

1.1 moves to amend H.F. No. 729, the second engrossment, as follows:

1.2 Page 3, delete section 4 and insert:

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

1.4 Subd. 5a. **Limitation on disclosure of certain personnel data.** Notwithstanding any
1.5 other provision of this section, the following data relating to employees of a secure treatment
1.6 facility defined in section 253B.02, subdivision 18a, or section 253D.02, subdivision 13;
1.7 employees of a treatment program as defined in section 253D.02, subdivision 17; employees
1.8 of a state correctional facility;² or employees of the Department of Corrections directly
1.9 involved in supervision of offenders in the community, ~~shall~~ must not be disclosed to facility
1.10 patients or clients, corrections inmates, or other individuals who facility or correction
1.11 administrators reasonably believe will use the information to harass, intimidate, or assault
1.12 any of these employees:

1.13 (1) place where previous education or training occurred;

1.14 (2) place of prior employment; and

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

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

1.21 Page 12, after line 4, insert:

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

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

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

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

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

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

2.20 Page 17, after line 25, insert:

2.21 "Sec. **[253B.25] PATIENT ACCESS TO INFORMATION ON FACILITY**
 2.22 **EMPLOYEES.**

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

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

2.28 Sec. Minnesota Statutes 2024, section 253D.19, is amended to read:

2.29 **253D.19 RIGHTS OF PERSONS COMMITTED UNDER THIS CHAPTER.**

2.30 Subdivision 1. **Limited rights.** The executive board may limit the statutory rights
 2.31 described in subdivision 2 for persons committed to the Minnesota Sex Offender Program

3.1 under this chapter or with the executive board's consent under section 246C.13. The statutory
 3.2 rights described in subdivision 2 may be limited only as necessary to maintain a therapeutic
 3.3 environment or the security of the facility or to protect the safety and well-being of committed
 3.4 persons, staff, and the public. Protection of staff from harassment, intimidation, or assault
 3.5 is a basis for limiting the statutory rights described in subdivision 2.

3.6 Subd. 2. **Statutory rights.** The statutory rights that may be limited in accordance with
 3.7 subdivision 1 are those set forth in section 144.651, subdivision 19, personal privacy; section
 3.8 144.651, subdivision 21, private communications; section 144.651, subdivision 22, retain
 3.9 and use of personal property; section 144.651, subdivision 25, manage personal financial
 3.10 affairs; section 144.651, subdivision 26, meet with visitors and participate in groups; section
 3.11 253B.03, subdivision 2, correspond with others; and section 253B.03, subdivision 3, receive
 3.12 visitors and make telephone calls. Other statutory rights enumerated by sections 144.651
 3.13 and 253B.03, or any other law, may be limited as provided in those sections.

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

3.15 Page 17, before line 26, insert:

3.16 **"ARTICLE 2**
 3.17 **DIRECT CARE AND TREATMENT**

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

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

3.25 Sec. 2. Minnesota Statutes 2025 Supplement, section 144.121, subdivision 1a, is amended
 3.26 to read:

3.27 Subd. 1a. **Fees for ionizing radiation-producing equipment.** (a) A facility with ionizing
 3.28 radiation-producing equipment and other sources of ionizing radiation must pay an initial
 3.29 or annual renewal registration fee consisting of a base facility fee of \$155 and an additional
 3.30 fee for each x-ray tube, as follows:

| | | |
|------|-------------------------------------|--------|
| 3.31 | (1) medical or veterinary equipment | \$ 130 |
| 3.32 | (2) dental x-ray equipment | \$ 60 |

| | | |
|------|---------------------------------------|----------|
| 4.1 | (3) x-ray equipment not used on | \$ 130 |
| 4.2 | humans or animals | |
| 4.3 | (4) devices with sources of ionizing | \$ 130 |
| 4.4 | radiation not used on humans or | |
| 4.5 | animals | |
| 4.6 | (5) security screening system | \$ 160 |
| 4.7 | (6) radiation therapy and accelerator | \$ 1,000 |
| 4.8 | x-ray equipment | |
| 4.9 | (7) industrial accelerator x-ray | \$ 300 |
| 4.10 | equipment | |

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

4.13 (c) For purposes of this section, a security screening system means ionizing
4.14 radiation-producing equipment designed and used for security screening of humans who
4.15 are in the custody of a correctional or detention facility or who are civilly committed in a
4.16 secure treatment facility, and used by the facility to image and identify contraband items
4.17 concealed within or on all sides of a human body.

4.18 (d) For purposes of this section, a correctional or detention facility is a facility licensed
4.19 under section 241.021 and operated by a state agency or political subdivision charged with
4.20 detection, enforcement, or incarceration in respect to state criminal and traffic laws.

