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State of Minnesota

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HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 2

- 01/04/2023 Authored by Richardson, Hortman, Frazier, Noor, Hassan and others  
The bill was read for the first time and referred to the Committee on Workforce Development Finance and Policy
- 01/26/2023 Adoption of Report: Amended and re-referred to the Committee on Judiciary Finance and Civil Law
- 02/01/2023 Adoption of Report: Amended and re-referred to the Committee on Children and Families Finance and Policy
- 02/06/2023 Adoption of Report: Amended and re-referred to the Committee on Labor and Industry Finance and Policy
- 02/08/2023 Adoption of Report: Amended and re-referred to the Committee on State and Local Government Finance and Policy
- 02/13/2023 Adoption of Report: Re-referred to the Committee on Human Services Finance
- 02/20/2023 Adoption of Report: Re-referred to the Committee on Commerce Finance and Policy
- 04/12/2023 Adoption of Report: Amended and re-referred to the Committee on Workforce Development Finance and Policy  
Pursuant to Joint Rule 2.03, re-referred to the Committee on Rules and Legislative Administration  
Adoption of Report: Re-referred to the Committee on Workforce Development Finance and Policy  
Joint Rule 2.03 has been waived for any subsequent committee action on this bill
- 04/17/2023 Adoption of Report: Re-referred to the Committee on Taxes
- 04/21/2023 Adoption of Report: Amended and re-referred to the Committee on Ways and Means
- 04/25/2023 Adoption of Report: Placed on the General Register as Amended and Read for the Second Time
- 05/02/2023 Calendar for the Day, Amended and Read Third Time as Amended  
Passed by the House as Amended and transmitted to the Senate to include Floor Amendments
- 05/08/2023 Passed by the Senate as Amended and returned to the House
- 05/09/2023 Refused to concur and a Conference Committee was appointed
- 05/17/2023 Bill was laid on the Table, Bill was taken from the Table; Conference Committee Report Adopted  
Read Third Time as Amended by Conference and repassed by the House; Read Third Time as Amended by Conference and Repassed by the Senate (5/18/23)
- 05/23/2023 Presented to Governor; Governor Approval (5/24/23)

1.1 A bill for an act

1.2 relating to state government; providing for paid family, bonding, and applicant's

1.3 serious medical condition benefits; regulating and requiring certain employment

1.4 leaves; authorizing income tax withholdings and imposing taxes; authorizing

1.5 penalties; classifying data; authorizing rulemaking; requiring an actuarial report;

1.6 appropriating money; amending Minnesota Statutes 2022, sections 13.719, by

1.7 adding a subdivision; 62A.01, subdivision 1; 177.27, subdivision 4; 181.032;

1.8 256B.057, subdivision 9; 256B.0659, subdivision 18; 256B.85, subdivisions 13,

1.9 13a; 256J.561, by adding a subdivision; 256J.95, subdivisions 3, 11; 256P.01,

1.10 subdivision 3; 268.19, subdivision 1; proposing coding for new law as Minnesota

1.11 Statutes, chapter 268B.

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

1.13 ARTICLE 1

1.14 FAMILY AND MEDICAL BENEFITS

1.15 Section 1. Minnesota Statutes 2022, section 13.719, is amended by adding a subdivision  
1.16 to read:

1.17 Subd. 7. Family and medical insurance data. (a) For the purposes of this subdivision,  
1.18 the terms used have the meanings given them in section 268B.01.

1.19 (b) Data on applicants, family members, or employers under chapter 268B are private  
1.20 or nonpublic data, provided that the department may share data collected from applicants  
1.21 with employers or health care providers to the extent necessary to meet the requirements  
1.22 of chapter 268B or other applicable law.

1.23 (c) The data classified under paragraph (b) may be exchanged between the department  
1.24 and the Department of Labor and Industry and the Department of Commerce to the extent  
1.25 necessary to meet the requirements of chapter 268B or the Department of Labor and

2.1 Industry's enforcement authority over chapter 268B, as provided in section 177.27, or to  
2.2 the extent necessary for the Department of Commerce to review or verify compliance for  
2.3 a private plan under section 268B.10.

