

**SENATE**  
**STATE OF MINNESOTA**  
**NINETY-FOURTH SESSION**

**S.F. No. 2669**

**(SENATE AUTHORS: WIKLUND and Mann)**

**DATE**  
03/17/2025

**D-PG**  
869

**OFFICIAL STATUS**

Introduction and first reading  
Referred to Health and Human Services

1.1

A bill for an act

1.2 relating to health care; modifying provisions relating to the Department of Health,  
1.3 health care, pharmacy services, background studies, Department of Human Services  
1.4 program integrity, health-related licensing boards, and certain fees; providing for  
1.5 rulemaking; requiring reports; making forecast adjustments; appropriating money;  
1.6 amending Minnesota Statutes 2024, sections 13.46, subdivisions 2, 3; 62D.21;  
1.7 62D.211; 103I.005, subdivision 17b; 103I.101, subdivisions 2, 5, 6, by adding a  
1.8 subdivision; 103I.208, subdivisions 1, 1a, 2; 103I.235, subdivision 1; 103I.525,  
1.9 subdivisions 2, 6, 8; 103I.531, subdivisions 2, 6, 8; 103I.535, subdivisions 2, 6,  
1.10 8; 103I.541, subdivisions 2b, 2c, 4; 103I.545, subdivisions 1, 2; 103I.601,  
1.11 subdivisions 2, 4; 144.0758, subdivision 3; 144.1205, subdivisions 2, 4, 8, 9, 10;  
1.12 144.121, subdivisions 1a, 2, 5, by adding subdivisions; 144.1215, by adding a  
1.13 subdivision; 144.122; 144.1222, subdivision 1a; 144.3831, subdivision 1; 144.55,  
1.14 subdivision 1a; 144.554; 144.608, subdivision 2; 144.615, subdivision 8; 144.966,  
1.15 subdivision 2; 144A.291, subdivision 2; 144A.43, by adding a subdivision;  
1.16 144A.474, subdivisions 9, 11; 144A.475, subdivisions 3, 3a, 3b, 3c; 144A.71,  
1.17 subdivision 2; 144A.753, subdivision 1; 144E.123, subdivision 3; 144G.20,  
1.18 subdivisions 3, 13, 16, 17; 144G.30, subdivision 7; 144G.31, subdivisions 2, 4, 5,  
1.19 8; 144G.45, subdivision 6; 145.8811; 148.108, subdivision 1, by adding  
1.20 subdivisions; 148B.53, subdivision 3; 148E.180, subdivisions 1, 5, 7, by adding  
1.21 subdivisions; 153B.85, subdivisions 1, 3; 156.015, by adding subdivisions; 157.16,  
1.22 subdivisions 2, 2a, 3, 3a, by adding a subdivision; 174.30, subdivision 3; 245.095,  
1.23 subdivision 5, by adding a subdivision; 245A.04, subdivision 1; 245A.05; 245A.07,  
1.24 subdivision 2; 245C.13, subdivision 2; 245C.14, by adding subdivisions; 245C.15,  
1.25 subdivisions 1, 4a; 254B.06, by adding a subdivision; 256.9657, subdivisions 2,  
1.26 3; 256.983, subdivision 4; 256B.04, subdivision 21; 256B.0625, subdivisions 3b,  
1.27 8e, 13, 13c, 30; 256B.0659, subdivision 21; 256B.0949, subdivision 2; 256B.69,  
1.28 subdivision 6d; 256B.85, subdivision 12; 256L.03, subdivision 3b; 326.72,  
1.29 subdivision 1; 326.75, subdivisions 3, 3a; 327.15, subdivisions 2, 3, 4, by adding  
1.30 a subdivision; Laws 2024, chapter 127, article 67, section 4; proposing coding for  
1.31 new law in Minnesota Statutes, chapters 144; 153; repealing Minnesota Statutes  
1.32 2024, sections 103I.550; 148.108, subdivisions 2, 3, 4; 156.015, subdivision 1;  
1.33 Minnesota Rules, parts 2500.1150; 2500.2030; 4695.2900; 6900.0250, subparts  
1.34 1, 2; 9100.0400, subparts 1, 3; 9100.0500; 9100.0600.

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

2.2 **ARTICLE 1**

2.3 **DEPARTMENT OF HEALTH**

2.4 Section 1. Minnesota Statutes 2024, section 62D.21, is amended to read:

2.5 **62D.21 FEES.**

2.6 Every health maintenance organization subject to sections 62D.01 to 62D.30 shall pay  
2.7 to the commissioner of health the following fees as prescribed by the commissioner of health  
2.8 ~~pursuant to section 144.122 for the following:~~

2.9 (1) filing an application for a certificate of authority: \$10,000;

2.10 (2) filing an amendment to a certificate of authority: \$125;

2.11 (3) filing each annual report: \$400; and

2.12 (4) ~~other filings, as specified by rule.~~

2.13 (4) filings each quarterly report: \$200; and

2.14 (5) filings annual plan review documents, amendments to plan documents, and quality  
2.15 plans: \$125.

2.16 **EFFECTIVE DATE.** This section is effective January 1, 2026.

2.17 Sec. 2. Minnesota Statutes 2024, section 62D.211, is amended to read:

2.18 **62D.211 RENEWAL FEE.**

2.19 Each health maintenance organization subject to sections 62D.01 to 62D.30 shall submit  
2.20 to the commissioner of health each year before June 15 a certificate of authority renewal  
2.21 fee in the amount of ~~\$10,000~~ \$30,000 each plus ~~20~~ 88 cents per person enrolled in the health  
2.22 maintenance organization on December 31 of the preceding year. ~~The commissioner may~~  
2.23 ~~adjust the renewal fee in rule under the provisions of chapter 14.~~

2.24 **EFFECTIVE DATE.** This section is effective January 1, 2026.

2.25 Sec. 3. Minnesota Statutes 2024, subdivision 17b, is amended to read:

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

- 3.1 (1) conduct physical, chemical, or biological testing of groundwater, including
- 3.2 groundwater quality monitoring;
- 3.3 (2) monitor or measure physical, chemical, radiological, or biological parameters of
- 3.4 earth materials or earth fluids, including hydraulic conductivity, bearing capacity, or
- 3.5 resistance;
- 3.6 (3) measure groundwater levels, including use of a piezometer; ~~and~~ or
- 3.7 (4) determine groundwater flow direction or velocity.

3.8 Sec. 4. Minnesota Statutes 2024, section 103I.101, subdivision 2, is amended to read:

3.9 Subd. 2. **Duties.** The commissioner shall:

- 3.10 (1) regulate the drilling, construction, modification, repair, and sealing of wells and
- 3.11 borings;
- 3.12 (2) examine and license:
  - 3.13 (i) well contractors;
  - 3.14 (ii) persons constructing, repairing, and sealing bored geothermal heat exchangers;
  - 3.15 (iii) persons modifying or repairing well casings above the pitless unit or adaptor, well
  - 3.16 screens, well diameters, and installing well pumps or pumping equipment;
  - 3.17 (iv) persons constructing, repairing, and sealing dewatering wells;
  - 3.18 (v) persons sealing wells or borings; ~~and~~
  - 3.19 (vi) persons excavating or drilling holes for the installation of elevator borings; and
  - 3.20 (vii) persons installing, removing, or maintaining groundwater thermal exchange devices
  - 3.21 and submerged closed loop heat exchangers;
- 3.22 (3) examine and license environmental well contractors;
- 3.23 (4) license explorers engaged in exploratory boring and examine individuals who
- 3.24 supervise or oversee exploratory boring;
- 3.25 (5) after consultation with the commissioner of natural resources and the Pollution
- 3.26 Control Agency, establish standards for the design, location, construction, repair, and sealing
- 3.27 of wells and borings within the state; and
- 3.28 (6) issue permits for wells, groundwater thermal devices, bored geothermal heat
- 3.29 exchangers, installation of submerged closed loop heat exchanger systems, and elevator
- 3.30 borings.

4.1 Sec. 5. Minnesota Statutes 2024, section 103I.101, subdivision 5, is amended to read:

4.2 **Subd. 5. Commissioner to adopt rules.** The commissioner shall adopt rules including:

4.3 (1) issuance of licenses for:

4.4 (i) qualified well contractors;

4.5 (ii) persons constructing, repairing, and sealing dewatering wells;

4.6 (iii) persons sealing wells or borings;

4.7 (iv) persons installing, modifying, or repairing well casings, well screens, well diameters,  
4.8 and well pumps or pumping equipment;

4.9 (v) persons constructing, repairing, and sealing bored geothermal heat exchangers;

4.10 (vi) persons constructing, repairing, and sealing elevator borings; and

4.11 (vii) persons constructing, repairing, and sealing environmental wells; and

4.12 (viii) persons installing, removing, or maintaining groundwater thermal exchange devices  
4.13 and submerged closed loop heat exchangers;

4.14 (2) establishment of conditions for examination and review of applications for license  
4.15 and certification;

4.16 (3) establishment of conditions for revocation and suspension of license and certification;

4.17 (4) establishment of minimum standards for design, location, construction, repair, and  
4.18 sealing of wells and borings to implement the purpose and intent of this chapter;

4.19 (5) establishment of a system for reporting on wells and borings drilled and sealed;

4.20 (6) establishment of standards for the construction, maintenance, sealing, and water  
4.21 quality monitoring of wells in areas of known or suspected contamination;

4.22 (7) establishment of wellhead protection measures for wells serving public water supplies;

4.23 (8) establishment of procedures to coordinate collection of well and boring data with  
4.24 other state and local governmental agencies;

4.25 (9) establishment of criteria and procedures for submission of well and boring logs,  
4.26 formation samples or well or boring cuttings, water samples, or other special information  
4.27 required for and water resource mapping; and

4.28 (10) establishment of minimum standards for design, location, construction, maintenance,  
4.29 repair, sealing, safety, and resource conservation related to borings, including exploratory  
4.30 borings as defined in section 103I.005, subdivision 9.

5.1        Sec. 6. Minnesota Statutes 2024, section 103I.101, subdivision 6, is amended to read:

5.2        Subd. 6. **Fees for variances.** The commissioner shall charge a nonrefundable application  
5.3        fee of \$275 \$325 to cover the ~~administrative~~ cost of processing a request for a variance or  
5.4        modification of rules adopted by the commissioner under this chapter.

5.5        Sec. 7. Minnesota Statutes 2024, section 103I.101, is amended by adding a subdivision  
5.6        to read:

5.7        Subd. 7. **Inspection.** At a minimum, the commissioner of health shall inspect at least  
5.8        25 percent of well construction notifications each year under this section.

5.9        Sec. 8. Minnesota Statutes 2024, section 103I.208, subdivision 1, is amended to read:

5.10       Subdivision 1. **Well notification fee.** The well notification fee to be paid by a property  
5.11       owner is:

5.12       (1) for construction of a water supply well, \$275 \$325, which includes the state core  
5.13       function fee;

5.14       (2) for a well sealing, \$75 \$125 for each well or temporary boring, which includes the  
5.15       state core function fee, except that: (i) a single notification and fee of \$75 \$125 is required  
5.16       for all temporary borings on a single property and sealed within 72 hours of start of  
5.17       construction; and (ii) temporary borings less than 25 feet in depth are exempt from the  
5.18       notification and fee requirements in this chapter;

5.19       (3) for construction of a dewatering well, \$275 \$330, which includes the state core  
5.20       function fee, for each dewatering well, except a dewatering project comprising five or more  
5.21       dewatering wells shall be assessed a single fee of \$1,375 \$1,620 for the dewatering wells  
5.22       recorded on the notification; and

5.23       (4) for construction of an environmental well, \$275 \$330, which includes the state core  
5.24       function fee, ~~except that a single fee of \$275 is required for all environmental wells recorded~~  
5.25       ~~on the notification that are located on a single property, and except that no fee is required~~  
5.26       ~~for construction of a temporary boring for each environmental well, except an environmental~~  
5.27       ~~well site project comprising five or more environmental wells shall be assessed a single fee~~  
5.28       ~~of \$1,620 for the environmental wells recorded on the notification.~~

5.29       Sec. 9. Minnesota Statutes 2024, section 103I.208, subdivision 1a, is amended to read:

5.30       Subd. 1a. **State core function fee.** The state core function fee to be collected by the  
5.31       state and delegated community health boards and used to support state core functions is:

6.1 (1) for a new well, ~~\$20~~ \$40; and

6.2 (2) for a well sealing, ~~\$5~~ \$15.

6.3 Sec. 10. Minnesota Statutes 2024, section 103I.208, subdivision 2, is amended to read:

6.4 **Subd. 2. Permit fee.** (a) The permit fee to be paid by a property owner is:

6.5 (1) for a water supply well that is not in use under a maintenance permit, ~~\$175~~ \$225  
6.6 annually;

6.7 (2) for an environmental well that is unsealed under a maintenance permit, ~~\$175~~ annually  
6.8 ~~except~~ no fee is required for an environmental well owned by a federal agency, state agency,  
6.9 or local unit of government that is unsealed under a maintenance permit. "Local unit of  
6.10 government" means a statutory or home rule charter city, town, county, or soil and water  
6.11 conservation district, a watershed district, an organization formed for the joint exercise of  
6.12 powers under section 471.59, a community health board, or other special purpose district  
6.13 or authority with local jurisdiction in water and related land resources management;

6.14 (3) for environmental wells on an environmental well site that are unsealed under a  
6.15 maintenance permit;:

6.16 ~~\$175~~ (i) \$225 annually for one to ten environmental wells per site ~~regardless of the~~  
6.17 ~~number of environmental wells located on site~~;

6.18 (ii) \$325 annually for 11 to 20 environmental wells per site; and

6.19 (iii) \$425 annually for 21 or more environmental wells per site;

6.20 (4) for a groundwater thermal exchange device, in addition to the notification fee for  
6.21 water supply wells, ~~\$275~~ \$350 for systems using 20 gallons per minute or less and ~~\$590~~  
6.22 ~~for systems using over 20 gallons per minute~~, which includes the state core function fee;

6.23 (5) for a bored geothermal heat exchanger with less than ten tons of heating/cooling  
6.24 capacity, ~~\$275~~ \$350;

6.25 (6) for a bored geothermal heat exchanger with ten to 50 tons of heating/cooling capacity,  
6.26 ~~\$515~~ \$590;

6.27 (7) for a bored geothermal heat exchanger with greater than 50 tons of heating/cooling  
6.28 capacity, ~~\$740~~ \$815;

6.29 (8) for a dewatering well that is unsealed under a maintenance permit, ~~\$175~~ \$330 annually  
6.30 for each dewatering well, except a dewatering project comprising ~~more than~~ five or more

7.1 dewatering wells shall be issued a single permit for ~~\$875~~ \$1,620 annually for dewatering  
7.2 wells recorded on the permit;

7.3 (9) for an elevator boring, ~~\$275~~ \$325 for each boring; and

7.4 (10) for a submerged closed loop heat exchanger system, in addition to the notification  
7.5 fee for water supply wells, \$3,250, which includes the state core function fee.

7.6 (b) For purposes of this subdivision, an environmental well site includes all of the  
7.7 environmental wells on a single property. A single property is considered one tax parcel or  
7.8 multiple contiguous parcels with the same owner.

7.9 Sec. 11. Minnesota Statutes 2024, section 103I.235, subdivision 1, is amended to read:

7.10 Subdivision 1. **Disclosure of wells to buyer.** (a) Before signing an agreement to sell or  
7.11 transfer real property, the seller must disclose in writing to the buyer information about the  
7.12 status and location of all known wells on the property, by delivering to the buyer either a  
7.13 statement by the seller that the seller does not know of any wells on the property, or a  
7.14 disclosure statement indicating the legal description and county, and a map drawn from  
7.15 available information showing the location of each well to the extent practicable. In the  
7.16 disclosure statement, the seller must indicate, for each well, whether the well is in use, not  
7.17 in use, or sealed.

7.18 (b) At the time of closing of the sale, the disclosure statement information, name and  
7.19 mailing address of the buyer, and the quartile, section, township, and range in which each  
7.20 well is located must be provided on a well disclosure certificate signed by the seller or a  
7.21 person authorized to act on behalf of the seller.

7.22 (c) A well disclosure certificate need not be provided if the seller does not know of any  
7.23 wells on the property and the deed or other instrument of conveyance contains the statement:  
7.24 "The Seller certifies that the Seller does not know of any wells on the described real  
7.25 property."

7.26 (d) If a deed is given pursuant to a contract for deed, the well disclosure certificate  
7.27 required by this subdivision shall be signed by the buyer or a person authorized to act on  
7.28 behalf of the buyer. If the buyer knows of no wells on the property, a well disclosure  
7.29 certificate is not required if the following statement appears on the deed followed by the  
7.30 signature of the grantee or, if there is more than one grantee, the signature of at least one  
7.31 of the grantees: "The Grantee certifies that the Grantee does not know of any wells on the  
7.32 described real property." The statement and signature of the grantee may be on the front or

8.1 back of the deed or on an attached sheet and an acknowledgment of the statement by the  
8.2 grantee is not required for the deed to be recordable.

8.3 (e) This subdivision does not apply to the sale, exchange, or transfer of real property:

8.4 (1) that consists solely of a sale or transfer of severed mineral interests; or

8.5 (2) that consists of an individual condominium unit as described in chapters 515 and  
8.6 515B.

8.7 (f) For an area owned in common under chapter 515 or 515B the association or other  
8.8 responsible person must report to the commissioner by July 1, 1992, the location and status  
8.9 of all wells in the common area. The association or other responsible person must notify  
8.10 the commissioner within 30 days of any change in the reported status of wells.

8.11 (g) If the seller fails to provide a required well disclosure certificate, the buyer, or a  
8.12 person authorized to act on behalf of the buyer, may sign a well disclosure certificate based  
8.13 on the information provided on the disclosure statement required by this section or based  
8.14 on other available information.

8.15 (h) A county recorder or registrar of titles may not record a deed or other instrument of  
8.16 conveyance dated after October 31, 1990, for which a certificate of value is required under  
8.17 section 272.115, or any deed or other instrument of conveyance dated after October 31,  
8.18 1990, from a governmental body exempt from the payment of state deed tax, unless the  
8.19 deed or other instrument of conveyance contains the statement made in accordance with  
8.20 paragraph (c) or (d) or is accompanied by the well disclosure certificate containing all the  
8.21 information required by paragraph (b) or (d). The county recorder or registrar of titles must  
8.22 not accept a certificate unless it contains all the required information. The county recorder  
8.23 or registrar of titles shall note on each deed or other instrument of conveyance accompanied  
8.24 by a well disclosure certificate that the well disclosure certificate was received. The notation  
8.25 must include the statement "No wells on property" if the disclosure certificate states there  
8.26 are no wells on the property. The well disclosure certificate shall not be filed or recorded  
8.27 in the records maintained by the county recorder or registrar of titles. After noting "No wells  
8.28 on property" on the deed or other instrument of conveyance, the county recorder or registrar  
8.29 of titles shall destroy or return to the buyer the well disclosure certificate. The county  
8.30 recorder or registrar of titles shall collect from the buyer or the person seeking to record a  
8.31 deed or other instrument of conveyance, a fee of ~~\$50~~ \$54 for receipt of a completed well  
8.32 disclosure certificate. By the tenth day of each month, the county recorder or registrar of  
8.33 titles shall transmit the well disclosure certificates to the commissioner of health. By the  
8.34 tenth day after the end of each calendar quarter, the county recorder or registrar of titles

9.1 shall transmit to the commissioner of health ~~\$42.50~~ \$46.50 of the fee for each well disclosure  
9.2 certificate received during the quarter. The commissioner shall maintain the well disclosure  
9.3 certificate for at least six years. The commissioner may store the certificate as an electronic  
9.4 image. A copy of that image shall be as valid as the original.

9.5 (i) No new well disclosure certificate is required under this subdivision if the buyer or  
9.6 seller, or a person authorized to act on behalf of the buyer or seller, certifies on the deed or  
9.7 other instrument of conveyance that the status and number of wells on the property have  
9.8 not changed since the last previously filed well disclosure certificate. The following  
9.9 statement, if followed by the signature of the person making the statement, is sufficient to  
9.10 comply with the certification requirement of this paragraph: "I am familiar with the property  
9.11 described in this instrument and I certify that the status and number of wells on the described  
9.12 real property have not changed since the last previously filed well disclosure certificate."  
9.13 The certification and signature may be on the front or back of the deed or on an attached  
9.14 sheet and an acknowledgment of the statement is not required for the deed or other instrument  
9.15 of conveyance to be recordable.

9.16 (j) The commissioner in consultation with county recorders shall prescribe the form for  
9.17 a well disclosure certificate and provide well disclosure certificate forms to county recorders  
9.18 and registrars of titles and other interested persons.

9.19 (k) Failure to comply with a requirement of this subdivision does not impair:

9.20 (1) the validity of a deed or other instrument of conveyance as between the parties to  
9.21 the deed or instrument or as to any other person who otherwise would be bound by the deed  
9.22 or instrument; or

9.23 (2) the record, as notice, of any deed or other instrument of conveyance accepted for  
9.24 filing or recording contrary to the provisions of this subdivision.

9.25 Sec. 12. Minnesota Statutes 2024, section 103I.525, subdivision 2, is amended to read:

9.26 **Subd. 2. Certification fee.** (a) The application fee for certification as a representative  
9.27 of a well contractor is ~~\$75~~ \$100. The commissioner may not act on an application until the  
9.28 application fee is paid.

9.29 (b) The renewal fee for certification as a representative of a well contractor is ~~\$75~~ \$100.  
9.30 The commissioner may not renew a certification until the renewal fee is paid.

9.31 (c) A certified representative must file an application and a renewal application fee to  
9.32 renew the certification by the date stated in the certification. The renewal application must

10.1 include information that the certified representative has met continuing education  
10.2 requirements established by the commissioner by rule.

10.3 Sec. 13. Minnesota Statutes 2024, section 103I.525, subdivision 6, is amended to read:

10.4 Subd. 6. **License fee.** The fee for a well contractor's license is ~~\$250~~ \$300.

10.5 Sec. 14. Minnesota Statutes 2024, section 103I.525, subdivision 8, is amended to read:

10.6 Subd. 8. **Renewal.** (a) A licensee must file an application and a renewal application fee  
10.7 to renew the license by the date stated in the license.

10.8 (b) The renewal application fee for a well contractor's license is ~~\$250~~ \$300.

10.9 (c) The renewal application must include information that the certified representative  
10.10 of the applicant has met continuing education requirements established by the commissioner  
10.11 by rule.

10.12 (d) At the time of the renewal, the commissioner must have on file all properly completed  
10.13 well and boring construction reports, well and boring sealing reports, reports of elevator  
10.14 borings, water sample analysis reports, well and boring permits, and well notifications for  
10.15 work conducted by the licensee since the last license renewal.

10.16 Sec. 15. Minnesota Statutes 2024, section 103I.531, subdivision 2, is amended to read:

10.17 Subd. 2. **Certification fee.** (a) The application fee for certification as a representative  
10.18 of a limited well/boring contractor is ~~\$75~~ \$100. The commissioner may not act on an  
10.19 application until the application fee is paid.

10.20 (b) The renewal fee for certification as a representative of a limited well/boring contractor  
10.21 is ~~\$75~~ \$100. The commissioner may not renew a certification until the renewal fee is paid.

10.22 (c) The fee for three or more limited well/boring contractor certifications is ~~\$225~~ \$275.

10.23 (d) A certified representative must file an application and a renewal application fee to  
10.24 renew the certification by the date stated in the certification. The renewal application must  
10.25 include information that the certified representative has met continuing education  
10.26 requirements established by the commissioner by rule.

10.27 Sec. 16. Minnesota Statutes 2024, section 103I.531, subdivision 6, is amended to read:

10.28 Subd. 6. **License fee.** The fee for a limited well/boring contractor's license is ~~\$75~~ \$100.  
10.29 The fee for three or more limited well/boring contractor licenses is ~~\$225~~ \$275.

11.1 Sec. 17. Minnesota Statutes 2024, section 103I.531, subdivision 8, is amended to read:

11.2 Subd. 8. **Renewal.** (a) A person must file an application and a renewal application fee  
11.3 to renew the limited well/boring contractor's license by the date stated in the license.

11.4 (b) The renewal application fee for a limited well/boring contractor's license is ~~\$75~~ \$100.

11.5 (c) The renewal application must include information that the certified representative  
11.6 of the applicant has met continuing education requirements established by the commissioner  
11.7 by rule.

11.8 (d) At the time of the renewal, the commissioner must have on file all properly completed  
11.9 well and boring construction reports, well and boring sealing reports, well and boring  
11.10 permits, water quality sample reports, and well notifications for work conducted by the  
11.11 licensee since the last license renewal.

11.12 Sec. 18. Minnesota Statutes 2024, section 103I.535, subdivision 2, is amended to read:

11.13 Subd. 2. **Certification fee.** (a) The application fee for certification as a representative  
11.14 of an elevator boring contractor is ~~\$75~~ \$100. The commissioner may not act on an application  
11.15 until the application fee is paid.

11.16 (b) The renewal fee for certification as a representative of an elevator boring contractor  
11.17 is ~~\$75~~ \$100. The commissioner may not renew a certification until the renewal fee is paid.

11.18 (c) A certified representative must file an application and a renewal application fee to  
11.19 renew the certification by the date stated in the certification. The renewal application must  
11.20 include information that the certified representative has met continuing education  
11.21 requirements established by the commissioner by rule.

11.22 Sec. 19. Minnesota Statutes 2024, section 103I.535, subdivision 6, is amended to read:

11.23 Subd. 6. **License fee.** The fee for an elevator boring contractor's license is ~~\$75~~ \$100.

11.24 Sec. 20. Minnesota Statutes 2024, section 103I.535, subdivision 8, is amended to read:

11.25 Subd. 8. **Renewal.** (a) A person must file an application and a renewal application fee  
11.26 to renew the license by the date stated in the license.

11.27 (b) The renewal application fee for an elevator boring contractor's license is ~~\$75~~ \$100.

11.28 (c) The renewal application must include information that the certified representative  
11.29 of the applicant has met continuing education requirements established by the commissioner  
11.30 by rule.

12.1       (d) At the time of renewal, the commissioner must have on file all reports and permits  
12.2       for elevator boring work conducted by the licensee since the last license renewal.

12.3       Sec. 21. Minnesota Statutes 2024, section 103I.541, subdivision 2b, is amended to read:

12.4       **Subd. 2b. Issuance of license.** If a person employs a certified representative, submits  
12.5       the bond under subdivision 3, and pays the license fee of ~~\$75~~ \$100 for an environmental  
12.6       well contractor license, the commissioner shall issue an environmental well contractor  
12.7       license to the applicant. The fee for an individual registration is ~~\$75~~ \$100. The commissioner  
12.8       may not act on an application until the application fee is paid.

12.9       Sec. 22. Minnesota Statutes 2024, section 103I.541, subdivision 2c, is amended to read:

12.10       **Subd. 2c. Certification fee.** (a) The application fee for certification as a representative  
12.11       of an environmental well contractor is ~~\$75~~ \$100. The commissioner may not act on an  
12.12       application until the application fee is paid.

12.13       (b) The renewal fee for certification as a representative of an environmental well  
12.14       contractor is ~~\$75~~ \$100. The commissioner may not renew a certification until the renewal  
12.15       fee is paid.

12.16       (c) A certified representative must file an application and a renewal application fee to  
12.17       renew the certification by the date stated in the certification. The renewal application must  
12.18       include information that the certified representative has met continuing education  
12.19       requirements established by the commissioner by rule.

12.20       Sec. 23. Minnesota Statutes 2024, section 103I.541, subdivision 4, is amended to read:

12.21       **Subd. 4. License renewal.** (a) A person must file an application and a renewal application  
12.22       fee to renew the license by the date stated in the license.

12.23       (b) The renewal application fee for an environmental well contractor's license is ~~\$75~~  
12.24       \$100.

12.25       (c) The renewal application must include information that the certified representative  
12.26       of the applicant has met continuing education requirements established by the commissioner  
12.27       by rule.

12.28       (d) At the time of the renewal, the commissioner must have on file all well and boring  
12.29       construction reports, well and boring sealing reports, well permits, and notifications for  
12.30       work conducted by the licensed person since the last license renewal.

13.1 Sec. 24. Minnesota Statutes 2024, section 103I.545, subdivision 1, is amended to read:

13.2 Subdivision 1. **Drilling machine.** (a) A person may not use a drilling machine such as  
13.3 a cable tool, rotary tool, hollow rod tool, or auger for a drilling activity requiring a license  
13.4 under this chapter unless the drilling machine is registered with the commissioner.

13.5 (b) A person must apply for the registration on forms prescribed by the commissioner  
13.6 and submit a ~~\$75~~ \$125 registration fee.

13.7 (c) A registration is valid for one year.

13.8 Sec. 25. Minnesota Statutes 2024, section 103I.545, subdivision 2, is amended to read:

13.9 Subd. 2. **Hoist.** (a) A person may not use a machine such as a hoist for an activity  
13.10 requiring a license under this chapter to repair wells or borings, seal wells or borings, or  
13.11 install pumps unless the machine is registered with the commissioner.

13.12 (b) A person must apply for the registration on forms prescribed by the commissioner  
13.13 and submit a ~~\$75~~ \$125 registration fee.

13.14 (c) A registration is valid for one year.

13.15 Sec. 26. Minnesota Statutes 2024, section 103I.601, subdivision 2, is amended to read:

13.16 Subd. 2. **License required to make borings.** (a) Except as provided in paragraph (d),  
13.17 a person must not make an exploratory boring without an explorer's license. The fee for an  
13.18 explorer's license is ~~\$75~~ \$100. The explorer's license is valid until the date prescribed in the  
13.19 license by the commissioner.

13.20 (b) A person must file an application and renewal application fee to renew the explorer's  
13.21 license by the date stated in the license. The renewal application fee is ~~\$75~~ \$100.

13.22 (c) If the licensee submits an application fee after the required renewal date, the licensee:

13.23 (1) must include a late fee of \$75; and

13.24 (2) may not conduct activities authorized by an explorer's license until the renewal  
13.25 application, renewal application fee, late fee, and sealing reports required in subdivision 9  
13.26 are submitted.

13.27 (d) An explorer must designate a responsible individual to supervise and oversee the  
13.28 making of exploratory borings.

14.1       (1) Before an individual supervises or oversees an exploratory boring, the individual  
14.2       must file an application and application fee of ~~\$75~~ \$100 to qualify as a certified responsible  
14.3       individual.

14.4       (2) The individual must take and pass an examination relating to construction, location,  
14.5       and sealing of exploratory borings. A professional engineer or geoscientist licensed under  
14.6       sections 326.02 to 326.15 or a professional geologist certified by the American Institute of  
14.7       Professional Geologists is not required to take the examination required in this subdivision,  
14.8       but must be certified as a responsible individual to supervise an exploratory boring.

14.9       (3) The individual must file an application and a renewal fee of ~~\$75~~ \$100 to renew the  
14.10       responsible individual's certification by the date stated in the certification. If the certified  
14.11       responsible individual submits an application fee after the renewal date, the certified  
14.12       responsible individual must include a late fee of \$75 and may not supervise or oversee  
14.13       exploratory borings until the renewal application, application fee, and late fee are submitted.

14.14       Sec. 27. Minnesota Statutes 2024, section 103I.601, subdivision 4, is amended to read:

14.15       **Subd. 4. Notification and map of borings.** (a) By ten days before beginning exploratory  
14.16       boring, an explorer must submit to the commissioner of health a notification of the proposed  
14.17       boring map and a fee of ~~\$275~~ \$325 for each boring constructed.

14.18       (b) By ten days before beginning exploratory boring, an explorer must submit to the  
14.19       commissioners of health and natural resources a county road map on a single sheet of paper  
14.20       that is 8-1/2 by 11 inches in size and having a scale of one-half inch equal to one mile, as  
14.21       prepared by the Department of Transportation, or a 7.5 minute series topographic map  
14.22       (1:24,000 scale), as prepared by the United States Geological Survey, showing the location  
14.23       of each proposed exploratory boring to the nearest estimated 40 acre parcel. Exploratory  
14.24       boring that is proposed on the map may not be commenced later than 180 days after  
14.25       submission of the map, unless a new map is submitted.

14.26       Sec. 28. Minnesota Statutes 2024, section 144.0758, subdivision 3, is amended to read:

14.27       **Subd. 3. Eligible grantees.** (a) Organizations eligible to receive grant funding under  
14.28       this section are Minnesota's Tribal Nations in accordance with paragraph (b) and urban  
14.29       American Indian community-based organizations in accordance with paragraph (c).

14.30       (b) Minnesota's Tribal Nations may choose to receive funding under this section according  
14.31       to a noncompetitive funding formula specified by the commissioner.

15.1        (c) Urban American Indian community-based organizations are eligible to apply for  
 15.2        funding under this section by submitting a proposal for consideration by the commissioner.

15.3        Sec. 29. Minnesota Statutes 2024, section 144.1205, subdivision 2, is amended to read:

15.4        **Subd. 2. Initial and annual fee.** (a) A licensee must pay an initial fee that is equivalent  
 15.5        to the annual fee upon issuance of the initial license.

15.6        (b) A licensee must pay an annual fee at least 60 days before the anniversary date of the  
 15.7        issuance of the license. The annual fee is as follows:

	TYPE	LICENSE FEE
15.9		<u>\$25,896</u>
15.10	Academic broad scope - type A, B, or C	<u>\$34,500</u>
15.11		<u>\$31,075</u>
15.12	Academic broad scope - type A, B, or C (4-8 locations)	<u>\$41,400</u>
15.13		<u>\$36,254</u>
15.14	Academic broad scope - type A, B, or C (9 or more locations)	<u>\$48,300</u>
15.15		<u>\$25,896</u>
15.16	Medical broad scope - type A	<u>\$34,500</u>
15.17		<u>\$31,075</u>
15.18	Medical broad scope - type A (4-8 locations)	<u>\$41,400</u>
15.19		<u>\$36,254</u>
15.20	Medical broad scope - type A (9 or more locations)	<u>\$48,300</u>
15.21	Medical - diagnostic, diagnostic and therapeutic, mobile nuclear	
15.22	medicine, eye applicators, high dose rate afterloaders, and	<u>\$4,784</u>
15.23	medical therapy emerging technologies	<u>\$6,600</u>
15.24	Medical - diagnostic, diagnostic and therapeutic, mobile nuclear	
15.25	medicine, eye applicators, high dose rate afterloaders, and	<u>\$5,740</u>
15.26	medical therapy emerging technologies (4-8 locations)	<u>\$7,900</u>
15.27	Medical - diagnostic, diagnostic and therapeutic, mobile nuclear	
15.28	medicine, eye applicators, high dose rate afterloaders, and	<u>\$6,697</u>
15.29	medical therapy emerging technologies (9 or more locations)	<u>\$9,200</u>
15.30		<u>\$11,648</u>
15.31	Teletherapy	<u>\$15,500</u>
15.32		<u>\$11,648</u>
15.33	Gamma knife	<u>\$15,500</u>
15.34		<u>\$2,600</u>
15.35	Veterinary medicine	<u>\$3,500</u>
15.36		<u>\$2,600</u>
15.37	In vitro testing lab	<u>\$3,500</u>
15.38		<u>\$11,440</u>
15.39	Nuclear pharmacy	<u>\$15,300</u>
15.40		<u>\$13,728</u>
15.41	Nuclear pharmacy (5 or more locations)	<u>\$18,300</u>

16.1			\$4,992
16.2	Radiopharmaceutical distribution (10 CFR 32.72)		<u>\$6,700</u>
16.3	Radiopharmaceutical processing and distribution (10 CFR		\$11,440
16.4	32.72)		<u>\$15,300</u>
16.5	Radiopharmaceutical processing and distribution (10 CFR		\$13,728
16.6	32.72) (5 or more locations)		<u>\$18,300</u>
16.7			\$4,992
16.8	Medical sealed sources - distribution (10 CFR 32.74)		<u>\$6,700</u>
16.9	Medical sealed sources - processing and distribution (10 CFR		\$11,440
16.10	32.74)		<u>\$15,300</u>
16.11	Medical sealed sources - processing and distribution (10 CFR		\$13,728
16.12	32.74) (5 or more locations)		<u>\$18,300</u>
16.13			\$4,888
16.14	Well logging - sealed sources		<u>\$6,600</u>
16.15	Measuring systems - (fixed gauge, portable gauge, gas		\$2,600
16.16	chromatograph, other)		<u>\$3,800</u>
16.17	Measuring systems - (fixed gauge, portable gauge, gas		\$3,120
16.18	chromatograph, other) (4-8 locations)		<u>\$4,500</u>
16.19	Measuring systems - (fixed gauge, portable gauge, gas		\$3,640
16.20	chromatograph, other) (9 or more locations)		<u>\$5,200</u>
16.21			\$1,976
16.22	X-ray fluorescent analyzer		<u>\$2,700</u>
16.23			\$25,896
16.24	Manufacturing and distribution - type A broad scope		<u>\$34,500</u>
16.25	Manufacturing and distribution - type A broad scope (4-8		\$31,075
16.26	locations)		<u>\$41,400</u>
16.27	Manufacturing and distribution - type A broad scope (9 or more		\$36,254
16.28	locations)		<u>\$48,300</u>
16.29			\$22,880
16.30	Manufacturing and distribution - type B or C broad scope		<u>\$30,500</u>
16.31	Manufacturing and distribution - type B or C broad scope (4-8		\$27,456
16.32	locations)		<u>\$36,600</u>
16.33	Manufacturing and distribution - type B or C broad scope (9		\$32,032
16.34	or more locations)		<u>\$42,700</u>
16.35			\$6,864
16.36	Manufacturing and distribution - other		<u>\$9,200</u>
16.37			\$8,236
16.38	Manufacturing and distribution - other (4-8 locations)		<u>\$11,000</u>
16.39			\$9,609
16.40	Manufacturing and distribution - other (9 or more locations)		<u>\$12,800</u>
16.41			\$24,232
16.42	Nuclear laundry		<u>\$32,300</u>
16.43			\$6,448
16.44	Decontamination services		<u>\$8,600</u>
16.45			\$2,600
16.46	Leak test services only		<u>\$3,500</u>

17.1			\$2,600
17.2	Instrument calibration service only		<u>\$3,500</u>
17.3			\$6,448
17.4	Service, maintenance, installation, source changes, etc.		<u>\$8,600</u>
17.5			\$7,800
17.6	Waste disposal service, prepackaged only		<u>\$10,400</u>
17.7			\$10,816
17.8	Waste disposal		<u>\$14,400</u>
17.9			\$2,288
17.10	Distribution - general licensed devices (sealed sources)		<u>\$3,100</u>
17.11			\$1,456
17.12	Distribution - general licensed material (unsealed sources)		<u>\$2,000</u>
17.13			\$12,792
17.14	Industrial radiography - fixed or temporary location		<u>\$17,200</u>
17.15	Industrial radiography - fixed or temporary location (5 or more locations)		<u>\$16,629</u>
17.16			<u>\$22,300</u>
17.17			\$3,744
17.18	Irradiators, self-shielding		<u>\$5,000</u>
17.19			\$6,968
17.20	Irradiators, other, less than 10,000 curies		<u>\$9,300</u>
17.21			\$12,376
17.22	Research and development - type A, B, or C broad scope		<u>\$16,500</u>
17.23	Research and development - type A, B, or C broad scope (4-8 locations)		<u>\$14,851</u>
17.24			<u>\$19,800</u>
17.25	Research and development - type A, B, or C broad scope (9 or more locations)		<u>\$17,326</u>
17.26			<u>\$23,100</u>
17.27			\$5,824
17.28	Research and development - other		<u>\$7,800</u>
17.29			\$2,600
17.30	Storage - no operations		<u>\$3,500</u>
17.31			\$759
17.32	Source material - shielding		<u>\$1,100</u>
17.33			\$4,784
17.34	Special nuclear material plutonium - neutron source in device		<u>\$6,400</u>
17.35	Pacemaker by-product and/or special nuclear material - medical (institution)		<u>\$4,784</u>
17.36			<u>\$6,400</u>
17.37	Pacemaker by-product and/or special nuclear material - manufacturing and distribution		<u>\$6,864</u>
17.38			<u>\$9,200</u>
17.39			\$4,992
17.40	Accelerator-produced radioactive material		<u>\$6,700</u>
17.41			\$500
17.42	Nonprofit educational institutions		<u>\$700</u>

18.1 Sec. 30. Minnesota Statutes 2024, section 144.1205, subdivision 4, is amended to read:

18.2 **Subd. 4. Initial and renewal application fee.** A licensee must pay an initial and a  
18.3 renewal application fee according to this subdivision.

