1.1 .................... moves to amend H.F. No. 729 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 **"ARTICLE 1**

1.4 **DIRECT CARE AND TREATMENT POLICY**

1.5 Section 1. Minnesota Statutes 2024, section 3.7381, is amended to read:

1.6 **3.7381 LOSS, DAMAGE, OR DESTRUCTION OF PROPERTY; STATE**
1.7 **INSTITUTIONS; CORRECTIONAL FACILITIES.**

1.8 (a) The commissioners of ~~human services,~~ veterans affairs~~,~~ or corrections or the Direct
1.9 Care and Treatment executive board, as appropriate, shall determine, adjust, and settle, at
1.10 any time, claims and demands of $7,000 or less arising from negligent loss, damage, or
1.11 destruction of property of a patient of a state institution under the control of the Direct Care
1.12 and Treatment executive board or the commissioner of veterans affairs or an inmate of a
1.13 state correctional facility.

1.14 (b) A claim of more than $7,000, or a claim that was not paid by the appropriate
1.15 department or agency may be presented to, heard, and determined by the appropriate
1.16 committees of the senate and the house of representatives and, if approved, shall be paid
1.17 pursuant to legislative claims procedure.

1.18 (c) The procedure established by this section is exclusive of all other legal, equitable,
1.19 and statutory remedies.

1.20 Sec. 2. Minnesota Statutes 2024, section 13.04, subdivision 4a, is amended to read:

1.21 Subd. 4a. **Sex offender program data; challenges.** Notwithstanding subdivision 4,
1.22 challenges to the accuracy or completeness of data maintained by the Direct Care and
1.23 Treatment sex offender program about a civilly committed sex offender as defined in section

2.1 246B.01, subdivision 1a, must be submitted in writing to the data practices compliance
2.2 official of Direct Care and Treatment or a designee. The data practices compliance official
2.3 or a designee must respond to the challenge as provided in this section.

2.4 Sec. 3. Minnesota Statutes 2024, section 13.384, subdivision 1, is amended to read:

2.5 Subdivision 1. ~~**Definition**~~ **Definitions.** As used in this section:

2.6 (a) "Directory information" means name of the patient, date admitted, and general
2.7 condition.

2.8 (b) "Medical data" are data collected because an individual was or is a patient or client
2.9 of a hospital, nursing home, medical center, clinic, health or nursing agency operated by a
2.10 government entity including business and financial records, data provided by private health
2.11 care facilities, and data provided by or about relatives of the individual. Medical data does
2.12 not include data collected, maintained, used, or disseminated by Direct Care and Treatment.

2.13 Sec. 4. Minnesota Statutes 2024, section 13.43, subdivision 5a, is amended to read:

2.14 Subd. 5a. **Limitation on disclosure of certain personnel data.** (a) Notwithstanding
2.15 any other provision of this section, the following data relating to employees of a secure
2.16 treatment facility defined in section 253B.02, subdivision 18a, or section 253D.02,
2.17 subdivision 13; employees of a state correctional facility~~,~~; or employees of the Department
2.18 of Corrections directly involved in supervision of offenders in the community, shall not be
2.19 disclosed to facility patients or clients, corrections inmates, or other individuals who facility
2.20 or correction administrators reasonably believe will use the information to harass, intimidate,
2.21 or assault any of these employees:

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

2.23 (2) place of prior employment; ~~and~~

2.24 (3) payroll timesheets or other comparable data, to the extent that disclosure of payroll
2.25 timesheets or other comparable data may disclose future work assignments, home address
2.26 or telephone number, the location of an employee during nonwork hours, or the location of
2.27 an employee's immediate family members~~.~~; and

2.28 (4) for employees of a secure treatment facility, the final disposition of any disciplinary
2.29 action together with the specific reasons for the action and data documenting the basis of
2.30 the action under subdivision 2, paragraph (a), clause (5).

3.1 (b) Notwithstanding section 13.05, subdivision 12, a government entity that receives a
3.2 request for personnel data that may be subject to paragraph (a) is authorized to require the
3.3 requesting person to identify themselves and state a reason for their request.

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

3.5 Sec. 5. Minnesota Statutes 2024, section 13.46, subdivision 1, is amended to read:

3.6 Subdivision 1. **Definitions.** As used in this section:

3.7 (a) "Individual" means an individual according to section 13.02, subdivision 8, but does
3.8 not include a vendor of services.

3.9 (b) "Program" includes all programs for which authority is vested in a component of the
3.10 welfare system according to statute or federal law, including but not limited to Native
3.11 American Tribe programs that provide a service component of the welfare system, the
3.12 Minnesota family investment program, medical assistance, general assistance, general
3.13 assistance medical care formerly codified in chapter 256D, the child care assistance program,
3.14 and child support collections.

3.15 (c) "Welfare system" includes the Department of Human Services; Direct Care and
3.16 Treatment; the Department of Children, Youth, and Families; local social services agencies;
3.17 county welfare agencies; county public health agencies; county veteran services agencies;
3.18 county housing agencies; private licensing agencies; the public authority responsible for
3.19 child support enforcement; human services boards; community mental health center boards,
3.20 state hospitals, state nursing homes, the ombudsman for mental health and developmental
3.21 disabilities; Native American Tribes to the extent a Tribe provides a service component of
3.22 the welfare system; and persons, agencies, institutions, organizations, and other entities
3.23 under contract to any of the above agencies to the extent specified in the contract.

3.24 (d) "Mental health data" means data on individual clients and patients of community
3.25 mental health centers, established under section 245.62, mental health divisions of counties
3.26 and other providers under contract to deliver mental health services, Direct Care and
3.27 Treatment mental health services, or the ombudsman for mental health and developmental
3.28 disabilities.

3.29 (e) "Fugitive felon" means a person who has been convicted of a felony and who has
3.30 escaped from confinement or violated the terms of probation or parole for that offense.

3.31 (f) "Private licensing agency" means an agency licensed by the commissioner of children,
3.32 youth, and families under chapter 142B to perform the duties under section 142B.30.

4.1 Sec. 6. Minnesota Statutes 2025 Supplement, section 13.46, subdivision 2, is amended to
4.2 read:

4.3 Subd. 2. **General.** (a) Data on individuals collected, maintained, used, or disseminated
4.4 by the welfare system are private data on individuals, and shall not be disclosed except:

4.5 (1) according to section 13.05;

4.6 (2) according to court order;

4.7 (3) according to a statute specifically authorizing access to the private data;

4.8 (4) to an agent or investigator acting on behalf of a county, the state, or the federal
4.9 government, including a law enforcement person or attorney in the investigation or
4.10 prosecution of a criminal, civil, or administrative proceeding relating to the administration
4.11 of a program;

4.12 (5) to personnel of the welfare system who require the data to verify an individual's
4.13 identity; determine eligibility, amount of assistance, and the need to provide services to an
4.14 individual or family across programs; coordinate services for an individual or family;
4.15 evaluate the effectiveness of programs; assess parental contribution amounts; and investigate
4.16 suspected fraud;

4.17 (6) to administer federal funds or programs;

4.18 (7) between personnel of the welfare system working in the same program;

4.19 (8) to the Department of Revenue to administer and evaluate tax refund or tax credit
4.20 programs and to identify individuals who may benefit from these programs, and prepare
4.21 the databases for reports required under section 270C.13 and Laws 2008, chapter 366, article
4.22 17, section 6. The following information may be disclosed under this paragraph: an
4.23 individual's and their dependent's names, dates of birth, Social Security or individual taxpayer
4.24 identification numbers, income, addresses, and other data as required, upon request by the
4.25 Department of Revenue. Disclosures by the commissioner of revenue to the commissioner
4.26 of human services for the purposes described in this clause are governed by section 270B.14,
4.27 subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent
4.28 care credit under section 290.067, the Minnesota working family credit under section
4.29 290.0671, the property tax refund under section 290A.04, and the Minnesota education
4.30 credit under section 290.0674;

4.31 (9) between the Department of Human Services; the Department of Employment and
4.32 Economic Development; the Department of Children, Youth, and Families; Direct Care and
4.33 Treatment; and, when applicable, the Department of Education, for the following purposes:

5.1 (i) to monitor the eligibility of the data subject for unemployment benefits, for any
5.2 employment or training program administered, supervised, or certified by that agency;

5.3 (ii) to administer any rehabilitation program or child care assistance program, whether
5.4 alone or in conjunction with the welfare system;

5.5 (iii) to monitor and evaluate the Minnesota family investment program or the child care
5.6 assistance program by exchanging data on recipients and former recipients of Supplemental
5.7 Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 142F, 256D,
5.8 256J, or 256K, child care assistance under chapter 142E, medical programs under chapter
5.9 256B or 256L; and

5.10 (iv) to analyze public assistance employment services and program utilization, cost,
5.11 effectiveness, and outcomes as implemented under the authority established in Title II,
5.12 Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999.
5.13 Health records governed by sections 144.291 to 144.298 and "protected health information"
5.14 as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code
5.15 of Federal Regulations, title 45, parts 160-164, including health care claims utilization
5.16 information, must not be exchanged under this clause;

5.17 (10) to appropriate parties in connection with an emergency if knowledge of the
5.18 information is necessary to protect the health or safety of the individual or other individuals
5.19 or persons;

5.20 (11) data maintained by residential programs as defined in section 245A.02 may be
5.21 disclosed to the protection and advocacy system established in this state according to Part
5.22 C of Public Law 98-527 to protect the legal and human rights of persons with developmental
5.23 disabilities or other related conditions who live in residential facilities for these persons if
5.24 the protection and advocacy system receives a complaint by or on behalf of that person and
5.25 the person does not have a legal guardian or the state or a designee of the state is the legal
5.26 guardian of the person;

5.27 (12) to the county medical examiner or the county coroner for identifying or locating
5.28 relatives or friends of a deceased person;

5.29 (13) data on a child support obligor who makes payments to the public agency may be
5.30 disclosed to the Minnesota Office of Higher Education to the extent necessary to determine
5.31 eligibility under section 136A.121, subdivision 2, clause (5);

5.32 (14) participant Social Security or individual taxpayer identification numbers and names
5.33 collected by the telephone assistance program may be disclosed to the Department of

6.1 Revenue to conduct an electronic data match with the property tax refund database to
6.2 determine eligibility under section 237.70, subdivision 4a;

6.3 (15) the current address of a Minnesota family investment program participant may be
6.4 disclosed to law enforcement officers who provide the name of the participant and notify
6.5 the agency that:

6.6 (i) the participant:

6.7 (A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after
6.8 conviction, for a crime or attempt to commit a crime that is a felony under the laws of the
6.9 jurisdiction from which the individual is fleeing; or

6.10 (B) is violating a condition of probation or parole imposed under state or federal law;

6.11 (ii) the location or apprehension of the felon is within the law enforcement officer's
6.12 official duties; and

6.13 (iii) the request is made in writing and in the proper exercise of those duties;

6.14 (16) the current address of a recipient of general assistance may be disclosed to probation
6.15 officers and corrections agents who are supervising the recipient and to law enforcement
6.16 officers who are investigating the recipient in connection with a felony level offense;

6.17 (17) information obtained from a SNAP applicant or recipient households may be
6.18 disclosed to local, state, or federal law enforcement officials, upon their written request, for
6.19 the purpose of investigating an alleged violation of the Food and Nutrition Act, according
6.20 to Code of Federal Regulations, title 7, section 272.1(c);

6.21 (18) the address, Social Security or individual taxpayer identification number, and, if
6.22 available, photograph of any member of a household receiving SNAP benefits shall be made
6.23 available, on request, to a local, state, or federal law enforcement officer if the officer
6.24 furnishes the agency with the name of the member and notifies the agency that:

6.25 (i) the member:

6.26 (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a
6.27 crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

6.28 (B) is violating a condition of probation or parole imposed under state or federal law;
6.29 or

6.30 (C) has information that is necessary for the officer to conduct an official duty related
6.31 to conduct described in subitem (A) or (B);

7.1 (ii) locating or apprehending the member is within the officer's official duties; and

7.2 (iii) the request is made in writing and in the proper exercise of the officer's official duty;

