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## **S.F. No. 4699 – Health and Human Services Omnibus (1<sup>st</sup> Engrossment)**

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**Date:** April 29, 2024

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### **ARTICLE 1 DEPARTMENT OF HUMAN SERVICES HEALTH CARE FINANCE**

**Section 1 (adds Minn. Stat. § 256.9657, subd. 2a)** This section requires teaching hospitals to pay a surcharge to the medical assistance account in an amount equal to .01 percent of net non-Medicare patient care revenue. The commissioner of human services must use revenue from this surcharge to pay the nonfederal share of the medical assistance supplemental payments for graduate medical education.

**Section 2 (amends Minn. Stat. §256.969, subd. 2b)** This section clarifies that payments by the commissioner of human services for medical education and research costs cannot be made under both section 256.969, subdivisions 2b and 2g.

**Section 3 (adds Minn. Stat. § 256.969, subd. 2g)** This section requires the commissioner of human services to pay annual supplemental payments to hospitals for the cost of direct and indirect graduate medical education incurred by the hospital. This section establishes the formula for calculating the costs incurred. Hospitals eligible for the supplemental payments under this section Minnesota hospitals that have received fee-for-service medical assistance payments in the payment year and that are either: (1) eligible to receive graduate medical education payments from the Medicare program; or (2) a children's hospital.

**Section 4 (adds Minn. Stat. § 256.969, subd. 32)** This section requires the commissioner of human services to provide reimbursement to hospitals for biological products provided in an inpatient setting as part of cell or gene therapy to treat rare diseases.

**Section 5 (amends Minn. Stat. § 256.0625, subd. 13e)** This section increases the dispensing fee paid to pharmacies in the medical assistance program from \$10.77 to \$11.55.

**Section 6 (amends Minn. Stat. § 256.0625, subd. 13k)** This section authorizes the commissioner of human services to provide reimbursement to hospitals for drugs provided in an inpatient setting as part of a value-based arrangement.

**Section 7 (uncodified; Contingent proposal to fund medical education)** This section provides that, if the federal government does not approve the teaching surcharge for graduate medical education, then the commissioner of human services must work with a third-party consultant that has agreed to provide consulting services without charge to develop a proposal to finance the nonfederal share of the medical assistance supplemental payments for graduate medical education.

**Section 8 (uncodified; County-administered rural medical assistance model)** This section directs the commissioner of human services to develop a county-administered rural medical assistance model and plan for implementation.

**Section 9 (Revisor instructions)** This section conforms the medical assistance program with recent federally proposed rules updating the definition of “lawfully present.”

## **ARTICLE 2 DEPARTMENT OF HUMAN SERVICES HEALTH CARE POLICY**

**Section 1 (adds Minn. Stat. § 62M.01, subd. 3)** This section requires the medical assistance program to comply with certain prior authorization requirements currently required for commercial health plans.

**Section 2 (amends Minn. Stat. § 256.0471, subd. 1)** This section provides that any overpayment for state-funded medical assistance or state-funded MinnesotaCare granted under section 256.045, subdivision 10 (relating to “payments pending appeal”), become a judgment by operation of law 90 days after the notice overpayment is served upon the recipient.

**Section 3 (amends Minn. Stat. § 256.9657, subd. 8)** This section removes a requirement for the commissioner of human services to annually report to the legislature regarding information on total billings, total collections, and administrative expenditures for the previous fiscal year, with respect to the provider surcharge program under section 256.9657.

**Section 4 (adds Minn. Stat. § 256.969, subd. 2g)** This section directs the commissioner of human services to compute an alternate inpatient rate for children’s hospitals.

**Section 5 (amends Minn. Stat. § 256B.056, subd. 1a)** This section exempts state tax credits, rebates, and refunds from the calculation of income for purposes of eligibility for medical assistance. This section further provides that state tax credits, rebates, and refunds are not included in the calculation of assets for a period of 12 months after the month of receipt.

**Section 6 (amends Minn. Stat. § 256B.056, subd. 10)** This section requires medical assistance applicants to authorize the commissioner of human services to obtain information from financial

institutions to verify the applicant's assets. Existing law only authorizes the commissioner to obtain information to identify unreported accounts.

**Section 7 (amends Minn. Stat. § 256B.0622, subd. 8)** This section changes the calculation of the inflation adjustment, for purposes of assertive community treatment rates, adult residential crisis stabilization service rates, and intensive residential treatment services, such that the calculation uses the third quarter forecast for the CMS Medicare Economic Index instead of the fourth quarter forecast.

**Section 8 (amends Minn. Stat. § 256B.0625, subd. 9)** This section corrects an incorrect paragraph cross-reference.

**Section 9 (amends Minn. Stat. § 256B.0625, subd. 12)** This section makes a technical change to remove “dentures” from the medical assistance provision relating to coverage for eyeglasses, prosthetics, and orthotic devices. Dentures are covered under medical assistance’s dental services coverage.

**Section 10 (adds Minn. Stat. § 256B.0625, subd. 13e)** This section modifies the definition of “usual and customary price” when used in connection with prescription savings clubs or prescription discount clubs.

**Section 11 (adds Minn. Stat. § 256B.0625, subd. 25c)** This section requires the medical assistance program to comply with certain prior authorization requirements currently required for commercial health plans.

**Section 12 (amends Minn. Stat. § 256B.0701, subd. 6)** This section modifies the recuperative care facility rate from equaling the medical assistance room and board rate, as in existing law, to the “MSA equivalent rate,” as that term is defined in section 256I.03, subdivision 11a.

**Section 13 (amends Minn. Stat. § 256B.0947, subd. 7)** This section changes the calculation of the inflation adjustment, for purposes of services provided under section 256B.0947 (relating to intensive rehabilitative mental health services), such that the calculation uses the third quarter forecast for the CMS Medicare Economic Index instead of the fourth quarter forecast.

**Section 14 (amends Minn. Stat. § 256B.764)** This section limits the 20% increase for medical assistance payment rates for family planning services to only applying when such services are provided by an eligible community clinic, as defined in section 145.9268, subdivision 1.

**Section 15 (amends Minn. Stat. § 256L.03, subd. 1)** This section expands the coverage under MinnesotaCare to include adult dental care services and orthodontic services.

**Section 16 (amends Minn. Stat. § 524.3-801)** This section permits electronic service of certain claims in connection with a decedent or the decedent’s spouse that receive assistance payments from the state.

**Section 17 (uncodified; Direction to the commissioner; Reimbursement for extracorporeal membrane oxygenation cannulation as an outpatient service)** This section directs the commissioner of human services to determine the feasibility of an outpatient reimbursement mechanism for medical assistance coverage of extracorporeal membrane oxygenation cannulation.

## **ARTICLE 3 HEALTH CARE**

**Section 1 (adds Minn. Stat. § 62J.805)** This section defines terms.

**Section 2 (amends Minn. Stat. § 62J.806)** This section requires health care providers to make available to the public their policy for collection of medical debt from patients.

**Section 3 (amends Minn. Stat. § 62J.807)** This section prohibits health care providers from denying medically necessary health treatments or services to a patient, any member of the patient's family, or household because of outstanding or previously outstanding medical debt.

**Section 4 (amends Minn. Stat. § 62J.808)** This section requires health care providers to participate in, and cooperate with, all processes and investigations to identify, review, and correct the coding of health treatments and services that are miscoded by the health care provider or a designee. Health care providers must provide notice to health plan companies that there may be a miscoded health treatment or service.

**Section 5 (adds Minn. Stat. § 62V.02, 7a)** This section adds a definition of "MinnesotaCare public option" with a cross-reference to the definition given in section 256L.01.

**Section 6 (adds Minn. Stat. § 62V.02, 7b)** This section adds a definition of "MinnesotaCare public option enrollee" with a cross-reference to the definition given in section 256L.01.

**Section 7 (amends Minn. Stat. § 62V.03, subd. 1)** This statute identifies five duties of MNsure. This section of the bill incorporates the public option into those duties, and adds a sixth duty to "ensure simple, convenient, and understandable access to enrollment in the public option through the MNsure website."

**Section 8 (amends Minn. Stat. § 62V.03, subd. 3)** This section clarifies that nothing in chapter 62V (which chapter relates to MNsure) shall be construed to restrict the choice of a qualified individual to enroll or not enroll in the public option, or be construed to compel an individual to enroll in the public option.

**Section 9 (amends Minn. Stat. § 62V.05, subd. 3)** This section imposes a new requirement on insurance producers assisting individuals or small employers with purchasing coverage through MNsure. This requirement is that the producer must disclose to the individual or small employer of the existence of the public option, that the public option may be purchased through the MNsure website, and that the producer may receive compensation from the state for enrolling an individual in the public option. This section further requires the MNsure board to establish certification requirements for producers, which certification must be received before assisting individuals with enrolling in the public option. This section also requires health carriers to pay producers for applicants the producers help enroll in the public option.

**Section 10 (amends Minn. Stat. § 62V.05, subd. 6)** This section incorporates the public option, cost-sharing reduction under section 62V.12, premium subsidy under section 62V.14, and the premium tax credit under section 25 of the bill to an existing provision in chapter 62 requiring, if MNsure or a

court orders eligibility for the foregoing programs contingent upon payment of premiums, that the premiums must be paid pending appeal of the eligibility determination.

**Section 11 (amends Minn. Stat. § 62V.05, subd. 11)** Federal law prohibits MNsure from offering a product that is not a qualified health plan or certain dental plans. This section clarifies that the public option is being offered by the Department of Human Services, and that nothing in this statutory subdivision prevents the commissioner of human services from offering the public option on the MNsure website.

**Section 12 (amends Minn. Stat. § 62V.05, subd. 12)** This section modifies MNsure's reporting requirement to the legislature with respect to intergovernmental transfers and agreements from being required on a quarterly basis to an annual basis. It further removes MNsure's obligation to provide the legislature with a copy of applicable interagency agreements.

**Section 13 (adds Minn. Stat. § 62V.05, subd. 13)** This section states that the MNsure board has the powers and duties provided in section 62V.15, with respect to the MinnesotaCare public option.

**Section 14 (amends Minn. Stat. § 62V.051)** This section requires MNsure to allow public option enrollees to retroactively appoint a navigator or insurance producer, and requires MNsure to provide the managed care or county-based purchasing plan with notice of the retroactive appointment. This section further requires the plan to retroactively pay commissions to the applicable insurance producer, provided that the producer can demonstrate proper certification by MNsure at the time of the original enrollment.

**Section 15 (amends Minn. Stat. § 62V.06, subd. 4)** This section provides that data submitted by an insurance producer in an application for certification to sell the public option through MNsure will be treated in the same manner as data submitted in an application for certification to sell any other health plan through MNsure.

**Section 16 (amends Minn. Stat. § 62V.08)** This section changes the date by which MNsure must report annually to the legislature with respect to MNsure's operations and budget from January 15 to March 31.

**Section 17 (amends Minn. Stat. § 62V.11, subd. 4)** This section changes the date by which MNsure must annually submit its budget for review from March 15 to March 31.

**Section 18 (adds Minn. Stat. § 62V.13, subd. 3)** This section incorporates the public option into the special enrollment periods permitted for taxpayers who receive the outreach letter through Minnesota's easy enrollment health outreach program and who are eligible to enroll in the public option.

**Section 19 (adds Minn. Stat. § 62V.14)** This section directs the MNsure board to administer a contingent premium subsidy program for plan year 2026. The program would provide \$30 per month toward the health insurance premium for each individual who has purchased a silver level qualified health plan through MNsure. The section further requires the board to establish written procedures for coordinating the subsidy payments through health carriers, and to reflect the subsidy when presenting premium payments for silver level qualified health plans on the MNsure website. The premium subsidy under this section is contingent on the federal government not extending the

premium tax credits for households with incomes over 400% of the federal poverty guidelines, as initially established under the American Rescue Plan Act, for the plan year.

**Section 20 (amends Minn. Stat. § 144.587, subd. 4)** This section removes revenue recapture from the prohibited actions provision. This section also removes denying health care services to a patient because of outstanding medical debt, and provides that a violation of section 62J.807 (prohibiting denial of health treatments or services due to medical debt) is also a violation of this section.

**Section 21 (adds Minn. Stat. § 145.076)** This section adds a new section of law to chapter 145 (which relates to “Public Health Provisions”) to prohibit a health professional, or student or resident training for a health profession, from performing a sensitive examination on an anesthetized or unconscious patient, unless there is a permitted exception. Sensitive examination is defined by this section to mean “a pelvic, breast, urogenital, or rectal examination,” and the permitted exceptions include: (1) the patient or the patient’s representative provided prior, written, informed consent to the exam, and the exam is necessary for preventative, diagnostic, or treatment purposes; (2) the patient or the patient’s representative provided prior, written, informed consent to a surgical procedure or diagnostic exam, and the sensitive examination is within the scope of care ordered for that surgical procedure or diagnostic exam; (3) the patient is unconscious and incapable of providing informed consent, and the exam is necessary for diagnostic or treatment purposes; and (4) a court ordered an exam to be performed for purposes of collecting evidence. This section further provides that a person who violates this section is guilty of a gross misdemeanor and is subject to discipline by the person’s health licensing board.

**Section 22 (amends Minn. Stat. § 151.74, subd. 3)** This section permits a manufacturer of insulin to submit a request for reimbursement to the commissioner of administration. The commissioner must reimburse the manufacturer in an amount not to exceed \$35 for each 30-day supply of insulin the manufacturer provided under the state’s urgent-need safety net insulin program.

**Section 23 (amends Minn. Stat. § 151.74, subd. 6)** This section permits a manufacturer of insulin to submit a request for reimbursement to the commissioner of administration. The commissioner must reimburse the manufacturer in an amount not to exceed \$105 for each 90-day supply of insulin the manufacturer provided under the state’s continuing-need safety net insulin program.

**Section 24 (adds Minn. Stat. § 151.741)** This section requires the board of pharmacy to assess each insulin manufacturer with sales in Minnesota an annual registration fee of \$100,000. This section also provides an exemption from this fee if the manufacturer can demonstrate Minnesota sales of less than \$2,000,000 in the previous calendar year.

**Section 25 (amends Minn. Stat. § 176.175, subd. 2)** This section provides that any claim for compensation owned by an injured employee or dependents is exempt from seizure or sale up to an amount of \$1,000,000 per claim and subsequent award.

**Section 26 (adds Minn. Stat. § 256L.01, subd. 5a)** This section defines “MinnesotaCare public option” to mean “health coverage provided to individuals eligible under section 256L.04, subdivision 15, that meets the requirements of section 256L.29.”

**Section 27 (adds Minn. Stat. § 256L.01, subd. 5b)** This section defines “Minnesota Care public option enrollee” to mean “an individual enrolled in MinnesotaCare under section 256L.04, subdivision 15.”



**Section 28 (amends Minn. Stat. § 256L.03, subd. 5)** This section provides an exemption from MinnesotaCare cost-sharing for: (1) children under age 21; (2) pregnant women; and (3) American Indians with incomes greater than or equal to 300% of the federal poverty guidelines. It further exempts public option enrollees from MinnesotaCare’s 94% actuarial value cost-sharing requirement, as provided in section 256L.29.

**Section 29 (amends Minn. Stat. § 256L.04, subd. 1c)** This section makes a conforming change reflecting the establishment of the public option, in a section related to qualified individuals for enrollment in qualified health plans through MNsure.

**Section 30 (amends Minn. Stat. § 256L.04, subd. 7a)** This section makes a conforming change reflecting the establishment of the public option and the resulting possibility that individuals with incomes greater than the income thresholds in existing law would now be eligible for MinnesotaCare (i.e., individuals eligible for the public option).

**Section 31 (adds Minn. Stat. § 256L.04, subd. 15)** This section provides that families and individuals, who meet all other MinnesotaCare eligibility requirements, are eligible for the public option regardless of whether they meet the income thresholds in existing law for MinnesotaCare (subject to the enrollment cap and additional requirements set forth in section 256L.29). It further states that, unless otherwise specified, all provisions of the MinnesotaCare chapter apply to such individuals.

**Section 32 (amends Minn. Stat. § 256L.07, subd. 1)** This section makes a conforming change to existing law to clarify that an individual, who is no longer eligible for MinnesotaCare due to an income increase over 200% of the federal poverty guidelines, may continue MinnesotaCare enrollment through the public option.

**Section 33 (amends Minn. Stat. § 256L.12, subd. 7)** This section requires managed care plan contractors to reimburse health care providers for services provided to public option enrollees at rates equal to or greater than the applicable Medicare rate, or a Medicare rate for a similar service if the specific service is not reimbursed under Medicare.

**Section 34 (adds Minn. Stat. § 256L.29)** This section states that the public option is part of the MinnesotaCare program and all provisions of the MinnesotaCare chapter apply to the public option, unless the statutes expressly state otherwise. A premium scale for the public option is also included in this section, which scale causes a public option enrollee to pay a higher premium (relative to their household income) as their household income increases. The section further establishes deductible levels for public option enrollees, which also differ based on the enrollee’s household income as a percent of the federal poverty guidelines. There is no annual deductible for public option enrollees with household incomes equal to or less than 400% of the federal poverty guidelines. In addition, this section establishes enrollment limits for public option enrollees for the 2027 and 2028 plan years.

**Section 35 (adds Minn. Stat. § 332C.01)** This section defines terms.

**Section 36 (adds Minn. Stat. § 332C.02)** This section creates several prohibited practices for collecting parties. These include threatening wage garnishment, use sheriffs or officers to serve legal papers in connection with a claim, and use or threaten to use methods of collection which violate Minnesota law.

**Section 37 (adds Minn. Stat. § 332C.03)** This section prohibits a collecting party from reporting medical debt to a consumer reporting agency and from making certain consumer reports.

**Section 38 (adds Minn. Stat. § 332C.04)** This section provides that a debtor who successfully defends against a claim for payment of medical debt must be awarded debtor's costs.

**Section 39 (adds Minn. Stat. § 332C.06)** This section provides for enforcement of chapter 332C by the attorney general under section 8.31.

**Section 40 (amends Minn. Stat. § 519.05)** This section provides that a spouse is not liable to a creditor for any debts of the other spouse.

**Section 41 (uncodified; Request for federal waiver)** This section directs the commissioner of commerce, in cooperation with the commissioner of human services and the MNsure board, to submit a section 1332 waiver to implement the public option. The section authorizes the commissioner of commerce to contract for necessary analyses, certifications, data, and other information required to complete the waiver, and directs the commissioner to provide any information to the federal Secretary of Health and Human Services and Secretary of the Treasury necessary and advisable to obtain waiver approval.

## **ARTICLE 4 HEALTH INSURANCE**

**Section 1 (amends Minn. Stat. § 62A.0411)** This section required insurance coverage for the transfer of mothers and newborns between facilities.

**Section 2 (adds Minn. Stat. § 62A.15, subd. 3d)** This new subdivision requires that all benefits provided by a group policy or subscriber contract, which policy or contract provides payment for care in Minnesota and is issued by either an accident and health insurance company regulated by Chapter 62A or a nonprofit health service plan corporation regulated under Chapter 62C, and relating to expenses incurred for medical treatment or services provided by a licensed physician must include services provided by a licensed pharmacist.

