

Chapter 3

2025 First Special Session

Subject Health/Children and Families Finance Bill**Bill** H.F. 2**Analyst** Elisabeth Klarqvist (articles 1-3, 5-7, 19-21, and 23)

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Overview

This is the health and children and families budget and policy act for 2025. In the 2025 regular session, the health provisions in this act were found in H.F. 2435 and the children and families provisions in this act were found in H.F. 2436. Those bills were in conference committee when the legislature adjourned. H.F. 2 was introduced in the first special session and reflects the agreement negotiated by the conference committee.

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Article 1: Department of Health Finance

This article modifies Department of Health programs and activities. In this article, fees are increased for health maintenance organizations, county-based purchasing plans, wells and borings, radioactive materials, source and special nuclear materials, ionizing radiation-producing equipment, the newborn screening program, health care facilities, engineering plan reviews, the service connection to a public water supply, supplemental nursing service agencies, hospice providers, food and beverage service establishments, lodging establishments, asbestos projects, manufactured home parks, and recreational camping areas. It also establishes new programs, modifies requirements for spa pools, makes changes to advisory councils and committees, modifies license conditions for swing beds, and modifies enforcement provisions for home care providers and assisted living facilities.

Section	Description - Article 1: Department of Health Finance
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1	Fees.
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Amends § 62D.21. Strikes language authorizing the commissioner to establish fees for health maintenance organizations and moves the following HMO fees from rule to statute: filing an application for a certificate of authority, filing an amendment to a certificate of authority, filing an annual report, filing a quarterly report, and filing annual plan review documents, amendments, and quality plans. Increases the application fee for a certificate of authority from \$3,000 to \$10,000.

Effective date: this section is effective January 1, 2026.

2	Renewal fee.
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Amends § 62D.211. Increases the fee for a health maintenance organization to renew a certificate of authority from \$21,500 plus 20 cents per enrollee to \$30,000 plus 88 cents per enrollee. Removes the authority of the commissioner to adjust the renewal fee in rule.

Effective date: this section is effective January 1, 2026.

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3 Fees for variances.

Amends § 1031.101, subd. 6. Increases the application fee charged by the commissioner for a request for a variance under this chapter or rules related to wells and borings.

4 Well notification fee.

Amends § 1031.208, subd. 1. Increases the following well notification fees: for construction of a water supply well, for well sealing, for construction of a dewatering well, for construction of a dewatering project with five or more dewatering wells, and for construction of an environmental well. Also establishes a well notification fee for an environmental well site project of five or more wells; eliminates a \$275 fee for all environmental wells located on a single property; and removes language exempting temporary borings from the well notification fee to construct an environmental well.

5 State core function fee.

Amends § 1031.208, subd. 1a. Increases the state core function fee for new wells and for well sealings.

6 Permit fee.

Amends § 1031.208, subd. 2. Modifies the following permit fees paid by a property owner: water supply well that is not in use under a maintenance permit, environmental wells on an environmental well site that are unsealed under a maintenance permit, groundwater thermal exchange device, bored geothermal heat exchanger, dewatering well, dewatering project of five or more dewatering wells, and elevator boring. Specifies an environmental well site includes all environmental wells on a single property.

7 Disclosure of well to buyer.

Amends § 1031.235, subd. 1. Increases the fee for filing a well disclosure certificate with a county recorder or registrar of titles and the portion of the filing fee that is transmitted to the commissioner of health. Well disclosure certificates are required for certain sales or transfers of real property and must be filed with any deed or other instrument of conveyance of the real property.

8 Certification fee.

Amends § 1031.525, subd. 2. Increases the application fee and renewal fee for certification as a representative of a well contractor.

9 License fee.

Amends § 1031.525, subd. 6. Increases the fee for a well contractor's license.

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- 10 **Renewal.**
Amends § 103I.525, subd. 8. Increases the application fee to renew a well contractor's license.
- 11 **Certification fee.**
Amends § 103I.531, subd. 2. Increases the application fee and renewal fee for certification as a representative of a limited well/boring contractor and the fee for three or more limited well/boring contractor certifications.
- 12 **License fee.**
Amends § 103I.531, subd. 6. Increases the fee for a limited well/boring contractor's license and the fee for three or more limited well/boring contractor licenses.
- 13 **Renewal.**
Amends § 103I.531, subd. 8. Increases the renewal application fee for a limited well/boring contractor's license.
- 14 **Certification fee.**
Amends § 103I.535, subd. 2. Increases the application fee and renewal fee for certification as a representative of an elevator boring contractor.
- 15 **License fee.**
Amends § 103I.535, subd. 6. Increases the fee for an elevator boring contractor's license.
- 16 **Renewal.**
Amends § 103I.535, subd. 8. Increases the fee to renew an elevator boring contractor's license.
- 17 **Issuance of license.**
Amends § 103I.541, subd. 2b. Increases the environmental well contractor license fee and the registration fee for individual registration.
- 18 **Certification fee.**
Amends § 103I.541, subd. 2c. Increases the application fee and renewal fee for certification as a representative of an environmental well contractor.
- 19 **License renewal.**
Amends § 103I.541, subd. 4. Increases the renewal application fee for an environmental well contractor license.

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- 20 **Drilling machine.**
Amends § 1031.545, subd. 1. Increases the fee to register a drilling machine with the commissioner.
- 21 **Hoist.**
Amends § 1031.545, subd. 2. Increases the fee to register a hoist used to repair wells or borings, seal wells or borings, or install pumps.
- 22 **License required to make borings.**
Amends § 1031.601, subd. 2. Increases the license fee and renewal fee for an explorer's license and the fee for certification and certification renewal as a certified responsible individual to supervise or oversee an exploratory boring.
- 23 **Notification and map of borings.**
Amends § 1031.601, subd. 4. Increases the fee that must accompany a notification of the proposed boring map that must be submitted to the commissioner.
- 24 **Dementia services program.**
Adds § 144.063. Directs the commissioner of health to establish a dementia services program and specifies functions of the program.
- 25 **Commissioner duties.**
Amends § 144.064, subd. 3. Removes from this subdivision, the newborn screening program fee with the addition of screening for congenital cytomegalovirus (CMV) to the program (the newborn screening program fee is found in section 144.125, subd. 1).
- 26 **Eligible grantees.**
Amends § 144.0758, subd. 3. Specifies Tribal Nations may receive American Indian health special emphasis grant funding through a noncompetitive formula, and allows American Indian community-based organizations to apply for this funding through a competitive process.
- 27 **Initial and annual fee.**
Amends § 144.1205, subd. 2. Increases initial and annual license fees for the listed licenses for radioactive material and source and special nuclear material.
- 28 **Initial and renewal application fee.**
Amends § 144.1205, subd. 4. Increases initial and renewal application fees for the listed licenses for radioactive material and source and special nuclear material.

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- 29 **Reciprocity fee.**
Amends § 144.1205, subd. 9. Increases the fee for an application for reciprocal recognition of a radioactive material or source or special nuclear material license issued by another state or the federal Nuclear Regulatory Commission for 180 days or less during a calendar year.
- 30 **Fees for license amendments.**
Amends § 144.1205, subd. 9. Increases the fee to amend a license for radioactive material or source or special nuclear material.
- 31 **Fees for general license registrations.**
Amends § 144.1205, subd. 10. Increases the annual registration fee for devices with radioactive material to detect or measure thickness, density, level, interface location, radiation, leakage, or chemical composition, or produce light or an ionized atmosphere.
- 32 **Fees for ionizing radiation-producing equipment.**
Amends § 144.121, subd. 1a. Increases the base facility fee and registration fees specific to equipment types for ionizing radiation-producing equipment and other sources of ionizing radiation. Directs the commissioner to adopt rules for the use of security screening systems.
- 33 **Fee for service provider of ionizing radiation-producing equipment.**
Adds subd. 1e to § 144.121. Establishes a fee for service providers of ionizing radiation-producing equipment and other sources of ionizing radiation.
- 34 **Inspections.**
Amends § 144.121, subd. 2. Modifies the frequency with which the commissioner must conduct radiation safety inspections of x-ray equipment and other sources of ionizing radiation to require inspections to occur as determined by the commissioner based on the risk of radiation exposure to occupational and public health from the use of x-ray equipment and sources of ionizing radiation. (Under current law each source must be inspected at least once every four years.)
- 35 **Examination for individual operating x-ray systems.**
Amends § 144.121, subd. 5. Updates a cross-reference to the examination an individual must pass to operate dental x-ray systems.

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36 Service provider practice; service technician.

Adds subd. 10 to § 144.121. Requires a service provider to register with the commissioner as a service technician and pay the fee in subdivision 1e in order to provide service technician services on ionizing radiation-producing equipment and other sources of ionizing radiation. Defines service technician.

37 Service provider practice; vendor.

Adds subd. 11 to § 144.121. Requires a service provider to register with the commissioner as a vendor and pay the fee in subdivision 1e in order to act as a vendor of ionizing radiation-producing equipment and other sources of ionizing radiation. Defines vendor.

38 Service provider practice; qualified medical physicist.

Adds subd. 12 to § 144.121. Requires a service provider to register with the commissioner as a qualified medical physicist, pay the fee in subdivision 1e, and meet requirements in rule in order to provide medical physics services. Defines qualified medical physicist.

39 Service provider practice; qualified expert.

Adds subd. 13 to § 144.121. Requires a service provider to register with the commissioner as a qualified expert, pay the fee in subdivision 1e, and meet requirements in rule in order to provide health physics services. Defines qualified expert.

40 Service provider practice; physicist assistant.

Adds subd. 14 to § 144.121. Requires a service provider to register with the commissioner as a physicist assistant, pay the fee under subdivision 1e, and meet requirements in rule in order to provide expert physics or medical physics services under the supervision of a qualified expert or qualified medical physicist. Defines physicist assistant and supervision, and allows an individual registered before January 1, 2025, who holds certain qualifications to perform expert physics or medical physics services independently as a physicist assistant without supervision.

41 Service provider compliance.

Adds subd. 15 to § 144.121. Requires a service provider registered under rules to comply with this section and submit the fee required under subdivision 1e when the service provider renews registration.

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42 Rulemaking authority.

Adds subd. 5 to § 144.1215. Requires the commissioner to adopt rules to implement a section on authorization to use handheld dental x-ray equipment. Provides authority to adopt rules under this subdivision does not expire.

43 License, permit, and survey fees.

Amends § 144.122. Increases fees for hospitals accredited by The Joint Commission or the American Osteopathic Association, hospitals not accredited by The Joint Commission or the American Osteopathic Association, nursing homes, outpatient surgical centers, boarding care homes, assisted living facilities, and supervised living facilities. Establishes fees for hospitals and outpatient surgical centers for adverse health care event reporting. Strikes obsolete language.

44 Fees.

Amends § 144.1222, subd. 1a. Increases fees for plan review and inspection of pools, spa pools, slides, alterations to an existing pool without changing the size or configuration, and removal or replacement of pool disinfection equipment. Increases the fee for a variance from the public pool and spa rules. Provides plans submitted to the commissioner less than 30 days before construction are subject to an additional fee of 50 percent of the original plan review fee.

45 Spa pools on rental property.

Amends § 144.1222, subd. 2d. Current law exempts spa pools on rental houseboats from the requirements for public pools. This section also exempts spa pools at a stand-alone, single-unit rental property from the requirements for public pools and allows the spa pool to be used by renters as long as requirements are met regarding water temperature and water quality and the required notice is provided at check-in and is posted by the spa pool. Prohibits a political subdivision from adopting a rule or ordinance that prohibits renters from using a spa pool at a stand-alone, single-unit rental property or on a rental houseboat, or that establishes additional requirements for their use.

46 Registered sanitarians and registered environmental health specialist application fees.

Adds § 144.1223. Establishes fees for registration and registration renewal for registered sanitarians and registered environmental health specialists, establishes a penalty fee amount for late submission of a renewal application, and requires payment of a technology fee with initial registration or registration renewal.

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- 47 Education on recognizing signs of physical abuse in infants.**
Adds § 144.124. Requires pediatric primary care providers, at an infant's first well baby visit after birth, to provide parents and primary caregivers of infants up to six months of age with materials on how to recognize the signs of physical abuse in infants and how to report suspected physical abuse of infants. Requires the commissioner of health, in consultation with the commissioner of children, youth, and families, to identify and approve these materials and make these materials available for download from the Department of Health website.
- 48 Duty to perform testing.**
Amends § 144.125, subd. 1. Increases the newborn screening program fee to support the addition of metachromatic leukodystrophy (MLD) to the newborn screening program.
- 49 Fee setting.**
Amends § 144.3831, subd. 1. Increases the annual fee for each service connection to a public water supply.
- 50 License fee.**
Amends § 144.55, subd. 1a. Increases the annual license fee for outpatient surgical centers.
- 51 Health facilities construction plan submittal and fees.**
Amends § 144.554. Increases fees for the commissioner's review and approval of architectural, mechanical, and electrical plans and specifications before beginning construction projects for hospitals, nursing homes, boarding care homes, residential hospices, supervised living facilities, outpatient surgical centers, and end-stage renal dialysis facilities. Adds assisted living facilities to the facilities required to pay these fees.
- 52 Eligibility for license condition.**
Amends § 144.562, subd. 2. In a section specifying the number of swing bed days hospitals may use, allows a critical access hospital in Cook County with an attached nursing home to have an unlimited number of days of swing bed use per year. Also strikes obsolete paragraphs.
- Effective date: this section is effective January 1, 2026, or upon federal approval, whichever is later.

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53 Approval of license condition.

Amends § 144.562, subd. 3. Exempts a critical access hospital in Cook County with an attached nursing home from the length of stay limit for patients in swing beds and the limit on patients who may be admitted to a swing bed. Strikes obsolete language.

Effective date: this section is effective January 1, 2026, or upon federal approval, whichever is later.

54 Swing bed approval; exceptions.

Adds § 144.5621. Exempts a critical access hospital located in Cook County and with an attached nursing home from the length of stay and admissions limits that otherwise apply to patients receiving care in swing beds. Allows swing beds in such a hospital to be used to provide nursing care without a prior hospital stay, and provides nursing care provided to these patients is covered under medical assistance. Specifies these patients are considered nursing home residents for purposes of the health care bill of rights, and requires these patients to have a comprehensive assessment performed as required in rules for nursing home residents.

Effective date: this section is effective January 1, 2026, or upon federal approval, whichever is later.

55 Nursing services provided in a hospital; prohibited practices.

Amends § 144.563. Adds a cross-reference to conform with the addition of section 144.5621, which establishes license conditions for swing beds in a critical access hospital in Cook County with an attached nursing home.

Effective date: this section is effective January 1, 2026, or upon federal approval, whichever is later.

56 Council administration.

Amends § 144.608, subd. 2. Extends the operation of the Trauma Advisory Council to June 30, 2035 (under prior law this advisory council expired June 30, 2025).

57 Fees.

Amends § 144.615, subd. 8. Increases temporary license fee and biennial license fee for birth centers.

58 Newborn Hearing Screening Advisory Committee.

Amends § 144.966, subd. 2. Makes the Newborn Hearing Screening Advisory Committee permanent by striking language that provides the advisory committee expires June 30, 2025.

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Effective date: this section is effective the day following final enactment or June 30, 2025, whichever is earlier.

59 Serious injury.

Adds subd. 26a to § 144A.43. Adds a definition of serious injury to the definitions section for home care providers.

60 Follow-up surveys.

Amends § 144A.474, subd. 9. Requires the commissioner to conduct a follow-up survey on a home care provider within 90 days after the original survey if a provider has a Level 5 violation in its original survey. (Under prior law a follow-up survey was required for Level 3 and Level 4 violations; Level 5 is a new violation level.)

61 Fines.

Amends § 144A.474, subd. 11. For Level 2 violations by a home care provider, allows the commissioner to take enforcement steps against the home care provider's license for any violation, not just for widespread violations. For Level 3 violations, reduces the fine from \$3,000 per incident to \$1,000 per incident, and for Level 4 violations, reduces the fine from \$5,000 per incident to \$3,000 per incident. Imposes a fine of \$5,000 per violation plus any enforcement mechanism against the home care provider's license for Level 5 violations. Modifies the descriptions of Level 3 violation and Level 4 violation. Establishes a new Level 5 violation as a violation that results in serious injury or death. (Under prior law a Level 4 violation was a violation that results in serious injury, impairment, or death.) Makes other changes to conform with the creation of a Level 5 violation and strikes an obsolete paragraph.

62 Notice.

Amends § 144A.475, subd. 3. Modifies the violation level for which the commissioner may temporarily suspend a home care provider's license or issue a conditional license and the violation level at which the commissioner must immediately temporarily suspend a license or issue a conditional license, to conform with the changes to violation levels in section 144A.474, subd. 11.

63 Hearing.

Amends § 144A.475, subd. 3a. Modifies the violation levels for which the commissioner must temporarily suspend a home care provider's license if the commissioner identifies violations while the home care provider is operating pending an appeal for an order of revocation, suspension, or refusal to renew a license.

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- 64 **Expedited hearing.**
Amends § 144A.475, subd. 3b. Modifies the violation levels for which an expedited hearing must be held on a home care provider's appeal of a temporary suspension or issuance of a conditional license.
- 65 **Immediate temporary suspension.**
Amends § 144A.475, subd. 3c. Modifies the violation level for which the commissioner may, without a prior hearing, immediately temporarily suspend a home care provider's license, prohibit the delivery of services, or issue a conditional license.
- 66 **Application information and fee.**
Amends § 144A.71, subd. 2. Increases the registration fee for supplemental nursing services agencies.
- 67 **License required; application.**
Amends § 144A.753, subd. 1. Increases fees for hospice provider applications for licensure and license renewal.
- 68 **Immediate temporary suspension.**
Amends § 144G.20, subd. 3. Modifies the violation level for which the commissioner may, without a prior hearing, immediately temporarily suspend an assisted living facility license, prohibit the delivery of housing or services, or issue a conditional license.
- 69 **Notice to facility.**
Amends § 144G.20, subd. 13. Modifies the violation level for which the commissioner may, without a prior hearing, temporarily suspend an assisted living facility's license, prohibit delivery of services for up to 90 days, or issue a conditional license if notice is provided and certain other requirements are met, and modifies the violation level for which the commissioner may, without a prior hearing and without providing notice and meeting other requirements, temporarily suspend a license, prohibit delivery of services, or issue a conditional license.
- 70 **Hearing.**
Amends § 144G.20, subd. 16. Modifies the violation levels for which the commissioner must temporarily suspend an assisted living facility license if the commissioner identifies new violations while the assisted living facility is operating pending an appeal of an order of revocation, suspension, or refusal to renew a license.

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71 Expedited hearing.

Amends § 144G.20, subd. 17. Modifies the violation levels for which an expedited hearing must be held on an assisted living facility's appeal of a temporary suspension or issuance of a conditional license.

72 Required follow-up surveys.

Amends § 144G.30, subd. 7. Requires the commissioner to conduct a follow-up survey within 90 days after the original survey if an assisted living facility has a Level 5 violation in its original survey. (Under prior law a follow-up survey was required for Level 3 and Level 4 violations; Level 5 is a new violation level.)

73 Levels of violations.

Amends § 144G.31, subd. 2. Modifies the descriptions of Level 3 violation and Level 4 violation for an assisted living facility. Establishes a new Level 5 violation as a violation that results in serious injury or death. (Under prior law a Level 4 violation was a violation that results in serious injury, impairment, or death.)

74 Fine amounts.

Amends § 144G.31, subd. 4. For Level 2 violations by an assisted living facility, allows the commissioner to take enforcement steps against the assisted living facility's license for any violation, not just for widespread violations. For Level 3 violations, reduces the fine from \$3,000 per incident to \$1,000 per incident, and for Level 4 violations, reduces the fine from \$5,000 per incident to \$3,000 per incident. Imposes a fine of \$5,000 per violation plus enforcement against the assisted living facility's license for Level 5 violations.