	TYPE	APPLICATION FEE
18.5		<del>\$6,808</del>
18.6	Academic broad scope - type A, B, or C	<u>\$9,100</u>
18.7		<del>\$4,508</del>
18.8	Medical broad scope - type A	<u>\$6,000</u>
18.9	Medical - diagnostic, diagnostic and therapeutic, mobile nuclear	
18.10	medicine, eye applicators, high dose rate afterloaders, and	<del>\$1,748</del>
18.11	medical therapy emerging technologies	<u>\$2,350</u>
18.12		<del>\$6,348</del>
18.13	Teletherapy	<u>\$8,450</u>
18.14		<del>\$6,348</del>
18.15	Gamma knife	<u>\$8,450</u>
18.16		<del>\$1,104</del>
18.17	Veterinary medicine	<u>\$1,500</u>
18.18		<del>\$1,104</del>
18.19	In vitro testing lab	<u>\$1,500</u>
18.20		<del>\$5,612</del>
18.21	Nuclear pharmacy	<u>\$7,500</u>
18.22		<del>\$2,484</del>
18.23	Radiopharmaceutical distribution (10 CFR 32.72)	<u>\$3,350</u>
18.24	Radiopharmaceutical processing and distribution (10 CFR	<del>\$5,612</del>
18.25	32.72)	<u>\$7,500</u>
18.26		<del>\$2,484</del>
18.27	Medical sealed sources - distribution (10 CFR 32.74)	<u>\$3,350</u>
18.28	Medical sealed sources - processing and distribution (10 CFR	<del>\$5,612</del>
18.29	32.74)	<u>\$7,500</u>
18.30		<del>\$1,840</del>
18.31	Well logging - sealed sources	<u>\$2,450</u>
18.32	Measuring systems - (fixed gauge, portable gauge, gas	<del>\$1,104</del>
18.33	chromatograph, other)	<u>\$1,500</u>
18.34		<del>\$671</del>
18.35	X-ray fluorescent analyzer	<u>\$900</u>
18.36		<del>\$6,854</del>
18.37	Manufacturing and distribution - type A, B, and C broad scope	<u>\$9,150</u>
18.38		<del>\$2,668</del>
18.39	Manufacturing and distribution - other	<u>\$3,550</u>
18.40		<del>\$11,592</del>
18.41	Nuclear laundry	<u>\$15,450</u>
18.42		<del>\$3,036</del>
18.43	Decontamination services	<u>\$4,050</u>

19.1				\$1,104
19.2	Leak test services only			<u>\$1,500</u>
19.3				\$1,104
19.4	Instrument calibration service only			<u>\$1,500</u>
19.5				\$3,036
19.6	Service, maintenance, installation, source changes, etc.			<u>\$4,050</u>
19.7				\$2,576
19.8	Waste disposal service, prepackaged only			<u>\$3,450</u>
19.9				\$1,748
19.10	Waste disposal			<u>\$2,350</u>
19.11				\$1,012
19.12	Distribution - general licensed devices (sealed sources)			<u>\$1,350</u>
19.13				\$598
19.14	Distribution - general licensed material (unsealed sources)			<u>\$800</u>
19.15				\$3,036
19.16	Industrial radiography - fixed or temporary location			<u>\$4,050</u>
19.17				\$1,656
19.18	Irradiators, self-shielding			<u>\$2,250</u>
19.19				\$3,404
19.20	Irradiators, other, less than 10,000 curies			<u>\$4,550</u>
19.21				\$5,704
19.22	Research and development - type A, B, or C broad scope			<u>\$7,600</u>
19.23				\$2,760
19.24	Research and development - other			<u>\$3,700</u>
19.25				\$1,104
19.26	Storage - no operations			<u>\$1,500</u>
19.27				\$156
19.28	Source material - shielding			<u>\$250</u>
19.29				\$1,380
19.30	Special nuclear material plutonium - neutron source in device			<u>\$1,850</u>
19.31	Pacemaker by-product and/or special nuclear material - medical			<u>\$1,380</u>
19.32	(institution)			<u>\$1,850</u>
19.33	Pacemaker by-product and/or special nuclear material -			<u>\$2,668</u>
19.34	manufacturing and distribution			<u>\$3,550</u>
19.35				\$4,715
19.36	Accelerator-produced radioactive material			<u>\$6,300</u>
19.37				\$345
19.38	Nonprofit educational institutions			<u>\$500</u>

19.39 Sec. 31. Minnesota Statutes 2024, section 144.1205, subdivision 8, is amended to read:

19.40 Subd. 8. **Reciprocity fee.** A licensee submitting an application for reciprocal recognition  
 19.41 of a materials license issued by another agreement state or the United States Nuclear  
 19.42 Regulatory Commission for a period of 180 days or less during a calendar year must pay

20.1     \$2,400 \$3,200. For a period of 181 days or more, the licensee must obtain a license under  
 20.2     subdivision 4.

20.3     Sec. 32. Minnesota Statutes 2024, section 144.1205, subdivision 9, is amended to read:

20.4       **Subd. 9. Fees for license amendments.** A licensee must pay a fee of \$600 \$800 to  
 20.5     amend a license as follows:

20.6       (1) to amend a license requiring review including, but not limited to, addition of isotopes,  
 20.7     procedure changes, new authorized users, or a new radiation safety officer; or

20.8       (2) to amend a license requiring review and a site visit including, but not limited to,  
 20.9     facility move or addition of processes.

20.10    Sec. 33. Minnesota Statutes 2024, section 144.1205, subdivision 10, is amended to read:

20.11      **Subd. 10. Fees for general license registrations.** A person required to register generally  
 20.12     licensed devices according to Minnesota Rules, part 4731.3215, must pay an annual  
 20.13     registration fee of \$450 \$600.

20.14    Sec. 34. Minnesota Statutes 2024, section 144.121, subdivision 1a, is amended to read:

20.15      **Subd. 1a. Fees for ionizing radiation-producing equipment.** (a) A facility with ionizing  
 20.16     radiation-producing equipment and other sources of ionizing radiation must pay an initial  
 20.17     or annual renewal registration fee consisting of a base facility fee of \$100 \$155 and an  
 20.18     additional fee for each x-ray tube, as follows:

20.19	(1) medical or veterinary equipment	\$ 100
20.20		<u>130</u>
20.21	(2) dental x-ray equipment	\$ 40
20.22		<u>60</u>
20.23	(3) x-ray equipment not used on	\$ 100
20.24	humans or animals	<u>130</u>
20.25	(4) devices with sources of ionizing	\$ 100
20.26	radiation not used on humans or	<u>130</u>
20.27	animals	
20.28	(5) security screening system	\$ 100
20.29		<u>160</u>
20.30	(6) <u>radiation therapy and accelerator</u>	\$ 1,000
20.31	<u>x-ray equipment</u>	
20.32	(7) <u>industrial accelerator x-ray</u>	\$ 300
20.33	<u>equipment</u>	

21.1        ~~(b) A facility with radiation therapy and accelerator equipment must pay an initial or~~  
21.2 ~~annual registration fee of \$500. A facility with an industrial accelerator must pay an initial~~  
21.3 ~~or annual registration fee of \$150.~~

21.4        ~~(e)~~ (b) Electron microscopy equipment is exempt from the registration fee requirements  
21.5 of this section.

21.6        ~~(d)~~ (c) For purposes of this section, a security screening system means ionizing  
21.7 radiation-producing equipment designed and used for security screening of humans who  
21.8 are in the custody of a correctional or detention facility, and used by the facility to image  
21.9 and identify contraband items concealed within or on all sides of a human body. For purposes  
21.10 of this section, a correctional or detention facility is a facility licensed under section 241.021  
21.11 and operated by a state agency or political subdivision charged with detection, enforcement,  
21.12 or incarceration in respect to state criminal and traffic laws. The commissioner shall adopt  
21.13 rules to establish requirements for the use of security screening systems. Notwithstanding  
21.14 section 14.125, the authority to adopt these rules does not expire.

21.15        Sec. 35. Minnesota Statutes 2024, section 144.121, is amended by adding a subdivision  
21.16 to read:

21.17        Subd. 1e. Fee for service provider of ionizing radiation-producing equipment. A  
21.18 service provider of ionizing radiation-producing equipment and other sources of ionizing  
21.19 radiation must pay an initial or annual renewal fee of \$115.

21.20        Sec. 36. Minnesota Statutes 2024, section 144.121, subdivision 2, is amended to read:

21.21        **Subd. 2. Inspections.** Periodic radiation safety inspections of the x-ray equipment and  
21.22 other sources of ionizing radiation shall be made by the commissioner of health. The  
21.23 frequency of safety inspections shall be prescribed by the commissioner ~~on the basis of~~  
21.24 based on the frequency of radiation exposure risk to occupational and public health from  
21.25 use of the x-ray equipment and other source of ionizing radiation, provided that each source  
21.26 ~~shall be inspected at least once every four years.~~

21.27        Sec. 37. Minnesota Statutes 2024, section 144.121, subdivision 5, is amended to read:

21.28        **Subd. 5. Examination for individual operating x-ray systems.** (a) An individual in a  
21.29 facility with x-ray systems for use on living humans that is registered under subdivision 1  
21.30 may not operate, nor may the facility allow the individual to operate, x-ray systems unless  
21.31 the individual has passed a national or state examination.

21.32        (b) Individuals who may operate x-ray systems include:

22.1 (1) an individual who has passed the American Registry of Radiologic Technologists  
22.2 (ARRT) registry for radiography examination;

22.3 (2) an individual who has passed the American Chiropractic Registry of Radiologic  
22.4 Technologists (ACRRT) registry examination and is limited to radiography of spines and  
22.5 extremities;

22.6 (3) a registered limited scope x-ray operator and a registered bone densitometry equipment  
22.7 operator who passed the examination requirements in paragraphs (d) and (e) and practices  
22.8 according to subdivision 5a;

22.9 (4) an x-ray operator who has the original certificate or the original letter of passing the  
22.10 examination that was required before January 1, 2008, under Minnesota Statutes 2008,  
22.11 section 144.121, subdivision 5a, paragraph (b), clause (1);

22.12 (5) an individual who has passed the American Registry of Radiologic Technologists  
22.13 (ARRT) registry for radiation therapy examination according to subdivision 5e;

22.14 (6) a cardiovascular technologist according to subdivision 5c;

22.15 (7) a nuclear medicine technologist according to subdivision 5d;

22.16 (8) an individual who has passed the examination for a dental hygienist under section  
22.17 150A.06 and only operates dental x-ray systems;

22.18 (9) an individual who has passed the examination for a dental therapist under section  
22.19 150A.06 and only operates dental x-ray systems;

22.20 (10) an individual who has passed the examination for a dental assistant under section  
22.21 150A.06 and only operates dental x-ray systems;

22.22 (11) an individual who has passed the examination under Minnesota Rules, part  
22.23 ~~3100.8500, subpart 3~~ 3100.1320, and only operates dental x-ray systems; and

22.24 (12) a qualified practitioner who is licensed by a health-related licensing board with  
22.25 active practice authority and is working within the practitioner's scope of practice.

22.26 (c) Except for individuals under clauses (3) and (4), an individual who is participating  
22.27 in a training or educational program in any of the occupations listed in paragraph (b) is  
22.28 exempt from the examination requirement within the scope and for the duration of the  
22.29 training or educational program.

22.30 (d) The Minnesota examination for limited scope x-ray operators must include:

23.1       (1) radiation protection, radiation physics and radiobiology, equipment operation and  
23.2       quality assurance, image acquisition and technical evaluation, and patient interactions and  
23.3       management; and

23.4       (2) at least one of the following regions of the human anatomy: chest, extremities, skull  
23.5       and sinus, spine, or podiatry. The examinations must include the anatomy of, and radiographic  
23.6       positions and projections for, the specific regions.

23.7       (e) The examination for bone densitometry equipment operators must include:

23.8       (1) osteoporosis, bone physiology, bone health and patient education, patient preparation,  
23.9       fundamental principals, biological effects of radiation, units of measurements, radiation  
23.10       protection in bone densitometry, fundamentals of x-ray production, quality control, measuring  
23.11       bone mineral testing, determining quality in bone mineral testing, file and database  
23.12       management; and

23.13       (2) dual x-ray absorptiometry scanning of the lumbar spine, proximal femur, and forearm.  
23.14       The examination must include the anatomy, scan acquisition, and scan analysis for these  
23.15       three procedures.

23.16       (f) A limited scope x-ray operator, and a bone densitometry equipment operator, who  
23.17       are required to take an examination under this subdivision must submit to the commissioner  
23.18       a registration application for the examination and a \$25 processing fee. The processing fee  
23.19       shall be deposited in the state treasury and credited to the state government special revenue  
23.20       fund.

23.21       Sec. 38. Minnesota Statutes 2024, section 144.121, is amended by adding a subdivision  
23.22       to read:

23.23       Subd. 10. Service provider practice; service technician. (a) A service technician is a  
23.24       service provider who performs one or more of the following, including but not limited to:  
23.25       assembly, installation, calibration, equipment performance evaluation, preventive  
23.26       maintenance, repair, replacement, or disabling of ionizing radiation-producing equipment  
23.27       and other sources of ionizing radiation. A service technician may not perform an equipment  
23.28       performance evaluation on computed tomography, medical cone beam computed tomography,  
23.29       and fluoroscopy equipment.

23.30       (b) In order to provide service technician services, a service provider must register with  
23.31       the commissioner as a service technician, meet the applicable requirements in Minnesota  
23.32       Rules, chapter 4732, and pay the fee in subdivision 1e.

24.1 Sec. 39. Minnesota Statutes 2024, section 144.121, is amended by adding a subdivision  
24.2 to read:

24.3 **Subd. 11. Service provider practice; vendor.** (a) A vendor is a service provider who  
24.4 performs one or more of the following services, including but not limited to: sales, leasing,  
24.5 lending, transferring, disposal, or demonstration of ionizing radiation-producing equipment  
24.6 and other sources of ionizing radiation.

24.7 (b) In order to provide vendor services, a service provider must register with the  
24.8 commissioner as a vendor, meet the applicable requirements in Minnesota Rules, chapter  
24.9 4732, and pay the fee in subdivision 1e.

24.10 Sec. 40. Minnesota Statutes 2024, section 144.121, is amended by adding a subdivision  
24.11 to read:

24.12 **Subd. 12. Service provider practice; qualified medical physicist.** (a) A qualified  
24.13 medical physicist is a service provider who provides medical physics services and must be  
24.14 certified in diagnostic medical physics, diagnostic radiological physics, radiological physics,  
24.15 diagnostic imaging physics, or diagnostic radiology physics by the American Board of  
24.16 Radiology, the American Board of Medical Physics, or the Canadian College of Physicists  
24.17 in Medicine.

24.18 (b) In order to provide medical physics services a service provider must register with  
24.19 the commissioner as a qualified medical physicist, meet the applicable requirements in  
24.20 Minnesota Rules, chapter 4732, and pay the fee in subdivision 1e.

24.21 Sec. 41. Minnesota Statutes 2024, section 144.121, is amended by adding a subdivision  
24.22 to read:

24.23 **Subd. 13. Service provider practice; qualified expert.** (a) A qualified expert is a service  
24.24 provider who provides expert physics services, and must be certified in the appropriate  
24.25 fields or specialties in which physics services are provided by the American Board of Health  
24.26 Physics, the American Board of Medical Physics, the American Board of Radiology, the  
24.27 American Board of Science in Nuclear Medicine, or the Canadian College of Physicists in  
24.28 Medicine.

24.29 (b) In order to provide health physics services, a service provider must register with the  
24.30 commissioner as a qualified expert, meet the applicable requirements in Minnesota Rules,  
24.31 chapter 4732, and pay the fee in subdivision 1e.

25.1 Sec. 42. Minnesota Statutes 2024, section 144.121, is amended by adding a subdivision  
25.2 to read:

25.3 **Subd. 14. Service provider practice; physicist assistant.** (a) A physicist assistant is a  
25.4 service provider who provides expert physics or medical physics services under the  
25.5 supervision of a qualified expert or a qualified medical physicist and must be deemed  
25.6 competent by a qualified expert or a qualified medical physicist in the appropriate fields or  
25.7 specialties in which services are provided.

25.8 (b) In order to provide health physics or medical physics services under the supervision  
25.9 of a qualified expert or a qualified medical physicist, a physicist assistant must register with  
25.10 the commissioner as a physicist assistant, meet the applicable requirements in Minnesota  
25.11 Rules, chapter 4732, and pay the fee under subdivision 1e.

25.12 (c) Supervision as used in this subdivision refers to either personal or general supervision  
25.13 of a physicist assistant by a qualified expert or a qualified medical physicist according to  
25.14 Minnesota Rules, chapter 4732.

25.15 Sec. 43. Minnesota Statutes 2024, section 144.121, is amended by adding a subdivision  
25.16 to read:

25.17 **Subd. 15. Service provider compliance.** A service provider registered with the  
25.18 commissioner under Minnesota Rules, chapter 4732, must, upon renewal of registration,  
25.19 comply with the applicable requirements under this section and submit the fee under  
25.20 subdivision 1e.

25.21 Sec. 44. Minnesota Statutes 2024, section 144.1215, is amended by adding a subdivision  
25.22 to read:

25.23 **Subd. 5. Rulemaking authority.** The commissioner shall adopt rules to implement this  
25.24 section. Notwithstanding section 14.125, the authority to adopt these rules does not expire.

25.25 Sec. 45. Minnesota Statutes 2024, section 144.122, is amended to read:

25.26 **144.122 LICENSE, PERMIT, AND SURVEY FEES.**

25.27 (a) The state commissioner of health, by rule, may prescribe procedures and fees for  
25.28 filing with the commissioner as prescribed by statute and for the issuance of original and  
25.29 renewal permits, licenses, registrations, and certifications issued under authority of the  
25.30 commissioner. The expiration dates of the various licenses, permits, registrations, and  
25.31 certifications as prescribed by the rules shall be plainly marked thereon. Fees may include

26.1 application and examination fees and a penalty fee for renewal applications submitted after  
26.2 the expiration date of the previously issued permit, license, registration, and certification.  
26.3 The commissioner may also prescribe, by rule, reduced fees for permits, licenses,  
26.4 registrations, and certifications when the application therefor is submitted during the last  
26.5 three months of the permit, license, registration, or certification period. Fees proposed to  
26.6 be prescribed in the rules shall be first approved by the Department of Management and  
26.7 Budget. All fees proposed to be prescribed in rules shall be reasonable. The fees shall be  
26.8 in an amount so that the total fees collected by the commissioner will, where practical,  
26.9 approximate the cost to the commissioner in administering the program. All fees collected  
26.10 shall be deposited in the state treasury and credited to the state government special revenue  
26.11 fund unless otherwise specifically appropriated by law for specific purposes.

26.12 (b) The commissioner may charge a fee for voluntary certification of medical laboratories  
26.13 and environmental laboratories, and for environmental and medical laboratory services  
26.14 provided by the department, without complying with paragraph (a) or chapter 14. Fees  
26.15 charged for environment and medical laboratory services provided by the department must  
26.16 be approximately equal to the costs of providing the services.

26.17 (c) The commissioner may develop a schedule of fees for diagnostic evaluations  
26.18 conducted at clinics held by the services for children with disabilities program. All receipts  
26.19 generated by the program are annually appropriated to the commissioner for use in the  
26.20 maternal and child health program.

26.21 (d) The commissioner shall set license fees for hospitals and nursing homes that are not  
26.22 boarding care homes at the following levels:

26.23	<u>The Joint Commission on Accreditation 26.24 of Healthcare Organizations (JCAHO)</u> 26.25 (TJC) and American Osteopathic 26.26 Association (AOA) hospitals	<u>\$7,655 plus \$16 per bed</u> <u>\$9,524</u>
26.27	<u>Non-JCAHO Non-TJC and non-AOA</u> 26.28 hospitals	<u>\$5,280</u> <u>\$6,318 plus \$250</u> <u>\$317 per bed</u>
26.29	<u>Fees collected per hospital for the</u> 26.30 <u>Minnesota Adverse Health Care Events</u> 26.31 <u>Reporting</u>	<u>\$600 plus \$16 per bed</u>
26.32	Nursing home	<u>\$183 plus \$91 per bed until June 30, 2018.</u> <u>\$183 plus \$100 per bed between July 1,</u> <u>2018, and June 30, 2020.</u> <u>\$183</u> <u>\$238 plus</u> <u>\$105</u> <u>\$142 per bed beginning July 1, 2020.</u>

26.36 The commissioner shall set license fees for outpatient surgical centers, boarding care  
26.37 homes, supervised living facilities, assisted living facilities, and assisted living facilities  
26.38 with dementia care at the following levels:

27.1	Outpatient surgical centers	\$3,712 <u>\$1,966</u>
27.2	<u>Fees collected per outpatient surgical center for the Minnesota Adverse Health Care Events Reporting</u>	<u>\$2,200</u>
27.5	Boarding care homes	\$183 <u>\$220</u> plus \$91 <u>\$110</u> per bed
27.6	Supervised living facilities	\$183 <u>\$238</u> plus \$91 <u>\$118</u> per bed
27.7	Assisted living facilities with dementia care	\$3,000 plus \$100 per resident
27.8		
27.9	Assisted living facilities	\$2,000 plus \$75 per resident
27.10	Fees collected under this paragraph are nonrefundable. <del>The fees are nonrefundable even if received before July 1, 2017, for licenses or registrations being issued effective July 1, 2017, or later.</del>	
27.11		
27.12		
27.13	(e) Unless prohibited by federal law, the commissioner of health shall charge applicants	
27.14	the following fees to cover the cost of any initial certification surveys required to determine	
27.15	a provider's eligibility to participate in the Medicare or Medicaid program:	
27.16	Prospective payment surveys for hospitals	\$ 900
27.17	Swing bed surveys for nursing homes	\$ 1,200
27.18	Psychiatric hospitals	\$ 1,400
27.19	Rural health facilities	\$ 1,100
27.20	Portable x-ray providers	\$ 500
27.21	Home health agencies	\$ 1,800
27.22	Outpatient therapy agencies	\$ 800
27.23	End stage renal dialysis providers	\$ 2,100
27.24	Independent therapists	\$ 800
27.25	Comprehensive rehabilitation outpatient facilities	\$ 1,200
27.26	Hospice providers	\$ 1,700
27.27	Ambulatory surgical providers	\$ 1,800
27.28	Hospitals	\$ 4,200
27.29	Other provider categories or additional resurveys required to complete initial certification	Actual surveyor costs: average surveyor cost x number of hours for the survey process.
27.30		
27.31		
27.32	These fees shall be submitted at the time of the application for federal certification and	
27.33	shall not be refunded. All fees collected after the date that the imposition of fees is not	
27.34	prohibited by federal law shall be deposited in the state treasury and credited to the state	
27.35	government special revenue fund.	

28.1 (f) Notwithstanding section 16A.1283, the commissioner may adjust the fees assessed  
28.2 on assisted living facilities and assisted living facilities with dementia care under paragraph  
28.3 (d), in a revenue-neutral manner in accordance with the requirements of this paragraph:

28.4 (1) a facility seeking to renew a license shall pay a renewal fee in an amount that is up  
28.5 to ten percent lower than the applicable fee in paragraph (d) if residents who receive home  
28.6 and community-based waiver services under chapter 256S and section 256B.49 comprise  
28.7 more than 50 percent of the facility's capacity in the calendar year prior to the year in which  
28.8 the renewal application is submitted; and

28.9 (2) a facility seeking to renew a license shall pay a renewal fee in an amount that is up  
28.10 to ten percent higher than the applicable fee in paragraph (d) if residents who receive home  
28.11 and community-based waiver services under chapter 256S and section 256B.49 comprise  
28.12 less than 50 percent of the facility's capacity during the calendar year prior to the year in  
28.13 which the renewal application is submitted.

28.14 The commissioner may annually adjust the percentages in clauses (1) and (2), to ensure this  
28.15 paragraph is implemented in a revenue-neutral manner. The commissioner shall develop a  
28.16 method for determining capacity thresholds in this paragraph in consultation with the  
28.17 commissioner of human services and must coordinate the administration of this paragraph  
28.18 with the commissioner of human services for purposes of verification.

28.19 (g) The commissioner shall charge hospitals an annual licensing base fee of \$1,826 per  
28.20 hospital, plus an additional \$23 per licensed bed or bassinet fee. Revenue shall be deposited  
28.21 to the state government special revenue fund and credited toward trauma hospital designations  
28.22 under sections 144.605 and 144.6071.

28.23 Sec. 46. Minnesota Statutes 2024, section 144.122, is amended to read:

28.24 **144.122 LICENSE, PERMIT, AND SURVEY FEES.**

28.25 (a) The state commissioner of health, by rule, may prescribe procedures and fees for  
28.26 filing with the commissioner as prescribed by statute and for the issuance of original and  
28.27 renewal permits, licenses, registrations, and certifications issued under authority of the  
28.28 commissioner. The expiration dates of the various licenses, permits, registrations, and  
28.29 certifications as prescribed by the rules shall be plainly marked thereon. Fees may include  
28.30 application and examination fees and a penalty fee for renewal applications submitted after  
28.31 the expiration date of the previously issued permit, license, registration, and certification.  
28.32 The commissioner may also prescribe, by rule, reduced fees for permits, licenses,  
28.33 registrations, and certifications when the application therefor is submitted during the last

29.1 three months of the permit, license, registration, or certification period. Fees proposed to  
29.2 be prescribed in the rules shall be first approved by the Department of Management and  
29.3 Budget. All fees proposed to be prescribed in rules shall be reasonable. The fees shall be  
29.4 in an amount so that the total fees collected by the commissioner will, where practical,  
29.5 approximate the cost to the commissioner in administering the program. All fees collected  
29.6 shall be deposited in the state treasury and credited to the state government special revenue  
29.7 fund unless otherwise specifically appropriated by law for specific purposes.

29.8 (b) The commissioner may charge a fee for voluntary certification of medical laboratories  
29.9 and environmental laboratories, and for environmental and medical laboratory services  
29.10 provided by the department, without complying with paragraph (a) or chapter 14. Fees  
29.11 charged for environment and medical laboratory services provided by the department must  
29.12 be approximately equal to the costs of providing the services.

29.13 (c) The commissioner may develop a schedule of fees for diagnostic evaluations  
29.14 conducted at clinics held by the services for children with disabilities program. All receipts  
29.15 generated by the program are annually appropriated to the commissioner for use in the  
29.16 maternal and child health program.

29.17 (d) The commissioner shall set license fees for hospitals and nursing homes that are not  
29.18 boarding care homes at the following levels:

29.19 Joint Commission on Accreditation of 29.20 Healthcare Organizations (JCAHO) and 29.21 American Osteopathic Association (AOA) 29.22 hospitals	\$7,655 plus \$16 per bed
29.23 Non-JCAHO and non-AOA hospitals	\$5,280 plus \$250 per bed
29.24 Nursing home	\$183 plus \$91 per bed until June 30, 2018. 29.25 \$183 plus \$100 per bed between July 1, 2018, 29.26 and June 30, 2020. \$183 plus \$105 per bed 29.27 beginning July 1, 2020.

29.28 The commissioner shall set license fees for outpatient surgical centers, boarding care  
29.29 homes, supervised living facilities, assisted living facilities, and assisted living facilities  
29.30 with dementia care at the following levels:

29.31 Outpatient surgical centers	\$3,712
29.32 Boarding care homes	\$183 plus \$91 per bed
29.33 Supervised living facilities	\$183 plus \$91 per bed.
29.34 Assisted living facilities with dementia care	\$3,000 plus <u>\$100</u> <u>\$150</u> per resident.
29.35 Assisted living facilities	\$2,000 plus <u>\$75</u> <u>\$125</u> per resident.

30.1 Fees collected under this paragraph are nonrefundable. The fees are nonrefundable even if  
 30.2 received before July 1, 2017, for licenses or registrations being issued effective July 1, 2017,  
 30.3 or later.

30.4 (e) Unless prohibited by federal law, the commissioner of health shall charge applicants  
 30.5 the following fees to cover the cost of any initial certification surveys required to determine  
 30.6 a provider's eligibility to participate in the Medicare or Medicaid program:

30.7	Prospective payment surveys for hospitals	\$ 900
30.8	Swing bed surveys for nursing homes	\$ 1,200
30.9	Psychiatric hospitals	\$ 1,400
30.10	Rural health facilities	\$ 1,100
30.11	Portable x-ray providers	\$ 500
30.12	Home health agencies	\$ 1,800
30.13	Outpatient therapy agencies	\$ 800
30.14	End stage renal dialysis providers	\$ 2,100
30.15	Independent therapists	\$ 800
30.16	Comprehensive rehabilitation outpatient facilities	\$ 1,200
30.17	Hospice providers	\$ 1,700
30.18	Ambulatory surgical providers	\$ 1,800
30.19	Hospitals	\$ 4,200
30.20	Other provider categories or additional 30.21 resurveys required to complete initial 30.22 certification	Actual surveyor costs: average surveyor cost x number of hours for the survey process.

30.23 These fees shall be submitted at the time of the application for federal certification and  
 30.24 shall not be refunded. All fees collected after the date that the imposition of fees is not  
 30.25 prohibited by federal law shall be deposited in the state treasury and credited to the state  
 30.26 government special revenue fund.

30.27 (f) Notwithstanding section 16A.1283, the commissioner may adjust the fees assessed  
 30.28 on assisted living facilities and assisted living facilities with dementia care under paragraph  
 30.29 (d), in a revenue-neutral manner in accordance with the requirements of this paragraph:

30.30 (1) a facility seeking to renew a license shall pay a renewal fee in an amount that is up  
 30.31 to ten percent lower than the applicable fee in paragraph (d) if residents who receive home  
 30.32 and community-based waiver services under chapter 256S and section 256B.49 comprise  
 30.33 more than 50 percent of the facility's capacity in the calendar year prior to the year in which  
 30.34 the renewal application is submitted; and

31.1       (2) a facility seeking to renew a license shall pay a renewal fee in an amount that is up  
31.2 to ten percent higher than the applicable fee in paragraph (d) if residents who receive home  
31.3 and community-based waiver services under chapter 256S and section 256B.49 comprise  
31.4 less than 50 percent of the facility's capacity during the calendar year prior to the year in  
31.5 which the renewal application is submitted.

31.6       The commissioner may annually adjust the percentages in clauses (1) and (2), to ensure this  
31.7 paragraph is implemented in a revenue-neutral manner. The commissioner shall develop a  
31.8 method for determining capacity thresholds in this paragraph in consultation with the  
31.9 commissioner of human services and must coordinate the administration of this paragraph  
31.10 with the commissioner of human services for purposes of verification.

31.11       (g) The commissioner shall charge hospitals an annual licensing base fee of \$1,826 per  
31.12 hospital, plus an additional \$23 per licensed bed or bassinet fee. Revenue shall be deposited  
31.13 to the state government special revenue fund and credited toward trauma hospital designations  
31.14 under sections 144.605 and 144.6071.

31.15       Sec. 47. Minnesota Statutes 2024, section 144.1222, subdivision 1a, is amended to read:

31.16       **Subd. 1a. Fees.** All plans and specifications for public pool and spa construction,  
31.17 installation, or alteration or requests for a variance that are submitted to the commissioner  
31.18 according to Minnesota Rules, part 4717.3975, shall be accompanied by the appropriate  
31.19 fees. All public pool construction plans submitted for review after January 1, 2009, must  
31.20 be certified by a professional engineer registered in the state of Minnesota. If the  
31.21 commissioner determines, upon review of the plans, that inadequate fees were paid, the  
31.22 necessary additional fees shall be paid before plan approval. For purposes of determining  
31.23 fees, a project is defined as a proposal to construct or install a public pool, spa, special  
31.24 purpose pool, or wading pool and all associated water treatment equipment and drains,  
31.25 gutters, decks, water recreation features, spray pads, and those design and safety features  
31.26 that are within five feet of any pool or spa. Plans submitted less than 30 days prior to  
31.27 construction are subject to 50 percent of the original plan review fee. The commissioner  
31.28 shall charge the following fees for plan review and inspection of public pools and spas and  
31.29 for requests for variance from the public pool and spa rules:

31.30       (1) each pool, \$1,500 \$1,600;

31.31       (2) each spa pool, \$800 \$900;

31.32       (3) each slide, \$600 \$650;

32.1        (4) projects valued at \$250,000 or more, the greater of the sum of the fees in clauses (1),  
32.2        (2), and (3) or 0.5 percent of the documented estimated project cost to a maximum fee of  
32.3        \$15,000;

32.4        (5) alterations to an existing pool without changing the size or configuration of the pool,  
32.5        ~~\$600~~ \$700;

32.6        (6) removal or replacement of pool disinfection equipment only, ~~\$100~~ \$200; and

32.7        (7) request for variance from the public pool and spa rules, ~~\$500~~ \$550.

32.8        Sec. 48. **[144.1223] REGISTERED SANITARIANS AND REGISTERED**  
32.9        **ENVIRONMENTAL HEALTH SPECIALIST APPLICATION FEES.**

32.10        (a) Fees to be submitted with initial or renewal applications are as follows:

32.11        (1) initial application fee, \$55;

32.12        (2) biennial renewal application fee, \$55; and

32.13        (3) penalty for late submission of renewal application, \$20, if not renewed by designated  
32.14        renewal date.

32.15        (b) Additionally, a \$5 technology fee must be paid with the initial registration or  
32.16        registration renewal.

32.17        Sec. 49. Minnesota Statutes 2024, section 144.3831, subdivision 1, is amended to read:

32.18        Subdivision 1. **Fee setting.** The commissioner of health may assess an annual fee of  
32.19        ~~\$9.72~~ \$15.22 for every service connection to a public water supply that is owned or operated  
32.20        by a home rule charter city, a statutory city, a city of the first class, or a town. The  
32.21        commissioner of health may also assess an annual fee for every service connection served  
32.22        by a water user district defined in section 110A.02.

32.23        Sec. 50. Minnesota Statutes 2024, section 144.55, subdivision 1a, is amended to read:

32.24        Subd. 1a. **License fee.** The annual license fee for outpatient surgical centers is ~~\$1,512~~  
32.25        \$1,966.

33.1 Sec. 51. Minnesota Statutes 2024, section 144.554, is amended to read:

33.2 **144.554 HEALTH FACILITIES CONSTRUCTION PLAN SUBMITTAL AND**  
 33.3 **FEES.**

33.4 For hospitals, nursing homes, assisted living facilities, boarding care homes, residential  
 33.5 hospices, supervised living facilities, freestanding outpatient surgical centers, and end-stage  
 33.6 renal disease facilities, the commissioner shall collect a fee for the review and approval of  
 33.7 architectural, mechanical, and electrical plans and specifications submitted before  
 33.8 construction begins for each project relative to construction of new buildings, additions to  
 33.9 existing buildings, or remodeling or alterations of existing buildings. All fees collected in  
 33.10 this section shall be deposited in the state treasury and credited to the state government  
 33.11 special revenue fund. Fees must be paid at the time of submission of final plans for review  
 33.12 and are not refundable. The fee is calculated as follows:

33.13	Construction project total estimated cost	Fee
33.14	\$0 - \$10,000	\$30 <u>\$45</u>
33.15	\$10,001 - \$50,000	\$150 <u>\$225</u>
33.16	\$50,001 - \$100,000	\$300 <u>\$450</u>
33.17	\$100,001 - \$150,000	\$450 <u>\$675</u>
33.18	\$150,001 - \$200,000	\$600 <u>\$900</u>
33.19	\$200,001 - \$250,000	\$750 <u>\$1,125</u>
33.20	\$250,001 - \$300,000	\$900 <u>\$1,350</u>
33.21	\$300,001 - \$350,000	\$1,050 <u>\$1,575</u>
33.22	\$350,001 - \$400,000	\$1,200 <u>\$1,800</u>
33.23	\$400,001 - \$450,000	\$1,350 <u>\$2,025</u>
33.24	\$450,001 - \$500,000	\$1,500 <u>\$2,250</u>
33.25	\$500,001 - \$550,000	\$1,650 <u>\$2,475</u>
33.26	\$550,001 - \$600,000	\$1,800 <u>\$2,700</u>
33.27	\$600,001 - \$650,000	\$1,950 <u>\$2,925</u>
33.28	\$650,001 - \$700,000	\$2,100 <u>\$3,150</u>
33.29	\$700,001 - \$750,000	\$2,250 <u>\$3,375</u>
33.30	\$750,001 - \$800,000	\$2,400 <u>\$3,600</u>
33.31	\$800,001 - \$850,000	\$2,550 <u>\$3,825</u>
33.32	\$850,001 - \$900,000	\$2,700 <u>\$4,050</u>
33.33	\$900,001 - \$950,000	\$2,850 <u>\$4,275</u>
33.34	\$950,001 - \$1,000,000	\$3,000 <u>\$4,500</u>
33.35	\$1,000,001 - \$1,050,000	\$3,150 <u>\$4,725</u>
33.36	\$1,050,001 - \$1,100,000	\$3,300 <u>\$4,950</u>

34.1	\$1,100,001 - \$1,150,000	\$3,450 <u>\$5,175</u>
34.2	\$1,150,001 - \$1,200,000	\$3,600 <u>\$5,400</u>
34.3	\$1,200,001 - \$1,250,000	\$3,750 <u>\$5,625</u>
34.4	\$1,250,001 - \$1,300,000	\$3,900 <u>\$5,850</u>
34.5	\$1,300,001 - \$1,350,000	\$4,050 <u>\$6,075</u>
34.6	\$1,350,001 - \$1,400,000	\$4,200 <u>\$6,300</u>
34.7	\$1,400,001 - \$1,450,000	\$4,350 <u>\$6,525</u>
34.8	\$1,450,001 - \$1,500,000	\$4,500 <u>\$6,750</u>
34.9	\$1,500,001 <u>and over</u> - \$2,000,000	\$4,800 <u>\$7,200</u>
34.10	<u>\$2,000,001 - \$3,000,000</u>	<u>\$7,650</u>
34.11	<u>\$3,000,001 - \$4,000,000</u>	<u>\$8,100</u>
34.12	<u>\$4,000,001 - \$7,000,000</u>	<u>\$8,550</u>
34.13	<u>\$7,000,001 - \$15,000,000</u>	<u>\$9,000</u>
34.14	<u>\$15,000,001 - \$50,000,000</u>	<u>\$9,450</u>
34.15	<u>\$50,000,001 and over</u>	<u>\$9,900</u>

34.16 Sec. 52. Minnesota Statutes 2024, section 144.608, subdivision 2, is amended to read:

34.17 Subd. 2. **Council administration.** (a) The council must meet at least twice a year but  
34.18 may meet more frequently at the call of the chair, a majority of the council members, or the  
34.19 commissioner.

34.20 (b) The terms, compensation, and removal of members of the council are governed by  
34.21 section 15.059. The council expires June 30, 2025 2035.

34.22 (c) The council may appoint subcommittees and work groups. Subcommittees shall  
34.23 consist of council members. Work groups may include noncouncil members. Noncouncil  
34.24 members shall be compensated for work group activities under section 15.059, subdivision  
34.25 3, but shall receive expenses only.

