

SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION

S.F. No. 4198

(SENATE AUTHORS: UTKE)

DATE	D-PG	OFFICIAL STATUS
03/23/2022	5564	Introduction and first reading
		Referred to Health and Human Services Finance and Policy
04/04/2022	6186a	Comm report: To pass as amended and re-refer to Finance

1.1 A bill for an act

1.2 relating to health and human services; modifying health provisions related to closed

1.3 loop health exchangers, spa pools, hospital construction moratoriums, and

1.4 recommendations to the J-1 visa waiver program; exempting certain licensed

1.5 individuals from background checks; modifying human services provisions related

1.6 to dental provider reporting and medical assistance coverage and reimbursement;

1.7 modifying scope of practice for pharmacists in performing certain lab tests and

1.8 administering vaccines; modifying collaborative practice authorization for dental

1.9 hygienists; temporarily modifying the authority of the Emergency Medical Services

1.10 Regulatory Board; establishing interstate compacts for nurses, audiologists and

1.11 speech pathologists, and licensed professional counselors; modifying criteria for

1.12 the treatment of intractable pain; reducing the license fees for medical gas

1.13 manufacturers and wholesalers; modifying the expiration dates and repealing

1.14 certain mandated reports from the commissioner of health; expanding and renaming

1.15 the higher education facilities authority to include nonprofit health care

1.16 organizations; making human services forecast adjustments; appropriating money;

1.17 amending Minnesota Statutes 2020, sections 3.732, subdivision 1; 62J.692,

1.18 subdivision 5; 103I.005, subdivisions 17a, 20a, by adding a subdivision; 136A.25;

1.19 136A.26; 136A.27; 136A.28; 136A.29, subdivisions 1, 3, 6, 9, 10, 14, 19, 20, 21,

1.20 22, by adding a subdivision; 136A.32, subdivision 4; 136A.33; 136A.34,

1.21 subdivisions 3, 4; 136A.36; 136A.38; 136A.41; 136A.42; 136F.67, subdivision

1.22 1; 144.051, subdivision 6; 144.057, subdivision 1; 144.1222, subdivision 2d;

1.23 144.193; 144.4199, subdivision 8; 144.497; 144A.10, subdivision 17; 144A.483,

1.24 subdivision 1; 145.4134; 145.928, subdivision 13; 147.01, subdivision 7; 147.03,

1.25 subdivisions 1, 2; 147.037; 147A.28; 147C.15, subdivision 3; 147C.40, subdivision

1.26 5; 148.212, subdivision 1; 150A.10, subdivision 1a; 150A.105, subdivision 8;

1.27 151.01, subdivision 27; 151.065, subdivisions 1, 3, 7; 152.125; 245C.31,

1.28 subdivisions 1, 2, by adding a subdivision; 256B.0625, by adding a subdivision;

1.29 354B.20, subdivision 7; Minnesota Statutes 2021 Supplement, sections 10A.01,

1.30 subdivision 35; 144.551, subdivision 1; 245C.03, subdivision 5a; 256B.0371,

1.31 subdivision 4; Laws 2021, First Special Session chapter 7, article 16, sections 2,

1.32 subdivisions 29, 31, 33; 5; article 17, sections 3; 6; 10; 11; 12; 17, subdivision 3;

1.33 proposing coding for new law in Minnesota Statutes, chapters 103I; 145; 147A;

1.34 148; 148B; 151; repealing Minnesota Statutes 2020, sections 62U.10, subdivision

1.35 3; 136A.29, subdivision 4; 144.1911, subdivision 10; 144.564, subdivision 3;

1.36 144A.483, subdivision 2; 147.02, subdivision 2a; 254A.21.

2.1 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

2.2

ARTICLE 1

2.3

HEALTH DEPARTMENT

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

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

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

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

2.16 (3) ~~measure groundwater levels, including use of a piezometer~~ contains potable water
2.17 as the heat transfer fluid; and

2.18 (4) ~~determine groundwater flow direction or velocity~~ operates using nonconsumptive
2.19 recirculation.

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

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

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

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

2.29 (2) monitor or measure physical, chemical, radiological, or biological parameters of
2.30 earth materials or earth fluids, including hydraulic conductivity, bearing capacity, or
2.31 resistance;

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

3.2 (4) determine groundwater flow direction or velocity.

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

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

3.6 (1) for potable water supply;

3.7 (2) for irrigation;

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

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

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

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

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

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

3.19 Subd. 2. **Setbacks.** Water supply wells used only for the nonpotable purpose of providing
3.20 heating and cooling using a submerged closed loop heat exchanger are exempt from isolation
3.21 distance requirements greater than ten feet.

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

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

3.28 Subd. 5. **Variances.** A variance is not required to install or operate a submerged closed
3.29 loop heat exchanger.

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

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

4.5 (1) individuals providing services that have direct contact, as defined under section
4.6 245C.02, subdivision 11, with patients and residents in hospitals, boarding care homes,
4.7 outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and
4.8 home care agencies licensed under chapter 144A; assisted living facilities and assisted living
4.9 facilities with dementia care licensed under chapter 144G; and board and lodging
4.10 establishments that are registered to provide supportive or health supervision services under
4.11 section 157.17;

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

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

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

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

4.32 (b) The commissioner of human services is not required to conduct a background study
4.33 on any individual identified in paragraph (a) if the individual has a valid license issued by
4.34 a health-related licensing board as defined in section 214.01, subdivision 2, and has completed

5.1 the criminal background check as required in section 214.075. An entity that employs
 5.2 individuals who meet the requirements of this paragraph must separate those individuals
 5.3 from the entity's roster for NETStudy 2.0.

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

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

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

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

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

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

5.21 "NOTICE

5.22 This spa is exempt from state and local sanitary requirements that prevent disease
 5.23 transmission.

5.24 USE AT YOUR OWN RISK

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

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

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

5.30 (1) any erection, building, alteration, reconstruction, modernization, improvement,
 5.31 extension, lease, or other acquisition by or on behalf of a hospital that increases the bed

6.1 capacity of a hospital, relocates hospital beds from one physical facility, complex, or site
6.2 to another, or otherwise results in an increase or redistribution of hospital beds within the
6.3 state; and

6.4 (2) the establishment of a new hospital.

6.5 (b) This section does not apply to:

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

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

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

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

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

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

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

6.30 (8) relocation or redistribution of hospital beds within a hospital corporate system that
6.31 involves the transfer of beds from a closed facility site or complex to an existing site or
6.32 complex provided that: (i) no more than 50 percent of the capacity of the closed facility is
6.33 transferred; (ii) the capacity of the site or complex to which the beds are transferred does

7.1 not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal
7.2 health systems agency boundary in place on July 1, 1983; (iv) the relocation or redistribution
7.3 does not involve the construction of a new hospital building; and (v) the transferred beds
7.4 are used first to replace within the hospital corporate system the total number of beds
7.5 previously used in the closed facility site or complex for mental health services and substance
7.6 use disorder services. Only after the hospital corporate system has fulfilled the requirements
7.7 of this item may the remainder of the available capacity of the closed facility site or complex
7.8 be transferred for any other purpose;

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

7.12 (10) a project to replace a hospital or hospitals with a combined licensed capacity of
7.13 130 beds or less if: (i) the new hospital site is located within five miles of the current site;
7.14 and (ii) the total licensed capacity of the replacement hospital, either at the time of
7.15 construction of the initial building or as the result of future expansion, will not exceed 70
7.16 licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;

7.17 (11) the relocation of licensed hospital beds from an existing state facility operated by
7.18 the commissioner of human services to a new or existing facility, building, or complex
7.19 operated by the commissioner of human services; from one regional treatment center site
7.20 to another; or from one building or site to a new or existing building or site on the same
7.21 campus;

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

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

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

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

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

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

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

8.10 (19) a critical access hospital established under section 144.1483, clause (9), and section
8.11 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, that
8.12 delicensed beds since enactment of the Balanced Budget Act of 1997, Public Law 105-33,
8.13 to the extent that the critical access hospital does not seek to exceed the maximum number
8.14 of beds permitted such hospital under federal law;

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

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

8.20 (ii) the entity that will hold the new hospital license will be owned or controlled by one
8.21 or more not-for-profit hospitals or health systems that have previously submitted a plan or
8.22 plans for a project in Maple Grove as required under section 144.552, and the plan or plans
8.23 have been found to be in the public interest by the commissioner of health as of April 1,
8.24 2005;

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

8.29 (iv) the new hospital:

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

9.1 (B) will provide uncompensated care;

9.2 (C) will provide mental health services, including inpatient beds;

9.3 (D) will be a site for workforce development for a broad spectrum of health-care-related
9.4 occupations and have a commitment to providing clinical training programs for physicians
9.5 and other health care providers;

9.6 (E) will demonstrate a commitment to quality care and patient safety;

9.7 (F) will have an electronic medical records system, including physician order entry;

9.8 (G) will provide a broad range of senior services;

9.9 (H) will provide emergency medical services that will coordinate care with regional
9.10 providers of trauma services and licensed emergency ambulance services in order to enhance
9.11 the continuity of care for emergency medical patients; and

9.12 (I) will be completed by December 31, 2009, unless delayed by circumstances beyond
9.13 the control of the entity holding the new hospital license; and

9.14 (v) as of 30 days following submission of a written plan, the commissioner of health
9.15 has not determined that the hospitals or health systems that will own or control the entity
9.16 that will hold the new hospital license are unable to meet the criteria of this clause;

9.17 (21) a project approved under section 144.553;

9.18 (22) a project for the construction of a hospital with up to 25 beds in Cass County within
9.19 a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder
9.20 is approved by the Cass County Board;

9.21 (23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity
9.22 from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing
9.23 a separately licensed 13-bed skilled nursing facility;

9.24 (24) notwithstanding section 144.552, a project for the construction and expansion of a
9.25 specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients
9.26 who are under 21 years of age on the date of admission. The commissioner conducted a
9.27 public interest review of the mental health needs of Minnesota and the Twin Cities
9.28 metropolitan area in 2008. No further public interest review shall be conducted for the
9.29 construction or expansion project under this clause;

9.30 (25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the
9.31 commissioner finds the project is in the public interest after the public interest review
9.32 conducted under section 144.552 is complete;

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

10.5 (ii) this project shall serve patients in the continuing care benefit program under section
10.6 256.9693. The project may also serve patients not in the continuing care benefit program;
10.7 and

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

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

10.19 (28) a project to add 55 licensed beds in an existing safety net, level I trauma center
10.20 hospital in Ramsey County as designated under section 383A.91, subdivision 5, of which
10.21 15 beds are to be used for inpatient mental health and 40 are to be used for other services.
10.22 In addition, five unlicensed observation mental health beds shall be added;

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

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

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

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

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

11.20 **Sec. 8. [145.267] FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION**
 11.21 **GRANTS.**

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

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

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

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

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

12.9 **EFFECTIVE DATE.** This section is effective July 1, 2023.

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

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

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

12.13 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a
 12.14 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs
 12.15 and devices);

12.16 (3) participation in clinical interpretations and monitoring of drug therapy for assurance
 12.17 of safe and effective use of drugs, including ~~the performance of ordering and performing~~
 12.18 laboratory tests that are waived under the federal Clinical Laboratory Improvement Act of
 12.19 1988, United States Code, title 42, section 263a et seq., ~~provided that a pharmacist may~~
 12.20 ~~interpret the results of laboratory tests but may modify~~ A pharmacist may collect specimens,
 12.21 interpret results, notify the patient of results, and refer patients to other health care providers
 12.22 for follow-up care and may initiate, modify, or discontinue drug therapy only pursuant to
 12.23 a protocol or collaborative practice agreement. A pharmacy technician or pharmacist intern
 12.24 may perform tests authorized under this clause if the technician or intern is working under
 12.25 the direct supervision of a pharmacist;

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

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

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

13.3 (ii) pursuant to a protocol or collaborative practice agreement as defined by section
 13.4 151.01, subdivisions 27b and 27c, and participation in the initiation, management,
 13.5 modification, administration, and discontinuation of drug therapy is according to the protocol
 13.6 or collaborative practice agreement between the pharmacist and a dentist, optometrist,
 13.7 physician, podiatrist, or veterinarian, or an advanced practice registered nurse authorized
 13.8 to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy
 13.9 or medication administration made pursuant to a protocol or collaborative practice agreement
 13.10 must be documented by the pharmacist in the patient's medical record or reported by the
 13.11 pharmacist to a practitioner responsible for the patient's care;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

15.9 (a) A pharmacy technician or pharmacist intern may administer vaccines under section
15.10 151.01, subdivision 27, clause (6), if the technician or intern:

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

15.12 (2) has successfully completed a program approved by the Accreditation Council for
15.13 Pharmacy Education (ACPE) specifically for the administration of immunizations or a
15.14 program approved by the board;

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

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

15.17 (i) one of the training programs listed under Minnesota Rules, part 6800.3850, subpart
15.18 1h, item B; and

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

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

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

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

15.29 (1) individuals providing services who have direct contact, as defined under section
15.30 245C.02, subdivision 11, with patients and residents in hospitals, boarding care homes,

16.1 outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and
16.2 home care agencies licensed under chapter 144A; assisted living facilities and assisted living
16.3 facilities with dementia care licensed under chapter 144G; and board and lodging
16.4 establishments that are registered to provide supportive or health supervision services under
16.5 section 157.17;

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

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

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

16.23 (5) controlling persons of a supplemental nursing services agency, as defined by section
16.24 144A.70.

16.25 (b) The commissioner of human services is not required to conduct a background study
16.26 on any individual identified in paragraph (a) if the individual has a valid license issued by
16.27 a health-related licensing board as defined in section 214.01, subdivision 2, and has completed
16.28 the criminal background check as required in section 214.075. An entity that employs
16.29 individuals who meet the requirements of this paragraph must separate those individuals
16.30 from the entity's roster for NETStudy 2.0.

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

17.1 ~~(e)~~ (d) The commissioner of health shall review and make decisions regarding
 17.2 reconsideration requests, including whether to grant variances, according to the procedures
 17.3 and criteria in this chapter. The commissioner of health shall inform the requesting individual
 17.4 and the Department of Human Services of the commissioner of health's decision regarding
 17.5 the reconsideration. The commissioner of health's decision to grant or deny a reconsideration
 17.6 of a disqualification is a final administrative agency action.

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

17.8 Subdivision 1. **Board determines disciplinary or corrective action.** ~~(a) When the~~
 17.9 ~~subject of a background study is regulated by a health-related licensing board as defined in~~
 17.10 ~~chapter 214, and the commissioner determines that the regulated individual is responsible~~
 17.11 ~~for substantiated maltreatment under section 626.557 or chapter 260E, instead of the~~
 17.12 ~~commissioner making a decision regarding disqualification, the board shall make a~~
 17.13 ~~determination whether to impose disciplinary or corrective action under chapter 214~~ The
 17.14 commissioner shall notify a health-related licensing board as defined in section 214.01,
 17.15 subdivision 2, if the commissioner determines that an individual who is licensed by the
 17.16 health-related licensing board and who is included on the board's roster list provided in
 17.17 accordance with subdivision 3a is responsible for substantiated maltreatment under section
 17.18 626.557 or chapter 260E, in accordance with subdivision 2. Upon receiving notification,
 17.19 the health-related licensing board shall make a determination as to whether to impose
 17.20 disciplinary or corrective action under chapter 214.

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

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

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

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

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

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

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

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

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

18.10 Subd. 3a. **Agreements with health-related licensing boards.** The commissioner and
 18.11 each health-related licensing board shall enter into an agreement in order for each board to
 18.12 provide the commissioner with a quarterly roster list of individuals who have a license
 18.13 issued by the board in active status. The list must include for each licensed individual the
 18.14 individual's name, date of birth, and license number; the date the license was issued; and
 18.15 the status of the license.

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

18.18 **Subd. 33. Grant Programs; Chemical**
 18.19 **Dependency Treatment Support Grants**

	Appropriations by Fund	
18.21 General	4,273,000	4,274,000
18.22 Lottery Prize	1,733,000	1,733,000
18.23 Opiate Epidemic		
18.24 Response	500,000	500,000

18.25 (a) **Problem Gambling.** \$225,000 in fiscal
 18.26 year 2022 and \$225,000 in fiscal year 2023
 18.27 are from the lottery prize fund for a grant to
 18.28 the state affiliate recognized by the National
 18.29 Council on Problem Gambling. The affiliate
 18.30 must provide services to increase public
 18.31 awareness of problem gambling, education,
 18.32 training for individuals and organizations
 18.33 providing effective treatment services to

19.1 problem gamblers and their families, and
 19.2 research related to problem gambling.

19.3 **(b) Recovery Community Organization**

19.4 **Grants.** \$2,000,000 in fiscal year 2022 and
 19.5 \$2,000,000 in fiscal year 2023 are from the
 19.6 general fund for grants to recovery community
 19.7 organizations, as defined in Minnesota
 19.8 Statutes, section 254B.01, subdivision 8, to
 19.9 provide for costs and community-based peer
 19.10 recovery support services that are not
 19.11 otherwise eligible for reimbursement under
 19.12 Minnesota Statutes, section 254B.05, as part
 19.13 of the continuum of care for substance use
 19.14 disorders. The general fund base for this
 19.15 appropriation is \$2,000,000 in fiscal year 2024
 19.16 and \$0 in fiscal year 2025

19.17 **(c) Base Level Adjustment.** The general fund
 19.18 base is ~~\$4,636,000~~ \$3,886,000 in fiscal year
 19.19 2024 and ~~\$2,636,000~~ \$1,886,000 in fiscal year
 19.20 2025. The opiate epidemic response fund base
 19.21 is \$500,000 in fiscal year 2024 and \$0 in fiscal
 19.22 year 2025.

19.23 Sec. 16. Laws 2021, First Special Session chapter 7, article 16, section 5, is amended to
 19.24 read:

19.25 **Sec. 5. EMERGENCY MEDICAL SERVICES**
 19.26 **REGULATORY BOARD**

\$ 4,780,000 \$ 4,576,000

19.27 **(a) Cooper/Sams Volunteer Ambulance**

19.28 **Program.** \$950,000 in fiscal year 2022 and
 19.29 \$950,000 in fiscal year 2023 are for the
 19.30 Cooper/Sams volunteer ambulance program
 19.31 under Minnesota Statutes, section 144E.40.

19.32 (1) Of this amount, \$861,000 in fiscal year
 19.33 2022 and \$861,000 in fiscal year 2023 are for
 19.34 the ambulance service personnel longevity

20.1 award and incentive program under Minnesota
20.2 Statutes, section 144E.40.

20.3 (2) Of this amount, \$89,000 in fiscal year 2022
20.4 and \$89,000 in fiscal year 2023 are for the
20.5 operations of the ambulance service personnel
20.6 longevity award and incentive program under
20.7 Minnesota Statutes, section 144E.40.

20.8 **(b) EMSRB Operations.** \$1,880,000 in fiscal
20.9 year 2022 and \$1,880,000 in fiscal year 2023
20.10 are for board operations.

20.11 **(c) ~~Regional Grants for Continuing~~**
20.12 **~~Education Emergency Medical Services~~**
20.13 **~~Fund.~~** \$585,000 in fiscal year 2022 and
20.14 \$585,000 in fiscal year 2023 are for ~~regional~~
20.15 ~~emergency medical services programs, to be~~
20.16 ~~distributed equally to the eight emergency~~
20.17 ~~medical service regions under Minnesota~~
20.18 ~~Statutes, section 144E.52~~ the purposes under
20.19 Minnesota Statutes, section 144E.50.
20.20 Notwithstanding Minnesota Statutes, section
20.21 144E.50, subdivision 5, in each year the board
20.22 shall distribute the appropriation equally
20.23 among the eight emergency medical services
20.24 systems.

20.25 **(d) ~~Regional Grants for Local and Regional~~**
20.26 **~~Emergency Medical Services Regional~~**
20.27 **~~Grants for Continuing Education.~~** \$800,000
20.28 in fiscal year 2022 and \$800,000 in fiscal year
20.29 2023 are for distribution to emergency medical
20.30 services regions for regional emergency
20.31 medical services programs specified in
20.32 Minnesota Statutes, section ~~144E.50~~ 144E.52.
20.33 ~~Notwithstanding Minnesota Statutes, section~~
20.34 ~~144E.50, subdivision 5, in each year the board~~
20.35 ~~shall distribute the appropriation equally~~

21.1 ~~among the eight emergency medical services~~

21.2 ~~regions.~~ This is a onetime appropriation.

21.3 (e) **Ambulance Training Grants.** \$565,000

21.4 in fiscal year 2022 and \$361,000 in fiscal year

21.5 2023 are for training grants under Minnesota

21.6 Statutes, section 144E.35.

21.7 (f) **Base Level Adjustment.** The general fund

21.8 base is \$3,776,000 in fiscal year 2024 and

21.9 \$3,776,000 in fiscal year 2025.

21.10 Sec. 17. **TEMPORARY REQUIREMENTS GOVERNING AMBULANCE SERVICE**

21.11 **OPERATIONS AND THE PROVISION OF EMERGENCY MEDICAL SERVICES.**

21.12 Subdivision 1. **Application.** Notwithstanding any law to the contrary in Minnesota

21.13 Statutes, chapter 144E, an ambulance service may operate according to this section, and

21.14 emergency medical technicians, advanced emergency medical technicians, and paramedics

21.15 may provide emergency medical services according to this section.

21.16 Subd. 2. **Definitions.** (a) The terms defined in this subdivision apply to this section.

21.17 (b) "Advanced emergency medical technician" has the meaning given in Minnesota

21.18 Statutes, section 144E.001, subdivision 5d.

21.19 (c) "Advanced life support" has the meaning given in Minnesota Statutes, section

21.20 144E.001, subdivision 1b.

21.21 (d) "Ambulance" has the meaning given in Minnesota Statutes, section 144E.001,

21.22 subdivision 2.

21.23 (e) "Ambulance service personnel" has the meaning given in Minnesota Statutes, section

21.24 144E.001, subdivision 3a.

