

1.1 moves to amend H.F. No. 4466 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "ARTICLE 1

1.4 HEALTH-RELATED LICENSING BOARDS

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

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

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

1.10 Subd. 5. **Student physical therapist.** "Student physical therapist" means a person in a
1.11 professional educational program, approved by the board under section 148.705, who is
1.12 satisfying supervised clinical education requirements by performing physical therapy under
1.13 the ~~on-site~~ direct supervision of a licensed physical therapist. "~~On-site supervision~~" means
1.14 ~~the physical therapist is easily available for instruction to the student physical therapist. The~~
1.15 ~~physical therapist shall have direct contact with the patient during at least every second~~
1.16 ~~treatment session by the student physical therapist.~~ "Direct supervision" means that the
1.17 physical therapist is physically present and immediately available for supervision.
1.18 Telecommunications, ~~except within the facility,~~ does not meet the requirement of ~~on-site~~
1.19 direct supervision.

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

1.21 Subd. 6. **Student physical therapist assistant.** "Student physical therapist assistant"
1.22 means a person in a physical therapist assistant educational program accredited by the
1.23 Commission on Accreditation in Physical Therapy Education (CAPTE) or a recognized

2.1 comparable national accrediting agency approved by the board. The student physical therapist
2.2 assistant, under the direct supervision of the physical therapist, or the direct supervision of
2.3 the physical therapist and physical therapist assistant team, performs physical therapy
2.4 interventions and assists with coordination, communication, documentation, and
2.5 patient-client-related instruction. "Direct supervision" means the physical therapist or
2.6 physical therapist assistant when supervising a student physical therapist assistant as part
2.7 of a physical therapist and physical therapist assistant team is physically present and
2.8 immediately available to provide instruction to the student physical therapist assistant.
2.9 Telecommunications does not meet the requirement of direct supervision.

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

2.11 Subdivision 1. **Supervision.** (a) Every physical therapist who uses the services of a
2.12 physical therapist assistant or physical therapy aide for the purpose of assisting in the practice
2.13 of physical therapy is responsible for functions performed by the assistant or aide while
2.14 engaged in such assistance. The physical therapist shall ~~delegate~~ direct duties to the physical
2.15 therapist assistant and assign tasks to the physical therapy aide in accordance with subdivision
2.16 2. Physical therapists who instruct student physical therapists and student physical therapist
2.17 assistants are responsible for the functions performed by the students and shall supervise
2.18 the students as provided under section 148.65, subdivisions 5 and 6. A licensed physical
2.19 therapist may supervise no more than two physical therapist assistants at any time.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.1 (4) "pharmacy" means a pharmacy located in Minnesota and licensed under section
4.2 151.19 that operates in the community or outpatient license category under Minnesota Rules,
4.3 part 6800.0350-; and

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

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

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

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

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

4.19 (1) being a resident of Minnesota;

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

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

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

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

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

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

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

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

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

5.13 (2) present the pharmacist with identification indicating Minnesota residency in the form
5.14 of a valid Minnesota identification card, driver's license or permit, individual taxpayer
5.15 identification number, or Tribal identification card as defined in section 171.072, paragraph

5.16 (b). If the individual in urgent need of covered insulin is under the age of 18, the individual's
5.17 parent or legal guardian must provide the pharmacist with proof of residency.

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

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

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

5.32 (f) The pharmacy shall also provide each eligible individual with the information sheet
5.33 described in subdivision 7 and a list of trained navigators provided by the Board of Pharmacy

6.1 for the individual to contact if the individual needs to access ongoing covered insulin
6.2 coverage options, including assistance in:

6.3 (1) applying for medical assistance or MinnesotaCare;

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

6.6 (3) accessing information on providers who participate in prescription drug discount
6.7 programs, including providers who are authorized to participate in the 340B program under
6.8 section 340b of the federal Public Health Services Act, United States Code, title 42, section
6.9 256b; and

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

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

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

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

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

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

6.30 (1) be a Minnesota resident with a valid Minnesota identification card that indicates
6.31 Minnesota residency in the form of a Minnesota identification card, driver's license or
6.32 permit, individual taxpayer identification number, or Tribal identification card as defined

7.1 in section 171.072, paragraph (b). If the individual is under the age of 18, the individual's
7.2 parent or legal guardian must provide proof of residency;

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

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

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

7.8 (5) not be enrolled in prescription drug coverage through an individual or group health
7.9 plan that limits the total amount of cost-sharing that an enrollee is required to pay for a
7.10 30-day supply of covered insulin, including co-payments, deductibles, or coinsurance to
7.11 \$75 or less, regardless of the type or amount of covered insulin needed.

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

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

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

7.22 Subd. 5. **Continuing safety net program; manufacturer's responsibilities.** (a) Upon
7.23 receipt of an application for the manufacturer's patient assistance program, the manufacturer
7.24 shall process the application and determine eligibility. The manufacturer shall notify the
7.25 applicant of the determination within ten business days of receipt of the application. If
7.26 necessary, the manufacturer may request additional information from the applicant. If
7.27 additional information is needed, the manufacturer must notify the applicant within five
7.28 business days of receipt of the application as to what information is being requested. Within
7.29 three business days of receipt of the requested information, the manufacturer must determine
7.30 eligibility and notify the applicant of the determination. If the individual has been determined
7.31 to be not eligible, the manufacturer must include the reasons for denying eligibility in the
7.32 notification. The individual may seek an appeal of the determination in accordance with
7.33 subdivision 8.

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

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

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

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

8.18 (b) The pharmacy must include with the order to the manufacturer the following
8.19 information:

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

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

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

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

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

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

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

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

9.11 (h) A manufacturer may submit to the commissioner of administration a request for
9.12 reimbursement in an amount not to exceed \$105 for each 90-day supply of covered insulin
9.13 the manufacturer provides under paragraphs (c) and (f). The commissioner of administration
9.14 shall determine the manner and format for submitting and processing requests for
9.15 reimbursement. After receiving a reimbursement request, the commissioner of administration
9.16 shall reimburse the manufacturer in an amount not to exceed \$105 for each 90-day supply
9.17 of covered insulin the manufacturer provided under paragraphs (c) and (f). If the manufacturer
9.18 provides less than a 90-day supply of covered insulin under paragraphs (c) and (f), the
9.19 manufacturer may submit a request for reimbursement not to exceed \$35 for each 30-day
9.20 supply of covered insulin provided.

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

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

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

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

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

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

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

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

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

10.19 (d) MNsure, in consultation with the Board of Pharmacy, shall compile a list of navigators
10.20 who have completed the training program and who are available to assist individuals in
10.21 accessing affordable covered insulin coverage options. The list shall be made available
10.22 through the board's website and to pharmacies and health care practitioners who dispense
10.23 and prescribe covered insulin.

10.24 (e) If a navigator assists an individual in accessing ~~an~~ a covered insulin manufacturer's
10.25 patient assistance program, MNsure, within the available appropriation, shall pay the
10.26 navigator a onetime application assistance bonus of no less than \$25. If a navigator receives
10.27 a payment per enrollee of an assistance bonus under section 62V.05, subdivision 4, or
10.28 256.962, subdivision 5, the navigator shall not receive compensation under this paragraph.

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

10.30 Subd. 9. **Additional 30-day urgent-need covered insulin supply.** (a) If an individual
10.31 has applied for medical assistance or MinnesotaCare but has not been determined eligible
10.32 or has been determined eligible but coverage has not become effective or the individual has
10.33 been determined ineligible for the manufacturer's patient assistance program by the

11.1 manufacturer and the individual has requested a review pursuant to subdivision 8 but the
11.2 panel has not rendered a decision, the individual may access urgent-need covered insulin
11.3 under subdivision 3 if the individual is in urgent need of covered insulin as defined under
11.4 subdivision 2, paragraph (b).