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

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

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

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

4.31 (b) An employee of a correctional or detention facility who operates a security screening
4.32 system and the facility in which the system is being operated must meet the requirements
4.33 of a variance to Minnesota Rules, parts 4732.0305 and 4732.0565, issued under Minnesota
4.34 Rules, parts 4717.7000 to 4717.7050. This paragraph expires on December 31 of the year

5.1 that the permanent rules adopted by the commissioner governing security screening systems
5.2 are published in the State Register.

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

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

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

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

5.17 **(b) Direct Care and Treatment Capacity;**
5.18 **Miller Building.** \$1,796,000 in fiscal year
5.19 2025 is to design a replacement facility for the
5.20 Miller Building on the Anoka Metro Regional
5.21 Treatment Center campus. This is a onetime
5.22 appropriation. Notwithstanding Minnesota
5.23 Statutes, section 16A.28, subdivision 3, this
5.24 appropriation is available until June 30, 2027.

5.25 **(c) Direct Care and Treatment County**
5.26 **Correctional Facility Support Pilot**
5.27 **Program.** \$2,387,000 in fiscal year 2025 is
5.28 to establish a two-year county correctional
5.29 facility support pilot program. The pilot
5.30 program must: (1) provide education and
5.31 support to counties and county correctional
5.32 facilities on protocols and best practices for
5.33 the provision of involuntary medications for
5.34 mental health treatment; (2) provide technical

6.1 assistance to expand access to injectable
 6.2 psychotropic medications in county
 6.3 correctional facilities; and (3) survey county
 6.4 correctional facilities and their contracted
 6.5 medical providers on their capacity to provide
 6.6 injectable psychotropic medications, including
 6.7 involuntary administration of medications,
 6.8 and barriers to providing these services. This
 6.9 is a onetime appropriation. Notwithstanding
 6.10 Minnesota Statutes, section 16A.28,
 6.11 subdivision 3, this appropriation is available
 6.12 until June 30, ~~2026~~ 2028.

6.13 **(d) Advisory Committee for Direct Care**
 6.14 **and Treatment.** \$482,000 in fiscal year 2025
 6.15 is for the administration of the advisory
 6.16 committee for the operation of Direct Care
 6.17 and Treatment. This is a onetime
 6.18 appropriation. Notwithstanding Minnesota
 6.19 Statutes, section 16A.28, subdivision 3, this
 6.20 appropriation is available until June 30, 2027.

6.21 **(e) Base Level Adjustment.** The general fund
 6.22 base is increased by \$31,000 in fiscal year
 6.23 2026 and increased by \$0 in fiscal year 2027."

6.24 Page 23, line 26, delete everything after the second period

6.25 Page 23, line 27, delete everything before "The"

6.26 Page 26, after line 19, insert:

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

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

6.29 (1) distribute to residents the assisted living bill of rights;

6.30 (2) provide services in a manner that complies with the Nurse Practice Act in sections
 6.31 148.171 to 148.285;

6.32 (3) utilize a person-centered planning and service delivery process;

7.1 (4) have and maintain a system for delegation of health care activities to unlicensed
7.2 personnel by a registered nurse, including supervision and evaluation of the delegated
7.3 activities as required by the Nurse Practice Act in sections 148.171 to 148.285;

7.4 (5) provide a means for residents to request assistance for health and safety needs 24
7.5 hours per day, seven days per week;

7.6 (6) allow residents the ability to furnish and decorate the resident's unit within the terms
7.7 of the assisted living contract;

7.8 (7) permit residents access to food at any time;

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

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

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

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

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

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

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

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

7.28 (i) awake;

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

7.31 (iii) capable of communicating with residents;

- 8.1 (iv) capable of providing or summoning the appropriate assistance; and
- 8.2 (v) capable of following directions; ~~and~~
- 8.3 (13) provide staff access to an on-call registered nurse 24 hours per day, seven days per
- 8.4 week;
- 8.5 (14) effective August 1, 2027, ensure that one or more persons who are trained in
- 8.6 accordance with section 144G.61, subdivision 2, are available 24 hours per day, seven days
- 8.7 per week, who are responsible for responding to the requests of residents for assistance with
- 8.8 health or safety needs. Such persons must be:
- 8.9 (i) awake;
- 8.10 (ii) located in the same building, in an attached building, or on a contiguous campus
- 8.11 with the facility in order to respond within a reasonable amount of time;
- 8.12 (iii) capable of communicating with residents;
- 8.13 (iv) capable of providing or summoning the appropriate assistance; and
- 8.14 (v) capable of following directions;
- 8.15 (15) effective August 1, 2027, ensure a plan is in place for facility staff to immediately
- 8.16 attend to resident needs in a medical emergency, until any emergency personnel arrive if
- 8.17 summoned; and
- 8.18 (16) effective August 1, 2027, ensure a plan is in place for facility staff to meet the
- 8.19 nonemergency medical needs of residents due to falling, including needs for lift assistance.
- 8.20 Sec. Minnesota Statutes 2024, section 144G.41, subdivision 2, is amended to read:
- 8.21 Subd. 2. **Policies and procedures.** (a) Each assisted living facility must have policies
- 8.22 and procedures in place to address the following ~~and keep them current:~~
- 8.23 (1) requirements in section 626.557, reporting of maltreatment of vulnerable adults;
- 8.24 (2) conducting and handling background studies on employees;
- 8.25 (3) orientation, training, and competency evaluations of staff, and a process for evaluating
- 8.26 staff performance;
- 8.27 (4) handling complaints regarding staff or services provided by staff;
- 8.28 (5) conducting initial evaluations of residents' needs and the providers' ability to provide
- 8.29 those services;