34.26 Sec. 53. Minnesota Statutes 2024, section 144.615, subdivision 8, is amended to read:

34.27 Subd. 8. **Fees.** (a) The biennial license fee for a birth center is \$365 \$438.

34.28 (b) The temporary license fee is \$365 \$438.

34.29 (c) Fees shall be collected and deposited according to section 144.122.

34.30 Sec. 54. Minnesota Statutes 2024, section 144.966, subdivision 2, is amended to read:

34.31 Subd. 2. **Newborn Hearing Screening Advisory Committee.** (a) The commissioner  
34.32 of health shall establish a Newborn Hearing Screening Advisory Committee to advise and

35.1 assist the Department of Health; Department of Children, Youth, and Families; and the  
35.2 Department of Education in:

- 35.3 (1) developing protocols and timelines for screening, rescreening, and diagnostic  
35.4 audiological assessment and early medical, audiological, and educational intervention  
35.5 services for children who are deaf or hard-of-hearing;
- 35.6 (2) designing protocols for tracking children from birth through age three that may have  
35.7 passed newborn screening but are at risk for delayed or late onset of permanent hearing  
35.8 loss;
- 35.9 (3) designing a technical assistance program to support facilities implementing the  
35.10 screening program and facilities conducting rescreening and diagnostic audiological  
35.11 assessment;
- 35.12 (4) designing implementation and evaluation of a system of follow-up and tracking; and
- 35.13 (5) evaluating program outcomes to increase effectiveness and efficiency and ensure  
35.14 culturally appropriate services for children with a confirmed hearing loss and their families.

35.15 (b) The commissioner of health shall appoint at least one member from each of the  
35.16 following groups with no less than two of the members being deaf or hard-of-hearing:

- 35.17 (1) a representative from a consumer organization representing culturally deaf persons;
- 35.18 (2) a parent with a child with hearing loss representing a parent organization;
- 35.19 (3) a consumer from an organization representing oral communication options;
- 35.20 (4) a consumer from an organization representing cued speech communication options;
- 35.21 (5) an audiologist who has experience in evaluation and intervention of infants and  
35.22 young children;
- 35.23 (6) a speech-language pathologist who has experience in evaluation and intervention of  
35.24 infants and young children;
- 35.25 (7) two primary care providers who have experience in the care of infants and young  
35.26 children, one of which shall be a pediatrician;
- 35.27 (8) a representative from the early hearing detection intervention teams;
- 35.28 (9) a representative from the Department of Education resource center for the deaf and  
35.29 hard-of-hearing or the representative's designee;
- 35.30 (10) a representative of the Commission of the Deaf, DeafBlind and Hard of Hearing;

36.1        (11) a representative from the Department of Human Services Deaf and Hard-of-Hearing  
36.2        Services Division;

36.3        (12) one or more of the Part C coordinators from the Department of Education; the  
36.4        Department of Health; the Department of Children, Youth, and Families; or the Department  
36.5        of Human Services or the department's designees;

36.6        (13) the Department of Health early hearing detection and intervention coordinators;

36.7        (14) two birth hospital representatives from one rural and one urban hospital;

36.8        (15) a pediatric geneticist;

36.9        (16) an otolaryngologist;

36.10       (17) a representative from the Newborn Screening Advisory Committee under this  
36.11       subdivision;

36.12       (18) a representative of the Department of Education regional low-incidence facilitators;

36.13       (19) a representative from the deaf mentor program; and

36.14       (20) a representative of the Minnesota State Academy for the Deaf from the Minnesota  
36.15       State Academies staff.

36.16       The commissioner must complete the initial appointments required under this subdivision  
36.17       by September 1, 2007, and the initial appointments under clauses (19) and (20) by September  
36.18       1, 2019.

36.19       (c) The Department of Health member shall chair the first meeting of the committee. At  
36.20       the first meeting, the committee shall elect a chair from its membership. The committee  
36.21       shall meet at the call of the chair, at least four times a year. The committee shall adopt  
36.22       written bylaws to govern its activities. The Department of Health shall provide technical  
36.23       and administrative support services as required by the committee. These services shall  
36.24       include technical support from individuals qualified to administer infant hearing screening,  
36.25       rescreening, and diagnostic audiological assessments.

36.26       Members of the committee shall receive no compensation for their service, but shall be  
36.27       reimbursed as provided in section 15.059 for expenses incurred as a result of their duties  
36.28       as members of the committee.

36.29       (d) By February 15, 2015, and by February 15 of the odd-numbered years after that date,  
36.30       the commissioner shall report to the chairs and ranking minority members of the legislative  
36.31       committees with jurisdiction over health and data privacy on the activities of the committee  
36.32       that have occurred during the past two years.

37.1 (e) ~~This subdivision expires June 30, 2025.~~

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

37.3 June 30, 2025, whichever is earlier.

37.4 Sec. 55. Minnesota Statutes 2024, section 144A.43, is amended by adding a subdivision  
37.5 to read:

37.6 Subd. 26a. **Serious injury.** "Serious injury" has the meaning given in section 245.91,  
37.7 subdivision 6.

37.8 Sec. 56. Minnesota Statutes 2024, section 144A.474, subdivision 9, is amended to read:

37.9 **Subd. 9. Follow-up surveys.** For providers that have Level 3 or, Level 4, or Level 5  
37.10 violations under subdivision 11, the department shall conduct a follow-up survey within 90  
37.11 calendar days of the survey. When conducting a follow-up survey, the surveyor will focus  
37.12 on whether the previous violations have been corrected and may also address any new  
37.13 violations that are observed while evaluating the corrections that have been made.

37.14 Sec. 57. Minnesota Statutes 2024, section 144A.474, subdivision 11, is amended to read:

37.15 **Subd. 11. Fines.** (a) Fines and enforcement actions under this subdivision may be assessed  
37.16 based on the level and scope of the violations described in paragraph (b) and imposed  
37.17 immediately with no opportunity to correct the violation first as follows:

37.18 (1) Level 1, no fines or enforcement;

37.19 (2) Level 2, a fine of \$500 per violation, in addition to any of the enforcement  
37.20 mechanisms authorized in section 144A.475 ~~for widespread violations~~;

37.21 (3) Level 3, a fine of ~~\$3,000~~ \$1,000 per incident, in addition to any of the enforcement  
37.22 mechanisms authorized in section 144A.475;

37.23 (4) Level 4, a fine of ~~\$5,000~~ \$3,000 per incident, in addition to any of the enforcement  
37.24 mechanisms authorized in section 144A.475;

37.25 (5) Level 5, a fine of \$5,000 per violation, in addition to any enforcement mechanism  
37.26 authorized in section 144A.475; and

37.27 (5) ~~(6)~~ for maltreatment violations for which the licensee was determined to be responsible  
37.28 for the maltreatment under section 626.557, subdivision 9c, paragraph (c), a fine of \$1,000.

37.29 A fine of \$5,000 may be imposed if the commissioner determines the licensee is responsible

38.1 for maltreatment consisting of sexual assault, death, or abuse resulting in serious injury;  
38.2 and.

38.3 (6) The fines in clauses (1) to (4) (5) are increased and immediate fine imposition is  
38.4 authorized for both surveys and investigations conducted.

38.5 When a fine is assessed against a facility for substantiated maltreatment, the commissioner  
38.6 shall not also impose an immediate fine under this chapter for the same circumstance.

38.7 (b) Correction orders for violations are categorized by both level and scope and fines  
38.8 shall be assessed as follows:

38.9 (1) level of violation:

38.10 (i) Level 1 is a violation that ~~has no potential to cause more than a~~ will cause only  
38.11 minimal impact on the client and does not affect health or safety;

38.12 (ii) Level 2 is a violation that did not harm a client's health or safety but had the potential  
38.13 to have harmed a client's health or safety, but was not likely to cause serious injury,  
38.14 impairment, or death;

38.15 (iii) Level 3 is a violation that harmed a client's health or safety, ~~not including serious~~  
38.16 ~~injury, impairment, or death, or a violation that has the potential to lead to serious injury,~~  
38.17 ~~impairment, or death or a violation that had the potential to cause more than minimal harm~~  
38.18 to the client; and

38.19 (iv) Level 4 is a violation that ~~results in serious injury, impairment, or death harmed a~~  
38.20 client's health or safety, not including serious injury or death, or a violation that was likely  
38.21 to lead to serious injury or death; and

38.22 (v) Level 5 is a violation that results in serious injury or death; and

38.23 (2) scope of violation:

38.24 (i) isolated, when one or a limited number of clients are affected or one or a limited  
38.25 number of staff are involved or the situation has occurred only occasionally;

38.26 (ii) pattern, when more than a limited number of clients are affected, more than a limited  
38.27 number of staff are involved, or the situation has occurred repeatedly but is not found to be  
38.28 pervasive; and

38.29 (iii) widespread, when problems are pervasive or represent a systemic failure that has  
38.30 affected or has the potential to affect a large portion or all of the clients.

39.1       (c) If the commissioner finds that the applicant or a home care provider has not corrected  
39.2 violations by the date specified in the correction order or conditional license resulting from  
39.3 a survey or complaint investigation, the commissioner shall provide a notice of  
39.4 noncompliance with a correction order by email to the applicant's or provider's last known  
39.5 email address. The noncompliance notice must list the violations not corrected.

39.6       (d) For every violation identified by the commissioner, the commissioner shall issue an  
39.7 immediate fine pursuant to paragraph (a), clause (6). The license holder must still correct  
39.8 the violation in the time specified. The issuance of an immediate fine can occur in addition  
39.9 to any enforcement mechanism authorized under section 144A.475. The immediate fine  
39.10 may be appealed as allowed under this subdivision.

39.11       (e) The license holder must pay the fines assessed on or before the payment date specified.  
39.12 If the license holder fails to fully comply with the order, the commissioner may issue a  
39.13 second fine or suspend the license until the license holder complies by paying the fine. A  
39.14 timely appeal shall stay payment of the fine until the commissioner issues a final order.

39.15       (f) A license holder shall promptly notify the commissioner in writing when a violation  
39.16 specified in the order is corrected. If upon reinspection the commissioner determines that  
39.17 a violation has not been corrected as indicated by the order, the commissioner may issue a  
39.18 second fine. The commissioner shall notify the license holder by mail to the last known  
39.19 address in the licensing record that a second fine has been assessed. The license holder may  
39.20 appeal the second fine as provided under this subdivision.

39.21       (g) A home care provider that has been assessed a fine under this subdivision has a right  
39.22 to a reconsideration or a hearing under this section and chapter 14.

39.23       (h) When a fine has been assessed, the license holder may not avoid payment by closing,  
39.24 selling, or otherwise transferring the licensed program to a third party. In such an event, the  
39.25 license holder shall be liable for payment of the fine.

39.26       (i) In addition to any fine imposed under this section, the commissioner may assess a  
39.27 penalty amount based on costs related to an investigation that results in a final order assessing  
39.28 a fine or other enforcement action authorized by this chapter.

39.29       (j) Fines collected under paragraph (a), clauses (1) to (4), shall be deposited in a dedicated  
39.30 special revenue account. On an annual basis, the balance in the special revenue account  
39.31 shall be appropriated to the commissioner to implement the recommendations of the advisory  
39.32 council established in section 144A.4799 or recommendations from the commissioner after  
39.33 the advisory council's review and approval.

40.1       (k) Fines collected under paragraph (a), clause (5), shall be deposited in a dedicated  
40.2 special revenue account and appropriated to the commissioner to provide compensation  
40.3 according to subdivision 14 to clients subject to maltreatment. A client may choose to receive  
40.4 compensation from this fund, not to exceed \$5,000 for each substantiated finding of  
40.5 maltreatment, or take civil action. This paragraph expires July 31, 2021.

40.6       Sec. 58. Minnesota Statutes 2024, section 144A.475, subdivision 3, is amended to read:

40.7       Subd. 3. **Notice.** (a) Prior to any suspension, revocation, or refusal to renew a license,  
40.8 the home care provider shall be entitled to notice and a hearing as provided by sections  
40.9 14.57 to 14.69. In addition to any other remedy provided by law, the commissioner may,  
40.10 without a prior contested case hearing, temporarily suspend a license or prohibit delivery  
40.11 of services by a provider for not more than 90 days, or issue a conditional license if the  
40.12 commissioner determines that there are level 3 4 violations that do not pose an imminent  
40.13 risk of harm to the health or safety of persons in the provider's care, provided:

40.14       (1) advance notice is given to the home care provider;

40.15       (2) after notice, the home care provider fails to correct the problem;

40.16       (3) the commissioner has reason to believe that other administrative remedies are not  
40.17 likely to be effective; and

40.18       (4) there is an opportunity for a contested case hearing within the 30 days unless there  
40.19 is an extension granted by an administrative law judge pursuant to subdivision 3b.

40.20       (b) If the commissioner determines there are:

40.21       (1) level 4 5 violations; or

40.22       (2) violations that pose an imminent risk of harm to the health or safety of persons in  
40.23 the provider's care,

40.24       the commissioner may immediately temporarily suspend a license, prohibit delivery of  
40.25 services by a provider, or issue a conditional license without meeting the requirements of  
40.26 paragraph (a), clauses (1) to (4).

40.27       For the purposes of this subdivision, "level 3 4" and "level 4 5" have the meanings given  
40.28 in section 144A.474, subdivision 11, paragraph (b).

40.29       Sec. 59. Minnesota Statutes 2024, section 144A.475, subdivision 3a, is amended to read:

40.30       Subd. 3a. **Hearing.** Within 15 business days of receipt of the licensee's timely appeal  
40.31 of a sanction under this section, other than for a temporary suspension, the commissioner

41.1 shall request assignment of an administrative law judge. The commissioner's request must  
41.2 include a proposed date, time, and place of hearing. A hearing must be conducted by an  
41.3 administrative law judge pursuant to Minnesota Rules, parts 1400.8505 to 1400.8612, within  
41.4 90 calendar days of the request for assignment, unless an extension is requested by either  
41.5 party and granted by the administrative law judge for good cause or for purposes of discussing  
41.6 settlement. In no case shall one or more extensions be granted for a total of more than 90  
41.7 calendar days unless there is a criminal action pending against the licensee. If, while a  
41.8 licensee continues to operate pending an appeal of an order for revocation, suspension, or  
41.9 refusal to renew a license, the commissioner identifies one or more new violations of law  
41.10 that meet the requirements of level 3 4 or 4 5 violations as defined in section 144A.474,  
41.11 subdivision 11, paragraph (b), the commissioner shall act immediately to temporarily suspend  
41.12 the license under the provisions in subdivision 3.

41.13 Sec. 60. Minnesota Statutes 2024, section 144A.475, subdivision 3b, is amended to read:

41.14 Subd. 3b. **Expedited hearing.** (a) Within five business days of receipt of the license  
41.15 holder's timely appeal of a temporary suspension or issuance of a conditional license, the  
41.16 commissioner shall request assignment of an administrative law judge. The request must  
41.17 include a proposed date, time, and place of a hearing. A hearing must be conducted by an  
41.18 administrative law judge pursuant to Minnesota Rules, parts 1400.8505 to 1400.8612, within  
41.19 30 calendar days of the request for assignment, unless an extension is requested by either  
41.20 party and granted by the administrative law judge for good cause. The commissioner shall  
41.21 issue a notice of hearing by certified mail or personal service at least ten business days  
41.22 before the hearing. Certified mail to the last known address is sufficient. The scope of the  
41.23 hearing shall be limited solely to the issue of whether the temporary suspension or issuance  
41.24 of a conditional license should remain in effect and whether there is sufficient evidence to  
41.25 conclude that the licensee's actions or failure to comply with applicable laws are level 3 4  
41.26 or 4 5 violations as defined in section 144A.474, subdivision 11, paragraph (b), or that there  
41.27 were violations that posed an imminent risk of harm to the health and safety of persons in  
41.28 the provider's care.

41.29 (b) The administrative law judge shall issue findings of fact, conclusions, and a  
41.30 recommendation within ten business days from the date of hearing. The parties shall have  
41.31 ten calendar days to submit exceptions to the administrative law judge's report. The record  
41.32 shall close at the end of the ten-day period for submission of exceptions. The commissioner's  
41.33 final order shall be issued within ten business days from the close of the record. When an  
41.34 appeal of a temporary immediate suspension or conditional license is withdrawn or dismissed,  
41.35 the commissioner shall issue a final order affirming the temporary immediate suspension

42.1 or conditional license within ten calendar days of the commissioner's receipt of the  
42.2 withdrawal or dismissal. The license holder is prohibited from operation during the temporary  
42.3 suspension period.

42.4 (c) When the final order under paragraph (b) affirms an immediate suspension, and a  
42.5 final licensing sanction is issued under subdivisions 1 and 2 and the licensee appeals that  
42.6 sanction, the licensee is prohibited from operation pending a final commissioner's order  
42.7 after the contested case hearing conducted under chapter 14.

42.8 (d) A licensee whose license is temporarily suspended must comply with the requirements  
42.9 for notification and transfer of clients in subdivision 5. These requirements remain if an  
42.10 appeal is requested.

42.11 Sec. 61. Minnesota Statutes 2024, section 144A.475, subdivision 3c, is amended to read:

42.12 **Subd. 3c. Immediate temporary suspension.** (a) In addition to any other remedies  
42.13 provided by law, the commissioner may, without a prior contested case hearing, immediately  
42.14 temporarily suspend a license or prohibit delivery of services by a provider for not more  
42.15 than 90 days, or issue a conditional license, if the commissioner determines that there are:

42.16 (1) level 45 violations; or

42.17 (2) violations that pose an imminent risk of harm to the health or safety of persons in  
42.18 the provider's care.

42.19 (b) For purposes of this subdivision, "level 45" has the meaning given in section  
42.20 144A.474, subdivision 11, paragraph (b).

42.21 (c) A notice stating the reasons for the immediate temporary suspension or conditional  
42.22 license and informing the license holder of the right to an expedited hearing under subdivision  
42.23 3b must be delivered by personal service to the address shown on the application or the last  
42.24 known address of the license holder. The license holder may appeal an order immediately  
42.25 temporarily suspending a license or issuing a conditional license. The appeal must be made  
42.26 in writing by certified mail or personal service. If mailed, the appeal must be postmarked  
42.27 and sent to the commissioner within five calendar days after the license holder receives  
42.28 notice. If an appeal is made by personal service, it must be received by the commissioner  
42.29 within five calendar days after the license holder received the order.

42.30 (d) A license holder whose license is immediately temporarily suspended must comply  
42.31 with the requirements for notification and transfer of clients in subdivision 5. These  
42.32 requirements remain if an appeal is requested.

43.1 Sec. 62. Minnesota Statutes 2024, section 144A.71, subdivision 2, is amended to read:

43.2 Subd. 2. **Application information and fee.** The commissioner shall establish forms and  
43.3 procedures for processing each supplemental nursing services agency registration application.  
43.4 An application for a supplemental nursing services agency registration must include at least  
43.5 the following:

43.6 (1) the names and addresses of all owners and controlling persons of the supplemental  
43.7 nursing services agency;

43.8 (2) if the owner is a corporation, copies of its articles of incorporation and current bylaws,  
43.9 together with the names and addresses of its officers and directors;

43.10 (3) if the owner is a limited liability company, copies of its articles of organization and  
43.11 operating agreement, together with the names and addresses of its officers and directors;

43.12 (4) documentation that the supplemental nursing services agency has medical malpractice  
43.13 insurance to insure against the loss, damage, or expense of a claim arising out of the death  
43.14 or injury of any person as the result of negligence or malpractice in the provision of health  
43.15 care services by the supplemental nursing services agency or by any employee of the agency;

43.16 (5) documentation that the supplemental nursing services agency has an employee  
43.17 dishonesty bond in the amount of \$10,000;

43.18 (6) documentation that the supplemental nursing services agency has insurance coverage  
43.19 for workers' compensation for all nurses, nursing assistants, nurse aides, and orderlies  
43.20 provided or procured by the agency;

43.21 (7) documentation that the supplemental nursing services agency filed with the  
43.22 commissioner of revenue: (i) the name and address of the bank, savings bank, or savings  
43.23 association in which the supplemental nursing services agency deposits all employee income  
43.24 tax withholdings; and (ii) the name and address of any nurse, nursing assistant, nurse aide,  
43.25 or orderly whose income is derived from placement by the agency, if the agency purports  
43.26 the income is not subject to withholding;

43.27 (8) any other relevant information that the commissioner determines is necessary to  
43.28 properly evaluate an application for registration;

43.29 (9) a policy and procedure that describes how the supplemental nursing services agency's  
43.30 records will be immediately available at all times to the commissioner and facility; and

43.31 (10) a nonrefundable registration fee of \$2,035 \$2,442.

44.1        If a supplemental nursing services agency fails to provide the items in this subdivision  
44.2 to the department, the commissioner shall immediately suspend or refuse to issue the  
44.3 supplemental nursing services agency registration. The supplemental nursing services agency  
44.4 may appeal the commissioner's findings according to section 144A.475, subdivisions 3a  
44.5 and 7, except that the hearing must be conducted by an administrative law judge within 60  
44.6 calendar days of the request for hearing assignment.

44.7        Sec. 63. Minnesota Statutes 2024, section 144A.753, subdivision 1, is amended to read:

44.8        **Subdivision 1. License required; application.** (a) A hospice provider may not operate  
44.9 in the state without a valid license issued by the commissioner.

44.10        (b) Within ten days after receiving an application for a license, the commissioner shall  
44.11 acknowledge receipt of the application in writing. The acknowledgment must indicate  
44.12 whether the application appears to be complete or whether additional information is required  
44.13 before the application is considered complete. Within 90 days after receiving a complete  
44.14 application, the commissioner shall either grant or deny the license. If an applicant is not  
44.15 granted or denied a license within 90 days after submitting a complete application, the  
44.16 license must be deemed granted. An applicant whose license has been deemed granted must  
44.17 provide written notice to the commissioner before providing hospice care.

44.18        (c) Each application for a hospice provider license, or for a renewal of a license, shall  
44.19 be accompanied by a fee as follows:

44.20        (1) for revenues no more than \$25,000, ~~\$125~~ \$150;

44.21        (2) for revenues greater than \$25,000 and no more than \$100,000, ~~\$312.50~~ \$375;

44.22        (3) for revenues greater than \$100,000 and no more than \$250,000, ~~\$625~~ \$750;

44.23        (4) for revenues greater than \$250,000 and no more than \$350,000, ~~\$937.50~~ \$1,125;

44.24        (5) for revenues greater than \$350,000 and no more than \$450,000, ~~\$1,250~~ \$1,500;

44.25        (6) for revenues greater than \$450,000 and no more than \$550,000, ~~\$1,562.50~~ \$1,875;

44.26        (7) for revenues greater than \$550,000 and no more than \$650,000, ~~\$1,875~~ \$2,250;

44.27        (8) for revenues greater than \$650,000 and no more than \$750,000, ~~\$2,187.50~~ \$2,625;

44.28        (9) for revenues greater than \$750,000 and no more than \$850,000, ~~\$2,500~~ \$3,000;

44.29        (10) for revenues greater than \$850,000 and no more than \$950,000, ~~\$2,812.50~~ \$3,375;

44.30        (11) for revenues greater than \$950,000 and no more than \$1,100,000, ~~\$3,125~~ \$3,750;

45.1 (12) for revenues greater than \$1,100,000 and no more than \$1,275,000, ~~\$3,750~~ \$4,500;

45.2 (13) for revenues greater than \$1,275,000 and no more than \$1,500,000, ~~\$4,375~~ \$5,250;

45.3 and

45.4 (14) for revenues greater than \$1,500,000, ~~\$5,000~~ \$6,000.

45.5 Sec. 64. Minnesota Statutes 2024, section 144G.20, subdivision 3, is amended to read:

45.6 **Subd. 3. Immediate temporary suspension.** (a) In addition to any other remedies  
45.7 provided by law, the commissioner may, without a prior contested case hearing, immediately  
45.8 temporarily suspend a license or prohibit delivery of housing or services by a facility for  
45.9 not more than 90 calendar days or issue a conditional license, if the commissioner determines  
45.10 that there are:

45.11 (1) Level 4 5 violations; or

45.12 (2) violations that pose an imminent risk of harm to the health or safety of residents.

45.13 (b) For purposes of this subdivision, "Level 4 5" has the meaning given in section  
45.14 144G.31.

45.15 (c) A notice stating the reasons for the immediate temporary suspension or conditional  
45.16 license and informing the licensee of the right to an expedited hearing under subdivision  
45.17 17 must be delivered by personal service to the address shown on the application or the last  
45.18 known address of the licensee. The licensee may appeal an order immediately temporarily  
45.19 suspending a license or issuing a conditional license. The appeal must be made in writing  
45.20 by certified mail or personal service. If mailed, the appeal must be postmarked and sent to  
45.21 the commissioner within five calendar days after the licensee receives notice. If an appeal  
45.22 is made by personal service, it must be received by the commissioner within five calendar  
45.23 days after the licensee received the order.

45.24 (d) A licensee whose license is immediately temporarily suspended must comply with  
45.25 the requirements for notification and transfer of residents in subdivision 15. The requirements  
45.26 in subdivision 9 remain if an appeal is requested.

45.27 Sec. 65. Minnesota Statutes 2024, section 144G.20, subdivision 13, is amended to read:

45.28 **Subd. 13. Notice to facility.** (a) Prior to any suspension, revocation, or refusal to renew  
45.29 a license, the facility shall be entitled to notice and a hearing as provided by sections 14.57  
45.30 to 14.69. The hearing must commence within 60 calendar days after the proceedings are  
45.31 initiated. In addition to any other remedy provided by law, the commissioner may, without

46.1 a prior contested case hearing, temporarily suspend a license or prohibit delivery of services  
46.2 by a provider for not more than 90 calendar days, or issue a conditional license if the  
46.3 commissioner determines that there are Level 34 violations that do not pose an imminent  
46.4 risk of harm to the health or safety of the facility residents, provided:

46.5 (1) advance notice is given to the facility;  
46.6 (2) after notice, the facility fails to correct the problem;  
46.7 (3) the commissioner has reason to believe that other administrative remedies are not  
46.8 likely to be effective; and  
46.9 (4) there is an opportunity for a contested case hearing within 30 calendar days unless  
46.10 there is an extension granted by an administrative law judge.

46.11 (b) If the commissioner determines there are Level 45 violations or violations that pose  
46.12 an imminent risk of harm to the health or safety of the facility residents, the commissioner  
46.13 may immediately temporarily suspend a license, prohibit delivery of services by a facility,  
46.14 or issue a conditional license without meeting the requirements of paragraph (a), clauses  
46.15 (1) to (4).

46.16 For the purposes of this subdivision, "Level 34" and "Level 45" have the meanings given  
46.17 in section 144G.31.

46.18 Sec. 66. Minnesota Statutes 2024, section 144G.20, subdivision 16, is amended to read:

46.19 Subd. 16. **Hearing.** Within 15 business days of receipt of the licensee's timely appeal  
46.20 of a sanction under this section, other than for a temporary suspension, the commissioner  
46.21 shall request assignment of an administrative law judge. The commissioner's request must  
46.22 include a proposed date, time, and place of hearing. A hearing must be conducted by an  
46.23 administrative law judge pursuant to Minnesota Rules, parts 1400.8505 to 1400.8612, within  
46.24 90 calendar days of the request for assignment, unless an extension is requested by either  
46.25 party and granted by the administrative law judge for good cause or for purposes of discussing  
46.26 settlement. In no case shall one or more extensions be granted for a total of more than 90  
46.27 calendar days unless there is a criminal action pending against the licensee. If, while a  
46.28 licensee continues to operate pending an appeal of an order for revocation, suspension, or  
46.29 refusal to renew a license, the commissioner identifies one or more new violations of law  
46.30 that meet the requirements of Level 34 or Level 45 violations as defined in section 144G.31,  
46.31 the commissioner shall act immediately to temporarily suspend the license.

47.1 Sec. 67. Minnesota Statutes 2024, section 144G.20, subdivision 17, is amended to read:

47.2       **Subd. 17. Expedited hearing.** (a) Within five business days of receipt of the licensee's  
47.3 timely appeal of a temporary suspension or issuance of a conditional license, the  
47.4 commissioner shall request assignment of an administrative law judge. The request must  
47.5 include a proposed date, time, and place of a hearing. A hearing must be conducted by an  
47.6 administrative law judge pursuant to Minnesota Rules, parts 1400.8505 to 1400.8612, within  
47.7 30 calendar days of the request for assignment, unless an extension is requested by either  
47.8 party and granted by the administrative law judge for good cause. The commissioner shall  
47.9 issue a notice of hearing by certified mail or personal service at least ten business days  
47.10 before the hearing. Certified mail to the last known address is sufficient. The scope of the  
47.11 hearing shall be limited solely to the issue of whether the temporary suspension or issuance  
47.12 of a conditional license should remain in effect and whether there is sufficient evidence to  
47.13 conclude that the licensee's actions or failure to comply with applicable laws are Level 3 or Level 4  
47.14 or Level 4 violations as defined in section 144G.31, or that there were violations that  
47.15 posed an imminent risk of harm to the resident's health and safety.

47.16       (b) The administrative law judge shall issue findings of fact, conclusions, and a  
47.17 recommendation within ten business days from the date of hearing. The parties shall have  
47.18 ten calendar days to submit exceptions to the administrative law judge's report. The record  
47.19 shall close at the end of the ten-day period for submission of exceptions. The commissioner's  
47.20 final order shall be issued within ten business days from the close of the record. When an  
47.21 appeal of a temporary immediate suspension or conditional license is withdrawn or dismissed,  
47.22 the commissioner shall issue a final order affirming the temporary immediate suspension  
47.23 or conditional license within ten calendar days of the commissioner's receipt of the  
47.24 withdrawal or dismissal. The licensee is prohibited from operation during the temporary  
47.25 suspension period.

47.26       (c) When the final order under paragraph (b) affirms an immediate suspension, and a  
47.27 final licensing sanction is issued under subdivisions 1 and 2 and the licensee appeals that  
47.28 sanction, the licensee is prohibited from operation pending a final commissioner's order  
47.29 after the contested case hearing conducted under chapter 14.

47.30       (d) A licensee whose license is temporarily suspended must comply with the requirements  
47.31 for notification and transfer of residents under subdivision 15. These requirements remain  
47.32 if an appeal is requested.

48.1 Sec. 68. Minnesota Statutes 2024, section 144G.30, subdivision 7, is amended to read:

48.2 Subd. 7. **Required follow-up surveys.** For assisted living facilities that have Level 3  
48.3 ~~or, Level 4, or Level 5~~ violations under section 144G.31, the commissioner shall conduct  
48.4 a follow-up survey within 90 calendar days of the survey. When conducting a follow-up  
48.5 survey, the surveyor shall focus on whether the previous violations have been corrected and  
48.6 may also address any new violations that are observed while evaluating the corrections that  
48.7 have been made.

48.8 Sec. 69. Minnesota Statutes 2024, section 144G.31, subdivision 2, is amended to read:

48.9 Subd. 2. **Levels of violations.** Correction orders for violations are categorized by level  
48.10 as follows:

48.11 (1) Level 1 is a violation that ~~has no potential to cause more than a minimal impact on~~  
48.12 ~~the resident will cause only minimal impact on the resident~~ and does not affect health or  
48.13 safety;

48.14 (2) Level 2 is a violation that did not harm a resident's health or safety but had the  
48.15 potential to have harmed a resident's health or safety, but was not likely to cause serious  
48.16 injury, impairment, or death;

48.17 (3) Level 3 is a violation that harmed a resident's health or safety, ~~not including serious~~  
48.18 ~~injury, impairment, or death, or a violation that has the potential to lead to serious injury,~~  
48.19 ~~impairment, or death or a violation that had the potential to cause more than minimal harm~~  
48.20 ~~to the resident; and~~

48.21 (4) Level 4 is a violation that ~~results in serious injury, impairment, or death, harmed a~~  
48.22 ~~resident's health or safety, not including serious injury or death, or a violation that was likely~~  
48.23 ~~to lead to serious injury or death; and~~

48.24 (5) Level 5 is a violation that results in serious injury or death.

48.25 Sec. 70. Minnesota Statutes 2024, section 144G.31, subdivision 4, is amended to read:

48.26 Subd. 4. **Fine amounts.** (a) Fines and enforcement actions under this subdivision may  
48.27 be assessed based on the level and scope of the violations described in subdivisions 2 and  
48.28 3 as follows and may be imposed immediately with no opportunity to correct the violation  
48.29 prior to imposition:

48.30 (1) Level 1, no fines or enforcement;

49.1 (2) Level 2, a fine of \$500 per violation, in addition to any enforcement mechanism  
49.2 authorized in section 144G.20 ~~for widespread violations~~;

49.3 (3) Level 3, a fine of ~~\$3,000~~ \$1,000 per violation, in addition to any enforcement  
49.4 mechanism authorized in section 144G.20;

49.5 (4) Level 4, a fine of ~~\$5,000~~ \$3,000 per violation, in addition to any enforcement  
49.6 mechanism authorized in section 144G.20; ~~and~~

49.7 (5) Level 5, a fine of \$5,000 per violation, in addition to any enforcement mechanism  
49.8 authorized in section 144G.20; and

49.9 (5) ~~(6)~~ for maltreatment violations for which the licensee was determined to be responsible  
49.10 for the maltreatment under section 626.557, subdivision 9c, paragraph (c), a fine of \$1,000  
49.11 per incident. A fine of \$5,000 per incident may be imposed if the commissioner determines  
49.12 the licensee is responsible for maltreatment consisting of sexual assault, death, or abuse  
49.13 resulting in serious injury.

49.14 (b) When a fine is assessed against a facility for substantiated maltreatment, the  
49.15 commissioner shall not also impose an immediate fine under this chapter for the same  
49.16 circumstance.

49.17 Sec. 71. Minnesota Statutes 2024, section 144G.31, subdivision 5, is amended to read:

49.18 **Subd. 5. Immediate fine; payment.** (a) For every Level 3 ~~or~~, Level 4, or Level 5  
49.19 violation, the commissioner may issue an immediate fine. The licensee must still correct  
49.20 the violation in the time specified. The issuance of an immediate fine may occur in addition  
49.21 to any enforcement mechanism authorized under section 144G.20. The immediate fine may  
49.22 be appealed as allowed under this chapter.

49.23 (b) The licensee must pay the fines assessed on or before the payment date specified. If  
49.24 the licensee fails to fully comply with the order, the commissioner may issue a second fine  
49.25 or suspend the license until the licensee complies by paying the fine. A timely appeal shall  
49.26 stay payment of the fine until the commissioner issues a final order.

49.27 (c) A licensee shall promptly notify the commissioner in writing when a violation  
49.28 specified in the order is corrected. If upon reinspection the commissioner determines that  
49.29 a violation has not been corrected as indicated by the order, the commissioner may issue  
49.30 an additional fine. The commissioner shall notify the licensee by mail to the last known  
49.31 address in the licensing record that a second fine has been assessed. The licensee may appeal  
49.32 the second fine as provided under this subdivision.

50.1       (d) A facility that has been assessed a fine under this section has a right to a  
50.2       reconsideration or hearing under this chapter and chapter 14.

50.3       Sec. 72. Minnesota Statutes 2024, section 144G.31, subdivision 8, is amended to read:

50.4       **Subd. 8. Deposit of fines.** Fines collected under this section shall be deposited in a  
50.5       dedicated special revenue account. On an annual basis, the balance in the special revenue  
50.6       account shall be appropriated to the commissioner for special projects to improve resident  
50.7       quality of care and outcomes in assisted living facilities licensed under this chapter in  
50.8       Minnesota as recommended by the advisory council established in section 144A.4799 or  
50.9       as recommended by the commissioner after the advisory council's review and approval.

50.10       Sec. 73. Minnesota Statutes 2024, section 144G.45, subdivision 6, is amended to read:

50.11       **Subd. 6. New construction; plans.** (a) For all new licensure and construction beginning  
50.12       on or after August 1, 2021, the following must be provided to the commissioner:

50.13       (1) architectural and engineering plans and specifications for new construction must be  
50.14       prepared and signed by architects and engineers who are registered in Minnesota. Final  
50.15       working drawings and specifications for proposed construction must be submitted to the  
50.16       commissioner for review and approval;

50.17       (2) final architectural plans and specifications must include elevations and sections  
50.18       through the building showing types of construction, and must indicate dimensions and  
50.19       assignments of rooms and areas, room finishes, door types and hardware, elevations and  
50.20       details of nurses' work areas, utility rooms, toilet and bathing areas, and large-scale layouts  
50.21       of dietary and laundry areas. Plans must show the location of fixed equipment and sections  
50.22       and details of elevators, chutes, and other conveying systems. Fire walls and smoke partitions  
50.23       must be indicated. The roof plan must show all mechanical installations. The site plan must  
50.24       indicate the proposed and existing buildings, topography, roadways, walks and utility service  
50.25       lines; and

50.26       (3) final mechanical and electrical plans and specifications must address the complete  
50.27       layout and type of all installations, systems, and equipment to be provided. Heating plans  
50.28       must include heating elements, piping, thermostatic controls, pumps, tanks, heat exchangers,  
50.29       boilers, breeching, and accessories. Ventilation plans must include room air quantities,  
50.30       ducts, fire and smoke dampers, exhaust fans, humidifiers, and air handling units. Plumbing  
50.31       plans must include the fixtures and equipment fixture schedule; water supply and circulating  
50.32       piping, pumps, tanks, riser diagrams, and building drains; the size, location, and elevation  
50.33       of water and sewer services; and the building fire protection systems. Electrical plans must

51.1 include fixtures and equipment, receptacles, switches, power outlets, circuits, power and  
51.2 light panels, transformers, and service feeders. Plans must show location of nurse call signals,  
51.3 cable lines, fire alarm stations, and fire detectors and emergency lighting.

51.4 (b) Unless construction is begun within one year after approval of the final working  
51.5 drawing and specifications, the drawings must be resubmitted for review and approval.

51.6 (c) The commissioner must be notified within 30 days before completion of construction  
51.7 so that the commissioner can make arrangements for a final inspection by the commissioner.

51.8 (d) At least one set of complete life safety plans, including changes resulting from  
51.9 remodeling or alterations, must be kept on file in the facility.

51.10 (e) For new construction beginning on or after July 1, 2025, the licensee must comply  
51.11 with section 144.554 to submit applicable construction plans and fees to the commissioner.

51.12 Sec. 74. Minnesota Statutes 2024, section 145.8811, is amended to read:

51.13 **145.8811 MATERNAL AND CHILD HEALTH ADVISORY ~~TASK FORCE~~**  
51.14 **COMMITTEE.**

51.15 Subdivision 1. **Composition of ~~task force~~ committee.** The commissioner shall establish  
51.16 and appoint a Maternal and Child Health Advisory ~~Task Force~~ Committee consisting of 15  
51.17 members who will provide equal representation from:

51.18 (1) professionals with expertise in maternal and child health services;

51.19 (2) representatives of community health boards as defined in section 145A.02, subdivision  
51.20 5; and

51.21 (3) consumer representatives interested in the health of mothers and children.

51.22 No members shall be employees of the Minnesota Department of Health. Section 15.059  
51.23 governs the Maternal and Child Health Advisory ~~Task Force~~ Committee. Notwithstanding  
51.24 section 15.059, the Maternal and Child Health Advisory ~~Task Force~~ Committee does not  
51.25 expire.

