

CHAPTER 1--H.F.No. 19

An act relating to state government; adopting recommendations of the 2020 Workers' Compensation Advisory Council; modifying certified community behavioral health clinic reimbursement requirements for certain providers; making changes to assisted living requirements; extending effective dates; making technical changes; modifying appropriations; appropriating money; amending Minnesota Statutes 2020, sections 79A.02, subdivision 4; 79A.04, subdivision 2; 79A.06, subdivision 5; 79A.22, subdivision 13; 79A.24, subdivision 2; 144.6512, by adding a subdivision; 144A.291, subdivision 2; 144G.07, by adding a subdivision; 144G.08, subdivisions 7, 9, 23, 59, by adding subdivisions; 144G.10, subdivision 1, by adding a subdivision; 144G.41, subdivisions 1, 3; 144G.42, subdivision 9, by adding a subdivision; 144G.45, subdivisions 2, 4, 5; 144G.50, subdivision 1; 144G.54, subdivision 4; 144G.81, subdivision 3; 144G.92, subdivision 5; 176.011, subdivision 15; 176.102, subdivision 10; 176.111, subdivision 22; 176.135, subdivision 1; 176.181, subdivision 2; 176.185, by adding a subdivision; 176.223; 176.231, subdivisions 5, 6, 9, 9a; 176.2611, subdivision 5; 176.2612, subdivisions 1, 3; 176.275, subdivision 2; 176.285, subdivision 1; Laws 2018, chapter 214, article 4, section 2, subdivision 9; Laws 2019, First Special Session chapter 9, article 14, section 2, subdivisions 3, 22, 24, as amended; Laws 2020, chapter 70, article 3, section 1; Laws 2020, Fifth Special Session chapter 4, section 1; proposing coding for new law in Minnesota Statutes, chapter 144G; repealing Minnesota Statutes 2020, sections 144G.81, subdivision 2; 176.181, subdivision 6.

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

ARTICLE 1**LEGISLATIVE-CITIZEN COMMISSION ON MINNESOTA RESOURCES**

Section 1. Laws 2018, chapter 214, article 4, section 2, subdivision 9, is amended to read:

Subd. 9. Land Acquisition, Habitat, and Recreation	-0-	17,439,000
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(a) Grants for Local Parks, Trails, and Natural Areas

\$2,000,000 the second year is from the trust fund to the commissioner of natural resources to solicit, rank, and fund competitive matching grants for local parks, trail connections, and natural and scenic areas under Minnesota Statutes, section 85.019. The appropriation is for local nature-based recreation and connections to regional and state natural areas and recreation facilities and does not include athletic facilities such as sport fields, courts, and playgrounds. This appropriation is available until June 30, 2021, by which time the project must be completed and final products delivered.

(b) Develop Mesabi Trail Segment From County Road 88 to Ely

\$600,000 the second year is from the trust fund to the commissioner of natural resources for an agreement with the St. Louis and Lake Counties Regional Railroad Authority for environmental assessment, permitting, right-of-way easements or other acquisition as needed, engineering, and construction of an approximately three-mile-long bituminous surface section of the Mesabi Trail between Ely and the intersection of Highway 169 and County Road 88. This appropriation is available until June 30, 2022, by which time the project must be completed and final products delivered.

(c) Harmony State Trail Extension Land Acquisition

\$235,000 the second year is from the trust fund to the commissioner of natural resources for an agreement with the city of Harmony to acquire fee title of about 16 parcels to allow for the approximate six-mile extension of the legislatively authorized state trail from Harmony south to the Iowa state border with a spur to Niagara Cave. The land must be transferred to the state after it has been purchased.

(d) Mississippi Blufflands State Trail - Red Wing Barn Bluff to Colvill Park Segment

\$550,000 the second year is from the trust fund to the commissioner of natural resources for an agreement with the city of Red Wing to be used with other funds to construct an approximate three-quarter-mile-long hard-surfaced segment of the Mississippi Blufflands State Trail along Red Wing's Mississippi River riverfront from Barn Bluff Regional Park to Colvill Park. This appropriation is available until June 30, 2021, by which time the project must be completed and final products delivered.

(e) Swedish Immigrant Regional Trail Segment within Interstate State Park

\$2,254,000 the second year is from the trust fund to the commissioner of natural resources for an agreement with Chisago County Environmental Services to construct an approximate one-half-mile regional county

trail segment within Interstate State Park from the end point of the existing trail at the park boundary to city hall including a trail bridge over the ravine and parking and trailhead improvements and to conduct a natural and cultural review to determine the feasibility and route of a future section of the trail through the park. This appropriation is available until June 30, 2021, by which time the project must be completed and final products delivered.

(f) Enhancement Plan for Superior Hiking Trail

\$100,000 the second year is from the trust fund to the commissioner of natural resources for an agreement with the Superior Hiking Trail Association to evaluate improvements to the 310-mile-long Superior Hiking Trail including routing, safety, water management, maintenance, and other environmental, recreational, and design issues and to develop an interactive trail-management system to capture efficiencies and best management practices.

(g) Protecting Mississippi River Headwaters Lands through Local, State, and Federal Partnership

\$700,000 the second year is from the trust fund to the commissioner of natural resources for an agreement with the city of Baxter, in cooperation with Brainerd Public Schools and the Camp Ripley Sentinel Landscape Program, to acquire about 200 acres of forested land on the upper Mississippi River adjacent to Mississippi River Overlook Park for multiple public benefits, including being an outdoor classroom for local schools. To be eligible for reimbursement, costs for real estate transactions must be specific to this acquisition and documented as required in subdivision 15, paragraph (k).

(h) Protecting North-Central Minnesota Lakes

\$750,000 the second year is from the trust fund to the commissioner of natural resources for an agreement with the Crow Wing County Soil and Water Conservation District to increase watershed protection to maintain and improve water quality in lakes and rivers in Aitkin and Crow Wing Counties with about ten permanent RIM conservation easements and 12 forest stewardship plans and by implementing six best

management practices. Of this amount, up to \$59,000 may be contributed to an easement stewardship account established under Minnesota Statutes, section 103B.103, as approved in the work plan. This appropriation is available until June 30, 2022, by which time the project must be completed and final products delivered.

(i) Easement Program for Native Prairie Bank

\$2,000,000 the second year is from the trust fund to the commissioner of natural resources to provide technical stewardship assistance to private landowners, restore and enhance about 270 acres of native prairie protected by easements in the native prairie bank, and acquire easements for the native prairie bank in accordance with Minnesota Statutes, section 84.96, on about 275 acres, including preparing initial baseline property assessments. Up to \$120,000 of this appropriation may be deposited in the natural resources conservation easement stewardship account, created in Minnesota Statutes, section 84.69, proportional to the number of easement acres acquired. A list of proposed easement acquisitions and restoration sites for the native prairie bank are required in the work plan. This appropriation is available until June 30, 2021, by which time the project must be completed and final products delivered.

(j) Minnesota State Trail Development

\$2,500,000 the second year is from the trust fund to the commissioner of natural resources to expand high-priority recreational opportunities on Minnesota's state trails by developing new trail segments and rehabilitating, improving, and enhancing existing state trails. High-priority trail segments to develop and enhance include but are not limited to the Gateway, Gitchi Gami, Paul Bunyan, and Heartland State Trails. A proposed list of trail projects on legislatively authorized state trails is required in the work plan. This appropriation is available until June 30, 2021, by which time the project must be completed and final products delivered.

(k) Minnesota State Parks and State Trails

\$2,500,000 the second year is from the trust fund to the commissioner of natural resources to acquire about 163 acres of high-priority in holdings from willing sellers within the legislatively authorized boundaries of state parks and trails in order to protect Minnesota's natural heritage, enhance outdoor recreational opportunities, and improve the efficiency of public land management. Priorities include but are not limited to Tettegouche, Sibley, and Minneopa State Parks and the Goodhue Pioneer State Trail. A list of proposed acquisitions is required in the work plan. This appropriation is available until June 30, 2021, by which time the project must be completed and final products delivered.

(I) Scientific and Natural Areas Program

\$3,250,000 the second year is from the trust fund to the commissioner of natural resources for the scientific and natural areas program. Of this amount, \$1,500,000 is for habitat restoration activities, \$500,000 is for scientific and natural areas public engagement and outreach, and \$1,250,000 is to acquire strategic high-quality lands that meet criteria for scientific and natural areas under Minnesota Statutes, section 86A.05, from willing sellers. A list of proposed acquisitions and restorations is required in the work plan. This appropriation is available until June 30, 2021, by which time the project must be completed and final products delivered.

EFFECTIVE DATE. This section is effective retroactively from July 1, 2019.

ARTICLE 2

WORKERS' COMPENSATION ADVISORY COUNCIL

Section 1. Minnesota Statutes 2020, section 79A.02, subdivision 4, is amended to read:

Subd. 4. **Recommendations to commissioner regarding revocation.** After each fifth anniversary from the date each individual and group self-insurer becomes certified to self-insure, the committee shall review all relevant financial data filed with the Department of Commerce that is otherwise available to the public and make a recommendation to the commissioner about whether each self-insurer's certificate should be revoked. For group self-insurers who have been in existence for five years or more and have been granted renewal authority, a level of funding in the common claims fund must be maintained at not less than the greater of either: (1) one year's claim losses paid in the most recent year; or (2) one-third of the security deposit posted with the Department of Commerce according to section 79A.04, subdivision 2. ~~This provision supersedes any requirements under section 79A.03, subdivision 10, and Minnesota Rules, part 2780.5000.~~

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

Sec. 2. Minnesota Statutes 2020, section 79A.04, subdivision 2, is amended to read:

Subd. 2. **Minimum deposit.** The minimum deposit is 110 percent of the private self-insurer's estimated future liability. The deposit may be used to secure payment of all administrative and legal costs, and unpaid assessments required by section 79A.12, subdivision 2, relating to or arising from its or other employers' self-insuring. As used in this section, "private self-insurer" includes both current and former members of the self-insurers' security fund; and "private self-insurers' estimated future liability" means the private self-insurers' total of estimated future liability as determined by an Associate or Fellow of the Casualty Actuarial Society every year for group member private self-insurers and, for a nongroup member private self-insurer's authority to self-insure, every year for the first five years. After the first five years, the nongroup member's total shall be as determined by an Associate or Fellow of the Casualty Actuarial Society at least every two years, and each such actuarial study shall include a projection of future losses during the period until the next scheduled actuarial study, less payments anticipated to be made during that time.

All data and information furnished by a private self-insurer to an Associate or Fellow of the Casualty Actuarial Society for purposes of determining private self-insurers' estimated future liability must be certified by an officer of the private self-insurer to be true and correct with respect to payroll and paid losses, and must be certified, upon information and belief, to be true and correct with respect to reserves. The certification must be made by sworn affidavit. In addition to any other remedies provided by law, the certification of false data or information pursuant to this subdivision may result in a fine imposed by the commissioner of commerce on the private self-insurer up to the amount of \$5,000, and termination of the private self-insurers' authority to self-insure. The determination of private self-insurers' estimated future liability by an Associate or Fellow of the Casualty Actuarial Society shall be conducted in accordance with standards and principles for establishing loss and loss adjustment expense reserves by the Actuarial Standards Board, an affiliate of the American Academy of Actuaries. The commissioner may reject an actuarial report that does not meet the standards and principles of the Actuarial Standards Board, and may further disqualify the actuary who prepared the report from submitting any future actuarial reports pursuant to this chapter. Within 30 days after the actuary has been served by the commissioner with a notice of disqualification, an actuary who is aggrieved by the disqualification may request a hearing to be conducted in accordance with chapter 14. Based on a review of the actuarial report, the commissioner of commerce may require an increase in the minimum security deposit in an amount the commissioner considers sufficient.

In addition, the Minnesota self-insurers' security fund may, at its sole discretion and cost, undertake an independent actuarial review or an actuarial study of a private self-insurer's estimated future liability as defined in this subdivision. The review or study must be conducted by an associate or fellow of the Casualty Actuarial Society. The actuary has the right to receive and review data and information of the self-insurer necessary for the actuary to complete its review or study. A copy of this report must be filed with the commissioner and a copy must be furnished to the self-insurer.