7.3 (19) the current address of a recipient of Minnesota family investment program, general
7.4 assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing,
7.5 provide the name of the recipient and notify the agency that the recipient is a person required
7.6 to register under section 243.166, but is not residing at the address at which the recipient is
7.7 registered under section 243.166;

7.8 (20) certain information regarding child support obligors who are in arrears may be
7.9 made public according to section 518A.74;

7.10 (21) data on child support payments made by a child support obligor and data on the
7.11 distribution of those payments excluding identifying information on obligees may be
7.12 disclosed to all obligees to whom the obligor owes support, and data on the enforcement
7.13 actions undertaken by the public authority, the status of those actions, and data on the income
7.14 of the obligor or obligee may be disclosed to the other party;

7.15 (22) data in the work reporting system may be disclosed under section 142A.29,
7.16 subdivision 7;

7.17 (23) to the Department of Education for the purpose of matching Department of Education
7.18 student data with public assistance data to determine students eligible for free and
7.19 reduced-price meals, meal supplements, and free milk according to United States Code,
7.20 title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and state
7.21 funds that are distributed based on income of the student's family; and to verify receipt of
7.22 energy assistance for the telephone assistance plan;

7.23 (24) the current address and telephone number of program recipients and emergency
7.24 contacts may be released to the commissioner of health or a community health board as
7.25 defined in section 145A.02, subdivision 5, when the commissioner or community health
7.26 board has reason to believe that a program recipient is a disease case, carrier, suspect case,
7.27 or at risk of illness, and the data are necessary to locate the person;

7.28 (25) to other state agencies, statewide systems, and political subdivisions of this state,
7.29 including the attorney general, and agencies of other states, interstate information networks,
7.30 federal agencies, and other entities as required by federal regulation or law for the
7.31 administration of the child support enforcement program;

8.1 (26) to personnel of public assistance programs as defined in section 518A.81, for access
8.2 to the child support system database for the purpose of administration, including monitoring
8.3 and evaluation of those public assistance programs;

8.4 (27) to monitor and evaluate the Minnesota family investment program by exchanging
8.5 data between the Departments of Human Services; Children, Youth, and Families; and
8.6 Education, on recipients and former recipients of SNAP benefits, cash assistance under
8.7 chapter 142F, 256D, 256J, or 256K, child care assistance under chapter 142E, medical
8.8 programs under chapter 256B or 256L, or a medical program formerly codified under chapter
8.9 256D;

8.10 (28) to evaluate child support program performance and to identify and prevent fraud
8.11 in the child support program by exchanging data between the Department of Human Services;
8.12 Department of Children, Youth, and Families; Department of Revenue under section 270B.14,
8.13 subdivision 1, paragraphs (a) and (b), without regard to the limitation of use in paragraph
8.14 (c); Department of Health; Department of Employment and Economic Development; and
8.15 other state agencies as is reasonably necessary to perform these functions;

8.16 (29) counties and the Department of Children, Youth, and Families operating child care
8.17 assistance programs under chapter 142E may disseminate data on program participants,
8.18 applicants, and providers to the commissioner of education;

8.19 (30) child support data on the child, the parents, and relatives of the child may be
8.20 disclosed to agencies administering programs under titles IV-B and IV-E of the Social
8.21 Security Act, as authorized by federal law;

8.22 (31) to a health care provider governed by sections 144.291 to 144.298, to the extent
8.23 necessary to coordinate services;

8.24 (32) to the chief administrative officer of a school to coordinate services for a student
8.25 and family; data that may be disclosed under this clause are limited to name, date of birth,
8.26 gender, and address;

8.27 (33) to county correctional agencies to the extent necessary to coordinate services and
8.28 diversion programs; data that may be disclosed under this clause are limited to name, client
8.29 demographics, program, case status, and county worker information; or

8.30 (34) between the Department of Human Services and the Metropolitan Council for the
8.31 following purposes:

9.1 (i) to coordinate special transportation service provided under section 473.386 with
9.2 services for people with disabilities and elderly individuals funded by or through the
9.3 Department of Human Services; and

9.4 (ii) to provide for reimbursement of special transportation service provided under section
9.5 473.386.

9.6 The data that may be shared under this clause are limited to the individual's first, last, and
9.7 middle names; date of birth; residential address; and program eligibility status with expiration
9.8 date for the purposes of informing the other party of program eligibility.

9.9 (b) Information on persons who have been treated for substance use disorder may only
9.10 be disclosed according to the requirements of Code of Federal Regulations, title 42, sections
9.11 2.1 to 2.67.

9.12 (c) Data provided to law enforcement agencies under paragraph (a), clause (15), (16),
9.13 (17), or (18), or paragraph (b), are investigative data and are confidential or protected
9.14 nonpublic while the investigation is active. The data are private after the investigation
9.15 becomes inactive under section 13.82, subdivision 7, clause (a) or (b).

9.16 (d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are
9.17 not subject to the access provisions of subdivision 10, paragraph (b).

9.18 (e) For the purposes of this subdivision, a request ~~will be~~ is deemed to be made in writing
9.19 if made through a computer interface system.

9.20 (f) Direct Care and Treatment may disclose data pursuant to this subdivision regardless
9.21 of any restrictions on disclosure of that data under sections 144.291 to 144.298.

9.22 (g) Notwithstanding section 144.2925, Direct Care and Treatment may disclose data as
9.23 permitted by law.

9.24 (h) Direct Care and Treatment is not required to share with federal law enforcement data
9.25 on individuals collected, maintained, used, or disseminated by Direct Care and Treatment
9.26 that relate to the reporting of suspected crime unless specifically required to do so by a
9.27 Minnesota or federal law.

9.28 (i) Direct Care and Treatment may disclose welfare system data held by the agency to
9.29 facilitate coordination of guardianship services for Direct Care and Treatment clients,
9.30 including but not limited to making disclosures in guardianship proceedings, identifying
9.31 potential guardians, communicating with guardianship legal representation, and reporting
9.32 complaints to the Minnesota Judicial Branch or the Office of Ombudsman for Mental Health

and Developmental Disabilities. Direct Care and Treatment must obtain the client's consent to the disclosure except when the client:

(1) lacks capacity to provide the consent; or

(2) has a current legal guardian who is unavailable, is nonresponsive, or refuses to authorize the disclosure in relation to complaints to the Minnesota Judicial Branch or Office of Ombudsman for Mental Health and Developmental Disabilities.

Sec. 7. Minnesota Statutes 2024, section 182.6545, is amended to read:

**182.6545 RIGHTS OF NEXT OF KIN UPON DEATH.**

In the case of a death of an employee, the department shall make reasonable efforts to locate the employee's next of kin and shall mail to them copies of the following:

(1) citations and notification of penalty;

(2) notices of hearings;

(3) complaints and answers;

(4) settlement agreements;

(5) orders and decisions; and

(6) notices of appeals.

In addition, the next of kin shall have the right to request a consultation with the department regarding citations and notification of penalties issued as a result of the investigation of the employee's death. For the purposes of this section, "next of kin" refers to the nearest proper relative as that term is defined by section 253B.03, subdivision 6, paragraph (b), clause ~~(3)~~ (10).

Sec. 8. **[246C.051] CLASSIFICATION ALIGNMENT FOR DIRECT CARE AND TREATMENT EMPLOYEES.**

(a) Notwithstanding section 43A.08; Minnesota Rules, part 3900.1300; or any other law to the contrary, Direct Care and Treatment may, with approval from Minnesota Management and Budget, convert employees deemed unclassified pursuant to pilot authority of the Department of Human Services under Laws 1997, chapter 97, section 18, into the classified service.

(b) Employees converted to the classified service pursuant to this section are subject to the terms and conditions of employment applicable to positions in the classified service

pursuant to statute, rule, bargaining unit or compensation plan, and agency policy, including but not limited to required probationary periods and mandatory training requirements.

(c) Employees converted to the classified service pursuant to this section must not receive a reduction in salary at the time of the conversion.

Sec. 9. Minnesota Statutes 2024, section 253B.03, subdivision 6, is amended to read:

Subd. 6. **Consent for medical procedure.** (a) A patient has the right to give prior consent to any medical or surgical treatment, including but not limited to surgery, other than treatment for chemical dependency or nonintrusive treatment for mental illness. For purposes of this subdivision only, "patient" includes a person committed under chapter 253D who is in a state-operated treatment program.

(b) The following procedures shall be used to obtain consent for any treatment necessary to preserve the life or health of any committed patient:

(1) the written, informed consent of a competent adult patient for the treatment is sufficient;

(2) if the patient is subject to guardianship which includes the provision of medical care, the written, informed consent of the guardian for the treatment is sufficient;

(3) for a patient in a treatment facility, if the head of the treatment facility or state-operated treatment program determines that the patient is not competent to consent to the treatment and the patient has not been adjudicated incompetent, written, informed consent for the surgery or medical treatment shall be obtained from the person appointed the health care power of attorney, the patient's agent under the health care directive, or the nearest proper relative. For this purpose, the following persons are proper relatives, in the order listed: the patient's spouse, parent, adult child, or adult sibling. If the nearest proper relatives relative cannot be located, refuse refuses to consent to the procedure, or are is unable to consent, the head of the treatment facility or state-operated treatment program or an interested person, as defined by section 524.5-102, subdivision 7, may petition the committing court for approval for the treatment or may petition a court of competent jurisdiction for the appointment of a guardian. The determination that the patient is not competent, and the reasons for the determination, shall be documented in the patient's clinical record;

(4) for patients in a state-operated treatment program, if (i) the patient does not have a health care power of attorney or an agent under a health care directive or the patient's health care agent is not reasonably available to make the necessary health care decision for the patient, and (ii) the patient's treating physician determines that the patient lacks

12.1 decision-making capacity to consent to the medical treatment, the state-operated treatment
12.2 program must make a good faith attempt to locate the patient's nearest proper relative to
12.3 obtain written informed consent for the medical treatment;

12.4 (5) if the state-operated treatment program is unable to reasonably locate a proper relative,
12.5 the executive medical director has decision-making authority for the health care decision
12.6 for the patient;

12.7 (6) any health care decision made by the executive medical director under clause (5)
12.8 must be consistent with any documented patient health care directive and with reasonable
12.9 medical practice and applicable law;

12.10 (7) if the state-operated treatment program consults with the patient's nearest proper
12.11 relative under clause (4) and the patient's nearest proper relative and the patient's treating
12.12 physician are not in agreement with respect to a medical treatment decision, the state-operated
12.13 treatment program or an interested person may petition the committing court for approval
12.14 of the treatment. The state-operated program may also petition a court of competent
12.15 jurisdiction for the appointment of a guardian at any time. If a court determines that a patient
12.16 is not competent, the determination and the reasons for the determination must be documented
12.17 in the patient's clinical record;

12.18 (8) before proceeding with treatment under clause (5), a state-operated treatment program
12.19 must inform the patient of the determination, the proposed treatment, and the right to request
12.20 review. Upon the request of the patient or an interested person a second physician not directly
12.21 involved in the patient's current treatment must review the incapacity determination. The
12.22 executive medical director must review the proposed treatment decision and the second
12.23 physician's review and make an updated determination. A state-operated treatment program
12.24 may proceed with treatment of the patient while a review under this clause is pending;

12.25 (9) if a patient or interested person is dissatisfied with the outcome of the review under
12.26 clause (8), the patient or interested person may petition the committing court under section
12.27 253B.17 for review of the determination made under clause (8). Filing a petition under
12.28 section 253B.17 does not stay treatment under this subdivision unless otherwise ordered by
12.29 the court. In reviewing the executive medical director's decision under clause (8) and issuing
12.30 a determination, the court must determine if the patient lacks capacity. If the patient lacks
12.31 capacity, the court must determine if the patient clearly stated what the patient would choose
12.32 to do in the situation when the patient had the capacity to make a reasoned decision. Evidence
12.33 of the patient's wishes may include written instruments, including a durable power of attorney
12.34 for health care under chapter 145C or a declaration under section 253B.03, subdivision 6d.