75 Immediate fine; payment.

Amends § 144G.31, subd. 5. Adds Level 5 violations by an assisted living facility to the violations for which the commissioner may impose an immediate fine. (Under prior law the commissioner could impose immediate fines for Level 3 and Level 4 violations.)

76 New construction; plans.

Amends § 144G.45, subd. 6. For new construction beginning on or after July 1, 2025, requires an assisted living facility to submit architectural, mechanical, and electrical plans and specifications to the commissioner for review and approval under section 144.554, along with the fee required under that section.

77 Maternal and Child Health Advisory Committee.

Amends § 145.8811. Converts the existing Maternal and Child Health Advisory Task Force to an advisory committee. The task force currently operates as an advisory committee because it does not expire, and this change would permit members to

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- receive per diem compensation and reimbursement for expenses (advisory task force members do not receive per diem compensation but are reimbursed for expenses).
- 78 **Epilepsy and related seizure disorders; data collection and state coordination plan.**
Adds § 145.9231. Requires the commissioner of health to collect, analyze, and report data on epilepsy and related seizure disorders and use this data to implement plans and systems to support persons with epilepsy or another seizure disorder and their caregivers.
- 79 **Allocation of subsidies.**
Amends § 145.9269, subd. 2. Increases the minimum percentage of the appropriation for federally qualified health center subsidies an individual federally qualified health center must receive, from two percent of the available appropriation to five percent of the available appropriation.
- 80 **License renewal.**
Amends § 157.16, subd. 2. Increases penalty amounts added to the license fees for certain food and beverage service establishments operating without a license.
- 81 **Food manager certification.**
Amends § 157.16, subd. 2a. Increases the food manager certification fee and the fee to issue a duplicate food manager certificate. Establishes a \$5 technology fee that must be paid with initial certification, certification renewal, and applications for a duplicate certificate.
- 82 **Establishment fees; definitions.**
Amends § 157.16, subd. 3. Increases base fees and additional establishment-specific fees or fees for specific purposes for food and beverage service establishments, lodging establishments, pools, resorts, and youth camps. Provides that engineering plans submitted less than 30 days before construction are subject to a late fee of 50 percent of the original plan review fee.
- 83 **Statewide hospitality fee.**
Amends § 157.16, subd. 3a. Increases the annual statewide hospitality fee that the specified food and beverage service establishments and lodging establishments must annually pay to the commissioner of health for each licensed activity.
- 84 **Technology fee.**
Adds subd. 3b to § 157.16. Establishes a \$5 technology fee that food and beverage service establishments, youth camps, hotels, motels, lodging establishments, public pools, and resorts must pay with their initial license and upon license renewal.

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85 Skilled and intermediate nursing care.

Amends § 256B.0625, subd. 2. In a subdivision specifying medical assistance coverage of skilled nursing home services and intermediate care facility services, strikes language governing medical assistance coverage of care for patients in swing beds and specifying the daily MA rate for nursing care provided to patients in swing beds (these requirements and this rate are being moved to a new subd. 2b).

Effective date: this section is effective January 1, 2026, or upon federal approval, whichever is later.

86 Nursing care provided to a patient in a swing bed.

Adds subd. 2b to § 256B.0625. Establishes requirements for medical assistance coverage of nursing care provided to patients in swing beds and specifies the daily MA rate for nursing care for patients in swing beds (these requirements and this rate are being moved from subd. 2). Exempts a critical access hospital located in Cook County and with an attached nursing home from certain requirements, and specifies medical assistance covers an unlimited number of days of nursing care to patients in swing beds at such a facility.

Effective date: this section is effective January 1, 2026, or upon federal approval, whichever is later.

87 Duties of commissioner of health.

Amends § 256B.692, subd. 2. Increases the annual fee county-based purchasing plans must pay to the commissioner of health.

88 Payment rates for nursing care provided to a patient in a swing bed.

Adds subd. 1a to § 256R.01. In a section governing nursing facility payment rates, specifies rates paid to a hospital for nursing care provided to patients in swing beds are the rates established according to section 256B.0625, subd. 2b.

Effective date: this section is effective January 1, 2026, or upon federal approval, whichever is later.

89 When license required.

Amends § 326.72, subd. 1. Specifies any person performing asbestos-related work in the state must be licensed by the commissioner to perform asbestos-related work (removing language specifying that a person must be licensed if the person intends to perform or cause to be performed any asbestos-related work).

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90 Permit fee.

Amends § 326.75, subd. 3. Increases the project permit fee that must be paid before beginning asbestos-related work, from two percent of the total cost of asbestos-related work to three percent of the total cost of asbestos-related work.

91 Asbestos-related training course permit fee.

Amends § 326.75, subd. 3a. Strikes language authorizing the commissioner to establish a training course permit fee in rule for asbestos-related training courses, and instead establishes fees in statute for an application for a training course permit and renewal of a training course permit.

92 License renewal.

Amends § 327.15, subd. 2. Increases the penalty amounts that must be added to the license fee for a manufactured home park or recreational camping area operating without a license for up to 30 days, or operating without a license for more than 30 days.

93 Fees, manufactured home parks and recreational camping areas.

Amends § 327.15, subd. 3. Increases annual base fees that must be paid by manufactured home parks and recreational camping areas based on the number of sites. Increases the per-site fee that must be paid by manufactured home parks and recreational camping areas, in addition to the base fee. Increases the individual private sewer or water fee. Increases fees for plan review for initial construction of a manufactured home park or recreational camping area, and specifies that plan review applications submitted less than 30 days before construction are subject to a late fee of 50 percent of the original plan review fee.

94 Fees, special event recreational camping areas.

Amends § 327.15, subd. 4. Increases annual fees and per-site fees for special event recreational camping areas, the late fee for a special event recreational camping area that fails to obtain a license before operating, and the fee for a plan review application for initial construction of a special event recreational camping area. Specifies that plan review applications submitted less than 30 days before construction are subject to a late fee of 50 percent of the original plan review fee.

95 Technology fee.

Adds subd. 5 to § 327.15. Establishes a technology fee that manufactured home parks, recreational camping areas, and special event camping areas must pay upon initial licensure and license renewal.

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- 96 **Spoken language health care interpreter work group.**
Directs the commissioner of health to establish a spoken language health care interpreter work group of 15 members to develop recommendations to support and improve access to health care interpreting services in the state. Specifies membership of the work group, lists topics on which recommendations must be developed, and requires a report on these recommendations to be provided to certain members of the legislature. Authorizes compensation and reimbursement for expenses for work group members, and requires the commissioner to provide meeting space and administrative support for the work group. Provides this section expires November 2, 2026, or upon submission of the required report. Specifies required activities at the work group's initial meetings.
- 97 **Report on facility fees.**
Requires hospitals and health systems, by January 15, 2027, to report to the commissioner of health on facilities fees charged, billed, and collected during calendar year 2026. Requires the commissioner to publish the information reported on a publicly accessible website, and lists information that hospitals and health systems must report to the commissioner.
- 98 **Rulemaking.**
Requires the commissioner to adopt rules using expedited rulemaking to amend Minnesota Rules, chapter 4695 (regulation of human resources occupations such as environmental health specialists/sanitarians) to conform with changes made in this act.
- 99 **Repealer.**
Repeals Minnesota Statutes, section 103I.550 (limited pump, pitless, or dug well/drive point contractor regulation) and Minnesota Rules, part 4695.2900 (application fee, renewal fee, and penalty for late submission of renewal application for registration of environmental health specialists/sanitarians).

Article 2: Department of Health Policy

This article makes policy changes to health-related and Department of Health programs and activities. Sections in this article modify requirements for reporting by 340B covered entities; allow uniform explanations of benefits to be available electronically; make changes to prescription drug price transparency reporting requirements; require individual and small group health plans to comply with time and distance standards in federal rules to ensure access to health services; make changes to the commissioner's duties related to wells and borings; transfer the healthy eating, here at home program to the Department of Health; modify requirements for notice and a public hearing before a hospital's scheduled closing or

curtailment of operations; establish requirements for sensitive examinations on anesthetized or unconscious patients; modify the Health Equity Advisory and Leadership Council; and establish requirements central service technicians must meet to provide services in a hospital or ambulatory surgical center.

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| 1 | <p>Reporting by covered entities to the commissioner.</p> <p>Amends § 62J.461, subd. 3. Amends information that 340B covered entities must annually report to the commissioner of health, to clarify information that must be reported on aggregated payment amounts received for drugs obtained under the 340B program and dispensed or administered to patients, and to clarify information that must be reported on aggregated payments for expenses to administer the 340B program.</p> |
| 2 | <p>Enforcement and exceptions.</p> <p>Amends § 62J.461, subd. 4. Makes technical changes to a subdivision on enforcement of reporting requirements for 340B covered entities and the granting of extensions and exceptions to reporting requirements.</p> |
| 3 | <p>Reports to the legislature.</p> <p>Amends § 62J.461, subd. 5. Makes a technical change to a subdivision specifying information the commissioner must include in a report to certain members of the legislature regarding information reported by 340B covered entities.</p> |
| 4 | <p>Uniform explanation of benefits.</p> <p>Amends § 62J.51, subd. 19a. Amends a definition of uniform explanation of benefits for sections establishing standards for health care billing and purchasing, to specify the uniform explanation of benefits may be provided in electronic form.</p> |
| 5 | <p>Standards for Minnesota uniform health care reimbursement documents.</p> <p>Amends § 62J.581. Allows a group purchaser to make uniform explanations of benefits available electronically to patients if the group purchaser allows patients to choose the format in which the patient will receive the explanation of benefits, if the group purchaser provides patients with instruction about how to make this choice, and if patients who do not choose a format will continue to receive explanations of benefits in paper form. Requires electronic uniform explanations of benefits to contain the same data elements as the paper version. Changes a term used and strikes obsolete language.</p> |

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6 Definitions.

Amends § 62J.84, subd. 2. Modifies definitions for a section on prescription drug price transparency by removing the definition of individual salable unit and amending the definitions of pricing unit and wholesale drug distributor.

7 Prescription drug price increases reporting.

Amends § 62J.84, subd. 3. Adds to the information a drug manufacturer must report to the commissioner of health within 60 days after certain drug price increases go into effect, to require the drug manufacturer to report the year the prescription drug was introduced for sale in the United States, the number of units of the prescription drug sold in the previous 12-month period, and the total rebate payable amount accrued for the prescription drug during the previous 12-month period.

8 Public posting of prescription drug price information.

Amends § 62J.84, subd. 6. Modifies the information regarding prescription drug price transparency that the commissioner of health must post on the department website by:

- requiring the posting of a list of the drug manufacturers, pharmacies, pharmacy benefit managers, and wholesale drug distributors that reported prescription drug price information; and
- requiring the posting of information reported on a per-drug basis in a way that does not allow identification of a reporting entity that is not a drug manufacturer.

9 Notice of prescription drugs of substantial public interest.

Amends § 62J.84, subd. 10. Requires the commissioner, when identifying drugs of substantial public interest for which reporting is required, to specify the reporting period for which reporting entities must provide data.

Effective date: This section is effective the day following final enactment.

10 Manufacturer prescription drug substantial public interest reporting.

Amends § 62J.84, subd. 11. Adds to the list of information manufacturers must submit to the commissioner of health, the year the prescription drug was introduced for sale in the United States. Requires other data to be submitted for the reporting period specified in the notification to report, rather than for the 12-month period prior to the notification to report.

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- 11 Pharmacy prescription drug substantial public interest reporting.**
Amends § 62J.84, subd. 12. Clarifies pharmacies required to report under this section and requires data to be submitted for the reporting period specified in the notification to report, rather than for the 12-month period prior to the notification to report.
- 12 PBM prescription drug substantial public interest reporting.**
Amends § 62J.84, subd. 13. Clarifies PBMs required to report under this section, requires PBMs to report administrative fee amounts accrued and receivable from payers, and requires data to be submitted for the reporting period specified in the notification to report, rather than for the 12-month period prior to the notification to report.
- 13 Wholesale drug distributor prescription drug substantial public interest reporting.**
Amends § 62J.84, subd. 14. Clarifies wholesale drug distributors required to report under this section and requires data to be submitted for the reporting period specified in the notification to report, rather than for the 12-month period prior to the notification to report.
- 14 Registration requirements.**
Amends § 62J.84, subd. 15. Requires reporting entities to update their existing registration by January 30 each year, and specifies reporting entities subject to this chapter shall register with the Department of Health by January 30 each year.

Effective date: this section is effective January 1, 2026.
- 15 Time and distance standards.**
Amends § 62K.10, subd. 2. Replaces the time and distance standards with which individual and small group health plans must comply to ensure enrollee access to health services (30 minutes/30 miles or 60 minutes/60 miles, depending on the type of service), to instead require these health plans to comply with the time and distance standards in federal rules.
- 16 Waiver.**
Amends § 62K.10, subd. 5. Strikes cross-references to a subdivision being repealed on time and distance standards with which individual and small group health plans must comply.

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- 17 **Referral centers.**
Amends § 62K.10, subd. 6. Strikes a cross-reference to a subdivision being repealed on time and distance standards with which individual and small group health plans must comply.
- 18 **Temporary boring.**
Amends § 103I.005, subd. 17b. Corrects a definition of temporary boring in chapter 103I (wells and borings).
- 19 **Duties.**
Amends § 103I.101, subd. 2. Adds to the commissioner of health's duties under chapter 103I, the duty of licensing persons who install, remove, or maintain groundwater thermal exchange devices and submerged closed loop heat exchangers.
- 20 **Commissioner to adopt rules.**
Amends § 103I.101, subd. 5. Adds to the commissioner of health's rulemaking authority under chapter 103I, the authority to adopt rules governing licensure of persons who install, remove, or maintain groundwater thermal exchange devices and submerged closed loop heat exchangers.
- 21 **Inspection.**
Adds subd. 7 to § 103I.101. Requires the commissioner to inspect at least 25 percent of the well construction notifications each year.
- 22 **Establishment.**
Amends § 138.912, subd. 1. Modifies the healthy eating, here at home program to allow low-income Minnesotans to use Summer EBT benefits for healthy purchases at farmers' markets, mobile markets, and direct-farmer sale (under prior law Supplemental Nutrition Assistance Program (SNAP) benefits could be used for these purposes).
- 23 **Definitions.**
Amends § 138.912, subd. 2. Amends definitions for the healthy eating, here at home program to conform with the program being transferred from the Minnesota Humanities Center to the Department of Health and persons receiving Summer EBT benefits being added to the program.

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24 Grants.

Amends § 138.912, subd. 3. Directs the Department of Health, rather than the Minnesota Humanities Center, to allocate grants for the healthy eating, here at home program and adds persons receiving Summer EBT benefits to the persons who may receive vouchers under the program.

25 Household eligibility; participation.

Amends § 138.912, subd. 4. Adds Summer EBT eligibility requirements to the eligibility requirements an eligible household may meet to receive a healthy eating, here at home voucher.

26 Program reporting.

Amends § 138.912, subd. 6. Requires nonprofit organizations receiving grant funds under the healthy eating, here at home program to report on program operations to the Department of Health, rather than the Minnesota Humanities Center.

27 Controlling person.

Adds subd. 8 to § 144.50. Provides that the term controlling person includes an officer of the organization, a hospital administrator, and a managerial official, if applicable and as deemed appropriate by the hospital. Lists entities that are not controlling persons.

28 Notice of closing, curtailing operations, relocating services, or ceasing to offer certain services; hospitals.

Amends § 144.555, subd. 1a. Clarifies the scheduled actions that require the hospital to provide advance notice to the commissioner of health, the public, and others before implementation, to specify: curtailment requires emergency department services or patients receiving inpatient services to be relocated, relocation to another hospital or campus refers to relocation of emergency department services or inpatient services, and cessation in offering services refers to inpatient services. Defines inpatient for this subdivision.

29 Public hearing.

Amends § 144.555, subd. 1b. Clarifies that the commissioner must ensure video conferencing technology is used at a public hearing before a hospital's scheduled closure or curtailment of operations, and requires the public hearing to be held at a location that can accommodate the hearing's anticipated public attendance. Specifies the hearing must include at least one hour of public testimony on the scheduled action.

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30 Informed consent required for sensitive examinations.

Adds § 144.6584. Defines sensitive examination for this section. Prohibits health professionals, students, and residents from performing a sensitive examination on an unconscious or anesthetized patient unless the patient or a representative provides prior, written, informed consent to the examination for one of the specified purposes or if the examination is medically necessary and related to a procedure or examination to which consent was provided; if the patient is unconscious and the examination is medically necessary; or if the examination is performed to collect evidence or document injuries. Provides a violation of this section is a ground for disciplinary action by the health-related licensing board regulating the individual violating this section.

31 Establishment; composition of advisory council.

Amends § 145.987, subd. 1. Allows membership of the Health Equity Advisory and Leadership Council to include individuals other than individuals representing the groups listed in this subdivision.

32 Organization and meetings.

Amends § 145.987, subd. 2. Strikes language specifying the timing for the commissioner of health to recommend appointments to the Health Equity Advisory and Leadership Council to replace members who vacate their positions.

33 Central service technician.

Adds § 148.781. Establishes requirements central service technicians must meet to be employed by or work at hospitals or ambulatory surgical centers.

Subd. 1. Application. Provides this section applies to people who perform the duties of a central service technician in a hospital or ambulatory surgical center.

Subd. 2. Definitions. Defines terms for this section: central service technician, health care facility, and health care practitioner.

Subd. 3. Requirements for central service technician. In order for a health care facility to employ an individual to work as a central service technician, requires the individual to either:

- Have passed an examination for central service technicians and hold one of the listed credentials; or
- Provide evidence that the individual worked at a health care facility as a central service technician on or before December 31, 2027.

Provides a central service technician who does not meet the examination and credential requirements has 24 months from the date of hire to obtain one of the

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listed credentials. Requires a central service technician working at a health care facility to annually complete ten hours of continuing education related to the functions of a central service technician, and provides this section does not prohibit health care practitioners, individuals credentialed to perform health care services, and health care practitioner students and interns operating under supervision from performing the duties of a central service technician. Requires a health care facility, at a central service technician's request, to verify the technician's dates of employment or contract period.

Effective date: This section is effective 180 days following final enactment.

34 Transfer of program.

Transfers the healthy eating, here at home program from the Minnesota Humanities Center to the Department of Health effective July 1, 2025.

35 Revisor instruction.

Directs the revisor of statutes to recodify the healthy eating, here at home program in chapter 144.

36 Repealer.

Repeals § 62K.10, subd. 3 (establishing time and distance standards that individual and small group health plans must meet to ensure enrollee access to certain health services).

Article 3: Health Licensing Boards

This article permits the Board of Medical Practice to issue limited licenses to graduates of foreign medical schools and authorizes their practice under a limited license; makes changes to statutes governing occupational therapists and occupational therapy assistants; establishes in statute and increases licensing fees for certain health-related occupations; authorizes the licensure of certified midwives and provides for medical assistance coverage of certified midwife services; modifies requirements for supervision of speech-language pathology assistants; makes changes to laws governing pharmacist interns; and modifies provisions governing the medication repository.

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1 Remedies available.

Amends § 144.99, subd. 1. Authorizes the commissioner of health to use the Health Enforcement Consolidation Act to enforce requirements that a limited license holder's employer must pay the limited license holder at least as much as is paid to a

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medical resident in a comparable field and that the employer must carry medical malpractice insurance for the limited license holder during the limited license holder's employment.

Effective date: this section is effective January 1, 2026.

2 Occupational therapist.

Amends §144A.43, subd. 15. Updates the cross-reference to the definition of occupational therapist in the sections governing home care provider licensure.