21.25 (f) "Basic life support" has the meaning given in Minnesota Statutes, section 144E.001,

21.26 subdivision 4b.

21.27 (g) "Board" means the Emergency Medical Services Regulatory Board.

21.28 (h) "Emergency medical technician" has the meaning given in Minnesota Statutes, section

21.29 144E.001, subdivision 5c.

21.30 (i) "Paramedic" has the meaning given in Minnesota Statutes, section 144E.001,

21.31 subdivision 5e.

22.1 (j) "Primary service area" means the area designated by the board according to Minnesota
22.2 Statutes, section 144E.06, to be served by an ambulance service.

22.3 Subd. 3. **Staffing.** (a) For emergency ambulance calls in an ambulance service's primary
22.4 service area, an ambulance service must staff an ambulance that provides basic life support
22.5 with at least:

22.6 (1) one emergency medical technician, who must be in the patient compartment when
22.7 a patient is being transported; and

22.8 (2) one individual to drive the ambulance. The driver must hold a valid driver's license
22.9 from any state, must have attended an emergency vehicle driving course approved by the
22.10 ambulance service, and must have completed a course on cardiopulmonary resuscitation
22.11 approved by the ambulance service.

22.12 (b) For emergency ambulance calls in an ambulance service's primary service area, an
22.13 ambulance service must staff an ambulance that provides advanced life support with at least:

22.14 (1) one paramedic; one registered nurse who meets the requirements in Minnesota
22.15 Statutes, section 144E.001, subdivision 3a, clause (2); or one physician assistant who meets
22.16 the requirements in Minnesota Statutes, section 144E.001, subdivision 3a, clause (3), and
22.17 who must be in the patient compartment when a patient is being transported; and

22.18 (2) one individual to drive the ambulance. The driver must hold a valid driver's license
22.19 from any state, must have attended an emergency vehicle driving course approved by the
22.20 ambulance service, and must have completed a course on cardiopulmonary resuscitation
22.21 approved by the ambulance service.

22.22 (c) The ambulance service director and medical director must approve the staffing of
22.23 an ambulance according to this subdivision.

22.24 (d) An ambulance service staffing an ambulance according to this subdivision must
22.25 immediately notify the board in writing and in a manner prescribed by the board. The notice
22.26 must specify how the ambulance service is staffing its basic life support or advanced life
22.27 support ambulances and the time period the ambulance service plans to staff the ambulances
22.28 according to this subdivision. If an ambulance service continues to staff an ambulance
22.29 according to this subdivision after the date provided to the board in its initial notice, the
22.30 ambulance service must provide a new notice to the board in a manner that complies with
22.31 this paragraph.

22.32 (e) If an individual serving as a driver under this subdivision commits an act listed in
22.33 Minnesota Statutes, section 144E.27, subdivision 5, paragraph (a), the board may temporarily

23.1 suspend or prohibit the individual from driving an ambulance or place conditions on the
23.2 individual's ability to drive an ambulance using the procedures and authority in Minnesota
23.3 Statutes, section 144E.27, subdivisions 5 and 6.

23.4 **Subd. 4. Use of expired emergency medications and medical supplies.** (a) If an
23.5 ambulance service experiences a shortage of an emergency medication or medical supply,
23.6 ambulance service personnel may use an emergency medication or medical supply for up
23.7 to six months after the emergency medication's or medical supply's specified expiration
23.8 date, provided:

23.9 (1) the ambulance service director and medical director approve the use of the expired
23.10 emergency medication or medical supply;

23.11 (2) ambulance service personnel use an expired emergency medication or medical supply
23.12 only after depleting the ambulance service's supply of that emergency medication or medical
23.13 supply that is unexpired;

23.14 (3) the ambulance service has stored and maintained the expired emergency medication
23.15 or medical supply according to the manufacturer's instructions;

23.16 (4) if possible, ambulance service personnel obtain consent from the patient to use the
23.17 expired emergency medication or medical supply prior to its use; and

23.18 (5) when the ambulance service obtains a supply of that emergency medication or medical
23.19 supply that is unexpired, ambulance service personnel cease use of the expired emergency
23.20 medication or medical supply and instead use the unexpired emergency medication or
23.21 medical supply.

23.22 (b) Before approving the use of an expired emergency medication, an ambulance service
23.23 director and medical director must consult with the Board of Pharmacy regarding the safety
23.24 and efficacy of using the expired emergency medication.

23.25 (c) An ambulance service must keep a record of all expired emergency medications and
23.26 all expired medical supplies used and must submit that record in writing to the board in a
23.27 time and manner specified by the board. The record must list the specific expired emergency
23.28 medications and medical supplies used and the time period during which ambulance service
23.29 personnel used the expired emergency medication or medical supply.

23.30 **Subd. 5. Provision of emergency medical services after certification expires.** (a) At
23.31 the request of an emergency medical technician, advanced emergency medical technician,
23.32 or paramedic, and with the approval of the ambulance service director, an ambulance service
23.33 medical director may authorize the emergency medical technician, advanced emergency

24.1 medical technician, or paramedic to provide emergency medical services for the ambulance
24.2 service for up to three months after the certification of the emergency medical technician,
24.3 advanced emergency medical technician, or paramedic expires.

24.4 (b) An ambulance service must immediately notify the board each time its medical
24.5 director issues an authorization under paragraph (a). The notice must be provided in writing
24.6 and in a manner prescribed by the board and must include information on the time period
24.7 each emergency medical technician, advanced emergency medical technician, or paramedic
24.8 will provide emergency medical services according to an authorization under this subdivision;
24.9 information on why the emergency medical technician, advanced emergency medical
24.10 technician, or paramedic needs the authorization; and an attestation from the medical director
24.11 that the authorization is necessary to help the ambulance service adequately staff its
24.12 ambulances.

24.13 Subd. 6. **Reports.** The board must provide quarterly reports to the chairs and ranking
24.14 minority members of the legislative committees with jurisdiction over the board regarding
24.15 actions taken by ambulance services according to subdivisions 3, 4, and 5. The board must
24.16 submit reports by June 30, September 30, and December 31 of 2022; and by March 31, June
24.17 30, September 30, and December 31 of 2023. Each report must include the following
24.18 information:

24.19 (1) for each ambulance service staffing basic life support or advanced life support
24.20 ambulances according to subdivision 3, the primary service area served by the ambulance
24.21 service, the number of ambulances staffed according to subdivision 3, and the time period
24.22 the ambulance service has staffed and plans to staff the ambulances according to subdivision
24.23 3;

24.24 (2) for each ambulance service that authorized the use of an expired emergency
24.25 medication or medical supply according to subdivision 4, the expired emergency medications
24.26 and medical supplies authorized for use and the time period the ambulance service used
24.27 each expired emergency medication or medical supply; and

24.28 (3) for each ambulance service that authorized the provision of emergency medical
24.29 services according to subdivision 5, the number of emergency medical technicians, advanced
24.30 emergency medical technicians, and paramedics providing emergency medical services
24.31 under an expired certification and the time period each emergency medical technician,
24.32 advanced emergency medical technician, or paramedic provided and will provide emergency
24.33 medical services under an expired certification.

24.34 Subd. 7. **Expiration.** This section expires January 1, 2024.

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

25.2 Sec. 18. **DIRECTION TO COMMISSIONER OF HEALTH; J-1 VISA WAIVER**
 25.3 **PROGRAM RECOMMENDATION.**

25.4 (a) For purposes of this section:

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

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

25.13 (b) In administering the program to issue Department of Health recommendations for
 25.14 purposes of the J-1 visa waiver program, the commissioner of health shall allow an applicant
 25.15 to submit to the commissioner evidence that the foreign medical graduate for whom the
 25.16 waiver is sought is licensed to practice medicine in Minnesota in place of evidence that the
 25.17 foreign medical graduate has passed steps 1, 2, and 3 of the United States Medical Licensing
 25.18 Examination.

25.19 Sec. 19. **BASE LEVEL ADJUSTMENT; FETAL ALCOHOL SPECTRUM**
 25.20 **DISORDERS PREVENTION GRANTS.**

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

25.24 Sec. 20. **APPROPRIATION.**

25.25 \$103,000 in fiscal year 2023 is appropriated from the state government special revenue
 25.26 fund to the commissioner of health to implement requirements for the submerged closed
 25.27 loop heat exchanger. The base for this appropriation is \$86,000 in fiscal year 2024 and
 25.28 \$86,000 in fiscal year 2025.

25.29 Sec. 21. **REPEALER.**

25.30 Minnesota Statutes 2020, section 254A.21, is repealed, effective July 1, 2023.

26.1 **ARTICLE 2**26.2 **DEPARTMENT OF HUMAN SERVICES AND HEALTH CARE**

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

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

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

26.13 (2) utilization by county;

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

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

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

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

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

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

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

26.29 (3) the number of enrolled dentists who provided dental services to medical assistance
26.30 or MinnesotaCare patients through a managed care plan or county-based purchasing plan
26.31 within the previous calendar year in the following increments: one to nine patients, ten to
26.32 100 patients, and over 100 patients; and

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

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

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

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

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

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

27.19 Sec. 3. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
 27.20 **ENTERAL NUTRITION AND SUPPLIES.**

27.21 Notwithstanding Minnesota Statutes, section 256B.766, paragraph (i), but subject to
 27.22 Minnesota Statutes, section 256B.766, paragraph (l), effective for dates of service on or
 27.23 after July 1, 2022, through June 30, 2023, the commissioner of human services shall not
 27.24 adjust rates paid for enteral nutrition and supplies.

27.25 **EFFECTIVE DATE.** This section is effective July 1, 2022.

27.26 **ARTICLE 3**

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

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

27.29 Subd. 6. **Release of private or confidential data.** For providers regulated pursuant to
 27.30 sections 144A.43 to 144A.482, 148.5185, and chapter 144G, the department may release
 27.31 private or confidential data, except Social Security numbers, to the appropriate state, federal,

28.1 or local agency and law enforcement office to enhance investigative or enforcement efforts
 28.2 or further a public health protective process. Types of offices include Adult Protective
 28.3 Services, Office of the Ombudsman for Long-Term Care and Office of the Ombudsman for
 28.4 Mental Health and Developmental Disabilities, the health licensing boards, Department of
 28.5 Human Services, county or city attorney's offices, police, and local or county public health
 28.6 offices.

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

28.8 Subd. 7. **Physician application and license fees.** (a) The board may charge the following
 28.9 nonrefundable application and license fees processed pursuant to sections 147.02, 147.03,
 28.10 147.037, 147.0375, and 147.38:

28.11 (1) physician application fee, \$200;

28.12 (2) physician annual registration renewal fee, \$192;

28.13 (3) physician endorsement to other states, \$40;

28.14 (4) physician emeritus license, \$50;

28.15 ~~(5) physician temporary license, \$60;~~

28.16 ~~(6)~~ (5) physician late fee, \$60;

28.17 ~~(7)~~ (6) duplicate license fee, \$20;

28.18 ~~(8)~~ (7) certification letter fee, \$25;

28.19 ~~(9)~~ (8) education or training program approval fee, \$100;

28.20 ~~(10)~~ (9) report creation and generation fee, \$60 per hour;

28.21 ~~(11)~~ (10) examination administration fee (half day), \$50;

28.22 ~~(12)~~ (11) examination administration fee (full day), \$80;

28.23 ~~(13)~~ (12) fees developed by the Interstate Commission for determining physician
 28.24 qualification to register and participate in the interstate medical licensure compact, as
 28.25 established in rules authorized in and pursuant to section 147.38, not to exceed \$1,000; and

28.26 ~~(14)~~ (13) verification fee, \$25.

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

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

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

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

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

29.7 (c) The applicant shall:

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

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

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

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

29.20 (3) if the applicant fails to meet the requirement established in section 147.02, subdivision
29.21 1, paragraph (c), clause (2), because the applicant failed to pass each of steps one, two, and
29.22 three of the USMLE within the required three attempts, the applicant may be granted a
29.23 license provided the applicant:

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

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

29.27 (iii) has current certification by a specialty board of the American Board of Medical
29.28 Specialties, the American Osteopathic Association Bureau of Professional Education, the
29.29 Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians
29.30 of Canada.

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

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

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

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

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

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

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

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

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

30.27 (c) The board may revoke a temporary permit issued under this subdivision if the
 30.28 physician is the subject of an investigation or disciplinary action or is disqualified for
 30.29 licensure for any other reason.

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

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

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

31.2 **147.037 LICENSING OF FOREIGN MEDICAL SCHOOL GRADUATES;**
31.3 **~~TEMPORARY PERMIT.~~**

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

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

31.8 (b) The applicant shall present evidence satisfactory to the board that the applicant is a
31.9 graduate of a medical or osteopathic school approved by the board as equivalent to accredited
31.10 United States or Canadian schools based upon its faculty, curriculum, facilities, accreditation,
31.11 or other relevant data. If the applicant is a graduate of a medical or osteopathic program
31.12 that is not accredited by the Liaison Committee for Medical Education or the American
31.13 Osteopathic Association, the applicant may use the Federation of State Medical Boards'
31.14 Federation Credentials Verification Service (FCVS) or its successor. If the applicant uses
31.15 this service as allowed under this paragraph, the physician application fee may be less than
31.16 \$200 but must not exceed the cost of administering this paragraph.

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

31.21 (d) The applicant shall present evidence satisfactory to the board of the completion of
31.22 one year of graduate, clinical medical training in a program accredited by a national
31.23 accrediting organization approved by the board or other graduate training approved in
31.24 advance by the board as meeting standards similar to those of a national accrediting
31.25 organization. This requirement does not apply:

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

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

32.1 a person of extraordinary ability in the field of science according to Code of Federal
32.2 Regulations, title 8, section 214.2(o),
32.3 provided that a person under clause (1) or (2) is admitted pursuant to rules of the United
32.4 States Department of Labor.

32.5 (e) The applicant must:

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

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

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

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

32.16 (3) if the applicant fails to meet the requirement established in section 147.02, subdivision
32.17 1, paragraph (c), clause (2), because the applicant failed to pass each of steps one, two, and
32.18 three of the USMLE within the required three attempts, the applicant may be granted a
32.19 license provided the applicant:

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

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

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

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

32.29 (g) The applicant must not have engaged in conduct warranting disciplinary action
32.30 against a licensee, or have been subject to disciplinary action other than as specified in
32.31 paragraph (f). If an applicant does not satisfy the requirements stated in this paragraph, the

33.1 board may issue a license only on the applicant's showing that the public will be protected
33.2 through issuance of a license with conditions or limitations the board considers appropriate.

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

33.8 Subd. 2. **Medical school review.** The board may contract with any qualified person or
33.9 organization for the performance of a review or investigation, including site visits if
33.10 necessary, of any medical or osteopathic school prior to approving the school under section
33.11 147.02, subdivision 1, paragraph (b), or subdivision 1, paragraph (b), of this section. To the
33.12 extent possible, the board shall require the school being reviewed to pay the costs of the
33.13 review or investigation.

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

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

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

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

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

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

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

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

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

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

34.3 **147A.28 PHYSICIAN ASSISTANT APPLICATION AND LICENSE FEES.**

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

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

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

34.7 ~~(3) (2) physician assistant annual registration license renewal fee (no prescribing~~
 34.8 ~~authority), \$115;~~

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

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

34.11 ~~(6) (3) physician assistant locum tenens permit, \$25;~~

34.12 ~~(7) (4) physician assistant late fee, \$50;~~

34.13 ~~(8) (5) duplicate license fee, \$20;~~

34.14 ~~(9) (6) certification letter fee, \$25;~~

34.15 ~~(10) (7) education or training program approval fee, \$100;~~

34.16 ~~(11) (8) report creation and generation fee, \$60 per hour; and~~

34.17 ~~(12) (9) verification fee, \$25.~~

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

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

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

34.23 Subd. 3. **Temporary permit.** (a) An applicant for licensure under this section may
 34.24 request the board issue a temporary permit in accordance with this subdivision. Upon receipt
 34.25 of the application for licensure, a request for a temporary permit, and a nonrefundable
 34.26 respiratory therapist application fee as specified under section 147C.40, subdivision 5, the
 34.27 board may issue a temporary permit to practice as a respiratory therapist to an applicant
 34.28 eligible for licensure under this section if the application for licensure is complete, all

35.1 ~~applicable requirements in this section have been met, and a nonrefundable fee set by the~~
 35.2 ~~board has been paid~~ applicant is:

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

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

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

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

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

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

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

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

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

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

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

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

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

35.24 ~~(6)~~ (5) respiratory therapist late fee, \$50;

35.25 ~~(7)~~ (6) duplicate license fee, \$20;

35.26 ~~(8)~~ (7) certification letter fee, \$25;

35.27 ~~(9)~~ (8) education or training program approval fee, \$100;

35.28 ~~(10)~~ (9) report creation and generation fee, \$60 per hour; and

35.29 ~~(11)~~ (10) verification fee, \$25.

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

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

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

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

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

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

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

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

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

36.22 ARTICLE 1

36.23 DEFINITIONS

36.24 As used in this compact:

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

37.1 (b) "Alternative program" means a nondisciplinary monitoring program approved by a
37.2 licensing board.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38.7 ARTICLE 2

38.8 GENERAL PROVISIONS AND JURISDICTION

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

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

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

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

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

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

38.26 (A) has been approved by the authorized accrediting body in the applicable country; and

38.27 (B) has been verified by an independent credentials review agency to be comparable to
38.28 a licensing board-approved prelicensure education program;

38.29 (3) has, if a graduate of a foreign prelicensure education program not taught in English
38.30 or if English is not the individual's native language, successfully passed an English
38.31 proficiency examination that includes the components of reading, speaking, writing, and
38.32 listening;

39.1 (4) has successfully passed an NCLEX-RN or NCLEX-PN Examination or recognized
39.2 predecessor, as applicable;

39.3 (5) is eligible for or holds an active, unencumbered license;

39.4 (6) has submitted, in connection with an application for initial licensure or licensure by
39.5 endorsement, fingerprints or other biometric data for the purpose of obtaining criminal
39.6 history record information from the Federal Bureau of Investigation and the agency
39.7 responsible for retaining that state's criminal records;

39.8 (7) has not been convicted or found guilty, or has entered into an agreed disposition, of
39.9 a felony offense under applicable state or federal criminal law;

39.10 (8) has not been convicted or found guilty, or has entered into an agreed disposition, of
39.11 a misdemeanor offense related to the practice of nursing as determined on a case-by-case
39.12 basis;

39.13 (9) is not currently enrolled in an alternative program;

39.14 (10) is subject to self-disclosure requirements regarding current participation in an
39.15 alternative program; and

39.16 (11) has a valid United States Social Security number.

39.17 (d) All party states shall be authorized, in accordance with existing state due process
39.18 law, to take adverse action against a nurse's multistate licensure privilege such as revocation,
39.19 suspension, probation, or any other action that affects a nurse's authorization to practice
39.20 under a multistate licensure privilege, including cease and desist actions. If a party state
39.21 takes such action, it shall promptly notify the administrator of the coordinated licensure
39.22 information system. The administrator of the coordinated licensure information system shall
39.23 promptly notify the home state of any such actions by remote states.

39.24 (e) A nurse practicing in a party state must comply with the state practice laws of the
39.25 state in which the client is located at the time service is provided. The practice of nursing
39.26 is not limited to patient care, but shall include all nursing practice as defined by the state
39.27 practice laws of the party state in which the client is located. The practice of nursing in a
39.28 party state under a multistate licensure privilege shall subject a nurse to the jurisdiction of
39.29 the licensing board, the courts, and the laws of the party state in which the client is located
39.30 at the time service is provided.

39.31 (f) Individuals not residing in a party state shall continue to be able to apply for a party
39.32 state's single-state license as provided under the laws of each party state. However, the
39.33 single-state license granted to these individuals will not be recognized as granting the

40.1 privilege to practice nursing in any other party state. Nothing in this compact shall affect
40.2 the requirements established by a party state for the issuance of a single-state license.

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

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

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

40.14 ARTICLE 3

40.15 APPLICATIONS FOR LICENSURE IN A PARTY STATE

40.16 (a) Upon application for a multistate license, the licensing board in the issuing party
40.17 state shall ascertain, through the coordinated licensure information system, whether the
40.18 applicant has ever held or is the holder of a license issued by any other state, whether there
40.19 are any encumbrances on any license or multistate licensure privilege held by the applicant,
40.20 whether any adverse action has been taken against any license or multistate licensure privilege
40.21 held by the applicant, and whether the applicant is currently participating in an alternative
40.22 program.

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

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

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

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

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

41.4 ARTICLE 4

41.5 ADDITIONAL AUTHORITIES INVESTED IN PARTY STATE LICENSING BOARDS

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

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

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

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

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

41.18 (3) complete any pending investigations of a nurse who changes primary state of residence
41.19 during the course of the investigations. The licensing board shall also have the authority to
41.20 take appropriate action and shall promptly report the conclusions of the investigations to
41.21 the administrator of the coordinated licensure information system. The administrator of the
41.22 coordinated licensure information system shall promptly notify the new home state of any
41.23 such actions;

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

41.32 (5) obtain and submit, for each nurse licensure applicant, fingerprint or other
41.33 biometric-based information to the Federal Bureau of Investigation for criminal background

42.1 checks, receive the results of the Federal Bureau of Investigation record search on criminal
42.2 background checks, and use the results in making licensure decisions;

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

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

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

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

42.18 ARTICLE 5

42.19 COORDINATED LICENSURE INFORMATION SYSTEM AND EXCHANGE OF 42.20 INFORMATION

42.21 (a) All party states shall participate in a coordinated licensure information system of
42.22 RNs and LPNs. The system will include information on the licensure and disciplinary history
42.23 of each nurse, as submitted by party states, to assist in the coordination of nurse licensure
42.24 and enforcement efforts.