13.1 If the court finds that the patient clearly stated what the patient would choose to do in the
13.2 situation, the patient's wishes must be followed. If the court determines that the evidence
13.3 of the patient's wishes regarding the situation is conflicting or lacking, the court must make
13.4 a decision based on what a reasonable person would do, taking into consideration:

13.5 (i) the patient's family, community, moral, religious, and social values;

13.6 (ii) the medical risks, benefits, and alternatives to the proposed treatment;

13.7 (iii) past efficacy and any extenuating circumstances of past experience with the particular
13.8 medical treatment; and

13.9 (iv) any other relevant factors;

13.10 (10) for purposes of this subdivision, the following persons are proper relatives, in the
13.11 order listed: the patient's spouse, parent, adult child, or adult sibling;

13.12 ~~(4)~~ (11) consent to treatment of any minor patient shall be secured in accordance with
13.13 sections 144.341 to 144.346. A minor 16 years of age or older may consent to hospitalization,
13.14 routine diagnostic evaluation, and emergency or short-term acute care; and

13.15 ~~(5)~~ (12) in the case of an emergency when the persons ordinarily qualified to give consent
13.16 cannot be located in sufficient time to address the emergency need, the head of the treatment
13.17 facility or state-operated treatment program may give consent.

13.18 (c) No person who consents to treatment pursuant to the provisions of this subdivision
13.19 shall be civilly or criminally liable for the performance or the manner of performing the
13.20 treatment. No person shall be liable for performing treatment without consent if written,
13.21 informed consent was given pursuant to this subdivision. This provision shall not affect any
13.22 other liability which may result from the manner in which the treatment is performed.

13.23 (d) When a determination is made under paragraph (b), clauses (5) and (8), the
13.24 state-operated treatment program must document the following information in the patient's
13.25 clinical record:

13.26 (1) the determination of incapacity and the clinical basis for the determination;

13.27 (2) the specific treatment authorized;

13.28 (3) the person who provided consent or who made the determination allowing the
13.29 treatment;

13.30 (4) the efforts made to locate and consult with a health care agent or nearest proper
13.31 relative; and

14.1 (5) the patient's expressed preferences regarding the treatment, if known, and how the
14.2 preferences were considered.

14.3 (e) The executive medical director must review a determination that a patient lacks
14.4 capacity periodically as medically appropriate, but not less than every six months. The
14.5 outcome of a review under this paragraph must be documented in the patient's clinical
14.6 record.

14.7 Sec. 10. Minnesota Statutes 2025 Supplement, section 253B.18, subdivision 6, is amended
14.8 to read:

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

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

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

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

14.20 (3) the need for continued institutionalization;

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

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

14.24 (c) If a committed person has been transferred out of a secure treatment facility pursuant
14.25 to this subdivision, that committed person may voluntarily return to a secure treatment
14.26 facility ~~for a period of up to 60 days~~ with the consent of the head of the treatment facility~~.~~
14.27 for a period of up to:

14.28 (1) 90 days if due to a psychiatric medical condition; or

14.29 (2) six months if due to a nonpsychiatric medical condition.

14.30 (d) If the committed person is not returned to the original, nonsecure transfer facility
14.31 within ~~60~~ 90 days of being readmitted to a secure treatment facility if due to a psychiatric

15.1 medical condition or within six months of being readmitted to a secure treatment facility if
15.2 due to a nonpsychiatric medical condition, the transfer is revoked and the committed person
15.3 must remain in a secure treatment facility. The committed person must immediately be
15.4 notified in writing of the revocation.

15.5 (e) Within 15 days of receiving notice of the revocation, the committed person may
15.6 petition the special review board for a review of the revocation. The special review board
15.7 shall review the circumstances of the revocation and shall recommend to the executive
15.8 board whether or not the revocation should be upheld. The special review board may also
15.9 recommend a new transfer at the time of the revocation hearing.

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

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

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

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

15.19 (h) Upon the revocation of the transfer, the committed person must be immediately
15.20 returned to a secure treatment facility. A report documenting the reasons for revocation
15.21 must be issued by the head of the treatment facility within seven days after the committed
15.22 person is returned to the secure treatment facility. Advance notice to the committed person
15.23 of the revocation is not required.

15.24 (i) The committed person must be provided a copy of the revocation report and informed,
15.25 orally and in writing, of the rights of a committed person under this section. The revocation
15.26 report must be served upon the committed person, the committed person's counsel, and the
15.27 designated agency. The report must outline the specific reasons for the revocation, including
15.28 but not limited to the specific facts upon which the revocation is based.

15.29 (j) If a committed person's transfer is revoked, the committed person may re-petition for
15.30 transfer according to subdivision 5.

15.31 (k) A committed person aggrieved by a transfer revocation decision may petition the
15.32 special review board within seven business days after receipt of the revocation report for a
15.33 review of the revocation. The matter must be scheduled within 30 days. The special review

16.1 board shall review the circumstances leading to the revocation and, after considering the
16.2 factors in paragraph (b), shall recommend to the executive board whether or not the
16.3 revocation shall be upheld. The special review board may also recommend a new transfer
16.4 out of a secure treatment facility at the time of the revocation hearing.

16.5 **EFFECTIVE DATE.** This section is effective July 1, 2026.

16.6 Sec. 11. Minnesota Statutes 2024, section 253B.18, subdivision 14, is amended to read:

16.7 Subd. 14. **Voluntary readmission.** (a) With the consent of the head of the treatment
16.8 facility or state-operated treatment program, a patient may voluntarily return from provisional
16.9 discharge with the consent of the designated agency for a period of up to:

16.10 (1) 30 days, or;

16.11 (2) up to 60 90 days with the consent of the designated agency. if due to a psychiatric
16.12 medical condition; or

16.13 (3) six months if due to a nonpsychiatric medical condition.

16.14 (b) If the patient is not returned to provisional discharge status within 60 90 days of
16.15 being readmitted if due to a psychiatric medical condition or within six months of being
16.16 readmitted if due to a nonpsychiatric medical condition, the provisional discharge is revoked.
16.17 Within 15 days of receiving notice of the change in status, the patient may request a review
16.18 of the matter before the special review board. The special review board may recommend a
16.19 return to a provisional discharge status.

16.20 (b) (c) The treatment facility or state-operated treatment program is not required to
16.21 petition for a further review by the special review board unless the patient's return to the
16.22 community results in substantive change to the existing provisional discharge plan. All the
16.23 terms and conditions of the provisional discharge order shall remain unchanged if the patient
16.24 is released again.

16.25 **EFFECTIVE DATE.** This section is effective July 1, 2026.

17.1 **ARTICLE 2**

17.2 **DEPARTMENT OF HEALTH POLICY**

17.3 Section 1. Minnesota Statutes 2025 Supplement, section 144A.474, subdivision 11, is
17.4 amended to read:

17.5 Subd. 11. **Fines.** (a) Fines and enforcement actions under this subdivision may be assessed
17.6 based on the level and scope of the violations described in paragraph (b) and imposed
17.7 immediately with no opportunity to correct the violation first as follows:

17.8 (1) Level 1, no fines or enforcement;

17.9 (2) Level 2, a fine of $500 per violation, in addition to any of the enforcement
17.10 mechanisms authorized in section 144A.475;

17.11 (3) Level 3, a fine of $1,000 per incident, in addition to any of the enforcement
17.12 mechanisms authorized in section 144A.475;

17.13 (4) Level 4, a fine of $3,000 per incident, in addition to any of the enforcement
17.14 mechanisms authorized in section 144A.475;

17.15 (5) Level 5, a fine of $5,000 per violation, in addition to any enforcement mechanism
17.16 authorized in section 144A.475; and

17.17 (6) for maltreatment violations for which the licensee was determined to be responsible
17.18 for the maltreatment under section 626.557, subdivision 9c, paragraph (c), a fine of $1,000.
17.19 A fine of $5,000 may be imposed if the commissioner determines the licensee is responsible
17.20 for maltreatment consisting of sexual assault, death, or abuse resulting in serious injury.

17.21 The fines in clauses (1) to (5) are increased and immediate fine imposition is authorized
17.22 for both surveys and investigations conducted.

17.23 When a fine is assessed against a facility for substantiated maltreatment, the commissioner
17.24 shall not also impose an immediate fine under this chapter for the same circumstance.

17.25 (b) Correction orders for violations are categorized by both level and scope and fines
17.26 shall be assessed as follows:

17.27 (1) level of violation:

17.28 (i) Level 1 is a violation that will cause only minimal impact on the client and does not
17.29 affect health or safety;

18.1 (ii) Level 2 is a violation that did not harm a client's health or safety but had the potential
18.2 to have harmed a client's health or safety, but was not likely to cause serious injury,
18.3 impairment, or death;

18.4 (iii) Level 3 is a violation that harmed a client's health or safety, or a violation that had
18.5 the potential to cause more than minimal harm to the client;

18.6 (iv) Level 4 is a violation that harmed a client's health or safety, not including serious
18.7 injury or death, or a violation that was likely to lead to serious injury or death; and

18.8 (v) Level 5 is a violation that results in serious injury or death; and

18.9 (2) scope of violation:

18.10 (i) isolated, when one or a limited number of clients are affected or one or a limited
18.11 number of staff are involved or the situation has occurred only occasionally;

18.12 (ii) pattern, when more than a limited number of clients are affected, more than a limited
18.13 number of staff are involved, or the situation has occurred repeatedly but is not found to be
18.14 pervasive; and

18.15 (iii) widespread, when problems are pervasive or represent a systemic failure that has
18.16 affected or has the potential to affect a large portion or all of the clients.

18.17 (c) If the commissioner finds that the applicant or a home care provider has not corrected
18.18 violations by the date specified in the correction order or conditional license resulting from
18.19 a survey or complaint investigation, the commissioner shall provide a notice of
18.20 noncompliance with a correction order by email to the applicant's or provider's last known
18.21 email address. The noncompliance notice must list the violations not corrected.

18.22 (d) For every violation identified by the commissioner, the commissioner shall issue an
18.23 immediate fine pursuant to paragraph (a). The license holder must still correct the violation
18.24 in the time specified. The issuance of an immediate fine can occur in addition to any
18.25 enforcement mechanism authorized under section 144A.475. The immediate fine may be
18.26 appealed as allowed under this subdivision.

18.27 (e) The license holder must pay the fines assessed on or before the payment date specified.
18.28 If the license holder fails to fully comply with the order, the commissioner may issue a
18.29 second fine or suspend the license until the license holder complies by paying the fine. A
18.30 timely appeal shall stay payment of the fine until the commissioner issues a final order.

18.31 (f) A license holder shall promptly notify the commissioner in writing when a violation
18.32 specified in the order is corrected. If upon reinspection the commissioner determines that

a violation has not been corrected as indicated by the order, the commissioner may issue a second fine. The commissioner shall notify the license holder by mail to the last known address in the licensing record that a second fine has been assessed. The license holder may appeal the second fine as provided under this subdivision.

(g) A home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14.

(h) When a fine has been assessed, the license holder may not avoid payment by closing, selling, or otherwise transferring the licensed program to a third party. In such an event, the license holder shall be liable for payment of the fine.

(i) In addition to any fine imposed under this section, the commissioner may assess a penalty amount based on costs related to an investigation that results in a final order assessing a fine or other enforcement action authorized by this chapter.

(j) Fines collected under paragraph (a) shall be deposited in a dedicated special revenue account. ~~On an annual basis, the balance in the special revenue account shall be appropriated to the commissioner to implement the recommendations of the advisory council established in section 144A.4799.~~ Money deposited in the account is appropriated to the commissioner on an annual basis for a competitive grant program for special projects for improving home care client quality of care and outcomes in Minnesota, with a specific focus on workforce and clinical outcomes, including projects consistent with criteria in section 144A.4799, subdivision 3, paragraph (c). Grants must be distributed to home care providers licensed under this chapter or organizations with experience in or knowledge of home care operations, compliance, client needs, or best practices. Each grant must be $1,000 at minimum. A provider with a temporary license under this chapter is not eligible to apply for a grant. The commissioner may retain up to ten percent of the amount available to cover costs to administer the grant under this section. The commissioner must publish on the department's website an annual report on the fines assessed and collected, and how the appropriated money was allocated.

