

1.1 Senator moves to amend S.F. No. 4198 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "ARTICLE 1

1.4 HEALTH DEPARTMENT

1.5 Section 1. Minnesota Statutes 2020, section 103I.005, subdivision 17a, is amended to
1.6 read:

1.7 Subd. 17a. ~~Temporary boring~~ **Submerged closed loop heat exchanger.** "Temporary
1.8 ~~boring"~~ "Submerged closed loop heat exchanger" means ~~an excavation that is 15 feet or~~
1.9 ~~more in depth, is sealed within 72 hours of the time of construction, and is drilled, cored,~~
1.10 ~~washed, driven, dug, jetted, or otherwise constructed to~~ a heating and cooling system that:

1.11 (1) ~~conduct physical, chemical, or biological testing of groundwater, including~~
1.12 ~~groundwater quality monitoring~~ is installed in a water supply well;

1.13 (2) ~~monitor or measure physical, chemical, radiological, or biological parameters of~~
1.14 ~~earth materials or earth fluids, including hydraulic conductivity, bearing capacity, or~~
1.15 ~~resistance~~ utilizes the convective flow of groundwater as the primary medium of heat
1.16 exchange;

1.17 (3) ~~measure groundwater levels, including use of a piezometer~~ contained potable water
1.18 as the heat transfer fluid; and

1.19 (4) ~~determine groundwater flow direction or velocity~~ operates using nonconsumptive
1.20 recirculation.

1.21 A submerged closed loop heat exchanger also includes submersible pumps, a heat exchanger
1.22 device, piping, and other necessary appurtenances.

1.23 Sec. 2. Minnesota Statutes 2020, section 103I.005, is amended by adding a subdivision
1.24 to read:

1.25 Subd. 17b. **Temporary boring.** "Temporary boring" means an excavation that is 15
1.26 feet or more in depth, is sealed within 72 hours of the time of construction, and is drilled,
1.27 cored, washed, driven, dug, jetted, or otherwise constructed to:

1.28 (1) conduct physical, chemical, or biological testing of groundwater, including
1.29 groundwater quality monitoring;

2.1 (2) monitor or measure physical, chemical, radiological, or biological parameters of
2.2 earth materials or earth fluids, including hydraulic conductivity, bearing capacity, or
2.3 resistance;

2.4 (3) measure groundwater levels, including use of a piezometer; and

2.5 (4) determine groundwater flow direction or velocity.

2.6 Sec. 3. Minnesota Statutes 2020, section 103I.005, subdivision 20a, is amended to read:

2.7 Subd. 20a. **Water supply well.** "Water supply well" means a well that is not a dewatering
2.8 well or environmental well and includes wells used:

2.9 (1) for potable water supply;

2.10 (2) for irrigation;

2.11 (3) for agricultural, commercial, or industrial water supply;

2.12 (4) for heating or cooling; ~~and~~

2.13 (5) for containing a submerged closed loop heat exchanger; and

2.14 (6) for testing water yield for irrigation, commercial or industrial uses, residential supply,
2.15 or public water supply.

2.16 Sec. 4. **[103I.631] INSTALLATION OF A SUBMERGED CLOSED LOOP HEAT**
2.17 **EXCHANGER.**

2.18 Subdivision 1. **Installation.** Notwithstanding any other provision of law, the
2.19 commissioner must allow the installation of a submerged closed loop heat exchanger in a
2.20 water supply well. A project may consist of more than one water supply well on a particular
2.21 site.

2.22 Subd. 2. **Setbacks.** Water supply wells used only for the nonpotable purpose of providing
2.23 heating and cooling using a submerged closed-loop heat exchanger are exempt from isolation
2.24 distance requirements greater than 10 feet.

2.25 Subd. 3. **Construction.** The screened interval of a water supply well constructed to
2.26 contain a submerged closed-loop heat exchanger completed within a single aquifer may be
2.27 designed and constructed using any combination of screen, casing, leader, riser, sump, or
2.28 other piping combinations, so long as the screen configuration does not interconnect aquifers.

2.29 Subd. 4. **Permits.** A submerged closed loop heat exchanger is not subject to the permit
2.30 requirements in this chapter.

3.1 Subd. 5. Variances. A variance is not required to install or operate a submerged closed
3.2 loop heat exchanger.

3.3 Sec. 5. Minnesota Statutes 2020, section 144.057, subdivision 1, is amended to read:

3.4 Subdivision 1. **Background studies required.** (a) Except as specified in paragraph (b),
3.5 the commissioner of health shall contract with the commissioner of human services to
3.6 conduct background studies of:

3.7 (1) individuals providing services that have direct contact, as defined under section
3.8 245C.02, subdivision 11, with patients and residents in hospitals, boarding care homes,
3.9 outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and
3.10 home care agencies licensed under chapter 144A; assisted living facilities and assisted living
3.11 facilities with dementia care licensed under chapter 144G; and board and lodging
3.12 establishments that are registered to provide supportive or health supervision services under
3.13 section 157.17;

3.14 (2) individuals specified in section 245C.03, subdivision 1, who perform direct contact
3.15 services in a nursing home or a home care agency licensed under chapter 144A; an assisted
3.16 living facility or assisted living facility with dementia care licensed under chapter 144G;
3.17 or a boarding care home licensed under sections 144.50 to 144.58. If the individual under
3.18 study resides outside Minnesota, the study must include a check for substantiated findings
3.19 of maltreatment of adults and children in the individual's state of residence when the
3.20 information is made available by that state, and must include a check of the National Crime
3.21 Information Center database;

3.22 (3) all other employees in assisted living facilities or assisted living facilities with
3.23 dementia care licensed under chapter 144G, nursing homes licensed under chapter 144A,
3.24 and boarding care homes licensed under sections 144.50 to 144.58. A disqualification of
3.25 an individual in this section shall disqualify the individual from positions allowing direct
3.26 contact or access to patients or residents receiving services. "Access" means physical access
3.27 to a client or the client's personal property without continuous, direct supervision as defined
3.28 in section 245C.02, subdivision 8, when the employee's employment responsibilities do not
3.29 include providing direct contact services;

3.30 (4) individuals employed by a supplemental nursing services agency, as defined under
3.31 section 144A.70, who are providing services in health care facilities; and

3.32 (5) controlling persons of a supplemental nursing services agency, as defined under
3.33 section 144A.70.

4.1 (b) The commissioner of human services is not required to conduct a background study
4.2 on any individual identified in paragraph (a) if the individual has a valid license issued by
4.3 a health-related licensing board as defined in section 214.01, subdivision 2, and has completed
4.4 the criminal background check as required in section 214.075.

4.5 (c) If a facility or program is licensed by the Department of Human Services and subject
4.6 to the background study provisions of chapter 245C and is also licensed by the Department
4.7 of Health, the Department of Human Services is solely responsible for the background
4.8 studies of individuals in the jointly licensed programs.

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

4.10 Sec. 6. Minnesota Statutes 2020, section 144.1222, subdivision 2d, is amended to read:

4.11 Subd. 2d. **Hot tubs on rental ~~houseboats~~ property.** (a) A ~~hot water~~ spa pool intended
4.12 for seated recreational use, including a hot tub or whirlpool, that is located on a houseboat
4.13 that is rented to the public is not a public pool and is exempt from the requirements for
4.14 public pools under this section and Minnesota Rules, chapter 4717.

4.15 (b) A spa pool intended for seated recreational use, including a hot tub or whirlpool,
4.16 that is located on the property of a stand-alone single-unit rental property that is rented to
4.17 the public by the property owner or through a resort and the spa pool is only intended to be
4.18 used by the occupants of the rental property, is not a public pool and is exempt from the
4.19 requirements for public pools under this section and Minnesota Rules, chapter 4717.

4.20 (c) A ~~hot water~~ spa pool under this subdivision must be conspicuously posted with the
4.21 following notice to renters:

4.22 "NOTICE

4.23 This spa is exempt from state and local sanitary requirements that prevent disease
4.24 transmission.

4.25 USE AT YOUR OWN RISK

4.26 This notice is required under Minnesota Statutes, section 144.1222, subdivision 2d."

4.27 Sec. 7. Minnesota Statutes 2021 Supplement, section 144.551, subdivision 1, is amended
4.28 to read:

4.29 Subdivision 1. **Restricted construction or modification.** (a) The following construction
4.30 or modification may not be commenced:

5.1 (1) any erection, building, alteration, reconstruction, modernization, improvement,
5.2 extension, lease, or other acquisition by or on behalf of a hospital that increases the bed
5.3 capacity of a hospital, relocates hospital beds from one physical facility, complex, or site
5.4 to another, or otherwise results in an increase or redistribution of hospital beds within the
5.5 state; and

5.6 (2) the establishment of a new hospital.

5.7 (b) This section does not apply to:

5.8 (1) construction or relocation within a county by a hospital, clinic, or other health care
5.9 facility that is a national referral center engaged in substantial programs of patient care,
5.10 medical research, and medical education meeting state and national needs that receives more
5.11 than 40 percent of its patients from outside the state of Minnesota;

5.12 (2) a project for construction or modification for which a health care facility held an
5.13 approved certificate of need on May 1, 1984, regardless of the date of expiration of the
5.14 certificate;

5.15 (3) a project for which a certificate of need was denied before July 1, 1990, if a timely
5.16 appeal results in an order reversing the denial;

5.17 (4) a project exempted from certificate of need requirements by Laws 1981, chapter 200,
5.18 section 2;

5.19 (5) a project involving consolidation of pediatric specialty hospital services within the
5.20 Minneapolis-St. Paul metropolitan area that would not result in a net increase in the number
5.21 of pediatric specialty hospital beds among the hospitals being consolidated;

5.22 (6) a project involving the temporary relocation of pediatric-orthopedic hospital beds to
5.23 an existing licensed hospital that will allow for the reconstruction of a new philanthropic,
5.24 pediatric-orthopedic hospital on an existing site and that will not result in a net increase in
5.25 the number of hospital beds. Upon completion of the reconstruction, the licenses of both
5.26 hospitals must be reinstated at the capacity that existed on each site before the relocation;

5.27 (7) the relocation or redistribution of hospital beds within a hospital building or
5.28 identifiable complex of buildings provided the relocation or redistribution does not result
5.29 in: (i) an increase in the overall bed capacity at that site; (ii) relocation of hospital beds from
5.30 one physical site or complex to another; or (iii) redistribution of hospital beds within the
5.31 state or a region of the state;

5.32 (8) relocation or redistribution of hospital beds within a hospital corporate system that
5.33 involves the transfer of beds from a closed facility site or complex to an existing site or

6.1 complex provided that: (i) no more than 50 percent of the capacity of the closed facility is
6.2 transferred; (ii) the capacity of the site or complex to which the beds are transferred does
6.3 not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal
6.4 health systems agency boundary in place on July 1, 1983; (iv) the relocation or redistribution
6.5 does not involve the construction of a new hospital building; and (v) the transferred beds
6.6 are used first to replace within the hospital corporate system the total number of beds
6.7 previously used in the closed facility site or complex for mental health services and substance
6.8 use disorder services. Only after the hospital corporate system has fulfilled the requirements
6.9 of this item may the remainder of the available capacity of the closed facility site or complex
6.10 be transferred for any other purpose;

6.11 (9) a construction project involving up to 35 new beds in a psychiatric hospital in Rice
6.12 County that primarily serves adolescents and that receives more than 70 percent of its
6.13 patients from outside the state of Minnesota;

6.14 (10) a project to replace a hospital or hospitals with a combined licensed capacity of
6.15 130 beds or less if: (i) the new hospital site is located within five miles of the current site;
6.16 and (ii) the total licensed capacity of the replacement hospital, either at the time of
6.17 construction of the initial building or as the result of future expansion, will not exceed 70
6.18 licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;

6.19 (11) the relocation of licensed hospital beds from an existing state facility operated by
6.20 the commissioner of human services to a new or existing facility, building, or complex
6.21 operated by the commissioner of human services; from one regional treatment center site
6.22 to another; or from one building or site to a new or existing building or site on the same
6.23 campus;

6.24 (12) the construction or relocation of hospital beds operated by a hospital having a
6.25 statutory obligation to provide hospital and medical services for the indigent that does not
6.26 result in a net increase in the number of hospital beds, notwithstanding section 144.552, 27
6.27 beds, of which 12 serve mental health needs, may be transferred from Hennepin County
6.28 Medical Center to Regions Hospital under this clause;

6.29 (13) a construction project involving the addition of up to 31 new beds in an existing
6.30 nonfederal hospital in Beltrami County;

6.31 (14) a construction project involving the addition of up to eight new beds in an existing
6.32 nonfederal hospital in Otter Tail County with 100 licensed acute care beds;

6.33 (15) a construction project involving the addition of 20 new hospital beds in an existing
6.34 hospital in Carver County serving the southwest suburban metropolitan area;

7.1 (16) a project for the construction or relocation of up to 20 hospital beds for the operation
7.2 of up to two psychiatric facilities or units for children provided that the operation of the
7.3 facilities or units have received the approval of the commissioner of human services;

7.4 (17) a project involving the addition of 14 new hospital beds to be used for rehabilitation
7.5 services in an existing hospital in Itasca County;

7.6 (18) a project to add 20 licensed beds in existing space at a hospital in Hennepin County
7.7 that closed 20 rehabilitation beds in 2002, provided that the beds are used only for
7.8 rehabilitation in the hospital's current rehabilitation building. If the beds are used for another
7.9 purpose or moved to another location, the hospital's licensed capacity is reduced by 20 beds;

7.10 (19) a critical access hospital established under section 144.1483, clause (9), and section
7.11 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, that
7.12 delicensed beds since enactment of the Balanced Budget Act of 1997, Public Law 105-33,
7.13 to the extent that the critical access hospital does not seek to exceed the maximum number
7.14 of beds permitted such hospital under federal law;

7.15 (20) notwithstanding section 144.552, a project for the construction of a new hospital
7.16 in the city of Maple Grove with a licensed capacity of up to 300 beds provided that:

7.17 (i) the project, including each hospital or health system that will own or control the entity
7.18 that will hold the new hospital license, is approved by a resolution of the Maple Grove City
7.19 Council as of March 1, 2006;

7.20 (ii) the entity that will hold the new hospital license will be owned or controlled by one
7.21 or more not-for-profit hospitals or health systems that have previously submitted a plan or
7.22 plans for a project in Maple Grove as required under section 144.552, and the plan or plans
7.23 have been found to be in the public interest by the commissioner of health as of April 1,
7.24 2005;

7.25 (iii) the new hospital's initial inpatient services must include, but are not limited to,
7.26 medical and surgical services, obstetrical and gynecological services, intensive care services,
7.27 orthopedic services, pediatric services, noninvasive cardiac diagnostics, behavioral health
7.28 services, and emergency room services;

7.29 (iv) the new hospital:

7.30 (A) will have the ability to provide and staff sufficient new beds to meet the growing
7.31 needs of the Maple Grove service area and the surrounding communities currently being
7.32 served by the hospital or health system that will own or control the entity that will hold the
7.33 new hospital license;

- 8.1 (B) will provide uncompensated care;
- 8.2 (C) will provide mental health services, including inpatient beds;
- 8.3 (D) will be a site for workforce development for a broad spectrum of health-care-related
8.4 occupations and have a commitment to providing clinical training programs for physicians
8.5 and other health care providers;
- 8.6 (E) will demonstrate a commitment to quality care and patient safety;
- 8.7 (F) will have an electronic medical records system, including physician order entry;
- 8.8 (G) will provide a broad range of senior services;
- 8.9 (H) will provide emergency medical services that will coordinate care with regional
8.10 providers of trauma services and licensed emergency ambulance services in order to enhance
8.11 the continuity of care for emergency medical patients; and
- 8.12 (I) will be completed by December 31, 2009, unless delayed by circumstances beyond
8.13 the control of the entity holding the new hospital license; and
- 8.14 (v) as of 30 days following submission of a written plan, the commissioner of health
8.15 has not determined that the hospitals or health systems that will own or control the entity
8.16 that will hold the new hospital license are unable to meet the criteria of this clause;
- 8.17 (21) a project approved under section 144.553;
- 8.18 (22) a project for the construction of a hospital with up to 25 beds in Cass County within
8.19 a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder
8.20 is approved by the Cass County Board;
- 8.21 (23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity
8.22 from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing
8.23 a separately licensed 13-bed skilled nursing facility;
- 8.24 (24) notwithstanding section 144.552, a project for the construction and expansion of a
8.25 specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients
8.26 who are under 21 years of age on the date of admission. The commissioner conducted a
8.27 public interest review of the mental health needs of Minnesota and the Twin Cities
8.28 metropolitan area in 2008. No further public interest review shall be conducted for the
8.29 construction or expansion project under this clause;
- 8.30 (25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the
8.31 commissioner finds the project is in the public interest after the public interest review
8.32 conducted under section 144.552 is complete;

9.1 (26)(i) a project for a 20-bed psychiatric hospital, within an existing facility in the city
9.2 of Maple Grove, exclusively for patients who are under 21 years of age on the date of
9.3 admission, if the commissioner finds the project is in the public interest after the public
9.4 interest review conducted under section 144.552 is complete;

9.5 (ii) this project shall serve patients in the continuing care benefit program under section
9.6 256.9693. The project may also serve patients not in the continuing care benefit program;
9.7 and

9.8 (iii) if the project ceases to participate in the continuing care benefit program, the
9.9 commissioner must complete a subsequent public interest review under section 144.552. If
9.10 the project is found not to be in the public interest, the license must be terminated six months
9.11 from the date of that finding. If the commissioner of human services terminates the contract
9.12 without cause or reduces per diem payment rates for patients under the continuing care
9.13 benefit program below the rates in effect for services provided on December 31, 2015, the
9.14 project may cease to participate in the continuing care benefit program and continue to
9.15 operate without a subsequent public interest review;

9.16 (27) a project involving the addition of 21 new beds in an existing psychiatric hospital
9.17 in Hennepin County that is exclusively for patients who are under 21 years of age on the
9.18 date of admission;

9.19 (28) a project to add 55 licensed beds in an existing safety net, level I trauma center
9.20 hospital in Ramsey County as designated under section 383A.91, subdivision 5, of which
9.21 15 beds are to be used for inpatient mental health and 40 are to be used for other services.
9.22 In addition, five unlicensed observation mental health beds shall be added;

9.23 (29) upon submission of a plan to the commissioner for public interest review under
9.24 section 144.552 and the addition of the 15 inpatient mental health beds specified in clause
9.25 (28), to its bed capacity, a project to add 45 licensed beds in an existing safety net, level I
9.26 trauma center hospital in Ramsey County as designated under section 383A.91, subdivision
9.27 5. Five of the 45 additional beds authorized under this clause must be designated for use
9.28 for inpatient mental health and must be added to the hospital's bed capacity before the
9.29 remaining 40 beds are added. Notwithstanding section 144.552, the hospital may add licensed
9.30 beds under this clause prior to completion of the public interest review, provided the hospital
9.31 submits its plan by the 2021 deadline and adheres to the timelines for the public interest
9.32 review described in section 144.552; ~~or~~

9.33 (30) upon submission of a plan to the commissioner for public interest review under
9.34 section 144.552, a project to add up to 30 licensed beds in an existing psychiatric hospital

10.1 in Hennepin County that exclusively provides care to patients who are under 21 years of
10.2 age on the date of admission. Notwithstanding section 144.552, the psychiatric hospital
10.3 may add licensed beds under this clause prior to completion of the public interest review,
10.4 provided the hospital submits its plan by the 2021 deadline and adheres to the timelines for
10.5 the public interest review described in section 144.552;

10.6 (31) a project to add licensed beds in a hospital that: (i) is designated as a critical access
10.7 hospital under section 144.1483, clause (9), and United States Code, title 42, section 1395i-4;
10.8 (ii) has a licensed bed capacity of fewer than 25 beds; and (iii) has an attached nursing home,
10.9 so long as the total number of licensed beds in the hospital after the bed addition does not
10.10 exceed 25 beds. Notwithstanding section 144.552, a public interest review is not required
10.11 for a project authorized under this clause; or

10.12 (32) upon submission of a plan to the commissioner for public interest review under
10.13 section 144.552, a project to add 22 licensed beds at a Minnesota freestanding children's
10.14 hospital in St. Paul that is part of an independent pediatric health system with freestanding
10.15 inpatient hospitals located in Minneapolis and St. Paul. The beds shall be utilized for pediatric
10.16 inpatient behavioral health services. Notwithstanding section 144.552, the hospital may add
10.17 licensed beds under this clause prior to completion of the public interest review, provided
10.18 the hospital submits its plan by the 2022 deadline and adheres to the timelines for the public
10.19 interest review described in section 144.552.

10.20 **Sec. 8. [145.267] FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION**
10.21 **GRANTS.**

10.22 (a) The commissioner of health shall award a grant to a statewide organization that
10.23 focuses solely on prevention of and intervention with fetal alcohol spectrum disorders. The
10.24 grant recipient must make subgrants to eligible regional collaboratives in rural and urban
10.25 areas of the state for the purposes specified in paragraph (c).

10.26 (b) "Eligible regional collaboratives" means a partnership between at least one local
10.27 government or Tribal government and at least one community-based organization and,
10.28 where available, a family home visiting program. For purposes of this paragraph, a local
10.29 government includes a county or a multicounty organization, a county-based purchasing
10.30 entity, or a community health board.

10.31 (c) Eligible regional collaboratives must use subgrant funds to reduce the incidence of
10.32 fetal alcohol spectrum disorders and other prenatal drug-related effects in children in
10.33 Minnesota by identifying and serving pregnant women suspected of or known to use or

11.1 abuse alcohol or other drugs. Eligible regional collaboratives must provide intensive services
 11.2 to chemically dependent women to increase positive birth outcomes.

11.3 (d) An eligible regional collaborative that receives a subgrant under this section must
 11.4 report to the grant recipient by January 15 of each year on the services and programs funded
 11.5 by the subgrant. The report must include measurable outcomes for the previous year,
 11.6 including the number of pregnant women served and the number of toxin-free babies born.
 11.7 The grant recipient must compile the information in the subgrant reports and submit a
 11.8 summary report to the commissioner of health by February 15 of each year.

11.9 **EFFECTIVE DATE.** This section is effective July 1, 2013.

