

S.F. No. 2212 and H.F. No. 2050, which had been referred to the Chief Clerk for comparison, were examined and found to be not identical.

The following document shows the differences between S.F. No. 2212, the second engrossment, and H.F. No. 2050, the first engrossment.

May 1, 2023

Patrick D. Murphy  
Chief Clerk, House of Representatives

### **Explanation of Comparison Reports**

When a Senate File is received from the Senate, it is given its first reading and must be referred to the appropriate standing committee or division under Rule 1.11. But if the House File companion of that Senate File has already been reported out of Committee and given its second reading and is on the General Register, the Senate File must be referred to the Chief Clerk for comparison pursuant to Rule 1.15. The Chief Clerk reports whether the bills were found to be identical or not identical. Once the bills have been compared and the differences have been reported, the Senate File is given its second reading and is substituted for the House File. The House File is then considered withdrawn. Pursuant to rule 3.33, if the bills are not identical and the chief author of the bill wishes to use the House language, the chief author must give notice of their intent to substitute the House language when the bill is placed on the Calendar for the Day or the Fiscal Calendar. If the chief author of the bill wishes to keep the Senate language, no action is required.

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A bill for an act

relating to state government; changing provision for retrospective review of health provider spending; increasing the Rural Health Advisory Committee membership; changing provisions in vital records for fetal death; adding definitions to Safe Drinking Water Act; requiring classification of service lines; modifying hospital waiver request; modifying provisions of cancer reporting system; changing lead hazard provisions; modifying moratorium on certification of nursing home beds; modifying survey and investigations of home care providers; modifying provisions for hearing aid dispensing and speech language pathologists and audiologists licensing; modifying provision for opiate antagonist for overdose; changing provisions for mental health services; establishing cultural and ethnic minority infrastructure grant program; establishing transition from homelessness program; changing certain medial assistance payment rates, general assistance provisions, supportive housing provisions, diversionary work program, and community living resources; amending Minnesota Statutes 2022, sections 62J.17, subdivision 5a; 144.1481, subdivision 1; 144.2151; 144.222; 144.382, by adding subdivisions; 144.55, subdivision 3; 144.6535, subdivisions 1, 2, 4; 144.69; 144.9501, subdivisions 17, 26a, 26b, by adding subdivisions; 144.9505, subdivisions 1, 1g, 1h; 144.9508, subdivision 2; 144A.06, subdivision 2; 144A.071, subdivision 2; 144A.073, subdivision 3b; 144A.474, subdivisions 3, 9, 12; 144A.4791, subdivision 10; 148.512, subdivisions 10a, 10b, by adding subdivisions; 148.513, by adding a subdivision; 148.515, subdivision 6; 148.5175; 148.5195, subdivision 3; 148.5196, subdivision 1; 148.5197; 148.5198; 151.37, subdivision 12; 153A.13, subdivisions 3, 4, 5, 6, 7, 9, 10, 11, by adding subdivisions; 153A.14, subdivisions 1, 2, 2h, 2i, 2j, 4, 4a, 4b, 4c, 4e, 6, 9, 11, by adding a subdivision; 153A.15, subdivisions 1, 2, 4; 153A.17; 153A.175; 153A.18; 153A.20; 245.4661, subdivision 9; 245.469, subdivision 3; 256.478, by adding subdivisions; 256B.056, by adding a subdivision; 256B.0622, subdivision 8; 256B.0946, subdivision 6; 256B.0947, subdivision 7a; 256B.434, subdivision 4f; 256D.02, by adding a subdivision; 256D.07; 256I.03, subdivision 15, by adding a subdivision; 256I.04, subdivision 2; 256I.06, subdivision 3; 256I.09; 256J.08, subdivision 21; 256J.09, subdivision 3; 256J.95, subdivision 5; 256P.01, by adding a subdivision; 256P.04, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapters 144; 245; repealing Minnesota Statutes 2022, sections 144.9505, subdivision 3; 153A.14, subdivision 5; 256I.03, subdivision 6; Minnesota Rules, parts 4640.1500; 4640.1600; 4640.1700; 4640.1800; 4640.1900; 4640.2000; 4640.2100; 4640.2200; 4640.2300; 4640.2400; 4640.2500; 4640.2600; 4640.2700; 4640.2800; 4640.2900; 4640.3000; 4640.3100; 4640.3200; 4640.3300; 4640.3400; 4640.3500; 4640.3600; 4640.3700; 4640.3800; 4640.3900; 4640.4000; 4640.4100; 4640.4200; 4640.4300; 4640.6100; 4640.6200; 4640.6300; 4640.6400; 4645.0300; 4645.0400; 4645.0500; 4645.0600; 4645.0700; 4645.0800; 4645.0900; 4645.1000; 4645.1100; 4645.1200; 4645.1300; 4645.1400; 4645.1500; 4645.1600; 4645.1700; 4645.1800; 4645.1900; 4645.2000; 4645.2100; 4645.2200; 4645.2300; 4645.2400; 4645.2500; 4645.2600; 4645.2700;

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A bill for an act

relating to the Department of Health and Department of Human Services; amending various record and notification requirements; providing for over-the-counter hearing aids; adopting guidelines for physical standards of hospitals; modifying regulations related to lead; amending provisions for administering opiate antagonists; amending transporting requirements for medical cannabis; establishing and modifying grant programs; amending Minnesota Statutes 2022, sections 62J.17, subdivision 5a; 62Q.675; 62U.04, subdivision 11; 144.1481, subdivision 1; 144.2151; 144.222; 144.382, by adding subdivisions; 144.55, subdivision 3; 144.6535, subdivisions 1, 2, 4; 144.9501, subdivisions 17, 26a, 26b, by adding subdivisions; 144.9505, subdivisions 1, 1g, 1h; 144.9508, subdivision 2; 148.512, subdivisions 10a, 10b, by adding subdivisions; 148.513, by adding a subdivision; 148.515, subdivision 6; 148.5175; 148.5195, subdivision 3; 148.5196, subdivision 1; 148.5197; 148.5198; 151.37, subdivision 12; 152.29, subdivision 3a; 153A.13, subdivisions 3, 4, 5, 6, 7, 9, 10, 11, by adding subdivisions; 153A.14, subdivisions 1, 2, 2h, 2i, 2j, 4, 4a, 4b, 4c, 4e, 6, 9, 11, by adding a subdivision; 153A.15, subdivisions 1, 2, 4; 153A.17; 153A.175; 153A.18; 153A.20; 245.4661, subdivision 9; 245.469, subdivision 3; 256.478, by adding subdivisions; 256B.056, by adding a subdivision; 256B.0622, subdivision 8; 256B.0625, subdivision 3a; 256B.0946, subdivision 6; 256B.0947, subdivision 7a; 256D.02, by adding a subdivision; 256D.07; 256I.03, subdivision 15, by adding a subdivision; 256I.04, subdivision 2; 256I.06, subdivision 3; 256I.09; 256J.08, subdivision 21; 256J.09, subdivision 3; 256J.95, subdivision 5; 256P.01, by adding a subdivision; 256P.04, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapters 144; 245; repealing Minnesota Statutes 2022, sections 144.9505, subdivision 3; 153A.14, subdivision 5; 256I.03, subdivision 6; Minnesota Rules, parts 4640.1500; 4640.1600; 4640.1700; 4640.1800; 4640.1900; 4640.2000; 4640.2100; 4640.2200; 4640.2300; 4640.2400; 4640.2500; 4640.2600; 4640.2700; 4640.2800; 4640.2900; 4640.3000; 4640.3100; 4640.3200; 4640.3300; 4640.3400; 4640.3500; 4640.3600; 4640.3700; 4640.3800; 4640.3900; 4640.4000; 4640.4100; 4640.4200; 4640.4300; 4640.6100; 4640.6200; 4640.6300; 4640.6400; 4645.0300; 4645.0400; 4645.0500; 4645.0600; 4645.0700; 4645.0800; 4645.0900; 4645.1000; 4645.1100; 4645.1200; 4645.1300; 4645.1400; 4645.1500; 4645.1600; 4645.1700; 4645.1800; 4645.1900; 4645.2000; 4645.2100; 4645.2200; 4645.2300; 4645.2400; 4645.2500; 4645.2600; 4645.2700;

2.6 4645.2800; 4645.2900; 4645.3000; 4645.3100; 4645.3200; 4645.3300; 4645.3400;  
2.7 4645.3500; 4645.3600; 4645.3700; 4645.3800; 4645.3805; 4645.3900; 4645.4000;  
2.8 4645.4100; 4645.4200; 4645.4300; 4645.4400; 4645.4500; 4645.4600; 4645.4700;  
2.9 4645.4800; 4645.4900; 4645.5100; 4645.5200.

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

2.11 **ARTICLE 1**

2.12 **DEPARTMENT OF HEALTH POLICY**

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

2.14 Subd. 5a. **Retrospective review.** (a) The commissioner shall retrospectively review  
2.15 each major spending commitment and ~~notify the provider of the results of the review. The~~  
2.16 ~~commissioner shall~~ determine whether the major spending commitment was appropriate.  
2.17 In making the determination, the commissioner may consider the following criteria: the  
2.18 major spending commitment's impact on the cost, access, and quality of health care; the  
2.19 clinical effectiveness and cost-effectiveness of the major spending commitment; and the  
2.20 alternatives available to the provider. If the major expenditure is determined ~~not~~ to be  
2.21 appropriate, the commissioner shall notify the provider.

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

2.26 Sec. 2. Minnesota Statutes 2022, section 144.1481, subdivision 1, is amended to read:

2.27 Subdivision 1. **Establishment; membership.** The commissioner of health shall establish  
2.28 a ~~16-member~~ 21-member Rural Health Advisory Committee. The committee shall consist  
2.29 of the following members, all of whom must reside outside the seven-county metropolitan  
2.30 area, as defined in section 473.121, subdivision 2:

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

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

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

2.3 Subd. 5a. **Retrospective review.** (a) The commissioner shall retrospectively review  
2.4 each major spending commitment and ~~notify the provider of the results of the review. The~~  
2.5 ~~commissioner shall~~ determine whether the major spending commitment was appropriate.  
2.6 In making the determination, the commissioner may consider the following criteria: the  
2.7 major spending commitment's impact on the cost, access, and quality of health care; the  
2.8 clinical effectiveness and cost-effectiveness of the major spending commitment; and the  
2.9 alternatives available to the provider. If the major expenditure is determined to ~~not~~ be  
2.10 appropriate, the commissioner shall notify the provider.

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

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

2.16 **62Q.675 HEARING AIDS; PERSONS 18 OR YOUNGER.**

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

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

3.30 Subdivision 1. **Establishment; membership.** The commissioner of health shall establish  
3.31 a ~~16-member~~ Rural Health Advisory Committee. The committee shall consist of the following  
4.1 22 members, all of whom must reside outside the seven-county metropolitan area, as defined  
4.2 in section 473.121, subdivision 2:

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

- 2.33 (2) two members from the senate of the state of Minnesota, one from the majority party  
2.34 and one from the minority party;
- 3.1 (3) a volunteer member of an ambulance service based outside the seven-county  
3.2 metropolitan area;
- 3.3 (4) a representative of a hospital located outside the seven-county metropolitan area;
- 3.4 (5) a representative of a nursing home located outside the seven-county metropolitan  
3.5 area;
- 3.6 (6) a medical doctor or doctor of osteopathic medicine licensed under chapter 147;
- 3.7 (7) a dentist licensed under chapter 150A or other oral health professional if a dentist is  
3.8 not available to participate;
- 3.9 ~~(8) a midlevel practitioner~~ an advanced practice professional;
- 3.10 (9) a registered nurse or licensed practical nurse;
- 3.11 (10) a licensed health care professional from an occupation not otherwise represented  
3.12 on the committee;
- 3.13 (11) a representative of an institution of higher education located outside the seven-county  
3.14 metropolitan area that provides training for rural health care providers; ~~and~~
- 3.15 (12) a member of a Tribal nation;
- 3.16 (13) a representative of a local public health agency or community health board;
- 3.17 (14) a health professional or advocate with experience working with people with mental  
3.18 illness;
- 3.19 (15) a representative of a community organization that works with individuals  
3.20 experiencing health disparities;
- 3.21 (16) an individual with expertise in economic development, or an employer working  
3.22 outside the seven-county metropolitan area; and
- 3.23 ~~(12)~~ (17) three consumers, at least one of whom must be ~~an advocate for persons who~~  
3.24 ~~are mentally ill or developmentally disabled~~ from a community experiencing health  
3.25 disparities.
- 3.26 The commissioner will make recommendations for committee membership. Committee  
3.27 members will be appointed by the governor. In making appointments, the governor shall  
3.28 ensure that appointments provide geographic balance among those areas of the state outside

- 4.5 (2) two members from the senate of the state of Minnesota, one from the majority party  
4.6 and one from the minority party;
- 4.7 (3) a volunteer member of an ambulance service based outside the seven-county  
4.8 metropolitan area;
- 4.9 (4) a representative of a hospital located outside the seven-county metropolitan area;
- 4.10 (5) a representative of a nursing home located outside the seven-county metropolitan  
4.11 area;
- 4.12 (6) a medical doctor or doctor of osteopathic medicine licensed under chapter 147;
- 4.13 (7) a dentist licensed under chapter 150A;
- 4.14 (8) an allied dental personnel as defined in Minnesota Rules, part 3100.0100, subpart  
4.15 5;
- 4.16 ~~(8)~~ (9) a midlevel practitioner an advanced practice professional;
- 4.17 ~~(9)~~ (10) a registered nurse or licensed practical nurse;
- 4.18 ~~(10)~~ (11) a licensed health care professional from an occupation not otherwise represented  
4.19 on the committee;
- 4.20 ~~(11)~~ (12) a representative of an institution of higher education located outside the  
4.21 seven-county metropolitan area that provides training for rural health care providers; ~~and~~
- 4.22 (13) a member of a Tribal Nation;
- 4.23 (14) a representative of a local public health agency or community health board;
- 4.24 (15) a health professional or advocate with experience working with people with mental  
4.25 illness;
- 4.26 (16) a representative of a community organization that works with individuals  
4.27 experiencing health disparities;
- 4.28 (17) an individual with expertise in economic development, or an employer working  
4.29 outside the seven-county metropolitan area;
- 5.1 ~~(12)~~ three ~~(18)~~ two consumers, at least one of whom must be ~~an advocate for persons~~  
5.2 ~~who are mentally ill or developmentally disabled~~ from a community experiencing health  
5.3 disparities; and
- 5.4 (19) one consumer who is an advocate for persons who are developmentally disabled.

3.29 the seven-county metropolitan area. The chair of the committee shall be elected by the  
 3.30 members. The advisory committee is governed by section 15.059, except that the members  
 3.31 do not receive per diem compensation.

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

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

2.23 Subd. 11. **Restricted uses of the all-payer claims data.** (a) Notwithstanding subdivision  
 2.24 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner's  
 2.25 designee shall only use the data submitted under subdivisions 4 and 5 for the following  
 2.26 purposes:

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

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

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

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

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

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

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

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

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

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

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

4.1 Sec. 3. Minnesota Statutes 2022, section 144.2151, is amended to read:

4.2 **144.2151 FETAL DEATH RECORD AND CERTIFICATE OF BIRTH**  
4.3 **RESULTING IN STILLBIRTH.**

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

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

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

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

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

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

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

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

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

4.23 Subd. 3. **Preparation Responsibilities of the state registrar.** (a) Within five days after  
4.24 delivery of a stillbirth, the parent or parents of the stillbirth may prepare and file the record

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

3.23 (d) The commissioner or the commissioner's designee may use the data submitted under  
3.24 subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until July 1,  
3.25 2023;

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

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

5.12 **144.2151 FETAL DEATH RECORD AND CERTIFICATE OF BIRTH**  
5.13 **RESULTING IN STILLBIRTH.**

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

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

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

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

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

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

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

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

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

6.4 Subd. 3. **Preparation Responsibilities of the state registrar.** (a) Within five days after  
6.5 delivery of a stillbirth, the parent or parents of the stillbirth may prepare and file the record

4.25 with the state registrar if the parent or parents of the stillbirth, after being advised as provided  
4.26 in subdivision 2, request to have a record of birth resulting in stillbirth prepared.

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

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

5.1 The state registrar shall:

5.2 (1) prescribe the process to:

5.3 (i) register a fetal death;

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

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

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

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

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

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

5.19 Subd. 4. **Retroactive application Delayed registration.** Notwithstanding subdivisions  
5.20 1 to 3, If a ~~birth that~~ fetal death occurred in this state at any time ~~resulted in a stillbirth~~ for  
5.21 which a fetal death report was required under section 144.222, subdivision 1, but a ~~record~~  
5.22 ~~of birth resulting in stillbirth was not prepared under subdivision 3, a parent of the stillbirth~~  
5.23 ~~may submit to the state registrar, on or after August 1, 2005, a written request for preparation~~  
5.24 ~~of a record of birth resulting in stillbirth and evidence of the facts of the stillbirth in the~~  
5.25 ~~form and manner specified by the state registrar. The state registrar shall prepare and file~~  
5.26 ~~the record of birth resulting in stillbirth within 30 days after receiving satisfactory evidence~~  
5.27 ~~of the facts of the stillbirth. fetal death was not registered and a record was not established,~~

6.6 with the state registrar if the parent or parents of the stillbirth, after being advised as provided  
6.7 in subdivision 2, request to have a record of birth resulting in stillbirth prepared.

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

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

6.13 The state registrar shall:

6.14 (1) prescribe the process to:

6.15 (i) register a fetal death;

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

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

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

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

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

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

6.31 Subd. 4. **Retroactive application Delayed registration.** Notwithstanding subdivisions  
6.32 1 to 3, If a ~~birth that~~ fetal death occurred in this state at any time ~~resulted in a stillbirth~~ for  
7.1 which a fetal death report was required under section 144.222, subdivision 1, but a ~~record~~  
7.2 ~~of birth resulting in stillbirth was not prepared under subdivision 3, a parent of the stillbirth~~  
7.3 ~~may submit to the state registrar, on or after August 1, 2005, a written request for preparation~~  
7.4 ~~of a record of birth resulting in stillbirth and evidence of the facts of the stillbirth in the~~  
7.5 ~~form and manner specified by the state registrar. The state registrar shall prepare and file~~  
7.6 ~~the record of birth resulting in stillbirth within 30 days after receiving satisfactory evidence~~  
7.7 ~~of the facts of the stillbirth. fetal death was not registered and a record was not established,~~

5.28 a person responsible for registering the fetal death, the medical examiner or coroner with  
 5.29 jurisdiction, or a parent may submit to the state registrar a written request to register the  
 5.30 fetal death and submit the evidence to support the request.

5.31 ~~Subd. 5. Responsibilities of state registrar.~~ The state registrar shall:

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

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

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

6.9 (i) ~~a record of birth resulting in stillbirth has been prepared and filed under subdivision~~  
 6.10 ~~3 or 4; and~~

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

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

6.17 Sec. 4. Minnesota Statutes 2022, section 144.222, is amended to read:

6.18 **144.222 FETAL DEATH REPORTS OF FETAL OR INFANT DEATH AND**  
 6.19 **REGISTRATION.**

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

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

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

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

7.8 a person responsible for registering the fetal death, the medical examiner or coroner with  
 7.9 jurisdiction, or a parent may submit to the state registrar a written request to register the  
 7.10 fetal death and submit the evidence to support the request.

7.11 ~~Subd. 5. Responsibilities of state registrar.~~ The state registrar shall:

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

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

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

7.20 (i) ~~a record of birth resulting in stillbirth has been prepared and filed under subdivision~~  
 7.21 ~~3 or 4; and~~

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

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

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

7.29 **144.222 FETAL DEATH REPORTS OF FETAL OR INFANT DEATH AND**  
 7.30 **REGISTRATION.**

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

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

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

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



- 6.31 ~~Subd. 2. **Sudden infant death.** Each infant death which is diagnosed as sudden infant~~  
6.32 ~~death syndrome shall be reported within five days to the state registrar.~~
- 7.1 Sec. 5. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to  
7.2 read:
- 7.3 Subd. 2a. **Connector.** "Connector" means gooseneck, pigtail, and other service line  
7.4 connectors. A connector is typically a short section of piping not exceeding two feet that  
7.5 can be bent and used for connections between rigid service piping.
- 7.6 Sec. 6. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to  
7.7 read:
- 7.8 Subd. 3a. **Galvanized requiring replacement.** "Galvanized requiring replacement"  
7.9 means a galvanized service line that is or was at any time connected to a lead service line  
7.10 or lead status unknown service line, or is currently or was previously affixed to a lead  
7.11 connector. The majority of galvanized service lines fall under this category.
- 7.12 Sec. 7. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to  
7.13 read:
- 7.14 Subd. 3b. **Galvanized service line.** "Galvanized service line" means a service line made  
7.15 of iron or piping that has been dipped in zinc to prevent corrosion and rusting.
- 7.16 Sec. 8. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to  
7.17 read:
- 7.18 Subd. 3c. **Lead connector.** "Lead connector" means a connector made of lead.
- 7.19 Sec. 9. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to  
7.20 read:
- 7.21 Subd. 3d. **Lead service line.** "Lead service line" means a portion of pipe that is made  
7.22 of lead, which connects the water main to the building inlet. A lead service line may be  
7.23 owned by the water system, by the property owner, or both.
- 7.24 Sec. 10. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision  
7.25 to read:
- 7.26 Subd. 3e. **Lead status unknown service line or unknown service line.** "Lead status  
7.27 unknown service line" or "unknown service line" means a service line that has not been  
7.28 demonstrated to meet or does not meet the definition of lead free in section 1417 of the Safe  
7.29 Drinking Water Act.

- 8.10 ~~Subd. 2. **Sudden infant death.** Each infant death which is diagnosed as sudden infant~~  
8.11 ~~death syndrome shall be reported within five days to the state registrar.~~
- 8.12 Sec. 7. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to  
8.13 read:
- 8.14 Subd. 2a. **Connector.** "Connector" means gooseneck, pigtail, and other service line  
8.15 connectors. A connector is typically a short section of piping not exceeding two feet that  
8.16 can be bent and used for connections between rigid service piping.
- 8.17 Sec. 8. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to  
8.18 read:
- 8.19 Subd. 3a. **Galvanized requiring replacement.** "Galvanized requiring replacement"  
8.20 means a galvanized service line that is or was at any time connected to a lead service line  
8.21 or lead status unknown service line, or is currently or was previously affixed to a lead  
8.22 connector. The majority of galvanized service lines fall under this category.
- 8.23 Sec. 9. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to  
8.24 read:
- 8.25 Subd. 3b. **Galvanized service line.** "Galvanized service line" means a service line made  
8.26 of iron or piping that has been dipped in zinc to prevent corrosion and rusting.
- 8.27 Sec. 10. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision  
8.28 to read:
- 8.29 Subd. 3c. **Lead connector.** "Lead connector" means a connector made of lead.
- 9.1 Sec. 11. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision  
9.2 to read:
- 9.3 Subd. 3d. **Lead service line.** "Lead service line" means a portion of pipe that is made  
9.4 of lead, which connects the water main to the building inlet. A lead service line may be  
9.5 owned by the water system, by the property owner, or both.
- 9.6 Sec. 12. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision  
9.7 to read:
- 9.8 Subd. 3e. **Lead status unknown service line or unknown service line.** "Lead status  
9.9 unknown service line" or "unknown service line" means a service line that has not been  
9.10 demonstrated to meet or does not meet the Safe Drinking Water Act, section 1417, definition  
9.11 of lead free.