Estimated future liability is determined by first taking the total amount of the self-insured's future liability of workers' compensation claims and then deducting the total amount which is estimated to be returned to the self-insurer from any specific excess insurance coverage, aggregate excess insurance coverage, and any supplementary benefits or second injury benefits which are estimated to be reimbursed by the special compensation fund. However, in the determination of estimated future liability, the actuary for the self-insurer shall not take a credit for any excess insurance or reinsurance which is provided by a captive insurance company which is wholly owned by the self-insurer. The opinion may discount liabilities to present value at a rate up to the lesser of four percent per annum, or the average of the applicable federal midterm rates,

based on annual compounding, as published by the United States Secretary of the Treasury under United States Code, title 26, section 1274(d), for the 12 months preceding the valuation date of the report. Supplementary benefits or second injury benefits will not be reimbursed by the special compensation fund unless the special compensation fund assessment pursuant to section 176.129 is paid and the reports required thereunder are filed with the special compensation fund. In the case of surety bonds, bonds shall secure administrative and legal costs in addition to the liability for payment of compensation reflected on the face of the bond. In no event shall the security be less than the last retention limit selected by the self-insurer with the Workers' Compensation Reinsurance Association, provided that the commissioner may allow former members to post less than the Workers' Compensation Reinsurance Association retention level if that amount is adequate to secure payment of the self-insurers' estimated future liability, as defined in this subdivision, including payment of claims, administrative and legal costs, and unpaid assessments required by section 79A.12, subdivision 2. The posting or depositing of security pursuant to this section shall release all previously posted or deposited security from any obligations under the posting or depositing and any surety bond so released shall be returned to the surety. Any other security shall be returned to the depositor or the person posting the bond.

As a condition for the granting or renewing of a certificate to self-insure, the commissioner may require a private self-insurer to furnish any additional security the commissioner considers sufficient to insure payment of all claims under chapter 176.

EFFECTIVE DATE. This section is effective January 1, 2022, and applies to actuarial opinions with a valuation date on or after that date.

Sec. 3. Minnesota Statutes 2020, section 79A.06, subdivision 5, is amended to read:

Subd. 5. **Private employers who have ceased to be self-insured.** (a) Private employers who have ceased to be private self-insurers shall discharge their continuing obligations to secure the payment of compensation which is accrued during the period of self-insurance, for purposes of Laws 1988, chapter 674, sections 1 to 21, by compliance with all of the following obligations of current certificate holders:

(1) Filing reports with the commissioner to carry out the requirements of this chapter;

(2) Depositing and maintaining a security deposit for accrued liability for the payment of any compensation which may become due, pursuant to chapter 176. However, if a private employer who has ceased to be a private self-insurer purchases an insurance policy from an insurer authorized to transact workers' compensation insurance in this state which provides coverage of all claims for compensation arising out of injuries occurring during the entire period the employer was self-insured, whether or not reported during that period, the policy will:

(i) discharge the obligation of the employer to maintain a security deposit for the payment of the claims covered under the policy;

(ii) discharge any obligation which the self-insurers' security fund has or may have for payment of all claims for compensation arising out of injuries occurring during the period the employer was self-insured, whether or not reported during that period; and

(iii) discharge the obligations of the employer to pay any future assessments to the self-insurers' security fund; provided, however, that a member that terminates its self-insurance authority on or after August 1, 2010, shall be liable for an assessment under paragraph (b). The actuarial opinion shall not take into consideration any transfer of the member's liabilities to an insurance policy if the member obtains a replacement policy as described in this subdivision within one year of the date of terminating its self-insurance.

A private employer who has ceased to be a private self-insurer may instead buy an insurance policy described above, except that it covers only a portion of the period of time during which the private employer was self-insured; purchase of such a policy discharges any obligation that the self-insurers' security fund has or may have for payment of all claims for compensation arising out of injuries occurring during the period for which the policy provides coverage, whether or not reported during that period.

A policy described in this clause may not be issued by an insurer unless it has previously been approved as to the insurer, form, and substance by the commissioner; and

(3) Paying within 30 days all assessments of which notice is sent by the security fund, for a period of seven years from the last day its certificate of self-insurance was in effect. Thereafter, the private employer who has ceased to be a private self-insurer may either: (i) continue to pay within 30 days all assessments of which notice is sent by the security fund until it has no incurred liabilities for the payment of compensation arising out of injuries during the period of self-insurance; or (ii) pay the security fund a cash payment equal to four percent of the net present value of all remaining incurred liabilities for the payment of compensation under sections 176.101 and 176.111 as certified by a member of the casualty actuarial society. Assessments shall be based on the benefits paid by the employer during the calendar year immediately preceding the calendar year in which the employer's right to self-insure is terminated or withdrawn.

(b) With respect to a self-insurer who terminates its self-insurance authority after April 1, 1998, that member shall obtain and file with the commissioner an actuarial opinion of its outstanding liabilities as determined by an associate or fellow of the Casualty Actuarial Society within 120 days of the date of its termination. If the actuarial opinion is not timely filed, the self-insurers' security fund may, at its discretion, engage the services of an actuary for this purpose. The expense of this actuarial opinion must be assessed against and be the obligation of the self-insurer. The commissioner may issue a certificate of default against the self-insurer for failure to pay this assessment to the self-insurers' security fund as provided by section 79A.04, subdivision 9. ~~The opinion may discount liabilities up to four percent per annum to net present value~~ actuarial opinion must not apply a present value discount in computing future liabilities. Within 60 days after notification of approval of the actuarial opinion by the commissioner, the exiting member shall pay to the security fund an amount determined as follows: a percentage will be determined by dividing the security fund's members' deficit as determined by the most recent audited financial statement of the security fund by the total actuarial liability of all members of the security fund as calculated by the commissioner within 30 days of the exit date of the member. This quotient will then be multiplied by that exiting member's total future liability as contained in the exiting member's actuarial opinion. If the payment is not made within 30 days of the notification, interest on it at the rate prescribed by section 549.09 must be paid by the former member to the security fund until the principal amount is paid in full.

(c) A former member who terminated its self-insurance authority before April 1, 1998, who has paid assessments to the self-insurers' security fund for seven years, and whose annualized assessment is \$15,000 or less, may buy out of its outstanding liabilities to the self-insurers' security fund by an amount calculated as follows: 1.35 multiplied by the indemnity case reserves at the time of the calculation, multiplied by the then current self-insurers' security fund annualized assessment rate.

(d) A former member who terminated its self-insurance authority before April 1, 1998, and who is paying assessments within the first seven years after ceasing to be self-insured under paragraph (a), clause (3), may elect to buy out its outstanding liabilities to the self-insurers' security fund by obtaining and filing with the commissioner an actuarial opinion of its outstanding liabilities as determined by an associate or fellow of the Casualty Actuarial Society. ~~The opinion must separate liability for indemnity benefits from liability for medical benefits, and must discount each up to four percent per annum to net present value.~~ Within 30 days after notification of approval of the actuarial opinion by the commissioner, the member shall pay to the

security fund an amount equal to 120 percent of that discounted outstanding indemnity liability, multiplied by the greater of the average annualized assessment rate since inception of the security fund or the annual rate at the time of the most recent assessment.

(e) A former member who has paid the security fund according to paragraphs (b) to (d) and subsequently receives authority from the commissioner to again self-insure shall be assessed under section 79A.12, subdivision 2, only on indemnity benefits paid on injuries that occurred after the former member received authority to self-insure again; provided that the member furnishes verified data regarding those benefits to the security fund.

(f) In addition to proceedings to establish liabilities and penalties otherwise provided, a failure to comply may be the subject of a proceeding before the commissioner. An appeal from the commissioner's determination may be taken pursuant to the contested case procedures of chapter 14 within 30 days of the commissioner's written determination.

Any current or past member of the self-insurers' security fund is subject to service of process on any claim arising out of chapter 176 or this chapter in the manner provided by section 5.25, or as otherwise provided by law. The issuance of a certificate to self-insure to the private self-insured employer shall be deemed to be the agreement that any process which is served in accordance with this section shall be of the same legal force and effect as if served personally within this state.

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

Sec. 4. Minnesota Statutes 2020, section 79A.22, subdivision 13, is amended to read:

Subd. 13. **Common claims fund; five-year exception.** For commercial group self-insurers who have been in existence for five years or more, a level of funding in the common claims fund must be maintained at not less than the greater of either:

(1) one year's claim losses paid in the most recent year; or

(2) one-third of the security deposit posted with the Department of Commerce according to section 79A.24, subdivision 2.

~~This provision supersedes any requirements under subdivisions 11 and 12 and Minnesota Rules, part 2780.5000.~~

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

Sec. 5. Minnesota Statutes 2020, section 79A.24, subdivision 2, is amended to read:

Subd. 2. **Minimum deposit.** The minimum deposit is 125 percent of the commercial self-insurance group's estimated future liability for the payment of compensation as determined by an actuary. If the group has been in existence for three years, this minimum deposit shall be 110 percent of the commercial self-insurance group's estimated future liability for the payment of workers' compensation as determined by an actuary. Each actuarial study shall include a projection of future losses during a one-year period until the next scheduled actuarial study, less payments anticipated to be made during that time. The opinion may discount liabilities to present value at a rate up to the lesser of four percent per annum, or the average of the applicable federal midterm rates, based on annual compounding, as published by the United States Secretary of the Treasury under United States Code, title 26, section 1274(d), for the 12 months preceding the valuation date of the report. Deduction should be made for the total amount which is estimated to be returned to the

commercial self-insurance group from any specific excess insurance coverage, aggregate excess insurance coverage, and any supplementary benefits which are estimated to be reimbursed by the special compensation fund. Supplementary benefits will not be reimbursed by the special compensation fund unless the special compensation fund assessment pursuant to section 176.129 is paid and the required reports are filed with the special compensation fund. In the case of surety bonds, bonds shall secure administrative and legal costs in addition to the liability for payment of compensation reflected on the face of the bond. In no event shall the security be less than the group's selected retention limit of the Workers' Compensation Reinsurance Association. The posting or depositing of security under this section shall release all previously posted or deposited security from any obligations under the posting or depositing and any surety bond so released shall be returned to the surety. Any other security shall be returned to the depositor or the person posting the bond.

EFFECTIVE DATE. This section is effective January 1, 2022, and applies to actuarial opinions with a valuation date on or after that date.

Sec. 6. Minnesota Statutes 2020, section 176.011, subdivision 15, is amended to read:

Subd. 15. **Occupational disease.** (a) "Occupational disease" means a mental impairment as defined in paragraph (d) or physical disease arising out of and in the course of employment peculiar to the occupation in which the employee is engaged and due to causes in excess of the hazards ordinary of employment and shall include undulant fever. Physical stimulus resulting in mental injury and mental stimulus resulting in physical injury shall remain compensable. Mental impairment is not considered a disease if it results from a disciplinary action, work evaluation, job transfer, layoff, demotion, promotion, termination, retirement, or similar action taken in good faith by the employer. Ordinary diseases of life to which the general public is equally exposed outside of employment are not compensable, except where the diseases follow as an incident of an occupational disease, or where the exposure peculiar to the occupation makes the disease an occupational disease hazard. A disease arises out of the employment only if there be a direct causal connection between the conditions under which the work is performed and if the occupational disease follows as a natural incident of the work as a result of the exposure occasioned by the nature of the employment. An employer is not liable for compensation for any occupational disease which cannot be traced to the employment as a direct and proximate cause and is not recognized as a hazard characteristic of and peculiar to the trade, occupation, process, or employment or which results from a hazard to which the worker would have been equally exposed outside of the employment.