11.10 Sec. 9. Minnesota Statutes 2020, section 151.01, subdivision 27, is amended to read:

11.11 Subd. 27. **Practice of pharmacy.** "Practice of pharmacy" means:

11.12 (1) interpretation and evaluation of prescription drug orders;

11.13 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a
 11.14 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs
 11.15 and devices);

11.16 (3) participation in clinical interpretations and monitoring of drug therapy for assurance
 11.17 of safe and effective use of drugs, including ~~the performance of ordering and performing~~
 11.18 laboratory tests that are waived under the federal Clinical Laboratory Improvement Act of
 11.19 1988, United States Code, title 42, section 263a et seq., ~~provided that a pharmacist may~~
 11.20 ~~interpret the results of laboratory tests but may modify~~ A pharmacist may collect specimens,
 11.21 interpret results, notify the patient of results, and refer patients to other health care providers
 11.22 for follow-up care and may initiate, modify, or discontinue drug therapy only pursuant to
 11.23 a protocol or collaborative practice agreement. A pharmacy technician or pharmacist intern
 11.24 may perform tests authorized under this clause if the technician or intern is working under
 11.25 the direct supervision of a pharmacist;

11.26 (4) participation in drug and therapeutic device selection; drug administration for first
 11.27 dosage and medical emergencies; intramuscular and subcutaneous administration used for
 11.28 the treatment of alcohol or opioid dependence; drug regimen reviews; and drug or
 11.29 drug-related research;

11.30 (5) drug administration, through intramuscular and subcutaneous administration used
 11.31 to treat mental illnesses as permitted under the following conditions:

12.1 (i) upon the order of a prescriber and the prescriber is notified after administration is
12.2 complete; or

12.3 (ii) pursuant to a protocol or collaborative practice agreement as defined by section
12.4 151.01, subdivisions 27b and 27c, and participation in the initiation, management,
12.5 modification, administration, and discontinuation of drug therapy is according to the protocol
12.6 or collaborative practice agreement between the pharmacist and a dentist, optometrist,
12.7 physician, podiatrist, or veterinarian, or an advanced practice registered nurse authorized
12.8 to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy
12.9 or medication administration made pursuant to a protocol or collaborative practice agreement
12.10 must be documented by the pharmacist in the patient's medical record or reported by the
12.11 pharmacist to a practitioner responsible for the patient's care;

12.12 (6) participation in administration of influenza vaccines and vaccines approved by the
12.13 United States Food and Drug Administration related to COVID-19 or SARS-CoV-2 to all
12.14 eligible individuals six years of age and older and all other vaccines to patients 13 years of
12.15 age and older by written protocol with a physician licensed under chapter 147, a physician
12.16 assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered
12.17 nurse authorized to prescribe drugs under section 148.235, provided that the pharmacist:

12.18 ~~(i) the protocol includes, at a minimum:~~

12.19 ~~(A) the name, dose, and route of each vaccine that may be given;~~

12.20 ~~(B) the patient population for whom the vaccine may be given;~~

12.21 ~~(C) contraindications and precautions to the vaccine;~~

12.22 ~~(D) the procedure for handling an adverse reaction;~~

12.23 ~~(E) the name, signature, and address of the physician, physician assistant, or advanced
12.24 practice registered nurse;~~

12.25 ~~(F) a telephone number at which the physician, physician assistant, or advanced practice
12.26 registered nurse can be contacted; and~~

12.27 ~~(G) the date and time period for which the protocol is valid;~~

12.28 ~~(ii) the pharmacist~~ (i) has successfully completed a program approved by the Accreditation
12.29 Council for Pharmacy Education specifically for the administration of immunizations or a
12.30 program approved by the board;

13.1 ~~(iii) the pharmacist~~ (ii) utilizes the Minnesota Immunization Information Connection to
13.2 assess the immunization status of individuals prior to the administration of vaccines, except
13.3 when administering influenza vaccines to individuals age nine and older;

13.4 ~~(iv) the pharmacist~~ (iii) reports the administration of the immunization to the Minnesota
13.5 Immunization Information Connection; ~~and~~

13.6 ~~(v) the pharmacist~~ (iv) complies with guidelines for vaccines and immunizations
13.7 established by the federal Advisory Committee on Immunization Practices, except that a
13.8 pharmacist does not need to comply with those portions of the guidelines that establish
13.9 immunization schedules ~~when~~ if the pharmacist is administering a vaccine pursuant to a
13.10 valid, patient-specific order issued by a physician licensed under chapter 147, a physician
13.11 assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered
13.12 nurse authorized to prescribe drugs under section 148.235, provided that the order is
13.13 consistent with the United States Food and Drug Administration approved labeling of the
13.14 vaccine; and

13.15 (v) if the patient is 18 years of age or younger, informs the patient and any adult caregiver
13.16 accompanying the patient of the importance of a well-child visit with a pediatrician or other
13.17 licensed primary care provider;

13.18 (7) participation in the initiation, management, modification, and discontinuation of
13.19 drug therapy according to a written protocol or collaborative practice agreement between:
13.20 (i) one or more pharmacists and one or more dentists, optometrists, physicians, podiatrists,
13.21 or veterinarians; or (ii) one or more pharmacists and one or more physician assistants
13.22 authorized to prescribe, dispense, and administer under chapter 147A, or advanced practice
13.23 registered nurses authorized to prescribe, dispense, and administer under section 148.235.
13.24 Any changes in drug therapy made pursuant to a protocol or collaborative practice agreement
13.25 must be documented by the pharmacist in the patient's medical record or reported by the
13.26 pharmacist to a practitioner responsible for the patient's care;

13.27 (8) participation in the storage of drugs and the maintenance of records;

13.28 (9) patient counseling on therapeutic values, content, hazards, and uses of drugs and
13.29 devices;

13.30 (10) offering or performing those acts, services, operations, or transactions necessary
13.31 in the conduct, operation, management, and control of a pharmacy;

13.32 (11) participation in the initiation, management, modification, and discontinuation of
13.33 therapy with opiate antagonists, as defined in section 604A.04, subdivision 1, pursuant to:

14.1 (i) a written protocol as allowed under clause (7); or

14.2 (ii) a written protocol with a community health board medical consultant or a practitioner
14.3 designated by the commissioner of health, as allowed under section 151.37, subdivision 13;
14.4 and

14.5 (12) prescribing self-administered hormonal contraceptives; nicotine replacement
14.6 medications; and opiate antagonists for the treatment of an acute opiate overdose pursuant
14.7 to section 151.37, subdivision 14, 15, or 16.

14.8 **Sec. 10. [151.103] DELEGATION OF VACCINE ADMINISTRATION.**

14.9 (a) A pharmacy technician or pharmacist intern may administer vaccines under section
14.10 151.01, subdivision 27, clause (6) if the technician or intern:

14.11 (1) is under the direct supervision of a pharmacist while administering the vaccine;

14.12 (2) has successfully completed a program approved by the Accreditation Council for
14.13 Pharmacy Education specifically for the administration of immunizations or a program
14.14 approved by the board;

14.15 (3) has a current certificate in basic cardiopulmonary resuscitation; and

14.16 (4) if delegated to a pharmacy technician, the technician has completed:

14.17 (i) one of the training programs listed under Minnesota Rules, part 6800.3850, subpart
14.18 1h(B); and

14.19 (ii) a minimum of two hours of ACPE-approved, immunization-related continuing
14.20 pharmacy education as part of the pharmacy technician's two-year continuing education
14.21 schedule.

14.22 (b) Direct supervision under this section must be in-person and must not be done through
14.23 telehealth as defined under section 62A.673, subdivision 2.

14.24 **Sec. 11. Minnesota Statutes 2021 Supplement, section 245C.03, subdivision 5a, is amended**
14.25 **to read:**

14.26 **Subd. 5a. Facilities serving children or adults licensed or regulated by the**
14.27 **Department of Health. (a) Except as specified in paragraph (b), the commissioner shall**
14.28 **conduct background studies of:**

14.29 (1) individuals providing services who have direct contact, as defined under section
14.30 245C.02, subdivision 11, with patients and residents in hospitals, boarding care homes,

15.1 outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and
15.2 home care agencies licensed under chapter 144A; assisted living facilities and assisted living
15.3 facilities with dementia care licensed under chapter 144G; and board and lodging
15.4 establishments that are registered to provide supportive or health supervision services under
15.5 section 157.17;

15.6 (2) individuals specified in subdivision 2 who provide direct contact services in a nursing
15.7 home or a home care agency licensed under chapter 144A; an assisted living facility or
15.8 assisted living facility with dementia care licensed under chapter 144G; or a boarding care
15.9 home licensed under sections 144.50 to 144.58. If the individual undergoing a study resides
15.10 outside of Minnesota, the study must include a check for substantiated findings of
15.11 maltreatment of adults and children in the individual's state of residence when the state
15.12 makes the information available;

15.13 (3) all other employees in assisted living facilities or assisted living facilities with
15.14 dementia care licensed under chapter 144G, nursing homes licensed under chapter 144A,
15.15 and boarding care homes licensed under sections 144.50 to 144.58. A disqualification of
15.16 an individual in this section shall disqualify the individual from positions allowing direct
15.17 contact with or access to patients or residents receiving services. "Access" means physical
15.18 access to a client or the client's personal property without continuous, direct supervision as
15.19 defined in section 245C.02, subdivision 8, when the employee's employment responsibilities
15.20 do not include providing direct contact services;

15.21 (4) individuals employed by a supplemental nursing services agency, as defined under
15.22 section 144A.70, who are providing services in health care facilities; and

15.23 (5) controlling persons of a supplemental nursing services agency, as defined by section
15.24 144A.70.

15.25 (b) The commissioner of human services is not required to conduct a background study
15.26 on any individual identified in paragraph (a) if the individual has a valid license issued by
15.27 a health-related licensing board as defined in section 214.01, subdivision 2, and has completed
15.28 the criminal background check as required in section 214.075.

15.29 (c) If a facility or program is licensed by the Department of Human Services and the
15.30 Department of Health and is subject to the background study provisions of this chapter, the
15.31 Department of Human Services is solely responsible for the background studies of individuals
15.32 in the jointly licensed program.

15.33 (e) (d) The commissioner of health shall review and make decisions regarding
15.34 reconsideration requests, including whether to grant variances, according to the procedures

16.1 and criteria in this chapter. The commissioner of health shall inform the requesting individual
16.2 and the Department of Human Services of the commissioner of health's decision regarding
16.3 the reconsideration. The commissioner of health's decision to grant or deny a reconsideration
16.4 of a disqualification is a final administrative agency action.

16.5 Sec. 12. Minnesota Statutes 2020, section 245C.31, subdivision 1, is amended to read:

16.6 Subdivision 1. **Board determines disciplinary or corrective action.** (a) ~~When the~~
16.7 ~~subject of a background study is regulated by a health-related licensing board as defined in~~
16.8 ~~chapter 214, and the commissioner determines that the regulated individual is responsible~~
16.9 ~~for substantiated maltreatment under section 626.557 or chapter 260E, instead of the~~
16.10 ~~commissioner making a decision regarding disqualification, the board shall make a~~
16.11 ~~determination whether to impose disciplinary or corrective action under chapter 214~~ The
16.12 commissioner shall notify a health-related licensing board as defined in section 214.01,
16.13 subdivision 2, if the commissioner determines that an individual who is licensed by the
16.14 health-related licensing board is responsible for substantiated maltreatment under section
16.15 626.557 or chapter 260E, in accordance with subdivision 2. Upon receiving notification,
16.16 the health-related licensing board shall make a determination as to whether to impose
16.17 disciplinary or corrective action under chapter 214.

16.18 (b) This section does not apply to a background study of an individual regulated by a
16.19 health-related licensing board if the individual's study is related to child foster care, adult
16.20 foster care, or family child care licensure.

16.21 Sec. 13. Minnesota Statutes 2020, section 245C.31, subdivision 2, is amended to read:

16.22 Subd. 2. **Commissioner's notice to board.** (a) The commissioner shall notify ~~the~~ a
16.23 health-related licensing board:

16.24 (1) ~~upon completion of a background study that produces~~ of a record showing that the
16.25 individual licensed by the board was determined to have been responsible for substantiated
16.26 maltreatment;

16.27 (2) upon the commissioner's completion of an investigation that determined ~~the~~ an
16.28 individual licensed by the board was responsible for substantiated maltreatment; or

16.29 (3) upon receipt from another agency of a finding of substantiated maltreatment for
16.30 which ~~the~~ an individual licensed by the board was responsible.

17.1 (b) The commissioner's notice to the health-related licensing board shall indicate whether
 17.2 the commissioner would have disqualified the individual for the substantiated maltreatment
 17.3 if the individual were not regulated by the board.

17.4 (c) The commissioner shall concurrently send the notice under this subdivision to the
 17.5 individual who is the subject of the ~~background study~~ notification.

17.6 Sec. 14. Minnesota Statutes 2020, section 245C.31, is amended by adding a subdivision
 17.7 to read:

17.8 Subd. 3a. Agreements with health-related licensing boards. The commissioner and
 17.9 each health-related licensing board shall enter into an agreement in order for each board to
 17.10 provide the commissioner with a quarterly roster list of individuals licensed by the board.
 17.11 The list must include for each licensed individual the individual's name, license number,
 17.12 the date the license was issued, and the status of the license.

17.13 Sec. 15. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,
 17.14 is amended to read:

17.15 **Subd. 33. Grant Programs; Chemical**
 17.16 **Dependency Treatment Support Grants**

17.17	Appropriations by Fund		
17.18 General	4,273,000		4,274,000
17.19 Lottery Prize	1,733,000		1,733,000
17.20 Opiate Epidemic			
17.21 Response	500,000		500,000

17.22 (a) **Problem Gambling.** \$225,000 in fiscal
 17.23 year 2022 and \$225,000 in fiscal year 2023
 17.24 are from the lottery prize fund for a grant to
 17.25 the state affiliate recognized by the National
 17.26 Council on Problem Gambling. The affiliate
 17.27 must provide services to increase public
 17.28 awareness of problem gambling, education,
 17.29 training for individuals and organizations
 17.30 providing effective treatment services to
 17.31 problem gamblers and their families, and
 17.32 research related to problem gambling.

18.1 **(b) Recovery Community Organization**
18.2 **Grants.** \$2,000,000 in fiscal year 2022 and
18.3 \$2,000,000 in fiscal year 2023 are from the
18.4 general fund for grants to recovery community
18.5 organizations, as defined in Minnesota
18.6 Statutes, section 254B.01, subdivision 8, to
18.7 provide for costs and community-based peer
18.8 recovery support services that are not
18.9 otherwise eligible for reimbursement under
18.10 Minnesota Statutes, section 254B.05, as part
18.11 of the continuum of care for substance use
18.12 disorders. The general fund base for this
18.13 appropriation is \$2,000,000 in fiscal year 2024
18.14 and \$0 in fiscal year 2025

18.15 **(c) Base Level Adjustment.** The general fund
18.16 base is ~~\$4,636,000~~ \$3,886,000 in fiscal year
18.17 2024 and ~~\$2,636,000~~ \$1,886,000 in fiscal year
18.18 2025. The opiate epidemic response fund base
18.19 is \$500,000 in fiscal year 2024 and \$0 in fiscal
18.20 year 2025.

18.21 **Sec. 16. DIRECTION TO COMMISSIONER OF HEALTH; J-1 VISA WAIVER**
18.22 **PROGRAM RECOMMENDATION.**

18.23 (a) For purposes of this section:

18.24 (1) "Department of Health recommendation" means a recommendation from the state
18.25 Department of Health that a foreign medical graduate should be considered for a J-1 visa
18.26 waiver under the J-1 visa waiver program; and

18.27 (2) "J-1 visa waiver program" means a program administered by the United States
18.28 Department of State under United States Code, title 8, section 1184(l), in which a waiver
18.29 is sought for the requirement that a foreign medical graduate with a J-1 visa must return to
18.30 the graduate's home country for two years at the conclusion of the graduate's medical study
18.31 before applying for employment authorization in the United States.

18.32 (b) In administering the program to issue Department of Health recommendations for
18.33 purposes of the J-1 visa waiver program, the commissioner of health shall allow an applicant
18.34 to submit to the commissioner evidence that the foreign medical graduate for whom the

19.1 waiver is sought is licensed to practice medicine in Minnesota in place of evidence that the
19.2 foreign medical graduate has passed steps 1, 2, and 3 of the United States Medical Licensing
19.3 Examination.

19.4 Sec. 17. **BASE LEVEL ADJUSTMENT; FETAL ALCOHOL SPECTRUM**
19.5 **DISORDERS PREVENTION GRANTS.**

19.6 The general fund base for the commissioner of health for health improvement is increased
19.7 by \$750,000 in fiscal year 2024 and increased by \$750,000 in fiscal year 2025 for fetal
19.8 alcohol spectrum disorders prevention grants under Minnesota Statutes, section 145.267.

19.9 Sec. 18. **APPROPRIATION.**

19.10 \$103,000 in fiscal year 2023 is appropriated from the state government special revenue
19.11 fund to the commissioner of health to implement requirements for submerged closed loop
19.12 heat exchanger. The base for this appropriation is \$86,000 in fiscal year 2024 and \$86,000
19.13 in fiscal year 2025.

19.14 Sec. 19. **REPEALER.**

19.15 Minnesota Statutes 2020, section 254A.21, is repealed, effective July 1, 2013.

19.16 **ARTICLE 2**

19.17 **DEPARTMENT OF HUMAN SERVICES AND HEALTH CARE**

19.18 Section 1. Minnesota Statutes 2021 Supplement, section 256B.0371, subdivision 4, is
19.19 amended to read:

19.20 Subd. 4. **Dental utilization report.** (a) The commissioner shall submit an annual report
19.21 beginning March 15, 2022, and ending March 15, 2026, to the chairs and ranking minority
19.22 members of the legislative committees with jurisdiction over health and human services
19.23 policy and finance that includes the percentage for adults and children one through 20 years
19.24 of age for the most recent complete calendar year receiving at least one dental visit for both
19.25 fee-for-service and the prepaid medical assistance program. The report must include:

19.26 (1) statewide utilization for both fee-for-service and for the prepaid medical assistance
19.27 program;

19.28 (2) utilization by county;

19.29 (3) utilization by children receiving dental services through fee-for-service and through
19.30 a managed care plan or county-based purchasing plan;

20.1 (4) utilization by adults receiving dental services through fee-for-service and through a
20.2 managed care plan or county-based purchasing plan.

20.3 (b) The report must also include a description of any corrective action plans required to
20.4 be submitted under subdivision 2.

20.5 (c) The initial report due on March 15, 2022, must include the utilization metrics described
20.6 in paragraph (a) for each of the following calendar years: 2017, 2018, 2019, and 2020.

20.7 (d) In the annual report due on March 15, 2023, and in each report due thereafter, the
20.8 commissioner shall include the following:

20.9 (1) the number of dentists enrolled with the commissioner as a medical assistance dental
20.10 provider and the congressional district or districts in which the dentist provides services;

20.11 (2) the number of enrolled dentists who provided fee-for-service dental services to
20.12 medical assistance or MinnesotaCare patients within the previous calendar year in the
20.13 following increments: one to nine patients, ten to 100 patients, and over 100 patients;

20.14 (3) the number of enrolled dentists who provided dental services to medical assistance
20.15 or MinnesotaCare patients through a managed care plan or county-based purchasing plan
20.16 within the previous calendar year in the following increments: one to nine patients, ten to
20.17 100 patients, and over 100 patients; and

20.18 (4) the number of dentists who provided dental services to a new patient who was enrolled
20.19 in medical assistance or MinnesotaCare within the previous calendar year.

20.20 (e) The report due on March 15, 2023, must include the metrics described in paragraph
20.21 (d) for each of the following years: 2017, 2018, 2019, 2020, and 2021.

20.22 Sec. 2. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
20.23 to read:

20.24 Subd. 13k. **Vaccines and laboratory tests provided by pharmacists.** (a) Medical
20.25 assistance covers vaccines initiated, ordered, or administered by a licensed pharmacist,
20.26 according to the requirements of section 151.01, subdivision 27, clause (6), at no less than
20.27 the rate for which the same services are covered when provided by any other licensed
20.28 practitioner.

20.29 (b) Medical assistance covers laboratory tests ordered and performed by a licensed
20.30 pharmacist, according to the requirements of section 151.01, subdivision 27, clause (3), at
20.31 no less than the rate for which the same services are covered when provided by any other
20.32 licensed practitioner.

21.1 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 21.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
 21.3 when federal approval is obtained.

21.4 **ARTICLE 3**

21.5 **HEALTH-RELATED LICENSING BOARDS AND SCOPE OF PRACTICE**

21.6 Section 1. Minnesota Statutes 2020, section 144.051, subdivision 6, is amended to read:

21.7 Subd. 6. **Release of private or confidential data.** For providers regulated pursuant to
 21.8 sections 144A.43 to 144A.482, 148.5185, and chapter 144G, the department may release
 21.9 private or confidential data, except Social Security numbers, to the appropriate state, federal,
 21.10 or local agency and law enforcement office to enhance investigative or enforcement efforts
 21.11 or further a public health protective process. Types of offices include Adult Protective
 21.12 Services, Office of the Ombudsman for Long-Term Care and Office of the Ombudsman for
 21.13 Mental Health and Developmental Disabilities, the health licensing boards, Department of
 21.14 Human Services, county or city attorney's offices, police, and local or county public health
 21.15 offices.

21.16 Sec. 2. Minnesota Statutes 2020, section 147.01, subdivision 7, is amended to read:

21.17 Subd. 7. **Physician application and license fees.** (a) The board may charge the following
 21.18 nonrefundable application and license fees processed pursuant to sections 147.02, 147.03,
 21.19 147.037, 147.0375, and 147.38:

- 21.20 (1) physician application fee, \$200;
- 21.21 (2) physician annual registration renewal fee, \$192;
- 21.22 (3) physician endorsement to other states, \$40;
- 21.23 (4) physician emeritus license, \$50;
- 21.24 ~~(5) physician temporary license, \$60;~~
- 21.25 ~~(6)~~ (5) physician late fee, \$60;
- 21.26 ~~(7)~~ (6) duplicate license fee, \$20;
- 21.27 ~~(8)~~ (7) certification letter fee, \$25;
- 21.28 ~~(9)~~ (8) education or training program approval fee, \$100;
- 21.29 ~~(10)~~ (9) report creation and generation fee, \$60 per hour;
- 21.30 ~~(11)~~ (10) examination administration fee (half day), \$50;

22.1 ~~(12)~~ (11) examination administration fee (full day), \$80;

22.2 ~~(13)~~ (12) fees developed by the Interstate Commission for determining physician
22.3 qualification to register and participate in the interstate medical licensure compact, as
22.4 established in rules authorized in and pursuant to section 147.38, not to exceed \$1,000; and

22.5 ~~(14)~~ (13) verification fee, \$25.

22.6 (b) The board may prorate the initial annual license fee. All licensees are required to
22.7 pay the full fee upon license renewal. The revenue generated from the fee must be deposited
22.8 in an account in the state government special revenue fund.

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

22.10 Sec. 3. Minnesota Statutes 2020, section 147.03, subdivision 1, is amended to read:

22.11 Subdivision 1. **Endorsement; reciprocity.** (a) The board may issue a license to practice
22.12 medicine to any person who satisfies the requirements in paragraphs (b) to (e).

22.13 (b) The applicant shall satisfy all the requirements established in section 147.02,
22.14 subdivision 1, paragraphs (a), (b), (d), (e), and (f), or section 147.037, subdivision 1,
22.15 paragraphs (a) to (e).

22.16 (c) The applicant shall:

22.17 (1) have passed an examination prepared and graded by the Federation of State Medical
22.18 Boards, the National Board of Medical Examiners, or the United States Medical Licensing
22.19 Examination (USMLE) program in accordance with section 147.02, subdivision 1, paragraph
22.20 (c), clause (2); the National Board of Osteopathic Medical Examiners; or the Medical Council
22.21 of Canada; and

22.22 (2) have a current license from the equivalent licensing agency in another state or Canada
22.23 and, if the examination in clause (1) was passed more than ten years ago, either:

22.24 (i) pass the Special Purpose Examination of the Federation of State Medical Boards with
22.25 a score of 75 or better within three attempts; or

22.26 (ii) have a current certification by a specialty board of the American Board of Medical
22.27 Specialties, of the American Osteopathic Association, the Royal College of Physicians and
22.28 Surgeons of Canada, or of the College of Family Physicians of Canada; or

22.29 (3) if the applicant fails to meet the requirement established in section 147.02, subdivision
22.30 1, paragraph (c), clause (2), because the applicant failed to pass each of steps one, two, and

23.1 three of the USMLE within the required three attempts, the applicant may be granted a
23.2 license provided the applicant:

23.3 (i) has passed each of steps one, two, and three with passing scores as recommended by
23.4 the USMLE program within no more than four attempts for any of the three steps;

23.5 (ii) is currently licensed in another state; and

23.6 (iii) has current certification by a specialty board of the American Board of Medical
23.7 Specialties, the American Osteopathic Association Bureau of Professional Education, the
23.8 Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians
23.9 of Canada.

23.10 (d) The applicant must not be under license suspension or revocation by the licensing
23.11 board of the state or jurisdiction in which the conduct that caused the suspension or revocation
23.12 occurred.

23.13 (e) The applicant must not have engaged in conduct warranting disciplinary action against
23.14 a licensee, or have been subject to disciplinary action other than as specified in paragraph
23.15 (d). If an applicant does not satisfy the requirements stated in this paragraph, the board may
23.16 issue a license only on the applicant's showing that the public will be protected through
23.17 issuance of a license with conditions or limitations the board considers appropriate.

23.18 (f) Upon the request of an applicant, the board may conduct the final interview of the
23.19 applicant by teleconference.

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

23.21 Sec. 4. Minnesota Statutes 2020, section 147.03, subdivision 2, is amended to read:

23.22 Subd. 2. **Temporary permit.** (a) An applicant for licensure under this section may
23.23 request the board to issue a temporary permit in accordance with this subdivision. Upon
23.24 receipt of the application for licensure, a request for a temporary permit, and a nonrefundable
23.25 physician application fee specified under section 147.01, subdivision 7, the board may issue
23.26 a temporary permit to practice medicine to as a physician eligible for licensure under this
23.27 section only if the application for licensure is complete, all requirements in subdivision 1
23.28 have been met, and a nonrefundable fee set by the board has been paid if the applicant is:

23.29 (1) currently licensed in good standing to practice medicine as a physician in another
23.30 state, territory, or Canadian province; and

23.31 (2) not the subject of a pending investigation or disciplinary action in any state, territory,
23.32 or Canadian province.

24.1 ~~The permit remains~~ (b) A temporary permit issued under this subdivision is nonrenewable
24.2 and shall be valid only until the meeting of the board at which a decision is made on the
24.3 physician's application for licensure or for 90 days, whichever occurs first.

24.4 (c) The board may revoke a temporary permit that has been issued under this subdivision
24.5 if the physician is the subject of an investigation or disciplinary action, or is disqualified
24.6 for licensure for any other reason.

24.7 (d) Notwithstanding section 13.41, subdivision 2, the board may release information
24.8 regarding action taken by the board pursuant to this subdivision.

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

24.10 Sec. 5. Minnesota Statutes 2020, section 147.037, is amended to read:

24.11 **147.037 LICENSING OF FOREIGN MEDICAL SCHOOL GRADUATES;**
24.12 **~~TEMPORARY PERMIT.~~**

24.13 Subdivision 1. **Requirements.** The board shall issue a license to practice medicine to
24.14 any person who satisfies the requirements in paragraphs (a) to (g).

24.15 (a) The applicant shall satisfy all the requirements established in section 147.02,
24.16 subdivision 1, paragraphs (a), (e), (f), (g), and (h).