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

8.3 Subd. 3f. **Nonlead service line.** "Nonlead service line" means a service line determined  
8.4 through an evidence-based record, method, or technique not to be a lead service line or  
8.5 galvanized service line requiring replacement. Most nonlead service lines are made of copper  
8.6 or plastic.

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

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

8.13 Sec. 13. **[144.3853] CLASSIFICATION OF SERVICE LINES.**

8.14 Subdivision 1. **Classification of lead status of service line.** (a) A water system may  
8.15 classify the actual material of a service line, such as copper or plastic, as an alternative to  
8.16 classifying the service line as a nonlead service line, for the purpose of the lead service line  
8.17 inventory.

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

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

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

8.29 Sec. 14. Minnesota Statutes 2022, section 144.55, subdivision 3, is amended to read:

8.30 Subd. 3. **Standards for licensure.** (a) Notwithstanding the provisions of section 144.56,  
8.31 for the purpose of hospital licensure, the commissioner of health shall use as minimum  
9.1 standards the hospital certification regulations promulgated pursuant to title XVIII of the  
9.2 Social Security Act, United States Code, title 42, section 1395, et seq. The commissioner  
9.3 may use as minimum standards changes in the federal hospital certification regulations  
9.4 promulgated after May 7, 1981, if the commissioner finds that such changes are reasonably

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

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

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

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

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

9.25 Subdivision 1. **Classification of lead status of service line.** (a) A water system may  
9.26 classify the actual material of a service line, such as copper or plastic, as an alternative to  
9.27 classifying the service line as a nonlead service line, for the purpose of the lead service line  
9.28 inventory.

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

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

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

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

10.11 Subd. 3. **Standards for licensure.** (a) Notwithstanding the provisions of section 144.56,  
10.12 for the purpose of hospital licensure, the commissioner of health shall use as minimum  
10.13 standards the hospital certification regulations promulgated pursuant to title XVIII of the  
10.14 Social Security Act, United States Code, title 42, section 1395, et seq. The commissioner  
10.15 may use as minimum standards changes in the federal hospital certification regulations  
10.16 promulgated after May 7, 1981, if the commissioner finds that such changes are reasonably

- 9.5 necessary to protect public health and safety. ~~The commissioner shall also promulgate in~~  
 9.6 ~~rules additional minimum standards for new construction.~~
- 9.7 (b) Hospitals must meet the applicable provisions of the 2022 edition of the Facility  
 9.8 Guidelines Institute *Guidelines for Design and Construction of Hospitals*. This minimum  
 9.9 design standard must be met for all new licenses, new construction, change of use, or change  
 9.10 of occupancy for which plan review packages are received on or after January 1, 2024.
- 9.11 (c) If the commissioner decides to update the edition of the guidelines specified in  
 9.12 paragraph (b) for purposes of this subdivision, the commissioner must notify the chairs and  
 9.13 ranking minority members of the legislative committees with jurisdiction over health care  
 9.14 and public safety of the planned update by January 15 of the year in which the new edition  
 9.15 will become effective. Following notice from the commissioner, the new edition shall  
 9.16 become effective for hospitals beginning August 1 of that year, unless otherwise provided  
 9.17 in law. The commissioner shall, by publication in the State Register, specify a date by which  
 9.18 hospitals must comply with the updated edition. The date by which hospitals must comply  
 9.19 shall not be sooner than 12 months after publication of the commissioner's notice in the  
 9.20 State Register and shall apply only to plan review packages received on or after that date.
- 9.21 (d) Hospitals shall be in compliance with all applicable state and local governing laws,  
 9.22 regulations, standards, ordinances, and codes for fire safety, building, and zoning  
 9.23 requirements.
- 9.24 ~~(b)~~ (e) Each hospital and outpatient surgical center shall establish policies and procedures  
 9.25 to prevent the transmission of human immunodeficiency virus and hepatitis B virus to  
 9.26 patients and within the health care setting. The policies and procedures shall be developed  
 9.27 in conformance with the most recent recommendations issued by the United States  
 9.28 Department of Health and Human Services, Public Health Service, Centers for Disease  
 9.29 Control. The commissioner of health shall evaluate a hospital's compliance with the policies  
 9.30 and procedures according to subdivision 4.
- 9.31 ~~(e)~~ (f) An outpatient surgical center must establish and maintain a comprehensive  
 9.32 tuberculosis infection control program according to the most current tuberculosis infection  
 9.33 control guidelines issued by the United States Centers for Disease Control and Prevention  
 9.34 (CDC), Division of Tuberculosis Elimination, as published in CDC's Morbidity and Mortality  
 10.1 Weekly Report (MMWR). This program must include a tuberculosis infection control plan  
 10.2 that covers all paid and unpaid employees, contractors, students, and volunteers. The  
 10.3 Department of Health shall provide technical assistance regarding implementation of the  
 10.4 guidelines.
- 10.5 ~~(f)~~ (g) Written compliance with this subdivision must be maintained by the outpatient  
 10.6 surgical center.
- 10.7 **EFFECTIVE DATE.** This section is effective January 1, 2024.

- 10.17 necessary to protect public health and safety. ~~The commissioner shall also promulgate in~~  
 10.18 ~~rules additional minimum standards for new construction.~~
- 10.19 (b) Hospitals must meet the applicable provisions of the 2022 edition of the Facility  
 10.20 Guidelines Institute *Guidelines for Design and Construction of Hospitals*. This minimum  
 10.21 design standard must be met for all new licenses, new construction, change of use, or change  
 10.22 of occupancy for which plan review packages are received on or after January 1, 2024. For  
 10.23 the purposes of this subdivision, "Facility Guidelines Institute *Guidelines for Design and*  
 10.24 *Construction of Hospitals*" does not include any appendices to the guidelines.
- 10.25 (c) The commissioner shall review each new edition of the guidelines to determine if  
 10.26 they will be updated. If the commissioner decides to update the edition of the guidelines  
 10.27 specified in paragraph (b) for purposes of this subdivision, the commissioner must notify  
 10.28 the chairs and ranking minority members of the legislative committees with jurisdiction  
 10.29 over health care and public safety of the planned update by January 15 of the year in which  
 10.30 the new edition will become effective. Following notice from the commissioner, the new  
 10.31 edition shall become effective for hospitals beginning August 1 of that year, unless otherwise  
 10.32 provided in law. The commissioner shall, by publication in the State Register, specify a  
 10.33 date by which hospitals must comply with the updated edition. The date by which hospitals  
 10.34 must comply shall not be sooner than 12 months after publication of the commissioner's  
 11.1 notice in the State Register and applies only to plan review submissions received on or after  
 11.2 that date.
- 11.3 (d) Hospitals shall be in compliance with all applicable state and local governing laws,  
 11.4 regulations, standards, ordinances, and codes for fire safety, building, and zoning  
 11.5 requirements. The commissioner shall develop guidance to outline how the commissioner  
 11.6 will resolve conflicts between the guidelines and other applicable state and local governing  
 11.7 laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning.  
 11.8 Guidance must be made publicly available at the time a new edition of the guidelines  
 11.9 becomes effective and shall be periodically updated.
- 11.10 ~~(b)~~ (e) Each hospital and outpatient surgical center shall establish policies and procedures  
 11.11 to prevent the transmission of human immunodeficiency virus and hepatitis B virus to  
 11.12 patients and within the health care setting. The policies and procedures shall be developed  
 11.13 in conformance with the most recent recommendations issued by the United States  
 11.14 Department of Health and Human Services, Public Health Service, Centers for Disease  
 11.15 Control. The commissioner of health shall evaluate a hospital's compliance with the policies  
 11.16 and procedures according to subdivision 4.
- 11.17 ~~(e)~~ (f) An outpatient surgical center must establish and maintain a comprehensive  
 11.18 tuberculosis infection control program according to the most current tuberculosis infection  
 11.19 control guidelines issued by the United States Centers for Disease Control and Prevention  
 11.20 (CDC), Division of Tuberculosis Elimination, as published in CDC's Morbidity and Mortality  
 11.21 Weekly Report (MMWR). This program must include a tuberculosis infection control plan  
 11.22 that covers all paid and unpaid employees, contractors, students, and volunteers. The

- 10.8 Sec. 15. Minnesota Statutes 2022, section 144.6535, subdivision 1, is amended to read:
- 10.9 Subdivision 1. **Request for variance or waiver.** A hospital may request that the  
 10.10 commissioner grant a variance or waiver from the provisions of ~~Minnesota Rules, chapter~~  
 10.11 ~~4640 or 4645~~ section 144.55, subdivision 3, paragraph (b). A request for a variance or waiver  
 10.12 must be submitted to the commissioner in writing. Each request must contain:
- 10.13 (1) the specific ~~rule or rules~~ requirement for which the variance or waiver is requested;
- 10.14 (2) the reasons for the request;
- 10.15 (3) the alternative measures that will be taken if a variance or waiver is granted;
- 10.16 (4) the length of time for which the variance or waiver is requested; and
- 10.17 (5) other relevant information deemed necessary by the commissioner to properly evaluate  
 10.18 the request for the variance or waiver.
- 10.19 **EFFECTIVE DATE.** This section is effective January 1, 2024.
- 10.20 Sec. 16. Minnesota Statutes 2022, section 144.6535, subdivision 2, is amended to read:
- 10.21 Subd. 2. **Criteria for evaluation.** The decision to grant or deny a variance or waiver  
 10.22 must be based on the commissioner's evaluation of the following criteria:
- 10.23 (1) whether the variance or waiver will adversely affect the health, treatment, comfort,  
 10.24 safety, or well-being of a patient;
- 10.25 (2) whether the alternative measures to be taken, if any, are equivalent to or superior to  
 10.26 those prescribed in ~~Minnesota Rules, chapter 4640 or 4645~~ section 144.55, subdivision 3,  
 10.27 paragraph (b); and
- 10.28 (3) whether compliance with the ~~rule or rules~~ requirements would impose an undue  
 10.29 burden upon the applicant.
- 10.30 **EFFECTIVE DATE.** This section is effective January 1, 2024.

- 11.23 Department of Health shall provide technical assistance regarding implementation of the  
 11.24 guidelines.
- 11.25 ~~(d)~~ (g) Written compliance with this subdivision must be maintained by the outpatient  
 11.26 surgical center.
- 11.27 **EFFECTIVE DATE.** This section is effective January 1, 2024.
- 11.28 Sec. 17. Minnesota Statutes 2022, section 144.6535, subdivision 1, is amended to read:
- 11.29 Subdivision 1. **Request for variance or waiver.** A hospital may request that the  
 11.30 commissioner grant a variance or waiver from the provisions of ~~Minnesota Rules, chapter~~  
 11.31 ~~4640 or 4645~~ section 144.55, subdivision 3, paragraph (b). A request for a variance or waiver  
 11.32 must be submitted to the commissioner in writing. Each request must contain:
- 11.33 (1) the specific ~~rule or rules~~ requirement for which the variance or waiver is requested;
- 12.1 (2) the reasons for the request;
- 12.2 (3) the alternative measures that will be taken if a variance or waiver is granted;
- 12.3 (4) the length of time for which the variance or waiver is requested; and
- 12.4 (5) other relevant information deemed necessary by the commissioner to properly evaluate  
 12.5 the request for the variance or waiver.
- 12.6 **EFFECTIVE DATE.** This section is effective January 1, 2024.
- 12.7 Sec. 18. Minnesota Statutes 2022, section 144.6535, subdivision 2, is amended to read:
- 12.8 Subd. 2. **Criteria for evaluation.** The decision to grant or deny a variance or waiver  
 12.9 must be based on the commissioner's evaluation of the following criteria:
- 12.10 (1) whether the variance or waiver will adversely affect the health, treatment, comfort,  
 12.11 safety, or well-being of a patient;
- 12.12 (2) whether the alternative measures to be taken, if any, are equivalent to or superior to  
 12.13 those prescribed in ~~Minnesota Rules, chapter 4640 or 4645~~ section 144.55, subdivision 3,  
 12.14 paragraph (b); and
- 12.15 (3) whether compliance with the ~~rule or rules~~ requirements would impose an undue  
 12.16 burden upon the applicant.
- 12.17 **EFFECTIVE DATE.** This section is effective January 1, 2024.

11.1 Sec. 17. Minnesota Statutes 2022, section 144.6535, subdivision 4, is amended to read:

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

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

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

11.10 Sec. 18. ~~Minnesota Statutes 2022, section 144.69, is amended to read:~~

11.11 **144.69 CLASSIFICATION OF DATA ON INDIVIDUALS.**

11.12 Subdivision 1. **Data collected by the cancer reporting system.** Notwithstanding any  
11.13 law to the contrary, including section 13.05, subdivision 9, data collected on individuals by  
11.14 the cancer ~~surveillance~~ reporting system, including the names and personal identifiers of  
11.15 persons required in section 144.68 to report, shall be private and may only be used for the  
11.16 purposes set forth in this section and sections 144.671, 144.672, and 144.68. Any disclosure  
11.17 other than is provided for in this section and sections 144.671, 144.672, and 144.68, is  
11.18 declared to be a misdemeanor and punishable as such. Except as provided by rule, and as  
11.19 part of an epidemiologic investigation, an officer or employee of the commissioner of health  
11.20 may interview patients named in any such report, or relatives of any such patient, only after  
11.21 ~~the consent of~~ notifying the attending physician, advanced practice registered nurse, physician  
11.22 assistant, or surgeon ~~is obtained~~. Research protections for patients must be consistent with  
11.23 section 13.04, subdivision 2, and Code of Federal Regulations, title 45, part 46.

11.24 Subd. 2. **Transfers of information to state cancer registries and federal government**  
11.25 **agencies.** (a) Information containing personal identifiers of a non-Minnesota resident  
11.26 collected by the cancer reporting system may be provided to the statewide cancer registry  
11.27 of the nonresident's home state solely for the purposes consistent with this section and  
11.28 sections 144.671, 144.672, and 144.68, provided that the other state agrees to maintain the  
11.29 classification of the information as provided under subdivision 1.

11.30 (b) Information, excluding direct identifiers such as name, Social Security number,  
11.31 telephone number, and street address, collected by the cancer reporting system may be  
11.32 provided to the Centers for Disease Control and Prevention's National Program of Cancer  
12.1 Registries and the National Cancer Institute's Surveillance, Epidemiology, and End Results  
12.2 Program registry.

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

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

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

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

12.3 Sec. 19. Minnesota Statutes 2022, section 144.9501, subdivision 17, is amended to read:

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

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

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

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

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

12.15 Sec. 20. Minnesota Statutes 2022, section 144.9501, subdivision 26a, is amended to read:

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

12.17 (1) abatement;

12.18 (2) interim controls;

12.19 (3) a clearance inspection;

12.20 (4) a lead hazard screen;

12.21 (5) a lead inspection;

12.22 (6) a lead risk assessment;

12.23 (7) lead project designer services;

12.24 (8) lead sampling technician services;

12.25 (9) swab team services;

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

12.27 (11) lead hazard reduction; or

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

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

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

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

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

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

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

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

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

13.12 (1) abatement;

13.13 (2) interim controls;

13.14 (3) a clearance inspection;

13.15 (4) a lead hazard screen;

13.16 (5) a lead inspection;

13.17 (6) a lead risk assessment;

13.18 (7) lead project designer services;

13.19 (8) lead sampling technician services;

13.20 (9) swab team services;

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

13.22 (11) lead hazard reduction; or

13.23 ~~(11)~~ (12) activities performed to comply with lead orders issued by a ~~community health~~  
13.24 ~~board~~ an assessing agency.

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

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

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

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

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

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

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

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

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

13.27 Sec. 22. Minnesota Statutes 2022, section 144.9501, is amended by adding a subdivision  
13.28 to read:

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

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

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

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

13.27 ~~(1) 20 square feet (two square meters) on exterior surfaces; or~~

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

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

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

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

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

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

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

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

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

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

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

- 14.4 Sec. 24. Minnesota Statutes 2022, section 144.9505, subdivision 1, is amended to read:
- 14.5 Subdivision 1. **Licensing, certification, and permitting.** (a) Fees collected under this  
14.6 section shall be deposited into the state treasury and credited to the state government special  
14.7 revenue fund.
- 14.8 (b) Persons shall not advertise or otherwise present themselves as lead supervisors, lead  
14.9 workers, lead inspectors, lead risk assessors, lead sampling technicians, lead project designers,  
14.10 renovation firms, or lead firms unless they have licenses or certificates issued by the  
14.11 commissioner under this section.
- 14.12 (c) The fees required in this section for inspectors, risk assessors, and certified lead firms  
14.13 are waived for state or local government employees performing services for or as an assessing  
14.14 agency.
- 14.15 (d) ~~An individual who is the owner of property on which regulated lead work is to be~~  
14.16 ~~performed or an adult individual who is related to the property owner, as defined under~~  
14.17 ~~section 245A.02, subdivision 13, is exempt from the requirements to obtain a license and~~  
14.18 ~~pay a fee according to this section.~~ Individual residential property owners who perform  
14.19 regulated lead work on their own residence are exempt from the licensure and firm  
14.20 certification requirements of this section. Notwithstanding the provisions of paragraphs (a)  
14.21 to (c), this exemption does not apply when the regulated lead work is a renovation performed  
14.22 for compensation, when a child with an elevated blood level has been identified in the  
14.23 residence or the building in which the residence is located, or when the residence is occupied  
14.24 by one or more individuals who are not related to the property owner, as defined under  
14.25 section 245A.02, subdivision 13.
- 14.26 (e) ~~A person that employs individuals to perform regulated lead work outside of the~~  
14.27 ~~person's property must obtain certification as a certified lead firm. An individual who~~  
14.28 ~~performs lead hazard reduction, lead hazard screens, lead inspections, lead risk assessments,~~  
14.29 ~~clearance inspections, lead project designer services, lead sampling technician services,~~  
14.30 ~~swab team services, and activities performed to comply with lead orders must be employed~~  
14.31 ~~by a certified lead firm, unless the individual is a sole proprietor and does not employ any~~  
14.32 ~~other individuals, the individual is employed by a person that does not perform regulated~~  
15.1 ~~lead work outside of the person's property, or the individual is employed by an assessing~~  
15.2 ~~agency.~~
- 15.3 Sec. 25. Minnesota Statutes 2022, section 144.9505, subdivision 1g, is amended to read:
- 15.4 Subd. 1g. **Certified lead firm.** A person who performs or employs individuals to perform  
15.5 regulated lead work, with the exception of renovation, ~~outside of the person's property~~ must  
15.6 obtain certification as a lead firm. The certificate must be in writing, contain an expiration  
15.7 date, be signed by the commissioner, and give the name and address of the person to whom  
15.8 it is issued. A lead firm certificate is valid for one year. The certification fee is \$100, is  
15.9 nonrefundable, and must be submitted with each application. The lead firm certificate or a

- 15.1 Sec. 25. Minnesota Statutes 2022, section 144.9505, subdivision 1, is amended to read:
- 15.2 Subdivision 1. **Licensing, certification, and permitting.** (a) Fees collected under this  
15.3 section shall be deposited into the state treasury and credited to the state government special  
15.4 revenue fund.
- 15.5 (b) Persons shall not advertise or otherwise present themselves as lead supervisors, lead  
15.6 workers, lead inspectors, lead risk assessors, lead sampling technicians, lead project designers,  
15.7 renovation firms, or lead firms unless they have licenses or certificates issued by the  
15.8 commissioner under this section.
- 15.9 (c) The fees required in this section for inspectors, risk assessors, and certified lead firms  
15.10 are waived for state or local government employees performing services for or as an assessing  
15.11 agency.
- 15.12 (d) ~~An individual who is the owner of property on which regulated lead work is to be~~  
15.13 ~~performed or an adult individual who is related to the property owner, as defined under~~  
15.14 ~~section 245A.02, subdivision 13, is exempt from the requirements to obtain a license and~~  
15.15 ~~pay a fee according to this section.~~ Individual residential property owners or an adult  
15.16 individual who is related to the property owner who performs regulated lead work on the  
15.17 residence are exempt from the licensure and firm certification requirements of this section.  
15.18 Notwithstanding the provisions of paragraphs (a) to (c), this exemption does not apply when  
15.19 the regulated lead work is a renovation performed for compensation, when a child with an  
15.20 elevated blood level has been identified in the residence or the building in which the residence  
15.21 is located, or when the residence is occupied by one or more individuals who are not related  
15.22 to the property owner, as defined under section 245A.02, subdivision 13.
- 15.23 (e) ~~A person that employs individuals to perform regulated lead work outside of the~~  
15.24 ~~person's property must obtain certification as a certified lead firm. An individual who~~  
15.25 ~~performs lead hazard reduction, lead hazard screens, lead inspections, lead risk assessments,~~  
15.26 ~~clearance inspections, lead project designer services, lead sampling technician services,~~  
15.27 ~~swab team services, and activities performed to comply with lead orders must be employed~~  
15.28 ~~by a certified lead firm, unless the individual is a sole proprietor and does not employ any~~  
15.29 ~~other individuals, the individual is employed by a person that does not perform regulated~~  
15.30 ~~lead work outside of the person's property, or the individual is employed by an assessing~~  
15.31 ~~agency.~~
- 16.1 Sec. 26. Minnesota Statutes 2022, section 144.9505, subdivision 1g, is amended to read:
- 16.2 Subd. 1g. **Certified lead firm.** A person who performs or employs individuals to perform  
16.3 regulated lead work, with the exception of renovation, ~~outside of the person's property~~ must  
16.4 obtain certification as a lead firm. The certificate must be in writing, contain an expiration  
16.5 date, be signed by the commissioner, and give the name and address of the person to whom  
16.6 it is issued. A lead firm certificate is valid for one year. The certification fee is \$100, is  
16.7 nonrefundable, and must be submitted with each application. The lead firm certificate or a



15.10 copy of the certificate must be readily available at the worksite for review by the contracting  
 15.11 entity, the commissioner, and other public health officials charged with the health, safety,  
 15.12 and welfare of the state's citizens.

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

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

15.23 Sec. 27. Minnesota Statutes 2022, section 144.9508, subdivision 2, is amended to read:

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

15.29 (b) In the rules required by this section, the commissioner shall require lead hazard  
 15.30 reduction of intact paint only if the commissioner finds that the intact paint is on a chewable  
 15.31 or lead-dust producing surface that is a known source of actual lead exposure to a specific  
 15.32 individual. The commissioner shall prohibit methods that disperse lead dust into the air that  
 16.1 could accumulate to a level that would exceed the lead dust standard specified under this  
 16.2 section. The commissioner shall work cooperatively with the commissioner of administration  
 16.3 to determine which lead hazard reduction methods adopted under this section may be used  
 16.4 for lead-safe practices including prohibited practices, preparation, disposal, and cleanup.  
 16.5 The commissioner shall work cooperatively with the commissioner of the Pollution Control  
 16.6 Agency to develop disposal procedures. In adopting rules under this section, the  
 16.7 commissioner shall require the best available technology for regulated lead work methods,  
 16.8 paint stabilization, and repainting.

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

16.8 copy of the certificate must be readily available at the worksite for review by the contracting  
 16.9 entity, the commissioner, and other public health officials charged with the health, safety,  
 16.10 and welfare of the state's citizens.