3 Occupational therapist.

Amends § 144G.08, subd. 45. Updates the cross-reference to the definition of occupational therapist for the chapter governing assisted living facility licensure.

4 Physician application and license fees.

Amends § 147.01, subd. 7. Establishes fee amounts for a nonrenewable 24-month limited license and for an initial physician license for a limited license holder.

5 Limited license.

Adds subd. 1b to § 147.037. Para. (a) specifies a limited license is valid for one 24-month period and is not renewable or eligible for reapplication. Allows the Board of Medical Practice to issue a limited license to practice medicine to an individual who meets the specified requirements for licensure to practice medicine, other than having completed one year of graduate clinical medical training; has practiced medicine for at least five of the past 12 years outside the United States; submits evidence of an offer to practice within a collaborative agreement; provides services in a designated rural area or underserved urban community; and submits two letters of recommendation supporting the limited license. Allows the board to accept forms of proof other than letters if extenuating circumstances prevent an applicant from providing letters.

Para. (b) specifies what constitutes passing certain medical licensure examinations for purposes of this subdivision.

Para. (c) provides a person issued a limited license must not be required to submit evidence of completing one year of graduate clinical medical training in a program accredited by a national accrediting organization approved by the board.

Para. (d) requires a limited license holder's employer to pay the limited license holder at least as much as is paid to a medical resident in a comparable field, and to carry medical malpractice insurance for the limited license holder.

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Para. (e) allows the board to issue a full, unrestricted license to practice medicine to a limited license holder who meets the specified requirements.

Para. (f) requires a limited license holder to submit information to the board, every six months, on the limited license holder's employment and whether the limited license holder has been subject to professional discipline. Allows the board to suspend or revoke a limited license if the limited license holder is no longer employed in the state, and allows a limited license holder, upon request, to have 90 days to obtain new employment.

Para. (g) establishes procedures for temporary suspension of a limited license if continued practice by the limited license holder would create a serious risk of harm to the public.

Para. (h) defines collaborative agreement for purposes of this subdivision. Establishes requirements for collaboration between the limited license holder and collaborating physicians, the limited license holder's contact with collaborating physicians, and practice reviews with each collaborating physician.

Para. (i) requires a collaborating physician to submit a letter to the board attesting to the specified information after the limited license holder has practiced for 12 months.

Para. (j) prohibits the board from granting a license under this section unless the applicant possesses a federal immigration status that allows the applicant to practice as a physician in the United States.

Effective date: this section is effective January 1, 2026.

6 General.

Amends § 147D.03, subd. 1. Provides a certified midwife licensed under chapter 148G is not subject to regulation under chapter 147D (governing traditional midwives).

7 Fees.

Amends § 148.108, subd. 1. Strikes the authority of the Board of Chiropractic Examiners to establish fees in rule.

8 Chiropractic licensure fees.

Adds subd. 5 to § 148.108. Specifies fees for chiropractic licensure that may be assessed by the Board of Chiropractic Examiners and allows the board to adjust fees lower by board action.

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- 9 **Acupuncture registration fees.**
Adds subd. 6 to § 148.108. Specifies fees for acupuncture registration that may be assessed by the Board of Chiropractic Examiners and allows the board to adjust fees lower by board action.
- 10 **Independent examiner registration fees.**
Adds subd. 7 to § 148.108. Specifies fees for independent examiner registration that may be assessed by the Board of Chiropractic Examiners and allows the board to adjust fees lower by board action.
- 11 **Animal chiropractic registration fees.**
Adds subd. 8 to § 148.108. Specifies fees for animal chiropractic registration that may be assessed by the Board of Chiropractic Examiners and allows the board to adjust fees lower by board action.
- 12 **Graduate preceptorship registration fee.**
Adds subd. 9 to § 148.108. Specifies a graduate preceptorship registration fee that may be assessed by the Board of Chiropractic Examiners and allows the board to adjust the fee lower by board action.
- 13 **Professional firm registration fees.**
Adds subd. 10 to § 148.108. Specifies a penalty fee for late renewal of professional firm registration that may be assessed by the Board of Chiropractic Examiners.
- 14 **Miscellaneous fees.**
Adds subd. 11 to § 148.108. Specifies fees related to continuing education sponsorship, mailing lists, license verification, duplicate certificates, and copies of documents that may be assessed by the Board of Chiropractic Examiners and allows the board to adjust fees lower by board action.
- 15 **Powers.**
Amends § 148.191, subd. 2. Authorizes the Board of Nursing to adopt rules to implement chapter 148G, licensure of certified midwives, and adds certified midwives to existing authority of the board.
- 16 **Expenses.**
Amends § 148.241. Requires the expenses of administering the Minnesota Certified Midwife Practice Act to be paid from appropriations made to the Board of Nursing, and adds administration of chapter 148G to the allowable uses of money appropriated to the Board of Nursing.

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- 17 Speech-language pathology assistant.**
Amends § 148.512, subd. 17a. Amends the definition of speech-language pathology assistant to specify SLPAs may be supervised by speech-language pathologists regulated by the Professional Educator Licensing and Standards Board (PELSB), in addition to speech-language pathologists regulated by the commissioner of health as under current law.
- 18 Supervision requirements.**
Amends § 148.5192, subd. 3. Allows speech-language pathology assistants to be supervised by speech-language pathologists regulated by the Professional Educator Licensing and Standards Board (PELSB), in addition to speech-language pathologists regulated by the commissioner of health as under current law. Establishes notification requirements for the commissioner of health and PELSB if a speech-language pathology assistant who is supervised by a PELSB-regulated speech-language pathologist violates speech-language pathology assistant statutes.
- 19 Speech-language pathology assistant licensure fees.**
Amends § 148.5194, subd. 3b. Lowers the maximum fees for licensure and license renewal for speech-language pathology assistants.
- 20 Scope.**
Amends § 148.6401. Modifies terminology and updates the range reference to the statutes regulating occupational therapists and occupational therapy assistants.
- 21 Scope.**
Amends § 148.6402, subd. 1. Updates the range reference to the statutes regulating occupational therapists and occupational therapy assistants.
- 22 Accreditation Council for Occupational Therapy Education or ACOTE.**
Adds subd. 2a to § 148.6402. Adds a definition of Accreditation Council for Occupational Therapy Education or ACOTE to the statutes regulating occupational therapists and occupational therapy assistants.
- 23 Continuing competence.**
Adds subd. 5a to § 148.6402. Adds a definition of continuing competence to the statutes regulating occupational therapists and occupational therapy assistants.
- 24 Certification examination for occupational therapist.**
Amends § 148.6402, subd. 7. Modifies the term defined and makes technical changes to the definition of certification examination for occupational therapist, in the statutes regulating occupational therapists and occupational therapy assistants.

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- 25 **Certification examination for occupational therapy assistant.**
Amends § 148.6402, subd. 8. Modifies the term defined and makes technical changes to the definition of certification examination for occupational therapy assistant, in the statutes regulating occupational therapists and occupational therapy assistants.
- 26 **Face-to-face supervision.**
Adds subd. 12a to § 148.6402. Adds a definition of face-to-face supervision to the statutes regulating occupational therapists and occupational therapy assistants.
- 27 **Licensed health care professional.**
Amends § 148.6402, subd. 13. Makes a technical correction to the definition of licensed health care professional in the statutes regulating occupational therapists and occupational therapy assistants.
- 28 **National Board for Certification in Occupational Therapy or NBCOT.**
Adds subd. 13a to § 148.6402. Adds a definition of National Board for Certification in Occupational Therapy or NBCOT to the statutes regulating occupational therapists and occupational therapy assistants.
- 29 **Occupational therapist.**
Amends § 148.6402, subd. 14. Amends the definition of occupational therapist for the statutes regulating occupational therapists and occupational therapy assistants.
- 30 **Occupational therapy assistant.**
Amends § 148.6402, subd. 16. Amends the definition of occupational therapy assistant for the statutes regulating occupational therapists and occupational therapy assistants.
- 31 **Occupational therapy practitioner.**
Amends § 148.6402, subd. 16a. In the definition of occupational therapy practitioner, updates the reference to the range of statutes regulating occupational therapists and occupational therapy assistants.
- 32 **License or licensed.**
Amends § 148.6402, subd. 19. In the definition of license or licensed, updates the reference to the range of statutes regulating occupational therapists and occupational therapy assistants.

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- 33 **Licensee.**
Amends § 148.6402, subd. 20. In the definition of licensee, updates the reference to the range of statutes regulating occupational therapists and occupational therapy assistants.
- 34 **Service competency.**
Amends § 148.6402, subd. 23. Makes a technical change to the definition of service competency for the statutes regulating occupational therapists and occupational therapy assistants.
- 35 **Temporary licensure.**
Amends § 148.6402, subd. 25. Makes a technical change to the definition of temporary licensure for the statutes regulating occupational therapists and occupational therapy assistants.
- 36 **Licensure; protected titles and restrictions on use; exempt persons; sanctions.**
Amends § 148.6403. In a section establishing protected titles for occupational therapists and occupational therapy assistants, makes technical changes and updates references to the range of statutes regulating occupational therapists and occupational therapy assistants. Specifies this section does not apply to occupational therapy practitioners who hold an active compact privilege to practice.
- 37 **Scope of practice.**
Amends § 148.6404. Modifies the description of the practice of occupational therapy.
- 38 **License application requirements: procedures and qualifications.**
Amends § 148.6405. Modifies requirements for applications for licensure as an occupational therapist or occupational therapy assistant.
- 39 **Qualifications.**
Adds subd. 1a to § 148.6408. Specifies that to be licensed as an occupational therapist, an applicant must satisfy certain education and examination requirements or satisfy the requirements for licensure by equivalency or licensure by reciprocity based on the status of the applicant's NBCOT certification.
- 40 **Qualifying examination score required.**
Amends § 148.6408, subd. 2. Removes language specifying how the Board of Occupational Therapy Practice determines a qualifying score on the occupational therapist certification examination and makes other technical changes.

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41 Qualifications.

Adds subd. 1a to § 148.6410. Specifies that to be licensed as an occupational therapy assistant, an applicant must satisfy certain education and examination requirements or satisfy the licensure by equivalency or licensure by reciprocity requirements based on the status of the applicant's NBCOT certification.

42 Qualifying examination score required.

Amends § 148.6410, subd. 2. Removes language specifying how the Board of Occupational Therapy Practice determines a qualifying score on the occupational therapy assistant certification examination and makes other technical changes.

43 Persons currently certified by NBCOT.

Amends § 148.6412, subd. 2. Makes technical changes to a subdivision governing licensure of persons who hold current NBCOT certification and updates the reference to the range of statutes regulating occupational therapists and occupational therapy assistants.

44 Application procedures.

Amends § 148.6412, subd. 3. Updates cross-references in a subdivision specifying procedures to apply for licensure by equivalency.

45 Licensure by reciprocity.

Amends § 148.6415. Makes technical changes to a section that permits the Board of Occupational Therapy Practice to license a person without a current NBCOT certification but who holds a compact privilege or a current credential from another state or territory, and updates cross-references and a reference to the range of statutes regulating occupational therapists and occupational therapy assistants.

46 Temporary licensure.

Amends § 148.6418. Modifies terminology and makes technical changes in a section on temporary licensure of occupational therapists and occupational therapy assistants. Requires occupational therapists to have at least six months of fully licensed practice to supervise temporary licensees, and requires temporary licensees to notify the board before changing supervisors. Prohibits the board from issuing a temporary license to a person who failed the certification examination two or more times.

47 Applications for initial licensure.

Amends § 148.6420, subd. 1. Modifies information that an applicant for initial licensure must submit to the Board of Occupational Therapy Practice and makes technical changes. Prohibits the board from verifying the status of certain applicants

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- using another jurisdiction's publicly available website unless the other jurisdiction fails to provide requested documentation of the applicant's status.
- 48 **Renewal requirements.**
Amends § 148.6423, subd. 1. Modifies information an applicant for license renewal must submit to the Board of Occupational Therapy Practice and makes technical changes.
- 49 **License period.**
Adds subd. 1a to § 148.6423. Provides that following the initial license period, a license period for an occupational therapy practitioner begins on the first day of the licensee's birth month and is valid for two years.
- 50 **Renewal deadline.**
Amends § 148.6423, subd. 2. Modifies a subdivision specifying when occupational therapy licenses must be renewed to conform with birth month license renewal.
- 51 **Licensure renewal within one year after licensure expiration date.**
Amends § 148.6425, subd. 2. Specifies information an applicant for license renewal, within one year after a license expires, must submit to the Board of Occupational Therapy Practice.
- 52 **Licensure renewal within two years after license expiration date.**
Adds subd. 4 to § 148.6425. Specifies information an applicant for license renewal between one and two years after license expiration must submit to the Board of Occupational Therapy Practice.
- 53 **Expiration due to nonrenewal after two years.**
Adds subd. 5 to § 148.6425. Prohibits renewal of an occupational therapy practitioner's license that has not been renewed within two years after expiration, and requires an individual to instead apply for a new license.
- 54 **Change of contact information or employment.**
Amends § 148.6428. Modifies the list of documentation an occupational therapy practitioner may submit to the Board of Occupational Therapy Practice as proof of a name change.
- 55 **Jurisprudence examination.**
Adds § 148.6431. Allows the Board of Occupational Therapy Practice to require occupational therapy practitioners to take an open-book examination on state laws and rules regarding occupational therapy and occupational therapy assisting.

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- 56 **Applicability.**
Amends § 148.6432, subd. 1. Updates a cross-reference to a subdivision governing delegation of duties by an occupational therapist to an occupational therapy assistant.
- 57 **Delegation of duties.**
Adds subd. 1a to § 148.6432. Allows occupational therapists to delegate to an occupational therapy assistant certain duties that, according to national practice standards, can be performed by an occupational therapy assistant.
- 58 **Evaluations.**
Amends § 148.6432, subd. 2. Updates a cross-reference to a subdivision governing delegation of duties by an occupational therapist to an occupational therapy assistant.
- 59 **Intervention.**
Amends § 148.6432, subd. 3. Updates a cross-reference to a subdivision governing delegation of duties by an occupational therapist to an occupational therapy assistant.
- 60 **Exception.**
Amends § 148.6432, subd. 4. Makes a technical change and updates the reference to the range of statutes regulating occupational therapists and occupational therapy assistants.
- 61 **Coordination of services.**
Amends § 148.6435. Strikes language requiring an occupational therapist to modify or terminate occupational therapy intervention that is not beneficial to the client, not tolerated by the client, or refused by the client, and requiring notice of the termination to be provided to the client's health care professional in certain circumstances. Modifies the circumstances in which an occupational therapist must refer a client to other practitioners.
- 62 **Recipient notification.**
Amends § 148.6438. Makes technical changes to a subdivision requiring occupational therapists to provide clients with a certain notice before providing services.
- 63 **Activities qualifying for continuing education contact hours.**
Amends § 148.6443, subd. 3. Modifies the types of activities that qualify for continuing education for occupational therapy practitioners.

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- 64 **Activities not qualifying for continuing education contact hours.**
Amends § 148.6443, subd. 4. Modifies the types of activities that do not qualify for continuing education for occupational therapy practitioners.
- 65 **Reporting continuing education contact hours.**
Amends § 148.6443, subd. 5. Makes technical changes to a subdivision on reporting and documentation of occupational therapy practitioner continuing education.
- 66 **Auditing continuing education reports.**
Amends § 148.6443, subd. 6. Modifies the information an occupational therapy practitioner must make available to the Board of Occupational Therapy Practice for the board to audit the practitioner's continuing education report.
- 67 **Deferral of continuing education requirements.**
Amends § 148.6443, subd. 7. Clarifies that an occupational therapy practitioner may defer but not waive all or part of the practitioner's continuing education requirements.
- 68 **Penalties for noncompliance.**
Amends § 148.6443, subd. 8. Makes a technical change in a subdivision specifying penalties for a person who fails to comply with continuing education requirements for occupational therapy practitioners.
- 69 **Compact privilege fee.**
Adds subd. 5a to § 148.6445. Establishes a fee for interstate licensure compact privilege to practice for occupational therapy practitioners.
- 70 **Active mailing list.**
Adds subd. 7a to § 148.6445. Establishes a fee to deliver electronically the standard active mailing list for occupational therapy practitioners.
- 71 **Grounds for denial of licensure or discipline.**
Amends § 148.6448, subd. 1. Modifies grounds for licensure denial or disciplinary action against occupational therapy practitioners.
- 72 **Investigation of complaints.**
Amends § 148.6448, subd. 2. Updates references to the range of statutes regulating occupational therapists and occupational therapy assistants.

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- 73 Effect of specific disciplinary action on use of title.**
Amends § 148.6448, subd. 4. Updates the reference to the range of statutes regulating occupational therapists and occupational therapy assistants.
- 74 Authority to contract.**
Amends § 148.6448, subd. 6. Updates the reference to the range of statutes regulating occupational therapists and occupational therapy assistants.
- 75 Creation.**
Amends § 148.6449, subd. 1. Updates references to the range of statutes regulating occupational therapists and occupational therapy assistants.
- 76 Qualifications of board members.**
Amends § 148.6449, subd. 2. Specifies that occupational therapy practitioners practicing in Minnesota under an interstate compact privilege are not eligible to serve on the Board of Occupational Therapy Practice.
- 77 Duties of the Board of Occupational Therapy Practice.**
Amends § 148.6449, subd. 7. Updates references to the range of statutes regulating occupational therapists and occupational therapy assistants.
- 78 Fees.**
Amends § 148B.53, subd. 3. Establishes a fee for an interstate compact privilege to practice for licensed professional counselors.

Effective date: this section is effective the day following final enactment.
- 79 Application fees.**
Amends § 148E.180, subd. 1. Establishes a fee for an application for a compact multistate license for social workers.

Effective date: this section is effective the day following final enactment.
- 80 Compact multistate license fees.**
Adds subd. 2a to § 148E.180. Establishes maximum fees for compact multistate licensure for licensed social workers, licensed graduate social workers, licensed independent social workers, and licensed independent clinical social workers and allows the Board of Social Work to adjust the fees lower by board action.

Effective date: this section is effective the day following final enactment.

Section Description - Article 3: Health Licensing Boards

81 Compact multistate renewal fees.

Adds subd. 3a to § 148E.180. Establishes maximum fees for renewal of a compact multistate license for licensed social workers, licensed graduate social workers, licensed independent social workers, and licensed independent clinical social workers and allows the Board of Social Work to adjust the fees lower by board action.

Effective date: this section is effective the day following final enactment.

82 Late fees.

Amends § 148E.180, subd. 5. Authorizes a late fee to be charged to a social worker who pays a compact multistate license fee or compact multistate renewal fee late.

Effective date: this section is effective the day following final enactment.

83 Reactivation fees.

Amends § 148E.180, subd. 7. Authorizes a reactivation fee to be charged to a social worker for reactivation of a compact multistate license that has expired.

Effective date: this section is effective the day following final enactment.

84 Title.

Adds § 148G.01. Provides chapter 148G must be referred to as the Minnesota Certified Midwife Practice Act.

85 Scope.

Adds § 148G.02. Provides chapter 148G applies to applicants for licensure as a certified midwife, individuals licensed as a certified midwife, and all persons who provide certified midwifery services to patients who reside in Minnesota unless an exemption applies.

86 Definitions.

Adds § 148G.03. Defines the following terms for this chapter: board, certification, certified midwife, certified midwifery practice, collaborating, consulting, encumbered, licensure period, licensed practitioner, midwifery education program, patient, prescribing, prescription, referral, supervision.

87 Certified midwife licensing.

Adds § 148G.04. Requires a person practicing as a certified midwife or serving as faculty for a midwifery distance learning program to be licensed under this chapter, specifies eligibility for licensure, and requires certain applicants for licensure to complete a reorientation plan.