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

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

11.9 Subd. 10. **Penalty.** (a) If a manufacturer fails to comply with this section, the board may
11.10 assess an administrative penalty of \$200,000 per month of noncompliance, with the penalty
11.11 increasing to \$400,000 per month if the manufacturer continues to be in noncompliance
11.12 after six months, and increasing to \$600,000 per month if the manufacturer continues to be
11.13 in noncompliance after one year. The penalty shall remain at \$600,000 per month for as
11.14 long as the manufacturer continues to be in noncompliance.

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

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

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

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

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

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

11.30 (b) A manufacturer must maintain the privacy of all data received from any individual
11.31 applying for the manufacturer's patient assistance program under this section and is prohibited

12.1 from selling, sharing, or disseminating data received under this section unless required to
12.2 under this section or the individual has provided the manufacturer with a signed authorization.

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

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

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

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

12.12 (3) the value of the covered insulin provided by the manufacturer under clauses (1) and
12.13 (2).

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

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

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

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

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

12.27 (i) reimbursing pharmacies for urgent-need covered insulin dispensed under subdivision
12.28 3;

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

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

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

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

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

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

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

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

13.14 ~~(e)~~ (d) "Manufacturer" means a manufacturer licensed under section 151.252 and engaged
13.15 in the manufacturing of ~~prescription~~ covered insulin.

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

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

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

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

13.30 Subd. 5. **Insulin repayment account; annual transfer from health care access fund.** (a)
13.31 The insulin repayment account is established in the special revenue fund in the state treasury.

14.1 Money in the account is appropriated each fiscal year to the commissioner of administration
14.2 to reimburse manufacturers for covered insulin dispensed under the insulin safety net program
14.3 in section 151.74, in accordance with section 151.74, subdivisions 3, paragraph (h), and 6,
14.4 paragraph (h), and to cover costs incurred by the commissioner in providing these
14.5 reimbursement payments.

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

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

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

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

14.18 Sec. 22. **REPEALER.**

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

14.20 **ARTICLE 2**

14.21 **DEPARTMENT OF HEALTH**

14.22 Section 1. Minnesota Statutes 2024, section 62U.04, subdivision 13, is amended to read:

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

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

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

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

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

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

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

15.13 (3) create a research advisory group to advise the commissioner on applications for data
 15.14 use under this subdivision, including an examination of the rigor of the research approach,
 15.15 the technical capabilities of the proposed user, and the ability of the proposed user to
 15.16 successfully safeguard the data; and

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

15.19 Sec. 2. Minnesota Statutes 2024, section 62U.04, is amended by adding a subdivision to
 15.20 read:

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

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

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

15.30 (3) "limited use data set" means a data set that meets the requirements in Code of Federal
 15.31 Regulations, title 45, section 164.514(e)(2), and may include protected health information

16.1 from which certain direct identifiers of individuals have been removed under the principle
16.2 of minimum information necessary; and

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

16.8 (b) The commissioner must assess fees on an individual or organization that receives
16.9 data under subdivision 13 for the cost of accessing or receiving the data. Costs under this
16.10 paragraph may include but are not limited to the cost of producing and releasing data to the
16.11 individual or organization under subdivision 13 and managing infrastructure and operations.
16.12 The commissioner must assess fees according to the following schedule based on the type
16.13 of data requested and number of years for which access is requested:

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

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

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

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

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

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

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

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

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

16.27 (5) the request is from a Tribal health director for, or the governing body of, one of the
16.28 11 federally recognized Tribes in Minnesota.

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

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

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

17.8 Sec. 3. Minnesota Statutes 2024, section 144.1222, is amended by adding a subdivision
17.9 to read:

17.10 Subd. 2e. Private residential pool used for certified swimming classes. Notwithstanding
17.11 Minnesota Rules, part 4717.0250, subpart 7, a private residential pool may be used as part
17.12 of a business if the private residential pool is used by a paying guest of the homeowner and
17.13 the guest is participating in a certified swimming class conducted by the homeowner,
17.14 provided that:

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

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

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

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

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

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

17.32 "NOTICE

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

18.4 USE AT YOUR OWN RISK"

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

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

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

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

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

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

18.24 (f) "Certified swimming class" means an infant swimming resource (ISR) class; an
18.25 American Red Cross swimming class, swimming lesson, or learn-to-swim class; or any
18.26 other swimming class certified by a nationally accredited organization that operates in all
18.27 50 states.

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

19.1 Sec. 5. Minnesota Statutes 2025 Supplement, section 144.125, subdivision 1, is amended
19.2 to read:

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

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

19.13 (c) The fee to support the newborn screening program, including tests administered
19.14 under this section and section 144.966, shall be \$184.35 per specimen. This fee amount
19.15 shall be deposited in the state treasury and credited to the state government special revenue
19.16 fund. If the individual described in paragraph (a) submits to an insurer a claim for
19.17 reimbursement for the fee in this paragraph but does not receive reimbursement from the
19.18 insurer, the individual may request a special fee exemption form from the newborn screening
19.19 program and may apply for an exemption from the fee in this paragraph. To qualify for the
19.20 exemption, the individual must provide documentation to the newborn screening program
19.21 that the insurer did not reimburse the individual for the fee in this paragraph.

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

19.25 Sec. 6. Minnesota Statutes 2024, section 144.1501, subdivision 2, is amended to read:

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

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

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

20.1 (3) for nurses who agree to practice in a Minnesota nursing home; in an intermediate
20.2 care facility for persons with developmental disability; in a hospital if the hospital owns
20.3 and operates a Minnesota nursing home and a minimum of 50 percent of the hours worked
20.4 by the nurse is in the nursing home; in an assisted living facility as defined in section
20.5 144G.08, subdivision 7; or for a home care provider as defined in section 144A.43,
20.6 subdivision 4; or agree to teach at least 12 credit hours, or 720 hours per year in the nursing
20.7 field in a postsecondary program at the undergraduate level or the equivalent at the graduate
20.8 level;

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

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

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

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

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

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

20.29 Subd. 7. **Selection process.** The commissioner shall determine a maximum award for
20.30 grants and loan forgiveness, and shall make selections based on the information provided
20.31 in the grant application, including the demonstrated need for an applicant provider to enhance
20.32 the education of its workforce, the proposed employee scholarship or loan forgiveness
20.33 selection process, the applicant's proposed budget, and other criteria as determined by the

21.1 commissioner. Notwithstanding any law or rule to the contrary, amounts appropriated for
21.2 purposes of this section do not cancel and are available until expended, ~~except that at the~~
21.3 ~~end of each biennium, any remaining amount that is not committed by contract and not~~
21.4 ~~needed to fulfill existing commitments shall cancel to the general fund.~~

21.5 Sec. 8. Minnesota Statutes 2024, section 144.1505, subdivision 1, is amended to read:

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

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

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

21.14 (i) approved by the Board of Dentistry; ~~or~~

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

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

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

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

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

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

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

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

22.7 (9) "project" means a project to ~~establish or expand~~ (i) plan or implement a new eligible
 22.8 clinical training for physician assistants, advanced practice registered nurses, pharmacists,
 22.9 dental therapists, advanced dental therapists, or mental health professionals in Minnesota.
 22.10 program or increase the base number of trainees in an existing eligible clinical training
 22.11 program, or (ii) add or expand rural rotations or clinical training experiences in an existing
 22.12 eligible clinical training program;

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

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

22.21 Sec. 9. Minnesota Statutes 2024, section 144.1505, subdivision 2, is amended to read:

22.22 Subd. 2. **Programs.** (a) For advanced practice provider clinical training expansion grants,
 22.23 the commissioner of health shall award ~~health professional training site~~ grants to eligible
 22.24 physician assistant, advanced practice registered nurse, pharmacy, dental therapy, and mental
 22.25 health professional programs to plan and implement ~~expanded~~ a new eligible clinical training
 22.26 program or increase the base number of trainees in an existing eligible clinical training
 22.27 program. Clinical training must take place in rural communities or underserved communities.
 22.28 A planning grant shall not exceed \$75,000, and a three-year training grant shall not exceed
 22.29 \$300,000 per project. The commissioner may provide a ~~one-year~~, no-cost extension for
 22.30 grants.