9.1 (6) conducting initial and ongoing resident evaluations and assessments of resident
9.2 needs, including assessments by a registered nurse or appropriate licensed health professional,
9.3 and how changes in a resident's condition are identified, managed, and communicated to
9.4 staff and other health care providers as appropriate;

9.5 (7) orientation to and implementation of the assisted living bill of rights;

9.6 (8) infection control practices;

9.7 (9) reminders for medications, treatments, or exercises, if provided;

9.8 (10) conducting appropriate screenings, or documentation of prior screenings, to show
9.9 that staff are free of tuberculosis, consistent with current United States Centers for Disease
9.10 Control and Prevention standards;

9.11 (11) ensuring that nurses and licensed health professionals have current and valid licenses
9.12 to practice;

9.13 (12) medication and treatment management;

9.14 (13) delegation of tasks by registered nurses or licensed health professionals;

9.15 (14) supervision of registered nurses and licensed health professionals; ~~and~~

9.16 (15) supervision of unlicensed personnel performing delegated tasks;

9.17 (16) effective August 1, 2027, emergency procedures to be initiated by facility staff
9.18 when a resident experiences a medical emergency due to falling, a heart event, difficulty
9.19 breathing, or choking, and to be followed until emergency personnel arrive if summoned;
9.20 and

9.21 (17) effective August 1, 2027, after determining that a resident is not experiencing a
9.22 medical emergency pursuant to clause (16), procedures to be initiated by facility staff to
9.23 meet the nonemergency medical needs of residents due to falling, including needs for lift
9.24 assistance.

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

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

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

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

10.7 (2) demonstrated competency by satisfactorily completing a written or oral test on the
10.8 tasks the unlicensed personnel will perform and on the topics listed in section 144G.61,
10.9 subdivision 2, paragraph (a); and successfully demonstrated competency on topics in section
10.10 144G.61, subdivision 2, paragraph (a), clauses (5), (7), ~~and~~ (8), and (20), by a practical
10.11 skills test.

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

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

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

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

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

10.26 (c) Unlicensed personnel performing therapy or treatment tasks delegated or assigned
10.27 by a licensed health professional must meet the requirements for delegated tasks in section
10.28 144G.62, subdivision 2, paragraph (a), and any other training or competency requirements
10.29 within the licensed health professional's scope of practice relating to delegation or assignment
10.30 of tasks to unlicensed personnel.

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

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

11.4 (1) documentation requirements for all services provided;

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

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

11.8 (4) maintenance of a clean and safe environment;

11.9 (5) appropriate and safe techniques in personal hygiene and grooming, including:

11.10 (i) hair care and bathing;

11.11 (ii) care of teeth, gums, and oral prosthetic devices;

11.12 (iii) care and use of hearing aids; and

11.13 (iv) dressing and assisting with toileting;

11.14 (6) training on the prevention of falls;

11.15 (7) standby assistance techniques and how to perform them;

11.16 (8) medication, exercise, and treatment reminders;

11.17 (9) basic nutrition, meal preparation, food safety, and assistance with eating;

11.18 (10) preparation of modified diets as ordered by a licensed health professional;

11.19 (11) communication skills that include preserving the dignity of the resident and showing
11.20 respect for the resident and the resident's preferences, cultural background, and family;

11.21 (12) awareness of confidentiality and privacy;

11.22 (13) understanding appropriate boundaries between staff and residents and the resident's
11.23 family;

11.24 (14) effective until the effective date of clause (15), procedures to use in handling various
11.25 emergency situations; and

11.26 (15) effective August 1, 2027, procedures to use in handling various medical and
11.27 nonmedical emergency situations;

11.28 (16) awareness of commonly used health technology equipment and assistive devices;

12.1 (17) effective August 1, 2027, recognition of and immediate response to signs and
 12.2 symptoms of airway, breathing, and circulation (ABCs) concerns;

12.3 (18) effective August 1, 2027, recognition of and immediate response to bleeding,
 12.4 including hemorrhage;

12.5 (19) effective August 1, 2027, safe techniques for emergency movement of residents;
 12.6 and

12.7 (20) effective August 1, 2027, log roll technique and spinal precautions.

