

1.1 **Senator Wiklund from the Committee on Health and Human Services, to which**
1.2 **was referred**

1.3 **S.F. No. 2212:** A bill for an act relating to health; changing provisions in vital records
1.4 for stillbirths; amending Minnesota Statutes 2022, sections 144.2151; 144.222.

1.5 Reports the same back with the recommendation that the bill be amended as follows:

1.6 Delete everything after the enacting clause and insert:

1.7 "Section 1. Minnesota Statutes 2022, section 62J.17, subdivision 5a, is amended to read:

1.8 Subd. 5a. **Retrospective review.** (a) The commissioner shall retrospectively review
1.9 each major spending commitment and ~~notify the provider of the results of the review. The~~
1.10 ~~commissioner shall~~ determine whether the major spending commitment was appropriate.
1.11 In making the determination, the commissioner may consider the following criteria: the
1.12 major spending commitment's impact on the cost, access, and quality of health care; the
1.13 clinical effectiveness and cost-effectiveness of the major spending commitment; and the
1.14 alternatives available to the provider. If the major expenditure is determined to not be
1.15 appropriate, the commissioner shall notify the provider.

1.16 (b) The commissioner may not prevent or prohibit a major spending commitment subject
1.17 to retrospective review. However, if the provider fails the retrospective review, any major
1.18 spending commitments by that provider for the five-year period following the commissioner's
1.19 decision are subject to prospective review under subdivision 6a.

1.20 Sec. 2. Minnesota Statutes 2022, section 62Q.675, is amended to read:

1.21 **62Q.675 HEARING AIDS; PERSONS 18 OR YOUNGER.**

1.22 A health plan must cover hearing aids for all individuals ~~18 years of age or younger~~ for
1.23 hearing loss that is not correctable by other covered procedures. Coverage required under
1.24 this section is limited to one hearing aid in each ear every three years. No special deductible,
1.25 coinsurance, co-payment, or other limitation on the coverage under this section that is not
1.26 generally applicable to other coverages under the plan may be imposed.

1.27 Sec. 3. Minnesota Statutes 2022, section 62U.04, subdivision 11, is amended to read:

1.28 Subd. 11. **Restricted uses of the all-payer claims data.** (a) Notwithstanding subdivision
1.29 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner's
1.30 designee shall only use the data submitted under subdivisions 4 and 5 for the following
1.31 purposes:

2.1 (1) to evaluate the performance of the health care home program as authorized under
2.2 section 62U.03, subdivision 7;

2.3 (2) to study, in collaboration with the reducing avoidable readmissions effectively
2.4 (RARE) campaign, hospital readmission trends and rates;

2.5 (3) to analyze variations in health care costs, quality, utilization, and illness burden based
2.6 on geographical areas or populations;

2.7 (4) to evaluate the state innovation model (SIM) testing grant received by the Departments
2.8 of Health and Human Services, including the analysis of health care cost, quality, and
2.9 utilization baseline and trend information for targeted populations and communities; and

2.10 (5) to compile one or more public use files of summary data or tables that must:

2.11 (i) be available to the public for no or minimal cost by March 1, 2016, and available by
2.12 web-based electronic data download by June 30, 2019;

2.13 (ii) not identify individual patients, payers, or providers;

2.14 (iii) be updated by the commissioner, at least annually, with the most current data
2.15 available;

2.16 (iv) contain clear and conspicuous explanations of the characteristics of the data, such
2.17 as the dates of the data contained in the files, the absence of costs of care for uninsured
2.18 patients or nonresidents, and other disclaimers that provide appropriate context; and

2.19 (v) not lead to the collection of additional data elements beyond what is authorized under
2.20 this section as of June 30, 2015.

2.21 (b) The commissioner may publish the results of the authorized uses identified in
2.22 paragraph (a) so long as the data released publicly do not contain information or descriptions
2.23 in which the identity of individual hospitals, clinics, or other providers may be discerned.

2.24 (c) Nothing in this subdivision shall be construed to prohibit the commissioner from
2.25 using the data collected under subdivision 4 to complete the state-based risk adjustment
2.26 system assessment due to the legislature on October 1, 2015.

2.27 ~~(d) The commissioner or the commissioner's designee may use the data submitted under~~
2.28 ~~subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until July 1,~~
2.29 ~~2023.~~

2.30 ~~(e)~~ (d) The commissioner shall consult with the all-payer claims database work group
2.31 established under subdivision 12 regarding the technical considerations necessary to create
2.32 the public use files of summary data described in paragraph (a), clause (5).

3.1 Sec. 4. Minnesota Statutes 2022, section 144.1481, subdivision 1, is amended to read:

3.2 Subdivision 1. **Establishment; membership.** The commissioner of health shall establish
3.3 a ~~16-member~~ Rural Health Advisory Committee. The committee shall consist of the following
3.4 22 members, all of whom must reside outside the seven-county metropolitan area, as defined
3.5 in section 473.121, subdivision 2:

3.6 (1) two members from the house of representatives of the state of Minnesota, one from
3.7 the majority party and one from the minority party;

3.8 (2) two members from the senate of the state of Minnesota, one from the majority party
3.9 and one from the minority party;

3.10 (3) a volunteer member of an ambulance service based outside the seven-county
3.11 metropolitan area;

3.12 (4) a representative of a hospital located outside the seven-county metropolitan area;

3.13 (5) a representative of a nursing home located outside the seven-county metropolitan
3.14 area;

3.15 (6) a medical doctor or doctor of osteopathic medicine licensed under chapter 147;

3.16 (7) a dentist licensed under chapter 150A;

3.17 (8) an allied dental personnel as defined in Minnesota Rules, part 3100.0100, subpart
3.18 5;

3.19 ~~(8)(9) a midlevel practitioner~~ an advanced practice professional;

3.20 ~~(9)(10)~~ a registered nurse or licensed practical nurse;

3.21 ~~(10)(11)~~ a licensed health care professional from an occupation not otherwise represented
3.22 on the committee;

3.23 ~~(11)(12)~~ a representative of an institution of higher education located outside the
3.24 seven-county metropolitan area that provides training for rural health care providers; ~~and~~

3.25 (13) a member of a Tribal nation;

3.26 (14) a representative of a local public health agency or community health board;

3.27 (15) a health professional or advocate with experience working with people with mental
3.28 illness;

3.29 (16) a representative of a community organization that works with individuals
3.30 experiencing health disparities;

4.1 (17) an individual with expertise in economic development, or an employer working
 4.2 outside the seven-county metropolitan area;

4.3 ~~(12) three~~ (18) two consumers, at least one of whom must be ~~an advocate for persons~~
 4.4 ~~who are mentally ill or developmentally disabled~~ from a community experiencing health
 4.5 disparities; and

4.6 ; and (19) one consumer who is an advocate for persons who are developmentally
 4.7 disabled.

4.8 The commissioner will make recommendations for committee membership. Committee
 4.9 members will be appointed by the governor. In making appointments, the governor shall
 4.10 ensure that appointments provide geographic balance among those areas of the state outside
 4.11 the seven-county metropolitan area. The chair of the committee shall be elected by the
 4.12 members. The advisory committee is governed by section 15.059, except that the members
 4.13 do not receive per diem compensation.

4.14 Sec. 5. Minnesota Statutes 2022, section 144.2151, is amended to read:

4.15 **144.2151 FETAL DEATH RECORD AND CERTIFICATE OF BIRTH**
 4.16 **RESULTING IN STILLBIRTH.**

4.17 Subdivision 1. **Filing Registration.** ~~A fetal death record of birth for each birth resulting~~
 4.18 ~~in a stillbirth in this state, on or after August 1, 2005, must be established for which a each~~
 4.19 ~~fetal death report is required~~ reported and registered under section 144.222, subdivision 1;
 4.20 ~~shall be filed with the state registrar within five days after the birth if the parent or parents~~
 4.21 ~~of the stillbirth request to have a record of birth resulting in stillbirth prepared.~~

4.22 Subd. 2. **Information to parents.** The party responsible for filing a fetal death report
 4.23 under section 144.222, subdivision 1, shall advise the parent or parents of a stillbirth:

4.24 ~~(1) that they may request preparation of a record of birth resulting in stillbirth;~~

4.25 ~~(2) that preparation of the record is optional; and~~

4.26 ~~(3) how to obtain a certified copy of the record if one is requested and prepared.~~

4.27 (1) that the parent or parents may choose to provide a full name or provide only a last
 4.28 name for the record;

4.29 (2) that the parent or parents may request a certificate of birth resulting in stillbirth after
 4.30 the fetal death record is established;

5.1 (3) that the parent who gave birth may request an informational copy of the fetal death
5.2 record; and

5.3 (4) that the parent or parents named on the fetal death record and the party responsible
5.4 for reporting the fetal death may correct or amend the record to protect the integrity and
5.5 accuracy of vital records.

5.6 Subd. 3. **Preparation Responsibilities of the state registrar.** ~~(a) Within five days after~~
5.7 ~~delivery of a stillbirth, the parent or parents of the stillbirth may prepare and file the record~~
5.8 ~~with the state registrar if the parent or parents of the stillbirth, after being advised as provided~~
5.9 ~~in subdivision 2, request to have a record of birth resulting in stillbirth prepared.~~

5.10 ~~(b) If the parent or parents of the stillbirth do not choose to provide a full name for the~~
5.11 ~~stillbirth, the parent or parents may choose to file only a last name.~~

5.12 ~~(c) Either parent of the stillbirth or, if neither parent is available, another person with~~
5.13 ~~knowledge of the facts of the stillbirth shall attest to the accuracy of the personal data entered~~
5.14 ~~on the record in time to permit the filing of the record within five days after delivery.~~

5.15 The state registrar shall:

5.16 (1) prescribe the process to:

5.17 (i) register a fetal death;

5.18 (ii) request the certificate of birth resulting in stillbirth; and

5.19 (iii) request the informational copy of a fetal death record;

5.20 (2) prescribe a standardized format for the certificate of birth resulting in stillbirth, which
5.21 shall integrate security features and be as similar as possible to a birth certificate;

5.22 (3) issue a certificate of birth resulting in stillbirth or a statement of no vital record found
5.23 to the parent or parents named on the fetal death record upon the parent's proper completion
5.24 of an attestation provided by the commissioner and payment of the required fee;

5.25 (4) correct or amend the fetal death record upon a request from the parent who gave
5.26 birth, parents, or the person who registered the fetal death or filed the report; and

5.27 (5) refuse to amend or correct the fetal death record when an applicant does not submit
5.28 the minimum documentation required to amend the record or when the state registrar has
5.29 cause to question the validity or completeness of the applicant's statements or any
5.30 documentary evidence and the deficiencies are not corrected. The state registrar shall advise
5.31 the applicant of the reason for this action and shall further advise the applicant of the right
5.32 of appeal to a court with competent jurisdiction over the Department of Health.

6.1 Subd. 4. **Retroactive application Delayed registration.** Notwithstanding subdivisions
6.2 ~~1 to 3~~, If a ~~birth that~~ fetal death occurred in this state at any time ~~resulted in a stillbirth~~ for
6.3 which a fetal death report was required under section 144.222, subdivision 1, but a ~~record~~
6.4 ~~of birth resulting in stillbirth was not prepared under subdivision 3~~, a parent of the stillbirth
6.5 ~~may submit to the state registrar, on or after August 1, 2005, a written request for preparation~~
6.6 ~~of a record of birth resulting in stillbirth and evidence of the facts of the stillbirth in the~~
6.7 ~~form and manner specified by the state registrar. The state registrar shall prepare and file~~
6.8 ~~the record of birth resulting in stillbirth within 30 days after receiving satisfactory evidence~~
6.9 ~~of the facts of the stillbirth.~~ fetal death was not registered and a record was not established,
6.10 a person responsible for registering the fetal death, the medical examiner or coroner with
6.11 jurisdiction, or a parent may submit to the state registrar a written request to register the
6.12 fetal death and submit the evidence to support the request.

6.13 Subd. 5. **Responsibilities of state registrar.** The state registrar shall:

6.14 (1) ~~prescribe the form of and information to be included on a record of birth resulting~~
6.15 ~~in stillbirth, which shall be as similar as possible to the form of and information included~~
6.16 ~~on a record of birth;~~

6.17 (2) ~~prescribe the form of and information to be provided by the parent of a stillbirth~~
6.18 ~~requesting a record of birth resulting in stillbirth under subdivisions 3 and 4 and make this~~
6.19 ~~form available on the Department of Health's website;~~

6.20 (3) ~~issue a certified copy of a record of birth resulting in stillbirth to a parent of the~~
6.21 ~~stillbirth that is the subject of the record if:~~

6.22 (i) ~~a record of birth resulting in stillbirth has been prepared and filed under subdivision~~
6.23 ~~3 or 4; and~~

6.24 (ii) ~~the parent requesting a certified copy of the record submits the request in writing;~~
6.25 ~~and~~

6.26 (4) ~~create and implement a process for entering, preparing, and handling stillbirth records~~
6.27 ~~identical or as close as possible to the processes for birth and fetal death records when~~
6.28 ~~feasible, but no later than the date on which the next reprogramming of the Department of~~
6.29 ~~Health's database for vital records is completed.~~

7.1 Sec. 6. Minnesota Statutes 2022, section 144.222, is amended to read:

7.2 **144.222 FETAL DEATH REPORTS OF FETAL OR INFANT DEATH AND**
7.3 **REGISTRATION.**

7.4 Subdivision 1. **Fetal death report required.** A fetal death ~~report~~ must be ~~filed~~ registered
7.5 or reported within five days of the death of a fetus for whom 20 or more weeks of gestation
7.6 have elapsed, except for abortions defined under section 145.4241. A fetal death ~~report must~~
7.7 ~~be prepared~~ must be registered or reported in a format prescribed by the state registrar and
7.8 filed in accordance with Minnesota Rules, parts 4601.0100 to 4601.2600 by:

7.9 (1) a person in charge of an institution or that person's authorized designee if a fetus is
7.10 delivered in the institution or en route to the institution;

7.11 (2) a physician, certified nurse midwife, or other licensed medical personnel in attendance
7.12 at or immediately after the delivery if a fetus is delivered outside an institution; or

7.13 (3) a parent or other person in charge of the disposition of the remains if a fetal death
7.14 occurred without medical attendance at or immediately after the delivery.

7.15 ~~Subd. 2. **Sudden infant death.** Each infant death which is diagnosed as sudden infant~~
7.16 ~~death syndrome shall be reported within five days to the state registrar.~~

7.17 Sec. 7. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to
7.18 read:

7.19 **Subd. 2a. Connector.** "Connector" means gooseneck, pigtail, and other service line
7.20 connectors. A connector is typically a short section of piping not exceeding two feet that
7.21 can be bent and used for connections between rigid service piping.

7.22 Sec. 8. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to
7.23 read:

7.24 **Subd. 3a. Galvanized requiring replacement.** "Galvanized requiring replacement"
7.25 means a galvanized service line that is or was at any time connected to a lead service line
7.26 or lead status unknown service line, or is currently or was previously affixed to a lead
7.27 connector. The majority of galvanized service lines fall under this category.

7.28 Sec. 9. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to
7.29 read:

7.30 **Subd. 3b. Galvanized service line.** "Galvanized service line" means a service line made
7.31 of iron or piping that has been dipped in zinc to prevent corrosion and rusting.

8.1 Sec. 10. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
8.2 to read:

8.3 Subd. 3c. **Lead connector.** "Lead connector" means a connector made of lead.

8.4 Sec. 11. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
8.5 to read:

8.6 Subd. 3d. **Lead service line.** "Lead service line" means a portion of pipe that is made
8.7 of lead, which connects the water main to the building inlet. A lead service line may be
8.8 owned by the water system, by the property owner, or both.

8.9 Sec. 12. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
8.10 to read:

8.11 Subd. 3e. **Lead status unknown service line or unknown service line.** "Lead status
8.12 unknown service line" or "unknown service line" means a service line that has not been
8.13 demonstrated to meet or does not meet the Safe Drinking Water Act section 1417, definition
8.14 of lead free.

8.15 Sec. 13. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
8.16 to read:

8.17 Subd. 3f. **Nonlead service line.** "Nonlead service line" means a service line determined
8.18 through an evidence-based record, method, or technique not to be a lead service line or
8.19 galvanized service line requiring replacement. Most nonlead service lines will be copper
8.20 or plastic.

8.21 Sec. 14. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
8.22 to read:

8.23 Subd. 4a. **Service line.** "Service line" means a portion of pipe that connects the water
8.24 main to the building inlet. A service line may be owned by the water system, by the property
8.25 owner, or both. A service line may be made of many materials, such as lead, copper,
8.26 galvanized steel, or plastic.