2.4 **EFFECTIVE DATE.** This section is effective July 1, 2023.

2.5 Sec. 2. Minnesota Statutes 2022, section 62A.01, subdivision 1, is amended to read:

2.6 Subdivision 1. **Definition.** The term "policy of accident and sickness insurance" as used  
2.7 herein includes any policy covering the kind of insurance described in section 60A.06,  
2.8 subdivision 1, clause (5)(a), or the paid family and medical leave benefits as described in  
2.9 section 268B.10.

2.10 **EFFECTIVE DATE.** This section is effective July 1, 2023.

2.11 Sec. 3. Minnesota Statutes 2022, section 177.27, subdivision 4, is amended to read:

2.12 Subd. 4. **Compliance orders.** The commissioner may issue an order requiring an  
2.13 employer to comply with sections 177.21 to 177.435, 181.02, 181.03, 181.031, 181.032,  
2.14 181.101, 181.11, 181.13, 181.14, 181.145, 181.15, 181.172, paragraph (a) or (d), 181.275,  
2.15 subdivision 2a, 181.722, 181.79, ~~and~~ 181.939 to 181.943, 268B.09, subdivisions 1 to 6, and  
2.16 268B.14, subdivision 3, or with any rule promulgated under section 177.28. The  
2.17 commissioner shall issue an order requiring an employer to comply with sections 177.41  
2.18 to 177.435 if the violation is repeated. For purposes of this subdivision only, a violation is  
2.19 repeated if at any time during the two years that preceded the date of violation, the  
2.20 commissioner issued an order to the employer for violation of sections 177.41 to 177.435  
2.21 and the order is final or the commissioner and the employer have entered into a settlement  
2.22 agreement that required the employer to pay back wages that were required by sections  
2.23 177.41 to 177.435. The department shall serve the order upon the employer or the employer's  
2.24 authorized representative in person or by certified mail at the employer's place of business.  
2.25 An employer who wishes to contest the order must file written notice of objection to the  
2.26 order with the commissioner within 15 calendar days after being served with the order. A  
2.27 contested case proceeding must then be held in accordance with sections 14.57 to 14.69.  
2.28 If, within 15 calendar days after being served with the order, the employer fails to file a  
2.29 written notice of objection with the commissioner, the order becomes a final order of the  
2.30 commissioner.

2.31 **EFFECTIVE DATE.** This section is effective July 1, 2023.

3.1 Sec. 4. Minnesota Statutes 2022, section 181.032, is amended to read:

3.2 **181.032 REQUIRED STATEMENT OF EARNINGS BY EMPLOYER; NOTICE**  
3.3 **TO EMPLOYEE.**

3.4 (a) At the end of each pay period, the employer shall provide each employee an earnings  
3.5 statement, either in writing or by electronic means, covering that pay period. An employer  
3.6 who chooses to provide an earnings statement by electronic means must provide employee  
3.7 access to an employer-owned computer during an employee's regular working hours to  
3.8 review and print earnings statements, and must make statements available for review or  
3.9 printing for a period of three years.

3.10 (b) The earnings statement may be in any form determined by the employer but must  
3.11 include:

3.12 (1) the name of the employee;

3.13 (2) the rate or rates of pay and basis thereof, including whether the employee is paid by  
3.14 hour, shift, day, week, salary, piece, commission, or other method;

3.15 (3) allowances, if any, claimed pursuant to permitted meals and lodging;

3.16 (4) the total number of hours worked by the employee unless exempt from chapter 177;

3.17 (5) the total amount of gross pay earned by the employee during that period;

3.18 (6) a list of deductions made from the employee's pay;

3.19 (7) any amount deducted by the employer under section 268B.14, subdivision 3, and  
3.20 the amount paid by the employer based on the employee's wages under section 268B.14,  
3.21 subdivision 1;

3.22 ~~(7)~~ (8) the net amount of pay after all deductions are made;

3.23 ~~(8)~~ (9) the date on which the pay period ends;

3.24 ~~(9)~~ (10) the legal name of the employer and the operating name of the employer if  
3.25 different from the legal name;

3.26 ~~(10)~~ (11) the physical address of the employer's main office or principal place of business,  
3.27 and a mailing address if different; and

3.28 ~~(11)~~ (12) the telephone number of the employer.