12.8 (b) In addition to paragraph (a), training and competency evaluation for unlicensed
 12.9 personnel providing assisted living services must include:

12.10 (1) observing, reporting, and documenting resident status;

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

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

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

12.15 (5) safe transfer techniques and ambulation;

12.16 (6) range of motioning and positioning; and

12.17 (7) administering medications or treatments as required."

12.18 Page 33, line 24, delete everything after the second period

12.19 Page 33, line 25, delete everything before "Any"

12.20 Page 34, delete article 3

12.21 Page 44, delete article 4

12.22 Page 88, delete section 18

12.23 Page 95, after line 1, insert:

12.24 "Sec. Laws 2023, chapter 61, article 1, section 67, subdivision 3, as amended by Laws
 12.25 2024, chapter 127, article 53, section 10, is amended to read:

12.26 Subd. 3. **Evaluation and report.** (a) The Metropolitan Center for Independent Living
 12.27 must contract with a third party to evaluate the pilot project's impact on health care costs,
 12.28 retention of personal care assistants, and patients' and providers' satisfaction of care. The

13.1 evaluation must include the number of participants, the hours of care provided by participants,
13.2 and the retention of participants from semester to semester.

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

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

13.7 Sec. Laws 2023, chapter 61, article 9, section 2, subdivision 5, as amended by Laws
13.8 2024, chapter 127, article 53, section 12, is amended to read:

| | | | |
|-------|------------------------------------------------------|------------|------------|
| 13.9 | Subd. 5. Central Office; Aging and Disability | | |
| 13.10 | Services | 40,115,000 | 11,995,000 |

13.11 **(a) Employment Supports Alignment Study.**
13.12 \$50,000 in fiscal year 2024 and \$200,000 in
13.13 fiscal year 2025 are to conduct an interagency
13.14 employment supports alignment study. The
13.15 base for this appropriation is \$150,000 in fiscal
13.16 year 2026 and \$100,000 in fiscal year 2027.

13.17 **(b) Case Management Training**
13.18 **Curriculum.** \$377,000 in fiscal year 2024 and
13.19 \$377,000 in fiscal year 2025 are to develop
13.20 and implement a curriculum and training plan
13.21 to ensure all lead agency assessors and case
13.22 managers have the knowledge and skills
13.23 necessary to fulfill support planning and
13.24 coordination responsibilities for individuals
13.25 who use home and community-based disability
13.26 services and live in own-home settings. This
13.27 is a onetime appropriation.

13.28 **(c) Office of Ombudsperson for Long-Term**
13.29 **Care.** \$875,000 in fiscal year 2024 and
13.30 \$875,000 in fiscal year 2025 are for additional
13.31 staff and associated direct costs in the Office
13.32 of Ombudsperson for Long-Term Care.

14.1 **(d) Direct Care Services Corps Pilot Project.**

14.2 \$500,000 in fiscal year 2024 is from the
14.3 general fund for a grant to the Metropolitan
14.4 Center for Independent Living for the direct
14.5 care services corps pilot project. Up to \$25,000
14.6 may be used by the Metropolitan Center for
14.7 Independent Living for administrative costs.
14.8 This is a onetime appropriation and is
14.9 available until June 30, ~~2026~~ 2027.

14.10 **(e) Research on Access to Long-Term Care**

14.11 **Services and Financing.** Any unexpended
14.12 amount of the fiscal year 2023 appropriation
14.13 referenced in Laws 2021, First Special Session
14.14 chapter 7, article 17, section 16, estimated to
14.15 be \$300,000, is canceled. The amount canceled
14.16 is appropriated in fiscal year 2024 for the same
14.17 purpose.

14.18 **(f) Native American Elder Coordinator.**

14.19 \$441,000 in fiscal year 2024 and \$441,000 in
14.20 fiscal year 2025 are for the Native American
14.21 elder coordinator position under Minnesota
14.22 Statutes, section 256.975, subdivision 6.

14.23 **(g) Grant Administration Carryforward.**

14.24 (1) Of this amount, \$8,154,000 in fiscal year
14.25 2024 is available until June 30, 2027.

14.26 (2) Of this amount, \$1,071,000 in fiscal year
14.27 2025 is available until June 30, 2027.

14.28 (3) Of this amount, \$19,000,000 in fiscal year
14.29 2024 is available until June 30, 2029.

14.30 **(h) Base Level Adjustment.** The general fund

14.31 base is increased by \$8,189,000 in fiscal year
14.32 2026 and increased by \$8,093,000 in fiscal
14.33 year 2027.

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

15.2 Page 128, after line 25, insert:

15.3 "Sec. Minnesota Statutes 2024, section 144.6512, subdivision 6, is amended to read:

15.4 Subd. 6. **Other laws.** Nothing in this section affects the rights and remedies available
15.5 under section 626.557, subdivisions ~~10~~ 11b to 11j, 17, and 20.