(b) If immediately preceding the date of disablement or death, an employee was employed on active duty with an organized fire or police department of any municipality, as a member of the Minnesota State Patrol, conservation officer service, state crime bureau, as a forest officer by the Department of Natural Resources, ~~state~~ correctional officer or security counselor employed by the state or a political subdivision at a corrections, detention, or secure treatment facility, or sheriff or full-time deputy sheriff of any county, and the disease is that of myocarditis, coronary sclerosis, pneumonia or its sequel, and at the time of employment such employee was given a thorough physical examination by a licensed doctor of medicine, and a written report thereof has been made and filed with such organized fire or police department, with the Minnesota State Patrol, conservation officer service, state crime bureau, Department of Natural Resources, Department of Corrections, or sheriff's department of any county, which examination and report negated any evidence of myocarditis, coronary sclerosis, pneumonia or its sequel, the disease is presumptively an occupational disease and shall be presumed to have been due to the nature of employment. If immediately preceding the date of disablement or death, any individual who by nature of their position provides emergency medical care, or an employee who was employed as a licensed police officer under section 626.84, subdivision 1; firefighter; paramedic; ~~state~~ correctional officer or security counselor employed by the state or a political

subdivision at a corrections, detention, or secure treatment facility; emergency medical technician; or licensed nurse providing emergency medical care; and who contracts an infectious or communicable disease to which the employee was exposed in the course of employment outside of a hospital, then the disease is presumptively an occupational disease and shall be presumed to have been due to the nature of employment and the presumption may be rebutted by substantial factors brought by the employer or insurer. Any substantial factors which shall be used to rebut this presumption and which are known to the employer or insurer at the time of the denial of liability shall be communicated to the employee on the denial of liability.

(c) A firefighter on active duty with an organized fire department who is unable to perform duties in the department by reason of a disabling cancer of a type caused by exposure to heat, radiation, or a known or suspected carcinogen, as defined by the International Agency for Research on Cancer, and the carcinogen is reasonably linked to the disabling cancer, is presumed to have an occupational disease under paragraph (a). If a firefighter who enters the service after August 1, 1988, is examined by a physician prior to being hired and the examination discloses the existence of a cancer of a type described in this paragraph, the firefighter is not entitled to the presumption unless a subsequent medical determination is made that the firefighter no longer has the cancer.

(d) For the purposes of this chapter, "mental impairment" means a diagnosis of post-traumatic stress disorder by a licensed psychiatrist or psychologist. For the purposes of this chapter, "post-traumatic stress disorder" means the condition as described in the most recently published edition of the Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association. For purposes of section 79.34, subdivision 2, one or more compensable mental impairment claims arising out of a single event or occurrence shall constitute a single loss occurrence.

(e) If, preceding the date of disablement or death, an employee who was employed on active duty as: a licensed police officer; a firefighter; a paramedic; an emergency medical technician; a licensed nurse employed to provide emergency medical services outside of a medical facility; a public safety dispatcher; ~~an~~ a correctional officer or security counselor employed by the state or a political subdivision at a corrections, detention, or secure treatment facility; a sheriff or full-time deputy sheriff of any county; or a member of the Minnesota State Patrol is diagnosed with a mental impairment as defined in paragraph (d), and had not been diagnosed with the mental impairment previously, then the mental impairment is presumptively an occupational disease and shall be presumed to have been due to the nature of employment. This presumption may be rebutted by substantial factors brought by the employer or insurer. Any substantial factors that are used to rebut this presumption and that are known to the employer or insurer at the time of the denial of liability shall be communicated to the employee on the denial of liability. The mental impairment is not considered an occupational disease if it results from a disciplinary action, work evaluation, job transfer, layoff, demotion, promotion, termination, retirement, or similar action taken in good faith by the employer.

(f) Notwithstanding paragraph (a) and the rebuttable presumption for infectious or communicable diseases in paragraph (b), an employee who contracts COVID-19 is presumed to have an occupational disease arising out of and in the course of employment if the employee satisfies the requirements of clauses (1) and (2).

(1) The employee was employed as a licensed peace officer under section 626.84, subdivision 1; firefighter; paramedic; nurse or health care worker, correctional officer, or security counselor employed by the state or a political subdivision at a corrections, detention, or secure treatment facility; emergency medical technician; a health care provider, nurse, or assistive employee employed in a health care, home care, or long-term care setting, with direct COVID-19 patient care or ancillary work in COVID-19 patient units; and workers required to provide child care to first responders and health care workers under Executive Order 20-02 and Executive Order 20-19.

(2) The employee's contraction of COVID-19 must be confirmed by a positive laboratory test or, if a laboratory test was not available for the employee, as diagnosed and documented by the employee's licensed physician, licensed physician's assistant, or licensed advanced practice registered nurse (APRN), based on the employee's symptoms. A copy of the positive laboratory test or the written documentation of the physician's, physician assistant's, or APRN's diagnosis shall be provided to the employer or insurer.

(3) Once the employee has satisfied the requirements of clauses (1) and (2), the presumption shall only be rebutted if the employer or insurer shows the employment was not a direct cause of the disease. A denial of liability under this paragraph must meet the requirements for a denial under section 176.221, subdivision 1.

(4) The date of injury for an employee who has contracted COVID-19 under this paragraph shall be the date that the employee was unable to work due to a diagnosis of COVID-19, or due to symptoms that were later diagnosed as COVID-19, whichever occurred first.

(5) An employee who has contracted COVID-19 but who is not entitled to the presumption under this paragraph is not precluded from claiming an occupational disease as provided in other paragraphs of this subdivision or from claiming a personal injury under subdivision 16.

(6) The commissioner shall provide a detailed report on COVID-19 workers' compensation claims under this paragraph to the Workers' Compensation Advisory Council, and chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over workers' compensation, by January 15, 2021.

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

Sec. 7. Minnesota Statutes 2020, section 176.102, subdivision 10, is amended to read:

Subd. 10. **Rehabilitation; consultants, interns, and vendors.** (a) The commissioner shall approve rehabilitation consultants who may propose and implement plans if they satisfy rules adopted by the commissioner for rehabilitation consultants. A consultant may be an individual or public or private entity, and except for rehabilitation services, Department of Employment and Economic Development, a consultant may not be a vendor or the agent of a vendor of rehabilitation services. The commissioner shall also approve rehabilitation vendors if they satisfy rules adopted by the commissioner. An employer or insurer must be approved by the commissioner as a qualified rehabilitation firm and create an account in CAMPUS as a firm to employ a qualified rehabilitation consultant to provide rehabilitation services to an employee under this section.

(b) An applicant to be a qualified rehabilitation consultant intern must file in CAMPUS a plan of supervision prescribed by the commissioner and signed by the supervisor at the time the application is filed. The supervisor must be employed as a qualified rehabilitation consultant by the same firm as the intern applicant and meet experience requirements prescribed in rule by the commissioner. In the plan of supervision, the supervisor must agree to verify that the intern complies with all rehabilitation rules and statutes during the internship. All documents related to an employee's rehabilitation prepared by the intern that are filed with the commissioner must be reviewed by the supervisor before they are filed. The supervisor need not sign the intern's written work, but the intern must verify that the supervisor has reviewed the document at the time the document is filed with the commissioner in CAMPUS. An intern must file a new signed plan of supervision if there is a change of supervisors.

~~(b)~~ (c) An individual qualified rehabilitation consultant registered by the commissioner must not provide any medical, rehabilitation, or disability case management services related to an injury that is compensable

under this chapter when these services are part of the same claim, unless the case management services are part of an approved rehabilitation plan.

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

Sec. 8. Minnesota Statutes 2020, section 176.111, subdivision 22, is amended to read:

Subd. 22. **Payments to estate; death of employee.** (a) In every case of death of an employee resulting from personal injury arising out of and in the course of employment where there are no persons entitled to monetary benefits of dependency compensation, the employer shall pay to the estate of the deceased employee the sum of \$60,000. This payment must be made within 14 days of notice to the insurer of one of the following:

(1) the appointment of a personal representative of the estate; or

(2) if there is no personal representative, presentation of a certified death record and an affidavit of collection of personal property according to the requirements of section 524.3-1201 and 524.3-1202.

(b) Within 14 days of notice to the insurer of the death of the employee, the insurer must send notice to the estate, at the deceased employee's last known address, that this payment will be made after ~~a personal representative has been appointed by a probate court~~ receipt of the documentation in paragraph (a), clause (1) or (2).

EFFECTIVE DATE. This section is effective January 4, 2021.

Sec. 9. Minnesota Statutes 2020, section 176.135, subdivision 1, is amended to read:

Subdivision 1. **Medical, psychological, chiropractic, podiatric, surgical, hospital.** (a) The employer shall furnish any medical, psychological, chiropractic, podiatric, surgical and hospital treatment, including nursing, medicines, medical, chiropractic, podiatric, and surgical supplies, crutches and apparatus, including artificial members, or, at the option of the employee, if the employer has not filed notice as hereinafter provided, Christian Science treatment in lieu of medical treatment, chiropractic medicine and medical supplies, as may reasonably be required at the time of the injury and any time thereafter to cure and relieve from the effects of the injury. This treatment shall include treatments necessary to physical rehabilitation.

(b) The employer shall pay for the reasonable value of nursing services provided by a member of the employee's family in cases of permanent total disability.

(c) Exposure to rabies is an injury and an employer shall furnish preventative treatment to employees exposed to rabies.

(d) The employer shall furnish replacement or repair for artificial members, glasses or spectacles, artificial eyes, podiatric orthotics, dental bridge work, dentures or artificial teeth, hearing aids, canes, crutches, or wheel chairs damaged by reason of an injury arising out of and in the course of the employment. For the purpose of this paragraph, "injury" includes damage wholly or in part to an artificial member. In case of the employer's inability or refusal seasonably to provide the items required to be provided under this paragraph, the employer is liable for the reasonable expense incurred by or on behalf of the employee in providing the same, including costs of copies of any medical records or medical reports that are in existence, obtained from health care providers, and that directly relate to the items for which payment is sought under this chapter, limited to the charges allowed by subdivision 7, and attorney fees incurred by the employee.

(e) Both the commissioner and the compensation judges have authority to make determinations under this section in accordance with sections 176.106 and 176.305.

(f) An employer may require that the treatment and supplies required to be provided by an employer by this section be received in whole or in part from a managed care plan certified under section 176.1351 except as otherwise provided by that section.

(g) An employer may designate a pharmacy or network of pharmacies that employees must use to obtain outpatient prescription and nonprescription medications. An employee is not required to obtain outpatient medications at a designated pharmacy unless the pharmacy is located within 15 miles of the employee's place of residence.

(h) Notwithstanding any fees established by rule adopted under section 176.136, an employer may contract for the cost of medication provided to employees. All requests for reimbursement from the special compensation fund formerly codified under section 176.131 for medication provided to an employee must be accompanied by the dispensing pharmacy's invoice showing its usual and customary charge for the medication at the time it was dispensed to the employee. The special compensation fund shall not reimburse any amount that exceeds the maximum amount payable for the medication under Minnesota Rules, part 5221.4070, subparts 3 and 4, notwithstanding any contract under Minnesota Rules, part 5221.4070, subpart 5, that provides for a different reimbursement amount.

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

Sec. 10. Minnesota Statutes 2020, section 176.181, subdivision 2, is amended to read:

Subd. 2. **Compulsory insurance; self-insurers.** (a) Every employer, except the state and its municipal subdivisions, liable under this chapter to pay compensation shall insure payment of compensation with some insurance carrier authorized to insure workers' compensation liability in this state, or obtain a written order from the commissioner of commerce exempting the employer from insuring liability for compensation and permitting self-insurance of the liability. The terms, conditions and requirements governing self-insurance shall be established by the commissioner pursuant to chapter 14. The commissioner of commerce shall also adopt, pursuant to paragraph (d), rules permitting two or more employers, whether or not they are in the same industry, to enter into agreements to pool their liabilities under this chapter for the purpose of qualifying as group self-insurers. With the approval of the commissioner of commerce, any employer may exclude medical, chiropractic and hospital benefits as required by this chapter. An employer conducting distinct operations at different locations may either insure or self-insure the other portion of operations as a distinct and separate risk. An employer desiring to be exempted from insuring liability for compensation shall make application to the commissioner of commerce, showing financial ability to pay the compensation, whereupon by written order the commissioner of commerce, on deeming it proper, may make an exemption. An employer may establish financial ability to pay compensation by providing financial statements of the employer to the commissioner of commerce. Upon ten days' written notice the commissioner of commerce may revoke the order granting an exemption, in which event the employer shall immediately insure the liability. As a condition for the granting of an exemption the commissioner of commerce may require the employer to furnish security the commissioner of commerce considers sufficient to insure payment of all claims under this chapter, consistent with subdivision 2b. If the required security is in the form of currency or negotiable bonds, the commissioner of commerce shall deposit it with the commissioner of management and budget. In the event of any default upon the part of a self-insurer to abide by any final order or decision of the commissioner of labor and industry directing and awarding payment of compensation and benefits to any employee or the dependents of any deceased employee, then upon at least ten days' notice to the self-insurer, the commissioner of commerce may by written order to the commissioner of management and budget require

the commissioner of management and budget to sell the pledged and assigned securities or a part thereof necessary to pay the full amount of any such claim or award with interest thereon. This authority to sell may be exercised from time to time to satisfy any order or award of the commissioner of labor and industry or any judgment obtained thereon. When securities are sold the money obtained shall be deposited in the state treasury to the credit of the commissioner of commerce and awards made against any such self-insurer by the commissioner of commerce shall be paid to the persons entitled thereto by the commissioner of management and budget upon payments requested by the commissioner of commerce out of the proceeds of the sale of securities. Where the security is in the form of a surety bond or personal guaranty the commissioner of commerce, at any time, upon at least ten days' notice and opportunity to be heard, may require the surety to pay the amount of the award, the payments to be enforced in like manner as the award may be enforced.