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

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

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

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

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

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

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

43.17 (1) identifying information;

43.18 (2) licensure data;

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

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

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

43.24 ARTICLE 6

43.25 ESTABLISHMENT OF THE INTERSTATE COMMISSION OF NURSE LICENSURE

43.26 COMPACT ADMINISTRATORS

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

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

43.30 (2) venue is proper, and judicial proceedings by or against the commission shall be
 43.31 brought solely and exclusively in a court of competent jurisdiction where the principal office

44.1 of the commission is located. The commission may waive venue and jurisdictional defenses
44.2 to the extent it adopts or consents to participate in alternative dispute resolution proceedings;
44.3 and

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

44.5 (b) Membership, voting, and meetings:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

45.20 (2) providing reasonable standards and procedures:

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

45.22 (ii) governing any general or specific delegation of any authority or function of the
45.23 commission;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

47.11 (11) to borrow money;

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

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

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

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

47.20 (h) Financing of the commission:

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

47.23 (2) the commission may also levy on and collect an annual assessment from each party
47.24 state to cover the cost of its operations, activities, and staff in its annual budget as approved
47.25 each year. The aggregate annual assessment amount, if any, shall be allocated based on a
47.26 formula to be determined by the commission, which shall promulgate a rule that is binding
47.27 upon all party states;

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

47.31 (4) the commission shall keep accurate accounts of all receipts and disbursements. The
47.32 receipts and disbursements of the commission shall be subject to the audit and accounting

48.1 procedures established under its bylaws. However, all receipts and disbursements of funds
48.2 handled by the commission shall be audited yearly by a certified or licensed public
48.3 accountant, and the report of the audit shall be included in and become part of the annual
48.4 report of the commission.

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

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

48.15 (2) the commission shall defend any administrator, officer, executive director, employee,
48.16 or representative of the commission in any civil action seeking to impose liability arising
48.17 out of any actual or alleged act, error, or omission that occurred within the scope of
48.18 commission employment, duties, or responsibilities, or that the person against whom the
48.19 claim is made had a reasonable basis for believing occurred within the scope of commission
48.20 employment, duties, or responsibilities; provided that nothing herein shall be construed to
48.21 prohibit that person from retaining the person's counsel; and provided further that the actual
48.22 or alleged act, error, or omission did not result from that person's intentional, willful, or
48.23 wanton misconduct; and

48.24 (3) the commission shall indemnify and hold harmless any administrator, officer,
48.25 executive director, employee, or representative of the commission for the amount of any
48.26 settlement or judgment obtained against that person arising out of any actual or alleged act,
48.27 error, or omission that occurred within the scope of commission employment, duties, or
48.28 responsibilities, or that the person had a reasonable basis for believing occurred within the
48.29 scope of commission employment, duties, or responsibilities, provided that the actual or
48.30 alleged act, error, or omission did not result from the intentional, willful, or wanton
48.31 misconduct of that person.

48.32 ARTICLE 7

48.33 RULEMAKING

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

50.19 (l) The commission may direct revisions to a previously adopted rule or amendment for
50.20 purposes of correcting typographical errors, errors in format, errors in consistency, or
50.21 grammatical errors. Public notice of any revisions shall be posted on the website of the
50.22 commission. The revision shall be subject to challenge by any person for a period of 30
50.23 days after posting. The revision may be challenged only on grounds that the revision results
50.24 in a material change to a rule. A challenge shall be made in writing and delivered to the
50.25 commission before the end of the notice period. If no challenge is made, the revision will
50.26 take effect without further action. If the revision is challenged, the revision shall not take
50.27 effect without the approval of the commission.

50.28 ARTICLE 8

50.29 OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

50.30 (a) Oversight:

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

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

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

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

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

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

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

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

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

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

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

51.33 (c) Dispute resolution:

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

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

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

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

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

52.12 (d) Enforcement:

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

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

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

52.23 ARTICLE 9

52.24 EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

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

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

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

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

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

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

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

53.17 ARTICLE 10

53.18 CONSTRUCTION AND SEVERABILITY

53.19 This compact shall be liberally construed so as to effectuate the purposes thereof. This
 53.20 compact shall be severable, and if any phrase, clause, sentence, or provision of this compact
 53.21 is declared to be contrary to the constitution of any party state or of the United States, or if
 53.22 the applicability thereof to any government, agency, person, or circumstance is held invalid,
 53.23 the validity of the remainder of this compact and the applicability thereof to any government,
 53.24 agency, person, or circumstance shall not be affected thereby. If this compact is held to be
 53.25 contrary to the constitution of any party state, this compact shall remain in full force and
 53.26 effect for the remaining party states and in full force and effect for the party state affected
 53.27 as to all severable matters.

53.28 Sec. 12. [148.2856] APPLICATION OF NURSE LICENSURE COMPACT TO

53.29 EXISTING LAWS.

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

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

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

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

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

54.12 (f) Complaints against individuals who practice professional or practical nursing in
 54.13 Minnesota under section 148.2855 must be addressed according to sections 214.10 and
 54.14 214.103.

54.15 **Sec. 13. [148.5185] AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**
 54.16 **INTERSTATE COMPACT.**

54.17 **Section 1. Definitions**

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

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

54.23 B. "Adverse action" means any administrative, civil, equitable, or criminal action
 54.24 permitted by a state's laws which is imposed by a licensing board or other authority against
 54.25 an audiologist or speech-language pathologist, including actions against an individual's
 54.26 license or privilege to practice such as revocation, suspension, probation, monitoring of the
 54.27 licensee, or restriction on the licensee's practice.

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

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

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

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

55.4 G. "Audiology and speech-language pathology licensing board," "audiology licensing
55.5 board," "speech-language pathology licensing board," or "licensing board" means the agency
55.6 of a state that is responsible for the licensing and regulation of audiologists or
55.7 speech-language pathologists or both.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

56.23 Section 2. State Participation in the Compact

56.24 A. A license issued to an audiologist or speech-language pathologist by a home state to
56.25 a resident in that state shall be recognized by each member state as authorizing an audiologist
56.26 or speech-language pathologist to practice audiology or speech-language pathology, under
56.27 a privilege to practice, in each member state.

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

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

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

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

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

57.17 E. For an audiologist:

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

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

57.25 b. On or after January 1, 2008, has graduated with a doctoral degree in audiology, or
57.26 equivalent degree regardless of degree name, from a program that is accredited by an
57.27 accrediting agency recognized by the Council for Higher Education Accreditation, or its
57.28 successor, or by the United States Department of Education and operated by a college or
57.29 university accredited by a regional or national accrediting organization recognized by the
57.30 board; or

57.31 c. Has graduated from an audiology program that is housed in an institution of higher
57.32 education outside of the United States (a) for which the program and institution have been
57.33 approved by the authorized accrediting body in the applicable country and (b) the degree

58.1 program has been verified by an independent credentials review agency to be comparable
58.2 to a state licensing board-approved program;

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

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

58.6 4. Holds an active, unencumbered license;

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

58.10 6. Has a valid United States Social Security or National Practitioner Identification
58.11 number.

58.12 F. For a speech-language pathologist:

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

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

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

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

58.25 3. Has completed a supervised postgraduate professional experience as required by the
58.26 Commission;

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

58.28 5. Holds an active, unencumbered license;

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

59.1 7. Has a valid United States Social Security or National Practitioner Identification
 59.2 number.

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

59.4 H. An audiologist or speech-language pathologist practicing in a member state must
 59.5 comply with the state practice laws of the state in which the client is located at the time
 59.6 service is provided. The practice of audiology and speech-language pathology shall include
 59.7 all audiology and speech-language pathology practice as defined by the state practice laws
 59.8 of the member state in which the client is located. The practice of audiology and
 59.9 speech-language pathology in a member state under a privilege to practice shall subject an
 59.10 audiologist or speech-language pathologist to the jurisdiction of the licensing board, the
 59.11 courts and the laws of the member state in which the client is located at the time service is
 59.12 provided.

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

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

59.20 K. Member states must comply with the bylaws and rules and regulations of the
 59.21 Commission.

59.22 Section 3. Compact Privilege

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

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

59.26 2. Have no encumbrance on any state license;

59.27 3. Be eligible for a compact privilege in any member state in accordance with Section
 59.28 2;

59.29 4. Have not had any adverse action against any license or compact privilege within the
 59.30 previous two years from date of application;

59.31 5. Notify the Commission that the licensee is seeking the compact privilege within a
 59.32 remote state(s);

60.1 6. Pay any applicable fees, including any state fee, for the compact privilege; and

60.2 7. Report to the Commission adverse action taken by any non-member state within 30
60.3 days from the date the adverse action is taken.

60.4 B. For the purposes of the compact privilege, an audiologist or speech-language
60.5 pathologist shall only hold one home state license at a time.

60.6 C. Except as provided in Section 5, if an audiologist or speech-language pathologist
60.7 changes primary state of residence by moving between two member states, the audiologist
60.8 or speech-language pathologist must apply for licensure in the new home state, and the
60.9 license issued by the prior home state shall be deactivated in accordance with applicable
60.10 rules adopted by the Commission.

60.11 D. The audiologist or speech-language pathologist may apply for licensure in advance
60.12 of a change in primary state of residence.

60.13 E. A license shall not be issued by the new home state until the audiologist or
60.14 speech-language pathologist provides satisfactory evidence of a change in primary state of
60.15 residence to the new home state and satisfies all applicable requirements to obtain a license
60.16 from the new home state.

60.17 F. If an audiologist or speech-language pathologist changes primary state of residence
60.18 by moving from a member state to a non-member state, the license issued by the prior home
60.19 state shall convert to a single-state license, valid only in the former home state.

60.20 G. The compact privilege is valid until the expiration date of the home state license. The
60.21 licensee must comply with the requirements of Section 3A to maintain the compact privilege
60.22 in the remote state.

60.23 H. A licensee providing audiology or speech-language pathology services in a remote
60.24 state under the compact privilege shall function within the laws and regulations of the remote
60.25 state.

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

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

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

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

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

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

61.7 Section 4. Compact Privilege to Practice Telehealth

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

61.13 Section 5. Active Duty Military Personnel or Their Spouses

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

61.19 Section 6. Adverse Actions

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

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

61.24 2. Issue subpoenas for both hearings and investigations that require the attendance and
61.25 testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing
61.26 board in a member state for the attendance and testimony of witnesses or the production of
61.27 evidence from another member state shall be enforced in the latter state by any court of
61.28 competent jurisdiction, according to the practice and procedure of that court applicable to
61.29 subpoenas issued in proceedings pending before it. The issuing authority shall pay any
61.30 witness fees, travel expenses, mileage and other fees required by the service statutes of the
61.31 state in which the witnesses or evidence are located.

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

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

62.7 D. The home state shall complete any pending investigations of an audiologist or
62.8 speech-language pathologist who changes primary state of residence during the course of
62.9 the investigations. The home state shall also have the authority to take appropriate action(s)
62.10 and shall promptly report the conclusions of the investigations to the administrator of the
62.11 data system. The administrator of the data system shall promptly notify the new home state
62.12 of any adverse actions.

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

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

62.19 G. Joint Investigations

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

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

62.25 H. If adverse action is taken by the home state against an audiologist's or speech-language
62.26 pathologist's license, the audiologist's or speech-language pathologist's privilege to practice
62.27 in all other member states shall be deactivated until all encumbrances have been removed
62.28 from the state license. All home state disciplinary orders that impose adverse action against
62.29 an audiologist's or speech-language pathologist's license shall include a statement that the
62.30 audiologist's or speech-language pathologist's privilege to practice is deactivated in all
62.31 member states during the pendency of the order.

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

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

63.6 Section 7. Establishment of the Audiology and Speech-Language Pathology Compact
63.7 Commission

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

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

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

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

63.16 B. Membership, Voting, and Meetings

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

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

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

63.25 4. The member state board shall fill any vacancy occurring on the Commission, within
63.26 90 days.

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

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

- 64.1 7. The Commission shall meet at least once during each calendar year. Additional
64.2 meetings shall be held as set forth in the bylaws.
- 64.3 C. The Commission shall have the following powers and duties:
- 64.4 1. Establish the fiscal year of the Commission;
- 64.5 2. Establish bylaws;
- 64.6 3. Establish a Code of Ethics;
- 64.7 4. Maintain its financial records in accordance with the bylaws;
- 64.8 5. Meet and take actions as are consistent with the provisions of this Compact and the
64.9 bylaws;
- 64.10 6. Promulgate uniform rules to facilitate and coordinate implementation and
64.11 administration of this Compact. The rules shall have the force and effect of law and shall
64.12 be binding in all member states;
- 64.13 7. Bring and prosecute legal proceedings or actions in the name of the Commission,
64.14 provided that the standing of any state audiology or speech-language pathology licensing
64.15 board to sue or be sued under applicable law shall not be affected;
- 64.16 8. Purchase and maintain insurance and bonds;
- 64.17 9. Borrow, accept, or contract for services of personnel, including, but not limited to,
64.18 employees of a member state;
- 64.19 10. Hire employees, elect or appoint officers, fix compensation, define duties, grant
64.20 individuals appropriate authority to carry out the purposes of the Compact, and establish
64.21 the Commission's personnel policies and programs relating to conflicts of interest,
64.22 qualifications of personnel, and other related personnel matters;
- 64.23 11. Accept any and all appropriate donations and grants of money, equipment, supplies,
64.24 materials and services, and to receive, utilize and dispose of the same; provided that at all
64.25 times the Commission shall avoid any appearance of impropriety and/or conflict of interest;
- 64.26 12. Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold,
64.27 improve or use, any property, real, personal, or mixed; provided that at all times the
64.28 Commission shall avoid any appearance of impropriety;
- 64.29 13. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of
64.30 any property real, personal, or mixed;
- 64.31 14. Establish a budget and make expenditures;

65.1 15. Borrow money;

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

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

65.5 18. Establish and elect an Executive Committee; and

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

65.9 D. The Executive Committee

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

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

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

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

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

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

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

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

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

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

65.28 b. Ensure Compact administration services are appropriately provided, contractual or
65.29 otherwise;

65.30 c. Prepare and recommend the budget;

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

66.2 e. Monitor Compact compliance of member states and provide compliance reports to
66.3 the Commission;

66.4 f. Establish additional committees as necessary; and

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

66.6 4. Meetings of the Commission

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

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

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

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

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

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

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

66.20 f. Disclosure of trade secrets or commercial or financial information that is privileged
66.21 or confidential;

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

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

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

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

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

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

67.10 8. Financing of the Commission

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

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

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

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

67.24 10. The Commission shall keep accurate accounts of all receipts and disbursements. The
67.25 receipts and disbursements of the Commission shall be subject to the audit and accounting
67.26 procedures established under its bylaws. However, all receipts and disbursements of funds
67.27 handled by the Commission shall be audited yearly by a certified or licensed public
67.28 accountant, and the report of the audit shall be included in and become part of the annual
67.29 report of the Commission.

67.30 F. Qualified Immunity, Defense, and Indemnification

67.31 1. The members, officers, executive director, employees and representatives of the
67.32 Commission shall be immune from suit and liability, either personally or in their official
67.33 capacity, for any claim for damage to or loss of property or personal injury or other civil

68.1 liability caused by or arising out of any actual or alleged act, error, or omission that occurred,
68.2 or that the person against whom the claim is made had a reasonable basis for believing
68.3 occurred within the scope of Commission employment, duties, or responsibilities; provided
68.4 that nothing in this paragraph shall be construed to protect any person from suit or liability
68.5 for any damage, loss, injury, or liability caused by the intentional or willful or wanton
68.6 misconduct of that person.

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

68.16 3. The Commission shall indemnify and hold harmless any member, officer, executive
68.17 director, employee, or representative of the Commission for the amount of any settlement
68.18 or judgment obtained against that person arising out of any actual or alleged act, error or
68.19 omission that occurred within the scope of Commission employment, duties, or
68.20 responsibilities, or that person had a reasonable basis for believing occurred within the scope
68.21 of Commission employment, duties, or responsibilities, provided that the actual or alleged
68.22 act, error, or omission did not result from the intentional or willful or wanton misconduct
68.23 of that person.

68.24 Section 8. Data System

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

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

68.31 1. Identifying information;

68.32 2. Licensure data;

68.33 3. Adverse actions against a license or compact privilege;

- 69.1 4. Non-confidential information related to alternative program participation;
69.2 5. Any denial of application for licensure, and the reason(s) for denial; and
69.3 6. Other information that may facilitate the administration of this Compact, as determined
69.4 by the rules of the Commission.

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

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

69.10 E. Member states contributing information to the data system may designate information
69.11 that may not be shared with the public without the express permission of the contributing
69.12 state.

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

69.16 Section 9. Rulemaking

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

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

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

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

69.29 1. On the website of the Commission or other publicly accessible platform; and

69.30 2. On the website of each member state audiology or speech-language pathology licensing
69.31 board or other publicly accessible platform or the publication in which each state would
69.32 otherwise publish proposed rules.

70.1 E. The Notice of Proposed Rulemaking shall include:

70.2 1. The proposed time, date, and location of the meeting in which the rule shall be
70.3 considered and voted upon;

70.4 2. The text of the proposed rule or amendment and the reason for the proposed rule;

70.5 3. A request for comments on the proposed rule from any interested person; and

70.6 4. The manner in which interested persons may submit notice to the Commission of
70.7 their intention to attend the public hearing and any written comments.

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

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

70.12 1. At least 25 persons;

70.13 2. A state or federal governmental subdivision or agency; or

70.14 3. An association having at least 25 members.

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

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

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

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

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

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

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

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

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

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

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

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

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

71.26 Section 10. Oversight, Dispute Resolution, and Enforcement

71.27 A. Dispute Resolution

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

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

72.1 B. Enforcement

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

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

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

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

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

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

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

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

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

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

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

73.4 Section 12. Construction and Severability

73.5 This Compact shall be liberally construed so as to effectuate the purposes thereof. The
 73.6 provisions of this Compact shall be severable and if any phrase, clause, sentence, or provision
 73.7 of this Compact is declared to be contrary to the constitution of any member state or of the
 73.8 United States or the applicability thereof to any government, agency, person, or circumstance
 73.9 is held invalid, the validity of the remainder of this Compact and the applicability thereof
 73.10 to any government, agency, person, or circumstance shall not be affected thereby. If this
 73.11 Compact shall be held contrary to the constitution of any member state, the Compact shall
 73.12 remain in full force and effect as to the remaining member states and in full force and effect
 73.13 as to the member state affected as to all severable matters.

73.14 Section 13. Binding Effect of Compact and Other Laws

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

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

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

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

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

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

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

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

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

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

74.7 Sec. 15. **[148B.75] LICENSED PROFESSIONAL COUNSELOR INTERSTATE**
 74.8 **COMPACT.**

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

74.12 ARTICLE I

74.13 DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

76.26 ARTICLE II

76.27 STATE PARTICIPATION IN THE COMPACT

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

76.29 (1) license and regulate licensed professional counselors;

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

- 77.1 (3) require licensees to have a 60 semester-hour or 90 quarter-hour master's degree in
77.2 counseling or 60 semester-hours or 90 quarter-hours of graduate coursework including the
77.3 following topic areas:
- 77.4 (i) professional counseling orientation and ethical practice;
77.5 (ii) social and cultural diversity;
77.6 (iii) human growth and development;
77.7 (iv) career development;
77.8 (v) counseling and helping relationships;
77.9 (vi) group counseling and group work;
77.10 (vii) diagnosis and treatment; assessment and testing;
77.11 (viii) research and program evaluation; and
77.12 (ix) other areas as determined by the commission;
- 77.13 (4) require licensees to complete a supervised postgraduate professional experience as
77.14 defined by the commission; and
- 77.15 (5) have a mechanism in place for receiving and investigating complaints about licensees.
- 77.16 (b) A member state shall:
- 77.17 (1) participate fully in the commission's data system, including using the commission's
77.18 unique identifier as defined in rules;
- 77.19 (2) notify the commission, in compliance with the terms of the compact and rules, of
77.20 any adverse action or the availability of investigative information regarding a licensee;
- 77.21 (3) implement or utilize procedures for considering the criminal history records of
77.22 applicants for an initial privilege to practice. These procedures shall include the submission
77.23 of fingerprints or other biometric-based information by applicants for the purpose of obtaining
77.24 an applicant's criminal history record information from the Federal Bureau of Investigation
77.25 and the agency responsible for retaining that state's criminal records;
- 77.26 (i) a member state must fully implement a criminal background check requirement,
77.27 within a timeframe established by rule, by receiving the results of the Federal Bureau of
77.28 Investigation record search and shall use the results in making licensure decisions; and
- 77.29 (ii) communication between a member state, the commission, and among member states
77.30 regarding the verification of eligibility for licensure through the compact shall not include

78.1 any information received from the Federal Bureau of Investigation relating to a federal
78.2 criminal records check performed by a member state under Public Law 92-544;

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

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

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

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

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

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

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

78.18 (f) A license issued to a licensed professional counselor by a home state to a resident in
78.19 that state shall be recognized by each member state as authorizing a licensed professional
78.20 counselor to practice professional counseling, under a privilege to practice, in each member
78.21 state.