**Section 3 (amends Minn. Stat. § 62A.15, subd. 4)** This section prohibits a carrier that issues a group policy or subscriber contract, which policy or contract provides payment for care in Minnesota and is issued by either an accident and health insurance company regulated by Chapter 62A or a nonprofit health service plan corporation regulated under Chapter 62C, from, in the payment of claims to Minnesota employees, denying benefits payable for services covered by the policy or contract if the services are lawfully performed by a licensed pharmacist.

**Section 4 (amends Minn. Stat. § 62A.28, subd. 2)** Existing law requires health plans to cover scalp hair prosthetics for hair loss suffered as a result of alopecia areata. This section applies the coverage requirement to scalp hair prosthetics for hair loss suffered as a result of treatment for cancer. This section conditions such coverage on a prescription by a physician and includes an annual limit of \$1,000 on the coverage.



**Section 5 (amends Minn. Stat. § 62D.02, subd. 4)** This section makes conforming changes to require health maintenance organizations operating in Minnesota to be organized as nonprofit corporations organized under chapter 317A.

**Section 6 (amends Minn. Stat. § 62D.02, subd. 7)** This section makes conforming changes to require health plans to cover abortions and abortion-related services.

**Section 7 (amends Minn. Stat. § 62D.03, subd. 1)** This section makes conforming changes to require health maintenance organizations operating in Minnesota to be organized as nonprofit corporations organized under chapter 317A.

**Section 8 (amends Minn. Stat. § 62D.05, subd. 1)** This section makes conforming changes to require health maintenance organizations operating in Minnesota to be organized as nonprofit corporations organized under chapter 317A.

**Section 9 (amends Minn. Stat. § 62D.06, subd. 1)** This section makes conforming changes to require health maintenance organizations operating in Minnesota to be organized as nonprofit corporations organized under chapter 317A.

**Section 10 (adds Minn. Stat. § 62D.085)** This section requires health maintenance organizations to comply with several existing statutes and regulations that are applicable to stock insurers and insurance holding company systems. It operates to provide the commissioner of health with notice and approval authority over various transactions into which HMOs may enter.

**Section 11 (adds Minn. Stat. § 62D.1071)**

**Subdivision 1. Pharmacist.** Requires that all benefits provided by a health maintenance contract relating to expenses incurred for medical treatment or services provided by a licensed physician include services provided by a licensed pharmacist.

**Subdivision 2. Denial of benefits.** Prohibits a health maintenance organization from, when paying claims for Minnesota enrollees, denying payment for medical services covered by an enrollee's health maintenance contract if the services are lawfully performed by a licensed pharmacist.

**Subdivision 3. Medication therapy management.** Provides that this section does not apply to or affect the coverage or reimbursement for medication therapy management services under sections 62Q.626 or 256B.0625.

**Section 12 (amends Minn. Stat. § 62D.19)** This section makes conforming changes to require health maintenance organizations operating in Minnesota to be organized as nonprofit corporations organized under chapter 317A.

**Section 13 (amends Minn. Stat. § 62D.20, subd. 1)** This section makes conforming changes to require health plans to cover abortions and abortion-related services.

**Section 14 (amends Minn. Stat. § 62D.22, subd. 5)** This section makes conforming changes to require health plans to cover abortions and abortion-related services.

**Section 15 (amends Minn. Stat. § 62E.02, subd. 3)** This section makes conforming changes to require health maintenance organizations operating in Minnesota to be organized as nonprofit corporations organized under chapter 317A.

**Section 16 (adds Minn. Stat. § 62Q.097, subd. 3)** This section prohibits applications for provider credentialing from: (1) requiring the provider to disclose past health conditions; (2) requiring the provider from disclosing current health conditions, if the provider is being treated so that the condition does not affect the provider's ability to practice medicine; and (3) requiring the disclosure of any health conditions that would not affect the provider's ability to practice medicine in a competent, safe, and ethical manner.

**Section 17 (amends Minn. Stat. § 62Q.14)** This section makes conforming changes to require health plans to cover abortions and abortion-related services.

**Section 18 (adds Minn. Stat. § 62Q.522, subd. 1)** This section makes technical changes to create a new statute governing religious objections to mandated insurance coverage.

**Section 19 (adds Minn. Stat. § 62Q.524)** This section requires health plans to provide insurance coverage for abortions and abortion-related services, including preabortion services and follow-up services. The section further prohibits cost-sharing and other plan limitations on coverage for such services that is greater than or not generally applicable to other services under the plan.

**Section 20 (adds Minn. Stat. § 62Q.585)** This section prohibits health plans that cover physical or mental health services from excluding coverage for medically necessary gender-affirming care and from requiring gender-affirming treatments to satisfy a definition of "medically necessary care," "medical necessity," or any similar term.

**Section 21 (adds Minn. Stat. § 62Q.665)** This section requires health plans to provide coverage for orthotic and prosthetic devices, supplies, and services, including repair and replacement. The section further provides that a health plan must not subject such coverage to separate financial requirements specific to prosthetic and orthotic benefits.

**Section 22 (adds Minn. Stat. § 62Q.665)** This section requires a health plan company to apply the most recent version of evidence-based treatment and fit criteria when performing a utilization review for a request for coverage of prosthetic or orthotic benefits, and prohibits a health plan company from denying a prosthetic or orthotic benefit for an individual with limb loss or absence that would otherwise be covered for a nondisabled person seeking medical or surgical intervention to restore or maintain the ability to perform the same physical activity.

**Section 23 (adds Minn. Stat. § 62Q.666)** This section requires health plans to provide coverage for intermittent urinary catheters and insertion supplies if recommended by a health care provider. The section prohibits health plans from imposing cost-sharing on enrollees for such coverage that does not apply to durable medical equipment in general.

**Section 24 (adds Minn. Stat. § 62Q.679)** This section creates a new statute governing religious objections to mandated insurance coverage. It further includes mandatory insurance coverage for abortions and abortion-related services, as well as coverage for gender-affirming care, within its provisions that provide for religious objections to insurance coverage.

**Section 25 (adds Minn. Stat. § 214.41)** This section provides that any record of a person’s participation in a physician wellness program is confidential. The section further provides immunity from civil liability to persons and entities employed by, contracting with, or operating a physician wellness program for any action related to their duties in connection with the program when acting in good faith.

**Section 26 (amends Minn. Stat. § 256B.0625, subd. 3a)** This section modifies language in existing law that requires medical assistance to cover “gender-affirming services” to now mandate coverage for “gender-affirming care, as defined in section 62Q.585.”

**Section 27 (amends Minn. Stat. § 256B.0625, subd. 12)** This section makes a conforming change necessary to require medical assistance to cover prosthetic and orthotic devices.

**Section 28 (amends Minn. Stat. § 256B.0625, subd. 16)** This section modifies language in existing law that requires medical assistance to cover “abortion services determined to be medically necessary by the treating provider and delivered in accordance with all applicable Minnesota laws” to now mandate coverage for “abortions and abortion-related services, including preabortion services and follow-up services.”

**Section 29 (adds Minn. Stat. § 256B.0625, subd. 72)** This section requires medical assistance to cover orthotic and prosthetic devices, supplies, and services.

**Section 30 (adds Minn. Stat. § 256B.0625, subd. 73)** This section provides that medical assistance covers scalp hair prosthesis prescribed for hair loss suffered as a result of treatment for cancer.

**Section 31 (adds Minn. Stat. § 256B.0625, subd. 74)** This section requires medical assistance to cover intermittent urinary catheters and insertion supplies if recommended by a health care provider.

**Section 32 (adds Minn. Stat. § 256B.066)** This section establishes medical assistance coverage requirements for orthotic and prosthetic devices, supplies, and services. Specifically, the section provides that medical assistance covers such devices, supplies, and services if: (1) furnished under an order by a prescribing physician or licensed health care prescriber; (2) determined by the provider to be the most appropriate model for the enrollee; or (3) for showering or bathing. This section further permits prior authorization for such coverage.

**Section 33 (amends Minn. Stat. § 317A.811, subd. 1)** This section requires corporations licensed under chapters 62C and 62D to notify the attorney general of their intent to dissolve, merge, consolidate, convert, or transfer at least ten percent of their assets.

**Section 34 (amends Minn. Stat. § 317A.811, subd. 2)** This section provides that corporations licensed under chapters 62C and 62D are prohibited from converting, transferring or conveying assets as part of a dissolution, merger, consolidation, transfer of assets under section 317A.661, or transferring at least ten percent of their assets until 45 days after giving written notice to the attorney general, unless the attorney general waives part of the waiting period.

**Section 35 (amends Minn. Stat. § 317A.811, subd. 4)** This section requires the board of a corporation licensed under chapter 62C or 62D to give the attorney general a list of persons to whom assets were transferred or conveyed after the transfer or conveyance of at least ten percent of the assets of such corporation.

**Section 36 (uncodified; Commissioner of Commerce)** This section requires the commissioner of commerce to consult with health plan companies, pharmacies, and pharmacy benefit managers to develop guidance to implement coverage for the pharmacy services required by this bill.

**Section 37 (uncodified; Transition)** This section prohibits a health maintenance organization that has a certificate of authority under Minnesota Statutes, chapter 62D, but that is not a nonprofit corporation from offering, selling, issuing, or renewing any health maintenance contract on or after August 1, 2024. This section further requires such HMOs to provide notice to its enrollees that the HMO will cease to operate in Minnesota and any plans to transition enrollee coverage to another insurer. The commissioner of health is prohibited from issuing or renewing a certificate of authority to operate as an HMO, unless the entity is organized as a nonprofit corporation under chapter 317A.

**Section 38 (Repealer)** This section repeals a subdivision relating to the definition of “maternity benefits” as a conforming change necessary to require insurance coverage for abortions and abortion-related services. The section further repeals subdivisions relating to religious objections to certain insurance coverage as a conforming change necessary to create a new statute that governs such religious objections.

## **ARTICLE 5 DEPARTMENT OF HEALTH**

**Section 1 (amends Minn. Stat. § 103I.621, subd. 1)** Existing law provides that up to 200 permits may be issued for small groundwater thermal exchange systems with a maximum capacity of 20 gallons per minute or less, and up to 10 permits may be issued for systems with a maximum capacity of over 50 gallons per minute. This section requires that all such systems must be compliant with the natural resource water-use requirements under section 103I.621, subdivision 2 (which subdivision describes water-use requirements) and increases the number of permits that may be issued for larger systems (with a capacity threshold lowered by this section from 50 gallons to 20 gallons or more per minute) to 100 permits.

This section further requires the property owner (or the owner’s agent) to submit to the commissioner a permit application providing information necessary to protect public health and safety of groundwater and requires a permit holder to comply with any permit condition deemed necessary to protect public health and safety of groundwater. The section states that a permit granted under this section is not valid if a water-use permit is required for the project and is not approved by the commissioner of natural resources.

**Section 2 (amends Minn. Stat. § 103I.621, subd. 2)** This section provides that water-use permit requirements and penalties under chapter 103G apply to groundwater thermal exchange permit recipients, instead of those requirements and penalties under chapter 103F, as stated in existing law.

**Section 3 (amends Minn. Stat. § 144.1501, subd. 1)** This section modifies the existing health professional education loan forgiveness program by removing the definition of “hospital nurse.”

**Section 4 (amends Minn. Stat. § 144.1501, subd. 2)** This section clarifies the availability of appropriated funds for the health professional educational loan forgiveness program and removes reference to a dedicated account for the deposit of appropriated funds.

**Section 5 (amends Minn. Stat. § 144.1501, subd. 2)** This section removes reference to hospital nurses as eligible participants in the health professional educational loan forgiveness program.

**Section 6 (amends Minn. Stat. § 144.1501, subd. 3)** This section removes from the health professional educational loan forgiveness program the application and eligibility criteria specific to hospital nurses.

**Section 7 (amends Minn. Stat. § 144.1501, subd. 4)** This section removes from the health professional educational loan forgiveness program application and participation requirements specific to hospital nurses.

**Section 8 (amends Minn. Stat. § 144.1501, subd. 5)** This section clarifies the treatment of deposits of principle and interest payments received from participants in the health professional educational loan forgiveness program.

**Section 9 (adds Minn. Stat. § 144.1521)** This section establishes a hospital nursing educational loan forgiveness program that is modeled on the health professional loan forgiveness program but is funded and administered independently.

**Section 10 (amends Minn. Stat. § 144.555, subd. 1a)** This section modifies the existing public notice procedures hospitals are required to follow prior to voluntarily closing, curtailing operations, relocating services, or ceasing to offer certain hospital services by extending from 120 days to 182 days the required advanced public notice prior to taking any of these actions unless the hospital can demonstrate to the commissioner that 120 days advanced notice is not feasible and the commissioner approves a shorter advanced public notice period.

**Section 11 (amends Minn. Stat. § 144.555, subd. 1b)** This section modifies the existing public notice procedures hospitals are required to follow prior to voluntary closing, curtailing operations, relocating services, or ceasing to offer certain hospital services by reducing from 45 days to 30 days the time before which the commissioner must convene a public hearing on the hospital's proposed action, by requiring that the meeting be held within 10 miles of the hospital or with the commissioner's approval, as close as practicable, and by requiring video conferencing technology be used to allow remote public viewing and participation in the public hearing.

**Section 12 (adds Minn. Stat. § 144.555, subd. 1d)** This section specifies the requirements of public notice of a hospital's plans to voluntarily close, curtail operations, relocate services, or cease to offer certain hospital services. The requirements include a notice at the entrance of the hospital, providing written notice to the commissioner, local units of government, local media, current patients, and current employees. The required notice must include a description of the proposed actions and contact information for the hospital and the entity that owns or manages the hospital.

**Section 13 (amends Minn. Stat. § 144.555, subd. 2)** This section limits the existing penalties for failure to notify the commissioner of health of a voluntary closure to licensed facilities other than hospitals.

**Section 14 (adds Minn. Stat. § 144.555, subd. 3)** This section establishes new penalties for hospitals that violate the advanced notice and public hearing requirements prior to voluntary closing, curtailing

operations, relocating services, or ceasing to offer certain hospital services, authorizing the commissioner to issue cumulative fines up to \$60,000.

**Section 15 (adds Minn. Stat. § 144.556)** This section establishes a right of first refusal for local units of government with respect to purchasing a hospital or hospital campus prior to the closure of the hospital and establishes timelines for the local unit of government to exercise that right.

**Section 16 (amends Minn. Stat. § 144A.61, subd. 3a)** This section modifies the competency evaluation program for nursing assistants by requiring the commissioner of health to ensure that the written portions of the evaluation are available in languages other than English that are common among individuals seeking to be placed on the nursing assistant registry.

**Section 17 (amends Minn. Stat. § 144A.70, subd. 3)** This section modifies the definition “controlling person” for the purposes of registering supplemental nursing service agencies (SNSAs) to clarify that it includes any entity that has decision-making authority regarding any policy of the SNSA.

**Section 18 (amends Minn. Stat. § 144A.70, subd. 5)** This section modifies the definition of “person” for the purposes of registration of SNSAs by including LLCs in the definition.

**Section 19 (amends Minn. Stat. § 144A.70, subd. 6)** This section modifies the definition of “supplemental nursing services agency” for the purposes of registration of SNSAs by including LLCs in the definition.

**Section 20 (amends Minn. Stat. § 144A.70, subd. 7)** This section modifies the commissioner of health’s oversight of SNSAs by increasing from annually to semiannually the commissioner’s authority to conduct unannounced surveys of SNSAs, and providing the commissioner with new authority to conduct follow-up surveys.

**Section 21 (amends Minn. Stat. § 144A.71, subd. 2)** This section modifies SNSA registration requirements and clarifies that registration fees are non-refundable. The newly specified application requirements include submission of articles of incorporation, proof of medical malpractice insurance, proof of an employee dishonesty bond, proof of workers’ compensation insurance, and proof of submission of specified information to the commissioner of revenue.

**Section 22 (adds Minn. Stat. § 144A.71, subd. 2a)** This section clarifies the procedure and timelines for renewal of SNSA registrations.

**Section 23 (adds Minn. Stat. § 144A.715)** This section establishes the authority of the commissioner of health to impose fines on SNSAs for failure to comply with requirements of registration.

**Section 24 (amends Minn. Stat. § 144A.72, subd. 1)** This section modifies the minimum requirements for registration as an SNSA by requiring all owners and controlling persons to complete a background check; by requiring SNSAs to verify and document that the temporary employees they place in a position are competent to perform the duties of that position and establishes a \$3,000 fine for violations; by establishing a \$3,000 fine for restricting the employment of its employees; by establishing a \$3,000 fine for requiring a payment to the SNSA is one if its employees is permanently employed by the facility with which the employee is placed; and clarifies the continuous operation requirement for renewal of registration.



**Section 25 (amends Minn. Stat. § 144A.73)** This section makes a technical change.

**Section 26 (amends Minn. Stat. § 148.235, subd. 10)** This section modifies the requirements for medication training program for unlicensed personnel to administer medications in nursing facilities. Existing law requires the training program to be offered through a postsecondary educational institution. This section changes the requirement such that the training program must be approved by the commissioner of health.

**Section 27 (amends Minn. Stat. § 149A.02, subd. 3)** This section amends the definition of “arrangements for disposition” such that it includes “natural organic reduction of a dead human body” effective July 1, 2025.

**Section 28 (amends Minn. Stat. § 149A.02, subd. 16)** This section amends the definition of “final disposition” such that it includes “natural organic reduction of a dead human body” effective July 1, 2025.

**Section 29 (amends Minn. Stat. § 149A.02, subd. 26a)** This section amends the definition of “inurnment” such that it includes “placing naturally reduced remains in a naturally reduced remains container suitable for placement, burial, or shipment” effective July 1, 2025.

**Section 30 (amends Minn. Stat. § 149A.02, subd. 27)** This section amends the definition of “licensee” such that it includes persons and entities licensed by the commissioner of health to operate a natural organic reduction facility effective July 1, 2025.

**Section 31 (adds Minn. Stat. § 149A.02, subd. 30b)** This section adds a definition of “natural organic reduction” and “naturally reduce.”

**Section 32 (adds Minn. Stat. § 149A.02, subd. 30c)** This section adds a definition of “natural organic reduction facility.”

**Section 33 (adds Minn. Stat. § 149A.02, subd. 30d)** This section adds a definition of “natural organic reduction vessel.”

**Section 34 (adds Minn. Stat. § 149A.02, subd. 30e)** This section adds a definition of “naturally reduced remains.”

**Section 35 (adds Minn. Stat. § 149A.02, subd. 30f)** This section adds a definition of “naturally reduced remains container.”

**Section 36 (amends Minn. Stat. § 149A.02, subd. 35)** This section amends the definition of “processing” such that it includes naturally reduced remains reduced by mechanical means effective July 1, 2025.

**Section 37 (amends Minn. Stat. § 149A.02, subd. 37c)** This section amends the definition of “scattering” to include the authorized dispersal of naturally reduced remains effective July 1, 2025.

**Section 38 (amends Minn. Stat. § 149A.03)** This section requires the commissioner of health to enforce all laws and adopt and enforce rules relating to the licensing and operation of a natural organic reduction facility, effective July 1, 2025.

