ~~to the judicial appeal panel~~ determine whether ~~or not~~ the revocation shall be upheld. The  
78.20 ~~board~~ judicial appeal panel may ~~recommend~~ grant a return to provisional discharge status.

78.21 (c) If the provisional discharge has not been revoked and the committed person is to be  
78.22 returned to provisional discharge, ~~the Minnesota Sex Offender Program is not required to~~  
78.23 ~~petition for a further review by the special review board~~ no action by the judicial appeal  
78.24 panel is required unless the committed person's return to the community results in substantive  
78.25 change to the existing provisional discharge plan.

78.26 Sec. 52. Minnesota Statutes 2024, section 253D.30, subdivision 5, is amended to read:

78.27 Subd. 5. **Revocation.** (a) The executive director may revoke a provisional discharge if  
78.28 either of the following grounds exist:

78.29 (1) the committed person has departed from the conditions of the provisional discharge  
78.30 plan; or

91.7 ~~special review board~~ may also ~~recommend~~ a new transfer out of a secure treatment facility  
91.8 at the time of the revocation hearing.

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

91.10 Sec. 48. Minnesota Statutes 2024, section 253D.30, subdivision 4, is amended to read:

91.11 Subd. 4. **Voluntary readmission.** (a) With the consent of the executive director, a  
91.12 committed person may voluntarily return to ~~the Minnesota Sex Offender Program~~ a secure  
91.13 treatment facility from provisional discharge for a period of up to 60 days.

91.14 (b) If the committed person is not returned to provisional discharge status within 60 days  
91.15 of being readmitted to ~~the Minnesota Sex Offender Program~~ a secure treatment facility, the  
91.16 provisional discharge is revoked. The committed person shall immediately be notified of  
91.17 the revocation in writing. Within 15 days of receiving notice of the revocation, the committed  
91.18 person may request a review of the matter before the ~~special review board~~ special  
91.19 review board shall review the circumstances of the revocation and, after applying the  
91.20 standards in subdivision 5, paragraph (a), shall ~~recommend to the judicial appeal panel~~  
91.21 whether ~~or not~~ the revocation shall be upheld. The ~~board~~ may ~~recommend~~ a return to  
91.22 provisional discharge status.

91.23 (c) If the provisional discharge has not been revoked and the committed person is to be  
91.24 returned to provisional discharge, ~~the Minnesota Sex Offender Program is not required to~~  
91.25 ~~petition for a further review by the special review board~~ no action by the special review  
91.26 board or judicial appeal panel is required unless the committed person's return to the  
91.27 community results in substantive change to the existing provisional discharge plan.

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

91.29 Sec. 49. Minnesota Statutes 2024, section 253D.30, subdivision 5, is amended to read:

91.30 Subd. 5. **Revocation.** (a) The executive director may revoke a provisional discharge if  
91.31 either of the following grounds exist:

92.1 (1) the committed person has departed from the conditions of the provisional discharge  
92.2 plan; or

78.31 (2) the committed person is exhibiting behavior which may be dangerous to self or  
78.32 others.

79.1 (b) The executive director may revoke the provisional discharge and, either orally or in  
79.2 writing, order that the committed person be immediately returned to a secure treatment  
79.3 facility ~~or other treatment program~~. A report documenting reasons for revocation shall be  
79.4 issued by the executive director within seven days after the committed person is returned  
79.5 to the secure treatment facility ~~or other treatment program~~. Advance notice to the committed  
79.6 person of the revocation is not required.

79.7 (c) The committed person must be provided a copy of the revocation report and informed,  
79.8 orally and in writing, of the rights of a committed person under this section. The revocation  
79.9 report shall be served upon the committed person, the committed person's counsel, and the  
79.10 county attorneys of the county of commitment and the county of financial responsibility.  
79.11 The report shall outline the specific reasons for the revocation, including but not limited to  
79.12 the specific facts upon which the revocation is based.

79.13 (d) An individual who is revoked from provisional discharge must successfully re-petition  
79.14 the ~~special review board and~~ judicial appeal panel prior to being placed back on provisional  
79.15 discharge.

79.16 Sec. 53. Minnesota Statutes 2024, section 253D.30, subdivision 6, is amended to read:

79.17 Subd. 6. **Appeal.** Any committed person aggrieved by a revocation decision or any  
79.18 interested person may petition the ~~special review board~~ judicial appeal panel within seven  
79.19 days, exclusive of Saturdays, Sundays, and legal holidays, after receipt of the revocation  
79.20 report for a review of the revocation. The matter shall be scheduled within 30 days. The  
79.21 ~~special review board~~ judicial appeal panel shall review the circumstances leading to the  
79.22 revocation and shall ~~recommend to the judicial appeal panel~~ determine whether or not the  
79.23 revocation shall be upheld. The ~~special review board~~ judicial appeal panel may also  
79.24 ~~recommend~~ grant a new provisional discharge at the time of the revocation hearing.

79.25 Sec. 54. Minnesota Statutes 2024, section 253D.31, is amended to read:

79.26 **253D.31 DISCHARGE.**

79.27 A person who is committed as a sexually dangerous person or a person with a sexual  
79.28 psychopathic personality shall not be discharged unless it appears to the satisfaction of the  
79.29 judicial appeal panel, ~~after a hearing and recommendation by a majority of the special review~~  
79.30 ~~board~~, that the committed person is capable of making an acceptable adjustment to open  
79.31 society, is no longer dangerous to the public, and is no longer in need of treatment and  
79.32 supervision.

80.1 In determining whether a discharge shall be ~~recommended~~ granted, the ~~special review~~  
80.2 ~~board and~~ judicial appeal panel shall consider whether specific conditions exist to provide

92.3 (2) the committed person is exhibiting behavior which may be dangerous to self or  
92.4 others.

92.5 (b) The executive director may revoke the provisional discharge and, either orally or in  
92.6 writing, order that the committed person be immediately returned to a secure treatment  
92.7 facility ~~or other treatment program~~. A report documenting reasons for revocation shall be  
92.8 issued by the executive director within seven days after the committed person is returned  
92.9 to the secure treatment facility ~~or other treatment program~~. Advance notice to the committed  
92.10 person of the revocation is not required.

92.11 (c) The committed person must be provided a copy of the revocation report and informed,  
92.12 orally and in writing, of the rights of a committed person under this section. The revocation  
92.13 report shall be served upon the committed person, the committed person's counsel, and the  
92.14 county attorneys of the county of commitment and the county of financial responsibility.  
92.15 The report shall outline the specific reasons for the revocation, including but not limited to  
92.16 the specific facts upon which the revocation is based.

92.17 (d) An individual who is revoked from provisional discharge must successfully re-petition  
92.18 the ~~special review board and~~ judicial appeal panel prior to being placed back on provisional  
92.19 discharge.

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

80.3 a reasonable degree of protection to the public and to assist the committed person in adjusting  
80.4 to the community. If the desired conditions do not exist, the discharge shall not be granted.

80.5 Sec. 55. Minnesota Statutes 2024, section 256.01, subdivision 2, is amended to read:

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

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

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

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

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

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

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

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

80.31 (7) enter into contractual agreements with federally recognized Indian Tribes with a  
80.32 reservation in Minnesota to the extent necessary for the Tribe to operate a federally approved  
81.1 family assistance program or any other program under the supervision of the commissioner.  
81.2 The commissioner shall consult with the affected county or counties in the contractual  
81.3 agreement negotiations, if the county or counties wish to be included, in order to avoid the  
81.4 duplication of county and Tribal assistance program services. The commissioner may  
81.5 establish necessary accounts for the purposes of receiving and disbursing funds as necessary  
81.6 for the operation of the programs.

92.21 Sec. 50. Minnesota Statutes 2024, section 256.01, subdivision 2, is amended to read:

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

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

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

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

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

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

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

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

93.14 (7) enter into contractual agreements with federally recognized Indian Tribes with a  
93.15 reservation in Minnesota to the extent necessary for the Tribe to operate a federally approved  
93.16 family assistance program or any other program under the supervision of the commissioner.  
93.17 The commissioner shall consult with the affected county or counties in the contractual  
93.18 agreement negotiations, if the county or counties wish to be included, in order to avoid the  
93.19 duplication of county and Tribal assistance program services. The commissioner may  
93.20 establish necessary accounts for the purposes of receiving and disbursing funds as necessary  
93.21 for the operation of the programs.