78.22 ARTICLE III

78.23 PRIVILEGE TO PRACTICE

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

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

78.27 (2) have a valid United States Social Security number or national practitioner identifier;

78.28 (3) be eligible for a privilege to practice in any member state in accordance with this
78.29 article, paragraphs (d), (g), and (h);

78.30 (4) have not had any encumbrance or restriction against any license or privilege to
78.31 practice within the previous two years;

- 79.1 (5) notify the commission that the licensee is seeking the privilege to practice within a
79.2 remote state(s);
- 79.3 (6) pay any applicable fees, including any state fee, for the privilege to practice;
- 79.4 (7) meet any continuing competence or education requirements established by the home
79.5 state;
- 79.6 (8) meet any jurisprudence requirements established by the remote state in which the
79.7 licensee is seeking a privilege to practice; and
- 79.8 (9) report to the commission any adverse action, encumbrance, or restriction on license
79.9 taken by any nonmember state within 30 days from the date the action is taken.
- 79.10 (b) The privilege to practice is valid until the expiration date of the home state license.
79.11 The licensee must comply with the requirements of this article, paragraph (a), to maintain
79.12 the privilege to practice in the remote state.
- 79.13 (c) A licensee providing professional counseling in a remote state under the privilege
79.14 to practice shall adhere to the laws and regulations of the remote state.
- 79.15 (d) A licensee providing professional counseling services in a remote state is subject to
79.16 that state's regulatory authority. A remote state may, in accordance with due process and
79.17 that state's laws, remove a licensee's privilege to practice in the remote state for a specific
79.18 period of time, impose fines, or take any other necessary actions to protect the health and
79.19 safety of its citizens. The licensee may be ineligible for a privilege to practice in any member
79.20 state until the specific time for removal has passed and all fines are paid.
- 79.21 (e) If a home state license is encumbered, the licensee shall lose the privilege to practice
79.22 in any remote state until the following occur:
- 79.23 (1) the home state license is no longer encumbered; and
- 79.24 (2) have not had any encumbrance or restriction against any license or privilege to
79.25 practice within the previous two years.
- 79.26 (f) Once an encumbered license in the home state is restored to good standing, the
79.27 licensee must meet the requirements of this article, paragraph (a), to obtain a privilege to
79.28 practice in any remote state.
- 79.29 (g) If a licensee's privilege to practice in any remote state is removed, the individual
79.30 may lose the privilege to practice in all other remote states until the following occur:
- 79.31 (1) the specific period of time for which the privilege to practice was removed has ended;

80.1 (2) all fines have been paid; and

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

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

80.7 **ARTICLE IV**

80.8 **OBTAINING A NEW HOME STATE LICENSE BASED ON A PRIVILEGE TO**
80.9 **PRACTICE**

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

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

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

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

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

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

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

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

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

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

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

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

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

81.11 **ARTICLE V**

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

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

81.18 **ARTICLE VI**

81.19 **COMPACT PRIVILEGE TO PRACTICE TELEHEALTH**

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

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

81.26 **ARTICLE VII**

81.27 **ADVERSE ACTIONS**

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

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

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

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

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

82.15 (d) The home state shall complete any pending investigations of a licensed professional
82.16 counselor who changes primary state of residence during the course of the investigations.
82.17 The home state shall also have the authority to take appropriate action and shall promptly
82.18 report the conclusions of the investigations to the administrator of the data system. The
82.19 administrator of the coordinated licensure information system shall promptly notify the new
82.20 home state of any adverse actions.

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

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

82.27 (g) Joint investigations:

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

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

83.1 (h) If adverse action is taken by the home state against the license of a licensed
 83.2 professional counselor, the licensed professional counselor's privilege to practice in all other
 83.3 member states shall be deactivated until all encumbrances have been removed from the
 83.4 state license. All home state disciplinary orders that impose adverse action against the license
 83.5 of a licensed professional counselor shall include a statement that the licensed professional
 83.6 counselor's privilege to practice is deactivated in all member states during the pendency of
 83.7 the order.

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

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

83.13 ARTICLE VIII

83.14 ESTABLISHMENT OF COUNSELING COMPACT COMMISSION

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

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

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

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

83.24 (b) Membership, voting, and meetings:

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

83.27 (2) the delegate shall be either:

83.28 (i) a current member of the licensing board at the time of appointment who is a licensed
 83.29 professional counselor or public member; or

83.30 (ii) an administrator of the licensing board;

84.1 (3) any delegate may be removed or suspended from office as provided by the law of
84.2 the state from which the delegate is appointed;

84.3 (4) the member state licensing board shall fill any vacancy occurring on the commission
84.4 within 60 days;

84.5 (5) each delegate shall be entitled to one vote with regard to the promulgation of rules
84.6 and creation of bylaws and shall otherwise have an opportunity to participate in the business
84.7 and affairs of the commission;

84.8 (6) a delegate shall vote in person or by such other means as provided in the bylaws.
84.9 The bylaws may provide for delegates' participation in meetings by telephone or other means
84.10 of communication;

84.11 (7) the commission shall meet at least once during each calendar year. Additional
84.12 meetings shall be held as set forth in the bylaws; and

84.13 (8) the commission shall by rule establish a term of office for delegates and may by rule
84.14 establish term limits.

84.15 (c) The commission shall have the following powers and duties:

84.16 (1) establish the fiscal year of the commission;

84.17 (2) establish bylaws;

84.18 (3) maintain its financial records in accordance with the bylaws;

84.19 (4) meet and take such actions as are consistent with the provisions of this compact and
84.20 the bylaws;

84.21 (5) promulgate rules which shall be binding to the extent and in the manner provided
84.22 for in the compact;

84.23 (6) bring and prosecute legal proceedings or actions in the name of the commission,
84.24 provided that the standing of any state licensing board to sue or be sued under applicable
84.25 law shall not be affected;

84.26 (7) purchase and maintain insurance and bonds;

84.27 (8) borrow, accept, or contract for services of personnel, including but not limited to
84.28 employees of a member state;

84.29 (9) hire employees, elect or appoint officers, fix compensation, define duties, grant such
84.30 individuals appropriate authority to carry out the purposes of the compact, and establish the

85.1 commission's personnel policies and programs relating to conflicts of interest, qualifications
85.2 of personnel, and other related personnel matters;

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

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

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

85.11 (13) establish a budget and make expenditures;

85.12 (14) borrow money;

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

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

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

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

85.21 (d) The executive committee:

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

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

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

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

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

85.30 (3) The commission may remove any member of the executive committee as provided
85.31 in bylaws;

- 86.1 (4) The executive committee shall meet at least annually; and
- 86.2 (5) The executive committee shall have the following duties and responsibilities:
- 86.3 (i) recommend to the entire commission changes to the rules or bylaws, changes to this
- 86.4 compact legislation, fees paid by compact member states such as annual dues, and any
- 86.5 commission compact fee charged to licensees for the privilege to practice;
- 86.6 (ii) ensure compact administration services are appropriately provided, contractual or
- 86.7 otherwise;
- 86.8 (iii) prepare and recommend the budget;
- 86.9 (iv) maintain financial records on behalf of the commission;
- 86.10 (v) monitor compact compliance of member states and provide compliance reports to
- 86.11 the commission;
- 86.12 (vi) establish additional committees as necessary; and
- 86.13 (vii) other duties as provided in rules or bylaws.
- 86.14 (e) Meetings of the commission:
- 86.15 (1) all meetings shall be open to the public, and public notice of meetings shall be given
- 86.16 in the same manner as required under the rulemaking provisions in article X;
- 86.17 (2) the commission or the executive committee or other committees of the commission
- 86.18 may convene in a closed, non-public meeting if the commission or executive committee or
- 86.19 other committees of the commission must discuss:
- 86.20 (i) non-compliance of a member state with its obligations under the compact;
- 86.21 (ii) the employment, compensation, discipline, or other matters, practices, or procedures
- 86.22 related to specific employees or other matters related to the commission's internal personnel
- 86.23 practices and procedures;
- 86.24 (iii) current, threatened, or reasonably anticipated litigation;
- 86.25 (iv) negotiation of contracts for the purchase, lease, or sale of goods, services, or real
- 86.26 estate;
- 86.27 (v) accusing any person of a crime or formally censuring any person;
- 86.28 (vi) disclosure of trade secrets or commercial or financial information that is privileged
- 86.29 or confidential;

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

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

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

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

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

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

87.17 (f) Financing of the commission:

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

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

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

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

87.31 (v) the commission shall keep accurate accounts of all receipts and disbursements. The
87.32 receipts and disbursements of the commission shall be subject to the audit and accounting

88.1 procedures established under its bylaws. However, all receipts and disbursements of funds
 88.2 handled by the commission shall be audited yearly by a certified or licensed public
 88.3 accountant, and the report of the audit shall be included in and become part of the annual
 88.4 report of the commission.

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

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

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

88.24 (3) the commission shall indemnify and hold harmless any member, officer, executive
 88.25 director, employee, or representative of the commission for the amount of any settlement
 88.26 or judgment obtained against that person arising out of any actual or alleged act, error, or
 88.27 omission that occurred within the scope of commission employment, duties, or
 88.28 responsibilities, or that such person had a reasonable basis for believing occurred within
 88.29 the scope of commission employment, duties, or responsibilities, provided that the actual
 88.30 or alleged act, error, or omission did not result from the intentional or willful or wanton
 88.31 misconduct of that person.

88.32 **ARTICLE IX**

88.33 **DATA SYSTEM**

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

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

89.7 (1) identifying information;

89.8 (2) licensure data;

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

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

89.11 (5) any denial of application for licensure and the reason for such denial;

89.12 (6) current significant investigative information; and

89.13 (7) other information that may facilitate the administration of this compact, as determined
89.14 by the rules of the commission.

89.15 (c) Investigative information pertaining to a licensee in any member state will only be
89.16 available to other member states.

89.17 (d) The commission shall promptly notify all member states of any adverse action taken
89.18 against a licensee or an individual applying for a license. Adverse action information
89.19 pertaining to a licensee in any member state will be available to any other member state.

89.20 (e) Member states contributing information to the data system may designate information
89.21 that may not be shared with the public without the express permission of the contributing
89.22 state.

89.23 (f) Any information submitted to the data system that is subsequently required to be
89.24 expunged by the laws of the member state contributing the information shall be removed
89.25 from the data system.

89.26 **ARTICLE X**

89.27 **RULEMAKING**

89.28 (a) The commission shall promulgate reasonable rules in order to effectively and
89.29 efficiently achieve the purpose of the compact. Notwithstanding the foregoing, in the event
89.30 the commission exercises its rulemaking authority in a manner that is beyond the scope of

90.1 the purposes of the compact, or the powers granted hereunder, then such an action by the
90.2 commission shall be invalid and have no force or effect.

90.3 (b) The commission shall exercise its rulemaking powers pursuant to the criteria set
90.4 forth in this article and the rules adopted thereunder. Rules and amendments shall become
90.5 binding as of the date specified in each rule or amendment.

90.6 (c) If a majority of the legislatures of the member states rejects a rule, by enactment of
90.7 a statute or resolution in the same manner used to adopt the compact within four years of
90.8 the date of adoption of the rule, then such rule shall have no further force and effect in any
90.9 member state.

90.10 (d) Rules or amendments to the rules shall be adopted at a regular or special meeting of
90.11 the commission.

90.12 (e) Prior to promulgation and adoption of a final rule or rules by the commission, and
90.13 at least thirty days in advance of the meeting at which the rule will be considered and voted
90.14 upon, the commission shall file a notice of proposed rulemaking:

90.15 (1) on the website of the commission or other publicly accessible platform; and

90.16 (2) on the website of each member state professional counseling licensing board or other
90.17 publicly accessible platform or the publication in which each state would otherwise publish
90.18 proposed rules.

90.19 (f) The notice of proposed rulemaking shall include:

90.20 (1) the proposed time, date, and location of the meeting in which the rule will be
90.21 considered and voted upon;

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

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

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

90.26 (g) Prior to adoption of a proposed rule, the commission shall allow persons to submit
90.27 written data, facts, opinions, and arguments, which shall be made available to the public.

90.28 (h) The commission shall grant an opportunity for a public hearing before it adopts a
90.29 rule or amendment if a hearing is requested by:

90.30 (1) at least 25 persons;

90.31 (2) a state or federal governmental subdivision or agency; or

91.1 (3) an association having at least 25 members.

91.2 (i) If a hearing is held on the proposed rule or amendment, the commission shall publish
91.3 the place, time, and date of the scheduled public hearing. If the hearing is held via electronic
91.4 means, the commission shall publish the mechanism for access to the electronic hearing:

91.5 (1) all persons wishing to be heard at the hearing shall notify the executive director of
91.6 the commission or other designated member in writing of their desire to appear and testify
91.7 at the hearing not less than five business days before the scheduled date of the hearing;

91.8 (2) hearings shall be conducted in a manner providing each person who wishes to
91.9 comment a fair and reasonable opportunity to comment orally or in writing;

91.10 (3) all hearings will be recorded. A copy of the recording will be made available on
91.11 request; and

91.12 (4) nothing in this article shall be construed as requiring a separate hearing on each rule.
91.13 Rules may be grouped for the convenience of the commission at hearings required by this
91.14 article.

91.15 (j) Following the scheduled hearing date, or by the close of business on the scheduled
91.16 hearing date if the hearing was not held, the commission shall consider all written and oral
91.17 comments received.

91.18 (k) If no written notice of intent to attend the public hearing by interested parties is
91.19 received, the commission may proceed with promulgation of the proposed rule without a
91.20 public hearing.

91.21 (l) The commission shall, by majority vote of all members, take final action on the
91.22 proposed rule and shall determine the effective date of the rule, if any, based on the
91.23 rulemaking record and the full text of the rule.

91.24 (m) Upon determination that an emergency exists, the commission may consider and
91.25 adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided
91.26 that the usual rulemaking procedures provided in the compact and in this article shall be
91.27 retroactively applied to the rule as soon as reasonably possible, in no event later than 90
91.28 days after the effective date of the rule. For the purposes of this provision, an emergency
91.29 rule is one that must be adopted immediately in order to:

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

91.31 (2) prevent a loss of commission or member state funds;

92.1 (3) meet a deadline for the promulgation of an administrative rule that is established by
 92.2 federal law or rule; or

92.3 (4) protect public health and safety.

92.4 (n) The commission or an authorized committee of the commission may direct revisions
 92.5 to a previously adopted rule or amendment for purposes of correcting typographical errors,
 92.6 errors in format, errors in consistency, or grammatical errors. Public notice of any revisions
 92.7 shall be posted on the website of the commission. The revision shall be subject to challenge
 92.8 by any person for a period of thirty days after posting. The revision may be challenged only
 92.9 on grounds that the revision results in a material change to a rule. A challenge shall be made
 92.10 in writing and delivered to the chair of the commission prior to the end of the notice period.
 92.11 If no challenge is made, the revision will take effect without further action. If the revision
 92.12 is challenged, the revision may not take effect without the approval of the commission.

92.13 **ARTICLE XI**

92.14 **OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT**

92.15 (a) Oversight:

92.16 (1) the executive, legislative, and judicial branches of state government in each member
 92.17 state shall enforce this compact and take all actions necessary and appropriate to effectuate
 92.18 the compact's purposes and intent. The provisions of this compact and the rules promulgated
 92.19 hereunder shall have standing as statutory law;

92.20 (2) all courts shall take judicial notice of the compact and the rules in any judicial or
 92.21 administrative proceeding in a member state pertaining to the subject matter of this compact
 92.22 which may affect the powers, responsibilities, or actions of the commission; and

92.23 (3) the commission shall be entitled to receive service of process in any such proceeding
 92.24 and shall have standing to intervene in such a proceeding for all purposes. Failure to provide
 92.25 service of process to the commission shall render a judgment or order void as to the
 92.26 commission, this compact, or promulgated rules.

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

92.28 (1) if the commission determines that a member state has defaulted in the performance
 92.29 of its obligations or responsibilities under this compact or the promulgated rules, the
 92.30 commission shall:

93.1 (i) provide written notice to the defaulting state and other member states of the nature
93.2 of the default, the proposed means of curing the default, or any other action to be taken by
93.3 the commission; and

93.4 (ii) provide remedial training and specific technical assistance regarding the default.

93.5 (c) If a state in default fails to cure the default, the defaulting state may be terminated
93.6 from the compact upon an affirmative vote of a majority of the member states, and all rights,
93.7 privileges, and benefits conferred by this compact may be terminated on the effective date
93.8 of termination. A cure of the default does not relieve the offending state of obligations or
93.9 liabilities incurred during the period of default.

93.10 (d) Termination of membership in the compact shall be imposed only after all other
93.11 means of securing compliance have been exhausted. Notice of intent to suspend or terminate
93.12 shall be given by the commission to the governor, the majority and minority leaders of the
93.13 defaulting state's legislature, and each of the member states.

93.14 (e) A state that has been terminated is responsible for all assessments, obligations, and
93.15 liabilities incurred through the effective date of termination, including obligations that
93.16 extend beyond the effective date of termination.

93.17 (f) The commission shall not bear any costs related to a state that is found to be in default
93.18 or that has been terminated from the compact, unless agreed upon in writing between the
93.19 commission and the defaulting state.

93.20 (g) The defaulting state may appeal the action of the commission by petitioning the
93.21 United States District Court for the District of Columbia or the federal district where the
93.22 commission has its principal offices. The prevailing member shall be awarded all costs of
93.23 such litigation, including reasonable attorney's fees.

93.24 (h) Dispute resolution:

93.25 (1) Upon request by a member state, the commission shall attempt to resolve disputes
93.26 related to the compact that arise among member states and between member and nonmember
93.27 states; and

93.28 (2) the commission shall promulgate a rule providing for both mediation and binding
93.29 dispute resolution for such disputes as appropriate.

93.30 (i) Enforcement:

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

94.1 (2) by majority vote, the commission may initiate legal action in the United States District
 94.2 Court for the District of Columbia or the federal district where the commission has its
 94.3 principal offices against a member state in default to enforce compliance with the provisions
 94.4 of the compact and its promulgated rules and bylaws. The relief sought may include both
 94.5 injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing
 94.6 member shall be awarded all costs of such litigation, including reasonable attorney's fees;
 94.7 and

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

94.10 ARTICLE XII

94.11 DATE OF IMPLEMENTATION OF THE COUNSELING COMPACT COMMISSION 94.12 AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

94.13 (a) The compact shall come into effect on the date on which the compact statute is
 94.14 enacted into law in the tenth member state. The provisions, which become effective at that
 94.15 time, shall be limited to the powers granted to the commission relating to assembly and the
 94.16 promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking
 94.17 powers necessary to the implementation and administration of the compact.

94.18 (b) Any state that joins the compact subsequent to the commission's initial adoption of
 94.19 the rules shall be subject to the rules as they exist on the date on which the compact becomes
 94.20 law in that state. Any rule that has been previously adopted by the commission shall have
 94.21 the full force and effect of law on the day the compact becomes law in that state.

94.22 (c) Any member state may withdraw from this compact by enacting a statute repealing
 94.23 the same.

94.24 (1) a member state's withdrawal shall not take effect until six months after enactment
 94.25 of the repealing statute; and

94.26 (2) withdrawal shall not affect the continuing requirement of the withdrawing state's
 94.27 professional counseling licensing board to comply with the investigative and adverse action
 94.28 reporting requirements of this act prior to the effective date of withdrawal.

94.29 (d) Nothing contained in this compact shall be construed to invalidate or prevent any
 94.30 professional counseling licensure agreement or other cooperative arrangement between a
 94.31 member state and a nonmember state that does not conflict with the provisions of this
 94.32 compact.

95.1 (e) This compact may be amended by the member states. No amendment to this compact
95.2 shall become effective and binding upon any member state until it is enacted into the laws
95.3 of all member states.

95.4 ARTICLE XIII

95.5 CONSTRUCTION AND SEVERABILITY

95.6 This compact shall be liberally construed so as to effectuate the purposes thereof. The
95.7 provisions of this compact shall be severable and if any phrase, clause, sentence, or provision
95.8 of this compact is declared to be contrary to the constitution of any member state or of the
95.9 United States or the applicability thereof to any government, agency, person, or circumstance
95.10 is held invalid, the validity of the remainder of this compact and the applicability thereof
95.11 to any government, agency, person, or circumstance shall not be affected thereby. If this
95.12 compact shall be held contrary to the constitution of any member state, the compact shall
95.13 remain in full force and effect as to the remaining member states and in full force and effect
95.14 as to the member state affected as to all severable matters.

95.15 ARTICLE XIV

95.16 BINDING EFFECT OF COMPACT AND OTHER LAWS

95.17 (a) A licensee providing professional counseling services in a remote state under the
95.18 privilege to practice shall adhere to the laws and regulations, including scope of practice,
95.19 of the remote state.

95.20 (b) Nothing herein prevents the enforcement of any other law of a member state that is
95.21 not inconsistent with the compact.

95.22 (c) Any laws in a member state in conflict with the compact are superseded to the extent
95.23 of the conflict.

95.24 (d) Any lawful actions of the commission, including all rules and bylaws properly
95.25 promulgated by the commission, are binding upon the member states.

95.26 (e) All permissible agreements between the commission and the member states are
95.27 binding in accordance with their terms.

95.28 (f) In the event any provision of the compact exceeds the constitutional limits imposed
95.29 on the legislature of any member state, the provision shall be ineffective to the extent of the
95.30 conflict with the constitutional provision in question in that member state.

96.1 Sec. 16. Minnesota Statutes 2020, section 150A.10, subdivision 1a, is amended to read:

96.2 Subd. 1a. **Collaborative practice authorization for dental hygienists in community**
96.3 **settings.** (a) Notwithstanding subdivision 1, a dental hygienist licensed under this chapter
96.4 may be employed or retained by a health care facility, program, ~~or~~ nonprofit organization,
96.5 or licensed dentist to perform the dental hygiene services listed in Minnesota Rules, part
96.6 3100.8700, subpart 1, without the patient first being examined by a licensed dentist if the
96.7 dental hygienist:

96.8 (1) has entered into a collaborative agreement with a licensed dentist that designates
96.9 authorization for the services provided by the dental hygienist; and

96.10 (2) has documented completion of a course on medical emergencies within each
96.11 continuing education cycle.

96.12 (b) A collaborating dentist must be licensed under this chapter and may enter into a
96.13 collaborative agreement with no more than four dental hygienists unless otherwise authorized
96.14 by the board. The board shall develop parameters and a process for obtaining authorization
96.15 to collaborate with more than four dental hygienists. The collaborative agreement must
96.16 include:

96.17 (1) consideration for medically compromised patients and medical conditions for which
96.18 a dental evaluation and treatment plan must occur prior to the provision of dental hygiene
96.19 services;

96.20 (2) age- and procedure-specific standard collaborative practice protocols, including
96.21 recommended intervals for the performance of dental hygiene services and a period of time
96.22 in which an examination by a dentist should occur;

96.23 (3) copies of consent to treatment form provided to the patient by the dental hygienist;

96.24 (4) specific protocols for the placement of pit and fissure sealants and requirements for
96.25 follow-up care to ~~assure the~~ ensure efficacy ~~of the sealants after application~~; and

96.26 (5) the procedure for creating and maintaining dental records for patients who are treated
96.27 by the dental hygienist under Minnesota Rules, part 3100.9600, including specifying where
96.28 records will be located.