**Section 39 (adds Minn. Stat. § 149A.56)** This section prohibits a person from maintaining, managing, or operating a place or premises used in the holding and natural organic reduction of a dead human body without a valid license issued by the commissioner of health. This section further details the application procedure to obtain such a license.

**Section 40 (adds Minn. Stat. § 149A.57)** This section provides that all licenses to operate a natural organic reduction facility expire on June 30, and that all licensees wishing to renew the license must submit a completed renewal application to the commissioner by that date. This section further details the procedures for lapse and restoration of licenses.

**Section 41 (adds Minn. Stat. § 149A.65, subd. 6a)** This section establishes the initial and renewal fees for natural organic reduction facility licenses, as well as the late fee charge.

**Section 42 (amends Minn. Stat. § 149A.70, subd. 1)** This section prohibits any person other than the holder of a license to operate a natural organic reduction facility from using the title of natural organic reduction facility, human composting, or similar word implying that the individual operates a natural organic reduction facility.

**Section 43 (amends Minn. Stat. § 149A.70, subd. 2)** This section prohibits a natural organic reduction facility from operating in a location that is not properly licensed for such business.

**Section 44 (amends Minn. Stat. § 149A.70, subd. 3)** This section includes certain acts performed by or relating to a natural organic reduction facility in the list of acts that constitute false, misleading, or deceptive advertising.

**Section 45 (amends Minn. Stat. § 149A.70, subd. 5)** This section prohibits fee-splitting and referral payments for recommending or causing a dead human body to be disposed of by a specific natural organic reduction facility, effective July 1, 2025.

**Section 46 (amends Minn. Stat. § 149A.71, subd. 2)** This section requires natural organic reduction facilities to comply with the provisions of section 149.71, subdivision 2 (relating to “preventative requirements” to prevent unfair or deceptive acts).

**Section 47 (amends Minn. Stat. § 149A.71, subd. 4)** This section requires any funeral provider who sells or offers to sell a naturally reduced remains container to the public to maintain a record of each sale.

**Section 48 (amends Minn. Stat. § 149A.72, subd. 3)** This section provides that it is a deceptive act or practice for a funeral provider to represent to the public that a casket is required for natural organic reduction by state or local law.

**Section 49 (amends Minn. Stat. § 149A.72, subd. 9)** This section provides that it is a deceptive act or practice for a funeral provider to represent to the public that natural organic reduction facilities require the purchase of any funeral goods, funeral services, burial site goods, or burial site services by law when that is not the case.

**Section 50 (amends Minn. Stat. § 149A.73, subd. 1)** This section provides that it is a deceptive act or practice for a funeral provider to require that a casket be purchased for natural organic reduction.

**Section 51 (amends Minn. Stat. § 149A.74, subd. 1)** This section requires a funeral provider to disclose that no embalming fee will be charged if the family selects natural organic reduction.

**Section 52 (amends Minn. Stat. § 149A.93, subd. 3)** This section requires a disposition permit for natural organic reduction of a body.

**Section 53 (amends Minn. Stat. § 149A.94, subd. 1)** This section adds natural organic reduction to the types of disposition that must be performed within a reasonable time after death. If natural organic reduction of a body will not be initiated within 72 hours after death, the body must be properly embalmed, refrigerated, or packed with dry ice.

**Section 54 (amends Minn. Stat. § 149A.94, subd. 3)** This section prohibits the natural reduction of a dead human body without a disposition permit.

**Section 55 (amends Minn. Stat. § 149A.94, subd. 4)** This section provides that inurnment of a naturally reduced remains and release to an appropriate party is considered final disposition, and that no further permits or authorizations are required for the remains.

**Section 56 (adds Minn. Stat. § 149A.955)** This section provides that a dead human body may only undergo natural organic reduction in Minnesota at a natural organic reduction facility licensed by the commissioner of health. This section further establishes facility requirements, as well as limitations on natural organic reduction vessels and acceptance of dead human bodies. Unlicensed personnel are not permitted to work in natural organic reduction facilities, subject to proper training requirements, and procedures for the proper handling and reduction of dead human bodies are detailed in this section.

**Section 57 (uncodified; Stillbirth prevention through tracking fetal movement pilot program)** This section provides for reporting and fund usage of a grant for “a stillbirth prevention through tracking fetal movement” pilot project.

## **ARTICLE 6 DEPARTMENT OF HEALTH POLICY**

**Section 1 (amends Minn. Stat. § 62D.14, subd. 1)** This section modifies the financial examination schedule timing requirement for health maintenance organizations.

**Section 2 (adds Minn. Stat. § 62J.641)** This section creates reporting requirements for 340B covered entities. These are entities that participate in a federal drug pricing program. These entities must report certain data regarding the program to the commissioner of health who must in turn report specified aggregated data to the legislature. This requirement replaces a reporting requirement repealed in section 3.

**Section 3 (amends Minn. Stat. § 62J.61, subd. 5)** This section requires the commissioner of health to maintain an email address for submission of comments from interested parties to provide input about the effectiveness of the rulemaking process.

**Section 4 (amends Minn. Stat. § 62J.84, subd. 10)** This section exempts the commissioner of health from rulemaking requirements, for a limited time, for practices related to selecting drugs that will be subject to reporting requirements as “drugs of substantial public interest,” and for notifying reporting entities of the selected drugs. These practices are exempt from full rulemaking and exempt from the process for exempt rulemaking. (The process for exempt rulemaking requires approval as to form by the revisor, and review and approval by the Office of Administrative Hearings as to its legality.)

**Section 5 (amends Minn. Stat. § 144.05, subd. 6)** This section removes a requirement for the Department of Health to provide copies to the legislature of certain interagency agreements.

**Section 6 (amends Minn. Stat. § 144.0526, subd. 1)** This section clarifies that the commissioner of health must hire, and not appoint, a director for the Minnesota One Health Antimicrobial Stewardship Collaborative.

**Section 7 (amends Minn. Stat. § 144.058)** This section provides that annual fees to include an interpreter in the voluntary statewide roster are nonrefundable.

**Sections 8 to 15 (amend Minn. Stat. § 144.0724)** These sections make, clarifying, technical and conforming changes to the language governing resident case mix reimbursement classifications. Case mix classification described in this section are used to describe the care needs of residents of nursing facilities and establish nursing facility payment rates for both private payers and for medical assistance. The changes in these sections will ensure conformity with recent and anticipated changes to federal requirements.

**Sections 16 to 18 (amend Minn. Stat. § 144.1464)** These sections modify the secondary and postsecondary summer health care intern program by allowing assisted living facilities to participate in the program.

**Section 19 (amends Minn. Stat. § 144.1505, subd. 2)** This section changes the distribution of clinical training grants from a capped per-year amount to an amount allocated over three years.

**Section 20 (amends Minn. Stat. § 144.1911, subd. 2)** This section amends the definition of “immigrant international medical graduate” to include international medical graduates who have entered the United States on a temporary status based on urgent humanitarian or significant public benefit reasons.

**Section 21 (adds Minn. Stat. § 144.212, subd. 5a)** This section adds a definition of the term “replacement,” as it relates to vital record laws.

**Section 22 (amends Minn. Stat. § 144.216, subd. 2)** This section requires information about a found newborn of unknown parentage to be registered by the state registrar in accordance with Minnesota Rules, part 4601.0600, subpart 4, item C.

**Section 23 (adds Minn. Stat. § 144.216, subd. 3)** This section requires hospitals that receive a newborn under section 145.902 (relating to “safe place for newborns”) to report the newborn’s birth to the Office of Vital Records with five days after receiving the newborn.

**Section 24 (adds Minn. Stat. § 144.216, subd. 4)** This section requires information about safe place newborns registered under the newly created Minn. Stat. § 144.216, subdivision 3, to constitute the record of birth for the child, and provides that the record is confidential pursuant to section 13.02, subdivision 3.

**Section 25 (adds Minn. Stat. § 144.218, subd. 6)** This section provides that, if a safe place infant birth record is registered pursuant to the newly created Minn. Stat. § 144.216, subdivision 4, paragraph (b), then the state registrar must issue a replacement birth record free of information that identifies a parent.

**Section 26 (adds Minn. Stat. § 144.493, subd. 2a)** Section 144.493 currently establishes criteria for hospitals to be designated as a “comprehensive stroke center,” “primary stroke center,” and “acute stroke ready hospital.” This section of the bill adds a fourth designation, and its related criteria, for a “thrombectomy-capable stroke center.” The criteria is that the hospital must be: (1) certified as a thrombectomy-capable stroke center by the joint commission or other nationally recognized accreditation entity, or (2) a primary stroke center that offers mechanical endovascular therapies and has been certified by a department approved certifying body.

**Section 27 (amends Minn. Stat. § 144.494, subd. 2)** Section 144.494, subd. 2, currently provides that a hospital meeting the criteria for a stroke-related designation may apply to the commissioner of health for such a designation. This section of the bill adds “thrombectomy-capable stroke center” as a permissible designation.

**Section 28 (amends Minn. Stat. § 144.551, subd. 1)** This section creates an exception from Minnesota’s moratorium on hospital construction.

**Section 29 (amends Minn. Stat. § 144.551, subd. 1)** This section creates an exception from Minnesota’s moratorium on hospital construction.

**Section 30 (adds Minn. Stat. § 144.605, subd. 10)** This section authorizes the commissioner of administration to waive provisions of chapter 16C for the purposes of approving contracts for independent clinical teams.

**Section 31 (amends Minn. Stat. § 144.99, subd. 3)** This section changes the reconsideration request period for certain correction orders to the Minnesota Department of Health from 7 days to 15 days.

**Section 32 (amends Minn. Stat. § 144A.10, subd. 15)** This section reduces the time by which the commissioner must respond to a federally certified nursing homes request for an informal dispute resolution from 30 days following a federally certified nursing facility's receipt of the notice of deficiencies to 10 calendar days

**Section 33 (amends Minn. Stat. § 144A.10, subd. 16)** This section clarifies the process, timelines, and requirements of an independent informal dispute resolution proceeding regarding federally required civil monetary penalties imposed by the commissioner on a federally certified nursing facility.

**Section 34 (amends Minn. Stat. § 144A.44, subd. 1)** This section modifies the home care bill of rights by removing references to home care services provided in assisted living facilities and by removing the right of a client to install an electronic monitoring device.

**Section 35 (adds Minn. Stat. § 144A.471, subd. 1a)** This section clarifies that a home care provider cannot provide sleeping accommodations without an assisted living license.

**Section 36 (amends Minn. Stat. § 144A.474, subd. 13)** This section deletes obsolete language.

**Section 37 (amends Minn. Stat. § 144A.4791, subd. 10)** This section deletes obsolete language.

**Section 38 (amends Minn. Stat. § 144E.16, subd. 7)** Section 144E.16, subd. 7, currently provides that regional emergency medical services programs and ambulance services must have protocols for stroke transport. Such protocols must include standards of care for the transport of acute stroke patients to the most appropriate designated stroke hospital. This section of the bill adds hospitals designated as “thrombectomy-capable stroke centers” to the list of appropriate designated stroke hospitals.

**Section 39 (amends Minn. Stat. § 144G.08, subd. 29)** This section modifies the definition of “licensed health professional” to exclude registered nurses and licensed practical nurses. The existing statute defines RN and LPN, and the statute includes references to RN and LPNs as appropriate.

**Section 40 (adds Minn. Stat. § 144G.10, subd. 5)** This section establishes effective January 1, 2026, title protections for “assisted living,” by requiring that this term be used only by licensed assisted living facilities, and for both “home care” and “nursing home,” by prohibiting new assisted living facilities from using these terms.

**Section 41 (amends Minn. Stat. § 144G.16, subd. 6)** This section establishes timelines for provisionally licensed assisted living facilities to develop and submit closure plans to the commissioner of health if an application for a permanent license is denied.

**Section 42 (amends Minn. Stat. § 145.561, subd. 4)** This section establishes the 988 telecommunications fee as 12 cents per month for each consumer access line for subscribers.

**Section 43 (amends Minn. Stat. § 146B.03, subd. 7a)** This section modifies requirements to act as a supervisor of temporary tattoo technicians.

**Section 44 (amends Minn. Stat. § 146B.10, subd. 1)** This section modifies language relating to application fees for tattoo technicians and other licensed body artists.

**Section 45 (amends Minn. Stat. § 146B.10, subd. 3)** This section provides that fees collected by the commissioner relating to tattoo technicians and other licensed body artists are nonrefundable.

**Section 46 (amends Minn. Stat. § 149A.02, subd. 3b)** This section amends the definition of “burial site services” to expressly not include services provided under a transportation protection agreement.

**Section 47 (amends Minn. Stat. § 149A.02, subd. 23)** This section amends the definition of “funeral services” to expressly not include services provided under a transportation protection agreement.

**Section 48 (adds Minn. Stat. § 149A.02, subd. 38a)** This section defines “transportation protection agreement” as an agreement that is primarily for the purpose of transportation and subsequent transportation of the remains of a dead human body.



**Section 49 (amends Minn. Stat. § 149A.65)** This section modifies language relating to application fees for mortuary science, funeral directors, and related facilities.

**Section 50 (amends Minn. Stat. § 149A.97, subd. 2)** This section exempts transportation protection agreements from the requirements of Minn. Stat. § 149A.97 (relating to “preneed arrangements”).

**Section 51 (adds Minn. Stat. § 152.22, subd. 19)** This section defines “veteran” for purposes of statutes relating to the existing medical cannabis registry.

**Section 52 (amends Minn. Stat. § 152.25, subd. 2)** This section modifies a requirement that the commissioner of health must make certain information available to patients with qualifying medical conditions, which information relates to cannabis dosages and the medicinal benefits of cannabis, from being an annual requirement to being required every three years.

**Section 53 (adds Minn. Stat. § 152.27, subd. 3a)** This section requires the commissioner of health to establish an alternative certification procedure for veterans to confirm that the veteran has been diagnosed with a qualifying medical condition for purposes of medical cannabis usage.

**Section 54 (amends Minn. Stat. § 152.27, subd. 6)** This section provides that a patient’s enrollment in the registry program for medical cannabis may be denied if the patient is a veteran receiving care from the United States Department of Veterans Affairs and does not have the documentation required under the newly created section 152.27, subdivision 3a.

**Section 55 (amends Minn. Stat. § 152.28, subd. 1)** This section modifies the requirement that a health care practitioner must, upon notification from the commissioner of health of the patient’s enrollment in the medical cannabis registry program, determine if the patient continues to suffer from a qualifying medical condition from being an annual requirement to being mandatory once every three years.

**Section 56 (amends Minn. Stat. § 256R.02, subd. 20)** This section makes a conforming change related to the resident case mix reimbursement classification changes made earlier in this article.

**Section 57 (amends Minn. Stat. § 259.52, subd. 2)** This section adds a child’s putative father who registered in the fathers’ adoption registry and the legal father to the list of individuals who may request that the commissioner of health search the registry before a petition for adoption may be granted.

**Section 58 (amends Minn. Stat. § 259.52, subd. 4)** This section adds a child’s putative father who registered in the fathers’ adoption registry and the legal father to the list of individuals who may be released data in the registry.

**Section 59 (amends Minn. Stat. § 342.54, subd. 2)** This section modifies the requirement that the Division of Medical Cannabis must review and report on existing medical and scientific literature regarding recommended dosages and medical benefits of medical cannabis for qualifying medical conditions from being required annually to being mandatory once every three years.

**Section 60 (amends Minn. Stat. § 342.55, subd. 2)** This section modifies the requirement that a health care practitioner must, upon notification from the Division of Medical Cannabis of the patient’s

enrollment in the medical cannabis registry program, determine if the patient continues to suffer from a qualifying medical condition from being an annual requirement to being mandatory once every three years.

**Section 61 (REVISOR INSTRUCTION)** This section directs the Revisor of Statutes to substitute the term “staff” for the term “employee” in the specified locations in the assisted living facility licensing chapter of statutes.

**Section 62 (REPEALER; 340B covered entity report)** This section repeals an administrative cap included in Minnesota’s Comprehensive Drug Overdose and Morbidity Act; a definition in the nursing facility rates statute to conform with the changes to the case mix classification language; reporting requirements for 340B covered entities and for the commissioner of health.

## **ARTICLE 7 EMERGENCY MEDICAL SERVICES**

**Section 1 (amends Minn. Stat. § 15A.0815, subdivision 2)** This section requires the compensation council to determine the salary of the Director of the Office of Emergency Medical Services.

**Section 2 (amends Minn. Stat. § 43A.08, subdivision 1a)** This section authorizes the appointing authority of the Office of Emergency Medical Services to designate additional unclassified positions within the Office.

**Section 3 (amends Minn. Stat. § 62J.49, subdivision 1)** This section makes conforming changes related to the establishment of the Office of Emergency Medical Services.

**Section 4 (amends Minn. Stat. § 144E.001, subdivision 3a)** This section modifies the definition of “ambulance service personnel” with respect to (1) registered nurses by eliminating the requirement that registered nurses pass a paramedic practical skills test, and instead authorizing an ambulance service medical director to approve registered nurses to serve as ambulance service personnel, and by allowing certified flight nurses and certified emergency nurses to serve as ambulance service personnel, and (2) physician assistants by eliminating the requirement that physician assistants pass a paramedic practical skills test, and instead authorizing an ambulance service medical director to approve physician assistants to serve as ambulance service personnel.

**Section 5 (adds Minn. Stat. § 144E.001, subdivision 16)** This section defines “director” for the purposes of the Office of Emergency Medical Services.

**Section 6 (adds Minn. Stat. § 144E.001, subdivision 17)** This section defines the term “office” for the purposes of the Office of Emergency Medical Services.

**Section 7 (adds Minn. Stat. § 144E.011)** This section establishes the Office of Emergency Medical Services, headed by a director appointed by the Governor, and specifies the duties of the director, which include licensing ambulance services, assigning and modifying primary service areas, registering medical response units, certifying ambulance service personnel, approve education programs, and investigate complaints against ambulance services providers and ambulance personnel.

**Section 8 (adds Minn. Stat. § 144E.015)** This section establishes the medical services division within the Office of Emergency Medical Services, headed by a deputy director who must be a physician and appointed by the director, which will have primary responsibility for overseeing prehospital clinical care and education programs.

**Section 9 (adds Minn. Stat. § 144E.016)** This section establishes the ambulance services division within the Office of Emergency Medical Services, headed by a deputy director appointed by the director, which will have primary responsibility for the operating standards and licensing of ambulance services, oversight over primary service areas and coordination of the provision of ambulance services across the state, and the administration of grants to ambulance services and EMS regions.

**Section 10 (adds Minn. Stat. § 144E.017)** This section establishes the emergency medical service providers division within the Office of Emergency Medical Services, headed by a deputy director appointed by the director, which will have primary responsibility for the certification and registration of ambulance service personnel, oversee worker safety, implement education programs, and administer grants.

**Section 11 (adds Minn. Stat. § 144E.03)** This section establishes the Emergency Medical Services Advisory Council, specifies the members and the appointing authorities, and specifies the duty of the council to provide advice to the director and deputy directors.

**Section 12 (adds Minn. Stat. § 144E.035)** This section establishes the emergency medical services physician advisory council, specifies the members and the appointing authorities, and specifies the duty of the council to provide advice to the director and deputy director of the medical services division.