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

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

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

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

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

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

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

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

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

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

82.9 (k) Have the authority to conduct and administer experimental projects to test methods  
82.10 and procedures of administering assistance and services to recipients or potential recipients  
82.11 of public welfare. To carry out such experimental projects, it is further provided that the  
82.12 commissioner of human services is authorized to waive the enforcement of existing specific

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

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

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93.27 including persons who have vision impairments, and persons who are deaf, deafblind, and  
93.28 hard-of-hearing or with other disabilities. The commissioner may provide and contract for  
93.29 the care and treatment of qualified indigent children in facilities other than those located  
93.30 and available at state hospitals operated by the executive board when it is not feasible to  
93.31 provide the service in state hospitals operated by the executive board.

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

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

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

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

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94.18 newly arrived immigrants coming to Minnesota.

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94.20 way be construed to be a limitation upon the general transfer of powers herein contained.

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94.22 which may be paid by county agencies for medical, dental, surgical, hospital, nursing and  
94.23 nursing home care and medicine and medical supplies under all programs of medical care  
94.24 provided by the state and for congregate living care under the income maintenance programs.

94.25 (k) Have the authority to conduct and administer experimental projects to test methods  
94.26 and procedures of administering assistance and services to recipients or potential recipients  
94.27 of public welfare. To carry out such experimental projects, it is further provided that the  
94.28 commissioner of human services is authorized to waive the enforcement of existing specific



82.13 statutory program requirements, rules, and standards in one or more counties. The order  
82.14 establishing the waiver shall provide alternative methods and procedures of administration,  
82.15 shall not be in conflict with the basic purposes, coverage, or benefits provided by law, and  
82.16 in no event shall the duration of a project exceed four years. It is further provided that no  
82.17 order establishing an experimental project as authorized by the provisions of this section  
82.18 shall become effective until the following conditions have been met:

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

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

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

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

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

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

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

94.29 statutory program requirements, rules, and standards in one or more counties. The order  
94.30 establishing the waiver shall provide alternative methods and procedures of administration,  
94.31 shall not be in conflict with the basic purposes, coverage, or benefits provided by law, and  
94.32 in no event shall the duration of a project exceed four years. It is further provided that no  
94.33 order establishing an experimental project as authorized by the provisions of this section  
94.34 shall become effective until the following conditions have been met:

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

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

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

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

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

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

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

83.18 (o) Have the authority to establish and enforce the following county reporting  
83.19 requirements:

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

83.25 (2) the county board shall submit monthly or quarterly reports to the department as  
83.26 required by the commissioner. Monthly reports are due no later than 15 working days after  
83.27 the end of the month. Quarterly reports are due no later than 30 calendar days after the end  
83.28 of the quarter, unless the commissioner determines that the deadline must be shortened to  
83.29 20 calendar days to avoid jeopardizing compliance with federal deadlines or risking a loss  
83.30 of federal funding. Only reports that are complete, legible, and in the required format shall  
83.31 be accepted by the commissioner;

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

84.4 (4) a county board that submits reports that are late, illegible, incomplete, or not in the  
84.5 required format for two out of three consecutive reporting periods is considered  
84.6 noncompliant. When a county board is found to be noncompliant, the commissioner shall  
84.7 notify the county board of the reason the county board is considered noncompliant and  
84.8 request that the county board develop a corrective action plan stating how the county board  
84.9 plans to correct the problem. The corrective action plan must be submitted to the  
84.10 commissioner within 45 days after the date the county board received notice of  
84.11 noncompliance;

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

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

95.33 (o) Have the authority to establish and enforce the following county reporting  
95.34 requirements:

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

96.6 (2) the county board shall submit monthly or quarterly reports to the department as  
96.7 required by the commissioner. Monthly reports are due no later than 15 working days after  
96.8 the end of the month. Quarterly reports are due no later than 30 calendar days after the end  
96.9 of the quarter, unless the commissioner determines that the deadline must be shortened to  
96.10 20 calendar days to avoid jeopardizing compliance with federal deadlines or risking a loss  
96.11 of federal funding. Only reports that are complete, legible, and in the required format shall  
96.12 be accepted by the commissioner;

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

96.19 (4) a county board that submits reports that are late, illegible, incomplete, or not in the  
96.20 required format for two out of three consecutive reporting periods is considered  
96.21 noncompliant. When a county board is found to be noncompliant, the commissioner shall  
96.22 notify the county board of the reason the county board is considered noncompliant and  
96.23 request that the county board develop a corrective action plan stating how the county board  
96.24 plans to correct the problem. The corrective action plan must be submitted to the  
96.25 commissioner within 45 days after the date the county board received notice of  
96.26 noncompliance;

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

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

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

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

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

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

85.1 (s) Have the authority to administer the federal drug rebate program for drugs purchased  
85.2 under the medical assistance program as allowed by section 1927 of title XIX of the Social  
85.3 Security Act and according to the terms and conditions of section 1927. Rebates shall be  
85.4 collected for all drugs that have been dispensed or administered in an outpatient setting and  
85.5 that are from manufacturers who have signed a rebate agreement with the United States  
85.6 Department of Health and Human Services.

85.7 (t) Have the authority to administer a supplemental drug rebate program for drugs  
85.8 purchased under the medical assistance program. The commissioner may enter into  
85.9 supplemental rebate contracts with pharmaceutical manufacturers and may require prior  
85.10 authorization for drugs that are from manufacturers that have not signed a supplemental  
85.11 rebate contract. Prior authorization of drugs shall be subject to the provisions of section  
85.12 256B.0625, subdivision 13.

85.13 (u) Operate the department's communication systems account established in Laws 1993,  
85.14 First Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared  
85.15 communication costs necessary for the operation of the programs the commissioner  
85.16 supervises. Each account must be used to manage shared communication costs necessary  
85.17 for the operations of the programs the commissioner supervises. The commissioner may  
85.18 distribute the costs of operating and maintaining communication systems to participants in  
85.19 a manner that reflects actual usage. Costs may include acquisition, licensing, insurance,  
85.20 maintenance, repair, staff time and other costs as determined by the commissioner. Nonprofit  
85.21 organizations and state, county, and local government agencies involved in the operation  
85.22 of programs the commissioner supervises may participate in the use of the department's  
85.23 communications technology and share in the cost of operation. The commissioner may  
85.24 accept on behalf of the state any gift, bequest, devise or personal property of any kind, or  
85.25 money tendered to the state for any lawful purpose pertaining to the communication activities  
85.26 of the department. Any money received for this purpose must be deposited in the department's  
85.27 communication systems accounts. Money collected by the commissioner for the use of

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

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

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

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

97.16 (s) Have the authority to administer the federal drug rebate program for drugs purchased  
97.17 under the medical assistance program as allowed by section 1927 of title XIX of the Social  
97.18 Security Act and according to the terms and conditions of section 1927. Rebates shall be  
97.19 collected for all drugs that have been dispensed or administered in an outpatient setting and  
97.20 that are from manufacturers who have signed a rebate agreement with the United States  
97.21 Department of Health and Human Services.

97.22 (t) Have the authority to administer a supplemental drug rebate program for drugs  
97.23 purchased under the medical assistance program. The commissioner may enter into  
97.24 supplemental rebate contracts with pharmaceutical manufacturers and may require prior  
97.25 authorization for drugs that are from manufacturers that have not signed a supplemental  
97.26 rebate contract. Prior authorization of drugs shall be subject to the provisions of section  
97.27 256B.0625, subdivision 13.

97.28 (u) Operate the department's communication systems account established in Laws 1993,  
97.29 First Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared  
97.30 communication costs necessary for the operation of the programs the commissioner  
97.31 supervises. Each account must be used to manage shared communication costs necessary  
97.32 for the operations of the programs the commissioner supervises. The commissioner may  
97.33 distribute the costs of operating and maintaining communication systems to participants in  
97.34 a manner that reflects actual usage. Costs may include acquisition, licensing, insurance,  
98.1 maintenance, repair, staff time and other costs as determined by the commissioner. Nonprofit  
98.2 organizations and state, county, and local government agencies involved in the operation  
98.3 of programs the commissioner supervises may participate in the use of the department's  
98.4 communications technology and share in the cost of operation. The commissioner may  
98.5 accept on behalf of the state any gift, bequest, devise or personal property of any kind, or  
98.6 money tendered to the state for any lawful purpose pertaining to the communication activities  
98.7 of the department. Any money received for this purpose must be deposited in the department's  
98.8 communication systems accounts. Money collected by the commissioner for the use of

85.28 communication systems must be deposited in the state communication systems account and  
85.29 is appropriated to the commissioner for purposes of this section.