24.17 (b) The applicant shall present evidence satisfactory to the board that the applicant is a
24.18 graduate of a medical or osteopathic school approved by the board as equivalent to accredited
24.19 United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation,
24.20 or other relevant data. If the applicant is a graduate of a medical or osteopathic program
24.21 that is not accredited by the Liaison Committee for Medical Education or the American
24.22 Osteopathic Association, the applicant may use the Federation of State Medical Boards'
24.23 Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses
24.24 this service as allowed under this paragraph, the physician application fee may be less than
24.25 \$200 but must not exceed the cost of administering this paragraph.

24.26 (c) The applicant shall present evidence satisfactory to the board that the applicant has
24.27 been awarded a certificate by the Educational Council for Foreign Medical Graduates, and
24.28 the applicant has a working ability in the English language sufficient to communicate with
24.29 patients and physicians and to engage in the practice of medicine.

24.30 (d) The applicant shall present evidence satisfactory to the board of the completion of
24.31 one year of graduate, clinical medical training in a program accredited by a national
24.32 accrediting organization approved by the board or other graduate training approved in

25.1 advance by the board as meeting standards similar to those of a national accrediting
25.2 organization. This requirement does not apply:

25.3 (1) to an applicant who is admitted as a permanent immigrant to the United States on or
25.4 before October 1, 1991, as a person of exceptional ability in the sciences according to Code
25.5 of Federal Regulations, title 20, section 656.22(d); or

25.6 (2) to an applicant holding a valid license to practice medicine in another country and
25.7 issued a permanent immigrant visa after October 1, 1991, as a person of extraordinary ability
25.8 in the field of science or as an outstanding professor or researcher according to Code of
25.9 Federal Regulations, title 8, section 204.5(h) and (i), or a temporary nonimmigrant visa as
25.10 a person of extraordinary ability in the field of science according to Code of Federal
25.11 Regulations, title 8, section 214.2(o),

25.12 provided that a person under clause (1) or (2) is admitted pursuant to rules of the United
25.13 States Department of Labor.

25.14 (e) The applicant must:

25.15 (1) have passed an examination prepared and graded by the Federation of State Medical
25.16 Boards, the United States Medical Licensing Examination program in accordance with
25.17 section 147.02, subdivision 1, paragraph (c), clause (2), or the Medical Council of Canada;
25.18 and

25.19 (2) if the examination in clause (1) was passed more than ten years ago, either:

25.20 (i) pass the Special Purpose Examination of the Federation of State Medical Boards with
25.21 a score of 75 or better within three attempts; or

25.22 (ii) have a current certification by a specialty board of the American Board of Medical
25.23 Specialties, of the American Osteopathic Association, of the Royal College of Physicians
25.24 and Surgeons of Canada, or of the College of Family Physicians of Canada; or

25.25 (3) if the applicant fails to meet the requirement established in section 147.02, subdivision
25.26 1, paragraph (c), clause (2), because the applicant failed to pass each of steps one, two, and
25.27 three of the USMLE within the required three attempts, the applicant may be granted a
25.28 license provided the applicant:

25.29 (i) has passed each of steps one, two, and three with passing scores as recommended by
25.30 the USMLE program within no more than four attempts for any of the three steps;

25.31 (ii) is currently licensed in another state; and

26.1 (iii) has current certification by a specialty board of the American Board of Medical
26.2 Specialties, the American Osteopathic Association, the Royal College of Physicians and
26.3 Surgeons of Canada, or the College of Family Physicians of Canada.

26.4 (f) The applicant must not be under license suspension or revocation by the licensing
26.5 board of the state or jurisdiction in which the conduct that caused the suspension or revocation
26.6 occurred.

26.7 (g) The applicant must not have engaged in conduct warranting disciplinary action
26.8 against a licensee, or have been subject to disciplinary action other than as specified in
26.9 paragraph (f). If an applicant does not satisfy the requirements stated in this paragraph, the
26.10 board may issue a license only on the applicant's showing that the public will be protected
26.11 through issuance of a license with conditions or limitations the board considers appropriate.

26.12 ~~Subd. 1a. **Temporary permit.** The board may issue a temporary permit to practice~~
26.13 ~~medicine to a physician eligible for licensure under this section only if the application for~~
26.14 ~~licensure is complete, all requirements in subdivision 1 have been met, and a nonrefundable~~
26.15 ~~fee set by the board has been paid. The permit remains valid only until the meeting of the~~
26.16 ~~board at which a decision is made on the physician's application for licensure.~~

26.17 Subd. 2. **Medical school review.** The board may contract with any qualified person or
26.18 organization for the performance of a review or investigation, including site visits if
26.19 necessary, of any medical or osteopathic school prior to approving the school under section
26.20 147.02, subdivision 1, paragraph (b), or subdivision 1, paragraph (b), of this section. To the
26.21 extent possible, the board shall require the school being reviewed to pay the costs of the
26.22 review or investigation.

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

26.24 Sec. 6. **[147A.025] TEMPORARY PERMIT.**

26.25 (a) An applicant for licensure under section 147A.02, may request the board to issue a
26.26 temporary permit in accordance with this section. Upon receipt of the application for
26.27 licensure, a request for a temporary permit, and a nonrefundable physician assistant
26.28 application fee as specified under section 147A.28, the board may issue a temporary permit
26.29 to practice as a physician assistant if the applicant is:

26.30 (1) currently licensed in good standing to practice as a physician assistant in another
26.31 state, territory, or Canadian province; and

26.32 (2) not subject to a pending investigation or disciplinary action in any state, territory, or
26.33 Canadian province.

27.1 (b) A temporary permit issued under this section is nonrenewable and shall be valid until
 27.2 a decision is made on the physician assistant's application for licensure or for 90 days,
 27.3 whichever occurs first.

27.4 (c) The board may revoke the temporary permit that has been issued under this section
 27.5 if the applicant is the subject of an investigation or disciplinary action or is disqualified for
 27.6 licensure for any other reason.

27.7 (d) Notwithstanding section 13.41, subdivision 2, the board may release information
 27.8 regarding any action taken by the board pursuant to this section.

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

27.10 Sec. 7. Minnesota Statutes 2020, section 147A.28, is amended to read:

27.11 **147A.28 PHYSICIAN ASSISTANT APPLICATION AND LICENSE FEES.**

27.12 (a) The board may charge the following nonrefundable fees:

27.13 (1) physician assistant application fee, \$120;

27.14 ~~(2) physician assistant annual registration renewal fee (prescribing authority), \$135;~~

27.15 ~~(3)~~ (2) physician assistant annual ~~registration~~ license renewal fee ~~(no prescribing~~
 27.16 ~~authority), \$115;~~

27.17 ~~(4) physician assistant temporary registration, \$115;~~

27.18 ~~(5) physician assistant temporary permit, \$60;~~

27.19 ~~(6)~~ (3) physician assistant locum tenens permit, \$25;

27.20 ~~(7)~~ (4) physician assistant late fee, \$50;

27.21 ~~(8)~~ (5) duplicate license fee, \$20;

27.22 ~~(9)~~ (6) certification letter fee, \$25;

27.23 ~~(10)~~ (7) education or training program approval fee, \$100;

27.24 ~~(11)~~ (8) report creation and generation fee, \$60 per hour; and

27.25 ~~(12)~~ (9) verification fee, \$25.

27.26 (b) The board may prorate the initial annual license fee. All licensees are required to
 27.27 pay the full fee upon license renewal. The revenue generated from the fees must be deposited
 27.28 in an account in the state government special revenue fund.

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

28.1 Sec. 8. Minnesota Statutes 2020, section 147C.15, subdivision 3, is amended to read:

28.2 Subd. 3. **Temporary permit.** (a) An applicant for licensure under this section may
28.3 request the board to issue a temporary permit in accordance with this subdivision. Upon
28.4 receipt of the application for licensure, a request for a temporary permit, and a nonrefundable
28.5 respiratory therapist application fee as specified under section 147C.40, subdivision 5, the
28.6 board may issue a temporary permit to practice as a respiratory therapist to an applicant
28.7 eligible for licensure under this section if the application for licensure is complete, all
28.8 applicable requirements in this section have been met, and a nonrefundable fee set by the
28.9 board has been paid applicant is:

28.10 (1) currently licensed to practice as a respiratory therapist in another state, territory, or
28.11 Canadian province; and

28.12 (2) not subject to a pending investigation or disciplinary action in any state, territory, or
28.13 Canadian province.

28.14 ~~The~~ (b) A temporary permit remains issued under this subdivision is nonrenewable and
28.15 shall remain valid only until the meeting of the board at which a decision is made on the
28.16 respiratory therapist's application for licensure or for 90 days, whichever occurs first.

28.17 (c) The board may revoke a temporary permit that has been issued under this subdivision
28.18 if the applicant is the subject of an investigation or disciplinary action or is disqualified for
28.19 licensure for any other reason.

28.20 (d) Notwithstanding section 13.41, subdivision 2, the board may release information
28.21 regarding any action taken by a board pursuant to this section.

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

28.23 Sec. 9. Minnesota Statutes 2020, section 147C.40, subdivision 5, is amended to read:

28.24 Subd. 5. **Respiratory therapist application and license fees.** (a) The board may charge
28.25 the following nonrefundable fees:

28.26 (1) respiratory therapist application fee, \$100;

28.27 (2) respiratory therapist annual registration renewal fee, \$90;

28.28 (3) respiratory therapist inactive status fee, \$50;

28.29 (4) respiratory therapist temporary registration fee, \$90;

28.30 ~~(5) respiratory therapist temporary permit, \$60;~~

28.31 ~~(6)~~ (5) respiratory therapist late fee, \$50;

- 29.1 ~~(7)~~ (6) duplicate license fee, \$20;
- 29.2 ~~(8)~~ (7) certification letter fee, \$25;
- 29.3 ~~(9)~~ (8) education or training program approval fee, \$100;
- 29.4 ~~(10)~~ (9) report creation and generation fee, \$60 per hour; and
- 29.5 ~~(11)~~ (10) verification fee, \$25.

29.6 (b) The board may prorate the initial annual license fee. All licensees are required to
 29.7 pay the full fee upon license renewal. The revenue generated from the fees must be deposited
 29.8 in an account in the state government special revenue fund.

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

29.10 Sec. 10. Minnesota Statutes 2020, section 148.212, subdivision 1, is amended to read:

29.11 Subdivision 1. **Issuance.** Upon receipt of the applicable licensure or reregistration fee
 29.12 and permit fee, and in accordance with rules of the board, the board may issue a nonrenewable
 29.13 temporary permit to practice professional or practical nursing to an applicant for licensure
 29.14 or reregistration who is not the subject of a pending investigation or disciplinary action, nor
 29.15 disqualified for any other reason, under the following circumstances:

29.16 (a) The applicant for licensure by endorsement under section 148.211, subdivision 2, is
 29.17 currently licensed to practice professional or practical nursing in another state, territory, or
 29.18 Canadian province. The permit is valid until the date of board action on the application or
 29.19 for ~~60~~ 90 days, whichever comes first.

29.20 (b) The applicant for licensure by endorsement under section 148.211, subdivision 2,
 29.21 or for reregistration under section 148.231, subdivision 5, is currently registered in a formal,
 29.22 structured refresher course or its equivalent for nurses that includes clinical practice.

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

29.24 Sec. 11. **[148.2855] NURSE LICENSURE COMPACT.**

29.25 The Nurse Licensure Compact is enacted into law and entered into with all other
 29.26 jurisdictions legally joining in it, in the form substantially as follows:

29.27 ARTICLE 1

29.28 DEFINITIONS

29.29 As used in this compact:

30.1 (a) "Adverse action" means any administrative, civil, equitable, or criminal action
30.2 permitted by a state's law that is imposed by a licensing board or other authority against a
30.3 nurse, including actions against an individual's license or multistate licensure privilege such
30.4 as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's
30.5 practice, or any other encumbrance on licensure affecting a nurse's authorization to practice,
30.6 including issuance of a cease and desist action.

30.7 (b) "Alternative program" means a nondisciplinary monitoring program approved by a
30.8 licensing board.

30.9 (c) "Coordinated licensure information system" means an integrated process for collecting,
30.10 storing, and sharing information on nurse licensure and enforcement activities related to
30.11 nurse licensure laws that is administered by a nonprofit organization composed of and
30.12 controlled by licensing boards.

30.13 (d) "Current significant investigative information" means:

30.14 (1) investigative information that a licensing board, after a preliminary inquiry that
30.15 includes notification and an opportunity for the nurse to respond, if required by state law,
30.16 has reason to believe is not groundless and, if proved true, would indicate more than a minor
30.17 infraction; or

30.18 (2) investigative information that indicates that the nurse represents an immediate threat
30.19 to public health and safety, regardless of whether the nurse has been notified and had an
30.20 opportunity to respond.

30.21 (e) "Encumbrance" means a revocation or suspension of, or any limitation on, the full
30.22 and unrestricted practice of nursing imposed by a licensing board.

30.23 (f) "Home state" means the party state that is the nurse's primary state of residence.

30.24 (g) "Licensing board" means a party state's regulatory body responsible for issuing nurse
30.25 licenses.

30.26 (h) "Multistate license" means a license to practice as a registered or a licensed
30.27 practical/vocational nurse (LPN/VN) issued by a home state licensing board that authorizes
30.28 the licensed nurse to practice in all party states under a multistate licensure privilege.

30.29 (i) "Multistate licensure privilege" means a legal authorization associated with a multistate
30.30 license permitting the practice of nursing as either a registered nurse (RN) or LPN/VN in
30.31 a remote state.

31.1 (j) "Nurse" means an RN or LPN/VN, as those terms are defined by each party state's
31.2 practice laws.

31.3 (k) "Party state" means any state that has adopted this compact.

31.4 (l) "Remote state" means a party state other than the home state.

31.5 (m) "Single-state license" means a nurse license issued by a party state that authorizes
31.6 practice only within the issuing state and does not include a multistate licensure privilege
31.7 to practice in any other party state.

31.8 (n) "State" means a state, territory, or possession of the United States and the District
31.9 of Columbia.

31.10 (o) "State practice laws" means a party state's laws, rules, and regulations that govern
31.11 the practice of nursing, define the scope of nursing practice, and create the methods and
31.12 grounds for imposing discipline. State practice laws do not include requirements necessary
31.13 to obtain and retain a license, except for qualifications or requirements of the home state.

31.14 ARTICLE 2

31.15 GENERAL PROVISIONS AND JURISDICTION

31.16 (a) A multistate license to practice registered or licensed practical/vocational nursing
31.17 issued by a home state to a resident in that state will be recognized by each party state as
31.18 authorizing a nurse to practice as an RN or LPN/VN under a multistate licensure privilege
31.19 in each party state.

31.20 (b) A state must implement procedures for considering the criminal history records of
31.21 applicants for initial multistate license or licensure by endorsement. The procedures shall
31.22 include the submission of fingerprints or other biometric-based information by applicants
31.23 for the purpose of obtaining an applicant's criminal history record information from the
31.24 Federal Bureau of Investigation and the agency responsible for retaining that state's criminal
31.25 records.

31.26 (c) Each party state shall require the following for an applicant to obtain or retain a
31.27 multistate license in the home state:

31.28 (1) meets the home state's qualifications for licensure or renewal of licensure, as well
31.29 as all other applicable state laws;

31.30 (2)(i) has graduated or is eligible to graduate from a licensing board-approved RN or
31.31 LPN/VN prelicensure education program; or

31.32 (ii) has graduated from a foreign RN or LPN/VN prelicensure education program that:

- 32.1 (A) has been approved by the authorized accrediting body in the applicable country; and
- 32.2 (B) has been verified by an independent credentials review agency to be comparable to
- 32.3 a licensing board-approved prelicensure education program;
- 32.4 (3) has, if a graduate of a foreign prelicensure education program not taught in English
- 32.5 or if English is not the individual's native language, successfully passed an English
- 32.6 proficiency examination that includes the components of reading, speaking, writing, and
- 32.7 listening;
- 32.8 (4) has successfully passed an NCLEX-RN or NCLEX-PN Examination or recognized
- 32.9 predecessor, as applicable;
- 32.10 (5) is eligible for or holds an active, unencumbered license;
- 32.11 (6) has submitted, in connection with an application for initial licensure or licensure by
- 32.12 endorsement, fingerprints or other biometric data for the purpose of obtaining criminal
- 32.13 history record information from the Federal Bureau of Investigation and the agency
- 32.14 responsible for retaining that state's criminal records;
- 32.15 (7) has not been convicted or found guilty, or has entered into an agreed disposition, of
- 32.16 a felony offense under applicable state or federal criminal law;
- 32.17 (8) has not been convicted or found guilty, or has entered into an agreed disposition, of
- 32.18 a misdemeanor offense related to the practice of nursing as determined on a case-by-case
- 32.19 basis;
- 32.20 (9) is not currently enrolled in an alternative program;
- 32.21 (10) is subject to self-disclosure requirements regarding current participation in an
- 32.22 alternative program; and
- 32.23 (11) has a valid United States Social Security number.
- 32.24 (d) All party states shall be authorized, in accordance with existing state due process
- 32.25 law, to take adverse action against a nurse's multistate licensure privilege such as revocation,
- 32.26 suspension, probation, or any other action that affects a nurse's authorization to practice
- 32.27 under a multistate licensure privilege, including cease and desist actions. If a party state
- 32.28 takes such action, it shall promptly notify the administrator of the coordinated licensure
- 32.29 information system. The administrator of the coordinated licensure information system shall
- 32.30 promptly notify the home state of any such actions by remote states.
- 32.31 (e) A nurse practicing in a party state must comply with the state practice laws of the
- 32.32 state in which the client is located at the time service is provided. The practice of nursing

33.1 is not limited to patient care, but shall include all nursing practice as defined by the state
33.2 practice laws of the party state in which the client is located. The practice of nursing in a
33.3 party state under a multistate licensure privilege shall subject a nurse to the jurisdiction of
33.4 the licensing board, the courts, and the laws of the party state in which the client is located
33.5 at the time service is provided.

33.6 (f) Individuals not residing in a party state shall continue to be able to apply for a party
33.7 state's single-state license as provided under the laws of each party state. However, the
33.8 single-state license granted to these individuals will not be recognized as granting the
33.9 privilege to practice nursing in any other party state. Nothing in this compact shall affect
33.10 the requirements established by a party state for the issuance of a single-state license.

33.11 (g) Any nurse holding a home state multistate license, on the effective date of this
33.12 compact, may retain and renew the multistate license issued by the nurse's then-current
33.13 home state, provided that:

33.14 (1) a nurse, who changes primary state of residence after this compact's effective date,
33.15 must meet all applicable paragraph (c) requirements to obtain a multistate license from a
33.16 new home state; or

33.17 (2) a nurse who fails to satisfy the multistate licensure requirements in paragraph (c)
33.18 due to a disqualifying event occurring after this compact's effective date shall be ineligible
33.19 to retain or renew a multistate license, and the nurse's multistate license shall be revoked
33.20 or deactivated in accordance with applicable rules adopted by the Interstate Commission
33.21 of Nurse Licensure Compact Administrators ("Commission").

33.22 ARTICLE 3

33.23 APPLICATIONS FOR LICENSURE IN A PARTY STATE

33.24 (a) Upon application for a multistate license, the licensing board in the issuing party
33.25 state shall ascertain, through the coordinated licensure information system, whether the
33.26 applicant has ever held or is the holder of a license issued by any other state, whether there
33.27 are any encumbrances on any license or multistate licensure privilege held by the applicant,
33.28 whether any adverse action has been taken against any license or multistate licensure privilege
33.29 held by the applicant, and whether the applicant is currently participating in an alternative
33.30 program.

33.31 (b) A nurse may hold a multistate license issued by the home state in only one party
33.32 state at a time.

34.1 (c) If a nurse changes primary state of residence by moving between two party states,
34.2 the nurse must apply for licensure in the new home state, and the multistate license issued
34.3 by the prior home state will be deactivated in accordance with applicable rules adopted by
34.4 the commission:

34.5 (1) the nurse may apply for licensure in advance of a change in primary state of residence;
34.6 and

34.7 (2) a multistate license shall not be issued by the new home state until the nurse provides
34.8 satisfactory evidence of a change in primary state of residence to the new home state and
34.9 satisfies all applicable requirements to obtain a multistate license from the new home state.

34.10 (d) If a nurse changes primary state of residence by moving from a party state to a
34.11 nonparty state, the multistate license issued by the prior home state will convert to a
34.12 single-state license, valid only in the former home state.

34.13 ARTICLE 4

34.14 ADDITIONAL AUTHORITIES INVESTED IN PARTY STATE LICENSING BOARDS

34.15 (a) In addition to the other powers conferred by state law, a licensing board shall have
34.16 the authority to:

34.17 (1) take adverse action against a nurse's multistate licensure privilege to practice within
34.18 that party state:

34.19 (i) only the home state shall have the power to take adverse action against a nurse's
34.20 license issued by the home state; and

34.21 (ii) for purposes of taking adverse action, the home state licensing board shall give the
34.22 same priority and effect to reported conduct received from a remote state as it would if the
34.23 conduct occurred within the home state. In so doing, the home state shall apply its own state
34.24 laws to determine appropriate action;

34.25 (2) issue cease and desist orders or impose an encumbrance on a nurse's authority to
34.26 practice within that party state;

34.27 (3) complete any pending investigations of a nurse who changes primary state of residence
34.28 during the course of the investigations. The licensing board shall also have the authority to
34.29 take appropriate action and shall promptly report the conclusions of the investigations to
34.30 the administrator of the coordinated licensure information system. The administrator of the
34.31 coordinated licensure information system shall promptly notify the new home state of any
34.32 such actions;

35.1 (4) issue subpoenas for hearings and investigations that require the attendance and
35.2 testimony of witnesses, as well as the production of evidence. Subpoenas issued by a licensing
35.3 board in a party state for the attendance and testimony of witnesses or the production of
35.4 evidence from another party state shall be enforced in the latter state by any court of
35.5 competent jurisdiction according to the practice and procedure of that court applicable to
35.6 subpoenas issued in proceedings pending before it. The issuing authority shall pay any
35.7 witness fees, travel expenses, mileage, and other fees required by the service statutes of the
35.8 state in which the witnesses or evidence are located;

35.9 (5) obtain and submit, for each nurse licensure applicant, fingerprint or other
35.10 biometric-based information to the Federal Bureau of Investigation for criminal background
35.11 checks, receive the results of the Federal Bureau of Investigation record search on criminal
35.12 background checks, and use the results in making licensure decisions;

35.13 (6) if otherwise permitted by state law, recover from the affected nurse the costs of
35.14 investigations and disposition of cases resulting from any adverse action taken against that
35.15 nurse; and

35.16 (7) take adverse action based on the factual findings of the remote state, provided that
35.17 the licensing board follows its own procedures for taking such adverse action.

35.18 (b) If adverse action is taken by the home state against a nurse's multistate license, the
35.19 nurse's multistate licensure privilege to practice in all other party states shall be deactivated
35.20 until all encumbrances have been removed from the multistate license. All home state
35.21 disciplinary orders that impose adverse action against a nurse's multistate license shall
35.22 include a statement that the nurse's multistate licensure privilege is deactivated in all party
35.23 states during the pendency of the order.

35.24 (c) Nothing in this compact shall override a party state's decision that participation in
35.25 an alternative program may be used in lieu of adverse action. The home state licensing board
35.26 shall deactivate the multistate licensure privilege under the multistate license of any nurse
35.27 for the duration of the nurse's participation in an alternative program.

35.28 ARTICLE 5

35.29 COORDINATED LICENSURE INFORMATION SYSTEM AND EXCHANGE OF 35.30 INFORMATION

35.31 (a) All party states shall participate in a coordinated licensure information system of
35.32 RNs and LPNs. The system will include information on the licensure and disciplinary history

36.1 of each nurse, as submitted by party states, to assist in the coordination of nurse licensure
36.2 and enforcement efforts.

36.3 (b) The commission, in consultation with the administrator of the coordinated licensure
36.4 information system, shall formulate necessary and proper procedures for the identification,
36.5 collection, and exchange of information under this compact.

36.6 (c) All licensing boards shall promptly report to the coordinated licensure information
36.7 system any adverse action, any current significant investigative information, denials of
36.8 applications, including the reasons for the denials, and nurse participation in alternative
36.9 programs known to the licensing board, regardless of whether the participation is deemed
36.10 nonpublic or confidential under state law.

36.11 (d) Current significant investigative information and participation in nonpublic or
36.12 confidential alternative programs shall be transmitted through the coordinated licensure
36.13 information system only to party state licensing boards.

36.14 (e) Notwithstanding any other provision of law, all party state licensing boards
36.15 contributing information to the coordinated licensure information system may designate
36.16 information that shall not be shared with nonparty states or disclosed to other entities or
36.17 individuals without the express permission of the contributing state.

36.18 (f) Any personally identifiable information obtained from the coordinated licensure
36.19 information system by a party state licensing board shall not be shared with nonparty states
36.20 or disclosed to other entities or individuals except to the extent permitted by the laws of the
36.21 party state contributing the information.

36.22 (g) Any information contributed to the coordinated licensure information system that is
36.23 subsequently required to be expunged by the laws of the party state contributing that
36.24 information shall also be expunged from the coordinated licensure information system.