Section Description - Article 3: Health Licensing Boards

Subd. 1. Licensure. Prohibits a person from practicing as a certified midwife or serving as faculty for clinical instruction in a midwifery distance learning program unless licensed under this chapter. Requires applicants for licensure to apply to the board and submit the required fee, and specifies eligibility requirements for licensure.

Subd. 2. Clinical practice component. If more than five years have passed since an applicant practiced in a certified midwife role, requires the applicant to complete a reorientation plan that includes a clinical component with at least 500 hours of practice supervised by a licensed practitioner.

88 Licensure renewal; relicensure.

Adds § 148G.05. Establishes requirements for license renewal and for relicensure for persons with a lapsed license.

Subd. 1. Renewal; current applicants. Requires a certified midwife to apply for license renewal before the certified midwife's licensure period ends, and requires an applicant for license renewal to submit with the renewal application, evidence of current certification by the American Midwifery Certification Board and the required fee.

Subd. 2. Clinical practice component. If more than five years have passed since an applicant practiced as a certified midwife, requires the applicant to complete a reorientation plan that includes a clinical component with at least 500 hours of practice supervised by a licensed practitioner.

Subd. 3. Relicensure; lapsed applicants. If a person whose license has lapsed wishes to resume practice, requires the person to apply for relicensure, comply with requirements established by the board, and pay a relicensure fee. Requires a person who practiced certified midwifery without a license to pay a penalty fee.

89 Failure or refusal to provide information.

Adds § 148G.06. Requires a certified midwife to notify the board upon certification renewal, and prohibits a licensee from practicing as a certified midwife if the licensee fails to provide notification. Allows the board to deny an applicant a license if the applicant fails to provide the information needed to determine the applicant's qualifications, fails to demonstrate qualifications, or fails to satisfy the requirements for licensure.

Section Description - Article 3: Health Licensing Boards

90 Name change and change of address.

Adds § 148G.07. Requires a certified midwife to maintain a current name and address with the board and to notify the board within 30 days of any change in name or address.

91 Identification of certified midwives.

Adds § 148G.08. Requires a person to be licensed as a certified midwife in order to use the title certified midwife. Requires certified midwives to use the designation CM for professional identification and in documenting services provided.

92 Prescribing drugs and therapeutic devices.

Adds § 148G.09. Authorizes certified midwives to diagnose, prescribe, and institute therapy or referrals; prescribe, administer, and dispense over-the-counter and legend drugs and controlled substances; and plan and initiate therapeutic regimens, including ordering and prescribing durable medical equipment and devices, nutrition, diagnostic services, and supportive services. Requires certified midwives to comply with Drug Enforcement Administration (DEA) requirements for controlled substances and to file the certified midwife's DEA registrations and numbers with the board if applicable. Requires the board to maintain records of certified midwives with a DEA registration and number.

93 Fees.

Adds § 148G.10. Provides the fees established in section 148G.11 are nonrefundable and must be deposited in the state government special revenue fund.

94 Fee amounts.

Adds § 148G.11. Specifies fee amounts for licensure and license renewal as a certified midwife, the penalty for practicing certified midwifery without a current certification or recertification or without a current certification or recertification on file, a fee for relicensure as a certified midwife, and the penalty for practicing certified midwifery without current licensure. Authorizes collection of a service fee for dishonored checks.

95 Approved midwifery education program.

Adds § 148G.12. Establishes procedures and standards for initial and continuing approval, loss of approval, and reinstatement of approval by the board for midwifery education programs.

Subd. 1. Initial approval. Requires a university or college wishing to operate a certified midwifery education program to submit evidence to the board of being prepared to provide a program leading to eligibility for certification in midwifery,

Section Description - Article 3: Health Licensing Boards

achieve accreditation by the American Commission for Midwifery Education, and meet other standards established in law and by the board.

Subd. 2. Continuing approval. Requires the board to annually survey all midwifery education programs in the state for current accreditation with the American Commission for Midwifery Education, and requires the board to approve the program if it continues to meet the standards for current accreditation.

Subd. 3. Loss of approval. Requires the board to remove a program from its list of accredited programs if the program's accreditation is revoked by the accrediting body.

Subd. 4. Reinstatement of approval. Requires the board to reinstate approval of a program when the program submits evidence that the program meets the accrediting body's standards.

96 Grounds for disciplinary action.

Adds § 148G.13. Lists grounds on which the board may deny, revoke, suspend, limit, or condition an individual's license to practice certified midwifery, or otherwise discipline a licensee or applicant. Prohibits the board from granting or renewing a license to practice certified midwifery if the individual has been convicted of certain felony-level criminal sexual offenses, automatically revokes an individual's license in those circumstances, and authorizes the board to establish criteria to allow individuals convicted of these offenses to become licensed in certain circumstances. Allows copies of judgments and administrative proceedings to be admitted into evidence, and permits the board to require a certified midwife to undergo a medical or physical examination in certain circumstances and to obtain medical data and health records relating to the certified midwife or applicant.

97 Forms of disciplinary action; automatic suspension; temporary suspension; reissuance.

Adds § 148G.14. Lists disciplinary actions the board may take. Specifies when a license to practice certified midwifery is automatically suspended or temporarily suspended, and allows the board to reinstate and reissue a license in certain circumstances.

Subd. 1. Forms of disciplinary action. If the board finds grounds for disciplinary action exist, allows the board to deny the license application or application for license renewal; revoke, suspend, limit, or condition the license; impose a civil penalty; order the provision of free services; censure or reprimand the certified midwife; or take any other action justified by the case.

Section Description - Article 3: Health Licensing Boards

Subd. 2. Automatic suspension. Provides a license to practice certified midwifery is automatically suspended if a guardian is appointed for the certified midwife, the certified midwife is civilly committed, or the certified midwife is determined mentally incompetent, mentally ill, chemically dependent, or dangerous to the public. Describes how the suspension may be terminated.

Subd. 3. Temporary suspensions of license. Allows the board to temporarily suspend a certified midwife's license without a hearing in certain circumstances, specifies how long this suspension remains in effect, and requires a hearing within 30 days after issuance of a suspension order.

Subd. 4. Reissuance. Allows the board to reinstate and reissue a certified midwife's license if the board determines such action is warranted. A person whose license is reinstated must pay certain fees.

98 **Reporting obligations.**

Adds § 148G.15. Permits or requires certain individuals and organizations to report to the board, conduct that is a ground for disciplinary action under this chapter and information on malpractice awards or settlements.

Subd. 1. Permission to report. Allows any person who knows of conduct by a certified midwife that is a ground for discipline under this chapter to report the conduct to the board.

Subd. 2. Institutions. Requires certain individuals associated with a hospital, clinic, or other health care organization in the state to report any action taken by the organization that affects a certified midwife's privilege to practice with that organization, or if the certified midwife resigns before disciplinary proceedings are complete.

Subd. 3. Licensed professionals. Requires licensed health professionals to report to the board conduct by a certified midwife that constitutes a ground for discipline.

Subd. 4. Insurers. Requires insurers that provide professional liability insurance to certified midwives to report to the board, on a quarterly basis, information on certified midwives against whom malpractice awards were made or who were a party to a settlement.

Subd. 5. Courts. Requires courts to report to the board a judgment or determination of the court that a certified midwife is mentally ill, mentally incompetent, chemically dependent, dangerous to the public, guilty of a felony or

Section Description - Article 3: Health Licensing Boards

gross misdemeanor, or guilty of violating certain other laws; has had a guardian appointed; or has been civilly committed.

Subd. 6. Deadlines; forms. Specifies certain required reports must be submitted within 30 days after the reportable event or transaction, allows the board to provide forms to be used to submit reports, and requires the board to review all reports.

Subd. 7. Failure to report. Provides any person who fails to report if required to do so is subject to civil penalties.

99 Immunity.

Adds § 148G.16. Provides immunity from civil liability and criminal prosecution for:

- any person who submits a good faith report to the board under section 148G.15 or reports alleged violations of this chapter in good faith. Classifies these reports as investigative data;
- board members, employees, and individuals who investigate violations or prepare charges on behalf of the board for actions related to their duties under this chapter; and
- board members, employees, and individuals who keep records and make reports on adverse health care events for actions related to their duties under this chapter.

100 Certified midwife cooperation.

Adds § 148G.17. Requires certified midwives being investigated by the board to cooperate fully with the investigation and specifies what cooperation includes. Requires patient identifying data to be deleted from patient health records before the board accesses the records, unless the patient consents to the board accessing the patient's records.

101 Disciplinary record on judicial review.

Adds § 148G.18. When a court reviews disciplinary action taken by the board, requires the reviewing court to seal the administrative record, other than the board's final decision.

102 Exemptions.

Adds § 148G.19. Provides this chapter does not prohibit providing certified midwifery assistance in an emergency, the practice of certified midwifery by a certified midwife who is licensed in another state and employed by the federal government or by a federal agency, the practice of any other state-licensed profession by a person licensed to practice that profession, the practice of traditional midwifery, certified midwifery practice by a student practicing under supervision, or certified midwifery

Section Description - Article 3: Health Licensing Boards

- practice by a certified midwife licensed in another jurisdiction who is in Minnesota temporarily for one of the listed purposes.
- 103 **Violations; penalty.**
Adds § 148G.20. Lists unlawful acts related to certified midwifery practice and provides any person who commits one of these acts is guilty of a gross misdemeanor. In addition to the gross misdemeanor penalty, provides a person who practices without a current license and certification, or without a current certification on file with the board, is subject to penalties imposed by the board.
- 104 **Unauthorized practice of midwifery.**
Adds § 148G.21. Provides the practice of certified midwifery by a person not licensed to practice certified midwifery is a public nuisance, and allows a district court in a county where such practice occurred to enjoin these acts and practice.
- 105 **Collaborative management agreement under armed forces.**
Adds subd. 3a to § 150A.105. Allows a dental therapist practicing under a branch of the armed forces to have a collaborative management agreement with a dentist determined by the branch of which the dental therapist is a member. Specifies a collaborating dentist for a dental therapist practicing in civilian practice is not responsible for supervising the dental therapist's work under a branch of the armed forces.
- 106 **Pharmacist intern or intern.**
Amends § 151.01, subd. 15. Modifies the qualifications an individual must hold to serve as a pharmacist intern.
- 107 **Practitioner.**
Amends § 151.01, subd. 23. Adds licensed certified midwives to the definition of practitioner in the Pharmacy Practice Act, to conform with certified midwives being granted authority to prescribe legend drugs.
- 108 **Application fees.**
Amends § 151.065, subd. 1. Lowers the application fee for pharmacist intern registration.
- 109 **Annual renewal fees.**
Amends § 151.065, subd. 3. Establishes an annual fee for pharmacist intern registration and registration renewal, effective January 1, 2026.

Section Description - Article 3: Health Licensing Boards

110 Reinstatement fees.

Amends § 151.065, subd. 6. Allows a pharmacist intern whose registration has lapsed to reinstate the registration upon the board's approval and payment of required fees and late fees.

111 Internship.

Amends § 151.101. Strikes language authorizing the Board of Pharmacy to establish standards and requirements for pharmacist interns. Specifies pharmacist intern registrations expire on September 30 each year or when the intern receives a pharmacist license, and establishes procedures and requirements for registration renewal. Lists circumstances in which the board must terminate a pharmacist intern registration or not renew a registration. Requires pharmacist interns to complete at least 1,600 intern credit hours to apply for licensure as a pharmacist.

112 Standards and procedures for accepting donations of drugs and supplies and purchasing drugs from licensed wholesalers.

Amends § 151.555, subd. 6. Allows the central repository to purchase a drug from a wholesaler to fill prescriptions for eligible patients when the repository does not have a sufficient supply of donated drugs to fill the prescriptions. Provides that the central repository must use donated drugs to fill prescriptions whenever possible.

113 Distribution of donated drugs and supplies.

Amends § 151.555, subd. 10. Clarifies when a local repository must transfer donated drugs and supplies to the central repository. Provides that a local repository must dispose of drugs and supplies that do not meet the statutory standards for donating or dispensing.

114 Prescribing, dispensing, administering controlled substances in Schedules II through V.

Amends § 152.12, subd. 1. Adds licensed certified midwives to the list of practitioners who may prescribe, administer, and dispense controlled substances in Schedules II through V.

115 Fees.

Adds § 153.30. Establishes maximum fee amounts paid to the Board of Podiatric Medicine for an application for licensure as a podiatrist, renewal of licensure, late renewal, a temporary permit, a duplicate license or duplicate renewal certificate, reinstatement, examination administration, verification of licensure, a label, a list of licensees, and copies. Allows the board to adjust the fees lower by board action, provides fees are nonrefundable, requires information about fees in effect to be

Section Description - Article 3: Health Licensing Boards

available from the board office, and requires fees collected under this section to be deposited in the state government special revenue fund.

Effective date: this section is effective the day following final enactment.

116 Fees.

Amends § 153B.85, subd. 1. Increases fees for license verification of orthotist, prosthetist, prosthetist orthotist, or pedorthist licensure and fees to obtain a list of these licensees.

Effective date: this section is effective the day following final enactment.

117 Late fee.

Amends § 153B.85, subd. 3. Increases the additional fee owed for late renewal of an orthotist, prosthetist, prosthetist orthotist, or pedorthist license.

Effective date: this section is effective the day following final enactment.

118 Nonrefundable fees.

Adds subd. 1a to § 156.015. Provides fees collected by the Board of Veterinary Medicine are nonrefundable.

119 Fee amounts.

Adds subd. 3 to § 156.015. Establishes maximum fee amounts paid to the Board of Veterinary Medicine for an initial application, state examination, duplicate license, continuing education sponsor, mailing list, initial veterinary license, initial veterinary technician, active veterinary renewal, active veterinary technician renewal, inactive veterinary renewal, inactive veterinary technician renewal, institutional license, active late veterinary renewal, active late veterinary technician renewal, inactive late veterinary renewal, inactive late veterinary technician renewal, and institutional late renewal.

120 License verification.

Adds subd. 4 to § 156.015. Allows the Board of Veterinary Medicine to charge a fee to verify the status of a license provided to another veterinary licensing board.

121 Deposit of fees.

Adds subd. 5 to § 156.015. Requires license fees collected by the Board of Veterinary Medicine to be deposited in the state government special revenue fund.

122 Reports on one year or more of operating funds of health-related licensing boards.

Adds subd. 4 to § 214.06. Requires the commissioner of management and budget, as part of the February and November forecasts, to submit a report to certain members

Section Description - Article 3: Health Licensing Boards

of the legislature identifying the health-related licensing boards that have accumulated one year or more of operating funds. Specifies this subdivision is effective the day following the date on which a fiscal year 2026 transfer of \$23,000,000 from the health occupations licensing account takes place, and expires June 30, 2030.

123 Certified midwifery practice services.

Adds subd. 28c to § 256B.0625. Provides that medical assistance (MA) covers services of a licensed certified midwife if the service provided on an inpatient basis is not included in the facility payment, the service is otherwise covered under MA as a physician service, and the service is within the scope of practice for the certified midwife.

124 Revisor instruction.

Directs the revisor of statutes to renumber certain subdivisions governing occupational therapy practitioners.

125 Repealer.

Repeals the following:

- Minnesota Statutes, section 148.108, subds. 2, 3, and 4 (fees for renewal of inactive acupuncture registration, acupuncture reinstatement, animal chiropractic registration and renewal);
- Minnesota Statutes, sections 148.6402, subd. 22; 148.6420, subds. 2, 3, and 4; 148.6423, subds. 4, 5, 7, 8, and 9; 148.6425, subd. 3; 148.6430; 148.6445, subds. 5, 6, and 8 (occupational therapy definition, applications for licensure, license renewal requirements, license renewal after license expiration, delegation, continuing education requirements);
- Minnesota Statutes, section 156.015, subd. 1 (fee for verification of veterinarian licensure);
- Minnesota Rules, parts 2500.1150; 2500.2030 (Board of Chiropractic Examiners fees);
- Minnesota Rules, parts 6800.5100, subp. 5; 6800.5400, subps. 5 and 6 (pharmacist intern definition and training);
- Minnesota Rules, part 6900.0250, subps. 1 and 2 (fees for podiatrist licensure); and
- Minnesota Rules, parts 9100.0400, subps. 1 and 3; 9100.0500; 9100.0600 (application, examination, and licensure fees for veterinarians; miscellaneous Board of Veterinary Medicine fees).

Article 4: Pharmacy Benefits

This article contains provisions that affect prescription drug coverage under medical assistance (MA) and private health plans. The article extends, by two years, the expiration date for the MA drug formulary committee; directs the Department of Human Services (DHS) to contract with a single pharmacy benefit manager (PBM) for MA managed care enrollees; and establishes a pharmacy dispensing payment for outpatient retail pharmacies that dispense drugs to MA managed care enrollees in MA plan year 2026. This article also includes provisions that limit the changes private health plans and MA can make to drug formularies during a plan year.

Section	Description - Article 4: Pharmacy Benefits
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1	Formulary changes.
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	Establishes § 62Q.83. Provides that a health plan must not, with respect to an enrollee who was prescribed a drug during the plan year, remove a drug from the health plan's formulary or place the drug in a benefit category that increases the enrollee's cost for the duration for the plan year. Specifies circumstances under which the restriction does not apply.
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	Makes the section apply to health plans offered, sold, issued, or renewed on or after January 1, 2026.
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2	Drugs.
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	Amends § 256B.0625, subd. 13. Provides that MA, with respect to an enrollee who was prescribed a drug during the plan year, must continue to cover the drug at the same level until January 1 of the calendar year following the year in which the commissioner removed the drug from the MA formulary. Specifies circumstances under which the requirement does not apply.
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	Makes the section effective the later of January 1, 2026, or upon federal approval.
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3	Formulary committee.
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	Amends § 256B.0625, subd. 13c. Extends the expiration date for the drug formulary committee by two years to June 30, 2029.
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4	Drug formulary.
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	Amends § 256B.0625, subd. 13d. Requires that the commissioner of human services provide written notice to all MA enrollees, prescribers, and pharmacists within ten calendar days of making a change to the MA drug formulary. Directs the commissioner to annually report (beginning January 15, 2026) to the legislature on how MA enrollees were affected by drug formulary changes made in the prior calendar year.
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Section Description - Article 4: Pharmacy Benefits

5 Payment rates.

Amends § 256B.0625, subd. 13e. Directs the commissioner of human services to contract with a vendor to create the Minnesota actual acquisition cost (MNAAC) for prescription drugs through a periodic survey of pharmacy providers enrolled with DHS to dispense outpatient prescription drugs. Includes the use of the MNAAC for purposes of determining prescription drug payment rates under MA. Makes the section effective the later of January 1, 2027, or upon federal approval.

6 Grounds for sanctions.

Amends § 256B.064, subd. 1a, as amended. Provides that the commissioner of human services may impose sanctions against a pharmacy provider for failing to respond to the MNAAC survey. Makes the section effective the later of January 1, 2027, or upon federal approval.

7 Prescription drugs.

Amends § 256B.69, subd. 6d. Requires that MA managed care plans (including county-based purchasing plans) enter into a contract with the state's single pharmacy benefit manager (PBM), as established under this act, to administer pharmacy benefits for their MA enrollees.

8 Directed pharmacy dispensing payment.

Adds a subdivision to § 256B.69. Establishes a pharmacy dispensing payment of \$4.50 per filled prescription under the MA program to eligible outpatient retail pharmacies in Minnesota for MA through plan year 2026. Requires that managed care plans and county-based purchasing plans, and any PBMs under contract with these entities, must pay the dispensing payment for drugs dispensed to MA enrollees.

9 Prescription drugs; state pharmacy benefit manager.

Establishes § 256B.696. Directs the commissioner of human services to use a competitive procurement process to select and contract with a single PBM to process all outpatient pharmacy claims for MA enrollees in managed care plans (including county-based purchasing plans).