**Section 13 (adds Minn. Stat. § 144E.04)** This section establishes the labor and emergency medical services providers advisory council, specifies the members and the appointing authorities, and specifies the duty of the council to provide advice to the director and deputy director of the emergency medical service providers division.

**Section 14 (amends Minn. Stat. § 144E.101, subdivision 6)** This section modifies the staffing requirements for a basic life support ambulance by allowing approved registered nurses and approved physician assistants to serve as basic life support ambulance personnel, removing the rural-only limitation on staffing a basic life support ambulance with one EMT, Nurse or PA, and one driver during emergency calls and interfacility transfers.

**Section 15 (adds Minn. Stat. § 144E.101, subdivision 6a)** This section establishes a variance process for the staffing of basic life support ambulances that permits the board to allow the ambulance to be driven by an individual who is not a registered emergency medical responder driver.

**Section 16 (amends Minn. Stat. § 144E.101, subdivision 7)** This section modifies the staffing requirements for an advanced life support ambulance by clarifying the requirements for an RN or PA to staff an advanced life support ambulance, removes the rural-only limitation on issuing a variance for alternative staffing of an advanced life support ambulance, and removes the rural-only limitation on alternative staffing for interfacility transfers.

**Section 17 (adds Minn. Stat. § 144E.105)** This section establishes an alternative EMS response model pilot program that permits basic ambulance services to partner with an advanced life support ambulance service to jointly respond to emergency calls with one paramedic and one EMT.

**Section 18 (amends Minn. Stat. § 144E.16, subdivision 5)** This section makes conforming changes.

**Section 19 (amends Minn. Stat. § 144E.19, subdivision 3)** This section makes conforming changes.

**Section 20 (amends Minn. Stat. § 144E.27, subdivision 3)** This section requires emergency medical responders to successfully complete a course in cardiopulmonary resuscitation as a condition of renewal or reinstatement of registration.

**Section 21 (amends Minn. Stat. § 144E.27, subdivision 5)** This section clarifies that this subdivision applies only to EMRs and drivers of basic life support ambulances, and clarifies which provisions apply only to emergency medical responders and which apply to EMRs and drivers of basic life support ambulances.

**Section 22 (amends Minn. Stat. § 144E.27, subdivision 5)** This section makes conforming changes and authorizes the board to take disciplinary action against an EMR or driver of a basic life support ambulance for failing to participate in a health professional services program or diversion program to which they are referred.

**Section 23 (amends Minn. Stat. § 144E.27, subdivision 6)** This section clarifies that this subdivision applies only to EMRs and drivers of basic life support ambulances.

**Section 24 (amends Minn. Stat. § 144E.28, subdivision 3)** This section makes technical changes.

**Section 25 (amends Minn. Stat. § 144E.28, subdivision 5)** This section makes conforming changes and authorizes the board to take disciplinary action against EMT, AEMT, or paramedic for failing to participate in a health professional services program or diversion program to which they are referred.

**Section 26 (amends Minn. Stat. § 144E.28, subdivision 6)** This section makes conforming changes.

**Section 27 (amends Minn. Stat. § 144E.28, subdivision 8)** This section makes technical and conforming corrections and provides a temporarily available process for EMT, AEMTs, paramedics and community paramedics whose certifications have lapsed to have their certifications reinstated.

**Section 28 (amends Minn. Stat. § 144E.285, subdivision 1)** This section requires EMR education programs to be approved by the board and eliminates various education program requirements from this subdivision, which are addressed in subsequent subdivisions for particular types of education programs.

**Section 29 (adds Minn. Stat. § 144E.285, subdivision 1a)** This section establishes requirements specific to EMR education programs.

**Section 30 (adds Minn. Stat. § 144E.285, subdivision 1b)** This section establishes requirements specific to EMT education programs.

**Section 31 (amends Minn. Stat. § 144E.285, subdivision 2)** This section modifies requirements specific to AEMT and paramedic education programs.

**Section 32 (amends Minn. Stat. § 144E.285, subdivision 4)** This section modifies the requirements for reapproval of education programs, including requiring a site visit by the board.

**Section 33 (amends Minn. Stat. § 144E.285, subdivision 6)** This section makes conforming changes.

**Section 34 (amends Minn. Stat. § 144E.287)** This section makes conforming and technical changes.

**Section 35 (amends Minn. Stat. § 144E.305, subdivision 3)** This section makes conforming changes.

**Section 36 (amends Minn. Stat. § 152.126, subdivision 6)** This section makes conforming changes.

**Section 37 (amends Minn. Stat. § 214.025)** This section makes conforming changes.

**Section 38 (amends Minn. Stat. § 214.04, subdivision 2a)** This section makes conforming changes.

**Section 39 (amends Minn. Stat. § 214.29)** This section makes conforming changes.

**Section 40 (amends Minn. Stat. § 214.31)** This section makes conforming changes.

**Section 41 (amends Minn. Stat. § 214.355)** This section makes conforming changes.

**Section 42 (INITIAL MEMBERS AND FIRST MEETING; EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL)** This section specifies that initial appointments to the emergency medical services advisory board must be made by January 1, 2025, the length of initial terms, and that the first meeting must be convened by February 1, 2025.

**Section 43 (INITIAL MEMBERS AND FIRST MEETING; EMERGENCY MEDICAL SERVICES PHYSICIAN ADVISORY COUNCIL)** This section specifies that initial appointments to the emergency medical services physician advisory board must be made by January 1, 2025, the length of initial terms, and that the first meeting must be convened by February 1, 2025.

**Section 44 (INITIAL MEMBERS AND FIRST MEETING; LABOR AND EMERGENCY MEDICAL SERVICE PROVIDERS ADVISORY COUNCIL)** This section specifies that the initial appointments to the labor and emergency medical service providers advisory council must be made by January 1, 2025, the length of the initial terms, and that the first meeting must be convened by February 1, 2025.

**Section 45 (TRANSITION)** This section requires the Governor to appoint a director-designee by October 1, 2024, and transfers the duties and authorities of the board to the director on January 1, 2025.

**Section 46 (REVISOR INSTRUCTION)** This section directs the revisor of statutes to make necessary conforming changes to terms in specified statutes to clarify the replacement of the EMSRB with the Office of EMS.

**Section 47 (REPEALER)** This section repeals language in Chapter 144E related to the board, obsolete language, and obsolete or redundant language related to education programs.

## **ARTICLE 8 PHARMACY BOARD AND PRACTICE**

**Section 1 (amends Minn. Stat. § 62Q.46, subd. 1)** This section prohibits health plans from requiring prior authorization or step therapy for preexposure prophylaxis or postexposure prophylaxis, subject to a specific exception.

**Section 2 (amends Minn. Stat. § 151.01, subd. 23)** This section includes pharmacists authorized to prescribe drugs to prevent the acquisition of HIV under section 151.37, subdivision 17 (a new subdivision added by this bill and relating to “drugs for preventing the acquisition of HIV”) in the definition of “practitioner,” as that term is used in section 151.252, subdivision 3 (relating to “payments to practitioner; reporting”) and section 151.461 (relating to “gifts to practitioners prohibited”).

**Section 3 (amends Minn. Stat. § 151.01, subd. 27)** This section modifies the practice of pharmacy to allow a pharmacist to order and perform lab tests waived under the federal Clinical Laboratory Improvement Act (42 U.S.C. § 263a et seq.). This federal law generally includes federal standards applicable to all U.S. facilities or sites that test human specimens for health assessment or to diagnose, prevent, or treat disease. This bill section also authorizes a pharmacist to collect specimens, interpret results, notify patients of results, and refer patients to other health care providers for follow up care and to initiate, modify, or discontinue drug therapy pursuant to a protocol or collaborative practice agreement. It further permits a pharmacist to delegate authority under clause (3) of the definition of “practice of pharmacy” (relating to the administration of lab tests) to a supervised pharmacy technician or intern.

This section also expands pharmacists’ authority to administer, initiate, and order (i) influenza, COVID-19, and SARS-CoV-2 vaccines authorized or approved by the FDA to all eligible individuals ages three and older, and (ii) all other FDA-approved vaccines to patients ages 6 and older, according to the federal Advisory Committee on Immunization Practices recommendations. The new language permits a pharmacist to delegate vaccine administration authority to a pharmacy technician or intern if the pharmacy technician or intern meets listed requirements for training, assessment of immunization status, reporting, and supervision.

This section further requires that, if a patient is under 18 years old, requires the pharmacist, pharmacy technician, or intern administering the vaccine to inform the patient and any accompanying adult caregiver of the importance of a well-child visit with a primary care provider or pediatrician.

This section requires pharmacist supervision of a pharmacy technician administering vaccinations to be in-person, and establishes further requirements for pharmacy technicians performing such administrations.

**Section 4 (amends Minn. Stat. § 151.01, subd. 27)** This section expands the definition of the “practice of pharmacy” to include: (1) prescribing, dispensing, and administering drugs for preventing the acquisition of HIV if the pharmacist meets the requirements in section 151.37, subdivision 17 (a



new subdivision added by this bill and relating to “drugs for preventing the acquisition of HIV”); and (2) ordering, conducting, and interpreting lab tests necessary for therapies that use drugs for preventing the acquisition of HIV, if the pharmacist meets the requirements in section 151.37, subdivision 17.

**Section 5 (adds Minn. Stat. § 151.065, subd. 4a)** This section requires Board of Pharmacy licensees and registrants to submit a new application to the board before relocating their business. It further establishes information and fee requirements for the application. This section directs the board to issue a new license or registration upon approval of the relocation application.

**Section 6 (adds Minn. Stat. § 151.065, subd. 4b)** This section requires Board of Pharmacy licensees and registrants to submit a new application to the board before changing the ownership of the licensee or registrant. It further establishes information and fee requirements for the application. This section directs the board to issue a new license or registration upon approval of the change of ownership application.

**Section 7 (adds Minn. Stat. § 151.065, subd. 8)** This section provides that licenses and registrations granted by the Board of Pharmacy are not transferable.

**Section 8 (amends Minn. Stat. § 151.066, subd. 1)** This section excludes exclusive medical gas manufacturers from the definition of manufacturer, inserts a definition of “third-party logistics provider,” and excludes exclusive medical gas distributors from the definition of wholesaler for purposes of section 151.066.

**Section 9 (amends Minn. Stat. § 151.066, subd. 2)** Existing law requires manufacturers and wholesalers to annually report to the Board of Pharmacy every sale, delivery, or other distribution of an opiate into Minnesota to a practitioner, pharmacy, hospital, veterinary hospital, or certain other permitted persons. This section provides that, even if no reportable distributions occurred for a given year, notification by a manufacturer or wholesaler must still be provided to the board. This section further requires each third-party logistics provider to report any delivery or distribution into Minnesota of any opiate, for the prior year, to the extent the delivery or distribution was not reported by a manufacturer or wholesaler.

**Section 10 (amends Minn. Stat. § 151.066, subd. 3)** This section clarifies that, for the purposes of this subdivision (which relates to registration fees which must be paid to the Board of Pharmacy by manufacturers), an opiate’s units of sold product will be assigned to the manufacturer holding the New Drug Application or Abbreviated New Drug Application, as listed by the FDA.

**Section 11 (adds Minn. Stat. § 151.212, subd. 4)** This section requires pharmacies to notify customers of the availability of accessible prescription labels.

**Section 12 (adds Minn. Stat. § 151.37, subd. 17)** This section authorizes a pharmacist to prescribe and administer drugs to prevent the acquisition of HIV. It establishes related requirements for a pharmacist to perform such actions, including but not limited to the following: (1) complete a training program specifically developed for prescribing drugs for preventing the acquisition of HIV; (2) complete continuing education requirements as specified by the Board of Pharmacy; (3) follow the standardized protocol developed by the Board of Pharmacy for performing such actions; and (4) provide counseling to the patient on the use of the drugs, including through the provision of a fact sheet.

This section further requires the Board of Pharmacy to develop a standardized protocol for a pharmacist to follow in prescribing drugs to prevent the acquisition of HIV, and prohibits pharmacists from delegating the prescribing authority provided under this statutory subdivision to any other person.

**Section 13 (amends Minn. Stat. § 151.555, subd. 1)** Existing law defines the term “donor” as an individual over 18 years old along with six specific entity types enumerated in the definition (e.g., an assisted living facility licensed under chapter 144G, a drug wholesaler licensed under section 151.47, etc.). This section would revise the definition to use broader language, such that it would include an individual over 18 as well as “any entity legally authorized to possess medicine with a license or permit in good standing in the state in which it is located, without further restrictions.”

**Section 14 (amends Minn. Stat. § 151.555, subd. 4)** This section deletes a requirement imposed on the central repository to provide the Board of Pharmacy with a copy of a local repository’s withdrawal notice within ten business days from receipt.

**Section 15 (amends Minn. Stat. § 151.555, subd. 5)** This section updates patient attestation requirements in connection with receiving drugs from a local repository. The section further removes a requirement imposed on local repositories to furnish a patient with an identification card.

**Section 16 (amends Minn. Stat. § 151.555, subd. 6)** This section removes a condition, currently required for a drug to be eligible for donation under the medication repository program, that the donation be accompanied by a signed medication repository donor form, and also removes this same condition with respect to medical supplies. This section further imposes a requirement on the central repository and local repositories to verify and record certain information on the medication repository donor form, including but not limited to, the following: (1) the donor’s name and contact information; (2) that the donor will only make donations in accordance with the program; and (3) that, to the best of the donor’s knowledge, only drugs or supplies that have been properly stored and branded will be donated. This section also permits the Board of Pharmacy to waive a requirement for the central repository and local repositories to maintain an inventory of all donated drugs and supplies if an entity under common ownership or control of the repository maintains an inventory containing all the required information.

**Section 17 (amends Minn. Stat. § 151.555, subd. 7)** This section removes a requirement imposed on pharmacists and practitioners who inspect drugs or supplies under the program to sign an inspection record stating that the donation requirements have been met.

**Section 18 (amends Minn. Stat. § 151.555, subd. 8)** This section clarifies that non-prescription donated drugs and supplies may be dispensed by a repository under the program without a prescription. The section further limits an existing patient acknowledgment form requirement from applying each time a drug or supply is dispensed or administered to only the first time the drug or supply is dispensed or administered.

**Section 19 (amends Minn. Stat. § 151.555, subd. 9)** This section prohibits a supply or handling fee from being charged to an individual enrolled in the medical assistance program or MinnesotaCare.

**Section 20 (amends Minn. Stat. § 151.555, subd. 11)** Existing law requires program participants to use certain forms relating to the repository program located on the Board of Pharmacy's website. This section permits participants to use substantively similar electronic or physical forms.

**Section 21 (amends Minn. Stat. § 151.555, subd. 12)** This section provides immunity from civil liability to a person or entity, that facilitates a (1) health care facility participating in the program, (2) pharmacist dispensing a drug or supply pursuant to the program, (3) practitioner dispensing or administering a drug or supply pursuant to the program, or (4) donor of a drug or medical supply, for an act or omission that causes injury to or the death of an individual to whom the drug or supply is dispensed, so long as the drug or supply is donated, accepted, distributed, and dispensed according to the requirements of Minn. Stat. § 151.555. The immunity does not apply if the act or omission involves reckless, wanton, or intentional misconduct, or malpractice unrelated to the quality of the drug or medical supply.

**Section 22 (amends Minn. Stat. § 256B.0625, subd. 13f)** This section prohibits the use of prior authorization and step therapy from being utilized in the medical assistance program for any class of drugs that is approved by the FDA for the treatment or prevention of HIV and AIDS.

**Section 23 (adds Minn. Stat. § 256B.0625, subd. 13l)** This section requires medical assistance to cover vaccines initiated, ordered, or administered by a licensed pharmacist, and laboratory tests ordered and performed by a licensed pharmacist, according to requirements of section 151.01, at no less than the rate for which the same services are covered when provided by any other licensed practitioner.

**Section 24 (amends Minn. Stat. § 256B.0625, subd. 39)** This section requires medical assistance to pay for vaccines available at no cost from the pediatric vaccine administration program if the vaccines qualify for 100 percent federal funding or are mandated by CMS to be covered outside of the Vaccines for Children program.

**Section 25 (uncodified; Rulemaking; Board of Pharmacy)** This section directs the Board of Pharmacy to permit and promote the inclusion of plain language instructions on prescription labels.

## **ARTICLE 9 BEHAVIORAL HEALTH**

**Section 1 (amends Minn. Stat. § 245.462, subdivision 6)** This section provides that a community support services program that meets the accreditation standards for Clubhouse International model programs meets the requirements of the subdivision.

**Section 2 (amends Minn. Stat. § 245.4663, subdivision 2)** This section adds an additional eligibility under the mental health provider supervision grant program to include health providers that provide services to people in a city or township not within the seven-county metropolitan area.

**Section 3 (amends Minn. Stat. § 245.4889, subdivision 1)** This section modifies the list of services eligible for mental health grants.

**Section 4 (amends Minn. Stat. § 245I.02, subdivision 17)** This section modifies the definition of “functional assessment” in the Mental Health Uniform Service Standards Act by removing the requirement to use certain level of care assessment instruments.

**Section 5 (amends Minn. Stat. § 245I.02, subdivision 19)** This section modifies the definition of “level of care assessment” in the Mental Health Uniform Service Standards Act by removing the requirement to use certain level of care assessment instruments.

**Section 6 (amends Minn. Stat. § 245I.10, subdivision 9)** This section removes the requirement that a license holder include a narrative summary when completing a functional assessment for an adult client and modifies the timeline for updating a client’s functional assessment from every 180 days to every 365 days. Allows a license holder to use any available, validated measurement tool when completing the required elements of a functional assessment.

**Section 7 (amends Minn. Stat. § 245I.11, subdivision 1)** This section defines “observed self-administration.”

**Section 8 (adds Minn. Stat. § 245I.11, subdivision 6)** This section allows programs providing children’s day treatment services to allow clients to self-administer medication and provides the requirements that must be followed.

**Section 9 (amends Minn. Stat. § 245I.20, subdivision 4)** This section removes the requirement that each of the two mental health professionals employed at a mental health clinic must specialize in different mental health disciplines.

**Section 10 (adds Minn. Stat. § 245I.23, subdivision 14)** This section modifies weekly team meeting requirements by requiring a treatment team member working one shift per week to read the minutes of the weekly team meeting if they cannot attend. Allows remote team meetings under certain circumstances.

**Section 11 (amends Minn. Stat. § 254B.04, subdivision 1a)** This section allows MinnesotaCare enrollees to be eligible for behavioral health fund intensive residential treatment services or residential crisis stabilization services room and board services.

**Section 12 (adds Minn. Stat. § 256B.0617)** This section requires the commissioner of human services to establish an initial provider entity application and certification process and recertification process to determine whether a provider entity has administrative and clinical structures that meet the requirements to be certified and lists the mental health services this applies to. Requires the commissioner to recertify a provider entity every three years and to establish a process for decertification. Requires the commissioner to provide certain information to providers and requires the commissioner to implement all requirements of this section by September 1, 2024.

**Section 13 (amends Minn. Stat. § 256B.0622, subdivision 2a)** This section provides an additional option on the list of high-intensity services that are needed for a person to be eligible for assertive community treatment.