8.27 Sec. 15. **[144.3853] CLASSIFICATION OF SERVICE LINES.**

8.28 Subdivision 1. **Classification of lead status of service line.** (a) A water system may
8.29 classify the actual material of a service line, such as copper or plastic, as an alternative to

9.1 classifying the service line as a nonlead service line, for the purpose of the lead service line
9.2 inventory.

9.3 (b) It is not necessary to physically verify the material composition, such as copper or
9.4 plastic, of a service line for its lead status to be identified. For example, if records demonstrate
9.5 the service line was installed after a municipal, state, or federal ban on the installation of
9.6 lead service lines, the service line may be classified as a nonlead service line.

9.7 Subd. 2. **Lead connector.** For the purposes of the lead service line inventory and lead
9.8 service line replacement plan, if a service line has a lead connector, the service line shall
9.9 be classified as a lead service line or a galvanized service line requiring replacement.

9.10 Subd. 3. **Galvanized service line.** A galvanized service line may only be classified as
9.11 a nonlead service line if there is documentation verifying it was never connected to a lead
9.12 service line or lead connector. Rarely will a galvanized service line be considered a nonlead
9.13 service line.

9.14 Sec. 16. Minnesota Statutes 2022, section 144.55, subdivision 3, is amended to read:

9.15 Subd. 3. **Standards for licensure.** (a) Notwithstanding the provisions of section 144.56,
9.16 for the purpose of hospital licensure, the commissioner of health shall use as minimum
9.17 standards the hospital certification regulations promulgated pursuant to title XVIII of the
9.18 Social Security Act, United States Code, title 42, section 1395, et seq. The commissioner
9.19 may use as minimum standards changes in the federal hospital certification regulations
9.20 promulgated after May 7, 1981, if the commissioner finds that such changes are reasonably
9.21 necessary to protect public health and safety. ~~The commissioner shall also promulgate in~~
9.22 ~~rules additional minimum standards for new construction.~~

9.23 (b) Hospitals must meet the applicable provisions of the 2022 edition of the Facility
9.24 Guidelines Institute *Guidelines for Design and Construction of Hospitals*. This minimum
9.25 design standard must be met for all new licenses, new construction, change of use, or change
9.26 of occupancy for which plan review packages are received on or after January 1, 2024. For
9.27 the purposes of this subdivision, "Facility Guidelines Institute Guidelines for Design and
9.28 Construction of Hospitals" does not include any appendices to the guidelines.

9.29 (c) The commissioner shall review each new edition of the guidelines to determine if
9.30 they will be updated. If the commissioner decides to update the edition of the guidelines
9.31 specified in paragraph (b) for purposes of this subdivision, the commissioner must notify
9.32 the chairs and ranking minority members of the legislative committees and divisions with
9.33 jurisdiction over health care and public safety of the planned update by January 15 of the

10.1 year in which the new edition will become effective. Following notice from the
10.2 commissioner, the new edition shall become effective for hospitals beginning August 1 of
10.3 that year, unless otherwise provided in law. The commissioner shall, by publication in the
10.4 State Register, specify a date by which hospitals must comply with the updated edition. The
10.5 date by which hospitals must comply shall not be sooner than 12 months after publication
10.6 of the commissioner's notice in the State Register and applies only to plan review submissions
10.7 received on or after that date.

10.8 (d) Hospitals shall be in compliance with all applicable state and local governing laws,
10.9 regulations, standards, ordinances, and codes for fire safety, building, and zoning
10.10 requirements. The commissioner shall develop guidance to outline how the commissioner
10.11 will resolve conflicts between the guidelines and other applicable state and local governing
10.12 laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning.
10.13 Guidance must be made publicly available at the time a new edition of the guidelines
10.14 becomes effective and shall be periodically updated.

10.15 ~~(b)~~ (e) Each hospital and outpatient surgical center shall establish policies and procedures
10.16 to prevent the transmission of human immunodeficiency virus and hepatitis B virus to
10.17 patients and within the health care setting. The policies and procedures shall be developed
10.18 in conformance with the most recent recommendations issued by the United States
10.19 Department of Health and Human Services, Public Health Service, Centers for Disease
10.20 Control. The commissioner of health shall evaluate a hospital's compliance with the policies
10.21 and procedures according to subdivision 4.

10.22 ~~(e)~~ (f) An outpatient surgical center must establish and maintain a comprehensive
10.23 tuberculosis infection control program according to the most current tuberculosis infection
10.24 control guidelines issued by the United States Centers for Disease Control and Prevention
10.25 (CDC), Division of Tuberculosis Elimination, as published in CDC's Morbidity and Mortality
10.26 Weekly Report (MMWR). This program must include a tuberculosis infection control plan
10.27 that covers all paid and unpaid employees, contractors, students, and volunteers. The
10.28 Department of Health shall provide technical assistance regarding implementation of the
10.29 guidelines.

10.30 ~~(d)~~ (g) Written compliance with this subdivision must be maintained by the outpatient
10.31 surgical center.

10.32 **EFFECTIVE DATE.** This section is effective January 1, 2024.

11.1 Sec. 17. Minnesota Statutes 2022, section 144.6535, subdivision 1, is amended to read:

11.2 Subdivision 1. **Request for variance or waiver.** A hospital may request that the
11.3 commissioner grant a variance or waiver from the provisions of ~~Minnesota Rules, chapter~~
11.4 ~~4640 or 4645~~ section 144.55, subdivision 3, paragraph (b). A request for a variance or waiver
11.5 must be submitted to the commissioner in writing. Each request must contain:

11.6 (1) the specific ~~rule or rules~~ requirement for which the variance or waiver is requested;

11.7 (2) the reasons for the request;

11.8 (3) the alternative measures that will be taken if a variance or waiver is granted;

11.9 (4) the length of time for which the variance or waiver is requested; and

11.10 (5) other relevant information deemed necessary by the commissioner to properly evaluate
11.11 the request for the variance or waiver.

11.12 **EFFECTIVE DATE.** This section is effective January 1, 2024.

11.13 Sec. 18. Minnesota Statutes 2022, section 144.6535, subdivision 2, is amended to read:

11.14 Subd. 2. **Criteria for evaluation.** The decision to grant or deny a variance or waiver
11.15 must be based on the commissioner's evaluation of the following criteria:

11.16 (1) whether the variance or waiver will adversely affect the health, treatment, comfort,
11.17 safety, or well-being of a patient;

11.18 (2) whether the alternative measures to be taken, if any, are equivalent to or superior to
11.19 those prescribed in ~~Minnesota Rules, chapter 4640 or 4645~~ section 144.55, subdivision 3,
11.20 paragraph (b); and

11.21 (3) whether compliance with the ~~rule or rules~~ requirements would impose an undue
11.22 burden upon the applicant.

11.23 **EFFECTIVE DATE.** This section is effective January 1, 2024.

11.24 Sec. 19. Minnesota Statutes 2022, section 144.6535, subdivision 4, is amended to read:

11.25 Subd. 4. **Effect of alternative measures or conditions.** (a) Alternative measures or
11.26 conditions attached to a variance or waiver have the same force and effect as the ~~rules~~
11.27 requirement under ~~Minnesota Rules, chapter 4640 or 4645~~ section 144.55, subdivision 3,
11.28 paragraph (b), and are subject to the issuance of correction orders and penalty assessments
11.29 in accordance with section 144.55.

12.1 (b) Fines for a violation of this section shall be in the same amount as that specified for
 12.2 the particular ~~rule~~ requirement for which the variance or waiver was requested.

12.3 **EFFECTIVE DATE.** This section is effective January 1, 2024.

12.4 Sec. 20. Minnesota Statutes 2022, section 144.9501, subdivision 17, is amended to read:

12.5 Subd. 17. **Lead hazard reduction.** (a) "Lead hazard reduction" means abatement, swab
 12.6 team services, or interim controls undertaken to make a residence, child care facility, school,
 12.7 playground, or other location where lead hazards are identified lead-safe by complying with
 12.8 the lead standards and methods adopted under section 144.9508.

12.9 (b) Lead hazard reduction does not include renovation activity that is primarily intended
 12.10 to remodel, repair, or restore a given structure or dwelling rather than abate or control
 12.11 lead-based paint hazards.

12.12 (c) Lead hazard reduction does not include activities that disturb painted surfaces that
 12.13 total:

12.14 (1) less than 20 square feet (two square meters) on exterior surfaces; or

12.15 (2) less than two square feet (0.2 square meters) in an interior room.

12.16 Sec. 21. Minnesota Statutes 2022, section 144.9501, subdivision 26a, is amended to read:

12.17 Subd. 26a. **Regulated lead work.** ~~(a)~~ "Regulated lead work" means:

12.18 (1) abatement;

12.19 (2) interim controls;

12.20 (3) a clearance inspection;

12.21 (4) a lead hazard screen;

12.22 (5) a lead inspection;

12.23 (6) a lead risk assessment;

12.24 (7) lead project designer services;

12.25 (8) lead sampling technician services;

12.26 (9) swab team services;

12.27 (10) renovation activities; ~~or~~

12.28 (11) lead hazard reduction; or

13.1 ~~(11)(12)~~ activities performed to comply with lead orders issued by a ~~community health~~
 13.2 ~~board~~ an assessing agency.

13.3 ~~(b) Regulated lead work does not include abatement, interim controls, swab team services,~~
 13.4 ~~or renovation activities that disturb painted surfaces that total no more than:~~

13.5 ~~(1) 20 square feet (two square meters) on exterior surfaces; or~~

13.6 ~~(2) six square feet (0.6 square meters) in an interior room.~~

13.7 Sec. 22. Minnesota Statutes 2022, section 144.9501, subdivision 26b, is amended to read:

13.8 Subd. 26b. **Renovation.** (a) "Renovation" means the modification of any pre-1978
 13.9 affected property for compensation that results in the disturbance of known or presumed
 13.10 lead-containing painted surfaces defined under section 144.9508, unless that activity is
 13.11 performed as lead hazard reduction. A renovation performed for the purpose of converting
 13.12 a building or part of a building into an affected property is a renovation under this
 13.13 subdivision.

13.14 (b) Renovation does not include minor repair and maintenance activities described in
 13.15 this paragraph. All activities that disturb painted surfaces and are performed within 30 days
 13.16 of other activities that disturb painted surfaces in the same room must be considered a single
 13.17 project when applying the criteria below. Unless the activity involves window replacement
 13.18 or demolition of a painted surface, building component, or portion of a structure, for purposes
 13.19 of this paragraph, "minor repair and maintenance" means activities that disturb painted
 13.20 surfaces totaling:

13.21 (1) less than 20 square feet (two square meters) on exterior surfaces; or

13.22 (2) less than six square feet (0.6 square meters) in an interior room.

13.23 (c) Renovation does not include total demolition of a freestanding structure. For purposes
 13.24 of this paragraph, "total demolition" means demolition and disposal of all interior and
 13.25 exterior painted surfaces, including windows. Unpainted foundation building components
 13.26 remaining after total demolition may be reused.

13.27 Sec. 23. Minnesota Statutes 2022, section 144.9501, is amended by adding a subdivision
 13.28 to read:

13.29 Subd. 33. **Compensation.** "Compensation" means money or other mutually agreed upon
 13.30 form of payment given or received for regulated lead work, including rental payments,
 13.31 rental income, or salaries derived from rent payments.

14.1 Sec. 24. Minnesota Statutes 2022, section 144.9501, is amended by adding a subdivision
14.2 to read:

14.3 Subd. 34. **Individual.** "Individual" means a natural person.

14.4 Sec. 25. Minnesota Statutes 2022, section 144.9505, subdivision 1, is amended to read:

14.5 Subdivision 1. **Licensing, certification, and permitting.** (a) Fees collected under this
14.6 section shall be deposited into the state treasury and credited to the state government special
14.7 revenue fund.

14.8 (b) Persons shall not advertise or otherwise present themselves as lead supervisors, lead
14.9 workers, lead inspectors, lead risk assessors, lead sampling technicians, lead project designers,
14.10 renovation firms, or lead firms unless they have licenses or certificates issued by the
14.11 commissioner under this section.

14.12 (c) The fees required in this section for inspectors, risk assessors, and certified lead firms
14.13 are waived for state or local government employees performing services for or as an assessing
14.14 agency.

14.15 (d) ~~An individual who is the owner of property on which regulated lead work is to be~~
14.16 ~~performed or an adult individual who is related to the property owner, as defined under~~
14.17 ~~section 245A.02, subdivision 13, is exempt from the requirements to obtain a license and~~
14.18 ~~pay a fee according to this section.~~ Individual residential property owners who perform
14.19 regulated lead work on their own residence are exempt from the licensure and firm
14.20 certification requirements of this section. Notwithstanding the provisions of paragraphs (a)
14.21 to (c), this exemption does not apply when the regulated lead work is a renovation performed
14.22 for compensation, when a child with an elevated blood level has been identified in the
14.23 residence or the building in which the residence is located, or when the residence is occupied
14.24 by one or more individuals who are not related to the property owner, as defined under
14.25 section 245A.02, subdivision 13.

14.26 (e) ~~A person that employs individuals to perform regulated lead work outside of the~~
14.27 ~~person's property must obtain certification as a certified lead firm. An individual who~~
14.28 ~~performs lead hazard reduction, lead hazard screens, lead inspections, lead risk assessments,~~
14.29 ~~clearance inspections, lead project designer services, lead sampling technician services,~~
14.30 ~~swab team services, and activities performed to comply with lead orders must be employed~~
14.31 ~~by a certified lead firm, unless the individual is a sole proprietor and does not employ any~~
14.32 ~~other individuals, the individual is employed by a person that does not perform regulated~~

15.1 ~~lead work outside of the person's property, or the individual is employed by an assessing~~
15.2 ~~agency.~~

15.3 Sec. 26. Minnesota Statutes 2022, section 144.9505, subdivision 1g, is amended to read:

15.4 Subd. 1g. **Certified lead firm.** A person who performs or employs individuals to perform
15.5 regulated lead work, with the exception of renovation, ~~outside of the person's property~~ must
15.6 obtain certification as a lead firm. The certificate must be in writing, contain an expiration
15.7 date, be signed by the commissioner, and give the name and address of the person to whom
15.8 it is issued. A lead firm certificate is valid for one year. The certification fee is \$100, is
15.9 nonrefundable, and must be submitted with each application. The lead firm certificate or a
15.10 copy of the certificate must be readily available at the worksite for review by the contracting
15.11 entity, the commissioner, and other public health officials charged with the health, safety,
15.12 and welfare of the state's citizens.

15.13 Sec. 27. Minnesota Statutes 2022, section 144.9505, subdivision 1h, is amended to read:

15.14 Subd. 1h. **Certified renovation firm.** A person who performs or employs individuals
15.15 to perform renovation ~~activities outside of the person's property~~ for compensation must
15.16 obtain certification as a renovation firm. The certificate must be in writing, contain an
15.17 expiration date, be signed by the commissioner, and give the name and address of the person
15.18 to whom it is issued. A renovation firm certificate is valid for two years. The certification
15.19 fee is \$100, is nonrefundable, and must be submitted with each application. The renovation
15.20 firm certificate or a copy of the certificate must be readily available at the worksite for
15.21 review by the contracting entity, the commissioner, and other public health officials charged
15.22 with the health, safety, and welfare of the state's citizens.

15.23 Sec. 28. Minnesota Statutes 2022, section 144.9508, subdivision 2, is amended to read:

15.24 Subd. 2. **Regulated lead work standards and methods.** (a) The commissioner shall
15.25 adopt rules establishing regulated lead work standards and methods in accordance with the
15.26 provisions of this section, for lead in paint, dust, drinking water, and soil in a manner that
15.27 protects public health and the environment for all residences, including residences also used
15.28 for a commercial purpose, child care facilities, playgrounds, and schools.

15.29 (b) In the rules required by this section, the commissioner shall require lead hazard
15.30 reduction of intact paint only if the commissioner finds that the intact paint is on a chewable
15.31 or lead-dust producing surface that is a known source of actual lead exposure to a specific
15.32 individual. The commissioner shall prohibit methods that disperse lead dust into the air that

16.1 could accumulate to a level that would exceed the lead dust standard specified under this
16.2 section. The commissioner shall work cooperatively with the commissioner of administration
16.3 to determine which lead hazard reduction methods adopted under this section may be used
16.4 for lead-safe practices including prohibited practices, preparation, disposal, and cleanup.
16.5 The commissioner shall work cooperatively with the commissioner of the Pollution Control
16.6 Agency to develop disposal procedures. In adopting rules under this section, the
16.7 commissioner shall require the best available technology for regulated lead work methods,
16.8 paint stabilization, and repainting.