22.31 (b) For health professional rural ~~and underserved~~ clinical rotations grants, the
 22.32 commissioner of health shall award ~~health professional training site~~ grants to existing eligible
 22.33 physician, physician assistant, advanced practice registered nurse, pharmacy, dentistry,

23.1 dental therapy, and mental health professional training programs to augment existing clinical
 23.2 training programs to add, expand, or enhance rural and underserved rotations or clinical
 23.3 training experiences, such as credential or certificate rural tracks or other specialized training.
 23.4 Rotations and clinical training experiences must take place in rural communities. For
 23.5 physician and dentist training, the expanded training must include rotations in primary care
 23.6 settings such as community clinics, hospitals, health maintenance organizations, or practices
 23.7 in rural communities.

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

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

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

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

23.15 (4) travel and lodging for students;

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

23.17 (6) development and implementation of health equity and cultural competency
 23.18 responsiveness training;

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

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

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

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

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

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

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

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

23.31 (4) travel and lodging for students;

- 24.1 (5) faculty, student, and preceptor salaries, stipends, or other financial support;
- 24.2 (6) development and implementation of health equity and cultural responsiveness training;
- 24.3 (7) evaluations of the rural rotation or clinical training experience to inform program
- 24.4 improvements;
- 24.5 (8) training site improvements, fees, equipment, and supplies required to establish or
- 24.6 expand rural rotations or clinical training experiences;
- 24.7 (9) supporting clinical education in which trainees are part of a primary care team model;
- 24.8 and
- 24.9 (10) onboarding expenses for trainees to meet clinical training site requirements.

24.10 Sec. 10. Minnesota Statutes 2024, section 144.1505, subdivision 3, is amended to read:

24.11 Subd. 3. **Applications.** (a) Eligible physician assistant, advanced practice registered

24.12 nurse, pharmacy, dental therapy, dental, physician, and mental health professional programs

24.13 seeking a grant shall apply to the commissioner. Applications for advanced practice provider

24.14 clinical training expansion grants must include a description of the number of additional

24.15 students who will be trained using grant funds; and attestation that funding will be used to

24.16 support an increase in the number of clinical training slots;.

24.17 (b) All applications must include a description of the problem that the proposed project

24.18 will address; a description of the project, including all costs associated with the project,

24.19 sources of funds for the project, detailed uses of all funds for the project, and the results

24.20 expected; and a plan to maintain or operate ~~any component included in~~ the project after

24.21 the grant period, including a description of potential barriers to sustainability. ~~The applicant~~

24.22 Applicants must describe achievable objectives, a timetable, and roles and capabilities of

24.23 responsible individuals in the organization.

24.24 ~~Applicants applying under subdivision 2, paragraph (b),~~ (c) Applications for rural clinical

24.25 rotation grants must include a description of the new, expanded, or enhanced rural rotations

24.26 or clinical training experiences; attestation that funding will be used to support improved

24.27 rural clinical training experiences; and information about length of training and training site

24.28 settings, geographic location of rural sites, and rural populations expected to be served.

24.29 Sec. 11. Minnesota Statutes 2024, section 144.1507, subdivision 1, is amended to read:

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

24.31 the meanings given.

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

25.2 (1) is located in Minnesota;

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

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

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

25.13 ~~(e)~~ (d) "Rural residency training program" means a rural medical residency program or
25.14 a rural psychology residency program that provides an initial year of training in an accredited
25.15 residency program in Minnesota. The subsequent years of the residency program are At
25.16 least two-thirds of the residency training must be based in rural communities, utilizing local
25.17 clinics and community hospitals, with specialty rotations in nearby regional medical centers.
25.18 When specialty rotations cannot be fulfilled within rural communities, training may occur
25.19 in regional or urban sites as long as at least one-half of all training occurs in rural
25.20 communities. For residency training programs in general surgery, pediatrics, and psychiatry,
25.21 at least one-half of the residency training must be based in communities outside the
25.22 seven-county metropolitan area, with rotations in rural communities.

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

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

25.30 Sec. 12. Minnesota Statutes 2024, section 144.1507, subdivision 2, is amended to read:

25.31 Subd. 2. **Rural residency training program.** (a) The commissioner of health shall
25.32 award rural residency training program grants to eligible programs to plan, implement, and
25.33 sustain rural residency training programs. A rural medical residency training program grant

26.1 shall not exceed \$250,000 per year for up to three years for planning and development, and
26.2 \$225,000 per resident per year for each year thereafter to sustain the program. A rural
26.3 psychology residency training program grant shall not exceed \$150,000 per year for up to
26.4 three years for planning and development, and \$150,000 per resident per year for each year
26.5 thereafter to sustain the program. Medical and psychology residency programs that meet
26.6 eligibility guidelines and continue to demonstrate financial need shall be granted sustaining
26.7 funds, renewable every five years.

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

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

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

26.13 (3) establishing new rural residency training programs;

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

26.16 (5) travel and lodging for new residents;

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

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

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

26.22 Sec. 13. Minnesota Statutes 2024, section 144.1507, subdivision 4, is amended to read:

26.23 Subd. 4. **Consideration of grant applications.** The commissioner shall review each
26.24 application to determine if the residency program application is complete, if the proposed
26.25 rural residency program and residency slots are eligible for a grant, and if the program is
26.26 eligible for federal graduate medical education funding, and when the funding is available.
26.27 If eligible programs are not eligible for federal graduate medical education funding, the
26.28 commissioner may award continuation funding to the eligible program beyond the initial
26.29 grant period without requiring a competitive application. The commissioner shall award
26.30 grants to support training programs in family medicine, general internal medicine, general
26.31 pediatrics, psychiatry, geriatrics, general surgery, psychology, and other primary care focus
26.32 areas.

27.1 Sec. 14. Minnesota Statutes 2024, section 144.1507, is amended by adding a subdivision
27.2 to read:

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

27.6 Sec. 15. Minnesota Statutes 2024, section 144.1911, subdivision 1, is amended to read:

27.7 Subdivision 1. **Establishment.** The international medical graduates assistance program
27.8 is established to address barriers to practice and facilitate pathways to assist immigrant
27.9 international medical graduates to integrate into the Minnesota health care delivery system,
27.10 with the goal of increasing access to primary care in rural and underserved areas of the state.
27.11 Notwithstanding any law to the contrary, appropriations made to the program do not cancel
27.12 and are available until expended.

27.13 Sec. 16. Minnesota Statutes 2024, section 144.1911, subdivision 5, is amended to read:

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

27.17 (1) proposed training curricula;

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

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

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

27.28 Sec. 17. Minnesota Statutes 2024, section 144.1911, subdivision 6, is amended to read:

27.29 Subd. 6. **International medical graduate primary care residency grant program**
27.30 **and revolving account.** (a) The commissioner shall award grants to support primary care
27.31 residency positions designated for Minnesota immigrant physicians who are willing to serve

28.1 in rural or underserved areas of the state. No grant shall exceed \$150,000 per residency
28.2 position per year. Eligible primary care residency grant recipients include accredited family
28.3 medicine, general surgery, internal medicine, obstetrics and gynecology, psychiatry, and
28.4 pediatric residency programs. Eligible primary care residency programs shall apply to the
28.5 commissioner. Applications must include the number of anticipated residents to be funded
28.6 using grant funds and a budget. ~~Notwithstanding any law to the contrary, funds awarded to~~
28.7 ~~grantees in a grant agreement do not lapse until the grant agreement expires.~~ Before any
28.8 funds are distributed, a grant recipient shall provide the commissioner with the following:

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

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

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

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

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

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

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

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

29.8 Sec. 18. Minnesota Statutes 2024, section 149A.02, subdivision 26, is amended to read:

29.9 Subd. 26. **Intern.** "Intern" means an individual ~~that~~ who: (1)(i) has met the educational
29.10 and testing requirements for a license to practice mortuary science in Minnesota; (ii) has
29.11 completed a mortuary science program accredited by the American Board of Funeral Service
29.12 Education; or (iii) is enrolled in a mortuary science program accredited by the American
29.13 Board of Funeral Service Education; (2) has registered with the commissioner of health;
29.14 and (3) is engaged in the practice of mortuary science under the direction and supervision
29.15 of a currently licensed Minnesota mortuary science practitioner.