Makes the section effective the later of January 1, 2027, or upon federal approval; except that the requirement to seek federal approval to implement the section is effective immediately.

Article 5: Office of Emergency Medical Services

This article modifies a grant program to reimburse ambulance services for ambulance attendant education costs and establishes a rural EMS uncompensated care pool payment program, an

ambulance service training and staffing grant program, and an ambulance operating deficit grant program.

Section Description - Article 5: Office of Emergency Medical Services

1 Reimbursement to ambulance services for education costs.

Amends § 144E.35. Modifies a program to reimburse ambulance services for certain initial education and continuing education costs, by:

- modifying eligibility for reimbursement from ambulance services staffed with volunteers to all ambulance services that apply for reimbursement and that responded to 5,000 or fewer calls in the most recent calendar year;
- allowing ambulance services to obtain reimbursement for initial EMR education courses and EMR continuing education courses, in addition to initial EMT education courses and EMT continuing education courses as in current law, and setting maximum reimbursement amounts for EMR courses;
- increasing the maximum reimbursement amounts for EMT initial and continuing education courses; and
- removing the requirement that reimbursement must be for training costs of volunteers.

A new subdivision 3 provides if the state cannot meet its financial obligations under this section, the director must discontinue reimbursement under this section until the state is again able to meet its financial obligations.

2 Rural EMS uncompensated care pool payment program.

Adds § 144E.55. Establishes a rural EMS uncompensated care pool payment program at the Office of Emergency Medical Services. Specifies the application process, identifies EMS responses used for purposes of calculating payments to ambulance services, establishes the method used to calculate payments, and requires payments to be made to ambulance services by May 30 each year.

Subd. 1. Definitions. Defines terms for this section: eligible licensee, public safety answering point.

Subd. 2. Payment program established. Requires the director of the Office of Emergency Medical Services to establish and administer the payment program.

Subd. 3. Excluded responses. In calculating payments under the program, requires the director to exclude EMS responses by specialized life support.

Subd. 4. Application process. Requires an eligible licensee seeking a payment under this program to apply to the director by March 31 each year; requires the

Section Description - Article 5: Office of Emergency Medical Services

application to include the number of the eligible licensee's EMS responses that meet specified criteria; and provides related licensees must be treated as a single eligible licensee.

Subd. 5. Eligible EMS responses. Lists criteria that must be met for an EMS response to be considered an eligible response for purposes of payment calculations under subdivision 6: the EMS response was initially received by a public safety answering point; an ambulance responded to the scene and was not canceled while en route; the ambulance did not transport anyone to an emergency department; the ambulance service did not receive payment for the response from any source; and the response was initiated between January 1 and December 31 of the year before the year of application.

Subd. 6. Calculations. Specifies the number of points the director must award for the specified ranges of EMS responses, and specifies how the director must calculate payments for each eligible licensee.

Subd. 7. Payment. Requires the director to certify the payment amount for each eligible licensee and to make the full payment to each eligible licensee by May 30 each year.

3 Ambulance service training and staffing grant program.

Directs the director of the Office of Emergency Medical Services to establish and administer an ambulance service training and staffing grant program to provide grants to eligible ambulance services for certain costs to train ambulance service employees as emergency medical technicians (EMTs).

Subd. 1. Definition. Defines director, emergency medical technician, and employee for this section.

Subd. 2. Grant program. Requires the director to establish and administer a program to award grants to eligible ambulance services for certain costs to train ambulance service employees as EMTs.

Subd. 3. Eligible ambulance services. To be eligible for a grant, requires an ambulance service to be licensed under Minnesota Statutes, chapter 144E, and in the year prior to the year in which the ambulance service first applies for a grant, to have had at least 50 percent of its staffing provided by EMTs.

Subd. 4. Application. Requires an eligible ambulance service seeking a grant to apply in a manner specified by the director and lists information that must be included in its application.

Section Description - Article 5: Office of Emergency Medical Services

Subd. 5. Allowable uses of grant money; maximum grant amount. Lists allowable uses of grant money: tuition for EMT education programs, fees for EMT certification examinations, background study fees, and incurred wage and benefit costs for employees attending an EMT education program or related activities. Prohibits an ambulance service's grant award from exceeding the amount needed to cover the ambulance service's allowable uses.

Subd. 6. Grant program oversight. Requires an ambulance service receiving a grant to provide the director with the information needed to administer and evaluate the grant program.

4 Ambulance operating deficit grant program.

Establishes an ambulance operating deficit grant program at the Office of Emergency Medical Services and specifies requirements for eligible applicants, calculations of grant awards, and allowable uses of grant funds.

Subd. 1. Definitions. Defines terms for this section: capital expenses, director, eligible applicant or eligible licensee, government licensee, insurance revenue, licensee, operating deficit, operational expenses, other revenue.

Subd. 2. Program establishment. Establishes an ambulance operating deficit grant program, in which grants are awarded to address the operating deficits of eligible applicants.

Subd. 3. Licensee providing specialized life support services excluded. Provides that licensees providing specialized life support services are not eligible for grants under this section.

Subd. 4. Other licensees excluded. Provides licensees whose primary service areas are located mostly within a metropolitan county (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington) or within the cities of Duluth, Mankato, St. Cloud, or Rochester are not eligible for grants under this section.

Subd. 5. Application process. Allows eligible licensees to apply to the director for a grant, and requires grant applications from government licensees to be accompanied by a resolution of support from the governing body.

Subd. 6. Director calculations. Provides the director may award grants only to applicants who provide verifiable evidence of an operating deficit in the last completed fiscal year for which data was provided to the director. Allows the director to audit financial data provided, and prohibits a grant award from being more than five percent more than a previous grant without special permission from the director.

Section	Description - Article 5: Office of Emergency Medical Services
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Subd. 7. Grant awards; limitations. Allows grants to be proportionally distributed based on money available; directs the director to award grants in fiscal years 2026 and 2027; prohibits the total amount awarded from exceeding the amount appropriated for this section; and prohibits the director from awarding grants that exceed the amount of the grant recipient's most recent, verified operating deficit.

Subd. 8. Eligible expenditures. Requires grant recipients to spend grant money on operational expenses and capital expenses incurred to provide ambulance services.

Subd. 9. Report. By February 15, 2026, and February 15, 2027, requires the director to report to the chairs and ranking minority members of the legislative committees with jurisdiction over health finance and policy on the number and amount of grants awarded under this section and how grant recipients used the grant funds.

Article 6: Health Policy

This article removes obsolete language from statutes governing environmental laboratories, makes changes to the laws governing maternal death studies and collaborative agreements between physician assistants and physicians, and modifies the scope of practice for optometrists.

Section	Description - Article 6: Health Policy
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| 1 | <p>Exemption from national standards for quality control and personnel requirements.
Amends § 144.98, subd. 8. Strikes an obsolete date in a subdivision on exemptions from national quality control and personnel standards for environmental laboratories.</p> |
| 2 | <p>Exemption from national standards for proficiency testing frequency.
Amends § 144.98, subd. 9. Strikes an obsolete date in a subdivision on exemptions from national proficiency testing frequency standards for environmental laboratories.</p> |
| 3 | <p>Purpose.
Amends § 145.901, subd. 1. Requires, rather than permits, the commissioner of health to conduct maternal death studies for the purposes of assisting the planning, implementation, and evaluation of medical, health, and welfare service systems and</p> |

Section Description - Article 6: Health Policy

reducing the number of preventable maternal deaths in the state. Requires these studies to be conducted within the limits of available funding.

4 Qualifications for licensure.

Amends § 147A.02. Modifies requirements for collaborative practice agreements for physician assistants eligible for licensure. It removes the requirement for the agreement to be a collaborative arrangement and allows the agreement to be with one or more physicians licensed in any state or territory, rather than only physicians licensed in Minnesota. Also removes the requirement for the collaborative agreement to designate the scope of services the PA may provide, and instead requires the agreement to designate the scope of collaboration necessary to manage patient care.

5 Optometry defined.

Amends § 148.56, subd. 1. Modifies optometrist scope of practice as follows:

Under prior law, optometrists were not permitted to administer legend drugs intramuscularly or by injection, except to treat anaphylaxis. The amendment to para. (b), cl. (1), allows optometrists to administer legend drugs by injection but prohibits intraocular injections (injections directly into the eye), sub-Tenon injections (injections into the space between the white of the eye and the membrane that lines the eye socket), injections posterior to the orbital septum (injections behind the tissue that separates the eyelid from the orbital cavity), or intramuscular injections (injections into a muscle) except as permitted under para. (d).

Under prior law, optometrists were not permitted to administer or prescribe oral steroids. The amendments to para. (b), cl. (3) and (4), allow optometrists to administer or prescribe oral steroids for up to 14 days; a physician consultation is required in order to administer or prescribe oral steroids for more than 14 days.

Under prior law, optometrists were not permitted to prescribe or administer oral antivirals for more than ten days or to prescribe or administer oral carbonic anhydrase inhibitors (medications for glaucoma and other diseases) for more than seven days. The amendments to para. (b), cl. (4) and (5), allow optometrists to prescribe or administer oral antivirals and oral carbonic anhydrase inhibitors without a limit on the number of days.

Para. (c) prohibits optometrists from administering anesthetics by injection but allows optometrists to administer local anesthesia by injection to excise nonrecurrent chalazia (swelling on the eyelid caused by a blocked oil gland) and to excise a single epidermal lesion that meets certain criteria.

Para. (d) allows optometrists to inject Botulinum toxin.

Section	Description - Article 6: Health Policy
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6 Injections.

Adds subd. 1a to § 148.56. In order to perform permitted injections, requires an optometrist to obtain approval from the Board of Optometry after demonstrating the optometrist has sufficient educational or clinical training to perform injections.
Provides this subdivision does not apply to injections to treat anaphylaxis.

Article 7: Minnesota Health and Education Facilities Authority

This article expands the existing Higher Education Facilities Authority to allow it to also provide capital financing to nonprofit health care organizations, renames the authority the Minnesota Health and Education Facilities Authority, increases the cap on aggregate outstanding bonds to \$5,000,000,000, and allocates \$2,250,000,000 for higher education projects and \$2,750,000,000 for health care projects.

Section	Description - Article 7: Minnesota Health and Education Facilities Authority
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1 Definitions.

Amends § 3.732, subd. 1. Changes the name of the authority to conform with its name change in chapter 136A.

2 Public official.

Amends § 10A.01, subd. 35. Changes the name of the authority to conform with its name change in chapter 136A.

3 Creation.

Amends § 136A.25. Changes the name of the authority from the Minnesota Higher Education Facilities Authority to the Minnesota Health and Education Facilities Authority to reflect its expanded role.

4 Memberships; officers; compensation; removal.

Amends § 136A.26. Expands the size of the authority's board of directors from eight to nine members and provides the additional member must be affiliated with a health care organization. Makes the CEO of an association of nonprofit health care organizations a nonvoting, advisory member of the authority.

5 Policy.

Amends § 136A.27. Amends this section to reflect the expanded role of the authority.

Section	Description - Article 7: Minnesota Health and Education Facilities Authority
6	<p>Definitions.</p> <p>Amends § 136A.28. Adds new definitions for affiliate, health care organization, education facility, and health care facility. Amends the current definition of project. Makes other conforming changes to the definitions section.</p>
7	<p>Purpose.</p> <p>Amends § 136A.29, subd. 1. Makes conforming changes to reflect the expanded role of the authority.</p>
8	<p>Employees; office space.</p> <p>Amends § 136A.29, subd. 3. Strikes language specifying authority employees must be provided retirement and other benefits like those of Office of Higher Education employees in the unclassified service. Authorizes the authority to maintain an office space of its choosing.</p>
9	<p>Projects; generally.</p> <p>Amends § 136A.29, subd. 6. Requires authority-funded health care facility projects to comply with state laws regarding the construction or modification of health care facilities.</p>
10	<p>Revenue bonds; limit.</p> <p>Amends § 136A.29, subd. 9. Increases the total value of outstanding bonds the authority may issue from \$2,000,000,000 to \$5,000,000,000, and allocates \$2,250,000,000 to fund higher education projects and \$2,750,000,000 to fund health care projects.</p>
11	<p>Revenue bonds; issuance, purpose, conditions.</p> <p>Amends § 136A.29, subd. 10. Makes conforming changes to reflect the expanded role of the authority.</p>
12	<p>Rules for use of projects.</p> <p>Amends § 136A.29, subd. 14. Makes conforming changes to reflect the expanded role of the authority.</p>
13	<p>Surety.</p> <p>Amends § 136A.29, subd. 19. Makes a grammatical change and a grammatical correction.</p>
14	<p>Sale, lease, and disposal of property.</p> <p>Amends § 136A.29, subd. 20. Makes grammatical changes.</p>

Section	Description - Article 7: Minnesota Health and Education Facilities Authority
15	Loans. Amends § 136A.29, subd. 21. Makes conforming changes to reflect the expanded role of the authority.
16	Costs, expenses, and other charges. Amends § 136A.29, subd. 22. Clarifies the authority's ability to charge participating institutions for the authority's administrative expenses.
17	Determination of affiliate status. Adds subd. 24 to § 136A.29. Empowers the authority to determine whether an entity meets the new definition of affiliate that applies to this section.
18	Bonds; generally. Amends § 136A.32, subd. 1. Adds a new requirement that, before issuing bonds to finance a health care facility, the authority must obtain consent from the city or town where the facility will be located.
19	Provisions of resolution authorizing bonds. Amends § 136A.32, subd. 4. Clarifies that the authority may contract with multiple entities to secure payment of revenue bonds. Makes grammatical changes.
20	Health care certification. Adds subd. 4a to § 136A.32. Requires a health care organization to affirm that, while authority financing for its project remains outstanding, it will not use bond proceeds to benefit any private party or private equity-funded entity.
21	Trust agreement. Amends § 136A.33. Makes grammatical changes.
22	Investment. Amends § 136A.34, subd. 3. Allows the authority to invest escrowed bond proceeds in money market funds that invest solely in federally guaranteed debt obligations.
23	Additional purpose; improvements. Amends § 136A.34, subd. 4. Makes a clarifying change. Section 136A.32, subdivision 7, permits bond proceeds to be deposited in time deposits or invested in repurchase agreements of certain banks.

Section	Description - Article 7: Minnesota Health and Education Facilities Authority
24	Revenues. Amends § 136A.36. Allows the authority to charge different rates, rents, fees, and charges for education projects than for health care projects. Makes grammatical and conforming changes.
25	Bonds eligible for investment. Amends § 136A.38. Makes grammatical changes.
26	Conflict of interest. Amends § 136A.41. Makes conforming changes to reflect the expanded role of the authority.
27	Annual report. Amends § 136A.42. Requires the authority's annual report to be sent to the Minnesota Historical Society and the Legislative Reference Library, instead of to the Office of Higher Education.
28	Authorization. Amends § 136F.67, subd. 1. Changes the name of the authority to conform with its name change in chapter 136A.
29	Employing unit. Amends § 354B.20, subd. 7. Changes the name of the authority to conform with its name change in chapter 136A.
30	Revisor instruction. Instructs the revisor to recodify statutes concerning the authority into a new statutory chapter, 15D, which is proximate to other chapters regarding state finance.
31	Repealer. Repeals section 136A.29, subdivision 4, which allows the authority to colocate and share staff with the Office of Higher Education.

Article 8: Human Services Health Care Finance

This article makes changes to the medical assistance (MA) and MinnesotaCare programs, including but not limited to extending the use of audio-only telehealth, establishing a uniform nonemergency medical transportation (NEMT) program, modifying requirements related to the move toward contracting with a single dental administrator, modifying coverage of specified services, and establishing a county-administered rural medical assistance (CARMA) program.

This article establishes two new assessments on health care providers. The new assessment on hospitals funds a directed payment program for hospitals and the new assessment on managed care organizations funds increases in MA payment rates for mental health services. The article also includes a provision that repeals the state’s authority to seek federal approval to implement a public option.

Section	Description - Article 8: Human Services Health Care Finance
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1	Definitions.
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	Amends § 62A.673. Extends health plan coverage of audio-only telehealth until July 1, 2027.
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2	Effect of change in prior authorization clinical criteria.
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	Amends § 62M.17, subd. 2. Makes technical changes to statute governing prior authorization under MA and MinnesotaCare.
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3	Other standards; wheelchair securement; protected transport.
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	Amends § 174.30, subd. 3. Makes a conforming change related to establishing a uniform nonemergency medical transportation (NEMT) program for MA.
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4	Hospital assessment.
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	Adds a subdivision to § 256.9657. Establishes an assessment on hospitals in the state as part of the hospital directed payment program established under this act. Specifies how the assessment applies and how it is calculated and collected.
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5	Alternate inpatient payment rate.
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	Amends § 256.969, subd. 2f. Establishes an alternate inpatient payment rate for disproportionate share payments for hospitals eligible to receive specified directed payments under statute.
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6	Contingent contract with dental administrator.
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	Amends § 256B.0371, subd. 3. Paragraph (a) extends the date – to January 1, 2028 – by which the commissioner of human services must contract with a dental administrator to administer dental services for recipients of MA and MinnesotaCare who are served under fee-for-service or through managed care plans (excepting county-based purchasing plans).
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	Paragraph (c) provides that the dental administrator’s payments to dental providers must be based on rates recommended by the dental access working group established under this act, provided the recommended rates are established in law by July 1, 2027. Paragraph (e) provides that the contract with the dental administrator must include performance benchmarks, accountability measures, and progress rewards based on recommendations from the dental access working group.
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Section Description - Article 8: Human Services Health Care Finance

- Paragraph (f) allows the commissioner to extend the implementation contract for the single dental administrator up to three years from the date of execution and contract with the same contractor as the single dental administrator for up to five years, beginning in 2028.
- 7 **Limitation on services.**
Amends § 256B.05, subd. 12. Directs the commissioner of human services to place limits, with respect to emergency transportation and NEMT, on the types of services covered by MA, the frequency with which same or similar services can be covered by MA for an individual, and the amount MA pays for each service. Makes the limits effective July 1, 2026, for MA fee-for-service and January 1, 2027, for MA managed care.
- 8 **Competitive bidding.**
Amends § 256B.04, subd. 14. Provides that the commissioner may use competitive bidding and negotiation to obtain NEMT services for the MA program. Makes the change effective July 1, 2026, for MA fee-for-service and January 1, 2027, for MA managed care.
- 9 **Telehealth services.**
Amends § 256B.0625, subd. 3b. Extends the use of audio-only telehealth for MA and MinnesotaCare enrollees until July 1, 2027.
- 10 **Physical therapy.**
Amends § 256B.0625, subd. 8. Provides that MA coverage for physical therapy and related services is limited to 14 visits per year unless prior authorization of a greater number of visits is obtained.

Makes the section effective the later of January 1, 2026, or upon federal approval.
- 11 **Occupational therapy.**
Amends § 256B.0625, subd. 8a. Provides that MA coverage for occupational therapy and related services is limited to 24 visits per year unless prior authorization of a greater number of visits is obtained.

Makes the section effective the later of January 1, 2026, or upon federal approval.
- 12 **Chiropractic services.**
Amends § 256B.0625, subd. 8e. Provides that MA only covers visits for chiropractic services for individuals under the age of 21 years and limits the coverage to one annual evaluation and 24 visits per year, unless prior authorization of a greater number of visits is obtained.

Section Description - Article 8: Human Services Health Care Finance

Makes the section effective the later of January 1, 2026, or upon federal approval.

13 Transportation costs.

Amends § 256B.0625, subd. 17. Makes changes related to MA coverage of NEMT to conform with the new requirement for the commissioner to contract either statewide or regionally for the administration of NEMT under MA. Specifies various requirements with which the administrative agency of NEMT must comply.

Makes the various requirements effective July 1, 2026, for MA fee-for-service and January 1, 2027, for MA managed care.