36.25 (h) The compact administrator of each party state shall furnish a uniform data set to the
36.26 compact administrator of each other party state, which shall include, at a minimum:

36.27 (1) identifying information;

36.28 (2) licensure data;

36.29 (3) information related to alternative program participation; and

36.30 (4) other information that may facilitate the administration of this compact, as determined
36.31 by commission rules.

37.1 (i) The compact administrator of a party state shall provide all investigative documents
37.2 and information requested by another party state.

37.3 ARTICLE 6

37.4 ESTABLISHMENT OF THE INTERSTATE COMMISSION OF NURSE LICENSURE

37.5 COMPACT ADMINISTRATORS

37.6 (a) The party states hereby create and establish a joint public entity known as the Interstate
37.7 Commission of Nurse Licensure Compact Administrators:

37.8 (1) the commission is an instrumentality of the party states;

37.9 (2) venue is proper, and judicial proceedings by or against the commission shall be
37.10 brought solely and exclusively in a court of competent jurisdiction where the principal office
37.11 of the commission is located. The commission may waive venue and jurisdictional defenses
37.12 to the extent it adopts or consents to participate in alternative dispute resolution proceedings;
37.13 and

37.14 (3) nothing in this compact shall be construed to be a waiver of sovereign immunity.

37.15 (b) Membership, voting, and meetings:

37.16 (1) each party state shall have and be limited to one administrator. The head of the state
37.17 licensing board or designee shall be the administrator of this compact for each party state.
37.18 Any administrator may be removed or suspended from office as provided by the laws of
37.19 the state from which the administrator is appointed. Any vacancy occurring in the commission
37.20 shall be filled in accordance with the laws of the party state in which the vacancy exists;

37.21 (2) each administrator shall be entitled to one vote with regard to the promulgation of
37.22 rules and creation of bylaws and shall otherwise have an opportunity to participate in the
37.23 business and affairs of the commission. An administrator shall vote in person or by such
37.24 other means as provided in the bylaws. The bylaws may provide for an administrator's
37.25 participation in meetings by telephone or other means of communication;

37.26 (3) the commission shall meet at least once during each calendar year. Additional
37.27 meetings shall be held as set forth in the bylaws or rules of the commission;

37.28 (4) all meetings shall be open to the public, and public notice of meetings shall be given
37.29 in the same manner as required under the rulemaking provisions in article 7;

37.30 (5) the commission may convene in a closed, nonpublic meeting if the commission must
37.31 discuss:

37.32 (i) noncompliance of a party state with its obligations under this compact;

38.1 (ii) the employment, compensation, discipline, or other personnel matters, practices, or
38.2 procedures related to specific employees or other matters related to the commission's internal
38.3 personnel practices and procedures;

38.4 (iii) current, threatened, or reasonably anticipated litigation;

38.5 (iv) negotiation of contracts for the purchase or sale of goods, services, or real estate;

38.6 (v) accusing any person of a crime or formally censuring any person;

38.7 (vi) disclosure of trade secrets or commercial or financial information that is privileged
38.8 or confidential;

38.9 (vii) disclosure of information of a personal nature where disclosure would constitute a
38.10 clearly unwarranted invasion of personal privacy;

38.11 (viii) disclosure of investigatory records compiled for law enforcement purposes;

38.12 (ix) disclosure of information related to any reports prepared by or on behalf of the
38.13 commission for the purpose of investigation of compliance with this compact; or

38.14 (x) matters specifically exempted from disclosure by federal or state statute; and

38.15 (6) if a meeting or portion of a meeting is closed pursuant to this provision, the
38.16 commission's legal counsel or designee shall certify that the meeting may be closed and
38.17 shall reference each relevant exempting provision. The commission shall keep minutes that
38.18 fully and clearly describe all matters discussed in a meeting and shall provide a full and
38.19 accurate summary of actions taken and the reasons therefore, including a description of the
38.20 views expressed. All documents considered in connection with an action shall be identified
38.21 in the minutes. All minutes and documents of a closed meeting shall remain under seal,
38.22 subject to release by a majority vote of the commission or order of a court of competent
38.23 jurisdiction.

38.24 (c) The commission shall, by a majority vote of the administrators, prescribe bylaws or
38.25 rules to govern its conduct as may be necessary or appropriate to carry out the purposes and
38.26 exercise the powers of this compact, including but not limited to:

38.27 (1) establishing the fiscal year of the commission;

38.28 (2) providing reasonable standards and procedures:

38.29 (i) for the establishment and meetings of other committees; and

38.30 (ii) governing any general or specific delegation of any authority or function of the
38.31 commission;

39.1 (3) providing reasonable procedures for calling and conducting meetings of the
39.2 commission, ensuring reasonable advance notice of all meetings and providing an opportunity
39.3 for attendance of the meetings by interested parties, with enumerated exceptions designed
39.4 to protect the public's interest, the privacy of individuals, and proprietary information,
39.5 including trade secrets. The commission may meet in closed session only after a majority
39.6 of the administrators vote to close a meeting in whole or in part. As soon as practicable, the
39.7 commission must make public a copy of the vote to close the meeting revealing the vote of
39.8 each administrator, with no proxy votes allowed;

39.9 (4) establishing the titles, duties, and authority and reasonable procedures for the election
39.10 of the officers of the commission;

39.11 (5) providing reasonable standards and procedures for the establishment of the personnel
39.12 policies and programs of the commission. Notwithstanding any civil service or other similar
39.13 laws of any party state, the bylaws shall exclusively govern the personnel policies and
39.14 programs of the commission; and

39.15 (6) providing a mechanism for winding up the operations of the commission and the
39.16 equitable disposition of any surplus funds that may exist after the termination of this compact
39.17 after the payment or reserving of all of its debts and obligations.

39.18 (d) The commission shall publish its bylaws, rules, and any amendments in a convenient
39.19 form on the website of the commission.

39.20 (e) The commission shall maintain its financial records in accordance with the bylaws.

39.21 (f) The commission shall meet and take actions consistent with the provisions of this
39.22 compact and the bylaws.

39.23 (g) The commission shall have the following powers:

39.24 (1) to promulgate uniform rules to facilitate and coordinate implementation and
39.25 administration of this compact. The rules shall have the force and effect of law and shall
39.26 be binding in all party states;

39.27 (2) to bring and prosecute legal proceedings or actions in the name of the commission,
39.28 provided that the standing of any licensing board to sue or be sued under applicable law
39.29 shall not be affected;

39.30 (3) to purchase and maintain insurance and bonds;

39.31 (4) to borrow, accept, or contract for services of personnel, including but not limited to
39.32 employees of a party state or nonprofit organizations;

40.1 (5) to cooperate with other organizations that administer state compacts related to the
40.2 regulation of nursing, including but not limited to sharing administrative or staff expenses,
40.3 office space, or other resources;

40.4 (6) to hire employees, elect or appoint officers, fix compensation, define duties, grant
40.5 such individuals appropriate authority to carry out the purposes of this compact, and establish
40.6 the commission's personnel policies and programs relating to conflicts of interest,
40.7 qualifications of personnel, and other related personnel matters;

40.8 (7) to accept any and all appropriate donations, grants, and gifts of money, equipment,
40.9 supplies, materials, and services, and to receive, utilize, and dispose of the same; provided
40.10 that at all times the commission shall avoid any appearance of impropriety or conflict of
40.11 interest;

40.12 (8) to lease, purchase, accept appropriate gifts or donations of, or otherwise to own,
40.13 hold, improve, or use any property, whether real, personal, or mixed; provided that at all
40.14 times the commission shall avoid any appearance of impropriety;

40.15 (9) to sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose
40.16 of any property, whether real, personal, or mixed;

40.17 (10) to establish a budget and make expenditures;

40.18 (11) to borrow money;

40.19 (12) to appoint committees, including advisory committees comprised of administrators,
40.20 state nursing regulators, state legislators or their representatives, and consumer
40.21 representatives, and other such interested persons;

40.22 (13) to provide and receive information from, and to cooperate with, law enforcement
40.23 agencies;

40.24 (14) to adopt and use an official seal; and

40.25 (15) to perform other functions as may be necessary or appropriate to achieve the purposes
40.26 of this compact consistent with the state regulation of nurse licensure and practice.

40.27 (h) Financing of the commission:

40.28 (1) the commission shall pay or provide for the payment of the reasonable expenses of
40.29 its establishment, organization, and ongoing activities;

40.30 (2) the commission may also levy on and collect an annual assessment from each party
40.31 state to cover the cost of its operations, activities, and staff in its annual budget as approved
40.32 each year. The aggregate annual assessment amount, if any, shall be allocated based on a

41.1 formula to be determined by the commission, which shall promulgate a rule that is binding
41.2 upon all party states;

41.3 (3) the commission shall not incur obligations of any kind prior to securing the funds
41.4 adequate to meet the same; nor shall the commission pledge the credit of any of the party
41.5 states, except by and with the authority of the party state; and

41.6 (4) the commission shall keep accurate accounts of all receipts and disbursements. The
41.7 receipts and disbursements of the commission shall be subject to the audit and accounting
41.8 procedures established under its bylaws. However, all receipts and disbursements of funds
41.9 handled by the commission shall be audited yearly by a certified or licensed public
41.10 accountant, and the report of the audit shall be included in and become part of the annual
41.11 report of the commission.

41.12 (i) Qualified immunity, defense, and indemnification:

41.13 (1) the administrators, officers, executive director, employees, and representatives of
41.14 the commission shall be immune from suit and liability, either personally or in their official
41.15 capacity, for any claim for damage to or loss of property or personal injury or other civil
41.16 liability caused by or arising out of any actual or alleged act, error, or omission that occurred,
41.17 or that the person against whom the claim is made had a reasonable basis for believing
41.18 occurred, within the scope of commission employment, duties, or responsibilities; provided
41.19 that nothing in this paragraph shall be construed to protect any such person from suit or
41.20 liability for any damage, loss, injury, or liability caused by the intentional, willful, or wanton
41.21 misconduct of that person;

41.22 (2) the commission shall defend any administrator, officer, executive director, employee,
41.23 or representative of the commission in any civil action seeking to impose liability arising
41.24 out of any actual or alleged act, error, or omission that occurred within the scope of
41.25 commission employment, duties, or responsibilities, or that the person against whom the
41.26 claim is made had a reasonable basis for believing occurred within the scope of commission
41.27 employment, duties, or responsibilities; provided that nothing herein shall be construed to
41.28 prohibit that person from retaining the person's counsel; and provided further that the actual
41.29 or alleged act, error, or omission did not result from that person's intentional, willful, or
41.30 wanton misconduct; and

41.31 (3) the commission shall indemnify and hold harmless any administrator, officer,
41.32 executive director, employee, or representative of the commission for the amount of any
41.33 settlement or judgment obtained against that person arising out of any actual or alleged act,
41.34 error, or omission that occurred within the scope of commission employment, duties, or

42.1 responsibilities, or that the person had a reasonable basis for believing occurred within the
42.2 scope of commission employment, duties, or responsibilities, provided that the actual or
42.3 alleged act, error, or omission did not result from the intentional, willful, or wanton
42.4 misconduct of that person.

42.5 ARTICLE 7

42.6 RULEMAKING

42.7 (a) The commission shall exercise its rulemaking powers pursuant to this article and the
42.8 rules adopted thereunder. Rules and amendments shall become binding as of the date
42.9 specified in each rule or amendment and shall have the same force and effect as provisions
42.10 of this compact.

42.11 (b) Rules or amendments to the rules shall be adopted at a regular or special meeting of
42.12 the commission.

42.13 (c) Prior to promulgation and adoption of a final rule or rules by the commission, and
42.14 at least 60 days in advance of the meeting at which the rule will be considered and voted
42.15 on, the commission shall file a notice of proposed rulemaking:

42.16 (1) on the website of the commission; and

42.17 (2) on the website of each licensing board or the publication in which the state would
42.18 otherwise publish proposed rules.

42.19 (d) The notice of proposed rulemaking shall include:

42.20 (1) the proposed time, date, and location of the meeting in which the rule will be
42.21 considered and voted on;

42.22 (2) the text of the proposed rule or amendment, and the reason for the proposed rule;

42.23 (3) a request for comments on the proposed rule from any interested person; and

42.24 (4) the manner in which interested persons may submit notice to the commission of their
42.25 intention to attend the public hearing and any written comments.

42.26 (e) Prior to adoption of a proposed rule, the commission shall allow persons to submit
42.27 written data, facts, opinions, and arguments that shall be made available to the public.

42.28 (f) The commission shall grant an opportunity for a public hearing before it adopts a
42.29 rule or amendment.

42.30 (g) The commission shall publish the place, time, and date of the scheduled public
42.31 hearing:

43.1 (1) hearings shall be conducted in a manner providing each person who wishes to
43.2 comment a fair and reasonable opportunity to comment orally or in writing. All hearings
43.3 will be recorded and a copy will be made available upon request; and

43.4 (2) nothing in this section shall be construed as requiring a separate hearing on each
43.5 rule. Rules may be grouped for the convenience of the commission at hearings required by
43.6 this section.

43.7 (h) If no person appears at the public hearing, the commission may proceed with
43.8 promulgation of the proposed rule.

43.9 (i) Following the scheduled hearing date or by the close of business on the scheduled
43.10 hearing date if the hearing was not held, the commission shall consider all written and oral
43.11 comments received.

43.12 (j) The commission shall, by majority vote of all administrators, take final action on the
43.13 proposed rule and shall determine the effective date of the rule, if any, based on the
43.14 rulemaking record and the full text of the rule.

43.15 (k) Upon determination that an emergency exists, the commission may consider and
43.16 adopt an emergency rule without prior notice or opportunity for comment or hearing,
43.17 provided that the usual rulemaking procedures provided in this compact and in this section
43.18 shall be retroactively applied to the rule as soon as reasonably possible, in no event later
43.19 than 90 days after the effective date of the rule. For the purposes of this provision, an
43.20 emergency rule is one that must be adopted immediately in order to:

43.21 (1) meet an imminent threat to public health, safety, or welfare;

43.22 (2) prevent a loss of commission or party state funds; or

43.23 (3) meet a deadline for the promulgation of an administrative rule that is required by
43.24 federal law or rule.

43.25 (l) The commission may direct revisions to a previously adopted rule or amendment for
43.26 purposes of correcting typographical errors, errors in format, errors in consistency, or
43.27 grammatical errors. Public notice of any revisions shall be posted on the website of the
43.28 commission. The revision shall be subject to challenge by any person for a period of 30
43.29 days after posting. The revision may be challenged only on grounds that the revision results
43.30 in a material change to a rule. A challenge shall be made in writing and delivered to the
43.31 commission before the end of the notice period. If no challenge is made, the revision will
43.32 take effect without further action. If the revision is challenged, the revision shall not take
43.33 effect without the approval of the commission.

44.1 ARTICLE 8

44.2 OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

44.3 (a) Oversight:

44.4 (1) each party state shall enforce this compact and take all actions necessary and
44.5 appropriate to effectuate this compact's purposes and intent; and

44.6 (2) the commission shall be entitled to receive service of process in any proceeding that
44.7 may affect the powers, responsibilities, or actions of the commission and shall have standing
44.8 to intervene in such a proceeding for all purposes. Failure to provide service of process in
44.9 the proceeding to the commission shall render a judgment or order void as to the commission,
44.10 this compact, or promulgated rules.

44.11 (b) Default, technical assistance, and termination:

44.12 (1) if the commission determines that a party state has defaulted in the performance of
44.13 its obligations or responsibilities under this compact or the promulgated rules, the commission
44.14 shall:

44.15 (i) provide written notice to the defaulting state and other party states of the nature of
44.16 the default, the proposed means of curing the default, or any other action to be taken by the
44.17 commission; and

44.18 (ii) provide remedial training and specific technical assistance regarding the default;

44.19 (2) if a state in default fails to cure the default, the defaulting state's membership in this
44.20 compact may be terminated upon an affirmative vote of a majority of the administrators,
44.21 and all rights, privileges, and benefits conferred by this compact may be terminated on the
44.22 effective date of termination. A cure of the default does not relieve the offending state of
44.23 obligations or liabilities incurred during the period of default;

44.24 (3) termination of membership in this compact shall be imposed only after all other
44.25 means of securing compliance have been exhausted. Notice of intent to suspend or terminate
44.26 shall be given by the commission to the governor of the defaulting state and to the executive
44.27 officer of the defaulting state's licensing board and each of the party states;

44.28 (4) a state whose membership in this compact has been terminated is responsible for all
44.29 assessments, obligations, and liabilities incurred through the effective date of termination,
44.30 including obligations that extend beyond the effective date of termination;

45.1 (5) the commission shall not bear any costs related to a state that is found to be in default
45.2 or whose membership in this compact has been terminated, unless agreed upon in writing
45.3 between the commission and the defaulting state; and

45.4 (6) the defaulting state may appeal the action of the commission by petitioning the U.S.
45.5 District Court for the District of Columbia or the federal district in which the commission
45.6 has its principal offices. The prevailing party shall be awarded all costs of the litigation,
45.7 including reasonable attorney fees.

45.8 (c) Dispute resolution:

45.9 (1) upon request by a party state, the commission shall attempt to resolve disputes related
45.10 to the compact that arise among party states and between party and nonparty states;

45.11 (2) the commission shall promulgate a rule providing for both mediation and binding
45.12 dispute resolution for disputes, as appropriate; and

45.13 (3) in the event the commission cannot resolve disputes among party states arising under
45.14 this compact:

45.15 (i) the party states may submit the issues in dispute to an arbitration panel, that will be
45.16 comprised of individuals appointed by the compact administrator in each of the affected
45.17 party states and an individual mutually agreed upon by the compact administrators of all
45.18 the party states involved in the dispute; and

45.19 (ii) the decision of a majority of the arbitrators shall be final and binding.

45.20 (d) Enforcement:

45.21 (1) the commission, in the reasonable exercise of its discretion, shall enforce the
45.22 provisions and rules of this compact;

45.23 (2) by majority vote, the commission may initiate legal action in the U.S. District Court
45.24 for the District of Columbia or the federal district in which the commission has its principal
45.25 offices against a party state that is in default to enforce compliance with this compact and
45.26 its promulgated rules and bylaws. The relief sought may include both injunctive relief and
45.27 damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded
45.28 all costs of the litigation, including reasonable attorney fees; and

45.29 (3) the remedies herein shall not be the exclusive remedies of the commission. The
45.30 commission may pursue any other remedies available under federal or state law.

45.31 ARTICLE 9

45.32 EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

46.1 (a) This compact shall become effective and binding on July 1, 2022. All party states to
46.2 this compact that also were parties to the prior Nurse Licensure Compact that was superseded
46.3 by this compact shall be deemed to have withdrawn from the prior compact within six
46.4 months after the effective date of this compact.

46.5 (b) Each party state to this compact shall continue to recognize a nurse's multistate
46.6 licensure privilege to practice in that party state issued under the prior compact until the
46.7 party state has withdrawn from the prior compact.

46.8 (c) Any party state may withdraw from this compact by legislative enactment. A party
46.9 state's withdrawal shall not take effect until six months after enactment of the repealing
46.10 statute.

46.11 (d) A party state's withdrawal or termination shall not affect the continuing requirement
46.12 of the withdrawing or terminated state's licensing board to report adverse actions and
46.13 significant investigations occurring prior to the effective date of the withdrawal or
46.14 termination.

46.15 (e) Nothing in this compact shall be construed to invalidate or prevent any nurse licensure
46.16 agreement or other cooperative arrangement between a party state and a nonparty state that
46.17 is made in accordance with the other provisions of this compact.

46.18 (f) This compact may be amended by the party states. No amendment to this compact
46.19 shall become effective and binding upon the party states unless and until it is enacted into
46.20 the laws of all party states.

46.21 (g) Representatives of nonparty states to this compact shall be invited to participate in
46.22 the activities of the commission on a nonvoting basis prior to the adoption of this compact
46.23 by all states.

46.24 ARTICLE 10

46.25 CONSTRUCTION AND SEVERABILITY

46.26 This compact shall be liberally construed so as to effectuate the purposes thereof. This
46.27 compact shall be severable, and if any phrase, clause, sentence, or provision of this compact
46.28 is declared to be contrary to the constitution of any party state or of the United States, or if
46.29 the applicability thereof to any government, agency, person, or circumstance is held invalid,
46.30 the validity of the remainder of this compact and the applicability thereof to any government,
46.31 agency, person, or circumstance shall not be affected thereby. If this compact is held to be
46.32 contrary to the constitution of any party state, this compact shall remain in full force and

47.1 effect for the remaining party states and in full force and effect for the party state affected
47.2 as to all severable matters.

47.3 **Sec. 12. [148.2856] APPLICATION OF NURSE LICENSURE COMPACT TO**
47.4 **EXISTING LAWS.**

47.5 (a) Section 148.2855 does not supersede existing state labor laws.

47.6 (b) If the board takes action against an individual's multistate privilege, the action must
47.7 be adjudicated following the procedures in sections 14.50 to 14.62 and must be subject to
47.8 the judicial review provided for in sections 14.63 to 14.69.

47.9 (c) The board may take action against an individual's multistate privilege based on the
47.10 grounds listed in section 148.261, subdivision 1, and any other statute authorizing or requiring
47.11 the board to take corrective or disciplinary action.

47.12 (d) The board may take all forms of disciplinary action provided in section 148.262,
47.13 subdivision 1, and corrective action provided in section 214.103, subdivision 6, against an
47.14 individual's multistate privilege.

47.15 (e) The cooperation requirements of section 148.265 apply to individuals who practice
47.16 professional or practical nursing in Minnesota under section 148.2855.

47.17 (f) Complaints against individuals who practice professional or practical nursing in
47.18 Minnesota under section 148.2855 must be addressed according to sections 214.10 and
47.19 214.103.

47.20 **Sec. 13. [148.5185] AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**
47.21 **INTERSTATE COMPACT.**

47.22 Section 1. Definitions

47.23 As used in this Compact, and except as otherwise provided, the following definitions
47.24 shall apply:

47.25 A. "Active duty military" means full-time duty status in the active uniformed service of
47.26 the United States, including members of the National Guard and Reserve on active duty
47.27 orders pursuant to 10 U.S.C. sections 1209 and 1211.

47.28 B. "Adverse action" means any administrative, civil, equitable, or criminal action
47.29 permitted by a state's laws which is imposed by a licensing board or other authority against
47.30 an audiologist or speech-language pathologist, including actions against an individual's

48.1 license or privilege to practice such as revocation, suspension, probation, monitoring of the
48.2 licensee, or restriction on the licensee's practice.

48.3 C. "Alternative program" means a non-disciplinary monitoring process approved by an
48.4 audiology or speech-language pathology licensing board to address impaired practitioners.

48.5 D. "Audiologist" means an individual who is licensed by a state to practice audiology.

48.6 E. "Audiology" means the care and services provided by a licensed audiologist as set
48.7 forth in the member state's statutes and rules.

48.8 F. "Audiology and Speech-Language Pathology Compact Commission" or "Commission"
48.9 means the national administrative body whose membership consists of all states that have
48.10 enacted the Compact.

48.11 G. "Audiology and speech-language pathology licensing board," "audiology licensing
48.12 board," "speech-language pathology licensing board," or "licensing board" means the agency
48.13 of a state that is responsible for the licensing and regulation of audiologists or
48.14 speech-language pathologists or both.

48.15 H. "Compact privilege" means the authorization granted by a remote state to allow a
48.16 licensee from another member state to practice as an audiologist or speech-language
48.17 pathologist in the remote state under its laws and rules. The practice of audiology or
48.18 speech-language pathology occurs in the member state where the patient, client, or student
48.19 is located at the time of the patient, client, or student encounter.

48.20 I. "Current significant investigative information" means investigative information that
48.21 a licensing board, after an inquiry or investigation that includes notification and an
48.22 opportunity for the audiologist or speech-language pathologist to respond, if required by
48.23 state law, has reason to believe is not groundless and, if proved true, would indicate more
48.24 than a minor infraction.

48.25 J. "Data system" means a repository of information about licensees, including, but not
48.26 limited to, continuing education, examination, licensure, investigation, compact privilege,
48.27 and adverse action.

48.28 K. "Encumbered license" means a license in which an adverse action restricts the practice
48.29 of audiology or speech-language pathology by the licensee and said adverse action has been
48.30 reported to the National Practitioners Data Bank (NPDB).

48.31 L. "Executive Committee" means a group of directors elected or appointed to act on
48.32 behalf of, and within the powers granted to them by, the Commission.

49.1 M. "Home state" means the member state that is the licensee's primary state of residence.

49.2 N. "Impaired practitioner" means individuals whose professional practice is adversely
49.3 affected by substance abuse, addiction, or other health-related conditions.

49.4 O. "Licensee" means an individual who currently holds an authorization from the state
49.5 licensing board to practice as an audiologist or speech-language pathologist.

49.6 P. "Member state" means a state that has enacted the Compact.

49.7 Q. "Privilege to practice" means a legal authorization permitting the practice of audiology
49.8 or speech-language pathology in a remote state.

49.9 R. "Remote state" means a member state other than the home state where a licensee is
49.10 exercising or seeking to exercise the compact privilege.