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

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

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

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

16.27 (b) In the rules required by this section, the commissioner shall require lead hazard  
 16.28 reduction of intact paint only if the commissioner finds that the intact paint is on a chewable  
 16.29 or lead-dust producing surface that is a known source of actual lead exposure to a specific  
 16.30 individual. The commissioner shall prohibit methods that disperse lead dust into the air that  
 16.31 could accumulate to a level that would exceed the lead dust standard specified under this  
 16.32 section. The commissioner shall work cooperatively with the commissioner of administration  
 16.33 to determine which lead hazard reduction methods adopted under this section may be used  
 17.1 for lead-safe practices including prohibited practices, preparation, disposal, and cleanup.  
 17.2 The commissioner shall work cooperatively with the commissioner of the Pollution Control  
 17.3 Agency to develop disposal procedures. In adopting rules under this section, the  
 17.4 commissioner shall require the best available technology for regulated lead work methods,  
 17.5 paint stabilization, and repainting.

17.6 (c) The commissioner of health shall adopt regulated lead work standards and methods  
 17.7 for lead in bare soil in a manner to protect public health and the environment. The  
 17.8 commissioner shall adopt a maximum standard of 100 parts of lead per million in bare soil.  
 17.9 The commissioner shall set a soil replacement standard not to exceed 25 parts of lead per  
 17.10 million. Soil lead hazard reduction methods shall focus on erosion control and covering of  
 17.11 bare soil.

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

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

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

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

16.32 (h) No unit of local government shall have an ordinance or regulation governing regulated  
 16.33 lead work standards or methods for lead in paint, dust, drinking water, or soil that require  
 17.1 a different regulated lead work standard or method than the standards or methods established  
 17.2 under this section.

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

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

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

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

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

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

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

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

17.29 (h) No unit of local government shall have an ordinance or regulation governing regulated  
 17.30 lead work standards or methods for lead in paint, dust, drinking water, or soil that require  
 17.31 a different regulated lead work standard or method than the standards or methods established  
 17.32 under this section.

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

18.4 (j) The commissioner shall adopt rules for issuing lead orders required under section  
 18.5 144.9504, rules for notification of abatement or interim control activities requirements, and  
 18.6 other rules necessary to implement sections 144.9501 to 144.9512.

18.7 (k) The commissioner shall adopt rules consistent with section 402(c)(3) of the Toxic  
 18.8 Substances Control Act and all regulations adopted thereunder to ensure that renovation in  
 18.9 a pre-1978 affected property ~~where a child or pregnant female resides~~ is conducted in a  
 18.10 manner that protects health and the environment. Notwithstanding sections 14.125 and  
 18.11 14.128, the authority to adopt these rules does not expire.

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

- 17.17 Sec. 28. Minnesota Statutes 2022, section 144A.06, subdivision 2, is amended to read:
- 17.18 Subd. 2. **New license required; change of ownership.** (a) The commissioner of health  
17.19 by rule shall prescribe procedures for licensure under this section.
- 17.20 (b) A new license is required and the prospective licensee must apply for a license prior  
17.21 to operating a currently licensed nursing home. The licensee must change whenever one of  
17.22 the following events occur:
- 17.23 (1) the form of the licensee's legal entity structure is converted or changed to a different  
17.24 type of legal entity structure;
- 17.25 (2) the licensee dissolves, consolidates, or merges with another legal organization and  
17.26 the licensee's legal organization does not survive;
- 17.27 (3) within the previous 24 months, 50 percent or more of the licensee's ownership interest  
17.28 is transferred, whether by a single transaction or multiple transactions to:
- 17.29 (i) a different person or multiple different persons; or
- 17.30 (ii) a person or multiple persons who had less than a five percent ownership interest in  
17.31 the facility at the time of the first transaction; or
- 18.1 (4) any other event or combination of events that results in a substitution, elimination,  
18.2 or withdrawal of the licensee's responsibility for the facility.
- 18.3 Sec. 29. Minnesota Statutes 2022, section 144A.071, subdivision 2, is amended to read:
- 18.4 Subd. 2. **Moratorium.** (a) The commissioner of health, in coordination with the  
18.5 commissioner of human services, shall deny each request for new licensed or certified  
18.6 nursing home or certified boarding care beds except as provided in subdivision 3 or 4a, or  
18.7 section 144A.073. "Certified bed" means a nursing home bed or a boarding care bed certified  
18.8 by the commissioner of health for the purposes of the medical assistance program, under  
18.9 United States Code, title 42, sections 1396 et seq. Certified beds in facilities which do not  
18.10 allow medical assistance intake shall be deemed to be decertified for purposes of this section  
18.11 only.
- 18.12 (b) The commissioner of human services, in coordination with the commissioner of  
18.13 health, shall deny any request to issue a license under section 252.28 and chapter 245A to  
18.14 a nursing home or boarding care home, if that license would result in an increase in the  
18.15 medical assistance reimbursement amount.
- 18.16 (c) In addition, the commissioner of health must not approve any construction project  
18.17 whose cost exceeds \$1,000,000, unless:

- 18.18 ~~(a)~~ (1) any construction costs exceeding \$1,000,000 are not added to the facility's  
 18.19 appraised value and are not included in the facility's payment rate for reimbursement under  
 18.20 the medical assistance program; or
- 18.21 ~~(b)~~ (2) the project:
- 18.22 ~~(i)~~ (i) has been approved through the process described in section 144A.073;
- 18.23 ~~(ii)~~ (ii) meets an exception in subdivision 3 or 4a;
- 18.24 ~~(iii)~~ (iii) is necessary to correct violations of state or federal law issued by the  
 18.25 commissioner of health;
- 18.26 ~~(iv)~~ (iv) is necessary to repair or replace a portion of the facility that was damaged by  
 18.27 fire, lightning, ground shifts, or other such hazards, including environmental hazards,  
 18.28 provided that the provisions of subdivision 4a, clause (a), are met; or
- 18.29 ~~(v)~~ (v) is being proposed by a licensed nursing facility that is not certified to participate  
 18.30 in the medical assistance program and will not result in new licensed or certified beds.
- 18.31 (d) Prior to the final plan approval of any construction project, the commissioners of  
 18.32 health and human services shall be provided with an itemized cost estimate for the project  
 19.1 construction costs. If a construction project is anticipated to be completed in phases, the  
 19.2 total estimated cost of all phases of the project shall be submitted to the commissioners and  
 19.3 shall be considered as one construction project. Once the construction project is completed  
 19.4 and prior to the final clearance by the commissioners, the total project construction costs  
 19.5 for the construction project shall be submitted to the commissioners. If the final project  
 19.6 construction cost exceeds the dollar threshold in this subdivision, the commissioner of  
 19.7 human services shall not recognize any of the project construction costs or the related  
 19.8 financing costs in excess of this threshold in establishing the facility's property-related  
 19.9 payment rate.
- 19.10 (e) The dollar thresholds for construction projects are as follows: for construction projects  
 19.11 other than those authorized in ~~clauses (1) to (6)~~ paragraph (c), clause (2), items (i) to (v),  
 19.12 the dollar threshold is \$1,000,000. For projects authorized after July 1, 1993, under ~~clause~~  
 19.13 ~~(1)~~ paragraph (c), clause (2), item (i), the dollar threshold is the cost estimate submitted  
 19.14 with a proposal for an exception under section 144A.073, plus inflation as calculated  
 19.15 according to section 256B.431, subdivision 3f, paragraph (a). For projects authorized under  
 19.16 ~~clauses (2) to (4)~~ paragraph (c), clause (2), items (ii) to (iv), the dollar threshold is the  
 19.17 itemized estimate project construction costs submitted to the commissioner of health at the  
 19.18 time of final plan approval, plus inflation as calculated according to section 256B.431,  
 19.19 subdivision 3f, paragraph (a).

19.20 (f) The commissioner of health shall adopt rules to implement this section or to amend  
 19.21 the emergency rules for granting exceptions to the moratorium on nursing homes under  
 19.22 section 144A.073.

19.23 (g) All construction projects approved through section 144A.073, subdivision 3, after  
 19.24 March 1, 2020, are subject to the fair rental value property rate as described in section  
 19.25 256R.26.

19.26 **EFFECTIVE DATE.** This section is effective retroactively from March 1, 2020.

19.27 Sec. 30. Minnesota Statutes 2022, section 144A.073, subdivision 3b, is amended to read:

19.28 Subd. 3b. **Amendments to approved projects.** (a) Nursing facilities that have received  
 19.29 approval ~~on or after July 1, 1993~~, for exceptions to the moratorium on nursing homes through  
 19.30 the process described in this section may request amendments to the designs of the projects  
 19.31 by writing the commissioner within 15 months of receiving approval. Applicants shall  
 19.32 submit supporting materials that demonstrate how the amended projects meet the criteria  
 19.33 described in paragraph (b).

20.1 (b) The commissioner shall approve requests for amendments for projects approved ~~on~~  
 20.2 ~~or after July 1, 1993~~, according to the following criteria:

20.3 (1) the amended project designs must provide solutions to all of the problems addressed  
 20.4 by the original application that are at least as effective as the original solutions;

20.5 (2) the amended project designs may not reduce the space in each resident's living area  
 20.6 or in the total amount of common space devoted to resident and family uses by more than  
 20.7 five percent;

20.8 (3) the costs ~~recognized for reimbursement~~ of amended project designs shall be the  
 20.9 ~~threshold amount of the original proposal as identified according to section 144A.071,~~  
 20.10 ~~subdivision 2~~ the cost estimate associated with the project as originally approved, except  
 20.11 under conditions described in clause (4); and

20.12 (4) total costs ~~up to ten percent greater than the cost identified in clause (3) may be~~  
 20.13 ~~recognized for reimbursement if~~ of the amendment are no greater than ten percent of the  
 20.14 cost estimate associated with the project as initially approved if the proposer can document  
 20.15 that one of the following circumstances is true:

20.16 (i) changes are needed due to a natural disaster;

20.17 (ii) conditions that affect the safety or durability of the project that could not have  
 20.18 reasonably been known prior to approval are discovered;

20.19 (iii) state or federal law require changes in project design; or

- 20.20 (iv) documentable circumstances occur that are beyond the control of the owner and  
20.21 require changes in the design.
- 20.22 (c) Approval of a request for an amendment does not alter the expiration of approval of  
20.23 the project according to subdivision 3.
- 20.24 (d) Reimbursement for amendments to approved projects is independent of the actual  
20.25 construction costs and based on the allowable appraised value of the completed project. An  
20.26 approved project may not be amended to reduce the scope of an approved project.
- 20.27 **EFFECTIVE DATE.** This section is effective retroactively from March 1, 2020.
- 20.28 Sec. 31. Minnesota Statutes 2022, section 144A.474, subdivision 3, is amended to read:
- 20.29 Subd. 3. **Survey process.** The survey process for core surveys shall include the following  
20.30 as applicable to the particular licensee and setting surveyed:
- 21.1 (1) presurvey review of pertinent documents and notification to the ombudsman for  
21.2 long-term care;
- 21.3 (2) an entrance conference with available staff;
- 21.4 (3) communication with managerial officials or the registered nurse in charge, if available,  
21.5 and ongoing communication with key staff throughout the survey regarding information  
21.6 needed by the surveyor, clarifications regarding home care requirements, and applicable  
21.7 standards of practice;
- 21.8 (4) presentation of written contact information to the provider about the survey staff  
21.9 conducting the survey, the supervisor, and the process for requesting a reconsideration of  
21.10 the survey results;
- 21.11 (5) a brief tour of a sample of the housing with services establishments establishment  
21.12 in which the provider is providing home care services;
- 21.13 (6) a sample selection of home care clients;
- 21.14 (7) information-gathering through client and staff observations, client and staff interviews,  
21.15 and reviews of records, policies, procedures, practices, and other agency information;
- 21.16 (8) interviews of clients' family members, if available, with clients' consent when the  
21.17 client can legally give consent;
- 21.18 (9) except for complaint surveys conducted by the Office of Health Facilities Complaints,  
21.19 an on-site exit conference; with preliminary findings shared and discussed with the provider  
21.20 within one business day after completion of survey activities, documentation that an exit  
21.21 conference occurred, and with written information provided on the process for requesting  
21.22 a reconsideration of the survey results; and

21.23 (10) postsurvey analysis of findings and formulation of survey results, including  
21.24 correction orders when applicable.

21.25 Sec. 32. Minnesota Statutes 2022, section 144A.474, subdivision 9, is amended to read:

21.26 Subd. 9. **Follow-up surveys.** For providers that have Level 3 or Level 4 violations under  
21.27 subdivision 11, ~~or any violations determined to be widespread,~~ the department shall conduct  
21.28 a follow-up survey within 90 calendar days of the survey. When conducting a follow-up  
21.29 survey, the surveyor will focus on whether the previous violations have been corrected and  
21.30 may also address any new violations that are observed while evaluating the corrections that  
21.31 have been made.

22.1 Sec. 33. Minnesota Statutes 2022, section 144A.474, subdivision 12, is amended to read:

22.2 Subd. 12. **Reconsideration.** (a) The commissioner shall make available to home care  
22.3 providers a correction order reconsideration process. This process may be used to challenge  
22.4 the correction order issued, including the level and scope described in subdivision 11, and  
22.5 any fine assessed. During the correction order reconsideration request, the issuance for the  
22.6 correction orders under reconsideration are not stayed, but the department shall post  
22.7 information on the website with the correction order that the licensee has requested a  
22.8 reconsideration and that the review is pending.

22.9 (b) A licensed home care provider may request from the commissioner, in writing, a  
22.10 correction order reconsideration regarding any correction order issued to the provider. The  
22.11 written request for reconsideration must be received by the commissioner within 15 ~~calendar~~  
22.12 business days of the correction order receipt date. The correction order reconsideration shall  
22.13 not be reviewed by any surveyor, investigator, or supervisor that participated in the writing  
22.14 or reviewing of the correction order being disputed. The correction order reconsiderations  
22.15 may be conducted in person, by telephone, by another electronic form, or in writing, as  
22.16 determined by the commissioner. The commissioner shall respond in writing to the request  
22.17 from a home care provider for a correction order reconsideration within 60 days of the date  
22.18 the provider requests a reconsideration. The commissioner's response shall identify the  
22.19 commissioner's decision regarding each citation challenged by the home care provider.

22.20 (c) The findings of a correction order reconsideration process shall be one or more of  
22.21 the following:

22.22 (1) supported in full, the correction order is supported in full, with no deletion of findings  
22.23 to the citation;

22.24 (2) supported in substance, the correction order is supported, but one or more findings  
22.25 are deleted or modified without any change in the citation;

22.26 (3) correction order cited an incorrect home care licensing requirement, the correction  
22.27 order is amended by changing the correction order to the appropriate statutory reference;

- 22.28 (4) correction order was issued under an incorrect citation, the correction order is amended  
22.29 to be issued under the more appropriate correction order citation;
- 22.30 (5) the correction order is rescinded;
- 22.31 (6) fine is amended, it is determined that the fine assigned to the correction order was  
22.32 applied incorrectly; or
- 22.33 (7) the level or scope of the citation is modified based on the reconsideration.
- 23.1 (d) If the correction order findings are changed by the commissioner, the commissioner  
23.2 shall update the correction order website.
- 23.3 (e) This subdivision does not apply to temporary licensees.
- 23.4 Sec. 34. Minnesota Statutes 2022, section 144A.4791, subdivision 10, is amended to read:
- 23.5 Subd. 10. **Termination of service plan.** (a) If a home care provider terminates a service  
23.6 plan with a client, and the client continues to need home care services, the home care provider  
23.7 shall provide the client and the client's representative, if any, with a written notice of  
23.8 termination which includes the following information:
- 23.9 (1) the effective date of termination;
- 23.10 (2) the reason for termination;
- 23.11 (3) a statement that the client may contact the Office of Ombudsman for Long-Term  
23.12 Care to request an advocate to assist regarding the termination and contact information for  
23.13 the office, including the office's central telephone number;
- 23.14 ~~(3)~~ (4) a list of known licensed home care providers in the client's immediate geographic  
23.15 area;
- 23.16 ~~(4)~~ (5) a statement that the home care provider will participate in a coordinated transfer  
23.17 of care of the client to another home care provider, health care provider, or caregiver, as  
23.18 required by the home care bill of rights, section 144A.44, subdivision 1, clause (17);
- 23.19 ~~(5)~~ (6) the name and contact information of a person employed by the home care provider  
23.20 with whom the client may discuss the notice of termination; and
- 23.21 ~~(6)~~ (7) if applicable, a statement that the notice of termination of home care services  
23.22 does not constitute notice of termination of the housing with services contract with a housing  
23.23 with services establishment any housing contract.
- 23.24 (b) When the home care provider voluntarily discontinues services to all clients, the  
23.25 home care provider must notify the commissioner, lead agencies, and ombudsman for  
23.26 long-term care about its clients and comply with the requirements in this subdivision.



- 23.27 Sec. 35. Minnesota Statutes 2022, section 148.512, subdivision 10a, is amended to read:
- 23.28 Subd. 10a. **Hearing aid.** "Hearing aid" means ~~an instrument~~ a prescribed aid, or any of  
 23.29 its parts, worn in the ear canal and designed to or represented as being able to aid or ~~enhance~~  
 23.30 human hearing. "Hearing aid" includes the aid's parts, attachments, or accessories, including,  
 23.31 but not limited to, ear molds and behind the ear (BTE) devices with or without an ear mold.  
 24.1 Batteries and cords are not parts, attachments, or accessories of a hearing aid. Surgically  
 24.2 implanted hearing aids, and assistive listening devices not worn within the ear canal, are  
 24.3 not hearing aids.
- 24.4 Sec. 36. Minnesota Statutes 2022, section 148.512, subdivision 10b, is amended to read:
- 24.5 Subd. 10b. **Hearing aid dispensing.** "Hearing aid dispensing" means making ear mold  
 24.6 impressions, prescribing, ~~or recommending~~ a hearing aid, assisting the consumer in  
 24.7 prescription aid selection, selling hearing aids at retail, or testing human hearing in connection  
 24.8 with these activities regardless of whether the person conducting these activities has a  
 24.9 monetary interest in the dispensing of prescription hearing aids to the consumer. Hearing  
 24.10 aid dispensing does not include selling over-the-counter hearing aids.
- 24.11 Sec. 37. Minnesota Statutes 2022, section 148.512, is amended by adding a subdivision  
 24.12 to read:
- 24.13 Subd. 10c. **Over-the-counter hearing aid or OTC hearing aid.** "Over-the-counter  
 24.14 hearing aid" or "OTC hearing aid" has the meaning given to that term in Code of Federal  
 24.15 Regulations, title 21, section 800.30(b).
- 24.16 Sec. 38. Minnesota Statutes 2022, section 148.512, is amended by adding a subdivision  
 24.17 to read:
- 24.18 Subd. 13a. **Prescription hearing aid.** "Prescription hearing aid" means a hearing aid  
 24.19 requiring a prescription from a certified hearing aid dispenser or licensed audiologist that  
 24.20 is not an OTC hearing aid.
- 24.21 Sec. 39. Minnesota Statutes 2022, section 148.513, is amended by adding a subdivision  
 24.22 to read:
- 24.23 Subd. 4. **Over-the-counter hearing aids.** Nothing in sections 148.511 to 148.5198 shall  
 24.24 preclude licensed audiologists from dispensing or selling over-the-counter hearing aids.
- 24.25 Sec. 40. Minnesota Statutes 2022, section 148.515, subdivision 6, is amended to read:
- 24.26 Subd. 6. **Dispensing audiologist examination requirements.** (a) Audiologists are  
 24.27 exempt from the written examination requirement in section 153A.14, subdivision 2h,  
 24.28 paragraph (a), clause (1).
- 24.29 (b) After July 31, 2005, all applicants for audiologist licensure under sections 148.512  
 24.30 to 148.5198 must achieve a passing score on the practical tests of proficiency described in

- 18.15 Sec. 29. Minnesota Statutes 2022, section 148.512, subdivision 10a, is amended to read:
- 18.16 Subd. 10a. **Hearing aid.** "Hearing aid" means ~~an instrument~~ a prescribed aid, or any of  
 18.17 its parts, worn in the ear canal and designed to or represented as being able to aid or ~~enhance~~  
 18.18 human hearing. "Hearing aid" includes the aid's parts, attachments, or accessories, including,  
 18.19 but not limited to, ear molds and behind the ear (BTE) devices with or without an ear mold.  
 18.20 Batteries and cords are not parts, attachments, or accessories of a hearing aid. Surgically  
 18.21 implanted hearing aids, and assistive listening devices not worn within the ear canal, are  
 18.22 not hearing aids.
- 18.23 Sec. 30. Minnesota Statutes 2022, section 148.512, subdivision 10b, is amended to read:
- 18.24 Subd. 10b. **Hearing aid dispensing.** "Hearing aid dispensing" means making ear mold  
 18.25 impressions, prescribing, ~~or recommending~~ a hearing aid, assisting the consumer in  
 18.26 prescription aid selection, selling hearing aids at retail, or testing human hearing in connection  
 18.27 with these activities regardless of whether the person conducting these activities has a  
 18.28 monetary interest in the dispensing of prescription hearing aids to the consumer. Hearing  
 18.29 aid dispensing does not include selling over-the-counter hearing aids.
- 19.1 Sec. 31. Minnesota Statutes 2022, section 148.512, is amended by adding a subdivision  
 19.2 to read:
- 19.3 Subd. 10c. **Over-the-counter hearing aid or OTC hearing aid.** "Over-the-counter  
 19.4 hearing aid" or "OTC hearing aid" has the meaning given to that term in Code of Federal  
 19.5 Regulations, title 21, section 800.30(b).
- 19.6 Sec. 32. Minnesota Statutes 2022, section 148.512, is amended by adding a subdivision  
 19.7 to read:
- 19.8 Subd. 13a. **Prescription hearing aid.** "Prescription hearing aid" means a hearing aid  
 19.9 requiring a prescription from a certified hearing aid dispenser or licensed audiologist that  
 19.10 is not an OTC hearing aid.
- 19.11 Sec. 33. Minnesota Statutes 2022, section 148.513, is amended by adding a subdivision  
 19.12 to read:
- 19.13 Subd. 4. **Over-the-counter hearing aids.** Nothing in sections 148.511 to 148.5198 shall  
 19.14 preclude licensed audiologists from dispensing or selling over-the-counter hearing aids.
- 19.15 Sec. 34. Minnesota Statutes 2022, section 148.515, subdivision 6, is amended to read:
- 19.16 Subd. 6. **Dispensing audiologist examination requirements.** (a) Audiologists are  
 19.17 exempt from the written examination requirement in section 153A.14, subdivision 2h,  
 19.18 paragraph (a), clause (1).
- 19.19 (b) After July 31, 2005, all applicants for audiologist licensure under sections 148.512  
 19.20 to 148.5198 must achieve a passing score on the practical tests of proficiency described in

25.1 section 153A.14, subdivision 2h, paragraph (a), clause (2), within the time period described  
25.2 in section 153A.14, subdivision 2h, paragraph (c).

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

25.11 (d) An applicant for an audiology license who obtains a temporary license under section  
25.12 148.5175 may dispense prescription hearing aids only under supervision of a licensed  
25.13 audiologist who dispenses prescription hearing aids.

19.21 section 153A.14, subdivision 2h, paragraph (a), clause (2), within the time period described  
19.22 in section 153A.14, subdivision 2h, paragraph (c).