29.16 Sec. 19. Minnesota Statutes 2024, section 149A.20, subdivision 6, is amended to read:

29.17 Subd. 6. **Internship.** (a) A person ~~who attains a passing score on both examinations in~~
29.18 ~~subdivision 5~~ must complete a registered internship under the direct supervision of an
29.19 individual currently licensed to practice mortuary science in Minnesota. ~~Interns must file~~
29.20 ~~with the commissioner.~~ A person may begin the registered internship while the person is
29.21 enrolled in a mortuary science program accredited by the American Board of Funeral Service
29.22 Education, upon completion of the accredited mortuary science program, or after attaining
29.23 a passing score on both examinations in subdivision 5.

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

29.25 (1) the appropriate fee; and

29.26 (2) a registration form indicating the name and home address of the ~~intern,~~ applicant;
29.27 the date the internship begins; and; the name, license number, and business address of the
29.28 primary supervising mortuary science licensee; and the name, license number, and business
29.29 address of the alternate supervising mortuary science licensee, if applicable; and

29.30 (3) if the applicant is currently enrolled in a mortuary science program accredited by
29.31 the American Board of Funeral Service Education, a letter from the program specifying the
29.32 name and address of the program; verifying the applicant's enrollment, number of credit

30.1 hours completed, and anticipated graduation date; and specifying whether the applicant has
30.2 completed coursework in embalming and restorative arts.

30.3 ~~(b)~~ (c) Any changes in information provided in the registration must be immediately
30.4 reported to the commissioner. The internship shall be a minimum of 2,080 hours to be
30.5 completed ~~within a three-year period, however,~~ during enrollment in a mortuary science
30.6 program accredited by the American Board of Funeral Service Education, after graduation,
30.7 or both during enrollment and after graduation. However, the commissioner may waive up
30.8 to 520 hours of the internship time requirement upon satisfactory completion of a clinical
30.9 or practicum in mortuary science administered through the program of mortuary science of
30.10 the University of Minnesota or a ~~substantially similar~~ mortuary science program approved
30.11 ~~by the commissioner~~ accredited by the American Board of Funeral Service Education.

30.12 Registrations must be renewed on an annual basis if they exceed one calendar year. During
30.13 the internship period, the intern must be under the direct supervision of a person holding a
30.14 current license to practice mortuary science in Minnesota. An intern may be registered under
30.15 only one registered primary supervising licensee and one registered alternate supervising
30.16 licensee at any given time and may be directed and supervised only by the registered primary
30.17 supervising licensee or registered alternate supervising licensee. The registered primary
30.18 supervising licensee shall have only one intern registered at any given time. The
30.19 commissioner shall issue to each registered intern a registration permit that must be displayed
30.20 with the other establishment and practice licenses. While under the direct supervision of
30.21 the registered primary supervising or alternate supervising licensee, the intern must complete
30.22 25 case reports in each of the following areas: embalming, funeral arrangements, and services.
30.23 An intern who has not completed coursework in embalming and restorative arts must be in
30.24 the physical presence of the primary or alternate supervising licensee in order to perform
30.25 surgical procedures and embalming. Case reports, on forms provided by the commissioner,
30.26 shall be completed by the intern and filed with the commissioner prior to the completion
30.27 of the internship. Information contained in these reports that identifies the subject or the
30.28 family of the subject embalmed or the subject or the family of the subject of the funeral
30.29 shall be classified as licensing data under section 13.41, subdivision 2.

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

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

- 31.1 (1) a completed application form, as provided by the commissioner;
- 31.2 (2) proof of age;
- 31.3 (3) an official transcript from each post high school educational institution attended,
- 31.4 including colleges of funeral service education;
- 31.5 (4) certification of a passing score on the National Board Examination from the
- 31.6 commissioner of the Conference of Funeral Service Examining Boards of the United States,
- 31.7 Inc.;
- 31.8 (5) a copy of the notification of a passing score on the state licensing examination; and
- 31.9 (6) a signed, dated, and notarized affidavit from the registered primary supervising
- 31.10 licensee who supervised the Minnesota internship stating the date the internship began and
- 31.11 ended and that both the applicant and the registered primary supervising licensee fulfilled
- 31.12 the requirements under subdivision 6.

31.13 Upon receipt of the completed application and appropriate fee, the commissioner shall

31.14 review and verify all information. Upon completion of the verification process and resolution

31.15 of any deficiencies in the application information, the commissioner shall make a

31.16 determination, based on all the information available, to grant or deny licensure. If the

31.17 commissioner's determination is to grant licensure, the applicant shall be notified and the

31.18 license shall issue and remain valid for a period prescribed on the license, but not to exceed

31.19 one calendar year from the date of issuance of the license. If the commissioner's determination

31.20 is to deny licensure, the commissioner must notify the applicant, in writing, of the denial

31.21 and provide the specific reason for the denial.

31.22 Sec. 21. Minnesota Statutes 2024, section 149A.30, subdivision 1, is amended to read:

31.23 Subdivision 1. **Licensees of other states.** (a) The commissioner may issue a reciprocal

31.24 license to practice mortuary science to a person who holds a current license or other credential

31.25 from another jurisdiction if the ~~commissioner determines that the requirements for that~~

31.26 ~~license or other credential are substantially similar to the requirements under this chapter.~~

31.27 ~~The individual seeking reciprocal licensing must~~ person:

- 31.28 (1) ~~attain~~ attains:
- 31.29 (i) a passing score on the Minnesota state licensing examination; and
- 31.30 (ii) a passing score on the National Board Examination administered by the International
- 31.31 Conference of Funeral Service Examining Boards of the United States, Inc., or another

32.1 examination determined by the commissioner to adequately and accurately assess the
32.2 knowledge and skills required to practice mortuary science;

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

32.6 (3) ~~pay~~ pays the appropriate licensing fee;

32.7 (4) submits to the commissioner:

32.8 (i) documentation that the person meets one of the educational requirements in section
32.9 149A.20, subdivision 4; or

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

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

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

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

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

33.1 Sec. 22. Minnesota Statutes 2024, section 149A.91, subdivision 3, is amended to read:

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

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

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

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

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

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

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

33.22 Sec. 23. Minnesota Statutes 2024, section 149A.94, subdivision 1, is amended to read:

33.23 Subdivision 1. **Generally.** Every dead human body lying within the state, except
33.24 unclaimed bodies delivered for dissection by the medical examiner, those delivered for
33.25 anatomical study pursuant to section 149A.81, subdivision 2, or lawfully carried through
33.26 the state for the purpose of disposition elsewhere; and the remains of any dead human body
33.27 after dissection or anatomical study, shall be decently buried or entombed in a public or
33.28 private cemetery, alkaline hydrolyzed, cremated, or, ~~effective July 1, 2025,~~ naturally reduced
33.29 within a reasonable time after death. Where final disposition of a body will not be
33.30 accomplished, or, ~~effective July 1, 2025,~~ when natural organic reduction will not be initiated,
33.31 within 72 hours following death or release of the body by a competent authority with
33.32 jurisdiction over the body, the body must be properly embalmed, refrigerated, or packed
33.33 with dry ice. Except as provided in section 149A.955, subdivision 14, a body may not be

34.1 kept in refrigeration for a period exceeding six calendar days, or packed in dry ice for a
34.2 period that exceeds four calendar days, from the time of death or release of the body from
34.3 the coroner or medical examiner.