3.29 (c) An employer must provide earnings statements to an employee in writing, rather  
3.30 than by electronic means, if the employer has received at least 24 hours notice from an  
3.31 employee that the employee would like to receive earnings statements in written form. Once

4.1 an employer has received notice from an employee that the employee would like to receive  
4.2 earnings statements in written form, the employer must comply with that request on an  
4.3 ongoing basis.

4.4 (d) At the start of employment, an employer shall provide each employee a written notice  
4.5 containing the following information:

4.6 (1) the rate or rates of pay and basis thereof, including whether the employee is paid by  
4.7 the hour, shift, day, week, salary, piece, commission, or other method, and the specific  
4.8 application of any additional rates;

4.9 (2) allowances, if any, claimed pursuant to permitted meals and lodging;

4.10 (3) paid vacation, sick time, or other paid time-off accruals and terms of use;

4.11 (4) the employee's employment status and whether the employee is exempt from minimum  
4.12 wage, overtime, and other provisions of chapter 177, and on what basis;

4.13 (5) a list of deductions that may be made from the employee's pay;

4.14 (6) the number of days in the pay period, the regularly scheduled pay day, and the pay  
4.15 day on which the employee will receive the first payment of wages earned;

4.16 (7) the legal name of the employer and the operating name of the employer if different  
4.17 from the legal name;

4.18 (8) the physical address of the employer's main office or principal place of business, and  
4.19 a mailing address if different; and

4.20 (9) the telephone number of the employer.

4.21 (e) The employer must keep a copy of the notice under paragraph (d) signed by each  
4.22 employee acknowledging receipt of the notice. The notice must be provided to each employee  
4.23 in English. The English version of the notice must include text provided by the commissioner  
4.24 that informs employees that they may request, by indicating on the form, the notice be  
4.25 provided in a particular language. If requested, the employer shall provide the notice in the  
4.26 language requested by the employee. The commissioner shall make available to employers  
4.27 the text to be included in the English version of the notice required by this section and assist  
4.28 employers with translation of the notice in the languages requested by their employees.

4.29 (f) An employer must provide the employee any written changes to the information  
4.30 contained in the notice under paragraph (d) prior to the date the changes take effect.

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

5.1 Sec. 5. Minnesota Statutes 2022, section 256B.0659, subdivision 18, is amended to read:

5.2 Subd. 18. **Personal care assistance choice option; generally.** (a) The commissioner  
5.3 may allow a recipient of personal care assistance services to use a fiscal intermediary to  
5.4 assist the recipient in paying and accounting for medically necessary covered personal care  
5.5 assistance services. Unless otherwise provided in this section, all other statutory and  
5.6 regulatory provisions relating to personal care assistance services apply to a recipient using  
5.7 the personal care assistance choice option.

5.8 (b) Personal care assistance choice is an option of the personal care assistance program  
5.9 that allows the recipient who receives personal care assistance services to be responsible  
5.10 for the hiring, training, scheduling, and firing of personal care assistants according to the  
5.11 terms of the written agreement with the personal care assistance choice agency required  
5.12 under subdivision 20, paragraph (a). This program offers greater control and choice for the  
5.13 recipient in who provides the personal care assistance service and when the service is  
5.14 scheduled. The recipient or the recipient's responsible party must choose a personal care  
5.15 assistance choice provider agency as a fiscal intermediary. This personal care assistance  
5.16 choice provider agency manages payroll, invoices the state, is responsible for all  
5.17 payroll-related taxes and insurance, including premiums for family and medical benefit  
5.18 insurance, and is responsible for providing the consumer training and support in managing  
5.19 the recipient's personal care assistance services.

5.20 **EFFECTIVE DATE.** This section is effective July 1, 2024.

5.21 Sec. 6. Minnesota Statutes 2022, section 256B.85, subdivision 13, is amended to read:

5.22 Subd. 13. **Budget model.** (a) Under the budget model participants exercise responsibility  
5.23 and control over the services and supports described and budgeted within the CFSS service  
5.24 delivery plan. Participants must use services specified in subdivision 13a provided by an  
5.25 FMS provider. Under this model, participants may use their approved service budget  
5.26 allocation to:

5.27 (1) directly employ support workers, and pay wages, federal and state payroll taxes, and  
5.28 premiums for workers' compensation, liability, family and medical benefit insurance, and  
5.29 health insurance coverage; and

5.30 (2) obtain supports and goods as defined in subdivision 7.