16.9 (c) The commissioner of health shall adopt regulated lead work standards and methods
16.10 for lead in bare soil in a manner to protect public health and the environment. The
16.11 commissioner shall adopt a maximum standard of 100 parts of lead per million in bare soil.
16.12 The commissioner shall set a soil replacement standard not to exceed 25 parts of lead per
16.13 million. Soil lead hazard reduction methods shall focus on erosion control and covering of
16.14 bare soil.

16.15 (d) The commissioner shall adopt regulated lead work standards and methods for lead
16.16 in dust in a manner to protect the public health and environment. Dust standards shall use
16.17 a weight of lead per area measure and include dust on the floor, on the window sills, and
16.18 on window wells. Lead hazard reduction methods for dust shall focus on dust removal and
16.19 other practices which minimize the formation of lead dust from paint, soil, or other sources.

16.20 (e) The commissioner shall adopt lead hazard reduction standards and methods for lead
16.21 in drinking water both at the tap and public water supply system or private well in a manner
16.22 to protect the public health and the environment. The commissioner may adopt the rules
16.23 for controlling lead in drinking water as contained in Code of Federal Regulations, title 40,
16.24 part 141. Drinking water lead hazard reduction methods may include an educational approach
16.25 of minimizing lead exposure from lead in drinking water.

16.26 (f) The commissioner of the Pollution Control Agency shall adopt rules to ensure that
16.27 removal of exterior lead-based coatings from residences and steel structures by abrasive
16.28 blasting methods is conducted in a manner that protects health and the environment.

16.29 (g) All regulated lead work standards shall provide reasonable margins of safety that
16.30 are consistent with more than a summary review of scientific evidence and an emphasis on
16.31 overprotection rather than underprotection when the scientific evidence is ambiguous.

16.32 (h) No unit of local government shall have an ordinance or regulation governing regulated
16.33 lead work standards or methods for lead in paint, dust, drinking water, or soil that require

17.1 a different regulated lead work standard or method than the standards or methods established
17.2 under this section.

17.3 (i) Notwithstanding paragraph (h), the commissioner may approve the use by a unit of
17.4 local government of an innovative lead hazard reduction method which is consistent in
17.5 approach with methods established under this section.

17.6 (j) The commissioner shall adopt rules for issuing lead orders required under section
17.7 144.9504, rules for notification of abatement or interim control activities requirements, and
17.8 other rules necessary to implement sections 144.9501 to 144.9512.

17.9 (k) The commissioner shall adopt rules consistent with section 402(c)(3) of the Toxic
17.10 Substances Control Act and all regulations adopted thereunder to ensure that renovation in
17.11 a pre-1978 affected property ~~where a child or pregnant female resides~~ is conducted in a
17.12 manner that protects health and the environment. Notwithstanding sections 14.125 and
17.13 14.128, the authority to adopt these rules does not expire.

17.14 (l) The commissioner shall adopt rules consistent with sections 406(a) and 406(b) of the
17.15 Toxic Substances Control Act. Notwithstanding sections 14.125 and 14.128, the authority
17.16 to adopt these rules does not expire.

17.17 Sec. 29. Minnesota Statutes 2022, section 148.512, subdivision 10a, is amended to read:

17.18 Subd. 10a. **Hearing aid.** "Hearing aid" means ~~an instrument~~ a prescribed aid, or any of
17.19 its parts, worn in the ear canal and designed to or represented as being able to aid ~~or enhance~~
17.20 human hearing. "Hearing aid" includes the aid's parts, attachments, or accessories, including,
17.21 but not limited to, ear molds and behind the ear (BTE) devices with or without an ear mold.
17.22 Batteries and cords are not parts, attachments, or accessories of a hearing aid. Surgically
17.23 implanted hearing aids, and assistive listening devices not worn within the ear canal, are
17.24 not hearing aids.

17.25 Sec. 30. Minnesota Statutes 2022, section 148.512, subdivision 10b, is amended to read:

17.26 Subd. 10b. **Hearing aid dispensing.** "Hearing aid dispensing" means making ear mold
17.27 impressions, prescribing, ~~or recommending~~ a hearing aid, assisting the consumer in
17.28 prescription aid selection, ~~selling hearing aids at retail~~, or testing human hearing in connection
17.29 with these activities regardless of whether the person conducting these activities has a
17.30 monetary interest in the dispensing of prescription hearing aids to the consumer. Hearing
17.31 aid dispensing does not include selling over-the-counter hearing aids.

18.1 Sec. 31. Minnesota Statutes 2022, section 148.512, is amended by adding a subdivision
18.2 to read:

18.3 Subd. 10c. **Over-the-counter hearing aid or OTC hearing aid.** "Over-the-counter
18.4 hearing aid" or "OTC hearing aid" has the meaning given to that term in Code of Federal
18.5 Regulations, title 21, section 800.30(b).

18.6 Sec. 32. Minnesota Statutes 2022, section 148.512, is amended by adding a subdivision
18.7 to read:

18.8 Subd. 13a. **Prescription hearing aid.** "Prescription hearing aid" means a hearing aid
18.9 requiring a prescription from a certified hearing aid dispenser or licensed audiologist that
18.10 is not an OTC hearing aid.

18.11 Sec. 33. Minnesota Statutes 2022, section 148.513, is amended by adding a subdivision
18.12 to read:

18.13 Subd. 4. **Over-the-counter hearing aids.** Nothing in sections 148.511 to 148.5198 shall
18.14 preclude licensed audiologists from dispensing or selling over-the-counter hearing aids.

18.15 Sec. 34. Minnesota Statutes 2022, section 148.515, subdivision 6, is amended to read:

18.16 **Subd. 6. Dispensing audiologist examination requirements.** (a) Audiologists are
18.17 exempt from the written examination requirement in section 153A.14, subdivision 2h,
18.18 paragraph (a), clause (1).

18.19 (b) After July 31, 2005, all applicants for audiologist licensure under sections 148.512
18.20 to 148.5198 must achieve a passing score on the practical tests of proficiency described in
18.21 section 153A.14, subdivision 2h, paragraph (a), clause (2), within the time period described
18.22 in section 153A.14, subdivision 2h, paragraph (c).

18.23 (c) In order to dispense prescription hearing aids as a sole proprietor, member of a
18.24 partnership, or for a limited liability company, corporation, or any other entity organized
18.25 for profit, a licensee who obtained audiologist licensure under sections 148.512 to 148.5198,
18.26 before August 1, 2005, and who is not certified to dispense prescription hearing aids under
18.27 chapter 153A, must achieve a passing score on the practical tests of proficiency described
18.28 in section 153A.14, subdivision 2h, paragraph (a), clause (2), within the time period described
18.29 in section 153A.14, subdivision 2h, paragraph (c). All other audiologist licensees who
18.30 obtained licensure before August 1, 2005, are exempt from the practical tests.

19.1 (d) An applicant for an audiology license who obtains a temporary license under section
19.2 148.5175 may dispense prescription hearing aids only under supervision of a licensed
19.3 audiologist who dispenses prescription hearing aids.

19.4 Sec. 35. Minnesota Statutes 2022, section 148.5175, is amended to read:

19.5 **148.5175 TEMPORARY LICENSURE.**

19.6 (a) The commissioner shall issue temporary licensure as a speech-language pathologist,
19.7 an audiologist, or both, to an applicant who:

19.8 (1) submits a signed and dated affidavit stating that the applicant is not the subject of a
19.9 disciplinary action or past disciplinary action in this or another jurisdiction and is not
19.10 disqualified on the basis of section 148.5195, subdivision 3; and

19.11 (2) either:

19.12 (i) provides a copy of a current credential as a speech-language pathologist, an audiologist,
19.13 or both, held in the District of Columbia or a state or territory of the United States; or

19.14 (ii) provides a copy of a current certificate of clinical competence issued by the American
19.15 Speech-Language-Hearing Association or board certification in audiology by the American
19.16 Board of Audiology.

19.17 (b) A temporary license issued to a person under this subdivision expires 90 days after
19.18 it is issued or on the date the commissioner grants or denies licensure, whichever occurs
19.19 first.

19.20 (c) Upon application, a temporary license shall be renewed twice to a person who is able
19.21 to demonstrate good cause for failure to meet the requirements for licensure within the
19.22 initial temporary licensure period and who is not the subject of a disciplinary action or
19.23 disqualified on the basis of section 148.5195, subdivision 3. Good cause includes but is not
19.24 limited to inability to take and complete the required practical exam for dispensing
19.25 prescription hearing ~~instruments~~ aids.

19.26 (d) Upon application, a temporary license shall be issued to a person who meets the
19.27 requirements of section 148.515, subdivisions 2a and 4, but has not completed the
19.28 requirement in section 148.515, subdivision 6.

19.29 Sec. 36. Minnesota Statutes 2022, section 148.5195, subdivision 3, is amended to read:

19.30 Subd. 3. **Grounds for disciplinary action by commissioner.** The commissioner may
19.31 take any of the disciplinary actions listed in subdivision 4 on proof that the individual has:

- 20.1 (1) intentionally submitted false or misleading information to the commissioner or the
20.2 advisory council;
- 20.3 (2) failed, within 30 days, to provide information in response to a written request by the
20.4 commissioner or advisory council;
- 20.5 (3) performed services of a speech-language pathologist or audiologist in an incompetent
20.6 or negligent manner;
- 20.7 (4) violated sections 148.511 to 148.5198;
- 20.8 (5) failed to perform services with reasonable judgment, skill, or safety due to the use
20.9 of alcohol or drugs, or other physical or mental impairment;
- 20.10 (6) violated any state or federal law, rule, or regulation, and the violation is a felony or
20.11 misdemeanor, an essential element of which is dishonesty, or which relates directly or
20.12 indirectly to the practice of speech-language pathology or audiology. Conviction for violating
20.13 any state or federal law which relates to speech-language pathology or audiology is
20.14 necessarily considered to constitute a violation, except as provided in chapter 364;
- 20.15 (7) aided or abetted another person in violating any provision of sections 148.511 to
20.16 148.5198;
- 20.17 (8) been or is being disciplined by another jurisdiction, if any of the grounds for the
20.18 discipline is the same or substantially equivalent to those under sections 148.511 to 148.5198;
- 20.19 (9) not cooperated with the commissioner or advisory council in an investigation
20.20 conducted according to subdivision 1;
- 20.21 (10) advertised in a manner that is false or misleading;
- 20.22 (11) engaged in conduct likely to deceive, defraud, or harm the public; or demonstrated
20.23 a willful or careless disregard for the health, welfare, or safety of a client;
- 20.24 (12) failed to disclose to the consumer any fee splitting or any promise to pay a portion
20.25 of a fee to any other professional other than a fee for services rendered by the other
20.26 professional to the client;
- 20.27 (13) engaged in abusive or fraudulent billing practices, including violations of federal
20.28 Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical
20.29 assistance laws;
- 20.30 (14) obtained money, property, or services from a consumer through the use of undue
20.31 influence, high pressure sales tactics, harassment, duress, deception, or fraud;

21.1 (15) performed services for a client who had no possibility of benefiting from the services;

21.2 (16) failed to refer a client for medical evaluation or to other health care professionals
21.3 when appropriate or when a client indicated symptoms associated with diseases that could
21.4 be medically or surgically treated;

21.5 (17) had the certification required by chapter 153A denied, suspended, or revoked
21.6 according to chapter 153A;

21.7 (18) used the term doctor of audiology, doctor of speech-language pathology, AuD, or
21.8 SLPD without having obtained the degree from an institution accredited by the North Central
21.9 Association of Colleges and Secondary Schools, the Council on Academic Accreditation
21.10 in Audiology and Speech-Language Pathology, the United States Department of Education,
21.11 or an equivalent;

21.12 (19) failed to comply with the requirements of section 148.5192 regarding supervision
21.13 of speech-language pathology assistants; or

21.14 (20) if the individual is an audiologist or certified prescription hearing instrument aid
21.15 dispenser:

21.16 (i) prescribed ~~or otherwise recommended~~ to a consumer or potential consumer the use
21.17 of a prescription hearing instrument aid, unless the prescription from a physician ~~or~~
21.18 ~~recommendation from~~, an audiologist, or a certified dispenser is in writing, is based on an
21.19 audiogram that is delivered to the consumer or potential consumer when the prescription
21.20 ~~or recommendation~~ is made, and bears the following information in all capital letters of
21.21 12-point or larger boldface type: "THIS PRESCRIPTION ~~OR RECOMMENDATION~~
21.22 MAY BE FILLED BY, AND PRESCRIPTION HEARING INSTRUMENTS AIDS MAY
21.23 BE PURCHASED FROM, THE LICENSED AUDIOLOGIST OR CERTIFIED DISPENSER
21.24 OF YOUR CHOICE";

21.25 (ii) failed to give a copy of the audiogram, upon which the prescription ~~or~~
21.26 ~~recommendation~~ is based, to the consumer when the consumer requests a copy;

21.27 (iii) failed to provide the consumer rights brochure required by section 148.5197,
21.28 subdivision 3;

21.29 (iv) failed to comply with restrictions on sales of prescription hearing instruments aids
21.30 in sections 148.5197, subdivision 3, and 148.5198;

21.31 (v) failed to return a consumer's prescription hearing instrument aid used as a trade-in
21.32 or for a discount in the price of a new prescription hearing instrument aid when requested
21.33 by the consumer upon cancellation of the purchase agreement;

22.1 (vi) failed to follow Food and Drug Administration or Federal Trade Commission
22.2 regulations relating to dispensing prescription hearing instrument aids;

22.3 (vii) failed to dispense a prescription hearing instrument aid in a competent manner or
22.4 without appropriate training;

22.5 (viii) delegated prescription hearing instrument aid dispensing authority to a person not
22.6 authorized to dispense a prescription hearing instrument aid under this chapter or chapter
22.7 153A;

22.8 (ix) failed to comply with the requirements of an employer or supervisor of a prescription
22.9 hearing instrument aid dispenser trainee;

22.10 (x) violated a state or federal court order or judgment, including a conciliation court
22.11 judgment, relating to the activities of the individual's prescription hearing instrument aid
22.12 dispensing; or

22.13 (xi) failed to include on the audiogram the practitioner's printed name, credential type,
22.14 credential number, signature, and date.

22.15 Sec. 37. Minnesota Statutes 2022, section 148.5196, subdivision 1, is amended to read:

22.16 Subdivision 1. **Membership.** The commissioner shall appoint 12 persons to a
22.17 Speech-Language Pathologist and Audiologist Advisory Council. The 12 persons must
22.18 include:

22.19 (1) three public members, as defined in section 214.02. Two of the public members shall
22.20 be either persons receiving services of a speech-language pathologist or audiologist, or
22.21 family members of or caregivers to such persons, and at least one of the public members
22.22 shall be either a hearing instrument aid user or an advocate of one;

22.23 (2) three speech-language pathologists licensed under sections 148.511 to 148.5198,
22.24 one of whom is currently and has been, for the five years immediately preceding the
22.25 appointment, engaged in the practice of speech-language pathology in Minnesota and each
22.26 of whom is employed in a different employment setting including, but not limited to, private
22.27 practice, hospitals, rehabilitation settings, educational settings, and government agencies;

22.28 (3) one speech-language pathologist licensed under sections 148.511 to 148.5198, who
22.29 is currently and has been, for the five years immediately preceding the appointment,
22.30 employed by a Minnesota public school district or a Minnesota public school district
22.31 consortium that is authorized by Minnesota Statutes and who is licensed in speech-language
22.32 pathology by the Professional Educator Licensing and Standards Board;

23.1 (4) three audiologists licensed under sections 148.511 to 148.5198, two of whom are
 23.2 currently and have been, for the five years immediately preceding the appointment, engaged
 23.3 in the practice of audiology and the dispensing of prescription hearing instruments aids in
 23.4 Minnesota and each of whom is employed in a different employment setting including, but
 23.5 not limited to, private practice, hospitals, rehabilitation settings, educational settings, industry,
 23.6 and government agencies;

23.7 (5) one nonaudiologist prescription hearing instrument aid dispenser recommended by
 23.8 a professional association representing prescription hearing instrument aid dispensers; and

23.9 (6) one physician licensed under chapter 147 and certified by the American Board of
 23.10 Otolaryngology, Head and Neck Surgery.

23.11 Sec. 38. Minnesota Statutes 2022, section 148.5197, is amended to read:

23.12 **148.5197 HEARING AID DISPENSING.**

23.13 Subdivision 1. **Content of contracts.** Oral statements made by an audiologist or certified
 23.14 dispenser regarding the provision of warranties, refunds, and service on the prescription
 23.15 hearing aid or aids dispensed must be written on, and become part of, the contract of sale,
 23.16 specify the item or items covered, and indicate the person or business entity obligated to
 23.17 provide the warranty, refund, or service.