15.6 Sec. Minnesota Statutes 2024, section 144A.161, subdivision 8, is amended to read:

15.7 Subd. 8. **Responsibilities of county social services agency.** (a) The county social
15.8 services agency shall participate in the meeting as outlined in subdivision 3, paragraph (b),
15.9 to develop a relocation plan.

15.10 (b) The county social services agency shall designate a representative to the
15.11 interdisciplinary team established by the licensee responsible for coordinating the relocation
15.12 efforts.

15.13 (c) The county social services agency shall serve as a resource in the relocation process.

15.14 (d) Concurrent with the notice sent to residents from the licensee as provided in
15.15 subdivision 5a, the county social services agency shall provide written notice to residents
15.16 and responsible parties describing:

15.17 (1) the county's role in the relocation process and in the follow-up to relocations;

15.18 (2) the county social services agency contact information; and

15.19 (3) the contact information for the Office of Ombudsman for Long-Term Care and the
15.20 Office of Ombudsman for Mental Health and Developmental Disabilities.

15.21 (e) The county social services agency designee shall meet with appropriate facility staff
15.22 to coordinate any assistance in the relocation process. This coordination shall include
15.23 participating in group meetings with residents, families, and responsible parties to explain
15.24 the relocation process.

15.25 (f) Beginning from the initial notice given in subdivision 2, the county social services
15.26 agency shall monitor compliance with all components of this section and the plan developed
15.27 under subdivision 3, paragraph (b). If the licensee is not in compliance, the county social
15.28 services agency shall notify the commissioner of the Department of Health and the
15.29 commissioner of the Department of Human Services.

16.1 (g) Except as requested by the resident or responsible party and within the parameters
16.2 of the Vulnerable Adults Act, the county social services agency, in coordination with the
16.3 commissioner of health and the commissioner of human services, may halt a relocation that
16.4 it deems inappropriate or dangerous to the health or safety of a resident. In situations where
16.5 a resident relocation is halted, the county social services agency must notify the resident,
16.6 family, responsible parties, Office of the Ombudsman for Long-Term Care and Office of
16.7 the Ombudsman for Mental Health and Developmental Disabilities, and resident's managed
16.8 care organization, of this action. The county social services agency shall pursue remedies
16.9 to protect the resident during the relocation process, including, but not limited to, assisting
16.10 the resident with filing an appeal of transfer or discharge, notification of all appropriate
16.11 licensing boards and agencies, and other remedies available to the county under section
16.12 626.557, ~~subdivision 10~~ subdivisions 11b to 11j.

16.13 (h) A member of the county social services agency staff shall follow up with relocated
16.14 residents within 30 days after the relocation. This requirement does not apply to changes
16.15 in operation where the facility moved to a new location and residents chose to move to that
16.16 new location. The requirement also does not apply to residents admitted after the notice in
16.17 subdivision 5a is given and discharged prior to the actual change in facility operations or
16.18 reduction. County social services agency staff shall interview the resident or responsible
16.19 party and review and discuss pertinent medical or social records with appropriate facility
16.20 staff to:

16.21 (1) assess the adjustment of the resident to the new placement;

16.22 (2) recommend services or methods to meet any special needs of the resident; and

16.23 (3) identify residents at risk.

16.24 (i) The county social services agency shall conduct subsequent follow-up visits on site
16.25 in cases where the adjustment of the resident to the new placement is in question.

16.26 (j) Within 60 days of the completion of the follow up under paragraphs (h) and (i), the
16.27 county social services agency shall submit a written summary of the follow-up work to the
16.28 Department of Health and the Department of Human Services in a manner approved by the
16.29 commissioners.

16.30 (k) The county social services agency shall submit to the Department of Health and the
16.31 Department of Human Services a report of any issues that may require further review or
16.32 monitoring.

17.1 (l) The county social services agency shall be responsible for the safe and orderly
 17.2 relocation of residents in cases where an emergent need arises or when the licensee has
 17.3 abrogated its responsibilities under the plan.

17.4 Sec. Minnesota Statutes 2024, section 144G.92, subdivision 5, is amended to read:

17.5 Subd. 5. **Other laws.** Nothing in this section affects the rights and remedies available
 17.6 under section 626.557, subdivisions ~~10~~ 11b to 11j, 17, and 20.

17.7 Sec. Minnesota Statutes 2024, section 152.137, subdivision 6, is amended to read:

17.8 Subd. 6. **Reporting maltreatment of vulnerable adult.** (a) A peace officer shall make
 17.9 a report of suspected maltreatment of a vulnerable adult if the vulnerable adult is present
 17.10 in an area where any of the activities described in subdivision 2, paragraph (a), clauses (1)
 17.11 to (4), are taking place, and the peace officer has reason to believe the vulnerable adult
 17.12 inhaled, was exposed to, had contact with, or ingested methamphetamine, a chemical
 17.13 substance, or methamphetamine paraphernalia. The peace officer shall immediately report
 17.14 to the county common entry point as described in section 626.557, subdivision 9b.