49.11 S. "Rule" means a regulation, principle, or directive promulgated by the Commission
49.12 that has the force of law.

49.13 T. "Single-state license" means an audiology or speech-language pathology license
49.14 issued by a member state that authorizes practice only within the issuing state and does not
49.15 include a privilege to practice in any other member state.

49.16 U. "Speech-language pathologist" means an individual who is licensed by a state to
49.17 practice speech-language pathology.

49.18 V. "Speech-language pathology" means the care and services provided by a licensed
49.19 speech-language pathologist as set forth in the member state's statutes and rules.

49.20 W. "State" means any state, commonwealth, district, or territory of the United States of
49.21 America that regulates the practice of audiology and speech-language pathology.

49.22 X. "State practice laws" means a member state's laws, rules, and regulations that govern
49.23 the practice of audiology or speech-language pathology, define the scope of audiology or
49.24 speech-language pathology practice, and create the methods and grounds for imposing
49.25 discipline.

49.26 Y. "Telehealth" means the application of telecommunication technology to deliver
49.27 audiology or speech-language pathology services at a distance for assessment, intervention,
49.28 or consultation.

49.29 Section 2. State Participation in the Compact

49.30 A. A license issued to an audiologist or speech-language pathologist by a home state to
49.31 a resident in that state shall be recognized by each member state as authorizing an audiologist

50.1 or speech-language pathologist to practice audiology or speech-language pathology, under
50.2 a privilege to practice, in each member state.

50.3 B. A state must implement or utilize procedures for considering the criminal history
50.4 records of applicants for initial privilege to practice. These procedures shall include the
50.5 submission of fingerprints or other biometric-based information by applicants for the purpose
50.6 of obtaining an applicant's criminal history record information from the Federal Bureau of
50.7 Investigation and the agency responsible for retaining that state's criminal records.

50.8 1. A member state must fully implement a criminal background check requirement,
50.9 within a time frame established by rule, by receiving the results of the Federal Bureau of
50.10 Investigation record search on criminal background checks and use the results in making
50.11 licensure decisions.

50.12 2. Communication between a member state and the Commission and among member
50.13 states regarding the verification of eligibility for licensure through the Compact shall not
50.14 include any information received from the Federal Bureau of Investigation relating to a
50.15 federal criminal records check performed by a member state under Public Law 92-544.

50.16 C. Upon application for a privilege to practice, the licensing board in the issuing remote
50.17 state shall ascertain, through the data system, whether the applicant has ever held, or is the
50.18 holder of, a license issued by any other state, whether there are any encumbrances on any
50.19 license or privilege to practice held by the applicant, and whether any adverse action has
50.20 been taken against any license or privilege to practice held by the applicant.

50.21 D. Each member state shall require an applicant to obtain or retain a license in the home
50.22 state and meet the home state's qualifications for licensure or renewal of licensure, as well
50.23 as all other applicable state laws.

50.24 E. For an audiologist:

50.25 1. Must meet one of the following educational requirements:

50.26 a. On or before December 31, 2007, has graduated with a master's degree or doctoral
50.27 degree in audiology, or equivalent degree regardless of degree name, from a program that
50.28 is accredited by an accrediting agency recognized by the Council for Higher Education
50.29 Accreditation, or its successor, or by the United States Department of Education and operated
50.30 by a college or university accredited by a regional or national accrediting organization
50.31 recognized by the board; or

50.32 b. On or after January 1, 2008, has graduated with a doctoral degree in audiology, or
50.33 equivalent degree regardless of degree name, from a program that is accredited by an

51.1 accrediting agency recognized by the Council for Higher Education Accreditation, or its
51.2 successor, or by the United States Department of Education and operated by a college or
51.3 university accredited by a regional or national accrediting organization recognized by the
51.4 board; or

51.5 c. Has graduated from an audiology program that is housed in an institution of higher
51.6 education outside of the United States (a) for which the program and institution have been
51.7 approved by the authorized accrediting body in the applicable country and (b) the degree
51.8 program has been verified by an independent credentials review agency to be comparable
51.9 to a state licensing board-approved program;

51.10 2. Has completed a supervised clinical practicum experience from an accredited
51.11 educational institution or its cooperating programs as required by the board;

51.12 3. Has successfully passed a national examination approved by the Commission;

51.13 4. Holds an active, unencumbered license;

51.14 5. Has not been convicted or found guilty, and has not entered into an agreed disposition,
51.15 of a felony related to the practice of audiology, under applicable state or federal criminal
51.16 law; and

51.17 6. Has a valid United States Social Security or National Practitioner Identification
51.18 number.

51.19 F. For a speech-language pathologist:

51.20 1. Must meet one of the following educational requirements:

51.21 a. Has graduated with a master's degree from a speech-language pathology program that
51.22 is accredited by an organization recognized by the United States Department of Education
51.23 and operated by a college or university accredited by a regional or national accrediting
51.24 organization recognized by the board; or

51.25 b. Has graduated from a speech-language pathology program that is housed in an
51.26 institution of higher education outside of the United States (a) for which the program and
51.27 institution have been approved by the authorized accrediting body in the applicable country
51.28 and (b) the degree program has been verified by an independent credentials review agency
51.29 to be comparable to a state licensing board-approved program;

51.30 2. Has completed a supervised clinical practicum experience from an educational
51.31 institution or its cooperating programs as required by the Commission;

52.1 3. Has completed a supervised postgraduate professional experience as required by the
52.2 Commission;

52.3 4. Has successfully passed a national examination approved by the Commission;

52.4 5. Holds an active, unencumbered license;

52.5 6. Has not been convicted or found guilty, and has not entered into an agreed disposition,
52.6 of a felony related to the practice of speech-language pathology, under applicable state or
52.7 federal criminal law; and

52.8 7. Has a valid United States Social Security or National Practitioner Identification
52.9 number.

52.10 G. The privilege to practice is derived from the home state license.

52.11 H. An audiologist or speech-language pathologist practicing in a member state must
52.12 comply with the state practice laws of the state in which the client is located at the time
52.13 service is provided. The practice of audiology and speech-language pathology shall include
52.14 all audiology and speech-language pathology practice as defined by the state practice laws
52.15 of the member state in which the client is located. The practice of audiology and
52.16 speech-language pathology in a member state under a privilege to practice shall subject an
52.17 audiologist or speech-language pathologist to the jurisdiction of the licensing board, the
52.18 courts and the laws of the member state in which the client is located at the time service is
52.19 provided.

52.20 I. Individuals not residing in a member state shall continue to be able to apply for a
52.21 member state's single-state license as provided under the laws of each member state.
52.22 However, the single-state license granted to these individuals shall not be recognized as
52.23 granting the privilege to practice audiology or speech-language pathology in any other
52.24 member state. Nothing in this Compact shall affect the requirements established by a member
52.25 state for the issuance of a single-state license.

52.26 J. Member states may charge a fee for granting a compact privilege.

52.27 K. Member states must comply with the bylaws and rules and regulations of the
52.28 Commission.

52.29 Section 3. Compact Privilege

52.30 A. To exercise the compact privilege under the terms and provisions of the Compact,
52.31 the audiologist or speech-language pathologist shall:

52.32 1. Hold an active license in the home state;

- 53.1 2. Have no encumbrance on any state license;
- 53.2 3. Be eligible for a compact privilege in any member state in accordance with Section
- 53.3 2;
- 53.4 4. Have not had any adverse action against any license or compact privilege within the
- 53.5 previous two years from date of application;
- 53.6 5. Notify the Commission that the licensee is seeking the compact privilege within a
- 53.7 remote state(s);
- 53.8 6. Pay any applicable fees, including any state fee, for the compact privilege; and
- 53.9 7. Report to the Commission adverse action taken by any non-member state within 30
- 53.10 days from the date the adverse action is taken.
- 53.11 B. For the purposes of the compact privilege, an audiologist or speech-language
- 53.12 pathologist shall only hold one home state license at a time.
- 53.13 C. Except as provided in Section 5, if an audiologist or speech-language pathologist
- 53.14 changes primary state of residence by moving between two member states, the audiologist
- 53.15 or speech-language pathologist must apply for licensure in the new home state, and the
- 53.16 license issued by the prior home state shall be deactivated in accordance with applicable
- 53.17 rules adopted by the Commission.
- 53.18 D. The audiologist or speech-language pathologist may apply for licensure in advance
- 53.19 of a change in primary state of residence.
- 53.20 E. A license shall not be issued by the new home state until the audiologist or
- 53.21 speech-language pathologist provides satisfactory evidence of a change in primary state of
- 53.22 residence to the new home state and satisfies all applicable requirements to obtain a license
- 53.23 from the new home state.
- 53.24 F. If an audiologist or speech-language pathologist changes primary state of residence
- 53.25 by moving from a member state to a non-member state, the license issued by the prior home
- 53.26 state shall convert to a single-state license, valid only in the former home state.
- 53.27 G. The compact privilege is valid until the expiration date of the home state license. The
- 53.28 licensee must comply with the requirements of Section 3A to maintain the compact privilege
- 53.29 in the remote state.
- 53.30 H. A licensee providing audiology or speech-language pathology services in a remote
- 53.31 state under the compact privilege shall function within the laws and regulations of the remote
- 53.32 state.

54.1 I. A licensee providing audiology or speech-language pathology services in a remote
54.2 state is subject to that state's regulatory authority. A remote state may, in accordance with
54.3 due process and that state's laws, remove a licensee's compact privilege in the remote state
54.4 for a specific period of time, impose fines, or take any other necessary actions to protect
54.5 the health and safety of its citizens.

54.6 J. If a home state license is encumbered, the licensee shall lose the compact privilege in
54.7 any remote state until the following occur:

54.8 1. The home state license is no longer encumbered; and

54.9 2. Two years have elapsed from the date of the adverse action.

54.10 K. Once an encumbered license in the home state is restored to good standing, the licensee
54.11 must meet the requirements of Section 3A to obtain a compact privilege in any remote state.

54.12 L. Once the requirements of Section 3J have been met, the licensee must meet the
54.13 requirements in Section 3A to obtain a compact privilege in a remote state.

54.14 Section 4. Compact Privilege to Practice Telehealth

54.15 Member states shall recognize the right of an audiologist or speech-language pathologist,
54.16 licensed by a home state in accordance with Section 2 and under rules promulgated by the
54.17 Commission, to practice audiology or speech-language pathology in a member state via
54.18 telehealth under a privilege to practice as provided in the Compact and rules promulgated
54.19 by the Commission.

54.20 Section 5. Active Duty Military Personnel or Their Spouses

54.21 Active duty military personnel, or their spouse, shall designate a home state where the
54.22 individual has a current license in good standing. The individual may retain the home state
54.23 designation during the period the service member is on active duty. Subsequent to designating
54.24 a home state, the individual shall only change their home state through application for
54.25 licensure in the new state.

54.26 Section 6. Adverse Actions

54.27 A. In addition to the other powers conferred by state law, a remote state shall have the
54.28 authority, in accordance with existing state due process law, to:

54.29 1. Take adverse action against an audiologist's or speech-language pathologist's privilege
54.30 to practice within that member state.

54.31 2. Issue subpoenas for both hearings and investigations that require the attendance and
54.32 testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing

55.1 board in a member state for the attendance and testimony of witnesses or the production of
55.2 evidence from another member state shall be enforced in the latter state by any court of
55.3 competent jurisdiction, according to the practice and procedure of that court applicable to
55.4 subpoenas issued in proceedings pending before it. The issuing authority shall pay any
55.5 witness fees, travel expenses, mileage and other fees required by the service statutes of the
55.6 state in which the witnesses or evidence are located.

55.7 B. Only the home state shall have the power to take adverse action against an audiologist's
55.8 or speech-language pathologist's license issued by the home state.

55.9 C. For purposes of taking adverse action, the home state shall give the same priority and
55.10 effect to reported conduct received from a member state as it would if the conduct had
55.11 occurred within the home state. In so doing, the home state shall apply its own state laws
55.12 to determine appropriate action.

55.13 D. The home state shall complete any pending investigations of an audiologist or
55.14 speech-language pathologist who changes primary state of residence during the course of
55.15 the investigations. The home state shall also have the authority to take appropriate action(s)
55.16 and shall promptly report the conclusions of the investigations to the administrator of the
55.17 data system. The administrator of the data system shall promptly notify the new home state
55.18 of any adverse actions.

55.19 E. If otherwise permitted by state law, the member state may recover from the affected
55.20 audiologist or speech-language pathologist the costs of investigations and disposition of
55.21 cases resulting from any adverse action taken against that audiologist or speech-language
55.22 pathologist.

55.23 F. The member state may take adverse action based on the factual findings of the remote
55.24 state, provided that the home state follows its own procedures for taking the adverse action.

55.25 G. Joint Investigations

55.26 1. In addition to the authority granted to a member state by its respective audiology or
55.27 speech-language pathology practice act or other applicable state law, any member state may
55.28 participate with other member states in joint investigations of licensees.

55.29 2. Member states shall share any investigative, litigation, or compliance materials in
55.30 furtherance of any joint or individual investigation initiated under the Compact.

55.31 H. If adverse action is taken by the home state against an audiologist's or speech-language
55.32 pathologist's license, the audiologist's or speech-language pathologist's privilege to practice
55.33 in all other member states shall be deactivated until all encumbrances have been removed

56.1 from the state license. All home state disciplinary orders that impose adverse action against
56.2 an audiologist's or speech-language pathologist's license shall include a statement that the
56.3 audiologist's or speech-language pathologist's privilege to practice is deactivated in all
56.4 member states during the pendency of the order.

56.5 I. If a member state takes adverse action, it shall promptly notify the administrator of
56.6 the data system. The administrator of the data system shall promptly notify the home state
56.7 of any adverse actions by remote states.

56.8 J. Nothing in this Compact shall override a member state's decision that participation in
56.9 an alternative program may be used in lieu of adverse action.

56.10 Section 7. Establishment of the Audiology and Speech-Language Pathology Compact
56.11 Commission

56.12 A. The Compact member states hereby create and establish a joint public agency known
56.13 as the Audiology and Speech-Language Pathology Compact Commission:

56.14 1. The Commission is an instrumentality of the Compact states.

56.15 2. Venue is proper and judicial proceedings by or against the Commission shall be
56.16 brought solely and exclusively in a court of competent jurisdiction where the principal office
56.17 of the Commission is located. The Commission may waive venue and jurisdictional defenses
56.18 to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

56.19 3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

56.20 B. Membership, Voting, and Meetings

56.21 1. Each member state shall have two delegates selected by that member state's licensing
56.22 board. The delegates shall be current members of the licensing board. One shall be an
56.23 audiologist and one shall be a speech-language pathologist.

56.24 2. An additional five delegates, who are either a public member or board administrator
56.25 from a state licensing board, shall be chosen by the Executive Committee from a pool of
56.26 nominees provided by the Commission at Large.

56.27 3. Any delegate may be removed or suspended from office as provided by the law of
56.28 the state from which the delegate is appointed.

56.29 4. The member state board shall fill any vacancy occurring on the Commission, within
56.30 90 days.

57.1 5. Each delegate shall be entitled to one vote with regard to the promulgation of rules
57.2 and creation of bylaws and shall otherwise have an opportunity to participate in the business
57.3 and affairs of the Commission.

57.4 6. A delegate shall vote in person or by other means as provided in the bylaws. The
57.5 bylaws may provide for delegates' participation in meetings by telephone or other means
57.6 of communication.

57.7 7. The Commission shall meet at least once during each calendar year. Additional
57.8 meetings shall be held as set forth in the bylaws.

57.9 C. The Commission shall have the following powers and duties:

57.10 1. Establish the fiscal year of the Commission;

57.11 2. Establish bylaws;

57.12 3. Establish a Code of Ethics;

57.13 4. Maintain its financial records in accordance with the bylaws;

57.14 5. Meet and take actions as are consistent with the provisions of this Compact and the
57.15 bylaws;

57.16 6. Promulgate uniform rules to facilitate and coordinate implementation and
57.17 administration of this Compact. The rules shall have the force and effect of law and shall
57.18 be binding in all member states;

57.19 7. Bring and prosecute legal proceedings or actions in the name of the Commission,
57.20 provided that the standing of any state audiology or speech-language pathology licensing
57.21 board to sue or be sued under applicable law shall not be affected;

57.22 8. Purchase and maintain insurance and bonds;

57.23 9. Borrow, accept, or contract for services of personnel, including, but not limited to,
57.24 employees of a member state;

57.25 10. Hire employees, elect or appoint officers, fix compensation, define duties, grant
57.26 individuals appropriate authority to carry out the purposes of the Compact, and establish
57.27 the Commission's personnel policies and programs relating to conflicts of interest,
57.28 qualifications of personnel, and other related personnel matters;

57.29 11. Accept any and all appropriate donations and grants of money, equipment, supplies,
57.30 materials and services, and to receive, utilize and dispose of the same; provided that at all
57.31 times the Commission shall avoid any appearance of impropriety and/or conflict of interest;

58.1 12. Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold,
58.2 improve or use, any property, real, personal, or mixed; provided that at all times the
58.3 Commission shall avoid any appearance of impropriety;

58.4 13. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of
58.5 any property real, personal, or mixed;

58.6 14. Establish a budget and make expenditures;

58.7 15. Borrow money;

58.8 16. Appoint committees, including standing committees composed of members, and
58.9 other interested persons as may be designated in this Compact and the bylaws;

58.10 17. Provide and receive information from, and cooperate with, law enforcement agencies;

58.11 18. Establish and elect an Executive Committee; and

58.12 19. Perform other functions as may be necessary or appropriate to achieve the purposes
58.13 of this Compact consistent with the state regulation of audiology and speech-language
58.14 pathology licensure and practice.

58.15 D. The Executive Committee

58.16 The Executive Committee shall have the power to act on behalf of the Commission
58.17 according to the terms of this Compact.

58.18 1. The Executive Committee shall be composed of ten members:

58.19 a. Seven voting members who are elected by the Commission from the current
58.20 membership of the Commission;

58.21 b. Two ex-officios, consisting of one nonvoting member from a recognized national
58.22 audiology professional association and one nonvoting member from a recognized national
58.23 speech-language pathology association; and

58.24 c. One ex-officio, nonvoting member from the recognized membership organization of
58.25 the audiology and speech-language pathology licensing boards.

58.26 E. The ex-officio members shall be selected by their respective organizations.

58.27 1. The Commission may remove any member of the Executive Committee as provided
58.28 in bylaws.

58.29 2. The Executive Committee shall meet at least annually.

58.30 3. The Executive Committee shall have the following duties and responsibilities:

59.1 a. Recommend to the entire Commission changes to the rules or bylaws, changes to this
59.2 Compact legislation, fees paid by Compact member states such as annual dues, and any
59.3 commission Compact fee charged to licensees for the compact privilege;

59.4 b. Ensure Compact administration services are appropriately provided, contractual or
59.5 otherwise;

59.6 c. Prepare and recommend the budget;

59.7 d. Maintain financial records on behalf of the Commission;

59.8 e. Monitor Compact compliance of member states and provide compliance reports to
59.9 the Commission;

59.10 f. Establish additional committees as necessary; and

59.11 g. Other duties as provided in rules or bylaws.

59.12 4. Meetings of the Commission

59.13 All meetings shall be open to the public, and public notice of meetings shall be given
59.14 in the same manner as required under the rulemaking provisions in Section 9.

59.15 5. The Commission or the Executive Committee or other committees of the Commission
59.16 may convene in a closed, non-public meeting if the Commission or Executive Committee
59.17 or other committees of the Commission must discuss:

59.18 a. Non-compliance of a member state with its obligations under the Compact;

59.19 b. The employment, compensation, discipline, or other matters, practices, or procedures
59.20 related to specific employees or other matters related to the Commission's internal personnel
59.21 practices and procedures;

59.22 c. Current, threatened, or reasonably anticipated litigation;

59.23 d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real
59.24 estate;

59.25 e. Accusing any person of a crime or formally censuring any person;

59.26 f. Disclosure of trade secrets or commercial or financial information that is privileged
59.27 or confidential;

59.28 g. Disclosure of information of a personal nature where disclosure would constitute a
59.29 clearly unwarranted invasion of personal privacy;

59.30 h. Disclosure of investigative records compiled for law enforcement purposes;

60.1 i. Disclosure of information related to any investigative reports prepared by or on behalf
60.2 of or for use of the Commission or other committee charged with responsibility of
60.3 investigation or determination of compliance issues pursuant to the Compact; or

60.4 j. Matters specifically exempted from disclosure by federal or member state statute.

60.5 6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the
60.6 Commission's legal counsel or designee shall certify that the meeting may be closed and
60.7 shall reference each relevant exempting provision.

60.8 7. The Commission shall keep minutes that fully and clearly describe all matters discussed
60.9 in a meeting and shall provide a full and accurate summary of actions taken, and the reasons
60.10 therefore, including a description of the views expressed. All documents considered in
60.11 connection with an action shall be identified in minutes. All minutes and documents of a
60.12 closed meeting shall remain under seal, subject to release by a majority vote of the
60.13 Commission or order of a court of competent jurisdiction.

60.14 8. Financing of the Commission

60.15 a. The Commission shall pay, or provide for the payment of, the reasonable expenses
60.16 of its establishment, organization, and ongoing activities.

60.17 b. The Commission may accept any and all appropriate revenue sources, donations, and
60.18 grants of money, equipment, supplies, materials, and services.

60.19 c. The Commission may levy on and collect an annual assessment from each member
60.20 state or impose fees on other parties to cover the cost of the operations and activities of the
60.21 Commission and its staff, which must be in a total amount sufficient to cover its annual
60.22 budget as approved each year for which revenue is not provided by other sources. The
60.23 aggregate annual assessment amount shall be allocated based upon a formula to be determined
60.24 by the Commission, which shall promulgate a rule binding upon all member states.

60.25 9. The Commission shall not incur obligations of any kind prior to securing the funds
60.26 adequate to meet the same; nor shall the Commission pledge the credit of any of the member
60.27 states, except by and with the authority of the member state.

60.28 10. The Commission shall keep accurate accounts of all receipts and disbursements. The
60.29 receipts and disbursements of the Commission shall be subject to the audit and accounting
60.30 procedures established under its bylaws. However, all receipts and disbursements of funds
60.31 handled by the Commission shall be audited yearly by a certified or licensed public
60.32 accountant, and the report of the audit shall be included in and become part of the annual
60.33 report of the Commission.

61.1 F. Qualified Immunity, Defense, and Indemnification

61.2 1. The members, officers, executive director, employees and representatives of the
61.3 Commission shall be immune from suit and liability, either personally or in their official
61.4 capacity, for any claim for damage to or loss of property or personal injury or other civil
61.5 liability caused by or arising out of any actual or alleged act, error, or omission that occurred,
61.6 or that the person against whom the claim is made had a reasonable basis for believing
61.7 occurred within the scope of Commission employment, duties, or responsibilities; provided
61.8 that nothing in this paragraph shall be construed to protect any person from suit or liability
61.9 for any damage, loss, injury, or liability caused by the intentional or willful or wanton
61.10 misconduct of that person.

61.11 2. The Commission shall defend any member, officer, executive director, employee, or
61.12 representative of the Commission in any civil action seeking to impose liability arising out
61.13 of any actual or alleged act, error, or omission that occurred within the scope of Commission
61.14 employment, duties, or responsibilities, or that the person against whom the claim is made
61.15 had a reasonable basis for believing occurred within the scope of Commission employment,
61.16 duties, or responsibilities; provided that nothing herein shall be construed to prohibit that
61.17 person from retaining his or her own counsel; and provided further, that the actual or alleged
61.18 act, error, or omission did not result from that person's intentional or willful or wanton
61.19 misconduct.

61.20 3. The Commission shall indemnify and hold harmless any member, officer, executive
61.21 director, employee, or representative of the Commission for the amount of any settlement
61.22 or judgment obtained against that person arising out of any actual or alleged act, error or
61.23 omission that occurred within the scope of Commission employment, duties, or
61.24 responsibilities, or that person had a reasonable basis for believing occurred within the scope
61.25 of Commission employment, duties, or responsibilities, provided that the actual or alleged
61.26 act, error, or omission did not result from the intentional or willful or wanton misconduct
61.27 of that person.

61.28 Section 8. Data System

61.29 A. The Commission shall provide for the development, maintenance, and utilization of
61.30 a coordinated database and reporting system containing licensure, adverse action, and
61.31 investigative information on all licensed individuals in member states.

61.32 B. Notwithstanding any other provision of state law to the contrary, a member state shall
61.33 submit a uniform data set to the data system on all individuals to whom this Compact is
61.34 applicable as required by the rules of the Commission, including:

- 62.1 1. Identifying information;
62.2 2. Licensure data;
62.3 3. Adverse actions against a license or compact privilege;
62.4 4. Non-confidential information related to alternative program participation;
62.5 5. Any denial of application for licensure, and the reason(s) for denial; and
62.6 6. Other information that may facilitate the administration of this Compact, as determined
62.7 by the rules of the Commission.

62.8 C. Investigative information pertaining to a licensee in any member state shall only be
62.9 available to other member states.