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

20.1 (d) An applicant for an audiology license who obtains a temporary license under section  
20.2 148.5175 may dispense prescription hearing aids only under supervision of a licensed  
20.3 audiologist who dispenses prescription hearing aids.

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

28.5 Subd. 3a. **Transportation of medical cannabis; transport staffing.** (a) A medical  
28.6 cannabis manufacturer may staff a transport motor vehicle with only one employee if the  
28.7 medical cannabis manufacturer is transporting medical cannabis to either a certified  
28.8 laboratory for the purpose of testing or a facility for the purpose of disposal. If the medical  
28.9 cannabis manufacturer is transporting medical cannabis for any other purpose or destination,  
28.10 the transport motor vehicle must be staffed with a minimum of two employees as required  
28.11 by rules adopted by the commissioner.

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

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

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

25.14 Sec. 41. Minnesota Statutes 2022, section 148.5175, is amended to read:

25.15 **148.5175 TEMPORARY LICENSURE.**

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

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

25.21 (2) either:

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

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

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

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

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

26.7 Sec. 42. Minnesota Statutes 2022, section 148.5195, subdivision 3, is amended to read:

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

26.10 (1) intentionally submitted false or misleading information to the commissioner or the  
26.11 advisory council;

26.12 (2) failed, within 30 days, to provide information in response to a written request by the  
26.13 commissioner or advisory council;

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

20.5 **148.5175 TEMPORARY LICENSURE.**

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

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

20.11 (2) either:

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

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

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

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

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

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

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

21.1 (1) intentionally submitted false or misleading information to the commissioner or the  
21.2 advisory council;

21.3 (2) failed, within 30 days, to provide information in response to a written request by the  
21.4 commissioner or advisory council;

- 26.14 (3) performed services of a speech-language pathologist or audiologist in an incompetent  
26.15 or negligent manner;
- 26.16 (4) violated sections 148.511 to 148.5198;
- 26.17 (5) failed to perform services with reasonable judgment, skill, or safety due to the use  
26.18 of alcohol or drugs, or other physical or mental impairment;
- 26.19 (6) violated any state or federal law, rule, or regulation, and the violation is a felony or  
26.20 misdemeanor, an essential element of which is dishonesty, or which relates directly or  
26.21 indirectly to the practice of speech-language pathology or audiology. Conviction for violating  
26.22 any state or federal law which relates to speech-language pathology or audiology is  
26.23 necessarily considered to constitute a violation, except as provided in chapter 364;
- 26.24 (7) aided or abetted another person in violating any provision of sections 148.511 to  
26.25 148.5198;
- 26.26 (8) been or is being disciplined by another jurisdiction, if any of the grounds for the  
26.27 discipline is the same or substantially equivalent to those under sections 148.511 to 148.5198;
- 26.28 (9) not cooperated with the commissioner or advisory council in an investigation  
26.29 conducted according to subdivision 1;
- 26.30 (10) advertised in a manner that is false or misleading;
- 27.1 (11) engaged in conduct likely to deceive, defraud, or harm the public; or demonstrated  
27.2 a willful or careless disregard for the health, welfare, or safety of a client;
- 27.3 (12) failed to disclose to the consumer any fee splitting or any promise to pay a portion  
27.4 of a fee to any other professional other than a fee for services rendered by the other  
27.5 professional to the client;
- 27.6 (13) engaged in abusive or fraudulent billing practices, including violations of federal  
27.7 Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical  
27.8 assistance laws;
- 27.9 (14) obtained money, property, or services from a consumer through the use of undue  
27.10 influence, high pressure sales tactics, harassment, duress, deception, or fraud;
- 27.11 (15) performed services for a client who had no possibility of benefiting from the services;
- 27.12 (16) failed to refer a client for medical evaluation or to other health care professionals  
27.13 when appropriate or when a client indicated symptoms associated with diseases that could  
27.14 be medically or surgically treated;
- 27.15 (17) had the certification required by chapter 153A denied, suspended, or revoked  
27.16 according to chapter 153A;

- 21.5 (3) performed services of a speech-language pathologist or audiologist in an incompetent  
21.6 or negligent manner;
- 21.7 (4) violated sections 148.511 to 148.5198;
- 21.8 (5) failed to perform services with reasonable judgment, skill, or safety due to the use  
21.9 of alcohol or drugs, or other physical or mental impairment;
- 21.10 (6) violated any state or federal law, rule, or regulation, and the violation is a felony or  
21.11 misdemeanor, an essential element of which is dishonesty, or which relates directly or  
21.12 indirectly to the practice of speech-language pathology or audiology. Conviction for violating  
21.13 any state or federal law which relates to speech-language pathology or audiology is  
21.14 necessarily considered to constitute a violation, except as provided in chapter 364;
- 21.15 (7) aided or abetted another person in violating any provision of sections 148.511 to  
21.16 148.5198;
- 21.17 (8) been or is being disciplined by another jurisdiction, if any of the grounds for the  
21.18 discipline is the same or substantially equivalent to those under sections 148.511 to 148.5198;
- 21.19 (9) not cooperated with the commissioner or advisory council in an investigation  
21.20 conducted according to subdivision 1;
- 21.21 (10) advertised in a manner that is false or misleading;
- 21.22 (11) engaged in conduct likely to deceive, defraud, or harm the public; or demonstrated  
21.23 a willful or careless disregard for the health, welfare, or safety of a client;
- 21.24 (12) failed to disclose to the consumer any fee splitting or any promise to pay a portion  
21.25 of a fee to any other professional other than a fee for services rendered by the other  
21.26 professional to the client;
- 21.27 (13) engaged in abusive or fraudulent billing practices, including violations of federal  
21.28 Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical  
21.29 assistance laws;
- 21.30 (14) obtained money, property, or services from a consumer through the use of undue  
21.31 influence, high pressure sales tactics, harassment, duress, deception, or fraud;
- 22.1 (15) performed services for a client who had no possibility of benefiting from the services;
- 22.2 (16) failed to refer a client for medical evaluation or to other health care professionals  
22.3 when appropriate or when a client indicated symptoms associated with diseases that could  
22.4 be medically or surgically treated;
- 22.5 (17) had the certification required by chapter 153A denied, suspended, or revoked  
22.6 according to chapter 153A;

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

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

27.24 (20) if the individual is an audiologist or certified hearing ~~instrument aid~~ dispenser:  
 27.25 (i) prescribed ~~or otherwise recommended~~ to a consumer or potential consumer the use  
 27.26 of a prescription hearing instrument aid, unless the prescription from a physician ~~or~~  
 27.27 ~~recommendation from~~, an audiologist, or a certified dispenser is in writing, is based on an  
 27.28 audiogram that is delivered to the consumer or potential consumer when the prescription  
 27.29 ~~or recommendation~~ is made, and bears the following information in all capital letters of  
 27.30 12-point or larger boldface type: "THIS PRESCRIPTION ~~OR RECOMMENDATION~~  
 27.31 MAY BE FILLED BY, AND PRESCRIPTION HEARING INSTRUMENTS AIDS MAY  
 27.32 BE PURCHASED FROM, THE LICENSED AUDIOLOGIST OR CERTIFIED DISPENSER  
 27.33 OF YOUR CHOICE";

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

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

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

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

28.10 (vi) failed to follow Food and Drug Administration or Federal Trade Commission  
 28.11 regulations relating to dispensing prescription hearing instruments aids;

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

28.14 (viii) delegated prescription hearing instrument aid dispensing authority to a person not  
 28.15 authorized to dispense a prescription hearing instrument aid under this chapter or chapter  
 28.16 153A;

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

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

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

22.14 (20) if the individual is an audiologist or certified prescription hearing ~~instrument aid~~  
 22.15 dispenser:  
 22.16 (i) prescribed ~~or otherwise recommended~~ to a consumer or potential consumer the use  
 22.17 of a prescription hearing instrument aid, unless the prescription from a physician ~~or~~  
 22.18 ~~recommendation from~~, an audiologist, or a certified dispenser is in writing, is based on an  
 22.19 audiogram that is delivered to the consumer or potential consumer when the prescription  
 22.20 ~~or recommendation~~ is made, and bears the following information in all capital letters of  
 22.21 12-point or larger boldface type: "THIS PRESCRIPTION ~~OR RECOMMENDATION~~  
 22.22 MAY BE FILLED BY, AND PRESCRIPTION HEARING INSTRUMENTS AIDS MAY  
 22.23 BE PURCHASED FROM, THE LICENSED AUDIOLOGIST OR CERTIFIED DISPENSER  
 22.24 OF YOUR CHOICE";

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

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

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

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

23.1 (vi) failed to follow Food and Drug Administration or Federal Trade Commission  
 23.2 regulations relating to dispensing prescription hearing instruments aids;

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

23.5 (viii) delegated prescription hearing instrument aid dispensing authority to a person not  
 23.6 authorized to dispense a prescription hearing instrument aid under this chapter or chapter  
 23.7 153A;

- 28.19 (x) violated a state or federal court order or judgment, including a conciliation court  
 28.20 judgment, relating to the activities of the individual's prescription hearing instrument aid  
 28.21 dispensing; or
- 28.22 (xi) failed to include on the audiogram the practitioner's printed name, credential type,  
 28.23 credential number, signature, and date.
- 28.24 Sec. 43. Minnesota Statutes 2022, section 148.5196, subdivision 1, is amended to read:
- 28.25 Subdivision 1. **Membership.** The commissioner shall appoint 12 persons to a  
 28.26 Speech-Language Pathologist and Audiologist Advisory Council. The 12 persons must  
 28.27 include:
- 28.28 (1) three public members, as defined in section 214.02. Two of the public members shall  
 28.29 be either persons receiving services of a speech-language pathologist or audiologist, or  
 28.30 family members of or caregivers to such persons, and at least one of the public members  
 28.31 shall be either a hearing instrument aid user or an advocate of one;
- 29.1 (2) three speech-language pathologists licensed under sections 148.511 to 148.5198,  
 29.2 one of whom is currently and has been, for the five years immediately preceding the  
 29.3 appointment, engaged in the practice of speech-language pathology in Minnesota and each  
 29.4 of whom is employed in a different employment setting including, but not limited to, private  
 29.5 practice, hospitals, rehabilitation settings, educational settings, and government agencies;
- 29.6 (3) one speech-language pathologist licensed under sections 148.511 to 148.5198, who  
 29.7 is currently and has been, for the five years immediately preceding the appointment,  
 29.8 employed by a Minnesota public school district or a Minnesota public school district  
 29.9 consortium that is authorized by Minnesota Statutes and who is licensed in speech-language  
 29.10 pathology by the Professional Educator Licensing and Standards Board;
- 29.11 (4) three audiologists licensed under sections 148.511 to 148.5198, two of whom are  
 29.12 currently and have been, for the five years immediately preceding the appointment, engaged  
 29.13 in the practice of audiology and the dispensing of prescription hearing instruments aids in  
 29.14 Minnesota and each of whom is employed in a different employment setting including, but  
 29.15 not limited to, private practice, hospitals, rehabilitation settings, educational settings, industry,  
 29.16 and government agencies;
- 29.17 (5) one nonaudiologist hearing instrument aid dispenser recommended by a professional  
 29.18 association representing hearing instrument aid dispensers; and
- 29.19 (6) one physician licensed under chapter 147 and certified by the American Board of  
 29.20 Otolaryngology, Head and Neck Surgery.

- 23.8 (ix) failed to comply with the requirements of an employer or supervisor of a prescription  
 23.9 hearing instrument aid dispenser trainee;
- 23.10 (x) violated a state or federal court order or judgment, including a conciliation court  
 23.11 judgment, relating to the activities of the individual's prescription hearing instrument aid  
 23.12 dispensing; or
- 23.13 (xi) failed to include on the audiogram the practitioner's printed name, credential type,  
 23.14 credential number, signature, and date.
- 23.15 Sec. 37. Minnesota Statutes 2022, section 148.5196, subdivision 1, is amended to read:
- 23.16 Subdivision 1. **Membership.** The commissioner shall appoint 12 persons to a  
 23.17 Speech-Language Pathologist and Audiologist Advisory Council. The 12 persons must  
 23.18 include:
- 23.19 (1) three public members, as defined in section 214.02. Two of the public members shall  
 23.20 be either persons receiving services of a speech-language pathologist or audiologist, or  
 23.21 family members of or caregivers to such persons, and at least one of the public members  
 23.22 shall be either a hearing instrument aid user or an advocate of one;
- 23.23 (2) three speech-language pathologists licensed under sections 148.511 to 148.5198,  
 23.24 one of whom is currently and has been, for the five years immediately preceding the  
 23.25 appointment, engaged in the practice of speech-language pathology in Minnesota and each  
 23.26 of whom is employed in a different employment setting including, but not limited to, private  
 23.27 practice, hospitals, rehabilitation settings, educational settings, and government agencies;
- 23.28 (3) one speech-language pathologist licensed under sections 148.511 to 148.5198, who  
 23.29 is currently and has been, for the five years immediately preceding the appointment,  
 23.30 employed by a Minnesota public school district or a Minnesota public school district  
 23.31 consortium that is authorized by Minnesota Statutes and who is licensed in speech-language  
 23.32 pathology by the Professional Educator Licensing and Standards Board;
- 24.1 (4) three audiologists licensed under sections 148.511 to 148.5198, two of whom are  
 24.2 currently and have been, for the five years immediately preceding the appointment, engaged  
 24.3 in the practice of audiology and the dispensing of prescription hearing instruments aids in  
 24.4 Minnesota and each of whom is employed in a different employment setting including, but  
 24.5 not limited to, private practice, hospitals, rehabilitation settings, educational settings, industry,  
 24.6 and government agencies;
- 24.7 (5) one nonaudiologist prescription hearing instrument aid dispenser recommended by  
 24.8 a professional association representing prescription hearing instrument aid dispensers; and
- 24.9 (6) one physician licensed under chapter 147 and certified by the American Board of  
 24.10 Otolaryngology, Head and Neck Surgery.

29.21 Sec. 44. Minnesota Statutes 2022, section 148.5197, is amended to read:

29.22 **148.5197 HEARING AID DISPENSING.**

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

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

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

30.5 Subd. 4. **Liability for contracts.** Owners of entities in the business of dispensing  
30.6 prescription hearing aids, employers of audiologists or persons who dispense prescription  
30.7 hearing aids, supervisors of trainees or audiology students, and hearing aid dispensers  
30.8 conducting the transaction at issue are liable for satisfying all terms of contracts, written or  
30.9 oral, made by their agents, employees, assignees, affiliates, or trainees, including terms  
30.10 relating to products, repairs, warranties, service, and refunds. The commissioner may enforce  
30.11 the terms of prescription hearing aid contracts against the principal, employer, supervisor,  
30.12 or dispenser who conducted the transaction and may impose any remedy provided for in  
30.13 this chapter.

30.14 Sec. 45. Minnesota Statutes 2022, section 148.5198, is amended to read:

30.15 **148.5198 RESTRICTION ON SALE OF PRESCRIPTION HEARING AIDS.**

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

30.19 (b) The audiologist or certified dispenser must provide the buyer with a 45-calendar-day  
30.20 written money-back guarantee. The guarantee must permit the buyer to cancel the purchase  
30.21 for any reason within 45 calendar days after receiving the prescription hearing aid by giving  
30.22 or mailing written notice of cancellation to the audiologist or certified dispenser. If the buyer  
30.23 mails the notice of cancellation, the 45-calendar-day period is counted using the postmark  
30.24 date, to the date of receipt by the audiologist or certified dispenser. If the prescription hearing

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

24.12 **148.5197 HEARING AID DISPENSING.**

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

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

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

24.28 Subd. 4. **Liability for contracts.** Owners of entities in the business of dispensing  
24.29 prescription hearing aids, employers of audiologists or persons who dispense prescription  
24.30 hearing aids, supervisors of trainees or audiology students, and hearing aid dispensers  
24.31 conducting the transaction at issue are liable for satisfying all terms of contracts, written or  
24.32 oral, made by their agents, employees, assignees, affiliates, or trainees, including terms  
24.33 relating to products, repairs, warranties, service, and refunds. The commissioner may enforce  
25.1 the terms of prescription hearing aid contracts against the principal, employer, supervisor,  
25.2 or dispenser who conducted the transaction and may impose any remedy provided for in  
25.3 this chapter.

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

25.5 **148.5198 RESTRICTION ON SALE OF PRESCRIPTION HEARING AIDS.**

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

25.9 (b) The audiologist or certified dispenser must provide the buyer with a 45-calendar-day  
25.10 written money-back guarantee. The guarantee must permit the buyer to cancel the purchase  
25.11 for any reason within 45 calendar days after receiving the prescription hearing aid by giving  
25.12 or mailing written notice of cancellation to the audiologist or certified dispenser. If the buyer  
25.13 mails the notice of cancellation, the 45-calendar-day period is counted using the postmark  
25.14 date, to the date of receipt by the audiologist or certified dispenser. If the prescription hearing

30.25 aid must be repaired, remade, or adjusted during the 45-calendar-day money-back guarantee  
 30.26 period, the running of the 45-calendar-day period is suspended one day for each 24-hour  
 30.27 period that the prescription hearing aid is not in the buyer's possession. A repaired, remade,  
 30.28 or adjusted prescription hearing aid must be claimed by the buyer within three business  
 30.29 days after notification of availability, after which time the running of the 45-calendar-day  
 30.30 period resumes. The guarantee must entitle the buyer, upon cancellation, to receive a refund  
 30.31 of payment within 30 days of return of the prescription hearing aid to the audiologist or  
 30.32 certified dispenser. The audiologist or certified dispenser may retain as a cancellation fee  
 30.33 no more than \$250 of the buyer's total purchase price of the prescription hearing aid.

31.1 (c) The audiologist or certified dispenser shall provide the buyer with a contract written  
 31.2 in plain English, that contains uniform language and provisions that meet the requirements  
 31.3 under the Plain Language Contract Act, sections 325G.29 to 325G.36. The contract must  
 31.4 include, but is not limited to, the following: in immediate proximity to the space reserved  
 31.5 for the signature of the buyer, or on the first page if there is no space reserved for the  
 31.6 signature of the buyer, a clear and conspicuous disclosure of the following specific statement  
 31.7 in all capital letters of no less than 12-point boldface type: "MINNESOTA STATE LAW  
 31.8 GIVES THE BUYER THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON  
 31.9 AT ANY TIME PRIOR TO MIDNIGHT OF THE 45TH CALENDAR DAY AFTER  
 31.10 RECEIPT OF THE PRESCRIPTION HEARING AID(S). THIS CANCELLATION MUST  
 31.11 BE IN WRITING AND MUST BE GIVEN OR MAILED TO THE AUDIOLOGIST OR  
 31.12 CERTIFIED DISPENSER. IF THE BUYER DECIDES TO RETURN THE PRESCRIPTION  
 31.13 HEARING AID(S) WITHIN THIS 45-CALENDAR-DAY PERIOD, THE BUYER WILL  
 31.14 RECEIVE A REFUND OF THE TOTAL PURCHASE PRICE OF THE AID(S) FROM  
 31.15 WHICH THE AUDIOLOGIST OR CERTIFIED DISPENSER MAY RETAIN AS A  
 31.16 CANCELLATION FEE NO MORE THAN \$250."

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

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

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

25.15 aid must be repaired, remade, or adjusted during the 45-calendar-day money-back guarantee  
 25.16 period, the running of the 45-calendar-day period is suspended one day for each 24-hour  
 25.17 period that the prescription hearing aid is not in the buyer's possession. A repaired, remade,  
 25.18 or adjusted prescription hearing aid must be claimed by the buyer within three business  
 25.19 days after notification of availability, after which time the running of the 45-calendar-day  
 25.20 period resumes. The guarantee must entitle the buyer, upon cancellation, to receive a refund  
 25.21 of payment within 30 days of return of the prescription hearing aid to the audiologist or  
 25.22 certified dispenser. The audiologist or certified dispenser may retain as a cancellation fee  
 25.23 no more than \$250 of the buyer's total purchase price of the prescription hearing aid.

25.24 (c) The audiologist or certified dispenser shall provide the buyer with a contract written  
 25.25 in plain English, that contains uniform language and provisions that meet the requirements  
 25.26 under the Plain Language Contract Act, sections 325G.29 to 325G.36. The contract must  
 25.27 include, but is not limited to, the following: in immediate proximity to the space reserved  
 25.28 for the signature of the buyer, or on the first page if there is no space reserved for the  
 25.29 signature of the buyer, a clear and conspicuous disclosure of the following specific statement  
 25.30 in all capital letters of no less than 12-point boldface type: "MINNESOTA STATE LAW  
 25.31 GIVES THE BUYER THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON  
 25.32 AT ANY TIME PRIOR TO MIDNIGHT OF THE 45TH CALENDAR DAY AFTER  
 25.33 RECEIPT OF THE PRESCRIPTION HEARING AID(S). THIS CANCELLATION MUST  
 25.34 BE IN WRITING AND MUST BE GIVEN OR MAILED TO THE AUDIOLOGIST OR  
 26.1 CERTIFIED DISPENSER. IF THE BUYER DECIDES TO RETURN THE PRESCRIPTION  
 26.2 HEARING AID(S) WITHIN THIS 45-CALENDAR-DAY PERIOD, THE BUYER WILL  
 26.3 RECEIVE A REFUND OF THE TOTAL PURCHASE PRICE OF THE AID(S) FROM  
 26.4 WHICH THE AUDIOLOGIST OR CERTIFIED DISPENSER MAY RETAIN AS A  
 26.5 CANCELLATION FEE NO MORE THAN \$250."

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

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

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



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

32.1 Subd. 5. **Additional.** In addition to the penalty provided in subdivision 4, a person found  
32.2 to have violated this section is subject to the penalties and remedies provided in section  
32.3 325F.69, subdivision 1.

32.4 Subd. 6. **Estimates.** Upon the request of the owner of a prescription hearing aid or the  
32.5 owner's representative for a written estimate and prior to the commencement of repairs, a  
32.6 repairing audiologist, certified dispenser, or company shall provide the customer with a  
32.7 written estimate of the price of repairs. If a repairing audiologist, certified dispenser, or  
32.8 company provides a written estimate of the price of repairs, it must not charge more than  
32.9 the total price stated in the estimate for the repairs. If the repairing audiologist, certified  
32.10 dispenser, or company after commencing repairs determines that additional work is necessary  
32.11 to accomplish repairs that are the subject of a written estimate and if the repairing audiologist,  
32.12 certified dispenser, or company did not unreasonably fail to disclose the possible need for  
32.13 the additional work when the estimate was made, the repairing audiologist, certified  
32.14 dispenser, or company may charge more than the estimate for the repairs if the repairing  
32.15 audiologist, certified dispenser, or company immediately provides the owner or owner's  
32.16 representative a revised written estimate pursuant to this section and receives authorization  
32.17 to continue with the repairs. If continuation of the repairs is not authorized, the repairing  
32.18 audiologist, certified dispenser, or company shall return the prescription hearing aid as close  
32.19 as possible to its former condition and shall release the prescription hearing aid to the owner  
32.20 or owner's representative upon payment of charges for repairs actually performed and not  
32.21 in excess of the original estimate.