5.31 (b) Participants who are unable to fulfill any of the functions listed in paragraph (a) may  
5.32 authorize a legal representative or participant's representative to do so on their behalf.

6.1 (c) If two or more participants using the budget model live in the same household and  
6.2 have the same support worker, the participants must use the same FMS provider.

6.3 (d) If the FMS provider advises that there is a joint employer in the budget model, all  
6.4 participants associated with that joint employer must use the same FMS provider.

6.5 (e) The commissioner shall disenroll or exclude participants from the budget model and  
6.6 transfer them to the agency-provider model under, but not limited to, the following  
6.7 circumstances:

6.8 (1) when a participant has been restricted by the Minnesota restricted recipient program,  
6.9 in which case the participant may be excluded for a specified time period under Minnesota  
6.10 Rules, parts 9505.2160 to 9505.2245;

6.11 (2) when a participant exits the budget model during the participant's service plan year.  
6.12 Upon transfer, the participant shall not access the budget model for the remainder of that  
6.13 service plan year; or

6.14 (3) when the department determines that the participant or participant's representative  
6.15 or legal representative is unable to fulfill the responsibilities under the budget model, as  
6.16 specified in subdivision 14.

6.17 (f) A participant may appeal in writing to the department under section 256.045,  
6.18 subdivision 3, to contest the department's decision under paragraph (e), clause (3), to disenroll  
6.19 or exclude the participant from the budget model.

6.20 **EFFECTIVE DATE.** This section is effective July 1, 2024.

6.21 Sec. 7. Minnesota Statutes 2022, section 256B.85, subdivision 13a, is amended to read:

6.22 Subd. 13a. **Financial management services.** (a) Services provided by an FMS provider  
6.23 include but are not limited to: filing and payment of federal and state payroll taxes and  
6.24 premiums on behalf of the participant; initiating and complying with background study  
6.25 requirements under chapter 245C and maintaining documentation of background study  
6.26 requests and results; billing for approved CFSS services with authorized funds; monitoring  
6.27 expenditures; accounting for and disbursing CFSS funds; providing assistance in obtaining  
6.28 and filing for liability, workers' compensation, family and medical benefit insurance, and  
6.29 unemployment coverage; and providing participant instruction and technical assistance to  
6.30 the participant in fulfilling employer-related requirements in accordance with section 3504  
6.31 of the Internal Revenue Code and related regulations and interpretations, including Code  
6.32 of Federal Regulations, title 26, section 31.3504-1.

7.1 (b) Agency-provider services shall not be provided by the FMS provider.

7.2 (c) The FMS provider shall provide service functions as determined by the commissioner  
7.3 for budget model participants that include but are not limited to:

7.4 (1) assistance with the development of the detailed budget for expenditures portion of  
7.5 the CFSS service delivery plan as requested by the consultation services provider or  
7.6 participant;

7.7 (2) data recording and reporting of participant spending;

7.8 (3) other duties established by the department, including with respect to providing  
7.9 assistance to the participant, participant's representative, or legal representative in performing  
7.10 employer responsibilities regarding support workers. The support worker shall not be  
7.11 considered the employee of the FMS provider; and

7.12 (4) billing, payment, and accounting of approved expenditures for goods.

7.13 (d) The FMS provider shall obtain an assurance statement from the participant employer  
7.14 agreeing to follow state and federal regulations and CFSS policies regarding employment  
7.15 of support workers.