23.18 Subd. 2. **Required use of license number.** The audiologist's license number or certified
 23.19 dispenser's certificate number must appear on all contracts, bills of sale, and receipts used
 23.20 in the sale of prescription hearing aids.

23.21 Subd. 3. **Consumer rights information.** An audiologist or certified dispenser shall, at
 23.22 the time of the ~~recommendation or~~ prescription, give a consumer rights brochure, prepared
 23.23 by the commissioner and containing information about legal requirements pertaining to
 23.24 dispensing of prescription hearing aids, to each potential consumer of a prescription hearing
 23.25 aid. The brochure must contain information about the consumer information center described
 23.26 in section 153A.18. A contract for a prescription hearing aid must note the receipt of the
 23.27 brochure by the consumer, along with the consumer's signature or initials.

23.28 Subd. 4. **Liability for contracts.** Owners of entities in the business of dispensing
 23.29 prescription hearing aids, employers of audiologists or persons who dispense prescription
 23.30 hearing aids, supervisors of trainees or audiology students, and hearing aid dispensers
 23.31 conducting the transaction at issue are liable for satisfying all terms of contracts, written or
 23.32 oral, made by their agents, employees, assignees, affiliates, or trainees, including terms
 23.33 relating to products, repairs, warranties, service, and refunds. The commissioner may enforce

24.1 the terms of prescription hearing aid contracts against the principal, employer, supervisor,
24.2 or dispenser who conducted the transaction and may impose any remedy provided for in
24.3 this chapter.

24.4 Sec. 39. Minnesota Statutes 2022, section 148.5198, is amended to read:

24.5 **148.5198 RESTRICTION ON SALE OF PRESCRIPTION HEARING AIDS.**

24.6 Subdivision 1. **45-calendar-day guarantee and buyer right to cancel.** (a) An audiologist
24.7 or certified dispenser dispensing a prescription hearing aid in this state must comply with
24.8 paragraphs (b) and (c).

24.9 (b) The audiologist or certified dispenser must provide the buyer with a 45-calendar-day
24.10 written money-back guarantee. The guarantee must permit the buyer to cancel the purchase
24.11 for any reason within 45 calendar days after receiving the prescription hearing aid by giving
24.12 or mailing written notice of cancellation to the audiologist or certified dispenser. If the buyer
24.13 mails the notice of cancellation, the 45-calendar-day period is counted using the postmark
24.14 date, to the date of receipt by the audiologist or certified dispenser. If the prescription hearing
24.15 aid must be repaired, remade, or adjusted during the 45-calendar-day money-back guarantee
24.16 period, the running of the 45-calendar-day period is suspended one day for each 24-hour
24.17 period that the prescription hearing aid is not in the buyer's possession. A repaired, remade,
24.18 or adjusted prescription hearing aid must be claimed by the buyer within three business
24.19 days after notification of availability, after which time the running of the 45-calendar-day
24.20 period resumes. The guarantee must entitle the buyer, upon cancellation, to receive a refund
24.21 of payment within 30 days of return of the prescription hearing aid to the audiologist or
24.22 certified dispenser. The audiologist or certified dispenser may retain as a cancellation fee
24.23 no more than \$250 of the buyer's total purchase price of the prescription hearing aid.

24.24 (c) The audiologist or certified dispenser shall provide the buyer with a contract written
24.25 in plain English, that contains uniform language and provisions that meet the requirements
24.26 under the Plain Language Contract Act, sections 325G.29 to 325G.36. The contract must
24.27 include, but is not limited to, the following: in immediate proximity to the space reserved
24.28 for the signature of the buyer, or on the first page if there is no space reserved for the
24.29 signature of the buyer, a clear and conspicuous disclosure of the following specific statement
24.30 in all capital letters of no less than 12-point boldface type: "MINNESOTA STATE LAW
24.31 GIVES THE BUYER THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON
24.32 AT ANY TIME PRIOR TO MIDNIGHT OF THE 45TH CALENDAR DAY AFTER
24.33 RECEIPT OF THE PRESCRIPTION HEARING AID(S). THIS CANCELLATION MUST
24.34 BE IN WRITING AND MUST BE GIVEN OR MAILED TO THE AUDIOLOGIST OR

25.1 CERTIFIED DISPENSER. IF THE BUYER DECIDES TO RETURN THE PRESCRIPTION
25.2 HEARING AID(S) WITHIN THIS 45-CALENDAR-DAY PERIOD, THE BUYER WILL
25.3 RECEIVE A REFUND OF THE TOTAL PURCHASE PRICE OF THE AID(S) FROM
25.4 WHICH THE AUDIOLOGIST OR CERTIFIED DISPENSER MAY RETAIN AS A
25.5 CANCELLATION FEE NO MORE THAN \$250."

25.6 Subd. 2. **Itemized repair bill.** Any audiologist, certified dispenser, or company who
25.7 agrees to repair a prescription hearing aid must provide the owner of the prescription hearing
25.8 aid, or the owner's representative, with a bill that describes the repair and services rendered.
25.9 The bill must also include the repairing audiologist's, certified dispenser's, or company's
25.10 name, address, and telephone number.

25.11 This subdivision does not apply to an audiologist, certified dispenser, or company that
25.12 repairs a prescription hearing aid pursuant to an express warranty covering the entire
25.13 prescription hearing aid and the warranty covers the entire cost, both parts and labor, of the
25.14 repair.

25.15 Subd. 3. **Repair warranty.** Any guarantee of prescription hearing aid repairs must be
25.16 in writing and delivered to the owner of the prescription hearing aid, or the owner's
25.17 representative, stating the repairing audiologist's, certified dispenser's, or company's name,
25.18 address, telephone number, length of guarantee, model, and serial number of the prescription
25.19 hearing aid and all other terms and conditions of the guarantee.

25.20 Subd. 4. **Misdemeanor.** A person found to have violated this section is guilty of a
25.21 misdemeanor.

25.22 Subd. 5. **Additional.** In addition to the penalty provided in subdivision 4, a person found
25.23 to have violated this section is subject to the penalties and remedies provided in section
25.24 325F.69, subdivision 1.

25.25 Subd. 6. **Estimates.** Upon the request of the owner of a prescription hearing aid or the
25.26 owner's representative for a written estimate and prior to the commencement of repairs, a
25.27 repairing audiologist, certified dispenser, or company shall provide the customer with a
25.28 written estimate of the price of repairs. If a repairing audiologist, certified dispenser, or
25.29 company provides a written estimate of the price of repairs, it must not charge more than
25.30 the total price stated in the estimate for the repairs. If the repairing audiologist, certified
25.31 dispenser, or company after commencing repairs determines that additional work is necessary
25.32 to accomplish repairs that are the subject of a written estimate and if the repairing audiologist,
25.33 certified dispenser, or company did not unreasonably fail to disclose the possible need for
25.34 the additional work when the estimate was made, the repairing audiologist, certified

26.1 dispenser, or company may charge more than the estimate for the repairs if the repairing
 26.2 audiologist, certified dispenser, or company immediately provides the owner or owner's
 26.3 representative a revised written estimate pursuant to this section and receives authorization
 26.4 to continue with the repairs. If continuation of the repairs is not authorized, the repairing
 26.5 audiologist, certified dispenser, or company shall return the prescription hearing aid as close
 26.6 as possible to its former condition and shall release the prescription hearing aid to the owner
 26.7 or owner's representative upon payment of charges for repairs actually performed and not
 26.8 in excess of the original estimate.

26.9 Sec. 40. Minnesota Statutes 2022, section 151.37, subdivision 12, is amended to read:

26.10 Subd. 12. **Administration of opiate antagonists for drug overdose.** (a) A licensed
 26.11 physician, a licensed advanced practice registered nurse authorized to prescribe drugs
 26.12 pursuant to section 148.235, or a licensed physician assistant may authorize the following
 26.13 individuals to administer opiate antagonists, as defined in section 604A.04, subdivision 1:

- 26.14 (1) an emergency medical responder registered pursuant to section 144E.27;
 26.15 (2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and (d);
 26.16 (3) correctional employees of a state or local political subdivision;
 26.17 (4) staff of community-based health disease prevention or social service programs;
 26.18 (5) a volunteer firefighter; and
 26.19 (6) a ~~licensed school nurse or certified public health nurse~~ any other personnel employed
 26.20 by, or under contract with, a ~~school board under section 121A.21~~ charter, public, or private
 26.21 school.

26.22 (b) For the purposes of this subdivision, opiate antagonists may be administered by one
 26.23 of these individuals only if:

- 26.24 (1) the licensed physician, licensed physician assistant, or licensed advanced practice
 26.25 registered nurse has issued a standing order to, or entered into a protocol with, the individual;
 26.26 and

26.27 (2) the individual has training in the recognition of signs of opiate overdose and the use
 26.28 of opiate antagonists as part of the emergency response to opiate overdose.

26.29 (c) Nothing in this section prohibits the possession and administration of naloxone
 26.30 pursuant to section 604A.04.

27.1 (d) Notwithstanding section 148.235, subdivisions 8 and 9, a licensed practical nurse is
 27.2 authorized to possess and administer according to this subdivision an opiate antagonist in
 27.3 a school setting.

27.4 Sec. 41. Minnesota Statutes 2022, section 152.29, subdivision 3a, is amended to read:

27.5 Subd. 3a. **Transportation of medical cannabis; transport staffing.** (a) A medical
 27.6 cannabis manufacturer may staff a transport motor vehicle with only one employee if the
 27.7 medical cannabis manufacturer is transporting medical cannabis to either a certified
 27.8 laboratory for the purpose of testing or a facility for the purpose of disposal. If the medical
 27.9 cannabis manufacturer is transporting medical cannabis for any other purpose or destination,
 27.10 the transport motor vehicle must be staffed with a minimum of two employees as required
 27.11 by rules adopted by the commissioner.

27.12 (b) Notwithstanding paragraph (a), a medical cannabis manufacturer that is only
 27.13 transporting hemp for any purpose may staff the transport motor vehicle with only one
 27.14 employee.

27.15 (c) A medical cannabis manufacturer may contract with a third party for armored car
 27.16 services for deliveries of medical cannabis from its production facility to distribution
 27.17 facilities. A medical cannabis manufacturer that contracts for armored car services remains
 27.18 responsible for the transportation manifest and inventory tracking requirements in rules
 27.19 adopted by the commissioner.

27.20 (d) Department of Health staff may transport medical cannabis for the purposes of
 27.21 delivering medical cannabis and other samples to a laboratory for testing under rules adopted
 27.22 by the commissioner and in cases of special investigations when the commissioner has
 27.23 determined there is a potential threat to public health. The transport motor vehicle must be
 27.24 staffed with a minimum of two Department of Health employees. The employees must carry
 27.25 with them their Department of Health identification card and a transport manifest.

27.26 Sec. 42. Minnesota Statutes 2022, section 153A.13, subdivision 3, is amended to read:

27.27 Subd. 3. **Hearing instrument aid.** "Hearing instrument aid" means an instrument, ~~or~~
 27.28 ~~any of its parts, worn in the ear canal and designed to or represented as being able to aid or~~
 27.29 ~~enhance human hearing. "Hearing instrument" includes the instrument's parts, attachments,~~
 27.30 ~~or accessories, including, but not limited to, ear molds and behind the ear (BTE) devices~~
 27.31 ~~with or without an ear mold. Batteries and cords are not parts, attachments, or accessories~~
 27.32 ~~of a hearing instrument. Surgically implanted hearing instruments, and assistive listening~~

28.1 ~~devices not worn within the ear canal, are not hearing instruments, as defined in section~~
 28.2 ~~148.512, subdivision 10a.~~

28.3 Sec. 43. Minnesota Statutes 2022, section 153A.13, subdivision 4, is amended to read:

28.4 Subd. 4. **Hearing instrument aid dispensing.** "Hearing ~~instrument aid~~ dispensing"
 28.5 ~~means making ear mold impressions, prescribing, or recommending a hearing instrument,~~
 28.6 ~~assisting the consumer in instrument selection, selling hearing instruments at retail, or testing~~
 28.7 ~~human hearing in connection with these activities regardless of whether the person conducting~~
 28.8 ~~these activities has a monetary interest in the sale of hearing instruments to the consumer.~~
 28.9 has the meaning given in section 148.512, subdivision 10b.

28.10 Sec. 44. Minnesota Statutes 2022, section 153A.13, subdivision 5, is amended to read:

28.11 Subd. 5. **Dispenser of hearing instruments aids.** "Dispenser of hearing ~~instruments~~
 28.12 aids" means a natural person who engages in prescription hearing instrument aid dispensing,
 28.13 whether or not certified by the commissioner of health or licensed by an existing
 28.14 health-related board, except that a person described as follows is not a dispenser of
 28.15 prescription hearing instruments aids:

28.16 (1) a student participating in supervised field work that is necessary to meet requirements
 28.17 of an accredited educational program if the student is designated by a title which clearly
 28.18 indicates the student's status as a student trainee; or

28.19 (2) a person who helps a dispenser of prescription hearing instruments aids in an
 28.20 administrative or clerical manner and does not engage in prescription hearing instrument
 28.21 aid dispensing.

28.22 A person who offers to dispense a prescription hearing instrument aid, or a person who
 28.23 advertises, holds out to the public, or otherwise represents that the person is authorized to
 28.24 dispense prescription hearing instruments aids, must be certified by the commissioner except
 28.25 when the person is an audiologist as defined in section 148.512.

28.26 Sec. 45. Minnesota Statutes 2022, section 153A.13, subdivision 6, is amended to read:

28.27 Subd. 6. **Advisory council.** "Advisory council" means the Minnesota Hearing ~~Instrument~~
 28.28 Aid Dispenser Advisory Council, or a committee of ~~it~~ the council, established under section
 28.29 153A.20.

29.1 Sec. 46. Minnesota Statutes 2022, section 153A.13, subdivision 7, is amended to read:

29.2 Subd. 7. **ANSI.** "ANSI" means ~~ANSI S3.6-1989~~, American National Standard
29.3 Specification for Audiometers ~~from the American National Standards Institute. This~~
29.4 ~~document is available through the Minitex interlibrary loan system as defined in the United~~
29.5 States Food and Drug Administration, Code of Federal Regulations, title 21, section
29.6 874.1050.

29.7 Sec. 47. Minnesota Statutes 2022, section 153A.13, subdivision 9, is amended to read:

29.8 Subd. 9. **Supervision.** "Supervision" means monitoring activities of, and accepting
29.9 responsibility for, the prescription hearing instrument aid dispensing activities of a trainee.

29.10 Sec. 48. Minnesota Statutes 2022, section 153A.13, subdivision 10, is amended to read:

29.11 Subd. 10. **Direct supervision or directly supervised.** "Direct supervision" or "directly
29.12 supervised" means the on-site and contemporaneous location of a supervisor and trainee,
29.13 when the supervisor observes the trainee engaging in prescription hearing instrument aid
29.14 dispensing with a consumer.

29.15 Sec. 49. Minnesota Statutes 2022, section 153A.13, subdivision 11, is amended to read:

29.16 Subd. 11. **Indirect supervision or indirectly supervised.** "Indirect supervision" or
29.17 "indirectly supervised" means the remote and independent performance of prescription
29.18 hearing instrument aid dispensing by a trainee when authorized under section 153A.14,
29.19 subdivision 4a, paragraph (b).

29.20 Sec. 50. Minnesota Statutes 2022, section 153A.13, is amended by adding a subdivision
29.21 to read:

29.22 Subd. 12. **Over-the-counter hearing aid or OTC hearing aid.** "Over-the-counter
29.23 hearing aid" or "OTC hearing aid" has the meaning given in section 148.512, subdivision
29.24 10c.

29.25 Sec. 51. Minnesota Statutes 2022, section 153A.13, is amended by adding a subdivision
29.26 to read:

29.27 Subd. 13. **Prescription hearing aid.** "Prescription hearing aid" has the meaning given
29.28 in section 148.512, subdivision 13a.

30.1 Sec. 52. Minnesota Statutes 2022, section 153A.14, subdivision 1, is amended to read:

30.2 Subdivision 1. **Application for certificate.** An applicant must:

30.3 (1) be 21 years of age or older;

30.4 (2) apply to the commissioner for a certificate to dispense prescription hearing instruments
30.5 aids on application forms provided by the commissioner;

30.6 (3) at a minimum, provide the applicant's name, Social Security number, business address
30.7 and phone number, employer, and information about the applicant's education, training,
30.8 and experience in testing human hearing and fitting prescription hearing instruments aids;

30.9 (4) include with the application a statement that the statements in the application are
30.10 true and correct to the best of the applicant's knowledge and belief;

30.11 (5) include with the application a written and signed authorization that authorizes the
30.12 commissioner to make inquiries to appropriate regulatory agencies in this or any other state
30.13 where the applicant has sold prescription hearing instruments aids;

30.14 (6) submit certification to the commissioner that the applicant's audiometric equipment
30.15 has been calibrated to meet current ANSI standards within 12 months of the date of the
30.16 application;

30.17 (7) submit evidence of continuing education credits, if required;

30.18 (8) submit all fees as required under section 153A.17; and

30.19 (9) consent to a fingerprint-based criminal history records check required under section
30.20 144.0572, pay all required fees, and cooperate with all requests for information. An applicant
30.21 must complete a new criminal background check if more than one year has elapsed since
30.22 the applicant last applied for a license.