32.22 Sec. 46. Minnesota Statutes 2022, section 151.37, subdivision 12, is amended to read:

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

32.27 (1) an emergency medical responder registered pursuant to section 144E.27;

32.28 (2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and (d);

32.29 (3) correctional employees of a state or local political subdivision;

32.30 (4) staff of community-based health disease prevention or social service programs;

32.31 (5) a volunteer firefighter; and

33.1 (6) a ~~licensed school nurse or certified public health nurse~~ any other personnel employed  
33.2 by, or under contract with, a school board under section 121A.21 charter, public, or private  
33.3 school.

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

26.22 Subd. 5. **Additional.** In addition to the penalty provided in subdivision 4, a person found  
26.23 to have violated this section is subject to the penalties and remedies provided in section  
26.24 325F.69, subdivision 1.

26.25 Subd. 6. **Estimates.** Upon the request of the owner of a prescription hearing aid or the  
26.26 owner's representative for a written estimate and prior to the commencement of repairs, a  
26.27 repairing audiologist, certified dispenser, or company shall provide the customer with a  
26.28 written estimate of the price of repairs. If a repairing audiologist, certified dispenser, or  
26.29 company provides a written estimate of the price of repairs, it must not charge more than  
26.30 the total price stated in the estimate for the repairs. If the repairing audiologist, certified  
26.31 dispenser, or company after commencing repairs determines that additional work is necessary  
26.32 to accomplish repairs that are the subject of a written estimate and if the repairing audiologist,  
26.33 certified dispenser, or company did not unreasonably fail to disclose the possible need for  
26.34 the additional work when the estimate was made, the repairing audiologist, certified  
27.1 dispenser, or company may charge more than the estimate for the repairs if the repairing  
27.2 audiologist, certified dispenser, or company immediately provides the owner or owner's  
27.3 representative a revised written estimate pursuant to this section and receives authorization  
27.4 to continue with the repairs. If continuation of the repairs is not authorized, the repairing  
27.5 audiologist, certified dispenser, or company shall return the prescription hearing aid as close  
27.6 as possible to its former condition and shall release the prescription hearing aid to the owner  
27.7 or owner's representative upon payment of charges for repairs actually performed and not  
27.8 in excess of the original estimate.

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

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

27.14 (1) an emergency medical responder registered pursuant to section 144E.27;

27.15 (2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and (d);

27.16 (3) correctional employees of a state or local political subdivision;

27.17 (4) staff of community-based health disease prevention or social service programs;

27.18 (5) a volunteer firefighter; and

27.19 (6) a ~~licensed school nurse or certified public health nurse~~ any other personnel employed  
27.20 by, or under contract with, a school board under section 121A.21 charter, public, or private  
27.21 school.

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

33.6 (1) the licensed physician, licensed physician assistant, or licensed advanced practice  
33.7 registered nurse has issued a standing order to, or entered into a protocol with, the individual;  
33.8 and

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

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

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

33.16 Sec. 47. Minnesota Statutes 2022, section 153A.13, subdivision 3, is amended to read:

33.17 Subd. 3. **Hearing instrument aid.** "Hearing instrument aid" means an instrument, ~~or~~  
33.18 ~~any of its parts, worn in the ear canal and designed to or represented as being able to aid or~~  
33.19 ~~enhance human hearing. "Hearing instrument" includes the instrument's parts, attachments,~~  
33.20 ~~or accessories, including, but not limited to, ear molds and behind the ear (BTE) devices~~  
33.21 ~~with or without an ear mold. Batteries and cords are not parts, attachments, or accessories~~  
33.22 ~~of a hearing instrument. Surgically implanted hearing instruments, and assistive listening~~  
33.23 ~~devices not worn within the ear canal, are not hearing instruments. as defined in section~~  
33.24 ~~148.512, subdivision 10a.~~

33.25 Sec. 48. Minnesota Statutes 2022, section 153A.13, subdivision 4, is amended to read:

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

34.1 Sec. 49. Minnesota Statutes 2022, section 153A.13, subdivision 5, is amended to read:

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

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

27.24 (1) the licensed physician, licensed physician assistant, or licensed advanced practice  
27.25 registered nurse has issued a standing order to, or entered into a protocol with, the individual;  
27.26 and

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

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

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

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

28.27 Subd. 3. **Hearing instrument aid.** "Hearing instrument aid" means an instrument, ~~or~~  
28.28 ~~any of its parts, worn in the ear canal and designed to or represented as being able to aid or~~  
28.29 ~~enhance human hearing. "Hearing instrument" includes the instrument's parts, attachments,~~  
28.30 ~~or accessories, including, but not limited to, ear molds and behind the ear (BTE) devices~~  
28.31 ~~with or without an ear mold. Batteries and cords are not parts, attachments, or accessories~~  
28.32 ~~of a hearing instrument. Surgically implanted hearing instruments, and assistive listening~~  
29.1 ~~devices not worn within the ear canal, are not hearing instruments. as defined in section~~  
29.2 ~~148.512, subdivision 10a.~~

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

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

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

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

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

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

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

34.16 Sec. 50. Minnesota Statutes 2022, section 153A.13, subdivision 6, is amended to read:

34.17 Subd. 6. **Advisory council.** "Advisory council" means the Minnesota Hearing ~~Instrument~~  
34.18 Aid Dispenser Advisory Council, or a committee of ~~it~~ the council, established under section  
34.19 153A.20.

34.20 Sec. 51. Minnesota Statutes 2022, section 153A.13, subdivision 7, is amended to read:

34.21 Subd. 7. **ANSI.** "ANSI" means ~~ANSI S3.6-1989~~, American National Standard  
34.22 Specification for Audiometers ~~from the American National Standards Institute. This~~  
34.23 ~~document is available through the Minitex interlibrary loan system as defined in the United~~  
34.24 ~~States Food and Drug Administration, Code of Federal Regulations, title 21, section~~  
34.25 ~~874.1050.~~

34.26 Sec. 52. Minnesota Statutes 2022, section 153A.13, subdivision 9, is amended to read:

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

35.1 Sec. 53. Minnesota Statutes 2022, section 153A.13, subdivision 10, is amended to read:

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

35.6 Sec. 54. Minnesota Statutes 2022, section 153A.13, subdivision 11, is amended to read:

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

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

29.19 (2) a person who helps a dispenser of prescription hearing ~~instruments aids~~ in an  
29.20 administrative or clerical manner and does not engage in prescription hearing instrument  
29.21 aid dispensing.

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

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

29.27 Subd. 6. **Advisory council.** "Advisory council" means the Minnesota Hearing ~~Instrument~~  
29.28 Aid Dispenser Advisory Council, or a committee of ~~it~~ the council, established under section  
29.29 153A.20.

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

30.2 Subd. 7. **ANSI.** "ANSI" means ~~ANSI S3.6-1989~~, American National Standard  
30.3 Specification for Audiometers ~~from the American National Standards Institute. This~~  
30.4 ~~document is available through the Minitex interlibrary loan system as defined in the United~~  
30.5 ~~States Food and Drug Administration, Code of Federal Regulations, title 21, section~~  
30.6 ~~874.1050.~~

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

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

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

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

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

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

35.11 Sec. 55. Minnesota Statutes 2022, section 153A.13, is amended by adding a subdivision  
35.12 to read:

35.13 Subd. 12. **Over-the-counter hearing aid or OTC hearing aid.** "Over-the-counter  
35.14 hearing aid" or "OTC hearing aid" has the meaning given in section 148.512, subdivision  
35.15 10c.

35.16 Sec. 56. Minnesota Statutes 2022, section 153A.13, is amended by adding a subdivision  
35.17 to read:

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

35.20 Sec. 57. Minnesota Statutes 2022, section 153A.14, subdivision 1, is amended to read:

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

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

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

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

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

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

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

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

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

36.9 (9) consent to a fingerprint-based criminal history records check required under section  
36.10 144.0572, pay all required fees, and cooperate with all requests for information. An applicant  
36.11 must complete a new criminal background check if more than one year has elapsed since  
36.12 the applicant last applied for a license.

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

30.22 Subd. 12. **Over-the-counter hearing aid or OTC hearing aid.** "Over-the-counter  
30.23 hearing aid" or "OTC hearing aid" has the meaning given in section 148.512, subdivision  
30.24 10c.

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

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

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

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

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

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

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

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

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

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

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

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

31.19 (9) consent to a fingerprint-based criminal history records check required under section  
31.20 144.0572, pay all required fees, and cooperate with all requests for information. An applicant  
31.21 must complete a new criminal background check if more than one year has elapsed since  
31.22 the applicant last applied for a license.

36.13 Sec. 58. Minnesota Statutes 2022, section 153A.14, subdivision 2, is amended to read:

36.14 Subd. 2. **Issuance of certificate.** (a) The commissioner shall issue a certificate to each  
 36.15 dispenser of hearing ~~instruments~~ aids who applies under subdivision 1 if the commissioner  
 36.16 determines that the applicant is in compliance with this chapter, has passed an examination  
 36.17 administered by the commissioner, has met the continuing education requirements, if  
 36.18 required, and has paid the fee set by the commissioner. The commissioner may reject or  
 36.19 deny an application for a certificate if there is evidence of a violation or failure to comply  
 36.20 with this chapter.

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

36.26 Sec. 59. Minnesota Statutes 2022, section 153A.14, subdivision 2h, is amended to read:

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

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

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

37.1 (i) basic physics of sound;

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

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

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

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

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

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

37.11 (iii) masking when indicated;

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

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

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

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

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

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

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

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

32.12 (i) basic physics of sound;

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

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

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

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

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

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

32.22 (iii) masking when indicated;

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

- 37.14 (v) taking ear mold impressions;
- 37.15 (vi) using an otoscope for the visual observation of the entire ear canal; and
- 37.16 (vii) state and federal laws, rules, and regulations.
- 37.17 (b) The practical examination shall be administered by the commissioner at least twice  
37.18 a year.
- 37.19 (c) An applicant must achieve a passing score on all portions of the examination within  
37.20 a two-year period. An applicant who does not achieve a passing score on all portions of the  
37.21 examination within a two-year period must retake the entire examination and achieve a  
37.22 passing score on each portion of the examination. An applicant who does not apply for  
37.23 certification within one year of successful completion of the examination must retake the  
37.24 examination and achieve a passing score on each portion of the examination. An applicant  
37.25 may not take any part of the practical examination more than three times in a two-year  
37.26 period.
- 37.27 Sec. 60. Minnesota Statutes 2022, section 153A.14, subdivision 2i, is amended to read:
- 37.28 Subd. 2i. **Continuing education requirement.** On forms provided by the commissioner,  
37.29 each certified dispenser must submit with the application for renewal of certification evidence  
37.30 of completion of ten course hours of continuing education earned within the 12-month  
37.31 period of November 1 to October 31, between the effective and expiration dates of  
38.1 certification. Continuing education courses must be directly related to prescription hearing  
38.2 instrument aid dispensing and approved by the International Hearing Society, the American  
38.3 Speech-Language-Hearing Association, or the American Academy of Audiology. Evidence  
38.4 of completion of the ten course hours of continuing education must be submitted by  
38.5 December 1 of each year. This requirement does not apply to dispensers certified for less  
38.6 than one year.
- 38.7 Sec. 61. Minnesota Statutes 2022, section 153A.14, subdivision 2j, is amended to read:
- 38.8 Subd. 2j. **Required use of certification number.** The certification holder must use the  
38.9 certification number on all contracts, bills of sale, and receipts used in the sale of prescription  
38.10 hearing instruments aids.
- 38.11 Sec. 62. Minnesota Statutes 2022, section 153A.14, subdivision 4, is amended to read:
- 38.12 Subd. 4. **Dispensing of prescription hearing instruments aids without**  
38.13 **certificate.** Except as provided in subdivisions 4a and 4c, and in sections 148.512 to  
38.14 148.5198, it is unlawful for any person not holding a valid certificate to dispense a  
38.15 prescription hearing instrument aid as defined in section 153A.13, subdivision 3. A person  
38.16 who dispenses a prescription hearing instrument aid without the certificate required by this  
38.17 section is guilty of a gross misdemeanor.

- 32.25 (v) taking ear mold impressions;
- 32.26 (vi) using an otoscope for the visual observation of the entire ear canal; and
- 32.27 (vii) state and federal laws, rules, and regulations.
- 32.28 (b) The practical examination shall be administered by the commissioner at least twice  
32.29 a year.
- 33.1 (c) An applicant must achieve a passing score on all portions of the examination within  
33.2 a two-year period. An applicant who does not achieve a passing score on all portions of the  
33.3 examination within a two-year period must retake the entire examination and achieve a  
33.4 passing score on each portion of the examination. An applicant who does not apply for  
33.5 certification within one year of successful completion of the examination must retake the  
33.6 examination and achieve a passing score on each portion of the examination. An applicant  
33.7 may not take any part of the practical examination more than three times in a two-year  
33.8 period.
- 33.9 Sec. 55. Minnesota Statutes 2022, section 153A.14, subdivision 2i, is amended to read:
- 33.10 Subd. 2i. **Continuing education requirement.** On forms provided by the commissioner,  
33.11 each certified dispenser must submit with the application for renewal of certification evidence  
33.12 of completion of ten course hours of continuing education earned within the 12-month  
33.13 period of November 1 to October 31, between the effective and expiration dates of  
33.14 certification. Continuing education courses must be directly related to prescription hearing  
33.15 instrument aid dispensing and approved by the International Hearing Society, the American  
33.16 Speech-Language-Hearing Association, or the American Academy of Audiology. Evidence  
33.17 of completion of the ten course hours of continuing education must be submitted by  
33.18 December 1 of each year. This requirement does not apply to dispensers certified for less  
33.19 than one year.
- 33.20 Sec. 56. Minnesota Statutes 2022, section 153A.14, subdivision 2j, is amended to read:
- 33.21 Subd. 2j. **Required use of certification number.** The certification holder must use the  
33.22 certification number on all contracts, bills of sale, and receipts used in the sale of prescription  
33.23 hearing instruments aids.
- 33.24 Sec. 57. Minnesota Statutes 2022, section 153A.14, subdivision 4, is amended to read:
- 33.25 Subd. 4. **Dispensing of prescription hearing instruments aids without**  
33.26 **certificate.** Except as provided in subdivisions 4a and 4c, and in sections 148.512 to  
33.27 148.5198, it is unlawful for any person not holding a valid certificate to dispense a  
33.28 prescription hearing instrument aid as defined in section 153A.13, subdivision 3. A person  
33.29 who dispenses a prescription hearing instrument aid without the certificate required by this  
33.30 section is guilty of a gross misdemeanor.

38.18 Sec. 63. Minnesota Statutes 2022, section 153A.14, subdivision 4a, is amended to read:

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

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

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

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

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

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

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

39.13 Sec. 64. Minnesota Statutes 2022, section 153A.14, subdivision 4b, is amended to read:

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

39.16 (1) comply with the United States Food and Drug Administration warning regarding  
39.17 potential medical conditions required by Code of Federal Regulations, title 21, section  
39.18 ~~801.420~~ 801.422;

39.19 (2) complete a case history of the client's hearing;

39.20 (3) inspect the client's ears with an otoscope; and

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

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

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

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

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

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

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

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

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

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

34.30 (1) comply with the United States Food and Drug Administration warning regarding  
34.31 potential medical conditions required by Code of Federal Regulations, title 21, section  
34.32 ~~801.420~~ 801.422;

35.1 (2) complete a case history of the client's hearing;

35.2 (3) inspect the client's ears with an otoscope; and

39.21 (4) conduct the following tests on both ears of the client and document the results, and  
 39.22 if for any reason one of the following tests cannot be performed pursuant to the United  
 39.23 States Food and Drug Administration guidelines, an audiologist shall evaluate the hearing  
 39.24 and the need for a prescription hearing instrument aid:

39.25 (i) air conduction at 250, 500, 1,000, 2,000, 4,000, and 8,000 Hertz. When a difference  
 39.26 of 20 dB or more occurs between adjacent octave frequencies the interoctave frequency  
 39.27 must be tested;

39.28 (ii) bone conduction at 500, 1,000, 2,000, and 4,000 Hertz for any frequency where the  
 39.29 air conduction threshold is greater than 15 dB HL;

39.30 (iii) monaural word recognition (discrimination), with a minimum of 25 words presented  
 39.31 for each ear; and

40.1 (iv) loudness discomfort level, monaural, for setting a prescription hearing instrument's  
 40.2 aid's maximum power output; and

40.3 (5) include masking in all tests whenever necessary to ensure accurate results.

40.4 Sec. 65. Minnesota Statutes 2022, section 153A.14, subdivision 4c, is amended to read:

40.5 Subd. 4c. **Reciprocity.** (a) A person who has dispensed prescription hearing instruments  
 40.6 aids in another jurisdiction may dispense prescription hearing instruments aids as a trainee  
 40.7 under indirect supervision if the person:

40.8 (1) satisfies the provisions of subdivision 4a, paragraph (a);

40.9 (2) submits a signed and dated affidavit stating that the applicant is not the subject of a  
 40.10 disciplinary action or past disciplinary action in this or another jurisdiction and is not  
 40.11 disqualified on the basis of section 153A.15, subdivision 1; and

40.12 (3) provides a copy of a current credential as a hearing instrument aid dispenser held in  
 40.13 the District of Columbia or a state or territory of the United States.

40.14 (b) A person becoming a trainee under this subdivision who fails to take and pass the  
 40.15 practical examination described in subdivision 2h, paragraph (a), clause (2), when next  
 40.16 offered must cease dispensing prescription hearing instruments aids unless under direct  
 40.17 supervision.

40.18 Sec. 66. Minnesota Statutes 2022, section 153A.14, subdivision 4e, is amended to read:

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

35.3 (4) conduct the following tests on both ears of the client and document the results, and  
 35.4 if for any reason one of the following tests cannot be performed pursuant to the United  
 35.5 States Food and Drug Administration guidelines, an audiologist shall evaluate the hearing  
 35.6 and the need for a prescription hearing instrument aid:

35.7 (i) air conduction at 250, 500, 1,000, 2,000, 4,000, and 8,000 Hertz. When a difference  
 35.8 of 20 dB or more occurs between adjacent octave frequencies the interoctave frequency  
 35.9 must be tested;

35.10 (ii) bone conduction at 500, 1,000, 2,000, and 4,000 Hertz for any frequency where the  
 35.11 air conduction threshold is greater than 15 dB HL;

35.12 (iii) monaural word recognition (discrimination), with a minimum of 25 words presented  
 35.13 for each ear; and

35.14 (iv) loudness discomfort level, monaural, for setting a prescription hearing instrument's  
 35.15 aid's maximum power output; and

35.16 (5) include masking in all tests whenever necessary to ensure accurate results.

35.17 Sec. 60. Minnesota Statutes 2022, section 153A.14, subdivision 4c, is amended to read:

35.18 Subd. 4c. **Reciprocity.** (a) A person who has dispensed prescription hearing instruments  
 35.19 aids in another jurisdiction may dispense prescription hearing instruments aids as a trainee  
 35.20 under indirect supervision if the person:

35.21 (1) satisfies the provisions of subdivision 4a, paragraph (a);

35.22 (2) submits a signed and dated affidavit stating that the applicant is not the subject of a  
 35.23 disciplinary action or past disciplinary action in this or another jurisdiction and is not  
 35.24 disqualified on the basis of section 153A.15, subdivision 1; and

35.25 (3) provides a copy of a current credential as a prescription hearing instrument aid  
 35.26 dispenser held in the District of Columbia or a state or territory of the United States.

35.27 (b) A person becoming a trainee under this subdivision who fails to take and pass the  
 35.28 practical examination described in subdivision 2h, paragraph (a), clause (2), when next  
 35.29 offered must cease dispensing prescription hearing instruments aids unless under direct  
 35.30 supervision.

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

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



40.23 Sec. 67. Minnesota Statutes 2022, section 153A.14, subdivision 6, is amended to read:

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

41.1 Sec. 68. Minnesota Statutes 2022, section 153A.14, subdivision 9, is amended to read:

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

41.4 Sec. 69. Minnesota Statutes 2022, section 153A.14, subdivision 11, is amended to read:

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

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

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

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

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

41.14 Sec. 70. Minnesota Statutes 2022, section 153A.14, is amended by adding a subdivision  
41.15 to read:

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

41.18 Sec. 71. Minnesota Statutes 2022, section 153A.15, subdivision 1, is amended to read:

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

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

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

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

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

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

36.13 Subd. 9. **Consumer rights.** A prescription hearing ~~instrument~~ aid dispenser shall comply  
36.14 with the requirements of sections 148.5195, subdivision 3, clause (20); 148.5197; and  
36.15 148.5198.

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

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

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

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

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

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

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

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

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

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

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

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

- 41.27 (3) presenting advertising that is false or misleading;
- 41.28 (4) providing the commissioner with false or misleading statements of credentials,  
41.29 training, or experience;
- 42.1 (5) engaging in conduct likely to deceive, defraud, or harm the public; or demonstrating  
42.2 a willful or careless disregard for the health, welfare, or safety of a consumer;
- 42.3 (6) splitting fees or promising to pay a portion of a fee to any other professional other  
42.4 than a fee for services rendered by the other professional to the client;
- 42.5 (7) engaging in abusive or fraudulent billing practices, including violations of federal  
42.6 Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical  
42.7 assistance laws;
- 42.8 (8) obtaining money, property, or services from a consumer through the use of undue  
42.9 influence, high pressure sales tactics, harassment, duress, deception, or fraud;
- 42.10 (9) performing the services of a certified hearing ~~instrument~~ aid dispenser in an  
42.11 incompetent or negligent manner;
- 42.12 (10) failing to comply with the requirements of this chapter as an employer, supervisor,  
42.13 or trainee;
- 42.14 (11) failing to provide information in a timely manner in response to a request by the  
42.15 commissioner, commissioner's designee, or the advisory council;
- 42.16 (12) being convicted within the past five years of violating any laws of the United States,  
42.17 or any state or territory of the United States, and the violation is a felony, gross misdemeanor,  
42.18 or misdemeanor, an essential element of which relates to prescription hearing ~~instrument~~  
42.19 aid dispensing, except as provided in chapter 364;
- 42.20 (13) failing to cooperate with the commissioner, the commissioner's designee, or the  
42.21 advisory council in any investigation;
- 42.22 (14) failing to perform prescription hearing ~~instrument~~ aid dispensing with reasonable  
42.23 judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental  
42.24 impairment;
- 42.25 (15) failing to fully disclose actions taken against the applicant or the applicant's legal  
42.26 authorization to dispense prescription hearing ~~instruments~~ aids in this or another state;
- 42.27 (16) violating a state or federal court order or judgment, including a conciliation court  
42.28 judgment, relating to the activities of the applicant in prescription hearing ~~instrument~~ aid  
42.29 dispensing;

- 37.10 (3) presenting advertising that is false or misleading;
- 37.11 (4) providing the commissioner with false or misleading statements of credentials,  
37.12 training, or experience;
- 37.13 (5) engaging in conduct likely to deceive, defraud, or harm the public; or demonstrating  
37.14 a willful or careless disregard for the health, welfare, or safety of a consumer;
- 37.15 (6) splitting fees or promising to pay a portion of a fee to any other professional other  
37.16 than a fee for services rendered by the other professional to the client;
- 37.17 (7) engaging in abusive or fraudulent billing practices, including violations of federal  
37.18 Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical  
37.19 assistance laws;
- 37.20 (8) obtaining money, property, or services from a consumer through the use of undue  
37.21 influence, high pressure sales tactics, harassment, duress, deception, or fraud;
- 37.22 (9) performing the services of a certified hearing ~~instrument~~ aid dispenser in an  
37.23 incompetent or negligent manner;
- 37.24 (10) failing to comply with the requirements of this chapter as an employer, supervisor,  
37.25 or trainee;
- 37.26 (11) failing to provide information in a timely manner in response to a request by the  
37.27 commissioner, commissioner's designee, or the advisory council;
- 37.28 (12) being convicted within the past five years of violating any laws of the United States,  
37.29 or any state or territory of the United States, and the violation is a felony, gross misdemeanor,  
37.30 or misdemeanor, an essential element of which relates to prescription hearing ~~instrument~~  
37.31 aid dispensing, except as provided in chapter 364;
- 38.1 (13) failing to cooperate with the commissioner, the commissioner's designee, or the  
38.2 advisory council in any investigation;
- 38.3 (14) failing to perform prescription hearing ~~instrument~~ aid dispensing with reasonable  
38.4 judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental  
38.5 impairment;
- 38.6 (15) failing to fully disclose actions taken against the applicant or the applicant's legal  
38.7 authorization to dispense prescription hearing ~~instruments~~ aids in this or another state;
- 38.8 (16) violating a state or federal court order or judgment, including a conciliation court  
38.9 judgment, relating to the activities of the applicant in prescription hearing ~~instrument~~ aid  
38.10 dispensing;

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

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

43.7 (19) violating any of the provisions of sections 148.5195, subdivision 3, clause (20);  
 43.8 148.5197; 148.5198; and 153A.13 to 153A.18; and

43.9 (20) aiding or abetting another person in violating any of the provisions of sections  
 43.10 148.5195, subdivision 3, clause (20); 148.5197; 148.5198; and 153A.13 to 153A.18.