85.30 (v) Receive any federal matching money that is made available through the medical  
85.31 assistance program for the consumer satisfaction survey. Any federal money received for  
85.32 the survey is appropriated to the commissioner for this purpose. The commissioner may  
85.33 expend the federal money received for the consumer satisfaction survey in either year of  
85.34 the biennium.

86.1 (w) Designate community information and referral call centers and incorporate cost  
86.2 reimbursement claims from the designated community information and referral call centers  
86.3 into the federal cost reimbursement claiming processes of the department according to  
86.4 federal law, rule, and regulations. Existing information and referral centers provided by  
86.5 Greater Twin Cities United Way or existing call centers for which Greater Twin Cities  
86.6 United Way has legal authority to represent, shall be included in these designations upon  
86.7 review by the commissioner and assurance that these services are accredited and in  
86.8 compliance with national standards. Any reimbursement is appropriated to the commissioner  
86.9 and all designated information and referral centers shall receive payments according to  
86.10 normal department schedules established by the commissioner upon final approval of  
86.11 allocation methodologies from the United States Department of Health and Human Services  
86.12 Division of Cost Allocation or other appropriate authorities.

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

86.16 (y) Authorize the method of payment to or from the department as part of the human  
86.17 services programs administered by the department. This authorization includes the receipt  
86.18 or disbursement of funds held by the department in a fiduciary capacity as part of the human  
86.19 services programs administered by the department.

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

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

98.9 communication systems must be deposited in the state communication systems account and  
98.10 is appropriated to the commissioner for purposes of this section.

98.11 (v) Receive any federal matching money that is made available through the medical  
98.12 assistance program for the consumer satisfaction survey. Any federal money received for  
98.13 the survey is appropriated to the commissioner for this purpose. The commissioner may  
98.14 expend the federal money received for the consumer satisfaction survey in either year of  
98.15 the biennium.

98.16 (w) Designate community information and referral call centers and incorporate cost  
98.17 reimbursement claims from the designated community information and referral call centers  
98.18 into the federal cost reimbursement claiming processes of the department according to  
98.19 federal law, rule, and regulations. Existing information and referral centers provided by  
98.20 Greater Twin Cities United Way or existing call centers for which Greater Twin Cities  
98.21 United Way has legal authority to represent, shall be included in these designations upon  
98.22 review by the commissioner and assurance that these services are accredited and in  
98.23 compliance with national standards. Any reimbursement is appropriated to the commissioner  
98.24 and all designated information and referral centers shall receive payments according to  
98.25 normal department schedules established by the commissioner upon final approval of  
98.26 allocation methodologies from the United States Department of Health and Human Services  
98.27 Division of Cost Allocation or other appropriate authorities.

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

98.31 (y) Authorize the method of payment to or from the department as part of the human  
98.32 services programs administered by the department. This authorization includes the receipt  
98.33 or disbursement of funds held by the department in a fiduciary capacity as part of the human  
98.34 services programs administered by the department.

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

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

86.31 Sec. 56. Minnesota Statutes 2024, section 256.01, subdivision 5, is amended to read:

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

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

87.6 Sec. 57. Minnesota Statutes 2024, section 256.019, subdivision 1, is amended to read:

87.7 Subdivision 1. **Retention rates.** When an assistance recovery amount is collected and  
87.8 posted by a county agency under the provisions governing public assistance programs  
87.9 including general assistance medical care formerly codified in chapter 256D, general  
87.10 assistance, and Minnesota supplemental aid, the county may keep one-half of the recovery  
87.11 made by the county agency using any method other than recoupment. For medical assistance,  
87.12 if the recovery is made by a county agency using any method other than recoupment, the  
87.13 county may keep one-half of the nonfederal share of the recovery. For MinnesotaCare, if  
87.14 the recovery is collected and posted by the county agency, the county may keep one-half  
87.15 of the nonfederal share of the recovery.

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

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

87.21 Sec. 58. Minnesota Statutes 2024, section 256.0281, is amended to read:

87.22 **256.0281 INTERAGENCY DATA EXCHANGE.**

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

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

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

99.12 Sec. 51. Minnesota Statutes 2024, section 256.01, subdivision 5, is amended to read:

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

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

99.21 Sec. 52. Minnesota Statutes 2024, section 256.019, subdivision 1, is amended to read:

99.22 Subdivision 1. **Retention rates.** When an assistance recovery amount is collected and  
99.23 posted by a county agency under the provisions governing public assistance programs  
99.24 including general assistance medical care formerly codified in chapter 256D, general  
99.25 assistance, and Minnesota supplemental aid, the county may keep one-half of the recovery  
99.26 made by the county agency using any method other than recoupment. For medical assistance,  
99.27 if the recovery is made by a county agency using any method other than recoupment, the  
99.28 county may keep one-half of the nonfederal share of the recovery. For MinnesotaCare, if  
99.29 the recovery is collected and posted by the county agency, the county may keep one-half  
99.30 of the nonfederal share of the recovery.

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

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

100.4 Sec. 53. Minnesota Statutes 2024, section 256.0281, is amended to read:

100.5 **256.0281 INTERAGENCY DATA EXCHANGE.**

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

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

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

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

88.3 (4) to meet the quality assurance reporting requirements under federal law under section  
88.4 1915(c) of the Social Security Act related to home and community-based waiver programs.

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

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

88.11 Sec. 59. Minnesota Statutes 2024, section 256.0451, subdivision 1, is amended to read:

88.12 Subdivision 1. **Scope.** (a) The requirements in this section apply to all fair hearings and  
88.13 appeals under sections 142A.20, subdivision 2, and 256.045, subdivision 3, paragraph (a),  
88.14 clauses (1), (2), (3), (5), (6), (7), (10), and (12). Except as provided in subdivisions 3 and  
88.15 19, the requirements under this section apply to fair hearings and appeals under section  
88.16 256.045, subdivision 3, paragraph (a), clauses (4), (8), (9), and (11).

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

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

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

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

89.1 Sec. 60. Minnesota Statutes 2024, section 256.0451, subdivision 3, is amended to read:

89.2 Subd. 3. **Agency appeal summary.** (a) Except in fair hearings and appeals under section  
89.3 256.045, subdivision 3, paragraph (a), clauses (4), (9), and (10), the agency involved in an  
89.4 appeal must prepare a state agency appeal summary for each fair hearing appeal. The state  
89.5 agency appeal summary shall be mailed or otherwise delivered to the person who is involved  
89.6 in the appeal at least three working days before the date of the hearing. The state agency

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

100.17 (4) to meet the quality assurance reporting requirements under federal law under section  
100.18 1915(c) of the Social Security Act related to home and community-based waiver programs.

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

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

100.25 Sec. 54. Minnesota Statutes 2024, section 256.0451, subdivision 1, is amended to read:

100.26 Subdivision 1. **Scope.** (a) The requirements in this section apply to all fair hearings and  
100.27 appeals under sections 142A.20, subdivision 2, and 256.045, subdivision 3, paragraph (a),  
100.28 clauses (1), (2), (3), (5), (6), (7), (10), and (12). Except as provided in subdivisions 3 and  
100.29 19, the requirements under this section apply to fair hearings and appeals under section  
100.30 256.045, subdivision 3, paragraph (a), clauses (4), (8), (9), and (11).

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

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

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

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

101.16 Sec. 55. Minnesota Statutes 2024, section 256.0451, subdivision 3, is amended to read:

101.17 Subd. 3. **Agency appeal summary.** (a) Except in fair hearings and appeals under section  
101.18 256.045, subdivision 3, paragraph (a), clauses (4), (9), and (10), the agency involved in an  
101.19 appeal must prepare a state agency appeal summary for each fair hearing appeal. The state  
101.20 agency appeal summary shall be mailed or otherwise delivered to the person who is involved  
101.21 in the appeal at least three working days before the date of the hearing. The state agency

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

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

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

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

89.21 Sec. 61. Minnesota Statutes 2024, section 256.0451, subdivision 6, is amended to read:

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

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

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

90.2 Sec. 62. Minnesota Statutes 2024, section 256.0451, subdivision 8, is amended to read:

90.3 Subd. 8. **Subpoenas.** A person involved in a fair hearing or the agency may request a  
90.4 subpoena for a witness, for evidence, or for both. A reasonable number of subpoenas shall  
90.5 be issued to require the attendance and the testimony of witnesses, and the production of  
90.6 evidence relating to any issue of fact in the appeal hearing. The request for a subpoena must  
90.7 show a need for the subpoena and the general relevance to the issues involved. The subpoena  
90.8 shall be issued in the name of the Department of Human Services and shall be served and  
90.9 enforced as provided in section 357.22 and the Minnesota Rules of Civil Procedure.