7.16 (e) The FMS provider shall:

7.17 (1) not limit or restrict the participant's choice of service or support providers or service  
7.18 delivery models consistent with any applicable state and federal requirements;

7.19 (2) provide the participant, consultation services provider, and case manager or care  
7.20 coordinator, if applicable, with a monthly written summary of the spending for services and  
7.21 supports that were billed against the spending budget;

7.22 (3) be knowledgeable of state and federal employment regulations, including those under  
7.23 the Fair Labor Standards Act of 1938, and comply with the requirements under chapter  
7.24 268B and section 3504 of the Internal Revenue Code and related regulations and  
7.25 interpretations, including Code of Federal Regulations, title 26, section 31.3504-1, regarding  
7.26 agency employer tax liability for vendor fiscal/employer agent, and any requirements  
7.27 necessary to process employer and employee deductions, provide appropriate and timely  
7.28 submission of employer tax liabilities, and maintain documentation to support medical  
7.29 assistance claims;

7.30 (4) have current and adequate liability insurance and bonding and sufficient cash flow  
7.31 as determined by the commissioner and have on staff or under contract a certified public  
7.32 accountant or an individual with a baccalaureate degree in accounting;

8.1 (5) assume fiscal accountability for state funds designated for the program and be held  
8.2 liable for any overpayments or violations of applicable statutes or rules, including but not  
8.3 limited to the Minnesota False Claims Act, chapter 15C;

8.4 (6) maintain documentation of receipts, invoices, and bills to track all services and  
8.5 supports expenditures for any goods purchased and maintain time records of support workers.  
8.6 The documentation and time records must be maintained for a minimum of five years from  
8.7 the claim date and be available for audit or review upon request by the commissioner. Claims  
8.8 submitted by the FMS provider to the commissioner for payment must correspond with  
8.9 services, amounts, and time periods as authorized in the participant's service budget and  
8.10 service plan and must contain specific identifying information as determined by the  
8.11 commissioner; and

8.12 (7) provide written notice to the participant or the participant's representative at least 30  
8.13 calendar days before a proposed service termination becomes effective.

8.14 (f) The commissioner shall:

8.15 (1) establish rates and payment methodology for the FMS provider;

8.16 (2) identify a process to ensure quality and performance standards for the FMS provider  
8.17 and ensure statewide access to FMS providers; and

8.18 (3) establish a uniform protocol for delivering and administering CFSS services to be  
8.19 used by eligible FMS providers.

8.20 **EFFECTIVE DATE.** This section is effective July 1, 2024.

8.21 Sec. 8. Minnesota Statutes 2022, section 268.19, subdivision 1, is amended to read:

8.22 Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from  
8.23 any person under the administration of the Minnesota Unemployment Insurance Law are  
8.24 private data on individuals or nonpublic data not on individuals as defined in section 13.02,  
8.25 subdivisions 9 and 12, and may not be disclosed except according to a district court order  
8.26 or section 13.05. A subpoena is not considered a district court order. These data may be  
8.27 disseminated to and used by the following agencies without the consent of the subject of  
8.28 the data:

8.29 (1) state and federal agencies specifically authorized access to the data by state or federal  
8.30 law;

8.31 (2) any agency of any other state or any federal agency charged with the administration  
8.32 of an unemployment insurance program;



9.1 (3) any agency responsible for the maintenance of a system of public employment offices  
9.2 for the purpose of assisting individuals in obtaining employment;

9.3 (4) the public authority responsible for child support in Minnesota or any other state in  
9.4 accordance with section 256.978;

9.5 (5) human rights agencies within Minnesota that have enforcement powers;

9.6 (6) the Department of Revenue to the extent necessary for its duties under Minnesota  
9.7 laws;

9.8 (7) public and private agencies responsible for administering publicly financed assistance  
9.9 programs for the purpose of monitoring the eligibility of the program's recipients;

9.10 (8) the Department of Labor and Industry and the Commerce Fraud Bureau in the  
9.11 Department of Commerce for uses consistent with the administration of their duties under  
9.12 Minnesota law;

9.13 (9) the Department of Human Services and the Office of Inspector General and its agents  
9.14 within the Department of Human Services, including county fraud investigators, for  
9.15 investigations related to recipient or provider fraud and employees of providers when the  
9.16 provider is suspected of committing public assistance fraud;