96.29 ~~The collaborative agreement must be signed and maintained by the dentist, the dental~~
96.30 ~~hygienist, and the facility, program, or organization; must be reviewed annually by the~~
96.31 ~~collaborating dentist and dental hygienist and must be made available to the board upon~~
96.32 ~~request.~~

97.1 (c) The collaborative agreement must be:

97.2 (1) signed and maintained by the dentist; the dental hygienist; and the facility, program,
97.3 or organization;

97.4 (2) reviewed annually by the collaborating dentist and the dental hygienist; and

97.5 (3) made available to the board upon request.

97.6 ~~(e)~~ (d) Before performing any services authorized under this subdivision, a dental
97.7 hygienist must provide the patient with a consent to treatment form which must include a
97.8 statement advising the patient that the dental hygiene services provided are not a substitute
97.9 for a dental examination by a licensed dentist. When the patient requires a referral for
97.10 additional dental services, the dental hygienist shall complete a referral form and provide
97.11 a copy to the patient, the facility, if applicable, the dentist to whom the patient is being
97.12 referred, and the collaborating dentist, if specified in the collaborative agreement. A copy
97.13 of the referral form shall be maintained in the patient's health care record. The patient does
97.14 not become a new patient of record of the dentist to whom the patient was referred until the
97.15 dentist accepts the patient for follow-up services after referral from the dental hygienist.

97.16 ~~(d)~~ (e) For the purposes of this subdivision, a "health care facility, program, or nonprofit
97.17 organization" includes a hospital; nursing home; home health agency; group home serving
97.18 the elderly, disabled, or juveniles; state-operated facility licensed by the commissioner of
97.19 human services or the commissioner of corrections; a state agency administered public
97.20 health program or event; and federal, state, or local public health facility, community clinic,
97.21 tribal clinic, school authority, Head Start program, or nonprofit organization that serves
97.22 individuals who are uninsured or who are Minnesota health care public program recipients.

97.23 ~~(e)~~ (f) For purposes of this subdivision, a "collaborative agreement" means a written
97.24 agreement with a licensed dentist who authorizes and accepts responsibility for the services
97.25 performed by the dental hygienist.

97.26 (g) A collaborative practice dental hygienist must be reimbursed for all services performed
97.27 through a health care facility, program, nonprofit organization, or licensed dentist.

97.28 (h) The commissioner of human services shall report annually, beginning February 15,
97.29 2023, and each February 15 thereafter, to the Board of Dentistry on the services provided
97.30 by collaborative practice dental hygienists to medical assistance and MinnesotaCare enrollees
97.31 during the previous calendar year. The information reported must include, at a minimum,
97.32 the geographic location and type of setting at which care was delivered, the number of

98.1 medical assistance and MinnesotaCare patients served, and the characteristics of the patient
98.2 population.

98.3 Sec. 17. Minnesota Statutes 2020, section 150A.105, subdivision 8, is amended to read:

98.4 Subd. 8. **Definitions.** (a) For the purposes of this section, the following definitions apply.

98.5 (b) "Practice settings that serve the low-income and underserved" mean:

98.6 (1) critical access dental provider settings as designated by the commissioner of human
98.7 services under section 256B.76, subdivision 4;

98.8 (2) dental hygiene collaborative practice settings identified in section 150A.10,
98.9 subdivision 1a, paragraph ~~(d)~~ (e), and including medical facilities, assisted living facilities,
98.10 federally qualified health centers, and organizations eligible to receive a community clinic
98.11 grant under section 145.9268, subdivision 1;

98.12 (3) military and veterans administration hospitals, clinics, and care settings;

98.13 (4) a patient's residence or home when the patient is home-bound or receiving or eligible
98.14 to receive home care services or home and community-based waived services, regardless
98.15 of the patient's income;

98.16 (5) oral health educational institutions; or

98.17 (6) any other clinic or practice setting, including mobile dental units, in which at least
98.18 50 percent of the total patient base of the dental therapist or advanced dental therapist
98.19 consists of patients who:

98.20 (i) are enrolled in a Minnesota health care program;

98.21 (ii) have a medical disability or chronic condition that creates a significant barrier to
98.22 receiving dental care;

98.23 (iii) do not have dental health coverage, either through a public health care program or
98.24 private insurance, and have an annual gross family income equal to or less than 200 percent
98.25 of the federal poverty guidelines; or

98.26 (iv) do not have dental health coverage, either through a state public health care program
98.27 or private insurance, and whose family gross income is equal to or less than 200 percent of
98.28 the federal poverty guidelines.

98.29 (c) "Dental health professional shortage area" means an area that meets the criteria
98.30 established by the secretary of the United States Department of Health and Human Services
98.31 and is designated as such under United States Code, title 42, section 254e.

99.1 Sec. 18. Minnesota Statutes 2020, section 151.065, subdivision 1, is amended to read:

99.2 Subdivision 1. **Application fees.** Application fees for licensure and registration are as
99.3 follows:

99.4 (1) pharmacist licensed by examination, \$175;

99.5 (2) pharmacist licensed by reciprocity, \$275;

99.6 (3) pharmacy intern, \$50;

99.7 (4) pharmacy technician, \$50;

99.8 (5) pharmacy, \$260;

99.9 (6) drug wholesaler, legend drugs only, \$5,260;

99.10 (7) drug wholesaler, legend and nonlegend drugs, \$5,260;

99.11 (8) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, \$5,260;

99.12 (9) drug wholesaler, medical gases, ~~\$5,260 for the first facility and \$260 for each~~
99.13 ~~additional facility;~~

99.14 (10) third-party logistics provider, \$260;

99.15 (11) drug manufacturer, nonopiate legend drugs only, \$5,260;

99.16 (12) drug manufacturer, nonopiate legend and nonlegend drugs, \$5,260;

99.17 (13) drug manufacturer, nonlegend or veterinary legend drugs, \$5,260;

99.18 (14) drug manufacturer, medical gases, ~~\$5,260 for the first facility and \$260 for each~~
99.19 ~~additional facility;~~

99.20 (15) drug manufacturer, also licensed as a pharmacy in Minnesota, \$5,260;

99.21 (16) drug manufacturer of opiate-containing controlled substances listed in section
99.22 152.02, subdivisions 3 to 5, \$55,260;

99.23 (17) medical gas dispenser, \$260;

99.24 (18) controlled substance researcher, \$75; and

99.25 (19) pharmacy professional corporation, \$150.

99.26 Sec. 19. Minnesota Statutes 2020, section 151.065, subdivision 3, is amended to read:

99.27 Subd. 3. **Annual renewal fees.** Annual licensure and registration renewal fees are as
99.28 follows:

- 100.1 (1) pharmacist, \$175;
- 100.2 (2) pharmacy technician, \$50;
- 100.3 (3) pharmacy, \$260;
- 100.4 (4) drug wholesaler, legend drugs only, \$5,260;
- 100.5 (5) drug wholesaler, legend and nonlegend drugs, \$5,260;
- 100.6 (6) drug wholesaler, nonlegend drugs, veterinary legend drugs, or both, \$5,260;
- 100.7 (7) drug wholesaler, medical gases, ~~\$5,260 for the first facility and \$260 for each~~
- 100.8 ~~additional facility;~~
- 100.9 (8) third-party logistics provider, \$260;
- 100.10 (9) drug manufacturer, nonopiate legend drugs only, \$5,260;
- 100.11 (10) drug manufacturer, nonopiate legend and nonlegend drugs, \$5,260;
- 100.12 (11) drug manufacturer, nonlegend, veterinary legend drugs, or both, \$5,260;
- 100.13 (12) drug manufacturer, medical gases, ~~\$5,260 for the first facility and \$260 for each~~
- 100.14 ~~additional facility;~~
- 100.15 (13) drug manufacturer, also licensed as a pharmacy in Minnesota, \$5,260;
- 100.16 (14) drug manufacturer of opiate-containing controlled substances listed in section
- 100.17 152.02, subdivisions 3 to 5, \$55,260;
- 100.18 (15) medical gas dispenser, \$260;
- 100.19 (16) controlled substance researcher, \$75; and
- 100.20 (17) pharmacy professional corporation, \$100.

100.21 Sec. 20. Minnesota Statutes 2020, section 151.065, subdivision 7, is amended to read:

100.22 Subd. 7. **Deposit of fees.** (a) The license fees collected under this section, with the

100.23 exception of the fees identified in paragraphs (b) and (c), shall be deposited in the state

100.24 government special revenue fund.

100.25 (b) \$5,000 of each fee collected under subdivision 1, clauses (6) to ~~(9)~~(8), ~~and~~ (11) to

100.26 (13), ~~and~~ (15), and subdivision 3, clauses (4) to ~~(7)~~(6), ~~and~~ (9) to (11), ~~and~~ (13), and \$55,000

100.27 of each fee collected under subdivision 1, clause (16), and subdivision 3, clause (14), shall

100.28 be deposited in the opiate epidemic response fund established in section 256.043.

101.1 (c) If the fees collected under subdivision 1, clause (16), or subdivision 3, clause (14),
101.2 are reduced under section 256.043, \$5,000 of the reduced fee shall be deposited in the opiate
101.3 epidemic response fund in section 256.043.

101.4 Sec. 21. Minnesota Statutes 2020, section 152.125, is amended to read:

101.5 **152.125 INTRACTABLE PAIN.**

101.6 Subdivision 1. ~~Definition~~ **Definitions.** (a) For purposes of this section, the terms in this
101.7 subdivision have the meanings given.

101.8 (b) "Drug diversion" means the unlawful transfer of prescription drugs from their licit
101.9 medical purpose to the illicit marketplace.

101.10 (c) "Intractable pain" means a pain state in which the cause of the pain cannot be removed
101.11 or otherwise treated with the consent of the patient and in which, in the generally accepted
101.12 course of medical practice, no relief or cure of the cause of the pain is possible, or none has
101.13 been found after reasonable efforts. Conditions associated with intractable pain include but
101.14 are not limited to cancer and the recovery period, sickle cell disease, noncancer pain, rare
101.15 diseases, orphan diseases, severe injuries, and health conditions requiring the provision of
101.16 palliative care or hospice care. Reasonable efforts for relieving or curing the cause of the
101.17 pain may be determined on the basis of, but are not limited to, the following:

101.18 (1) when treating a nonterminally ill patient for intractable pain, an evaluation conducted
101.19 by the attending physician, advanced practice registered nurse, or physician assistant and
101.20 one or more physicians, advanced practice registered nurses, or physician assistants
101.21 specializing in pain medicine or the treatment of the area, system, or organ of the body
101.22 confirmed or perceived as the source of the intractable pain; or

101.23 (2) when treating a terminally ill patient, an evaluation conducted by the attending
101.24 physician, advanced practice registered nurse, or physician assistant who does so in
101.25 accordance with the standard of care and the level of care, skill, and treatment that would
101.26 be recognized by a reasonably prudent physician, advanced practice registered nurse, or
101.27 physician assistant under similar conditions and circumstances.

101.28 (d) "Palliative care" has the meaning provided in section 144A.75, subdivision 12.

101.29 (e) "Rare disease" means a disease, disorder, or condition that affects fewer than 200,000
101.30 individuals in the United States and is chronic, serious, life altering, or life threatening.

102.1 Subd. 1a. **Criteria for the evaluation and treatment of intractable pain.** The evaluation
102.2 and treatment of intractable pain when treating a nonterminally ill patient is governed by
102.3 the following criteria:

102.4 (1) a diagnosis of intractable pain by the treating physician, advanced practice registered
102.5 nurse, or physician assistant and either by a physician, advanced practice registered nurse,
102.6 or physician assistant specializing in pain medicine or a physician, advanced practice
102.7 registered nurse, or physician assistant treating the area, system, or organ of the body that
102.8 is the source of the pain is sufficient to meet the definition of intractable pain; and

102.9 (2) the cause of the diagnosis of intractable pain must not interfere with medically
102.10 necessary treatment including but not limited to prescribing or administering a controlled
102.11 substance in Schedules II to V of section 152.02.

102.12 **Subd. 2. Prescription and administration of controlled substances for intractable**
102.13 **pain.** (a) Notwithstanding any other provision of this chapter, a physician, advanced practice
102.14 registered nurse, or physician assistant may prescribe or administer a controlled substance
102.15 in Schedules II to V of section 152.02 to ~~an individual~~ a patient in the course of the
102.16 physician's, advanced practice registered nurse's, or physician assistant's treatment of the
102.17 ~~individual~~ patient for a diagnosed condition causing intractable pain. No physician, advanced
102.18 practice registered nurse, or physician assistant shall be subject to disciplinary action by
102.19 the Board of Medical Practice or Board of Nursing for appropriately prescribing or
102.20 administering a controlled substance in Schedules II to V of section 152.02 in the course
102.21 of treatment of ~~an individual~~ a patient for intractable pain, provided the physician, advanced
102.22 practice registered nurse, or physician assistant:

102.23 (1) keeps accurate records of the purpose, use, prescription, and disposal of controlled
102.24 substances, writes accurate prescriptions, and prescribes medications in conformance with
102.25 chapter 147- or 148 or in accordance with the current standard of care; and

102.26 (2) enters into a patient-provider agreement that meets the criteria in subdivision 5.

102.27 (b) No physician, advanced practice registered nurse, or physician assistant, acting in
102.28 good faith and based on the needs of the patient, shall be subject to any civil or criminal
102.29 action or investigation, disenrollment, or termination by the commissioner of health or
102.30 human services solely for prescribing a dosage that equates to an upward deviation from
102.31 morphine milligram equivalent dosage recommendations or thresholds specified in state or
102.32 federal opioid prescribing guidelines or policies, including but not limited to the Guideline
102.33 for Prescribing Opioids for Chronic Pain issued by the Centers for Disease Control and
102.34 Prevention, Minnesota opioid prescribing guidelines, the Minnesota opioid prescribing

103.1 improvement program, and the Minnesota quality improvement program established under
103.2 section 256B.0638.

103.3 (c) A physician, advanced practice registered nurse, or physician assistant treating
103.4 intractable pain by prescribing, dispensing, or administering a controlled substance in
103.5 Schedules II to V of section 152.02 that includes but is not limited to opioid analgesics must
103.6 not taper a patient's medication dosage solely to meet a predetermined morphine milligram
103.7 equivalent dosage recommendation or threshold if the patient is stable and compliant with
103.8 the treatment plan, is experiencing no serious harm from the level of medication currently
103.9 being prescribed or previously prescribed, and is in compliance with the patient-provider
103.10 agreement as described in subdivision 5.

103.11 (d) A physician's, advanced practice registered nurse's, or physician assistant's decision
103.12 to taper a patient's medication dosage must be based on factors other than a morphine
103.13 milligram equivalent recommendation or threshold.

103.14 (e) No pharmacist, health plan company, or pharmacy benefit manager shall refuse to
103.15 fill a prescription for an opiate issued by a licensed practitioner with the authority to prescribe
103.16 opiates solely based on the prescription exceeding a predetermined morphine milligram
103.17 equivalent dosage recommendation or threshold.

103.18 Subd. 3. **Limits on applicability.** This section does not apply to:

103.19 (1) a physician's, advanced practice registered nurse's, or physician assistant's treatment
103.20 of an individual a patient for chemical dependency resulting from the use of controlled
103.21 substances in Schedules II to V of section 152.02;

103.22 (2) the prescription or administration of controlled substances in Schedules II to V of
103.23 section 152.02 to an individual a patient whom the physician, advanced practice registered
103.24 nurse, or physician assistant knows to be using the controlled substances for nontherapeutic
103.25 or drug diversion purposes;

103.26 (3) the prescription or administration of controlled substances in Schedules II to V of
103.27 section 152.02 for the purpose of terminating the life of an individual a patient having
103.28 intractable pain; or

103.29 (4) the prescription or administration of a controlled substance in Schedules II to V of
103.30 section 152.02 that is not a controlled substance approved by the United States Food and
103.31 Drug Administration for pain relief.

103.32 Subd. 4. **Notice of risks.** Prior to treating an individual a patient for intractable pain in
103.33 accordance with subdivision 2, a physician, advanced practice registered nurse, or physician

104.1 assistant shall discuss with the individual patient or the patient's legal guardian, if applicable,
 104.2 the risks associated with the controlled substances in Schedules II to V of section 152.02
 104.3 to be prescribed or administered in the course of the physician's, advanced practice registered
 104.4 nurse's, or physician assistant's treatment of an individual a patient, and document the
 104.5 discussion in the individual's patient's record as required in the patient-provider agreement
 104.6 described in subdivision 5.

104.7 Subd. 5. Patient-provider agreement. (a) Before treating a patient for intractable pain,
 104.8 a physician, advanced practice registered nurse, or physician assistant and the patient or the
 104.9 patient's legal guardian, if applicable, must mutually agree to the treatment and enter into
 104.10 a provider-patient agreement. The agreement must include a description of the prescriber's
 104.11 and the patient's expectations, responsibilities, and rights according to best practices and
 104.12 current standards of care.

104.13 (b) The agreement must be signed by the patient or the patient's legal guardian, if
 104.14 applicable, and the physician, advanced practice registered nurse, or physician assistant and
 104.15 included in the patient's medical records. A copy of the signed agreement must be provided
 104.16 to the patient.

104.17 (c) The agreement must be reviewed by the patient and the physician, advanced practice
 104.18 registered nurse, or physician assistant annually. If there is a change in the patient's treatment
 104.19 plan, the agreement must be updated and a revised agreement must be signed by the patient
 104.20 or the patient's legal guardian. A copy of the revised agreement must be included in the
 104.21 patient's medical record and a copy must be provided to the patient.

104.22 (d) A patient-provider agreement is not required in an emergency or inpatient hospital
 104.23 setting.

104.24 Sec. 22. APPROPRIATION.

104.25 \$157,000 in fiscal year 2023 is appropriated from the state government special revenue
 104.26 fund to the Board of Nursing for the purposes of implementing Minnesota Statutes, section
 104.27 148.2855. The base for this appropriation is \$6,000 in fiscal year 2024 and \$6,000 in fiscal
 104.28 year 2025.

104.29 Sec. 23. REPEALER.

104.30 Minnesota Statutes 2020, section 147.02, subdivision 2a, is repealed.

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

105.1 **ARTICLE 4**105.2 **MINNESOTA HEALTH AND EDUCATION FACILITIES AUTHORITY**

105.3 Section 1. Minnesota Statutes 2020, section 3.732, subdivision 1, is amended to read:

105.4 Subdivision 1. **Definitions.** As used in this section and section 3.736 the terms defined
105.5 in this section have the meanings given them.

105.6 (1) "State" includes each of the departments, boards, agencies, commissions, courts, and
105.7 officers in the executive, legislative, and judicial branches of the state of Minnesota and
105.8 includes but is not limited to the Housing Finance Agency, the Minnesota Office of Higher
105.9 Education, the ~~Higher~~ Health and Education Facilities Authority, the Health Technology
105.10 Advisory Committee, the Armory Building Commission, the Zoological Board, the
105.11 Department of Iron Range Resources and Rehabilitation, the Minnesota Historical Society,
105.12 the State Agricultural Society, the University of Minnesota, the Minnesota State Colleges
105.13 and Universities, state hospitals, and state penal institutions. It does not include a city, town,
105.14 county, school district, or other local governmental body corporate and politic.

105.15 (2) "Employee of the state" means all present or former officers, members, directors, or
105.16 employees of the state, members of the Minnesota National Guard, members of a bomb
105.17 disposal unit approved by the commissioner of public safety and employed by a municipality
105.18 defined in section 466.01 when engaged in the disposal or neutralization of bombs or other
105.19 similar hazardous explosives, as defined in section 299C.063, outside the jurisdiction of the
105.20 municipality but within the state, or persons acting on behalf of the state in an official
105.21 capacity, temporarily or permanently, with or without compensation. It does not include
105.22 either an independent contractor except, for purposes of this section and section 3.736 only,
105.23 a guardian ad litem acting under court appointment, or members of the Minnesota National
105.24 Guard while engaged in training or duty under United States Code, title 10, or title 32,
105.25 section 316, 502, 503, 504, or 505, as amended through December 31, 1983. Notwithstanding
105.26 sections 43A.02 and 611.263, for purposes of this section and section 3.736 only, "employee
105.27 of the state" includes a district public defender or assistant district public defender in the
105.28 Second or Fourth Judicial District, a member of the Health Technology Advisory Committee,
105.29 and any officer, agent, or employee of the state of Wisconsin performing work for the state
105.30 of Minnesota pursuant to a joint state initiative.

105.31 (3) "Scope of office or employment" means that the employee was acting on behalf of
105.32 the state in the performance of duties or tasks lawfully assigned by competent authority.

105.33 (4) "Judicial branch" has the meaning given in section 43A.02, subdivision 25.