90.10 An individual or entity served with a subpoena may petition the human services judge  
90.11 in writing to vacate or modify a subpoena. The human services judge shall resolve such a

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

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

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

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

102.5 Sec. 56. Minnesota Statutes 2024, section 256.0451, subdivision 6, is amended to read:

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

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

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

102.19 Sec. 57. Minnesota Statutes 2024, section 256.0451, subdivision 8, is amended to read:

102.20 Subd. 8. **Subpoenas.** A person involved in a fair hearing or the agency may request a  
102.21 subpoena for a witness, for evidence, or for both. A reasonable number of subpoenas shall  
102.22 be issued to require the attendance and the testimony of witnesses, and the production of  
102.23 evidence relating to any issue of fact in the appeal hearing. The request for a subpoena must  
102.24 show a need for the subpoena and the general relevance to the issues involved. The subpoena  
102.25 shall be issued in the name of the Department of Human Services and shall be served and  
102.26 enforced as provided in section 357.22 and the Minnesota Rules of Civil Procedure.

102.27 An individual or entity served with a subpoena may petition the human services judge  
102.28 in writing to vacate or modify a subpoena. The human services judge shall resolve such a

90.12 petition in a prehearing conference involving all parties and shall make a written decision.  
90.13 A subpoena may be vacated or modified if the human services judge determines that the  
90.14 testimony or evidence sought does not relate with reasonable directness to the issues of the  
90.15 fair hearing appeal; that the subpoena is unreasonable, over broad, or oppressive; that the  
90.16 evidence sought is repetitious or cumulative; or that the subpoena has not been served  
90.17 reasonably in advance of the time when the appeal hearing will be held.

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

90.19 Sec. 63. Minnesota Statutes 2024, section 256.0451, subdivision 9, is amended to read:

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

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

90.28 Sec. 64. Minnesota Statutes 2024, section 256.0451, subdivision 18, is amended to read:

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

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

91.7 Sec. 65. Minnesota Statutes 2024, section 256.0451, subdivision 22, is amended to read:

91.8 Subd. 22. **Decisions.** A timely, written decision must be issued in every appeal. Each  
91.9 decision must contain a clear ruling on the issues presented in the appeal hearing and should  
91.10 contain a ruling only on questions directly presented by the appeal and the arguments raised  
91.11 in the appeal.

91.12 (a) A written decision must be issued within 90 days of the date the person involved  
91.13 requested the appeal unless a shorter time is required by law. An additional 30 days is  
91.14 provided in those cases where the applicable commissioner or executive board refuses to  
91.15 accept the recommended decision. In appeals of maltreatment determinations or  
91.16 disqualifications filed pursuant to section 256.045, subdivision 3, paragraph (a), clause (4),  
91.17 (8), or (9), that also give rise to possible licensing actions, the 90-day period for issuing

102.29 petition in a prehearing conference involving all parties and shall make a written decision.  
102.30 A subpoena may be vacated or modified if the human services judge determines that the  
102.31 testimony or evidence sought does not relate with reasonable directness to the issues of the  
102.32 fair hearing appeal; that the subpoena is unreasonable, over broad, or oppressive; that the  
103.1 evidence sought is repetitious or cumulative; or that the subpoena has not been served  
103.2 reasonably in advance of the time when the appeal hearing will be held.

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

103.4 Sec. 58. Minnesota Statutes 2024, section 256.0451, subdivision 9, is amended to read:

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

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

103.13 Sec. 59. Minnesota Statutes 2024, section 256.0451, subdivision 18, is amended to read:

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

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

103.24 Sec. 60. Minnesota Statutes 2024, section 256.0451, subdivision 22, is amended to read:

103.25 Subd. 22. **Decisions.** A timely, written decision must be issued in every appeal. Each  
103.26 decision must contain a clear ruling on the issues presented in the appeal hearing and should  
103.27 contain a ruling only on questions directly presented by the appeal and the arguments raised  
103.28 in the appeal.

103.29 (a) A written decision must be issued within 90 days of the date the person involved  
103.30 requested the appeal unless a shorter time is required by law. An additional 30 days is  
103.31 provided in those cases where the applicable commissioner or executive board refuses to  
104.1 accept the recommended decision. In appeals of maltreatment determinations or  
104.2 disqualifications filed pursuant to section 256.045, subdivision 3, paragraph (a), clause (4),  
104.3 (8), or (9), that also give rise to possible licensing actions, the 90-day period for issuing



91.18 final decisions does not begin until the later of the date that the licensing authority provides  
91.19 notice to the appeals division that the authority has made the final determination in the  
91.20 matter or the date the appellant files the last appeal in the consolidated matters.

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

91.30 The decision shall contain at least the following:

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

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

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

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

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

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

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

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

104.4 final decisions does not begin until the later of the date that the licensing authority provides  
104.5 notice to the appeals division that the authority has made the final determination in the  
104.6 matter or the date the appellant files the last appeal in the consolidated matters.

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

104.16 The decision shall contain at least the following:

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

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

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

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

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

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

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

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

92.20 (d) The applicable commissioner ~~will~~ or executive board must review the recommended  
92.21 decision and accept or refuse to accept the decision according to section 142A.20, subdivision  
92.22 3, or 256.045, subdivision 5 or 5a.

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

92.24 Sec. 66. Minnesota Statutes 2024, section 256.0451, subdivision 23, is amended to read:

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

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

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

93.4 Sec. 67. Minnesota Statutes 2024, section 256.0451, subdivision 24, is amended to read:

93.5 Subd. 24. **Reconsideration.** (a) Reconsideration may be requested within 30 days of  
93.6 the date of the applicable commissioner's or executive board's final order. If reconsideration  
93.7 is requested under section 142A.20, subdivision 3, or 256.045, subdivision 5 or 5a, the other  
93.8 participants in the appeal shall be informed of the request. The person seeking reconsideration  
93.9 has the burden to demonstrate why the matter should be reconsidered. The request for  
93.10 reconsideration may include legal argument and may include proposed additional evidence  
93.11 supporting the request. The other participants shall be sent a copy of all material submitted  
93.12 in support of the request for reconsideration and must be given ten days to respond.

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

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

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

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

105.7 (d) The applicable commissioner ~~will~~ or executive board must review the recommended  
105.8 decision and accept or refuse to accept the decision according to section 142A.20, subdivision  
105.9 3, or 256.045, subdivision 5 or 5a.

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

105.11 Sec. 61. Minnesota Statutes 2024, section 256.0451, subdivision 23, is amended to read:

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

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

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

105.22 Sec. 62. Minnesota Statutes 2024, section 256.0451, subdivision 24, is amended to read:

105.23 Subd. 24. **Reconsideration.** (a) Reconsideration may be requested within 30 days of  
105.24 the date of the applicable commissioner's or executive board's final order. If reconsideration  
105.25 is requested under section 142A.20, subdivision 3, or 256.045, subdivision 5 or 5a, the other  
105.26 participants in the appeal shall be informed of the request. The person seeking reconsideration  
105.27 has the burden to demonstrate why the matter should be reconsidered. The request for  
105.28 reconsideration may include legal argument and may include proposed additional evidence  
105.29 supporting the request. The other participants shall be sent a copy of all material submitted  
105.30 in support of the request for reconsideration and must be given ten days to respond.

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

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

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

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

93.25 Sec. 68. Minnesota Statutes 2024, section 256.4825, is amended to read:

93.26 **256.4825 REPORT REGARDING PROGRAMS AND SERVICES FOR PEOPLE**  
93.27 **WITH DISABILITIES.**

93.28 The Minnesota State Council on Disability, the Minnesota Consortium for Citizens with  
93.29 Disabilities, and the Arc of Minnesota may submit an annual report by January 15 of each  
93.30 year, beginning in 2012, to the chairs and ranking minority members of the legislative  
93.31 committees with jurisdiction over programs serving people with disabilities as provided in  
93.32 this section. The report must describe the existing state policies and goals for programs  
94.1 serving people with disabilities including, but not limited to, programs for employment,  
94.2 transportation, housing, education, quality assurance, consumer direction, physical and  
94.3 programmatic access, and health. The report must provide data and measurements to assess  
94.4 the extent to which the policies and goals are being met. The commissioner of human  
94.5 services, the Direct Care and Treatment executive board, and the commissioners of other  
94.6 state agencies administering programs for people with disabilities shall cooperate with the  
94.7 Minnesota State Council on Disability, the Minnesota Consortium for Citizens with  
94.8 Disabilities, and the Arc of Minnesota and provide those organizations with existing  
94.9 published information and reports that will assist in the preparation of the report.