51.26 Subd. 2. **Duties.** The advisory ~~task force~~ committee shall meet on a regular basis to  
51.27 perform the following duties:

51.28 (1) review and report on the health care needs of mothers and children throughout the  
51.29 state of Minnesota;

52.1       (2) review and report on the type, frequency, and impact of maternal and child health  
52.2       care services provided to mothers and children under existing maternal and child health  
52.3       care programs, including programs administered by the commissioner of health;

52.4       (3) establish, review, and report to the commissioner a list of program guidelines and  
52.5       criteria which the advisory ~~task force~~ committee considers essential to providing an effective  
52.6       maternal and child health care program to low-income populations and high-risk persons  
52.7       and fulfilling the purposes defined in section 145.88;

52.8       (4) make recommendations to the commissioner for the use of other federal and state  
52.9       funds available to meet maternal and child health needs;

52.10       (5) make recommendations to the commissioner of health on priorities for funding the  
52.11       following maternal and child health services:

52.12       (i) prenatal, delivery, and postpartum care;

52.13       (ii) comprehensive health care for children, especially from birth through five years of  
52.14       age;

52.15       (iii) adolescent health services;

52.16       (iv) family planning services;

52.17       (v) preventive dental care;

52.18       (vi) special services for chronically ill and disabled children; and

52.19       (vii) any other services that promote the health of mothers and children; and

52.20       (6) establish in consultation with the commissioner statewide outcomes that will improve  
52.21       the health status of mothers and children.

52.22       **EFFECTIVE DATE.** This section is effective July 1, 2025.

52.23       Sec. 75. Minnesota Statutes 2024, section 157.16, subdivision 2, is amended to read:

52.24       Subd. 2. **License renewal.** Initial and renewal licenses for all food and beverage service  
52.25       establishments, youth camps, hotels, motels, lodging establishments, public pools, and  
52.26       resorts shall be issued on an annual basis. Any person who operates a place of business after  
52.27       the expiration date of a license or without having submitted an application and paid the fee  
52.28       shall be deemed to have violated the provisions of this chapter and shall be subject to  
52.29       enforcement action, as provided in the Health Enforcement Consolidation Act, sections  
52.30       144.989 to 144.993. In addition, a penalty of ~~\$60~~ \$100 shall be added to the total of the  
52.31       license fee for any food and beverage service establishment operating without a license as

53.1 a mobile food unit, a seasonal temporary or seasonal permanent food stand, or a special  
53.2 event food stand, and a penalty of ~~\$120~~ \$200 shall be added to the total of the license fee  
53.3 for all restaurants, food carts, hotels, motels, lodging establishments, youth camps, public  
53.4 pools, and resorts operating without a license for a period of up to 30 days. A late fee of  
53.5 ~~\$360~~ \$450 shall be added to the license fee for establishments operating more than 30 days  
53.6 without a license.

53.7 Sec. 76. Minnesota Statutes 2024, section 157.16, subdivision 2a, is amended to read:

53.8 Subd. 2a. **Food manager certification.** An applicant for certification or certification  
53.9 renewal as a food manager must submit to the commissioner a ~~\$35~~ \$45 nonrefundable  
53.10 certification fee payable to the Department of Health. The commissioner shall issue a  
53.11 duplicate certificate to replace a lost, destroyed, or mutilated certificate if the applicant  
53.12 submits a completed application on a form provided by the commissioner for a duplicate  
53.13 certificate and pays ~~\$20~~ \$25 to the department for the cost of duplication. In addition, a \$5  
53.14 technology fee must be paid with the initial certification, certification renewal, or duplicate  
53.15 certificate application.

53.16 Sec. 77. Minnesota Statutes 2024, section 157.16, subdivision 3, is amended to read:

53.17 Subd. 3. **Establishment fees; definitions.** (a) The following fees are required for food  
53.18 and beverage service establishments, youth camps, hotels, motels, lodging establishments,  
53.19 public pools, and resorts licensed under this chapter. Food and beverage service  
53.20 establishments must pay the highest applicable fee under paragraph (d), clause (1), (2), (3),  
53.21 or (4). The license fee for new operators previously licensed under this chapter for the same  
53.22 calendar year is one-half of the appropriate annual license fee, plus any penalty that may  
53.23 be required. The license fee for operators opening on or after October 1 is one-half of the  
53.24 appropriate annual license fee, plus any penalty that may be required.

53.25 (b) All food and beverage service establishments, except special event food stands, and  
53.26 all hotels, motels, lodging establishments, public pools, and resorts shall pay an annual base  
53.27 fee of ~~\$165~~ \$300.

53.28 (c) A special event food stand shall pay a flat fee of ~~\$55~~ \$75 annually. "Special event  
53.29 food stand" means a fee category where food is prepared or served in conjunction with  
53.30 celebrations, county fairs, or special events from a special event food stand as defined in  
53.31 section 157.15.

53.32 (d) In addition to the base fee in paragraph (b), each food and beverage service  
53.33 establishment, other than a special event food stand and a school concession stand, and each

54.1 hotel, motel, lodging establishment, public pool, and resort shall pay an additional annual  
54.2 fee for each fee category, additional food service, or required additional inspection specified  
54.3 in this paragraph:

54.4 (1) Category 1 establishment, ~~\$110~~ \$185. "Category 1 establishment" means a fee  
54.5 category that provides one or more of the following items or is one of the listed  
54.6 establishments or facilities:

54.7 (i) serves prepackaged food that is served in the package;

54.8 (ii) serves a continental breakfast such as rolls, coffee, juice, milk, and cold cereal;

54.9 (iii) serves soft drinks, coffee, or nonalcoholic beverages;

54.10 (iv) provides cleaning for eating, drinking, or cooking utensils, when the only food  
54.11 served is prepared off site;

54.12 (v) a food establishment where the method of food preparation meets the definition of  
54.13 a low-risk establishment in section 157.20; or

54.14 (vi) operates as a child care facility licensed under section 142B.05 and Minnesota Rules,  
54.15 chapter 9503.

54.16 (2) Category 2 establishment, ~~\$245~~ \$430. "Category 2 establishment" means an  
54.17 establishment that is not a Category 1 establishment and is either:

54.18 (i) a food establishment where the method of food preparation meets the definition of a  
54.19 medium-risk establishment in section 157.20; or

54.20 (ii) an elementary or secondary school as defined in section 120A.05.

54.21 (3) Category 3 establishment, ~~\$385~~ \$670. "Category 3 establishment" means an  
54.22 establishment that is not a Category 1 or Category 2 establishment and is either:

54.23 (i) a food establishment where the method of food preparation meets the definition of a  
54.24 high-risk establishment in section 157.20; or

54.25 (ii) an establishment where 500 or more meals are prepared per day and served at one  
54.26 or more separate locations.

54.27 (4) Other food and beverage service, including food carts, mobile food units, seasonal  
54.28 temporary food stands, and seasonal permanent food stands, ~~\$85~~ \$150.

54.29 (5) Lodging per sleeping accommodation unit, ~~\$44~~ \$15, including hotels, motels, lodging  
54.30 establishments, and resorts, up to a maximum of ~~\$1,100~~ \$1,500. "Lodging per sleeping  
54.31 accommodation unit" means a fee category including the number of guest rooms, cottages,

55.1 or other rental units of a hotel, motel, lodging establishment, or resort; or the number of  
 55.2 beds in a dormitory.

55.3 (6) First public pool, ~~\$355~~ \$455; each additional public pool, ~~\$200~~ \$300. "Public pool"  
 55.4 means a fee category that has the meaning given in section 144.1222, subdivision 4.

55.5 (7) First spa, ~~\$200~~ \$300; each additional spa, ~~\$110~~ \$200. "Spa pool" means a fee category  
 55.6 that has the meaning given in Minnesota Rules, part 4717.0250, subpart 9.

55.7 (8) Private sewer or water, ~~\$60~~ \$85. "Individual private water" means a fee category  
 55.8 with a water supply other than a community public water supply as defined in Minnesota  
 55.9 Rules, chapter 4720. "Individual private sewer" means a fee category with an individual  
 55.10 sewage treatment system which uses subsurface treatment and disposal.

55.11 (9) Additional food service, ~~\$175~~ \$250. "Additional food service" means a location at  
 55.12 a food service establishment, other than the primary food preparation and service area, used  
 55.13 to prepare or serve beverages or food to the public. Additional food service does not apply  
 55.14 to school concession stands.

55.15 (10) Additional inspection fee, ~~\$250~~ \$350. "Additional inspection fee" means a fee to  
 55.16 conduct the second inspection each year for elementary and secondary education facility  
 55.17 school lunch programs when required by the Richard B. Russell National School Lunch  
 55.18 Act.

55.19 (11) HACCP verification, ~~\$175~~ \$225. "HACCP verification" means an annual fee  
 55.20 category for a business that performs one or more specialized process that requires an  
 55.21 HACCP plan as required in chapter 31 and Minnesota Rules, chapter 4626.

55.22 (e) A fee for review of construction plans must accompany the initial license application  
 55.23 for restaurants, hotels, motels, lodging establishments, resorts, seasonal food stands, and  
 55.24 mobile food units. Plans submitted less than 30 days prior to construction are subject to 50  
55.25 percent of the original plan review fee. A fee for review of an HACCP plan for specialized  
 55.26 processing must be submitted and approved prior to preparing and serving the specialized  
 55.27 processed food for human consumption. The fees for construction plan reviews and HACCP  
 55.28 plan reviews are as follows:

55.29	Service Area	Type	Fee
55.30			<u>\$400</u>
55.31	Food	category 1 establishment	<u>\$550</u>
55.32			<u>\$450</u>
55.33		category 2 establishment	<u>\$750</u>
55.34			<u>\$500</u>
55.35		category 3 food establishment	<u>\$800</u>

56.1			\$250
56.2		additional food service	<u>\$400</u>
56.3			\$500
56.4		HACCP Plan Review	<u>\$600</u>
56.5			\$250
56.6	Transient food service	food cart	<u>\$500</u>
56.7			\$250
56.8		seasonal permanent food stand	<u>\$500</u>
56.9			\$250
56.10		seasonal temporary food stand	<u>\$500</u>
56.11			\$350
56.12		mobile food unit	<u>\$700</u>
56.13			\$375
56.14	Lodging	less than 25 rooms	<u>\$450</u>
56.15			\$400
56.16		25 to less than 100 rooms	<u>\$500</u>
56.17			\$500
56.18		100 rooms or more	<u>\$600</u>
56.19			\$350
56.20		less than five cabins	<u>\$400</u>
56.21			\$400
56.22		five to less than ten cabins	<u>\$450</u>
56.23			\$450
56.24		ten cabins or more	<u>\$500</u>

56.25 (f) When existing food and beverage service establishments, hotels, motels, lodging  
 56.26 establishments, resorts, seasonal food stands, and mobile food units are extensively  
 56.27 remodeled, a fee must be submitted with the remodeling plans. The fee for this construction  
 56.28 plan review is as follows:

56.29	Service Area	Type	Fee
56.30			\$300
56.31	Food	category 1 establishment	<u>\$450</u>
56.32			\$350
56.33		category 2 establishment	<u>\$500</u>
56.34			\$400
56.35		category 3 establishment	<u>\$550</u>
56.36			\$250
56.37		additional food service	<u>\$400</u>
56.38			\$250
56.39	Transient food service	food cart	<u>\$400</u>
56.40			\$250
56.41		seasonal permanent food stand	<u>\$400</u>
56.42			\$250
56.43		seasonal temporary food stand	<u>\$400</u>

57.1			\$250
57.2	mobile food unit		<u>\$400</u>
57.3			\$250
57.4	Lodging less than 25 rooms		<u>\$300</u>
57.5			\$300
57.6	25 to less than 100 rooms		<u>\$350</u>
57.7			\$450
57.8	100 rooms or more		<u>\$500</u>
57.9			\$250
57.10	less than five cabins		<u>\$300</u>
57.11			\$350
57.12	five to less than ten cabins		<u>\$400</u>
57.13			\$400
57.14	ten cabins or more		<u>\$450</u>

57.15 (g) Special event food stands are not required to submit construction or remodeling plans  
 57.16 for review.

57.17 (h) Youth camps shall pay an annual single fee for food and lodging as follows:

- 57.18 (1) camps with up to 99 campers, \$325 \$375;
- 57.19 (2) camps with 100 to 199 campers, \$550 \$600; and
- 57.20 (3) camps with 200 or more campers, \$750 \$800.

57.21 (i) A youth camp which pays fees under paragraph (d) is not required to pay fees under  
 57.22 paragraph (h).

57.23 Sec. 78. Minnesota Statutes 2024, section 157.16, subdivision 3a, is amended to read:

57.24 Subd. 3a. **Statewide hospitality fee.** Every person, firm, or corporation that operates a  
 57.25 licensed boarding establishment, food and beverage service establishment, seasonal temporary  
 57.26 or permanent food stand, special event food stand, mobile food unit, food cart, resort, hotel,  
 57.27 motel, or lodging establishment in Minnesota must submit to the commissioner a \$40 \$50  
 57.28 annual statewide hospitality fee for each licensed activity. The fee for establishments licensed  
 57.29 by either the Department of Health is required or a local government shall be paid at the  
 57.30 same time the licensure fee is due. For establishments licensed by local governments, the  
 57.31 fee is due to be paid to the Department of Health by the local government by July 1 of each  
 57.32 year.

58.1 Sec. 79. Minnesota Statutes 2024, section 157.16, is amended by adding a subdivision to  
58.2 read:

58.3 Subd. 3b. Technology fee. Every food and beverage service establishment, youth camp,  
58.4 hotel, motel, lodging establishment, public pool, and resort licensed under this chapter must  
58.5 pay a \$5 technology fee for each licensed activity for the initial license and with each  
58.6 renewal.

58.7 Sec. 80. Minnesota Statutes 2024, section 326.72, subdivision 1, is amended to read:

58.8 Subdivision 1. When license required. A person within the state intending to directly  
58.9 perform or cause to be performed through subcontracting or similar delegation any  
58.10 asbestos-related work either for financial gain or with respect to the person's own property  
58.11 shall first apply for and obtain a license from the commissioner. The license shall be in  
58.12 writing, be dated when issued, contain an expiration date, be signed by the commissioner,  
58.13 and give the name and address of the person to whom it is issued.

58.14 The domiciled owner of a single family residence is not required to hold a license or  
58.15 pay a project permit fee to conduct asbestos-related work in the domiciled residence.

58.16 Any person performing any asbestos-related work within the state must be licensed by  
58.17 the commissioner, whether directly performing asbestos work or causing it to be performed  
58.18 through subcontracting or similar delegation. A domiciled owner of a single-family residence  
58.19 is not required to hold a license or pay a project permit fee to conduct asbestos-related work  
58.20 in the domiciled residence.

58.21 Sec. 81. Minnesota Statutes 2024, section 326.75, subdivision 3, is amended to read:

58.22 Subd. 3. Permit fee. Five calendar days before beginning asbestos-related work, a person  
58.23 shall pay a project permit fee to the commissioner equal to two three percent of the total  
58.24 costs of the asbestos-related work. For asbestos-related work performed in single or  
58.25 multifamily residences, of greater than ten but less than 260 linear feet of asbestos-containing  
58.26 material on pipes, or greater than six but less than 160 square feet of asbestos-containing  
58.27 material on other facility components, a person shall pay a project permit fee of \$35 to the  
58.28 commissioner.

58.29 Sec. 82. Minnesota Statutes 2024, section 326.75, subdivision 3a, is amended to read:

58.30 Subd. 3a. Asbestos-related training course permit fee. The commissioner shall establish  
58.31 by rule a permit fee to be paid by A training course provider shall pay the commissioner a

59.1    fee of \$500 on application for a training course permit or and \$250 for the renewal of a  
59.2    permit of each asbestos-related training course required for certification or registration.

59.3    Sec. 83. Minnesota Statutes 2024, section 327.15, subdivision 2, is amended to read:

59.4    **Subd. 2. License renewal.** Initial and renewal licenses for all manufactured home parks  
59.5    and recreational camping areas shall be issued annually and shall have an expiration date  
59.6    included on the license. Any person who operates a manufactured home park or recreational  
59.7    camping area after the expiration date of a license or without having submitted an application  
59.8    and paid the fee shall be deemed to have violated the provisions of this chapter and shall  
59.9    be subject to enforcement action, as provided in the Health Enforcement Consolidation Act,  
59.10    sections 144.989 to 144.993. In addition, a penalty of \$120 \$200 shall be added to the total  
59.11    of the license fee for any manufactured home park or recreational camping area operating  
59.12    without a license for a period of up to 30 days. A late fee of \$360 \$450 shall be added to  
59.13    the license fee for any manufactured home park or recreational camping area operating  
59.14    more than 30 days without a license.

59.15    Sec. 84. Minnesota Statutes 2024, section 327.15, subdivision 3, is amended to read:

59.16    **Subd. 3. Fees, manufactured home parks and recreational camping areas.** (a) The  
59.17    following fees are required for manufactured home parks and recreational camping areas  
59.18    licensed under this chapter. Fees collected under this section shall be deposited in the state  
59.19    government special revenue fund. Recreational camping areas and manufactured home  
59.20    parks shall pay the highest applicable base fee under paragraph (b). The license fee for new  
59.21    operators of a manufactured home park or recreational camping area previously licensed  
59.22    under this chapter for the same calendar year is one-half of the appropriate annual license  
59.23    fee, plus any penalty that may be required. The license fee for operators opening on or after  
59.24    October 1 is one-half of the appropriate annual license fee, plus any penalty that may be  
59.25    required.

59.26    (b) All manufactured home parks and recreational camping areas shall pay the following  
59.27    annual base fee:

- 59.28    (1) a manufactured home park, \$165 \$280; and
- 59.29    (2) a recreational camping area with:
  - 59.30    (i) 24 or less sites, \$55 \$100;
  - 59.31    (ii) 25 to 99 sites, \$230 \$410; and
  - 59.32    (iii) 100 or more sites, \$330 \$610.

60.1     In addition to the base fee, manufactured home parks and recreational camping areas shall  
60.2     pay ~~\$5~~ \$8 for each licensed site. This paragraph does not apply to special event recreational  
60.3     camping areas. Operators of a manufactured home park or a recreational camping area also  
60.4     licensed under section 157.16 for the same location shall pay only one base fee, whichever  
60.5     is the highest of the base fees found in this section or section 157.16.

60.6       (c) In addition to the fee in paragraph (b), each manufactured home park or recreational  
60.7     camping area shall pay an additional annual fee for each fee category specified in this  
60.8     paragraph:

60.9           (1) Manufactured home parks and recreational camping areas with public swimming  
60.10    pools and spas shall pay the appropriate fees specified in section 157.16.

60.11          (2) Individual private sewer or water, ~~\$60~~ \$85. "Individual private water" means a fee  
60.12     category with a water supply other than a community public water supply as defined in  
60.13     Minnesota Rules, chapter 4720. "Individual private sewer" means a fee category with a  
60.14     subsurface sewage treatment system which uses subsurface treatment and disposal.

60.15       (d) The following fees must accompany a plan review application for initial construction  
60.16    of a manufactured home park or recreational camping area:

60.17           (1) for initial construction of less than 25 sites, ~~\$375~~ \$400;  
60.18           (2) for initial construction of 25 to 99 sites, ~~\$400~~ \$425; and  
60.19           (3) for initial construction of 100 or more sites, ~~\$500~~ \$525.

60.20       (e) The following fees must accompany a plan review application when an existing  
60.21    manufactured home park or recreational camping area is expanded:

60.22           (1) for expansion of less than 25 sites, ~~\$250~~ \$300;  
60.23           (2) for expansion of 25 to 99 sites, ~~\$300~~ \$350; and  
60.24           (3) for expansion of 100 or more sites, ~~\$450~~ \$500.

60.25       Sec. 85. Minnesota Statutes 2024, section 327.15, subdivision 4, is amended to read:

60.26           **Subd. 4. Fees, special event recreational camping areas.** (a) The following fees are  
60.27     required for special event recreational camping areas licensed under this chapter.

60.28           (b) All special event recreational camping areas shall pay an annual fee of ~~\$150~~ \$250  
60.29     plus ~~\$1~~ \$4 for each licensed site.

60.30           (c) A special event recreational camping area shall pay a late fee of ~~\$360~~ \$450 for failing  
60.31     to obtain a license prior to operating.

61.1 (d) The following fees must accompany a plan review application for initial construction

61.2 of a special event recreational camping area:

61.3 (1) for initial construction of less than 25 special event recreational camping sites, \$375

61.4 \$475;

61.5 (2) for initial construction of 25 to 99 sites, \$400 \$500; and

61.6 (3) for initial construction of 100 or more sites, \$500 \$600.

61.7 (e) The following fees must accompany a plan review application for expansion of a

61.8 special event recreational camping area:

61.9 (1) for expansion of less than 25 sites, \$250 \$300;

61.10 (2) for expansion of 25 to 99 sites, \$300 \$350; and

61.11 (3) for expansion of 100 or more sites, \$450 \$500.

61.12 Sec. 86. Minnesota Statutes 2024, section 327.15, is amended by adding a subdivision to

61.13 read:

61.14 Subd. 5. Technology fee. All manufactured home parks, recreational camping areas,

61.15 and special event camping areas must pay a \$5 technology fee at initial licensing and upon

61.16 each renewal.

61.17 Sec. 87. **RULEMAKING.**

61.18 The Department of Health must adopt rules using the expedited process under Minnesota

61.19 Statutes, section 14.389, to amend certain parts in Minnesota Rules, chapter 4695, to conform

61.20 with the changes made in this act.

61.21 Sec. 88. **REPEALER.**

61.22 (a) Minnesota Statutes 2024, section 103I.550, is repealed.

61.23 (b) Minnesota Rules, part 4695.2900, is repealed.

## 61.24 **ARTICLE 2**

### 61.25 **HEALTH CARE**

61.26 Section 1. Minnesota Statutes 2024, section 174.30, subdivision 3, is amended to read:

61.27 Subd. 3. **Other standards; wheelchair securement; protected transport.** (a) A special

61.28 transportation service that transports individuals occupying wheelchairs is subject to the

provisions of sections 299A.11 to 299A.17 concerning wheelchair securement devices. The commissioners of transportation and public safety shall cooperate in the enforcement of this section and sections 299A.11 to 299A.17 so that a single inspection is sufficient to ascertain compliance with sections 299A.11 to 299A.17 and with the standards adopted under this section. Representatives of the Department of Transportation may inspect wheelchair securement devices in vehicles operated by special transportation service providers to determine compliance with sections 299A.11 to 299A.17 and to issue certificates under section 299A.14, subdivision 4.

(b) In place of a certificate issued under section 299A.14, the commissioner may issue a decal under subdivision 4 for a vehicle equipped with a wheelchair securement device if the device complies with sections 299A.11 to 299A.17 and the decal displays the information in section 299A.14, subdivision 4.

(c) For vehicles designated as protected transport under section 256B.0625, subdivision 17, paragraph ~~(f)~~ (n), the commissioner of transportation, during the commissioner's inspection, shall check to ensure the safety provisions contained in that paragraph are in working order.

Sec. 2. Minnesota Statutes 2024, section 256.9657, subdivision 2, is amended to read:

**Subd. 2. Hospital surcharge.** (a) Effective ~~October 1, 1992~~ July 1, 2025, each Minnesota hospital except facilities of the federal Indian Health Service and regional treatment centers shall pay to the medical assistance account a surcharge equal to ~~1.4~~ 1.72 percent of net patient revenues excluding net Medicare revenues reported by that provider to the health care cost information system according to the schedule in subdivision 4.

~~(b) Effective July 1, 1994, the surcharge under paragraph (a) is increased to 1.56 percent.~~

~~(e)~~ (b) Notwithstanding the Medicare cost finding and allowable cost principles, the hospital surcharge is not an allowable cost for purposes of rate setting under sections 256.9685 to 256.9695.

Sec. 3. Minnesota Statutes 2024, section 256.9657, subdivision 3, is amended to read:

**Subd. 3. Surcharge on HMOs and community integrated service networks.** (a) Effective ~~October 1, 1992~~ July 1, 2025, each health maintenance organization with a certificate of authority issued by the commissioner of health under chapter 62D and each community integrated service network licensed by the commissioner under chapter 62N shall pay to the commissioner of human services a surcharge equal to ~~six-tenths of one~~ 1.25

63.1 percent of the total premium revenues of the health maintenance organization or community  
63.2 integrated service network as reported to the commissioner of health according to the  
63.3 schedule in subdivision 4.

63.4 (b) For purposes of this subdivision, total premium revenue means:

63.5 (1) premium revenue recognized on a prepaid basis from individuals and groups for  
63.6 provision of a specified range of health services over a defined period of time which is  
63.7 normally one month, excluding premiums paid to a health maintenance organization or  
63.8 community integrated service network from the Federal Employees Health Benefit Program;

63.9 (2) premiums from Medicare wraparound subscribers for health benefits which  
63.10 supplement Medicare coverage;

63.11 (3) Medicare revenue, as a result of an arrangement between a health maintenance  
63.12 organization or a community integrated service network and the Centers for Medicare and  
63.13 Medicaid Services of the federal Department of Health and Human Services, for services  
63.14 to a Medicare beneficiary, excluding Medicare revenue that states are prohibited from taxing  
63.15 under sections 1854, 1860D-12, and 1876 of title XVIII of the federal Social Security Act,  
63.16 codified as United States Code, title 42, sections 1395mm, 1395w-112, and 1395w-24,  
63.17 respectively, as they may be amended from time to time; and

63.18 (4) medical assistance revenue, as a result of an arrangement between a health  
63.19 maintenance organization or community integrated service network and a Medicaid state  
63.20 agency, for services to a medical assistance beneficiary.

63.21 (c) If advance payments are made under paragraph (b), clause (1) or (2) to the health  
63.22 maintenance organization or community integrated service network for more than one  
63.23 reporting period, the portion of the payment that has not yet been earned must be treated as  
63.24 a liability.

63.25 (e) When a health maintenance organization or community integrated service network  
63.26 merges or consolidates with or is acquired by another health maintenance organization or  
63.27 community integrated service network, the surviving corporation or the new corporation  
63.28 shall be responsible for the annual surcharge originally imposed on each of the entities or  
63.29 corporations subject to the merger, consolidation, or acquisition, regardless of whether one  
63.30 of the entities or corporations does not retain a certificate of authority under chapter 62D  
63.31 or a license under chapter 62N.

63.32 (d) Effective June 15 of each year, the surviving corporation's or the new corporation's  
63.33 surcharge shall be based on the revenues earned in the previous calendar year by all of the

64.1 entities or corporations subject to the merger, consolidation, or acquisition regardless of  
64.2 whether one of the entities or corporations does not retain a certificate of authority under  
64.3 chapter 62D or a license under chapter 62N until the total premium revenues of the surviving  
64.4 corporation include the total premium revenues of all the merged entities as reported to the  
64.5 commissioner of health.

64.6 ~~(e)~~ (f) When a health maintenance organization or community integrated service network,  
64.7 which is subject to liability for the surcharge under this chapter, transfers, assigns, sells,  
64.8 leases, or disposes of all or substantially all of its property or assets, liability for the surcharge  
64.9 imposed by this chapter is imposed on the transferee, assignee, or buyer of the health  
64.10 maintenance organization or community integrated service network.

64.11 ~~(f)~~ (g) In the event a health maintenance organization or community integrated service  
64.12 network converts its licensure to a different type of entity subject to liability for the surcharge  
64.13 under this chapter, but survives in the same or substantially similar form, the surviving  
64.14 entity remains liable for the surcharge regardless of whether one of the entities or corporations  
64.15 does not retain a certificate of authority under chapter 62D or a license under chapter 62N.

64.16 ~~(g)~~ (h) The surcharge assessed to a health maintenance organization or community  
64.17 integrated service network ends when the entity ceases providing services for premiums  
64.18 and the cessation is not connected with a merger, consolidation, acquisition, or conversion.

64.19 Sec. 4. Minnesota Statutes 2024, section 256B.0625, subdivision 3b, is amended to read:

64.20 **Subd. 3b. Telehealth services.** (a) Medical assistance covers medically necessary services  
64.21 and consultations delivered by a health care provider through telehealth in the same manner  
64.22 as if the service or consultation was delivered through in-person contact. Services or  
64.23 consultations delivered through telehealth shall be paid at the full allowable rate.

64.24 (b) The commissioner may establish criteria that a health care provider must attest to in  
64.25 order to demonstrate the safety or efficacy of delivering a particular service through  
64.26 telehealth. The attestation may include that the health care provider:

64.27 (1) has identified the categories or types of services the health care provider will provide  
64.28 through telehealth;

64.29 (2) has written policies and procedures specific to services delivered through telehealth  
64.30 that are regularly reviewed and updated;

64.31 (3) has policies and procedures that adequately address patient safety before, during,  
64.32 and after the service is delivered through telehealth;

65.1 (4) has established protocols addressing how and when to discontinue telehealth services;  
65.2 and

65.3 (5) has an established quality assurance process related to delivering services through  
65.4 telehealth.

65.5 (c) As a condition of payment, a licensed health care provider must document each  
65.6 occurrence of a health service delivered through telehealth to a medical assistance enrollee.  
65.7 Health care service records for services delivered through telehealth must meet the  
65.8 requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must  
65.9 document:

65.10 (1) the type of service delivered through telehealth;

65.11 (2) the time the service began and the time the service ended, including an a.m. and p.m.  
65.12 designation;

65.13 (3) the health care provider's basis for determining that telehealth is an appropriate and  
65.14 effective means for delivering the service to the enrollee;

65.15 (4) the mode of transmission used to deliver the service through telehealth and records  
65.16 evidencing that a particular mode of transmission was utilized;

65.17 (5) the location of the originating site and the distant site;

65.18 (6) if the claim for payment is based on a physician's consultation with another physician  
65.19 through telehealth, the written opinion from the consulting physician providing the telehealth  
65.20 consultation; and

65.21 (7) compliance with the criteria attested to by the health care provider in accordance  
65.22 with paragraph (b).

65.23 (d) Telehealth visits provided through audio and visual communication or accessible  
65.24 video-based platforms may be used to satisfy the face-to-face requirement for reimbursement  
65.25 under the payment methods that apply to a federally qualified health center, rural health  
65.26 clinic, Indian health service, 638 tribal clinic, and certified community behavioral health  
65.27 clinic, if the service would have otherwise qualified for payment if performed in person.

65.28 (e) For purposes of this subdivision, unless otherwise covered under this chapter:

65.29 (1) "telehealth" means the delivery of health care services or consultations using real-time  
65.30 two-way interactive audio and visual communication or accessible telehealth video-based  
65.31 platforms to provide or support health care delivery and facilitate the assessment, diagnosis,  
65.32 consultation, treatment, education, and care management of a patient's health care. Telehealth

66.1 includes: the application of secure video conferencing consisting of a real-time, full-motion  
66.2 synchronized video; store-and-forward technology; and synchronous interactions, between  
66.3 a patient located at an originating site and a health care provider located at a distant site.  
66.4 Telehealth does not include communication between health care providers, or between a  
66.5 health care provider and a patient that consists solely of an audio-only communication,  
66.6 email, or facsimile transmission or as specified by law, except that between July 1, 2025,  
66.7 and July 1, 2028, telehealth includes communication between a health care provider and a  
66.8 patient that solely consists of audio-only communication;

66.9 (2) "health care provider" means a health care provider as defined under section 62A.673;  
66.10 a community paramedic as defined under section 144E.001, subdivision 5f; a community  
66.11 health worker who meets the criteria under subdivision 49, paragraph (a); a mental health  
66.12 certified peer specialist under section 245I.04, subdivision 10; a mental health certified  
66.13 family peer specialist under section 245I.04, subdivision 12; a mental health rehabilitation  
66.14 worker under section 245I.04, subdivision 14; a mental health behavioral aide under section  
66.15 245I.04, subdivision 16; a treatment coordinator under section 245G.11, subdivision 7; an  
66.16 alcohol and drug counselor under section 245G.11, subdivision 5; or a recovery peer under  
66.17 section 245G.11, subdivision 8; and

66.18 (3) "originating site," "distant site," and "store-and-forward technology" have the  
66.19 meanings given in section 62A.673, subdivision 2.

66.20 **EFFECTIVE DATE.** This section is effective July 1, 2025.

66.21 Sec. 5. Minnesota Statutes 2024, section 256B.0625, subdivision 8e, is amended to read:  
66.22 Subd. 8e. **Chiropractic services.** Payment for chiropractic services is limited to  
66.23 individuals under the age of 21. Coverage for individuals under the age of 21 is limited to  
66.24 one annual evaluation and 24 visits per year unless prior authorization of a greater number  
66.25 of visits is obtained.

66.26 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
66.27 whichever is later. The commissioner shall notify the revisor of statutes when federal  
66.28 approval is obtained.

66.29 Sec. 6. Minnesota Statutes 2024, section 256B.0625, subdivision 13, is amended to read:  
66.30 Subd. 13. **Drugs.** (a) Medical assistance covers drugs, except for fertility drugs when  
66.31 specifically used to enhance fertility, if prescribed by a licensed practitioner and dispensed  
66.32 by a licensed pharmacist, by a physician enrolled in the medical assistance program as a

67.1 dispensing physician, or by a physician, a physician assistant, or an advanced practice  
67.2 registered nurse employed by or under contract with a community health board as defined  
67.3 in section 145A.02, subdivision 5, for the purposes of communicable disease control.

67.4 (b) The dispensed quantity of a prescription drug must not exceed a 34-day supply unless  
67.5 authorized by the commissioner or as provided in paragraph (h) or the drug appears on the  
67.6 90-day supply list published by the commissioner. The 90-day supply list shall be published  
67.7 by the commissioner on the department's website. The commissioner may add to, delete  
67.8 from, and otherwise modify the 90-day supply list after providing public notice and the  
67.9 opportunity for a 15-day public comment period. The 90-day supply list may include  
67.10 cost-effective generic drugs and shall not include controlled substances.

67.11 (c) For the purpose of this subdivision and subdivision 13d, an "active pharmaceutical  
67.12 ingredient" is defined as a substance that is represented for use in a drug and when used in  
67.13 the manufacturing, processing, or packaging of a drug becomes an active ingredient of the  
67.14 drug product. An "excipient" is defined as an inert substance used as a diluent or vehicle  
67.15 for a drug. The commissioner shall establish a list of active pharmaceutical ingredients and  
67.16 excipients which are included in the medical assistance formulary. Medical assistance covers  
67.17 selected active pharmaceutical ingredients and excipients used in compounded prescriptions  
67.18 when the compounded combination is specifically approved by the commissioner or when  
67.19 a commercially available product:

67.20 (1) is not a therapeutic option for the patient;  
67.21 (2) does not exist in the same combination of active ingredients in the same strengths  
67.22 as the compounded prescription; and  
67.23 (3) cannot be used in place of the active pharmaceutical ingredient in the compounded  
67.24 prescription.

67.25 (d) Medical assistance covers ~~the following~~ over-the-counter drugs as mandated by  
67.26 United States Code, title 42, section 1396r-8, when prescribed by a licensed practitioner or  
67.27 by a licensed pharmacist who meets standards established by the commissioner, ~~in~~  
67.28 ~~consultation with the board of pharmacy: antacids, acetaminophen, family planning products,~~  
67.29 ~~aspirin, insulin, products for the treatment of lice, vitamins for adults with documented~~  
67.30 ~~vitamin deficiencies, vitamins for children under the age of seven and pregnant or nursing~~  
67.31 ~~women, and any other over-the-counter drug identified by the commissioner, in consultation~~  
67.32 ~~with the Formulary Committee, as necessary, appropriate, and cost-effective for the treatment~~  
67.33 ~~of certain specified chronic diseases, conditions, or disorders, and this determination shall~~  
67.34 ~~not be subject to the requirements of chapter 14~~. A pharmacist may prescribe over-the-counter

68.1       medications as provided under this paragraph for purposes of receiving reimbursement  
68.2       under Medicaid. When prescribing over-the-counter drugs under this paragraph, licensed  
68.3       pharmacists must consult with the recipient to determine necessity, provide drug counseling,  
68.4       review drug therapy for potential adverse interactions, and make referrals as needed to other  
68.5       health care professionals.

68.6       (e) Effective January 1, 2006, medical assistance shall not cover drugs that are coverable  
68.7       under Medicare Part D as defined in the Medicare Prescription Drug, Improvement, and  
68.8       Modernization Act of 2003, Public Law 108-173, section 1860D-2(e), for individuals eligible  
68.9       for drug coverage as defined in the Medicare Prescription Drug, Improvement, and  
68.10       Modernization Act of 2003, Public Law 108-173, section 1860D-1(a)(3)(A). For these  
68.11       individuals, medical assistance may cover drugs from the drug classes listed in United States  
68.12       Code, title 42, section 1396r-8(d)(2), subject to this subdivision and subdivisions 13a to  
68.13       13g, ~~except that drugs listed in United States Code, title 42, section 1396r-8(d)(2)(E), shall~~  
68.14       not be covered.

68.15       (f) Medical assistance covers drugs acquired through the federal 340B Drug Pricing  
68.16       Program and dispensed by 340B covered entities and ambulatory pharmacies under common  
68.17       ownership of the 340B covered entity. Medical assistance does not cover drugs acquired  
68.18       through the federal 340B Drug Pricing Program and dispensed by 340B contract pharmacies.

68.19       (g) Notwithstanding paragraph (a), medical assistance covers self-administered hormonal  
68.20       contraceptives prescribed and dispensed by a licensed pharmacist in accordance with section  
68.21       151.37, subdivision 14; nicotine replacement medications prescribed and dispensed by a  
68.22       licensed pharmacist in accordance with section 151.37, subdivision 15; and opiate antagonists  
68.23       used for the treatment of an acute opiate overdose prescribed and dispensed by a licensed  
68.24       pharmacist in accordance with section 151.37, subdivision 16.

68.25       (h) Medical assistance coverage for a prescription contraceptive must provide a 12-month  
68.26       supply for any prescription contraceptive if a 12-month supply is prescribed by the  
68.27       prescribing health care provider. The prescribing health care provider must determine the  
68.28       appropriate duration for which to prescribe the prescription contraceptives, up to 12 months.  
68.29       For purposes of this paragraph, "prescription contraceptive" means any drug or device that  
68.30       requires a prescription and is approved by the Food and Drug Administration to prevent  
68.31       pregnancy. Prescription contraceptive does not include an emergency contraceptive drug  
68.32       approved to prevent pregnancy when administered after sexual contact. For purposes of this  
68.33       paragraph, "health plan" has the meaning provided in section 62Q.01, subdivision 3.

69.1        **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
69.2        whichever is later. The commissioner shall notify the revisor of statutes when federal  
69.3        approval is obtained.

69.4        Sec. 7. Minnesota Statutes 2024, section 256B.0625, subdivision 30, is amended to read:

69.5        Subd. 30. **Other clinic services.** (a) Medical assistance covers rural health clinic services,  
69.6        federally qualified health center services, nonprofit community health clinic services, and  
69.7        public health clinic services. Rural health clinic services and federally qualified health center  
69.8        services mean services defined in United States Code, title 42, section 1396d(a)(2)(B) and  
69.9        (C). Payment for rural health clinic and federally qualified health center services shall be  
69.10        made according to applicable federal law and regulation.

69.11        (b) A federally qualified health center (FQHC) that is beginning initial operation shall  
69.12        submit an estimate of budgeted costs and visits for the initial reporting period in the form  
69.13        and detail required by the commissioner. An FQHC that is already in operation shall submit  
69.14        an initial report using actual costs and visits for the initial reporting period. Within 90 days  
69.15        of the end of its reporting period, an FQHC shall submit, in the form and detail required by  
69.16        the commissioner, a report of its operations, including allowable costs actually incurred for  
69.17        the period and the actual number of visits for services furnished during the period, and other  
69.18        information required by the commissioner. FQHCs that file Medicare cost reports shall  
69.19        provide the commissioner with a copy of the most recent Medicare cost report filed with  
69.20        the Medicare program intermediary for the reporting year which support the costs claimed  
69.21        on their cost report to the state.