**Section 14 (amends Minn. Stat. § 256B.0622, subdivision 3a)** This section removes the requirement that an assertive community treatment provider must have a contract with a host county to provide services.

**Section 15 (amends Minn. Stat. § 256B.0622, subdivision 7a)** This section modifies the required assertive community treatment staff qualifications and role of a team leader.

**Section 16 (amends Minn. Stat. § 256B.0622, subdivision 7b)** This section requires each assertive community treatment team to demonstrate a passing score according to the most recently issued Tool for Measurement of Assertive Community Treatment and removes language related to team caseload limits, staff-to-client ratios, schedules, and other requirements.

**Section 17 (amends Minn. Stat. § 256B.0622, subdivision 7d)** This section aligns the timing of updates to an assertive community treatment client's diagnostic assessment with the requirements of the Mental Health Uniform Service Standards Act.

**Section 18 (amends Minn. Stat. § 256B.0623, subdivision 5)** This section adds licensed occupational therapists as qualified individual provider staff to provide adult rehabilitative mental health services.

**Section 19 (amends Minn. Stat. § 256B.0625, subdivision 5m)** This section requires the commissioner of human services to rebase rates for certified community behavioral health clinics certified after September 31, 2020, and before January 1, 2021, for services provided beginning January 1, 2024.

**Section 20 (amends Minn. Stat. § 256B.0625, subdivision 20)** This section allows a provider to contact an adult client via secure electronic message for mental health case management.

**Section 21 (amends Minn. Stat. § 256B.0671, subdivision 5)** This section expands medical assistance coverage for skills training related to family psychoeducational services.

**Section 22 (amends Minn. Stat. § 256B.0943, subdivision 12)** This section allows billable services by multiple providers within the same agency as long as certain circumstances are met for children's therapeutic services and supports.

**Section 23 (amends Minn. Stat. § 256B.0947, subdivision 5)** This section modifies the composition of the clinically qualified core team for intensive nonresidential rehabilitative mental health services.

**Section 24 (amends Laws 2023, chapter 70, article 1, section 35)** This section permits an inflation adjustment in connection with rates paid for adult day treatment services.

**Section 25 (uncodified; Direction to the commissioner; Medical assistance rate increases)** This section directs the commissioner of human services to increase payment rates under the medical assistance program for: (1) residential substance use disorder services; (2) inpatient behavioral health services provided by hospitals paid under the DRG methodology; (3) behavioral health home services; (4) physician and professional services for mental health and substance use disorder; and (5) services under section 256B.761, billed and coded under HCPCS H, S, and T codes.

**Section 26 (uncodified; First Episode Psychosis Coordinated Specialty Care medical assistance benefit)** This section directs the commissioner of human services to develop a First Episode Psychosis Coordinated Specialty Care medical assistance benefit, which must cover medically necessary treatment for services including, but not limited to, the following: (1) assertive outreach and

engagement strategies; (2) crisis planning and intervention; (3) employment and education services that enable individuals to function in workplace and educational settings that support individual preferences; and (4) care coordination services in clinic, community, and home settings to assist individuals with practical problem solving. This section further requires the commissioner to report findings to the legislature by December 1, 2026.

**Section 27 (uncodified; Medical assistance children’s residential mental health crisis stabilization)** This section directs the commissioner of human services to consult with providers, advocates, Tribal nations, and other interested community members to develop a covered benefit under medical assistance to provide residential mental health crisis stabilization for children. The benefit must include, but not be limited to, the following: (1) evidence-based practices for children under 21 experiencing a mental health crisis, and services that support children and families. The benefit must qualify for federal financial participation. This section further requires the commissioner to report findings to the legislature by October 1, 2025.

**Section 28 (uncodified; Medical assistance clubhouse benefit analysis)** This section directs the commissioner of human services to conduct an analysis to identify existing or pending Medicaid Clubhouse benefits in other states, federal authorities used, populations served, service and reimbursement design, and accreditation standards. This section further requires the commissioner to report findings to the legislature by December 1, 2025.

**Section 29 (uncodified; Study on medical assistance children’s intensive residential treatment benefit)** This section directs the commissioner of human services to consult with providers, advocates, Tribal nations, and other interested community members to develop a covered benefit under medical assistance to provide intensive residential mental health services for children and youth. The benefit must: (1) evidence-based practices and culturally responsive treatment services for children under 21; (2) qualify for federal financial participation; and (3) include services that support children, youth, and families. This section further requires the commissioner to report findings to the legislature by August 1, 2026.

**Section 30 (REVISOR INSTRUCTION)** This section directs the revisor of statutes to prepare legislation for the 2025 legislative session to recodify section 256B.0622 to move provisions related to assertive community treatment and intensive residential treatment services into separate sections of statute.

**Section 31 (REPEALER)** repeals Minnesota Rules, parts 2960.0620, subpart 3 (monitoring for tardive dyskinesia).

## **ARTICLE 10 CHILD PROTECTION AND WELFARE**

**Section 1 (amends Minn. Stat. § 256.01, subdivision 12b)** This section requires the Department of Human Services critical incident review team to also review child fatalities and near fatalities that occur in licensed facilities and are not due to natural causes.

**Section 2 (amends Minn. Stat. § 256N.26, subdivision 12)** This section requires a financially responsible agency to provide notice when receiving Supplement Security Income (SSI) benefits on behalf of a child in Northstar Care for Children and provides other requirements.



**Paragraph (b)** requires a financially responsible agency who applies to be a payee for or receives SSI benefits on behalf of a child to provide written notice to various parties, including the child and the child's next of kin.

**Paragraph (c)** requires the legally responsible agency and the guardian ad litem to disclose to the child in person when a financially responsible agency receives benefits on behalf of the child. Provides that this requirement does not apply when a child is living outside of Minnesota.

**Paragraph (d)** prohibits a financially responsible agency receiving benefits on behalf of a child from using those funds for any other purpose than the care of that child and prohibits the commingling of any benefits received. Further prohibits the benefits received from being placed in any general fund.

**Paragraph (e)** requires a financially responsible agency receiving benefits on behalf of a child to keep a record of the total dollar amount it received, the total number of children it applied to be a payee for, and the total number of children it received benefits for.

**Paragraph (f)** requires the financially responsible agency to submit a report to the commissioner on the information collected and requires the commissioner to compile the information and provide a report to the legislature.

**Section 3 (amends Minn. Stat. § 256N.26, subdivision 13)** This section requires a financially responsible agency to provide notice when receiving retirement survivor's disability insurance (RSDI), veteran's benefits, railroad retirement benefits, or black lung benefits on behalf of a child in Northstar Care for Children and provides other requirements.

**Section 4 (adds Minn. Stat. § 260.014, subdivision 5)** This section allows funds appropriated under the Family First Prevention Services Act allocation grant program to be available for two fiscal years.

**Section 5 (adds Minn. Stat. § 260C.4411, subdivision 3)** This section requires a county of financial responsibility or Tribal agency to provide notice when receiving RSDI or SSI benefits on behalf of a child in the pre-Northstar Care for Children foster care program and provides other requirements.

**Paragraph (a)** requires a county of financial responsibility or Tribal agency who receives RSDI or SSI benefits on behalf of a child to provide written notice to various parties, including the child and the child's next of kin.

**Paragraph (b)** requires the legally responsible agency and the guardian ad litem to disclose to the child in person when a county of financial responsibility or Tribal agency receives benefits on behalf of the child. Provides that this requirement does not apply when a child is living outside of Minnesota.

**Paragraph (c)** prohibits a county of financial responsibility or Tribal agency receiving benefits on behalf of a child from using those funds for any other purpose than the care of that child and prohibits the commingling of any benefits received. Further prohibits the benefits received from being placed in any general fund.

**Paragraph (d)** requires a county of financial responsibility or Tribal agency receiving benefits on behalf of a child to keep a record of the total dollar amount it received and the total number of children it received benefits for. Also requires the county of financial responsibility and Tribal agency to submit a report to the commissioner on the information collected.

**Section 6 (adds Minn. Stat. § 260E.021)** This section establishes the Child Protection Advisory Council.

**Subdivision 1** provides the membership of the advisory council, which consists of up to 24 members.

**Subdivision 2** provides for the advisory council's administration and requires the commissioner of administration to provide staff support, office space, and access to office equipment.

**Subdivision 3** requires the advisory council to meet at least quarterly and provides that meetings are subject to the open meeting law.

**Subdivision 4** requires the advisory council to elect a chairperson and that the advisory council will be governed by an executed committee. Requires the executive committee to select an executive director and allows subcommittees and work groups to be appointed as necessary.

**Subdivision 5** requires the advisory council to perform certain duties, including conducting child mortality review processes and reviewing child welfare data.

**Subdivision 6** requires the advisory council to submit an annual report, beginning January 1, 2025, to the legislature on the advisory council's activities.

**Subdivision 7** provides that the advisory council expires June 30, 2027.

**Section 7 (adds Minn. Stat. § 260E.39)** This section establishes a review process for child fatalities and near fatalities.

**Subdivision 1** defines "critical incident," "joint review," "local review," "local review team," and "panel" for the purposes of this section.

**Subdivision 2** requires each county to establish a multidisciplinary local child mortality review team and to participate in local critical incident reviews. Allows a local welfare agency's child protection team to serve as the local review team. Requires the local review team to conduct reviews of critical incidents jointly with the child mortality review panel.

**Subdivision 3** establishes a child mortality review panel to review critical incidents related to child maltreatment and provides the composition of the panel.

**Subdivision 4** provides the process for when a critical incident occurs, including when a joint review must be completed. Allows the review panel to make recommendations to improve child safety and well-being to any state or local agency, branch of government, or system partner. Requires the commissioner to conduct additional information gathering as requested by the review panel or local review team and compile a summary report.

**Subdivision 5** allows access to not public data by the review panel, the local review team, and the commissioner when conducting reviews. Allows access to records of private hospitals as necessary to carry out the duties in this section. Requires a state agency, statewide system, or political subdivision to provide the data upon request by the commissioner. Classifies certain data acquired by a local review team, the review panel, or the commissioner as protected nonpublic or confidential data. Limits the data the commissioner can disclose. Prohibits a person attending a local review team or child mortality review panel meeting from disclosing what transpired at the meeting unless certain circumstances exist. Classifies the proceedings and records of the local review team, the review panel, and the commissioner as protected nonpublic data and that the proceedings and records are not subject to discovery or introduction into evidence in a civil or criminal action. Provides that a person who presented information before a local review team, the review panel, or the commissioner or who is a member of a local review team or the review panel, or an employee conducting information gathering as designated by the commissioner, is immune from any civil or criminal liability.

**Subdivision 6** requires the commissioner, beginning December 15, 2026, to publish an annual report of the child mortality review panel and provides what must be included in the report.

**Subdivision 7** requires the commissioner to provide training and support to local review teams to assist with local review processes and procedures.

**Subdivision 8** requires the local review teams and review panel to advance and support a culture of learning and improvement within Minnesota's child welfare system.

**Section 8 (amends Minn. Stat. § 518A.42, subdivision 3)** This section makes clarifying changes to the exception criteria for the minimum basic child support amount.

**Section 9 (amends Laws 2023, chapter 70, article 14, section 42, subdivision 6)** This section establishes compensation for community resource center advisory council members.

**Section 10 (CHILD PROTECTION ADVISORY COUNCIL; INITIAL TERMS)** This section provides the initial terms and appointments for the Child Protection Advisory Council.

**Subdivision 1** requires the appointing authorities for the advisory council to appoint members by August 1, 2024.

**Subdivision 2** provides the length of terms for the members of the advisory council.

**Subdivision 3** states that the commissioner of human services or a designee will serve as chair until the advisory council elects a chair and requires the commissioner to convene the first meeting by September 15, 2024.

**Section 11 (DIRECTION TO COMMISSIONER; CHILD MALTREATMENT REPORTING REVIEW)** This section directs the commissioner of human services to review current child maltreatment reporting processes and systems in other states and evaluate the costs and benefits of each.

**Section 12 (DIRECTION TO COMMISSIONER; CHILD WELFARE SYSTEM IMPROVEMENTS)** This section requires the commissioner of human services, when designing, developing, and implementing a federally compliant Comprehensive Child Welfare Information System, to ensure the system can do specific tasks, such as allowing counties to track financial information.

**Section 13 (PREVENTING NONRELATIVE FOSTER CARE PLACEMENT GRANTS)** This section requires the commissioner of children, youth, and families to award grants to community-based nonprofit organizations to provide culturally competent supports to relative caregivers caring for relative children.

**Section 14 (REPEALER)** This section repeals Minnesota Statutes, section 256.01, subdivision 12 (child mortality review panel) and subdivision 12a (DHS child mortality and near mortality review team) and Minnesota Rules, part 9560.0232, subpart 5 (child mortality review panel).

## **ARTICLE 11 ECONOMIC SUPPORTS**

**Section 1 (adds Minn. Stat. § 142F.103)** This section modifies supplemental nutrition assistance program (SNAP) eligibility for students enrolled in higher education.

**Subdivision 1** requires the Board of Trustees of Minnesota State Colleges and Universities and requests the Board of Regents of the University of Minnesota, to submit an application to the commissioner of human services verifying whether each MNSCU institution meets the requirements to be a campus-based employment and training program that qualifies for the student exemption for SNAP eligibility.

**Subdivision 2** provides which students are eligible to participate in a campus-based employment and training program.

**Subdivision 3** requires the commissioner of human services, in consultation with the commissioner of higher education, to issue guidance to counties, Tribal Nations, Tribal colleges, and Minnesota public postsecondary institutions that clarifies the state and federal requirements, the application process, how students qualify for a SNAP student exemption, and the SNAP eligibility criteria for eligible students.

**Subdivision 4** requires the commissioner of human services, in consultation with the commissioner of higher education, to design an application for institutions to use when applying for the program designation.

**Subdivision 5** requires an institution of higher learning to send a notice at the beginning of each academic semester to eligible students to inform them of their eligibility to participate.

**Section 2 (adds Minn. Stat. § 142F.16)** This section establishes the Minnesota food bank program.

**Section 3 (amends Minn. Stat. § 256E.38, subdivision 4)** This section allows eligible applicants that receive grant money for the diaper distribution grant program to use up to ten percent for administrative costs.

**Section 4 (TRANSFER TO DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES)** This section provides that the responsibilities for the campus-based employment and training program for students enrolled in higher education and the Minnesota food bank program must transfer from the commissioner of human services to the commissioner of children, youth, and families and that the commissioner must give notice when the transfer is effective.

## **ARTICLE 12 HOUSING AND HOMELESSNESS**

**Section 1 (PREGNANT AND PARENTING HOMELESS YOUTH STUDY)** This section requires the commissioner of human services to contract with the Wilder Foundation for a study on the statewide numbers of pregnant and parenting homeless youth. Requires the Wilder Foundation to submit a report to the commissioner by December 31, 2025, and for the commissioner to submit that report to the legislature.

**Section 2 (REVIVAL AND REENACTMENT)** This section revives and reenacts a subdivision that clarifies housing support supplemental service rates and that was mistakenly repealed in the Revisor's bill during the 2023 legislative session.

**Section 3 (REPEALER)** This section repeals a subdivision in the 2023 Revisor's bill that mistakenly repealed the housing support supplemental service rates subdivision.

## **ARTICLE 13 CHILD CARE LICENSING**

**Section 1 (adds Minn. Stat. § 142B.171)** This section directs the commissioner of children, youth, and families to develop and implement a child care weighted risk system for child care licensing.

**Section 2 (amends Minn. Stat. § 245A.50, subdivision 3)** This section removes the requirement that family child care providers must not let their first aid training expire and instead requires them to repeat the training every two years within 90 days of the date the training was initially taken.

**Section 3 (amends Minn. Stat. § 245A.50, subdivision 4)** This section removes the requirement that family child care providers must not let their CPR training expire and instead requires them to repeat the training every two years within 90 days of the date the training was initially taken.

**Section 4 (REPEALER)** This section repeals section 245A.065, the child care fix-it ticket statute, to allow for the new child care weighted risk system.

## **ARTICLE 14 DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES**

**Section 1 (adds Minn. Stat. § 142A.045)** This section establishes an intergovernmental advisory committee to provide advice, consultation, and recommendations to the commissioner of children,

youth, and families on the planning, design, administration, funding, and evaluation of services to children, youth, and families.

**Section 2 (adds Minn. Stat. § 142B.47)** This section provides requirements for training on risk of sudden unexpected infant death and abusive head trauma for licensed child foster care providers.

**Section 3 (amends Minn. Stat. § 245A.10, subdivision 1)** This section makes conforming changes to have the licensure of child foster residence settings remain with the commissioner of human services.

**Section 4 (amends Minn. Stat. § 245A.10, subdivision 2)** This section makes conforming changes to have the licensure of child foster residence settings remain with the commissioner of human services.

**Section 5 (amends Minn. Stat. § 245A.144)** This section makes conforming changes to have the licensure of child foster residence settings remain with the commissioner of human services.

**Section 6 (amends Minn. Stat. § 245A.16, subdivision 1)** This section makes conforming changes to have the licensure of child foster residence settings remain with the commissioner of human services.

**Section 7 (amends Minn. Stat. § 245A.175)** This section makes conforming changes to have the licensure of child foster residence settings remain with the commissioner of human services.

**Section 8 (amends Minn. Stat. § 245A.66, subdivision 4)** This section makes conforming changes to have the licensure of child foster residence settings remain with the commissioner of human services.

**Section 9 (amends Minn. Stat. § 256.029)** This section requires the commissioner of human services to work with the commissioner of children, youth, and families to create the domestic violence informational brochure.

**Section 10 (amends Minn. Stat. § 256.043, subdivision 3)** This section makes conforming changes to have the Opioid Epidemic Response Fund remain with the commissioner of human services.

**Section 11 (amends Minn. Stat. § 256.043, subdivision 3a)** This section makes conforming changes to have the Opioid Epidemic Response Fund remain with the commissioner of human services.

**Section 12 (amends Minn. Stat. § 256.045, subdivision 3)** This section makes conforming changes to enable human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Provides that the commissioner of children, youth, and families has the authority to act on the recommendations of the judges.

**Section 13 (amends Minn. Stat. § 256.045, subdivision 3b)** This section makes conforming changes to enable human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Provides that the commissioner of children, youth, and families has the authority to act on the recommendations of the judges.



**Section 14 (amends Minn. Stat. § 256.045, subdivision 5)** This section makes conforming changes to enable human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Provides that the commissioner of children, youth, and families has the authority to act on the recommendations of the judges.

**Section 15 (amends Minn. Stat. § 256.045, subdivision 7)** This section makes conforming changes to enable human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Provides that the commissioner of children, youth, and families has the authority to act on the recommendations of the judges.

**Section 16 (amends Minn. Stat. § 256.0451, subdivision 1)** This section makes conforming changes to enable human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Provides that the commissioner of children, youth, and families has the authority to act on the recommendations of the judges.

**Section 17 (amends Minn. Stat. § 256.0451, subdivision 22)** This section makes conforming changes to enable human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Provides that the commissioner of children, youth, and families has the authority to act on the recommendations of the judges.

**Section 18 (amends Minn. Stat. § 256.0451, subdivision 24)** This section makes conforming changes to enable human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Provides that the commissioner of children, youth, and families has the authority to act on the recommendations of the judges.