Sec. 2. Minnesota Statutes 2025 Supplement, section 144A.4799, subdivision 1, is amended to read:

Subdivision 1. **Membership.** (a) The commissioner of health shall appoint 14 persons to a home care and assisted living advisory council consisting of the following:

(1) four public members as defined in section 214.02, one of whom must be a person who either is receiving or has received home care services preferably within the five years

20.1 prior to initial appointment, one of whom must be a person who has or had a family member
20.2 receiving home care services preferably within the five years prior to initial appointment,
20.3 one of whom must be a person who either is or has been a resident in an assisted living
20.4 facility preferably within the five years prior to initial appointment, and one of whom must
20.5 be a person who has or had a family member residing in an assisted living facility preferably
20.6 within the five years prior to initial appointment;

20.7 (2) two Minnesota home care licensees representing basic and comprehensive levels of
20.8 licensure who may be a managerial official, an administrator, a supervising registered nurse,
20.9 or an unlicensed personnel performing home care tasks;

20.10 (3) one member representing the Minnesota Board of Nursing;

20.11 (4) one member representing the Office of Ombudsman for Long-Term Care;

20.12 (5) one member representing the Office of Ombudsman for Mental Health and
20.13 Developmental Disabilities;

20.14 (6) one member of a county health and human services or county adult protection office;

20.15 (7) two Minnesota assisted living facility licensees representing assisted living facilities
20.16 and assisted living facilities with dementia care levels of licensure who may be the facility's
20.17 assisted living director, managerial official, or clinical nurse supervisor;

20.18 (8) one organization representing long-term care providers, home care providers, and
20.19 assisted living providers in Minnesota; and

20.20 (9) one representative of a consumer advocacy organization representing individuals
20.21 receiving long-term care from licensed home care providers or assisted living facilities.

20.22 (b) When a vacancy occurs for an appointment identified in paragraph (a), the
20.23 commissioner must select an applicant for appointment within 81 calendars days of the
20.24 position being posted by the secretary of state, if the application of a qualified and, if
20.25 applicable, a licensee in good standing, applicant is received within 21 days of posting. If
20.26 no qualified applications are received within the first 21 days, the commissioner must select
20.27 an applicant for appointment within 60 calendar days of receiving the application of a
20.28 qualified and, if applicable, a licensee in good standing applicant.

20.29 Sec. 3. **SPECIAL PROJECTS GRANT PROGRAM FOR HOME CARE**
20.30 **PROVIDERS.**

20.31 By December 31, 2028, the commissioner of health must distribute the balance as of
20.32 January 1, 2027, in the special revenue account under Minnesota Statutes, section 144A.474,

21.1 subdivision 11, paragraph (j), under a competitive grant program for special projects for
21.2 improving home care client quality of care and outcomes in Minnesota, with a specific focus
21.3 on workforce and clinical outcomes, including projects consistent with criteria in Minnesota
21.4 Statutes, section 144A.4799, subdivision 3, paragraph (c). Grants must be distributed to
21.5 home care providers licensed under Minnesota Statutes, chapter 144A, or organizations
21.6 with experience in or knowledge of home care operations, compliance, client needs, or best
21.7 practices. Each grant must be $1,000 at minimum. A provider with a temporary license
21.8 under Minnesota Statutes, chapter 144A, is not eligible to apply for a grant. Any amount
21.9 that has not been awarded as a grant by December 31, 2028, must be used for the annual
21.10 distributions under Minnesota Statutes, section 144A.474, subdivision 11, paragraph (j),
21.11 beginning January 1, 2029.

21.12 **ARTICLE 3**

21.13 **HEALTH CARE POLICY**

21.14 Section 1. Minnesota Statutes 2025 Supplement, section 15.013, is amended by adding a
21.15 subdivision to read:

21.16 Subd. 7. **Exemption.** Nothing in this section modifies, supersedes, limits, or expands
21.17 the authority of the commissioner of human services to impose sanctions under section
21.18 256B.064.

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

21.20 Sec. 2. Minnesota Statutes 2024, section 245.095, is amended by adding a subdivision to
21.21 read:

21.22 Subd. 7. **Exemption.** Nothing in this section modifies, supersedes, limits, or expands
21.23 the commissioner's authority to impose sanctions under section 256B.064.

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

21.25 Sec. 3. **[256B.044] PREPAYMENT REVIEW.**

21.26 Subdivision 1. **Providers subject to prepayment review.** (a) The commissioner must
21.27 establish prepayment review of submitted medical assistance claims when the commissioner
21.28 or the Centers for Medicare and Medicaid Services designates:

21.29 (1) a provider type as high-risk under section 256B.04, subdivision 21, paragraph (j),
21.30 for fee-for-service claims submitted by providers within that category; and

22.1 (2) a covered service as high-risk, for fee-for-service claims submitted for that service
22.2 by any provider, except the Indian Health Service.

22.3 (b) Nothing in this section prevents the commissioner from establishing prepayment
22.4 review in other circumstances if required by the Centers for Medicare and Medicaid Services.

22.5 Subd. 2. **Review requirements.** (a) The commissioner must implement a prepayment
22.6 review established under subdivision 1, paragraph (a), within 15 days of the date of the
22.7 high-risk designation, effective for a period of up to 24 months from the date the review is
22.8 implemented.

22.9 (b) A prepayment review established under subdivision 1, paragraph (a), must comply
22.10 with the timely processing of claims requirements under Code of Federal Regulations, title
22.11 42, section 447.45.

22.12 (c) Before ending prepayment review under subdivision 1, paragraph (a), clause (1), the
22.13 commissioner must review all fee-for-service claims submitted by providers subject to the
22.14 prepayment review in the 24 months preceding the date the provider type was designated
22.15 high-risk.

22.16 Subd. 3. **Continued enrollment of new clients.** Nothing in this section prohibits an
22.17 enrolled provider that is subject to prepayment review under subdivision 1, paragraph (a),
22.18 from enrolling new clients or beneficiaries during the period of the review.

22.19 Subd. 4. **Notice.** At least ten days prior to implementing a prepayment review, the
22.20 commissioner must notify enrolled providers subject to the review and the chairs and ranking
22.21 minority members of the legislative committees with jurisdiction over health and human
22.22 services policy and finance about the prepayment review the commissioner plans to
22.23 implement under this section. The notice must:

22.24 (1) include a list of provider types or covered services to which prepayment review
22.25 applies;

22.26 (2) provide a general explanation for the basis of the review; and

22.27 (3) identify the start date and anticipated duration of the prepayment review.

22.28 Subd. 5. **Report to the legislature.** (a) Within 60 days of ending a prepayment review,
22.29 the commissioner must submit a report to the chairs and ranking minority members of the
22.30 legislative committees with jurisdiction over health and human services policy and finance.
22.31 The report must include, at a minimum:

23.1 (1) a summary of any sanctions imposed under section 256B.064 on any providers subject
23.2 to prepayment review; and

23.3 (2) recommendations for modifying or terminating the provision of covered services
23.4 deemed high-risk or delivered by provider types subject to prepayment review.

23.5 (b) Notwithstanding section 256.01, subdivision 42, this subdivision does not expire.

23.6 Sec. 4. Minnesota Statutes 2024, section 256B.064, subdivision 1b, is amended to read:

23.7 Subd. 1b. **Sanctions available.** (a) The commissioner may impose the following sanctions
23.8 for the conduct described in subdivision 1a: suspension or withholding of payments to an
23.9 individual or entity and suspending or terminating participation in the program, or imposition
23.10 of a fine under subdivision 2, paragraph (g).

23.11 (1) suspending payments to an individual or entity;

23.12 (2) withholding payments to an individual or entity;

23.13 (3) suspending participation in the program;

23.14 (4) terminating participation in the program; or

23.15 (5) imposing a fine under subdivision 2a.

23.16 (b) When imposing sanctions under this section subdivision, the commissioner shall
23.17 must consider the nature, chronicity, or severity of the conduct and the effect of the conduct
23.18 on the health and safety of persons served by the individual or entity.

23.19 (c) The commissioner shall must suspend an individual's or entity's participation in the
23.20 program for a minimum of five years if the individual or entity is convicted of a crime,
23.21 received a stay of adjudication, or entered a court-ordered diversion program for an offense
23.22 related to a provision of a health service under medical assistance, including a federally
23.23 approved waiver, or health care fraud.

23.24 (d) Regardless of imposition of sanctions, the commissioner may make a referral to the
23.25 appropriate state licensing board.

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

23.27 Sec. 5. Minnesota Statutes 2024, section 256B.064, subdivision 1c, is amended to read:

23.28 Subd. 1c. **Grounds for and methods of monetary recovery.** (a) The commissioner
23.29 may obtain monetary recovery from an individual or entity that has been improperly paid
23.30 by the department either as a result of conduct described in subdivision 1a or as a result of

an error by the individual or entity submitting the claim or by the department, regardless of whether the error was intentional. Patterns need not be proven as a precondition to monetary recovery of erroneous or false claims, duplicate claims, claims for services not medically necessary, or claims based on false statements.

(b) The commissioner may obtain monetary recovery using methods including but not limited to the following: assessing and recovering money improperly paid and debiting from future payments any money improperly paid. The commissioner ~~shall~~ must charge interest on money to be recovered if the recovery is to be made by installment payments or debits, except when the monetary recovery is of an overpayment that resulted from a department error. The interest charged ~~shall~~ must be the rate established by the commissioner of revenue under section 270C.40.

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

Sec. 6. Minnesota Statutes 2024, section 256B.064, subdivision 1d, is amended to read:

Subd. 1d. **Investigative costs.** (a) The commissioner may seek recovery of investigative costs from any individual or entity that willfully submits a claim for reimbursement for services that the individual or entity knows, or reasonably should have known, is a false representation and that results in the payment of public funds for which the individual or entity is ineligible.

(b) Billing errors that result in unintentional overcharges ~~shall~~ are not ~~be~~ grounds for investigative cost recoupment.

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

Sec. 7. Minnesota Statutes 2024, section 256B.064, subdivision 2, is amended to read:

Subd. 2. **Imposition of monetary recovery and sanctions; generally.** (a) The commissioner ~~shall~~ must determine any monetary amounts to be recovered and sanctions to be imposed upon an individual or entity under this section. Except as provided in ~~paragraphs (b) and (d), neither~~ subdivisions 2b to 2d, the commissioner must not obtain a monetary recovery ~~nor~~ or impose a sanction ~~will be imposed by the commissioner~~ without prior notice and an opportunity for a hearing, according to chapter 14, on the commissioner's proposed action~~, provided that the commissioner may suspend or reduce payment to an individual or entity, except a nursing home or convalescent care facility, after notice and prior to the hearing if in the commissioner's opinion that action is necessary to protect the public welfare and the interests of the program~~.