(b) No association, corporation, partnership, sole proprietorship, trust or other business entity shall provide services in the design, establishment or administration of a group self-insurance plan under rules adopted pursuant to this subdivision unless it is licensed, or exempt from licensure, pursuant to section 60A.23, subdivision 8, to do so by the commissioner of commerce. An applicant for a license shall state in writing the type of activities it seeks authorization to engage in and the type of services it seeks authorization to provide. The license shall be granted only when the commissioner of commerce is satisfied that the entity possesses the necessary organization, background, expertise, and financial integrity to supply the services sought to be offered. The commissioner of commerce may issue a license subject to restrictions or limitations, including restrictions or limitations on the type of services which may be supplied or the activities which may be engaged in. ~~The license is for a two-year period.~~

(c) To assure that group self-insurance plans are financially solvent, administered in a fair and capable fashion, and able to process claims and pay benefits in a prompt, fair and equitable manner, entities licensed to engage in such business are subject to supervision and examination by the commissioner of commerce.

(d) To carry out the purposes of this subdivision, the commissioner of commerce may promulgate administrative rules pursuant to sections 14.001 to 14.69. These rules may:

- (1) establish reporting requirements for administrators of group self-insurance plans;
- (2) establish standards and guidelines consistent with subdivision 2b to assure the adequacy of the financing and administration of group self-insurance plans;
- (3) establish bonding requirements or other provisions assuring the financial integrity of entities administering group self-insurance plans;
- (4) establish standards, including but not limited to minimum terms of membership in self-insurance plans, as necessary to provide stability for those plans;
- (5) establish standards or guidelines governing the formation, operation, administration, and dissolution of self-insurance plans; and
- (6) establish other reasonable requirements to further the purposes of this subdivision.

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

Sec. 11. Minnesota Statutes 2020, section 176.185, is amended by adding a subdivision to read:

Subd. 11. Employment and insurance data. (a) The following workers' compensation insurance coverage data reported to or collected by the department under this section, or otherwise created or received by the department, is public data, subject to the limitations provided in paragraph (b):

(1) all action on an insurance policy, but not including the policy itself. Examples of action on a policy are the date of issuance of a new policy, the date of cancellation, or copies of a correction, binder, reinstatement, expiration, cancellation, termination, or declaration page;

(2) the employer's legal name;

(3) every "doing business as" name used by the employer;

(4) the employer's legal form of ownership, such as corporation, partnership, limited partnership, or government entity, and the names of all owners and partners including, for limited partnerships, the names of general partners;

(5) the employer's complete mailing and physical addresses;

(6) the nature of the employer's business;

(7) the policy number;

(8) the effective and expiration dates of the policy;

(9) the name of the insurance carrier;

(10) if the policy has been canceled, the type of cancellation, reason for cancellation, and effective date of cancellation; and

(11) the employer's unemployment account number.

(b) The commissioner shall release the insurance coverage data listed in paragraph (a) only in response to an inquiry about an employer in which the requester provides employer identifying information required by the commissioner. The commissioner or an entity with whom the department has contracted pursuant to subdivision 10 shall provide a website for such public inquiries and may impose access restrictions necessary to limit access to individual inquiries and to otherwise deter the use of the website for purposes other than insurance verification. Persons who obtain the data prescribed in paragraph (a) from the department are prohibited from using the data for commercial purposes.

(c) For purposes of this subdivision, "employer" includes a policyholder and any other entities listed on the same insurance policy as the employer.

(d) For purposes of this subdivision, "commercial purposes" means the sale or use of insurance coverage data listed in paragraph (a) for marketing or profit.

(e) An entity with whom the department has contracted pursuant to subdivision 10 has a private right of action to enforce the prohibition in paragraph (b) against a person who uses the data for commercial purposes. The entity may bring a civil action to recover damages and costs and disbursements, including reasonable attorney fees, from the person, and for other equitable relief as determined by the court.

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

Sec. 12. Minnesota Statutes 2020, section 176.223, is amended to read:

176.223 PROMPT PAYMENT FIRST ACTION REPORT.

(a) For purposes of this section:

(1) "insurer" means a workers' compensation insurer licensed in Minnesota and a self-insured employer approved to self-insure by the commissioner of commerce;

(2) "prompt first action" means that an insurer commenced payment of wage loss benefits, or filed a denial of liability for an injury or for wage loss benefits, within the time frames required by section 176.221, subdivision 1; and

(3) "wage loss benefits" means temporary total disability, temporary partial disability, and permanent total disability benefits, as described in section 176.101.

(b) ~~No later than March 15 of each year, the department shall publish an annual report providing data on the promptness of all insurers and self-insurers in making first payments on a claim for injury. The report shall identify all insurers and self-insurers and state the percentage of first payments made within 14 days from the last date worked for each of the insurers and self-insurers. The report shall also list the total number of claims and the number of claims paid within the 14-day standard. for each insurer on the total number of the insurer's claims, and the number and percentage of the insurer's claims with prompt first action. The report must be based on data that the insurer reported to the commissioner in the previous calendar year. Each report shall contain the required information for each of the last four years the report has been compiled so that a total of five years is included. The department shall make the report available to employers and shall provide a copy to each insurer and self-insurer listed in the report for the current year.~~

(c) ~~On or before January 15 of each year the department must provide each insurer listed in the report with notice of the data on that insurer that the department plans to include in the report. By February 15 the insurer must notify the department in writing of inaccurate data reported to the commissioner and of any corrections to the data that should be reflected in the March 15 report. Effective the day following final enactment, the insurer must electronically file the corrected data with the commissioner in CAMPUS.~~

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

Sec. 13. Minnesota Statutes 2020, section 176.231, subdivision 5, is amended to read:

Subd. 5. **Electronic reports filed under this section.** (a) The commissioner shall prescribe the manner and format for providing the reports and other documents required by this section.

(b) A report or other document that is required to be filed with the commissioner under this section must be filed electronically in the manner and format required by the commissioner. Except as provided in paragraph (d), the commissioner must give at least 60 days' notice to self-insured employers and insurers, and publish notice in the State Register, of the effective date of required electronic filing of the report or other document.

(c) Where specified by the commissioner under paragraph (d), a self-insured employer or insurer must file a report or other document with the commissioner electronically according to the version of the Claims Release Standard published by the International Association of Industrial Accident Boards and Commissions (IAIABC) adopted by the commissioner. The commissioner must publish on the department's website a Minnesota implementation guide that prescribes reporting and service requirements consistent with this chapter.

(d) The commissioner must give notice to self-insured employers and insurers, and publish notice in the State Register, of intent to adopt a version of the Claims Release Standard for a report or other document required to be filed with the commissioner. The notice must include a link to the Minnesota implementation guide. Interested parties must have at least 90 days to submit comments to the commissioner. After considering the comments, the commissioner must publish notice of the adopted version of the Claims Release Standard and Minnesota implementation guide in the State Register at least 90 days before the effective date of the Standard and Guide. The commissioner must also give at least 30 days' notice to self-insured employers and insurers, and publish notice in the State Register, of any updates to the Minnesota implementation guide. The requirements in the adopted versions of the Claims Release Standard and the Minnesota implementation guide supersede any conflicting or obsolete rule. The commissioner may amend or repeal conflicting or obsolete rules, using the procedures in section 14.388 or 14.3895. The adopted versions of the Claims Release Standards and Minnesota implementation guides adopted by the commissioner under this section are not rules under chapter 14, but have the force and effect of law as of the effective date specified in the notice published in the State Register. The commissioner may publish the initial notices in this subdivision before August 31, 2020, to ensure the adopted versions of the Standard and Guide are effective on that date.

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

Sec. 14. Minnesota Statutes 2020, section 176.231, subdivision 6, is amended to read:

Subd. 6. **Commissioner of the Department of labor and industry; duty to keep informed.** (a) The commissioner of ~~the Department of labor and industry~~ shall keep fully informed of the nature and extent of all injuries compensable under this chapter, their resultant disabilities, and of the rights of employees to compensation. In addition to other data required to be filed or reported under this chapter, the insurer or self-insured employer must keep report to the department advised of all any payments of compensation, and attorney fees; the amounts of payments made, and the date of the first payment; and any amounts withheld from compensation paid, whether paid voluntarily or by order of a compensation judge, the workers' compensation court of appeals, or the Minnesota Supreme Court. Where a physician or surgeon has examined, treated, or has special knowledge relating to an injury which may be compensable under this chapter, the commissioner of the Department of Labor and Industry or any member or employee thereof shall request in writing a report from such person of the attendant facts. The reports must be made within 14 days of the following events: the date of the first payment, a denial of primary liability, a denial of any part of compensation, a change in the compensation amount or type, commencement of an additional compensation type, reinstatement of compensation after previous discontinuance, or final payment of compensation. Additional reporting requirements are as provided in paragraphs (b) to (g).

(b) Starting 180 days after the date of injury and every six months thereafter, the self-insured employer or insurer shall report to the commissioner all compensation paid to an employee, any amounts withheld from compensation paid, and any amounts paid for attorney fees.

(c) A report of permanent partial disability benefits commenced or paid must include a copy of (1) the medical report supporting the permanent partial disability benefit paid; and (2) the form prescribed by the commissioner that was served on the employee showing the permanent partial disability benefit that was or will be paid.

(d) A final report must be filed to show that the self-insured employer or insurer has ceased payment of all indemnity and rehabilitation benefits where no litigation is pending. The report must be filed within 180 days of the cessation.

(e) A self-insured employer or insurer must report a change in the number of dependents receiving benefits within 14 days of the change.

(f) A self-insured employer or insurer must report when a claim is acquired from another self-insured employer or insurer, and whether benefits are currently being paid. A third-party administrator must report when it begins administering a claim and whether benefits are currently being paid. The reports under this paragraph must be filed within 30 days of the acquisition, or a change in the third-party administrator.

(g) The reports required under this section must be filed electronically according to the requirements of subdivision 5 in the form and manner required by the commissioner. The reports must be served on or provided to the employee as follows:

(1) If service is required under this chapter, the self-insured employer or insurer must serve the report on the employee or dependents within the time limits required, and must retain a proof of service as required by section 176.285, subdivision 3.

(2) If the report is not required to be served under this chapter, the self-insured employer or insurer must, no later than two business days of acceptance of the report by the commissioner, send the report to the employee by first class United States mail or another method agreed to by the employee, and specify on the report the date it was sent.

(3) A report served or provided to the employee under this chapter must contain the information designated by the commissioner in the format required by the commissioner, according to the requirements specified under subdivision 5.

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

Sec. 15. Minnesota Statutes 2020, section 176.231, subdivision 9, is amended to read:

Subd. 9. Uses that may be made of reports; access to division file. (a) Reports and other documents in the division file are private data on individuals and nonpublic data as those terms are defined in section 13.02, except that the reports and documents in the division file may be used in hearings held under this chapter, and for the purpose of state investigations and for statistics. The reports and documents in the division file are also available without authorization to:

(1) the Department of Revenue for use in enforcing Minnesota income tax and property tax refund laws, and the information shall be protected as provided in chapter 270B;

(2) an agency, as needed to perform its responsibilities under this chapter;

(3) the Workers' Compensation Reinsurance Association for use by the association in carrying out its responsibilities under chapter 79;

(4) the special compensation fund for the purpose of auditing assessments under section 176.129; and

(5) the persons and entities allowed access under subdivisions 9a, 9b, and 9c.