14 Administration of nonemergency medical transportation.

Adds a subdivision to § 256B.0625. Makes changes related to MA coverage of NEMT to conform with the new requirement for the commissioner to contract either statewide or regionally for the administration of NEMT under MA. Specifies various requirements with which the administrative agency of NEMT must comply.

Makes the various requirements effective July 1, 2026, for MA fee-for-service and January 1, 2027, for MA managed care.

15 Other clinic services.

Amends § 256B.0625, subd. 30. Paragraph (l), clause (13), gives direction to the commissioner of human services regarding establishing rates for federally qualified health centers (FQHC) and rural health clinics that have merged with an existing clinic or have been acquired by an existing clinic. Paragraph (n) specifies limitations to FQHC reimbursement for mental health targeted case management services, and paragraph (o) provides that counties contracting with FQHCs for mental health targeted case management services remain responsible for the nonfederal share of the cost of the provided services.

16 Services provided in birth centers.

Amends § 256B.0625, subd. 54. Modifies the MA rate for facility services provided by a birth center. Directs the commissioner of human services to develop revisions to current payment practices for licensed health professionals working in birth centers in order to ensure they receive reimbursement for the full range of maternity care and newborn care services provided. Requires that managed care organizations and county-based purchasing plans reimburse birth centers and licensed health professionals working in the centers at no less than the MA fee for service rate.

Makes the section effective the later of January 1, 2026, or upon federal approval.

Section Description - Article 8: Human Services Health Care Finance

17 Home birth.

Adds a subdivision to § 256B.0625. Establishes a definition of “home birth” for purposes of MA and provides that MA covers home birth under specified conditions.

Makes the section effective the later of January 1, 2026, or upon federal approval.

18 Payments.

Amends § 256B.0757, subd. 5. Makes a conforming change, effective the later of January 1, 2026, or upon federal approval, related to the change in MA reimbursement rates for behavioral health home services under this act.

19 Payments for behavioral health home services.

Adds a subdivision to § 256B.0757. Provides that the commissioner of human services must implement a single statewide reimbursement of no less than \$425 per member per month for behavioral health home services under MA. Requires that managed care organizations and county-based purchasing plans reimburse for the same services at no less than the MA fee for service rate.

Makes the section effective the later of January 1, 2026, or upon federal approval of specified provisions.

20 Commissioner’s duties; state-directed fee schedule requirement.

Amends § 256B.1973, subd. 5. Modifies a requirement for the existing directed payment program for Hennepin Healthcare System.

21 Interaction with other directed payments.

Adds a subdivision to § 256B.1973. Provides that Hennepin Healthcare System may participate in the hospital directed payment program established under this act, in addition to its existing directed payment arrangement.

Makes the section effective the later of January 1, 2026, or upon federal approval of specified provisions.

22 Hospital directed payment program.

Establishes § 256B.1974. Establishes a statewide hospital directed payment program and specifies requirements for hospital and health plan involvement in the program.

Makes the section effective the later of January 1, 2026, or upon federal approval of specified provisions.

23 Hospital directed payment program account.

Establishes § 256B.1975. Creates a hospital directed payment program account in the special revenue fund in the state treasury. Provides that the commissioner of human

Section Description - Article 8: Human Services Health Care Finance

services must report to the legislature by January 15 each year (beginning in 2027) on the activities and uses of money in the account.

Makes the section effective the later of January 1, 2026, or upon federal approval of specified provisions.

24 County authority.

Amends § 256B.69, subd. 3a. Makes conforming changes related to establishment of the county-administered rural medical assistance (CARMA) program under this act.

25 County-administered rural medical assistance (CARMA) program.

Establishes § 256B.695. Establishes a CARMA program to provide an alternative to the prepaid medical assistance program (PMAP). Allows a county or group of counties to administer CARMA for any individuals as an alternative to other MA or MinnesotaCare programs. Specifies eligibility for CARMA programs and identifies the benefits and services that must be covered under CARMA.

Makes the section effective the later of January 1, 2027, or upon federal approval.

26 Physician and professional services reimbursement adjustments.

Amends § 256B.76, subd. 1. Makes a conforming change related to the changes made to MA rates for home birth services under this act.

Makes the section effective the later of January 1, 2026, or upon federal approval.

27 Certain long-term ambulatory electrocardiogram monitoring services.

Adds a subdivision to § 256B.76. Defines “long-term ambulatory electrocardiogram monitoring services” and provides MA coverage for the services.

Makes the section effective the later of January 1, 2026, or upon federal approval.

28 Medicare relative value units.

Amends § 256B.76, subd. 6. Increases the MA rate for specified mental health services to 100 percent of the Medicare Physician Fee Schedule.

Makes the section effective the later of January 1, 2026, or upon federal approval of specified provisions.

29 Reimbursement for mental health services.

Amends § 256B.761. Directs the commissioner of human services to establish and pay market-based payment rates under MA for specified mental health services. Establishes a lower bound for the payment rates. Requires that managed care organizations and county-based purchasing plans reimburse for the same services at

Section Description - Article 8: Human Services Health Care Finance

no less than the MA fee for service rate. Provides that the rates do not apply to FQHCs, rural health centers, Indian health services, certified community behavioral health clinics, or to cost-based rates or rates that are negotiated with a county.

Makes the section effective the later of January 1, 2026, or upon federal approval of specified provisions.

30 Reimbursement for basic care services.

Amends § 256B.766. Requires that the MA payment rate for phototherapy services provided to newborns in a home setting include a \$520 service fee and the daily rental rate for necessary medical equipment. Directs the commissioner of human services to annually adjust the service fee for inflation.

31 Chiropractic services.

Amends § 256L.03, subd. 3b. Provides that MinnesotaCare only covers chiropractic services for individuals over the age of 21 years.

Makes the section effective the later of January 1, 2026, or upon federal approval.

32 Gross revenues.

Amends § 295.50, subd. 3. Modifies the definition of “gross revenues” for purposes of health care provider taxes.

Makes the section effective for gross revenues received after June 30, 2025.

33 Managed care organization assessment.

Establishes § 295.525. Establishes an assessment on managed care organizations in the state to fund the increases in MA payments for mental health services included in this act. Specifies how the assessment applies and how it is calculated and collected.

34 Contingent funding related to dental administrator.

Amends Laws 2021, First Special Session chapter 7, article 1, section 39. Provides that contingency funding that was provided to DHS for the 2026-2027 biennium for the contract with a dental administrator is available for the 2028-2029 biennium instead.

35 Implementation of hospital assessment and directed payment program.

Directs the commissioner of human services to immediately begin the work necessary to implement the hospital assessment and directed payment program established under this act and to seek federal approval for both. Provides that the commissioner must work in consultation with the Minnesota Hospital Association on the request for federal approval and make the request available to the public at least 15 days before submitting it to the federal government.

Section Description - Article 8: Human Services Health Care Finance

36 Dental access working group.

Establishes a working group as part of the Dental Services Advisory Committee to make recommendations to DHS on contracting with a single dental administrator. Provides that the working group expires on January 1, 2028.

37 Request for federal waiver.

Directs the commissioner of human services to seek the federal approval necessary to implement the CARMA program. Provides that any part of the CARMA program that does not require federal approval must be effective as specified in state law.

38 County-administered rural medical assistance program implementation costs.

Provides that up to \$500,000 of the nonfederal share of the Department of Human Service's costs for implementation of the CARMA program must be paid, via intergovernmental fund transfer, to the commissioner of human services by each county or group of counties seeking to administer a CARMA program.

39 Medical assistance coverage of traditional health care practices.

Directs the commissioner of human services, in consultation with Tribes, Tribal organizations, and urban Indian organizations, to apply to CMS for a waiver to allow MA to cover traditional health care practices that MA enrollees receive from specified facilities. Requires that the commissioner submit the application by October 1, 2025. Makes the section effective the later of January 1, 2026, or upon federal approval of the waiver.

40 Direction to commissioner of human services; enhanced federal reimbursement for family planning services in medical assistance.

Directs the commissioner of human services to make the systems modifications necessary to claim enhanced federal reimbursement for family planning services provided under MA.

41 Budget neutrality; rate adjustments.

Directs the commissioner of human services to monitor the forecasted costs to MA and MinnesotaCare attributable to the increased payment rates for mental health services under this act and the revenue from the MCO assessment established under this act and make adjustment to the payment rates so as to not exceed the revenue from the MCO assessment.

42 Federal approval; waivers.

Directs the commissioner of human services to request federal approval for the MCO assessment established under this act.

Section	Description - Article 8: Human Services Health Care Finance
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43 Repealer.

Paragraph (a) repeals the commissioner of commerce's authority to submit a 1332 waiver application to the federal government and, upon receipt of the waiver and enactment of any necessary state legislation, to implement a public option in the state.

Paragraph (b) repeals provisions related to uniform administration of NEMT under MA. Makes the paragraph effective July 1, 2026, for MA fee-for-service and January 1, 2027, for MA managed care.

Paragraph (c) repeals the requirement that makes MA payment rates for mental health services provided by masters-prepared mental health professionals lower than the payment rates for doctoral-prepared professionals. Makes the paragraph effective the later of January 1, 2026, or upon federal approval.

Article 9: Economic Supports

This article contains changes to electronic benefits transfer contracting and procurement requirements and the named food shelf grantee, and provides grants for prepared meals food relief and regional food banks.

Section	Description - Article 9: Economic Supports
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1 Electronic benefits transfer (EBT); contracting and procurement.

Amends § 142A.03, by adding subd. 35. Exempts the commissioner from the contract term limits for the issuance of public benefits through an EBT system and related services. Allows these contracts to have up to an initial five-year term, with extensions not to exceed a ten-year total contract duration. Generally, under current law, contracts and amendments must not exceed five years without specific, written approval by the commissioner of administration.

2 Food shelf.

Amends § 142F.14. Changes the food shelf program grantee from Hunger Solutions to The Food Group due to the merger of those two organizations.

Provides an immediate effective date.

3 Prepared meals food relief grants.

Requires the commissioner of children, youth, and families to establish a prepared meals grant program to provide hunger relief to Minnesotans experiencing food insecurity and who have difficulty preparing meals due to limited mobility, disability,

Section Description - Article 9: Economic Supports

or limited resources. Describes eligible grantees, establishes the application process, establishes allowable uses of grant funds, lists commissioner's duties in determining eligible grantees, requires grantees to report to the commissioner on the use of grant money received, and requires any ineligible expenditures made by a grantee to be repaid to the commissioner and deposited into the general fund.

4 Regional food bank grants.

Establishes regional food bank grants.

Subd. 1. Establishment. Requires the commissioner of children, youth, and families to establish regional food bank grants to increase the availability of food to individuals and families in need.

Subd. 2. Distribution of appropriation. Requires the commissioner to distribute regional food bank grants to regional food banks and federally recognized Tribes. Specifies how grants must be distributed and allows the commissioner to increase or decrease a qualifying recipient's proportionate amount if the commissioner determines the increase or decrease is necessary to meet community needs. Requires food banks and Tribes to be in compliance with federal The Emergency Food Assistance Program (TEFAP) regulations in order to receive a grant under this section.

Subd. 3. Allowable uses of funds. Requires funds distributed under this section to be used by food banks to purchase, transport, and coordinate the distribution of food to TEFAP providers. Requires funds distributed under this section to be used by Tribes to purchase, transport, and coordinate the distribution of food to individuals and families in need. Also allows these funds to be used to purchase personal hygiene products. Requires grant funds to cover the handling and delivery fees typically paid by food shelves to food banks to ensure costs are not incurred at the local level. Prohibits grant funds from being used for food bank administrative costs.

Subd. 4. Reporting. Requires grantees to: (1) retain records documenting expenditure of the money and to comply with any additional documentation requirements imposed by the commissioner; and (2) report on use of the money received.

Subd. 5. Ineligible expenditures. Requires any ineligible expenditures made by a food bank or Minnesota Tribal government to be repaid to the commissioner and deposited into the general fund.

Article 10: Child Protection and Welfare Policy

This article makes changes related to relative foster care and modifies the definition of neglect for purposes of child maltreatment reporting, to address continued hospital stays for children with mental, physical, or emotional conditions who cannot return home but for whom necessary services are not available. The article also makes changes to child welfare investigations and the appeal of agency decisions related to maltreatment that occurred in another state, and contains provisions from the Department of Children, Youth, and Families policy bill related to inquiries into a child's heritage, extended foster care, reestablishment of parental rights, noncaregiver human trafficking response, and reporting requirements for school attendance concerns.

Section	Description - Article 10: Child Protection and Welfare Policy
1	<p>Individual who is related.</p> <p>Amends § 142B.01, subd. 15. Specifies that for purposes of family child foster care, "individual who is related" includes an important friend of the child or of the child's parent or custodian.</p>
2	<p>Foster care by an individual who is related to a child; license required.</p> <p>Amends § 142B.05, subd. 3. Adds paragraph (c), specifying that only the individual related to the child must be licensed, if the individual has a domestic partner but is not married. Specifies that background studies on household members are required.</p>
3	<p>Training on risk of sudden unexpected infant death and abusive head trauma for child foster care providers.</p> <p>Amends § 142B.47. Exempts individuals related to a child from completing training under this section before caring for the child; requires training to be completed within 30 days of foster care licensure.</p> <p>Makes section effective January 1, 2026.</p>
4	<p>Child passenger restraint systems; training requirement.</p> <p>Amends § 142B.51, subd. 2. Adds paragraph (f), requiring a relative foster caregiver to complete training under this section within 30 days of foster care licensure, rather than before caring for the child.</p> <p>Makes section effective January 1, 2026.</p>
5	<p>Child foster care training requirement; mental health training; fetal alcohol spectrum disorders training.</p> <p>Amends § 142B.80. Exempts relative foster care license holders who only serve a child who does not have a fetal alcohol spectrum disorder (FASD) from annual FASD training requirement.</p>

Section Description - Article 10: Child Protection and Welfare Policy

- Makes section effective January 1, 2026.
- 6 **Child foster care training; relative caregivers.**
Proposes coding for § 142B.81. Exempts relative child foster care license holders who only care for relative children from training requirements in rules, and instead requires them to complete at least six hours of in-service training annually, in specified subjects. Requires license holders to consult with the licensing agency regarding which training subjects to complete.

Makes section effective January 1, 2026.
- 7 **Relative.**
Amends § 245C.02 by adding subd. 16b. Defines “relative” for purposes of human services background studies under chapter 245C.
- 8 **Judicial review.**
Amends § 256.045, subd. 7. Clarifies how to appeal an agency decision to the district court when the maltreatment occurred in another state.
- 9 **Noncustodial parents; relative placement.**
Amends § 260.65. Makes technical clarifying changes.
- 10 **Emergency removal or placement permitted.**
Amends § 260.66, subd. 1. Makes technical correction.
- 11 **Establishment and duties.**
Amends § 260.691. Adds language to the Minnesota African American Family Preservation and Child Welfare Disproportionality Act to establish the African American Child and Family Well-Being Advisory Council for the Department of Children, Youth, and Families. The African American Child Well-Being Advisory Council was given duties in the Act in 2024. Removes duty to assist the Cultural and Ethnic Communities Leadership Council.
- 12 **African American Child and Family Well-Being Unit.**
Amends § 260.692. Updates terminology to include “family.”
- 13 **Juvenile protection proceedings.**
Amends § 260C.001, subd. 2. Adds inquiring about a child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity to activities listed for ensuring appropriate permanency planning for children in foster care.

Section Description - Article 10: Child Protection and Welfare Policy

14 Habitual truant.

Amends § 260C.007, subd. 19. Modifies the definition of “habitual truant” to limit it to children between the ages of 12 and 18 rather than any child under age 17. Removes elementary school language. Adds language to align habitual truant definition with legal presumption in another section of chapter 260C.

15 Who may file; required form.

Amends § 260C.141, subd. 1. For a CHIPS petition, adds requirement to include a statement of whether the petitioner has inquired about the child’s heritage, including the child's Tribal lineage, and their race, culture, and ethnicity.

16 Identifying parents of child; diligent efforts; data.

Amends § 260C.150, subd. 3. Adds requirement for the responsible social services agency to inquire about a child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity.

17 Hearing and release requirements.

Amends § 260C.178, subd. 1. Requires the court, if ordering a child into foster care, to inquire about a child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity, and the responsible social services agency’s initial relative search efforts.

18 Dispositions.

Amends § 260C.201, subd. 1, as amended by Laws 2025, chapter 38, article 8, section 75. Requires the court to inquire about a child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity when making a foster care placement of a child whose legal custody has been transferred to a responsible social services agency or a child-placing agency.

19 Written findings.

Amends § 260C.201, subd. 2, as amended by Laws 2025, chapter 38, article 8, section 76. Requires the court’s findings to include a description of the responsible social services agency’s efforts to inquire about a child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity.

20 Court review for a child placed in foster care.

Amends § 260C.202, subd. 2. Removes annual review for a child in extended foster care; moves language to new subdivision.

21 Court review prior to the 18th birthday of a child in foster care.

Amends § 260C.202 by adding subd. 3. Requires the court to conduct a review during the 90-day period prior to the 18th birthday of a child in foster care. Requires the

Section Description - Article 10: Child Protection and Welfare Policy

responsible social services agency to file a written report with the court as part of the review; specifies what the report must include. Requires the agency to inform the child and other parties of these requirements and their right to request a hearing.

Requires the court to hold a hearing when requested, upon receiving the written agency report. Requires the court to issue an order, with or without a hearing, with findings regarding extended foster care, transition to adulthood, and reentry into extended foster care up to age 21.

22 Court reviews for a child over age 18 in foster care.

Amends § 260C.202 by adding subd. 4. Moves extended foster care annual review language to new subdivision.

23 Permanency progress review for children in foster care for six months.

Amends § 260C.204. Before defining a foster family as a child's permanent home, requires the responsible social services agency to inquire about a child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity and requires the court to determine that reasonable or active efforts toward completing relative search requirements have been made.

24 Relative notice requirements.

Amends § 260C.221, subd. 2. Adds supportive services and foster care licensing and adoption home study requirements to subjects about which the responsible social services agency must notify relatives of children in need of protection or services.

25 Program; goals.

Amends § 260C.223, subd. 1. Modifies goals of concurrent permanency planning program to include establishing a foster parent for the child, rather than developing a group of families to work towards reunification and serve as a permanent family for children.

26 Development of guidelines and protocols.

Amends § 260C.223, subd. 2. Before making a foster family a permanent home for a child, requires the responsible social services agency to inquire about a child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity and requires the court to determine that reasonable or active efforts toward completing relative search requirements have been made.

27 Petition.

Amends § 260C.329, subd. 3. Expands individuals who may file a petition for the reestablishment of the legal parent and child relationship to include a parent whose voluntary consent to adoption was accepted by the court, under specified

Section Description - Article 10: Child Protection and Welfare Policy

- circumstances. Also modifies language to allow for a petition when a child is not currently adopted, rather than “has not been adopted.”
- 28 **Hearing.**
Amends § 260C.329, subd. 8. Makes conforming change related to adoption language change in previous section.
- 29 **Administrative or court review of placements.**
Amends § 260C.451, subd. 9. For permanency planning for foster care past age 18, adds requirement for the responsible social services agency to file a written report that contains:
- the child’s name, date of birth, race, gender, and address;
 - a written summary describing planning with the child;
 - the child’s most recent out-of-home placement plan and independent living plan;
 - a copy of the child’s 180-day transition plan; and
 - if the agency plans to transition the child to adult services, a summary of the required transition plan.
- 30 **Administrative or court review of placements.**
Amends § 260C.452, subd. 4. Replaces “green card” with “permanent resident card.”
- 31 **Neglect.**
Amends § 260E.03, subd. 15. Adds a paragraph to the definition of neglect, to specify that a child who has a mental, physical, or emotional condition must not be considered neglected under chapter 260E, solely because the child stays in an emergency department or hospital because services deemed necessary by the child's medical or mental health care professional or county case manager are not available to the child's caregiver, and the child cannot be safely discharged to the child's family.
- 32 **Reporting requirements.**
Amends § 260E.09. Requires the responsible agency to ask a maltreatment reporter if the reporter is aware of the child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity.
- 33 **Sexual abuse.**
Amends § 260E.14, subd. 2. Clarifies that the local welfare agency is the agency responsible for investigating maltreatment, including sexual abuse, that occurred in another state when the victim was a resident of Minnesota.