25.1 ~~(b) Except when the commissioner finds good cause not to suspend payments under~~
25.2 ~~Code of Federal Regulations, title 42, section 455.23(e) or (f), the commissioner shall~~
25.3 ~~withhold or reduce payments to an individual or entity without providing advance notice~~
25.4 ~~of such withholding or reduction if either of the following occurs:~~

25.5 ~~(1) the individual or entity is convicted of a crime involving the conduct described in~~
25.6 ~~subdivision 1a; or~~

25.7 ~~(2) the commissioner determines there is a credible allegation of fraud for which an~~
25.8 ~~investigation is pending under the program. Allegations are considered credible when they~~
25.9 ~~have an indicium of reliability and the state agency has reviewed all allegations, facts, and~~
25.10 ~~evidence carefully and acts judiciously on a case-by-case basis. A credible allegation of~~
25.11 ~~fraud is an allegation which has been verified by the state, from any source, including but~~
25.12 ~~not limited to:~~

25.13 ~~(i) fraud hotline complaints;~~

25.14 ~~(ii) claims data mining; and~~

25.15 ~~(iii) patterns identified through provider audits, civil false claims cases, and law~~
25.16 ~~enforcement investigations.~~

25.17 ~~(c) The commissioner must send notice of the withholding or reduction of payments~~
25.18 ~~under paragraph (b) within five days of taking such action unless requested in writing by a~~
25.19 ~~law enforcement agency to temporarily withhold the notice. The notice must:~~

25.20 ~~(1) state that payments are being withheld according to paragraph (b);~~

25.21 ~~(2) set forth the general allegations as to the nature of the withholding action, but need~~
25.22 ~~not disclose any specific information concerning an ongoing investigation;~~

25.23 ~~(3) except in the case of a conviction for conduct described in subdivision 1a, state that~~
25.24 ~~the withholding is for a temporary period and cite the circumstances under which withholding~~
25.25 ~~will be terminated;~~

25.26 ~~(4) identify the types of claims to which the withholding applies; and~~

25.27 ~~(5) inform the individual or entity of the right to submit written evidence for consideration~~
25.28 ~~by the commissioner.~~

25.29 ~~(d) The withholding or reduction of payments will not continue after the commissioner~~
25.30 ~~determines there is insufficient evidence of fraud by the individual or entity, or after legal~~
25.31 ~~proceedings relating to the alleged fraud are completed, unless the commissioner has sent~~
25.32 ~~notice of intention to impose monetary recovery or sanctions under paragraph (a). Upon~~

~~conviction for a crime related to the provision, management, or administration of a health service under medical assistance, a payment held pursuant to this section by the commissioner or a managed care organization that contracts with the commissioner under section 256B.035 is forfeited to the commissioner or managed care organization, regardless of the amount charged in the criminal complaint or the amount of criminal restitution ordered.~~

~~(e) The commissioner shall suspend or terminate an individual's or entity's participation in the program without providing advance notice and an opportunity for a hearing when the suspension or termination is required because of the individual's or entity's exclusion from participation in Medicare. Within five days of taking such action, the commissioner must send notice of the suspension or termination. The notice must:~~

~~(1) state that suspension or termination is the result of the individual's or entity's exclusion from Medicare;~~

~~(2) identify the effective date of the suspension or termination; and~~

~~(3) inform the individual or entity of the need to be reinstated to Medicare before reapplying for participation in the program.~~

~~(f)~~ <u>(b)</u> Upon receipt of a notice under paragraph (a) <u>or subdivision 2c or 2d</u> that a monetary recovery or sanction is to be imposed, an individual or entity may request a contested case, as defined in section 14.02, subdivision 3, by filing with the commissioner a written request of appeal. The appeal request must be received by the commissioner no later than 30 days after the date the notification of monetary recovery or sanction was mailed to the individual or entity. The appeal request must specify:

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

(2) the computation that the individual or entity believes is correct;

(3) the authority in statute or rule upon which the individual or entity relies for each disputed item;

(4) the name and address of the person or entity with whom contacts may be made regarding the appeal; and

(5) other information required by the commissioner.

~~(g) The commissioner may order an individual or entity to forfeit a fine for failure to fully document services according to standards in this chapter and Minnesota Rules, chapter 9505. The commissioner may assess fines if specific required components of documentation~~

~~are missing. The fine for incomplete documentation shall equal 20 percent of the amount paid on the claims for reimbursement submitted by the individual or entity, or up to $5,000, whichever is less. If the commissioner determines that an individual or entity repeatedly violated this chapter, chapter 254B or 245G, or Minnesota Rules, chapter 9505, related to the provision of services to program recipients and the submission of claims for payment, the commissioner may order an individual or entity to forfeit a fine based on the nature, severity, and chronicity of the violations, in an amount of up to $5,000 or 20 percent of the value of the claims, whichever is greater.~~

~~(h) The individual or entity shall pay the fine assessed on or before the payment date specified. If the individual or entity fails to pay the fine, the commissioner may withhold or reduce payments and recover the amount of the fine. A timely appeal shall stay payment of the fine until the commissioner issues a final order.~~

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

Sec. 8. Minnesota Statutes 2024, section 256B.064, is amended by adding a subdivision to read:

Subd. 2a. **Imposition of fines.** (a) The commissioner may order an individual or entity to forfeit a fine for failure to fully document services according to standards in this chapter and Minnesota Rules, chapter 9505. The commissioner may assess fines if specific required components of documentation are missing. The fine for incomplete documentation equals 20 percent of the amount paid on the claims for reimbursement submitted by the individual or entity or up to $5,000, whichever is less. If the commissioner determines that an individual or entity repeatedly violated this chapter, chapter 245G or 254B, or Minnesota Rules, chapter 9505, related to the provision of services to program recipients and the submission of claims for payment, the commissioner may order an individual or entity to forfeit a fine based on the nature, severity, and chronicity of the violations in an amount of up to $5,000 or 20 percent of the value of the claims, whichever is greater.

(b) The individual or entity must pay the fine assessed on or before the payment date specified by the commissioner. If the individual or entity fails to pay the fine, the commissioner may withhold or reduce payments and recover the amount of the fine. A timely appeal stays payment of the fine until the commissioner issues a final order.

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

28.1 Sec. 9. Minnesota Statutes 2024, section 256B.064, is amended by adding a subdivision
28.2 to read:

28.3 Subd. 2b. **Mandatory suspension or termination after exclusion from participation**
28.4 **in Medicare.** (a) The commissioner must suspend or terminate an individual's or entity's
28.5 participation in the program without providing advance notice and an opportunity for a
28.6 hearing when the suspension or termination is required because of the individual's or entity's
28.7 exclusion from participation in Medicare.

28.8 (b) Within five days of taking an action under paragraph (a), the commissioner must
28.9 send notice of the suspension or termination to the individual or entity. The notice must:

28.10 (1) state that suspension or termination is the result of the individual's or entity's exclusion
28.11 from Medicare;

28.12 (2) identify the effective date of the suspension or termination; and

28.13 (3) inform the individual or entity of the need to be reinstated to Medicare before
28.14 reapplying for participation in the program.

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

28.16 Sec. 10. Minnesota Statutes 2024, section 256B.064, is amended by adding a subdivision
28.17 to read:

28.18 Subd. 2c. **Imposition of withholding or reduction of payments before a hearing.** (a)
28.19 Except as provided in paragraph (b), the commissioner may withhold or reduce payment
28.20 to an individual or entity after notice but before a hearing if, in the commissioner's opinion,
28.21 withholding or reducing payment is necessary to protect the public welfare and the interests
28.22 of the program.

28.23 (b) The commissioner must not withhold or reduce payments to a nursing home or
28.24 convalescent care facility before a hearing.

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

28.26 Sec. 11. Minnesota Statutes 2024, section 256B.064, is amended by adding a subdivision
28.27 to read:

28.28 Subd. 2d. **Imposition of withholding or reduction of payments without prior**
28.29 **notice.** (a) Except when the commissioner finds good cause not to suspend payments under
28.30 Code of Federal Regulations, title 42, section 455.23(e) or (f), the commissioner must

29.1 withhold or reduce payments to an individual or entity without providing advance notice
29.2 of the withholding or reduction if either of the following occurs:

29.3 (1) the individual or entity is convicted of a crime involving the conduct described in
29.4 subdivision 1a; or

29.5 (2) the commissioner determines there is a credible allegation of fraud for which an
29.6 investigation is pending under the program. Allegations are considered credible when the
29.7 allegations have an indicium of reliability and the state agency has reviewed all allegations,
29.8 facts, and evidence carefully and acts judiciously on a case-by-case basis. A credible
29.9 allegation of fraud is an allegation that has been verified by the state from any source,
29.10 including but not limited to:

29.11 (i) fraud hotline complaints;

29.12 (ii) claims data mining; and

29.13 (iii) patterns identified through provider audits, civil false claims cases, and law
29.14 enforcement investigations.

29.15 (b) The commissioner must send notice of the withholding or reduction of payments
29.16 under paragraph (a) within five days of withholding or reducing payment unless requested
29.17 in writing by a law enforcement agency to temporarily withhold the notice. The notice must:

29.18 (1) state that payments are being withheld according to paragraph (a);

29.19 (2) set forth the general allegations as to the nature of the withholding action but need
29.20 not disclose any specific information concerning an ongoing investigation;

29.21 (3) except in the case of a conviction for conduct described in subdivision 1a, state that
29.22 the withholding is for a temporary period and cite the circumstances under which withholding
29.23 will be terminated;

29.24 (4) identify the types of claims to which the withholding applies; and

29.25 (5) inform the individual or entity of the right to submit written evidence for consideration
29.26 by the commissioner.

29.27 (c) The commissioner must cease the withholding or reduction of payments under this
29.28 subdivision after the commissioner determines there is insufficient evidence of fraud by the
29.29 individual or entity or after legal proceedings relating to the alleged fraud are completed,
29.30 unless the commissioner has sent notice of intention to impose monetary recovery or
29.31 sanctions.

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

Sec. 12. Minnesota Statutes 2024, section 256B.064, is amended by adding a subdivision to read:

Subd. 2e. **Forfeiture of withheld payments upon criminal conviction.** Upon conviction for a crime related to the provision, management, or administration of a health service under medical assistance, a payment held pursuant to this section by the commissioner or a managed care organization that contracts with the commissioner under section 256B.035 is forfeited to the commissioner or managed care organization, regardless of the amount charged in the criminal complaint or the amount of criminal restitution ordered.

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

Sec. 13. Minnesota Statutes 2024, section 256B.064, subdivision 3, is amended to read:

Subd. 3. **Mandates on prohibited payments.** (a) The commissioner ~~shall~~ must maintain and publish a list of each excluded individual and entity that was convicted of a crime related to the provision, management, or administration of a medical assistance health service, or suspended or terminated under subdivision ~~2~~ 2b. Medical assistance payments cannot be made by an individual or entity for items or services furnished either directly or indirectly by an excluded individual or entity, or at the direction of excluded individuals or entities.

(b) The entity must check the exclusion list on a monthly basis and document the date and time the exclusion list was checked and the name and title of the person who checked the exclusion list. The entity must immediately terminate payments to an individual or entity on the exclusion list.

(c) An entity's requirement to check the exclusion list and to terminate payments to individuals or entities on the exclusion list applies to each individual or entity on the exclusion list, even if the named individual or entity is not responsible for direct patient care or direct submission of a claim to medical assistance.

(d) An entity that pays medical assistance program funds to an individual or entity on the exclusion list must refund any payment related to either items or services rendered by an individual or entity on the exclusion list from the date the individual or entity is first paid or the date the individual or entity is placed on the exclusion list, whichever is later, and an entity may be subject to:

(1) sanctions under ~~subdivision 2~~ this section;

(2) a civil monetary penalty of up to $25,000 for each determination by the department that the vendor employed or contracted with an individual or entity on the exclusion list; and

(3) other fines or penalties allowed by law.

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

Sec. 14. Minnesota Statutes 2024, section 256B.064, subdivision 4, is amended to read:

Subd. 4. **Notice.** (a) The department ~~shall~~ must serve the notice required under ~~subdivision~~ subdivisions 2 and 2d using a signature-verified confirmed delivery method to the address submitted to the department by the individual or entity. Service is complete upon mailing.

(b) The department ~~shall~~ must give notice in writing to a recipient placed in the Minnesota restricted recipient program under section 256B.0646 and Minnesota Rules, part 9505.2200. The department ~~shall~~ must send the notice by first class mail to the recipient's current address on file with the department. A recipient placed in the Minnesota restricted recipient program may contest the placement by submitting a written request for a hearing to the department within 90 days of the notice being mailed.

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

Sec. 15. Minnesota Statutes 2024, section 256B.064, subdivision 5, is amended to read:

Subd. 5. **Immunity; good faith reporters.** (a) A person who makes a good faith report is immune from any civil or criminal liability that might otherwise arise from reporting or participating in the investigation. Nothing in this subdivision affects an individual's or entity's responsibility for an overpayment established under this subdivision.

(b) A person employed by a lead investigative agency who is conducting or supervising an investigation or enforcing the law according to the applicable law or rule is immune from any civil or criminal liability that might otherwise arise from the person's actions, if the person is acting in good faith and exercising due care.

(c) For purposes of this subdivision, "person" includes a natural person or any form of a business or legal entity.