30.23 Sec. 53. Minnesota Statutes 2022, section 153A.14, subdivision 2, is amended to read:

30.24 Subd. 2. **Issuance of certificate.** (a) The commissioner shall issue a certificate to each
30.25 dispenser of prescription hearing instruments aids who applies under subdivision 1 if the
30.26 commissioner determines that the applicant is in compliance with this chapter, has passed
30.27 an examination administered by the commissioner, has met the continuing education
30.28 requirements, if required, and has paid the fee set by the commissioner. The commissioner
30.29 may reject or deny an application for a certificate if there is evidence of a violation or failure
30.30 to comply with this chapter.

31.1 (b) The commissioner shall not issue a certificate to an applicant who refuses to consent
 31.2 to a criminal history background check as required by section 144.0572 within 90 days after
 31.3 submission of an application or fails to submit fingerprints to the Department of Human
 31.4 Services. Any fees paid by the applicant to the Department of Health shall be forfeited if
 31.5 the applicant refuses to consent to the background study.

31.6 Sec. 54. Minnesota Statutes 2022, section 153A.14, subdivision 2h, is amended to read:

31.7 Subd. 2h. **Certification by examination.** An applicant must achieve a passing score,
 31.8 as determined by the commissioner, on an examination according to paragraphs (a) to (c).

31.9 (a) The examination must include, but is not limited to:

31.10 (1) A written examination approved by the commissioner covering the following areas
 31.11 as they pertain to prescription hearing instrument aid selling:

31.12 (i) basic physics of sound;

31.13 (ii) the anatomy and physiology of the ear;

31.14 (iii) the function of prescription hearing instruments aids; and

31.15 (iv) the principles of prescription hearing instrument aid selection.

31.16 (2) Practical tests of proficiency in the following techniques as they pertain to prescription
 31.17 hearing instrument aid selling:

31.18 (i) pure tone audiometry, including air conduction testing and bone conduction testing;

31.19 (ii) live voice or recorded voice speech audiometry including speech recognition
 31.20 (discrimination) testing, most comfortable loudness level, and uncomfortable loudness
 31.21 measurements of tolerance thresholds;

31.22 (iii) masking when indicated;

31.23 (iv) recording and evaluation of audiograms and speech audiometry to determine proper
 31.24 selection and fitting of a prescription hearing instrument aid;

31.25 (v) taking ear mold impressions;

31.26 (vi) using an otoscope for the visual observation of the entire ear canal; and

31.27 (vii) state and federal laws, rules, and regulations.

31.28 (b) The practical examination shall be administered by the commissioner at least twice
 31.29 a year.

32.1 (c) An applicant must achieve a passing score on all portions of the examination within
32.2 a two-year period. An applicant who does not achieve a passing score on all portions of the
32.3 examination within a two-year period must retake the entire examination and achieve a
32.4 passing score on each portion of the examination. An applicant who does not apply for
32.5 certification within one year of successful completion of the examination must retake the
32.6 examination and achieve a passing score on each portion of the examination. An applicant
32.7 may not take any part of the practical examination more than three times in a two-year
32.8 period.

32.9 Sec. 55. Minnesota Statutes 2022, section 153A.14, subdivision 2i, is amended to read:

32.10 Subd. 2i. **Continuing education requirement.** On forms provided by the commissioner,
32.11 each certified dispenser must submit with the application for renewal of certification evidence
32.12 of completion of ten course hours of continuing education earned within the 12-month
32.13 period of November 1 to October 31, between the effective and expiration dates of
32.14 certification. Continuing education courses must be directly related to prescription hearing
32.15 ~~instrument aid~~ dispensing and approved by the International Hearing Society, the American
32.16 Speech-Language-Hearing Association, or the American Academy of Audiology. Evidence
32.17 of completion of the ten course hours of continuing education must be submitted by
32.18 December 1 of each year. This requirement does not apply to dispensers certified for less
32.19 than one year.

32.20 Sec. 56. Minnesota Statutes 2022, section 153A.14, subdivision 2j, is amended to read:

32.21 Subd. 2j. **Required use of certification number.** The certification holder must use the
32.22 certification number on all contracts, bills of sale, and receipts used in the sale of prescription
32.23 hearing ~~instruments~~ aids.

32.24 Sec. 57. Minnesota Statutes 2022, section 153A.14, subdivision 4, is amended to read:

32.25 Subd. 4. **Dispensing of prescription hearing ~~instruments~~ aids without**
32.26 **certificate.** Except as provided in subdivisions 4a and 4c, and in sections 148.512 to
32.27 148.5198, it is unlawful for any person not holding a valid certificate to dispense a
32.28 prescription hearing ~~instrument aid~~ as defined in section 153A.13, subdivision 3. A person
32.29 who dispenses a prescription hearing ~~instrument aid~~ without the certificate required by this
32.30 section is guilty of a gross misdemeanor.

33.1 Sec. 58. Minnesota Statutes 2022, section 153A.14, subdivision 4a, is amended to read:

33.2 Subd. 4a. **Trainees.** (a) A person who is not certified under this section may dispense
33.3 prescription hearing instruments aids as a trainee for a period not to exceed 12 months if
33.4 the person:

33.5 (1) submits an application on forms provided by the commissioner;

33.6 (2) is under the supervision of a certified dispenser meeting the requirements of this
33.7 subdivision;

33.8 (3) meets all requirements for certification except passage of the examination required
33.9 by this section; and

33.10 (4) uses the title "dispenser trainee" in contacts with the patients, clients, or consumers.

33.11 (b) A certified prescription hearing instrument aid dispenser may not supervise more
33.12 than two trainees at the same time and may not directly supervise more than one trainee at
33.13 a time. The certified dispenser is responsible for all actions or omissions of a trainee in
33.14 connection with the dispensing of prescription hearing instruments aids. A certified dispenser
33.15 may not supervise a trainee if there are any commissioner, court, or other orders, currently
33.16 in effect or issued within the last five years, that were issued with respect to an action or
33.17 omission of a certified dispenser or a trainee under the certified dispenser's supervision.

33.18 Until taking and passing the practical examination testing the techniques described in
33.19 subdivision 2h, paragraph (a), clause (2), trainees must be directly supervised in all areas
33.20 described in subdivision 4b, and the activities tested by the practical examination. Thereafter,
33.21 trainees may dispense prescription hearing instruments aids under indirect supervision until
33.22 expiration of the trainee period. Under indirect supervision, the trainee must complete two
33.23 monitored activities a week. Monitored activities may be executed by correspondence,
33.24 telephone, or other telephonic devices, and include, but are not limited to, evaluation of
33.25 audiograms, written reports, and contracts. The time spent in supervision must be recorded
33.26 and the record retained by the supervisor.

33.27 Sec. 59. Minnesota Statutes 2022, section 153A.14, subdivision 4b, is amended to read:

33.28 Subd. 4b. **Prescription hearing testing protocol.** A dispenser when conducting a hearing
33.29 test for the purpose of prescription hearing instrument aid dispensing must:

33.30 (1) comply with the United States Food and Drug Administration warning regarding
33.31 potential medical conditions required by Code of Federal Regulations, title 21, section
33.32 ~~801.420~~ 801.422;

- 34.1 (2) complete a case history of the client's hearing;
- 34.2 (3) inspect the client's ears with an otoscope; and
- 34.3 (4) conduct the following tests on both ears of the client and document the results, and
- 34.4 if for any reason one of the following tests cannot be performed pursuant to the United
- 34.5 States Food and Drug Administration guidelines, an audiologist shall evaluate the hearing
- 34.6 and the need for a prescription hearing instrument aid:
- 34.7 (i) air conduction at 250, 500, 1,000, 2,000, 4,000, and 8,000 Hertz. When a difference
- 34.8 of 20 dB or more occurs between adjacent octave frequencies the interoctave frequency
- 34.9 must be tested;
- 34.10 (ii) bone conduction at 500, 1,000, 2,000, and 4,000 Hertz for any frequency where the
- 34.11 air conduction threshold is greater than 15 dB HL;
- 34.12 (iii) monaural word recognition (discrimination), with a minimum of 25 words presented
- 34.13 for each ear; and
- 34.14 (iv) loudness discomfort level, monaural, for setting a prescription hearing instrument's
- 34.15 aid's maximum power output; and
- 34.16 (5) include masking in all tests whenever necessary to ensure accurate results.
- 34.17 Sec. 60. Minnesota Statutes 2022, section 153A.14, subdivision 4c, is amended to read:
- 34.18 Subd. 4c. **Reciprocity.** (a) A person who has dispensed prescription hearing instruments
- 34.19 aids in another jurisdiction may dispense prescription hearing instruments aids as a trainee
- 34.20 under indirect supervision if the person:
- 34.21 (1) satisfies the provisions of subdivision 4a, paragraph (a);
- 34.22 (2) submits a signed and dated affidavit stating that the applicant is not the subject of a
- 34.23 disciplinary action or past disciplinary action in this or another jurisdiction and is not
- 34.24 disqualified on the basis of section 153A.15, subdivision 1; and
- 34.25 (3) provides a copy of a current credential as a prescription hearing instrument aid
- 34.26 dispenser held in the District of Columbia or a state or territory of the United States.
- 34.27 (b) A person becoming a trainee under this subdivision who fails to take and pass the
- 34.28 practical examination described in subdivision 2h, paragraph (a), clause (2), when next
- 34.29 offered must cease dispensing prescription hearing instruments aids unless under direct
- 34.30 supervision.

35.1 Sec. 61. Minnesota Statutes 2022, section 153A.14, subdivision 4e, is amended to read:

35.2 Subd. 4e. **Prescription hearing aids; enforcement.** Costs incurred by the Minnesota
35.3 Department of Health for conducting investigations of unlicensed prescription hearing aid
35.4 ~~dispensers dispensing~~ shall be apportioned between all licensed or credentialed professions
35.5 that dispense prescription hearing aids.

35.6 Sec. 62. Minnesota Statutes 2022, section 153A.14, subdivision 6, is amended to read:

35.7 Subd. 6. **Prescription hearing instruments aids to comply with federal and state**
35.8 **requirements.** The commissioner shall ensure that prescription hearing instruments aids
35.9 are dispensed in compliance with state requirements and the requirements of the United
35.10 States Food and Drug Administration. Failure to comply with state or federal regulations
35.11 may be grounds for enforcement actions under section 153A.15, subdivision 2.

35.12 Sec. 63. Minnesota Statutes 2022, section 153A.14, subdivision 9, is amended to read:

35.13 Subd. 9. **Consumer rights.** A prescription hearing instrument aid dispenser shall comply
35.14 with the requirements of sections 148.5195, subdivision 3, clause (20); 148.5197; and
35.15 148.5198.

35.16 Sec. 64. Minnesota Statutes 2022, section 153A.14, subdivision 11, is amended to read:

35.17 Subd. 11. **Requirement to maintain current information.** A dispenser must notify the
35.18 commissioner in writing within 30 days of the occurrence of any of the following:

35.19 (1) a change of name, address, home or business telephone number, or business name;

35.20 (2) the occurrence of conduct prohibited by section 153A.15;

35.21 (3) a settlement, conciliation court judgment, or award based on negligence, intentional
35.22 acts, or contractual violations committed in the dispensing of prescription hearing instruments
35.23 aids by the dispenser; and

35.24 (4) the cessation of prescription hearing instrument aid dispensing activities as an
35.25 individual or a business.

35.26 Sec. 65. Minnesota Statutes 2022, section 153A.14, is amended by adding a subdivision
35.27 to read:

35.28 Subd. 12. **Over-the-counter hearing aids.** Nothing in this chapter shall preclude certified
35.29 hearing aid dispensers from dispensing or selling over-the-counter hearing aids.

36.1 Sec. 66. Minnesota Statutes 2022, section 153A.15, subdivision 1, is amended to read:

36.2 Subdivision 1. **Prohibited acts.** The commissioner may take enforcement action as
36.3 provided under subdivision 2 against a dispenser of prescription hearing instruments aids
36.4 for the following acts and conduct:

36.5 (1) dispensing a prescription hearing instrument aid to a minor person 18 years or younger
36.6 unless evaluated by an audiologist for hearing evaluation and prescription hearing aid
36.7 evaluation;

36.8 (2) being disciplined through a revocation, suspension, restriction, or limitation by
36.9 another state for conduct subject to action under this chapter;

36.10 (3) presenting advertising that is false or misleading;

36.11 (4) providing the commissioner with false or misleading statements of credentials,
36.12 training, or experience;

36.13 (5) engaging in conduct likely to deceive, defraud, or harm the public; or demonstrating
36.14 a willful or careless disregard for the health, welfare, or safety of a consumer;

36.15 (6) splitting fees or promising to pay a portion of a fee to any other professional other
36.16 than a fee for services rendered by the other professional to the client;

36.17 (7) engaging in abusive or fraudulent billing practices, including violations of federal
36.18 Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical
36.19 assistance laws;

36.20 (8) obtaining money, property, or services from a consumer through the use of undue
36.21 influence, high pressure sales tactics, harassment, duress, deception, or fraud;

36.22 (9) performing the services of a certified hearing instrument aid dispenser in an
36.23 incompetent or negligent manner;

36.24 (10) failing to comply with the requirements of this chapter as an employer, supervisor,
36.25 or trainee;

36.26 (11) failing to provide information in a timely manner in response to a request by the
36.27 commissioner, commissioner's designee, or the advisory council;

36.28 (12) being convicted within the past five years of violating any laws of the United States,
36.29 or any state or territory of the United States, and the violation is a felony, gross misdemeanor,
36.30 or misdemeanor, an essential element of which relates to prescription hearing instrument
36.31 aid dispensing, except as provided in chapter 364;

37.1 (13) failing to cooperate with the commissioner, the commissioner's designee, or the
37.2 advisory council in any investigation;

37.3 (14) failing to perform prescription hearing instrument aid dispensing with reasonable
37.4 judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental
37.5 impairment;

37.6 (15) failing to fully disclose actions taken against the applicant or the applicant's legal
37.7 authorization to dispense prescription hearing instruments aids in this or another state;

37.8 (16) violating a state or federal court order or judgment, including a conciliation court
37.9 judgment, relating to the activities of the applicant in prescription hearing instrument aid
37.10 dispensing;

37.11 (17) having been or being disciplined by the commissioner of the Department of Health,
37.12 or other authority, in this or another jurisdiction, if any of the grounds for the discipline are
37.13 the same or substantially equivalent to those in sections 153A.13 to 153A.18;

37.14 (18) misrepresenting the purpose of hearing tests, or in any way communicating that the
37.15 hearing test or hearing test protocol required by section 153A.14, subdivision 4b, is a medical
37.16 evaluation, a diagnostic hearing evaluation conducted by an audiologist, or is other than a
37.17 test to select a prescription hearing instrument aid, except that the prescription hearing
37.18 instrument aid dispenser can determine the need for or recommend the consumer obtain a
37.19 medical evaluation consistent with requirements of the United States Food and Drug
37.20 Administration;

37.21 (19) violating any of the provisions of sections 148.5195, subdivision 3, clause (20);
37.22 148.5197; 148.5198; and 153A.13 to 153A.18; and

37.23 (20) aiding or abetting another person in violating any of the provisions of sections
37.24 148.5195, subdivision 3, clause (20); 148.5197; 148.5198; and 153A.13 to 153A.18.

37.25 Sec. 67. Minnesota Statutes 2022, section 153A.15, subdivision 2, is amended to read:

37.26 Subd. 2. **Enforcement actions.** When the commissioner finds that a dispenser of
37.27 prescription hearing instruments aids has violated one or more provisions of this chapter,
37.28 the commissioner may do one or more of the following:

37.29 (1) deny or reject the application for a certificate;

37.30 (2) revoke the certificate;

37.31 (3) suspend the certificate;

38.1 (4) impose, for each violation, a civil penalty that deprives the dispenser of any economic
38.2 advantage gained by the violation and that reimburses the Department of Health for costs
38.3 of the investigation and proceeding resulting in disciplinary action, including the amount
38.4 paid for services of the Office of Administrative Hearings, the amount paid for services of
38.5 the Office of the Attorney General, attorney fees, court reporters, witnesses, reproduction
38.6 of records, advisory council members' per diem compensation, department staff time, and
38.7 expenses incurred by advisory council members and department staff;

38.8 (5) censure or reprimand the dispenser;

38.9 (6) revoke or suspend the right to supervise trainees;

38.10 (7) revoke or suspend the right to be a trainee;

38.11 (8) impose a civil penalty not to exceed \$10,000 for each separate violation; or

38.12 (9) any other action reasonably justified by the individual case.