69.22        (c) In order to continue cost-based payment under the medical assistance program  
69.23        according to paragraphs (a) and (b), an FQHC or rural health clinic must apply for designation  
69.24        as an essential community provider within six months of final adoption of rules by the  
69.25        Department of Health according to section 62Q.19, subdivision 7. For those FQHCs and  
69.26        rural health clinics that have applied for essential community provider status within the  
69.27        six-month time prescribed, medical assistance payments will continue to be made according  
69.28        to paragraphs (a) and (b) for the first three years after application. For FQHCs and rural  
69.29        health clinics that either do not apply within the time specified above or who have had  
69.30        essential community provider status for three years, medical assistance payments for health  
69.31        services provided by these entities shall be according to the same rates and conditions  
69.32        applicable to the same service provided by health care providers that are not FQHCs or rural  
69.33        health clinics.

70.1 (d) Effective July 1, 1999, the provisions of paragraph (c) requiring an FQHC or a rural  
70.2 health clinic to make application for an essential community provider designation in order  
70.3 to have cost-based payments made according to paragraphs (a) and (b) no longer apply.

70.4 (e) Effective January 1, 2000, payments made according to paragraphs (a) and (b) shall  
70.5 be limited to the cost phase-out schedule of the Balanced Budget Act of 1997.

70.6 (f) Effective January 1, 2001, through December 31, 2020, each FQHC and rural health  
70.7 clinic may elect to be paid either under the prospective payment system established in United  
70.8 States Code, title 42, section 1396a(aa), or under an alternative payment methodology  
70.9 consistent with the requirements of United States Code, title 42, section 1396a(aa), and  
70.10 approved by the Centers for Medicare and Medicaid Services. The alternative payment  
70.11 methodology shall be 100 percent of cost as determined according to Medicare cost  
70.12 principles.

70.13 (g) Effective for services provided on or after January 1, 2021, all claims for payment  
70.14 of clinic services provided by FQHCs and rural health clinics shall be paid by the  
70.15 commissioner, according to an annual election by the FQHC or rural health clinic, under  
70.16 the current prospective payment system described in paragraph (f) or the alternative payment  
70.17 methodology described in paragraph (l), or, upon federal approval, for FQHCs that are also  
70.18 urban Indian organizations under Title V of the federal Indian Health Improvement Act, as  
70.19 provided under paragraph (k).

70.20 (h) For purposes of this section, "nonprofit community clinic" is a clinic that:

70.21 (1) has nonprofit status as specified in chapter 317A;  
70.22 (2) has tax exempt status as provided in Internal Revenue Code, section 501(c)(3);  
70.23 (3) is established to provide health services to low-income population groups, uninsured,  
70.24 high-risk and special needs populations, underserved and other special needs populations;

70.25 (4) employs professional staff at least one-half of which are familiar with the cultural  
70.26 background of their clients;

70.27 (5) charges for services on a sliding fee scale designed to provide assistance to  
70.28 low-income clients based on current poverty income guidelines and family size; and

70.29 (6) does not restrict access or services because of a client's financial limitations or public  
70.30 assistance status and provides no-cost care as needed.

70.31 (i) Effective for services provided on or after January 1, 2015, all claims for payment  
70.32 of clinic services provided by FQHCs and rural health clinics shall be paid by the

71.1 commissioner. the commissioner shall determine the most feasible method for paying claims  
71.2 from the following options:

71.3 (1) FQHCs and rural health clinics submit claims directly to the commissioner for  
71.4 payment, and the commissioner provides claims information for recipients enrolled in a  
71.5 managed care or county-based purchasing plan to the plan, on a regular basis; or

71.6 (2) FQHCs and rural health clinics submit claims for recipients enrolled in a managed  
71.7 care or county-based purchasing plan to the plan, and those claims are submitted by the  
71.8 plan to the commissioner for payment to the clinic.

71.9 (j) For clinic services provided prior to January 1, 2015, the commissioner shall calculate  
71.10 and pay monthly the proposed managed care supplemental payments to clinics, and clinics  
71.11 shall conduct a timely review of the payment calculation data in order to finalize all  
71.12 supplemental payments in accordance with federal law. Any issues arising from a clinic's  
71.13 review must be reported to the commissioner by January 1, 2017. Upon final agreement  
71.14 between the commissioner and a clinic on issues identified under this subdivision, and in  
71.15 accordance with United States Code, title 42, section 1396a(bb), no supplemental payments  
71.16 for managed care plan or county-based purchasing plan claims for services provided prior  
71.17 to January 1, 2015, shall be made after June 30, 2017. If the commissioner and clinics are  
71.18 unable to resolve issues under this subdivision, the parties shall submit the dispute to the  
71.19 arbitration process under section 14.57.

71.20 (k) The commissioner shall establish an encounter payment rate that is equivalent to the  
71.21 all inclusive rate (AIR) payment established by the Indian Health Service and published in  
71.22 the Federal Register. The encounter rate must be updated annually and must reflect the  
71.23 changes in the AIR established by the Indian Health Service each calendar year. FQHCs  
71.24 that are also urban Indian organizations under Title V of the federal Indian Health  
71.25 Improvement Act may elect to be paid: (1) at the encounter rate established under this  
71.26 paragraph; (2) under the alternative payment methodology described in paragraph (l); or  
71.27 (3) under the federally required prospective payment system described in paragraph (f).  
71.28 FQHCs that elect to be paid at the encounter rate established under this paragraph must  
71.29 continue to meet all state and federal requirements related to FQHCs and urban Indian  
71.30 organizations, and must maintain their statuses as FQHCs and urban Indian organizations.

71.31 (l) All claims for payment of clinic services provided by FQHCs and rural health clinics,  
71.32 that have elected to be paid under this paragraph, shall be paid by the commissioner according  
71.33 to the following requirements:

72.1 (1) the commissioner shall establish a single medical and single dental organization  
72.2 encounter rate for each FQHC and rural health clinic when applicable;

72.3 (2) each FQHC and rural health clinic is eligible for same day reimbursement of one  
72.4 medical and one dental organization encounter rate if eligible medical and dental visits are  
72.5 provided on the same day;

72.6 (3) the commissioner shall reimburse FQHCs and rural health clinics, in accordance  
72.7 with current applicable Medicare cost principles, their allowable costs, including direct  
72.8 patient care costs and patient-related support services. Nonallowable costs include, but are  
72.9 not limited to:

72.10 (i) general social services and administrative costs;

72.11 (ii) retail pharmacy;

72.12 (iii) patient incentives, food, housing assistance, and utility assistance;

72.13 (iv) external lab and x-ray;

72.14 (v) navigation services;

72.15 (vi) health care taxes;

72.16 (vii) advertising, public relations, and marketing;

72.17 (viii) office entertainment costs, food, alcohol, and gifts;

72.18 (ix) contributions and donations;

72.19 (x) bad debts or losses on awards or contracts;

72.20 (xi) fines, penalties, damages, or other settlements;

72.21 (xii) fundraising, investment management, and associated administrative costs;

72.22 (xiii) research and associated administrative costs;

72.23 (xiv) nonpaid workers;

72.24 (xv) lobbying;

72.25 (xvi) scholarships and student aid; and

72.26 (xvii) nonmedical assistance covered services;

72.27 (4) the commissioner shall review the list of nonallowable costs in the years between  
72.28 the rebasing process established in clause (5), in consultation with the Minnesota Association

73.1 of Community Health Centers, FQHCs, and rural health clinics. The commissioner shall  
73.2 publish the list and any updates in the Minnesota health care programs provider manual;

73.3 (5) the initial applicable base year organization encounter rates for FQHCs and rural  
73.4 health clinics shall be computed for services delivered on or after January 1, 2021, and:

73.5 (i) must be determined using each FQHC's and rural health clinic's Medicare cost reports  
73.6 from 2017 and 2018;

73.7 (ii) must be according to current applicable Medicare cost principles as applicable to  
73.8 FQHCs and rural health clinics without the application of productivity screens and upper  
73.9 payment limits or the Medicare prospective payment system FQHC aggregate mean upper  
73.10 payment limit;

73.11 (iii) must be subsequently rebased every two years thereafter using the Medicare cost  
73.12 reports that are three and four years prior to the rebasing year. Years in which organizational  
73.13 cost or claims volume is reduced or altered due to a pandemic, disease, or other public health  
73.14 emergency shall not be used as part of a base year when the base year includes more than  
73.15 one year. The commissioner may use the Medicare cost reports of a year unaffected by a  
73.16 pandemic, disease, or other public health emergency, or previous two consecutive years,  
73.17 inflated to the base year as established under item (iv);

73.18 (iv) must be inflated to the base year using the inflation factor described in clause (6);  
73.19 and

73.20 (v) the commissioner must provide for a 60-day appeals process under section 14.57;

73.21 (6) the commissioner shall annually inflate the applicable organization encounter rates  
73.22 for FQHCs and rural health clinics from the base year payment rate to the effective date by  
73.23 using the CMS FQHC Market Basket inflator established under United States Code, title  
73.24 42, section 1395m(o), less productivity;

73.25 (7) FQHCs and rural health clinics that have elected the alternative payment methodology  
73.26 under this paragraph shall submit all necessary documentation required by the commissioner  
73.27 to compute the rebased organization encounter rates no later than six months following the  
73.28 date the applicable Medicare cost reports are due to the Centers for Medicare and Medicaid  
73.29 Services;

73.30 (8) the commissioner shall reimburse FQHCs and rural health clinics an additional  
73.31 amount relative to their medical and dental organization encounter rates that is attributable  
73.32 to the tax required to be paid according to section 295.52, if applicable;

74.1       (9) FQHCs and rural health clinics may submit change of scope requests to the  
74.2       commissioner if the change of scope would result in an increase or decrease of 2.5 percent  
74.3       or higher in the medical or dental organization encounter rate currently received by the  
74.4       FQHC or rural health clinic;

74.5       (10) for FQHCs and rural health clinics seeking a change in scope with the commissioner  
74.6       under clause (9) that requires the approval of the scope change by the federal Health  
74.7       Resources Services Administration:

74.8       (i) FQHCs and rural health clinics shall submit the change of scope request, including  
74.9       the start date of services, to the commissioner within seven business days of submission of  
74.10       the scope change to the federal Health Resources Services Administration;

74.11       (ii) the commissioner shall establish the effective date of the payment change as the  
74.12       federal Health Resources Services Administration date of approval of the FQHC's or rural  
74.13       health clinic's scope change request, or the effective start date of services, whichever is  
74.14       later; and

74.15       (iii) within 45 days of one year after the effective date established in item (ii), the  
74.16       commissioner shall conduct a retroactive review to determine if the actual costs established  
74.17       under clause (3) or encounters result in an increase or decrease of 2.5 percent or higher in  
74.18       the medical or dental organization encounter rate, and if this is the case, the commissioner  
74.19       shall revise the rate accordingly and shall adjust payments retrospectively to the effective  
74.20       date established in item (ii);

74.21       (11) for change of scope requests that do not require federal Health Resources Services  
74.22       Administration approval, the FQHC and rural health clinic shall submit the request to the  
74.23       commissioner before implementing the change, and the effective date of the change is the  
74.24       date the commissioner received the FQHC's or rural health clinic's request, or the effective  
74.25       start date of the service, whichever is later. The commissioner shall provide a response to  
74.26       the FQHC's or rural health clinic's request within 45 days of submission and provide a final  
74.27       approval within 120 days of submission. This timeline may be waived at the mutual  
74.28       agreement of the commissioner and the FQHC or rural health clinic if more information is  
74.29       needed to evaluate the request;

74.30       (12) the commissioner, when establishing organization encounter rates for new FQHCs  
74.31       and rural health clinics, shall consider the patient caseload of existing FQHCs and rural  
74.32       health clinics in a 60-mile radius for organizations established outside of the seven-county  
74.33       metropolitan area, and in a 30-mile radius for organizations in the seven-county metropolitan

75.1 area. If this information is not available, the commissioner may use Medicare cost reports  
75.2 or audited financial statements to establish base rates;

75.3 (13) the commissioner, when establishing organization encounter rates under this section  
75.4 for FQHCs and rural health clinics resulting from a merger of existing clinics or the  
75.5 acquisition of an existing clinic by another existing clinic, must use the combined costs and  
75.6 caseloads from the clinics participating in the merger or acquisition to set the encounter rate  
75.7 for the new clinic organization resulting from the merger or acquisition. The scope of services  
75.8 for the newly formed clinic must be inclusive of the scope of services of the clinics  
75.9 participating in the merger or acquisition;

75.10 ~~(13)~~ (14) the commissioner shall establish a quality measures workgroup that includes  
75.11 representatives from the Minnesota Association of Community Health Centers, FQHCs,  
75.12 and rural health clinics, to evaluate clinical and nonclinical measures; and

75.13 ~~(14)~~ (15) the commissioner shall not disallow or reduce costs that are related to an  
75.14 FQHC's or rural health clinic's participation in health care educational programs to the extent  
75.15 that the costs are not accounted for in the alternative payment methodology encounter rate  
75.16 established in this paragraph.

75.17 (m) Effective July 1, 2023, an enrolled Indian health service facility or a Tribal health  
75.18 center operating under a 638 contract or compact may elect to also enroll as a Tribal FQHC.  
75.19 Requirements that otherwise apply to an FQHC covered in this subdivision do not apply to  
75.20 a Tribal FQHC enrolled under this paragraph, except that any requirements necessary to  
75.21 comply with federal regulations do apply to a Tribal FQHC. The commissioner shall establish  
75.22 an alternative payment method for a Tribal FQHC enrolled under this paragraph that uses  
75.23 the same method and rates applicable to a Tribal facility or health center that does not enroll  
75.24 as a Tribal FQHC.

75.25 (n) FQHC reimbursement for mental health targeted case management services is limited  
75.26 to:

75.27 (1) only those services described under subdivision 20 and provided in accordance with  
75.28 contracts executed with counties authorized to subcontract for mental health targeted case  
75.29 management services; and

75.30 (2) an FQHC's actual incurred costs as separately reported on the cost report submitted  
75.31 to the Centers for Medicare and Medicaid Services and further identified in reports submitted  
75.32 to the commissioner.

76.1        (o) Counties contracting with FQHCs for mental health targeted case management remain  
76.2        responsible for the nonfederal share of the cost of the provided mental health targeted case  
76.3        management services. The commissioner must bill each county for the nonfederal share of  
76.4        the mental health targeted case management costs as reported by the FQHC.

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

76.6        Sec. 8. Minnesota Statutes 2024, section 256L.03, subdivision 3b, is amended to read:

76.7        Subd. 3b. **Chiropractic services.** MinnesotaCare covers the following chiropractic  
76.8        services for individuals under the age of 21: medically necessary exams, manual manipulation  
76.9        of the spine, and x-rays.

76.10        **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
76.11        whichever is later. The commissioner shall notify the revisor of statutes when federal  
76.12        approval is obtained.

76.13        **ARTICLE 3**  
76.14        **PHARMACY**

76.15        Section 1. Minnesota Statutes 2024, section 256B.0625, subdivision 13c, is amended to  
76.16        read:

76.17        Subd. 13c. **Formulary Committee.** (a) The commissioner, after receiving  
76.18        recommendations from professional medical associations and professional pharmacy  
76.19        associations, and consumer groups shall designate a Formulary Committee to carry out  
76.20        duties as described in subdivisions 13 to 13g. The Formulary Committee shall be comprised  
76.21        of at least five licensed physicians actively engaged in the practice of medicine in Minnesota,  
76.22        one of whom is an actively practicing psychiatrist, one of whom specializes in the diagnosis  
76.23        and treatment of rare diseases, one of whom specializes in pediatrics, and one of whom  
76.24        actively treats persons with disabilities; at least three licensed pharmacists actively engaged  
76.25        in the practice of pharmacy in Minnesota, one of whom practices outside the metropolitan  
76.26        counties listed in section 473.121, subdivision 4, one of whom practices in the metropolitan  
76.27        counties listed in section 473.121, subdivision 4, and one of whom is a practicing hospital  
76.28        pharmacist; at least two consumer representatives, all of whom must have a personal or  
76.29        professional connection to medical assistance; and one representative designated by the  
76.30        Minnesota Rare Disease Advisory Council established under section 256.4835; the remainder  
76.31        to be made up of health care professionals who are licensed in their field and have recognized  
76.32        knowledge in the clinically appropriate prescribing, dispensing, and monitoring of covered  
76.33        outpatient drugs. Members of the Formulary Committee shall not be employed by the

77.1      Department of Human Services or have a personal interest in a pharmaceutical company,  
77.2      pharmacy benefits manager, health plan company, or their affiliate organizations, but the  
77.3      committee shall be staffed by an employee of the department who shall serve as an ex  
77.4      officio, nonvoting member of the committee. For the purposes of this subdivision, "personal  
77.5      interest" means that a person owns at least five percent of the voting interest or equity  
77.6      interest in the entity, the equity interest owned by a person represents at least five percent  
77.7      of that person's net worth, or more than five percent of a person's gross income for the  
77.8      preceding year was derived from the entity. A committee member must notify the committee  
77.9      of any potential conflict of interest and recuse themselves from any communications,  
77.10     discussion, or vote on any matter where a conflict of interest exists. A conflict of interest  
77.11     alone, without a personal interest, does not preclude an applicant from serving as a member  
77.12     of the Formulary Committee. Members may be removed from the committee for cause after  
77.13     a recommendation for removal by a majority of the committee membership. For the purposes  
77.14     of this subdivision, "cause" does not include offering a differing or dissenting clinical opinion  
77.15     on a drug or drug class. The department's medical director shall also serve as an ex officio,  
77.16     nonvoting member for the committee. Committee members shall serve three-year terms  
77.17     and may be reappointed twice by the commissioner. The committee members shall vote on  
77.18     a chair and vice chair from among their membership. The chair shall preside over all  
77.19     committee meetings, and the vice chair shall preside over the meetings if the chair is not  
77.20     present. The Formulary Committee shall meet at least three times per year. The commissioner  
77.21     may require more frequent Formulary Committee meetings as needed. An honorarium of  
77.22     \$100 per meeting and reimbursement for mileage shall be paid to each committee member  
77.23     in attendance. ~~The Formulary Committee expires June 30, 2027.~~ The Formulary Committee  
77.24     is subject to the Open Meeting Law under chapter 13D. For purposes of establishing a  
77.25     quorum to transact business, vacant committee member positions do not count in the  
77.26     calculation as long as at least 60 percent of the committee member positions are filled.

77.27     (b) Notwithstanding section 15.059, the Formulary Committee does not expire.

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

77.29     Sec. 2. Minnesota Statutes 2024, section 256B.69, subdivision 6d, is amended to read:

77.30     Subd. 6d. **Prescription drugs.** The commissioner ~~may~~must exclude or modify coverage  
77.31     for outpatient prescription drugs from the prepaid managed care contracts entered into under  
77.32     this section. The commissioner may include, exclude, or modify coverage for prescription  
77.33     drugs, other than those dispensed from outpatient pharmacies, from the prepaid managed  
77.34     care contracts under this section in order to increase savings to the state by collecting

78.1 additional prescription drug rebates. The contracts must maintain incentives for the managed  
78.2 care plan to manage drug costs and utilization and may require that the managed care plans  
78.3 maintain an open drug formulary. In order to manage drug costs and utilization, the contracts  
78.4 may authorize the managed care plans to use preferred drug lists and prior authorization.  
78.5 This subdivision is contingent on federal approval of the managed care contract changes  
78.6 and the collection of additional prescription drug rebates.

78.7 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
78.8 whichever is later. The commissioner shall notify the revisor of statutes when federal  
78.9 approval is obtained.

## ARTICLE 4

### BACKGROUND STUDIES

78.12 Section 1. Minnesota Statutes 2024, section 245C.13, subdivision 2, is amended to read:

78.13 **Subd. 2. Activities pending completion of background study.** The subject of a  
78.14 background study may not perform any activity requiring a background study under  
78.15 paragraph (c) until the commissioner has issued one of the notices under paragraph (a).

78.16 (a) Notices from the commissioner required prior to activity under paragraph (c) include:

78.17 (1) a notice of the study results under section 245C.17 stating that:  
78.18 (i) the individual is not disqualified; or  
78.19 (ii) more time is needed to complete the study but the individual is not required to be  
78.20 removed from direct contact or access to people receiving services prior to completion of  
78.21 the study as provided under section 245C.17, subdivision 1, paragraph (b) or (c). The notice  
78.22 that more time is needed to complete the study must also indicate whether the individual is  
78.23 required to be under continuous direct supervision prior to completion of the background  
78.24 study. When more time is necessary to complete a background study of an individual  
78.25 affiliated with a Title IV-E eligible children's residential facility or foster residence setting,  
78.26 the individual may not work in the facility or setting regardless of whether or not the  
78.27 individual is supervised;

78.28 (2) a notice that a disqualification has been set aside under section 245C.23; or

78.29 (3) a notice that a variance has been granted related to the individual under section  
78.30 245C.30.

78.31 (b) For a background study affiliated with a licensed child care center or certified  
78.32 license-exempt child care center, the notice sent under paragraph (a), clause (1), item (ii),

79.1 must not be issued until the commissioner receives a qualifying result for the individual for  
79.2 the fingerprint-based national criminal history record check or the fingerprint-based criminal  
79.3 history information from the Bureau of Criminal Apprehension. The notice must require  
79.4 the individual to be under continuous direct supervision prior to completion of the remainder  
79.5 of the background study except as permitted in subdivision 3.

79.6 (c) Activities prohibited prior to receipt of notice under paragraph (a) include:

79.7 (1) being issued a license;

79.8 (2) living in the household where the licensed program will be provided;

79.9 (3) providing direct contact services to persons served by a program unless the subject  
79.10 is under continuous direct supervision;

79.11 (4) having access to persons receiving services if the background study was completed  
79.12 under section 144.057, subdivision 1, or 245C.03, subdivision 1, paragraph (a), clause (2),  
79.13 (5), or (6), unless the subject is under continuous direct supervision;

79.14 (5) for licensed child care centers and certified license-exempt child care centers,  
79.15 providing direct contact services to persons served by the program;

79.16 (6) for children's residential facilities or foster residence settings, working in the facility  
79.17 or setting; ~~or~~

79.18 (7) for background studies affiliated with a personal care provider organization, except  
79.19 as provided in section 245C.03, subdivision 3b, before a personal care assistant provides  
79.20 services, the personal care assistance provider agency must initiate a background study of  
79.21 the personal care assistant under this chapter and the personal care assistance provider  
79.22 agency must have received a notice from the commissioner that the personal care assistant  
79.23 is:

79.24 (i) not disqualified under section 245C.14; or

79.25 (ii) disqualified, but the personal care assistant has received a set aside of the  
79.26 disqualification under section 245C.22-; or

79.27 (8) for background studies affiliated with an early intensive developmental and behavioral  
79.28 intervention provider, before an individual provides services, the early intensive  
79.29 developmental and behavioral intervention provider must initiate a background study for  
79.30 the individual under this chapter and the early intensive developmental and behavioral  
79.31 intervention provider must have received a notice from the commissioner that the individual  
79.32 is:

80.1 (i) not disqualified under section 245C.14; or

80.2 (ii) disqualified, but the individual has received a set aside of the disqualification under  
80.3 section 245C.22.

80.4 **EFFECTIVE DATE.** This section is effective January 15, 2026.

80.5 Sec. 2. Minnesota Statutes 2024, section 245C.14, is amended by adding a subdivision to  
80.6 read:

80.7 **Subd. 4c. Two-year disqualification.** An individual is disqualified under section  
80.8 245C.14, subdivision 6, if less than two years has passed since a determination that the  
80.9 individual violated section 142A.12, 245.095, or 256B.064.

80.10 **EFFECTIVE DATE.** This section is effective July 1, 2025.

80.11 Sec. 3. Minnesota Statutes 2024, section 245C.14, is amended by adding a subdivision to  
80.12 read:

80.13 **Subd. 6. Disqualification from owning, operating, or billing.** The commissioner shall  
80.14 disqualify an individual who is the subject of a background study from any position involving  
80.15 ownership, management, or control of a program or billing activities if a background study  
80.16 completed under this chapter shows a violation of section 142A.12, 245.095, or 256B.064.

80.17 **EFFECTIVE DATE.** This section is effective July 1, 2025.

80.18 Sec. 4. Minnesota Statutes 2024, section 245C.15, subdivision 1, is amended to read:

80.19 **Subdivision 1. Permanent disqualification.** (a) An individual is disqualified under  
80.20 section 245C.14 if: (1) regardless of how much time has passed since the discharge of the  
80.21 sentence imposed, if any, for the offense; and (2) unless otherwise specified, regardless of  
80.22 the level of the offense, the individual has committed any of the following offenses: sections  
80.23 243.166 (violation of predatory offender registration law); 609.185 (murder in the first  
80.24 degree); 609.19 (murder in the second degree); 609.195 (murder in the third degree); 609.20  
80.25 (manslaughter in the first degree); 609.205 (manslaughter in the second degree); a felony  
80.26 offense under 609.221 or 609.222 (assault in the first or second degree); a felony offense  
80.27 under sections 609.2242 and 609.2243 (domestic assault), spousal abuse, child abuse or  
80.28 neglect, or a crime against children; 609.2247 (domestic assault by strangulation); 609.228  
80.29 (great bodily harm caused by distribution of drugs); 609.245 (aggravated robbery); 609.247,  
80.30 subdivision 2 or 3 (carjacking in the first or second degree); 609.25 (kidnapping); 609.2661  
80.31 (murder of an unborn child in the first degree); 609.2662 (murder of an unborn child in the

81.1 second degree); 609.2663 (murder of an unborn child in the third degree); 609.322  
81.2 (solicitation, inducement, and promotion of prostitution); 609.324, subdivision 1 (other  
81.3 prohibited acts); 609.342 (criminal sexual conduct in the first degree); 609.343 (criminal  
81.4 sexual conduct in the second degree); 609.344 (criminal sexual conduct in the third degree);  
81.5 609.345 (criminal sexual conduct in the fourth degree); 609.3451 (criminal sexual conduct  
81.6 in the fifth degree); 609.3453 (criminal sexual predatory conduct); 609.3458 (sexual  
81.7 extortion); 609.352 (solicitation of children to engage in sexual conduct); 609.365 (incest);  
81.8 a felony offense under 609.377 (malicious punishment of a child); 609.3775 (child torture);  
81.9 a felony offense under 609.378 (neglect or endangerment of a child); 609.561 (arson in the  
81.10 first degree); 609.66, subdivision 1e (drive-by shooting); 609.749, subdivision 3, 4, or 5  
81.11 (felony-level harassment or stalking); 609.855, subdivision 5 (shooting at or in a public  
81.12 transit vehicle or facility); 617.23, subdivision 2, clause (1), or subdivision 3, clause (1)  
81.13 (indecent exposure involving a minor); 617.246 (use of minors in sexual performance  
81.14 prohibited); 617.247 (possession of pictorial representations of minors); or, for a child care  
81.15 background study subject, conviction of a crime that would make the individual ineligible  
81.16 for employment under United States Code, title 42, section 9858f, except for a felony drug  
81.17 conviction, regardless of whether a period of disqualification under subdivisions 2 to 4,  
81.18 would apply if the individual were not a child care background study subject.

81.19 (b) An individual's aiding and abetting, attempt, or conspiracy to commit any of the  
81.20 offenses listed in paragraph (a), as each of these offenses is defined in Minnesota Statutes,  
81.21 permanently disqualifies the individual under section 245C.14.

81.22 (c) An individual's offense in any other state or country, where the elements of the offense  
81.23 are substantially similar to any of the offenses listed in paragraph (a), permanently disqualifies  
81.24 the individual under section 245C.14.

81.25 (d) When a disqualification is based on a judicial determination other than a conviction,  
81.26 the disqualification period begins from the date of the court order. When a disqualification  
81.27 is based on an admission, the disqualification period begins from the date of an admission  
81.28 in court. When a disqualification is based on an Alford Plea, the disqualification period  
81.29 begins from the date the Alford Plea is entered in court. When a disqualification is based  
81.30 on a preponderance of evidence of a disqualifying act, the disqualification date begins from  
81.31 the date of the dismissal, the date of discharge of the sentence imposed for a conviction for  
81.32 a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

81.33 (e) If the individual studied commits one of the offenses listed in paragraph (a) that is  
81.34 specified as a felony-level only offense, but the sentence or level of offense is a gross  
81.35 misdemeanor or misdemeanor, the individual is disqualified, but the disqualification

82.1 look-back period for the offense is the period applicable to gross misdemeanor or  
82.2 misdemeanor offenses.

82.3 (f) A child care background study subject shall be disqualified if the individual is  
82.4 registered, or required to be registered, on a state sex offender registry or repository or the  
82.5 National Sex Offender Registry.

82.6 **EFFECTIVE DATE.** This section is effective July 1, 2025.

82.7 Sec. 5. Minnesota Statutes 2024, section 245C.15, subdivision 4a, is amended to read:

82.8 **Subd. 4a. Licensed family foster setting disqualifications.** (a) Notwithstanding  
82.9 subdivisions 1 to 4, for a background study affiliated with a licensed family foster setting,  
82.10 regardless of how much time has passed, an individual is disqualified under section 245C.14  
82.11 if the individual committed an act that resulted in a felony-level conviction for sections:  
82.12 609.185 (murder in the first degree); 609.19 (murder in the second degree); 609.195 (murder  
82.13 in the third degree); 609.20 (manslaughter in the first degree); 609.205 (manslaughter in  
82.14 the second degree); 609.2112 (criminal vehicular homicide); 609.221 (assault in the first  
82.15 degree); 609.223, subdivision 2 (assault in the third degree, past pattern of child abuse);  
82.16 609.223, subdivision 3 (assault in the third degree, victim under four); a felony offense  
82.17 under sections 609.2242 and 609.2243 (domestic assault, spousal abuse, child abuse or  
82.18 neglect, or a crime against children); 609.2247 (domestic assault by strangulation); 609.2325  
82.19 (criminal abuse of a vulnerable adult resulting in the death of a vulnerable adult); 609.245  
82.20 (aggravated robbery); 609.247, subdivision 2 or 3 (carjacking in the first or second degree);  
82.21 609.25 (kidnapping); 609.255 (false imprisonment); 609.2661 (murder of an unborn child  
82.22 in the first degree); 609.2662 (murder of an unborn child in the second degree); 609.2663  
82.23 (murder of an unborn child in the third degree); 609.2664 (manslaughter of an unborn child  
82.24 in the first degree); 609.2665 (manslaughter of an unborn child in the second degree);  
82.25 609.267 (assault of an unborn child in the first degree); 609.2671 (assault of an unborn child  
82.26 in the second degree); 609.268 (injury or death of an unborn child in the commission of a  
82.27 crime); 609.322, subdivision 1 (solicitation, inducement, and promotion of prostitution; sex  
82.28 trafficking in the first degree); 609.324, subdivision 1 (other prohibited acts; engaging in,  
82.29 hiring, or agreeing to hire minor to engage in prostitution); 609.342 (criminal sexual conduct  
82.30 in the first degree); 609.343 (criminal sexual conduct in the second degree); 609.344 (criminal  
82.31 sexual conduct in the third degree); 609.345 (criminal sexual conduct in the fourth degree);  
82.32 609.3451 (criminal sexual conduct in the fifth degree); 609.3453 (criminal sexual predatory  
82.33 conduct); 609.3458 (sexual extortion); 609.352 (solicitation of children to engage in sexual  
82.34 conduct); 609.377 (malicious punishment of a child); 609.3775 (child torture); 609.378

83.1 (neglect or endangerment of a child); 609.561 (arson in the first degree); 609.582, subdivision  
83.2 1 (burglary in the first degree); 609.746 (interference with privacy); 617.23 (indecent  
83.3 exposure); 617.246 (use of minors in sexual performance prohibited); or 617.247 (possession  
83.4 of pictorial representations of minors).

83.5 (b) Notwithstanding subdivisions 1 to 4, for the purposes of a background study affiliated  
83.6 with a licensed family foster setting, an individual is disqualified under section 245C.14,  
83.7 regardless of how much time has passed, if the individual:

83.8 (1) committed an action under paragraph (e) that resulted in death or involved sexual  
83.9 abuse, as defined in section 260E.03, subdivision 20;

83.10 (2) committed an act that resulted in a gross misdemeanor-level conviction for section  
83.11 609.3451 (criminal sexual conduct in the fifth degree);

83.12 (3) committed an act against or involving a minor that resulted in a felony-level conviction  
83.13 for: section 609.222 (assault in the second degree); 609.223, subdivision 1 (assault in the  
83.14 third degree); 609.2231 (assault in the fourth degree); or 609.224 (assault in the fifth degree);  
83.15 or

83.16 (4) committed an act that resulted in a misdemeanor or gross misdemeanor-level  
83.17 conviction for section 617.293 (dissemination and display of harmful materials to minors).

83.18 (c) Notwithstanding subdivisions 1 to 4, for a background study affiliated with a licensed  
83.19 family foster setting, an individual is disqualified under section 245C.14 if fewer than 20  
83.20 years have passed since the termination of the individual's parental rights under section  
83.21 260C.301, subdivision 1, paragraph (b), or if the individual consented to a termination of  
83.22 parental rights under section 260C.301, subdivision 1, paragraph (a), to settle a petition to  
83.23 involuntarily terminate parental rights. An individual is disqualified under section 245C.14  
83.24 if fewer than 20 years have passed since the termination of the individual's parental rights  
83.25 in any other state or country, where the conditions for the individual's termination of parental  
83.26 rights are substantially similar to the conditions in section 260C.301, subdivision 1, paragraph  
83.27 (b).

83.28 (d) Notwithstanding subdivisions 1 to 4, for a background study affiliated with a licensed  
83.29 family foster setting, an individual is disqualified under section 245C.14 if fewer than five  
83.30 years have passed since a felony-level violation for sections: 152.021 (controlled substance  
83.31 crime in the first degree); 152.022 (controlled substance crime in the second degree); 152.023  
83.32 (controlled substance crime in the third degree); 152.024 (controlled substance crime in the  
83.33 fourth degree); 152.025 (controlled substance crime in the fifth degree); 152.0261 (importing  
83.34 controlled substances across state borders); 152.0262, subdivision 1, paragraph (b)

84.1 (possession of substance with intent to manufacture methamphetamine); 152.027, subdivision  
84.2 6, paragraph (c) (sale or possession of synthetic cannabinoids); 152.096 (conspiracies  
84.3 prohibited); 152.097 (simulated controlled substances); 152.136 (anhydrous ammonia;  
84.4 prohibited conduct; criminal penalties; civil liabilities); 152.137 (methamphetamine-related  
84.5 crimes involving children or vulnerable adults); 169A.24 (felony first-degree driving while  
84.6 impaired); 243.166 (violation of predatory offender registration requirements); 609.2113  
84.7 (criminal vehicular operation; bodily harm); 609.2114 (criminal vehicular operation; unborn  
84.8 child); 609.228 (great bodily harm caused by distribution of drugs); 609.2325 (criminal  
84.9 abuse of a vulnerable adult not resulting in the death of a vulnerable adult); 609.233 (criminal  
84.10 neglect); 609.235 (use of drugs to injure or facilitate a crime); 609.24 (simple robbery);  
84.11 609.247, subdivision 4 (carjacking in the third degree); 609.322, subdivision 1a (solicitation,  
84.12 inducement, and promotion of prostitution; sex trafficking in the second degree); 609.498,  
84.13 subdivision 1 (tampering with a witness in the first degree); 609.498, subdivision 1b  
84.14 (aggravated first-degree witness tampering); 609.562 (arson in the second degree); 609.563  
84.15 (arson in the third degree); 609.582, subdivision 2 (burglary in the second degree); 609.66  
84.16 (felony dangerous weapons); 609.687 (adulteration); 609.713 (terroristic threats); 609.749,  
84.17 subdivision 3, 4, or 5 (felony-level harassment or stalking); 609.855, subdivision 5 (shooting  
84.18 at or in a public transit vehicle or facility); or 624.713 (certain people not to possess firearms).

84.19 (e) Notwithstanding subdivisions 1 to 4, except as provided in paragraph (a), for a  
84.20 background study affiliated with a licensed family child foster care license, an individual  
84.21 is disqualified under section 245C.14 if fewer than five years have passed since:

84.22 (1) a felony-level violation for an act not against or involving a minor that constitutes:  
84.23 section 609.222 (assault in the second degree); 609.223, subdivision 1 (assault in the third  
84.24 degree); 609.2231 (assault in the fourth degree); or 609.224, subdivision 4 (assault in the  
84.25 fifth degree);

84.26 (2) a violation of an order for protection under section 518B.01, subdivision 14;

84.27 (3) a determination or disposition of the individual's failure to make required reports  
84.28 under section 260E.06 or 626.557, subdivision 3, for incidents in which the final disposition  
84.29 under chapter 260E or section 626.557 was substantiated maltreatment and the maltreatment  
84.30 was recurring or serious;

84.31 (4) a determination or disposition of the individual's substantiated serious or recurring  
84.32 maltreatment of a minor under chapter 260E, a vulnerable adult under section 626.557, or  
84.33 serious or recurring maltreatment in any other state, the elements of which are substantially

85.1 similar to the elements of maltreatment under chapter 260E or section 626.557 and meet  
85.2 the definition of serious maltreatment or recurring maltreatment;

85.3 (5) a gross misdemeanor-level violation for sections: 609.224, subdivision 2 (assault in  
85.4 the fifth degree); 609.2242 and 609.2243 (domestic assault); 609.233 (criminal neglect);  
85.5 609.377 (malicious punishment of a child); 609.378 (neglect or endangerment of a child);  
85.6 609.746 (interference with privacy); 609.749 (stalking); or 617.23 (indecent exposure); or

85.7 (6) committing an act against or involving a minor that resulted in a misdemeanor-level  
85.8 violation of section 609.224, subdivision 1 (assault in the fifth degree).

85.9 (f) For purposes of this subdivision, the disqualification begins from:

85.10 (1) the date of the alleged violation, if the individual was not convicted;

85.11 (2) the date of conviction, if the individual was convicted of the violation but not  
85.12 committed to the custody of the commissioner of corrections; or

85.13 (3) the date of release from prison, if the individual was convicted of the violation and  
85.14 committed to the custody of the commissioner of corrections.

85.15 Notwithstanding clause (3), if the individual is subsequently reincarcerated for a violation  
85.16 of the individual's supervised release, the disqualification begins from the date of release  
85.17 from the subsequent incarceration.

85.18 (g) An individual's aiding and abetting, attempt, or conspiracy to commit any of the  
85.19 offenses listed in paragraphs (a) and (b), as each of these offenses is defined in Minnesota  
85.20 Statutes, permanently disqualifies the individual under section 245C.14. An individual is  
85.21 disqualified under section 245C.14 if fewer than five years have passed since the individual's  
85.22 aiding and abetting, attempt, or conspiracy to commit any of the offenses listed in paragraphs  
85.23 (d) and (e).

85.24 (h) An individual's offense in any other state or country, where the elements of the  
85.25 offense are substantially similar to any of the offenses listed in paragraphs (a) and (b),  
85.26 permanently disqualifies the individual under section 245C.14. An individual is disqualified  
85.27 under section 245C.14 if fewer than five years have passed since an offense in any other  
85.28 state or country, the elements of which are substantially similar to the elements of any  
85.29 offense listed in paragraphs (d) and (e).

85.30 **EFFECTIVE DATE.** This section is effective July 1, 2025.