(b) A person with an authorization signed by the employer, insurer, or employee, ~~or dependent of a deceased employee~~ as described in paragraph (c), has access to reports and other documents in the division file as provided in the authorization. An authorization must:

(1) be in writing;

(2) include the printed name and dated signature of the employee ~~or dependent of an employee~~, employer, or insurer representative who is authorizing the documents to be released;

(3) specify the employer, date of injury, and worker identification or Social Security number;

(4) include the name of the individual or entity that is authorized to receive the documents. If the authorization is signed by the employer or insurer, the authorization must specify that the access is granted to a person acting on the employer's or insurer's behalf in performing responsibilities under chapter 176;

(5) specify the time period within which the authorization is valid, which may not exceed one year from the date the authorization was signed, except that access to the division file may exceed one year if provided in subdivision 9a, paragraph ~~(b)~~ (c); and

(6) include a statement that the person signing the authorization may revoke the authorization by filing written notice with the department at any time, which shall be effective upon receipt by the department.

(c) For purposes of authorization to access the division file under this subdivision and access to the division file under subdivision 9a, an "employee" includes an employee's guardian under section 176.092; a dependent of a deceased employee under section 176.111; a representative of the decedent under section 13.10; or legal heir of a deceased employee's estate; if a court order or other legal documentation is submitted that establishes the person's legal status as a guardian, dependent, representative, or legal heir.

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

Sec. 16. Minnesota Statutes 2020, section 176.231, subdivision 9a, is amended to read:

Subd. 9a. **Access to division file without an authorization; attorney access.** (a) Access to the division file established for a specific claimed date or dates of injury under this chapter is allowed without an authorization from the employee, employer, or insurer, ~~or dependent~~, as described in clauses (1) to ~~(6)~~ (7):

(1) an employee, ~~an employee's guardian under section 176.092, and a deceased employee's legal heir or dependent as defined in section 176.011~~, have as described in subdivision 9, paragraph (c), has access to the division file established for the employee's claimed date or dates of injury;

(2) an employer and insurer have access to the division file for a workers' compensation claim to which the employer and insurer are parties;

(3) the Department of Administration under section 13.43, subdivision 18, the assigned risk plan under chapter 79, the special compensation fund established under section 176.129, the self-insurers security fund under chapter 79A, and the Minnesota insurance guarantee association under chapter 60C have access to all of the documents in the division file for a claim to which they are a party or are otherwise providing, paying, or reimbursing workers' compensation benefits under this chapter;

(4) a person who has filed a motion to intervene in a pending dispute at an agency has access to the documents in the division file that are filed in connection with the dispute in which the person has filed a motion to intervene;

(5) a registered rehabilitation provider assigned to provide rehabilitation services to an employee has access to the documents in the division file that are filed in connection with the employee's vocational rehabilitation or a dispute about vocational rehabilitation under section 176.102; ~~and~~

(6) a third-party administrator licensed under section 60A.23, subdivision 8, has access to the division file for a claim it has contracted to administer on behalf of any of the entities listed in this subdivision; and

(7) the program administrator for a collective bargaining agreement approved by the commissioner under section 176.1812 has access to the division file for a claim that is covered by the agreement.

~~(b) An attorney who has filed with the commissioner: a written authorization signed by a person listed in paragraph (a), clause (1) or (2); or a retainer agreement, in CAMPUS a notice of appearance or representation, or a pleading or a response to a pleading, on behalf of a person or entity listed in paragraph (a); has the same access to documents in the division file that the authorizing represented person or entity has, unless the attorney specifies when filing the notice that access is should be limited by the authorization, retainer agreement, or notice of appearance or representation. If the attorney represents an employee as described in subdivision 9, paragraph (c), one of the following documents signed by the employee must be attached to the notice: a written authorization, a retainer agreement, or a document initiating or responding to a workers' compensation dispute filed under this chapter.~~

(c) If the attorney's access is not limited by one of the documents in this paragraph an authorization, notice of representation, or the represented person or entity's access under paragraph (a), the attorney's access continues until one of the following occurs, whichever is later:

- (1) one year after an authorization is filed;
- (2) five years after the date a retainer agreement or notice of ~~appearance or~~ representation was filed where no dispute has been initiated;
- (3) five years after the date the attorney filed a document initiating ~~or,~~ responding to, or intervening in a workers' compensation dispute under this chapter;
- (4) five years after the date an award on stipulation was served and filed if the award was related to a dispute in which the attorney represented a party in paragraph (a); or
- (5) five years after the date a final order or final penalty assessment was issued as defined in subdivision 9c, paragraph (a), clause (3), if the final order or penalty assessment was related to a dispute in which the attorney represented a party listed in paragraph (a).

Notwithstanding the time frames in clauses (1) to (5), an attorney no longer has access to the division file as of the date the attorney files a notice of withdrawal from the case, or the date the department receives written notice that the authorization is withdrawn or that the attorney no longer represents the person. However, if a dispute over an attorney's fees is pending at the office, the attorney has continued access to the division file until a final order or award on stipulation resolving the attorney fee dispute is received by the commissioner.

~~(e)~~ (d) The division may provide the worker identification number assigned under section 176.275, subdivision 1, without a signed authorization required under paragraph (b) to an:

- (1) attorney who represents one of the persons described in paragraph (b);
- (2) attorney who represents an intervenor or potential intervenor under section 176.361;
- (3) intervenor; or
- (4) employee's assigned qualified rehabilitation consultant under section 176.102.

~~(d)~~ (e) If the department receives information that indicates that identifying or contact information for an employee, dependent, employer, insurer, or third-party administrator for an employer or insurer is erroneous

or no longer accurate, the department may update the information in all relevant workers' compensation files to reflect:

(1) the current and accurate name, address, Social Security number or worker identification number, and contact information for an employee, unless the employee notifies the commissioner in writing that the information in a workers' compensation file for a specific date of injury may not be updated; and

(2) the current and accurate name, address, and contact information for an employer, insurer, or third-party administrator for an employer or insurer.

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

Sec. 17. Minnesota Statutes 2020, section 176.2611, subdivision 5, is amended to read:

Subd. 5. **Form revision and access to documents and data.** (a) The commissioner must revise dispute resolution forms, in consultation with the chief administrative law judge, to reflect the filing requirements in this section.

~~(b) For purposes of this subdivision, "complete, read-only electronic access" means the ability to view all data and document contents, including scheduling information, related to workers' compensation disputes, except for the following:~~

~~(1) a confidential mediation statement, including any documents submitted with the statement for the mediator's review and any additional documents submitted to or sent by the mediator in furtherance of mediation efforts;~~

~~(2) work product of a compensation judge, mediator, or commissioner that is not issued. Examples of work product include personal notes of hearings or conferences and draft decisions;~~

~~(3) the department's Vocational Rehabilitation Unit's case management system data;~~

~~(4) the special compensation fund's case management system data; and~~

~~(5) audit trail information.~~

~~(b)~~ (b) Until August 31, 2020, the office must send the department all documents that are accepted for filing or issued by the office. The office must send the documents to the department, electronically or by courier, within two business days of when the documents are accepted for filing or issued by the office. Beginning August 31, 2020, all dispute-related documents accepted for filing or issued by the office, and all dispute-related documents filed with the department that are referred to the office under section 176.106, must be immediately transmitted between the office's case management system and CAMPUS using application programming interfaces.

~~(d) The department must place documents that the office sends to the department in the appropriate imaged file for the employee. This paragraph expires August 31, 2020.~~

~~(e) Each agency must be provided with complete, read-only electronic access, as defined in paragraph (b), to the other agency's case management system.~~

~~(f) Each agency's responsible authority pursuant to section 13.02, subdivision 16, is responsible for its own employees' use and dissemination of the data and documents in the workers' compensation Informix imaging system, the office's case management system, and the system developed as a result of the workers' compensation modernization program. This paragraph expires August 31, 2020.~~

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

Sec. 18. Minnesota Statutes 2020, section 176.2612, subdivision 1, is amended to read:

Subdivision 1. **Requirements.** (a) The commissioner shall maintain the workers' compensation Claims Access and Management Platform User System (CAMPUS) as defined in section 176.011, subdivision 1d. This section applies to the department and the Workers' Compensation Court of Appeals. Except for paragraph (b), clause (4), this subdivision does not apply to the office.

(b) CAMPUS must:

(1) provide a single filing system for users to electronically file documents required or authorized to be filed under this chapter with the commissioner or the Workers' Compensation Court of Appeals;

(2) maintain and retain the division file and other claim-related documents;

(3) accept filings by electronic data entry and by uploaded images of supplemental documents, such as a medical or narrative report or document;

(4) electronically and securely transmit data, and images of documents, between each agency to allow the agency to perform its statutory functions;

(5) electronically and securely serve documents;

(6) organize electronic data filed in the division file into an image for viewing or printing by parties to a claim and staff at each agency;

(7) provide electronic access to the division file by parties and each agency to workers' compensation documents and other data as authorized or required by this chapter and generate an audit trail when the division file is accessed by a person; and

(8) allow authorized stakeholders, the department, and the Workers' Compensation Court of Appeals to manage and monitor claims and perform statutorily required functions.

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

Sec. 19. Minnesota Statutes 2020, section 176.2612, subdivision 3, is amended to read:

Subd. 3. **Creating a CAMPUS account.** (a) For purposes of this subdivision, "employer," "insurer," and "third-party administrator" have the meanings given in section 176.253, subdivision 1.

(b) Electronic access to view or file documents in CAMPUS shall be granted according to the requirements established by the department and MN.IT services to authenticate the identity of the person or entity creating the account and authorize access to the documents that the person or entity is entitled to under this chapter. To create an account in CAMPUS, a person must provide the commissioner of labor and industry with information needed to create the account and authenticate the person's identity. The person must also agree to terms and conditions that are needed to safeguard the security and privacy of data and comply with the requirements of this chapter related to CAMPUS.

(c) The persons or entities in clauses (1) to (12) must create and maintain an account in CAMPUS to electronically access or file documents:

(1) an employee with a workers' compensation claim, ~~the employee's guardian under section 176.092, or the deceased employee's dependent under section 176.111~~ or other person who has access to the division file under section 176.231, subdivision 9, paragraph (c);

(2) an employer with a workers' compensation claim;

(3) a licensed workers' compensation insurer acting on behalf of an employer with a Minnesota workers' compensation claim;

(4) an intervenor or potential intervenor in a workers' compensation dispute;

(5) a registered rehabilitation provider under section 176.102;

(6) the state or a political subdivision or school district that is not required to be self-insured by the commissioner of the Department of Commerce in order to pay its workers' compensation claims;

(7) the assigned risk plan under chapter 79A;

(8) the Workers' Compensation Reinsurance Association under chapter 79;

(9) the Minnesota Insurance Guarantee Association established under chapter 60C;

(10) the self-insurers' security fund under chapter 79A;

(11) a third-party administrator that has contracted to act on behalf of any of the entities listed in this subdivision; and

(12) an attorney representing a person or entity listed above.

(d) The commissioner may require that any person or entity listed in paragraph (c), clauses (2) to (12), create and maintain an account in CAMPUS if the person or entity is a party to a workers' compensation claim or associated with an enforcement action of the department.

(e) A designated medical contact under section 176.135 and a managed care organization certified by the department under section 176.1351 must create and maintain an account to file and view documents related to the certified managed care plan or designated medical contact. A program administrator for a collective bargaining agreement approved by the commissioner under section 176.1812 must create an account to view documents related to a claim that is covered by the agreement. A health care provider must create an account to file a request for an administrative conference if permitted under section 176.136, subdivision 2.

(f) If a person or entity is required to create and maintain an account under this subdivision and fails to do so:

(1) unless good cause is shown, the commissioner may assess a \$500 penalty against the person or entity for each 30-day period that an account is not created or maintained following the commissioner's notice that one is required;

(2) failure to create or maintain an account shall not be a defense to untimely filing where electronic filing is required under this chapter; and

(3) failure to create or maintain an account results in the appointment of the commissioner and successors in office as the person's agent to receive service by the commissioner or the Workers' Compensation Court

of Appeals where service is required under this chapter, provided that the commissioner attempts service by United States mail on the party at the last known address.