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

94.11 Sec. 69. Minnesota Statutes 2024, section 256.93, subdivision 1, is amended to read:

94.12 Subdivision 1. **Limitations.** In any case where the guardianship of any child with a  
94.13 developmental disability or who is disabled, dependent, neglected or delinquent, or a child  
94.14 born to a mother who was not married to the child's father when the child was conceived  
94.15 nor when the child was born, has been ~~committed~~ appointed to the commissioner of human  
94.16 services, and in any case where the guardianship of any person with a developmental  
94.17 disability has been ~~committed~~ appointed to the commissioner of human services, the court  
94.18 having jurisdiction of the estate may on such notice as the court may direct, authorize the  
94.19 commissioner to take possession of the personal property in the estate, liquidate it, and hold  
94.20 the proceeds in trust for the ward, to be invested, expended and accounted for as provided  
94.21 by sections 256.88 to 256.92.

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

94.23 Sec. 70. Minnesota Statutes 2024, section 256.98, subdivision 7, is amended to read:

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

94.29 This subdivision does not apply to recoveries from medical providers or to recoveries  
94.30 involving the Department of Human ~~services~~, Services' Surveillance and Utilization Review

106.11 Sec. 63. Minnesota Statutes 2024, section 256.4825, is amended to read:

106.12 **256.4825 REPORT REGARDING PROGRAMS AND SERVICES FOR PEOPLE**  
106.13 **WITH DISABILITIES.**

106.14 The Minnesota State Council on Disability, the Minnesota Consortium for Citizens with  
106.15 Disabilities, and the Arc of Minnesota may submit an annual report by January 15 of each  
106.16 year, beginning in 2012, to the chairs and ranking minority members of the legislative  
106.17 committees with jurisdiction over programs serving people with disabilities as provided in  
106.18 this section. The report must describe the existing state policies and goals for programs  
106.19 serving people with disabilities including, but not limited to, programs for employment,  
106.20 transportation, housing, education, quality assurance, consumer direction, physical and  
106.21 programmatic access, and health. The report must provide data and measurements to assess  
106.22 the extent to which the policies and goals are being met. The commissioner of human  
106.23 services, the Direct Care and Treatment executive board, and the commissioners of other  
106.24 state agencies administering programs for people with disabilities shall cooperate with the  
106.25 Minnesota State Council on Disability, the Minnesota Consortium for Citizens with  
106.26 Disabilities, and the Arc of Minnesota and provide those organizations with existing  
106.27 published information and reports that will assist in the preparation of the report.

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

106.29 Sec. 64. Minnesota Statutes 2024, section 256.93, subdivision 1, is amended to read:

106.30 Subdivision 1. **Limitations.** In any case where the guardianship of any child with a  
106.31 developmental disability or who is disabled, dependent, neglected or delinquent, or a child  
106.32 born to a mother who was not married to the child's father when the child was conceived  
107.1 nor when the child was born, has been ~~committed~~ appointed to the commissioner of human  
107.2 services, and in any case where the guardianship of any person with a developmental  
107.3 disability has been ~~committed~~ appointed to the commissioner of human services, the court  
107.4 having jurisdiction of the estate may on such notice as the court may direct, authorize the  
107.5 commissioner to take possession of the personal property in the estate, liquidate it, and hold  
107.6 the proceeds in trust for the ward, to be invested, expended and accounted for as provided  
107.7 by sections 256.88 to 256.92.

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

107.9 Sec. 65. Minnesota Statutes 2024, section 256.98, subdivision 7, is amended to read:

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

107.15 This subdivision does not apply to recoveries from medical providers or to recoveries  
107.16 involving the Department of Human ~~services~~, Services' Surveillance and Utilization Review

94.31 Division, ~~state hospital collections unit~~, and the Benefit Recoveries Division or the Direct  
94.32 Care and Treatment State Hospital Collections Unit.

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

95.2 Sec. 71. Minnesota Statutes 2024, section 256B.092, subdivision 10, is amended to read:

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

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

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

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

95.17 Sec. 72. Minnesota Statutes 2024, section 256G.09, subdivision 4, is amended to read:

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

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

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

96.1 Sec. 73. Minnesota Statutes 2024, section 256G.09, subdivision 5, is amended to read:

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

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

107.17 Division, ~~state hospital collections unit~~, and the Benefit Recoveries Division or the Direct  
107.18 Care and Treatment State Hospital Collections Unit.

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

107.20 Sec. 66. Minnesota Statutes 2024, section 256B.092, subdivision 10, is amended to read:

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

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

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

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

108.4 Sec. 67. Minnesota Statutes 2024, section 256G.09, subdivision 4, is amended to read:

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

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

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

108.16 Sec. 68. Minnesota Statutes 2024, section 256G.09, subdivision 5, is amended to read:

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

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

96.6 Sec. 74. Minnesota Statutes 2024, section 299F.77, subdivision 2, is amended to read:

96.7 Subd. 2. **Background check.** (a) For licenses issued by the commissioner under section  
96.8 299F.73, the applicant for licensure must provide the commissioner with all of the  
96.9 information required by Code of Federal Regulations, title 28, section 25.7. The commissioner  
96.10 shall forward the information to the superintendent of the Bureau of Criminal Apprehension  
96.11 so that criminal records, histories, and warrant information on the applicant can be retrieved  
96.12 from the Minnesota Crime Information System and the National Instant Criminal Background  
96.13 Check System, as well as the civil commitment records maintained by ~~the Department of~~  
96.14 ~~Human Services~~ Direct Care and Treatment. The results must be returned to the commissioner  
96.15 to determine if the individual applicant is qualified to receive a license.

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

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

96.26 Sec. 75. Minnesota Statutes 2024, section 342.04, is amended to read:

96.27 **342.04 STUDIES; REPORTS.**

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

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

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

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

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

108.21 Sec. 69. Minnesota Statutes 2024, section 299F.77, subdivision 2, is amended to read:

108.22 Subd. 2. **Background check.** (a) For licenses issued by the commissioner under section  
108.23 299F.73, the applicant for licensure must provide the commissioner with all of the  
108.24 information required by Code of Federal Regulations, title 28, section 25.7. The commissioner  
108.25 shall forward the information to the superintendent of the Bureau of Criminal Apprehension  
108.26 so that criminal records, histories, and warrant information on the applicant can be retrieved  
108.27 from the Minnesota Crime Information System and the National Instant Criminal Background  
108.28 Check System, as well as the civil commitment records maintained by ~~the Department of~~  
108.29 ~~Human Services~~ Direct Care and Treatment. The results must be returned to the commissioner  
108.30 to determine if the individual applicant is qualified to receive a license.

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

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

109.11 Sec. 70. Minnesota Statutes 2024, section 342.04, is amended to read:

109.12 **342.04 STUDIES; REPORTS.**

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

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

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

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

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

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

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

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

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

98.1 (1) ensure the sufficient supply of cannabis flower and cannabis products to meet demand;

98.2 (2) provide market stability;

98.3 (3) ensure a competitive market; and

98.4 (4) limit the sale of unregulated cannabis flower and cannabis products.

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

98.7 (1) the status of the regulated cannabis industry;

98.8 (2) the status of the illicit cannabis market and hemp consumer industry;

98.9 (3) the number of accidents, arrests, and convictions involving drivers who admitted to  
98.10 using cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived  
98.11 consumer products or who tested positive for cannabis or tetrahydrocannabinol;

98.12 (4) the change in potency, if any, of cannabis flower and cannabis products available  
98.13 through the regulated market;

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

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

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

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

110.21 (1) ensure the sufficient supply of cannabis flower and cannabis products to meet demand;

110.22 (2) provide market stability;

110.23 (3) ensure a competitive market; and

110.24 (4) limit the sale of unregulated cannabis flower and cannabis products.