106.1 Sec. 2. Minnesota Statutes 2021 Supplement, section 10A.01, subdivision 35, is amended
106.2 to read:

106.3 Subd. 35. **Public official.** "Public official" means any:

106.4 (1) member of the legislature;

106.5 (2) individual employed by the legislature as secretary of the senate, legislative auditor,
106.6 director of the Legislative Budget Office, chief clerk of the house of representatives, revisor
106.7 of statutes, or researcher, legislative analyst, fiscal analyst, or attorney in the Office of
106.8 Senate Counsel, Research and Fiscal Analysis, House Research, or the House Fiscal Analysis
106.9 Department;

106.10 (3) constitutional officer in the executive branch and the officer's chief administrative
106.11 deputy;

106.12 (4) solicitor general or deputy, assistant, or special assistant attorney general;

106.13 (5) commissioner, deputy commissioner, or assistant commissioner of any state
106.14 department or agency as listed in section 15.01 or 15.06, or the state chief information
106.15 officer;

106.16 (6) member, chief administrative officer, or deputy chief administrative officer of a state
106.17 board or commission that has either the power to adopt, amend, or repeal rules under chapter
106.18 14, or the power to adjudicate contested cases or appeals under chapter 14;

106.19 (7) individual employed in the executive branch who is authorized to adopt, amend, or
106.20 repeal rules under chapter 14 or adjudicate contested cases under chapter 14;

106.21 (8) executive director of the State Board of Investment;

106.22 (9) deputy of any official listed in clauses (7) and (8);

106.23 (10) judge of the Workers' Compensation Court of Appeals;

106.24 (11) administrative law judge or compensation judge in the State Office of Administrative
106.25 Hearings or unemployment law judge in the Department of Employment and Economic
106.26 Development;

106.27 (12) member, regional administrator, division director, general counsel, or operations
106.28 manager of the Metropolitan Council;

106.29 (13) member or chief administrator of a metropolitan agency;

106.30 (14) director of the Division of Alcohol and Gambling Enforcement in the Department
106.31 of Public Safety;

- 107.1 (15) member or executive director of the ~~Higher~~ Health and Education Facilities
107.2 Authority;
- 107.3 (16) member of the board of directors or president of Enterprise Minnesota, Inc.;
- 107.4 (17) member of the board of directors or executive director of the Minnesota State High
107.5 School League;
- 107.6 (18) member of the Minnesota Ballpark Authority established in section 473.755;
- 107.7 (19) citizen member of the Legislative-Citizen Commission on Minnesota Resources;
- 107.8 (20) manager of a watershed district, or member of a watershed management organization
107.9 as defined under section 103B.205, subdivision 13;
- 107.10 (21) supervisor of a soil and water conservation district;
- 107.11 (22) director of Explore Minnesota Tourism;
- 107.12 (23) citizen member of the Lessard-Sams Outdoor Heritage Council established in section
107.13 97A.056;
- 107.14 (24) citizen member of the Clean Water Council established in section 114D.30;
- 107.15 (25) member or chief executive of the Minnesota Sports Facilities Authority established
107.16 in section 473J.07;
- 107.17 (26) district court judge, appeals court judge, or supreme court justice;
- 107.18 (27) county commissioner;
- 107.19 (28) member of the Greater Minnesota Regional Parks and Trails Commission;
- 107.20 (29) member of the Destination Medical Center Corporation established in section
107.21 469.41; or
- 107.22 (30) chancellor or member of the Board of Trustees of the Minnesota State Colleges
107.23 and Universities.
- 107.24 Sec. 3. Minnesota Statutes 2020, section 136A.25, is amended to read:
- 107.25 **136A.25 CREATION.**
- 107.26 A state agency known as the Minnesota ~~Higher~~ Health and Education Facilities Authority
107.27 is hereby created.

108.1 Sec. 4. Minnesota Statutes 2020, section 136A.26, is amended to read:

108.2 **136A.26 MEMBERSHIPS; OFFICERS; COMPENSATION; REMOVAL.**

108.3 Subdivision 1. **Membership.** The Minnesota ~~Higher~~ Health and Education Facilities
108.4 Authority shall consist of ~~eight~~ nine members appointed by the governor with the advice
108.5 and consent of the senate, and a representative of the ~~office~~ Office of Higher Education.

108.6 All members to be appointed by the governor shall be residents of the state. At least two
108.7 members must reside outside the metropolitan area as defined in section 473.121, subdivision
108.8 2. At least one of the members shall be a person having a favorable reputation for skill,
108.9 knowledge, and experience in the field of state and municipal finance; ~~and~~ at least one shall
108.10 be a person having a favorable reputation for skill, knowledge, and experience in the building
108.11 construction field; ~~and~~ at least one of the members shall be a trustee, director, officer, or
108.12 employee of an institution of higher education; and at least one of the members shall be a
108.13 trustee, director, officer, or employee of a health care organization.

108.14 Subd. 1a. **Private College Council member.** The president of the Minnesota Private
108.15 College Council, or the president's designee, shall serve without compensation as an advisory,
108.16 nonvoting member of the authority.

108.17 Subd. 1b. **Nonprofit health care association member.** The chief executive officer of
108.18 a Minnesota nonprofit membership association whose members are primarily nonprofit
108.19 health care organizations, or the chief executive officer's designee, shall serve without
108.20 compensation as an advisory, nonvoting member of the authority. The identity of the
108.21 Minnesota nonprofit membership association shall be determined and may be changed from
108.22 time to time by the members of the authority in accordance with and as shall be provided
108.23 in the bylaws of the authority.

108.24 Subd. 2. **Term; compensation; removal.** The membership terms, compensation, removal
108.25 of members, and filling of vacancies for authority members other than the representative
108.26 of the office, ~~and~~ the president of the Private College Council, or the chief executive officer
108.27 of the Minnesota nonprofit membership association described in subdivision 1b shall be as
108.28 provided in section 15.0575.

108.29 Sec. 5. Minnesota Statutes 2020, section 136A.27, is amended to read:

108.30 **136A.27 POLICY.**

108.31 It is hereby declared that for the benefit of the people of the state, the increase of their
108.32 commerce, welfare and prosperity and the improvement of their health and living conditions
108.33 it is essential that health care organizations within the state be provided with appropriate

109.1 additional means to establish, acquire, construct, improve, and expand health care facilities
 109.2 in furtherance of their purposes; that this and future generations of youth be given the fullest
 109.3 opportunity to learn and to develop their intellectual and mental capacities; ~~that it is essential~~
 109.4 that institutions of higher education within the state be provided with appropriate additional
 109.5 means to assist such youth in achieving the required levels of learning and development of
 109.6 their intellectual and mental capacities; and that health care organizations and institutions
 109.7 of higher education be enabled to refinance outstanding indebtedness incurred to provide
 109.8 existing facilities used for such purposes in order to preserve and enhance the utilization of
 109.9 facilities for purposes of health care and higher education, to extend or adjust maturities in
 109.10 relation to the resources available for their payment, and to save interest costs and thereby
 109.11 reduce health care costs or higher education tuition, fees, and charges; ~~and~~. It is hereby
 109.12 further declared that it is the purpose of sections 136A.25 to 136A.42 to provide a measure
 109.13 of assistance and an alternative method to enable health care organizations and institutions
 109.14 of higher education in the state to provide the facilities and structures which are sorely
 109.15 needed to accomplish the purposes of sections 136A.25 to 136A.42, all to the public benefit
 109.16 and good, to the extent and manner provided herein.

109.17 Sec. 6. Minnesota Statutes 2020, section 136A.28, is amended to read:

109.18 **136A.28 DEFINITIONS.**

109.19 Subdivision 1. **Scope.** In sections 136A.25 to 136A.42, the following words and terms
 109.20 shall, unless the context otherwise requires, have the meanings ascribed to them.

109.21 Subd. 1a. **Affiliate.** "Affiliate" means an entity that directly or indirectly controls, is
 109.22 controlled by, or is under common control with, another entity. For the purposes of this
 109.23 subdivision, "control" means either the power to elect a majority of the members of the
 109.24 governing body of an entity or the power, whether by contract or otherwise, to direct the
 109.25 management and policies of the entity. Affiliate also means an entity whose business or
 109.26 substantially all of whose property is operated under a lease, management agreement, or
 109.27 operating agreement by another entity, or an entity who operates the business or substantially
 109.28 all of the property of another entity under a lease, management agreement, or operating
 109.29 agreement.

109.30 Subd. 2. **Authority.** "Authority" means the ~~Higher~~ Health and Education Facilities
 109.31 Authority created by sections 136A.25 to 136A.42.

109.32 Subd. 3. **Project.** "Project" means ~~a structure or structures available for use as a dormitory~~
 109.33 ~~or other student housing facility, a dining hall, student union, administration building,~~
 109.34 ~~academic building, library, laboratory, research facility, classroom, athletic facility, health~~

110.1 ~~care facility, child care facility, and maintenance, storage, or utility facility and other~~
 110.2 ~~structures or facilities related thereto or required or useful for the instruction of students or~~
 110.3 ~~the conducting of research or the operation of an institution of higher education, whether~~
 110.4 ~~proposed, under construction, or completed, including parking and other facilities or~~
 110.5 ~~structures essential or convenient for the orderly conduct of such institution for higher~~
 110.6 ~~education, and shall also include landscaping, site preparation, furniture, equipment and~~
 110.7 ~~machinery, and other similar items necessary or convenient for the operation of a particular~~
 110.8 ~~facility or structure in the manner for which its use is intended but shall not include such~~
 110.9 ~~items as books, fuel, supplies, or other items the costs of which are customarily deemed to~~
 110.10 ~~result in a current operating charge, and shall~~ a health care facility or an education facility
 110.11 whether proposed, under construction, or completed, and includes land or interests in land,
 110.12 appurtenances, site preparation, landscaping, buildings and structures, systems, fixtures,
 110.13 furniture, machinery, equipment, and parking. Project also includes other structures, facilities,
 110.14 improvements, machinery, equipment, and means of transport of a capital nature that are
 110.15 necessary or convenient for the operation of the facility. Project does not include: (1) any
 110.16 facility used or to be used for sectarian instruction or as a place of religious worship nor;
 110.17 (2) any facility which is used or to be used primarily in connection with any part of the
 110.18 program of a school or department of divinity for any religious denomination; nor (3) any
 110.19 books, supplies, medicine, medical supplies, fuel, or other items, the cost of which are
 110.20 customarily deemed to result in a current operating charge.

110.21 Subd. 4. **Cost.** "Cost," as applied to a project or any portion thereof financed under the
 110.22 provisions of sections 136A.25 to 136A.42, means all or any part of the cost of construction,
 110.23 acquisition, alteration, enlargement, reconstruction and remodeling of a project including
 110.24 all lands, structures, real or personal property, rights, rights-of-way, franchises, easements
 110.25 and interests acquired or used for or in connection with a project, the cost of demolishing
 110.26 or removing any buildings or structures on land so acquired, including the cost of acquiring
 110.27 any lands to which ~~such~~ buildings or structures may be moved, the cost of all machinery
 110.28 and equipment, financing charges, interest prior to, during and for a period after completion
 110.29 of such construction and acquisition, provisions for reserves for principal and interest and
 110.30 for extensions, enlargements, additions and improvements, the cost of architectural,
 110.31 engineering, financial and legal services, plans, specifications, studies, surveys, estimates
 110.32 of cost and of revenues, administrative expenses, expenses necessary or incident to
 110.33 determining the feasibility or practicability of constructing the project and such other
 110.34 expenses as may be necessary or incident to the construction and acquisition of the project,
 110.35 the financing of such construction and acquisition and the placing of the project in operation.

111.1 Subd. 5. **Bonds.** "Bonds," or "revenue bonds" means revenue bonds of the authority
 111.2 issued under the provisions of sections 136A.25 to 136A.42, including revenue refunding
 111.3 bonds, notwithstanding that the same may be secured by mortgage or the full faith and credit
 111.4 of a participating institution ~~for higher education~~ or any other lawfully pledged security of
 111.5 a participating institution ~~for higher education~~.

111.6 Subd. 6. **Institution of higher education.** "Institution of higher education" means a
 111.7 nonprofit educational institution within the state authorized to provide a program of education
 111.8 beyond the high school level.

111.9 Subd. 6a. **Health care organization.** (a) "Health care organization" means a nonprofit
 111.10 organization located within the state and authorized by law to operate a nonprofit health
 111.11 care facility in the state. Health care organization also means a nonprofit affiliate of a health
 111.12 care organization as defined under this paragraph, provided the affiliate is located within
 111.13 the state or within a state that is geographically contiguous to Minnesota.

111.14 (b) Health care organization also means a nonprofit organization located within another
 111.15 state that is geographically contiguous to Minnesota and authorized by law to operate a
 111.16 nonprofit health care facility in that state, provided that the nonprofit organization located
 111.17 within the contiguous state is an affiliate of a health care organization located within the
 111.18 state.

111.19 Subd. 6b. **Education facility.** "Education facility" means a structure or structures
 111.20 available for use as a dormitory or other student housing facility, dining hall, student union,
 111.21 administration building, academic building, library, laboratory, research facility, classroom,
 111.22 athletic facility, student health care facility, or child care facility, and includes other facilities
 111.23 or structures related thereto essential or convenient for the orderly conduct of an institution
 111.24 of higher education.

111.25 Subd. 6c. **Health care facility.** (a) "Health care facility" means a structure or structures
 111.26 available for use within this state as a hospital, clinic, psychiatric residential treatment
 111.27 facility, birth center, outpatient surgical center, comprehensive outpatient rehabilitation
 111.28 facility, outpatient physical therapy or speech pathology facility, end-stage renal dialysis
 111.29 facility, medical laboratory, pharmacy, radiation therapy facility, diagnostic imaging facility,
 111.30 medical office building, residence for nurses or interns, nursing home, boarding care home,
 111.31 assisted living facility, residential hospice, intermediate care facility for persons with
 111.32 developmental disabilities, supervised living facility, housing with services establishment,
 111.33 board and lodging establishment with special services, adult day care center, day services
 111.34 facility, prescribed pediatric extended care facility, community residential setting, adult

112.1 foster home, or other facility related to medical or health care research, or the delivery or
 112.2 administration of health care services, and includes other structures or facilities related
 112.3 thereto essential or convenient for the orderly conduct of a health care organization.

112.4 (b) Health care facility also means a facility in a state that is geographically contiguous
 112.5 to Minnesota operated by a health care organization that corresponds by purpose, function,
 112.6 or use with a facility listed in paragraph (a).

112.7 Subd. 7. **Participating institution of higher education.** "Participating institution of
 112.8 ~~higher education~~" means a health care organization or an institution of higher education
 112.9 that, under the provisions of sections 136A.25 to 136A.42, undertakes the financing and
 112.10 construction or acquisition of a project or undertakes the refunding or refinancing of
 112.11 obligations or of a mortgage or of advances as provided in sections 136A.25 to 136A.42.
 112.12 Community colleges and technical colleges may be considered participating institutions of
 112.13 ~~higher education~~ for the purpose of financing and constructing child care facilities and
 112.14 parking facilities.

112.15 Sec. 7. Minnesota Statutes 2020, section 136A.29, subdivision 1, is amended to read:

112.16 Subdivision 1. **Purpose.** The purpose of the authority shall be to assist health care
 112.17 organizations and institutions of higher education in the construction, financing, and
 112.18 refinancing of projects. The exercise by the authority of the powers conferred by sections
 112.19 136A.25 to 136A.42, shall be deemed and held to be the performance of an essential public
 112.20 function. For the purpose of sections 136A.25 to 136A.42, the authority shall have the
 112.21 powers and duties set forth in subdivisions 2 to 23.

112.22 Sec. 8. Minnesota Statutes 2020, section 136A.29, subdivision 3, is amended to read:

112.23 Subd. 3. **Employees.** The authority is authorized and empowered to appoint and employ
 112.24 employees as it may deem necessary to carry out its duties, determine the title of the
 112.25 employees so employed, and fix the salary of ~~said~~ its employees. Employees of the authority
 112.26 shall participate in retirement and other benefits in the same manner that employees in the
 112.27 ~~unclassified service of the office~~ managerial plan under section 43A.18, subdivision 3,
 112.28 participate.

112.29 Sec. 9. Minnesota Statutes 2020, section 136A.29, subdivision 6, is amended to read:

112.30 Subd. 6. **Projects; generally.** (a) The authority is authorized and empowered to determine
 112.31 the location and character of any project to be financed under the provisions of sections
 112.32 136A.25 to 136A.42, and to construct, reconstruct, remodel, maintain, manage, enlarge,

113.1 alter, add to, repair, operate, lease, as lessee or lessor, and regulate the same, to enter into
 113.2 contracts for any or all of such purposes, to enter into contracts for the management and
 113.3 operation of a project, and to designate a participating institution ~~of higher education~~ as its
 113.4 agent to determine the location and character of a project undertaken by such participating
 113.5 institution ~~of higher education~~ under the provisions of sections 136A.25 to 136A.42 and as
 113.6 the agent of the authority, to construct, reconstruct, remodel, maintain, manage, enlarge,
 113.7 alter, add to, repair, operate, lease, as lessee or lessor, and regulate the same, and as the
 113.8 agent of the authority, to enter into contracts for any or all of such purposes, including
 113.9 contracts for the management and operation of such project.

113.10 (b) Notwithstanding paragraph (a), a project involving a health care facility within the
 113.11 state financed under sections 136A.25 to 136A.42, must comply with all applicable
 113.12 requirements in state law related to authorizing construction of or modifications to a health
 113.13 care facility, including the requirements of sections 144.5509, 144.551, 144A.071, and
 113.14 252.291.

113.15 (c) Contracts of the authority or of a participating institution ~~of higher education~~ to
 113.16 acquire or to construct, reconstruct, remodel, maintain, enlarge, alter, add to, or repair
 113.17 projects shall not be subject to the provisions of chapter 16C or section 574.26, or any other
 113.18 public contract or competitive bid law.

113.19 Sec. 10. Minnesota Statutes 2020, section 136A.29, subdivision 9, is amended to read:

113.20 Subd. 9. **Revenue bonds; limit.** (a) The authority is authorized and empowered to issue
 113.21 revenue bonds whose aggregate principal amount at any time shall not exceed \$1,300,000,000
 113.22 \$4,000,000,000 and to issue notes, bond anticipation notes, and revenue refunding bonds
 113.23 of the authority under the provisions of sections 136A.25 to 136A.42, to provide funds for
 113.24 acquiring, constructing, reconstructing, enlarging, remodeling, renovating, improving,
 113.25 furnishing, or equipping one or more projects or parts thereof.

113.26 (b) Of the \$4,000,000,000 limit in paragraph (a), the aggregate principal amount used
 113.27 to fund education facilities may not exceed \$1,750,000,000 at any time, and the aggregate
 113.28 principal amount used to fund health care facilities may not exceed \$2,250,000,000 at any
 113.29 time.

113.30 Sec. 11. Minnesota Statutes 2020, section 136A.29, subdivision 10, is amended to read:

113.31 Subd. 10. **Revenue bonds; issuance, purpose, conditions.** The authority is authorized
 113.32 and empowered to issue revenue bonds to acquire projects from or to make loans to
 113.33 participating institutions ~~of higher education~~ and thereby refinance outstanding indebtedness

114.1 incurred by participating institutions ~~of higher education~~ to provide funds for the acquisition,
 114.2 construction or improvement of a facility before or after the enactment of sections 136A.25
 114.3 to 136A.42, but otherwise eligible to be and being a project thereunder, whenever the
 114.4 authority finds that such refinancing will enhance or preserve such participating institutions
 114.5 and such facilities or utilization thereof for health care or educational purposes or extend
 114.6 or adjust maturities to correspond to the resources available for their payment, or reduce
 114.7 charges or fees imposed on patients or occupants, or the tuition, charges, or fees imposed
 114.8 on students for the use or occupancy of the facilities of such participating institutions ~~of~~
 114.9 ~~higher education~~ or costs met by federal or state public funds, or enhance or preserve health
 114.10 care or educational programs and research or the acquisition or improvement of other
 114.11 facilities eligible to be a project or part thereof by the participating institution ~~of higher~~
 114.12 ~~education~~. The amount of revenue bonds to be issued to refinance outstanding indebtedness
 114.13 of a participating institution ~~of higher education~~ shall not exceed the lesser of (a) the fair
 114.14 value of the project to be acquired by the authority from the institution or mortgaged to the
 114.15 authority by the institution or (b) the amount of the outstanding indebtedness including any
 114.16 premium thereon and any interest accrued or to accrue to the date of redemption and any
 114.17 legal, fiscal and related costs in connection with such refinancing and reasonable reserves,
 114.18 as determined by the authority. The provisions of this subdivision do not prohibit the authority
 114.19 from issuing revenue bonds within and charged against the limitations provided in subdivision
 114.20 9 to provide funds for improvements, alteration, renovation, or extension of the project
 114.21 refinanced.

114.22 Sec. 12. Minnesota Statutes 2020, section 136A.29, subdivision 14, is amended to read:

114.23 Subd. 14. **Rules for use of projects.** The authority is authorized and empowered to
 114.24 establish rules for the use of a project or any portion thereof and to designate a participating
 114.25 institution ~~of higher education~~ as its agent to establish rules for the use of a project undertaken
 114.26 for such participating institution ~~of higher education~~.

114.27 Sec. 13. Minnesota Statutes 2020, section 136A.29, subdivision 19, is amended to read:

114.28 Subd. 19. **Surety.** Before the issuance of any revenue bonds under the provisions of
 114.29 sections 136A.25 to 136A.42, any member or officer of the authority authorized by resolution
 114.30 of the authority to handle funds or sign checks of the authority shall be covered under a
 114.31 surety or fidelity bond in an amount to be determined by the authority. Each such bond shall
 114.32 be conditioned upon the faithful performance of the duties of the office of the member or
 114.33 officer, and shall be executed by a surety company authorized to transact business in the
 114.34 state of Minnesota as surety. The cost of each such bond shall be paid by the authority.

115.1 Sec. 14. Minnesota Statutes 2020, section 136A.29, subdivision 20, is amended to read:

115.2 Subd. 20. **Sale, lease, and disposal of property.** The authority is authorized and
115.3 empowered to sell, lease, release, or otherwise dispose of real and personal property or
115.4 interests therein, or a combination thereof, acquired by the authority under authority of
115.5 sections 136A.25 to 136A.42 and no longer needed for the purposes of ~~such this~~ chapter or
115.6 of the authority, and grant such easements and other rights in, over, under, or across a project
115.7 as will not interfere with its use of ~~such the~~ property. ~~Such The~~ sale, lease, release,
115.8 disposition, or grant may be made without competitive bidding and in ~~such the~~ manner and
115.9 for such consideration as the authority in its judgment deems appropriate.