Section Description - Article 10: Child Protection and Welfare Policy

34 Neglect, physical abuse, or labor trafficking.

Amends § 260E.14, subd. 3. Removes the requirement for an investigation into child maltreatment, including physical abuse or neglect, to happen immediately. Clarifies that an investigation is required for a child that is a resident of the state even if the neglect or physical abuse occurred outside the state when the perpetrator is a parent, guardian, or member of the family unit.

35 General duties.

Amends § 260E.20, subd. 1. Adds noncaregiver human trafficking assessment to local welfare agency maltreatment response paths. For any assessment or investigation, requires the agency to ask the child, if age appropriate; family; or reporter about the child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity.

36 Collection of information.

Amends § 260E.20, subd. 3. Adds noncaregiver human trafficking assessment to local welfare agency maltreatment response paths.

37 Timing.

Amends § 260E.24, subd. 1. Adds noncaregiver human trafficking assessment to local welfare agency maltreatment response paths.

38 Determination after family assessment or a noncaregiver human trafficking assessment.

Amends § 260E.24, subd. 2. Adds noncaregiver human trafficking assessment to local welfare agency maltreatment response paths.

39 Reporting of school attendance concerns.

Proposes coding for § 260C.291. Establishes reporting requirements for school attendance concerns.

Subd. 1. Reports required. Requires a person mandated to report child maltreatment to immediately report if the person knows or has reason to believe that a child required to be enrolled in school has at least seven unexcused absences in the current school year and is at risk of educational neglect or truancy. Allows for voluntary reporting. Specifies that an oral report must be made immediately, followed by a written report within 72 hours. Specifies contents of report.

Subd. 2. Local welfare agency. Requires the local welfare agency or agency partner to provide a child welfare response for a report that alleges a child enrolled in school has seven or more unexcused absences. Specifies that the

Section	Description - Article 10: Child Protection and Welfare Policy
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response must offer culturally and linguistically appropriate services to address the school attendance concerns. Requires a report of educational neglect to be made if the family does not engage with services after multiple attempts and the school absences continue.

40 **Revisor instruction.**

Requires the revisor to make technical changes in sections 260C.203 and 260C.204.

Article 11: Child Protection and Welfare Finance

This article allows the commissioner of children, youth, and families to contract with specified entities to provide permanency services for children in out-of-home care, modifies Minnesota Indian Family Preservation Act (MIFPA) grant payment timelines and reporting requirements, and removes an annual cap on special focus grant awards under MIFPA. The article also allows for modification of child support redirection when in the best interest of the child, outlines requirements for modernizing the child welfare information system, and requires the commissioner to conduct a scan of out-of-school and youth programming for youth under 21 years of age.

Section	Description - Article 11: Child Protection and Welfare Finance
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1 **Duties of the commissioner.**

Amends § 142A.03, subd. 2. Allows the commissioner to contract with a licensed child-placing agency or a Minnesota Tribal social services agency to provide permanency services for children in out-of-home care whose interests would be best served by transfer of permanent legal and physical custody to a relative.

2 **Payments.**

Amends § 260.810, subd. 1. Modifies grant payment timelines under MIFPA to be quarterly, rather than requiring a quarterly report to receive payments.

3 **Reporting.**

Amends § 260.810, subd. 2. Modifies MIFPA grant reporting requirements, replacing required quarterly reports with a requirement for the commissioner to work with Tribes and urban Indian organizations to establish report requirements and timelines.

4 **Special focus grants.**

Amends § 260.821, subd. 2. Removes maximum of \$100,000 grant award for MIFPA special focus grants.

Section	Description - Article 11: Child Protection and Welfare Finance
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5	Administrative redirection of support.
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Allows the agency to stop directing child support from the obligor to a public authority who is providing services to the child and send that support to the person who has custody of the child even when the child is out of the home when it is in the best interest of the child to do so.

Makes this section effective September 1, 2025.

6	Child welfare information system.
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Directs the commissioner of children, youth, and families to acquire, implement, and configure a data-driven comprehensive child welfare information system that complies with federal and state laws and regulations. Outlines system and vendor requirements and required stakeholder consultation and procurement processes; requires progress reports to the legislature by specified times.

7	Scan of and report on out-of-school and youth programming.
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Requires the commissioner of children, youth, and families to conduct a scan of out-of-school and youth programming for youth under 21 years of age. Specifies what the scan must include, who the commissioner must collaborate with, and the goals of the scan. Requires the commissioner to submit a report to the legislature by July 1, 2026, and specifies what the report must include.

Article 12: Early Care and Learning Policy

This article changes the diaper distribution grant program from a competitive grant program to a sole-source grant and provides data classifications for information collected under the great start compensation support program, which provides payments to eligible child care programs.

Section	Description - Article 12: Early Care and Learning Policy
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1	Diaper distribution program.
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Establishes § 142A.42. Modifies the diaper distribution grant program to make it a sole-source grant to the Diaper Bank of Minnesota rather than a competitive grant program.

2	Data. [Great start compensation support payment program]
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Adds a subdivision to § 142D.21. Provides that data on great start compensation support payments made to child care programs are public, except that: (1) data that may identify a specific family or child are private; (2) data about operating expenses

Section	Description - Article 12: Early Care and Learning Policy
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or an individual's employment are private or nonpublic; and (3) data about legal nonlicensed child care providers are private or nonpublic.

Article 13: Early Care and Learning Finance

This article makes technical and substantive changes to child care licensing requirements, the child care assistance program (CCAP), and other early care and learning programs. The article includes requirements around the use of video security cameras in child care settings, changes to CCAP for the purposes of federal compliance, and new requirements for updating licensing requirements for family child care providers.

Section	Description - Article 13: Early Care and Learning Finance
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| 1 | <p>Establishment. [Office of Restorative Practices]</p> <p>Amends § 142A.76, subd. 2. Makes a technical correction to the statute establishing the Office of Restorative Practices, which is administered by the Department of Children, Youth, and Families.</p> |
| 2 | <p>Director; other staff. [Office of Restorative Practices]</p> <p>Amends § 142A.76, subd. 3. Makes a technical correction to the statute establishing the Office of Restorative Practices, which is administered by the Department of Children, Youth, and Families.</p> |
| 3 | <p>Video security cameras in child care centers.</p> <p>Establishes § 142B.68. Provides that, beginning July 1, 2026, a licensed child care center that is required to post a maltreatment investigation memorandum in its facility must have video security cameras in its facility and comply with the requirements in this section regarding retention, disposal, and dissemination of the camera recordings, access to the recordings, and notifying parents and legal guardians about the use of cameras in the facility. Centers must continue to comply with the requirements of this section for four years after the maltreatment investigation memorandum is required to be posted.</p> |
| 4 | <p>Eligible uses of money.</p> <p>Amends § 142D.23, subd. 3. Modifies the eligible uses of child care technology grants to provide that the grants may be awarded for up to \$4,000 to a licensed child care center to be used to cover the costs of video security cameras and related training.</p> |
| 5 | <p>Program components. [TEACH program]</p> <p>Amends § 142D.31, subd. 2. Paragraph (a) changes the maximum amount for a TEACH scholarship to an amount consistent with national TEACH program</p> |

Section Description - Article 13: Early Care and Learning Finance

- requirements. Paragraph (b) allows individuals who are employed by a certified child care program or a Head Start program to be eligible for TEACH scholarships and modifies the contribution and matching requirements for TEACH scholarship recipients who work in family child care settings.
- 6 **Redeterminations.**
Amends § 142E.03, subd. 3. Provides that, starting May 25, 2026, when a new child is added to a family that receives CCAP, the date for CCAP redetermination of eligibility must be extended 12 months from the new child's arrival date.
- 7 **General authorization requirements.**
Amends § 142E.11, subd. 1. Provides that, beginning March 3, 2026, county agencies are prohibited from requiring certain families to report information related to CCAP eligibility more frequently than every 12 months (i.e., eliminates the "scheduled reporter" designation).
- 8 **Maintain steady child care authorizations.**
Amends § 142E.11, subd. 2. Makes conforming changes, effective March 2, 2026, related to elimination of the scheduled reporter designation under CCAP.
- 9 **Extended eligibility and redetermination.**
Amends § 142E.13, subd. 2. Makes conforming changes related to the elimination of the scheduled reporter designation under CCAP.

Makes the section effective May 25, 2026.
- 10 **Fee schedule.**
Amends § 142E.15, subd. 1. Modifies CCAP copayment requirements for families, with the highest copayment set at 6.9 percent of a family's adjusted gross income rather than 14 percent under current law.

Makes the section effective October 9, 2028.
- 11 **Training required.**
Amends § 142E.16, subd. 3. Provides that a legal, nonlicensed family child care provider who cares for an unrelated child who is eligible for CCAP must complete two hours of training in caring for children every 12 months.

Makes the section effective October 1, 2025.

Section Description - Article 13: Early Care and Learning Finance

12 Record-keeping requirement.

Amends § 142E.16, subd. 7. Requires child care providers who accept CCAP to submit data on child enrollment and attendance to the commissioner. Makes a technical change to a cross-reference.

Makes the section effective June 22, 2026.

13 Establishment. [Quality parenting initiative grant program]

Amends § 245.0962, subd. 1. Clarifies that the quality parenting initiative grant program is administered by DCYF rather than DHS.

14 Creation and appointment.

Amends § 245.975, subd. 1. Explicitly establishes in statute the Office of the Ombudsperson for Family Child Care Providers.

15 Family child care regulation modernization.

Amends Laws 2021, First Special Session chapter 7, article 2, section 81. Directs the commissioner of children, youth, and families to contract with a consultant to develop proposals for updated family child care licensing standards and a risk-based model for monitoring compliance with family child care licensing standards. Requires that the commissioner submit a report and proposed legislation to implement the proposals to the legislature by January 1, 2026. Provides that the commissioner must engage with providers whose primary language is not English throughout the process of drafting the report and the proposed legislation and provides requirements for making presentations and other documents available in Hmong, Somali, and Spanish. Prohibits implementation of the updated licensing standards and the risk-based model for monitoring compliance before January 1, 2027.

16 Eliminating schedule reporter designation.

Directs the commissioner of children, youth, and families to allocate additional basic sliding fee money for calendar years 2026 and 2027 to counties and Tribes to account for the elimination of the scheduled reporter designation.

17 Children and families information technology systems modernization.

Directs the commissioner of children, youth, and families, to the extent funding is available, to establish and implement: (1) an application tool that families may use to apply for early care and education programs; and (2) a centralized, integrated payment system for early care and education funding streams. Requires that the commissioner provide quarterly updates to the legislature on the department's progress toward meeting the requirements of this section.

Section	Description - Article 13: Early Care and Learning Finance
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| 18 | <p>Revisor instruction. [Quality parenting initiative grant program]</p> <p>Directs the revisor to recodify the quality parenting initiative grant program in a DCYF section of statute.</p> |
| 19 | <p>Revisor instruction. [Early childhood literacy programs]</p> <p>Directs the revisor to recodify an early childhood literacy program for children participating in Head Start in an MDE section of statute.</p> |
| 20 | <p>Revisor instruction. [Educate parents partnership]</p> <p>Directs the revisor to recodify the educate parents partnership program in a DCYF section of statute.</p> |

Article 14: Department of Children, Youth, and Families Licensing and Certification Policy

This article makes substantive and policy changes to programs currently licensed or certified by the Department of Human Services (DHS) that will transfer to the Department of Children, Youth, and Families (DCYF) in June 2025, including child care centers, family child care providers, certified license-exempt child care centers, and child foster care.

Section	Description - Article 14: Department of Children, Youth, and Families Licensing and Certification Policy
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| 1 | <p>Education.</p> <p>Adds a subdivision to § 142B.01. Adds to statute a definition of “education” for purposes of determining an individual’s qualifications to work in a licensed child care center.</p> <p>Makes the section effective August 1, 2025.</p> |
| 2 | <p>Grant of license; license extension.</p> <p>Amends § 142B.10, subd. 14. Requires a license holder to pay applicable fees for a license to be reissued after the license expires, and removes the requirement that the license holder apply for a new license. Requires that child foster care license holders apply for a new license after the license expires. Provides that licenses may be issued each calendar year once the provider licensing and reporting hub is operational.</p> |

Section Description - Article 14: Department of Children, Youth, and Families Licensing and Certification Policy

3 Reconsideration of correction orders.

Amends § 142B.16, subd. 2. Gives an applicant or license holder of a child care program the option to ask the department for interpretive guidance on a rule or statute underlying a correction order issued to them prior to requesting a reconsideration of the order. Makes this provision effective July 1, 2026.

Provides that the commissioner cannot publicly post a correction order issued to a child care program until either: (1) after the 20-day calendar period for requesting reconsideration; or (2) if reconsideration is requested, after the commissioner's disposition of the request for reconsideration is provided to the applicant or license holder. Makes this provision effective the later of January 1, 2026, or upon federal approval.

4 Requirement to post conditional license.

Amends § 142B.16, subd. 5. Provides that when an order of conditional license for a licensed child care center or family child care provider is accompanied by a maltreatment investigation memorandum, then the license holder must publicly post the order and the memorandum for four years.

5 Documented technical assistance.

Amends § 142B.171, subd. 2. Removes the prohibition on publishing documented technical assistance that a child care program receives under the weighted risk system on the DCYF website.

6 Requirement to post licensing order or fine.

Amends § 142B.18, subd. 6. Provides that when an order of license suspension, temporary immediate suspension, fine, or revocation for a licensed child care center or family child care provider is accompanied by a maltreatment investigation memorandum, then the license holder must publicly post the order and the memorandum for four years.

7 Delegation of authority to agencies.

Amends § 142B.30, subd. 1. Specifies that a child foster care license issued by a county or private agency may be issued for up to two years, until such time when the provider licensing and reporting hub is implemented, when licenses may be issued each calendar year.

8 Staff distribution.

Adds a subdivision to § 142B.41. Adds to statute and makes permanent a temporary change that was enacted by the 2023 Legislature that allows a child care aide in a licensed child care center who meets specified criteria to substitute for a teacher

Section Description - Article 14: Department of Children, Youth, and Families Licensing and Certification Policy

during a center's morning arrival and departure times, provided those times do not exceed 25 percent of the center's daily hours of operations.

9 Child passenger restraint systems; training requirement.

Amends § 142B.51, subd. 2. Provides that specified licensed programs that serve children under nine years of age, rather than eight years of age, must comply with training requirements for the proper use and installation of child restraint systems in motor vehicles.

Makes the section effective January 1, 2026.

10 Child passenger restraint systems; training requirement.

Amends § 142B.65, subd. 8. Provides that specified licensed programs that serve children under nine years of age, rather than eight years of age, must comply with training requirements for the proper use and installation of child restraint systems in motor vehicles.

Makes the section effective January 1, 2026.

11 In-service training.

Amends § 142B.65, subd. 9. Modifies training requirements for substitutes and unsupervised volunteers in child care centers to provide that they must complete at least two hours of training each year.

12 Emergency preparedness.

Amends § 142B.66, subd. 3. Makes technical changes to requirements regarding when a licensed child care center must review and update the center's emergency plan.

13 Child passenger restraint systems; training requirement.

Amends § 142B.70, subd. 7. Provides that specified licensed programs that serve children under nine years of age, rather than eight years of age, must comply with training requirements for the proper use and installation of child restraint systems in motor vehicles.

Makes the section effective January 1, 2026.

Section Description - Article 14: Department of Children, Youth, and Families Licensing and Certification Policy

- 14 Training requirements for family and group family child care.**
Amends § 142B.70, subd. 8. Provides that substitutes and adult caregivers who provide care for 500 or fewer hours per year in a family or group family child care setting must complete at least one hour of training each calendar year and specifies requirements for the training.
- 15 Requirement to post conditional certification.**
Adds a subdivision to § 142C.06. Requires that a certified, license-exempt child care center publicly post an order of conditional certification issued by the commissioner and any maltreatment investigation memoranda that accompany the order.
- 16 Required policies.**
Amends § 142C.11, subd. 8. Adds that a certified, license-exempt child care center must have written policies for behavior guidance and supervision.
- 17 First aid and cardiopulmonary resuscitation.**
Amends § 142C.12, subd. 1. Specifies requirements for first aid and CPR training required for individuals who have direct contact with a child in a certified, license-exempt child care center.

Makes the section effective January 1, 2026.
- 18 In-service training.**
Amends § 142C.12, subd. 6. Provides that substitutes in certified, license-exempt child care centers must complete at least two hours of training each year.
- 19 Seat belt and child passenger restraint system use.**
Amends § 245A.18, subd. 1. Provides that specified licensed programs that transport children under nine years of age, rather than eight years of age, must comply with training requirements for the proper use and installation of child restraint systems in motor vehicles.

Makes the section effective January 1, 2026.
- 20 Direction to commissioner of children, youth, and families; standardized licensing visit timeline and requirements.**
Directs the commissioner of children, youth, and families, in consultation with stakeholders, to develop and implement a standardized timeline and standards for the conduct of licensors when conducting inspections of licensed child care centers. Provides that the timeline and standards must be implemented by July 1, 2026.

Section	Description - Article 14: Department of Children, Youth, and Families Licensing and Certification Policy
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21	Direction to commissioner of children, youth, and families; standardized county-delegated licensing.
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Directs the commissioner to, by July 1, 2026, establish time frames for county licensors to respond to urgent requests and to require county licensors to use the electronic licensing inspection tool during inspection of family child care providers.

22	Repealer.
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Repeals Minnesota Rules, part 9503.0030, subpart 1, item B (definition of “education”).

Makes the section effective August 1, 2025.

Article 15: Behavioral Health

This article modifies adult mental health initiative provisions and modifies children’s mental health grants and children’s mental health targeted case management eligibility. The article also requires the commissioner of human services to support the Mental Health Collaboration Hub innovation pilot project, submit a legislative report on psychiatric residential treatment facilities, and establish a pilot project for the Lower Sioux Indian Community to provide mental health case management services to individuals with a complex post-traumatic stress disorder.

Section	Description - Article 15: Behavioral Health
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1	Program design and implementation.
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Amends § 245.4661, subd. 2. Modifies adult mental health initiative funding utilization, to require the use of all other eligible funding first.

2	Duties of commissioner.
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Amends § 245.4661, subd. 6. Removes adult mental health initiative grant criteria.

3	Duties of adult mental health initiative board.
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Amends § 245.4661, subd. 7. Modifies adult mental health initiative board information submission requirements, to require only the submission of data and participation in an evaluation of the initiatives. Specifies that oral reports using a system designed by the commissioner and the reporting community meets the information submission requirements for services provided to American Indians.