38.13 Sec. 68. Minnesota Statutes 2022, section 153A.15, subdivision 4, is amended to read:

38.14 Subd. 4. **Penalties.** Except as provided in section 153A.14, subdivision 4, a person
38.15 violating this chapter is guilty of a misdemeanor. The commissioner may impose an automatic
38.16 civil penalty equal to one-fourth the renewal fee on each prescription hearing instrument
38.17 ~~seller aid dispenser~~ who fails to renew the certificate required in section 153A.14 by the
38.18 renewal deadline.

38.19 Sec. 69. Minnesota Statutes 2022, section 153A.17, is amended to read:

38.20 **153A.17 EXPENSES; FEES.**

38.21 (a) The expenses for administering the certification requirements, including the complaint
38.22 handling system for prescription hearing aid dispensers in sections 153A.14 and 153A.15,
38.23 and the Consumer Information Center under section 153A.18, must be paid from initial
38.24 application and examination fees, renewal fees, penalties, and fines. The commissioner shall
38.25 only use fees collected under this section for the purposes of administering this chapter.
38.26 The legislature must not transfer money generated by these fees from the state government
38.27 special revenue fund to the general fund. ~~Surcharges collected by the commissioner of health~~
38.28 ~~under section 16E.22 are not subject to this paragraph.~~

38.29 (b) The fees are as follows:

38.30 (1) the initial certification application fee is \$772.50;

38.31 (2) the annual renewal certification application fee is \$750;

39.1 (3) the initial examination fee for the practical portion is \$1,200, and \$600 for each time
39.2 it is taken, thereafter; for individuals meeting the requirements of section 148.515, subdivision
39.3 2, the fee for the practical portion of the prescription hearing instrument aid dispensing
39.4 examination is \$600 each time it is taken;

39.5 (4) the trainee application fee is \$230;

39.6 (5) the penalty fee for late submission of a renewal application is \$260; and

39.7 (6) the fee for verification of certification to other jurisdictions or entities is \$25.

39.8 (c) The commissioner may prorate the certification fee for new applicants based on the
39.9 number of quarters remaining in the annual certification period.

39.10 (d) All fees are nonrefundable. All fees, penalties, and fines received must be deposited
39.11 in the state government special revenue fund.

39.12 (e) Hearing instrument dispensers who were certified before January 1, 2018, shall pay
39.13 a onetime surcharge of \$22.50 to renew their certification when it expires after October 31,
39.14 2020. The surcharge shall cover the commissioner's costs associated with criminal
39.15 background checks.

39.16 Sec. 70. Minnesota Statutes 2022, section 153A.175, is amended to read:

39.17 **153A.175 PENALTY FEES.**

39.18 (a) The penalty fee for holding oneself out as a hearing instrument aid dispenser without
39.19 a current certificate after the credential has expired and before it is renewed is one-half the
39.20 amount of the certificate renewal fee for any part of the first day, plus one-half the certificate
39.21 renewal fee for any part of any subsequent days up to 30 days.

39.22 (b) The penalty fee for applicants who hold themselves out as hearing instrument aid
39.23 dispensers after expiration of the trainee period and before being issued a certificate is
39.24 one-half the amount of the certificate application fee for any part of the first day, plus
39.25 one-half the certificate application fee for any part of any subsequent days up to 30 days.
39.26 This paragraph does not apply to applicants not qualifying for a certificate who hold
39.27 themselves out as hearing instrument aid dispensers.

39.28 (c) The penalty fee for practicing prescription hearing instrument aid dispensing and
39.29 failing to submit a continuing education report by the due date with the correct number or
39.30 type of hours in the correct time period is \$200 plus \$200 for each missing clock hour.
39.31 "Missing" means not obtained between the effective and expiration dates of the certificate,
39.32 the one-month period following the certificate expiration date, or the 30 days following

40.1 notice of a penalty fee for failing to report all continuing education hours. The certificate
 40.2 holder must obtain the missing number of continuing education hours by the next reporting
 40.3 due date.

40.4 (d) Civil penalties and discipline incurred by certificate holders prior to August 1, 2005,
 40.5 for conduct described in paragraph (a), (b), or (c) shall be recorded as nondisciplinary penalty
 40.6 fees. Payment of a penalty fee does not preclude any disciplinary action reasonably justified
 40.7 by the individual case.

40.8 Sec. 71. Minnesota Statutes 2022, section 153A.18, is amended to read:

40.9 **153A.18 CONSUMER INFORMATION CENTER.**

40.10 The commissioner shall establish a Consumer Information Center to assist actual and
 40.11 potential purchasers of prescription hearing aids by providing them with information
 40.12 regarding prescription hearing instrument aid sales. The Consumer Information Center shall
 40.13 disseminate information about consumers' legal rights related to prescription hearing
 40.14 instrument aid sales, provide information relating to complaints about dispensers of
 40.15 prescription hearing instruments aids, and provide information about outreach and advocacy
 40.16 services for consumers of prescription hearing instruments aids. In establishing the center
 40.17 and developing the information, the commissioner shall consult with representatives of
 40.18 prescription hearing instrument aid dispensers, audiologists, physicians, and consumers.

40.19 Sec. 72. Minnesota Statutes 2022, section 153A.20, is amended to read:

40.20 **153A.20 HEARING INSTRUMENT AID DISPENSER ADVISORY COUNCIL.**

40.21 Subdivision 1. **Membership.** (a) The commissioner shall appoint seven persons to a
 40.22 Hearing ~~Instrument~~ Aid Dispenser Advisory Council.

40.23 (b) The seven persons must include:

40.24 (1) three public members, as defined in section 214.02. At least one of the public members
 40.25 shall be a prescription hearing instrument aid user and one of the public members shall be
 40.26 either a prescription hearing instrument aid user or an advocate of one;

40.27 (2) three hearing ~~instrument aid~~ dispensers certified under sections 153A.14 to 153A.20,
 40.28 each of whom is currently, and has been for the five years immediately preceding their
 40.29 appointment, engaged in prescription hearing instrument aid dispensing in Minnesota and
 40.30 who represent the occupation of prescription hearing instrument aid dispensing and who
 40.31 are not audiologists; and

41.1 (3) one audiologist licensed as an audiologist under chapter 148 who dispenses
41.2 prescription hearing instruments aids, recommended by a professional association
41.3 representing audiologists and speech-language pathologists.

41.4 (c) The factors the commissioner may consider when appointing advisory council
41.5 members include, but are not limited to, professional affiliation, geographical location, and
41.6 type of practice.

41.7 (d) No two members of the advisory council shall be employees of, or have binding
41.8 contracts requiring sales exclusively for, the same prescription hearing instrument aid
41.9 manufacturer or the same employer.

41.10 Subd. 2. **Organization.** The advisory council shall be organized and administered
41.11 according to section 15.059. The council may form committees to carry out its duties.

41.12 Subd. 3. **Duties.** At the commissioner's request, the advisory council shall:

41.13 (1) advise the commissioner regarding hearing instrument aid dispenser certification
41.14 standards;

41.15 (2) provide for distribution of information regarding hearing instrument aid dispenser
41.16 certification standards;

41.17 (3) review investigation summaries of competency violations and make recommendations
41.18 to the commissioner as to whether the allegations of incompetency are substantiated; and

41.19 (4) perform other duties as directed by the commissioner.

41.20 Sec. 73. Minnesota Statutes 2022, section 245.4661, subdivision 9, is amended to read:

41.21 Subd. 9. **Services and programs.** (a) The following three distinct grant programs are
41.22 funded under this section:

41.23 (1) mental health crisis services;

41.24 (2) housing with supports for adults with serious mental illness; and

41.25 (3) projects for assistance in transitioning from homelessness (PATH program).

41.26 (b) In addition, the following are eligible for grant funds:

41.27 (1) community education and prevention;

41.28 (2) client outreach;

41.29 (3) early identification and intervention;

41.30 (4) adult outpatient diagnostic assessment and psychological testing;

- 42.1 (5) peer support services;
- 42.2 (6) community support program services (CSP);
- 42.3 (7) adult residential crisis stabilization;
- 42.4 (8) supported employment;
- 42.5 (9) assertive community treatment (ACT);
- 42.6 (10) housing subsidies;
- 42.7 (11) basic living, social skills, and community intervention;
- 42.8 (12) emergency response services;
- 42.9 (13) adult outpatient psychotherapy;
- 42.10 (14) adult outpatient medication management;
- 42.11 (15) adult mobile crisis services;
- 42.12 (16) adult day treatment;
- 42.13 (17) partial hospitalization;
- 42.14 (18) adult residential treatment;
- 42.15 (19) adult mental health targeted case management; and
- 42.16 ~~(20) intensive community rehabilitative services (ICRS); and~~
- 42.17 ~~(21)~~ (20) transportation.

42.18 Sec. 74. Minnesota Statutes 2022, section 245.469, subdivision 3, is amended to read:

42.19 Subd. 3. **Mental health crisis services.** The commissioner of human services shall
 42.20 increase access to mental health crisis services for children and adults. In order to increase
 42.21 access, the commissioner must:

- 42.22 (1) develop a central phone number where calls can be routed to the appropriate crisis
 42.23 services;
- 42.24 (2) provide telephone consultation 24 hours a day to mobile crisis teams who are serving
 42.25 people with traumatic brain injury or intellectual disabilities who are experiencing a mental
 42.26 health crisis;
- 42.27 (3) expand crisis services across the state, including rural areas of the state and examining
 42.28 access per population;

43.1 (4) establish and implement state standards and requirements for crisis services as outlined
 43.2 in section 256B.0624; and

43.3 (5) provide grants to adult mental health initiatives, counties, tribes, or community mental
 43.4 health providers to establish new mental health crisis residential service capacity.

43.5 Priority will be given to regions that do not have a mental health crisis residential services
 43.6 program, do not have an inpatient psychiatric unit within the region, do not have an inpatient
 43.7 psychiatric unit within 90 miles, or have a demonstrated need based on the number of crisis
 43.8 residential or intensive residential treatment beds available to meet the needs of the residents
 43.9 in the region. At least 50 percent of the funds must be distributed to programs in rural
 43.10 Minnesota. Grant funds may be used for start-up costs, including but not limited to
 43.11 renovations, furnishings, and staff training. Grant applications shall provide details on how
 43.12 the intended service will address identified needs and shall demonstrate collaboration with
 43.13 crisis teams, other mental health providers, hospitals, and police.

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

43.15 Sec. 75. **[245.4903] CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE**
 43.16 **GRANT PROGRAM.**

43.17 **Subdivision 1. Establishment.** The commissioner of human services must establish a
 43.18 cultural and ethnic minority infrastructure grant program to ensure that mental health and
 43.19 substance use disorder treatment supports and services are culturally-specific and
 43.20 culturally-responsive to meet the cultural needs of communities served.

43.21 **Subd. 2. Eligible applicants.** An eligible applicant is a licensed entity or provider from
 43.22 a cultural or ethnic minority population who:

43.23 (1) provides mental health or substance use disorder treatment services and supports to
 43.24 individuals from cultural and ethnic minority populations, including individuals who are
 43.25 lesbian, gay, bisexual, transgender, or queer, and from cultural and ethnic minority
 43.26 populations;

43.27 (2) provides, or is qualified and has the capacity to provide, clinical supervision and
 43.28 support to members of culturally diverse and ethnic minority communities so they may
 43.29 become qualified mental health and substance use disorder treatment providers; or

43.30 (3) has the capacity and experience to provide training for mental health and substance
 43.31 use disorder treatment providers on cultural competency and cultural humility.

44.1 Subd. 3. **Allowable grant activities.** (a) Grantees must engage in activities and provide
44.2 supportive services to ensure and increase equitable access to culturally-specific and
44.3 responsive care and build organizational and professional capacity for licensure and
44.4 certification for the communities served. Allowable grant activities include but are not
44.5 limited to:

44.6 (1) providing workforce development activities focused on recruiting, supporting,
44.7 training, and supervising mental health and substance use disorder practitioners and
44.8 professionals from diverse racial, cultural, and ethnic communities;

44.9 (2) helping members of culturally diverse and ethnic minority communities become
44.10 qualified mental health and substance use disorder professionals, practitioners, clinical
44.11 supervisors, recovery peer specialists, mental health certified peer specialists, and mental
44.12 health certified family peer specialists;

44.13 (3) providing culturally-specific outreach, early intervention, trauma-informed services,
44.14 and recovery support in mental health and substance use disorder services;

44.15 (4) providing trauma-informed and culturally-responsive mental health and substance
44.16 use disorder supports and services to children and families, youth, or adults who are from
44.17 cultural and ethnic minority backgrounds and are uninsured or underinsured;

44.18 (5) expanding mental health and substance use disorder services, particularly in greater
44.19 Minnesota;

44.20 (6) training for mental health and substance use disorder treatment providers on cultural
44.21 competency and cultural humility; and

44.22 (7) providing activities that increase the availability of culturally responsive mental
44.23 health and substance use disorder services for children and families, youth, or adults, or
44.24 that increase the availability of substance use disorder services for individuals from cultural
44.25 and ethnic minorities in the state.

44.26 (b) The commissioner must assist grantees with meeting third-party credentialing
44.27 requirements, and grantees must obtain all available third-party reimbursement sources as
44.28 a condition of receiving grant funds. Grantees must serve individuals from cultural and
44.29 ethnic minority communities regardless of health coverage status or ability to pay.

44.30 Subd. 4. **Data collection and outcomes.** (a) Grantees must provide monthly data
44.31 summaries to the commissioner for the purposes of evaluating the effectiveness of the grant
44.32 program. The commissioner must evaluate program activities by analyzing whether the
44.33 program:

45.1 (1) increased access to culturally-specific services for individuals from cultural and
 45.2 ethnic minority communities across the state;

45.3 (2) increased the number of individuals from cultural and ethnic minority communities
 45.4 served by grantees;

45.5 (3) increased cultural responsiveness and cultural competency of mental health and
 45.6 substance use disorder treatment providers;

45.7 (4) increased the number of mental health and substance use disorder treatment providers
 45.8 and clinical supervisors from cultural and ethnic minority communities;

45.9 (5) increased the number of mental health and substance use disorder treatment
 45.10 organizations owned, managed, or led by individuals who are Black, Indigenous, or People
 45.11 of Color;

45.12 (6) reduced health disparities through improved clinical and functional outcomes for
 45.13 those accessing services; and

45.14 (7) led to an overall increase in culturally-specific mental health and substance use
 45.15 disorder service availability.

45.16 (b) The commissioner must submit the results of the evaluation to the chairs and ranking
 45.17 minority members of the legislative committees with jurisdiction over mental health.

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

45.19 **Sec. 76. [245.4906] MENTAL HEALTH CERTIFIED PEER SPECIALIST GRANT**
 45.20 **PROGRAM.**

45.21 **Subdivision 1. Establishment.** The commissioner of human services must establish a
 45.22 mental health certified peer specialist grant program to provide funding for the training of
 45.23 mental health certified peer specialists who provide services to support individuals with
 45.24 lived experience of mental illness under section 256B.0615.

45.25 **Subd. 2. Eligible applicants.** An eligible applicant is a licensed entity or provider who
 45.26 employs a mental health certified peer specialist qualified under section 245I.04, subdivision
 45.27 10, and who provides services to individuals receiving assertive community treatment or
 45.28 intensive residential treatment services under section 256B.0622, adult rehabilitative mental
 45.29 health services under section 256B.0623, or crisis response services under section 256B.0624.

45.30 **Subd. 3. Allowable grant activities.** Grantees must use grant funding to provide training
 45.31 for mental health certified peer specialists as specified in section 256B.0615, subdivision
 45.32 5.

46.1 Subd. 4. **Outcomes.** (a) Grantees must provide an annual report to the commissioner
 46.2 for the purposes of evaluating the effectiveness of the grant program. The report must
 46.3 include:

46.4 (1) the number of mental health certified peer specialists who received training using
 46.5 the grant funds under this section; and

46.6 (2) the extent to which individuals receiving peer services experienced progress on
 46.7 achieving treatment goals and experienced a reduction in hospital admissions.

46.8 (b) The commissioner must submit the results of the evaluation to the chairs and ranking
 46.9 minority members of the legislative committees with jurisdiction over mental health.