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

Sec. 20. Minnesota Statutes 2020, section 176.275, subdivision 2, is amended to read:

Subd. 2. **Proof of service; affidavits and notarized statements.** (a) Whenever a provision of this chapter or rules adopted pursuant to authority granted by this chapter require either a proof of service, an affidavit of service, or a notarized statement on a document, the requirement is satisfied by a document that meets the definition of an affidavit under Rule 15 of the General Rules of Practice for the district courts.

(b) An agency is not required to verify the accuracy of a proof or affidavit of service filed by a party before accepting a document for filing. This does not prevent a party from asserting insufficient or lack of service in a proceeding.

(c) Service on a party's attorney constitutes service on the represented party, unless service on the employer is specifically required by this chapter.

(d) A party is not required to file a proof or affidavit of service of a document on a person when the party is served electronically by the agency and the agency has issued a proof of service uses the agency's electronic system to serve the person.

(e) A party to a claim who uses an agency's electronic system to (1) improperly file a document that is unrelated to the workers' compensation claim in which the document was filed, or (2) send or serve a document on a recipient who is not entitled to receive it under this chapter must, upon discovery or notification of the improper release, promptly notify the recipient, the agency, and the subject whose data was improperly released. The agency whose electronic system was used to send, serve, or file the document is not responsible under section 3.971 and chapter 13 for the improper release, but must promptly correct its files or remove the document from its electronic system upon discovery or notification.

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

Sec. 21. Minnesota Statutes 2020, section 176.285, subdivision 1, is amended to read:

Subdivision 1. **Service by mail.** Service of documents shall be by first class United States mail or personal service, except where electronic service is authorized or required under this section and section 176.275. An employee cannot be required to accept electronic service where service on the employee is required. Where service is by mail, service is effected at the time mailed if properly addressed and stamped. If it is so mailed, it is presumed the paper or notice reached the party to be served. However, a party may show by competent evidence that that party did not receive it or that it had been delayed in transit for an unusual or unreasonable period of time. In case of nonreceipt or delay, an allowance shall be made for the party's failure to assert a right within the prescribed time.

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

Sec. 22. **REPEALER.**

Minnesota Statutes 2020, section 176.181, subdivision 6, is repealed.

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

ARTICLE 3**CCBHC REIMBURSEMENT**Section 1. **CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC REIMBURSEMENT.**

(a) Notwithstanding any law to the contrary, the commissioner of human services may reimburse certified community behavioral health clinic (CCBHC) providers who:

- (1) are certified under Minnesota Statutes, section 245.735, subdivision 3;
- (2) are enrolled in medical assistance; and
- (3) are not participating in the federal section 223 CCBHC demonstration.

The commissioner may reimburse eligible providers under this section with state funds prior to obtaining federal approval and federal matching funds, using the prospective payment rate for CCBHC services provided on a fee-for-service basis as described in Minnesota Statutes, section 256B.0625, subdivision 5m.

(b) Reimbursement under this section is for services covered under Minnesota Statutes, section 256B.0625, subdivision 5m, provided on a fee-for-service basis on or after October 1, 2020, through June 30, 2021.

(c) If federal approval is not obtained on or before June 30, 2021, the commissioner must recover payments from providers for any portion of payments received that are not eligible for federal matching funds. Recoveries are not subject to appeal.

(d) Paragraphs (a) and (b) of this section expire upon federal approval of CCBHC services as a covered state plan service or on August 1, 2021, whichever is earlier.

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

ARTICLE 4**TELEMEDICINE**

Section 1. Laws 2020, chapter 70, article 3, section 1, is amended to read:

Section 1. **COVERAGE OF TELEMEDICINE SERVICES PROVIDED DIRECTLY TO A PATIENT AT THE PATIENT'S RESIDENCE; RESPONSE TO COVID-19.**

(a) The definition of "originating site" under Minnesota Statutes, section 62A.671, subdivision 7, includes a patient's residence if the patient is receiving health care services or consultations by means of telemedicine.

(b) The definition of "telemedicine" under Minnesota Statutes, section 62A.671, subdivision 9, includes health care services or consultations delivered to a patient at the patient's residence.

(c) Under Minnesota Statutes, section 62A.672, subdivision 2, a health carrier shall not exclude or reduce coverage for a health care service or consultation solely because the service or consultation is provided via telemedicine directly to a patient at the patient's residence.

(d) "Telemedicine" as defined in Minnesota Statutes, section 256B.0625, subdivision 3b, paragraph (d), includes the delivery of health care services or consultations with a patient at the patient's residence and the licensed health care provider at a distant site.

(e) This section expires ~~February 1~~ June 30, 2021.

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

ARTICLE 5

HUMAN SERVICES TECHNICAL CORRECTIONS

Section 1. Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision 3, is amended to read:

Subd. 3. **Central Office; Operations**

Appropriations by Fund		
General	152,240,000	151,012,000 <u>150,587,000</u>
State Government		
Special Revenue	4,174,000	4,174,000
Health Care Access	20,709,000	20,724,000
Federal TANF	100,000	100,000

(a) **Administrative Recovery; Set-Aside.** The commissioner may invoice local entities through the SWIFT accounting system as an alternative means to recover the actual cost of administering the following provisions:

- (1) the statewide data management system authorized in Minnesota Statutes, section 125A.744, subdivision 3;
- (2) repayment of the special revenue maximization account as provided under Minnesota Statutes, section 245.495, paragraph (b);
- (3) repayment of the special revenue maximization account as provided under Minnesota Statutes, section 256B.0625, subdivision 20, paragraph (k);
- (4) targeted case management under Minnesota Statutes, section 256B.0924, subdivision 6, paragraph (g);
- (5) residential services for children with severe emotional disturbance under Minnesota Statutes, section 256B.0945, subdivision 4, paragraph (d); and

(6) repayment of the special revenue maximization account as provided under Minnesota Statutes, section 256F.10, subdivision 6, paragraph (b).

(b) **Child Care Licensing Inspections.** \$673,000 in fiscal year 2020 and \$722,000 in fiscal year 2021 are from the general fund to add eight child care licensing staff for the purpose of increasing the frequency of inspections of child care centers to ensure the health and safety of children in care, provide technical assistance to newly licensed programs, and monitor struggling programs more closely to evaluate whether the program should be referred to the Office of Inspector General for a potential fraud investigation.

(c) **Child Care Assistance Programs - Fraud and Abuse Data Analysts.** \$317,000 in fiscal year 2020 and \$339,000 in fiscal year 2021 are from the general fund to add two data analysts to strengthen the commissioner's ability to identify, detect, and prevent fraud and abuse in the child care assistance programs under Minnesota Statutes, chapter 119B.

(d) **Office of Inspector General Investigators.** \$418,000 in fiscal year 2020 and \$483,000 in fiscal year 2021 are from the general fund to add four investigators to the Office of Inspector General to detect, prevent, and make recoveries from fraudulent activities among providers in the medical assistance program under Minnesota Statutes, chapter 256B.

(e) **Office of Inspector General Tracking System.** \$355,000 in fiscal year 2020 and \$105,000 in fiscal year 2021 are from the general fund to purchase a system to record, track, and report on investigative activity for the Office of Inspector General to strengthen fraud prevention and investigation activities for child care assistance programs under Minnesota Statutes, chapter 119B.

(f) **Fraud Prevention Investigation Grant Program.** \$425,000 in fiscal year 2020 ~~and \$425,000 in fiscal year 2021~~ are from the general fund for the fraud prevention investigation grant program under Minnesota Statutes, section 256.983.

(g) **Child Care Assistance Programs - Law Enforcement.** \$350,000 in fiscal year 2020 and \$350,000 in fiscal year 2021 are from the general fund to add two additional law enforcement officers under

contract with the Bureau of Criminal Apprehension to conduct criminal investigations in child care assistance program cases.

(h) Transfer; Long-Term Care Options Account.

By June 30, 2020, the commissioner shall transfer \$3,242,000 from the long-term care options account authorized in Minnesota Statutes, section 256.01, subdivision 34, to the general fund. This is a onetime transfer.

(i) Transfer to Office of Legislative Auditor.

\$300,000 in fiscal year 2020 and \$300,000 in fiscal year 2021 are from the general fund for transfer to the Office of the Legislative Auditor for audit activities under Minnesota Statutes, section 3.972, subdivision 2b.

(j) Transfer to Office of Legislative Auditor.

\$400,000 in fiscal year 2020 and \$400,000 in fiscal year 2021 are from the general fund for transfer to the Office of the Legislative Auditor for audit activities under Minnesota Statutes, section 3.972, subdivision 2a.

(k) Family Child Care Task Force. \$121,000 in fiscal year 2020 is from the general fund for the Family Child Care Task Force under article 2, section 130. This is a onetime appropriation.

(l) Base Level Adjustment. The general fund base is ~~\$142,929,000~~ \$142,504,000 in fiscal year 2022 and ~~\$145,377,000~~ \$144,952,000 in fiscal year 2023. The health care access base is \$20,712,000 in fiscal year 2022 and \$20,712,000 in fiscal year 2023.

EFFECTIVE DATE. This section is effective retroactively from July 1, 2020.

Sec. 2. Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision 22, is amended to read:

Subd. 22. Grant Programs; Children's Services Grants

Appropriations by Fund		
General	44,207,000	<u>48,785,000</u> <u>49,285,000</u>
Federal TANF	140,000	140,000

(a) **Title IV-E Adoption Assistance.** The commissioner shall allocate funds from the Title IV-E reimbursement to the state from the Fostering Connections to Success and Increasing Adoptions Act for adoptive, foster, and kinship families as required in Minnesota Statutes, section 256N.261.

Additional federal reimbursement to the state as a result of the Fostering Connections to Success and Increasing Adoptions Act's expanded eligibility for title IV-E adoption assistance is for postadoption, foster care, adoption, and kinship services, including a parent-to-parent support network.

(b) **Parent Support for Better Outcomes Grants.** \$150,000 in fiscal year 2020 and \$150,000 in fiscal year 2021 are from the general fund for grants to Minnesota One-Stop for Communities to provide mentoring, guidance, and support services to parents navigating the child welfare system in Minnesota in order to promote the development of safe, stable, and healthy families. Grant funds may be used for parent mentoring, peer-to-peer support groups, housing support services, training, staffing, and administrative costs. This is a onetime appropriation.

(c) **Safe Harbor for Sexually Exploited Youth.** \$500,000 in fiscal year 2020 and \$500,000 in fiscal year 2021 are from the general fund for activities under the safe harbor program.

(d) **Base Level Adjustment.** The general fund base is ~~\$51,483,000~~ \$51,983,000 in fiscal year 2022 and ~~\$51,198,000~~ \$51,698,000 in fiscal year 2023.

EFFECTIVE DATE. This section is effective retroactively from July 1, 2020.

Sec. 3. Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision 24, as amended by Laws 2020, chapter 74, article 3, section 9, is amended to read:

Subd. 24. Grant Programs; Children and Economic Support Grants	24,315,000	<u>24,315,000</u>
	24,315,000	<u>24,240,000</u>

(a) **Minnesota Food Assistance Program.** Unexpended funds for the Minnesota food assistance program for fiscal year 2020 do not cancel but are available for this purpose in fiscal year 2021.

(b) **Shelter-Linked Youth Mental Health Grants.** \$250,000 in fiscal year 2020 and \$250,000 in fiscal

year 2021 are from the general fund for shelter-linked youth mental health grants under Minnesota Statutes, section 256K.46.

(c) **Emergency Services Grants.** \$1,500,000 in fiscal year 2020 and \$1,500,000 in fiscal year 2021 are to provide emergency services grants under Minnesota Statutes, section 256E.36. This is a onetime appropriation.

(d) **Fraud Prevention Investigation Grant Program.** \$425,000 in fiscal year 2021 is from the general fund for the fraud prevention investigation grant program under Minnesota Statutes, section 256.983.

(e) **Base Level Adjustment.** The general fund base is ~~\$22,815,000~~ \$22,740,000 in fiscal year 2022 and ~~\$22,815,000~~ \$22,740,000 in fiscal year 2023.

EFFECTIVE DATE. This section is effective retroactively from July 1, 2020.

ARTICLE 6

ASSISTED LIVING LICENSURE

Section 1. Minnesota Statutes 2020, section 144.6512, is amended by adding a subdivision to read:

Subd. 6. **Other laws.** Nothing in this section affects the rights and remedies available under section 626.557, subdivisions 10, 17, and 20.