Section Description - Article 15: Behavioral Health

- 4 **Child.**
Amends § 245.4871, subd. 5. In the Children’s Mental Health Act, expands the definition of “child” to include individuals up to age 21 receiving children’s mental health targeted case management services.
- 5 **Establishment and authority.**
Amends § 245.4889, subd. 1, as amended by Laws 2025, chapter 38, article 8, section 40. Adds early episode of bipolar disorder interventions to allowable uses of children’s mental health grants.
- 6 **Mental Health Collaboration Hub innovation pilot program.**
Requires the commissioner of human services to support the Mental Health Collaboration Hub's pilot project to develop and implement innovative care pathways and care facility decompression strategies, through funding support, technical assistance, and entering into a data-sharing agreement. Requires reports to the legislature by January 1, 2027, and January 1, 2028, and specifies what reports must include.
- 7 **Psychiatric residential treatment facility report.**
By December 15, 2026, requires the commissioner of human services, in consultation with organizations operating psychiatric residential treatment facilities, advocates, health care experts, juvenile detention experts, and county representatives, to submit a report and proposed legislative changes to the legislature. Specifies recommendations that must be included in the report.
- 8 **Lower Sioux Indian Community complex post-traumatic stress disorder pilot project.**
Requires the commissioner of human services to establish a pilot project for the Lower Sioux Indian Community to provide mental health case management services to individuals with a complex post-traumatic stress disorder who are not otherwise eligible for mental health case management services as persons with serious and persistent mental illness. Specifies eligibility requirements, and requires a report to the commissioner, and a commissioner’s report to the legislature.

Article 16: Background Studies

This article makes technical and clarifying changes to background studies statutes; sets fees for child foster care and adoption background studies; adds disqualifications for child torture and violations of statutes related to human services program exclusion and sanctions; and requires the commissioner to give preeminent weight to program integrity when reviewing reconsideration requests.

Section Description - Article 16: Background Studies

- 1 Department.**
Amends § 142A.02, subd. 1. Makes technical changes to department that constitutes the “state agency” for purposes of background studies federal compliance.
- 2 Background studies required.**
Amends § 142A.09, subd. 1. Makes technical changes.
- 3 Reasonable cause to require a national criminal history record check.**
Amends § 254C.02, subd. 15a. Specifies that the definition of “reasonable cause to require a national criminal history record check” does not apply to family child foster care or adoption background studies.

Makes this section effective upon implementation in NETStudy 2.0 or January 13, 2026, whichever is later.
- 4 Individual studied.**
Amends § 245C.05, subd. 1. Makes technical changes for federal compliance related to foster care and adoption background studies.

Makes this section effective upon implementation in NETStudy 2.0 or January 13, 2026, whichever is later.
- 5 Fingerprints and photograph.**
Amends § 245C.05, subd. 5. Makes technical changes for federal compliance related to foster care and adoption background studies.

Makes this section effective upon implementation in NETStudy 2.0 or January 13, 2026, whichever is later.
- 6 Background study requirements for minors.**
Amends § 245C.05, subd. 5a. Adds language to specify requirements for child care studies, for purposes of federal compliance.

Makes this section effective upon implementation in NETStudy 2.0 or January 13, 2026, whichever is later.
- 7 Background studies conducted by Department of Human Services.**
Amends § 245C.08, subd. 1. Makes technical changes for purposes of federal compliance.

Makes this section effective upon implementation in NETStudy 2.0 or January 13, 2026, whichever is later.

Section Description - Article 16: Background Studies

- 8 Authorization.**
Amends § 245C.08, subd. 5. Makes technical change.
- 9 Human services licensed programs.**
Amends § 245C.10, subd. 9. Removes fee exception for family child foster care, family child care, child care centers, certified license-exempt child care centers, and legal nonlicensed child care authorized under chapter 142E.
- 10 Child foster care and adoption programs.**
Amends § 245C.10 by adding subd. 9b. Sets fees for child foster care and adoption background studies.
- 11 Activities pending completion of background study.**
Amends § 245C.13, subd. 2. Specifies that for a child care center or certified license exempt child care center background study, notice of more time needed to complete a study must not be issued until the commissioner receives a qualifying result for the individual for the national criminal history record check or the criminal history information from the BCA. Adds clause (8), establishing background study procedures for EIDBI providers.

Makes the amendments to paragraph (b) effective January 15, 2026, and the amendments to paragraph (c) effective August 5, 2025.
- 12 Disqualification from owning, operating, or billing.**
Amends § 245C.14 by adding subd. 6. Requires the commissioner to disqualify an individual from any position of ownership, management, or control of a program or billing activities if a background study shows violations of human services and children, youth, and families statutes related to fraud, theft, and program misconduct.

Makes this section effective July 1, 2025.
- 13 Permanent disqualification.**
Amends § 245C.15, subd. 1. Adds child torture crime to permanent disqualifications.

Makes this section effective July 1, 2025.
- 14 Licensed family foster setting disqualifications.**
Amends § 245C.15, subd. 4a. Adds child torture crime to permanent disqualifications for licensed family foster setting background studies.

Makes this section effective July 1, 2025.

Section Description - Article 16: Background Studies

15 Two-year disqualification.

Amends § 245C.15 by adding subd. 4c. Adds two-year disqualification for violations of human services and children, youth, and families statutes related to fraud, theft, and program misconduct.

Makes this section effective July 1, 2025.

16 Preeminent weight given to safety of persons being served and program integrity.

Amends § 245C.22, subd. 3. Requires the commissioner to give preeminent weight to program integrity when reviewing background study disqualification reconsideration requests.

17 Sharing of data for reconsiderations and appeals.

Amends § 245C.22, subd. 8. Makes technical and clarifying changes.

18 Notice.

Amends § 609A.015, subd. 4. Makes technical changes to add the commissioner of children, youth, and families in expungement section.

19 Expungement relief; notification requirements.

Amends § 609A.055, subd. 3. Makes technical changes to add the commissioner of children, youth, and families in expungement section.

Article 17: Department of Human Services Program Integrity

This article adds several provisions related to human services program license holder and applicant eligibility when a license holder, applicant, or controlling individual is the subject of a pending investigation. The article also modifies welfare system and investigation data disclosure provisions and makes clarifying changes.

Section Description - Article 17: Department of Human Services Program Integrity

1 General.

Amends § 13.46, subd. 2. Allows disclosure of welfare system private data to any agent, rather than only an agent of the welfare system, or investigator acting on behalf of a county, the state, or the federal government in the investigation or prosecution of a criminal, civil, or administrative proceeding relating to the administration of a program.

Section Description - Article 17: Department of Human Services Program Integrity

2 Investigative data.

Amends § 13.46, subd. 3, as amended by Laws 2025, chapter 21, section 3, and Laws 2025, chapter 38, article 3, section 1. Allows disclosure of welfare system investigative data to any agent, rather than only an agent of the welfare system, or investigator acting on behalf of a county, the state, or the federal government in the investigation or prosecution of a criminal, civil, or administrative proceeding relating to the administration of a program. Allows the commissioner of human services to disclose the reduction or withholding of payments.

Makes this section effective July 1, 2025.

3 Data practices.

Amends § 245.095 by adding subd. 6. Allows the commissioner of human services to exchange information, including claims data, with state or federal agencies, boards, departments, or programs for purposes of investigations or proceedings related to suspected fraud or program exclusion.

4 Application for licensure.

Amends § 245A.04, subd. 1, as amended by Laws 2025, chapter 38, article 5, section 5. Prohibits completion of a DHS licensing application if the applicant or a controlling individual is the subject of a pending administrative, civil, or criminal investigation.

5 Denial of application.

Amends § 245A.05. Allows the commissioner to deny a licensing application if the applicant or controlling individual is the subject of a pending administrative, civil, or criminal investigation.

6 Temporary immediate suspension.

Amends § 245A.07, subd. 2. Adds “controlling individual” to reasons for temporary immediate license suspensions; expands criminal charge provision to include fraud or theft against any state or federal agency program. Adds paragraph (c) to allow for a temporary immediate suspension if the license holder or controlling individual is the subject of a pending administrative, civil, or criminal investigation related to program fraud.

7 Funding.

Amends § 256.983, subd. 4. Modifies commissioner program compliance activities for any county or Tribal agency from three consecutive months of failure to comply or meet standards to a quarterly timeframe.

Makes this section effective July 1, 2025.

Section Description - Article 17: Department of Human Services Program Integrity

8 Provider enrollment.

Amends § 256B.04, subd. 21. For durable medical equipment providers and suppliers, requires that any action to obtain 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.

Makes this section effective July 1, 2025.

9 Requirements for provider enrollment of personal care assistance provider agencies.

Amends § 256B.0659, subd. 21. For personal care assistance provider agency enrollment in medical assistance, requires that any action to obtain 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.

Makes this section effective July 1, 2025.

10 Provider qualifications.

Amends § 256B.4912, subd. 1. Makes clarifying changes and specifies that for staff that provide direct contact, for services specified in federally approved waiver plans, providers must maintain documentation of background study results.

11 Requirements for enrollment of CFSS agency-providers.

Amends § 256B.85, subd. 12. For community first services and supports provider agency enrollment in medical assistance, requires that any action to obtain 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.

Makes this section effective July 1, 2025.

Article 18: Homelessness, Housing, and Support Services

This article makes changes to the MSA equivalent rate, establishes a family supportive housing grant program, and directs the commissioner of human services to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services to authorize MA reimbursement for housing services provided by Indian Health Services facilities and facilities owned or operated by a Tribe or Tribal organization.

Section Description - Article 18: Homelessness, Housing, and Support Services

1 MSA equivalent rate.

Amends § 256I.03, subd. 11a. Modifies the MSA equivalent rate adjustment under the chapter of statutes governing housing support.

2 Family supportive housing grant program.

Establishes the family supportive housing grant program and lays out requirements for eligibility, administration, and eligible uses of funds.

Subd. 1. Establishment; purpose. Requires the commissioner of human services to establish a family supportive housing grant program to help families and children maintain safe and stable housing.

Subd. 2. Definitions. For purposes of this section, defines the terms “eligible organization,” “family,” “family support services,” “family supportive housing,” and “resident.”

Subd. 3. Application and administration. Allows an eligible organization to apply for a grant to maintain or expand a family supportive housing program through a competitive request for proposal process using a timeline and application process determined by the commissioner. Requires at least 40 percent of the appropriation to be awarded to organizations serving families outside of the seven-county metropolitan area. Requires the commissioner to use best efforts to ensure that at least ten percent of the appropriation is awarded to Minnesota Tribal governments.

Subd. 4. Reporting. Lists information grantees must collect and make available to the commissioner.

3 Direction to commissioner; Indian Health Service encounter rate.

Requires the commissioner of human services to seek federal approval to authorize MA housing services reimbursement for services provided by Indian Health Services and facilities owned and operated by a Tribe or Tribal organization. Defines “housing services” as MA housing stabilization services for purposes of this section.

Article 19: Miscellaneous

This article establishes new requirements and modifies provisions related to health and children and families. It authorizes grants to Tribal colleges to make opiate antagonists available onsite; authorizes the use of nonopioid directives; modifies requirements for green burials and the scattering of hydrolyzed and cremated remains; changes eligibility for housing stabilization services; requires social media platforms to implement a mental health warning label; transfers

certain powers and duties from the commissioner of human services to the commissioner of children, youth, and families; requires biennial reports on grants; requires allocations of the child care and development block grant for certain purposes; and requires allocations from the TANF fund for eligible activities.

Section	Description - Article 19: Miscellaneous
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1	Opiate antagonists; Tribal colleges.
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Adds § 135A.1368. Directs the commissioner of health to distribute money to Tribal colleges to maintain opiate antagonists at each campus site and maintain at least two doses of nasal opiate antagonist at each campus residential building.

2	Emergency medical services provider.
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Adds subd. 1c to § 145C.01. Adds a definition of emergency medical services provider to chapter 145C.

3	Nonopioid directive.
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Adds subd. 7b to § 145C.01. Adds a definition of nonopioid directive to chapter 145C.

4	Prescriber.
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Adds subd. 7c to § 145C.01. Adds a definition of prescriber to chapter 145C.

5	Opioid instructions entered into health record.
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Amends § 145C.17. Requires a health care provider presented with a patient's nonopioid directive to include the nonopioid directive in the patient's health record. Requires a health care provider who receives notice that a nonopioid directive has been revoked, to note the revocation in the patient's health record.

6	Nonopioid directive.
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Adds § 145C.18. Authorizes patients and health care agents to execute nonopioid directives; specifies how a nonopioid directive may be revoked; requires compliance with a nonopioid directive except in certain circumstances; provides immunity from civil and criminal penalties and professional disciplinary action for certain acts and failures to act; and directs the commissioner of health to develop and make available a nonopioid directive form.

Subd. 1. Execution. Allows a patient with capacity to do so, or a patient's health care agent, to execute a nonopioid directive, and requires a nonopioid directive to include one or more instructions that the patient must not be administered an opioid by a health professional or offered a prescription for an opioid by a prescriber.

Subd. 2. Revocation. Allows a patient to revoke the patient's nonopioid directive at any time and in any manner the patient can communicate the revocation, and

Section Description - Article 19: Miscellaneous

allows a patient's health care agent to revoke a nonopioid directive executed for the patient by executing a written statement of revocation and providing notice to the patient's health care provider.

Subd. 3. Compliance with nonopioid directive; exception. Requires prescribers and health professionals to comply with a nonopioid directive, except that a prescriber or health professional may administer an opioid to a patient with a nonopioid directive if:

- the patient is being treated, in an emergency, in a hospital or in a setting outside a hospital;
- it is medically necessary to administer an opioid in order to treat the patient, including during a surgical procedure when complications arise; and
- it is not practical or feasible for the prescriber or health professional to access the patient's health record.

If an opioid is administered to a patient with a nonopioid directive, requires the prescriber to ensure the patient receives information on substance use disorder services.

Subd. 4. Immunities. Except as otherwise provided in law, provides immunity from civil liability, criminal prosecution, or professional disciplinary action for health professionals, employees of health professionals, health care facilities and their employees, and emergency medical services providers for failing to prescribe, administer, or dispense an opioid to a patient with a nonopioid directive; for administering an opioid to a patient with a nonopioid directive in an emergency as specified in subdivision 3, paragraph (b); or for inadvertently administering an opioid to a patient with a nonopioid directive. The act or failure to act must have been performed in good faith and according to the applicable standard of care.

Subd. 5. Nonopioid directive form. Directs the commissioner of health to develop and post on the Department of Health website, a nonopioid directive form for use by patients and health care agents.

7 Green burial.

Adds subd. 42 to § 149A.02. Defines green burial for chapter 149A (mortuary science and disposition of dead bodies).

Section Description - Article 19: Miscellaneous

8 Eligibility.

Amends § 256B.051, subd. 3. Amends eligibility requirements for housing stabilization services for individuals with a disability, to require the individual to have income at or below 150 percent of the federal poverty level.

9 Green burials in public cemeteries.

Adds § 306.991. Defines the following terms for this section: drainage system, green burial, natural watercourse, ordinary high-water level, and water supply well. Requires a public cemetery governed by chapter 306 that allows green burials to comply with the following requirements regarding green burials: plot location requirements regarding setbacks from the property line, not being located in standing water or in locations that may have standing water or that may flood, and being located certain distances from water sources; and certain burial depths and burial densities. Exempts a property with green burial plots in a designated location on or before July 1, 2025, from compliance with the requirement that plots must be 50 feet from property lines.

10 Scattering of hydrolyzed or cremated remains.

Adds § 306.992. Defines cremated remains and hydrolyzed remains for this section. Requires a cemetery governed by chapter 306 that allows the scattering of hydrolyzed or cremated remains to designate a location in the cemetery for the scattering of these remains.

11 Green burials in private cemeteries.

Adds § 307.14. Defines the following terms for this section: drainage system, green burial, natural watercourse, ordinary high-water level, water supply well. Requires a person owning a private cemetery governed by chapter 307 that allows green burials to comply with the following requirements regarding green burials: plot location requirements regarding setbacks from the property line, not being located in standing water or in locations that may have standing water or that may flood, and being located certain distances from water sources; and certain burial depths and burial densities. Exempts a property with green burial plots in a designated location on or before July 1, 2025, from compliance with the requirement that plots must be 50 feet from property lines.

12 Scattering of hydrolyzed or cremated remains.

Adds § 307.15. Defines cremated remains and hydrolyzed remains for this section. Requires a person who owns a cemetery governed by chapter 307 that allows the scattering of hydrolyzed or cremated remains to designate a location in the cemetery for the scattering of these remains.

Section Description - Article 19: Miscellaneous

13 Mental health warning label.

Adds § 325M.335. Effective July 1, 2026, requires social media platforms to ensure a conspicuous mental health warning label appears each time users access the platform and only disappears when users exit the platform or acknowledge the potential for harm and choose to proceed to the platform. Requires the mental health warning label to warn of the potential negative mental health impacts of accessing the platform and to provide users with resources to address potential negative mental health impacts. Prohibits a social media platform from providing the warning label only as part of its terms and conditions, obscuring the warning label, or allowing users to disable the warning label. Requires the commissioner of health, by March 1, 2026, and in consultation with the commissioner of commerce, to develop guidelines for the content of mental health warning labels.

14 Enforcement authority.

Amends § 325M.34. Authorizes the attorney general to investigate and bring actions against social media companies for alleged violations of the mental health warning label requirements.

15 Transfers to the Department of Children, Youth, and Families in uncodified law.

Transfers to the commissioner of children, youth, and families or Department of Children, Youth, and Families, the powers, duties, and responsibilities assigned to the commissioner of human services in uncodified law that are related to a power, duty, or responsibility transferred to the commissioner of children, youth, and families or Department of Children, Youth, and Families under other law.

16 Direction to the commissioners of health; human services; and children, youth, and families; reports on grant funding.

Beginning January 15, 2026, and each odd-numbered year thereafter, requires the commissioner of health; commissioner of human services; and commissioner of children, youth, and families to report to certain members of the legislature and to certain legislative offices, specified information on grants administered by the commissioner.

17 Direction to the commissioner of children, youth, and families; child care and development block grant allocations.

Directs the commissioner of children, youth, and families to allocate the amounts specified in this section from the child care and development block grant for child care improvement grants, a statewide electronic attendance and record keeping system for the child care assistance program, MFIP and basic sliding fee child care assistance, basic sliding fee child care assistance for reallocation from the general fund, and family child care modernization information technology efforts.

Section Description - Article 19: Miscellaneous

18 Direction to the commissioner of children, youth, and families; allocation of TANF-eligible general fund expenditures.

Requires the commissioner of children, youth, and families to reduce general fund expenditures by specified amounts each fiscal year and allocate money from the TANF fund for those activities instead.

Article 20: Department of Human Services Appropriations

This article appropriates money in fiscal years 2026 and 2027 from the specified funds to the commissioner of human services for the specified purposes. It also cancels the listed fiscal year 2024 and 2025 appropriations to the general fund or health care access fund, as applicable, and modifies the amount appropriated in a fiscal year 2025 appropriation. For more information, see the [House Fiscal health finance tracking sheet](#).

Article 21: Department of Health Appropriations

This article appropriates money in fiscal years 2026 and 2027 from the specified funds to the commissioner of health for the specified purposes. It also provides this article is effective July 1, 2025, only if 2025 First Special Session H.F. No. 1 is finally enacted. For more information, see the [House Fiscal health finance tracking sheet](#).

Article 22: Department of Children, Youth, and Families Appropriations

This article appropriates money in fiscal years 2026 and 2027 from the specified funds to the commissioner of children, youth, and families for the specified purposes. For more information, see the [House Fiscal health finance tracking sheet](#).

Article 23: Other Agency Health Appropriations

This article appropriates money in fiscal years 2026 and 2027 from the specified funds to the health-related licensing boards, the Office of Emergency Medical Services, the Rare Disease Advisory Council, and the Board of Directors of MNsure for the specified purposes. It also modifies availability of a fiscal year 2024 appropriation to the Board of Pharmacy. For more information, see the [House Fiscal health finance tracking sheet](#).

Article 24: Other Agency Children Appropriations

This article appropriates money in fiscal year 2026 and 2027 from the specified funds to the ombudsperson for families, the ombudsperson for American Indian families, the Office of the Foster Youth Ombudsperson, and the commissioner of education for the specified purposes. For more information, see the [House Fiscal health finance tracking sheet](#).



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