62.10 D. The Commission shall promptly notify all member states of any adverse action taken
62.11 against a licensee or an individual applying for a license. Adverse action information
62.12 pertaining to a licensee in any member state shall be available to any other member state.

62.13 E. Member states contributing information to the data system may designate information
62.14 that may not be shared with the public without the express permission of the contributing
62.15 state.

62.16 F. Any information submitted to the data system that is subsequently required to be
62.17 expunged by the laws of the member state contributing the information shall be removed
62.18 from the data system.

62.19 Section 9. Rulemaking

62.20 A. The Commission shall exercise its rulemaking powers pursuant to the criteria set
62.21 forth in this Section and the rules adopted thereunder. Rules and amendments shall become
62.22 binding as of the date specified in each rule or amendment.

62.23 B. If a majority of the legislatures of the member states rejects a rule, by enactment of
62.24 a statute or resolution in the same manner used to adopt the Compact within four years of
62.25 the date of adoption of the rule, the rule shall have no further force and effect in any member
62.26 state.

62.27 C. Rules or amendments to the rules shall be adopted at a regular or special meeting of
62.28 the Commission.

62.29 D. Prior to promulgation and adoption of a final rule or rules by the Commission, and
62.30 at least 30 days in advance of the meeting at which the rule shall be considered and voted
62.31 upon, the Commission shall file a Notice of Proposed Rulemaking:

- 63.1 1. On the website of the Commission or other publicly accessible platform; and
63.2 2. On the website of each member state audiology or speech-language pathology licensing
63.3 board or other publicly accessible platform or the publication in which each state would
63.4 otherwise publish proposed rules.

63.5 E. The Notice of Proposed Rulemaking shall include:

- 63.6 1. The proposed time, date, and location of the meeting in which the rule shall be
63.7 considered and voted upon;
63.8 2. The text of the proposed rule or amendment and the reason for the proposed rule;
63.9 3. A request for comments on the proposed rule from any interested person; and
63.10 4. The manner in which interested persons may submit notice to the Commission of
63.11 their intention to attend the public hearing and any written comments.

63.12 F. Prior to the adoption of a proposed rule, the Commission shall allow persons to submit
63.13 written data, facts, opinions, and arguments, which shall be made available to the public.

63.14 G. The Commission shall grant an opportunity for a public hearing before it adopts a
63.15 rule or amendment if a hearing is requested by:

- 63.16 1. At least 25 persons;
63.17 2. A state or federal governmental subdivision or agency; or
63.18 3. An association having at least 25 members.

63.19 H. If a hearing is held on the proposed rule or amendment, the Commission shall publish
63.20 the place, time, and date of the scheduled public hearing. If the hearing is held via electronic
63.21 means, the Commission shall publish the mechanism for access to the electronic hearing.

63.22 1. All persons wishing to be heard at the hearing shall notify the executive director of
63.23 the Commission or other designated member in writing of their desire to appear and testify
63.24 at the hearing not less than five business days before the scheduled date of the hearing.

63.25 2. Hearings shall be conducted in a manner providing each person who wishes to comment
63.26 a fair and reasonable opportunity to comment orally or in writing.

63.27 3. All hearings shall be recorded. A copy of the recording shall be made available on
63.28 request.

63.29 4. Nothing in this section shall be construed as requiring a separate hearing on each rule.
63.30 Rules may be grouped for the convenience of the Commission at hearings required by this
63.31 section.

64.1 I. Following the scheduled hearing date, or by the close of business on the scheduled
64.2 hearing date if the hearing was not held, the Commission shall consider all written and oral
64.3 comments received.

64.4 J. If no written notice of intent to attend the public hearing by interested parties is
64.5 received, the Commission may proceed with promulgation of the proposed rule without a
64.6 public hearing.

64.7 K. The Commission shall, by majority vote of all members, take final action on the
64.8 proposed rule and shall determine the effective date of the rule, if any, based on the
64.9 rulemaking record and the full text of the rule.

64.10 L. Upon determination that an emergency exists, the Commission may consider and
64.11 adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided
64.12 that the usual rulemaking procedures provided in the Compact and in this section shall be
64.13 retroactively applied to the rule as soon as reasonably possible, in no event later than 90
64.14 days after the effective date of the rule. For the purposes of this provision, an emergency
64.15 rule is one that must be adopted immediately in order to:

64.16 1. Meet an imminent threat to public health, safety, or welfare;

64.17 2. Prevent a loss of Commission or member state funds; or

64.18 3. Meet a deadline for the promulgation of an administrative rule that is established by
64.19 federal law or rule.

64.20 M. The Commission or an authorized committee of the Commission may direct revisions
64.21 to a previously adopted rule or amendment for purposes of correcting typographical errors,
64.22 errors in format, errors in consistency, or grammatical errors. Public notice of any revisions
64.23 shall be posted on the website of the Commission. The revision shall be subject to challenge
64.24 by any person for a period of 30 days after posting. The revision may be challenged only
64.25 on grounds that the revision results in a material change to a rule. A challenge shall be made
64.26 in writing and delivered to the chair of the Commission prior to the end of the notice period.
64.27 If no challenge is made, the revision shall take effect without further action. If the revision
64.28 is challenged, the revision may not take effect without the approval of the Commission.

64.29 Section 10. Oversight, Dispute Resolution, and Enforcement

64.30 A. Dispute Resolution

64.31 1. Upon request by a member state, the Commission shall attempt to resolve disputes
64.32 related to the Compact that arise among member states and between member and non-member
64.33 states.

65.1 2. The Commission shall promulgate a rule providing for both mediation and binding
65.2 dispute resolution for disputes as appropriate.

65.3 B. Enforcement

65.4 1. The Commission, in the reasonable exercise of its discretion, shall enforce the
65.5 provisions and rules of this Compact.

65.6 2. By majority vote, the Commission may initiate legal action in the United States District
65.7 Court for the District of Columbia or the federal district where the Commission has its
65.8 principal offices against a member state in default to enforce compliance with the provisions
65.9 of the Compact and its promulgated rules and bylaws. The relief sought may include both
65.10 injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing
65.11 member shall be awarded all costs of litigation, including reasonable attorney's fees.

65.12 3. The remedies herein shall not be the exclusive remedies of the Commission. The
65.13 Commission may pursue any other remedies available under federal or state law.

65.14 Section 11. Date of Implementation of the Interstate Commission for Audiology and
65.15 Speech-Language Pathology Practice and Associated Rules, Withdrawal, and Amendment

65.16 A. The Compact shall come into effect on the date on which the Compact statute is
65.17 enacted into law in the tenth member state. The provisions, which become effective at that
65.18 time, shall be limited to the powers granted to the Commission relating to assembly and the
65.19 promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking
65.20 powers necessary to the implementation and administration of the Compact.

65.21 B. Any state that joins the Compact subsequent to the Commission's initial adoption of
65.22 the rules shall be subject to the rules as they exist on the date on which the Compact becomes
65.23 law in that state. Any rule that has been previously adopted by the Commission shall have
65.24 the full force and effect of law on the day the Compact becomes law in that state.

65.25 C. Any member state may withdraw from this Compact by enacting a statute repealing
65.26 the same.

65.27 1. A member state's withdrawal shall not take effect until six months after enactment of
65.28 the repealing statute.

65.29 2. Withdrawal shall not affect the continuing requirement of the withdrawing state's
65.30 audiology or speech-language pathology licensing board to comply with the investigative
65.31 and adverse action reporting requirements of this act prior to the effective date of withdrawal.

66.1 D. Nothing contained in this Compact shall be construed to invalidate or prevent any
66.2 audiology or speech-language pathology licensure agreement or other cooperative
66.3 arrangement between a member state and a non-member state that does not conflict with
66.4 the provisions of this Compact.

66.5 E. This Compact may be amended by the member states. No amendment to this Compact
66.6 shall become effective and binding upon any member state until it is enacted into the laws
66.7 of all member states.

66.8 Section 12. Construction and Severability

66.9 This Compact shall be liberally construed so as to effectuate the purposes thereof. The
66.10 provisions of this Compact shall be severable and if any phrase, clause, sentence, or provision
66.11 of this Compact is declared to be contrary to the constitution of any member state or of the
66.12 United States or the applicability thereof to any government, agency, person, or circumstance
66.13 is held invalid, the validity of the remainder of this Compact and the applicability thereof
66.14 to any government, agency, person, or circumstance shall not be affected thereby. If this
66.15 Compact shall be held contrary to the constitution of any member state, the Compact shall
66.16 remain in full force and effect as to the remaining member states and in full force and effect
66.17 as to the member state affected as to all severable matters.

66.18 Section 13. Binding Effect of Compact and Other Laws

66.19 A. Nothing herein prevents the enforcement of any other law of a member state that is
66.20 not inconsistent with the Compact.

66.21 B. All laws in a member state in conflict with the Compact are superseded to the extent
66.22 of the conflict.

66.23 C. All lawful actions of the Commission, including all rules and bylaws promulgated
66.24 by the Commission, are binding upon the member states.

66.25 D. All agreements between the Commission and the member states are binding in
66.26 accordance with their terms.

66.27 E. In the event any provision of the Compact exceeds the constitutional limits imposed
66.28 on the legislature of any member state, the provision shall be ineffective to the extent of the
66.29 conflict with the constitutional provision in question in that member state.

66.30 **EFFECTIVE DATE.** This section is effective on the date on which the compact statute
66.31 is enacted into law in the tenth member state in accordance with section 11 of this Compact.

67.1 Sec. 14. **[148.5186] APPLICATION OF AUDIOLOGY AND SPEECH-LANGUAGE**
67.2 **PATHOLOGY INTERSTATE COMPACT TO EXISTING LAWS.**

67.3 Subdivision 1. **Rulemaking.** Rules developed by the Audiology and Speech-Language
67.4 Pathology Compact Commission under section 148.5185 are not subject to sections 14.05
67.5 to 14.389.

67.6 Subd. 2. **Background studies.** The commissioner of health is authorized to require an
67.7 audiologist or speech-language pathologist licensed in Minnesota as the home state to submit
67.8 to a criminal history background check under section 144.0572.

67.9 Subd. 3. **Provision of data.** All provisions of section 148.5185 authorizing or requiring
67.10 the commissioner to provide data to the Audiology and Speech-Language Pathology Compact
67.11 Commission are authorized by section 144.051, subdivision 6.

67.12 Sec. 15. **[148B.75] LICENSED PROFESSIONAL COUNSELOR INTERSTATE**
67.13 **COMPACT.**

67.14 The licensed professional counselor interstate compact is enacted into law and entered
67.15 into with all other jurisdictions legally joining in it, in the form substantially specified in
67.16 this section.

67.17 **ARTICLE I**

67.18 **DEFINITIONS**

67.19 (a) As used in this compact, and except as otherwise provided, the following definitions
67.20 shall apply.

67.21 (b) "Active duty military" means full-time duty status in the active uniformed service
67.22 of the United States, including members of the national guard and reserve on active duty
67.23 orders pursuant to United States Code, title 10, chapters 1209 and 1211.

67.24 (c) "Adverse action" means any administrative, civil, equitable, or criminal action
67.25 permitted by a state's laws which is imposed by a licensing board or other authority against
67.26 a licensed professional counselor, including actions against an individual's license or privilege
67.27 to practice such as revocation, suspension, probation, monitoring of the licensee, limitation
67.28 on the licensee's practice, or any other encumbrance on licensure affecting a licensed
67.29 professional counselor's authorization to practice, including issuance of a cease and desist
67.30 action.

68.1 (d) "Alternative program" means a non-disciplinary monitoring or practice remediation
68.2 process approved by a professional counseling licensing board to address impaired
68.3 practitioners.

68.4 (e) "Continuing competence" and "continuing education" means a requirement, as a
68.5 condition of license renewal, to provide evidence of participation in, and completion of,
68.6 educational and professional activities relevant to practice or area of work.

68.7 (f) "Counseling compact commission" or "commission" means the national administrative
68.8 body whose membership consists of all states that have enacted the compact.

68.9 (g) "Current significant investigative information" means:

68.10 (1) investigative information that a licensing board, after a preliminary inquiry that
68.11 includes notification and an opportunity for the licensed professional counselor to respond,
68.12 if required by state law, has reason to believe is not groundless and, if proved true, would
68.13 indicate more than a minor infraction; or

68.14 (2) investigative information that indicates that the licensed professional counselor
68.15 represents an immediate threat to public health and safety regardless of whether the licensed
68.16 professional counselor has been notified and had an opportunity to respond.

68.17 (h) "Data system" means a repository of information about licensees, including but not
68.18 limited to continuing education, examination, licensure, investigative, privilege to practice,
68.19 and adverse action information.

68.20 (i) "Encumbered license" means a license in which an adverse action restricts the practice
68.21 of licensed professional counseling by the licensee and said adverse action has been reported
68.22 to the National Practitioners Data Bank (NPDB).

68.23 (j) "Encumbrance" means a revocation or suspension of, or any limitation on, the full
68.24 and unrestricted practice of licensed professional counseling by a licensing board.

68.25 (k) "Executive committee" means a group of directors elected or appointed to act on
68.26 behalf of, and within the powers granted to them by, the commission.

68.27 (l) "Home state" means the member state that is the licensee's primary state of residence.

68.28 (m) "Impaired practitioner" means an individual who has a condition that may impair
68.29 their ability to practice as a licensed professional counselor without some type of intervention
68.30 and may include but is not limited to alcohol and drug dependence, mental health impairment,
68.31 and neurological or physical impairment.

69.1 (n) "Investigative information" means information, records, and documents received or
69.2 generated by a professional counseling licensing board pursuant to an investigation.

69.3 (o) "Jurisprudence requirement," if required by a member state, means the assessment
69.4 of an individual's knowledge of the laws and rules governing the practice of professional
69.5 counseling in a state.

69.6 (p) "Licensed professional counselor" means a counselor licensed by a member state,
69.7 regardless of the title used by that state, to independently assess, diagnose, and treat
69.8 behavioral health conditions.

69.9 (q) "Licensee" means an individual who currently holds an authorization from the state
69.10 to practice as a licensed professional counselor.

69.11 (r) "Licensing board" means the agency of a state, or equivalent, that is responsible for
69.12 the licensing and regulation of licensed professional counselors.

69.13 (s) "Member state" means a state that has enacted the compact.

69.14 (t) "Privilege to practice" means a legal authorization, which is equivalent to a license,
69.15 permitting the practice of professional counseling in a remote state.

69.16 (u) "Professional counseling" means the assessment, diagnosis, and treatment of
69.17 behavioral health conditions by a licensed professional counselor.

69.18 (v) "Remote state" means a member state other than the home state, where a licensee is
69.19 exercising or seeking to exercise the privilege to practice.

69.20 (w) "Rule" means a regulation promulgated by the commission that has the force of law.

69.21 (x) "Single state license" means a licensed professional counselor license issued by a
69.22 member state that authorizes practice only within the issuing state and does not include a
69.23 privilege to practice in any other member state.

69.24 (y) "State" means any state, commonwealth, district, or territory of the United States
69.25 that regulates the practice of professional counseling.

69.26 (z) "Telehealth" means the application of telecommunication technology to deliver
69.27 professional counseling services remotely to assess, diagnose, and treat behavioral health
69.28 conditions.

69.29 (aa) "Unencumbered license" means a license that authorizes a licensed professional
69.30 counselor to engage in the full and unrestricted practice of professional counseling.

69.31 ARTICLE II

70.1 **STATE PARTICIPATION IN THE COMPACT**

70.2 (a) To participate in the compact, a state must currently:

70.3 (1) license and regulate licensed professional counselors;

70.4 (2) require licensees to pass a nationally recognized exam approved by the commission;

70.5 (3) require licensees to have a 60 semester-hour or 90 quarter-hour master's degree in

70.6 counseling or 60 semester-hours or 90 quarter-hours of graduate coursework including the

70.7 following topic areas:

70.8 (i) professional counseling orientation and ethical practice;

70.9 (ii) social and cultural diversity;

70.10 (iii) human growth and development;

70.11 (iv) career development;

70.12 (v) counseling and helping relationships;

70.13 (vi) group counseling and group work;

70.14 (vii) diagnosis and treatment; assessment and testing;

70.15 (viii) research and program evaluation; and

70.16 (ix) other areas as determined by the commission;

70.17 (4) require licensees to complete a supervised postgraduate professional experience as

70.18 defined by the commission; and

70.19 (5) have a mechanism in place for receiving and investigating complaints about licensees.

70.20 (b) A member state shall:

70.21 (1) participate fully in the commission's data system, including using the commission's

70.22 unique identifier as defined in rules;

70.23 (2) notify the commission, in compliance with the terms of the compact and rules, of

70.24 any adverse action or the availability of investigative information regarding a licensee;

70.25 (3) implement or utilize procedures for considering the criminal history records of

70.26 applicants for an initial privilege to practice. These procedures shall include the submission

70.27 of fingerprints or other biometric-based information by applicants for the purpose of obtaining

70.28 an applicant's criminal history record information from the Federal Bureau of Investigation

70.29 and the agency responsible for retaining that state's criminal records;

71.1 (i) a member state must fully implement a criminal background check requirement,
71.2 within a timeframe established by rule, by receiving the results of the Federal Bureau of
71.3 Investigation record search and shall use the results in making licensure decisions; and

71.4 (ii) communication between a member state, the commission, and among member states
71.5 regarding the verification of eligibility for licensure through the compact shall not include
71.6 any information received from the Federal Bureau of Investigation relating to a federal
71.7 criminal records check performed by a member state under Public Law 92-544;

71.8 (4) comply with the rules of the commission;

71.9 (5) require an applicant to obtain or retain a license in the home state and meet the home
71.10 state's qualifications for licensure or renewal of licensure, as well as all other applicable
71.11 state laws;

71.12 (6) grant the privilege to practice to a licensee holding a valid unencumbered license in
71.13 another member state in accordance with the terms of the compact and rules; and

71.14 (7) provide for the attendance of the state's commissioner to the counseling compact
71.15 commission meetings.

71.16 (c) Member states may charge a fee for granting the privilege to practice.

71.17 (d) Individuals not residing in a member state shall continue to be able to apply for a
71.18 member state's single state license as provided under the laws of each member state. However,
71.19 the single state license granted to these individuals shall not be recognized as granting a
71.20 privilege to practice professional counseling in any other member state.

71.21 (e) Nothing in this compact shall affect the requirements established by a member state
71.22 for the issuance of a single state license.

71.23 (f) A license issued to a licensed professional counselor by a home state to a resident in
71.24 that state shall be recognized by each member state as authorizing a licensed professional
71.25 counselor to practice professional counseling, under a privilege to practice, in each member
71.26 state.

71.27 **ARTICLE III**

71.28 **PRIVILEGE TO PRACTICE**

71.29 (a) To exercise the privilege to practice under the terms and provisions of the compact,
71.30 the licensee shall:

71.31 (1) hold a license in the home state;

- 72.1 (2) have a valid United States Social Security number or national practitioner identifier;
- 72.2 (3) be eligible for a privilege to practice in any member state in accordance with this
- 72.3 article, paragraphs (d), (g), and (h);
- 72.4 (4) have not had any encumbrance or restriction against any license or privilege to
- 72.5 practice within the previous two years;
- 72.6 (5) notify the commission that the licensee is seeking the privilege to practice within a
- 72.7 remote state(s);
- 72.8 (6) pay any applicable fees, including any state fee, for the privilege to practice;
- 72.9 (7) meet any continuing competence or education requirements established by the home
- 72.10 state;
- 72.11 (8) meet any jurisprudence requirements established by the remote state in which the
- 72.12 licensee is seeking a privilege to practice; and
- 72.13 (9) report to the commission any adverse action, encumbrance, or restriction on license
- 72.14 taken by any nonmember state within 30 days from the date the action is taken.
- 72.15 (b) The privilege to practice is valid until the expiration date of the home state license.
- 72.16 The licensee must comply with the requirements of this article, paragraph (a), to maintain
- 72.17 the privilege to practice in the remote state.
- 72.18 (c) A licensee providing professional counseling in a remote state under the privilege
- 72.19 to practice shall adhere to the laws and regulations of the remote state.
- 72.20 (d) A licensee providing professional counseling services in a remote state is subject to
- 72.21 that state's regulatory authority. A remote state may, in accordance with due process and
- 72.22 that state's laws, remove a licensee's privilege to practice in the remote state for a specific
- 72.23 period of time, impose fines, or take any other necessary actions to protect the health and
- 72.24 safety of its citizens. The licensee may be ineligible for a privilege to practice in any member
- 72.25 state until the specific time for removal has passed and all fines are paid.
- 72.26 (e) If a home state license is encumbered, the licensee shall lose the privilege to practice
- 72.27 in any remote state until the following occur:
- 72.28 (1) the home state license is no longer encumbered; and
- 72.29 (2) have not had any encumbrance or restriction against any license or privilege to
- 72.30 practice within the previous two years.

73.1 (f) Once an encumbered license in the home state is restored to good standing, the
73.2 licensee must meet the requirements of this article, paragraph (a), to obtain a privilege to
73.3 practice in any remote state.

73.4 (g) If a licensee's privilege to practice in any remote state is removed, the individual
73.5 may lose the privilege to practice in all other remote states until the following occur:

73.6 (1) the specific period of time for which the privilege to practice was removed has ended;

73.7 (2) all fines have been paid; and

73.8 (3) have not had any encumbrance or restriction against any license or privilege to
73.9 practice within the previous two years.

73.10 (h) Once the requirements of this article, paragraph (g), have been met, the licensee must
73.11 meet the requirements in this article, paragraph (g), to obtain a privilege to practice in a
73.12 remote state.

73.13 **ARTICLE IV**

73.14 **OBTAINING A NEW HOME STATE LICENSE BASED ON A PRIVILEGE TO**
73.15 **PRACTICE**

73.16 (a) A licensed professional counselor may hold a home state license, which allows for
73.17 a privilege to practice in other member states, in only one member state at a time.

73.18 (b) If a licensed professional counselor changes primary state of residence by moving
73.19 between two member states:

73.20 (1) the licensed professional counselor shall file an application for obtaining a new home
73.21 state license based on a privilege to practice, pay all applicable fees, and notify the current
73.22 and new home state in accordance with applicable rules adopted by the commission;

73.23 (2) upon receipt of an application for obtaining a new home state license by virtue of a
73.24 privilege to practice, the new home state shall verify that the licensed professional counselor
73.25 meets the pertinent criteria outlined in article III via the data system, without need for
73.26 primary source verification, except for:

73.27 (i) a Federal Bureau of Investigation fingerprint-based criminal background check if not
73.28 previously performed or updated pursuant to applicable rules adopted by the commission
73.29 in accordance with Public Law 92-544;

73.30 (ii) other criminal background checks as required by the new home state; and

73.31 (iii) completion of any requisite jurisprudence requirements of the new home state;

74.1 (3) the former home state shall convert the former home state license into a privilege to
74.2 practice once the new home state has activated the new home state license in accordance
74.3 with applicable rules adopted by the commission;

74.4 (4) notwithstanding any other provision of this compact, if the licensed professional
74.5 counselor cannot meet the criteria in article V, the new home state may apply its requirements
74.6 for issuing a new single state license; and

74.7 (5) the licensed professional counselor shall pay all applicable fees to the new home
74.8 state in order to be issued a new home state license.

74.9 (c) If a licensed professional counselor changes primary state of residence by moving
74.10 from a member state to a nonmember state, or from a nonmember state to a member state,
74.11 the state criteria shall apply for issuance of a single state license in the new state.

74.12 (d) Nothing in this compact shall interfere with a licensee's ability to hold a single state
74.13 license in multiple states, however, for the purposes of this compact, a licensee shall have
74.14 only one home state license.

74.15 (e) Nothing in this compact shall affect the requirements established by a member state
74.16 for the issuance of a single state license.

74.17 **ARTICLE V**

74.18 **ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES**

74.19 Active duty military personnel, or their spouse, shall designate a home state where the
74.20 individual has a current license in good standing. The individual may retain the home state
74.21 designation during the period the service member is on active duty. Subsequent to designating
74.22 a home state, the individual shall only change their home state through application for
74.23 licensure in the new state or through the process outlined in article IV.

74.24 **ARTICLE VI**

74.25 **COMPACT PRIVILEGE TO PRACTICE TELEHEALTH**

74.26 (a) Member states shall recognize the right of a licensed professional counselor, licensed
74.27 by a home state in accordance with article II and under rules promulgated by the commission,
74.28 to practice professional counseling in any member state via telehealth under a privilege to
74.29 practice as provided in the compact and rules promulgated by the commission.

74.30 (b) A licensee providing professional counseling services in a remote state under the
74.31 privilege to practice shall adhere to the laws and regulations of the remote state.

74.32 **ARTICLE VII**

75.1

ADVERSE ACTIONS

75.2 (a) In addition to the other powers conferred by state law, a remote state shall have the
75.3 authority, in accordance with existing state due process law, to:

75.4 (1) take adverse action against a licensed professional counselor's privilege to practice
75.5 within that member state; and

75.6 (2) issue subpoenas for both hearings and investigations that require the attendance and
75.7 testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing
75.8 board in a member state for the attendance and testimony of witnesses or the production of
75.9 evidence from another member state shall be enforced in the latter state by any court of
75.10 competent jurisdiction according to the practice and procedure of that court applicable to
75.11 subpoenas issued in proceedings pending before it. The issuing authority shall pay any
75.12 witness fees, travel expenses, mileage, and other fees required by the service statutes of the
75.13 state in which the witnesses or evidence are located.