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

Sec. 2. Minnesota Statutes 2020, section 144A.291, subdivision 2, is amended to read:

Subd. 2. **Amounts.** (a) Fees may not exceed the following amounts but may be adjusted lower by board direction and are for the exclusive use of the board as required to sustain board operations. The maximum amounts of fees are:

- (1) application for licensure, \$200;
- (2) for a prospective applicant for a review of education and experience advisory to the license application, \$100, to be applied to the fee for application for licensure if the latter is submitted within one year of the request for review of education and experience;
- (3) state examination, \$125;
- (4) initial license, \$250 if issued between July 1 and December 31, \$100 if issued between January 1 and June 30;
- (5) acting ~~administrator~~ permit, \$400;
- (6) renewal license, \$250;

- (7) duplicate license, \$50;
 - (8) reinstatement fee, \$250;
 - (9) health services executive initial license, ~~\$200~~ \$250;
 - (10) health services executive renewal license, ~~\$200~~ \$250;
 - (11) reciprocity verification fee, \$50;
 - (12) second shared ~~administrator~~ assignment, \$250;
 - (13) continuing education fees:
 - (i) greater than six hours, \$50; and
 - (ii) seven hours or more, \$75;
 - (14) education review, \$100;
 - (15) fee to a sponsor for review of individual continuing education seminars, institutes, workshops, or home study courses:
 - (i) for less than seven clock hours, \$30; and
 - (ii) for seven or more clock hours, \$50;
 - (16) fee to a licensee for review of continuing education seminars, institutes, workshops, or home study courses not previously approved for a sponsor and submitted with an application for license renewal:
 - (i) for less than seven clock hours total, \$30; and
 - (ii) for seven or more clock hours total, \$50;
 - (17) late renewal fee, \$75;
 - (18) fee to a licensee for verification of licensure status and examination scores, \$30;
 - (19) registration as a registered continuing education sponsor, \$1,000; ~~and~~
 - (20) mail labels, \$75; and
 - (21) annual assisted living program education provider fee, \$2,500.
- (b) The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

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

Sec. 3. Minnesota Statutes 2020, section 144G.07, is amended by adding a subdivision to read:

Subd. 6. **Other laws.** Nothing in this section affects the rights and remedies available under section 626.557, subdivisions 10, 17, and 20.

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

Sec. 4. Minnesota Statutes 2020, section 144G.08, is amended by adding a subdivision to read:

Subd. 4a. **Assisted living facility campus.** "Assisted living facility campus" or "campus" means:

(1) a single building having two or more addresses, located on the same property with a single property identification number;

(2) two or more buildings, each with a separate address, located on the same property with a single property identification number; or

(3) two or more buildings at different addresses, located on properties with different property identification numbers, that share a portion of a legal property boundary.

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 5. Minnesota Statutes 2020, section 144G.08, subdivision 7, is amended to read:

Subd. 7. **Assisted living facility.** "Assisted living facility" means a ~~licensed~~ facility that provides sleeping accommodations and assisted living services to one or more adults. Assisted living facility includes assisted living facility with dementia care, and does not include:

(1) emergency shelter, transitional housing, or any other residential units serving exclusively or primarily homeless individuals, as defined under section 116L.361;

(2) a nursing home licensed under chapter 144A;

(3) a hospital, certified boarding care, or supervised living facility licensed under sections 144.50 to 144.56;

(4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts 9520.0500 to 9520.0670, or under chapter 245D or 245G;

(5) services and residential settings licensed under chapter 245A, including adult foster care and services and settings governed under the standards in chapter 245D;

(6) a private home in which the residents are related by kinship, law, or affinity with the provider of services;

(7) a duly organized condominium, cooperative, and common interest community, or owners' association of the condominium, cooperative, and common interest community where at least 80 percent of the units that comprise the condominium, cooperative, or common interest community are occupied by individuals who are the owners, members, or shareholders of the units;

(8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593;

(9) a setting offering services conducted by and for the adherents of any recognized church or religious denomination for its members exclusively through spiritual means or by prayer for healing;

(10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with low-income housing tax credits pursuant to United States Code, title 26, section 42, and units financed by the Minnesota Housing Finance Agency that are intended to serve individuals with disabilities or individuals who are homeless, except for those developments that market or hold themselves out as assisted living facilities and provide assisted living services;

(11) rental housing developed under United States Code, title 42, section 1437, or United States Code, title 12, section 1701q;

(12) rental housing designated for occupancy by only elderly or elderly and disabled residents under United States Code, title 42, section 1437e, or rental housing for qualifying families under Code of Federal Regulations, title 24, section 983.56;

(13) rental housing funded under United States Code, title 42, chapter 89, or United States Code, title 42, section 8011; ~~or~~

(14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or

(15) any establishment that exclusively or primarily serves as a shelter or temporary shelter for victims of domestic or any other form of violence.

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 6. Minnesota Statutes 2020, section 144G.08, is amended by adding a subdivision to read:

Subd. 7a. **Assisted living facility license.** "Assisted living facility license" or "license" means a certificate issued by the commissioner under section 144G.10 that authorizes the licensee to manage, control, and operate an assisted living facility for a specified period of time and in accordance with the terms of the license, this chapter, and the rules of the commissioner.

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 7. Minnesota Statutes 2020, section 144G.08, subdivision 9, is amended to read:

Subd. 9. **Assisted living services.** "Assisted living services" includes one or more of the following:

(1) assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing;

(2) providing standby assistance;

(3) providing verbal or visual reminders to the resident to take regularly scheduled medication, which includes bringing the resident previously set up medication, medication in original containers, or liquid or food to accompany the medication;

(4) providing verbal or visual reminders to the resident to perform regularly scheduled treatments and exercises;

(5) preparing ~~modified~~ specialized diets ordered by a licensed health professional;

(6) services of an advanced practice registered nurse, registered nurse, licensed practical nurse, physical therapist, respiratory therapist, occupational therapist, speech-language pathologist, dietitian or nutritionist, or social worker;

(7) tasks delegated to unlicensed personnel by a registered nurse or assigned by a licensed health professional within the person's scope of practice;

(8) medication management services;

(9) hands-on assistance with transfers and mobility;

(10) treatment and therapies;

(11) assisting residents with eating when the residents have complicated eating problems as identified in the resident record or through an assessment such as difficulty swallowing, recurrent lung aspirations, or requiring the use of a tube or parenteral or intravenous instruments to be fed;

(12) providing other complex or specialty health care services; and

(13) supportive services in addition to the provision of at least one of the services listed in clauses (1) to (12).

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 8. Minnesota Statutes 2020, section 144G.08, subdivision 23, is amended to read:

Subd. 23. **Direct ownership interest.** "Direct ownership interest" means an individual or ~~organization~~ legal entity with the possession of at least five percent equity in capital, stock, or profits of the licensee, or who is a member of a limited liability company of the licensee.

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 9. Minnesota Statutes 2020, section 144G.08, subdivision 59, is amended to read:

Subd. 59. **Resident.** "Resident" means ~~a person~~ an adult living in an assisted living facility who has executed an assisted living contract.

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 10. Minnesota Statutes 2020, section 144G.10, subdivision 1, is amended to read:

Subdivision 1. **License required.** (a)(1) Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter.

(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).

(b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.

(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e).

(d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.

(e) Upon approving an application for an assisted living facility license, the commissioner may:

(1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or

(2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 11. Minnesota Statutes 2020, section 144G.10, is amended by adding a subdivision to read:

Subd. 1a. **Assisted living director license required.** Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 12. [144G.191] ASSISTED LIVING FACILITY LICENSING IMPLEMENTATION; TRANSITION PERIOD FOR CURRENT PROVIDERS.

Subdivision 1. **Application limits.** (a) Beginning June 1, 2021, no initial housing with services establishment registration applications shall be accepted under chapter 144D.

(b) Beginning June 1, 2021, no temporary comprehensive home care provider license applications shall be accepted for providers that do not intend to provide home care services under sections 144A.43 to 144A.484 on or after August 1, 2021.

Subd. 2. **New construction; building permit.** (a) All prospective assisted living facility license applicants seeking a license and having new construction who have submitted a complete building permit application to the appropriate building code jurisdiction on or before July 31, 2021, may meet construction requirements in effect when the building permit application was submitted.

(b) All prospective assisted living facility license applicants seeking a license for new construction who submit a complete building permit application to the appropriate building code jurisdiction on or after August 1, 2021, must meet the requirements of section 144G.45.

(c) For the purposes of paragraph (a), in areas of jurisdiction where there is no building code authority, a complete application for an electrical or plumbing permit is acceptable in lieu of the building permit application.

(d) For the purposes of paragraph (a), in jurisdictions where building plan review applications are separated from building permit applications, a submitted complete application for plan review is acceptable in lieu of the building permit application.

Subd. 3. **Current comprehensive home care providers; provision of assisted living services.** (a) Comprehensive home care providers that do not intend to provide home care services under chapter 144A on or after August 1, 2021, shall be issued a comprehensive home care license for a prorated license period upon renewal, effective for license renewals beginning on or after September 1, 2020. The prorated license period shall be effective from the provider's current comprehensive home care license renewal date through July 31, 2021.

(b) Comprehensive home care providers with prorated license periods shall pay a prorated fee based on the number of months the comprehensive home care license is in effect.

(c) A comprehensive home care provider using the prorated license period in paragraph (a), or who otherwise does not intend to provide home care services under chapter 144A on or after August 1, 2021, must notify the recipients of changes to their home care services in writing at least 60 days before the expiration of the provider's comprehensive home care license, or no later than May 31, 2021, whichever is earlier. The notice must:

(1) state that the provider will no longer be providing home care services under chapter 144A;

(2) include the date when the provider will no longer be providing these services;

(3) include the name, e-mail address, and phone number of the individual associated with the comprehensive home care provider that the recipient of home care services may contact to discuss the notice;

(4) include the contact information consisting of the phone number, e-mail address, mailing address, and website for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; and

(5) for recipients of home care services who receive home and community-based waiver services under section 256B.49 and chapter 256S, also be provided to the resident's case manager at the same time that it is provided to the resident.

(d) A comprehensive home care provider that obtains an assisted living facility license but does so under a different business name as a result of reincorporation, and continues to provide services to the recipient, is not subject to the 60-day notice required under paragraph (c). However, the provider must otherwise provide notice to the recipient as required under sections 144A.44, 144A.441, and 144A.442, as applicable, and section 144A.4791.

Subd. 4. Housing with services establishment registration; conversion to an assisted living facility license. (a) Housing with services establishments registered under chapter 144D, providing home care services according to chapter 144A to at least one resident, and intending to provide assisted living services on or after August 1, 2021, must submit an application for an assisted living facility license in accordance with section 144G.12 no later than June 1, 2021. The commissioner shall consider the application in accordance with section 144G.16.

(b) Notwithstanding the housing with services contract requirements identified in section 144D.04, any existing housing with services establishment registered under chapter 144D that does not intend to convert its registration to an assisted living facility license under this chapter must provide written notice to its residents at least 60 days before the expiration of its registration, or no later than May 31, 2021, whichever is earlier. The notice must:

(1) state that the housing with services establishment does not intend to convert to an assisted living facility;

(2) include the date when the housing with services establishment will no longer provide housing with services;

(3) include the name, e-mail address, and phone number of the individual associated with the housing with services establishment that the recipient of home care services may contact to discuss the notice;

(4) include the contact information consisting of the phone number, e-mail address, mailing address, and website for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; and

(5) for residents who receive home and community-based waiver services under section 256B.49 and chapter 256S, also be provided to the resident's case manager at the same time that it is provided to the resident.

(c) A housing with services registrant that obtains an assisted living facility license, but does so under a different business name as a result of reincorporation, and continues to provide services to the recipient, is not subject to the 60-day notice required under paragraph (b). However, the provider must otherwise provide notice to the recipient as required under sections 144D.04 and 144D.045, as applicable, and section 144D.09.

(d) All registered housing with services establishments providing assisted living under sections 144G.01 to 144G.07 prior to August 1, 2021, must have an assisted living facility license under this chapter.

(e) Effective August 1, 2021, any housing with services establishment registered under chapter 144D that has not converted its registration to an assisted living facility license under this chapter is prohibited from providing assisted living services.