17.15 (b) As required in section 626.557, subdivision 9b, law enforcement is the primary
 17.16 agency to conduct investigations of any incident when there is reason to believe a crime
 17.17 has been committed. Law enforcement shall initiate a response immediately. If the common
 17.18 entry point notified a county agency for adult protective services, law enforcement shall
 17.19 cooperate with that county agency when both agencies are involved and shall exchange data
 17.20 to the extent authorized in section 626.557, subdivision 12b, paragraph (g). County adult
 17.21 protection shall initiate a response immediately.

17.22 (c) The county social services agency shall immediately respond as required in section
 17.23 626.557, ~~subdivision 10~~ subdivisions 11b to 11j, upon receipt of a report from the common
 17.24 entry point staff.

17.25 Sec. Minnesota Statutes 2025 Supplement, section 524.5-311, is amended to read:

17.26 **524.5-311 EMERGENCY GUARDIAN.**

17.27 (a) If the court finds that compliance with the procedures of this article will likely result
 17.28 in substantial harm to the respondent's health, safety, or welfare, and that no other person
 17.29 appears to have authority and willingness to act in the circumstances, the court, on petition
 17.30 by a person interested in the respondent's welfare, may appoint an emergency guardian
 17.31 whose authority may not exceed 60 days and who may exercise only the powers specified
 17.32 in the order. A county that is acting under section 626.557, ~~subdivision 10~~ subdivisions 11h

18.1 and 11i, by petitioning for appointment of an emergency guardian on behalf of a vulnerable
18.2 adult may be granted authority to act for a period not to exceed 90 days. An emergency
18.3 guardian's appointment under this section may only be extended once for a period not to
18.4 exceed 60 days if the court finds good cause for the continuation of the guardianship.
18.5 Immediately upon receipt of the petition for an emergency guardianship, the court shall
18.6 appoint a lawyer to represent the respondent in the proceeding. Except as otherwise provided
18.7 in paragraph (b), reasonable notice of the time and place of a hearing on the petition must
18.8 be given to the respondent; interested parties, if known; and any other persons as the court
18.9 directs.

18.10 (b) An emergency guardian may be appointed without notice to the respondent and the
18.11 respondent's lawyer only if the court finds from affidavit or other sworn testimony that the
18.12 respondent will be substantially harmed before a hearing on the appointment can be held
18.13 and the petitioner made good faith efforts to provide notice to the respondent or the
18.14 respondent's lawyer. If the court appoints an emergency guardian without notice to the
18.15 respondent, the respondent must be given notice of the appointment within 48 hours after
18.16 the appointment. The court shall hold a hearing on the appropriateness of the appointment
18.17 within five days after the appointment.

18.18 (c) Appointment of an emergency guardian, with or without notice, is not a determination
18.19 of the respondent's incapacity.

18.20 (d) The court may remove an emergency guardian at any time. An emergency guardian
18.21 shall make any report the court requires. In other respects, the provisions of this article
18.22 concerning guardians apply to an emergency guardian.

18.23 (e) Any documents or information disclosing or pertaining to health or financial
18.24 information shall be filed as confidential documents, consistent with the bill of particulars
18.25 under section 524.5-121.

18.26 (f) The mere fact that the respondent is a patient in a hospital or a resident of a facility
18.27 is not in and of itself sufficient evidence to support a risk of substantial harm to the
18.28 respondent's health, safety, or welfare.

18.29 Sec. Minnesota Statutes 2024, section 524.5-409, subdivision 2, is amended to read:

18.30 Subd. 2. **Emergency and temporary conservator.** (a) If the court finds that compliance
18.31 with the procedures of this article will likely result in the immediate loss, waste, or dissipation
18.32 of the individual's assets or income unless management is provided, or money is needed for
18.33 the support, care, education, health, and welfare of the individual or of individuals who are

19.1 entitled to the individual's support and that protection is necessary or desirable to obtain or
19.2 provide money, and that no other person appears to have authority and willingness to act
19.3 in the circumstances, the court, on petition by a person interested in the respondent's welfare,
19.4 may appoint an emergency conservator whose authority may not exceed 60 days and who
19.5 may exercise only the powers specified in the order. A county that is acting under section
19.6 626.557, ~~subdivision 10~~ subdivisions 11h and 11i, by petitioning for appointment of an
19.7 emergency conservator on behalf of a vulnerable adult may be granted authority to act for
19.8 a period not to exceed 90 days. An emergency conservator's appointment under this section
19.9 may be extended once for a period not to exceed 60 days if the court finds good cause for
19.10 the continuation of the conservatorship. Immediately upon receipt of the petition for an
19.11 emergency conservatorship, the court shall appoint a lawyer to represent the respondent in
19.12 the proceeding. Except as otherwise provided in paragraph (b), reasonable notice of the
19.13 time and place of a hearing on the petition must be given to the respondent and any other
19.14 persons as the court directs.