115.10 Sec. 15. Minnesota Statutes 2020, section 136A.29, subdivision 21, is amended to read:

115.11 Subd. 21. **Loans.** The authority is authorized and empowered to make loans to any
115.12 participating institution ~~of higher education~~ for the cost of a project in accordance with an
115.13 agreement between the authority and the participating institution ~~of higher education~~;
115.14 provided that no ~~such~~ loan shall exceed the total cost of the project as determined by the
115.15 participating institution ~~of higher education~~ and approved by the authority.

115.16 Sec. 16. Minnesota Statutes 2020, section 136A.29, subdivision 22, is amended to read:

115.17 Subd. 22. **Costs, expenses, and other charges.** The authority is authorized and
115.18 empowered to charge to and apportion among participating institutions ~~of higher education~~
115.19 its administrative costs and expenses incurred in the exercise of the powers and duties
115.20 conferred by sections 136A.25 to 136A.42 in the manner as the authority in its judgment
115.21 deems appropriate.

115.22 Sec. 17. Minnesota Statutes 2020, section 136A.29, is amended by adding a subdivision
115.23 to read:

115.24 Subd. 24. **Determination of affiliate status.** The authority is authorized and empowered
115.25 to determine whether an entity is an affiliate as defined in section 136A.28, subdivision 1a.
115.26 A determination by the authority of affiliate status shall be deemed conclusive for the
115.27 purposes of sections 136A.25 to 136A.42.

115.28 Sec. 18. Minnesota Statutes 2020, section 136A.32, subdivision 4, is amended to read:

115.29 Subd. 4. **Provisions of resolution authorizing bonds.** Any resolution or resolutions
115.30 authorizing any revenue bonds or any issue of revenue bonds may contain provisions, which
115.31 shall be a part of the contract with the holders of the revenue bonds to be authorized, as to:

116.1 (1) pledging all or any part of the revenues of a project or projects, any revenue producing
 116.2 contract or contracts made by the authority with ~~any individual partnership, corporation or~~
 116.3 ~~association or other body~~ one or more partnerships, corporations or associations, or other
 116.4 bodies, public or private, to secure the payment of the revenue bonds or of any particular
 116.5 issue of revenue bonds, subject to such agreements with bondholders as may then exist;

116.6 (2) the rentals, fees and other charges to be charged, and the amounts to be raised in
 116.7 each year thereby, and the use and disposition of the revenues;

116.8 (3) the setting aside of reserves or sinking funds, and the regulation and disposition
 116.9 thereof;

116.10 (4) limitations on the right of the authority or its agent to restrict and regulate the use of
 116.11 the project;

116.12 (5) limitations on the purpose to which the proceeds of sale of any issue of revenue
 116.13 bonds then or thereafter to be issued may be applied and pledging such proceeds to secure
 116.14 the payment of the revenue bonds or any issue of the revenue bonds;

116.15 (6) limitations on the issuance of additional bonds, the terms upon which additional
 116.16 bonds may be issued and secured and the refunding of outstanding bonds;

116.17 (7) the procedure, if any, by which the terms of any contract with bondholders may be
 116.18 amended or abrogated, the amount of bonds the holders of which must consent thereto, and
 116.19 the manner in which such consent may be given;

116.20 (8) limitations on the amount of moneys derived from the project to be expended for
 116.21 operating, administrative or other expenses of the authority;

116.22 (9) defining the acts or omissions to act which shall constitute a default in the duties of
 116.23 the authority to holders of its obligations and providing the rights and remedies of such
 116.24 holders in the event of a default; or

116.25 (10) the mortgaging of a project and the site thereof for the purpose of securing the
 116.26 bondholders.

116.27 Sec. 19. Minnesota Statutes 2020, section 136A.33, is amended to read:

116.28 **136A.33 TRUST AGREEMENT.**

116.29 In the discretion of the authority any revenue bonds issued under the provisions of
 116.30 sections 136A.25 to 136A.42, may be secured by a trust agreement by and between the
 116.31 authority and a corporate trustee or trustees, which may be any trust company or bank having
 116.32 the powers of a trust company within the state. ~~Such~~ The trust agreement or the resolution

117.1 providing for the issuance of ~~such~~ revenue bonds may pledge or assign the revenues to be
 117.2 received or proceeds of any contract or contracts pledged and may convey or mortgage the
 117.3 project or any portion thereof. ~~Such~~ The trust agreement or resolution providing for the
 117.4 issuance of ~~such~~ revenue bonds may contain such provisions for protecting and enforcing
 117.5 the rights and remedies of the bondholders as may be reasonable and proper and not in
 117.6 violation of laws, including particularly such provisions as have hereinabove been specifically
 117.7 authorized to be included in any resolution or resolutions of the authority authorizing revenue
 117.8 bonds thereof. Any bank or trust company incorporated under the laws of the state ~~which~~
 117.9 that may act as depository of the proceeds of bonds or of revenues or other moneys may
 117.10 furnish ~~such~~ indemnifying bonds or ~~pledges~~ ~~such~~ pledge securities as may be required by
 117.11 the authority. Any ~~such~~ trust agreement may set forth the rights and remedies of the
 117.12 bondholders and of the trustee or trustees and may restrict the individual right of action by
 117.13 bondholders. In addition to the foregoing, any ~~such~~ trust agreement or resolution may contain
 117.14 ~~such~~ other provisions as the authority may deem reasonable and proper for the security of
 117.15 the bondholders. All expenses incurred in carrying out the provisions of ~~such~~ the trust
 117.16 agreement or resolution may be treated as a part of the cost of the operation of a project.

117.17 Sec. 20. Minnesota Statutes 2020, section 136A.34, subdivision 3, is amended to read:

117.18 Subd. 3. **Investment.** Any ~~such~~ escrowed proceeds, pending such use, may be invested
 117.19 and reinvested in direct obligations of the United States of America, or in certificates of
 117.20 deposit or time deposits secured by direct obligations of the United States of America, or
 117.21 in shares or units in any money market mutual fund whose investment portfolio consists
 117.22 solely of direct obligations of the United States of America, maturing at such time or times
 117.23 as shall be appropriate to assure the prompt payment, as to principal, interest and redemption
 117.24 premium, if any, of the outstanding revenue bonds to be so refunded. The interest, income
 117.25 and profits, if any, earned or realized on any such investment may also be applied to the
 117.26 payment of the outstanding revenue bonds to be so refunded. After the terms of the escrow
 117.27 have been fully satisfied and carried out, any balance of such proceeds and interest, income
 117.28 and profits, if any, earned or realized on the investments thereof may be returned to the
 117.29 authority for use by it in any lawful manner.

117.30 Sec. 21. Minnesota Statutes 2020, section 136A.34, subdivision 4, is amended to read:

117.31 Subd. 4. **Additional purpose; improvements.** The portion of the proceeds of any ~~such~~
 117.32 revenue bonds issued for the additional purpose of paying all or any part of the cost of
 117.33 constructing and acquiring additions, improvements, extensions or enlargements of a project

118.1 may be invested or deposited ~~in time deposits~~ as provided in section 136A.32, subdivision
 118.2 7.

118.3 Sec. 22. Minnesota Statutes 2020, section 136A.36, is amended to read:

118.4 **136A.36 REVENUES.**

118.5 The authority may fix, revise, charge and collect rates, rents, fees and charges for the
 118.6 use of and for the services furnished or to be furnished by each project and ~~to~~ may contract
 118.7 with any person, partnership, association or corporation, or other body, public or private,
 118.8 in respect thereof. ~~Such~~ The rates, rents, fees, and charges may vary between projects
 118.9 involving an education facility and projects involving a health care facility and shall be
 118.10 fixed and adjusted in respect of the aggregate of rates, rents, fees, and charges from ~~such~~
 118.11 the project so as to provide funds sufficient with other revenues, if any:

118.12 (1) to pay the cost of maintaining, repairing and operating the project and each and every
 118.13 portion thereof, to the extent that the payment of such cost has not otherwise been adequately
 118.14 provided for;

118.15 (2) to pay the principal of and the interest on outstanding revenue bonds of the authority
 118.16 issued in respect of such project as the same shall become due and payable; and

118.17 (3) to create and maintain reserves required or provided for in any resolution authorizing,
 118.18 or trust agreement securing, ~~such~~ revenue bonds of the authority. ~~Such~~ The rates, rents, fees
 118.19 and charges shall not be subject to supervision or regulation by any department, commission,
 118.20 board, body, bureau or agency of this state other than the authority. A sufficient amount of
 118.21 the revenues derived in respect of a project, except ~~such~~ part of ~~such~~ the revenues as may
 118.22 be necessary to pay the cost of maintenance, repair and operation and to provide reserves
 118.23 and for renewals, replacements, extensions, enlargements and improvements as may be
 118.24 provided for in the resolution authorizing the issuance of any revenue bonds of the authority
 118.25 or in the trust agreement securing the same, shall be set aside at such regular intervals as
 118.26 may be provided in ~~such~~ the resolution or trust agreement in a sinking or other similar fund
 118.27 ~~which~~ that is hereby pledged to, and charged with, the payment of the principal of and the
 118.28 interest on ~~such~~ revenue bonds as the same shall become due, and the redemption price or
 118.29 the purchase price of bonds retired by call or purchase as therein provided. ~~Such~~ The pledge
 118.30 shall be valid and binding from the time when the pledge is made; the rates, rents, fees and
 118.31 charges and other revenues or other moneys so pledged and thereafter received by the
 118.32 authority shall immediately be subject to the lien of ~~such~~ the pledge without physical delivery
 118.33 thereof or further act, and the lien of any such pledge shall be valid and binding as against
 118.34 all parties having claims of any kind against the authority, irrespective of whether such

119.1 parties have notice thereof. Neither the resolution nor any trust agreement by which a pledge
 119.2 is created need be filed or recorded except in the records of the authority. The use and
 119.3 disposition of moneys to the credit of such sinking or other similar fund shall be subject to
 119.4 the provisions of the resolution authorizing the issuance of such bonds or of such trust
 119.5 agreement. Except as may otherwise be provided in ~~such~~ the resolution or ~~such~~ trust
 119.6 agreement, ~~such~~ the sinking or other similar fund shall be a fund for all ~~such~~ revenue bonds
 119.7 issued to finance a project or projects at one or more participating institutions ~~of higher~~
 119.8 ~~education~~ without distinction or priority of one over another; provided the authority in any
 119.9 such resolution or trust agreement may provide that such sinking or other similar fund shall
 119.10 be the fund for a particular project at ~~an~~ a participating institution ~~of higher education~~ and
 119.11 for the revenue bonds issued to finance a particular project and may, additionally, permit
 119.12 and provide for the issuance of revenue bonds having a subordinate lien in respect of the
 119.13 security herein authorized to other revenue bonds of the authority and, in such case, the
 119.14 authority may create separate or other similar funds in respect of ~~such~~ the subordinate lien
 119.15 bonds.

119.16 Sec. 23. Minnesota Statutes 2020, section 136A.38, is amended to read:

119.17 **136A.38 BONDS ELIGIBLE FOR INVESTMENT.**

119.18 Bonds issued by the authority under the provisions of sections 136A.25 to 136A.42, are
 119.19 hereby made securities in which all public officers and public bodies of the state and its
 119.20 political subdivisions, all insurance companies, trust companies, banking associations,
 119.21 investment companies, executors, administrators, trustees and other fiduciaries may properly
 119.22 and legally invest funds, including capital in their control or belonging to them; it being the
 119.23 purpose of this section to authorize the investment in such bonds of all sinking, insurance,
 119.24 retirement, compensation, pension and trust funds, whether owned or controlled by private
 119.25 or public persons or officers; provided, however, that nothing contained in this section may
 119.26 be construed as relieving any person, firm, or corporation from any duty of exercising due
 119.27 care in selecting securities for purchase or investment; and provide further, that in no event
 119.28 shall assets of pension funds of public employees of the state of Minnesota or any of its
 119.29 agencies, boards or subdivisions, whether publicly or privately administered, be invested
 119.30 in bonds issued under the provisions of sections 136A.25 to 136A.42. Such bonds are hereby
 119.31 constituted "authorized securities" within the meaning and for the purposes of Minnesota
 119.32 Statutes 1969, section 50.14. ~~Such~~ The bonds are hereby made securities ~~which~~ that may
 119.33 properly and legally be deposited with and received by any state or municipal officer or any
 119.34 agency or political subdivision of the state for any purpose for which the deposit of bonds
 119.35 or obligations of the state now or may hereafter be authorized by law.

120.1 Sec. 24. Minnesota Statutes 2020, section 136A.41, is amended to read:

120.2 **136A.41 CONFLICT OF INTEREST.**

120.3 Notwithstanding any other law to the contrary it shall not be or constitute a conflict of
 120.4 interest for a trustee, director, officer or employee of any participating institution of ~~higher~~
 120.5 ~~education~~, financial institution, investment banking firm, brokerage firm, commercial bank
 120.6 or trust company, architecture firm, insurance company, construction company, or any other
 120.7 firm, person or corporation to serve as a member of the authority, provided such trustee,
 120.8 director, officer or employee shall abstain from deliberation, action and vote by the authority
 120.9 in each instance where the business affiliation of any such trustee, director, officer or
 120.10 employee is involved.

120.11 Sec. 25. Minnesota Statutes 2020, section 136A.42, is amended to read:

120.12 **136A.42 ANNUAL REPORT.**

120.13 The authority shall keep an accurate account of all of its activities and all of its receipts
 120.14 and expenditures ~~and shall annually report to the office.~~ Each year, the authority shall submit
 120.15 to the Minnesota Historical Society and the Legislative Reference Library a report of the
 120.16 authority's activities in the previous year, including all financial activities.

120.17 Sec. 26. Minnesota Statutes 2020, section 136F.67, subdivision 1, is amended to read:

120.18 Subdivision 1. **Authorization.** A technical college or a community college must not
 120.19 seek financing for child care facilities or parking facilities through the ~~Higher~~ Health and
 120.20 Education Facilities Authority, as provided in section 136A.28, subdivision 7, without the
 120.21 explicit authorization of the board.

120.22 Sec. 27. Minnesota Statutes 2020, section 354B.20, subdivision 7, is amended to read:

120.23 Subd. 7. **Employing unit.** "Employing unit," if the agency employs any persons covered
 120.24 by the individual retirement account plan under section 354B.211, means:

120.25 (1) the board;

120.26 (2) the Minnesota Office of Higher Education; and

120.27 (3) the ~~Higher~~ Health and Education Facilities Authority.

120.28 Sec. 28. **REVISOR INSTRUCTION.**

120.29 The revisor of statutes shall renumber the law establishing and governing the Minnesota
 120.30 Higher Education Facilities Authority, renamed the Minnesota Health and Education

121.1 Facilities Authority in this act, as Minnesota Statutes, chapter 16F, coded in Minnesota
 121.2 Statutes 2020, sections 136A.25 to 136A.42, as amended or repealed in this act. The revisor
 121.3 of statutes shall also duplicate any required definitions from Minnesota Statutes, chapter
 121.4 136A, revise any statutory cross-references consistent with the recoding, and report the
 121.5 history in Minnesota Statutes, chapter 16F.

121.6 Sec. 29. **REPEALER.**

121.7 Minnesota Statutes 2020, section 136A.29, subdivision 4, is repealed.

121.8 **ARTICLE 5**

121.9 **HUMAN SERVICES FORECAST ADJUSTMENTS AND CARRY FORWARD**
 121.10 **AUTHORITY**

121.11 Section 1. **HUMAN SERVICES APPROPRIATION.**

121.12 The dollar amounts shown in the columns marked "Appropriations" are added to or, if
 121.13 shown in parentheses, are subtracted from the appropriations in Laws 2021, First Special
 121.14 Session chapter 7, article 16, from the general fund or any fund named to the Department
 121.15 of Human Services for the purposes specified in this article, to be available for the fiscal
 121.16 year indicated for each purpose. The figures "2022" and "2023" used in this article mean
 121.17 that the appropriations listed under them are available for the fiscal years ending June 30,
 121.18 2022, or June 30, 2023, respectively. "The first year" is fiscal year 2022. "The second year"
 121.19 is fiscal year 2023. "The biennium" is fiscal years 2022 and 2023.

121.20 **APPROPRIATIONS**

121.21 **Available for the Year**

121.22 **Ending June 30**

121.23 **2022**

2023

121.24 Sec. 2. **COMMISSIONER OF HUMAN**
 121.25 **SERVICES**

121.26 Subdivision 1. **Total Appropriation** **\$ (585,901,000) \$ 182,791,000**

121.27 Appropriations by Fund

121.28 General Fund (406,629,000) 185,395,000

121.29 Health Care Access
 121.30 Fund (86,146,000) (11,799,000)

121.31 Federal TANF (93,126,000) 9,195,000

121.32 Subd. 2. **Forecasted Programs**

121.33 (a) **MFIP/DWP**

122.1	<u>Appropriations by Fund</u>		
122.2	<u>General Fund</u>	<u>72,106,000</u>	<u>(14,397,000)</u>
122.3	<u>Federal TANF</u>	<u>(93,126,000)</u>	<u>9,195,000</u>
122.4	<u>(b) MFIP Child Care Assistance</u>		<u>(103,347,000)</u> <u>(73,738,000)</u>
122.5	<u>(c) General Assistance</u>		<u>(4,175,000)</u> <u>(1,488,000)</u>
122.6	<u>(d) Minnesota Supplemental Aid</u>		<u>318,000</u> <u>1,613,000</u>
122.7	<u>(e) Housing Support</u>		<u>(1,994,000)</u> <u>9,257,000</u>
122.8	<u>(f) Northstar Care for Children</u>		<u>(9,613,000)</u> <u>(4,865,000)</u>
122.9	<u>(g) MinnesotaCare</u>		<u>(86,146,000)</u> <u>(11,799,000)</u>
122.10	<u>These appropriations are from the health care</u>		
122.11	<u>access fund.</u>		
122.12	<u>(h) Medical Assistance</u>		
122.13	<u>Appropriations by Fund</u>		
122.14	<u>General Fund</u>	<u>(348,364,000)</u>	<u>292,880,000</u>
122.15	<u>Health Care Access</u>		
122.16	<u>Fund</u>	<u>0</u>	<u>0</u>
122.17	<u>(i) Alternative Care Program</u>		<u>0</u> <u>0</u>
122.18	<u>(j) Behavioral Health Fund</u>		<u>(11,560,000)</u> <u>(23,867,000)</u>
122.19	<u>Subd. 3. Technical Activities</u>		<u>0</u> <u>0</u>
122.20	<u>These appropriations are from the federal</u>		
122.21	<u>TANF fund.</u>		
122.22	<u>EFFECTIVE DATE.</u> This section is effective the day following final enactment.		
122.23	Sec. 3. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 29,		
122.24	is amended to read:		
122.25	Subd. 29. Grant Programs; Disabilities Grants	31,398,000	31,010,000
122.26	(a) Training Stipends for Direct Support		
122.27	Services Providers. \$1,000,000 in fiscal year		
122.28	2022 is from the general fund for stipends for		
122.29	individual providers of direct support services		
122.30	as defined in Minnesota Statutes, section		
122.31	256B.0711, subdivision 1. These <u>The</u> stipends		

123.1 are available to individual providers who have
123.2 completed designated voluntary trainings
123.3 made available through the State-Provider
123.4 Cooperation Committee formed by the State
123.5 of Minnesota and the Service Employees
123.6 International Union Healthcare Minnesota.
123.7 Any unspent appropriation in fiscal year 2022
123.8 is available in fiscal year 2023. This is a
123.9 onetime appropriation. This appropriation is
123.10 available only if the labor agreement between
123.11 the state of Minnesota and the Service
123.12 Employees International Union Healthcare
123.13 Minnesota under Minnesota Statutes, section
123.14 179A.54, is approved under Minnesota
123.15 Statutes, section 3.855.

123.16 **(b) Parent-to-Parent Peer Support.** \$125,000
123.17 in fiscal year 2022 and \$125,000 in fiscal year
123.18 2023 are from the general fund for a grant to
123.19 an alliance member of Parent to Parent USA
123.20 to support the alliance member's
123.21 parent-to-parent peer support program for
123.22 families of children with a disability or special
123.23 health care need.

123.24 **(c) Self-Advocacy Grants.** (1) \$143,000 in
123.25 fiscal year 2022 and \$143,000 in fiscal year
123.26 2023 are from the general fund for a grant
123.27 under Minnesota Statutes, section 256.477,
123.28 subdivision 1.

123.29 (2) \$105,000 in fiscal year 2022 and \$105,000
123.30 in fiscal year 2023 are from the general fund
123.31 for subgrants under Minnesota Statutes,
123.32 section 256.477, subdivision 2.

123.33 **(d) Minnesota Inclusion Initiative Grants.**
123.34 \$150,000 in fiscal year 2022 and \$150,000 in
123.35 fiscal year 2023 are from the general fund for

124.1 grants under Minnesota Statutes, section
124.2 256.4772.

124.3 **(e) Grants to Expand Access to Child Care**

124.4 **for Children with Disabilities.** \$250,000 in
124.5 fiscal year 2022 and \$250,000 in fiscal year
124.6 2023 are from the general fund for grants to
124.7 expand access to child care for children with
124.8 disabilities. Any unexpended amount in fiscal
124.9 year 2022 is available through June 30, 2023.

124.10 This is a onetime appropriation.

124.11 **(f) Parenting with a Disability Pilot Project.**

124.12 The general fund base includes \$1,000,000 in
124.13 fiscal year 2024 and \$0 in fiscal year 2025 to
124.14 implement the parenting with a disability pilot
124.15 project.

124.16 **(g) Base Level Adjustment.** The general fund

124.17 base is \$29,260,000 in fiscal year 2024 and
124.18 \$22,260,000 in fiscal year 2025.