34.4 Sec. 24. Minnesota Statutes 2024, section 149A.955, subdivision 14, is amended to read:

34.5 Subd. 14. **Bodies awaiting natural organic reduction.** A dead human body must be
34.6 placed in the natural organic reduction vessel to initiate the natural reduction process within
34.7 ~~24 hours~~ 30 days after the natural organic reduction facility accepts legal and physical
34.8 custody of the body. A natural organic reduction facility must keep a body awaiting natural
34.9 organic reduction in refrigeration if the facility holds the body for a period that exceeds four
34.10 calendar days. A natural organic reduction facility must embalm a body awaiting natural
34.11 organic reduction or have the body embalmed if the natural reduction process is not initiated
34.12 within 30 days after the facility accepted legal and physical custody of the body, but the
34.13 facility is not required to embalm or have embalmed the body if the natural reduction process
34.14 is initiated within 30 days after the facility accepted legal and physical custody of the body.

34.15

ARTICLE 3

34.16

FEDERAL CONFORMITY AND RELATED PROVISIONS

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

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

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

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

34.27 (1) "eligible hospital" means:

34.28 (i) PrairieCare psychiatric hospital; or

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

- 35.1 (A) federal Indian Health Service facilities;
- 35.2 (B) state-owned or state-operated regional treatment centers and all state-operated
35.3 services;
- 35.4 (C) federal Veterans Administration Medical Centers; ~~and~~
- 35.5 (D) long-term acute care hospitals; and
- 35.6 (E) hospitals that do not receive payments under section 256B.1974;
- 35.7 (2) "net outpatient revenue" means total outpatient revenue less Medicare revenue as
35.8 calculated from:
- 35.9 (i) values on Worksheet G of the hospital's Medicare cost report; or
- 35.10 (ii) for PrairieCare psychiatric hospital, data available to the commissioner; and
- 35.11 (3) "total patient days" means total hospital inpatient days as reported on:
- 35.12 (i) Worksheet S-3 of the hospital's Medicare cost report; or
- 35.13 (ii) for PrairieCare psychiatric hospital, data available to the commissioner.
- 35.14 (b) Subject to paragraphs (m) to (o), each eligible hospital must pay assessments to the
35.15 hospital directed payment program account in the special revenue fund, with an aggregate
35.16 annual assessment amount equal to the sum of the following:
- 35.17 (1) \$120.22 multiplied by total patient days; and
- 35.18 (2) 5.96 percent of the hospital's net outpatient revenue.
- 35.19 (c) The assessment amount for calendar years 2026 and 2027 must be based on the total
35.20 patient days and net outpatient revenue reflected on an eligible hospital's Medicare cost
35.21 report as follows:
- 35.22 (1) an eligible hospital with a fiscal year ending on March 31 or June 30 must use data
35.23 from a cost report from the hospital's fiscal year 2022; and
- 35.24 (2) an eligible hospital with a fiscal year ending on September 30 or December 31 must
35.25 use data from a cost report from the hospital's fiscal year 2021.
- 35.26 (d) The annual assessment amount for calendar years after 2027 must be set for a two-year
35.27 period and must be based on the total patient days and net outpatient revenue reflected on
35.28 an eligible hospital's most recent Medicare cost report filed and showing in HCRIS as of
35.29 August 1 of the year prior to the subsequent two-year period.

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

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

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

36.12 (f) Eligible hospitals must pay the annual assessment amount under paragraph (b) to the
36.13 commissioner by paying four equal, quarterly assessments. Eligible hospitals must pay the
36.14 quarterly assessments by January 1, April 1, July 1, and October 1 each year. Assessments
36.15 must be paid in the form and manner specified by the commissioner. An eligible hospital
36.16 is prohibited from paying a quarterly assessment until the eligible hospital has received the
36.17 applicable invoice under paragraph (g).

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

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

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

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

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

37.1 (l) Revenue from an assessment under this subdivision must only be used by the
37.2 commissioner to pay the nonfederal share of the directed payment program under section
37.3 256B.1974.

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

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

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

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

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

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

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

37.17 (4) each hospital not included in another discount category, and with greater than
37.18 \$200,000,000 in total medical assistance inpatient and outpatient revenue in fee-for-service
37.19 and managed care, as reported in state fiscal year 2022 medical assistance fee-for-service
37.20 and managed care claims data, with a discount of five percent; and

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

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

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

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

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

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

38.1 (5) each hospital not included in another discount category, and with greater than
38.2 \$200,000,000 in total medical assistance inpatient and outpatient revenue in fee-for-service
38.3 and managed care, as reported in state fiscal year 2022 medical assistance fee-for-service
38.4 and managed care claims data, with a discount of ten percent.

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

38.12 (q) Eligible hospitals must submit to the commissioner on an annual basis, in the form
38.13 and manner specified by the commissioner in consultation with the Minnesota Hospital
38.14 Association, all documentation necessary to determine the assessment amounts under this
38.15 subdivision.

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

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

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

38.29 (b) For hospitals eligible to receive payment under section 256B.1973 or 256B.1974
38.30 and meeting the criteria in subdivision 9, paragraph (d), the commissioner ~~must~~ may reduce
38.31 the amount calculated under subdivision 9, paragraph (d), by one percent and compute an
38.32 alternate inpatient payment rate. The alternate payment rate must be structured to target a
38.33 total aggregate reimbursement amount equal to the amount that the hospital would have
38.34 received for providing fee-for-service inpatient services under this section to patients enrolled

39.1 in medical assistance had the hospital received 99 percent of the entire amount calculated
39.2 under subdivision 9, paragraph (d). Hospitals that do not meet federal requirements for
39.3 Medicaid disproportionate share hospitals are not eligible for the alternate payment rate.

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

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

39.7 Subd. 27. **Disenrollment under medical assistance and MinnesotaCare.** (a) The
39.8 commissioner shall regularly obtain and use information from reliable data sources, including
39.9 but not limited to managed care and county-based purchasing plans, state health and human
39.10 services programs, mail returned by the United States Postal Service with a forwarding
39.11 address, and the National Change of Address database maintained by the United States
39.12 Postal Service, to update mailing addresses and other contact information for medical
39.13 assistance and MinnesotaCare enrollees ~~in cases of returned mail and nonresponse using~~
39.14 ~~information available through managed care and county-based purchasing plans, state health~~
39.15 ~~and human services programs, and other sources.~~

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

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

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

39.23 Subd. 2a. **Home equity limit for medical assistance payment of long-term care**
39.24 **services.** (a) Effective for requests of medical assistance payment of long-term care services
39.25 filed on or after July 1, 2006, and for renewals on or after July 1, 2006, for persons who
39.26 received payment of long-term care services under a request filed on or after January 1,
39.27 2006, the equity interest in the home of a person whose eligibility for long-term care services
39.28 is determined on or after January 1, 2006, shall not exceed \$500,000, unless it is the lawful
39.29 residence of the person's spouse or child who is under age 21, or a child of any age who is
39.30 blind or permanently and totally disabled as defined in the Supplemental Security Income
39.31 program. The amount specified in this paragraph shall be increased beginning in year 2011,
39.32 from year to year based on the percentage increase in the Consumer Price Index for all urban
39.33 consumers (all items; United States city average), rounded to the nearest \$1,000.

40.1 (b) Effective January 1, 2028, the amount specified in paragraph (a) must not exceed
40.2 \$1,000,000.

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

40.8 ~~(e)~~ (d) A person denied or terminated from medical assistance payment of long-term
40.9 care services because the person's home equity exceeds the home equity limit may seek a
40.10 waiver based upon a hardship by filing a written request with the county agency. Hardship
40.11 is an imminent threat to the person's health and well-being that is demonstrated by
40.12 documentation of no alternatives for payment of long-term care services. The county agency
40.13 shall make a decision regarding the written request to waive the home equity limit within
40.14 30 days if all necessary information has been provided. The county agency shall send the
40.15 person and the person's representative a written notice of decision on the request for a
40.16 demonstrated hardship waiver that also advises the person of appeal rights under the fair
40.17 hearing process of section 256.045.