(d) After an investigation is complete, the reporter's name must be kept confidential. The subject of the report may compel disclosure of the reporter's name only with the consent of the reporter or upon a written finding by a district court that the report was false and there is evidence that the report was made in bad faith. This subdivision does not alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except that when the identity of the reporter is relevant to a criminal prosecution the district court ~~shall~~ must conduct an in-camera review before determining whether to order disclosure of the reporter's identity.

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

32.2 Sec. 16. Minnesota Statutes 2024, section 256B.064, is amended by adding a subdivision
32.3 to read:

32.4 Subd. 6. **Application.** This section supersedes any inconsistent or contrary provision of
32.5 law.

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

32.7 **ARTICLE 4**

32.8 **DISABILITY SERVICES POLICY**

32.9 Section 1. Minnesota Statutes 2025 Supplement, section 256B.4914, subdivision 8, is
32.10 amended to read:

32.11 Subd. 8. **Unit-based services with programming; component values and calculation**
32.12 **of payment rates.** (a) For the purpose of this section, unit-based services with programming
32.13 include employment exploration services, employment development services, employment
32.14 support services, individualized home supports with family training, individualized home
32.15 supports with training, and positive support services provided to an individual outside of
32.16 any service plan for a day program or residential support service.

32.17 (b) Component values for unit-based services with programming are:

32.18 (1) competitive workforce factor: 6.7 percent;

32.19 (2) supervisory span of control ratio: 11 percent;

32.20 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

32.21 (4) employee-related cost ratio: 23.6 percent;

32.22 (5) program plan support ratio: 15.5 percent;

32.23 (6) client programming and support ratio: 4.7 percent, updated as specified in subdivision
32.24 5b;

32.25 (7) general administrative support ratio: 13.25 percent;

32.26 (8) program-related expense ratio: 6.1 percent; and

32.27 (9) absence and utilization factor ratio: 3.9 percent.

32.28 (c) A unit of service for unit-based services with programming is 15 minutes.

33.1 (d) Payments for unit-based services with programming must be calculated as follows,
33.2 unless the services are reimbursed separately as part of a residential support services or day
33.3 program payment rate:

33.4 (1) determine the number of units of service to meet a recipient's needs;

33.5 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
33.6 provided in subdivisions 5 and 5a;

33.7 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
33.8 product of one plus the competitive workforce factor;

33.9 (4) for a recipient requiring customization for deaf and hard-of-hearing language
33.10 accessibility under subdivision 12, add the customization rate provided in subdivision 12
33.11 to the result of clause (3);

33.12 (5) multiply the number of direct staffing hours by the appropriate staff wage;

33.13 (6) multiply the number of direct staffing hours by the product of the supervisory span
33.14 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);

33.15 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
33.16 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
33.17 rate;

33.18 (8) for program plan support, multiply the result of clause (7) by one plus the program
33.19 plan support ratio;

33.20 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
33.21 employee-related cost ratio;

33.22 (10) for client programming and supports, multiply the result of clause (9) by one plus
33.23 the client programming and support ratio;

33.24 (11) this is the subtotal rate;

33.25 (12) sum the standard general administrative support ratio, the program-related expense
33.26 ratio, and the absence and utilization factor ratio;

33.27 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
33.28 total payment amount;

33.29 (14) for services provided in a shared manner, divide the total payment in clause (13)
33.30 as follows:

(i) for employment exploration services, divide by the number of service recipients, not to exceed five;

(ii) for employment support services, divide by the number of service recipients, not to exceed six;

(iii) for individualized home supports with training and individualized home supports with family training, divide by the number of service recipients, not to exceed three; and

(iv) for night supervision, divide by the number of service recipients, not to exceed two; and

(15) adjust the result of clause (14) by a factor to be determined by the commissioner to adjust for regional differences in the cost of providing services.

(e) Effective January 1, ~~2026~~ 2027, or upon federal approval, whichever is later, a provider must not bill more than ~~three consecutive hours and not more than six total hours per day~~ a monthly unit of service limit determined by multiplying 24 units by the total number of days in each month for individualized home supports with training and not more than six total hours per day for individualized home supports with family training. ~~This daily limit does~~ These limits do not:

(1) limit a person's use of other disability waiver services, including individualized home supports, which may be provided on the same day by the same provider providing individualized home supports with training or individualized home supports with family training~~.~~; or

(2) apply to individuals who meet the residential support services criteria under sections 256B.092, subdivision 11a, and 256B.49, subdivision 29.

Sec. 2. Laws 2024, chapter 125, article 1, section 47, is amended to read:

Sec. 47. **DIRECTION TO COMMISSIONER; PEDIATRIC HOSPITAL-TO-HOME TRANSITION PILOT PROGRAM.**

(a) The commissioner of human services must award a single competitive grant to a home care nursing provider to develop and implement, in coordination with the commissioner of health, Fairview Masonic Children's Hospital, Gillette Children's Specialty Healthcare, and Children's Minnesota of St. Paul and Minneapolis, a pilot program to expedite and facilitate pediatric hospital-to-home discharges for patients receiving services in this state under medical assistance, including under the community alternative care waiver, community access for disability inclusion waiver, and developmental disabilities waiver.

35.1 (b) Grant money awarded under this section must be used only to support the
35.2 administrative, training, and auxiliary services necessary to reduce:

35.3 (1) delayed discharge days due to unavailability of home care nursing staffing to
35.4 accommodate complex pediatric patients;

35.5 (2) avoidable rehospitalization days for pediatric patients;

35.6 (3) unnecessary emergency department utilization by pediatric patients following
35.7 discharge;

35.8 (4) long-term nursing needs for pediatric patients; and

35.9 (5) the number of school days missed by pediatric patients.

35.10 (c) Grant money must not be used to supplant payment rates for services covered under
35.11 Minnesota Statutes, chapter 256B.

35.12 (d) No later than December 15, ~~2026~~ 2027, the commissioner must prepare a report
35.13 summarizing the impact of the pilot program that includes but is not limited to: (1) the
35.14 number of delayed discharge days eliminated; (2) the number of rehospitalization days
35.15 eliminated; (3) the number of unnecessary emergency department admissions eliminated;
35.16 (4) the number of missed school days eliminated; and (5) an estimate of the return on
35.17 investment of the pilot program.

35.18 (e) The commissioner must submit the report under paragraph (d) to the chairs and
35.19 ranking minority members of the legislative committees with jurisdiction over health and
35.20 human services finance and policy.

35.21 **ARTICLE 5**
35.22 **BEHAVIORAL HEALTH POLICY**

35.23 Section 1. Minnesota Statutes 2025 Supplement, section 245I.23, subdivision 7, is amended
35.24 to read:

35.25 Subd. 7. **Intensive residential treatment services assessment and treatment**
35.26 **planning.** (a) Within 12 hours of a client's admission, the license holder must evaluate and
35.27 document the client's immediate needs, including the client's:

35.28 (1) health and safety, including the client's need for crisis assistance;

35.29 (2) responsibilities for children, family and other natural supports, and employers; and

35.30 (3) housing and legal issues.

36.1 (b) Within 24 hours of the client's admission, the license holder must complete an initial
36.2 treatment plan for the client. The license holder must:

36.3 (1) base the client's initial treatment plan on the client's referral information and an
36.4 assessment of the client's immediate needs;

36.5 (2) consider crisis assistance strategies that have been effective for the client in the past;

36.6 (3) identify the client's initial treatment goals, measurable treatment objectives, and
36.7 specific interventions that the license holder will use to help the client engage in treatment;

36.8 (4) identify the participants involved in the client's treatment planning. The client must
36.9 be a participant; and

36.10 (5) ensure that a treatment supervisor approves of the client's initial treatment plan if a
36.11 behavioral health practitioner or clinical trainee completes the client's treatment plan,
36.12 notwithstanding section 245I.08, subdivision 3.

36.13 (c) According to section 245A.65, subdivision 2, paragraph (b), the license holder must
36.14 complete an individual abuse prevention plan as part of a client's initial treatment plan.

36.15 (d) Within five days of the client's admission and again within 60 days after the client's
36.16 admission, the license holder must complete a level of care assessment of the client. If the
36.17 license holder determines that a client does not need a medically monitored level of service,
36.18 a treatment supervisor must document how the client's admission to and continued services
36.19 in intensive residential treatment services are medically necessary for the client.

36.20 (e) Within ten days of a client's admission, excluding weekends and holidays, the license
36.21 holder must complete or review and update the client's standard diagnostic assessment.

36.22 (f) Within ten days of a client's admission, the license holder must complete the client's
36.23 individual treatment plan, notwithstanding section 245I.10, subdivision 8. Within 40 days
36.24 after the client's admission and again within 70 days after the client's admission, the license
36.25 holder must update the client's individual treatment plan. The license holder must focus the
36.26 client's treatment planning on preparing the client for a successful transition from intensive
36.27 residential treatment services to another setting. In addition to the required elements of an
36.28 individual treatment plan under section 245I.10, subdivision 8, the license holder must
36.29 identify the following information in the client's individual treatment plan: (1) the client's
36.30 referrals and resources for the client's health and safety; and (2) the staff persons who are
36.31 responsible for following up with the client's referrals and resources. If the client does not
36.32 receive a referral or resource that the client needs, the license holder must document the
36.33 reason that the license holder did not make the referral or did not connect the client to a

37.1 particular resource. The license holder is responsible for determining whether additional
37.2 follow-up is required on behalf of the client.

37.3 (g) Within 30 days of the client's admission, the license holder must complete a functional
37.4 assessment of the client. Within 60 days after the client's admission, the license holder must
37.5 update the client's functional assessment to include any changes in the client's functioning
37.6 and symptoms.

37.7 (h) For a client with a current substance use disorder diagnosis and for a client whose
37.8 substance use disorder screening in the client's standard diagnostic assessment indicates the
37.9 possibility that the client has a substance use disorder, the license holder must complete a
37.10 written assessment of the client's substance use within 30 days of the client's admission. In
37.11 the substance use assessment, the license holder must: (1) evaluate the client's history of
37.12 substance use, relapses, and hospitalizations related to substance use; (2) assess the effects
37.13 of the client's substance use on the client's relationships including with family member and
37.14 others; (3) identify financial problems, health issues, housing instability, and unemployment;
37.15 (4) assess the client's legal problems, past and pending incarceration, violence, and
37.16 victimization; and (5) evaluate the client's suicide attempts, noncompliance with taking
37.17 prescribed medications, and noncompliance with psychosocial treatment.

37.18 (i) On a weekly basis, a mental health professional or certified rehabilitation specialist
37.19 must review each client's treatment plan and individual abuse prevention plan. The license
37.20 holder must document in the client's file each weekly review of the client's treatment plan
37.21 and individual abuse prevention plan.

37.22 Sec. 2. Minnesota Statutes 2025 Supplement, section 254B.04, subdivision 1a, is amended
37.23 to read:

37.24 Subd. 1a. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal
37.25 Regulations, title 25, part 20, who meet the income standards of section 256B.056,
37.26 subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health
37.27 fund services. State money appropriated for this paragraph must be placed in a separate
37.28 account established for this purpose.

37.29 (b) Persons with dependent children who are determined to be in need of substance use
37.30 disorder treatment pursuant to an assessment under section 260E.20, subdivision 1, or in
37.31 need of chemical dependency treatment pursuant to a case plan under section 260C.201,
37.32 subdivision 6, or 260C.212, shall be assisted by the commissioner to access needed treatment
37.33 services. Treatment services must be appropriate for the individual or family, which may
37.34 include long-term care treatment or treatment in a facility that allows the dependent children

38.1 to stay in the treatment facility. The county shall pay for out-of-home placement costs, if
38.2 applicable.

38.3 (c) Notwithstanding paragraph (a), any person enrolled in medical assistance or
38.4 MinnesotaCare is eligible for room and board services under section 254B.0505, subdivision
38.5 1, clause (9).

38.6 (d) A client is eligible to have substance use disorder treatment paid for with funds from
38.7 the behavioral health fund when the client:

38.8 (1) is eligible for MFIP as determined under chapter 142G;

38.9 (2) is eligible for medical assistance as determined under Minnesota Rules, parts
38.10 9505.0010 to 9505.0140;

38.11 (3) is eligible for general assistance, general assistance medical care, or work readiness
38.12 as determined under Minnesota Rules, parts 9500.1200 to 9500.1272; or

38.13 (4) has income that is within current household size and income guidelines for entitled
38.14 persons, as defined in this subdivision and subdivision 7.