124.19 Sec. 4. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 31,
124.20 is amended to read:

124.21 **Subd. 31. Grant Programs; Adult Mental Health**
124.22 **Grants**

124.23	Appropriations by Fund		
124.24	General	98,772,000	98,703,000
124.25	Opiate Epidemic		
124.26	Response	2,000,000	2,000,000

124.27 **(a) Culturally and Linguistically**

124.28 **Appropriate Services Implementation**

124.29 **Grants.** \$2,275,000 in fiscal year 2022 and
124.30 \$2,206,000 in fiscal year 2023 are from the
124.31 general fund for grants to disability services,
124.32 mental health, and substance use disorder
124.33 treatment providers to implement culturally
124.34 and linguistically appropriate services

125.1 standards, according to the implementation
 125.2 and transition plan developed by the
 125.3 commissioner. Any unexpended amount in
 125.4 fiscal year 2022 is available through June 30,
 125.5 2023. The general fund base for this
 125.6 appropriation is \$1,655,000 in fiscal year 2024
 125.7 and \$0 in fiscal year 2025.

125.8 **(b) Base Level Adjustment.** The general fund
 125.9 base is \$93,295,000 in fiscal year 2024 and
 125.10 \$83,324,000 in fiscal year 2025. The opiate
 125.11 epidemic response fund base is \$2,000,000 in
 125.12 fiscal year 2024 and \$0 in fiscal year 2025.

125.13 Sec. 5. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,
 125.14 is amended to read:

125.15 **Subd. 33. Grant Programs; Chemical**
 125.16 **Dependency Treatment Support Grants**

125.17 Appropriations by Fund			
125.18	General	4,273,000	4,274,000
125.19	Lottery Prize	1,733,000	1,733,000
125.20	Opiate Epidemic		
125.21	Response	500,000	500,000

125.22 **(a) Problem Gambling.** \$225,000 in fiscal
 125.23 year 2022 and \$225,000 in fiscal year 2023
 125.24 are from the lottery prize fund for a grant to
 125.25 the state affiliate recognized by the National
 125.26 Council on Problem Gambling. The affiliate
 125.27 must provide services to increase public
 125.28 awareness of problem gambling, education,
 125.29 training for individuals and organizations
 125.30 providing effective treatment services to
 125.31 problem gamblers and their families, and
 125.32 research related to problem gambling.

125.33 **(b) Recovery Community Organization**
 125.34 **Grants.** \$2,000,000 in fiscal year 2022 and
 125.35 \$2,000,000 in fiscal year 2023 are from the

126.1 general fund for grants to recovery community
126.2 organizations, as defined in Minnesota
126.3 Statutes, section 254B.01, subdivision 8, to
126.4 provide for costs and community-based peer
126.5 recovery support services that are not
126.6 otherwise eligible for reimbursement under
126.7 Minnesota Statutes, section 254B.05, as part
126.8 of the continuum of care for substance use
126.9 disorders. Any unexpended amount in fiscal
126.10 year 2022 is available through June 30, 2023.

126.11 The general fund base for this appropriation
126.12 is \$2,000,000 in fiscal year 2024 and \$0 in
126.13 fiscal year 2025

126.14 **(c) Base Level Adjustment.** The general fund
126.15 base is \$4,636,000 in fiscal year 2024 and
126.16 \$2,636,000 in fiscal year 2025. The opiate
126.17 epidemic response fund base is \$500,000 in
126.18 fiscal year 2024 and \$0 in fiscal year 2025.

126.19 Sec. 6. Laws 2021, First Special Session chapter 7, article 17, section 3, is amended to
126.20 read:

126.21 **Sec. 3. GRANTS FOR TECHNOLOGY FOR HCBS RECIPIENTS.**

126.22 (a) This act includes \$500,000 in fiscal year 2022 and \$2,000,000 in fiscal year 2023
126.23 for the commissioner of human services to issue competitive grants to home and
126.24 community-based service providers. Grants must be used to provide technology assistance,
126.25 including but not limited to Internet services, to older adults and people with disabilities
126.26 who do not have access to technology resources necessary to use remote service delivery
126.27 and telehealth. Any unexpended amount in fiscal year 2022 is available through June 30,
126.28 2023. The general fund base included in this act for this purpose is \$1,500,000 in fiscal year
126.29 2024 and \$0 in fiscal year 2025.

126.30 (b) All grant activities must be completed by March 31, 2024.

126.31 (c) This section expires June 30, 2024.

127.1 Sec. 7. Laws 2021, First Special Session chapter 7, article 17, section 6, is amended to
127.2 read:

127.3 Sec. 6. **TRANSITION TO COMMUNITY INITIATIVE.**

127.4 (a) This act includes \$5,500,000 in fiscal year 2022 and \$5,500,000 in fiscal year 2023
127.5 for additional funding for grants awarded under the transition to community initiative
127.6 described in Minnesota Statutes, section 256.478. Any unexpended amount in fiscal year
127.7 2022 is available through June 30, 2023. The general fund base in this act for this purpose
127.8 is \$4,125,000 in fiscal year 2024 and \$0 in fiscal year 2025.

127.9 (b) All grant activities must be completed by March 31, 2024.

127.10 (c) This section expires June 30, 2024.

127.11 Sec. 8. Laws 2021, First Special Session chapter 7, article 17, section 10, is amended to
127.12 read:

127.13 Sec. 10. **PROVIDER CAPACITY GRANTS FOR RURAL AND UNDERSERVED**
127.14 **COMMUNITIES.**

127.15 (a) This act includes \$6,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
127.16 for the commissioner to establish a grant program for small provider organizations that
127.17 provide services to rural or underserved communities with limited home and
127.18 community-based services provider capacity. The grants are available to build organizational
127.19 capacity to provide home and community-based services in Minnesota and to build new or
127.20 expanded infrastructure to access medical assistance reimbursement. Any unexpended
127.21 amount in fiscal year 2022 is available through June 30, 2023. The general fund base in this
127.22 act for this purpose is \$8,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

127.23 (b) The commissioner shall conduct community engagement, provide technical assistance,
127.24 and establish a collaborative learning community related to the grants available under this
127.25 section and work with the commissioner of management and budget and the commissioner
127.26 of the Department of Administration to mitigate barriers in accessing grant funds. Funding
127.27 awarded for the community engagement activities described in this paragraph is exempt
127.28 from state solicitation requirements under Minnesota Statutes, section 16B.97, for activities
127.29 that occur in fiscal year 2022.

127.30 (c) All grant activities must be completed by March 31, 2024.

127.31 (d) This section expires June 30, 2024.

128.1 Sec. 9. Laws 2021, First Special Session chapter 7, article 17, section 11, is amended to
128.2 read:

128.3 Sec. 11. **EXPAND MOBILE CRISIS.**

128.4 (a) This act includes \$8,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
128.5 for additional funding for grants for adult mobile crisis services under Minnesota Statutes,
128.6 section 245.4661, subdivision 9, paragraph (b), clause (15). Any unexpended amount in
128.7 fiscal year 2022 is available through June 30, 2023. The general fund base in this act for
128.8 this purpose is \$4,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

128.9 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
128.10 funded under this section.

128.11 (c) All grant activities must be completed by March 31, 2024.

128.12 (d) This section expires June 30, 2024.

128.13 Sec. 10. Laws 2021, First Special Session chapter 7, article 17, section 12, is amended to
128.14 read:

128.15 Sec. 12. **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD**
128.16 **AND ADOLESCENT MOBILE TRANSITION UNIT.**

128.17 (a) This act includes \$2,500,000 in fiscal year 2022 and \$2,500,000 in fiscal year 2023
128.18 for the commissioner of human services to create children's mental health transition and
128.19 support teams to facilitate transition back to the community of children from psychiatric
128.20 residential treatment facilities, and child and adolescent behavioral health hospitals. Any
128.21 unexpended amount in fiscal year 2022 is available through June 30, 2023. The general
128.22 fund base included in this act for this purpose is \$1,875,000 in fiscal year 2024 and \$0 in
128.23 fiscal year 2025.

128.24 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
128.25 funded under this section.

128.26 (c) This section expires March 31, 2024.

128.27 Sec. 11. Laws 2021, First Special Session chapter 7, article 17, section 17, subdivision 3,
128.28 is amended to read:

128.29 Subd. 3. **Respite services for older adults grants.** (a) This act includes \$2,000,000 in
128.30 fiscal year 2022 and \$2,000,000 in fiscal year 2023 for the commissioner of human services

129.1 to establish a grant program for respite services for older adults. The commissioner must
129.2 award grants on a competitive basis to respite service providers. Any unexpended amount
129.3 in fiscal year 2022 is available through June 30, 2023. The general fund base included in
129.4 this act for this purpose is \$2,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

129.5 (b) All grant activities must be completed by March 31, 2024.

129.6 (c) This subdivision expires June 30, 2024.

129.7

ARTICLE 6

129.8

MANDATED REPORTS

129.9 Section 1. Minnesota Statutes 2020, section 62J.692, subdivision 5, is amended to read:

129.10 Subd. 5. **Report.** (a) Sponsoring institutions receiving funds under this section must
129.11 sign and submit a medical education grant verification report (GVR) to verify that the correct
129.12 grant amount was forwarded to each eligible training site. If the sponsoring institution fails
129.13 to submit the GVR by the stated deadline, or to request and meet the deadline for an
129.14 extension, the sponsoring institution is required to return the full amount of funds received
129.15 to the commissioner within 30 days of receiving notice from the commissioner. The
129.16 commissioner shall distribute returned funds to the appropriate training sites in accordance
129.17 with the commissioner's approval letter.

129.18 (b) The reports must provide verification of the distribution of the funds and must include:

129.19 (1) the total number of eligible trainee FTEs in each clinical medical education program;

129.20 (2) the name of each funded program and, for each program, the dollar amount distributed
129.21 to each training site and a training site expenditure report;

129.22 (3) documentation of any discrepancies between the initial grant distribution notice
129.23 included in the commissioner's approval letter and the actual distribution;

129.24 (4) a statement by the sponsoring institution stating that the completed grant verification
129.25 report is valid and accurate; and

129.26 (5) other information the commissioner deems appropriate to evaluate the effectiveness
129.27 of the use of funds for medical education.

129.28 (c) Each year, the commissioner shall provide an annual summary report to the legislature
129.29 on the implementation of this section. This report is exempt from section 144.05, subdivision
129.30 7.

130.1 Sec. 2. Minnesota Statutes 2020, section 144.193, is amended to read:

130.2 **144.193 INVENTORY OF BIOLOGICAL AND HEALTH DATA.**

130.3 By February 1, 2014, and annually after that date, the commissioner shall prepare an
 130.4 inventory of biological specimens, registries, and health data and databases collected or
 130.5 maintained by the commissioner. In addition to the inventory, the commissioner shall provide
 130.6 the schedules for storage of health data and biological specimens. The inventories must be
 130.7 listed in reverse chronological order beginning with the year 2012. The commissioner shall
 130.8 make the inventory and schedules available on the department's website ~~and submit the~~
 130.9 ~~inventory and schedules to the chairs and ranking minority members of the committees of~~
 130.10 ~~the legislature with jurisdiction over health policy and data practices issues.~~

130.11 Sec. 3. Minnesota Statutes 2020, section 144.4199, subdivision 8, is amended to read:

130.12 Subd. 8. **Report.** By January 15 of each year, the commissioner shall submit a report to
 130.13 the chairs and ranking minority members of the house of representatives Ways and Means
 130.14 Committee, the senate Finance Committee, and the house of representatives and senate
 130.15 committees with jurisdiction over health and human services finance, detailing expenditures
 130.16 made in the previous calendar year from the public health response contingency account.
 130.17 This report is exempt from section 144.05, subdivision 7.

130.18 Sec. 4. Minnesota Statutes 2020, section 144.497, is amended to read:

130.19 **144.497 ST ELEVATION MYOCARDIAL INFARCTION.**

130.20 The commissioner of health shall assess and report on the quality of care provided in
 130.21 the state for ST elevation myocardial infarction response and treatment. The commissioner
 130.22 shall:

130.23 (1) utilize and analyze data provided by ST elevation myocardial infarction receiving
 130.24 centers to the ACTION Registry-Get with the guidelines or an equivalent data platform that
 130.25 does not identify individuals or associate specific ST elevation myocardial infarction heart
 130.26 attack events with an identifiable individual;

130.27 (2) quarterly post a summary report of the data in aggregate form on the Department of
 130.28 Health website; and

130.29 ~~(3) annually inform the legislative committees with jurisdiction over public health of~~
 130.30 ~~progress toward improving the quality of care and patient outcomes for ST elevation~~
 130.31 ~~myocardial infarctions; and~~

131.1 ~~(4)~~(3) coordinate to the extent possible with national voluntary health organizations
 131.2 involved in ST elevation myocardial infarction heart attack quality improvement to encourage
 131.3 ST elevation myocardial infarction receiving centers to report data consistent with nationally
 131.4 recognized guidelines on the treatment of individuals with confirmed ST elevation myocardial
 131.5 infarction heart attacks within the state and encourage sharing of information among health
 131.6 care providers on ways to improve the quality of care of ST elevation myocardial infarction
 131.7 patients in Minnesota.

131.8 Sec. 5. Minnesota Statutes 2020, section 144A.10, subdivision 17, is amended to read:

131.9 Subd. 17. **Agency quality improvement program; annual report on survey**
 131.10 **process.** (a) The commissioner shall establish a quality improvement program for the nursing
 131.11 facility survey and complaint processes. The commissioner must regularly consult with
 131.12 consumers, consumer advocates, and representatives of the nursing home industry and
 131.13 representatives of nursing home employees in implementing the program. The commissioner,
 131.14 through the quality improvement program, shall submit to the legislature an annual survey
 131.15 and certification quality improvement report, beginning December 15, 2004, and each
 131.16 December 15 thereafter. This report is exempt from section 144.05, subdivision 7.

131.17 (b) The report must include, but is not limited to, an analysis of:

131.18 (1) the number, scope, and severity of citations by region within the state;

131.19 (2) cross-referencing of citations by region within the state and between states within
 131.20 the Centers for Medicare and Medicaid Services region in which Minnesota is located;

131.21 (3) the number and outcomes of independent dispute resolutions;

131.22 (4) the number and outcomes of appeals;

131.23 (5) compliance with timelines for survey revisits and complaint investigations;

131.24 (6) techniques of surveyors in investigations, communication, and documentation to
 131.25 identify and support citations;

131.26 (7) compliance with timelines for providing facilities with completed statements of
 131.27 deficiencies; and

131.28 (8) other survey statistics relevant to improving the survey process.

131.29 (c) The report must also identify and explain inconsistencies and patterns across regions
 131.30 of the state; include analyses and recommendations for quality improvement areas identified
 131.31 by the commissioner, consumers, consumer advocates, and representatives of the nursing

132.1 home industry and nursing home employees; and provide action plans to address problems
132.2 that are identified.

132.3 Sec. 6. Minnesota Statutes 2020, section 144A.483, subdivision 1, is amended to read:

132.4 Subdivision 1. **Annual legislative report on home care licensing.** The commissioner
132.5 shall establish a quality improvement program for the home care survey and home care
132.6 complaint investigation processes. The commissioner shall submit to the legislature an
132.7 annual report, beginning October 1, 2015, and each October 1 thereafter, until October 1,
132.8 2027. Each report will review the previous state fiscal year of home care licensing and
132.9 regulatory activities. The report must include, but is not limited to, an analysis of:

132.10 (1) the number of FTEs in the Division of Compliance Monitoring, including the Office
132.11 of Health Facility Complaints units assigned to home care licensing, survey, investigation,
132.12 and enforcement process;

132.13 (2) numbers of and descriptive information about licenses issued, complaints received
132.14 and investigated, including allegations made and correction orders issued, surveys completed
132.15 and timelines, and correction order reconsiderations and results;

132.16 (3) descriptions of emerging trends in home care provision and areas of concern identified
132.17 by the department in its regulation of home care providers;

132.18 (4) information and data regarding performance improvement projects underway and
132.19 planned by the commissioner in the area of home care surveys; and

132.20 (5) work of the Department of Health Home Care Advisory Council.

132.21 Sec. 7. Minnesota Statutes 2020, section 145.4134, is amended to read:

132.22 **145.4134 COMMISSIONER'S PUBLIC REPORT.**

132.23 (a) By July 1 of each year, except for 1998 and 1999 information, the commissioner
132.24 shall issue a public report providing statistics for the previous calendar year compiled from
132.25 the data submitted under sections 145.4131 to 145.4133 and sections 145.4241 to 145.4249.
132.26 For 1998 and 1999 information, the report shall be issued October 1, 2000. Each report
132.27 shall provide the statistics for all previous calendar years, adjusted to reflect any additional
132.28 information from late or corrected reports. The commissioner shall ensure that none of the
132.29 information included in the public reports can reasonably lead to identification of an
132.30 individual having performed or having had an abortion. All data included on the forms
132.31 under sections 145.4131 to 145.4133 and sections 145.4241 to 145.4249 must be included
132.32 in the public report, except that the commissioner shall maintain as confidential, data which

133.1 alone or in combination may constitute information from which an individual having
133.2 performed or having had an abortion may be identified using epidemiologic principles. The
133.3 ~~commissioner shall submit the report to the senate Health and Family Security Committee~~
133.4 ~~and the house of representatives Health and Human Services Committee.~~

133.5 (b) The commissioner may, by rules adopted under chapter 14, alter the submission
133.6 dates established under sections 145.4131 to 145.4133 for administrative convenience, fiscal
133.7 savings, or other valid reason, provided that physicians or facilities and the commissioner
133.8 of human services submit the required information once each year and the commissioner
133.9 issues a report once each year.

133.10 Sec. 8. Minnesota Statutes 2020, section 145.928, subdivision 13, is amended to read:

133.11 Subd. 13. **Reports.** (a) The commissioner shall submit a biennial report to the legislature
133.12 on the local community projects, tribal government, and community health board prevention
133.13 activities funded under this section. These reports must include information on grant
133.14 recipients, activities that were conducted using grant funds, evaluation data, and outcome
133.15 measures, if available. These reports are due by January 15 of every other year, beginning
133.16 in the year 2003.

133.17 (b) The commissioner shall release an annual report to the public ~~and submit the annual~~
133.18 ~~report to the chairs and ranking minority members of the house of representatives and senate~~
133.19 ~~committees with jurisdiction over public health~~ on grants made under subdivision 7 to
133.20 decrease racial and ethnic disparities in infant mortality rates. The report must provide
133.21 specific information on the amount of each grant awarded to each agency or organization,
133.22 an itemized list submitted to the commissioner by each agency or organization awarded a
133.23 grant specifying all uses of grant funds and the amount expended for each use, the population
133.24 served by each agency or organization, outcomes of the programs funded by each grant,
133.25 and the amount of the appropriation retained by the commissioner for administrative and
133.26 associated expenses. The commissioner shall issue a report each January 15 for the previous
133.27 fiscal year beginning January 15, 2016.

133.28 Sec. 9. **REPEALER.**

133.29 Minnesota Statutes 2020, sections 62U.10, subdivision 3; 144.1911, subdivision 10;
133.30 144.564, subdivision 3; and 144A.483, subdivision 2, are repealed.

62U.10 HEALTH CARE TRANSFER, SAVINGS, AND REPAYMENT.

Subd. 3. **Actual spending and savings determination.** By June 1, 2010, and each June 1 thereafter until June 1, 2020, the commissioner of health shall determine the actual total private and public health care spending for residents of this state for the calendar year two years before the current calendar year, based on data collected under chapter 62J, and shall determine the difference between the projected spending, as determined under subdivision 2, and the actual spending for that year. The actual spending must be certified by an independent actuarial consultant. If the actual spending is less than the projected spending, the commissioner shall determine, based on the proportion of spending for state-administered health care programs to total private and public health care spending for the calendar year two years before the current calendar year, the percentage of the calculated aggregate savings amount accruing to state-administered health care programs.

136A.29 POWERS; DUTIES.

Subd. 4. **Mutual agreement; staff, equipment, office space.** By mutual agreement between the authority and the office, authority staff employees may also be members of the office staff. By mutual agreement, authority employees may be provided office space in the office of the Office of Higher Education, and said employees may make use of equipment, supplies, and office space, provided that the authority fully reimburses the office for salaries and for space, equipment, supplies, and materials used. In the absence of such mutual agreement between the authority and the office, the authority may maintain an office at such place or places as it may designate.

144.1911 INTERNATIONAL MEDICAL GRADUATES ASSISTANCE PROGRAM.

Subd. 10. **Report.** The commissioner shall submit an annual report to the chairs and ranking minority members of the legislative committees with jurisdiction over health care and higher education on the progress of the integration of international medical graduates into the Minnesota health care delivery system. The report shall include recommendations on actions needed for continued progress integrating international medical graduates. The report shall be submitted by January 15 each year, beginning January 15, 2016.

144.564 MONITORING OF SUBACUTE OR TRANSITIONAL CARE SERVICES.

Subd. 3. **Annual report.** The commissioner shall monitor the provision of services described in this section and shall report annually to the legislature concerning these services, including recommendations on the need for legislation.

144A.483 AGENCY QUALITY IMPROVEMENT PROGRAM.

Subd. 2. **Study of correction order appeal process.** Starting July 1, 2015, the commissioner shall study whether to add a correction order appeal process conducted by an independent reviewer such as an administrative law judge or other office and submit a report to the legislature by February 1, 2016. The commissioner shall review home care regulatory systems in other states as part of that study. The commissioner shall consult with the home care providers and representatives.

147.02 EXAMINATION; LICENSING.

Subd. 2a. **Temporary permit.** The board may issue a temporary permit to practice medicine to a physician eligible for licensure under this section only if the application for licensure is complete, all requirements in subdivision 1 have been met, and a nonrefundable fee set by the board has been paid. The permit remains valid only until the meeting of the board at which a decision is made on the physician's application for licensure.

254A.21 FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION GRANTS.

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

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

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

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drugs. Eligible regional collaboratives must provide intensive services to chemically dependent women to increase positive birth outcomes.

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