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

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

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

40.29 (b) Assets may be reduced beginning the month of application by paying bills for health
40.30 services that are incurred during the period specified in Minnesota Rules, part 9505.0090,
40.31 subpart 2, that would otherwise be paid by medical assistance. After assets are reduced to
40.32 allowable limits, eligibility begins with the next dollar of medical assistance covered health
40.33 services incurred in the period. Applicants reducing assets under this subdivision who also

41.1 have excess income shall first spend excess assets to pay health service bills and may meet
41.2 the income spenddown on remaining bills.

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

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

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

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

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

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

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

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

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

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

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

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

41.22 (3) the child dies;

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

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

41.27 (d) For ~~a person~~ an individual eligible for an insurance affordability program as defined
41.28 in section 256B.02, subdivision 19, who reports a change that makes the ~~person~~ individual
41.29 eligible for medical assistance, eligibility is available for the month the change was reported
41.30 and for ~~three~~ one month prior to the month the change was reported for an individual eligible

42.1 under section 256B.055, subdivision 15, and two months prior to the month the change was
42.2 reported for all other eligible individuals, if the ~~person~~ individual was eligible in these the
42.3 prior month or months.

42.4 (e) The period of eligibility for an individual eligible for medical assistance under section
42.5 256B.055, subdivision 15, is six months. The period of eligibility for all other medical
42.6 assistance enrollees is 12 months.

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

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

42.9 Subd. 7a. **Periodic renewal of eligibility.** (a) Except as provided in paragraphs (d) and
42.10 (e), the commissioner shall make an annual redetermination of eligibility based on
42.11 information contained in the enrollee's case file and other information available to the
42.12 agency, including but not limited to information accessed through an electronic database,
42.13 without requiring the enrollee to submit any information when sufficient data is available
42.14 for the agency to renew eligibility.

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

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

42.25 (d) Notwithstanding paragraph (a), a person who is eligible under subdivision 5 ~~shall~~
42.26 be is subject to a review of the person's income every six months.

42.27 (e) Notwithstanding paragraph (a), a person who is eligible under section 256B.055,
42.28 subdivision 15, and who is not an American Indian or Alaska Native is subject to
42.29 redetermination of eligibility every six months.

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

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

43.2 Subd. 2. **Periodic data matching.** (a) The commissioner shall conduct periodic data
43.3 matching to identify recipients who, based on available electronic data, may not meet
43.4 eligibility criteria for the public health care program in which the recipient is enrolled. The
43.5 commissioner shall conduct data matching for medical assistance or MinnesotaCare recipients
43.6 at least once during a recipient's ~~12-month~~ period of eligibility, except as provided in
43.7 paragraph (f).

43.8 (b) If data matching indicates a recipient may no longer qualify for medical assistance
43.9 or MinnesotaCare, the commissioner must notify the recipient and allow the recipient no
43.10 more than 30 days to confirm the information obtained through the periodic data matching
43.11 or provide a reasonable explanation for the discrepancy to the state or county agency directly
43.12 responsible for the recipient's case. If a recipient does not respond within the advance notice
43.13 period or does not respond with information that demonstrates eligibility or provides a
43.14 reasonable explanation for the discrepancy within the 30-day time period, the commissioner
43.15 shall terminate the recipient's eligibility in the manner provided for by the laws and
43.16 regulations governing the health care program for which the recipient has been identified
43.17 as being ineligible.

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

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

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

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

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

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

43.32 **Subdivision 1. Demonstrating work or community engagement.** (a) To be eligible
43.33 for medical assistance, an applicable individual must either demonstrate compliance with

44.1 the work or community engagement requirements or qualify for an exemption from the
44.2 requirements under this section. For purposes of this section, "applicable individual" means
44.3 an individual eligible for medical assistance under section 256B.055, subdivision 15.

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

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

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

44.11 (1) work at least 80 hours;

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

44.13 (3) participate in a work program, as defined in United States Code, title 7, section
44.14 2015(o)(1), for at least 80 hours;

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

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

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

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

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

44.27 (1) an American Indian or Alaska Native;

44.28 (2) a parent, guardian, caretaker relative, or family caregiver, as defined in section 2 of
44.29 the RAISE Family Caregivers Act, of an individual with a disability;

44.30 (3) a veteran with a disability rated as total under United States Code, title 38, section
44.31 1155;

45.1 (4) receiving benefits under the Minnesota family investment program under chapter
45.2 142G and meeting the work activity and participation requirements under that chapter;

45.3 (5) a member of a household that receives Supplemental Nutrition Assistance Program
45.4 (SNAP) benefits under the federal Food and Nutrition Act of 2008 and is not exempt from
45.5 a work requirement under the act;

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

45.8 (7) incarcerated;

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

45.10 (9) an individual who is medically frail or otherwise has special medical needs, in
45.11 accordance with guidance issued by the United States Department of Health and Human
45.12 Services. This includes but is not limited to an individual who: is blind or has a disability;
45.13 has a substance use disorder; has a disabling mental disorder; has a physical, intellectual,
45.14 or developmental disability that significantly impairs the individual's ability to perform one
45.15 or more activities of daily living; or has a serious or complex medical condition.

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

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

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

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

45.32 (2) requests an exemption on the basis of having to travel outside of the individual's
45.33 community for an extended period of time to receive medical services necessary to treat a

46.1 serious or complex medical condition, either for the individual or the individual's dependent,
46.2 when the services are not available in the individual's community of residence;

46.3 (3) resides in a county or equivalent unit of local government in which an emergency
46.4 or disaster has been declared under the National Emergencies Act or the Robert T. Stafford
46.5 Disaster Relief and Emergency Assistance Act; or

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

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

46.13 Subd. 4. **Determining and verifying compliance.** (a) The commissioner must determine
46.14 whether an individual is subject to, compliant with, or exempted from the work or community
46.15 engagement requirements using processes established by the commissioner that rely on
46.16 information available to the commissioner through electronic data sources. The commissioner
46.17 must not request additional information or documentation from an applicable individual
46.18 unless the commissioner is unable to make a determination using the information available
46.19 to the commissioner.

46.20 (b) The commissioner is prohibited from relying on managed care plans, county-based
46.21 purchasing plans, or contractors with direct or indirect financial relationships with managed
46.22 care or county-based purchasing plans to make determinations about whether an individual
46.23 is subject to, compliant with, or exempted from the work or community engagement
46.24 requirements.

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

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

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

47.3 (b) An enrolled beneficiary continues to be eligible for medical assistance during the
47.4 30-day period under paragraph (a).

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

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

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

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

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

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

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

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

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

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

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

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

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

48.1 Subd. 7. **Additional requirements for the commissioner.** The commissioner, in
48.2 collaboration with county agencies, must implement strategies to assist applicable individuals
48.3 in meeting the work or community engagement requirements and link applicable individuals
48.4 to additional resources for job training or other employment services, child care assistance,
48.5 transportation, or other supports to help applicable individuals prepare for work, maintain
48.6 employment, or increase earnings.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

49.14 ~~(4) granted withholding of deportation according to United States Code, title 8, section~~
49.15 ~~1253(h);~~

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

49.18 ~~(6) granted conditional entrant status according to United States Code, title 8, section~~
49.19 ~~1153(a)(7);~~

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

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

49.27 ~~(9)~~ (2) determined to be a Cuban or Haitian entrant as defined in section 501(e) of Public
49.28 Law 96-422, the Refugee Education Assistance Act of 1980; or

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

50.1 (c) All qualified noncitizens who were residing in the United States before August 22,
50.2 1996, who otherwise meet the eligibility requirements of this chapter, are eligible for medical
50.3 assistance with federal financial participation.