43.11 Sec. 72. Minnesota Statutes 2022, section 153A.15, subdivision 2, is amended to read:

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

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

43.16 (2) revoke the certificate;

43.17 (3) suspend the certificate;

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

43.25 (5) censure or reprimand the dispenser;

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

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

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

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

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

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

38.21 (19) violating any of the provisions of sections 148.5195, subdivision 3, clause (20);  
 38.22 148.5197; 148.5198; and 153A.13 to 153A.18; and

38.23 (20) aiding or abetting another person in violating any of the provisions of sections  
 38.24 148.5195, subdivision 3, clause (20); 148.5197; 148.5198; and 153A.13 to 153A.18.

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

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

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

38.30 (2) revoke the certificate;

38.31 (3) suspend the certificate;

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

39.8 (5) censure or reprimand the dispenser;

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

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

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

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

- 44.1 Sec. 73. Minnesota Statutes 2022, section 153A.15, subdivision 4, is amended to read:
- 44.2 Subd. 4. **Penalties.** Except as provided in section 153A.14, subdivision 4, a person  
 44.3 violating this chapter is guilty of a misdemeanor. The commissioner may impose an automatic  
 44.4 civil penalty equal to one-fourth the renewal fee on each hearing ~~instrument seller aid~~  
 44.5 dispenser who fails to renew the certificate required in section 153A.14 by the renewal  
 44.6 deadline.
- 44.7 Sec. 74. Minnesota Statutes 2022, section 153A.17, is amended to read:
- 44.8 **153A.17 EXPENSES; FEES.**
- 44.9 (a) The expenses for administering the certification requirements, including the complaint  
 44.10 handling system for hearing aid dispensers in sections 153A.14 and 153A.15, and the  
 44.11 Consumer Information Center under section 153A.18, must be paid from initial application  
 44.12 and examination fees, renewal fees, penalties, and fines. The commissioner shall only use  
 44.13 fees collected under this section for the purposes of administering this chapter. The legislature  
 44.14 must not transfer money generated by these fees from the state government special revenue  
 44.15 fund to the general fund. ~~Surcharges collected by the commissioner of health under section~~  
 44.16 ~~16E.22 are not subject to this paragraph.~~
- 44.17 (b) The fees are as follows:
- 44.18 (1) the initial certification application fee is \$772.50;
- 44.19 (2) the annual renewal certification application fee is \$750;
- 44.20 (3) the initial examination fee for the practical portion is \$1,200, and \$600 for each time  
 44.21 it is taken, thereafter; for individuals meeting the requirements of section 148.515, subdivision  
 44.22 2, the fee for the practical portion of the prescription hearing ~~instrument aid~~ dispensing  
 44.23 examination is \$600 each time it is taken;
- 44.24 (4) the trainee application fee is \$230;
- 44.25 (5) the penalty fee for late submission of a renewal application is \$260; and
- 44.26 (6) the fee for verification of certification to other jurisdictions or entities is \$25.
- 44.27 (c) The commissioner may prorate the certification fee for new applicants based on the  
 44.28 number of quarters remaining in the annual certification period.
- 44.29 (d) All fees are nonrefundable. All fees, penalties, and fines received must be deposited  
 44.30 in the state government special revenue fund.
- 44.31 (e) Hearing instrument dispensers who were certified before January 1, 2018, shall pay  
 44.32 a onetime surcharge of \$22.50 to renew their certification when it expires after October 31,

- 39.13 Sec. 68. Minnesota Statutes 2022, section 153A.15, subdivision 4, is amended to read:
- 39.14 Subd. 4. **Penalties.** Except as provided in section 153A.14, subdivision 4, a person  
 39.15 violating this chapter is guilty of a misdemeanor. The commissioner may impose an automatic  
 39.16 civil penalty equal to one-fourth the renewal fee on each prescription hearing ~~instrument~~  
 39.17 ~~seller aid dispenser~~ who fails to renew the certificate required in section 153A.14 by the  
 39.18 renewal deadline.
- 39.19 Sec. 69. Minnesota Statutes 2022, section 153A.17, is amended to read:
- 39.20 **153A.17 EXPENSES; FEES.**
- 39.21 (a) The expenses for administering the certification requirements, including the complaint  
 39.22 handling system for prescription hearing aid dispensers in sections 153A.14 and 153A.15,  
 39.23 and the Consumer Information Center under section 153A.18, must be paid from initial  
 39.24 application and examination fees, renewal fees, penalties, and fines. The commissioner shall  
 39.25 only use fees collected under this section for the purposes of administering this chapter.  
 39.26 The legislature must not transfer money generated by these fees from the state government  
 39.27 special revenue fund to the general fund. ~~Surcharges collected by the commissioner of health~~  
 39.28 ~~under section 16E.22 are not subject to this paragraph.~~
- 39.29 (b) The fees are as follows:
- 39.30 (1) the initial certification application fee is \$772.50;
- 39.31 (2) the annual renewal certification application fee is \$750;
- 40.1 (3) the initial examination fee for the practical portion is \$1,200, and \$600 for each time  
 40.2 it is taken, thereafter; for individuals meeting the requirements of section 148.515, subdivision  
 40.3 2, the fee for the practical portion of the prescription hearing ~~instrument aid~~ dispensing  
 40.4 examination is \$600 each time it is taken;
- 40.5 (4) the trainee application fee is \$230;
- 40.6 (5) the penalty fee for late submission of a renewal application is \$260; and
- 40.7 (6) the fee for verification of certification to other jurisdictions or entities is \$25.
- 40.8 (c) The commissioner may prorate the certification fee for new applicants based on the  
 40.9 number of quarters remaining in the annual certification period.
- 40.10 (d) All fees are nonrefundable. All fees, penalties, and fines received must be deposited  
 40.11 in the state government special revenue fund.
- 40.12 (e) Hearing instrument dispensers who were certified before January 1, 2018, shall pay  
 40.13 a onetime surcharge of \$22.50 to renew their certification when it expires after October 31,

45.3 2020. The surcharge shall cover the commissioner's costs associated with criminal  
45.4 background checks.

45.5 Sec. 75. Minnesota Statutes 2022, section 153A.175, is amended to read:

45.6 **153A.175 PENALTY FEES.**

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

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

45.17 (c) The penalty fee for practicing prescription hearing instrument aid dispensing and  
45.18 failing to submit a continuing education report by the due date with the correct number or  
45.19 type of hours in the correct time period is \$200 plus \$200 for each missing clock hour.  
45.20 "Missing" means not obtained between the effective and expiration dates of the certificate,  
45.21 the one-month period following the certificate expiration date, or the 30 days following  
45.22 notice of a penalty fee for failing to report all continuing education hours. The certificate  
45.23 holder must obtain the missing number of continuing education hours by the next reporting  
45.24 due date.

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

45.29 Sec. 76. Minnesota Statutes 2022, section 153A.18, is amended to read:

45.30 **153A.18 CONSUMER INFORMATION CENTER.**

45.31 The commissioner shall establish a Consumer Information Center to assist actual and  
45.32 potential purchasers of prescription hearing aids by providing them with information  
46.1 regarding prescription hearing instrument aid sales. The Consumer Information Center shall  
46.2 disseminate information about consumers' legal rights related to prescription hearing  
46.3 instrument aid sales, provide information relating to complaints about dispensers of  
46.4 prescription hearing instruments aids, and provide information about outreach and advocacy  
46.5 services for consumers of prescription hearing instruments aids. In establishing the center  
46.6 and developing the information, the commissioner shall consult with representatives of  
46.7 hearing ~~instrument aid~~ dispensers, audiologists, physicians, and consumers.

40.14 2020. The surcharge shall cover the commissioner's costs associated with criminal  
40.15 background checks.

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

40.17 **153A.175 PENALTY FEES.**

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

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

40.28 (c) The penalty fee for practicing prescription hearing instrument aid dispensing and  
40.29 failing to submit a continuing education report by the due date with the correct number or  
40.30 type of hours in the correct time period is \$200 plus \$200 for each missing clock hour.  
40.31 "Missing" means not obtained between the effective and expiration dates of the certificate,  
40.32 the one-month period following the certificate expiration date, or the 30 days following  
41.1 notice of a penalty fee for failing to report all continuing education hours. The certificate  
41.2 holder must obtain the missing number of continuing education hours by the next reporting  
41.3 due date.

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

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

41.9 **153A.18 CONSUMER INFORMATION CENTER.**

41.10 The commissioner shall establish a Consumer Information Center to assist actual and  
41.11 potential purchasers of prescription hearing aids by providing them with information  
41.12 regarding prescription hearing instrument aid sales. The Consumer Information Center shall  
41.13 disseminate information about consumers' legal rights related to prescription hearing  
41.14 instrument aid sales, provide information relating to complaints about dispensers of  
41.15 prescription hearing instruments aids, and provide information about outreach and advocacy  
41.16 services for consumers of prescription hearing instruments aids. In establishing the center  
41.17 and developing the information, the commissioner shall consult with representatives of  
41.18 prescription hearing instrument aid dispensers, audiologists, physicians, and consumers.

46.8 Sec. 77. Minnesota Statutes 2022, section 153A.20, is amended to read:

46.9 **153A.20 HEARING ~~INSTRUMENT~~ AID DISPENSER ADVISORY COUNCIL.**

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

46.12 (b) The seven persons must include:

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

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

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

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

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

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

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

47.1 (1) advise the commissioner regarding hearing ~~instrument~~ aid dispenser certification  
47.2 standards;

47.3 (2) provide for distribution of information regarding hearing ~~instrument~~ aid dispenser  
47.4 certification standards;

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

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

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

41.20 **153A.20 HEARING ~~INSTRUMENT~~ AID DISPENSER ADVISORY COUNCIL.**

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

41.23 (b) The seven persons must include:

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

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

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

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

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

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

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

42.13 (1) advise the commissioner regarding hearing ~~instrument~~ aid dispenser certification  
42.14 standards;

42.15 (2) provide for distribution of information regarding hearing ~~instrument~~ aid dispenser  
42.16 certification standards;

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

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

47.8 Sec. 78. Minnesota Statutes 2022, section 256B.434, subdivision 4f, is amended to read:

47.9 Subd. 4f. **Construction project rate adjustments effective October 1, 2006.** (a)  
47.10 Effective October 1, 2006, facilities reimbursed under this section may receive a property  
47.11 rate adjustment for construction projects exceeding the threshold in section 256B.431,  
47.12 subdivision 16, and below the threshold in section 144A.071, subdivision 2, ~~clause (a)~~  
47.13 paragraph (c), clause (1). For these projects, capital assets purchased shall be counted as  
47.14 construction project costs for a rate adjustment request made by a facility if they are: (1)  
47.15 purchased within 24 months of the completion of the construction project; (2) purchased  
47.16 after the completion date of any prior construction project; and (3) are not purchased prior  
47.17 to July 14, 2005. Except as otherwise provided in this subdivision, the definitions, rate  
47.18 calculation methods, and principles in sections 144A.071 and 256B.431 and Minnesota  
47.19 Rules, parts 9549.0010 to 9549.0080, shall be used to calculate rate adjustments for allowable  
47.20 construction projects under this subdivision and section 144A.073. Facilities completing  
47.21 construction projects between October 1, 2005, and October 1, 2006, are eligible to have a  
47.22 property rate adjustment effective October 1, 2006. Facilities completing projects after  
47.23 October 1, 2006, are eligible for a property rate adjustment effective on the first day of the  
47.24 month following the completion date. Facilities completing projects after January 1, 2018,  
47.25 are eligible for a property rate adjustment effective on the first day of the month of January  
47.26 or July, whichever occurs immediately following the completion date.

47.27 (b) Notwithstanding subdivision 18, as of July 14, 2005, facilities with rates set under  
47.28 section 256B.431 and Minnesota Rules, parts 9549.0010 to 9549.0080, that commenced a  
47.29 construction project on or after October 1, 2004, and do not have a contract under subdivision  
47.30 3 by September 30, 2006, are eligible to request a rate adjustment under section 256B.431,  
47.31 subdivision 10, through September 30, 2006. If the request results in the commissioner  
47.32 determining a rate adjustment is allowable, the rate adjustment is effective on the first of  
47.33 the month following project completion. These facilities shall be allowed to accumulate  
47.34 construction project costs for the period October 1, 2004, to September 30, 2006.

48.1 (c) Facilities shall be allowed construction project rate adjustments no sooner than 12  
48.2 months after completing a previous construction project. Facilities must request the rate  
48.3 adjustment according to section 256B.431, subdivision 10.

48.4 (d) Capacity days shall be computed according to Minnesota Rules, part 9549.0060,  
48.5 subpart 11. For rate calculations under this section, the number of licensed beds in the  
48.6 nursing facility shall be the number existing after the construction project is completed and  
48.7 the number of days in the nursing facility's reporting period shall be 365.

48.8 (e) The value of assets to be recognized for a total replacement project as defined in  
48.9 section 256B.431, subdivision 17d, shall be computed as described in clause (1). The value  
48.10 of assets to be recognized for all other projects shall be computed as described in clause  
48.11 (2).

48.12 (1) Replacement-cost-new limits under section 256B.431, subdivision 17e, and the  
 48.13 number of beds allowed under subdivision 3a, paragraph (c), shall be used to compute the  
 48.14 maximum amount of assets allowable in a facility's property rate calculation. If a facility's  
 48.15 current request for a rate adjustment results from the completion of a construction project  
 48.16 that was previously approved under section 144A.073, the assets to be used in the rate  
 48.17 calculation cannot exceed the lesser of the amount determined under sections 144A.071,  
 48.18 subdivision 2, and 144A.073, subdivision 3b, or the actual allowable costs of the construction  
 48.19 project. A current request that is not the result of a project under section 144A.073 cannot  
 48.20 exceed the limit under section 144A.071, subdivision 2, paragraph ~~(a)~~ (c), clause (1).  
 48.21 Applicable credits must be deducted from the cost of the construction project.

48.22 (2)(i) Replacement-cost-new limits under section 256B.431, subdivision 17e, and the  
 48.23 number of beds allowed under section 256B.431, subdivision 3a, paragraph (c), shall be  
 48.24 used to compute the maximum amount of assets allowable in a facility's property rate  
 48.25 calculation.

48.26 (ii) The value of a facility's assets to be compared to the amount in item (i) begins with  
 48.27 the total appraised value from the last rate notice a facility received when its rates were set  
 48.28 under section 256B.431 and Minnesota Rules, parts 9549.0010 to 9549.0080. This value  
 48.29 shall be indexed by the factor in section 256B.431, subdivision 3f, paragraph (a), for each  
 48.30 rate year the facility received an inflation factor on its property-related rate when its rates  
 48.31 were set under this section. The value of assets listed as previous capital additions, capital  
 48.32 additions, and special projects on the facility's base year rate notice and the value of assets  
 48.33 related to a construction project for which the facility received a rate adjustment when its  
 48.34 rates were determined under this section shall be added to the indexed appraised value.

49.1 (iii) The maximum amount of assets to be recognized in computing a facility's rate  
 49.2 adjustment after a project is completed is the lesser of the aggregate replacement-cost-new  
 49.3 limit computed in (i) minus the assets recognized in (ii) or the actual allowable costs of the  
 49.4 construction project.

49.5 (iv) If a facility's current request for a rate adjustment results from the completion of a  
 49.6 construction project that was previously approved under section 144A.073, the assets to be  
 49.7 added to the rate calculation cannot exceed the lesser of the amount determined under  
 49.8 sections 144A.071, subdivision 2, and 144A.073, subdivision 3b, or the actual allowable  
 49.9 costs of the construction project. A current request that is not the result of a project under  
 49.10 section 144A.073 cannot exceed the limit stated in section 144A.071, subdivision 2,  
 49.11 paragraph ~~(a)~~ (c), clause (1). Assets disposed of as a result of a construction project and  
 49.12 applicable credits must be deducted from the cost of the construction project.

49.13 (f) For construction projects approved under section 144A.073, allowable debt may  
 49.14 never exceed the lesser of the cost of the assets purchased, the threshold limit in section  
 49.15 144A.071, subdivision 2, or the replacement-cost-new limit less previously existing capital  
 49.16 debt.



49.17 (g) For construction projects that were not approved under section 144A.073, allowable  
 49.18 debt is limited to the lesser of the threshold in section 144A.071, subdivision 2, for such  
 49.19 construction projects or the applicable limit in paragraph (e), clause (1) or (2), less previously  
 49.20 existing capital debt. Amounts of debt taken out that exceed the costs of a construction  
 49.21 project shall not be allowed regardless of the use of the funds.

49.22 For all construction projects being recognized, interest expense and average debt shall  
 49.23 be computed based on the first 12 months following project completion. "Previously existing  
 49.24 capital debt" means capital debt recognized on the last rate determined under section  
 49.25 256B.431 and Minnesota Rules, parts 9549.0010 to 9549.0080, and the amount of debt  
 49.26 recognized for a construction project for which the facility received a rate adjustment when  
 49.27 its rates were determined under this section.

49.28 For a total replacement project as defined in section 256B.431, subdivision 17d, the  
 49.29 value of previously existing capital debt shall be zero.

49.30 (h) In addition to the interest expense allowed from the application of paragraph (f), the  
 49.31 amounts allowed under section 256B.431, subdivision 17a, paragraph (a), clauses (2) and  
 49.32 (3), will be added to interest expense.

49.33 (i) The equity portion of the construction project shall be computed as the allowable  
 49.34 assets in paragraph (e), less the average debt in paragraph (f). The equity portion must be  
 50.1 multiplied by 5.66 percent and the allowable interest expense in paragraph (f) must be added.  
 50.2 This sum must be divided by 95 percent of capacity days to compute the construction project  
 50.3 rate adjustment.

50.4 (j) For projects that are not a total replacement of a nursing facility, the amount in  
 50.5 paragraph (i) is adjusted for nonreimbursable areas and then added to the current property  
 50.6 payment rate of the facility.

50.7 (k) For projects that are a total replacement of a nursing facility, the amount in paragraph  
 50.8 (i) becomes the new property payment rate after being adjusted for nonreimbursable areas.  
 50.9 Any amounts existing in a facility's rate before the effective date of the construction project  
 50.10 for equity incentives under section 256B.431, subdivision 16; capital repairs and replacements  
 50.11 under section 256B.431, subdivision 15; or refinancing incentives under section 256B.431,  
 50.12 subdivision 19, shall be removed from the facility's rates.

50.13 (l) No additional equipment allowance is allowed under Minnesota Rules, part 9549.0060,  
 50.14 subpart 10, as the result of construction projects under this section. Allowable equipment  
 50.15 shall be included in the construction project costs.

50.16 (m) Capital assets purchased after the completion date of a construction project shall be  
 50.17 counted as construction project costs for any future rate adjustment request made by a facility  
 50.18 under section 144A.071, subdivision 2, ~~clause (a)~~ paragraph (c), clause (1), if they are  
 50.19 purchased within 24 months of the completion of the future construction project.

50.20 (n) In subsequent rate years, the property payment rate for a facility that results from  
50.21 the application of this subdivision shall be the amount inflated in subdivision 4.

50.22 (o) Construction projects are eligible for an equity incentive under section 256B.431,  
50.23 subdivision 16. When computing the equity incentive for a construction project under this  
50.24 subdivision, only the allowable costs and allowable debt related to the construction project  
50.25 shall be used. The equity incentive shall not be a part of the property payment rate and not  
50.26 inflated under subdivision 4. Effective October 1, 2006, all equity incentives for nursing  
50.27 facilities reimbursed under this section shall be allowed for a duration determined under  
50.28 section 256B.431, subdivision 16, paragraph (c).

50.29 Sec. 79. **REVISOR INSTRUCTION.**

50.30 The revisor of statutes shall change the term "cancer surveillance system" to "cancer  
50.31 reporting system" wherever it appears in the next edition of Minnesota Statutes and Minnesota  
50.32 Rules and in the online publication.

51.1 Sec. 80. **REPEALER.**

51.2 (a) Minnesota Rules, parts 4640.1500; 4640.1600; 4640.1700; 4640.1800; 4640.1900;  
51.3 4640.2000; 4640.2100; 4640.2200; 4640.2300; 4640.2400; 4640.2500; 4640.2600;  
51.4 4640.2700; 4640.2800; 4640.2900; 4640.3000; 4640.3100; 4640.3200; 4640.3300;  
51.5 4640.3400; 4640.3500; 4640.3600; 4640.3700; 4640.3800; 4640.3900; 4640.4000;  
51.6 4640.4100; 4640.4200; 4640.4300; 4640.6100; 4640.6200; 4640.6300; 4640.6400;  
51.7 4645.0300; 4645.0400; 4645.0500; 4645.0600; 4645.0700; 4645.0800; 4645.0900;  
51.8 4645.1000; 4645.1100; 4645.1200; 4645.1300; 4645.1400; 4645.1500; 4645.1600;  
51.9 4645.1700; 4645.1800; 4645.1900; 4645.2000; 4645.2100; 4645.2200; 4645.2300;  
51.10 4645.2400; 4645.2500; 4645.2600; 4645.2700; 4645.2800; 4645.2900; 4645.3000;  
51.11 4645.3100; 4645.3200; 4645.3300; 4645.3400; 4645.3500; 4645.3600; 4645.3700;  
51.12 4645.3800; 4645.3805; 4645.3900; 4645.4000; 4645.4100; 4645.4200; 4645.4300;  
51.13 4645.4400; 4645.4500; 4645.4600; 4645.4700; 4645.4800; 4645.4900; 4645.5100; and  
51.14 4645.5200, are repealed effective January 1, 2024.

51.15 (b) Minnesota Statutes 2022, sections 144.9505, subdivision 3; and 153A.14, subdivision  
51.16 5, are repealed.