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

110.27 (1) the status of the regulated cannabis industry;

110.28 (2) the status of the illicit cannabis market and hemp consumer industry;

110.29 (3) the number of accidents, arrests, and convictions involving drivers who admitted to  
110.30 using cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived  
110.31 consumer products or who tested positive for cannabis or tetrahydrocannabinol;

111.1 (4) the change in potency, if any, of cannabis flower and cannabis products available  
111.2 through the regulated market;

98.14 (5) progress on providing opportunities to individuals and communities that experienced  
98.15 a disproportionate, negative impact from cannabis prohibition, including but not limited to  
98.16 providing relief from criminal convictions and increasing economic opportunities;

98.17 (6) the status of racial and geographic diversity in the cannabis industry;

98.18 (7) proposed legislative changes, including but not limited to recommendations to  
98.19 streamline licensing systems and related administrative processes;

98.20 (8) information on the adverse effects of second-hand smoke from any cannabis flower,  
98.21 cannabis products, and hemp-derived consumer products that are consumed by the  
98.22 combustion or vaporization of the product and the inhalation of smoke, aerosol, or vapor  
98.23 from the product; and

98.24 (9) recommendations for the levels of funding for:

98.25 (i) a coordinated education program to address and raise public awareness about the top  
98.26 three adverse health effects, as determined by the commissioner of health, associated with  
98.27 the use of cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived  
98.28 consumer products by individuals under 21 years of age;

98.29 (ii) a coordinated education program to educate pregnant individuals, breastfeeding  
98.30 individuals, and individuals who may become pregnant on the adverse health effects of  
99.1 cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived consumer  
99.2 products;

99.3 (iii) training, technical assistance, and educational materials for home visiting programs,  
99.4 Tribal home visiting programs, and child welfare workers regarding safe and unsafe use of  
99.5 cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived consumer  
99.6 products in homes with infants and young children;

99.7 (iv) model programs to educate middle school and high school students on the health  
99.8 effects on children and adolescents of the use of cannabis flower, cannabis products,  
99.9 lower-potency hemp edibles, hemp-derived consumer products, and other intoxicating or  
99.10 controlled substances;

99.11 (v) grants issued through the CanTrain, CanNavigate, CanStartup, and CanGrow  
99.12 programs;

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

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

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

111.3 (5) progress on providing opportunities to individuals and communities that experienced  
111.4 a disproportionate, negative impact from cannabis prohibition, including but not limited to  
111.5 providing relief from criminal convictions and increasing economic opportunities;

111.6 (6) the status of racial and geographic diversity in the cannabis industry;

111.7 (7) proposed legislative changes, including but not limited to recommendations to  
111.8 streamline licensing systems and related administrative processes;

111.9 (8) information on the adverse effects of second-hand smoke from any cannabis flower,  
111.10 cannabis products, and hemp-derived consumer products that are consumed by the  
111.11 combustion or vaporization of the product and the inhalation of smoke, aerosol, or vapor  
111.12 from the product; and

111.13 (9) recommendations for the levels of funding for:

111.14 (i) a coordinated education program to address and raise public awareness about the top  
111.15 three adverse health effects, as determined by the commissioner of health, associated with  
111.16 the use of cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived  
111.17 consumer products by individuals under 21 years of age;

111.18 (ii) a coordinated education program to educate pregnant individuals, breastfeeding  
111.19 individuals, and individuals who may become pregnant on the adverse health effects of  
111.20 cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived consumer  
111.21 products;

111.22 (iii) training, technical assistance, and educational materials for home visiting programs,  
111.23 Tribal home visiting programs, and child welfare workers regarding safe and unsafe use of  
111.24 cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived consumer  
111.25 products in homes with infants and young children;

111.26 (iv) model programs to educate middle school and high school students on the health  
111.27 effects on children and adolescents of the use of cannabis flower, cannabis products,  
111.28 lower-potency hemp edibles, hemp-derived consumer products, and other intoxicating or  
111.29 controlled substances;

111.30 (v) grants issued through the CanTrain, CanNavigate, CanStartup, and CanGrow  
111.31 programs;

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

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

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

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

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

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

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

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

100.1 Sec. 76. Minnesota Statutes 2024, section 352.91, subdivision 3f, is amended to read:

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

100.9 (b) The employment positions are:

100.10 (1) baker;

100.11 (2) behavior analyst 2;

100.12 (3) behavior analyst 3;

100.13 (4) certified occupational therapy assistant 1;

100.14 (5) certified occupational therapy assistant 2;

100.15 (6) client advocate;

100.16 (7) clinical program therapist 2;

100.17 (8) clinical program therapist 3;

100.18 (9) clinical program therapist 4;

100.19 (10) cook;

100.20 (11) culinary supervisor;

100.21 (12) customer services specialist principal;

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

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

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

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

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

112.18 Sec. 71. Minnesota Statutes 2024, section 352.91, subdivision 3f, is amended to read:

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

112.26 (b) The employment positions are:

112.27 (1) baker;

112.28 (2) behavior analyst 2;

112.29 (3) behavior analyst 3;

112.30 (4) certified occupational therapy assistant 1;

112.31 (5) certified occupational therapy assistant 2;

113.1 (6) client advocate;

113.2 (7) clinical program therapist 2;

113.3 (8) clinical program therapist 3;

113.4 (9) clinical program therapist 4;

113.5 (10) cook;

113.6 (11) culinary supervisor;

113.7 (12) customer services specialist principal;



100.22 (13) dental assistant registered;  
100.23 (14) dental hygienist;  
100.24 (15) food service worker;  
100.25 (16) food services supervisor;  
100.26 (17) group supervisor;  
100.27 (18) group supervisor assistant;  
100.28 (19) human services support specialist;  
100.29 (20) licensed alcohol and drug counselor;  
101.1 (21) licensed practical nurse;  
101.2 (22) management analyst 3;  
101.3 (23) music therapist;  
101.4 (24) occupational therapist;  
101.5 (25) occupational therapist, senior;  
101.6 (26) physical therapist;  
101.7 (27) psychologist 1;  
101.8 (28) psychologist 2;  
101.9 (29) psychologist 3;  
101.10 (30) recreation program assistant;  
101.11 (31) recreation therapist lead;  
101.12 (32) recreation therapist senior;  
101.13 (33) rehabilitation counselor senior;  
101.14 (34) residential program lead;  
101.15 (35) security supervisor;  
101.16 (36) skills development specialist;  
101.17 (37) social worker senior;  
101.18 (38) social worker specialist;  
101.19 (39) social worker specialist, senior;  
101.20 (40) special education program assistant;

113.8 (13) dental assistant registered;  
113.9 (14) dental hygienist;  
113.10 (15) food service worker;  
113.11 (16) food services supervisor;  
113.12 (17) group supervisor;  
113.13 (18) group supervisor assistant;  
113.14 (19) human services support specialist;  
113.15 (20) licensed alcohol and drug counselor;  
113.16 (21) licensed practical nurse;  
113.17 (22) management analyst 3;  
113.18 (23) music therapist;  
113.19 (24) occupational therapist;  
113.20 (25) occupational therapist, senior;  
113.21 (26) physical therapist;  
113.22 (27) psychologist 1;  
113.23 (28) psychologist 2;  
113.24 (29) psychologist 3;  
113.25 (30) recreation program assistant;  
113.26 (31) recreation therapist lead;  
113.27 (32) recreation therapist senior;  
114.1 (33) rehabilitation counselor senior;  
114.2 (34) residential program lead;  
114.3 (35) security supervisor;  
114.4 (36) skills development specialist;  
114.5 (37) social worker senior;  
114.6 (38) social worker specialist;  
114.7 (39) social worker specialist, senior;  
114.8 (40) special education program assistant;

101.21 (41) speech pathology clinician;  
101.22 (42) substance use disorder counselor senior;  
101.23 (43) work therapy assistant; and  
101.24 (44) work therapy program coordinator.  
101.25 **EFFECTIVE DATE.** This section is effective July 1, 2025.  
102.1 Sec. 77. Minnesota Statutes 2024, section 401.17, subdivision 1, is amended to read:  
102.2 Subdivision 1. **Establishment; members.** (a) The commissioner must establish a  
102.3 Community Supervision Advisory Committee to develop and make recommendations to  
102.4 the commissioner on standards for probation, supervised release, and community supervision.  
102.5 The committee consists of 19 members as follows:  
102.6 (1) two directors appointed by the Minnesota Association of Community Corrections  
102.7 Act Counties;  
102.8 (2) two probation directors appointed by the Minnesota Association of County Probation  
102.9 Officers;  
102.10 (3) three county commissioner representatives appointed by the Association of Minnesota  
102.11 Counties;  
102.12 (4) two behavioral health, treatment, or programming providers who work directly with  
102.13 individuals on correctional supervision, one appointed by the ~~Department of Human Services~~  
102.14 Department of Corrections and one appointed by the Minnesota Association of County  
102.15 Social Service Administrators;  
102.16 (5) two representatives appointed by the Minnesota Indian Affairs Council;  
102.17 (6) two commissioner-appointed representatives from the Department of Corrections;  
102.18 (7) the chair of the statewide Evidence-Based Practice Advisory Committee;  
102.19 (8) three individuals who have been supervised, either individually or collectively, under  
102.20 each of the state's three community supervision delivery systems appointed by the  
102.21 commissioner in consultation with the Minnesota Association of County Probation Officers  
102.22 and the Minnesota Association of Community Corrections Act Counties;  
102.23 (9) an advocate for victims of crime appointed by the commissioner; and  
102.24 (10) a representative from a community-based research and advocacy entity appointed  
102.25 by the commissioner.  
102.26 (b) When an appointing authority selects an individual for membership on the committee,  
102.27 the authority must make reasonable efforts to reflect geographic diversity and to appoint  
102.28 qualified members of protected groups, as defined under section 43A.02, subdivision 33.