**ARTICLE 5****DEPARTMENT OF HUMAN SERVICES PROGRAM INTEGRITY**

Section 1. Minnesota Statutes 2024, section 13.46, subdivision 2, is amended to read:

**Subd. 2. General.** (a) Data on individuals collected, maintained, used, or disseminated

by the welfare system are private data on individuals, and shall not be disclosed except:

(1) according to section 13.05;

(2) according to court order;

(3) according to a statute specifically authorizing access to the private data;

(4) to an agent ~~of the welfare system and an~~ or investigator acting on behalf of a county,

the state, or the federal government, including a law enforcement person or attorney in the

investigation or prosecution of a criminal, civil, or administrative proceeding relating to the

administration of a program;

(5) to personnel of the welfare system who require the data to verify an individual's

identity; determine eligibility, amount of assistance, and the need to provide services to an

individual or family across programs; coordinate services for an individual or family;

evaluate the effectiveness of programs; assess parental contribution amounts; and investigate

suspected fraud;

(6) to administer federal funds or programs;

(7) between personnel of the welfare system working in the same program;

(8) to the Department of Revenue to administer and evaluate tax refund or tax credit

programs and to identify individuals who may benefit from these programs, and prepare

the databases for reports required under section 270C.13 and Laws 2008, chapter 366, article

17, section 6. The following information may be disclosed under this paragraph: an

individual's and their dependent's names, dates of birth, Social Security or individual taxpayer

identification numbers, income, addresses, and other data as required, upon request by the

Department of Revenue. Disclosures by the commissioner of revenue to the commissioner

of human services for the purposes described in this clause are governed by section 270B.14,

subdivision 1. Tax refund or tax credit programs include, but are not limited to, the dependent

care credit under section 290.067, the Minnesota working family credit under section

290.0671, the property tax refund under section 290A.04, and the Minnesota education

credit under section 290.0674;

87.1        (9) between the Department of Human Services; the Department of Employment and

87.2        Economic Development; the Department of Children, Youth, and Families; Direct Care and

87.3        Treatment; and, when applicable, the Department of Education, for the following purposes:

87.4        (i) to monitor the eligibility of the data subject for unemployment benefits, for any

87.5        employment or training program administered, supervised, or certified by that agency;

87.6        (ii) to administer any rehabilitation program or child care assistance program, whether

87.7        alone or in conjunction with the welfare system;

87.8        (iii) to monitor and evaluate the Minnesota family investment program or the child care

87.9        assistance program by exchanging data on recipients and former recipients of Supplemental

87.10        Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 142F, 256D,

87.11        256J, or 256K, child care assistance under chapter 142E, medical programs under chapter

87.12        256B or 256L; and

87.13        (iv) to analyze public assistance employment services and program utilization, cost,

87.14        effectiveness, and outcomes as implemented under the authority established in Title II,

87.15        Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of 1999.

87.16        Health records governed by sections 144.291 to 144.298 and "protected health information"

87.17        as defined in Code of Federal Regulations, title 45, section 160.103, and governed by Code

87.18        of Federal Regulations, title 45, parts 160-164, including health care claims utilization

87.19        information, must not be exchanged under this clause;

87.20        (10) to appropriate parties in connection with an emergency if knowledge of the

87.21        information is necessary to protect the health or safety of the individual or other individuals

87.22        or persons;

87.23        (11) data maintained by residential programs as defined in section 245A.02 may be

87.24        disclosed to the protection and advocacy system established in this state according to Part

87.25        C of Public Law 98-527 to protect the legal and human rights of persons with developmental

87.26        disabilities or other related conditions who live in residential facilities for these persons if

87.27        the protection and advocacy system receives a complaint by or on behalf of that person and

87.28        the person does not have a legal guardian or the state or a designee of the state is the legal

87.29        guardian of the person;

87.30        (12) to the county medical examiner or the county coroner for identifying or locating

87.31        relatives or friends of a deceased person;

88.1       (13) data on a child support obligor who makes payments to the public agency may be  
88.2       disclosed to the Minnesota Office of Higher Education to the extent necessary to determine  
88.3       eligibility under section 136A.121, subdivision 2, clause (5);

88.4       (14) participant Social Security or individual taxpayer identification numbers and names  
88.5       collected by the telephone assistance program may be disclosed to the Department of  
88.6       Revenue to conduct an electronic data match with the property tax refund database to  
88.7       determine eligibility under section 237.70, subdivision 4a;

88.8       (15) the current address of a Minnesota family investment program participant may be  
88.9       disclosed to law enforcement officers who provide the name of the participant and notify  
88.10      the agency that:

88.11      (i) the participant:

88.12      (A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after  
88.13      conviction, for a crime or attempt to commit a crime that is a felony under the laws of the  
88.14      jurisdiction from which the individual is fleeing; or

88.15      (B) is violating a condition of probation or parole imposed under state or federal law;

88.16      (ii) the location or apprehension of the felon is within the law enforcement officer's  
88.17      official duties; and

88.18      (iii) the request is made in writing and in the proper exercise of those duties;

88.19      (16) the current address of a recipient of general assistance may be disclosed to probation  
88.20      officers and corrections agents who are supervising the recipient and to law enforcement  
88.21      officers who are investigating the recipient in connection with a felony level offense;

88.22      (17) information obtained from a SNAP applicant or recipient households may be  
88.23      disclosed to local, state, or federal law enforcement officials, upon their written request, for  
88.24      the purpose of investigating an alleged violation of the Food and Nutrition Act, according  
88.25      to Code of Federal Regulations, title 7, section 272.1(c);

88.26      (18) the address, Social Security or individual taxpayer identification number, and, if  
88.27      available, photograph of any member of a household receiving SNAP benefits shall be made  
88.28      available, on request, to a local, state, or federal law enforcement officer if the officer  
88.29      furnishes the agency with the name of the member and notifies the agency that:

88.30      (i) the member:

88.31      (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a  
88.32      crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

89.1 (B) is violating a condition of probation or parole imposed under state or federal law;

89.2 or

89.3 (C) has information that is necessary for the officer to conduct an official duty related  
89.4 to conduct described in subitem (A) or (B);

89.5 (ii) locating or apprehending the member is within the officer's official duties; and

89.6 (iii) the request is made in writing and in the proper exercise of the officer's official duty;

89.7 (19) the current address of a recipient of Minnesota family investment program, general  
89.8 assistance, or SNAP benefits may be disclosed to law enforcement officers who, in writing,  
89.9 provide the name of the recipient and notify the agency that the recipient is a person required  
89.10 to register under section 243.166, but is not residing at the address at which the recipient is  
89.11 registered under section 243.166;

89.12 (20) certain information regarding child support obligors who are in arrears may be  
89.13 made public according to section 518A.74;

89.14 (21) data on child support payments made by a child support obligor and data on the  
89.15 distribution of those payments excluding identifying information on obligees may be  
89.16 disclosed to all obligees to whom the obligor owes support, and data on the enforcement  
89.17 actions undertaken by the public authority, the status of those actions, and data on the income  
89.18 of the obligor or obligee may be disclosed to the other party;

89.19 (22) data in the work reporting system may be disclosed under section 142A.29,  
89.20 subdivision 7;

89.21 (23) to the Department of Education for the purpose of matching Department of Education  
89.22 student data with public assistance data to determine students eligible for free and  
89.23 reduced-price meals, meal supplements, and free milk according to United States Code,  
89.24 title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and state  
89.25 funds that are distributed based on income of the student's family; and to verify receipt of  
89.26 energy assistance for the telephone assistance plan;

89.27 (24) the current address and telephone number of program recipients and emergency  
89.28 contacts may be released to the commissioner of health or a community health board as  
89.29 defined in section 145A.02, subdivision 5, when the commissioner or community health  
89.30 board has reason to believe that a program recipient is a disease case, carrier, suspect case,  
89.31 or at risk of illness, and the data are necessary to locate the person;

89.32 (25) to other state agencies, statewide systems, and political subdivisions of this state,  
89.33 including the attorney general, and agencies of other states, interstate information networks,

90.1     federal agencies, and other entities as required by federal regulation or law for the  
90.2     administration of the child support enforcement program;

90.3         (26) to personnel of public assistance programs as defined in section 518A.81, for access  
90.4     to the child support system database for the purpose of administration, including monitoring  
90.5     and evaluation of those public assistance programs;

90.6         (27) to monitor and evaluate the Minnesota family investment program by exchanging  
90.7     data between the Departments of Human Services; Children, Youth, and Families; and  
90.8     Education, on recipients and former recipients of SNAP benefits, cash assistance under  
90.9     chapter 142F, 256D, 256J, or 256K, child care assistance under chapter 142E, medical  
90.10    programs under chapter 256B or 256L, or a medical program formerly codified under chapter  
90.11    256D;

90.12         (28) to evaluate child support program performance and to identify and prevent fraud  
90.13     in the child support program by exchanging data between the Department of Human Services;  
90.14     Department of Children, Youth, and Families; Department of Revenue under section 270B.14,  
90.15    subdivision 1, paragraphs (a) and (b), without regard to the limitation of use in paragraph  
90.16    (c); Department of Health; Department of Employment and Economic Development; and  
90.17    other state agencies as is reasonably necessary to perform these functions;

90.18         (29) counties and the Department of Children, Youth, and Families operating child care  
90.19     assistance programs under chapter 142E may disseminate data on program participants,  
90.20    applicants, and providers to the commissioner of education;

90.21         (30) child support data on the child, the parents, and relatives of the child may be  
90.22     disclosed to agencies administering programs under titles IV-B and IV-E of the Social  
90.23     Security Act, as authorized by federal law;

90.24         (31) to a health care provider governed by sections 144.291 to 144.298, to the extent  
90.25     necessary to coordinate services;

90.26         (32) to the chief administrative officer of a school to coordinate services for a student  
90.27     and family; data that may be disclosed under this clause are limited to name, date of birth,  
90.28     gender, and address;

90.29         (33) to county correctional agencies to the extent necessary to coordinate services and  
90.30     diversion programs; data that may be disclosed under this clause are limited to name, client  
90.31     demographics, program, case status, and county worker information; or

90.32         (34) between the Department of Human Services and the Metropolitan Council for the  
90.33     following purposes:

91.1        (i) to coordinate special transportation service provided under section 473.386 with  
91.2        services for people with disabilities and elderly individuals funded by or through the  
91.3        Department of Human Services; and

91.4        (ii) to provide for reimbursement of special transportation service provided under section  
91.5        473.386.

91.6        The data that may be shared under this clause are limited to the individual's first, last, and  
91.7        middle names; date of birth; residential address; and program eligibility status with expiration  
91.8        date for the purposes of informing the other party of program eligibility.

91.9        (b) Information on persons who have been treated for substance use disorder may only  
91.10       be disclosed according to the requirements of Code of Federal Regulations, title 42, sections  
91.11       2.1 to 2.67.

91.12       (c) Data provided to law enforcement agencies under paragraph (a), clause (15), (16),  
91.13       (17), or (18), or paragraph (b), are investigative data and are confidential or protected  
91.14       nonpublic while the investigation is active. The data are private after the investigation  
91.15       becomes inactive under section 13.82, subdivision 7, clause (a) or (b).

91.16       (d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are  
91.17       not subject to the access provisions of subdivision 10, paragraph (b).

91.18       For the purposes of this subdivision, a request will be deemed to be made in writing if  
91.19       made through a computer interface system.

91.20       Sec. 2. Minnesota Statutes 2024, section 13.46, subdivision 3, is amended to read:

91.21       **Subd. 3. Investigative data.** (a) Data on persons, including data on vendors of services,  
91.22       licensees, and applicants that is collected, maintained, used, or disseminated by the welfare  
91.23       system in an investigation, authorized by statute, and relating to the enforcement of rules  
91.24       or law are confidential data on individuals pursuant to section 13.02, subdivision 3, or  
91.25       protected nonpublic data not on individuals pursuant to section 13.02, subdivision 13, and  
91.26       shall not be disclosed except:

91.27       (1) pursuant to section 13.05;

91.28       (2) pursuant to statute or valid court order;

91.29       (3) to a party named in a civil or criminal proceeding, administrative or judicial, for  
91.30       preparation of defense;

91.31       (4) to an agent of the welfare system or an investigator acting on behalf of a county,  
91.32       state, or federal government, including a law enforcement officer or attorney in the

92.1 investigation or prosecution of a criminal, civil, or administrative proceeding, unless the  
92.2 commissioner of human services or commissioner of children, youth, and families determines  
92.3 that disclosure may compromise a Department of Human Services or Department of Children,  
92.4 Youth, and Families ongoing investigation; or

92.5 (5) to provide notices required or permitted by statute.

92.6 The data referred to in this subdivision shall be classified as public data upon submission  
92.7 to an administrative law judge or court in an administrative or judicial proceeding. Inactive  
92.8 welfare investigative data shall be treated as provided in section 13.39, subdivision 3.

92.9 (b) Notwithstanding any other provision in law, the commissioner of human services  
92.10 shall provide all active and inactive investigative data, including the name of the reporter  
92.11 of alleged maltreatment under section 626.557 or chapter 260E, to the ombudsman for  
92.12 mental health and developmental disabilities upon the request of the ombudsman.

92.13 (c) Notwithstanding paragraph (a) and section 13.39, the existence of an investigation  
92.14 by the commissioner of human services of possible overpayments of public funds to a service  
92.15 provider or recipient or the reduction or withholding of payments may be disclosed if the  
92.16 commissioner determines that it will not compromise the investigation.

92.17 **EFFECTIVE DATE.** This section is effective July 1, 2025.

92.18 Sec. 3. Minnesota Statutes 2024, section 245.095, subdivision 5, is amended to read:

92.19 **Subd. 5. Withholding of payments.** (a) Except as otherwise provided by state or federal  
92.20 law, the commissioner may withhold payments to a provider, vendor, individual, associated  
92.21 individual, or associated entity in any program administered by the commissioner if the  
92.22 commissioner determines:

92.23 (1) there is a credible allegation of fraud for which an investigation is pending for a  
92.24 program administered by a Minnesota state or federal agency;:

92.25 (2) the individual, the entity, or an associated individual or entity was convicted of a  
92.26 crime charged in state or federal court with an offense that involves fraud or theft against  
92.27 a program administered by the commissioner or another Minnesota state or federal agency.  
92.28 For purposes of this subdivision, "convicted" means a judgment of conviction has been  
92.29 entered by a federal, state, or local court, regardless of whether an appeal from the judgment  
92.30 is pending, and includes a stay of adjudication, a court-ordered diversion program, or a plea  
92.31 of guilty or nolo contendere;

93.1        (3) the provider is operating after a Minnesota state or federal agency orders the  
93.2        suspension, revocation, or decertification of the provider's license;

93.3        (4) the provider, vendor, associated individual, or associated entity, including those  
93.4        receiving funds under any contract or registered program, has a background study  
93.5        disqualification under chapter 245C that has not been set aside and for which no variance  
93.6        has been issued, except for a disqualification under sections 245C.14, subdivision 5, and  
93.7        245C.15, subdivision 4c; or

93.8        (5) by a preponderance of the evidence that the provider, vendor, individual, associated  
93.9        individual, or associated entity intentionally provided materially false information when  
93.10        billing the commissioner.

93.11        (b) For purposes of this subdivision, "credible allegation of fraud" means an allegation  
93.12        that has been verified by the commissioner from any source, including but not limited to:

93.13        (1) fraud hotline complaints;  
93.14        (2) claims data mining;  
93.15        (3) patterns identified through provider audits, civil false claims cases, and law  
93.16        enforcement investigations; and  
93.17        (4) court filings and other legal documents, including but not limited to police reports,  
93.18        complaints, indictments, informations, affidavits, declarations, and search warrants.

93.19        (c) The commissioner must send notice of the withholding of payments within five days  
93.20        of taking such action. The notice must:

93.21        (1) state that payments are being withheld according to this subdivision;  
93.22        (2) set forth the general allegations related to the withholding action, except the notice  
93.23        need not disclose specific information concerning an ongoing investigation;  
93.24        (3) state that the withholding is for a temporary period and cite the circumstances under  
93.25        which the withholding will be terminated; and  
93.26        (4) inform the provider, vendor, individual, associated individual, or associated entity  
93.27        of the right to submit written evidence to contest the withholding action for consideration  
93.28        by the commissioner.

93.29        (d) If the commissioner withholds payments under this subdivision, the provider, vendor,  
93.30        individual, associated individual, or associated entity has a right to request administrative  
93.31        reconsideration. A request for administrative reconsideration must be made in writing, state  
93.32        with specificity the reasons the payment withholding decision is in error, and include

94.1 documents to support the request. Within 60 days from receipt of the request, the  
94.2 commissioner shall judiciously review allegations, facts, evidence available to the  
94.3 commissioner, and information submitted by the provider, vendor, individual, associated  
94.4 individual, or associated entity to determine whether the payment withholding should remain  
94.5 in place.

94.6 (e) The commissioner shall stop withholding payments if the commissioner determines  
94.7 there is insufficient evidence of fraud by the provider, vendor, individual, associated  
94.8 individual, or associated entity or when legal proceedings relating to the alleged fraud are  
94.9 completed, unless the commissioner has sent notice under subdivision 3 to the provider,  
94.10 vendor, individual, associated individual, or associated entity.

94.11 (f) The withholding of payments is a temporary action and is not subject to appeal under  
94.12 section 256.045 or chapter 14.

94.13 **EFFECTIVE DATE.** This section is effective July 1, 2025.

94.14 Sec. 4. Minnesota Statutes 2024, section 245.095, is amended by adding a subdivision to  
94.15 read:

94.16 **Subd. 6. Data practices.** The commissioner may exchange information, including claims  
94.17 data, with state or federal agencies, professional boards, departments, or programs for the  
94.18 purpose of investigating or prosecuting a criminal, civil, or administrative proceeding related  
94.19 to suspected fraud or exclusion from any program administered by a state or federal agency.

94.20 Sec. 5. Minnesota Statutes 2024, section 245A.04, subdivision 1, is amended to read:

94.21 **Subdivision 1. Application for licensure.** (a) An individual, organization, or government  
94.22 entity that is subject to licensure under section 245A.03 must apply for a license. The  
94.23 application must be made on the forms and in the manner prescribed by the commissioner.  
94.24 The commissioner shall provide the applicant with instruction in completing the application  
94.25 and provide information about the rules and requirements of other state agencies that affect  
94.26 the applicant. An applicant seeking licensure in Minnesota with headquarters outside of  
94.27 Minnesota must have a program office located within 30 miles of the Minnesota border.  
94.28 An applicant who intends to buy or otherwise acquire a program or services licensed under  
94.29 this chapter that is owned by another license holder must apply for a license under this  
94.30 chapter and comply with the application procedures in this section and section 245A.043.

94.31 The commissioner shall act on the application within 90 working days after a complete  
94.32 application and any required reports have been received from other state agencies or

95.1 departments, counties, municipalities, or other political subdivisions. The commissioner  
95.2 shall not consider an application to be complete until the commissioner receives all of the  
95.3 required information. If the applicant or a controlling individual is the subject of a pending  
95.4 administrative, civil, or criminal investigation, the application is not complete until the  
95.5 investigation has closed or the related legal proceedings are complete.

95.6 When the commissioner receives an application for initial licensure that is incomplete  
95.7 because the applicant failed to submit required documents or that is substantially deficient  
95.8 because the documents submitted do not meet licensing requirements, the commissioner  
95.9 shall provide the applicant written notice that the application is incomplete or substantially  
95.10 deficient. In the written notice to the applicant the commissioner shall identify documents  
95.11 that are missing or deficient and give the applicant 45 days to resubmit a second application  
95.12 that is substantially complete. An applicant's failure to submit a substantially complete  
95.13 application after receiving notice from the commissioner is a basis for license denial under  
95.14 section 245A.043.

95.15 (b) An application for licensure must identify all controlling individuals as defined in  
95.16 section 245A.02, subdivision 5a, and must designate one individual to be the authorized  
95.17 agent. The application must be signed by the authorized agent and must include the authorized  
95.18 agent's first, middle, and last name; mailing address; and email address. By submitting an  
95.19 application for licensure, the authorized agent consents to electronic communication with  
95.20 the commissioner throughout the application process. The authorized agent must be  
95.21 authorized to accept service on behalf of all of the controlling individuals. A government  
95.22 entity that holds multiple licenses under this chapter may designate one authorized agent  
95.23 for all licenses issued under this chapter or may designate a different authorized agent for  
95.24 each license. Service on the authorized agent is service on all of the controlling individuals.  
95.25 It is not a defense to any action arising under this chapter that service was not made on each  
95.26 controlling individual. The designation of a controlling individual as the authorized agent  
95.27 under this paragraph does not affect the legal responsibility of any other controlling individual  
95.28 under this chapter.

95.29 (c) An applicant or license holder must have a policy that prohibits license holders,  
95.30 employees, subcontractors, and volunteers, when directly responsible for persons served  
95.31 by the program, from abusing prescription medication or being in any manner under the  
95.32 influence of a chemical that impairs the individual's ability to provide services or care. The  
95.33 license holder must train employees, subcontractors, and volunteers about the program's  
95.34 drug and alcohol policy.

96.1 (d) An applicant and license holder must have a program grievance procedure that permits  
96.2 persons served by the program and their authorized representatives to bring a grievance to  
96.3 the highest level of authority in the program.

96.4 (e) The commissioner may limit communication during the application process to the  
96.5 authorized agent or the controlling individuals identified on the license application and for  
96.6 whom a background study was initiated under chapter 245C. Upon implementation of the  
96.7 provider licensing and reporting hub, applicants and license holders must use the hub in the  
96.8 manner prescribed by the commissioner. The commissioner may require the applicant,  
96.9 except for child foster care, to demonstrate competence in the applicable licensing  
96.10 requirements by successfully completing a written examination. The commissioner may  
96.11 develop a prescribed written examination format.

96.12 (f) When an applicant is an individual, the applicant must provide:

96.13 (1) the applicant's taxpayer identification numbers including the Social Security number  
96.14 or Minnesota tax identification number, and federal employer identification number if the  
96.15 applicant has employees;

96.16 (2) at the request of the commissioner, a copy of the most recent filing with the secretary  
96.17 of state that includes the complete business name, if any;

96.18 (3) if doing business under a different name, the doing business as (DBA) name, as  
96.19 registered with the secretary of state;

96.20 (4) if applicable, the applicant's National Provider Identifier (NPI) number and Unique  
96.21 Minnesota Provider Identifier (UMPI) number; and

96.22 (5) at the request of the commissioner, the notarized signature of the applicant or  
96.23 authorized agent.

96.24 (g) When an applicant is an organization, the applicant must provide:

96.25 (1) the applicant's taxpayer identification numbers including the Minnesota tax  
96.26 identification number and federal employer identification number;

96.27 (2) at the request of the commissioner, a copy of the most recent filing with the secretary  
96.28 of state that includes the complete business name, and if doing business under a different  
96.29 name, the doing business as (DBA) name, as registered with the secretary of state;

96.30 (3) the first, middle, and last name, and address for all individuals who will be controlling  
96.31 individuals, including all officers, owners, and managerial officials as defined in section

97.1 245A.02, subdivision 5a, and the date that the background study was initiated by the applicant  
97.2 for each controlling individual;

97.3 (4) if applicable, the applicant's NPI number and UMPI number;  
97.4 (5) the documents that created the organization and that determine the organization's  
97.5 internal governance and the relations among the persons that own the organization, have  
97.6 an interest in the organization, or are members of the organization, in each case as provided  
97.7 or authorized by the organization's governing statute, which may include a partnership  
97.8 agreement, bylaws, articles of organization, organizational chart, and operating agreement,  
97.9 or comparable documents as provided in the organization's governing statute; and  
97.10 (6) the notarized signature of the applicant or authorized agent.

97.11 (h) When the applicant is a government entity, the applicant must provide:  
97.12 (1) the name of the government agency, political subdivision, or other unit of government  
97.13 seeking the license and the name of the program or services that will be licensed;  
97.14 (2) the applicant's taxpayer identification numbers including the Minnesota tax  
97.15 identification number and federal employer identification number;  
97.16 (3) a letter signed by the manager, administrator, or other executive of the government  
97.17 entity authorizing the submission of the license application; and  
97.18 (4) if applicable, the applicant's NPI number and UMPI number.

97.19 (i) At the time of application for licensure or renewal of a license under this chapter, the  
97.20 applicant or license holder must acknowledge on the form provided by the commissioner  
97.21 if the applicant or license holder elects to receive any public funding reimbursement from  
97.22 the commissioner for services provided under the license that:

97.23 (1) the applicant's or license holder's compliance with the provider enrollment agreement  
97.24 or registration requirements for receipt of public funding may be monitored by the  
97.25 commissioner as part of a licensing investigation or licensing inspection; and  
97.26 (2) noncompliance with the provider enrollment agreement or registration requirements  
97.27 for receipt of public funding that is identified through a licensing investigation or licensing  
97.28 inspection, or noncompliance with a licensing requirement that is a basis of enrollment for  
97.29 reimbursement for a service, may result in:

97.30 (i) a correction order or a conditional license under section 245A.06, or sanctions under  
97.31 section 245A.07;

98.1       (ii) nonpayment of claims submitted by the license holder for public program  
98.2       reimbursement;  
98.3       (iii) recovery of payments made for the service;  
98.4       (iv) disenrollment in the public payment program; or  
98.5       (v) other administrative, civil, or criminal penalties as provided by law.

98.6       Sec. 6. Minnesota Statutes 2024, section 245A.05, is amended to read:

98.7       **245A.05 DENIAL OF APPLICATION.**

98.8       (a) The commissioner may deny a license if an applicant or controlling individual:  
98.9           (1) fails to submit a substantially complete application after receiving notice from the  
98.10          commissioner under section 245A.04, subdivision 1;  
98.11           (2) fails to comply with applicable laws or rules;  
98.12           (3) knowingly withholds relevant information from or gives false or misleading  
98.13          information to the commissioner in connection with an application for a license or during  
98.14          an investigation;  
98.15           (4) has a disqualification that has not been set aside under section 245C.22 and no  
98.16          variance has been granted;  
98.17           (5) has an individual living in the household who received a background study under  
98.18          section 245C.03, subdivision 1, paragraph (a), clause (2), who has a disqualification that  
98.19          has not been set aside under section 245C.22, and no variance has been granted;  
98.20           (6) is associated with an individual who received a background study under section  
98.21          245C.03, subdivision 1, paragraph (a), clause (6), who may have unsupervised access to  
98.22          children or vulnerable adults, and who has a disqualification that has not been set aside  
98.23          under section 245C.22, and no variance has been granted;  
98.24           (7) fails to comply with section 245A.04, subdivision 1, paragraph (f) or (g);  
98.25           (8) fails to demonstrate competent knowledge as required by section 245A.04, subdivision  
98.26          6;  
98.27           (9) has a history of noncompliance as a license holder or controlling individual with  
98.28          applicable laws or rules, including but not limited to this chapter and chapters 142E and  
98.29          245C; or  
98.30           (10) is prohibited from holding a license according to section 245.095; or

99.1        (11) is the subject of a pending administrative, civil, or criminal investigation.

99.2        (b) An applicant whose application has been denied by the commissioner must be given  
99.3        notice of the denial, which must state the reasons for the denial in plain language. Notice  
99.4        must be given by certified mail, by personal service, or through the provider licensing and  
99.5        reporting hub. The notice must state the reasons the application was denied and must inform  
99.6        the applicant of the right to a contested case hearing under chapter 14 and Minnesota Rules,  
99.7        parts 1400.8505 to 1400.8612. The applicant may appeal the denial by notifying the  
99.8        commissioner in writing by certified mail, by personal service, or through the provider  
99.9        licensing and reporting hub. If mailed, the appeal must be postmarked and sent to the  
99.10       commissioner within 20 calendar days after the applicant received the notice of denial. If  
99.11       an appeal request is made by personal service, it must be received by the commissioner  
99.12       within 20 calendar days after the applicant received the notice of denial. If the order is issued  
99.13       through the provider hub, the appeal must be received by the commissioner within 20  
99.14       calendar days from the date the commissioner issued the order through the hub. Section  
99.15       245A.08 applies to hearings held to appeal the commissioner's denial of an application.

99.16       Sec. 7. Minnesota Statutes 2024, section 245A.07, subdivision 2, is amended to read:

99.17       **Subd. 2. Temporary immediate suspension.** (a) The commissioner shall act immediately  
99.18       to temporarily suspend a license issued under this chapter if:

99.19       (1) the license holder's or controlling individual's actions or failure to comply with  
99.20       applicable law or rule, or the actions of other individuals or conditions in the program, pose  
99.21       an imminent risk of harm to the health, safety, or rights of persons served by the program;

99.22       (2) while the program continues to operate pending an appeal of an order of revocation,  
99.23       the commissioner identifies one or more subsequent violations of law or rule which may  
99.24       adversely affect the health or safety of persons served by the program; or

99.25       (3) the license holder or controlling individual is criminally charged in state or federal  
99.26       court with an offense that involves fraud or theft against a program administered by ~~the~~  
99.27       ~~commissioner~~ a state or federal agency.

99.28       (b) No state funds shall be made available or be expended by any agency or department  
99.29       of state, county, or municipal government for use by a license holder regulated under this  
99.30       chapter while a license issued under this chapter is under immediate suspension. A notice  
99.31       stating the reasons for the immediate suspension and informing the license holder of the  
99.32       right to an expedited hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to  
99.33       1400.8612, must be delivered by personal service to the address shown on the application

100.1 or the last known address of the license holder. The license holder may appeal an order  
100.2 immediately suspending a license. The appeal of an order immediately suspending a license  
100.3 must be made in writing by certified mail, personal service, or other means expressly set  
100.4 forth in the commissioner's order. If mailed, the appeal must be postmarked and sent to the  
100.5 commissioner within five calendar days after the license holder receives notice that the  
100.6 license has been immediately suspended. If a request is made by personal service, it must  
100.7 be received by the commissioner within five calendar days after the license holder received  
100.8 the order. A license holder and any controlling individual shall discontinue operation of the  
100.9 program upon receipt of the commissioner's order to immediately suspend the license.

100.10 (c) The commissioner may act immediately to temporarily suspend a license issued  
100.11 under this chapter if the license holder or controlling individual is the subject of a pending  
100.12 administrative, civil, or criminal investigation or subject to an administrative or civil action  
100.13 related to fraud against a program administered by a state or federal agency.

100.14 Sec. 8. Minnesota Statutes 2024, section 254B.06, is amended by adding a subdivision to  
100.15 read:

100.16 Subd. 5. Prohibition of duplicative claim submission. (a) For time-based claims,  
100.17 submissions must follow the guidelines in the Centers for Medicare and Medicaid Services'  
100.18 Healthcare Common Procedure Coding System and the American Medical Association's  
100.19 Current Procedural Terminology to determine the appropriate units of time to report.

100.20 (b) More than half the duration of a time-based code must be spent performing the service  
100.21 to be eligible under this section. Any provision of service during the remaining balance of  
100.22 the unit of time is not eligible for any other claims submission and would be considered a  
100.23 duplicative claim submission.

100.24 (c) A provider may only round up to the next whole number of service units on a  
100.25 submitted claim when more than one and one-half times the defined value of the code has  
100.26 occurred and no additional time increment code exists.

100.27 **EFFECTIVE DATE.** This section is effective July 1, 2025.

100.28 Sec. 9. Minnesota Statutes 2024, subdivision 4, is amended to read:

100.29 Subd. 4. Funding. (a) County and Tribal agency reimbursement shall be made through  
100.30 the settlement provisions applicable to the Supplemental Nutrition Assistance Program  
100.31 (SNAP), MFIP, child care assistance programs, the medical assistance program, and other  
100.32 federal and state-funded programs.

101.1        (b) The commissioners will maintain program compliance if for any ~~three consecutive~~  
101.2 ~~month period quarter~~, a county or Tribal agency fails to comply with fraud prevention  
101.3 investigation program guidelines, or fails to meet the cost-effectiveness standards developed  
101.4 by the commissioners. This result is contingent on the commissioners providing written  
101.5 notice, including an offer of technical assistance, within 30 days of the end of the ~~third or~~  
101.6 ~~subsequent month quarter~~ of noncompliance. The county or Tribal agency shall be required  
101.7 to submit a corrective action plan to the commissioners within 30 days of receipt of a notice  
101.8 of noncompliance. Failure to submit a corrective action plan or, continued deviation from  
101.9 standards of more than ten percent after submission of a corrective action plan, will result  
101.10 in denial of funding for each subsequent month, or billing the county or Tribal agency for  
101.11 fraud prevention investigation (FPI) service provided by the commissioners, or reallocation  
101.12 of program grant funds, or investigative resources, or both, to other counties or Tribal  
101.13 agencies. The denial of funding shall apply to the general settlement received by the county  
101.14 or Tribal agency on a quarterly basis and shall not reduce the grant amount applicable to  
101.15 the FPI project.

101.16        **EFFECTIVE DATE.** This section is effective July 1, 2025.

101.17        Sec. 10. Minnesota Statutes 2024, section 256B.04, subdivision 21, is amended to read:

101.18        Subd. 21. **Provider enrollment.** (a) The commissioner shall enroll providers and conduct  
101.19 screening activities as required by Code of Federal Regulations, title 42, section 455, subpart  
101.20 E. A provider must enroll each provider-controlled location where direct services are  
101.21 provided. The commissioner may deny a provider's incomplete application if a provider  
101.22 fails to respond to the commissioner's request for additional information within 60 days of  
101.23 the request. The commissioner must conduct a background study under chapter 245C,  
101.24 including a review of databases in section 245C.08, subdivision 1, paragraph (a), clauses  
101.25 (1) to (5), for a provider described in this paragraph. The background study requirement  
101.26 may be satisfied if the commissioner conducted a fingerprint-based background study on  
101.27 the provider that includes a review of databases in section 245C.08, subdivision 1, paragraph  
101.28 (a), clauses (1) to (5).

101.29        (b) The commissioner shall revalidate each:

101.30        (1) each provider under this subdivision at least once every five years; and  
101.31        (2) each personal care assistance agency under this subdivision once every three years; and  
101.32        and

102.1 (3) at the commissioner's discretion, any other Medicaid-only provider type the  
102.2 commissioner deems "high risk" under this subdivision.

102.3 (c) The commissioner shall conduct revalidation as follows:

102.4 (1) provide 30-day notice of the revalidation due date including instructions for  
102.5 revalidation and a list of materials the provider must submit;

102.6 (2) if a provider fails to submit all required materials by the due date, notify the provider  
102.7 of the deficiency within 30 days after the due date and allow the provider an additional 30  
102.8 days from the notification date to comply; and

102.9 (3) if a provider fails to remedy a deficiency within the 30-day time period, give 60-day  
102.10 notice of termination and immediately suspend the provider's ability to bill. The provider  
102.11 does not have the right to appeal suspension of ability to bill.

102.12 (d) If a provider fails to comply with any individual provider requirement or condition  
102.13 of participation, the commissioner may suspend the provider's ability to bill until the provider  
102.14 comes into compliance. The commissioner's decision to suspend the provider is not subject  
102.15 to an administrative appeal.

102.16 (e) Correspondence and notifications, including notifications of termination and other  
102.17 actions, may be delivered electronically to a provider's MN-ITS mailbox. This paragraph  
102.18 does not apply to correspondences and notifications related to background studies.

102.19 (f) If the commissioner or the Centers for Medicare and Medicaid Services determines  
102.20 that a provider is designated "high-risk," the commissioner may withhold payment from  
102.21 providers within that category upon initial enrollment for a 90-day period. The withholding  
102.22 for each provider must begin on the date of the first submission of a claim.

102.23 (g) An enrolled provider that is also licensed by the commissioner under chapter 245A,  
102.24 is licensed as a home care provider by the Department of Health under chapter 144A, or is  
102.25 licensed as an assisted living facility under chapter 144G and has a home and  
102.26 community-based services designation on the home care license under section 144A.484,  
102.27 must designate an individual as the entity's compliance officer. The compliance officer  
102.28 must:

102.29 (1) develop policies and procedures to assure adherence to medical assistance laws and  
102.30 regulations and to prevent inappropriate claims submissions;

102.31 (2) train the employees of the provider entity, and any agents or subcontractors of the  
102.32 provider entity including billers, on the policies and procedures under clause (1);

103.1        (3) respond to allegations of improper conduct related to the provision or billing of  
103.2        medical assistance services, and implement action to remediate any resulting problems;

103.3        (4) use evaluation techniques to monitor compliance with medical assistance laws and  
103.4        regulations;

103.5        (5) promptly report to the commissioner any identified violations of medical assistance  
103.6        laws or regulations; and

103.7        (6) within 60 days of discovery by the provider of a medical assistance reimbursement  
103.8        overpayment, report the overpayment to the commissioner and make arrangements with  
103.9        the commissioner for the commissioner's recovery of the overpayment.

103.10       The commissioner may require, as a condition of enrollment in medical assistance, that a  
103.11       provider within a particular industry sector or category establish a compliance program that  
103.12       contains the core elements established by the Centers for Medicare and Medicaid Services.

103.13       (h) The commissioner may revoke the enrollment of an ordering or rendering provider  
103.14       for a period of not more than one year, if the provider fails to maintain and, upon request  
103.15       from the commissioner, provide access to documentation relating to written orders or requests  
103.16       for payment for durable medical equipment, certifications for home health services, or  
103.17       referrals for other items or services written or ordered by such provider, when the  
103.18       commissioner has identified a pattern of a lack of documentation. A pattern means a failure  
103.19       to maintain documentation or provide access to documentation on more than one occasion.

103.20       Nothing in this paragraph limits the authority of the commissioner to sanction a provider  
103.21       under the provisions of section 256B.064.

103.22       (i) The commissioner shall terminate or deny the enrollment of any individual or entity  
103.23       if the individual or entity has been terminated from participation in Medicare or under the  
103.24       Medicaid program or Children's Health Insurance Program of any other state. The  
103.25       commissioner may exempt a rehabilitation agency from termination or denial that would  
103.26       otherwise be required under this paragraph, if the agency:

103.27       (1) is unable to retain Medicare certification and enrollment solely due to a lack of billing  
103.28       to the Medicare program;

103.29       (2) meets all other applicable Medicare certification requirements based on an on-site  
103.30       review completed by the commissioner of health; and

103.31       (3) serves primarily a pediatric population.

103.32       (j) As a condition of enrollment in medical assistance, the commissioner shall require  
103.33       that a provider designated "moderate" or "high-risk" by the Centers for Medicare and

104.1     Medicaid Services or the commissioner permit the Centers for Medicare and Medicaid  
104.2     Services, its agents, or its designated contractors and the state agency, its agents, or its  
104.3     designated contractors to conduct unannounced on-site inspections of any provider location.  
104.4     The commissioner shall publish in the Minnesota Health Care Program Provider Manual a  
104.5     list of provider types designated "limited," "moderate," or "high-risk," based on the criteria  
104.6     and standards used to designate Medicare providers in Code of Federal Regulations, title  
104.7     42, section 424.518. The list and criteria are not subject to the requirements of chapter 14.  
104.8     The commissioner's designations are not subject to administrative appeal.

104.9       (k) As a condition of enrollment in medical assistance, the commissioner shall require  
104.10    that a high-risk provider, or a person with a direct or indirect ownership interest in the  
104.11    provider of five percent or higher, consent to criminal background checks, including  
104.12    fingerprinting, when required to do so under state law or by a determination by the  
104.13    commissioner or the Centers for Medicare and Medicaid Services that a provider is designated  
104.14    high-risk for fraud, waste, or abuse.

104.15       (l)(1) Upon initial enrollment, reenrollment, and notification of revalidation, all durable  
104.16    medical equipment, prosthetics, orthotics, and supplies (DMEPOS) medical suppliers  
104.17    meeting the durable medical equipment provider and supplier definition in clause (3),  
104.18    operating in Minnesota and receiving Medicaid funds must purchase a surety bond that is  
104.19    annually renewed and designates the Minnesota Department of Human Services as the  
104.20    obligee, and must be submitted in a form approved by the commissioner. For purposes of  
104.21    this clause, the following medical suppliers are not required to obtain a surety bond: a  
104.22    federally qualified health center, a home health agency, the Indian Health Service, a  
104.23    pharmacy, and a rural health clinic.

104.24       (2) At the time of initial enrollment or reenrollment, durable medical equipment providers  
104.25    and suppliers defined in clause (3) must purchase a surety bond of \$50,000. If a revalidating  
104.26    provider's Medicaid revenue in the previous calendar year is up to and including \$300,000,  
104.27    the provider agency must purchase a surety bond of \$50,000. If a revalidating provider's  
104.28    Medicaid revenue in the previous calendar year is over \$300,000, the provider agency must  
104.29    purchase a surety bond of \$100,000. The surety bond must allow for recovery of costs and  
104.30    fees in pursuing a claim on the bond. Any action to obtain monetary recovery or sanctions  
104.31    from a surety bond must occur within six years from the date the debt is affirmed by a final  
104.32    agency decision. An agency decision is final when the right to appeal the debt has been  
104.33    exhausted or the time to appeal has expired under section 256B.064.