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

46.11 Sec. 77. **[245.4907] MENTAL HEALTH CERTIFIED FAMILY PEER SPECIALIST**
 46.12 **GRANT PROGRAM.**

46.13 Subdivision 1. **Establishment.** The commissioner of human services must establish a
 46.14 mental health certified peer family specialist grant program to provide funding for training
 46.15 for mental health certified peer family specialists who provide services to support individuals
 46.16 with lived experience of mental illness under section 256B.0616.

46.17 Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider who
 46.18 employs a mental health certified peer family specialist qualified under section 245I.04,
 46.19 subdivision 12, and who provides services to families who have a child:

46.20 (1) with an emotional disturbance or severe emotional disturbance under chapter 245;

46.21 (2) receiving inpatient hospitalization under section 256B.0625, subdivision 1;

46.22 (3) admitted to a residential treatment facility under section 245.4882;

46.23 (4) receiving children's intensive behavioral health services under section 256B.0946;

46.24 (5) receiving day treatment or children's therapeutic services and supports under section
 46.25 256B.0943; or

46.26 (6) receiving crisis response services under section 256B.0624.

46.27 Subd. 3. **Allowable grant activities.** Grantees must use grant funding to provide training
 46.28 for mental health certified family peer specialists as specified in section 256B.0616,
 46.29 subdivision 5.

47.1 Subd. 4. **Outcomes.** (a) Grantees must provide an annual report to the commissioner
47.2 for the purposes of evaluating the effectiveness of the grant program. The report must
47.3 include:

47.4 (1) the number of mental health certified peer specialists who received training using
47.5 the grant funds under this section; and

47.6 (2) the extent to which individuals receiving family peer services experienced progress
47.7 on achieving treatment goals and experienced a reduction in hospital admissions.

47.8 (b) The commissioner must submit the results of the evaluation to the chairs and ranking
47.9 minority members of the legislative committees with jurisdiction over mental health.

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

47.11 Sec. 78. **[245.991] PROJECTS FOR ASSISTANCE IN TRANSITION FROM**
47.12 **HOMELESSNESS PROGRAM.**

47.13 Subdivision 1. **Establishment.** The commissioner of human services must establish
47.14 projects for assistance in transition from homelessness program to prevent or end
47.15 homelessness for people with serious mental illness or co-occurring substance use disorder
47.16 and ensure the commissioner achieves the goals of the housing mission statement in section
47.17 245.461, subdivision 4.

47.18 Subd. 2. **Eligible applicants.** Applicants for a grant under this section must be a nonprofit
47.19 organization, county, or other entity who provides services to help individuals transition
47.20 from homelessness.

47.21 Subd. 3. **Allowable grant activities.** Grantees must provide homeless outreach and case
47.22 management services. Projects may provide clinical assessment, habilitation and rehabilitation
47.23 services, community mental health services, substance use disorder treatment, housing
47.24 transition and sustaining services, or direct assistance funding. Services must be provided
47.25 to individuals with serious mental illness, or with co-occurring substance use disorder, and
47.26 who are homeless or at imminent risk of homelessness. Individuals receiving homeless
47.27 outreach services may be presumed eligible until a serious mental illness can be verified.

47.28 Subd. 4. **Outcomes.** (a) Grantees must submit an annual report to the commissioner for
47.29 the purposes of evaluating the effectiveness of the grant program. The report must include:

47.30 (1) the number of individuals the grantee provided homeless outreach services to;

47.31 (2) the number of individuals the grantee enrolled in case management services;

48.1 (3) the number of individuals that were able to access mental health and substance use
48.2 disorder treatment services; and

48.3 (4) the number of individuals that were able to transition from homelessness to housing.

48.4 (b) The commissioner must submit the results of the evaluation to the chairs and ranking
48.5 minority members of the legislative committees with jurisdiction over mental health and
48.6 homelessness.

48.7 Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with
48.8 all conditions and requirements necessary to receive federal aid or grants with respect to
48.9 homeless services or programs as specified in section 245.70.

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

48.11 Sec. 79. **[245.992] HOUSING WITH SUPPORT FOR ADULTS WITH SERIOUS**
48.12 **MENTAL ILLNESS PROGRAM.**

48.13 Subdivision 1. **Establishment.** The commissioner of human services must establish a
48.14 housing with support for adults with serious mental illness program to prevent or end
48.15 homelessness for people with serious mental illness, to increase the availability of housing
48.16 with support, and to ensure the commissioner may achieve the goals of the housing mission
48.17 statement in section 245.461, subdivision 4.

48.18 Subd. 2. **Eligible applicants.** Program activities must be provided to people with serious
48.19 mental illness, or with co-occurring substance use disorder, who meet homeless criteria
48.20 determined by the commissioner.

48.21 Subd. 3. **Allowable grant activities.** Grantees must provide a range of activities and
48.22 supportive services that ensure individuals obtain and retain permanent supportive housing.
48.23 Program activities may include case management, site-based housing services, housing
48.24 transition and sustaining services, outreach services, community support services, or direct
48.25 assistance funding.

48.26 Subd. 4. **Outcomes.** (a) Grantees must submit an annual report to the commissioner for
48.27 the purposes of evaluating the effectiveness of the grant program. The report must include:

48.28 (1) whether the grantee's housing and activities utilized evidence-based practices;

48.29 (2) the number of individuals that were able to transition from homelessness to housing;

48.30 (3) the number of individuals that were able to retain housing; and

48.31 (4) whether the individuals were satisfied with their housing.

49.1 (b) The commissioner must submit the results of the evaluation to the chairs and ranking
49.2 minority members of the legislative committees with jurisdiction over mental health and
49.3 homelessness.

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

49.5 Sec. 80. Minnesota Statutes 2022, section 256.478, is amended by adding a subdivision
49.6 to read:

49.7 **Subd. 3. Authorized uses of grant funds.** Grant funds may be used for but are not
49.8 limited to the following:

49.9 (1) increasing access to home and community-based services for an individual;

49.10 (2) improving caregiver-child relationships and aiding progress toward treatment goals;

49.11 and

49.12 (3) reducing emergency department visits.

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

49.14 Sec. 81. Minnesota Statutes 2022, section 256.478, is amended by adding a subdivision
49.15 to read:

49.16 **Subd. 4. Outcomes.** Program evaluation is based on but not limited to the following
49.17 criteria:

49.18 (1) expediting discharges for individuals who no longer need hospital level of care;

49.19 (2) individuals obtaining and retaining housing;

49.20 (3) individuals maintaining community living by diverting admission to Anoka Metro

49.21 Regional Treatment Center and Forensic Mental Health Program;

49.22 (4) reducing recidivism rates of individuals returning to state institutions; and

49.23 (5) individuals' ability to live in the least restrictive community setting.

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

49.25 Sec. 82. Minnesota Statutes 2022, section 256B.056, is amended by adding a subdivision
49.26 to read:

49.27 **Subd. 5d. Medical assistance room and board rate.** "Medical assistance room and
49.28 board rate" means an amount equal to 81 percent of the federal poverty guideline for a single
49.29 individual living alone in the community less the medical assistance personal needs allowance

50.1 under section 256B.35. The amount of the room and board rate, as defined in section 256I.03,
50.2 subdivision 2, that exceeds the medical assistance room and board rate is considered a
50.3 remedial care cost. A remedial care cost may be used to meet a spenddown obligation under
50.4 this section. The medical assistance room and board rate is to be adjusted on January 1 of
50.5 each year.

50.6 Sec. 83. Minnesota Statutes 2022, section 256B.0622, subdivision 8, is amended to read:

50.7 **Subd. 8. Medical assistance payment for assertive community treatment and**
50.8 **intensive residential treatment services.** (a) Payment for intensive residential treatment
50.9 services and assertive community treatment in this section shall be based on one daily rate
50.10 per provider inclusive of the following services received by an eligible client in a given
50.11 calendar day: all rehabilitative services under this section, staff travel time to provide
50.12 rehabilitative services under this section, and nonresidential crisis stabilization services
50.13 under section 256B.0624.

50.14 (b) Except as indicated in paragraph (c), payment will not be made to more than one
50.15 entity for each client for services provided under this section on a given day. If services
50.16 under this section are provided by a team that includes staff from more than one entity, the
50.17 team must determine how to distribute the payment among the members.

50.18 (c) The commissioner shall determine one rate for each provider that will bill medical
50.19 assistance for residential services under this section and one rate for each assertive community
50.20 treatment provider. If a single entity provides both services, one rate is established for the
50.21 entity's residential services and another rate for the entity's nonresidential services under
50.22 this section. A provider is not eligible for payment under this section without authorization
50.23 from the commissioner. The commissioner shall develop rates using the following criteria:

50.24 (1) the provider's cost for services shall include direct services costs, other program
50.25 costs, and other costs determined as follows:

50.26 (i) the direct services costs must be determined using actual costs of salaries, benefits,
50.27 payroll taxes, and training of direct service staff and service-related transportation;

50.28 (ii) other program costs not included in item (i) must be determined as a specified
50.29 percentage of the direct services costs as determined by item (i). The percentage used shall
50.30 be determined by the commissioner based upon the average of percentages that represent
50.31 the relationship of other program costs to direct services costs among the entities that provide
50.32 similar services;

51.1 (iii) physical plant costs calculated based on the percentage of space within the program
51.2 that is entirely devoted to treatment and programming. This does not include administrative
51.3 or residential space;

51.4 (iv) assertive community treatment physical plant costs must be reimbursed as part of
51.5 the costs described in item (ii); and

51.6 (v) subject to federal approval, up to an additional five percent of the total rate may be
51.7 added to the program rate as a quality incentive based upon the entity meeting performance
51.8 criteria specified by the commissioner;

51.9 (2) actual cost is defined as costs which are allowable, allocable, and reasonable, and
51.10 consistent with federal reimbursement requirements under Code of Federal Regulations,
51.11 title 48, chapter 1, part 31, relating to for-profit entities, and Office of Management and
51.12 Budget Circular Number A-122, relating to nonprofit entities;

51.13 (3) the number of service units;

51.14 (4) the degree to which clients will receive services other than services under this section;
51.15 and

51.16 (5) the costs of other services that will be separately reimbursed.

51.17 (d) The rate for intensive residential treatment services and assertive community treatment
51.18 must exclude the medical assistance room and board rate, as defined in section ~~256I.03,~~
51.19 ~~subdivision 6~~ 256B.056, subdivision 5d, and services not covered under this section, such
51.20 as partial hospitalization, home care, and inpatient services.

51.21 (e) Physician services that are not separately billed may be included in the rate to the
51.22 extent that a psychiatrist, or other health care professional providing physician services
51.23 within their scope of practice, is a member of the intensive residential treatment services
51.24 treatment team. Physician services, whether billed separately or included in the rate, may
51.25 be delivered by telehealth. For purposes of this paragraph, "telehealth" has the meaning
51.26 given to "mental health telehealth" in section 256B.0625, subdivision 46, when telehealth
51.27 is used to provide intensive residential treatment services.

51.28 (f) When services under this section are provided by an assertive community treatment
51.29 provider, case management functions must be an integral part of the team.

51.30 (g) The rate for a provider must not exceed the rate charged by that provider for the
51.31 same service to other payors.

52.1 (h) The rates for existing programs must be established prospectively based upon the
 52.2 expenditures and utilization over a prior 12-month period using the criteria established in
 52.3 paragraph (c). The rates for new programs must be established based upon estimated
 52.4 expenditures and estimated utilization using the criteria established in paragraph (c).

52.5 (i) Entities who discontinue providing services must be subject to a settle-up process
 52.6 whereby actual costs and reimbursement for the previous 12 months are compared. In the
 52.7 event that the entity was paid more than the entity's actual costs plus any applicable
 52.8 performance-related funding due the provider, the excess payment must be reimbursed to
 52.9 the department. If a provider's revenue is less than actual allowed costs due to lower
 52.10 utilization than projected, the commissioner may reimburse the provider to recover its actual
 52.11 allowable costs. The resulting adjustments by the commissioner must be proportional to the
 52.12 percent of total units of service reimbursed by the commissioner and must reflect a difference
 52.13 of greater than five percent.

52.14 (j) A provider may request of the commissioner a review of any rate-setting decision
 52.15 made under this subdivision.

52.16 Sec. 84. Minnesota Statutes 2022, section 256B.0625, subdivision 3a, is amended to read:

52.17 Subd. 3a. ~~Sex reassignment surgery~~ **Gender affirming services.** ~~Sex reassignment~~
 52.18 ~~surgery is not covered~~ Medical assistance covers gender affirming services.

52.19 Sec. 85. Minnesota Statutes 2022, section 256B.0946, subdivision 6, is amended to read:

52.20 Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this
 52.21 section and are not eligible for medical assistance payment as components of children's
 52.22 intensive behavioral health services, but may be billed separately:

52.23 (1) inpatient psychiatric hospital treatment;

52.24 (2) mental health targeted case management;

52.25 (3) partial hospitalization;

52.26 (4) medication management;

52.27 (5) children's mental health day treatment services;

52.28 (6) crisis response services under section 256B.0624;

52.29 (7) transportation; and

52.30 (8) mental health certified family peer specialist services under section 256B.0616.

53.1 (b) Children receiving intensive behavioral health services are not eligible for medical
 53.2 assistance reimbursement for the following services while receiving children's intensive
 53.3 behavioral health services:

53.4 (1) psychotherapy and skills training components of children's therapeutic services and
 53.5 supports under section 256B.0943;

53.6 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
 53.7 1, paragraph (l);

53.8 (3) home and community-based waiver services;

53.9 (4) mental health residential treatment; and

53.10 (5) medical assistance room and board costs rate, as defined in section ~~256L.03,~~
 53.11 ~~subdivision 6~~ 256B.056, subdivision 5d.

53.12 Sec. 86. Minnesota Statutes 2022, section 256B.0947, subdivision 7a, is amended to read:

53.13 Subd. 7a. **Noncovered services.** (a) The rate for intensive rehabilitative mental health
 53.14 services does not include medical assistance payment for services in clauses (1) to (7).

53.15 Services not covered under this paragraph may be billed separately:

53.16 (1) inpatient psychiatric hospital treatment;

53.17 (2) partial hospitalization;

53.18 (3) children's mental health day treatment services;

53.19 (4) physician services outside of care provided by a psychiatrist serving as a member of
 53.20 the treatment team;

53.21 (5) medical assistance room and board costs rate, as defined in section ~~256L.03,~~
 53.22 ~~subdivision 6~~ 256B.056, subdivision 5d;

53.23 (6) home and community-based waiver services; and

53.24 (7) other mental health services identified in the child's individualized education program.

53.25 (b) The following services are not covered under this section and are not eligible for
 53.26 medical assistance payment while youth are receiving intensive rehabilitative mental health
 53.27 services:

53.28 (1) mental health residential treatment; and

53.29 (2) mental health behavioral aide services, as defined in section 256B.0943, subdivision
 53.30 1, paragraph (l).

54.1 Sec. 87. Minnesota Statutes 2022, section 256D.02, is amended by adding a subdivision
54.2 to read:

54.3 Subd. 20. **Date of application.** "Date of application" has the meaning given in section
54.4 256P.01, subdivision 2b.

54.5 Sec. 88. Minnesota Statutes 2022, section 256D.07, is amended to read:

54.6 **256D.07 TIME OF PAYMENT OF ASSISTANCE.**

54.7 An applicant for general assistance shall be deemed eligible if the application and the
54.8 verification of the statement on that application demonstrate that the applicant is within the
54.9 eligibility criteria established by sections 256D.01 to 256D.21 and any applicable rules of
54.10 the commissioner. Any person requesting general assistance shall be permitted by the county
54.11 agency to make an application for assistance as soon as administratively possible and in no
54.12 event later than the fourth day following the date on which assistance is first requested, and
54.13 no county agency shall require that a person requesting assistance appear at the offices of
54.14 the county agency more than once prior to the date on which the person is permitted to make
54.15 the application. ~~The application shall be in writing in the manner and upon the form~~
54.16 ~~prescribed by the commissioner and attested to by the oath of the applicant or in lieu thereof~~
54.17 ~~shall contain the following declaration which shall be signed by the applicant: "I declare~~
54.18 ~~that this application has been examined by me and to the best of my knowledge and belief~~
54.19 ~~is a true and correct statement of every material point."~~ Applications must be submitted
54.20 according to section 256P.04, subdivision 1a. On the date that general assistance is first
54.21 requested, the county agency shall inquire and determine whether the person requesting
54.22 assistance is in immediate need of food, shelter, clothing, assistance for necessary
54.23 transportation, or other emergency assistance pursuant to section 256D.06, subdivision 2.
54.24 A person in need of emergency assistance shall be granted emergency assistance immediately,
54.25 and necessary emergency assistance shall continue for up to 30 days following the date of
54.26 application. A determination of an applicant's eligibility for general assistance shall be made
54.27 by the county agency as soon as the required verifications are received by the county agency
54.28 and in no event later than 30 days following the date that the application is made. Any
54.29 verifications required of the applicant shall be reasonable, and the commissioner shall by
54.30 rule establish reasonable verifications. General assistance shall be granted to an eligible
54.31 applicant without the necessity of first securing action by the board of the county agency.
54.32 The first month's grant must be computed to cover the time period starting with the date a
54.33 ~~signed application form is received by the county agency of application, as defined by~~

55.1 section 256P.01, subdivision 2b, or from the date that the applicant meets all eligibility
55.2 factors, whichever occurs later.