114.9 (41) speech pathology clinician;  
114.10 (42) substance use disorder counselor senior;  
114.11 (43) work therapy assistant; and  
114.12 (44) work therapy program coordinator.  
114.13 **EFFECTIVE DATE.** This section is effective July 1, 2025.  
114.14 Sec. 72. Minnesota Statutes 2024, section 401.17, subdivision 1, is amended to read:  
114.15 Subdivision 1. **Establishment; members.** (a) The commissioner must establish a  
114.16 Community Supervision Advisory Committee to develop and make recommendations to  
114.17 the commissioner on standards for probation, supervised release, and community supervision.  
114.18 The committee consists of 19 members as follows:  
114.19 (1) two directors appointed by the Minnesota Association of Community Corrections  
114.20 Act Counties;  
114.21 (2) two probation directors appointed by the Minnesota Association of County Probation  
114.22 Officers;  
114.23 (3) three county commissioner representatives appointed by the Association of Minnesota  
114.24 Counties;  
114.25 (4) two behavioral health, treatment, or programming providers who work directly with  
114.26 individuals on correctional supervision, one appointed by the ~~Department of Human Services~~  
114.27 Corrections and one appointed by the Minnesota Association of County Social Service  
114.28 Administrators;  
114.29 (5) two representatives appointed by the Minnesota Indian Affairs Council;  
115.1 (6) two commissioner-appointed representatives from the Department of Corrections;  
115.2 (7) the chair of the statewide Evidence-Based Practice Advisory Committee;  
115.3 (8) three individuals who have been supervised, either individually or collectively, under  
115.4 each of the state's three community supervision delivery systems appointed by the  
115.5 commissioner in consultation with the Minnesota Association of County Probation Officers  
115.6 and the Minnesota Association of Community Corrections Act Counties;  
115.7 (9) an advocate for victims of crime appointed by the commissioner; and  
115.8 (10) a representative from a community-based research and advocacy entity appointed  
115.9 by the commissioner.  
115.10 (b) When an appointing authority selects an individual for membership on the committee,  
115.11 the authority must make reasonable efforts to reflect geographic diversity and to appoint  
115.12 qualified members of protected groups, as defined under section 43A.02, subdivision 33.

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

102.30 (d) The commissioner must convene the first meeting of the committee on or before  
102.31 October 1, 2023.

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

103.2 Sec. 78. Minnesota Statutes 2024, section 507.071, subdivision 1, is amended to read:

103.3 Subdivision 1. **Definitions.** For the purposes of this section the following terms have  
103.4 the meanings given:

103.5 (a) "Beneficiary" or "grantee beneficiary" means a person or entity named as a grantee  
103.6 beneficiary in a transfer on death deed, including a successor grantee beneficiary.

103.7 (b) "County agency" means the county department or office designated to recover medical  
103.8 assistance benefits from the estates of decedents.

103.9 (c) "Grantor owner" means an owner, whether individually, as a joint tenant, or as a  
103.10 tenant in common, named as a grantor in a transfer on death deed upon whose death the  
103.11 conveyance or transfer of the described real property is conditioned. Grantor owner does  
103.12 not include a spouse who joins in a transfer on death deed solely for the purpose of conveying  
103.13 or releasing statutory or other marital interests in the real property to be conveyed or  
103.14 transferred by the transfer on death deed.

103.15 (d) "Owner" means a person having an ownership or other interest in all or part of the  
103.16 real property to be conveyed or transferred by a transfer on death deed either at the time the  
103.17 deed is executed or at the time the transfer becomes effective. Owner does not include a  
103.18 spouse who joins in a transfer on death deed solely for the purpose of conveying or releasing  
103.19 statutory or other marital interests in the real property to be conveyed or transferred by the  
103.20 transfer on death deed.

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

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

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

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

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

115.14 (d) The commissioner must convene the first meeting of the committee on or before  
115.15 October 1, 2023.

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

115.17 Sec. 73. Minnesota Statutes 2024, section 507.071, subdivision 1, is amended to read:

115.18 Subdivision 1. **Definitions.** For the purposes of this section the following terms have  
115.19 the meanings given:

115.20 (a) "Beneficiary" or "grantee beneficiary" means a person or entity named as a grantee  
115.21 beneficiary in a transfer on death deed, including a successor grantee beneficiary.

115.22 (b) "County agency" means the county department or office designated to recover medical  
115.23 assistance benefits from the estates of decedents.

115.24 (c) "Grantor owner" means an owner, whether individually, as a joint tenant, or as a  
115.25 tenant in common, named as a grantor in a transfer on death deed upon whose death the  
115.26 conveyance or transfer of the described real property is conditioned. Grantor owner does  
115.27 not include a spouse who joins in a transfer on death deed solely for the purpose of conveying  
115.28 or releasing statutory or other marital interests in the real property to be conveyed or  
115.29 transferred by the transfer on death deed.

115.30 (d) "Owner" means a person having an ownership or other interest in all or part of the  
115.31 real property to be conveyed or transferred by a transfer on death deed either at the time the  
116.1 deed is executed or at the time the transfer becomes effective. Owner does not include a  
116.2 spouse who joins in a transfer on death deed solely for the purpose of conveying or releasing  
116.3 statutory or other marital interests in the real property to be conveyed or transferred by the  
116.4 transfer on death deed.

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

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

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

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

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

104.3        Sec. 79. Minnesota Statutes 2024, section 611.57, subdivision 2, is amended to read:

104.4            Subd. 2. **Membership.** (a) The Certification Advisory Committee consists of the

104.5 following members:

104.6            (1) a mental health professional, as defined in section 245I.02, subdivision 27, with

104.7 community behavioral health experience, appointed by the governor;

104.8            (2) a board-certified forensic psychiatrist with experience in competency evaluations,

104.9 providing competency attainment services, or both, appointed by the governor;

104.10          (3) a board-certified forensic psychologist with experience in competency evaluations,

104.11 providing competency attainment services, or both, appointed by the governor;

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

104.13          (5) the Direct Care and Treatment ~~deputy commissioner~~ chief executive officer or a

104.14 designee;

104.15          (6) the president of the Minnesota Association of County Social Service Administrators

104.16 or a designee;

104.17          (7) the president of the Minnesota Association of Community Mental Health Providers

104.18 or a designee;

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

104.20          (9) the executive director of the National Alliance on Mental Illness Minnesota or a

104.21 designee.

104.22          (b) Members of the advisory committee serve without compensation and at the pleasure

104.23 of the appointing authority. Vacancies shall be filled by the appointing authority consistent

104.24 with the qualifications of the vacating member required by this subdivision.

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

104.26        Sec. 80. Minnesota Statutes 2024, section 611.57, subdivision 4, is amended to read:

104.27            Subd. 4. **Duties.** The Certification Advisory Committee shall consult with the Department

104.28 of Human Services, the Department of Health, ~~and~~ the Department of Corrections, and

104.29 ~~Direct Care and Treatment~~; make recommendations to the Minnesota Competency Attainment

104.30 Board regarding competency attainment curriculum, certification requirements for

105.1 competency attainment programs including jail-based programs, and certification of

105.2 individuals to provide competency attainment services; and provide information and

105.3 recommendations on other issues relevant to competency attainment as requested by the

105.4 board.