**Section 19 (amends Minn. Stat. § 256.046, subdivision 2)** This section makes conforming changes to enable human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Provides that the commissioner of children, youth, and families has the authority to act on the recommendations of the judges.

**Section 20 (adds Minn. Stat. § 256M.42, subdivision 7)** This section provides that the requirements of the adult protection grant allocation statute apply to the Reform 2020 adult protection state grants.

**Section 21 (amends Laws 2023, chapter 70, article 12, section 30, subdivision 2)** This section provides for additional transfers from the Department of Human Services to the Department of Children, Youth, and Families.

**Section 22 (amends Laws 2023, chapter 70, article 12, section 30, subdivision 3)** This section provides for additional transfers from the Department of Education to the Department of Children, Youth, and Families.

**Section 23 (amends Laws 2024, chapter 80, article 1, section 38, subdivision 1)** This section makes conforming changes to enable human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Provides that the commissioner of children, youth, and families has the authority to act on the recommendations of the judges.

**Section 24 (amends Laws 2024, chapter 80, article 1, section 38, subdivision 2)** This section makes conforming changes to enable human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Provides that the commissioner of children, youth, and families has the authority to act on the recommendations of the judges.

**Section 25 (amends Laws 2024, chapter 80, article 1, section 38, subdivision 5)** This section makes conforming changes to enable human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Provides that the commissioner of children, youth, and families has the authority to act on the recommendations of the judges.

**Section 26 (amends Laws 2024, chapter 80, article 1, section 38, subdivision 6)** This section makes conforming changes to enable human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Provides that the commissioner of children, youth, and families has the authority to act on the recommendations of the judges.

**Section 27 (amends Laws 2024, chapter 80, article 1, section 38, subdivision 7)** This section makes conforming changes to enable human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Provides that the commissioner of children, youth, and families has the authority to act on the recommendations of the judges.

**Section 28 (amends Laws 2024, chapter 80, article 1, section 38, subdivision 9)** This section makes conforming changes to enable human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Provides that the commissioner of children, youth, and families has the authority to act on the recommendations of the judges.

**Section 29 (amends Laws 2024, chapter 80, article 1, section 96)** This section provides for additional transfers from the Department of Human Services to the Department of Children, Youth, and Families.

**Section 30 (amends Laws 2024, chapter 80, article 2, section 5, subdivision 21)** This section makes conforming changes to section governing a license holder's plan for transfer of clients and records upon closure.

**Section 31 (amends Laws 2024, chapter 80, article 2, section 7, subdivision 2)** This section makes conforming changes to have the licensure of child foster residence settings remain with the commissioner of human services.

**Section 32 (amends Laws 2024, chapter 80, article 2, section 10, subdivision 6)** This section makes a conforming change to allow appeals of licensing actions to be made through the provider licensing and reporting hub.

**Section 33 (amends Laws 2024, chapter 80, article 2, section 16, subdivision 1)** This section makes conforming changes to have the licensure of child foster residence settings remain with the commissioner of human services.

**Section 34 (amends Laws 2024, chapter 80, article 2, section 30, subdivision 2)** This section makes conforming changes to have the licensure of child foster residence settings remain with the commissioner of human services.

**Section 35 (amends Laws 2024, chapter 80, article 2, section 31)** This section makes conforming changes to have the licensure of child foster residence settings remain with the commissioner of human services.

**Section 36 (amends Laws 2024, chapter 80, article 2, section 74)** This section makes conforming changes to have the licensure of child foster residence settings remain with the commissioner of human services.

**Section 37 (amends Laws 2024, chapter 80, article 4, section 26)** This section provides for additional transfers from the Department of Education to the Department of Children, Youth, and Families.

**Section 38 (amends Laws 2024, chapter 80, article 6, section 4)** This section provides for additional transfers from the Department of Human Services to the Department of Children, Youth, and Families.

**Section 39 (amends Laws 2024, chapter 80, article 7, section 4)** This section requires the commissioner of children, youth, and families to work with the commissioner of human services to create the domestic violence informational brochure.

**Section 40 (CHILD FOSTER RESIDENCE SETTINGS TO STAY AT DHS)** This section makes conforming changes to have the licensure of child foster residence settings remain with the commissioner of human services.

**Section 41 (DIRECTION TO COMMISSIONER; COORDINATION OF SERVICES)** This section requires the commissioner of children, youth, and families to designate a department leader to be responsible for coordination of services and outcomes around children's mental health and for children with or at risk for disabilities within and between the Departments of Human Services and Children, Youth, and Families.

**Section 42 (REPEALER)** This section repeals provisions related to enabling human services judges to continue to do appeals for areas within the jurisdiction of the commissioner of children, youth, and families rather than duplicate work between two departments. Additionally repeals a rule providing for a plan for transfer of records for private child placing agencies.

**Section 43 (EFFECTIVE DATE; TRANSFER OF RESPONSIBILITIES)** This section provides the effective date for the transfer of responsibilities to the commissioner of children, youth, and families.

## **ARTICLE 15 MINNESOTA INDIAN FAMILY PRESERVATION ACT**

**Section 1 (amends Minn. Stat. § 259.20, subdivision 2)** This section amends the policy statement for adoptions to include that provisions of the Minnesota Indian Family Preservation Act (MIFPA) apply in the adoption of an Indian child.

**Section 2 (adds Minn. Stat. § 259.201)** This section requires that adoption proceedings under chapter 259 that involve an Indian child are child custody proceedings governed by the Indian Child Welfare Act (ICWA), by MIFPA, and by chapter 259 when not inconsistent with ICWA and MIFPA.

**Section 3 (amends Minn. Stat. § 260.755, subdivision 1a)** This section modifies the definition of “active efforts” to require the engagement of the Indian child, the Indian child’s parents, the Indian custodian, the extended family, and the Tribe and requires active efforts to be made in all child placements involving an Indian child.

**Section 4 (amends Minn. Stat. § 260.755, subdivision 2a)** This section makes technical changes to the definition of “best interests of an Indian child.”

**Section 5 (amends Minn. Stat. § 260.755, subdivision 3)** This section clarifies that a child placement proceeding under MIFPA is a domestic relations proceeding.

**Section 6 (amends Minn. Stat. § 260.755, subdivision 3a)** This section modifies the definition of “child-placing agency” by adding an Indian custodian as who a child-placing agency provides assistance to. Makes other technical changes.

**Section 7 (amends Minn. Stat. § 260.755, subdivision 5)** This section makes technical changes to the definition of “demand.”

**Section 8 (amends Minn. Stat. § 260.755, subdivision 5b)** This section provides that, for purposes of the provision of active efforts and foster and permanency placement decisions, the legal parent, guardian, or custodian of an Indian child’s sibling is not an extended family member or relative of the Indian child unless they are independently related to the Indian child or recognized by the Indian child’s Tribe as an extended family member.

**Section 9 (amends Minn. Stat. § 260.755, subdivision 14)** This section makes technical changes to the definition of “parent.”

**Section 10 (adds Minn. Stat. § 260.755, subdivision 15a)** This section adds the definition of “petitioner” into MIFPA.

**Section 11 (amends Minn. Stat. § 260.755, subdivision 17a)** This section modifies the definition of “qualified expert witness” by removing the requirement that the witness must have specific knowledge of the Indian child’s Tribe’s culture and customs, by adding a reference to MIFPA, and

by replacing the mention of specific child placement proceedings with the term “child placement or permanency proceedings.”

**Section 12 (amends Minn. Stat. § 260.755, subdivision 20)** This section makes a technical change to the definition of “Tribal court.”

**Section 13 (adds Minn. Stat. § 260.755, subdivision 20a)** This section adds the definition of “Tribal representative” into MIFPA.

**Section 14 (amends Minn. Stat. § 260.755, subdivision 22)** This section makes technical changes to the definition of “voluntary foster care placement.”

**Section 15 (amends Minn. Stat. § 260.758, subdivision 2)** This section requires a petitioner, in addition to a child-placing agency and the court, to ensure that an emergency removal terminates immediately when removal is no longer necessary.

**Section 16 (amends Minn. Stat. § 260.758, subdivision 4)** This section requires a court to determine at any court hearing during an emergency proceeding whether the emergency placement or removal is no longer necessary to prevent imminent physical damage or harm to the Indian child.

**Section 17 (amends Minn. Stat. § 260.758, subdivision 5)** This section modifies when an emergency removal or placement ends to include when a court orders placement of an Indian child, rather than placement in foster care.

**Section 18 (amends Minn. Stat. § 260.761)** This section modifies notice provided to Tribes, parents, and Indian custodians, the inquiry of Tribal lineage, and access to files.

**Subdivision 1** requires a court, in any child placement proceeding, to inquire at the commencement of the proceedings whether the child has any American Indian heritage or lineage to an Indian Tribe. Also details the process a court must follow if there is reason for the court to believe the child is an Indian child, but the court does not have sufficient evidence to make that determination.

**Subdivision 2** adds petitioners into notice requirements and requires a court to allow appearances by telephone, video conference, or other electronic medium in child placement proceedings. Updates requirements for a child-placing agency or petitioner providing notice to an Indian child’s parents, Indian custodian, and Indian child’s Tribe in all child placement proceedings except for adoptive or preadoptive placements and what the notice must include.

**Subdivision 3** requires a petitioner, in addition to the child-placing agency, to inform the birth parents of an Indian child of any services available and makes other technical changes.

**Subdivision 4** makes conforming changes to “petitioner” and requires notice to be given to the United States Secretary of Interior if the identity or location of an Indian child’s Tribe cannot be determined.

**Subdivision 5** makes technical changes.

**Subdivision 6** contains no changes.

**Subdivision 6a** adds “petitioner” into who must fully cooperate with a Tribal social services agency, including access to all files concerning an Indian child.

**Section 19 (amends Minn. Stat. § 260.762)** This section modifies active efforts in child placement proceedings and duties to prevent child placement.

**Subdivision 1** clarifies that acknowledging traditional helping and healing systems of an Indian child’s Tribe and using those systems to help the Indian child and family as part of active efforts is required regardless of whether the Indian child’s Tribe has intervened in the proceedings. Removes language stating that active efforts are not required to prevent voluntary out-of-home placement.

**Subdivision 2a** prohibits a court from ordering a child placement, termination of parental rights, guardianship to the commissioner of human services, or temporary or permanent change in custody of an Indian child unless the court finds active efforts were made to preserve the Indian child’s family. Describes what the active efforts must entail and requires the court to make certain findings in determining whether active efforts were made.

**Subdivision 2b** allows a court to find active efforts were made for adoptions under chapter 259 using different findings than other child placement proceedings.

**Section 20 (amends Minn. Stat. § 260.763, subdivision 1)** This section provides that child-placing agencies and the courts shall defer to a Tribal determination of the Tribe’s exclusive jurisdiction when an Indian child resides or is domiciled within the reservation of that Tribe.

**Section 21 (amends Minn. Stat. § 260.763, subdivision 4)** This section requires a court, absent good cause to the contrary, to transfer a child placement proceeding to the jurisdiction of a Tribe upon a motion or request by the Indian child’s parent, Indian custodian, or Tribe, and provides when such motion or request can be made.

**Section 22 (amends Minn. Stat. § 260.763, subdivision 5)** This section makes changes to conform with the changes made in subdivision 4.

**Section 23 (amends Minn. Stat. § 260.765, subdivision 2)** This section removes the reference to foster care and replaces it with “out of the care of the Indian child’s parent or Indian custodian” when referring to providing notice for a voluntary placement.

**Section 24 (amends Minn. Stat. § 260.765, subdivision 3a)** This section requires a valid consent to adoption to be executed in writing and recorded before a judge and requires the judge to find that the terms of consent were fully explained and fully understood.

**Section 25 (amends Minn. Stat. § 260.765, subdivision 4b)** This section makes technical changes.

**Section 26 (amends Minn. Stat. § 260.771, subdivision 1a)** This section makes technical and conforming changes.

**Section 27 (amends Minn. Stat. § 260.771, subdivision 1b)** This section makes a conforming change.



**Section 28 (amends Minn. Stat. § 260.771, subdivision 1c)** This section requires a child-placing agency or petitioner, when ensuring active efforts are made, to explore placement with extended family members and ensure the Indian child's relationship with the extended family and Tribe.

**Section 29 (amends Minn. Stat. § 260.771, subdivision 2b)** This section modifies the appointment of counsel in child placement proceedings that involve an Indian child by clarifying which proceedings the Indian child's parent or Indian custodian have the right to be represented by an attorney. Provides when a court may appoint counsel for an Indian child under ten years of age and requires the court to appoint any counsel prior to the first hearing on the petition. Allows for the appointment of counsel at any stage of the proceedings if the court deems it necessary. Prohibits the appointment of a public defender unless such appointment is authorized by section 611.14.

**Section 30 (amends Minn. Stat. § 260.771, subdivision 2d)** This section makes conforming changes.

**Section 31 (adds Minn. Stat. § 260.771, subdivision 2e)** This section allows a Tribe that an Indian child may be eligible for membership in to be a party to the child placement proceeding without needing to file a motion. Allows an Indian child's Tribe to appear remotely at hearings and file documents with the court using an alternative method and exempts the Tribe from filing fees and pro hac vice requirements.

**Section 32 (amends Minn. Stat. § 260.771, subdivision 6)** This section makes technical and conforming changes and updates the term "involuntary foster care placement proceeding" to "involuntary placement proceeding."

**Section 33 (amends Minn. Stat. § 260.773, subdivision 1)** This section modifies when an Indian child is required to be placed in the least restrictive setting to include when an Indian child is removed from an Indian custodian, rather than just the Indian child's parent.

**Section 34 (amends Minn. Stat. § 260.773, subdivision 2)** This section requires a petitioner to also recognize the Indian child's Tribe's order of placement, rather than just the child-placing agency and court.

**Section 35 (amends Minn. Stat. § 260.773, subdivision 3)** This section updates the subdivision title from "placement options" to "placement preferences for temporary proceedings" and makes a technical change.

**Section 36 (amends Minn. Stat. § 260.773, subdivision 4)** This section updates the subdivision title from "placement preference" to "placement preferences for permanent proceedings" and makes a technical change.

**Section 37 (amends Minn. Stat. § 260.773, subdivision 5)** This section requires a child-placing agency and petitioner, rather than the county, to defer to the judgment of an Indian child's Tribe as to the suitability of a placement.

**Section 38 (amends Minn. Stat. § 260.773, subdivision 10)** This section requires a petitioner, in addition to the child-placing agency and the court, to give weight to a parent's desire for anonymity in applying placement preferences.

**Section 39 (amends Minn. Stat. § 260.773, subdivision 11)** This section makes a technical change.

**Section 40 (amends Minn. Stat. § 260.774, subdivision 1)** This section modifies the description of improper removal to also include when custody of an Indian child was removed improperly from an Indian custodian.

**Section 41 (amends Minn. Stat. § 260.774, subdivision 2)** This section updates the language from “out-of-home placement” to “child placement.” Requires the court, in finding that a violation of MIFPA occurred, to determine whether the Indian child’s parent or Indian custodian was assessed placement costs and order reimbursement of those costs. Also requires the court to determine whether sanctions, reasonable costs, and attorney fees should be imposed on a party who willfully, intentionally, knowingly, or recklessly violates MIFPA.

**Section 42 (amends Minn. Stat. § 260.774, subdivision 3)** This section allows an Indian custodian, in addition to the county attorney, Indian child, Indian child’s Tribe, or an Indian child’s parent, to file a petition for return of custody and makes technical changes.

**Section 43 (amends Minn. Stat. § 260.775)** This section makes technical changes.

**Section 44 (amends Minn. Stat. § 260.781, subdivision 1)** This section requires court decree information to also include the Indian custodian and makes conforming changes.

**Section 45 (amends Minn. Stat. § 260.785, subdivision 1)** This section makes technical changes.

**Section 46 (amends Minn. Stat. § 260.785, subdivision 3)** This section makes technical changes.

**Section 47 (amends Minn. Stat. § 260.786, subdivision 2)** This section makes technical changes.

**Section 48 (amends Minn. Stat. § 260.795, subdivision 1)** This section makes technical changes.

**Section 49 (amends Minn. Stat. § 260.810, subdivision 3)** This section requires final evaluation reports to be submitted to the commissioner and requires the commissioner to compile these reports and provide the compiled report to each Tribe and makes a technical change.

**Section 50 (amends Minn. Stat. § 260C.007, subdivision 26b)** This section modifies the definition of “relative of an Indian child” in the juvenile safety and placement chapter to clarify that a relative of an Indian child must be an extended family member as defined under MIFPA.

**Section 51 (amends Minn. Stat. § 260C.178, subdivision 1)** This section requires an Indian child to be placed according to the placement preferences under MIFPA when a court has ordered an emergency child placement.

**Section 52 (amends Minn. Stat. § 260D.01)** This section removes the requirement that chapter 260D must comply with ICWA and MIFPA.

**Section 53 (adds Minn. Stat. § 260D.011)** This section provides that proceedings under chapter 260D concerning an Indian child are child custody proceedings governed by ICWA, by MIFPA, and by chapter 260D when not inconsistent with ICWA or MIFPA.

**Section 54 (adds Minn. Stat. § 260E.015)** This section provides that proceedings under chapter 260E that involve an Indian child are child custody proceedings governed by ICWA, by MIFPA, and by chapter 260E when not inconsistent with ICWA or MIFPA.

**Section 55 (adds Minn. Stat. § 524.5-2011)** This section provides that proceedings under chapter 524 that involve an Indian child are child custody proceedings governed by ICWA, by MIFPA, and by chapter 524 when not inconsistent with ICWA or MIFPA.

**Section 56 (DIRECTION TO COMMISSIONER; STUDY OF CHILD PLACEMENT)** This section requires the commissioner of human services to contract with an independent consultant to evaluate the effects of child placement in foster care and out-of-home settings on the safety, permanency, and well-being of the child. Requires the consultant to design the study with an advisory group and provides the members. Requires the consultant to submit a final report to the commissioner by September 1, 2027.

**Section 57 (REPEALER)** This section repeals the definition of local social services agency.

## **ARTICLE 16**

### **MINNESOTA AFRICAN AMERICAN FAMILY PRESERVATION AND CHILD WELFARE DISPROPORTIONALITY ACT**

**Section 1 (adds Minn. Stat. § 260.61)** This section provides that sections 260.61 to 260.695 may be cited as the “Minnesota African American Family Preservation and Child Welfare Disproportionality Act.”

**Section 2 (adds Minn. Stat. § 260.62)** This section provides the purposes of the Minnesota African American and Child Welfare Disproportionality Act.

**Section 3 (adds Minn. Stat. § 260.63)** This section provides the definitions that apply to the Minnesota African American and Child Welfare Disproportionality Act, including “active efforts,” “African American child,” “child placement proceeding,” and “disproportionately represented child.”

**Section 4 (adds Minn. Stat. § 260.64)** This section establishes requirements for responsible social services agencies to prevent the out-of-home placement of an African American or disproportionately represented child, including providing active efforts and developing a safety plan. Prohibits a court from ordering a foster care or permanent out-of-home placement unless the court finds by clear and convincing evidence that the child would be at risk of serious emotional or physical damage.