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

50.8 ~~(1) refugees admitted to the United States according to United States Code, title 8, section~~
50.9 ~~1157;~~

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

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

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

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

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

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

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

50.31 (g) For purposes of this subdivision, the term "emergency medical condition" means a
50.32 medical condition that meets the requirements of United States Code, title 42, section
50.33 1396b(v).

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

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

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

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

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

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

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

51.14 (iii) services for routine prenatal care;

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

51.17 (v) elective surgery;

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

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

51.21 (viii) rehabilitation services;

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

51.23 (x) transportation services;

51.24 (xi) case management;

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

51.26 (xiii) dental services;

51.27 (xiv) hospice care;

51.28 (xv) audiology services and hearing aids;

51.29 (xvi) podiatry services;

52.1 (xvii) chiropractic services;

52.2 (xviii) immunizations;

52.3 (xix) vision services and eyeglasses;

52.4 (xx) waiver services;

52.5 (xxi) individualized education programs; or

52.6 (xxii) substance use disorder treatment.

52.7 (i) Pregnant noncitizens who are ineligible for federally funded medical assistance
52.8 because of immigration status, are not covered by a group health plan or health insurance
52.9 coverage according to Code of Federal Regulations, title 42, section 457.310, and who
52.10 otherwise meet the eligibility requirements of this chapter, are eligible for medical assistance
52.11 through the period of pregnancy, including labor and delivery, and 12 months postpartum.

52.12 (j) Beginning October 1, 2003, persons who are receiving care and rehabilitation services
52.13 from a nonprofit center established to serve victims of torture and are otherwise ineligible
52.14 for medical assistance under this chapter are eligible for medical assistance without federal
52.15 financial participation. These individuals are eligible only for the period during which they
52.16 are receiving services from the center. Individuals eligible under this paragraph shall not
52.17 be required to participate in prepaid medical assistance. The nonprofit center referenced
52.18 under this paragraph may establish itself as a provider of mental health targeted case
52.19 management services through a county contract under section 256.0112, subdivision 6. If
52.20 the nonprofit center is unable to secure a contract with a lead county in its service area, then,
52.21 notwithstanding the requirements of section 256B.0625, subdivision 20, the commissioner
52.22 may negotiate a contract with the nonprofit center for provision of mental health targeted
52.23 case management services. When serving clients who are not the financial responsibility
52.24 of their contracted lead county, the nonprofit center must gain the concurrence of the county
52.25 of financial responsibility prior to providing mental health targeted case management services
52.26 for those clients.

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

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

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

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

53.3 (l) Effective July 1, 2013, recipients of emergency medical assistance under this
53.4 subdivision are eligible for coverage of the elderly waiver services provided under chapter
53.5 256S, and coverage of rehabilitative services provided in a nursing facility. The age limit
53.6 for elderly waiver services does not apply. In order to qualify for coverage, a recipient of
53.7 emergency medical assistance is subject to the assessment and reassessment requirements
53.8 of section 256B.0911. Initial and continued enrollment under this paragraph is subject to
53.9 the limits of available funding.

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

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

53.12 **256B.061 ELIGIBILITY; RETROACTIVE EFFECT; RESTRICTIONS.**

53.13 (a) If any individual has been determined to be eligible for medical assistance under
53.14 section 256B.055, subdivision 15, it will be made available for care and services included
53.15 under the plan and furnished in or after the ~~third~~ first month before the month in which the
53.16 individual made application for such assistance; if such individual was, or upon application
53.17 would have been, eligible for medical assistance at the time the care and services were
53.18 furnished. If any individual has been determined to be eligible for medical assistance under
53.19 any other section, it will be made available for care and services included under the plan
53.20 and furnished in or after the second month before the month in which the individual made
53.21 application for such assistance if such individual was, or upon application would have been,
53.22 eligible for medical assistance at the time the care and services were furnished.

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

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

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

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

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

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

54.7 (1) \$3 per nonpreventive visit, except as provided in paragraph (c). For purposes of this
54.8 subdivision, a visit means an episode of service that is required because of a recipient's
54.9 symptoms, diagnosis, or established illness, and that is delivered in an ambulatory setting
54.10 by a physician or physician assistant, chiropractor, podiatrist, nurse midwife, advanced
54.11 practice nurse, audiologist, optician, or optometrist;

54.12 (2) \$3.50 for nonemergency visits to a hospital-based emergency room; and

54.13 (3) \$3 per brand-name drug prescription, \$1 per generic drug prescription, and \$1 per
54.14 prescription for a brand-name multisource drug listed in preferred status on the preferred
54.15 drug list, subject to a \$12 maximum per month for prescription drug co-payments. No
54.16 co-payments shall apply to antipsychotic drugs when used for the treatment of mental illness.

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

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

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

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

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

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

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

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

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

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

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

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

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

55.9 Subd. 9. **Interaction with other directed payments.** (a) An eligible provider under
55.10 subdivision 3 may participate in the hospital directed payment program under section
55.11 256B.1974 for inpatient hospital services, outpatient hospital services, or both. A provider
55.12 participating in the hospital directed payment program must not receive a directed payment
55.13 under this section for any provider classes paid via the hospital directed payment program.
55.14 A hospital subject to this section must notify the commissioner in writing no later than 30
55.15 days after enactment of this subdivision of the hospital's intention to participate in the
55.16 hospital directed payment program under section 256B.1974 for inpatient hospital services,
55.17 outpatient hospital services, or both.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

57.10 (10) the Department of Human Services for the purpose of evaluating medical assistance
57.11 services ~~and~~₂ supporting program improvement, and administering section 256B.0562;

57.12 (11) local and state welfare agencies for monitoring the eligibility of the data subject
57.13 for assistance programs, or for any employment or training program administered by those
57.14 agencies, whether alone, in combination with another welfare agency, or in conjunction
57.15 with the department or to monitor and evaluate the statewide Minnesota family investment
57.16 program and other cash assistance programs, the Supplemental Nutrition Assistance Program,
57.17 and the Supplemental Nutrition Assistance Program Employment and Training program by
57.18 providing data on recipients and former recipients of Supplemental Nutrition Assistance
57.19 Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child
57.20 care assistance under chapter 142E, or medical programs under chapter 256B or 256L or
57.21 formerly codified under chapter 256D;

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

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

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

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

57.32 (16) the Department of Corrections for the purposes of case planning and internal research
57.33 for preprobation, probation, and postprobation employment tracking of offenders sentenced

58.1 to probation and preconfinement and postconfinement employment tracking of committed
58.2 offenders;

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

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

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

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

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

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

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

58.22 Subd. 1a. **Wage detail data.** (a) Wage and employment data gathered under section
58.23 268.044 may be disseminated to and used, without the consent of the subject of the data,
58.24 by an agency of another state that is designated as the performance accountability and
58.25 consumer information agency for that state under Code of Federal Regulations, volume 20,
58.26 part 663.510(c), in order to carry out the requirements of the Workforce Investment Act of
58.27 1998, United States Code, title 29, sections 2842 and 2871.

58.28 (b) The commissioner may enter into a data exchange agreement with an employment
58.29 and training service provider under section 116L.17, or the Workforce Investment Act of
58.30 1998, United States Code, title 29, section 2864, under which the commissioner, with the
58.31 consent of the subject of the data, may furnish data on the quarterly wages paid and number
58.32 of hours worked on those individuals who have received employment and training services
58.33 from the provider. With the initial consent of the subject of the data, this data may be shared

59.1 for up to three years after termination of the employment and training services provided to
59.2 the individual without execution of an additional consent. This data is furnished solely for
59.3 the purpose of evaluating the employment and training services provided. The data subject's
59.4 ability to receive service is not affected by a refusal to give consent under this paragraph.
59.5 The consent form must state this fact.

59.6 (c) Wage and employment data gathered under section 268.044 may be disseminated to
59.7 and used by the commissioner of human services for the purpose of administering section
59.8 256B.0562 without the consent of the subject of the data.