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

116.19        Sec. 74. Minnesota Statutes 2024, section 611.57, subdivision 2, is amended to read:

116.20            Subd. 2. **Membership.** (a) The Certification Advisory Committee consists of the

116.21 following members:

116.22            (1) a mental health professional, as defined in section 245I.02, subdivision 27, with

116.23 community behavioral health experience, appointed by the governor;

116.24            (2) a board-certified forensic psychiatrist with experience in competency evaluations,

116.25 providing competency attainment services, or both, appointed by the governor;

116.26            (3) a board-certified forensic psychologist with experience in competency evaluations,

116.27 providing competency attainment services, or both, appointed by the governor;

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

116.29            (5) the Direct Care and Treatment ~~deputy commissioner~~ chief executive officer or a

116.30 designee;

117.1            (6) the president of the Minnesota Association of County Social Service Administrators

117.2 or a designee;

117.3            (7) the president of the Minnesota Association of Community Mental Health Providers

117.4 or a designee;

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

117.6            (9) the executive director of the National Alliance on Mental Illness Minnesota or a

117.7 designee.

117.8            (b) Members of the advisory committee serve without compensation and at the pleasure

117.9 of the appointing authority. Vacancies shall be filled by the appointing authority consistent

117.10 with the qualifications of the vacating member required by this subdivision.

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

117.12        Sec. 75. Minnesota Statutes 2024, section 611.57, subdivision 4, is amended to read:

117.13            Subd. 4. **Duties.** The Certification Advisory Committee shall consult with the Department

117.14 of Human Services, the Department of Health, ~~and~~ the Department of Corrections, and

117.15 ~~Direct Care and Treatment~~; make recommendations to the Minnesota Competency Attainment

117.16 Board regarding competency attainment curriculum, certification requirements for

117.17 competency attainment programs including jail-based programs, and certification of

117.18 individuals to provide competency attainment services; and provide information and

117.19 recommendations on other issues relevant to competency attainment as requested by the

117.20 board.

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

105.6        Sec. 81. Minnesota Statutes 2024, section 624.7131, subdivision 1, is amended to read:

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

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

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

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

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

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

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

105.28        Sec. 82. Minnesota Statutes 2024, section 624.7131, subdivision 2, is amended to read:

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

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

106.6        Sec. 83. Minnesota Statutes 2024, section 624.7132, subdivision 1, is amended to read:

106.7            Subdivision 1. **Required information.** Except as provided in this section and section  
106.8 624.7131, every person who agrees to transfer a pistol or semiautomatic military-style  
106.9 assault weapon shall report the following information in writing to the chief of police of

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

117.22        Sec. 76. Minnesota Statutes 2024, section 624.7131, subdivision 1, is amended to read:

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

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

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

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

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

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

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

118.14        Sec. 77. Minnesota Statutes 2024, section 624.7131, subdivision 2, is amended to read:

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

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

118.23        Sec. 78. Minnesota Statutes 2024, section 624.7132, subdivision 1, is amended to read:

118.24            Subdivision 1. **Required information.** Except as provided in this section and section  
118.25 624.7131, every person who agrees to transfer a pistol or semiautomatic military-style  
118.26 assault weapon shall report the following information in writing to the chief of police of

106.10 the organized full-time police department of the municipality where the proposed transferee  
106.11 resides or to the appropriate county sheriff if there is no such local chief of police:

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

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

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

106.21 (4) a statement by the proposed transferee that the transferee is not prohibited by section  
106.22 624.713 from possessing a pistol or semiautomatic military-style assault weapon; and

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

106.24 The report shall be signed and dated by the transferor and the proposed transferee. The  
106.25 report shall be delivered by the transferor to the chief of police or sheriff no later than three  
106.26 days after the date of the agreement to transfer, excluding weekends and legal holidays.  
106.27 The statement under clause (3) must comply with any applicable requirements of Code of  
106.28 Federal Regulations, title 42, sections 2.31 to 2.35, with respect to consent to disclosure of  
106.29 alcohol or drug abuse patient records.

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

107.1 Sec. 84. Minnesota Statutes 2024, section 624.7132, subdivision 2, is amended to read:

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

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

107.11 Sec. 85. Minnesota Statutes 2024, section 624.714, subdivision 3, is amended to read:

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

118.27 the organized full-time police department of the municipality where the proposed transferee  
118.28 resides or to the appropriate county sheriff if there is no such local chief of police:

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

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

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

119.6 (4) a statement by the proposed transferee that the transferee is not prohibited by section  
119.7 624.713 from possessing a pistol or semiautomatic military-style assault weapon; and

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

119.9 The report shall be signed and dated by the transferor and the proposed transferee. The  
119.10 report shall be delivered by the transferor to the chief of police or sheriff no later than three  
119.11 days after the date of the agreement to transfer, excluding weekends and legal holidays.  
119.12 The statement under clause (3) must comply with any applicable requirements of Code of  
119.13 Federal Regulations, title 42, sections 2.31 to 2.35, with respect to consent to disclosure of  
119.14 alcohol or drug abuse patient records.

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

119.16 Sec. 79. Minnesota Statutes 2024, section 624.7132, subdivision 2, is amended to read:

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

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

119.26 Sec. 80. Minnesota Statutes 2024, section 624.714, subdivision 3, is amended to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

108.12 (e) Applications must be submitted in person.

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

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

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

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

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

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

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

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

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

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

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

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

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

120.28 (e) Applications must be submitted in person.

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

108.17 (g) This subdivision prescribes the complete and exclusive set of items an applicant is  
108.18 required to submit in order to apply for a new or renewal permit to carry. The applicant  
108.19 must not be asked or required to submit, voluntarily or involuntarily, any information, fees,  
108.20 or documentation beyond that specifically required by this subdivision. This paragraph does  
108.21 not apply to alternate training evidence accepted by the sheriff under subdivision 2a,  
108.22 paragraph (d).

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

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

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

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

109.1 Sec. 86. Minnesota Statutes 2024, section 624.714, subdivision 4, is amended to read:

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

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

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

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

109.19 Sec. 87. Minnesota Statutes 2024, section 631.40, subdivision 3, is amended to read:

109.20 Subd. 3. **Direct Care and Treatment and Departments of Human Services; Children,**  
109.21 **Youth, and Families; and Health licensees.** When a person who is affiliated with a program  
109.22 or facility governed or licensed by Direct Care and Treatment; the Department of Human

121.1 (g) This subdivision prescribes the complete and exclusive set of items an applicant is  
121.2 required to submit in order to apply for a new or renewal permit to carry. The applicant  
121.3 must not be asked or required to submit, voluntarily or involuntarily, any information, fees,  
121.4 or documentation beyond that specifically required by this subdivision. This paragraph does  
121.5 not apply to alternate training evidence accepted by the sheriff under subdivision 2a,  
121.6 paragraph (d).

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

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

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

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

121.16 Sec. 81. Minnesota Statutes 2024, section 624.714, subdivision 4, is amended to read:

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

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

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

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

122.1 Sec. 82. Minnesota Statutes 2024, section 631.40, subdivision 3, is amended to read:

122.2 Subd. 3. **Departments of Human Services; Children, Youth, and Families; and**  
122.3 **Health licensees.** When a person who is affiliated with a program or facility governed or  
122.4 licensed by Direct Care and Treatment; the Department of Human Services; Department



109.23 Services; the Department of Children, Youth, and Families; or the Department of Health  
109.24 is convicted of a disqualifying crime, the probation officer or corrections agent shall notify  
109.25 the commissioner of the conviction, as provided in chapter 245C.

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

109.27 Sec. 88. **REVISOR INSTRUCTION.**

109.28 (a) The revisor of statutes shall renumber Minnesota Statutes, section 252.50, subdivision  
109.29 5, as Minnesota Statutes, section 246C.11, subdivision 4a.

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

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

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

110.4 Sec. 89. **REPEALER.**

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

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

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

122.5 of Children, Youth, and Families; or Department of Health is convicted of a disqualifying  
122.6 crime, the probation officer or corrections agent shall notify the commissioner of the  
122.7 conviction, as provided in chapter 245C.

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

122.9 Sec. 83. **REVISOR INSTRUCTION.**

122.10 (a) The revisor of statutes shall renumber Minnesota Statutes, section 252.50, subdivision  
122.11 5, as Minnesota Statutes, section 246C.11, subdivision 4a.

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

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

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

122.17 Sec. 84. **REPEALER.**

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

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

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