**Section 5 (adds Minn. Stat. § 260.641)** This section requires a responsible social services agency to engage in best practices related to visitation when an African American or disproportionately represented child is in an out-of-home placement.

**Section 6 (adds Minn. Stat. § 260.65)** This section requires a responsible social services agency to make active efforts to locate an African American or disproportionately represented child’s noncustodial or nonadjudicated parent or relatives prior to, or within 48 hours of, removal, and

establishes additional requirements related to notice, recordkeeping, and assessment of a parent or relative's ability to care for the child.

**Section 7 (adds Minn. Stat. § 260.66)** This section establishes the procedure for an emergency removal of an African American or disproportionately represented child, including emergency petition, placement, and procedure requirements.

**Section 8 (adds Minn. Stat. § 260.67)** This section establishes a procedure for the transfer of permanent legal and physical custody of an African American or disproportionately represented child and prohibits a court from terminating parental rights solely on the parent's failure to complete case plan requirements. Prohibits the termination of parental rights of a parent of an African American or disproportionately represented child unless certain allegations are made. Extends appeal timelines for a parent of an African American or disproportionately represented child whose parental rights have been terminated.

**Section 9 (adds Minn. Stat. § 260.68)** This section prohibits certain conduct by responsible social services agency employees who have duties related to child protection and requires the commissioner of human services to be notified when a responsible social services agency makes a maltreatment determination involving an African American or disproportionately represented child or places an African American or disproportionately represented child in foster care. Requires the commissioner to review the responsible social services agency's handling of the case. Requires each responsible social services agency to conduct a review of all child protection cases handled by the agency every two years and provides what the case review must include.

**Section 10 (adds Minn. Stat. § 260.69)** This section requires the commissioner of human services to collaborate with the Children's Justice Initiative to ensure cultural competency training is given to individuals working in the child welfare system.

**Section 11 (adds Minn. Stat. § 260.691)** This section codifies the African American Child Well-Being Advisory Council currently established within the Department of Human Services and provides its duties, including an annual report.

**Section 12 (adds Minn. Stat. § 260.692)** This section codifies the African American Child Well-Being Unit currently established within the Department of Human Services and provides its duties, including conducting systemic case reviews and providing reports.

**Section 13 (adds Minn. Stat. § 260.693)** This section establishes African American and disproportionately represented family preservation grants.

**Section 14 (amends Minn. Stat. § 260C.329, subdivision 3)** This section allows an African American or disproportionately represented child who is ten years of age or older, the responsible social services agency, or guardian ad litem to file a petition for the reestablishment of the legal parent and child relationship and makes additional changes to the timeline for such petition.

**Section 15 (amends Minn. Stat. § 260C.329, subdivision 8)** This section removes the requirement that 48 months need to have elapsed following a final order terminating parental rights before a court may grant a petition to reestablish the legal parent and child relationship.

**Section 16 (DIRECTION TO COMMISSIONER; DISAGGREGATE DATA)** This section requires the commissioner of human services to establish a process to improve the disaggregation of data to monitor child welfare outcomes for African American and other disproportionately represented children. Requires the commissioner to begin disaggregating data by January 1, 2027.

**Section 17 (CHILD WELFARE COMPLIANCE AND FEEDBACK PORTAL)** This section requires the commissioner of human services to develop, maintain, and administer a publicly accessible online compliance and feedback portal to receive reports of noncompliance with the Minnesota African American Family Preservation and Child Welfare Disproportionality Act.

**Section 18 (DIRECTION TO COMMISSIONER; MAINTAINING CONNECTIONS)** This section requires the commissioner of human services to develop and publish guidance on best practices for ensuring that African American and disproportionately represented children in foster care maintain connections and relationships with their parents, custodians, and extended relative and kin network.

**Section 19 (PILOT PROGRAMS)** This section requires the commissioner of human services to establish pilot programs in Hennepin and Ramsey counties that implement the Minnesota African American Family Preservation and Child Welfare Disproportionality Act for a two-year period. Provides that sections 1 to 17 of this article are effective July 1, 2024, for the purposes of this pilot program.

**Section 20 (WORKING GROUP)** This section establishes a working group to provide guidance and oversight for the pilot programs in Hennepin and Ramsey counties and provides the members.

**Section 21 (APPROPRIATIONS)** This section appropriates \$5,000,000 in fiscal year 2025 in onetime funding for grants to Hennepin and Ramsey counties to implement the pilot programs, \$1,000,000 in fiscal year 2025 for the African American and disproportionately represented family preservation grant program, and \$1,029,000 in fiscal year 2025 for the African American Child Well-Being Unit.

## **ARTICLE 17 CHILDREN AND FAMILIES POLICY**

**Section 1 (amends Minn. Stat. § 119B.011, subdivision 15)** This section updates the definition of “income” for the purposes of the Child Care Assistance Program (CCAP) to include income under Minnesota Rules, part 3400.0170.

**Section 2 (amends Minn. Stat. § 119B.16, subdivision 1a)** This section updates when a provider caring for children receiving child care assistance can request a fair hearing and allows providers to send or receive notices through the provider hub.

**Section 3 (amends Minn. Stat. § 119B.16, subdivision 1c)** This section allows providers to receive notices through the provider hub and clarifies and defines specific child care provider appeal notification requirements when a provider disagrees with a payment amount.

**Section 4 (amends Minn. Stat. § 119B.161, subdivision 2)** This section makes a conforming change to allow notices to be sent through the provider hub.

**Section 5 (amends Minn. Stat. § 121A.15, subdivision 3)** This section states that subdivision 3, paragraph (d), which allows immunizations to not be required if a notarized statement detailing the conscientiously held beliefs of a parent or guardian is submitted to a school or child care facility, does not apply to a child enrolling or enrolled in a child care center or family child care program that adopts an immunization policy under subdivision 3b.

**Section 6 (adds Minn. Stat. § 121A.15, subdivision 3b)** This section allows child care centers and family child care providers to adopt a policy that prohibits a child over two months of age from enrolling or remaining enrolled in the center or program if the child isn't immunized pursuant to subdivision 1 or 2 and is not exempt from immunization under subdivision 3, paragraphs (a), (c), (e), or (f).

**Section 7 (amends Minn. Stat. § 124D.142, subdivision 2)** This section adds a July 1, 2026, effective date to the Parent Aware one-star rating.

**Section 8 (amends Minn. Stat. § 144.2252, subdivision 2)** This section allows the state registrar to request assistance from the commissioner of human services to verify information in order to release original birth records.

**Section 9 (amends Minn. Stat. § 144.2253)** This section allows the commissioner of health to request assistance from the commissioner of human services to verify information as needed to match the contact preference form to the original birth record.

**Section 10 (amends Minn. Stat. § 243.166, subdivision 7)** This section allows law enforcement to disclose the status of an individual as a predatory offender to a child protection worker for purposes of doing a family investigation.

**Section 11 (amends Minn. Stat. § 245A.03, subdivision 7)** This section removes child foster residence settings with Family First Prevention Services Act (FFPSA) certifications from the current licensing moratorium and requires license revocation if those settings should the FFPSA certification be rescinded.

**Section 12 (amends Minn. Stat. § 256.046, subdivision 3)** This section allows providers to send and receive notice through the provider hub.

**Section 13 (amends Minn. Stat. § 256J.08, subdivision 34a)** This section amends the definition of “family violence” within chapter 256J (Minnesota Family Investment Program) by removing “imminent” from “the infliction of fear of imminent physical harm, bodily injury, or assault.”

**Section 14 (amends Minn. Stat. § 256J.28, subdivision 1)** This section removes outdated and incomplete language regarding expedited issuance of supplemental nutrition assistance program benefits with chapter 256J (MFIP).

**Section 15 (amends Minn. Stat. § 256N.22, subdivision 10)** This section clarifies when continued payment of Northstar kinship assistance may occur.



**Section 16 (amends Minn. Stat. § 256N.24, subdivision 10)** This section removes reference to benefit agreement expiration dates.

**Section 17 (amends Minn. Stat. § 256N.26, subdivision 15)** This section clarifies extended foster care payments may be paid to a youth or to a vendor when a youth resides in an unlicensed supervised independent living setting.

**Section 18 (amends Minn. Stat. § 256N.26, subdivision 16)** This section adds “youth” to payment procedures for extended foster care in supervised independent living settings.

**Section 19 (amends Minn. Stat. § 256N.26, subdivision 18)** This section adds “youth” to payment procedures for extended foster care in supervised independent living settings.

**Section 20 (amends Minn. Stat. § 256N.26, subdivision 21)** This section adds “youth” to payment procedures for extended foster care in supervised independent living settings.

**Section 21 (amends Minn. Stat. § 256N.26, subdivision 22)** This section adds “youth” to payment procedures for extended foster care in supervised independent living settings.

**Section 22 (adds Minn. Stat. § 256P.05, subdivision 4)** This section clarifies that rental income is subject to the requirements of self-employment earnings under chapter 256P, which governs economic assistance program eligibility and verification.

**Section 23 (amends Minn. Stat. § 256P.06, subdivision 3)** This section removes rental income from the definition of unearned income for the purposes of economic assistance program eligibility and verification.

**Section 24 (amends Minn. Stat. § 259.37, subdivision 2)** This section requires an agency’s disclosure statement to include a statement regarding the right of an adopted person to request and obtain a copy of the adopted person’s original birth record.

**Section 25 (adds Minn. Stat. § 259.53, subdivision 7)** This section prohibits an agency or court from denying a prospective parent the ability to proceed with an adoption due to the prospective parent’s disability. A person who raises the prospective parent’s disability as an issue must prove by clear and convincing evidence that specific behaviors of the prospective parent would endanger the health or safety of the child. If the burden is met, the prospective parent must have an opportunity to demonstrate how supportive parenting services may alleviate concerns. A court must make specific written findings if the court denies or limits the right of a prospective parent with a disability to adopt a child.

**Section 26 (amends Minn. Stat. § 259.79, subdivision 1)** This section allows the commissioner of human services to share certain information from adoption records upon request from the commissioner of health or state registrar.

**Section 27 (amends Minn. Stat. § 259.83, subdivision 1)** This section requires an agency to complete a search request within six months.

**Section 28 (amends Minn. Stat. § 259.83, subdivision 1b)** This section removes the requirement that siblings must be genetically related for an adult to obtain information about their siblings who were adopted or under the guardianship of the commissioner of human services.

**Section 29 (amends Minn. Stat. § 259.83, subdivision 3a)** This section clarifies that identifying information related to birth parents will be provided to the extent the information is available.

**Section 30 (amends Minn. Stat. § 259.83, subdivision 4)** This section aligns the age at which an adopted person is able to receive assistance from agencies with the age throughout section 259.83.

**Section 31 (amends Minn. Stat. § 260C.007, subdivision 6)** This section amends the definition of “child in need of protection or services” to clarify that a child is not considered to be without proper parental care based solely on the disability of the child’s parent, guardian, or custodian.

**Section 32 (amends Minn. Stat. § 260C.178, subdivision 7)** This section modifies case plan requirements for when a child is ordered into the care of a parent or into foster care and not into the care of a parent.

**Section 33 (adds Minn. Stat. § 260C.201, subdivision 13)** This section prohibits a person or agency from filing a child in need of protection or services petition based on a parent’s disability. The petitioner must demonstrate that the child is in need of protection or services based on specific behaviors of the parent or a household member. If the petition makes the required showing, the court or local agency must offer supportive parenting services to the parent with disability. The court must make specific findings if the court removes the child from a parent’s home.

**Section 34 (amends Minn. Stat. § 260C.202)** This section requires a court to review a child protective services plan every 90 days if the court orders a child into the home of a parent under the protective supervision of a responsible social services agency or child-placing agency.

**Section 35 (amends Minn. Stat. § 260C.209, subdivision 1)** This section modifies responsible social services agency access to criminal and maltreatment history for relatives being considered for foster care placement.

**Section 36 (amends Minn. Stat. § 260C.212, subdivision 1)** This section requires a responsible social services agency to provide a parent or guardian with a summary of the out-of-home placement plan before the plan is signed.

**Section 37 (amends Minn. Stat. § 260C.212, subdivision 2)** This section clarifies that for adoptive placements in a related or unrelated home, the home must meet the requirements of section 260C.611. Prohibits a child in foster care from being placed in an unlicensed emergency relative placement or licensed family foster home when the responsible social services agency knows there is a permanent disqualification to child foster care licensure.

**Section 38 (amends Minn. Stat. § 260C.301, subdivision 1)** This section removes the ability of a court to terminate parental rights due to a parent’s failure to financially support their child.

**Section 39 (amends Minn. Stat. § 260C.515, subdivision 4)** This section distinguishes the process to transfer permanent legal and physical custody to a parent and the process to transfer to a relative. Provides the requirements that need to be met in order for the transfer of permanent legal and physical

custody to a relative to occur. Provides what a petition for transfer of permanent legal and physical custody to a relative must include and what determinations must be made.

**Section 40 (amends Minn. Stat. § 260C.607, subdivision 1)** This section prohibits an adoption from being finalized when a termination of parental rights appeal is made.

**Section 41 (amends Minn. Stat. § 260C.607, subdivision 6)** This section prohibits a court from finalizing an adoption when a termination of parental rights appeal is pending.

**Section 42 (amends Minn. Stat. § 260C.611)** This section allows the commissioner of human services to allow the use of an existing child foster care home study associated with a current license, even if the commissioner issued a sanction or order of conditional license within the last three years, if the commissioner determines it to be in the child's best interests.

**Section 43 (amends Minn. Stat. § 260C.613, subdivision 1)** This section requires the responsible social services agency to immediately notify the commissioner of human services if the agency learns of any new or previously undisclosed criminal or maltreatment information involving the adoptive placement of a child under the guardianship of the commissioner.

**Section 44 (amends Minn. Stat. § 260C.615, subdivision 1)** This section provides that for a child who is under the guardianship of the commissioner of human services, the commissioner has a duty to review new or previously undisclosed criminal or maltreatment information that may impact the health, safety, or well-being of a child subject to a fully executed adoption placement agreement.

**Section 45 (amends Minn. Stat. § 260E.03, subdivision 23)** This section modifies the definition of "threatened injury" within the child maltreatment reporting chapter by adding "parent."

**Section 46 (amends Minn. Stat. § 393.07, subdivision 10a)** This section removes outdated and incomplete language regarding expedited issuance of supplemental nutrition assistance program benefits.

**Section 47 (adds Minn. Stat. § 518.17, subdivision 2a)** This section prohibits a court from denying or restricting parenting time or custody based on a parent's disability. A party who raises the parent's disability as an issue must prove by clear and convincing evidence that specific behaviors of the parent would endanger the health or safety of the child. If the burden is met, the parent must have an opportunity to demonstrate how supportive parenting services may alleviate concerns. The court may require the use of supportive parenting services to facilitate parenting time and must make specific written findings in the event of a denial or restriction of custody or visitation for a parent with a disability.

## ARTICLE 18 DEPARTMENT OF HUMAN SERVICES POLICY

**Section 1 (amends Minn. Stat. § 13.46, subdivision 4)** This section adds a certification or license holder's email address as public data and exempts family child foster care from this requirement.

**Section 2 (amends Minn. Stat. § 245A.02, subdivision 2c)** This section adds references to family child care and family child foster care training into the definition of "annually."

**Section 3 (amends Minn. Stat. § 245A.03, subdivision 2)** This section updates an exclusion from licensure to reflect the new assisted living license.

**Section 4 (adds Minn. Stat. § 245A.04, subdivision 7b)** This section requires children's residential facilities and detoxification programs to notify the commissioner of human services within five business days of a change or vacancy in a key staff position and provides what those key staff positions include.

**Section 5 (amends Minn. Stat. § 245A.04, subdivision 10)** This section requires an individual or organization applying for a license to place children for adoption to submit a financial review completed by an accountant, rather than a certified audit.

**Section 6 (amends Minn. Stat. § 245A.043, subdivision 2)** This section clarifies when changes in controlling individuals are considered a change in ownership.

**Section 7 (amends Minn. Stat. § 245A.043, subdivision 3)** This section modifies the process for a standard change of ownership.

**Section 8 (adds Minn. Stat. § 245A.043, subdivision 3a)** This section establishes a process for an emergency change of ownership.

**Section 9 (amends Minn. Stat. § 245A.043, subdivision 4)** This section removes the unused temporary change in ownership license and replaces it with a temporary transitional license that chapter 245D license holders can use when the ownership of a satellite license for a community residential setting or day services facility changes.

**Section 10 (adds Minn. Stat. § 245A.043, subdivision 5)** This section allows the commissioner of human services to impose a licensing sanction for failure to comply with the change in ownership section.

**Section 11 (amends Minn. Stat. § 245A.07, subdivision 1)** This section allows the commissioner of human services to include terms when issuing a temporary provisional license that the license holder must follow pending a final order on an appeal.

**Section 12 (amends Minn. Stat. § 245A.07, subdivision 6)** This section provides that if an appeal is made through the provider hub, it must be received by the commissioner of human services within the prescribed timeline.

**Section 13 (amends Minn. Stat. § 245A.11, subdivision 7)** This section allows the commissioner of human services to grant a variance to community residential settings to statute that requires a caregiver to be present during normal sleeping hours. Removes language that the variance requirements for alternative overnight supervision do not apply to community residential settings.

**Section 14 (amends Minn. Stat. § 245A.14, subdivision 17)** This section allows a child care center to provide drinking water to a child in a reusable water bottle if the center allows the child's parent or legal guardian to bring the water bottle or cup home.

**Section 15 (amends Minn. Stat. § 245A.16, subdivision 1)** This section adds community residential settings into statute governing delegation of authority to agencies.

**Section 16 (amends Minn. Stat. § 245A.16, subdivision 11)** This section requires private agency staff, in addition to county staff, to use the commissioner’s electronic licensing checklist.

**Section 17 (amends Minn. Stat. § 245A.211, subdivision 4)** This section removes the requirement that a license holder must assess and document a determination of any medical or psychological conditions that restraints are contraindicated for and replaces it with a requirement to document only known contraindications.

**Section 18 (amends Minn. Stat. § 245A.242, subdivision 2)** This section changes medication administration and storage requirements for substance use disorder treatment programs, children’s residential facility substance use disorder treatment programs, detoxification programs, withdrawal management programs, intensive residential treatment services programs, and residential crisis stabilization programs.

**Section 19 (amends Minn. Stat. § 245A.52, subdivision 2)** This section updates requirements for doors attached to garage for family child care providers.

**Section 20 (adds Minn. Stat. § 245A.52, subdivision 8)** This section updates stairway requirements for family child care providers to comply with state fire code.

**Section 21 (amends Minn. Stat. § 245A.66, subdivision 2)** This section requires child care centers to include the supervision of preschool children when using a private restroom in the risk reduction plan.

**Section 22 (amends Minn. Stat. § 245C.02, subdivision 6a)** This section adds an authorized agent in a license-exempt certified child care center into the definition of “child care background study subject.”

**Section 23 (amends Minn. Stat. § 245C.02, subdivision 13e)** This section provides that information obtained by entities from public web-based data through NETStudy 2.0 is not a notice of disqualification from the commissioner under chapter 245C.