51.17 **ARTICLE 2**

51.18 **DEPARTMENT OF HUMAN SERVICES POLICY**

51.19 Section 1. Minnesota Statutes 2022, section 245.4661, subdivision 9, is amended to read:

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

51.22 (1) mental health crisis services;

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

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

42.23 (1) mental health crisis services;

- 51.23 (2) housing with supports for adults with serious mental illness; and
- 51.24 (3) projects for assistance in transitioning from homelessness (PATH program).
- 51.25 (b) In addition, the following are eligible for grant funds:
- 51.26 (1) community education and prevention;
- 51.27 (2) client outreach;
- 51.28 (3) early identification and intervention;
- 51.29 (4) adult outpatient diagnostic assessment and psychological testing;
- 51.30 (5) peer support services;
- 52.1 (6) community support program services (CSP);
- 52.2 (7) adult residential crisis stabilization;
- 52.3 (8) supported employment;
- 52.4 (9) assertive community treatment (ACT);
- 52.5 (10) housing subsidies;
- 52.6 (11) basic living, social skills, and community intervention;
- 52.7 (12) emergency response services;
- 52.8 (13) adult outpatient psychotherapy;
- 52.9 (14) adult outpatient medication management;
- 52.10 (15) adult mobile crisis services;
- 52.11 (16) adult day treatment;
- 52.12 (17) partial hospitalization;
- 52.13 (18) adult residential treatment;
- 52.14 (19) adult mental health targeted case management; and
- 52.15 ~~(20) intensive community rehabilitative services (ICRS); and~~
- 52.16 ~~(21)~~ (20) transportation.

- 42.24 (2) housing with supports for adults with serious mental illness; and
- 42.25 (3) projects for assistance in transitioning from homelessness (PATH program).
- 42.26 (b) In addition, the following are eligible for grant funds:
- 42.27 (1) community education and prevention;
- 42.28 (2) client outreach;
- 42.29 (3) early identification and intervention;
- 42.30 (4) adult outpatient diagnostic assessment and psychological testing;
- 43.1 (5) peer support services;
- 43.2 (6) community support program services (CSP);
- 43.3 (7) adult residential crisis stabilization;
- 43.4 (8) supported employment;
- 43.5 (9) assertive community treatment (ACT);
- 43.6 (10) housing subsidies;
- 43.7 (11) basic living, social skills, and community intervention;
- 43.8 (12) emergency response services;
- 43.9 (13) adult outpatient psychotherapy;
- 43.10 (14) adult outpatient medication management;
- 43.11 (15) adult mobile crisis services;
- 43.12 (16) adult day treatment;
- 43.13 (17) partial hospitalization;
- 43.14 (18) adult residential treatment;
- 43.15 (19) adult mental health targeted case management; and
- 43.16 ~~(20) intensive community rehabilitative services (ICRS); and~~
- 43.17 ~~(21)~~ (20) transportation.

52.17 Sec. 2. Minnesota Statutes 2022, section 245.469, subdivision 3, is amended to read:

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

52.21 (1) develop a central phone number where calls can be routed to the appropriate crisis  
52.22 services;

52.23 (2) provide telephone consultation 24 hours a day to mobile crisis teams who are serving  
52.24 people with traumatic brain injury or intellectual disabilities who are experiencing a mental  
52.25 health crisis;

52.26 (3) expand crisis services across the state, including rural areas of the state and examining  
52.27 access per population;

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

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

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

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

53.13 Sec. 3. **[245.4903] CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE**  
53.14 **GRANT PROGRAM.**

53.15 Subdivision 1. **Establishment.** The commissioner of human services shall establish a  
53.16 cultural and ethnic minority infrastructure grant program to ensure that mental health and  
53.17 substance use disorder treatment supports and services are culturally specific and culturally  
53.18 responsive to meet the cultural needs of the communities served.

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

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

43.22 (1) develop a central phone number where calls can be routed to the appropriate crisis  
43.23 services;

43.24 (2) provide telephone consultation 24 hours a day to mobile crisis teams who are serving  
43.25 people with traumatic brain injury or intellectual disabilities who are experiencing a mental  
43.26 health crisis;

43.27 (3) expand crisis services across the state, including rural areas of the state and examining  
43.28 access per population;

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

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

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

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

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

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

44.15 Sec. 75. **[245.4903] CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE**  
44.16 **GRANT PROGRAM.**

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

- 53.19 Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider from  
53.20 a cultural or ethnic minority population who:
- 53.21 (1) provides mental health or substance use disorder treatment services and supports to  
53.22 individuals from cultural and ethnic minority populations, including individuals who are  
53.23 lesbian, gay, bisexual, transgender, or queer and from cultural and ethnic minority  
53.24 populations;
- 53.25 (2) provides or is qualified and has the capacity to provide clinical supervision and  
53.26 support to members of culturally diverse and ethnic minority communities to qualify as  
53.27 mental health and substance use disorder treatment providers; or
- 53.28 (3) has the capacity and experience to provide training for mental health and substance  
53.29 use disorder treatment providers on cultural competency and cultural humility.
- 53.30 Subd. 2. **Allowable grant activities.** (a) The cultural and ethnic minority infrastructure  
53.31 grant program grantees must engage in activities and provide supportive services to ensure  
53.32 and increase equitable access to culturally specific and responsive care and to build  
54.1 organizational and professional capacity for licensure and certification for the communities  
54.2 served. Allowable grant activities include but are not limited to:
- 54.3 (1) workforce development activities focused on recruiting, supporting, training, and  
54.4 supervision activities for mental health and substance use disorder practitioners and  
54.5 professionals from diverse racial, cultural, and ethnic communities;
- 54.6 (2) supporting members of culturally diverse and ethnic minority communities to qualify  
54.7 as mental health and substance use disorder professionals, practitioners, clinical supervisors,  
54.8 recovery peer specialists, mental health certified peer specialists, and mental health certified  
54.9 family peer specialists;
- 54.10 (3) culturally specific outreach, early intervention, trauma-informed services, and recovery  
54.11 support in mental health and substance use disorder services;
- 54.12 (4) provision of trauma-informed, culturally responsive mental health and substance use  
54.13 disorder supports and services for children and families, youth, or adults who are from  
54.14 cultural and ethnic minority backgrounds and are uninsured or underinsured;
- 54.15 (5) mental health and substance use disorder service expansion and infrastructure  
54.16 improvement activities, particularly in greater Minnesota;
- 54.17 (6) training for mental health and substance use disorder treatment providers on cultural  
54.18 competency and cultural humility; and
- 54.19 (7) activities to increase the availability of culturally responsive mental health and  
54.20 substance use disorder services for children and families, youth, or adults or to increase the

- 44.21 Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider from  
44.22 a cultural or ethnic minority population who:
- 44.23 (1) provides mental health or substance use disorder treatment services and supports to  
44.24 individuals from cultural and ethnic minority populations, including individuals who are  
44.25 lesbian, gay, bisexual, transgender, or queer, and from cultural and ethnic minority  
44.26 populations;
- 44.27 (2) provides, or is qualified and has the capacity to provide, clinical supervision and  
44.28 support to members of culturally diverse and ethnic minority communities so they may  
44.29 become qualified mental health and substance use disorder treatment providers; or
- 44.30 (3) has the capacity and experience to provide training for mental health and substance  
44.31 use disorder treatment providers on cultural competency and cultural humility.
- 45.1 Subd. 3. **Allowable grant activities.** (a) Grantees must engage in activities and provide  
45.2 supportive services to ensure and increase equitable access to culturally specific and  
45.3 responsive care and build organizational and professional capacity for licensure and  
45.4 certification for the communities served. Allowable grant activities include but are not  
45.5 limited to:
- 45.6 (1) providing workforce development activities focused on recruiting, supporting,  
45.7 training, and supervising mental health and substance use disorder practitioners and  
45.8 professionals from diverse racial, cultural, and ethnic communities;
- 45.9 (2) helping members of culturally diverse and ethnic minority communities become  
45.10 qualified mental health and substance use disorder professionals, practitioners, clinical  
45.11 supervisors, recovery peer specialists, mental health certified peer specialists, and mental  
45.12 health certified family peer specialists;
- 45.13 (3) providing culturally specific outreach, early intervention, trauma-informed services,  
45.14 and recovery support in mental health and substance use disorder services;
- 45.15 (4) providing trauma-informed and culturally responsive mental health and substance  
45.16 use disorder supports and services to children and families, youth, or adults who are from  
45.17 cultural and ethnic minority backgrounds and are uninsured or underinsured;
- 45.18 (5) expanding mental health and substance use disorder services, particularly in greater  
45.19 Minnesota;
- 45.20 (6) training for mental health and substance use disorder treatment providers on cultural  
45.21 competency and cultural humility; and
- 45.22 (7) providing activities that increase the availability of culturally responsive mental  
45.23 health and substance use disorder services for children and families, youth, or adults, or

54.21 availability of substance use disorder services for individuals from cultural and ethnic  
54.22 minorities in the state.

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

54.27 Subd. 3. **Data collection and outcomes.** Grantees must provide regular data summaries  
54.28 to the commissioner for purposes of evaluating the effectiveness of the cultural and ethnic  
54.29 minority infrastructure grant program. The commissioner must use identified culturally  
54.30 appropriate outcome measures instruments to evaluate outcomes and must evaluate program  
54.31 activities by analyzing whether the program:

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

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

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

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

55.7 (5) increased the number of mental health and substance use disorder treatment  
55.8 organizations owned, managed, or led by individuals who are Black, Indigenous, or people  
55.9 of color;

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

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

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

55.15 Sec. 4. **[245.4906] MENTAL HEALTH CERTIFIED PEER SPECIALIST GRANT**  
55.16 **PROGRAM.**

55.17 Subdivision 1. **Establishment.** The mental health certified peer specialist grant program  
55.18 is established in the Department of Human Services to provide funding for training for  
55.19 mental health certified peer specialists who provide services to support individuals with  
55.20 lived experience of mental illness under section 256B.0615. Certified peer specialists provide

45.24 that increase the availability of substance use disorder services for individuals from cultural  
45.25 and ethnic minorities in the state.

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

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

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

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

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

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

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

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

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

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

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

46.19 Sec. 76. **[245.4906] MENTAL HEALTH CERTIFIED PEER SPECIALIST GRANT**  
46.20 **PROGRAM.**

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

55.21 services to individuals who are receiving assertive community treatment or intensive  
 55.22 residential treatment services under section 256B.0622, adult rehabilitative mental health  
 55.23 services under section 256B.0623, or crisis response services under section 256B.0624.  
 55.24 Mental health certified peer specialist qualifications are defined in section 245I.04,  
 55.25 subdivision 10, and mental health certified peer specialists' scope of practice is defined in  
 55.26 section 245I.04, subdivision 11.

55.27 Subd. 2. **Activities.** Grant funding may be used to provide training for mental health  
 55.28 certified peer specialists as specified in section 256B.0615, subdivision 5.

55.29 Subd. 3. **Outcomes.** Evaluation includes the extent to which individuals receiving peer  
 55.30 services:

55.31 (1) experience progress on achieving treatment goals; and  
 55.32 (2) experience a reduction in hospital admissions.

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

56.2 Sec. 5. **[245.4907] MENTAL HEALTH CERTIFIED FAMILY PEER SPECIALIST**  
 56.3 **GRANT PROGRAM.**

56.4 Subdivision 1. **Establishment.** The mental health certified peer family specialist grant  
 56.5 program is established in the Department of Human Services to provide funding for training  
 56.6 for mental health certified peer family specialists who provide services to support individuals  
 56.7 with lived experience of mental illness under section 256B.0616. Certified family peer  
 56.8 specialists provide services to families who have a child with an emotional disturbance or  
 56.9 severe emotional disturbance under chapter 245. Certified family peer specialists provide  
 56.10 services to families whose children are receiving inpatient hospitalization under section  
 56.11 256B.0625, subdivision 1; partial hospitalization under Minnesota Rules, parts 9505.0370,  
 56.12 subpart 24, and 9505.0372, subpart 9; residential treatment under section 245.4882; children's  
 56.13 intensive behavioral health services under section 256B.0946; and day treatment; children's  
 56.14 therapeutic services and supports, or crisis response services under section 256B.0624.  
 56.15 Mental health certified family peer specialist qualifications are defined in section 245I.04,  
 56.16 subdivision 12, and mental health certified family peer specialists' scope of practice is  
 56.17 defined in section 245I.04, subdivision 13.

56.18 Subd. 2. **Activities.** Grant funding may be used to provide training for mental health  
 56.19 certified family peer specialists as specified in section 256B.0616, subdivision 5.

46.25 Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider who  
 46.26 employs a mental health certified peer specialist qualified under section 245I.04, subdivision  
 46.27 10, and who provides services to individuals receiving assertive community treatment or  
 46.28 intensive residential treatment services under section 256B.0622, adult rehabilitative mental  
 46.29 health services under section 256B.0623, or crisis response services under section 256B.0624.

46.30 Subd. 3. **Allowable grant activities.** Grantees must use grant funding to provide training  
 46.31 for mental health certified peer specialists as specified in section 256B.0615, subdivision  
 46.32 5.

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

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

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

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

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

47.11 Sec. 77. **[245.4907] MENTAL HEALTH CERTIFIED FAMILY PEER SPECIALIST**  
 47.12 **GRANT PROGRAM.**

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

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

47.20 (1) with an emotional disturbance or severe emotional disturbance under chapter 245;  
 47.21 (2) receiving inpatient hospitalization under section 256B.0625, subdivision 1;  
 47.22 (3) admitted to a residential treatment facility under section 245.4882;  
 47.23 (4) receiving children's intensive behavioral health services under section 256B.0946;  
 47.24 (5) receiving day treatment or children's therapeutic services and supports under section  
 47.25 256B.0943; or



56.20 Subd. 3. **Outcomes.** Evaluation includes the extent to which individuals receiving family  
56.21 peer services;

56.22 (1) progress on achieving treatment goals; and

56.23 (2) experience a reduction in hospital admissions.

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

56.25 Sec. 6. **[245.991] PROJECTS FOR ASSISTANCE IN TRANSITION FROM**  
56.26 **HOMELESSNESS PROGRAM.**

56.27 Subdivision 1. **Establishment.** The projects for assistance in transition from homelessness  
56.28 program is established in the Department of Human Services to prevent or end homelessness  
56.29 for people with serious mental illness or co-occurring substance use disorder and ensure  
56.30 the commissioner may achieve the goals of the housing mission statement in section 245.461,  
56.31 subdivision 4.

57.1 Subd. 2. **Activities.** All projects for assistance in transition from homelessness must  
57.2 provide homeless outreach and case management services. Projects may provide clinical  
57.3 assessment, habilitation and rehabilitation services, community mental health services,  
57.4 substance use disorder treatment, housing transition and sustaining services, direct assistance  
57.5 funding, and other activities as determined by the commissioner.

57.6 Subd. 3. **Eligibility.** Program activities must be provided to people with serious mental  
57.7 illness, or with co-occurring substance use disorder, who meet homeless criteria determined  
57.8 by the commissioner. People receiving homeless outreach may be presumed eligible until  
57.9 serious mental illness can be verified.

57.10 Subd. 4. **Outcomes.** Evaluation of each project includes the extent to which:

57.11 (1) grantees contact individuals through homeless outreach services;

57.12 (2) grantees enroll individuals in case management services;

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

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

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

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

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

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

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

48.11 Sec. 78. **[245.991] PROJECTS FOR ASSISTANCE IN TRANSITION FROM**  
48.12 **HOMELESSNESS PROGRAM.**

48.13 Subdivision 1. **Establishment.** The commissioner of human services must establish  
48.14 projects for assistance in transition from homelessness program to prevent or end  
48.15 homelessness for people with serious mental illness or co-occurring substance use disorder  
48.16 and ensure the commissioner achieves the goals of the housing mission statement in section  
48.17 245.461, subdivision 4.

48.18 Subd. 2. **Eligible applicants.** An applicant for a grant under this section must be a  
48.19 nonprofit organization, county, or other entity who provides services to help individuals  
48.20 transition from homelessness.

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

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

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



- 57.13 (3) individuals access behavioral health services; and
- 57.14 (4) individuals transition from homelessness to housing.
- 57.15 Subd. 5. Federal aid or grants. The commissioner of human services must comply with
- 57.16 all conditions and requirements necessary to receive federal aid or grants with respect to
- 57.17 homeless services or programs as specified in section 245.70.
- 57.18 EFFECTIVE DATE. This section is effective the day following final enactment.
- 57.19 Sec. 7. [245.992] HOUSING WITH SUPPORT FOR ADULTS WITH SERIOUS
- 57.20 MENTAL ILLNESS PROGRAM.
- 57.21 Subdivision 1. Creation. The housing with support for adults with serious mental illness
- 57.22 program is established in the Department of Human Services to prevent or end homelessness
- 57.23 for people with serious mental illness, increase the availability of housing with support, and
- 57.24 ensure the commissioner may achieve the goals of the housing mission statement in section
- 57.25 245.461, subdivision 4.
- 57.26 Subd. 2. Activities. The housing with support for adults with serious mental illness
- 57.27 program may provide a range of activities and supportive services to assure that people
- 57.28 obtain and retain permanent supportive housing. Program activities may include case
- 57.29 management, site-based housing services, housing transition and sustaining services, outreach
- 57.30 services, community support services, direct assistance funding, and other activities as
- 57.31 determined by the commissioner.
- 58.1 Subd. 3. Eligibility. Program activities must be provided to people with serious mental
- 58.2 illness, or with co-occurring substance use disorder, who meet homeless criteria determined
- 58.3 by the commissioner.
- 58.4 Subd. 4. Outcomes. Evaluation of program activities must utilize evidence-based
- 58.5 practices and must include the extent to which:
- 58.6 (1) grantees' housing and activities utilize evidence-based practices;
- 58.7 (2) individuals transition from homelessness to housing;
- 58.8 (3) individuals retain housing; and
- 58.9 (4) individuals are satisfied with their housing.

- 48.31 (2) the number of individuals the grantee enrolled in case management services;
- 49.1 (3) the number of individuals that were able to access mental health and substance use
- 49.2 disorder treatment services; and
- 49.3 (4) the number of individuals that were able to transition from homelessness to housing.
- 49.4 (b) The commissioner must submit the results of the evaluation to the chairs and ranking
- 49.5 minority members of the legislative committees with jurisdiction over mental health and
- 49.6 homelessness.
- 49.7 Subd. 5. Federal aid or grants. The commissioner of human services must comply with
- 49.8 all conditions and requirements necessary to receive federal aid or grants with respect to
- 49.9 homeless services or programs as specified in section 245.70.
- 49.10 EFFECTIVE DATE. This section is effective the day following final enactment.
- 49.11 Sec. 79. [245.992] HOUSING WITH SUPPORT FOR ADULTS WITH SERIOUS
- 49.12 MENTAL ILLNESS PROGRAM.
- 49.13 Subdivision 1. Establishment. The commissioner of human services must establish a
- 49.14 housing with support for adults with serious mental illness program to prevent or end
- 49.15 homelessness for people with serious mental illness, to increase the availability of housing
- 49.16 with support, and to ensure the commissioner may achieve the goals of the housing mission
- 49.17 statement in section 245.461, subdivision 4.
- 49.18 Subd. 2. Eligible applicants. Program activities must be provided to people with a
- 49.19 serious mental illness, or with a co-occurring substance use disorder, who meet homeless
- 49.20 criteria determined by the commissioner.
- 49.21 Subd. 3. Allowable grant activities. Grantees must provide a range of activities and
- 49.22 supportive services that ensure individuals obtain and retain permanent supportive housing.
- 49.23 Program activities may include case management, site-based housing services, housing
- 49.24 transition and sustaining services, outreach services, community support services, or direct
- 49.25 assistance funding.
- 49.26 Subd. 4. Outcomes. (a) Grantees must submit an annual report to the commissioner for
- 49.27 the purposes of evaluating the effectiveness of the grant program. The report must include:
- 49.28 (1) whether the grantee's housing and activities utilized evidence-based practices;
- 49.29 (2) the number of individuals that were able to transition from homelessness to housing;
- 49.30 (3) the number of individuals that were able to retain housing; and
- 49.31 (4) whether the individuals were satisfied with their housing.

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

58.11 Sec. 8. Minnesota Statutes 2022, section 256.478, is amended by adding a subdivision to  
58.12 read:

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

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

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

58.18 (3) reducing emergency department visits.

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

58.20 Sec. 9. Minnesota Statutes 2022, section 256.478, is amended by adding a subdivision to  
58.21 read:

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

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

58.25 (2) individuals obtaining and retaining housing;

58.26 (3) individuals maintaining community living by diverting admission to Anoka Metro  
58.27 Regional Treatment Center and Forensic Mental Health Program;

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

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

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

59.2 Sec. 10. Minnesota Statutes 2022, section 256B.056, is amended by adding a subdivision  
59.3 to read:

59.4 Subd. 5d. **Medical assistance room and board rate.** "Medical assistance room and  
59.5 board rate" means an amount equal to 81 percent of the federal poverty guideline for a single  
59.6 individual living alone in the community less the medical assistance personal needs allowance  
59.7 under section 256B.35. The amount of the room and board rate, as defined in section 256I.03,  
59.8 subdivision 2, that exceeds the medical assistance room and board rate is considered a

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

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

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

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

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

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

50.12 (3) reducing emergency department visits.

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

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

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

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

50.19 (2) individuals obtaining and retaining housing;

50.20 (3) individuals maintaining community living by diverting admission to Anoka Metro  
50.21 Regional Treatment Center and Forensic Mental Health Program;

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

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

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

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

50.27 Subd. 5d. **Medical assistance room and board rate.** "Medical assistance room and  
50.28 board rate" means an amount equal to 81 percent of the federal poverty guideline for a single  
50.29 individual living alone in the community less the medical assistance personal needs allowance  
51.1 under section 256B.35. The amount of the room and board rate, as defined in section 256I.03,  
51.2 subdivision 2, that exceeds the medical assistance room and board rate is considered a

59.9 remedial care cost. A remedial care cost may be used to meet a spenddown obligation under  
 59.10 this section. The medical assistance room and board rate is to be adjusted on January 1 of  
 59.11 each year.

59.12 Sec. 11. Minnesota Statutes 2022, section 256B.0622, subdivision 8, is amended to read:

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

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

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

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

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

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

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

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

51.3 remedial care cost. A remedial care cost may be used to meet a spenddown obligation under  
 51.4 this section. The medical assistance room and board rate is to be adjusted on January 1 of  
 51.5 each year.

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

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

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

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

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

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

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

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

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

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

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

60.20 (3) the number of service units;

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

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

60.24 (d) The rate for intensive residential treatment services and assertive community treatment  
60.25 must exclude the medical assistance room and board rate, as defined in section ~~2561.03~~,  
60.26 ~~subdivision 6 256B.056~~, subdivision 5d, and services not covered under this section, such  
60.27 as partial hospitalization, home care, and inpatient services.

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

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

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

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

61.11 (i) Entities who discontinue providing services must be subject to a settle-up process  
61.12 whereby actual costs and reimbursement for the previous 12 months are compared. In the  
61.13 event that the entity was paid more than the entity's actual costs plus any applicable  
61.14 performance-related funding due the provider, the excess payment must be reimbursed to  
61.15 the department. If a provider's revenue is less than actual allowed costs due to lower  
61.16 utilization than projected, the commissioner may reimburse the provider to recover its actual

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

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

52.13 (3) the number of service units;

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

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

52.17 (d) The rate for intensive residential treatment services and assertive community treatment  
52.18 must exclude the medical assistance room and board rate, as defined in section ~~2561.03~~,  
52.19 ~~subdivision 6 256B.056~~, subdivision 5d, and services not covered under this section, such  
52.20 as partial hospitalization, home care, and inpatient services.