55.3 If upon verification and due investigation it appears that the applicant provided false
55.4 information and the false information materially affected the applicant's eligibility for general
55.5 assistance or the amount of the applicant's general assistance grant, the county agency may
55.6 refer the matter to the county attorney. The county attorney may commence a criminal
55.7 prosecution or a civil action for the recovery of any general assistance wrongfully received,
55.8 or both.

55.9 Sec. 89. Minnesota Statutes 2022, section 256I.03, subdivision 15, is amended to read:

55.10 Subd. 15. **Supportive housing.** "Supportive housing" means housing that is not
55.11 time-limited ~~and~~, provides or coordinates services necessary for a resident to maintain
55.12 housing stability, and is not assisted living licensed under chapter 144G.

55.13 Sec. 90. Minnesota Statutes 2022, section 256I.03, is amended by adding a subdivision
55.14 to read:

55.15 Subd. 16. **Date of application.** "Date of application" has the meaning given in section
55.16 256P.01, subdivision 2b.

55.17 Sec. 91. Minnesota Statutes 2022, section 256I.04, subdivision 2, is amended to read:

55.18 Subd. 2. **Date of eligibility.** An individual who has met the eligibility requirements of
55.19 subdivision 1, shall have a housing support payment made on the individual's behalf from
55.20 the first day of the month ~~in which a signed of the date of application form is received by~~
55.21 ~~a county agency, as defined by section 256P.01, subdivision 2b~~, or the first day of the month
55.22 in which all eligibility factors have been met, whichever is later.

55.23 Sec. 92. Minnesota Statutes 2022, section 256I.06, subdivision 3, is amended to read:

55.24 Subd. 3. **Filing of application.** ~~The county agency must immediately provide an~~
55.25 ~~application form to any person requesting housing support. Application for housing support~~
55.26 ~~must be in writing on a form prescribed by the commissioner. Applications must be submitted~~
55.27 according to section 256P.04, subdivision 1a. The county agency must determine an
55.28 applicant's eligibility for housing support as soon as the required verifications are received
55.29 by the county agency and within 30 days after a signed application is received by the county
55.30 agency for the aged or blind or within 60 days for people with a disability.

56.1 Sec. 93. Minnesota Statutes 2022, section 256I.09, is amended to read:

56.2 **256I.09 COMMUNITY LIVING INFRASTRUCTURE.**

56.3 The commissioner shall award grants to agencies and multi-Tribal collaboratives through
 56.4 an annual competitive process. Grants awarded under this section may be used for: (1)
 56.5 outreach to locate and engage people who are homeless or residing in segregated settings
 56.6 to screen for basic needs and assist with referral to community living resources; (2) building
 56.7 capacity to provide technical assistance and consultation on housing and related support
 56.8 service resources for persons with both disabilities and low income; or (3) streamlining the
 56.9 administration and monitoring activities related to housing support funds. Agencies may
 56.10 collaborate and submit a joint application for funding under this section.

56.11 Sec. 94. Minnesota Statutes 2022, section 256J.08, subdivision 21, is amended to read:

56.12 Subd. 21. **Date of application.** "Date of application" ~~means the date on which the county~~
 56.13 ~~agency receives an applicant's application as a signed written application, an application~~
 56.14 ~~submitted by telephone, or an application submitted through Internet telepresence~~ has the
 56.15 meaning given in section 256P.01, subdivision 2b.

56.16 Sec. 95. Minnesota Statutes 2022, section 256J.09, subdivision 3, is amended to read:

56.17 Subd. 3. **Submitting application form.** (a) A county agency must offer, in person or
 56.18 by mail, the application forms prescribed by the commissioner as soon as a person makes
 56.19 a written or oral inquiry. At that time, the county agency must:

56.20 (1) inform the person that assistance begins on the date ~~that the~~ of application is received
 56.21 ~~by the county agency either as a signed written application; an application submitted by~~
 56.22 ~~telephone; or an application submitted through Internet telepresence;~~ as defined in section
 56.23 256P.01, subdivision 2b, or on the date that all eligibility criteria are met, whichever is later;

56.24 (2) inform a person that the person may submit the application by telephone or through
 56.25 Internet telepresence;

56.26 (3) inform a person ~~that when the person submits the application by telephone or through~~
 56.27 ~~Internet telepresence, the county agency must receive a signed written application within~~
 56.28 ~~30 days of the date that the person submitted the application by telephone or through Internet~~
 56.29 ~~telepresence~~ of the application submission requirements in section 256P.04, subdivision
 56.30 1a;

56.31 (4) inform the person that any delay in submitting the application will reduce the amount
 56.32 of assistance paid for the month of application;

- 57.1 (5) inform a person that the person may submit the application before an interview;
- 57.2 (6) explain the information that will be verified during the application process by the
57.3 county agency as provided in section 256J.32;
- 57.4 (7) inform a person about the county agency's average application processing time and
57.5 explain how the application will be processed under subdivision 5;
- 57.6 (8) explain how to contact the county agency if a person's application information changes
57.7 and how to withdraw the application;
- 57.8 (9) inform a person that the next step in the application process is an interview and what
57.9 a person must do if the application is approved including, but not limited to, attending
57.10 orientation under section 256J.45 and complying with employment and training services
57.11 requirements in sections 256J.515 to 256J.57;
- 57.12 (10) inform the person that an interview must be conducted. The interview may be
57.13 conducted face-to-face in the county office or at a location mutually agreed upon, through
57.14 Internet telepresence, or by telephone;
- 57.15 (11) explain the child care and transportation services that are available under paragraph
57.16 (c) to enable caregivers to attend the interview, screening, and orientation; and
- 57.17 (12) identify any language barriers and arrange for translation assistance during
57.18 appointments, including, but not limited to, screening under subdivision 3a, orientation
57.19 under section 256J.45, and assessment under section 256J.521.
- 57.20 (b) Upon receipt of a signed application, the county agency must stamp the date of receipt
57.21 on the face of the application. The county agency must process the application within the
57.22 time period required under subdivision 5. An applicant may withdraw the application at
57.23 any time by giving written or oral notice to the county agency. The county agency must
57.24 issue a written notice confirming the withdrawal. The notice must inform the applicant of
57.25 the county agency's understanding that the applicant has withdrawn the application and no
57.26 longer wants to pursue it. When, within ten days of the date of the agency's notice, an
57.27 applicant informs a county agency, in writing, that the applicant does not wish to withdraw
57.28 the application, the county agency must reinstate the application and finish processing the
57.29 application.
- 57.30 (c) Upon a participant's request, the county agency must arrange for transportation and
57.31 child care or reimburse the participant for transportation and child care expenses necessary
57.32 to enable participants to attend the screening under subdivision 3a and orientation under
57.33 section 256J.45.

58.1 Sec. 96. Minnesota Statutes 2022, section 256J.95, subdivision 5, is amended to read:

58.2 Subd. 5. **Submitting application form.** The eligibility date for the diversionary work
58.3 program begins on the date ~~that the combined~~ of application form (CAF) is received by the
58.4 county agency either as a signed written application; an application submitted by telephone;
58.5 or an application submitted through Internet telepresence; as defined in section 256P.01,
58.6 subdivision 2b, or on the date that diversionary work program eligibility criteria are met,
58.7 whichever is later. The county agency must inform an applicant ~~that when the applicant~~
58.8 ~~submits the application by telephone or through Internet telepresence, the county agency~~
58.9 ~~must receive a signed written application within 30 days of the date that the applicant~~
58.10 ~~submitted the application by telephone or through Internet telepresence~~ of the application
58.11 submission requirements in section 256P.04, subdivision 1a. The county agency must inform
58.12 the applicant that any delay in submitting the application will reduce the benefits paid for
58.13 the month of application. The county agency must inform a person that an application may
58.14 be submitted before the person has an interview appointment. Upon receipt of a signed
58.15 application, the county agency must stamp the date of receipt on the face of the application.
58.16 The applicant may withdraw the application at any time prior to approval by giving written
58.17 or oral notice to the county agency. The county agency must follow the notice requirements
58.18 in section 256J.09, subdivision 3, when issuing a notice confirming the withdrawal.

58.19 Sec. 97. Minnesota Statutes 2022, section 256P.01, is amended by adding a subdivision
58.20 to read:

58.21 Subd. 2b. **Date of application.** "Date of application" means the date on which the agency
58.22 receives an applicant's application as a signed written application, an application submitted
58.23 by telephone, or an application submitted through Internet telepresence. The child care
58.24 assistance program under chapter 119B is exempt from this definition.

58.25 Sec. 98. Minnesota Statutes 2022, section 256P.04, is amended by adding a subdivision
58.26 to read:

58.27 Subd. 1a. **Application submission.** An agency must offer, in person or by mail, the
58.28 application forms prescribed by the commissioner as soon as a person makes a written or
58.29 oral inquiry about assistance. Applications must be received by the agency as a signed
58.30 written application, an application submitted by telephone, or an application submitted
58.31 through Internet telepresence. When a person submits an application by telephone or through
58.32 Internet telepresence, the agency must receive a signed written application within 30 days

59.1 of the date that the person submitted the application by telephone or through Internet
 59.2 telepresence.

59.3 Sec. 99. **REVISOR INSTRUCTION.**

59.4 The revisor of statutes shall renumber the subdivisions in Minnesota Statutes, sections
 59.5 256D.02 and 256I.03, in alphabetical order, excluding the first subdivision in each section,
 59.6 and correct any cross-reference changes that result.

59.7 Sec. 100. **REPEALER.**

59.8 (a) Minnesota Statutes 2022, section 144.9505, subdivision 3, is repealed.

59.9 (b) Minnesota Statutes 2022, section 153A.14, subdivision 5, is repealed.

59.10 (c) Minnesota Rules, parts 4640.1500; 4640.1600; 4640.1700; 4640.1800; 4640.1900;
 59.11 4640.2000; 4640.2100; 4640.2200; 4640.2300; 4640.2400; 4640.2500; 4640.2600;
 59.12 4640.2700; 4640.2800; 4640.2900; 4640.3000; 4640.3100; 4640.3200; 4640.3300;
 59.13 4640.3400; 4640.3500; 4640.3600; 4640.3700; 4640.3800; 4640.3900; 4640.4000;
 59.14 4640.4100; 4640.4200; 4640.4300; 4640.6100; 4640.6200; 4640.6300; 4640.6400;
 59.15 4645.0300; 4645.0400; 4645.0500; 4645.0600; 4645.0700; 4645.0800; 4645.0900;
 59.16 4645.1000; 4645.1100; 4645.1200; 4645.1300; 4645.1400; 4645.1500; 4645.1600;
 59.17 4645.1700; 4645.1800; 4645.1900; 4645.2000; 4645.2100; 4645.2200; 4645.2300;
 59.18 4645.2400; 4645.2500; 4645.2600; 4645.2700; 4645.2800; 4645.2900; 4645.3000;
 59.19 4645.3100; 4645.3200; 4645.3300; 4645.3400; 4645.3500; 4645.3600; 4645.3700;
 59.20 4645.3800; 4645.3805; 4645.3900; 4645.4000; 4645.4100; 4645.4200; 4645.4300;
 59.21 4645.4400; 4645.4500; 4645.4600; 4645.4700; 4645.4800; 4645.4900; 4645.5100; and
 59.22 4645.5200, are repealed effective August 1, 2023.

59.23 (d) Minnesota Statutes 2022, section 256I.03, subdivision 6, is repealed."

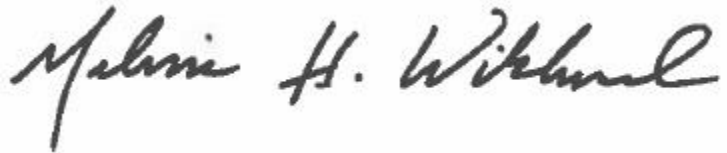
59.24 Delete the title and insert:

59.25 "A bill for an act

59.26 relating to the department of health and department of human services; amends
 59.27 various record and notification requirements; provides for over-the-counter hearing
 59.28 aids; adopting guidelines for physical standards of hospitals; modifying regulations
 59.29 related to lead; amends provisions for administering opiate antagonists; amends
 59.30 transporting requirements for medical cannabis; establishes and modifies grant
 59.31 programs; amending Minnesota Statutes 2022, sections 62J.17, subdivision 5a;
 59.32 62Q.675; 62U.04, subdivision 11; 144.1481, subdivision 1; 144.2151; 144.222;
 59.33 144.382, by adding subdivisions; 144.55, subdivision 3; 144.6535, subdivisions
 59.34 1, 2, 4; 144.9501, subdivisions 17, 26a, 26b, by adding subdivisions; 144.9505,
 59.35 subdivisions 1, 1g, 1h; 144.9508, subdivision 2; 148.512, subdivisions 10a, 10b,
 59.36 by adding subdivisions; 148.513, by adding a subdivision; 148.515, subdivision
 59.37 6; 148.5175; 148.5195, subdivision 3; 148.5196, subdivision 1; 148.5197; 148.5198;

60.1 151.37, subdivision 12; 152.29, subdivision 3a; 153A.13, subdivisions 3, 4, 5, 6,
60.2 7, 9, 10, 11, by adding subdivisions; 153A.14, subdivisions 1, 2, 2h, 2i, 2j, 4, 4a,
60.3 4b, 4c, 4e, 6, 9, 11, by adding a subdivision; 153A.15, subdivisions 1, 2, 4;
60.4 153A.17; 153A.175; 153A.18; 153A.20; 245.4661, subdivision 9; 245.469,
60.5 subdivision 3; 256.478, by adding subdivisions; 256B.056, by adding a subdivision;
60.6 256B.0622, subdivision 8; 256B.0625, subdivision 3a; 256B.0946, subdivision 6;
60.7 256B.0947, subdivision 7a; 256D.02, by adding a subdivision; 256D.07; 256I.03,
60.8 subdivision 15, by adding a subdivision; 256I.04, subdivision 2; 256I.06,
60.9 subdivision 3; 256I.09; 256J.08, subdivision 21; 256J.09, subdivision 3; 256J.95,
60.10 subdivision 5; 256P.01, by adding a subdivision; 256P.04, by adding a subdivision;
60.11 proposing coding for new law in Minnesota Statutes, chapters 144; 245; repealing
60.12 Minnesota Statutes 2022, sections 144.9505, subdivision 3; 153A.14, subdivision
60.13 5; 256I.03, subdivision 6; Minnesota Rules, parts 4640.1500; 4640.1600;
60.14 4640.1700; 4640.1800; 4640.1900; 4640.2000; 4640.2100; 4640.2200; 4640.2300;
60.15 4640.2400; 4640.2500; 4640.2600; 4640.2700; 4640.2800; 4640.2900; 4640.3000;
60.16 4640.3100; 4640.3200; 4640.3300; 4640.3400; 4640.3500; 4640.3600; 4640.3700;
60.17 4640.3800; 4640.3900; 4640.4000; 4640.4100; 4640.4200; 4640.4300; 4640.6100;
60.18 4640.6200; 4640.6300; 4640.6400; 4645.0300; 4645.0400; 4645.0500; 4645.0600;
60.19 4645.0700; 4645.0800; 4645.0900; 4645.1000; 4645.1100; 4645.1200; 4645.1300;
60.20 4645.1400; 4645.1500; 4645.1600; 4645.1700; 4645.1800; 4645.1900; 4645.2000;
60.21 4645.2100; 4645.2200; 4645.2300; 4645.2400; 4645.2500; 4645.2600; 4645.2700;
60.22 4645.2800; 4645.2900; 4645.3000; 4645.3100; 4645.3200; 4645.3300; 4645.3400;
60.23 4645.3500; 4645.3600; 4645.3700; 4645.3800; 4645.3805; 4645.3900; 4645.4000;
60.24 4645.4100; 4645.4200; 4645.4300; 4645.4400; 4645.4500; 4645.4600; 4645.4700;
60.25 4645.4800; 4645.4900; 4645.5100; 4645.5200."

60.26 And when so amended the bill do pass. Amendments adopted. Report adopted.



60.27

60.28 (Committee Chair)

60.29 March 23, 2023.....

60.30 (Date of Committee recommendation)