104.34       (3) "Durable medical equipment provider or supplier" means a medical supplier that can  
104.35    purchase medical equipment or supplies for sale or rental to the general public and is able

105.1 to perform or arrange for necessary repairs to and maintenance of equipment offered for  
105.2 sale or rental.

105.3 (m) The Department of Human Services may require a provider to purchase a surety  
105.4 bond as a condition of initial enrollment, reenrollment, reinstatement, or continued enrollment  
105.5 if: (1) the provider fails to demonstrate financial viability, (2) the department determines  
105.6 there is significant evidence of or potential for fraud and abuse by the provider, or (3) the  
105.7 provider or category of providers is designated high-risk pursuant to paragraph (f) and as  
105.8 per Code of Federal Regulations, title 42, section 455.450. The surety bond must be in an  
105.9 amount of \$100,000 or ten percent of the provider's payments from Medicaid during the  
105.10 immediately preceding 12 months, whichever is greater. The surety bond must name the  
105.11 Department of Human Services as an obligee and must allow for recovery of costs and fees  
105.12 in pursuing a claim on the bond. This paragraph does not apply if the provider currently  
105.13 maintains a surety bond under the requirements in section 256B.0659 or 256B.85.

105.14 **EFFECTIVE DATE.** This section is effective July 1, 2025.

105.15 Sec. 11. Minnesota Statutes 2024, section 256B.0659, subdivision 21, is amended to read:

105.16 **Subd. 21. Requirements for provider enrollment of personal care assistance provider  
105.17 agencies.** (a) All personal care assistance provider agencies must provide, at the time of  
105.18 enrollment, reenrollment, and revalidation as a personal care assistance provider agency in  
105.19 a format determined by the commissioner, information and documentation that includes,  
105.20 but is not limited to, the following:

105.21 (1) the personal care assistance provider agency's current contact information including  
105.22 address, telephone number, and email address;

105.23 (2) proof of surety bond coverage for each business location providing services. Upon  
105.24 new enrollment, or if the provider's Medicaid revenue in the previous calendar year is up  
105.25 to and including \$300,000, the provider agency must purchase a surety bond of \$50,000. If  
105.26 the Medicaid revenue in the previous year is over \$300,000, the provider agency must  
105.27 purchase a surety bond of \$100,000. The surety bond must be in a form approved by the  
105.28 commissioner, must be renewed annually, and must allow for recovery of costs and fees in  
105.29 pursuing a claim on the bond. Any action to obtain monetary recovery or sanctions from a  
105.30 surety bond must occur within six years from the date the debt is affirmed by a final agency  
105.31 decision. An agency decision is final when the right to appeal the debt has been exhausted  
105.32 or the time to appeal has expired under section 256B.064;

106.1        (3) proof of fidelity bond coverage in the amount of \$20,000 for each business location  
106.2        providing service;

106.3        (4) proof of workers' compensation insurance coverage identifying the business location  
106.4        where personal care assistance services are provided;

106.5        (5) proof of liability insurance coverage identifying the business location where personal  
106.6        care assistance services are provided and naming the department as a certificate holder;

106.7        (6) a copy of the personal care assistance provider agency's written policies and  
106.8        procedures including: hiring of employees; training requirements; service delivery; and  
106.9        employee and consumer safety including process for notification and resolution of consumer  
106.10        grievances, identification and prevention of communicable diseases, and employee  
106.11        misconduct;

106.12        (7) copies of all other forms the personal care assistance provider agency uses in the  
106.13        course of daily business including, but not limited to:

106.14        (i) a copy of the personal care assistance provider agency's time sheet if the time sheet  
106.15        varies from the standard time sheet for personal care assistance services approved by the  
106.16        commissioner, and a letter requesting approval of the personal care assistance provider  
106.17        agency's nonstandard time sheet;

106.18        (ii) the personal care assistance provider agency's template for the personal care assistance  
106.19        care plan; and

106.20        (iii) the personal care assistance provider agency's template for the written agreement  
106.21        in subdivision 20 for recipients using the personal care assistance choice option, if applicable;

106.22        (8) a list of all training and classes that the personal care assistance provider agency  
106.23        requires of its staff providing personal care assistance services;

106.24        (9) documentation that the personal care assistance provider agency and staff have  
106.25        successfully completed all the training required by this section, including the requirements  
106.26        under subdivision 11, paragraph (d), if enhanced personal care assistance services are  
106.27        provided and submitted for an enhanced rate under subdivision 17a;

106.28        (10) documentation of the agency's marketing practices;

106.29        (11) disclosure of ownership, leasing, or management of all residential properties that  
106.30        is used or could be used for providing home care services;

106.31        (12) documentation that the agency will use the following percentages of revenue  
106.32        generated from the medical assistance rate paid for personal care assistance services for

107.1 employee personal care assistant wages and benefits: 72.5 percent of revenue in the personal  
107.2 care assistance choice option and 72.5 percent of revenue from other personal care assistance  
107.3 providers. The revenue generated by the qualified professional and the reasonable costs  
107.4 associated with the qualified professional shall not be used in making this calculation; and

107.5 (13) effective May 15, 2010, documentation that the agency does not burden recipients'  
107.6 free exercise of their right to choose service providers by requiring personal care assistants  
107.7 to sign an agreement not to work with any particular personal care assistance recipient or  
107.8 for another personal care assistance provider agency after leaving the agency and that the  
107.9 agency is not taking action on any such agreements or requirements regardless of the date  
107.10 signed.

107.11 (b) Personal care assistance provider agencies shall provide the information specified  
107.12 in paragraph (a) to the commissioner at the time the personal care assistance provider agency  
107.13 enrolls as a vendor or upon request from the commissioner. The commissioner shall collect  
107.14 the information specified in paragraph (a) from all personal care assistance providers  
107.15 beginning July 1, 2009.

107.16 (c) All personal care assistance provider agencies shall require all employees in  
107.17 management and supervisory positions and owners of the agency who are active in the  
107.18 day-to-day management and operations of the agency to complete mandatory training as  
107.19 determined by the commissioner before submitting an application for enrollment of the  
107.20 agency as a provider. All personal care assistance provider agencies shall also require  
107.21 qualified professionals to complete the training required by subdivision 13 before submitting  
107.22 an application for enrollment of the agency as a provider. Employees in management and  
107.23 supervisory positions and owners who are active in the day-to-day operations of an agency  
107.24 who have completed the required training as an employee with a personal care assistance  
107.25 provider agency do not need to repeat the required training if they are hired by another  
107.26 agency, if they have completed the training within the past three years. By September 1,  
107.27 2010, the required training must be available with meaningful access according to title VI  
107.28 of the Civil Rights Act and federal regulations adopted under that law or any guidance from  
107.29 the United States Health and Human Services Department. The required training must be  
107.30 available online or by electronic remote connection. The required training must provide for  
107.31 competency testing. Personal care assistance provider agency billing staff shall complete  
107.32 training about personal care assistance program financial management. This training is  
107.33 effective July 1, 2009. Any personal care assistance provider agency enrolled before that  
107.34 date shall, if it has not already, complete the provider training within 18 months of July 1,  
107.35 2009. Any new owners or employees in management and supervisory positions involved

108.1 in the day-to-day operations are required to complete mandatory training as a requisite of  
108.2 working for the agency. Personal care assistance provider agencies certified for participation  
108.3 in Medicare as home health agencies are exempt from the training required in this  
108.4 subdivision. When available, Medicare-certified home health agency owners, supervisors,  
108.5 or managers must successfully complete the competency test.

108.6 (d) All surety bonds, fidelity bonds, workers' compensation insurance, and liability  
108.7 insurance required by this subdivision must be maintained continuously. After initial  
108.8 enrollment, a provider must submit proof of bonds and required coverages at any time at  
108.9 the request of the commissioner. Services provided while there are lapses in coverage are  
108.10 not eligible for payment. Lapses in coverage may result in sanctions, including termination.  
108.11 The commissioner shall send instructions and a due date to submit the requested information  
108.12 to the personal care assistance provider agency.

108.13 **EFFECTIVE DATE.** This section is effective July 1, 2025.

108.14 Sec. 12. Minnesota Statutes 2024, section 256B.0949, subdivision 2, is amended to read:

108.15 **Subd. 2. Definitions.** (a) The terms used in this section have the meanings given in this  
108.16 subdivision.

108.17 (b) "Advanced certification" means a person who has completed advanced certification  
108.18 in an approved modality under subdivision 13, paragraph (b).

108.19 (c) "Agency" means the legal entity that is enrolled with Minnesota health care programs  
108.20 as a medical assistance provider according to Minnesota Rules, part 9505.0195, to provide  
108.21 EIDBI services and that has the legal responsibility to ensure that its employees or contractors  
108.22 carry out the responsibilities defined in this section. Agency includes a licensed individual  
108.23 professional who practices independently and acts as an agency.

108.24 (d) "Autism spectrum disorder or a related condition" or "ASD or a related condition"  
108.25 means either autism spectrum disorder (ASD) as defined in the current version of the  
108.26 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found  
108.27 to be closely related to ASD, as identified under the current version of the DSM, and meets  
108.28 all of the following criteria:

108.29 (1) is severe and chronic;

108.30 (2) results in impairment of adaptive behavior and function similar to that of a person  
108.31 with ASD;

108.32 (3) requires treatment or services similar to those required for a person with ASD; and

109.1 (4) results in substantial functional limitations in three core developmental deficits of  
109.2 ASD: social or interpersonal interaction; functional communication, including nonverbal  
109.3 or social communication; and restrictive or repetitive behaviors or hyperreactivity or  
109.4 hyporeactivity to sensory input; and may include deficits or a high level of support in one  
109.5 or more of the following domains:

109.6 (i) behavioral challenges and self-regulation;

109.7 (ii) cognition;

109.8 (iii) learning and play;

109.9 (iv) self-care; or

109.10 (v) safety.

109.11 (e) "Person" means a person under 21 years of age.

109.12 (f) "Clinical supervision" means the overall responsibility for the control and direction  
109.13 of EIDBI service delivery, including individual treatment planning, staff supervision,  
109.14 individual treatment plan progress monitoring, and treatment review for each person. Clinical  
109.15 supervision is provided by a qualified supervising professional (QSP) who takes full  
109.16 professional responsibility for the service provided by each supervisee.

109.17 (g) "Commissioner" means the commissioner of human services, unless otherwise  
109.18 specified.

109.19 (h) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive  
109.20 evaluation of a person to determine medical necessity for EIDBI services based on the  
109.21 requirements in subdivision 5.

109.22 (i) "Department" means the Department of Human Services, unless otherwise specified.

109.23 (j) "Early intensive developmental and behavioral intervention benefit" or "EIDBI  
109.24 benefit" means a variety of individualized, intensive treatment modalities approved and  
109.25 published by the commissioner that are based in behavioral and developmental science  
109.26 consistent with best practices on effectiveness.

109.27 (k) "Employee" means any person who is employed by an agency, including temporary  
109.28 and part-time employees, and who performs work for at least 80 hours in a year for that  
109.29 agency in Minnesota. Employee does not include an independent contractor.

109.30 (l) "Generalizable goals" means results or gains that are observed during a variety  
109.31 of activities over time with different people, such as providers, family members, other adults,

110.1 and people, and in different environments including, but not limited to, clinics, homes,  
110.2 schools, and the community.

110.3 ~~(l)~~ (m) "Incident" means when any of the following occur:

110.4 (1) an illness, accident, or injury that requires first aid treatment;

110.5 (2) a bump or blow to the head; or

110.6 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,  
110.7 including a person leaving the agency unattended.

110.8 ~~(m)~~ (n) "Individual treatment plan" or "ITP" means the person-centered, individualized  
110.9 written plan of care that integrates and coordinates person and family information from the  
110.10 CMDE for a person who meets medical necessity for the EIDBI benefit. An individual  
110.11 treatment plan must meet the standards in subdivision 6.

110.12 ~~(n)~~ (o) "Legal representative" means the parent of a child who is under 18 years of age,  
110.13 a court-appointed guardian, or other representative with legal authority to make decisions  
110.14 about service for a person. For the purpose of this subdivision, "other representative with  
110.15 legal authority to make decisions" includes a health care agent or an attorney-in-fact  
110.16 authorized through a health care directive or power of attorney.

110.17 ~~(o)~~ (p) "Mental health professional" means a staff person who is qualified according to  
110.18 section 245I.04, subdivision 2.

110.19 ~~(p)~~ (q) "Person-centered" means a service that both responds to the identified needs,  
110.20 interests, values, preferences, and desired outcomes of the person or the person's legal  
110.21 representative and respects the person's history, dignity, and cultural background and allows  
110.22 inclusion and participation in the person's community.

110.23 ~~(q)~~ (r) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II,  
110.24 or level III treatment provider.

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

110.26 Sec. 13. Minnesota Statutes 2024, section 256B.85, subdivision 12, is amended to read:

110.27 **Subd. 12. Requirements for enrollment of CFSS agency-providers.** (a) All CFSS  
110.28 agency-providers must provide, at the time of enrollment, reenrollment, and revalidation  
110.29 as a CFSS agency-provider in a format determined by the commissioner, information and  
110.30 documentation that includes but is not limited to the following:

111.1 (1) the CFSS agency-provider's current contact information including address, telephone  
111.2 number, and email address;

111.3 (2) proof of surety bond coverage. Upon new enrollment, or if the agency-provider's  
111.4 Medicaid revenue in the previous calendar year is less than or equal to \$300,000, the  
111.5 agency-provider must purchase a surety bond of \$50,000. If the agency-provider's Medicaid  
111.6 revenue in the previous calendar year is greater than \$300,000, the agency-provider must  
111.7 purchase a surety bond of \$100,000. The surety bond must be in a form approved by the  
111.8 commissioner, must be renewed annually, and must allow for recovery of costs and fees in  
111.9 pursuing a claim on the bond. Any action to obtain monetary recovery or sanctions from a  
111.10 surety bond must occur within six years from the date the debt is affirmed by a final agency  
111.11 decision. An agency decision is final when the right to appeal the debt has been exhausted  
111.12 or the time to appeal has expired under section 256B.064;

111.13 (3) proof of fidelity bond coverage in the amount of \$20,000 per provider location;

111.14 (4) proof of workers' compensation insurance coverage;

111.15 (5) proof of liability insurance;

111.16 (6) a copy of the CFSS agency-provider's organizational chart identifying the names  
111.17 and roles of all owners, managing employees, staff, board of directors, and additional  
111.18 documentation reporting any affiliations of the directors and owners to other service  
111.19 providers;

111.20 (7) proof that the CFSS agency-provider has written policies and procedures including:  
111.21 hiring of employees; training requirements; service delivery; and employee and consumer  
111.22 safety, including the process for notification and resolution of participant grievances, incident  
111.23 response, identification and prevention of communicable diseases, and employee misconduct;

111.24 (8) proof that the CFSS agency-provider has all of the following forms and documents:  
111.25 (i) a copy of the CFSS agency-provider's time sheet; and  
111.26 (ii) a copy of the participant's individual CFSS service delivery plan;

111.27 (9) a list of all training and classes that the CFSS agency-provider requires of its staff  
111.28 providing CFSS services;

111.29 (10) documentation that the CFSS agency-provider and staff have successfully completed  
111.30 all the training required by this section;

111.31 (11) documentation of the agency-provider's marketing practices;

112.1 (12) disclosure of ownership, leasing, or management of all residential properties that  
112.2 are used or could be used for providing home care services;

112.3 (13) documentation that the agency-provider will use at least the following percentages  
112.4 of revenue generated from the medical assistance rate paid for CFSS services for CFSS  
112.5 support worker wages and benefits: 72.5 percent of revenue from CFSS providers, except  
112.6 100 percent of the revenue generated by a medical assistance rate increase due to a collective  
112.7 bargaining agreement under section 179A.54 must be used for support worker wages and  
112.8 benefits. The revenue generated by the worker training and development services and the  
112.9 reasonable costs associated with the worker training and development services shall not be  
112.10 used in making this calculation; and

112.11 (14) documentation that the agency-provider does not burden participants' free exercise  
112.12 of their right to choose service providers by requiring CFSS support workers to sign an  
112.13 agreement not to work with any particular CFSS participant or for another CFSS  
112.14 agency-provider after leaving the agency and that the agency is not taking action on any  
112.15 such agreements or requirements regardless of the date signed.

112.16 (b) CFSS agency-providers shall provide to the commissioner the information specified  
112.17 in paragraph (a).

112.18 (c) All CFSS agency-providers shall require all employees in management and  
112.19 supervisory positions and owners of the agency who are active in the day-to-day management  
112.20 and operations of the agency to complete mandatory training as determined by the  
112.21 commissioner. Employees in management and supervisory positions and owners who are  
112.22 active in the day-to-day operations of an agency who have completed the required training  
112.23 as an employee with a CFSS agency-provider do not need to repeat the required training if  
112.24 they are hired by another agency and they have completed the training within the past three  
112.25 years. CFSS agency-provider billing staff shall complete training about CFSS program  
112.26 financial management. Any new owners or employees in management and supervisory  
112.27 positions involved in the day-to-day operations are required to complete mandatory training  
112.28 as a requisite of working for the agency.

112.29 (d) Agency-providers shall submit all required documentation in this section within 30  
112.30 days of notification from the commissioner. If an agency-provider fails to submit all the  
112.31 required documentation, the commissioner may take action under subdivision 23a.

112.32 **EFFECTIVE DATE.** This section is effective July 1, 2025.

**ARTICLE 6****HEALTH-RELATED LICENSING BOARDS**

113.1 Section 1. Minnesota Statutes 2024, section 144A.291, subdivision 2, is amended to read:

113.2 **Subd. 2. Amounts.** (a) Fees may not exceed the following amounts but may be adjusted  
113.3 lower by board direction and are for the exclusive use of the board as required to sustain  
113.4 board operations. The maximum amounts of fees are:

113.5 (1) application for licensure, ~~\$200~~ \$300;

113.6 (2) for a prospective applicant for a review of education and experience advisory to the  
113.7 license application, \$100, to be applied to the fee for application for licensure if the latter  
113.8 is submitted within one year of the request for review of education and experience;

113.9 (3) state examination, ~~\$125~~ \$200;

113.10 (4) initial license, ~~\$250 if issued between July 1 and December 31, \$100 if issued between~~  
113.11 ~~January 1 and June 30~~ \$300;

113.12 (5) acting permit, \$400;

113.13 (6) renewal license, \$250;

113.14 (7) duplicate license, \$50;

113.15 (8) reinstatement fee, \$250;

113.16 (9) health services executive initial license, ~~\$250~~ \$300;

113.17 (10) health services executive renewal license, ~~\$250~~ \$300;

113.18 (11) reciprocity verification fee, \$50;

113.19 (12) second shared assignment, \$250;

113.20 (13) continuing education fees:

113.21 (i) greater than six hours, \$50; and

113.22 (ii) seven hours or more, \$75;

113.23 (14) education review, \$100;

113.24 (15) fee to a sponsor for review of individual continuing education seminars, institutes,  
113.25 workshops, or home study courses:

113.26 (i) for less than seven clock hours, \$30; and

113.27 (ii) for seven or more clock hours, \$50;

114.1 (16) fee to a licensee for review of continuing education seminars, institutes, workshops,  
114.2 or home study courses not previously approved for a sponsor and submitted with an  
114.3 application for license renewal:  
114.4 (i) for less than seven clock hours total, \$30; and  
114.5 (ii) for seven or more clock hours total, \$50;  
114.6 (17) late renewal fee, \$75;  
114.7 (18) fee to a licensee for verification of licensure status and examination scores, \$30;  
114.8 (19) registration as a registered continuing education sponsor, \$1,000;  
114.9 (20) mail labels, \$75; and  
114.10 (21) annual assisted living program education provider fee, \$2,500.

114.11 (b) The revenue generated from the fees must be deposited in an account in the state  
114.12 government special revenue fund.

114.13 **EFFECTIVE DATE.** This section is effective July 1, 2025.

114.14 Sec. 2. Minnesota Statutes 2024, section 144E.123, subdivision 3, is amended to read:

114.15 Subd. 3. **Review.** (a) Prehospital care data may be reviewed by the director or its  
114.16 designees. The data shall be classified as private data on individuals under chapter 13, the  
114.17 Minnesota Government Data Practices Act.

114.18 (b) The director may share incident-level location data with the Washington/Baltimore  
114.19 High Intensity Drug Trafficking Area's Overdose Detection Mapping Application Program  
114.20 (ODMAP) if the ODMAP has the ability to:

114.21 (1) allow secure access to the ODMAP system by authorized users to report information  
114.22 about an overdose incident;

114.23 (2) allow secure access to the ODMAP system by authorized users to view, in near  
114.24 real-time, certain information about the overdose incidents reported;

114.25 (3) produce a map in near real-time of the approximate locations of confirmed or  
114.26 suspected overdose incidents reports; and

114.27 (4) enable access to overdose incident information that assists in state and local decisions  
114.28 regarding the allocation of public health, public safety, and educational resources for the  
114.29 purposes of monitoring and reporting data related to suspected overdoses.

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

115.1 Sec. 3. Minnesota Statutes 2024, section 148.108, subdivision 1, is amended to read:

115.2 Subdivision 1. **Fees.** ~~In addition to the fees established in Minnesota Rules, chapter~~

115.3 ~~2500,~~ The board is authorized to charge the fees in this section.

115.4 **EFFECTIVE DATE.** This section is effective July 1, 2025.

115.5 Sec. 4. Minnesota Statutes 2024, section 148.108, is amended by adding a subdivision to  
115.6 read:

115.7 **Subd. 5. Chiropractic license fees.** Fees for chiropractic licensure must not exceed the  
115.8 following amounts but may be adjusted lower by board action:

115.9 **(1) initial application for licensure fee, \$600;**

115.10 **(2) annual renewal of an active license fee, \$400;**

115.11 **(3) annual renewal of an inactive license fee, 75 percent of the current active license**  
115.12 **renewal fee under clause (2);**

115.13 **(4) late renewal penalty fee, \$150 per month late; and**

115.14 **(5) application for reinstatement of a voluntarily retired or inactive license fee, \$100.**

115.15 **EFFECTIVE DATE.** This section is effective July 1, 2025.

115.16 Sec. 5. Minnesota Statutes 2024, section 148.108, is amended by adding a subdivision to  
115.17 read:

115.18 **Subd. 6. Acupuncture registration fees.** Fees for acupuncture registration must not  
115.19 exceed the following amounts but may be adjusted lower by board action:

115.20 **(1) initial application acupuncture registration fee, \$400;**

115.21 **(2) annual renewal of active acupuncture registration fee, \$200;**

115.22 **(3) annual renewal of inactive acupuncture registration fee, 75 percent of the current**  
115.23 **active acupuncture registration renewal fee under clause (2); and**

115.24 **(4) reinstatement of nonrenewed acupuncture registration fee, \$400.**

115.25 **EFFECTIVE DATE.** This section is effective July 1, 2025.

116.1 Sec. 6. Minnesota Statutes 2024, section 148.108, is amended by adding a subdivision to  
116.2 read:

116.3 **Subd. 7. Independent examiner registration fees.** Fees for independent examiner  
116.4 registration must not exceed the following amounts but may be adjusted lower by board  
116.5 action:

116.6 (1) initial application independent examiner registration fee, \$400;  
116.7 (2) annual renewal of independent examiner registration fee, \$200; and  
116.8 (3) reinstatement of nonrenewed independent examiner registration fee, \$400.

116.9 **EFFECTIVE DATE.** This section is effective July 1, 2025.

116.10 Sec. 7. Minnesota Statutes 2024, section 148.108, is amended by adding a subdivision to  
116.11 read:

116.12 **Subd. 8. Animal chiropractic registration fees.** Fees for animal chiropractic registration  
116.13 must not exceed the following amounts but may be adjusted lower by board action:

116.14 (1) initial application animal chiropractic registration fee, \$400;  
116.15 (2) annual renewal of active animal chiropractic registration fee, \$200;  
116.16 (3) annual renewal of inactive animal chiropractic registration fee, 75 percent of the  
116.17 current active animal chiropractic renewal fee under clause (2); and  
116.18 (4) reinstatement of nonrenewed animal chiropractic registration fee, \$400.

116.19 **EFFECTIVE DATE.** This section is effective July 1, 2025.

116.20 Sec. 8. Minnesota Statutes 2024, section 148.108, is amended by adding a subdivision to  
116.21 read:

116.22 **Subd. 9. Graduate preceptorship registration fee.** The application fee for graduate  
116.23 preceptorship registration is an amount not to exceed \$500, but may be adjusted lower by  
116.24 board action.

116.25 **EFFECTIVE DATE.** This section is effective July 1, 2025.

117.1 Sec. 9. Minnesota Statutes 2024, section 148.108, is amended by adding a subdivision to  
117.2 read:

117.3 **Subd. 10. Professional firm registration fees.** In addition to fees authorized under  
117.4 chapter 319B, the late renewal penalty fee for professional firm registration is \$5 per month  
117.5 late.

117.6 **EFFECTIVE DATE.** This section is effective July 1, 2025.

117.7 Sec. 10. Minnesota Statutes 2024, section 148.108, is amended by adding a subdivision  
117.8 to read:

117.9 **Subd. 11. Miscellaneous fees.** Fees under this subdivision must not exceed the following  
117.10 amounts but may be adjusted lower by board action:

117.11 (1) annual continuing education sponsorship fee, \$1,000;

117.12 (2) individual continuing education seminar sponsorship fee, \$400;

117.13 (3) mailing list request fee, \$500;

117.14 (4) license verification fee, \$50;

117.15 (5) duplicate certificate fee, \$50; and

117.16 (6) document copies fee, \$0.25 per side of document page.

117.17 **EFFECTIVE DATE.** This section is effective July 1, 2025.

117.18 Sec. 11. Minnesota Statutes 2024, section 148B.53, subdivision 3, is amended to read:

117.19 **Subd. 3. Fee Fees.** Nonrefundable fees are as follows:

117.20 (1) initial license application fee for licensed professional counseling (LPC) - \$150;

117.21 (2) initial license fee for LPC - \$250;

117.22 (3) annual active license renewal fee for LPC - \$250 or equivalent;

117.23 (4) annual inactive license renewal fee for LPC - \$125;

117.24 (5) initial license application fee for licensed professional clinical counseling (LPCC) -

117.25 \$150;

117.26 (6) initial license fee for LPCC - \$250;

117.27 (7) annual active license renewal fee for LPCC - \$250 or equivalent;

117.28 (8) annual inactive license renewal fee for LPCC - \$125;

118.1 (9) license renewal late fee - \$100 per month or portion thereof;

118.2 (10) copy of board order or stipulation - \$10;

118.3 (11) certificate of good standing or license verification - \$25;

118.4 (12) duplicate certificate fee - \$25;

118.5 (13) professional firm renewal fee - \$25;

118.6 (14) sponsor application for approval of a continuing education course - \$60;

118.7 (15) initial registration fee - \$50;

118.8 (16) annual registration renewal fee - \$25;

118.9 (17) approved supervisor application processing fee - \$30; and

118.10 (18) temporary license for members of the military - \$250; and

118.11 (19) interstate compact privilege to practice fee - not to exceed \$100.

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

118.13 Sec. 12. Minnesota Statutes 2024, section 148E.180, subdivision 1, is amended to read:

118.14 Subdivision 1. **Application fees.** (a) Nonrefundable application fees for licensure may

118.15 not exceed the following amounts but may be adjusted lower by board action:

118.16 (1) for a licensed social worker, \$75;

118.17 (2) for a licensed graduate social worker, \$75;

118.18 (3) for a licensed independent social worker, \$75;

118.19 (4) for a licensed independent clinical social worker, \$75;

118.20 (5) for a temporary license, \$50; and

118.21 (6) for a license by endorsement, \$115; and

118.22 (7) for a compact multistate license, \$75.

118.23 (b) The fee for criminal background checks is the fee charged by the Bureau of Criminal

118.24 Apprehension. The criminal background check fee must be included with the application

118.25 fee as required according to section 148E.055.

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

119.1 Sec. 13. Minnesota Statutes 2024, section 148E.180, is amended by adding a subdivision  
119.2 to read:

119.3 Subd. 2a. Compact multistate license fees. Nonrefundable compact multistate license  
119.4 fees must not exceed the following amounts but may be adjusted lower by board action:

119.5 (1) for a licensed social worker, \$115;

119.6 (2) for a licensed graduate social worker, \$210;

119.7 (3) for a licensed independent social worker, \$305; and

119.8 (4) for a licensed independent clinical social worker, \$335.

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

119.10 Sec. 14. Minnesota Statutes 2024, section 148E.180, is amended by adding a subdivision  
119.11 to read:

119.12 Subd. 3a. Compact multistate renewal fees. Nonrefundable renewal fees for compact  
119.13 multistate licensure must not exceed the following amounts but may be adjusted lower by  
119.14 board action:

119.15 (1) for a licensed social worker, \$115;

119.16 (2) for a licensed graduate social worker, \$210;

119.17 (3) for a licensed independent social worker, \$305; and

119.18 (4) for a licensed independent clinical social worker, \$335.

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

119.20 Sec. 15. Minnesota Statutes 2024, section 148E.180, subdivision 5, is amended to read:

119.21 **Subd. 5. Late fees.** Late fees are the following nonrefundable amounts:

119.22 (1) renewal late fee, one-fourth of the applicable renewal fee specified in subdivision  
119.23 subdivisions 3 and 3a;

119.24 (2) supervision plan late fee, \$40; and

119.25 (3) license late fee, \$100 plus the prorated share of the applicable license fee fees specified  
119.26 in subdivision subdivisions 2 and 2a for the number of months during which the individual  
119.27 practiced social work without a license.

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

120.1 Sec. 16. Minnesota Statutes 2024, section 148E.180, subdivision 7, is amended to read:

120.2 Subd. 7. **Reactivation fees.** Reactivation fees are the following nonrefundable amounts:

120.3 (1) reactivation from a temporary leave or emeritus status, the prorated share of the

120.4 renewal fee specified in subdivision 3; and

120.5 (2) reactivation of an expired license, 1-1/2 times the applicable renewal fees specified

120.6 in subdivision subdivisions 3 and 3a.

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

120.8 Sec. 17. **[153.30] FEES.**

120.9 Subdivision 1. Nonrefundable fees. The fees in this section are nonrefundable.

120.10 Subd. 2. Fee amounts. The amount of fees must be set by the board so that the total

120.11 fees collected by the board equals as closely as possible the anticipated expenditures during

120.12 the fiscal biennium, as provided in section 16A.1285. Fees must not exceed the following

120.13 amounts but may be adjusted lower by board action:

120.14 (1) application for licensure fee, \$1,000;

120.15 (2) renewal licensure fee, \$1,000;

120.16 (3) late renewal fee, \$250;

120.17 (4) temporary permit fee, \$250;

120.18 (5) duplicate license fee or duplicate renewal certificate fee, \$25;

120.19 (6) reinstatement fee, \$1,250;

120.20 (7) examination administration fee for persons who have not applied for a license or

120.21 permit, \$50;

120.22 (8) verification of licensure fee, \$50;

120.23 (9) label fee, \$50;

120.24 (10) list of licensees fee, \$50; and

120.25 (11) copies fee, \$0.50 per page.

120.26 Subd. 3. Current fee information. Information about fees in effect at any time must

120.27 be available from the board office.

120.28 Subd. 4. Deposit of fees. The license fees collected under this section must be deposited

120.29 in the state government special revenue fund.

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

121.2 Sec. 18. Minnesota Statutes 2024, section 153B.85, subdivision 1, is amended to read:

121.3 Subdivision 1. **Fees.** (a) The application fee for initial licensure shall not exceed \$600.

121.4 (b) The biennial renewal fee for a license to practice as an orthotist, prosthetist, prosthetist  
121.5 orthotist, or pedorthist shall not exceed \$600.

121.6 (c) The biennial renewal fee for a license to practice as an assistant or a fitter shall not  
121.7 exceed \$300.

121.8 (d) The fee for license restoration shall not exceed \$600.

121.9 (e) The fee for license verification shall not exceed \$30 \$50.

121.10 (f) The fee to obtain a list of licensees shall not exceed \$25 \$50.

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

121.12 Sec. 19. Minnesota Statutes 2024, section 153B.85, subdivision 3, is amended to read:

121.13 Subd. 3. **Late fee.** The fee for late license renewal is the license renewal fee in effect at  
121.14 the time of renewal plus \$100 \$250.

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

121.16 Sec. 20. Minnesota Statutes 2024, section 156.015, is amended by adding a subdivision  
121.17 to read:

121.18 Subd. 1a. **Nonrefundable fees.** All fees are nonrefundable.

121.19 **EFFECTIVE DATE.** This section is effective July 1, 2025.

121.20 Sec. 21. Minnesota Statutes 2024, section 156.015, is amended by adding a subdivision  
121.21 to read:

121.22 Subd. 3. **Fee amounts.** Fees must not exceed the following amounts but may be adjusted  
121.23 lower by board action:

121.24 (1) initial application fee, \$75;

121.25 (2) state examination fee, \$75;

121.26 (3) duplicate license fee, \$25;

121.27 (4) continuing education sponsor application fee, \$75;

122.1 (5) mailing list fee, \$250;

122.2 (6) initial veterinary license fee, \$300;

122.3 (7) initial veterinary technician fee, \$100;

122.4 (8) active veterinary renewal fee, \$300;

122.5 (9) active veterinary technician renewal fee, \$100;

122.6 (10) inactive veterinary renewal fee, \$150;

122.7 (11) inactive veterinary technician renewal fee, \$50;

122.8 (12) institutional license fee, \$300;

122.9 (13) active late veterinary renewal fee, \$150;

122.10 (14) active late veterinary technician renewal fee, \$50;

122.11 (15) inactive late veterinary renewal fee, \$100;

122.12 (16) inactive late veterinary technician renewal fee, \$25; and

122.13 (17) institutional late renewal fee, \$150.

122.14 **EFFECTIVE DATE.** This section is effective July 1, 2025.

122.15 Sec. 22. Minnesota Statutes 2024, section 156.015, is amended by adding a subdivision  
122.16 to read:

122.17 Subd. 4. License verification. The board may charge a fee not to exceed \$25 per license  
122.18 verification to a licensee for verification of licensure status provided to other veterinary  
122.19 licensing boards.

122.20 **EFFECTIVE DATE.** This section is effective July 1, 2025.

122.21 Sec. 23. Minnesota Statutes 2024, section 156.015, is amended by adding a subdivision  
122.22 to read:

122.23 Subd. 5. Deposit of fees. The license fees collected under this section must be deposited  
122.24 in the state government special revenue fund.

122.25 Sec. 24. Laws 2024, chapter 127, article 67, section 4, is amended to read:

122.26 Sec. 4. **BOARD OF PHARMACY**

123.1	Appropriations by Fund		
123.2	General	1,500,000	-0-
123.3	State Government		
123.4	Special Revenue	-0-	27,000

123.5 (a) **Legal Costs.** \$1,500,000 in fiscal year  
123.6 2024 is from the general fund for legal costs.  
123.7 This is a onetime appropriation and is  
123.8 available until June 30, 2027.

123.9 (b) **Base Level Adjustment.** The state  
123.10 government special revenue fund base is  
123.11 increased by \$27,000 in fiscal year 2026 and  
123.12 increased by \$27,000 in fiscal year 2027.

123.13 **EFFECTIVE DATE.** This section is effective June 30, 2025.

## 123.14 Sec. 25. RULEMAKING.

123.15 The Board of Chiropractic Examiners must adopt rules using the expedited process under  
123.16 Minnesota Statutes, section 14.389, that amend Minnesota Rules, chapter 2500, to conform  
123.17 with the changes made in this act.

123.18 **EFFECTIVE DATE.** This section is effective July 1, 2025.

123.19 Sec. 26. REPEALER.

123.20 (a) Minnesota Statutes 2024, sections 148.108, subdivisions 2, 3, and 4; and 156.015,  
123.21 subdivision 1, are repealed.

123.22 (b) Minnesota Rules, parts 2500.1150; 2500.2030; 9100.0400, subparts 1 and 3;  
123.23 9100.0500; and 9100.0600, are repealed.

123.24 (c) Minnesota Rules, part 6900.0250, subparts 1 and 2, are repealed.

123.25 **EFFECTIVE DATE.** Paragraphs (a) and (b) are effective July 1, 2025. Paragraph (c)  
123.26 is effective the day following final enactment.

## ARTICLE 7

## FORECAST ADJUSTMENTS

## 123.29 Section 1. DEPARTMENT OF HUMAN SERVICES FORECAST ADJUSTMENT.

123.30 The dollar amounts shown in the columns marked "Appropriations" are added to or, if  
123.31 shown in parentheses, are subtracted from the appropriations in Laws 2023, chapter 70,

124.1 article 20, from the general fund, or any other fund named, to the commissioner of human  
 124.2 services for the purposes specified in this article, to be available for the fiscal year indicated  
 124.3 for each purpose. The figure "2025" used in this article means that the appropriations listed  
 124.4 are available for the fiscal year ending June 30, 2025.