75.14 (b) Only the home state shall have the power to take adverse action against a licensed
75.15 professional counselor's license issued by the home state.

75.16 (c) For purposes of taking adverse action, the home state shall give the same priority
75.17 and effect to reported conduct received from a member state as it would if the conduct had
75.18 occurred within the home state. In so doing, the home state shall apply its own state laws
75.19 to determine appropriate action.

75.20 (d) The home state shall complete any pending investigations of a licensed professional
75.21 counselor who changes primary state of residence during the course of the investigations.
75.22 The home state shall also have the authority to take appropriate action and shall promptly
75.23 report the conclusions of the investigations to the administrator of the data system. The
75.24 administrator of the coordinated licensure information system shall promptly notify the new
75.25 home state of any adverse actions.

75.26 (e) A member state, if otherwise permitted by state law, may recover from the affected
75.27 licensed professional counselor the costs of investigations and dispositions of cases resulting
75.28 from any adverse action taken against that licensed professional counselor.

75.29 (f) A member state may take adverse action based on the factual findings of the remote
75.30 state, provided that the member state follows its own procedures for taking the adverse
75.31 action.

75.32 (g) Joint investigations:

76.1 (1) in addition to the authority granted to a member state by its respective professional
76.2 counseling practice act or other applicable state law, any member state may participate with
76.3 other member states in joint investigations of licensees; and

76.4 (2) member states shall share any investigative, litigation, or compliance materials in
76.5 furtherance of any joint or individual investigation initiated under the compact.

76.6 (h) If adverse action is taken by the home state against the license of a licensed
76.7 professional counselor, the licensed professional counselor's privilege to practice in all other
76.8 member states shall be deactivated until all encumbrances have been removed from the
76.9 state license. All home state disciplinary orders that impose adverse action against the license
76.10 of a licensed professional counselor shall include a statement that the licensed professional
76.11 counselor's privilege to practice is deactivated in all member states during the pendency of
76.12 the order.

76.13 (i) If a member state takes adverse action, it shall promptly notify the administrator of
76.14 the data system. The administrator of the data system shall promptly notify the home state
76.15 of any adverse actions by remote states.

76.16 (j) Nothing in this compact shall override a member state's decision that participation
76.17 in an alternative program may be used in lieu of adverse action.

76.18 ARTICLE VIII

76.19 ESTABLISHMENT OF COUNSELING COMPACT COMMISSION

76.20 (a) The compact member states hereby create and establish a joint public agency known
76.21 as the counseling compact commission:

76.22 (1) the commission is an instrumentality of the compact states;

76.23 (2) venue is proper and judicial proceedings by or against the commission shall be
76.24 brought solely and exclusively in a court of competent jurisdiction where the principal office
76.25 of the commission is located. The commission may waive venue and jurisdictional defenses
76.26 to the extent it adopts or consents to participate in alternative dispute resolution proceedings;
76.27 and

76.28 (3) nothing in this compact shall be construed to be a waiver of sovereign immunity.

76.29 (b) Membership, voting, and meetings:

76.30 (1) each member state shall have and be limited to one delegate selected by that member
76.31 state's licensing board;

76.32 (2) the delegate shall be either:

- 77.1 (i) a current member of the licensing board at the time of appointment who is a licensed
77.2 professional counselor or public member; or
- 77.3 (ii) an administrator of the licensing board;
- 77.4 (3) any delegate may be removed or suspended from office as provided by the law of
77.5 the state from which the delegate is appointed;
- 77.6 (4) the member state licensing board shall fill any vacancy occurring on the commission
77.7 within 60 days;
- 77.8 (5) each delegate shall be entitled to one vote with regard to the promulgation of rules
77.9 and creation of bylaws and shall otherwise have an opportunity to participate in the business
77.10 and affairs of the commission;
- 77.11 (6) a delegate shall vote in person or by such other means as provided in the bylaws.
77.12 The bylaws may provide for delegates' participation in meetings by telephone or other means
77.13 of communication;
- 77.14 (7) the commission shall meet at least once during each calendar year. Additional
77.15 meetings shall be held as set forth in the bylaws; and
- 77.16 (8) the commission shall by rule establish a term of office for delegates and may by rule
77.17 establish term limits.
- 77.18 (c) The commission shall have the following powers and duties:
- 77.19 (1) establish the fiscal year of the commission;
- 77.20 (2) establish bylaws;
- 77.21 (3) maintain its financial records in accordance with the bylaws;
- 77.22 (4) meet and take such actions as are consistent with the provisions of this compact and
77.23 the bylaws;
- 77.24 (5) promulgate rules which shall be binding to the extent and in the manner provided
77.25 for in the compact;
- 77.26 (6) bring and prosecute legal proceedings or actions in the name of the commission,
77.27 provided that the standing of any state licensing board to sue or be sued under applicable
77.28 law shall not be affected;
- 77.29 (7) purchase and maintain insurance and bonds;
- 77.30 (8) borrow, accept, or contract for services of personnel, including but not limited to
77.31 employees of a member state;

78.1 (9) hire employees, elect or appoint officers, fix compensation, define duties, grant such
78.2 individuals appropriate authority to carry out the purposes of the compact, and establish the
78.3 commission's personnel policies and programs relating to conflicts of interest, qualifications
78.4 of personnel, and other related personnel matters;

78.5 (10) accept any and all appropriate donations and grants of money, equipment, supplies,
78.6 materials, and services and to receive, utilize, and dispose of the same; provided that at all
78.7 times the commission shall avoid any appearance of impropriety and conflict of interest;

78.8 (11) lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold,
78.9 improve, or use any property, real, personal, or mixed; provided that at all times the
78.10 commission shall avoid any appearance of impropriety;

78.11 (12) sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of
78.12 any property real, personal, or mixed;

78.13 (13) establish a budget and make expenditures;

78.14 (14) borrow money;

78.15 (15) appoint committees, including standing committees composed of members, state
78.16 regulators, state legislators or their representatives, and consumer representatives, and such
78.17 other interested persons as may be designated in this compact and the bylaws;

78.18 (16) provide and receive information from, and cooperate with, law enforcement agencies;

78.19 (17) establish and elect an executive committee; and

78.20 (18) perform such other functions as may be necessary or appropriate to achieve the
78.21 purposes of this compact consistent with the state regulation of professional counseling
78.22 licensure and practice.

78.23 (d) The executive committee:

78.24 (1) The executive committee shall have the power to act on behalf of the commission
78.25 according to the terms of this compact;

78.26 (2) The executive committee shall be composed of up to eleven members:

78.27 (i) seven voting members who are elected by the commission from the current
78.28 membership of the commission;

78.29 (ii) up to four ex-officio, nonvoting members from four recognized national professional
78.30 counselor organizations; and

78.31 (iii) the ex-officio members will be selected by their respective organizations;

- 79.1 (3) The commission may remove any member of the executive committee as provided
79.2 in bylaws;
- 79.3 (4) The executive committee shall meet at least annually; and
- 79.4 (5) The executive committee shall have the following duties and responsibilities:
- 79.5 (i) recommend to the entire commission changes to the rules or bylaws, changes to this
79.6 compact legislation, fees paid by compact member states such as annual dues, and any
79.7 commission compact fee charged to licensees for the privilege to practice;
- 79.8 (ii) ensure compact administration services are appropriately provided, contractual or
79.9 otherwise;
- 79.10 (iii) prepare and recommend the budget;
- 79.11 (iv) maintain financial records on behalf of the commission;
- 79.12 (v) monitor compact compliance of member states and provide compliance reports to
79.13 the commission;
- 79.14 (vi) establish additional committees as necessary; and
- 79.15 (vii) other duties as provided in rules or bylaws.
- 79.16 (e) Meetings of the commission:
- 79.17 (1) all meetings shall be open to the public, and public notice of meetings shall be given
79.18 in the same manner as required under the rulemaking provisions in article X;
- 79.19 (2) the commission or the executive committee or other committees of the commission
79.20 may convene in a closed, non-public meeting if the commission or executive committee or
79.21 other committees of the commission must discuss:
- 79.22 (i) non-compliance of a member state with its obligations under the compact;
- 79.23 (ii) the employment, compensation, discipline, or other matters, practices, or procedures
79.24 related to specific employees or other matters related to the commission's internal personnel
79.25 practices and procedures;
- 79.26 (iii) current, threatened, or reasonably anticipated litigation;
- 79.27 (iv) negotiation of contracts for the purchase, lease, or sale of goods, services, or real
79.28 estate;
- 79.29 (v) accusing any person of a crime or formally censuring any person;

80.1 (vi) disclosure of trade secrets or commercial or financial information that is privileged
80.2 or confidential;

80.3 (vii) disclosure of information of a personal nature where disclosure would constitute a
80.4 clearly unwarranted invasion of personal privacy;

80.5 (viii) disclosure of investigative records compiled for law enforcement purposes;

80.6 (ix) disclosure of information related to any investigative reports prepared by or on
80.7 behalf of or for use of the commission or other committee charged with responsibility of
80.8 investigation or determination of compliance issues pursuant to the compact; or

80.9 (x) matters specifically exempted from disclosure by federal or member state statute;

80.10 (3) if a meeting, or portion of a meeting, is closed pursuant to this provision, the
80.11 commission's legal counsel or designee shall certify that the meeting may be closed and
80.12 shall reference each relevant exempting provision; and

80.13 (4) the commission shall keep minutes that fully and clearly describe all matters discussed
80.14 in a meeting and shall provide a full and accurate summary of actions taken and the reasons
80.15 therefore, including a description of the views expressed. All documents considered in
80.16 connection with an action shall be identified in such minutes. All minutes and documents
80.17 of a closed meeting shall remain under seal, subject to release by a majority vote of the
80.18 commission or order of a court of competent jurisdiction.

80.19 (f) Financing of the commission:

80.20 (i) the commission shall pay, or provide for the payment of, the reasonable expenses of
80.21 its establishment, organization, and ongoing activities;

80.22 (ii) the commission may accept any and all appropriate revenue sources, donations, and
80.23 grants of money, equipment, supplies, materials, and services;

80.24 (iii) the commission may levy on and collect an annual assessment from each member
80.25 state or impose fees on other parties to cover the cost of the operations and activities of the
80.26 commission and its staff, which must be in a total amount sufficient to cover its annual
80.27 budget as approved each year for which revenue is not provided by other sources. The
80.28 aggregate annual assessment amount shall be allocated based upon a formula to be determined
80.29 by the commission, which shall promulgate a rule binding upon all member states;

80.30 (iv) the commission shall not incur obligations of any kind prior to securing the funds
80.31 adequate to meet the same; nor shall the commission pledge the credit of any of the member
80.32 states, except by and with the authority of the member state; and

81.1 (v) the commission shall keep accurate accounts of all receipts and disbursements. The
81.2 receipts and disbursements of the commission shall be subject to the audit and accounting
81.3 procedures established under its bylaws. However, all receipts and disbursements of funds
81.4 handled by the commission shall be audited yearly by a certified or licensed public
81.5 accountant, and the report of the audit shall be included in and become part of the annual
81.6 report of the commission.

81.7 (g) Qualified immunity, defense, and indemnification:

81.8 (1) the members, officers, executive director, employees, and representatives of the
81.9 commission shall be immune from suit and liability, either personally or in their official
81.10 capacity, for any claim for damage to or loss of property or personal injury or other civil
81.11 liability caused by or arising out of any actual or alleged act, error, or omission that occurred,
81.12 or that the person against whom the claim is made had a reasonable basis for believing
81.13 occurred within the scope of commission employment, duties or responsibilities; provided
81.14 that nothing in this paragraph shall be construed to protect any such person from suit or
81.15 liability for any damage, loss, injury, or liability caused by the intentional or willful or
81.16 wanton misconduct of that person;

81.17 (2) the commission shall defend any member, officer, executive director, employee or
81.18 representative of the commission in any civil action seeking to impose liability arising out
81.19 of any actual or alleged act, error, or omission that occurred within the scope of commission
81.20 employment, duties, or responsibilities, or that the person against whom the claim is made
81.21 had a reasonable basis for believing occurred within the scope of commission employment,
81.22 duties, or responsibilities; provided that nothing herein shall be construed to prohibit that
81.23 person from retaining his or her own counsel; and provided further, that the actual or alleged
81.24 act, error, or omission did not result from that person's intentional or willful or wanton
81.25 misconduct; and

81.26 (3) the commission shall indemnify and hold harmless any member, officer, executive
81.27 director, employee, or representative of the commission for the amount of any settlement
81.28 or judgment obtained against that person arising out of any actual or alleged act, error, or
81.29 omission that occurred within the scope of commission employment, duties, or
81.30 responsibilities, or that such person had a reasonable basis for believing occurred within
81.31 the scope of commission employment, duties, or responsibilities, provided that the actual
81.32 or alleged act, error, or omission did not result from the intentional or willful or wanton
81.33 misconduct of that person.

81.34

ARTICLE IX

82.1

DATA SYSTEM

82.2 (a) The commission shall provide for the development, maintenance, operation, and
82.3 utilization of a coordinated database and reporting system containing licensure, adverse
82.4 action, and investigative information on all licensed individuals in member states.

82.5 (b) Notwithstanding any other provision of state law to the contrary, a member state
82.6 shall submit a uniform data set to the data system on all individuals to whom this compact
82.7 is applicable as required by the rules of the commission, including:

82.8 (1) identifying information;

82.9 (2) licensure data;

82.10 (3) adverse actions against a license or privilege to practice;

82.11 (4) nonconfidential information related to alternative program participation;

82.12 (5) any denial of application for licensure and the reason for such denial;

82.13 (6) current significant investigative information; and

82.14 (7) other information that may facilitate the administration of this compact, as determined
82.15 by the rules of the commission.

82.16 (c) Investigative information pertaining to a licensee in any member state will only be
82.17 available to other member states.

82.18 (d) The commission shall promptly notify all member states of any adverse action taken
82.19 against a licensee or an individual applying for a license. Adverse action information
82.20 pertaining to a licensee in any member state will be available to any other member state.

82.21 (e) Member states contributing information to the data system may designate information
82.22 that may not be shared with the public without the express permission of the contributing
82.23 state.

82.24 (f) Any information submitted to the data system that is subsequently required to be
82.25 expunged by the laws of the member state contributing the information shall be removed
82.26 from the data system.

82.27

ARTICLE X

82.28

RULEMAKING

82.29 (a) The commission shall promulgate reasonable rules in order to effectively and
82.30 efficiently achieve the purpose of the compact. Notwithstanding the foregoing, in the event
82.31 the commission exercises its rulemaking authority in a manner that is beyond the scope of

83.1 the purposes of the compact, or the powers granted hereunder, then such an action by the
83.2 commission shall be invalid and have no force or effect.

83.3 (b) The commission shall exercise its rulemaking powers pursuant to the criteria set
83.4 forth in this article and the rules adopted thereunder. Rules and amendments shall become
83.5 binding as of the date specified in each rule or amendment.

83.6 (c) If a majority of the legislatures of the member states rejects a rule, by enactment of
83.7 a statute or resolution in the same manner used to adopt the compact within four years of
83.8 the date of adoption of the rule, then such rule shall have no further force and effect in any
83.9 member state.

83.10 (d) Rules or amendments to the rules shall be adopted at a regular or special meeting of
83.11 the commission.

83.12 (e) Prior to promulgation and adoption of a final rule or rules by the commission, and
83.13 at least thirty days in advance of the meeting at which the rule will be considered and voted
83.14 upon, the commission shall file a notice of proposed rulemaking:

83.15 (1) on the website of the commission or other publicly accessible platform; and

83.16 (2) on the website of each member state professional counseling licensing board or other
83.17 publicly accessible platform or the publication in which each state would otherwise publish
83.18 proposed rules.

83.19 (f) The notice of proposed rulemaking shall include:

83.20 (1) the proposed time, date, and location of the meeting in which the rule will be
83.21 considered and voted upon;

83.22 (2) the text of the proposed rule or amendment and the reason for the proposed rule;

83.23 (3) a request for comments on the proposed rule from any interested person; and

83.24 (4) the manner in which interested persons may submit notice to the commission of their
83.25 intention to attend the public hearing and any written comments.

83.26 (g) Prior to adoption of a proposed rule, the commission shall allow persons to submit
83.27 written data, facts, opinions, and arguments, which shall be made available to the public.

83.28 (h) The commission shall grant an opportunity for a public hearing before it adopts a
83.29 rule or amendment if a hearing is requested by:

83.30 (1) at least 25 persons;

83.31 (2) a state or federal governmental subdivision or agency; or

84.1 (3) an association having at least 25 members.

84.2 (i) If a hearing is held on the proposed rule or amendment, the commission shall publish
84.3 the place, time, and date of the scheduled public hearing. If the hearing is held via electronic
84.4 means, the commission shall publish the mechanism for access to the electronic hearing:

84.5 (1) all persons wishing to be heard at the hearing shall notify the executive director of
84.6 the commission or other designated member in writing of their desire to appear and testify
84.7 at the hearing not less than five business days before the scheduled date of the hearing;

84.8 (2) hearings shall be conducted in a manner providing each person who wishes to
84.9 comment a fair and reasonable opportunity to comment orally or in writing;

84.10 (3) all hearings will be recorded. A copy of the recording will be made available on
84.11 request; and

84.12 (4) nothing in this article shall be construed as requiring a separate hearing on each rule.
84.13 Rules may be grouped for the convenience of the commission at hearings required by this
84.14 article.

84.15 (j) Following the scheduled hearing date, or by the close of business on the scheduled
84.16 hearing date if the hearing was not held, the commission shall consider all written and oral
84.17 comments received.

84.18 (k) If no written notice of intent to attend the public hearing by interested parties is
84.19 received, the commission may proceed with promulgation of the proposed rule without a
84.20 public hearing.

84.21 (l) The commission shall, by majority vote of all members, take final action on the
84.22 proposed rule and shall determine the effective date of the rule, if any, based on the
84.23 rulemaking record and the full text of the rule.

84.24 (m) Upon determination that an emergency exists, the commission may consider and
84.25 adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided
84.26 that the usual rulemaking procedures provided in the compact and in this article shall be
84.27 retroactively applied to the rule as soon as reasonably possible, in no event later than 90
84.28 days after the effective date of the rule. For the purposes of this provision, an emergency
84.29 rule is one that must be adopted immediately in order to:

84.30 (1) meet an imminent threat to public health, safety, or welfare;

84.31 (2) prevent a loss of commission or member state funds;

85.1 (3) meet a deadline for the promulgation of an administrative rule that is established by
85.2 federal law or rule; or

85.3 (4) protect public health and safety.

85.4 (n) The commission or an authorized committee of the commission may direct revisions
85.5 to a previously adopted rule or amendment for purposes of correcting typographical errors,
85.6 errors in format, errors in consistency, or grammatical errors. Public notice of any revisions
85.7 shall be posted on the website of the commission. The revision shall be subject to challenge
85.8 by any person for a period of thirty days after posting. The revision may be challenged only
85.9 on grounds that the revision results in a material change to a rule. A challenge shall be made
85.10 in writing and delivered to the chair of the commission prior to the end of the notice period.
85.11 If no challenge is made, the revision will take effect without further action. If the revision
85.12 is challenged, the revision may not take effect without the approval of the commission.

85.13 **ARTICLE XI**

85.14 **OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT**

85.15 (a) Oversight:

85.16 (1) the executive, legislative, and judicial branches of state government in each member
85.17 state shall enforce this compact and take all actions necessary and appropriate to effectuate
85.18 the compact's purposes and intent. The provisions of this compact and the rules promulgated
85.19 hereunder shall have standing as statutory law;

85.20 (2) all courts shall take judicial notice of the compact and the rules in any judicial or
85.21 administrative proceeding in a member state pertaining to the subject matter of this compact
85.22 which may affect the powers, responsibilities, or actions of the commission; and

85.23 (3) the commission shall be entitled to receive service of process in any such proceeding
85.24 and shall have standing to intervene in such a proceeding for all purposes. Failure to provide
85.25 service of process to the commission shall render a judgment or order void as to the
85.26 commission, this compact, or promulgated rules.

85.27 (b) Default, technical assistance, and termination:

85.28 (1) if the commission determines that a member state has defaulted in the performance
85.29 of its obligations or responsibilities under this compact or the promulgated rules, the
85.30 commission shall:

86.1 (i) provide written notice to the defaulting state and other member states of the nature
86.2 of the default, the proposed means of curing the default, or any other action to be taken by
86.3 the commission; and

86.4 (ii) provide remedial training and specific technical assistance regarding the default.

86.5 (c) If a state in default fails to cure the default, the defaulting state may be terminated
86.6 from the compact upon an affirmative vote of a majority of the member states, and all rights,
86.7 privileges, and benefits conferred by this compact may be terminated on the effective date
86.8 of termination. A cure of the default does not relieve the offending state of obligations or
86.9 liabilities incurred during the period of default.

86.10 (d) Termination of membership in the compact shall be imposed only after all other
86.11 means of securing compliance have been exhausted. Notice of intent to suspend or terminate
86.12 shall be given by the commission to the governor, the majority and minority leaders of the
86.13 defaulting state's legislature, and each of the member states.

86.14 (e) A state that has been terminated is responsible for all assessments, obligations, and
86.15 liabilities incurred through the effective date of termination, including obligations that
86.16 extend beyond the effective date of termination.

86.17 (f) The commission shall not bear any costs related to a state that is found to be in default
86.18 or that has been terminated from the compact, unless agreed upon in writing between the
86.19 commission and the defaulting state.

86.20 (g) The defaulting state may appeal the action of the commission by petitioning the
86.21 United States District Court for the District of Columbia or the federal district where the
86.22 commission has its principal offices. The prevailing member shall be awarded all costs of
86.23 such litigation, including reasonable attorney's fees.

86.24 (h) Dispute resolution:

86.25 (1) Upon request by a member state, the commission shall attempt to resolve disputes
86.26 related to the compact that arise among member states and between member and nonmember
86.27 states; and

86.28 (2) the commission shall promulgate a rule providing for both mediation and binding
86.29 dispute resolution for such disputes as appropriate.

86.30 (i) Enforcement:

86.31 (1) The commission, in the reasonable exercise of its discretion, shall enforce the
86.32 provisions and rules of this compact;

87.1 (2) by majority vote, the commission may initiate legal action in the United States District
87.2 Court for the District of Columbia or the federal district where the commission has its
87.3 principal offices against a member state in default to enforce compliance with the provisions
87.4 of the compact and its promulgated rules and bylaws. The relief sought may include both
87.5 injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing
87.6 member shall be awarded all costs of such litigation, including reasonable attorney's fees;
87.7 and

87.8 (3) the remedies herein shall not be the exclusive remedies of the commission. The
87.9 commission may pursue any other remedies available under federal or state law.

87.10 ARTICLE XII

87.11 DATE OF IMPLEMENTATION OF THE COUNSELING COMPACT COMMISSION 87.12 AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

87.13 (a) The compact shall come into effect on the date on which the compact statute is
87.14 enacted into law in the tenth member state. The provisions, which become effective at that
87.15 time, shall be limited to the powers granted to the commission relating to assembly and the
87.16 promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking
87.17 powers necessary to the implementation and administration of the compact.

87.18 (b) Any state that joins the compact subsequent to the commission's initial adoption of
87.19 the rules shall be subject to the rules as they exist on the date on which the compact becomes
87.20 law in that state. Any rule that has been previously adopted by the commission shall have
87.21 the full force and effect of law on the day the compact becomes law in that state.

87.22 (c) Any member state may withdraw from this compact by enacting a statute repealing
87.23 the same.

87.24 (1) a member state's withdrawal shall not take effect until six months after enactment
87.25 of the repealing statute; and

87.26 (2) withdrawal shall not affect the continuing requirement of the withdrawing state's
87.27 professional counseling licensing board to comply with the investigative and adverse action
87.28 reporting requirements of this act prior to the effective date of withdrawal.

87.29 (d) Nothing contained in this compact shall be construed to invalidate or prevent any
87.30 professional counseling licensure agreement or other cooperative arrangement between a
87.31 member state and a nonmember state that does not conflict with the provisions of this
87.32 compact.

88.1 (e) This compact may be amended by the member states. No amendment to this compact
88.2 shall become effective and binding upon any member state until it is enacted into the laws
88.3 of all member states.

88.4 ARTICLE XIII

88.5 CONSTRUCTION AND SEVERABILITY

88.6 This compact shall be liberally construed so as to effectuate the purposes thereof. The
88.7 provisions of this compact shall be severable and if any phrase, clause, sentence, or provision
88.8 of this compact is declared to be contrary to the constitution of any member state or of the
88.9 United States or the applicability thereof to any government, agency, person, or circumstance
88.10 is held invalid, the validity of the remainder of this compact and the applicability thereof
88.11 to any government, agency, person, or circumstance shall not be affected thereby. If this
88.12 compact shall be held contrary to the constitution of any member state, the compact shall
88.13 remain in full force and effect as to the remaining member states and in full force and effect
88.14 as to the member state affected as to all severable matters.