38.15 (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have
38.16 a third-party payment source are eligible for the behavioral health fund if the third-party
38.17 payment source pays less than 100 percent of the cost of treatment services for eligible
38.18 clients.

38.19 (f) A client is ineligible to have substance use disorder treatment services paid for with
38.20 behavioral health fund money if the client:

38.21 (1) has an income that exceeds current household size and income guidelines for entitled
38.22 persons as defined in this subdivision and subdivision 7; or

38.23 (2) has an available third-party payment source that will pay the total cost of the client's
38.24 treatment.

38.25 (g) A client who is disenrolled from a state prepaid health plan during a treatment episode
38.26 is eligible for continued treatment service that is paid for by the behavioral health fund until
38.27 the treatment episode is completed or the client is re-enrolled in a state prepaid health plan
38.28 if the client:

38.29 (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance
38.30 medical care; or

38.31 (2) is eligible according to paragraphs (a) and (b) and is determined eligible by the
38.32 commissioner under section 254B.04.

39.1 (h) When a county commits a client under chapter 253B to a regional treatment center
39.2 for substance use disorder services and the client is ineligible for the behavioral health fund,
39.3 the county is responsible for the payment to the regional treatment center according to
39.4 section 254B.0501, subdivision 3.

39.5 (i) Notwithstanding any laws to the contrary, persons enrolled in MinnesotaCare or
39.6 medical assistance are eligible for room and board services when provided through intensive
39.7 residential treatment services and residential crisis services under section 256B.0632 and
39.8 chapter 245I.

39.9 (j) A person is eligible for one 60-consecutive-calendar-day period per year. A person
39.10 may submit a request for additional eligibility to the commissioner. A person denied
39.11 additional eligibility under this paragraph may request a state agency hearing under section
39.12 256.045.

39.13 Sec. 3. Minnesota Statutes 2024, section 256B.0947, subdivision 5, is amended to read:

39.14 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services
39.15 must meet the standards in this section and chapter 245I as required in section 245I.011,
39.16 subdivision 5.

39.17 (b) The treatment team must have specialized training in providing services to the specific
39.18 age group of youth that the team serves. An individual treatment team must serve youth
39.19 who are: (1) at least eight years of age or older and under 16 years of age, or (2) at least 14
39.20 years of age or older and under 21 years of age.

39.21 (c) The treatment team for intensive nonresidential rehabilitative mental health services
39.22 comprises both permanently employed core team members and client-specific team members
39.23 as follows:

39.24 (1) Based on professional qualifications and client needs, clinically qualified core team
39.25 members are assigned on a rotating basis as the client's lead worker to coordinate a client's
39.26 care. The core team must comprise at least four full-time equivalent direct care staff and
39.27 must minimally include:

39.28 (i) a mental health professional who serves as team leader to provide administrative
39.29 direction and treatment supervision to the team;

39.30 (ii) an advanced-practice registered nurse with certification in psychiatric or mental
39.31 health care or a board-certified ~~child and adolescent~~ psychiatrist, either of which must be
39.32 credentialed to prescribe medications;

40.1 (iii) a mental health certified peer specialist who is qualified according to section 245I.04,
40.2 subdivision 10, and is also a former children's mental health consumer; and

40.3 (iv) a co-occurring disorder specialist who meets the requirements under section
40.4 256B.0622, subdivision 7a, paragraph (a), clause (4), who will provide or facilitate the
40.5 provision of co-occurring disorder treatment to clients.

40.6 (2) The core team may also include any of the following:

40.7 (i) additional mental health professionals;

40.8 (ii) a vocational specialist;

40.9 (iii) an educational specialist with knowledge and experience working with youth
40.10 regarding special education requirements and goals, special education plans, and coordination
40.11 of educational activities with health care activities;

40.12 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

40.13 (v) a clinical trainee qualified according to section 245I.04, subdivision 6;

40.14 (vi) a mental health practitioner qualified according to section 245I.04, subdivision 4;

40.15 (vii) a case management service provider, as defined in section 245.4871, subdivision
40.16 4;

40.17 (viii) a housing access specialist; ~~and~~

40.18 (ix) a family peer specialist as defined in subdivision 2, paragraph (j)~~.~~; and

40.19 (x) a registered nurse, as defined in section 148.171, subdivision 20.

40.20 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
40.21 members not employed by the team who consult on a specific client and who must accept
40.22 overall clinical direction from the treatment team for the duration of the client's placement
40.23 with the treatment team and must be paid by the provider agency at the rate for a typical
40.24 session by that provider with that client or at a rate negotiated with the client-specific
40.25 member. Client-specific treatment team members may include:

40.26 (i) the mental health professional treating the client prior to placement with the treatment
40.27 team;

40.28 (ii) the client's current substance use counselor, if applicable;

40.29 (iii) a lead member of the client's individualized education program team or school-based
40.30 mental health provider, if applicable;

41.1 (iv) a representative from the client's health care home or primary care clinic, as needed
41.2 to ensure integration of medical and behavioral health care;

41.3 (v) the client's probation officer or other juvenile justice representative, if applicable;
41.4 and

41.5 (vi) the client's current vocational or employment counselor, if applicable.

41.6 (d) The treatment supervisor shall be an active member of the treatment team and shall
41.7 function as a practicing clinician at least on a part-time basis. The treatment team shall meet
41.8 with the treatment supervisor at least weekly to discuss recipients' progress and make rapid
41.9 adjustments to meet recipients' needs. The team meeting must include client-specific case
41.10 reviews and general treatment discussions among team members. Client-specific case
41.11 reviews and planning must be documented in the individual client's treatment record.

41.12 (e) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
41.13 team position.

41.14 (f) The treatment team shall serve no more than 80 clients at any one time. Should local
41.15 demand exceed the team's capacity, an additional team must be established rather than
41.16 exceed this limit.

41.17 (g) Nonclinical staff shall have prompt access in person or by telephone to a mental
41.18 health practitioner, clinical trainee, or mental health professional. The provider shall have
41.19 the capacity to promptly and appropriately respond to emergent needs and make any
41.20 necessary staffing adjustments to ensure the health and safety of clients.

41.21 (h) The intensive nonresidential rehabilitative mental health services provider shall
41.22 participate in evaluation of the assertive community treatment for youth (Youth ACT) model
41.23 as conducted by the commissioner, including the collection and reporting of data and the
41.24 reporting of performance measures as specified by contract with the commissioner.

41.25 (i) A regional treatment team may serve multiple counties.

41.26 **ARTICLE 6**
41.27 **MISCELLANEOUS POLICY**

41.28 Section 1. Minnesota Statutes 2025 Supplement, section 245C.03, subdivision 6, is amended
41.29 to read:

41.30 Subd. 6. **Unlicensed home and community-based waiver providers of service to**
41.31 **seniors and individuals with disabilities** ~~**and providers of housing stabilization**~~
41.32 ~~**services.**~~ (a) For providers of services specified in the federally approved home and

42.1 community-based waiver plans under section 256B.4912 ~~and providers of housing~~
42.2 ~~stabilization services under section 256B.051~~, the commissioner shall conduct background
42.3 studies on any individual who is an owner with at least a five percent ownership stake in
42.4 the provider, an operator of the provider, or an employee or volunteer for the provider who
42.5 has direct contact with people receiving the services. The individual studied must meet the
42.6 requirements of this chapter prior to providing waiver services and as part of ongoing
42.7 enrollment.

42.8 (b) The requirements in paragraph (a) apply to consumer-directed community supports
42.9 under section 256B.4911.

42.10 (c) For purposes of this section, "operator" includes but is not limited to a managerial
42.11 officer who oversees the billing, management, or policies of the services provided.

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

42.13 Sec. 2. Minnesota Statutes 2025 Supplement, section 245C.10, subdivision 6, is amended
42.14 to read:

42.15 Subd. 6. **Unlicensed home and community-based waiver providers of service to**
42.16 **seniors and individuals with disabilities ~~and providers of housing stabilization~~**
42.17 **~~services~~.** The commissioner shall recover the cost of background studies initiated by
42.18 unlicensed home and community-based waiver providers of service to seniors and individuals
42.19 with disabilities under section 256B.4912 ~~and providers of housing stabilization services~~
42.20 ~~under section 256B.051~~ through a fee of no more than $44 per study.

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

42.22 Sec. 3. Minnesota Statutes 2025 Supplement, section 256B.04, subdivision 21, is amended
42.23 to read:

42.24 Subd. 21. **Provider enrollment.** (a) The commissioner shall enroll providers and conduct
42.25 screening activities as required by Code of Federal Regulations, title 42, section 455, subpart
42.26 E. A provider must enroll each provider-controlled location where direct services are
42.27 provided. The commissioner may deny a provider's incomplete application if a provider
42.28 fails to respond to the commissioner's request for additional information within 60 days of
42.29 the request. The commissioner must conduct a background study under chapter 245C,
42.30 including a review of databases in section 245C.08, subdivision 1, paragraph (a), clauses
42.31 (1) to (5), for a provider described in this paragraph. The background study requirement
42.32 may be satisfied if the commissioner conducted a fingerprint-based background study on

43.1 the provider that includes a review of databases in section 245C.08, subdivision 1, paragraph
43.2 (a), clauses (1) to (5).

43.3 (b) The commissioner shall revalidate:

43.4 (1) each provider under this subdivision at least once every five years;

43.5 (2) each personal care assistance agency, CFSS provider-agency, and CFSS financial
43.6 management services provider under this subdivision at least once every three years;

43.7 (3) each EIDBI agency under this subdivision at least once every three years; and

43.8 (4) at the commissioner's discretion, any medical-assistance-only provider type the
43.9 commissioner deems "high-risk" under this subdivision.

43.10 (c) The commissioner shall conduct revalidation as follows:

43.11 (1) provide 30-day notice of the revalidation due date including instructions for
43.12 revalidation and a list of materials the provider must submit;

43.13 (2) if a provider fails to submit all required materials by the due date, notify the provider
43.14 of the deficiency within 30 days after the due date and allow the provider an additional 30
43.15 days from the notification date to comply; and

43.16 (3) if a provider fails to remedy a deficiency within the 30-day time period, give 60-day
43.17 notice of termination and immediately suspend the provider's ability to bill. The provider
43.18 does not have the right to appeal suspension of ability to bill.

43.19 (d) If a provider fails to comply with any individual provider requirement or condition
43.20 of participation, the commissioner may suspend the provider's ability to bill until the provider
43.21 comes into compliance. The commissioner's decision to suspend the provider is not subject
43.22 to an administrative appeal.

43.23 (e) Correspondence and notifications, including notifications of termination and other
43.24 actions, may be delivered electronically to a provider's MN-ITS mailbox. This paragraph
43.25 does not apply to correspondences and notifications related to background studies.

43.26 (f) If the commissioner or the Centers for Medicare and Medicaid Services determines
43.27 that a provider is designated "high-risk," the commissioner may withhold payment from
43.28 providers within that category upon initial enrollment for a 90-day period. The withholding
43.29 for each provider must begin on the date of the first submission of a claim.

43.30 (g) An enrolled provider that is also licensed by the commissioner under chapter 245A,
43.31 is licensed as a home care provider by the Department of Health under chapter 144A, or is
43.32 licensed as an assisted living facility under chapter 144G and has a home and

44.1 community-based services designation on the home care license under section 144A.484,
44.2 must designate an individual as the entity's compliance officer. The compliance officer
44.3 must:

44.4 (1) develop policies and procedures to assure adherence to medical assistance laws and
44.5 regulations and to prevent inappropriate claims submissions;

44.6 (2) train the employees of the provider entity, and any agents or subcontractors of the
44.7 provider entity including billers, on the policies and procedures under clause (1);

44.8 (3) respond to allegations of improper conduct related to the provision or billing of
44.9 medical assistance services, and implement action to remediate any resulting problems;

44.10 (4) use evaluation techniques to monitor compliance with medical assistance laws and
44.11 regulations;

44.12 (5) promptly report to the commissioner any identified violations of medical assistance
44.13 laws or regulations; and

44.14 (6) within 60 days of discovery by the provider of a medical assistance reimbursement
44.15 overpayment, report the overpayment to the commissioner and make arrangements with
44.16 the commissioner for the commissioner's recovery of the overpayment.