**Section 24 (adds Minn. Stat. § 245C.03, subdivision 16)** This section requires the commissioner of human services to conduct a background study on any individual affiliated with a Head Start program.

**Section 25 (amends Minn. Stat. § 245C.033, subdivision 3)** This section requires the court to submit requests for maltreatment and state licensing agency data checks to the commissioner of human services for guardians and conservators who are in forma pauperis status.

**Section 26 (adds Minn. Stat. § 245C.041)** This section allows the commissioner of human services to modify background study requirements in an emergency situation.

**Section 27 (amends Minn. Stat. § 245C.05, subdivision 5)** This section requires Head Start program background study subjects to provide a set of classifiable fingerprints to the commissioner of human services.

**Section 28 (amends Minn. Stat. § 245C.08, subdivision 1)** This section makes a conforming change to the change made in section 245C.08, subdivision 4.

**Section 29 (amends Minn. Stat. § 245C.08, subdivision 4)** This section removes obsolete language and removes a reference to section 245C.03, subdivision 1, paragraph (a) to allow the commissioner of human services to receive juvenile court records for unlicensed programs.

**Section 30 (amends Minn. Stat. § 245C.10, subdivision 15)** This section requires the court to pay the background study fee for an applicant who has been granted in forma pauperis status.

**Section 31 (amends Minn. Stat. § 245C.10, subdivision 18)** This section provides that applicants, licensees, and other occupations regulated by the commissioner of health must pay a fee of no more than \$44 per study.

**Section 32 (amends Minn. Stat. § 245C.14, subdivision 1)** This section adds the involuntary termination of parental rights to the list of disqualifications from direct contact.

**Section 33 (adds Minn. Stat. § 245C.14, subdivision 5)** This section provides that information obtained by entities from public web-based data through NETStudy 2.0 is not a notice of disqualification from the commissioner under chapter 245C.

**Section 34 (amends Minn. Stat. § 245C.15, subdivision 2)** This section modifies what crimes constitute a 15-year disqualification.

**Section 35 (amends Minn. Stat. § 245C.15, subdivision 3)** This section modifies what crimes constitute a ten-year disqualification.

**Section 36 (amends Minn. Stat. § 245C.15, subdivision 4)** This section modifies what crimes constitute a seven-year disqualification.

**Section 37 (amends Minn. Stat. § 245C.15, subdivision 4a)** This section modifies what crimes constitute a licensed family foster setting disqualification.

**Section 38 (amends Minn. Stat. § 245C.22, subdivision 4)** This section requires the commissioner of human services, when determining whether a background study disqualification should be set aside, to consider the importance of maintaining the child's relationship with relatives.

**Section 39 (amends Minn. Stat. § 245C.24, subdivision 2)** This section prohibits the commissioner of human services from setting aside or granting a variance for the disqualification of any individual based on a crime listed in section 245C.15, subdivision 4a, paragraph (a) or (b) for foster resident settings and children's residential facilities.

**Section 40 (amends Minn. Stat. § 245C.24, subdivision 5)** This section prohibits the commissioner of human services from setting aside or granting a variance in connection for a children's residential facility or foster residence setting for the disqualification of any individual for certain felony-level offenses.



**Section 41 (adds Minn. Stat. § 245C.30, subdivision 1b)** This section requires the commissioner of human services, in determining whether to grant a variance, to consider the importance of maintaining the child’s relationship with relatives.

**Section 42 (amends Minn. Stat. § 245E.08)** This section requires the name of a reporter of alleged financial misconduct be kept confidential.

**Section 43 (amends Minn. Stat. § 245F.09, subdivision 2)** This section adds a cross-reference to contraindicated holds.

**Section 44 (adds Minn. Stat. § 245F.14, subdivision 8)** This section requires withdrawal management programs to notify the commissioner of human services within five business days of a change or vacancy in a key staff position and provides what key staff positions include.

**Section 45 (amends Minn. Stat. § 245F.17)** This section removes the requirement that a staff file must include documentation of a statement of freedom from substance use problems.

**Section 46 (amends Minn. Stat. § 245G.07, subdivision 4)** This section modifies standards for substance use disorder treatment programs that provide services away from the licensed location. Provides requirements if a license holder provides treatment services by telehealth.

**Section 47 (amends Minn. Stat. § 245G.08, subdivision 5)** This section removes the requirement that training on the administration of medication in substance use disorder treatment programs must include the process for the administration of naloxone.

**Section 48 (amends Minn. Stat. § 245G.08, subdivision 6)** This section updates a reference from naloxone to opiate antagonist.

**Section 49 (adds Minn. Stat. § 245G.10, subdivision 6)** This section requires substance use disorder treatment programs to notify the commissioner of human services within five business days of a change or vacancy in a key staff position and provides what key staff positions include.

**Section 50 (amends Minn. Stat. § 245G.22, subdivision 2)** This section modifies the definition of “practitioner” in section governing opioid treatment programs.

**Section 51 (amends Minn. Stat. § 245G.22, subdivision 6)** This section removes mirrored federal rules for opioid treatment program unsupervised use medication determinations and replaces it with a citation to the federal requirements.

**Section 52 (amends Minn. Stat. § 245G.22, subdivision 7)** This section removes mirrored federal rules for opioid treatment program unsupervised use medication determinations and replaces it with a citation to the federal requirements.

**Section 53 (amends Minn. Stat. § 245G.22, subdivision 17)** This section aligns state licensing standards with federal rules.

**Section 54 (adds Minn. Stat. § 245H.01, subdivision 6a)** This section defines “infant” for purposes of certified license-exempt child care centers.

**Section 55 (adds Minn. Stat. § 245H.01, subdivision 6b)** This section defines “preschooler” for purposes of certified license-exempt child care centers.

**Section 56 (adds Minn. Stat. § 245H.01, subdivision 6c)** This section defines “school-age child” for purposes of certified license-exempt child care centers.

**Section 57 (adds Minn. Stat. § 245H.01, subdivision 8a)** This section defines “toddler” for purposes of certified license-exempt child care centers.

**Section 58 (amends Minn. Stat. § 245H.06, subdivision 1)** This section allows the commissioner to issue a conditional certification if a certified license-exempt child care center fails to comply with a law or rule and provides what the conditional order must state.

**Section 59 (amends Minn. Stat. § 245H.06, subdivision 2)** This section allows a certification holder to ask the commissioner to reconsider a conditional certification.

**Section 60 (amends Minn. Stat. § 245H.08, subdivision 1)** This section requires a director to designate a staff person to fulfill the director’s responsibilities when the director is absent.

**Section 61 (amends Minn. Stat. § 245H.08, subdivision 4)** This section makes conforming changes to include the definitions of “infant,” “toddler,” “preschooler,” and “school-age child.”

**Section 62 (amends Minn. Stat. § 245H.08, subdivision 5)** This section makes conforming changes to include the definitions of “infant,” “toddler,” “preschooler,” and “school-age child.”

**Section 63 (amends Minn. Stat. § 245H.14, subdivision 1)** This section updates first aid and CPR training requirements for the director, staff persons, substitutes, and volunteers in a certified license-exempt child care center.

**Section 64 (amends Minn. Stat. § 245H.14, subdivision 4)** This section updates child development and learning training requirements for the director, staff persons, substitutes, and volunteers in a certified license-exempt child care center.

**Section 65 (adds Minn. Stat. § 245H.19)** This section requires certified license-exempt child care centers to maintain a record for each child and provides what the record must contain.

**Section 66 (amends Minn. Stat. § 256B.064, subdivision 4)** This section removes the notice requirement by certified mail and replaces it with signature-verified confirmed delivery method.

**Section 67 (amends Minn. Stat. § 256B.0757, subdivision 4a)** This section removes the requirement for written consent for an individual to begin receiving behavioral health home services.

**Section 68 (amends Minn. Stat. § 256B.0757, subdivision 4d)** This section updates the requirement for providers to use the Department of Human Services Partner Portal when identifying past and current treatment or services to using a tool approved by the commissioner of human services.

**Section 69 (amends Minn. Stat. § 256D.01, subdivision 1a)** This section updates the effective date for general assistance to 2024.

**Section 70 (amends Minn. Stat. § 256I.04, subdivision 2f)** This section changes “licensed and registered” to “authorized” when describing housing support settings.

**Section 71 (amends Minn. Stat. § 256I.05, subdivision 1a)** This section removes language authorizing the commissioner of human services to make cost-neutral transfers from the housing support fund because the language will now be in the new subdivision 11.

**Section 72 (amends Minn. Stat. § 256I.05, subdivision 11)** This section moves language from subdivision 1a that allows the commissioner of human services to make cost-neutral transfers from the housing support fund.

**Section 73 (amends Minn. Stat. § 260E.30, subdivision 3)** This section removes a condition for a nonmaltreatment mistake.

**Section 74 (amends Minn. Stat. § 260E.33, subdivision 2)** This section allows a request for reconsideration to be submitted in the provider licensing and reporting hub.

**Section 75 (adds Laws 2024, chapter 80, article 2, section 5, subdivision 23)** This section requires electronic licensing inspection checklist information be utilized upon implementation of a continuous license process for family child foster care.

**Section 76 (amends Laws 2024, chapter 80, article 2, section 6, subdivision 2)** This section clarifies when changes in controlling individuals are considered a change in ownership for programs licensed by the commissioner of children, youth, and families.

**Section 77 (amends Laws 2024, chapter 80, article 2, section 6, subdivision 3)** This section modifies the process for a standard change of ownership for programs licensed by the commissioner of children, youth, and families.

**Section 78 (adds Laws 2024, chapter 80, article 2, section 6, subdivision 3a)** This section establishes the process for emergency change in ownership for programs licensed by the commissioner of children, youth, and families.

**Section 79 (adds Laws 2024, chapter 80, article 2, section 6, subdivision 5)** This section allows the commissioner of children, youth, and families to impose a licensing sanction for failure to comply with the change in ownership section.

**Section 80 (amends Laws 2024, chapter 80, article 2, section 10, subdivision 1)** This section allows the commissioner of children, youth, and families to include terms when issuing a temporary provisional license that the license holder must follow pending a final order on an appeal.

**Section 81 (amends Laws 2024, chapter 80, article 2, section 10, subdivision 6)** This section provides that if an appeal is made through the provider hub, it must be received by the commissioner of children, youth, and families within the prescribed timeline.

**Section 82 (adds Laws 2024, chapter 80, article 2, section 16, subdivision 9)** This section requires a licensed child-placing agency to have an individual designated on staff who supervises the agency’s casework and provides what that must include. Provides what the individual’s qualifications must be and allows the commissioner of children, youth, and families to grant a variance.

**Section 83 (DIRECTION TO COMMISSIONER; CONTINUOUS LICENSES)** This section requires the commissioner of human services to develop a continuous license process for family child foster care licenses.

**Section 84 (REVISOR INSTRUCTION)** This section directs the revisor of statutes to renumber section 256D.21 as section 261.004.

**Section 85 (REPEALER)** This section repeals sections 245C.08, subdivision 2 (background studies conducted by a county agency for family child care); 245C.125 (background study; Head Start programs); 256D.19, subdivisions 1 and 2 (abolition of township system of poor relief); 256D.20, subdivisions 1, 2, 3, and 4 (transfer of town employees); and 256D.23, subdivisions 1, 2, and 3 (temporary county assistance program). This section also repeals Minnesota Rules, parts 9502.0425, subparts 5 (occupancy separations) and 10 (stairways); and 9545.0805, subpart 1 (supervision by a licensed independent social worker or independent clinical social worker); and repeals Laws 2024, chapter 80, article 2, section 6, subdivision 4 (temporary change in ownership license).

## **ARTICLE 19 MISCELLANEOUS**

**Section 1 (amends Minn. Stat. § 16A.055, subdivision 1a)** This section modifies the heading of section that allows the commissioner of management and budget to assist state agencies by providing program evaluations.

**Section 2 (adds Minn. Stat. § 16A.055, subdivision 1b)** This section requires the commissioner of management and budget, in consultation with the commissioners of health, human services, and children, youth, and families, to develop an ongoing consultation schedule to review performance measures, data collection, and program evaluation plans for all state-funded grants administered by the commissioners of health, human services, and children, youth, and families that distribute at least \$1,000,000 annually.

**Section 3 (adds Minn. Stat. § 137.095)** This section requires proponents of a bill proposing to appropriate money to the Board of Regents of the University of Minnesota to benefit the University of Minnesota's health sciences programs to submit a written report to the legislature prior to the bill's introduction. This section further requires a certification by the University of Minnesota Vice President and Budget Director relating to certain information regarding the appropriation's intended usage.

**Section 4 (adds Minn. Stat. § 142A.03, subdivision 2a)** This section requires the commissioner of children, youth, and families to consult with the commissioner of management and budget to create, review, and revise grant program performance measures in accordance with section 16A.055, subdivisions 1a and 1b.

**Section 5 (adds Minn. Stat. § 144.05, subdivision 8)** This section requires the commissioner of health to consult with the commissioner of management and budget to create, review, and revise grant program performance measures in accordance with section 16A.055, subdivisions 1a and 1b.

**Section 6 (amends Minn. Stat. § 144.292, subd. 6)** This section establishes limits on copying fees for patient record requests.

**Section 7 (adds Minn. Stat. § 144.2925)** This section provides that sections 144.293 to 144.297 (sections in the Minnesota Health Records Act governing (1) release or disclosure of patient health records, (2) mental health records, (3) disclosure for external research, (4) copies of videotapes, and (5) independent medical exams) must be construed to protect the privacy of patient health records in a more stringent manner than the federal HIPAA security and privacy rules. Defines “more stringent” by reference to the definition of that term in federal rules. The federal definition identifies various criteria that the state law must meet to be considered “more stringent.”

**Section 8 (amends Minn. Stat. § 144.293, subd. 2)** Existing law permits a provider, or a person who receives health records from a provider, to release a patient’s health records with “specific authorization in law.” This provision may mean authorization in state or federal law. This section clarifies that the provider, or person who received health records from a provider, must have specific authorization in Minnesota law to release the patient’s health records.

**Section 9 (adds Minn. Stat. § 144.293, subd. 4)** Existing law provides that a consent for the release of health records from a patient or the patient’s representative is valid for a period provided by law. This provision may mean state or federal law. This section clarifies that the consent is valid for a period provided by Minnesota law.

**Section 10 (amends Minn. Stat. § 144.293, subd. 9)** Existing law requires, in cases where a provider releases health records without patient consent as authorized by law, the release to be documented in the patient’s health record. This provision may mean authorization in state or federal law. This section clarifies that the requirement only applies to cases where a provider releases health records without patient consent as authorized by Minnesota law.

**Section 11 (adds Minn. Stat. § 144.293, subd. 10)** Existing law provides that, when requesting health records using consent, a person and the provider warrant that the consent accurately states the patient’s desire to have health records disclosed or that there is specific authorization in law. This provision may mean authorization in state or federal law. This section clarifies that the warranty provided for under this subdivision relates to specific authorization in Minnesota law.

**Section 12 (amends Minn. Stat. § 152.22, subd. 14)** This section amends the definition of “qualifying medical condition,” for purposes of the medical cannabis registry program laws, to include any medical condition that is: (1) approved by a patient’s health care practitioner; or (2) if the patient is a veteran receiving care from the United States Department of Veterans Affairs, certified under section 152.27, subdivision 3a.

**Section 13 (adds Minn. Stat. § 152.27, subd. 2)** This section makes a change to conform with the expanded definition of “qualifying medical condition.”

**Section 14 (adds Minn. Stat. § 152.27, subd. 3a)** This section requires the commissioner of health to establish an alternative certification procedure for veterans to enroll in the patient registry program.

**Section 15 (amends Minn. Stat. § 152.27, subd. 6)** This section provides that a patient’s enrollment in the registry program for medical cannabis may be denied if the patient is a veteran receiving care

from the United States Department of Veterans Affairs and does not have the documentation required under the newly created section 152.27, subdivision 3a.

**Section 16 (amends Minn. Stat. § 245.096)** This section removes the requirement that substantial changes need to be made to a grant funding formula in order for the commissioner to provide a report on the nature of the changes to the legislature.

**Section 17 (amends Minn. Stat. § 245C.31, subdivision 1)** This section allows a health-related licensing board to make a determination as to whether to impose disciplinary or corrective action, rather than the commissioner of human services, for individuals licensed by a health-related licensing board. Provides that the prohibition on disqualification does not apply to a background study related to child foster care, adult foster care, or family child care licensure.

**Section 18 (adds Minn. Stat. § 256.01, subdivision 2c)** This section requires the commissioner of human services to consult with the commissioner of management and budget to create, review, and revise grant program performance measures in accordance with section 16A.055, subdivisions 1a and 1b.

**Section 19 (amends Minn. Stat. § 256.01, subdivision 41)** This section requires the commissioner of human services to provide a report on interagency agreements and intra-agency transfers beginning July 1, 2024.

**Section 20 (amends Minn. Stat. § 256B.79, subdivision 6)** This section requires the commissioner of human services to provide a report on integrated care for high-risk pregnant women beginning January 31, 2025.

**Section 21 (amends Minn. Stat. § 256K.45, subdivision 2)** This section requires the commissioner of human services to provide a report on homeless youth beginning January 1, 2025.

**Section 22 (amends Minn. Stat. § 342.01, subd. 63)** This section amends the definition of “qualifying medical condition,” for purposes of the medical cannabis laws, to include any medical condition that is: (1) approved by a patient’s health care practitioner; or (2) if the patient is a veteran receiving care from the United States Department of Veterans Affairs, certified under section 152.27, subdivision 3a

**Section 23 (amends Minn. Stat. § 342.52, subd. 3)** This section requires the Office of Cannabis Management to establish an alternative certification procedure for veterans who receive care from the United States Department of Veterans Affairs to enroll in the patient registry program.

**Section 24 (amends Minn. Stat. § 342.53)** This section makes a change to conform with the expanded definition of “qualifying medical condition.”

**Section 25 (amends Laws 2023, chapter 70, article 11, section 13, subd. 8)** This section corrects a drafting error from the 2023 legislative session for the expiration date of the homeless youth cash stipend pilot project.

**Section 26 (uncodified; Annual report to legislature; use of appropriation funds)** This section requires the Board of Regents of the University of Minnesota to submit an annual report by December



15<sup>th</sup> each year to the legislature on the use of all appropriations for the benefit of the University of Minnesota's health sciences programs.

**Section 27 (uncodified; Direction to commissioner of health; Health professions workforce advisory council)** This section directs the commissioner of health, in consultation with the University of Minnesota and the Minnesota State HealthForce Center of Excellence, to provide recommendations to the legislature for the creation of a health professions workforce advisory council. The council would perform the activities to include, but not be limited to: (1) research and advise the legislature and the Minnesota Office of Higher Education on the status of the health workforce who are in training; (2) provide information and analysis on health workforce needs and trends; and (3) review and comment on legislation relevant to Minnesota's health workforce. This section further requires the commissioner of health to submit a report to the legislature detailing findings and including recommendations for the advisory council by February 1, 2025.

**Section 28 (uncodified; Request for information; Evaluation of statewide health care needs and capacity and projections of future health care needs)** This section requires the commissioner of health to publish a request for information to assist the commissioner in conducting a future comprehensive evaluation of current health care needs and capacity in Minnesota.