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

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

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

59.20 (c) The commissioner may provide records and information collected under sections
59.21 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid
59.22 Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law
59.23 102-234. Upon the written agreement by the United States Department of Health and Human
59.24 Services to maintain the confidentiality of the data, the commissioner may provide records
59.25 and information collected under sections 295.50 to 295.59 to the Centers for Medicare and
59.26 Medicaid Services section of the United States Department of Health and Human Services
59.27 for purposes of meeting federal reporting requirements.

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

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

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

60.5 (g) At the request of the commissioner of human services and when authorized in writing
60.6 by the taxpayer, the commissioner of revenue may match the business legal name or
60.7 individual legal name, and the Minnesota tax identification number, federal Employer
60.8 Identification Number, or Social Security number of the applicant under section 142C.03;
60.9 245A.04, subdivision 1; or 245I.20; or license or certification holder. The commissioner of
60.10 revenue may share the matching with the commissioner of human services. The matching
60.11 may only be used by the commissioner of human services to determine eligibility for provider
60.12 grant programs and to facilitate the regulatory oversight of license and certification holders
60.13 as it relates to ownership and public funds program integrity. This paragraph applies only
60.14 if the commissioner of human services and the commissioner of revenue enter into an
60.15 interagency agreement for the purposes of this paragraph.

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

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

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

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

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

61.1 **Sec. 24. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
 61.2 **NOTIFICATION TO MEDICAL ASSISTANCE RECIPIENTS.**

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

61.9 **ARTICLE 4**

61.10 **HUMAN SERVICES FORECAST ADJUSTMENTS**

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

61.12 The sums shown in the columns marked "Appropriations" are added to or, if shown in
 61.13 parentheses, subtracted from the appropriations in Laws 2025, First Special Session chapter
 61.14 3, article 20, and Laws 2025, First Special Session chapter 9, article 12, to the commissioner
 61.15 of human services from the general fund or other named fund for the purposes specified in
 61.16 section 2 and are available for the fiscal years indicated for each purpose. The figures "2026"
 61.17 and "2027" used in this article mean that the addition to or subtraction from the appropriation
 61.18 listed under them is available for the fiscal year ending June 30, 2026, or June 30, 2027,
 61.19 respectively.

61.20 **APPROPRIATIONS**
 61.21 **Available for the Year**
 61.22 **Ending June 30**
 61.23 **2026 2027**

61.24 **Sec. 2. COMMISSIONER OF HUMAN**
 61.25 **SERVICES.**

61.26	<u>Subdivision 1. Total Appropriation</u>	\$	<u>739,634,000</u>	\$	<u>775,035,000</u>
61.27	<u>Appropriations by Fund</u>				
61.28	<u>General Fund</u>	<u>652,953,000</u>	<u>615,407,000</u>		
61.29	<u>Health Care Access</u>				
61.30	<u>Fund</u>	<u>86,681,000</u>	<u>159,628,000</u>		
61.31	<u>Subd. 2. Forecasted Programs</u>				
61.32	<u>(a) General Assistance</u>		<u>7,909,000</u>		<u>9,653,000</u>
61.33	<u>(b) Minnesota Supplemental Aid</u>		<u>2,976,000</u>		<u>3,233,000</u>
61.34	<u>(c) Housing Support</u>		<u>29,593,000</u>		<u>44,727,000</u>

63.1	<u>(b) MFIP Child Care Assistance</u>	<u>(26,220,000)</u>	<u>(18,822,000)</u>
63.2	<u>(c) Northstar Care for Children</u>	<u>11,070,000</u>	<u>11,627,000</u>

63.3 **Sec. 3. EFFECTIVE DATE.**

63.4 This article is effective the day following final enactment.

63.5 **ARTICLE 6**

63.6 **DEPARTMENT OF HUMAN SERVICES APPROPRIATIONS**

63.7 Section 1. **HUMAN SERVICES APPROPRIATIONS.**

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

63.16 **APPROPRIATIONS**

63.17 **Available for the Year**

63.18 **Ending June 30**

63.19 **2026**

2027

63.20 **Sec. 2. COMMISSIONER OF HUMAN**
 63.21 **SERVICES**

\$

-0- \$

3,026,000

63.22 The amounts that may be spent for each
 63.23 purpose are specified in this article.

63.24 **Sec. 3. CENTRAL OFFICE; OPERATIONS**

\$

-0- \$

1,046,000

63.25 **Base Level Adjustment.** The general fund
 63.26 base is increased by \$6,257,000 in fiscal year
 63.27 2028 and increased by \$7,093,000 in fiscal
 63.28 year 2029.

63.29 **Sec. 4. CENTRAL OFFICE; HEALTH CARE**

\$

-0- \$

16,403,000

63.30 **Base Level Adjustment.** The general fund
 63.31 base is increased by \$16,838,000 in fiscal year

64.1 2028 and increased by \$17,350,000 in fiscal
64.2 year 2029.

64.3 **Sec. 5. FORECASTED PROGRAMS;**
64.4 **MEDICAL ASSISTANCE**

\$ -0- \$ (15,923,000)

64.5 **Base Level Adjustment.** The general fund
64.6 base is decreased by \$65,257,000 in fiscal year
64.7 2028 and decreased by \$70,977,000 in fiscal
64.8 year 2029.

64.9 **Sec. 6. GRANT PROGRAMS; HEALTH CARE**
64.10 **GRANTS**

\$ -0- \$ 1,500,000

64.11 **Base Level Adjustment.** The general fund
64.12 base is increased by \$1,750,000 in fiscal year
64.13 2028 and increased by \$1,125,000 in fiscal
64.14 year 2029.

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

64.16 All uncodified language in this article expires on June 30, 2027, unless a different
64.17 expiration date is specified.

64.18 **Sec. 8. EFFECTIVE DATE.**

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

64.20 **ARTICLE 7**

64.21 **DEPARTMENT OF HEALTH APPROPRIATIONS**

64.22 **Section 1. HEALTH APPROPRIATIONS.**

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

64.30	<u>APPROPRIATIONS</u>	
64.31	<u>Available for the Year</u>	
64.32	<u>Ending June 30</u>	
64.33	<u>2026</u>	<u>2027</u>

65.1 **Sec. 2. COMMISSIONER OF HEALTH** **\$ 440,000 \$ 627,000**

65.2 These amounts are appropriated from the state
65.3 government special revenue fund for the
65.4 purposes specified in this article.

65.5 **Sec. 3. HEALTH IMPROVEMENT** **\$ 440,000 \$ 627,000**

65.6 **Subdivision 1. Licensing and Regulation of**
65.7 **Health Maintenance Organizations**

65.8 \$440,000 in fiscal year 2026 and \$440,000 in
65.9 fiscal year 2027 are for licensing and
65.10 regulation of health maintenance organizations
65.11 under Minnesota Statutes, chapter 62D. These
65.12 appropriations are contingent on the
65.13 commissioner of health retaining authority in
65.14 fiscal year 2027 to license and regulate health
65.15 maintenance organizations.

65.16 **Subd. 2. All-Payer Claims Database;**
65.17 **Administration**

65.18 \$187,000 in fiscal year 2027 is for
65.19 administering the all-payer claims database
65.20 under Minnesota Statutes, section 62U.04. The
65.21 state government special revenue fund base
65.22 for this subdivision is increased by \$234,000
65.23 in fiscal year 2028 and increased by \$292,000
65.24 in fiscal year 2029.

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

65.27 **Subd. 2. Substance Use Treatment, Recovery,**
65.28 **and Prevention Grants**

65.29 \$3,000,000 in fiscal year 2026 and \$3,000,000
65.30 in fiscal year 2027 are from the general fund
65.31 for substance use treatment, recovery, and
65.32 prevention grants under Minnesota Statutes,
65.33 section 342.72. The commissioner may use

66.1 up to \$300,000 of this appropriation for
66.2 administration.

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

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

66.6 **Sec. 6. EFFECTIVE DATE.**

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

66.8 Amend the title accordingly