19.15 (b) An emergency conservator may be appointed without notice to the respondent and
19.16 the respondent's lawyer only if the court finds from affidavit or other sworn testimony that
19.17 the respondent will be substantially harmed before a hearing on the appointment can be
19.18 held. If the court appoints an emergency conservator without notice to the respondent, the
19.19 respondent must be given notice of the appointment within 48 hours after the appointment.
19.20 The court shall hold a hearing on the appropriateness of the appointment within five days
19.21 after the appointment.

19.22 (c) Appointment of an emergency conservator, with or without notice, is not a
19.23 determination of the respondent's incapacity.

19.24 (d) The court may remove an emergency conservator at any time. An emergency
19.25 conservator shall make any report the court requires. In other respects, the provisions of
19.26 this article concerning conservators apply to an emergency conservator.

19.27 (e) If the court finds that a conservator is not effectively performing the conservator's
19.28 duties and that the security and preservation of the assets of the person subject to
19.29 conservatorship requires immediate action, the court may appoint a temporary substitute
19.30 conservator for the person subject to conservatorship for a specified period not exceeding
19.31 six months. Except as otherwise ordered by the court, a temporary substitute conservator
19.32 so appointed has the powers set forth in the previous order of appointment. The authority
19.33 of any unlimited or limited conservator previously appointed by the court is suspended as
19.34 long as a temporary substitute conservator has authority. If an appointment is made without
19.35 previous notice to the person subject to conservatorship or the affected conservator within

20.1 five days after the appointment, the court shall inform the person subject to conservatorship
20.2 or conservator of the appointment.

20.3 (f) The court may remove a temporary substitute conservator at any time. A temporary
20.4 substitute conservator shall make any report the court requires. In other respects, the
20.5 provisions of this article concerning conservators apply to a temporary substitute conservator.

20.6 (g) Any documents or information disclosing or pertaining to health or financial
20.7 information shall be filed as confidential documents, consistent with the bill of particulars
20.8 under section 524.5-121."

20.9 Page 148, delete section 1

20.10 Page 153, after line 13, insert:

20.11 "Sec. Minnesota Statutes 2024, section 256B.057, subdivision 9, is amended to read:

20.12 Subd. 9. **Employed persons with disabilities.** (a) Medical assistance may be paid for
20.13 a person who is employed and who:

20.14 (1) but for excess earnings or assets meets the definition of disabled under the
20.15 Supplemental Security Income program; and

20.16 (2) pays a premium and other obligations under paragraph (d).

20.17 (b) For purposes of eligibility, there is a \$65 earned income disregard. To be eligible
20.18 for medical assistance under this subdivision, a person must have more than \$65 of earned
20.19 income, be receiving an unemployment insurance benefit under chapter 268 that the person
20.20 began receiving while eligible under this subdivision, or be receiving family and medical
20.21 leave benefits under chapter 268B that the person began receiving while eligible under this
20.22 subdivision. A person who is self-employed must file and pay all applicable taxes. Any
20.23 spousal income shall be disregarded for purposes of eligibility and premium determinations.

20.24 (c) After the month of enrollment, a person enrolled in medical assistance under this
20.25 subdivision who would otherwise be ineligible and be disenrolled due to one of the following
20.26 circumstances may retain eligibility for up to four consecutive months after a month of job
20.27 loss if the person:

20.28 (1) is temporarily unable to work and without receipt of earned income due to a medical
20.29 condition, as verified by a physician, advanced practice registered nurse, or physician
20.30 assistant; or

20.31 (2) loses employment for reasons not attributable to the enrollee, and is without receipt
20.32 of earned income.

21.1 To receive a four-month extension of continued eligibility under this paragraph, enrollees
21.2 must verify the medical condition or provide notification of job loss, continue to meet all
21.3 other eligibility requirements, and continue to pay all calculated premium costs.

21.4 (d) All enrollees must pay a premium to be eligible for medical assistance under this
21.5 subdivision, except as provided under clause (5).

21.6 (1) An enrollee must pay the greater of a \$35 premium or the premium calculated based
21.7 on the person's gross earned and unearned income and the applicable family size using a
21.8 sliding fee scale established by the commissioner, which begins at one percent of income
21.9 at 100 percent of the federal poverty guidelines and increases to 7.5 percent of income for
21.10 those with incomes at or above 300 percent of the federal poverty guidelines.

21.11 (2) Annual adjustments in the premium schedule based upon changes in the federal
21.12 poverty guidelines shall be effective for premiums due in July of each year.