Subd. 5. **Conversion to assisted living licensure; renewal periods; prorated licenses.** (a) All assisted living facility licenses and assisted living facility with dementia care licenses with an initial effective date in August 2021, shall be valid through July 31, 2022. These licenses must be initially renewed on August 1, 2022.

(b) Notices for renewal shall be issued by the department to all licensees by May 1, 2022. The notice shall include:

(1) instructions for how to complete the renewal process, including completion of the renewal application and payment of the annual license fee in accordance with section 144G.17;

(2) a new randomly assigned license renewal period that will apply for all future license renewals;

(3) instructions for licensees to request a change to the randomly assigned renewal period based on financial hardship; and

(4) instructions for licensees with more than one assisted living facility license to request that all license renewal dates occur in the same month or in different months throughout a 12-month period.

(c) License fees for the first license renewal shall be prorated based on the randomly assigned license renewal period starting from August 1, 2022, as follows:

<u>Assigned renewal month; must be completed by the 1st of the month:</u>	<u>The initial renewed license will be issued for:</u>
<u>January</u>	<u>5 months, ending December 31, 2022</u>
<u>February</u>	<u>6 months, ending January 31, 2023</u>
<u>March</u>	<u>7 months, ending February 28, 2023</u>
<u>April</u>	<u>8 months, ending March 31, 2023</u>
<u>May</u>	<u>9 months, ending April 30, 2023</u>
<u>June</u>	<u>10 months, ending May 31, 2023</u>

<u>July</u>	<u>11 months, ending June 30, 2023</u>
<u>August</u>	<u>12 months, ending July 31, 2023</u>
<u>September</u>	<u>13 months, ending August 31, 2023</u>
<u>October</u>	<u>14 months, ending September 30, 2023</u>
<u>November</u>	<u>15 months, ending October 31, 2023</u>
<u>December</u>	<u>16 months, ending November 30, 2023</u>

(d) All prorated license fees shall be established by the commissioner based on the licensee's annual fee in the fees schedule in section 144.122, paragraph (d).

(e) The amount of the annual fee shall be divided by 12 to establish the monthly equivalent of that fee, and that amount shall be multiplied by the number of months in the assigned prorated renewal period. This amount must be paid by the date in the renewal instructions to the licensee in order to renew the license.

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

Sec. 13. Minnesota Statutes 2020, section 144G.41, subdivision 1, is amended to read:

Subdivision 1. **Minimum requirements.** All assisted living facilities shall:

- (1) distribute to residents the assisted living bill of rights;
- (2) provide services in a manner that complies with the Nurse Practice Act in sections 148.171 to 148.285;
- (3) utilize a person-centered planning and service delivery process;
- (4) have and maintain a system for delegation of health care activities to unlicensed personnel by a registered nurse, including supervision and evaluation of the delegated activities as required by the Nurse Practice Act in sections 148.171 to 148.285;
- (5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week;
- (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract;
- (7) permit residents access to food at any time;
- (8) allow residents to choose the resident's visitors and times of visits;
- (9) allow the resident the right to choose a roommate if sharing a unit;
- (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit;
- (11) develop and implement a staffing plan for determining its staffing level that:

(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;

(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and

(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;

(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:

(i) awake;

(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;

(iii) capable of communicating with residents;

(iv) capable of providing or summoning the appropriate assistance; and

(v) capable of following directions; ~~and~~

(13) offer to provide or make available at least the following services to residents:

(i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:

(A) menus must be prepared at least one week in advance, and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes;

(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and

(C) the facility cannot require a resident to include and pay for meals in their contract;

(ii) weekly housekeeping;

(iii) weekly laundry service;

(iv) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance;

(v) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance;

(vi) provide culturally sensitive programs; and

(vii) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large; and

(14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week.

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 14. Minnesota Statutes 2020, section 144G.41, subdivision 3, is amended to read:

Subd. 3. **Infection control program.** (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.

(b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.

(c) The facility must maintain written evidence of compliance with this subdivision.

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 15. Minnesota Statutes 2020, section 144G.42, subdivision 9, is amended to read:

Subd. 9. **Tuberculosis prevention and control.** (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report (MMWR). The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.

(b) The facility must maintain written evidence of compliance with this subdivision.

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 16. Minnesota Statutes 2020, section 144G.42, is amended by adding a subdivision to read:

Subd. 9a. **Communicable diseases.** A facility must follow current state requirements for prevention, control, and reporting of communicable diseases as defined in Minnesota Rules, parts 4605.7040, 4605.7044, 4605.7050, 4605.7075, 4605.7080, and 4605.7090.

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 17. Minnesota Statutes 2020, section 144G.45, subdivision 2, is amended to read:

Subd. 2. **Fire protection and physical environment.** (a) Each assisted living facility must ~~have a comprehensive fire protection system that includes~~ comply with the State Fire Code in Minnesota Rules, chapter 7511, and:

(1) ~~protection throughout by an approved supervised automatic sprinkler system according to building code requirements established in Minnesota Rules, part 1305.0903, or smoke detectors in each occupied~~

~~room installed and maintained in accordance with the National Fire Protection Association (NFPA) Standard 72; for dwellings or sleeping units, as defined in the State Fire Code:~~

- ~~(i) provide smoke alarms in each room used for sleeping purposes;~~
 - ~~(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;~~
 - ~~(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;~~
 - ~~(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and~~
 - ~~(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;~~
- ~~(2) portable fire extinguishers installed and tested in accordance with the NFPA Standard 10; and install and maintain portable fire extinguishers in accordance with the State Fire Code;~~
- ~~(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and~~
- ~~(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment that is kept in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.~~
- ~~(b) Fire drills in assisted living facilities shall be conducted in accordance with the residential board and care requirements in the Life Safety Code, except that fire drills in secured dementia care units shall be conducted in accordance with section 144G.81, subdivision 2. Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:~~
- ~~(1) location and number of resident sleeping rooms;~~
 - ~~(2) employee actions to be taken in the event of a fire or similar emergency;~~
 - ~~(3) fire protection procedures necessary for residents; and~~
 - ~~(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.~~
- ~~(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.~~
- ~~(d) Fire safety and evacuation plans shall be readily available at all times within the facility.~~
- ~~(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.~~
- ~~(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.~~

~~(e)~~ (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to ~~be continued~~ continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 18. Minnesota Statutes 2020, section 144G.45, subdivision 4, is amended to read:

Subd. 4. **Design requirements.** (a) All assisted living facilities with six or more residents must meet the provisions relevant to assisted living facilities in the ~~most current~~ 2018 edition of the Facility Guidelines Institute "Guidelines for Design and Construction of Residential Health, Care and Support Facilities" and of adopted rules. This minimum design standard must be met for all new licenses; or new construction; modifications, renovations, alterations, changes of use, or additions. In addition to the guidelines, assisted living facilities shall provide the option of a bath in addition to a shower for all residents.

(b) If the commissioner decides to update the edition of the guidelines specified in paragraph (a) for purposes of this subdivision, the commissioner must notify the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health care and public safety of the planned update by January 15 of the year in which the new edition will become effective. Following notice from the commissioner, the new edition shall become effective for assisted living facilities beginning August 1 of that year, unless provided otherwise in law. The commissioner shall, by publication in the State Register, specify a date by which facilities must comply with the updated edition. The date by which facilities must comply shall not be sooner than six months after publication of the commissioner's notice in the State Register.

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

Sec. 19. Minnesota Statutes 2020, section 144G.45, subdivision 5, is amended to read:

Subd. 5. **Assisted living facilities; Life Safety Code.** (a) All assisted living facilities with six or more residents must meet the applicable provisions of the ~~most current~~ 2018 edition of the NFPA Standard 101, Life Safety Code, Residential Board and Care Occupancies chapter. The minimum design standard shall be met for all new licenses; or new construction; modifications, renovations, alterations, changes of use, or additions.

(b) If the commissioner decides to update the Life Safety Code for purposes of this subdivision, the commissioner must notify the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health care and public safety of the planned update by January 15 of the year in which the new Life Safety Code will become effective. Following notice from the commissioner, the new edition shall become effective for assisted living facilities beginning August 1 of that year, unless provided otherwise in law. The commissioner shall, by publication in the State Register, specify a date by which facilities must comply with the updated Life Safety Code. The date by which facilities must comply shall not be sooner than six months after publication of the commissioner's notice in the State Register.

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

Sec. 20. Minnesota Statutes 2020, section 144G.50, subdivision 1, is amended to read:

Subdivision 1. **Contract required.** (a) An assisted living facility may not offer or provide housing or assisted living services to ~~a resident~~ any individual unless it has executed a written contract ~~with the resident~~.

(b) The contract must contain all the terms concerning the provision of:

(1) housing;

(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and

(3) the resident's service plan, if applicable.

(c) A facility must:

(1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and

(2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.

(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.

(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.

(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 21. Minnesota Statutes 2020, section 144G.54, subdivision 4, is amended to read:

Subd. 4. **Burden of proof for appeals of termination.** (a) The facility bears the burden of proof to establish by a preponderance of the evidence that the termination was permissible if the appeal is brought on the ground listed in subdivision 2, clause (1) or (4).

(b) The resident bears the burden of proof to establish by a preponderance of the evidence that the termination was not permissible if the appeal is brought on the ground listed in subdivision 2, clause (2) or (3).

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 22. Minnesota Statutes 2020, section 144G.81, subdivision 3, is amended to read:

Subd. 3. **Assisted living facilities with dementia care and secured dementia care unit; Life Safety Code.** (a) All assisted living facilities with dementia care and a secured dementia care unit must meet the applicable provisions of the ~~most current~~ 2018 edition of the NFPA Standard 101, Life Safety Code, Healthcare (limited care) chapter. The minimum design standards shall be met for all new licenses, or new construction, ~~modifications, renovations, alterations, changes of use, or additions~~.

(b) If the commissioner decides to update the Life Safety Code for purposes of this subdivision, the commissioner must notify the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health care and public safety of the planned update by January 15 of the year in which the new Life Safety Code will become effective. Following notice from the commissioner, the new edition shall become effective for assisted living facilities with dementia care and a secured dementia care unit beginning August 1 of that year, unless provided otherwise in law. The commissioner shall, by publication in the State Register, specify a date by which these facilities must comply with the updated Life Safety Code. The date by which these facilities must comply shall not be sooner than six months after publication of the commissioner's notice in the State Register.

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

Sec. 23. Minnesota Statutes 2020, section 144G.92, subdivision 5, is amended to read:

Subd. 5. **Other laws.** Nothing in this section affects the rights and remedies available ~~to a resident~~ under section 626.557, subdivisions 10, 17, and 20.

EFFECTIVE DATE. This section is effective August 1, 2021.

Sec. 24. **APPROPRIATION.**

\$281,000 in fiscal year 2021 is appropriated from the state government special revenue fund to the Board of Executives for Long Term Services and Supports for board operations. This is a onetime appropriation.

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

Sec. 25. **REVISOR INSTRUCTION.**

(a) The revisor of statutes, in consultation with the House Research Department, Office of Senate Counsel, Research and Fiscal Analysis, and the Department of Health, shall make necessary cross-reference changes and remove obsolete statutory cross-references in Minnesota Statutes to conform with the changes resulting from the implementation and effective date of assisted living licensure under Minnesota Statutes, sections 144G.08 to 144G.9999, and Laws 2019, chapter 60, before publication of the 2021 Statutes Supplement.

(b) The revisor, in consultation with the House Research Department, Office of Senate Counsel, Research and Fiscal Analysis, and the Department of Health, may make technical and other necessary changes to sentence structure to preserve the meaning of the text. The revisor may make changes to Minnesota Statutes to incorporate statutory changes made by other law in the 2021 regular legislative session. If a provision repealed in this act is also amended in the 2021 regular legislative session by other law, the revisor shall give effect to the amendment and renumber it in chapter 144G.

EFFECTIVE DATE. This section is effective the day following enactment.

Sec. 26. **REPEALER.**

Minnesota Statutes 2020, section 144G.81, subdivision 2, is repealed.

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

ARTICLE 7

NOTARIES

Section 1. Laws 2020, Fifth Special Session chapter 4, section 1, the effective date, is amended to read:

EFFECTIVE DATE. This section is effective the day following final enactment and expires ~~January~~
6 March 31, 2021.

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

Presented to the governor December 15, 2020

Signed by the governor December 16, 2020, 1:58 p.m.