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

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

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

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

53.5 (i) Entities who discontinue providing services must be subject to a settle-up process  
53.6 whereby actual costs and reimbursement for the previous 12 months are compared. In the  
53.7 event that the entity was paid more than the entity's actual costs plus any applicable  
53.8 performance-related funding due the provider, the excess payment must be reimbursed to  
53.9 the department. If a provider's revenue is less than actual allowed costs due to lower  
53.10 utilization than projected, the commissioner may reimburse the provider to recover its actual

61.17 allowable costs. The resulting adjustments by the commissioner must be proportional to the  
61.18 percent of total units of service reimbursed by the commissioner and must reflect a difference  
61.19 of greater than five percent.

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

61.22 Sec. 12. Minnesota Statutes 2022, section 256B.0946, subdivision 6, is amended to read:

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

61.26 (1) inpatient psychiatric hospital treatment;

61.27 (2) mental health targeted case management;

61.28 (3) partial hospitalization;

61.29 (4) medication management;

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

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

62.1 (7) transportation; and

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

62.3 (b) Children receiving intensive behavioral health services are not eligible for medical  
62.4 assistance reimbursement for the following services while receiving children's intensive  
62.5 behavioral health services:

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

62.8 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision  
62.9 1, paragraph (1);

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

62.11 (4) mental health residential treatment; and

62.12 (5) medical assistance room and board costs rate, as defined in section ~~2561.03,~~  
62.13 subdivision 6 256B.056, subdivision 5d.

53.11 allowable costs. The resulting adjustments by the commissioner must be proportional to the  
53.12 percent of total units of service reimbursed by the commissioner and must reflect a difference  
53.13 of greater than five percent.

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

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

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

53.23 (1) inpatient psychiatric hospital treatment;

53.24 (2) mental health targeted case management;

53.25 (3) partial hospitalization;

53.26 (4) medication management;

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

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

53.29 (7) transportation; and

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

54.1 (b) Children receiving intensive behavioral health services are not eligible for medical  
54.2 assistance reimbursement for the following services while receiving children's intensive  
54.3 behavioral health services:

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

54.6 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision  
54.7 1, paragraph (1);

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

54.9 (4) mental health residential treatment; and

54.10 (5) medical assistance room and board costs rate, as defined in section ~~2561.03,~~  
54.11 subdivision 6 256B.056, subdivision 5d.

62.14 Sec. 13. Minnesota Statutes 2022, section 256B.0947, subdivision 7a, is amended to read:

62.15 Subd. 7a. **Noncovered services.** (a) The rate for intensive rehabilitative mental health  
62.16 services does not include medical assistance payment for services in clauses (1) to (7).  
62.17 Services not covered under this paragraph may be billed separately:

62.18 (1) inpatient psychiatric hospital treatment;

62.19 (2) partial hospitalization;

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

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

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

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

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

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

62.30 (1) mental health residential treatment; and

63.1 (2) mental health behavioral aide services, as defined in section 256B.0943, subdivision  
63.2 1, paragraph (l).

63.3 Sec. 14. Minnesota Statutes 2022, section 256D.02, is amended by adding a subdivision  
63.4 to read:

63.5 Subd. 20. **Date of application.** "Date of application" has the meaning given in section  
63.6 256P.01, subdivision 2b.

63.7 Sec. 15. Minnesota Statutes 2022, section 256D.07, is amended to read:

63.8 **256D.07 TIME OF PAYMENT OF ASSISTANCE.**

63.9 An applicant for general assistance shall be deemed eligible if the application and the  
63.10 verification of the statement on that application demonstrate that the applicant is within the  
63.11 eligibility criteria established by sections 256D.01 to 256D.21 and any applicable rules of  
63.12 the commissioner. Any person requesting general assistance shall be permitted by the county  
63.13 agency to make an application for assistance as soon as administratively possible and in no  
63.14 event later than the fourth day following the date on which assistance is first requested, and  
63.15 no county agency shall require that a person requesting assistance appear at the offices of

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

54.13 Subd. 7a. **Noncovered services.** (a) The rate for intensive rehabilitative mental health  
54.14 services does not include medical assistance payment for services in clauses (1) to (7).  
54.15 Services not covered under this paragraph may be billed separately:

54.16 (1) inpatient psychiatric hospital treatment;

54.17 (2) partial hospitalization;

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

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

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

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

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

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

54.28 (1) mental health residential treatment; and

54.29 (2) mental health behavioral aide services, as defined in section 256B.0943, subdivision  
54.30 1, paragraph (l).

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

55.3 Subd. 20. **Date of application.** "Date of application" has the meaning given in section  
55.4 256P.01, subdivision 2b.

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

55.6 **256D.07 TIME OF PAYMENT OF ASSISTANCE.**

55.7 An applicant for general assistance shall be deemed eligible if the application and the  
55.8 verification of the statement on that application demonstrate that the applicant is within the  
55.9 eligibility criteria established by sections 256D.01 to 256D.21 and any applicable rules of  
55.10 the commissioner. Any person requesting general assistance shall be permitted by the county  
55.11 agency to make an application for assistance as soon as administratively possible and in no  
55.12 event later than the fourth day following the date on which assistance is first requested, and  
55.13 no county agency shall require that a person requesting assistance appear at the offices of

63.16 the county agency more than once prior to the date on which the person is permitted to make  
 63.17 the application. ~~The application shall be in writing in the manner and upon the form~~  
 63.18 ~~prescribed by the commissioner and attested to by the oath of the applicant or in lieu thereof~~  
 63.19 ~~shall contain the following declaration which shall be signed by the applicant: "I declare~~  
 63.20 ~~that this application has been examined by me and to the best of my knowledge and belief~~  
 63.21 ~~is a true and correct statement of every material point." Applications must be submitted~~  
 63.22 according to section 256P.04, subdivision 1a. On the date that general assistance is first  
 63.23 requested, the county agency shall inquire and determine whether the person requesting  
 63.24 assistance is in immediate need of food, shelter, clothing, assistance for necessary  
 63.25 transportation, or other emergency assistance pursuant to section 256D.06, subdivision 2.  
 63.26 A person in need of emergency assistance shall be granted emergency assistance immediately,  
 63.27 and necessary emergency assistance shall continue for up to 30 days following the date of  
 63.28 application. A determination of an applicant's eligibility for general assistance shall be made  
 63.29 by the county agency as soon as the required verifications are received by the county agency  
 63.30 and in no event later than 30 days following the date that the application is made. Any  
 63.31 verifications required of the applicant shall be reasonable, and the commissioner shall by  
 63.32 rule establish reasonable verifications. General assistance shall be granted to an eligible  
 63.33 applicant without the necessity of first securing action by the board of the county agency.  
 64.1 The first month's grant must be computed to cover the time period starting with the date a  
 64.2 ~~signed application form is received by the county agency~~ of application, as defined by  
 64.3 section 256P.01, subdivision 2b. or from the date that the applicant meets all eligibility  
 64.4 factors, whichever occurs later.

64.5 If upon verification and due investigation it appears that the applicant provided false  
 64.6 information and the false information materially affected the applicant's eligibility for general  
 64.7 assistance or the amount of the applicant's general assistance grant, the county agency may  
 64.8 refer the matter to the county attorney. The county attorney may commence a criminal  
 64.9 prosecution or a civil action for the recovery of any general assistance wrongfully received,  
 64.10 or both.

64.11 Sec. 16. Minnesota Statutes 2022, section 256I.03, subdivision 15, is amended to read:

64.12 Subd. 15. **Supportive housing.** "Supportive housing" means housing that is not  
 64.13 time-limited ~~and~~ provides or coordinates services necessary for a resident to maintain  
 64.14 housing stability, and is not licensed as an assisted living facility under chapter 144G.

64.15 Sec. 17. Minnesota Statutes 2022, section 256I.03, is amended by adding a subdivision  
 64.16 to read:

64.17 Subd. 16. **Date of application.** "Date of application" has the meaning given in section  
 64.18 256P.01, subdivision 2b.

55.14 the county agency more than once prior to the date on which the person is permitted to make  
 55.15 the application. ~~The application shall be in writing in the manner and upon the form~~  
 55.16 ~~prescribed by the commissioner and attested to by the oath of the applicant or in lieu thereof~~  
 55.17 ~~shall contain the following declaration which shall be signed by the applicant: "I declare~~  
 55.18 ~~that this application has been examined by me and to the best of my knowledge and belief~~  
 55.19 ~~is a true and correct statement of every material point." Applications must be submitted~~  
 55.20 according to section 256P.04, subdivision 1a. On the date that general assistance is first  
 55.21 requested, the county agency shall inquire and determine whether the person requesting  
 55.22 assistance is in immediate need of food, shelter, clothing, assistance for necessary  
 55.23 transportation, or other emergency assistance pursuant to section 256D.06, subdivision 2.  
 55.24 A person in need of emergency assistance shall be granted emergency assistance immediately,  
 55.25 and necessary emergency assistance shall continue for up to 30 days following the date of  
 55.26 application. A determination of an applicant's eligibility for general assistance shall be made  
 55.27 by the county agency as soon as the required verifications are received by the county agency  
 55.28 and in no event later than 30 days following the date that the application is made. Any  
 55.29 verifications required of the applicant shall be reasonable, and the commissioner shall by  
 55.30 rule establish reasonable verifications. General assistance shall be granted to an eligible  
 55.31 applicant without the necessity of first securing action by the board of the county agency.  
 55.32 The first month's grant must be computed to cover the time period starting with the date a  
 55.33 ~~signed application form is received by the county agency~~ of application, as defined by  
 56.1 section 256P.01, subdivision 2b. or from the date that the applicant meets all eligibility  
 56.2 factors, whichever occurs later.

56.3 If upon verification and due investigation it appears that the applicant provided false  
 56.4 information and the false information materially affected the applicant's eligibility for general  
 56.5 assistance or the amount of the applicant's general assistance grant, the county agency may  
 56.6 refer the matter to the county attorney. The county attorney may commence a criminal  
 56.7 prosecution or a civil action for the recovery of any general assistance wrongfully received,  
 56.8 or both.

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

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

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

56.15 Subd. 16. **Date of application.** "Date of application" has the meaning given in section  
 56.16 256P.01, subdivision 2b.

60.3 Sec. 99. **REVISOR INSTRUCTION.**

64.19 Sec. 18. Minnesota Statutes 2022, section 256I.04, subdivision 2, is amended to read:

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

64.25 Sec. 19. Minnesota Statutes 2022, section 256I.06, subdivision 3, is amended to read:

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

60.4 The revisor of statutes shall renumber the subdivisions in Minnesota Statutes, sections  
60.5 256D.02 and 256I.03, in alphabetical order, excluding the first subdivision in each section,  
60.6 and correct any cross-reference changes that result.

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

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

60.7 Sec. 100. **REPEALER.**

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

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

60.10 (c) Minnesota Rules, parts 4640.1500; 4640.1600; 4640.1700; 4640.1800; 4640.1900;  
60.11 4640.2000; 4640.2100; 4640.2200; 4640.2300; 4640.2400; 4640.2500; 4640.2600;  
60.12 4640.2700; 4640.2800; 4640.2900; 4640.3000; 4640.3100; 4640.3200; 4640.3300;  
60.13 4640.3400; 4640.3500; 4640.3600; 4640.3700; 4640.3800; 4640.3900; 4640.4000;  
60.14 4640.4100; 4640.4200; 4640.4300; 4640.6100; 4640.6200; 4640.6300; 4640.6400;  
60.15 4645.0300; 4645.0400; 4645.0500; 4645.0600; 4645.0700; 4645.0800; 4645.0900;  
60.16 4645.1000; 4645.1100; 4645.1200; 4645.1300; 4645.1400; 4645.1500; 4645.1600;  
60.17 4645.1700; 4645.1800; 4645.1900; 4645.2000; 4645.2100; 4645.2200; 4645.2300;  
60.18 4645.2400; 4645.2500; 4645.2600; 4645.2700; 4645.2800; 4645.2900; 4645.3000;  
60.19 4645.3100; 4645.3200; 4645.3300; 4645.3400; 4645.3500; 4645.3600; 4645.3700;  
60.20 4645.3800; 4645.3805; 4645.3900; 4645.4000; 4645.4100; 4645.4200; 4645.4300;  
60.21 4645.4400; 4645.4500; 4645.4600; 4645.4700; 4645.4800; 4645.4900; 4645.5100; and  
60.22 4645.5200, are repealed effective August 1, 2023.

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

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

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



65.3 Sec. 20. Minnesota Statutes 2022, section 256I.09, is amended to read:

65.4 **256I.09 COMMUNITY LIVING INFRASTRUCTURE.**

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

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

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

65.18 Sec. 22. Minnesota Statutes 2022, section 256J.09, subdivision 3, is amended to read:

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

65.22 (1) inform the person that assistance begins on the date ~~that the~~ of application is received  
65.23 ~~by the county agency either as a signed written application; an application submitted by~~  
65.24 ~~telephone; or an application submitted through Internet telepresence;~~ as defined in section  
65.25 256P.01, subdivision 2b, or on the date that all eligibility criteria are met, whichever is later;

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

65.28 (3) inform a person ~~that when the person submits the application by telephone or through~~  
65.29 ~~Internet telepresence, the county agency must receive a signed written application within~~  
65.30 ~~30 days of the date that the person submitted the application by telephone or through Internet~~  
66.1 ~~telepresence~~ of the application submission requirements in section 256P.04, subdivision  
66.2 1a;

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

66.5 (5) inform a person that the person may submit the application before an interview;

66.6 (6) explain the information that will be verified during the application process by the  
66.7 county agency as provided in section 256J.32;

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

57.2 **256I.09 COMMUNITY LIVING INFRASTRUCTURE.**

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

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

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

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

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

57.20 (1) inform the person that assistance begins on the date ~~that the~~ of application is received  
57.21 ~~by the county agency either as a signed written application; an application submitted by~~  
57.22 ~~telephone; or an application submitted through Internet telepresence;~~ as defined in section  
57.23 256P.01, subdivision 2b, or on the date that all eligibility criteria are met, whichever is later;

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

57.26 (3) inform a person ~~that when the person submits the application by telephone or through~~  
57.27 ~~Internet telepresence, the county agency must receive a signed written application within~~  
57.28 ~~30 days of the date that the person submitted the application by telephone or through Internet~~  
57.29 ~~telepresence~~ of the application submission requirements in section 256P.04, subdivision  
57.30 1a;

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

58.1 (5) inform a person that the person may submit the application before an interview;

58.2 (6) explain the information that will be verified during the application process by the  
58.3 county agency as provided in section 256J.32;

66.8 (7) inform a person about the county agency's average application processing time and  
66.9 explain how the application will be processed under subdivision 5;

66.10 (8) explain how to contact the county agency if a person's application information changes  
66.11 and how to withdraw the application;

66.12 (9) inform a person that the next step in the application process is an interview and what  
66.13 a person must do if the application is approved including, but not limited to, attending  
66.14 orientation under section 256J.45 and complying with employment and training services  
66.15 requirements in sections 256J.515 to 256J.57;

66.16 (10) inform the person that an interview must be conducted. The interview may be  
66.17 conducted face-to-face in the county office or at a location mutually agreed upon, through  
66.18 Internet telepresence, or by telephone;

66.19 (11) explain the child care and transportation services that are available under paragraph  
66.20 (c) to enable caregivers to attend the interview, screening, and orientation; and

66.21 (12) identify any language barriers and arrange for translation assistance during  
66.22 appointments, including, but not limited to, screening under subdivision 3a, orientation  
66.23 under section 256J.45, and assessment under section 256J.521.

66.24 (b) Upon receipt of a signed application, the county agency must stamp the date of receipt  
66.25 on the face of the application. The county agency must process the application within the  
66.26 time period required under subdivision 5. An applicant may withdraw the application at  
66.27 any time by giving written or oral notice to the county agency. The county agency must  
66.28 issue a written notice confirming the withdrawal. The notice must inform the applicant of  
66.29 the county agency's understanding that the applicant has withdrawn the application and no  
66.30 longer wants to pursue it. When, within ten days of the date of the agency's notice, an  
66.31 applicant informs a county agency, in writing, that the applicant does not wish to withdraw  
66.32 the application, the county agency must reinstate the application and finish processing the  
66.33 application.

67.1 (c) Upon a participant's request, the county agency must arrange for transportation and  
67.2 child care or reimburse the participant for transportation and child care expenses necessary  
67.3 to enable participants to attend the screening under subdivision 3a and orientation under  
67.4 section 256J.45.

67.5 Sec. 23. Minnesota Statutes 2022, section 256J.95, subdivision 5, is amended to read:

67.6 Subd. 5. **Submitting application form.** The eligibility date for the diversionary work  
67.7 program begins on the date ~~that the combined~~ of application form (CAF) is received by the  
67.8 county agency either as a signed written application; an application submitted by telephone;  
67.9 or an application submitted through Internet telepresence; as defined in section 256P.01,  
67.10 subdivision 2b, or on the date that diversionary work program eligibility criteria are met,  
67.11 whichever is later. The county agency must inform an applicant ~~that when the applicant~~

58.4 (7) inform a person about the county agency's average application processing time and  
58.5 explain how the application will be processed under subdivision 5;

58.6 (8) explain how to contact the county agency if a person's application information changes  
58.7 and how to withdraw the application;

58.8 (9) inform a person that the next step in the application process is an interview and what  
58.9 a person must do if the application is approved including, but not limited to, attending  
58.10 orientation under section 256J.45 and complying with employment and training services  
58.11 requirements in sections 256J.515 to 256J.57;

58.12 (10) inform the person that an interview must be conducted. The interview may be  
58.13 conducted face-to-face in the county office or at a location mutually agreed upon, through  
58.14 Internet telepresence, or by telephone;

58.15 (11) explain the child care and transportation services that are available under paragraph  
58.16 (c) to enable caregivers to attend the interview, screening, and orientation; and

58.17 (12) identify any language barriers and arrange for translation assistance during  
58.18 appointments, including, but not limited to, screening under subdivision 3a, orientation  
58.19 under section 256J.45, and assessment under section 256J.521.

58.20 (b) Upon receipt of a signed application, the county agency must stamp the date of receipt  
58.21 on the face of the application. The county agency must process the application within the  
58.22 time period required under subdivision 5. An applicant may withdraw the application at  
58.23 any time by giving written or oral notice to the county agency. The county agency must  
58.24 issue a written notice confirming the withdrawal. The notice must inform the applicant of  
58.25 the county agency's understanding that the applicant has withdrawn the application and no  
58.26 longer wants to pursue it. When, within ten days of the date of the agency's notice, an  
58.27 applicant informs a county agency, in writing, that the applicant does not wish to withdraw  
58.28 the application, the county agency must reinstate the application and finish processing the  
58.29 application.

58.30 (c) Upon a participant's request, the county agency must arrange for transportation and  
58.31 child care or reimburse the participant for transportation and child care expenses necessary  
58.32 to enable participants to attend the screening under subdivision 3a and orientation under  
58.33 section 256J.45.

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

59.2 Subd. 5. **Submitting application form.** The eligibility date for the diversionary work  
59.3 program begins on the date ~~that the combined~~ of application form (CAF) is received by the  
59.4 county agency either as a signed written application; an application submitted by telephone;  
59.5 or an application submitted through Internet telepresence; as defined in section 256P.01,  
59.6 subdivision 2b, or on the date that diversionary work program eligibility criteria are met,  
59.7 whichever is later. The county agency must inform an applicant ~~that when the applicant~~

67.12 ~~submits the application by telephone or through Internet telepresence, the county agency~~  
 67.13 ~~must receive a signed written application within 30 days of the date that the applicant~~  
 67.14 ~~submitted the application by telephone or through Internet telepresence of the application~~  
 67.15 ~~submission requirements in section 256P.04, subdivision 1a. The county agency must inform~~  
 67.16 ~~the applicant that any delay in submitting the application will reduce the benefits paid for~~  
 67.17 ~~the month of application. The county agency must inform a person that an application may~~  
 67.18 ~~be submitted before the person has an interview appointment. Upon receipt of a signed~~  
 67.19 ~~application, the county agency must stamp the date of receipt on the face of the application.~~  
 67.20 ~~The applicant may withdraw the application at any time prior to approval by giving written~~  
 67.21 ~~or oral notice to the county agency. The county agency must follow the notice requirements~~  
 67.22 ~~in section 256J.09, subdivision 3, when issuing a notice confirming the withdrawal.~~

67.23 Sec. 24. Minnesota Statutes 2022, section 256P.01, is amended by adding a subdivision  
 67.24 to read:

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

67.29 Sec. 25. Minnesota Statutes 2022, section 256P.04, is amended by adding a subdivision  
 67.30 to read:

67.31 Subd. 1a. **Application submission.** An agency must offer, in person or by mail, the  
 67.32 application forms prescribed by the commissioner as soon as a person makes a written or  
 67.33 oral inquiry about assistance. Applications must be received by the agency as a signed  
 68.1 written application, an application submitted by telephone, or an application submitted  
 68.2 through Internet telepresence. When a person submits an application by telephone or through  
 68.3 Internet telepresence, the agency must receive a signed written application within 30 days  
 68.4 of the date that the person submitted the application by telephone or through Internet  
 68.5 telepresence.

68.6 Sec. 26. **REVISOR INSTRUCTION.**

68.7 The revisor of statutes shall renumber the subdivisions in Minnesota Statutes, sections  
 68.8 256D.02 and 256I.03, in alphabetical order, excluding the first subdivision in each section,  
 68.9 and correct any cross-reference changes that result.

68.10 Sec. 27. **REPEALER.**

68.11 Minnesota Statutes 2022, section 256I.03, subdivision 6, is repealed.

59.8 ~~submits the application by telephone or through Internet telepresence, the county agency~~  
 59.9 ~~must receive a signed written application within 30 days of the date that the applicant~~  
 59.10 ~~submitted the application by telephone or through Internet telepresence of the application~~  
 59.11 ~~submission requirements in section 256P.04, subdivision 1a. The county agency must inform~~  
 59.12 ~~the applicant that any delay in submitting the application will reduce the benefits paid for~~  
 59.13 ~~the month of application. The county agency must inform a person that an application may~~  
 59.14 ~~be submitted before the person has an interview appointment. Upon receipt of a signed~~  
 59.15 ~~application, the county agency must stamp the date of receipt on the face of the application.~~  
 59.16 ~~The applicant may withdraw the application at any time prior to approval by giving written~~  
 59.17 ~~or oral notice to the county agency. The county agency must follow the notice requirements~~  
 59.18 ~~in section 256J.09, subdivision 3, when issuing a notice confirming the withdrawal.~~

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

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

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

59.27 Subd. 1a. **Application submission.** An agency must offer, in person or by mail, the  
 59.28 application forms prescribed by the commissioner as soon as a person makes a written or  
 59.29 oral inquiry about assistance. Applications must be received by the agency as a signed  
 59.30 written application, an application submitted by telephone, or an application submitted  
 59.31 through Internet telepresence. When a person submits an application by telephone or through  
 59.32 Internet telepresence, the agency must receive a signed written application within 30 days  
 60.1 of the date that the person submitted the application by telephone or through Internet  
 60.2 telepresence.