21.13 (3) All enrollees who receive unearned income must pay one-half of one percent of
21.14 unearned income in addition to the premium amount, except as provided under clause (5).

21.15 (4) Increases in benefits under title II of the Social Security Act shall not be counted as
21.16 income for purposes of this subdivision until July 1 of each year.

21.17 (5) Effective July 1, 2009, American Indians are exempt from paying premiums as
21.18 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public
21.19 Law 111-5. For purposes of this clause, an American Indian is any person who meets the
21.20 definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

21.21 (e) A person's eligibility and premium shall be determined by the local county agency.
21.22 Premiums must be paid to the commissioner. All premiums are dedicated to the
21.23 commissioner.

21.24 (f) Any required premium shall be determined at application and redetermined at the
21.25 enrollee's 12-month income review or when a change in income or household size is reported.
21.26 Enrollees must report any change in income or household size within 30 days of when the
21.27 change occurs. A decreased premium resulting from a reported change in income or
21.28 household size shall be effective the first day of the next available billing month after the
21.29 change is reported. Except for changes occurring from annual cost-of-living increases, a
21.30 change resulting in an increased premium shall not affect the premium amount until the
21.31 next 12-month review.

21.32 (g) Premium payment is due upon notification from the commissioner of the premium
21.33 amount required. Premiums may be paid in installments at the discretion of the commissioner.

22.1 (h) Nonpayment of the premium shall result in denial or termination of medical assistance
 22.2 unless the person demonstrates good cause for nonpayment. "Good cause" means an excuse
 22.3 for the enrollee's failure to pay the required premium when due because the circumstances
 22.4 were beyond the enrollee's control or not reasonably foreseeable. The commissioner shall
 22.5 determine whether good cause exists based on the weight of the supporting evidence
 22.6 submitted by the enrollee to demonstrate good cause. The commissioner must not determine
 22.7 that good cause exists for a month for which the premium has already been paid. Except
 22.8 when an installment agreement is accepted by the commissioner, all persons disenrolled
 22.9 for nonpayment of a premium must pay any past due premiums as well as current premiums
 22.10 due prior to being reenrolled. Nonpayment shall include payment with a returned, refused,
 22.11 or dishonored instrument. The commissioner may require a guaranteed form of payment as
 22.12 the only means to replace a returned, refused, or dishonored instrument.

22.13 (i) For enrollees whose income does not exceed 200 percent of the federal poverty
 22.14 guidelines and who are also enrolled in Medicare, the commissioner shall reimburse the
 22.15 enrollee for Medicare part B premiums under section 256B.0625, subdivision 15, paragraph
 22.16 (a).

22.17 (j) The commissioner is authorized to determine that a premium amount was calculated
 22.18 or billed in error, make corrections to financial records and billing systems, and refund
 22.19 premiums collected in error.

22.20 Sec. Minnesota Statutes 2024, section 256B.0625, subdivision 4, is amended to read:

22.21 Subd. 4. **Outpatient and physician-directed clinic services.** Medical assistance covers
 22.22 outpatient hospital or physician-directed clinic services. The All services provided by
 22.23 physician-directed clinic staff shall include at least two physicians and all services shall
 22.24 must be provided under the ~~direct supervision~~ direction of a physician. Hospital outpatient
 22.25 departments are subject to the same limitations and reimbursements as other enrolled vendors
 22.26 for all services, except initial triage, emergency services, and services not provided or
 22.27 immediately available in clinics, physicians' offices, or by other enrolled providers.
 22.28 "Emergency services" means those medical services required for the immediate diagnosis
 22.29 and treatment of medical conditions that, if not immediately diagnosed and treated, could
 22.30 lead to serious physical or mental disability or death or are necessary to alleviate severe
 22.31 pain. Neither the hospital, its employees, nor any physician or dentist, shall be liable in any
 22.32 action arising out of a determination not to render emergency services or care if reasonable
 22.33 care is exercised in determining the condition of the person, or in determining the

23.1 appropriateness of the facilities, or the qualifications and availability of personnel to render
23.2 these services consistent with this section.

23.3 **EFFECTIVE DATE.** This section is effective upon federal approval."

23.4 Page 155, after line 12, insert:

23.5 "Sec. Laws 2024, chapter 125, article 4, section 12, subdivision 5, is amended to read:

23.6 Subd. 5. **Report.** By ~~December 15, 2025~~ November 30, 2026, the commissioner must
23.7 provide a summary report on the pilot program to the chairs and ranking minority members
23.8 of the legislative committees with jurisdiction over mental health and county correctional
23.9 facilities.

23.10 **EFFECTIVE DATE.** This section is effective retroactively from December 15, 2025."

23.11 Renumber the articles and sections in sequence and correct the internal references

23.12 Amend the title accordingly