88.15 ARTICLE XIV

88.16 BINDING EFFECT OF COMPACT AND OTHER LAWS

88.17 (a) A licensee providing professional counseling services in a remote state under the
88.18 privilege to practice shall adhere to the laws and regulations, including scope of practice,
88.19 of the remote state.

88.20 (b) Nothing herein prevents the enforcement of any other law of a member state that is
88.21 not inconsistent with the compact.

88.22 (c) Any laws in a member state in conflict with the compact are superseded to the extent
88.23 of the conflict.

88.24 (d) Any lawful actions of the commission, including all rules and bylaws properly
88.25 promulgated by the commission, are binding upon the member states.

88.26 (e) All permissible agreements between the commission and the member states are
88.27 binding in accordance with their terms.

88.28 (f) In the event any provision of the compact exceeds the constitutional limits imposed
88.29 on the legislature of any member state, the provision shall be ineffective to the extent of the
88.30 conflict with the constitutional provision in question in that member state.

89.1 Sec. 16. Minnesota Statutes 2020, section 152.125, is amended to read:

89.2 **152.125 INTRACTABLE PAIN.**

89.3 Subdivision 1. ~~Definition~~ **Definitions.** (a) For purposes of this section, the terms in this
89.4 subdivision have the meanings given.

89.5 (b) "Drug diversion" means the unlawful transfer of prescription drugs from their licit
89.6 medical purpose to the illicit marketplace.

89.7 (c) "Intractable pain" means a pain state in which the cause of the pain cannot be removed
89.8 or otherwise treated with the consent of the patient and in which, in the generally accepted
89.9 course of medical practice, no relief or cure of the cause of the pain is possible, or none has
89.10 been found after reasonable efforts. Conditions associated with intractable pain include but
89.11 are not limited to cancer and the recovery period, sickle cell disease, noncancer pain, rare
89.12 diseases, orphan diseases, severe injuries, and health conditions requiring the provision of
89.13 palliative care or hospice care. Reasonable efforts for relieving or curing the cause of the
89.14 pain may be determined on the basis of, but are not limited to, the following:

89.15 (1) when treating a nonterminally ill patient for intractable pain, an evaluation conducted
89.16 by the attending physician, advanced practice registered nurse, or physician assistant and
89.17 one or more physicians, advanced practice registered nurses, or physician assistants
89.18 specializing in pain medicine or the treatment of the area, system, or organ of the body
89.19 confirmed or perceived as the source of the intractable pain; or

89.20 (2) when treating a terminally ill patient, an evaluation conducted by the attending
89.21 physician, advanced practice registered nurse, or physician assistant who does so in
89.22 accordance with the standard of care and the level of care, skill, and treatment that would
89.23 be recognized by a reasonably prudent physician, advanced practice registered nurse, or
89.24 physician assistant under similar conditions and circumstances.

89.25 (d) "Palliative care" has the meaning provided in section 144A.75, subdivision 12.

89.26 (e) "Rare disease" means a disease, disorder, or condition that affects fewer than 200,000
89.27 individuals in the United States and is chronic, serious, life altering, or life threatening.

89.28 Subd. 1a. **Criteria for the evaluation and treatment of intractable pain.** The evaluation
89.29 and treatment of intractable pain when treating a nonterminally ill patient is governed by
89.30 the following criteria:

89.31 (1) a diagnosis of intractable pain by the treating physician, advanced practice registered
89.32 nurse, or physician assistant and either by a physician, advanced practice registered nurse,
89.33 or physician assistant specializing in pain medicine or a physician, advanced practice

90.1 registered nurse, or physician assistant treating the area, system, or organ of the body that
90.2 is the source of the pain is sufficient to meet the definition of intractable pain; and

90.3 (2) the cause of the diagnosis of intractable pain must not interfere with medically
90.4 necessary treatment including but not limited to prescribing or administering a controlled
90.5 substance in Schedules II to V of section 152.02.

90.6 **Subd. 2. Prescription and administration of controlled substances for intractable**
90.7 **pain.** (a) Notwithstanding any other provision of this chapter, a physician, advanced practice
90.8 registered nurse, or physician assistant may prescribe or administer a controlled substance
90.9 in Schedules II to V of section 152.02 to ~~an individual~~ a patient in the course of the
90.10 physician's, advanced practice registered nurse's, or physician assistant's treatment of the
90.11 ~~individual~~ patient for a diagnosed condition causing intractable pain. No physician, advanced
90.12 practice registered nurse, or physician assistant shall be subject to disciplinary action by
90.13 the Board of Medical Practice or Board of Nursing for appropriately prescribing or
90.14 administering a controlled substance in Schedules II to V of section 152.02 in the course
90.15 of treatment of ~~an individual~~ a patient for intractable pain, provided the physician, advanced
90.16 practice registered nurse, or physician assistant:

90.17 (1) keeps accurate records of the purpose, use, prescription, and disposal of controlled
90.18 substances, writes accurate prescriptions, and prescribes medications in conformance with
90.19 chapter 147; or 148 or in accordance with the current standard of care; and

90.20 (2) enters into a patient-provider agreement that meets the criteria in subdivision 5.

90.21 (b) No physician, advanced practice registered nurse, or physician assistant, acting in
90.22 good faith and based on the needs of the patient, shall be subject to any civil or criminal
90.23 action or investigation, disenrollment, or termination by the commissioner of health or
90.24 human services solely for prescribing a dosage that equates to an upward deviation from
90.25 morphine milligram equivalent dosage recommendations or thresholds specified in state or
90.26 federal opioid prescribing guidelines or policies, including but not limited to the Guideline
90.27 for Prescribing Opioids for Chronic Pain issued by the Centers for Disease Control and
90.28 Prevention, Minnesota opioid prescribing guidelines, the Minnesota opioid prescribing
90.29 improvement program, and the Minnesota quality improvement program established under
90.30 section 256B.0638.

90.31 (c) A physician, advanced practice registered nurse, or physician assistant treating
90.32 intractable pain by prescribing, dispensing, or administering a controlled substance in
90.33 Schedules II to V of section 152.02 that includes but is not limited to opioid analgesics must
90.34 not taper a patient's medication dosage solely to meet a predetermined morphine milligram

91.1 equivalent dosage recommendation or threshold if the patient is stable and compliant with
91.2 the treatment plan, is experiencing no serious harm from the level of medication currently
91.3 being prescribed or previously prescribed, and is in compliance with the patient-provider
91.4 agreement as described in subdivision 5.

91.5 (d) A physician's, advanced practice registered nurse's, or physician assistant's decision
91.6 to taper a patient's medication dosage must be based on factors other than a morphine
91.7 milligram equivalent recommendation or threshold.

91.8 (e) No pharmacist, health plan company, or pharmacy benefit manager shall refuse to
91.9 fill a prescription for an opiate issued by a licensed practitioner with the authority to prescribe
91.10 opiates solely based on the prescription exceeding a predetermined morphine milligram
91.11 equivalent dosage recommendation or threshold.

91.12 Subd. 3. **Limits on applicability.** This section does not apply to:

91.13 (1) a physician's, advanced practice registered nurse's, or physician assistant's treatment
91.14 of an individual a patient for chemical dependency resulting from the use of controlled
91.15 substances in Schedules II to V of section 152.02;

91.16 (2) the prescription or administration of controlled substances in Schedules II to V of
91.17 section 152.02 to an individual a patient whom the physician, advanced practice registered
91.18 nurse, or physician assistant knows to be using the controlled substances for nontherapeutic
91.19 or drug diversion purposes;

91.20 (3) the prescription or administration of controlled substances in Schedules II to V of
91.21 section 152.02 for the purpose of terminating the life of an individual a patient having
91.22 intractable pain; or

91.23 (4) the prescription or administration of a controlled substance in Schedules II to V of
91.24 section 152.02 that is not a controlled substance approved by the United States Food and
91.25 Drug Administration for pain relief.

91.26 Subd. 4. **Notice of risks.** Prior to treating an individual a patient for intractable pain in
91.27 accordance with subdivision 2, a physician, advanced practice registered nurse, or physician
91.28 assistant shall discuss with the individual patient or the patient's legal guardian, if applicable,
91.29 the risks associated with the controlled substances in Schedules II to V of section 152.02
91.30 to be prescribed or administered in the course of the physician's, advanced practice registered
91.31 nurse's, or physician assistant's treatment of an individual a patient, and document the
91.32 discussion in the individual's patient's record as required in the patient-provider agreement
91.33 described in subdivision 5.

92.1 Subd. 5. Patient-provider agreement. (a) Before treating a patient for intractable pain,
 92.2 a physician, advanced practice registered nurse, or physician assistant and the patient or the
 92.3 patient's legal guardian, if applicable, must mutually agree to the treatment and enter into
 92.4 a provider-patient agreement. The agreement must include a description of the prescriber's
 92.5 and the patient's expectations, responsibilities, and rights according to best practices and
 92.6 current standards of care.

92.7 (b) The agreement must be signed by the patient or the patient's legal guardian, if
 92.8 applicable, and the physician, advanced practice registered nurse, or physician assistant and
 92.9 included in the patient's medical records. A copy of the signed agreement must be provided
 92.10 to the patient.

92.11 (c) The agreement must be reviewed by the patient and the physician, advanced practice
 92.12 registered nurse, or physician assistant annually. If there is a change in the patient's treatment
 92.13 plan, the agreement must be updated and a revised agreement must be signed by the patient
 92.14 or the patient's legal guardian. A copy of the revised agreement must be included in the
 92.15 patient's medical record and a copy must be provided to the patient.

92.16 (d) A patient-provider agreement is not required in an emergency or inpatient hospital
 92.17 setting.

92.18 Sec. 17. **APPROPRIATION.**

92.19 \$157,000 in fiscal year 2023 is appropriated from the state government special revenue
 92.20 fund to the Board of Nursing for the purposes of implementing Minnesota Statutes, section
 92.21 148.2855. The base for this appropriation is \$6,000 in fiscal year 2024 and \$6,000 in fiscal
 92.22 year 2025.

92.23 Sec. 18. **REPEALER.**

92.24 Minnesota Statutes 2020, section 147.02, subdivision 2a, is repealed.

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

92.26 **ARTICLE 4**

92.27 **HUMAN SERVICES FORECAST ADJUSTMENT AND CARRY FORWARD**
 92.28 **AUTHORITY**

92.29 Section 1. **HUMAN SERVICES APPROPRIATION.**

92.30 The dollar amounts shown in the columns marked "Appropriations" are added to or, if
 92.31 shown in parentheses, are subtracted from the appropriations in Laws 2021, First Special
 92.32 Session chapter 7, article 16, from the general fund or any fund named to the Department

93.1 of Human Services for the purposes specified in this article, to be available for the fiscal
 93.2 year indicated for each purpose. The figures "2022" and "2023" used in this article mean
 93.3 that the appropriations listed under them are available for the fiscal years ending June 30,
 93.4 2022, or June 30, 2023, respectively. "The first year" is fiscal year 2022. "The second year"
 93.5 is fiscal year 2023. "The biennium" is fiscal years 2022 and 2023.

93.6 **APPROPRIATIONS**

93.7 **Available for the Year**

93.8 **Ending June 30**

93.9 **2022**

2023

93.10 **Sec. 2. COMMISSIONER OF HUMAN**
 93.11 **SERVICES**

93.12 **Subdivision 1. Total Appropriation** **\$** **(585,901,000)** **\$** **182,791,000**

93.13 **Appropriations by Fund**

93.14 **General Fund** **(406,629,000)** **185,395,000**

93.15 **Health Care Access**

93.16 **Fund** **(86,146,000)** **(11,799,000)**

93.17 **Federal TANF** **(93,126,000)** **9,195,000**

93.18 **Subd. 2. Forecasted Programs**

93.19 **(a) MFIP/DWP**

93.20 **Appropriations by Fund**

93.21 **General Fund** **72,106,000** **(14,397,000)**

93.22 **Federal TANF** **(93,126,000)** **9,195,000**

93.23 **(b) MFIP Child Care Assistance** **(103,347,000)** **(73,738,000)**

93.24 **(c) General Assistance** **(4,175,000)** **(1,488,000)**

93.25 **(d) Minnesota Supplemental Aid** **318,000** **1,613,000**

93.26 **(e) Housing Support** **(1,994,000)** **9,257,000**

93.27 **(f) Northstar Care for Children** **(9,613,000)** **(4,865,000)**

93.28 **(g) MinnesotaCare** **(86,146,000)** **(11,799,000)**

93.29 **These appropriations are from the health care**

93.30 **access fund.**

93.31 **(h) Medical Assistance**

94.1	<u>Appropriations by Fund</u>		
94.2	<u>General Fund</u>	<u>(348,364,000)</u>	<u>292,880,000</u>
94.3	<u>Health Care Access</u>		
94.4	<u>Fund</u>	<u>0</u>	<u>0</u>
94.5	<u>(i) Alternative Care Program</u>	<u>0</u>	<u>0</u>
94.6	<u>(j) Behavioral Health Fund</u>	<u>(11,560,000)</u>	<u>(23,867,000)</u>
94.7	<u>Subd. 3. Technical Activities</u>	<u>0</u>	<u>0</u>
94.8	<u>These appropriations are from the federal</u>		
94.9	<u>TANF fund.</u>		

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

94.11 Sec. 3. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 29,
94.12 is amended to read:

94.13 **Subd. 29. Grant Programs; Disabilities Grants** 31,398,000 31,010,000

94.14 **(a) Training Stipends for Direct Support**

94.15 **Services Providers.** \$1,000,000 in fiscal year
94.16 2022 is from the general fund for stipends for
94.17 individual providers of direct support services
94.18 as defined in Minnesota Statutes, section
94.19 256B.0711, subdivision 1. These stipends are
94.20 available to individual providers who have
94.21 completed designated voluntary trainings
94.22 made available through the State-Provider
94.23 Cooperation Committee formed by the State
94.24 of Minnesota and the Service Employees
94.25 International Union Healthcare Minnesota.
94.26 Any unspent appropriation in fiscal year 2022
94.27 is available in fiscal year 2023. This is a
94.28 onetime appropriation. This appropriation is
94.29 available only if the labor agreement between
94.30 the state of Minnesota and the Service
94.31 Employees International Union Healthcare
94.32 Minnesota under Minnesota Statutes, section
94.33 179A.54, is approved under Minnesota
94.34 Statutes, section 3.855.

95.1 **(b) Parent-to-Parent Peer Support. \$125,000**
95.2 in fiscal year 2022 and \$125,000 in fiscal year
95.3 2023 are from the general fund for a grant to
95.4 an alliance member of Parent to Parent USA
95.5 to support the alliance member's
95.6 parent-to-parent peer support program for
95.7 families of children with a disability or special
95.8 health care need.

95.9 **(c) Self-Advocacy Grants. (1) \$143,000 in**
95.10 fiscal year 2022 and \$143,000 in fiscal year
95.11 2023 are from the general fund for a grant
95.12 under Minnesota Statutes, section 256.477,
95.13 subdivision 1.

95.14 **(2) \$105,000 in fiscal year 2022 and \$105,000**
95.15 in fiscal year 2023 are from the general fund
95.16 for subgrants under Minnesota Statutes,
95.17 section 256.477, subdivision 2.

95.18 **(d) Minnesota Inclusion Initiative Grants.**
95.19 \$150,000 in fiscal year 2022 and \$150,000 in
95.20 fiscal year 2023 are from the general fund for
95.21 grants under Minnesota Statutes, section
95.22 256.4772.

95.23 **(e) Grants to Expand Access to Child Care**
95.24 **for Children with Disabilities. \$250,000 in**
95.25 fiscal year 2022 and \$250,000 in fiscal year
95.26 2023 are from the general fund for grants to
95.27 expand access to child care for children with
95.28 disabilities. Any unspent amount in fiscal year
95.29 2022 is available through June 30, 2023. This
95.30 is a onetime appropriation.

95.31 **(f) Parenting with a Disability Pilot Project.**
95.32 The general fund base includes \$1,000,000 in
95.33 fiscal year 2024 and \$0 in fiscal year 2025 to

96.1 implement the parenting with a disability pilot
96.2 project.

96.3 **(g) Base Level Adjustment.** The general fund
96.4 base is \$29,260,000 in fiscal year 2024 and
96.5 \$22,260,000 in fiscal year 2025.

96.6 Sec. 4. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 31,
96.7 is amended to read:

96.8 **Subd. 31. Grant Programs; Adult Mental Health**
96.9 **Grants**

96.10	Appropriations by Fund		
96.11	General	98,772,000	98,703,000
96.12	Opiate Epidemic		
96.13	Response	2,000,000	2,000,000

96.14 **(a) Culturally and Linguistically**
96.15 **Appropriate Services Implementation**
96.16 **Grants.** \$2,275,000 in fiscal year 2022 and
96.17 \$2,206,000 in fiscal year 2023 are from the
96.18 general fund for grants to disability services,
96.19 mental health, and substance use disorder
96.20 treatment providers to implement culturally
96.21 and linguistically appropriate services
96.22 standards, according to the implementation
96.23 and transition plan developed by the
96.24 commissioner. Any unspent amount in fiscal
96.25 year 2022 is available through June 30, 2023.

96.26 The general fund base for this appropriation
96.27 is \$1,655,000 in fiscal year 2024 and \$0 in
96.28 fiscal year 2025.

96.29 **(b) Base Level Adjustment.** The general fund
96.30 base is \$93,295,000 in fiscal year 2024 and
96.31 \$83,324,000 in fiscal year 2025. The opiate
96.32 epidemic response fund base is \$2,000,000 in
96.33 fiscal year 2024 and \$0 in fiscal year 2025.

97.1 Sec. 5. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,
97.2 is amended to read:

97.3 **Subd. 33. Grant Programs; Chemical**
97.4 **Dependency Treatment Support Grants**

97.5 Appropriations by Fund

97.6	General	4,273,000	4,274,000
97.7	Lottery Prize	1,733,000	1,733,000
97.8	Opiate Epidemic		
97.9	Response	500,000	500,000

97.10 (a) **Problem Gambling.** \$225,000 in fiscal
97.11 year 2022 and \$225,000 in fiscal year 2023
97.12 are from the lottery prize fund for a grant to
97.13 the state affiliate recognized by the National
97.14 Council on Problem Gambling. The affiliate
97.15 must provide services to increase public
97.16 awareness of problem gambling, education,
97.17 training for individuals and organizations
97.18 providing effective treatment services to
97.19 problem gamblers and their families, and
97.20 research related to problem gambling.

97.21 (b) **Recovery Community Organization**
97.22 **Grants.** \$2,000,000 in fiscal year 2022 and
97.23 \$2,000,000 in fiscal year 2023 are from the
97.24 general fund for grants to recovery community
97.25 organizations, as defined in Minnesota
97.26 Statutes, section 254B.01, subdivision 8, to
97.27 provide for costs and community-based peer
97.28 recovery support services that are not
97.29 otherwise eligible for reimbursement under
97.30 Minnesota Statutes, section 254B.05, as part
97.31 of the continuum of care for substance use
97.32 disorders. Any unspent amount in fiscal year
97.33 2022 is available through June 30, 2023. The
97.34 general fund base for this appropriation is
97.35 \$2,000,000 in fiscal year 2024 and \$0 in fiscal
97.36 year 2025

98.1 (c) **Base Level Adjustment.** The general fund
98.2 base is \$4,636,000 in fiscal year 2024 and
98.3 \$2,636,000 in fiscal year 2025. The opiate
98.4 epidemic response fund base is \$500,000 in
98.5 fiscal year 2024 and \$0 in fiscal year 2025.

98.6 Sec. 6. Laws 2021, First Special Session chapter 7, article 17, section 3, is amended to
98.7 read:

98.8 **Sec. 3. GRANTS FOR TECHNOLOGY FOR HCBS RECIPIENTS.**

98.9 (a) This act includes \$500,000 in fiscal year 2022 and \$2,000,000 in fiscal year 2023
98.10 for the commissioner of human services to issue competitive grants to home and
98.11 community-based service providers. Grants must be used to provide technology assistance,
98.12 including but not limited to Internet services, to older adults and people with disabilities
98.13 who do not have access to technology resources necessary to use remote service delivery
98.14 and telehealth. Any unspent amount in fiscal year 2022 is available through June 30, 2023.
98.15 The general fund base included in this act for this purpose is \$1,500,000 in fiscal year 2024
98.16 and \$0 in fiscal year 2025.

98.17 (b) All grant activities must be completed by March 31, 2024.

98.18 (c) This section expires June 30, 2024.

98.19 Sec. 7. Laws 2021, First Special Session chapter 7, article 17, section 6, is amended to
98.20 read:

98.21 **Sec. 6. TRANSITION TO COMMUNITY INITIATIVE.**

98.22 (a) This act includes \$5,500,000 in fiscal year 2022 and \$5,500,000 in fiscal year 2023
98.23 for additional funding for grants awarded under the transition to community initiative
98.24 described in Minnesota Statutes, section 256.478. Any unspent amount in fiscal year 2022
98.25 is available through June 30, 2023. The general fund base in this act for this purpose is
98.26 \$4,125,000 in fiscal year 2024 and \$0 in fiscal year 2025.

98.27 (b) All grant activities must be completed by March 31, 2024.

98.28 (c) This section expires June 30, 2024.

99.1 Sec. 8. Laws 2021, First Special Session chapter 7, article 17, section 10, is amended to
99.2 read:

99.3 Sec. 10. **PROVIDER CAPACITY GRANTS FOR RURAL AND UNDERSERVED**
99.4 **COMMUNITIES.**

99.5 (a) This act includes \$6,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
99.6 for the commissioner to establish a grant program for small provider organizations that
99.7 provide services to rural or underserved communities with limited home and
99.8 community-based services provider capacity. The grants are available to build organizational
99.9 capacity to provide home and community-based services in Minnesota and to build new or
99.10 expanded infrastructure to access medical assistance reimbursement. Any unspent amount
99.11 in fiscal year 2022 is available through June 30, 2023. The general fund base in this act for
99.12 this purpose is \$8,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

99.13 (b) The commissioner shall conduct community engagement, provide technical assistance,
99.14 and establish a collaborative learning community related to the grants available under this
99.15 section and work with the commissioner of management and budget and the commissioner
99.16 of the Department of Administration to mitigate barriers in accessing grant funds. Funding
99.17 awarded for the community engagement activities described in this paragraph is exempt
99.18 from state solicitation requirements under Minnesota Statutes, section 16B.97, for activities
99.19 that occur in fiscal year 2022.

99.20 (c) All grant activities must be completed by March 31, 2024.

99.21 (d) This section expires June 30, 2024.

99.22 Sec. 9. Laws 2021, First Special Session chapter 7, article 17, section 11, is amended to
99.23 read:

99.24 Sec. 11. **EXPAND MOBILE CRISIS.**

99.25 (a) This act includes \$8,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
99.26 for additional funding for grants for adult mobile crisis services under Minnesota Statutes,
99.27 section 245.4661, subdivision 9, paragraph (b), clause (15). Any unspent amount in fiscal
99.28 year 2022 is available through June 30, 2023. The general fund base in this act for this
99.29 purpose is \$4,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

99.30 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
99.31 funded under this section.

100.1 (c) All grant activities must be completed by March 31, 2024.

100.2 (d) This section expires June 30, 2024.

100.3 Sec. 10. Laws 2021, First Special Session chapter 7, article 17, section 12, is amended to
100.4 read:

100.5 Sec. 12. **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD**
100.6 **AND ADOLESCENT MOBILE TRANSITION UNIT.**

100.7 (a) This act includes \$2,500,000 in fiscal year 2022 and \$2,500,000 in fiscal year 2023
100.8 for the commissioner of human services to create children's mental health transition and
100.9 support teams to facilitate transition back to the community of children from psychiatric
100.10 residential treatment facilities, and child and adolescent behavioral health hospitals. Any
100.11 unspent amount in fiscal year 2022 is available through June 30, 2023. The general fund
100.12 base included in this act for this purpose is \$1,875,000 in fiscal year 2024 and \$0 in fiscal
100.13 year 2025.

100.14 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
100.15 funded under this section.

100.16 (c) This section expires March 31, 2024.

100.17 Sec. 11. Laws 2021, First Special Session chapter 7, article 17, section 17, subdivision 3,
100.18 is amended to read:

100.19 Subd. 3. **Respite services for older adults grants.** (a) This act includes \$2,000,000 in
100.20 fiscal year 2022 and \$2,000,000 in fiscal year 2023 for the commissioner of human services
100.21 to establish a grant program for respite services for older adults. The commissioner must
100.22 award grants on a competitive basis to respite service providers. Any unspent amount in
100.23 fiscal year 2022 is available through June 30, 2023. The general fund base included in this
100.24 act for this purpose is \$2,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

100.25 (b) All grant activities must be completed by March 31, 2024.

100.26 (c) This subdivision expires June 30, 2024."

100.27 Amend the title accordingly