44.17 The commissioner may require, as a condition of enrollment in medical assistance, that a
44.18 provider within a particular industry sector or category establish a compliance program that
44.19 contains the core elements established by the Centers for Medicare and Medicaid Services.

44.20 (h) The commissioner may revoke the enrollment of an ordering or rendering provider
44.21 for a period of not more than one year, if the provider fails to maintain and, upon request
44.22 from the commissioner, provide access to documentation relating to written orders or requests
44.23 for payment for durable medical equipment, certifications for home health services, or
44.24 referrals for other items or services written or ordered by such provider, when the
44.25 commissioner has identified a pattern of a lack of documentation. A pattern means a failure
44.26 to maintain documentation or provide access to documentation on more than one occasion.
44.27 Nothing in this paragraph limits the authority of the commissioner to sanction a provider
44.28 under the provisions of section 256B.064.

44.29 (i) The commissioner shall terminate or deny the enrollment of any individual or entity
44.30 if the individual or entity has been terminated from participation in Medicare or under the
44.31 Medicaid program or Children's Health Insurance Program of any other state. The
44.32 commissioner may exempt a rehabilitation agency from termination or denial that would
44.33 otherwise be required under this paragraph, if the agency:

45.1 (1) is unable to retain Medicare certification and enrollment solely due to a lack of billing
45.2 to the Medicare program;

45.3 (2) meets all other applicable Medicare certification requirements based on an on-site
45.4 review completed by the commissioner of health; and

45.5 (3) serves primarily a pediatric population.

45.6 (j) As a condition of enrollment in medical assistance, the commissioner shall require
45.7 that a provider designated "moderate" or "high-risk" by the Centers for Medicare and
45.8 Medicaid Services or the commissioner permit the Centers for Medicare and Medicaid
45.9 Services, its agents, or its designated contractors and the state agency, its agents, or its
45.10 designated contractors to conduct unannounced on-site inspections of any provider location.
45.11 The commissioner shall publish in the Minnesota Health Care Program Provider Manual a
45.12 list of provider types designated "limited," "moderate," or "high-risk," based on the criteria
45.13 and standards used to designate Medicare providers in Code of Federal Regulations, title
45.14 42, section 424.518. The list and criteria are not subject to the requirements of chapter 14.
45.15 The commissioner's designations are not subject to administrative appeal.

45.16 (k) As a condition of enrollment in medical assistance, the commissioner shall require
45.17 that a high-risk provider, or a person with a direct or indirect ownership interest in the
45.18 provider of five percent or higher, consent to criminal background checks, including
45.19 fingerprinting, when required to do so under state law or by a determination by the
45.20 commissioner or the Centers for Medicare and Medicaid Services that a provider is designated
45.21 high-risk for fraud, waste, or abuse.

45.22 (l)(1) Upon initial enrollment, reenrollment, and notification of revalidation, all durable
45.23 medical equipment, prosthetics, orthotics, and supplies (DMEPOS) medical suppliers
45.24 meeting the durable medical equipment provider and supplier definition in clause (3),
45.25 operating in Minnesota and receiving Medicaid funds must purchase a surety bond that is
45.26 annually renewed and designates the Minnesota Department of Human Services as the
45.27 obligee, and must be submitted in a form approved by the commissioner. For purposes of
45.28 this clause, the following medical suppliers are not required to obtain a surety bond: a
45.29 federally qualified health center, a home health agency, the Indian Health Service, a
45.30 pharmacy, and a rural health clinic.

45.31 (2) At the time of initial enrollment or reenrollment, durable medical equipment providers
45.32 and suppliers defined in clause (3) must purchase a surety bond of $50,000. If a revalidating
45.33 provider's Medicaid revenue in the previous calendar year is up to and including $300,000,
45.34 the provider agency must purchase a surety bond of $50,000. If a revalidating provider's

46.1 Medicaid revenue in the previous calendar year is over $300,000, the provider agency must
46.2 purchase a surety bond of $100,000. The surety bond must allow for recovery of costs and
46.3 fees in pursuing a claim on the bond. Any action to obtain monetary recovery or sanctions
46.4 from a surety bond must occur within six years from the date the debt is affirmed by a final
46.5 agency decision. An agency decision is final when the right to appeal the debt has been
46.6 exhausted or the time to appeal has expired under section 256B.064.

46.7 (3) "Durable medical equipment provider or supplier" means a medical supplier that can
46.8 purchase medical equipment or supplies for sale or rental to the general public and is able
46.9 to perform or arrange for necessary repairs to and maintenance of equipment offered for
46.10 sale or rental.

46.11 (m) The Department of Human Services may require a provider to purchase a surety
46.12 bond as a condition of initial enrollment, reenrollment, reinstatement, or continued enrollment
46.13 if: (1) the provider fails to demonstrate financial viability, (2) the department determines
46.14 there is significant evidence of or potential for fraud and abuse by the provider, or (3) the
46.15 provider or category of providers is designated high-risk pursuant to paragraph (f) and as
46.16 per Code of Federal Regulations, title 42, section 455.450. The surety bond must be in an
46.17 amount of $100,000 or ten percent of the provider's payments from Medicaid during the
46.18 immediately preceding 12 months, whichever is greater. The surety bond must name the
46.19 Department of Human Services as an obligee and must allow for recovery of costs and fees
46.20 in pursuing a claim on the bond. This paragraph does not apply if the provider currently
46.21 maintains a surety bond under the requirements in section ~~256B.051,~~ 256B.0659, 256B.0701,
46.22 or 256B.85.

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

46.24 Sec. 4. Minnesota Statutes 2024, section 256B.0658, is amended to read:

46.25 **256B.0658 HOUSING ACCESS GRANTS.**

46.26 Subdivision 1. **Establishment.** The commissioner of human services shall award through
46.27 a competitive process contracts for grants to public and private agencies to support and
46.28 assist individuals with a disability ~~as defined in section 256B.051, subdivision 2, paragraph~~
46.29 ~~(e),~~ to access housing.

46.30 Subd. 2. **Definition.** (a) For the purposes of this section, the term defined in this
46.31 subdivision has the meaning given.

46.32 (b) "Individual with a disability" means:

47.1 (1) an individual who is aged, blind, or disabled as determined by the criteria under
47.2 sections 216(i)(1) and 221 of the Social Security Act; or

47.3 (2) an individual who meets a category of eligibility under section 256D.05, subdivision
47.4 1, paragraph (a), clause (1), (4), (5) to (8), or (13).

47.5 Subd. 3. **Allowable uses of grant funds.** Grants may be awarded to agencies that may
47.6 include, but are not limited to, the following supports: assessment to ensure suitability of
47.7 housing, accompanying an individual to look at housing, filling out applications and rental
47.8 agreements, meeting with landlords, helping with Section 8 or other program applications,
47.9 helping to develop a budget, obtaining furniture and household goods, if necessary, and
47.10 assisting with any problems that may arise with housing.

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

47.12 Sec. 5. Minnesota Statutes 2025 Supplement, section 256B.0701, subdivision 9, is amended
47.13 to read:

47.14 Subd. 9. **Provider qualifications and duties.** A provider is eligible for reimbursement
47.15 under this section only if the provider:

47.16 (1) is confirmed by the commissioner as an eligible provider after a pre-enrollment risk
47.17 assessment under subdivision 10;

47.18 (2) is enrolled as a medical assistance Minnesota health care program provider and meets
47.19 all applicable provider standards and requirements;

47.20 ~~(3) demonstrates compliance with federal and state laws and policies for housing~~
47.21 ~~stabilization services as determined by the commissioner;~~

47.22 ~~(4)~~ (3) complies with background study requirements under chapter 245C and maintains
47.23 documentation of background study requests and results;

47.24 ~~(5)~~ (4) provides at the time of enrollment, reenrollment, and revalidation in a format
47.25 determined by the commissioner, proof of surety bond coverage for each business location
47.26 providing services. Upon new enrollment, or if the provider's medical assistance revenue
47.27 in the previous calendar year is $300,000 or less, the provider agency must purchase a surety
47.28 bond of $50,000. If the provider's medical assistance revenue in the previous year is over
47.29 $300,000, the provider agency must purchase a surety bond of $100,000. The surety bond
47.30 must be in a form approved by the commissioner, must be renewed annually, and must
47.31 allow for recovery of costs and fees in pursuing a claim on the bond. Any action to obtain
47.32 monetary recovery or sanctions from a surety bond must occur within six years from the

date the debt is affirmed by a final agency decision. An agency decision is final when the right to appeal the debt has been exhausted or the time to appeal has expired under section 256B.064;

~~(6)~~ (5) ensures all controlling individuals and employees of the agency complete annual vulnerable adult training;

~~(7)~~ (6) completes compliance training as required under subdivision 11; and

~~(8)~~ (7) complies with the habitability inspection requirements in subdivision 13.

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

Sec. 6. Minnesota Statutes 2024, section 256L.03, subdivision 1, is amended to read:

Subdivision 1. **Covered health services.** (a) "Covered health services" means the health services reimbursed under chapter 256B, with the exception of special education services, home care nursing services, nonemergency medical transportation services, personal care assistance and case management services, community first services and supports under section 256B.85, behavioral health home services under section 256B.0757, ~~housing stabilization services under section 256B.051,~~ and nursing home or intermediate care facilities services.

(b) Covered health services shall be expanded as provided in this section.

(c) For the purposes of covered health services under this section, "child" means an individual younger than 19 years of age.

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

Sec. 7. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; RULEMAKING.**

The commissioner of human services must amend Minnesota Rules, part 9505.2165, subpart 4, item C, to remove the citation to United States Code, title 42, section 1320a-7b(b)(3)(D), and insert a citation to United States Code, title 42, section 1320a-7b(b). The commissioner may use the procedure under Minnesota Statutes, section 14.388, subdivision 1, clause (3), for changes to Minnesota Rules pursuant to this section. Minnesota Statutes, section 14.386, does not apply to rules adopted pursuant to this section except as provided under Minnesota Statutes, section 14.388.

49.1 Sec. 8. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
49.2 **UNREDACTED INITIAL OPTUM REPORTS.**

49.3 (a) For the purposes of this section, "initial Optum reports" means the reports produced
49.4 by Optum, Inc., under contract with the Department of Human Services and announced in
49.5 the news release from the department on February 6, 2026.

49.6 (b) Notwithstanding any law to the contrary, upon a joint request by both the chairs and
49.7 ranking minority members of a legislative committee with jurisdiction over human services
49.8 policy and finance, the commissioner of human services must immediately release the initial
49.9 Optum reports to the members of that legislative committee in the reports' entirety without
49.10 redactions or edits, except for redactions requested by Optum to protect proprietary
49.11 information. Legislators or legislative staff who receive initial Optum reports under this
49.12 section must not disseminate or publicize any not public data, as defined in Minnesota
49.13 Statutes, section 13.02, subdivision 8a, that the reports contain.

49.14 **EFFECTIVE DATE.** This section is effective 14 days following final enactment.

49.15 Sec. 9. **OPTUM PROHIBITED FROM DISSEMINATING PRIVATE DATA.**

49.16 Optum, Inc., must not sell, share, or disseminate any private data on individuals, as
49.17 defined in Minnesota Statutes, section 13.02, subdivision 12, that Optum receives under or
49.18 incidental to Optum's contract or engagement with the Department of Human Services
49.19 pursuant to the governor's Executive Order No. 25-10.

49.20 Sec. 10. **REPEALER.**

49.21 (a) Minnesota Statutes 2024, section 256B.051, subdivisions 1, 4, and 7, are repealed.

49.22 (b) Minnesota Statutes 2025 Supplement, section 256B.051, subdivisions 2, 3, 5, 6, 6a,
49.23 6b, 8, 9, and 10, are repealed.

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

49.25 Amend the title accordingly