124.5 **APPROPRIATIONS**

124.6 **Available for the Year**

124.7 **Ending June 30**

124.8 **2025**

124.9 **Sec. 2. COMMISSIONER OF HUMAN**  
 124.10 **SERVICES**

124.11 **Subdivision 1. Total Appropriation** \$ **(224,693,000)**

124.12 **Appropriations by Fund**

124.13 **2025**

124.14 General **(202,264,000)**  
 124.15 Health Care Access **(17,144,000)**  
 124.16 Federal TANF **(5,285,000)**

124.17 **Subd. 2. Forecasted Programs**

124.18 **(a) Minnesota Family**  
 124.19 **Investment Program**  
 124.20 **(MFIP)/Diversionary Work**  
 124.21 **Program (DWP)**

124.22 **Appropriations by Fund**

124.23 **2025**

124.24 General **(5,238,000)**  
 124.25 Federal TANF **(5,285,000)**

124.26 **(b) MFIP Child Care Assistance** **(57,918,000)**

124.27 **(c) General Assistance** **1,932,000**

124.28 **(d) Minnesota Supplemental Aid** **3,278,000**

124.29 **(e) Housing Support** **9,569,000**

124.30 **(f) Northstar Care for Children** **(9,006,000)**

124.31 **(g) MinnesotaCare** **(16,701,000)**

124.32 This appropriation is from the health care  
 124.33 access fund.

124.34 **(h) Medical Assistance**

125.1	<u>Appropriations by Fund</u>		
125.2	<u>2025</u>		
125.3	<u>General</u>	<u>(155,544,000)</u>	
125.4	<u>Health Care Access</u>	<u>(443,000)</u>	
125.5	<u>(i) Behavioral Health Fund</u>		<u>10,633,000</u>
125.6	<b>Sec. 3. <u>EFFECTIVE DATE.</u></b>		
125.7	<u>Sections 1 and 2 are effective the day following final enactment.</u>		
125.8	<b>ARTICLE 8</b>		
125.9	<b>DEPARTMENT OF HEALTH APPROPRIATIONS</b>		
125.10	<b>Section 1. <u>HEALTH APPROPRIATIONS.</u></b>		
125.11	<u>The sums shown in the columns marked "Appropriations" are appropriated to the</u>		
125.12	<u>commissioner of health for the purposes specified in this article. The appropriations are</u>		
125.13	<u>from the general fund, or another named fund, and are available for the fiscal years indicated</u>		
125.14	<u>for each purpose. The figures "2026" and "2027" used in this article mean that the</u>		
125.15	<u>appropriations listed under them are available for the fiscal year ending June 30, 2026, or</u>		
125.16	<u>June 30, 2027, respectively. "The first year" is fiscal year 2026. "The second year" is fiscal</u>		
125.17	<u>year 2027. "The biennium" is fiscal years 2026 and 2027.</u>		
125.18	<b><u>APPROPRIATIONS</u></b>		
125.19	<b><u>Available for the Year</u></b>		
125.20	<b><u>Ending June 30</u></b>		
125.21		<b><u>2026</u></b>	<b><u>2027</u></b>
125.22	<b>Sec. 2. <u>TOTAL APPROPRIATION</u></b>	<b><u>\$ 435,545,000</u></b>	<b><u>\$ 433,094,000</u></b>
125.23	<u>Appropriations by Fund</u>		
125.24		<u>2026</u>	<u>2027</u>
125.25	<u>General</u>	<u>270,286,000</u>	<u>269,015,000</u>
125.26	<u>State Government</u>		
125.27	<u>Special Revenue</u>	<u>98,781,000</u>	<u>98,547,000</u>
125.28	<u>Health Care Access</u>	<u>54,765,000</u>	<u>53,819,000</u>
125.29	<u>Federal TANF</u>	<u>11,713,000</u>	<u>11,713,000</u>
125.30	<u>The amounts that may be spent for each</u>		
125.31	<u>purpose are specified in this article.</u>		

126.1 **Sec. 3. HEALTH IMPROVEMENT**126.2 **Subdivision 1. Total Appropriation** \$ 291,524,000 \$ 288,655,000126.3 **Appropriations by Fund**

126.4 <u>General</u>	<u>215,788,000</u>	<u>213,865,000</u>
126.5 <u>State Government</u>		
126.6 <u>Special Revenue</u>	<u>9,258,000</u>	<u>9,258,000</u>
126.7 <u>Health Care Access</u>	<u>54,765,000</u>	<u>53,819,000</u>
126.8 <u>Federal TANF</u>	<u>11,713,000</u>	<u>11,713,000</u>

126.9 **Subd. 2. Substance Use Treatment, Recovery,****and Prevention Grants**126.11 \$3,000,000 in fiscal year 2026 and \$3,000,000126.12 in fiscal year 2027 are for the purposes of126.13 Minnesota Statutes, section 342.72.126.14 **Subd. 3. Local and Tribal Public Health****Cannabis Grants**126.16 \$8,850,000 in fiscal year 2026 and \$8,850,000126.17 in fiscal year 2027 are for administration and126.18 grants under Minnesota Statutes, section126.19 144.197, subdivision 4. Of the amount126.20 appropriated, \$1,094,000 each year is for126.21 administration and \$7,756,000 each year is126.22 for grants.126.23 **Sec. 4. HEALTH PROTECTION**126.24 **Subdivision 1. Total Appropriation** \$ 123,656,000 \$ 123,047,000126.25 **Appropriations by Fund**

126.26 <u>General</u>	<u>34,133,000</u>	<u>33,758,000</u>
126.27 <u>State Government</u>		
126.28 <u>Special Revenue</u>	<u>89,523,000</u>	<u>89,289,000</u>

126.29 **Subd. 2. Asbestos Abatement**126.30 \$176,000 in fiscal year 2026 and \$176,000 in126.31 fiscal year 2027 are from the state government126.32 special revenue fund for asbestos abatement126.33 under Minnesota Statutes, section 326.75.

127.1 **Subd. 3. Food, Pools, and Lodging Services**

127.2 \$5,483,000 in fiscal year 2026 and \$5,483,000  
127.3 in fiscal year 2027 are from the state  
127.4 government special revenue fund for  
127.5 supporting food, pools, and lodging services  
127.6 program activities under Minnesota Statutes,  
127.7 chapters 144, 157, and 327, including  
127.8 inspection, plan review, credentialing,  
127.9 licensing, and rulemaking and delegated  
127.10 support activities.

127.11 **Subd. 4. Public Water Supply**

127.12 \$7,827,000 in fiscal year 2026 and \$7,827,000  
127.13 in fiscal year 2027 are from the state  
127.14 government special revenue fund for operating  
127.15 the drinking water protection program,  
127.16 including implementing the Safe Drinking  
127.17 Water Act and for providing services to  
127.18 regulated parties, partners, and the public  
127.19 under Minnesota Statutes, sections 144.381  
127.20 to 144.383.

127.21 **Subd. 5. Radioactive Materials**

127.22 \$200,000 in fiscal year 2026 and \$200,000 in  
127.23 fiscal year 2027 are from the state government  
127.24 special revenue fund for supporting radioactive  
127.25 materials program activities, including licensee  
127.26 inspections, responding to radiological  
127.27 incidents, and state agreement responsibilities  
127.28 under Minnesota Statutes, section 144.1205.

127.29 **Subd. 6. Ionizing Radiation**

127.30 \$993,000 in fiscal year 2026 and \$828,000 in  
127.31 fiscal year 2027 are from the state government  
127.32 special revenue fund for supporting new  
127.33 regulatory activities for x-ray service  
127.34 providers, ongoing inspections of licensed

128.1 facilities, and data analysis for program  
128.2 planning and implementation under Minnesota  
128.3 Statutes, section 144.121.  
128.4 **Subd. 7. Infectious Disease Prevention, Early**  
128.5 **Detection, and Outbreak Response**  
128.6 \$1,300,000 in fiscal year 2026 and \$1,300,000  
128.7 in fiscal year 2027 are for infectious disease  
128.8 prevention, early detection, and outbreak  
128.9 response activities under Minnesota Statutes,  
128.10 section 144.05, subdivision 1.  
128.11 **Subd. 8. Licensing and Certification**  
128.12 \$1,707,000 in fiscal year 2026 and \$1,707,000  
128.13 in fiscal year 2027 are from the state  
128.14 government special revenue fund for  
128.15 administering licensing and certification fees  
128.16 under Minnesota Statutes, chapter 144A, and  
128.17 Minnesota Statutes, sections 144.122, 144.55,  
128.18 and 144.615.  
128.19 **Subd. 9. Assisted Living Licensure**  
128.20 \$1,555,000 in fiscal year 2026 and \$1,555,000  
128.21 in fiscal year 2027 are from the state  
128.22 government special revenue fund for  
128.23 administering assisted living licensure under  
128.24 Minnesota Statutes, chapter 144G.  
128.25 **Subd. 10. Engineering Plan Reviews**  
128.26 \$224,000 in fiscal year 2026 and \$224,000 in  
128.27 fiscal year 2027 are from the state government  
128.28 special revenue fund for conducting  
128.29 engineering plan reviews under Minnesota  
128.30 Statutes, section 144.554.

129.1 **Subd. 11. Base Level Adjustments**

129.2 The state government special revenue fund  
 129.3 base is \$89,610,000 in fiscal year 2028 and  
 129.4 \$89,610,000 in fiscal year 2029.

129.5 Sec. 5. **HEALTH OPERATIONS**      \$ 20,365,000 \$ 21,392,000

129.6 Sec. 6. **TRANSFERS; ADMINISTRATION.**

129.7 Positions, salary money, and nonsalary administrative money may be transferred within  
 129.8 the Department of Health as the commissioner deems necessary with the advance approval  
 129.9 of the commissioner of management and budget. The commissioner shall report to the chairs  
 129.10 and ranking minority members of the legislative committees with jurisdiction over health  
 129.11 finance quarterly about transfers made under this section.

129.12 Sec. 7. **INDIRECT COSTS NOT TO FUND PROGRAMS.**

129.13 The commissioner of health shall not use indirect cost allocations to pay for the  
 129.14 operational costs of any program for which the commissioner is responsible.

129.15 Sec. 8. **EXPIRATION OF UNCODIFIED LANGUAGE.**

129.16 All uncodified language contained in this article expires on June 30, 2027, unless a  
 129.17 different expiration date is explicit or an appropriation is made available after June 30, 2027.

129.18 **ARTICLE 9**129.19 **DEPARTMENT OF HUMAN SERVICES APPROPRIATIONS**129.20 Section 1. **HUMAN SERVICES APPROPRIATIONS.**

129.21 The sums shown in the columns marked "Appropriations" are appropriated to the  
 129.22 commissioner of human services for the purposes specified in this article. The appropriations  
 129.23 are from the general fund, or another named fund, and are available for the fiscal years  
 129.24 indicated for each purpose. The figures "2026" and "2027" used in this article mean that  
 129.25 the appropriations listed under them are available for the fiscal year ending June 30, 2026,  
 129.26 or June 30, 2027, respectively. "The first year" is fiscal year 2026. "The second year" is  
 129.27 fiscal year 2027. "The biennium" is fiscal years 2026 and 2027.

129.28

**APPROPRIATIONS**

129.29

**Available for the Year**

130.1			<u><b>Ending June 30</b></u>
130.2		<u><b>2026</b></u>	<u><b>2027</b></u>
130.3	Sec. 2. <b><u>TOTAL APPROPRIATION</u></b>	\$ <b><u>5,592,495,000</u></b>	\$ <b><u>5,934,084,000</u></b>
130.4	<b><u>Subdivision 1. Appropriations by Fund</u></b>		
130.5		<b><u>Appropriations by Fund</u></b>	
130.6		<u><b>2026</b></u>	<u><b>2027</b></u>
130.7	<u><b>General</b></u>	<u><b>4,417,305,000</b></u>	<u><b>4,843,930,000</b></u>
130.8	<u><b>State Government</b></u>		
130.9	<u><b>Special Revenue</b></u>	<u><b>3,978,000</b></u>	<u><b>3,978,000</b></u>
130.10	<u><b>Health Care Access</b></u>	<u><b>1,170,519,000</b></u>	<u><b>1,085,483,000</b></u>
130.11	<u><b>Lottery Prize</b></u>	<u><b>163,000</b></u>	<u><b>163,000</b></u>
130.12	<u><b>Family and Medical</b></u>		
130.13	<u><b>Benefit Insurance</b></u>	<u><b>530,000</b></u>	<u><b>530,000</b></u>
130.14	<u><b>The amounts that may be spent for each</b></u>		
130.15	<u><b>purpose are specified in this article.</b></u>		
130.16	<b><u>Subd. 2. Paid Leave</u></b>		
130.17	<u><b>\$530,000 each year is from the family and</b></u>		
130.18	<u><b>medical benefit insurance account. This</b></u>		
130.19	<u><b>amount is for the purposes of Minnesota</b></u>		
130.20	<u><b>Statutes, chapter 268B.</b></u>		
130.21	<b><u>Subd. 3. Information Technology Appropriations</u></b>		
130.22	<b><u>(a) IT appropriations generally.</u></b> This		
130.23	<u><b>appropriation includes money for information</b></u>		
130.24	<u><b>technology projects, services, and support.</b></u>		
130.25	<u><b>Notwithstanding Minnesota Statutes, section</b></u>		
130.26	<u><b>16E.0466, funding for information technology</b></u>		
130.27	<u><b>project costs must be incorporated into the</b></u>		
130.28	<u><b>service-level agreement and paid to Minnesota</b></u>		
130.29	<u><b>IT Services by the Department of Human</b></u>		
130.30	<u><b>Services under the rates and mechanism</b></u>		
130.31	<u><b>specified in that agreement.</b></u>		
130.32	<b><u>(b) Receipts for systems project.</u></b>		
130.33	<u><b>Appropriations and federal receipts for</b></u>		
130.34	<u><b>information technology systems projects for</b></u>		

131.1 MAXIS, PRISM, MMIS, ISDS, METS, and  
 131.2 SSIS must be deposited in the state systems  
 131.3 account authorized in Minnesota Statutes,  
 131.4 section 256.014. Money appropriated for  
 131.5 information technology projects approved by  
 131.6 the commissioner of Minnesota IT Services  
 131.7 funded by the legislature and approved by the  
 131.8 commissioner of management and budget may  
 131.9 be transferred from one project to another and  
 131.10 from development to operations as the  
 131.11 commissioner of human services deems  
 131.12 necessary. Any unexpended balance in the  
 131.13 appropriation for these projects does not  
 131.14 cancel and is available for ongoing  
 131.15 development and operations.

131.16 Sec. 3. **CENTRAL OFFICE; OPERATIONS**

131.17	<u>Subdivision 1. Total Appropriation</u>	\$	<u>180,979,000</u>	\$	<u>186,544,000</u>
131.18	<u>Appropriations by Fund</u>				
131.19	<u>General</u>	<u>149,398,000</u>	<u>153,436,000</u>		
131.20	<u>State Government</u>				
131.21	<u>Special Revenue</u>	<u>133,000</u>	<u>133,000</u>		
131.22	<u>Health Care Access</u>	<u>30,918,000</u>	<u>32,445,000</u>		
131.23	<u>Family and Medical</u>				
131.24	<u>Benefits Insurance</u>	<u>530,000</u>	<u>530,000</u>		

131.25 Subd. 2. Administrative Recovery; Set-Aside

131.26 The commissioner may invoice local entities  
 131.27 through the SWIFT accounting system as an  
 131.28 alternative means to recover the actual cost of  
 131.29 administering the following provisions:

- 131.30 (1) the statewide data management system
- 131.31 authorized in Minnesota Statutes, section
- 131.32 125A.744, subdivision 3;
- 131.33 (2) repayment of the special revenue
- 131.34 maximization account as provided under

132.1	<u>Minnesota Statutes, section 245.495,</u>			
132.2	<u>paragraph (b);</u>			
132.3	<u>(3) repayment of the special revenue</u>			
132.4	<u>maximization account as provided under</u>			
132.5	<u>Minnesota Statutes, section 256B.0625,</u>			
132.6	<u>subdivision 20, paragraph (k);</u>			
132.7	<u>(4) targeted case management under</u>			
132.8	<u>Minnesota Statutes, section 256B.0924,</u>			
132.9	<u>subdivision 6, paragraph (g);</u>			
132.10	<u>(5) residential services for children with severe</u>			
132.11	<u>emotional disturbance under Minnesota</u>			
132.12	<u>Statutes, section 256B.0945, subdivision 4,</u>			
132.13	<u>paragraph (d); and</u>			
132.14	<u>(6) repayment of the special revenue</u>			
132.15	<u>maximization account as provided under</u>			
132.16	<u>Minnesota Statutes, section 256F.10,</u>			
132.17	<u>subdivision 6, paragraph (b).</u>			
132.18	<b><u>Subd. 3. Base Level Adjustment</u></b>			
132.19	<u>The general fund base for the appropriations</u>			
132.20	<u>in this section is \$153,043,000 in fiscal year</u>			
132.21	<u>2028 and \$154,147,000 in fiscal year 2029.</u>			
132.22	<b><u>Sec. 4. CENTRAL OFFICE; HEALTH CARE</u></b>	<b><u>\$ 76,557,000</u></b>	<b><u>\$ 69,348,000</u></b>	
132.23	<u>Appropriations by Fund</u>			
132.24	<u>General</u>	<u>48,389,000</u>	<u>41,180,000</u>	
132.25	<u>Health Care Access</u>	<u>28,168,000</u>	<u>28,168,000</u>	
132.26	<b><u>Sec. 5. CENTRAL OFFICE; BEHAVIORAL</u></b>			
132.27	<b><u>HEALTH</u></b>	<b><u>\$ 22,187,000</u></b>	<b><u>\$ 22,159,000</u></b>	
132.28	<u>Appropriations by Fund</u>			
132.29	<u>General</u>	<u>22,024,000</u>	<u>21,996,000</u>	
132.30	<u>Lottery Prize</u>	<u>163,000</u>	<u>163,000</u>	
132.31	<b><u>Sec. 6. CENTRAL OFFICE; HOMELESSNESS,</u></b>			
132.32	<b><u>HOUSING, AND SUPPORT SERVICES</u></b>	<b><u>\$ 6,932,000</u></b>	<b><u>\$ 6,421,000</u></b>	
132.33	<b><u>Sec. 7. CENTRAL OFFICE; OFFICE OF</u></b>			
132.34	<b><u>INSPECTOR GENERAL</u></b>			

133.1	<b><u>Subdivision 1. Total Appropriation</u></b>		\$	<u>31,936,000</u>	\$	<u>32,415,000</u>
<b><u>Appropriations by Fund</u></b>						
133.3	<u>General</u>	<u>27,150,000</u>		<u>27,629,000</u>		
133.4	<u>Health Care Access</u>		<u>941,000</u>		<u>941,000</u>	
133.5	<u>State Government</u>					
133.6	<u>Special Revenue</u>					
133.7	<u>Fund</u>		<u>3,845,000</u>		<u>3,845,000</u>	
133.8	<b><u>Subd. 2. Base Level Adjustment</u></b>					
133.9	<u>The general fund base for appropriations in</u>					
133.10	<u>this section is \$27,685,000 in fiscal year 2028</u>					
133.11	<u>and \$27,631,000 in fiscal year 2029.</u>					
133.12	<b><u>Sec. 8. FORECASTED PROGRAMS;</u></b>					
133.13	<b><u>GENERAL ASSISTANCE</u></b>		\$	<u>82,545,000</u>	\$	<u>84,802,000</u>
133.14	<u>Money to counties shall be allocated by the</u>					
133.15	<u>commissioner using the allocation method</u>					
133.16	<u>under Minnesota Statutes, section 256D.06.</u>					
133.17	<b><u>Sec. 9. FORECASTED PROGRAMS;</u></b>					
133.18	<b><u>MINNESOTA SUPPLEMENTAL</u></b>					
133.19	<b><u>ASSISTANCE</u></b>		\$	<u>67,113,000</u>	\$	<u>69,089,000</u>
133.20	<b><u>Sec. 10. FORECASTED PROGRAMS;</u></b>					
133.21	<b><u>HOUSING SUPPORT</u></b>		\$	<u>267,065,000</u>	\$	<u>277,747,000</u>
133.22	<b><u>Sec. 11. FORECASTED PROGRAMS;</u></b>					
133.23	<b><u>MINNESOTACARE</u></b>		\$	<u>79,312,000</u>	\$	<u>130,969,000</u>
133.24	<u>This appropriation is from the health care</u>					
133.25	<u>access fund.</u>					
133.26	<b><u>Sec. 12. FORECASTED PROGRAMS;</u></b>					
133.27	<b><u>MEDICAL ASSISTANCE</u></b>		\$	<u>4,613,487,000</u>	\$	<u>4,890,717,000</u>
133.28	<b><u>Appropriations by Fund</u></b>					
133.29	<u>General</u>	<u>3,585,772,000</u>		<u>4,001,222,000</u>		
133.30	<u>Health Care Access</u>	<u>1,027,715,000</u>		<u>889,495,000</u>		
133.31	<u>The health care access fund base for</u>					
133.32	<u>appropriations in this section is \$889,495,000</u>					
133.33	<u>in fiscal year 2028 and \$889,495,000 in fiscal</u>					
133.34	<u>year 2029.</u>					
133.35	<b><u>Sec. 13. FORECASTED PROGRAMS;</u></b>					
133.36	<b><u>ALTERNATIVE CARE</u></b>		\$	<u>55,610,000</u>	\$	<u>56,101,000</u>

134.1	Sec. 14. <u>REFUGEE SERVICES GRANTS</u>	\$	<u>100,000</u>	\$	<u>100,000</u>
134.2	Sec. 15. <u>GRANT PROGRAMS; HEALTH</u>				
134.3	<u>CARE GRANTS</u>	\$	<u>8,176,000</u>	\$	<u>8,176,000</u>
<u>Appropriations by Fund</u>					
134.5	<u>General</u>	4,711,000	4,711,000		
134.6	<u>Health Care Access</u>	3,465,000	3,465,000		
134.7	Sec. 16. <u>GRANT PROGRAMS; AGING AND</u>				
134.8	<u>ADULT SERVICES GRANTS</u>	\$	<u>2,655,000</u>	\$	<u>2,655,000</u>
134.9	Sec. 17. <u>GRANT PROGRAMS; HOUSING</u>				
134.10	<u>GRANTS</u>	\$	<u>87,911,000</u>	\$	<u>92,911,000</u>
134.11	Sec. 18. <u>GRANT PROGRAMS; ADULT</u>				
134.12	<u>MENTAL HEALTH GRANTS</u>	\$	<u>635,000</u>	\$	<u>635,000</u>
134.13	Sec. 19. <u>GRANT PROGRAMS; CHILD</u>				
134.14	<u>MENTAL HEALTH GRANTS</u>	\$	<u>277,000</u>	\$	<u>277,000</u>
134.15	Sec. 20. <u>GRANT PROGRAMS; DISABILITIES</u>				
134.16	<u>GRANTS</u>	\$	<u>6,000,000</u>	\$	<u>-0-</u>
134.17	<u>\$6,000,000 in fiscal year 2026 is for grants to</u>				
134.18	<u>community-based HIV/AIDS supportive</u>				
134.19	<u>services providers as defined in Minnesota</u>				
134.20	<u>Statutes, section 256.01, subdivision 19, and</u>				
134.21	<u>for payment of allowed health care costs as</u>				
134.22	<u>defined in Minnesota Statutes, section</u>				
134.23	<u>256.9365. This is a onetime appropriation and</u>				
134.24	<u>is available until June 30, 2027.</u>				
134.25	Sec. 21. <u>GRANT PROGRAMS; FRAUD</u>				
134.26	<u>PREVENTION GRANTS</u>	\$	<u>3,018,000</u>	\$	<u>3,018,000</u>
134.27	Sec. 22. <u>TRANSFERS.</u>				
134.28	<u>Subdivision 1. Grants. The commissioner of human services, with the approval of the</u>				
134.29	<u>commissioner of management and budget, may transfer unencumbered appropriation balances</u>				
134.30	<u>for the biennium ending June 30, 2025, within fiscal years among general assistance, medical</u>				
134.31	<u>assistance, MinnesotaCare, the Minnesota supplemental aid program, the housing support</u>				
134.32	<u>program, and the entitlement portion of the behavioral health fund between fiscal years of</u>				
134.33	<u>the biennium. The commissioner shall report to the chairs and ranking minority members</u>				
134.34	<u>of the legislative committees with jurisdiction over health and human services quarterly</u>				
134.35	<u>about transfers made under this subdivision.</u>				

135.1      Subd. 2. Administration. Positions, salary money, and nonsalary administrative money  
 135.2    may be transferred within the Department of Human Services as the commissioners deem  
 135.3    necessary, with the advance approval of the commissioner of management and budget. The  
 135.4    commissioners shall report to the chairs and ranking minority members of the legislative  
 135.5    committees with jurisdiction over health and human services finance quarterly about transfers  
 135.6    made under this section.

135.7      Subd. 3. Children, youth, and families. Administrative money may be transferred  
 135.8    between the Department of Human Services and Department of Children, Youth, and  
 135.9    Families as the commissioners deem necessary, with the advance approval of the  
 135.10   commissioner of management and budget. The commissioners shall report to the chairs and  
 135.11   ranking minority members of the legislative committees with jurisdiction over children and  
 135.12   families quarterly about transfers made under this section.

## ARTICLE 10

### OTHER AGENCY APPROPRIATIONS

#### 135.15 Section 1. OTHER AGENCY APPROPRIATIONS.

135.16    The sums shown in the columns marked "Appropriations" are appropriated to the agencies  
 135.17   and for the purposes specified in this article. The appropriations are from the general fund,  
 135.18   or another named fund, and are available for the fiscal years indicated for each purpose.  
 135.19   The figures "2026" and "2027" used in this article mean that the appropriations listed under  
 135.20   them are available for the fiscal year ending June 30, 2026, or June 30, 2027, respectively.  
 135.21   "The first year" is fiscal year 2026. "The second year" is fiscal year 2027. "The biennium"  
 135.22   is fiscal years 2026 and 2027.

### APPROPRIATIONS

#### 135.24      Available for the Year

#### 135.25      Ending June 30

135.26	<u>2026</u>	<u>2027</u>
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#### 135.27 Sec. 2. HEALTH-RELATED BOARDS

135.28	<u>Subdivision 1. Total Appropriation</u>	\$	<u>34,372,000</u>	\$	<u>34,262,000</u>
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#### 135.29      Appropriations by Fund

135.30	<u>2026</u>	<u>2027</u>
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136.1	<u>General</u>	<u>468,000</u>	<u>468,000</u>
136.2	<u>State Government</u>		
136.3	<u>Special Revenue</u>	<u>33,904,000</u>	<u>33,794,000</u>
136.4	<u>This appropriation is from the state</u>		
136.5	<u>government special revenue fund unless</u>		
136.6	<u>specified otherwise. The amounts that may be</u>		
136.7	<u>spent for each purpose are specified in the</u>		
136.8	<u>following subdivisions.</u>		
136.9	<u>Subd. 2. <b>Board of Behavioral Health and</b></u>		
136.10	<u><b>Therapy</b></u>	<u>1,289,000</u>	<u>1,289,000</u>
136.11	<u>Subd. 3. <b>Board of Chiropractic Examiners</b></u>	<u>890,000</u>	<u>890,000</u>
136.12	<u>Subd. 4. <b>Board of Dentistry</b></u>	<u>4,308,000</u>	<u>4,310,000</u>
136.13	<u>(a) <b>Administrative services unit; operating</b></u>		
136.14	<u><b>costs.</b> Of this appropriation, \$1,936,000 in</u>		
136.15	<u>fiscal year 2026 and \$1,936,000 in fiscal year</u>		
136.16	<u>2027 are for operating costs of the</u>		
136.17	<u>administrative services unit. The</u>		
136.18	<u>administrative services unit may receive and</u>		
136.19	<u>expend reimbursements for services it</u>		
136.20	<u>performs for other agencies.</u>		
136.21	<u>(b) <b>Administrative services unit; volunteer</b></u>		
136.22	<u><b>health care provider program.</b> Of this</u>		
136.23	<u>appropriation, \$150,000 in fiscal year 2026</u>		
136.24	<u>and \$150,000 in fiscal year 2027 are to pay</u>		
136.25	<u>for medical professional liability coverage</u>		
136.26	<u>required under Minnesota Statutes, section</u>		
136.27	<u>214.40.</u>		
136.28	<u>(c) <b>Administrative services unit; retirement</b></u>		
136.29	<u><b>costs.</b> Of this appropriation, \$237,000 in fiscal</u>		
136.30	<u>year 2026 and \$237,000 in fiscal year 2027</u>		
136.31	<u>are for the administrative services unit to pay</u>		
136.32	<u>for the retirement costs of health-related board</u>		
136.33	<u>employees. This funding may be transferred</u>		
136.34	<u>to the health board incurring retirement costs.</u>		
136.35	<u>Any board that has an unexpended balance for</u>		

137.1 an amount transferred under this paragraph  
 137.2 shall transfer the unexpended amount to the  
 137.3 administrative services unit. If the amount  
 137.4 appropriated in the first year of the biennium  
 137.5 is not sufficient, the amount from the second  
 137.6 year of the biennium is available.

137.7 **(d) Administrative services unit; contested**  
 137.8 **cases and other legal proceedings.** Of this  
 137.9 appropriation, \$200,000 in fiscal year 2026  
 137.10 and \$200,000 in fiscal year 2027 are for costs  
 137.11 of contested case hearings and other  
 137.12 unanticipated costs of legal proceedings  
 137.13 involving health-related boards under this  
 137.14 section. Upon certification by a health-related  
 137.15 board to the administrative services unit that  
 137.16 unanticipated costs for legal proceedings will  
 137.17 be incurred and that available appropriations  
 137.18 are insufficient to pay for the unanticipated  
 137.19 costs for that board, the administrative services  
 137.20 unit is authorized to transfer money from this  
 137.21 appropriation to the board for payment of costs  
 137.22 for contested case hearings and other  
 137.23 unanticipated costs of legal proceedings with  
 137.24 the approval of the commissioner of  
 137.25 management and budget. The commissioner  
 137.26 of management and budget must require any  
 137.27 board that has an unexpended balance or an  
 137.28 amount transferred under this paragraph to  
 137.29 transfer the unexpended amount to the  
 137.30 administrative services unit to be deposited in  
 137.31 the state government special revenue fund.

137.32	<b><u>Subd. 5. Board of Dietetics and Nutrition</u></b>		
137.33	<b><u>Practice</u></b>	<u>277,000</u>	<u>277,000</u>
137.34	<b><u>Subd. 6. Board of Executives for Long-term</u></b>		
137.35	<b><u>Services and Supports</u></b>	<u>736,000</u>	<u>736,000</u>
137.36	<b><u>Subd. 7. Board of Marriage and Family Therapy</u></b>	<u>457,000</u>	<u>457,000</u>

138.1	<u>Subd. 8. <b>Board of Medical Practice</b></u>		<u>6,113,000</u>	<u>6,067,000</u>
138.2	<u>Subd. 9. <b>Board of Nursing</b></u>		<u>6,275,000</u>	<u>6,275,000</u>
138.3	<u>Subd. 10. <b>Board of Occupational Therapy Practice</b></u>		<u>560,000</u>	<u>560,000</u>
138.5	<u>Subd. 11. <b>Board of Optometry</b></u>		<u>280,000</u>	<u>280,000</u>
138.6	<u>Subd. 12. <b>Board of Pharmacy</b></u>		<u>6,748,000</u>	<u>6,748,000</u>
138.7	<u>Appropriations by Fund</u>			
138.8	<u>General</u>	<u>468,000</u>	<u>468,000</u>	
138.9	<u>State Government</u>			
138.10	<u>Special Revenue</u>	<u>6,280,000</u>	<u>6,280,000</u>	
138.11	<u>Subd. 13. <b>Board of Physical Therapy</b></u>		<u>789,000</u>	<u>789,000</u>
138.12	<u>Subd. 14. <b>Board of Podiatric Medicine</b></u>		<u>257,000</u>	<u>257,000</u>
138.13	<u>Subd. 15. <b>Board of Psychology</b></u>		<u>2,781,000</u>	<u>2,781,000</u>
138.14	<u>Subd. 16. <b>Board of Social Work</b></u>		<u>2,068,000</u>	<u>2,002,000</u>
138.15	<u>Subd. 17. <b>Board of Veterinary Medicine</b></u>		<u>544,000</u>	<u>544,000</u>
138.16	<u>Sec. 3. <b>OFFICE OF EMERGENCY MEDICAL SERVICES</b></u>	<u>\$</u>	<u>7,013,000</u>	<u>\$ 5,448,000</u>
138.18	<u>Sec. 4. <b>BOARD OF DIRECTORS OF MNSURE</b></u>	<u>\$</u>	<u>15,070,000</u>	<u>\$ 70,000</u>
138.19	<u>Sec. 5. <b>RARE DISEASE ADVISORY COUNCIL</b></u>	<u>\$</u>	<u>332,000</u>	<u>\$ 337,000</u>

APPENDIX  
Article locations for 25-00338

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ARTICLE 7	FORECAST ADJUSTMENTS.....	Page.Ln 123.27
ARTICLE 8	DEPARTMENT OF HEALTH APPROPRIATIONS.....	Page.Ln 125.8
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**103I.550 LIMITED PUMP, PITLESS, OR DUG WELL/DRIVE POINT CONTRACTOR.**

Subdivision 1. **Limited pump or pitless license or certification.** A person with a limited well/boring contractor's license or certification to install well pumps and pumping equipment; or a person with a limited well/boring contractor's license or certification to install, repair, and modify pitless units and pitless adapters, well casings above the pitless unit or pitless adapter, and well screens and well diameters, will be issued a combined license or certification to: (1) install well pumps and pumping equipment; and (2) install, repair, and modify pitless units and pitless adapters, well casings above the pitless unit or pitless adapter, well screens, and well diameters.

Subd. 2. **Limited dug well/drive point license or certification.** A person with a limited well/boring contractor's license or certification to construct, repair, and seal drive point wells and dug wells will be issued a well contractor's license or certification.

**148.108 FEES.**

Subd. 2. **Annual renewal of inactive acupuncture registration.** The annual renewal of an inactive acupuncture registration fee is \$25.

Subd. 3. **Acupuncture reinstatement.** The acupuncture reinstatement fee is \$50.

Subd. 4. **Animal chiropractic.** (a) Animal chiropractic registration fee is \$125.

(b) Animal chiropractic registration renewal fee is \$75.

(c) Animal chiropractic inactive renewal fee is \$25.

**156.015 FEES.**

Subdivision 1. **Verification of licensure.** The board may charge a fee of \$25 per license verification to a licensee for verification of licensure status provided to other veterinary licensing boards.

**2500.1150 FEES.**

The fees charged by the board are fixed at the following rates:

- A. peer review fee to be paid by a requesting doctor or by a requesting insurance company, \$100;
- B. licensing examination regrade fee, \$30;
- C. copy of a board order or stipulation fee, \$10 each;
- D. certificate of good standing or licensure verification to other states, \$10 each;
- E. duplicate of the original license or of an annual renewal, \$10;
- F. miscellaneous copying fee, 25 cents per page;
- G. independent medical examination registration fee, \$150;
- H. independent examination annual renewal fee, \$100;
- I. incorporation renewal late charge, \$5 per month;
- J. computer lists, \$100; and
- K. computer printed labels, \$150.

**2500.2030 ANNUAL RENEWAL OF INACTIVE LICENSE.**

The annual renewal fee for an inactive license is 75 percent of the current fee imposed by the board for license renewal.

**4695.2900 APPLICATION FEES.**

Fees to be submitted with initial or renewal applications shall be as follows:

- A. Initial application fee, \$45 plus examination fees.
- B. Biennial renewal application fee, \$45.
- C. Penalty for late submission of renewal application, \$10, if not renewed by designated renewal date.

**6900.0250 FEES.**

**Subpart 1. Amounts.** The amount of fees may be set by the board with the approval of the Department of Management and Budget up to the limits provided in this subpart depending upon the total amount required to sustain board operations under Minnesota Statutes, section 16A.1285, subdivision 2. Information about fees in effect at any time is available from the board office. The maximum amount of fees are:

- A. application for licensure, \$600;
- B. renewal license, \$600;
- C. late renewal fee, \$100;
- D. temporary permit, \$250;
- E. duplicate license or duplicate renewal certificate, \$10;
- F. reinstatement, \$650;
- G. exam administration to persons who have not applied for a license or permit, \$50;
- H. fee for verification of licensure, \$30; and
- I. miscellaneous fee:

- (1) labels, \$25;
- (2) list of licensees, \$25; and
- (3) copies, 25 cents per page.

Subp. 2. **Requirements.** Fees must be paid in United States money and are not refundable.

## **9100.0400 APPLICATION AND EXAMINATION FEES FOR LICENSURE TO PRACTICE VETERINARY MEDICINE.**

### **Subpart 1. Application fee.**

A. A person applying for a license to practice veterinary medicine in Minnesota or applying for a permit to take the national veterinary medical examination must pay a \$50 nonrefundable application fee to the board. Persons submitting concurrent applications for licensure and a national examination permit shall pay only one application fee.

B. The application fee received supports only the application with which the fee was submitted. A person who applies more than once must submit the full application fee with each subsequent application.

### **Subp. 3. Examination fees.**

A. All applicants for veterinary licensure in Minnesota must successfully pass the Minnesota Veterinary Jurisprudence Examination. The fee for this examination is \$50, payable to the board.

B. An applicant participating in the national veterinary licensing examination must complete a separate application for the national examination and submit the application to the board for approval. Payment for the national examination must be made by the applicant to the national board examination committee after the application for examination has been approved by the board.

## **9100.0500 INITIAL AND RENEWAL FEE.**

Subpart 1. **Required for licensure.** Each person now licensed to practice veterinary medicine in this state, or who becomes licensed by the Board of Veterinary Medicine to engage in the practice, shall pay an initial fee or a biennial license renewal fee if the person wishes to practice veterinary medicine in the coming two-year period or remain licensed as a veterinarian. A licensure period begins on March 1 and expires the last day of February two years later. A licensee with an even-numbered license shall renew by March 1 of even-numbered years and a licensee with an odd-numbered license shall renew by March 1 of odd-numbered years. For 1996 license renewals, licensees with an even-numbered license shall renew for two years. Licensees with an odd-numbered license shall renew for one year and commence renewal for a two-year period in 1997.

Subp. 2. **Amount.** The initial licensure fee and the biennial renewal fee is \$200 and must be paid to the executive director of the board on or before March 1 of the first year of the biennial license period. By January 1 of the first year for which the biennial renewal fee is due, the board shall issue a renewal application to each current licensee to the last address maintained in the board file. Failure to receive this notice does not relieve the licensee of the obligation to pay renewal fees so that they are received by the board on or before the renewal date of March 1.

Initial licenses issued after the start of the licensure renewal period are valid only until the end of the period.

Subp. 3. **Date due.** A licensee must apply for a renewal license on or before March 1 of the first year of the biennial license renewal period. A renewal license is valid from March 1 through the last day of February of the last year of the two-year license renewal

period. An application postmarked no later than the last day of February must be considered to have been received on March 1.

**Subp. 4. Late renewal penalty.** An applicant for renewal must pay a late renewal penalty of \$100 in addition to the renewal fee if the application for renewal is received after March 1 of the licensure renewal period. A renewed license issued after March 1 of the licensure renewal period is valid only to the end of the period regardless of when the renewal fee is received.

**Subp. 4a. Reinstatement fee.** An applicant for license renewal whose license has previously been suspended by official board action for nonrenewal must pay a reinstatement fee of \$50 in addition to the \$200 renewal fee and the \$100 late renewal penalty.

**Subp. 5. Penalty for failure to pay.** Within 30 days after the renewal date, a licensee who has not renewed the license must be notified by letter sent to the last known address of the licensee in the file of the board that the renewal is overdue and that failure to pay the current fee and current late fee within 60 days after the renewal date will result in suspension of the license. A second notice must be sent by registered or certified mail at least seven days before a board meeting occurring 60 days or more after the renewal date to each licensee who has not paid the renewal fee and late fee.

**Subp. 6. Suspension.** The board, by means of a roll call vote, shall suspend the license of a licensee whose license renewal is at least 60 days overdue and to whom notification has been sent as provided in subpart 5. Failure of a licensee to receive notification is not grounds for later challenge by the licensee of the suspension. The former licensee must be notified by registered or certified letter within seven days of the board action. The suspended status placed on a license may be removed only on payment of renewal fees and late penalty fees for each licensure period or part of a period that the license was not renewed. A licensee who fails to renew a license for five years or more must meet the criteria of Minnesota Statutes, section 156.071, for relicensure.

**Subp. 7. Inactive license.** A person holding a current unrestricted license to practice veterinary medicine in Minnesota may, at the time of the person's next biennial license renewal date, renew the license as an inactive license at one-half the renewal fee of an unrestricted license. The license may be continued in an inactive status by renewal on a biennial basis at one-half the regular license fee.

A. A person holding an inactive license is not permitted to practice veterinary medicine in Minnesota and remains under the disciplinary authority of the board.

B. A person may convert a current inactive license to an unrestricted license upon application to and approval by the board. The application must include:

(1) documentation of licensure in good standing and of having met continuing education requirements of current state of practice, or documentation of having met Minnesota continuing education requirements retroactive to the date of licensure inactivation;

(2) certification by the applicant that the applicant is not currently under disciplinary orders or investigation for acts that could result in disciplinary action in any other jurisdiction; and

(3) payment of a fee equal to the full difference between an inactive and unrestricted license if converting during the first year of the biennial license cycle or payment of a fee equal to one-half the difference between an inactive and an unrestricted license if converting during the second year of the license cycle.

C. Deadline for renewal of an inactive license is March 1 of the first year of the biennial license renewal period. A late renewal penalty of one-half the inactive renewal fee must be paid if renewal is received after March 1.

**9100.0600 MISCELLANEOUS FEES.**

Subpart 1. **Temporary license fee.** A person meeting the requirements for issuance of a temporary permit to practice veterinary medicine under Minnesota Statutes, section 156.072, subdivision 5, pending examination, who desires a temporary permit shall pay a fee of \$50 to the board.

Subp. 2. **Duplicate license.** A person requesting issuance of a duplicate or replacement license shall pay a fee of \$10 to the board.