9.17 (10) local and state welfare agencies for monitoring the eligibility of the data subject  
9.18 for assistance programs, or for any employment or training program administered by those  
9.19 agencies, whether alone, in combination with another welfare agency, or in conjunction  
9.20 with the department or to monitor and evaluate the statewide Minnesota family investment  
9.21 program and other cash assistance programs, the Supplemental Nutrition Assistance Program,  
9.22 and the Supplemental Nutrition Assistance Program Employment and Training program by  
9.23 providing data on recipients and former recipients of Supplemental Nutrition Assistance  
9.24 Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child  
9.25 care assistance under chapter 119B, or medical programs under chapter 256B or 256L or  
9.26 formerly codified under chapter 256D;

9.27 (11) local and state welfare agencies for the purpose of identifying employment, wages,  
9.28 and other information to assist in the collection of an overpayment debt in an assistance  
9.29 program;

9.30 (12) local, state, and federal law enforcement agencies for the purpose of ascertaining  
9.31 the last known address and employment location of an individual who is the subject of a  
9.32 criminal investigation;

10.1 (13) the United States Immigration and Customs Enforcement has access to data on  
10.2 specific individuals and specific employers provided the specific individual or specific  
10.3 employer is the subject of an investigation by that agency;

10.4 (14) the Department of Health for the purposes of epidemiologic investigations;

10.5 (15) the Department of Corrections for the purposes of case planning and internal research  
10.6 for preprobation, probation, and postprobation employment tracking of offenders sentenced  
10.7 to probation and preconfinement and postconfinement employment tracking of committed  
10.8 offenders;

10.9 (16) the state auditor to the extent necessary to conduct audits of job opportunity building  
10.10 zones as required under section 469.3201; ~~and~~

10.11 (17) the Office of Higher Education for purposes of supporting program improvement,  
10.12 system evaluation, and research initiatives including the Statewide Longitudinal Education  
10.13 Data System; and

10.14 (18) the Family and Medical Benefits Division of the Department of Employment and  
10.15 Economic Development to be used as necessary to administer chapter 268B.

10.16 (b) Data on individuals and employers that are collected, maintained, or used by the  
10.17 department in an investigation under section 268.182 are confidential as to data on individuals  
10.18 and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3  
10.19 and 13, and must not be disclosed except under statute or district court order or to a party  
10.20 named in a criminal proceeding, administrative or judicial, for preparation of a defense.

10.21 (c) Data gathered by the department in the administration of the Minnesota unemployment  
10.22 insurance program must not be made the subject or the basis for any suit in any civil  
10.23 proceedings, administrative or judicial, unless the action is initiated by the department.

10.24 **EFFECTIVE DATE.** This section is effective July 1, 2023.

10.25 Sec. 9. **[268B.01] DEFINITIONS.**

10.26 Subdivision 1. **Scope.** For the purposes of this chapter, the terms defined in this section  
10.27 have the meanings given.

10.28 Subd. 2. **Active duty.** "Active duty" has the meaning given in United States Code, title  
10.29 29, section 2611(14), and includes domestic deployment.

10.30 Subd. 3. **Applicant.** "Applicant" means an individual applying for leave with benefits  
10.31 under this chapter.

11.1 Subd. 4. Applicant's average weekly wage. "Applicant's average weekly wage" means  
 11.2 an amount equal to the applicant's high quarter wage credits divided by 13.

11.3 Subd. 5. Base period. (a) "Base period," unless otherwise provided in this subdivision,  
 11.4 means the most recent four completed calendar quarters before the effective date of an  
 11.5 applicant's application for family or medical leave benefits if the application has an effective  
 11.6 date occurring after the month following the most recent completed calendar quarter. The  
 11.7 base period under this paragraph is as follows:

11.8 <u>If the application for family or medical leave</u>	
11.9 <u>benefits is effective on or between these</u>	
11.10 <u>dates:</u>	<u>The base period is the prior:</u>
11.11 <u>February 1 to March 31</u>	<u>January 1 to December 31</u>
11.12 <u>May 1 to June 30</u>	<u>April 1 to March 31</u>
11.13 <u>August 1 to September 30</u>	<u>July 1 to June 30</u>
11.14 <u>November 1 to December 31</u>	<u>October 1 to September 30</u>

11.15 (b) If an application for family or medical leave benefits has an effective date that is  
 11.16 during the month following the most recent completed calendar quarter, then the base period  
 11.17 is the first four of the most recent five completed calendar quarters before the effective date  
 11.18 of an applicant's application for family or medical leave benefits. The base period under  
 11.19 this paragraph is as follows:

11.20 <u>If the application for family or medical leave</u>	
11.21 <u>benefits is effective on or between these</u>	
11.22 <u>dates:</u>	<u>The base period is the prior:</u>
11.23 <u>January 1 to January 31</u>	<u>October 1 to September 30</u>
11.24 <u>April 1 to April 30</u>	<u>January 1 to December 31</u>
11.25 <u>July 1 to July 31</u>	<u>April 1 to March 31</u>
11.26 <u>October 1 to October 31</u>	<u>July 1 to June 30</u>

11.27 (c) Regardless of paragraph (a), a base period of the first four of the most recent five  
 11.28 completed calendar quarters must be used if the applicant would have more wage credits  
 11.29 under that base period than under a base period of the four most recent completed calendar  
 11.30 quarters.

11.31 (d) If the applicant has insufficient wage credits to establish a benefit account under a  
 11.32 base period of the four most recent completed calendar quarters, or a base period of the first  
 11.33 four of the most recent five completed calendar quarters, but during either base period the  
 11.34 applicant received workers' compensation for temporary disability under chapter 176 or a  
 11.35 similar federal law or similar law of another state, or if the applicant whose own serious

12.1 illness caused a loss of work for which the applicant received compensation for loss of  
12.2 wages from some other source, the applicant may request a base period as follows:

12.3 (1) if an applicant was compensated for a loss of work of seven to 13 weeks during a  
12.4 base period referred to in paragraph (a) or (b), then the base period is the first four of the  
12.5 most recent six completed calendar quarters before the effective date of the application for  
12.6 family or medical leave benefits;

12.7 (2) if an applicant was compensated for a loss of work of 14 to 26 weeks during a base  
12.8 period referred to in paragraph (a) or (b), then the base period is the first four of the most  
12.9 recent seven completed calendar quarters before the effective date of the application for  
12.10 family or medical leave benefits;

12.11 (3) if an applicant was compensated for a loss of work of 27 to 39 weeks during a base  
12.12 period referred to in paragraph (a) or (b), then the base period is the first four of the most  
12.13 recent eight completed calendar quarters before the effective date of the application for  
12.14 family or medical leave benefits; and

12.15 (4) if an applicant was compensated for a loss of work of 40 to 52 weeks during a base  
12.16 period referred to in paragraph (a) or (b), then the base period is the first four of the most  
12.17 recent nine completed calendar quarters before the effective date of the application for  
12.18 family or medical leave benefits.

12.19 (e) For an applicant under a private plan as provided in section 268B.10, the base period  
12.20 is those most recent four quarters in which wage credits were earned with the current  
12.21 employer as provided by the current employer. If an employer does not have four quarters  
12.22 of wage detail information, the employer must accept an employee's certification of wage  
12.23 credits, based on the employee's records. If the employee does not provide certification of  
12.24 additional wage credits, the employer may use a base period that consists of all available  
12.25 quarters.

12.26 Subd. 6. **Benefit.** "Benefit" or "benefits" means monetary payments under this chapter  
12.27 associated with qualifying bonding, family care, medical care related to pregnancy, serious  
12.28 health condition, qualifying exigency, or safety leave events, unless otherwise indicated by  
12.29 context.

12.30 Subd. 7. **Benefit account.** "Benefit account" means a benefit account established under  
12.31 section 268B.04.

12.32 Subd. 8. **Benefit year.** (a) Except as provided in paragraph (b), "benefit year" means  
12.33 the period of 52 calendar weeks beginning the date a benefit account under section 268B.04

13.1 is effective. For a benefit account established effective any January 1, April 1, July 1, or  
13.2 October 1, the benefit year will be a period of 53 calendar weeks.

13.3 (b) For a private plan under section 268B.10, "benefit year" means:

13.4 (1) a calendar year;

13.5 (2) any fixed 12-month period, such as a fiscal year or a 12-month period measured  
13.6 forward from an employee's first date of employment;

13.7 (3) a 12-month period measured forward from an employee's first day of leave taken;

13.8 or

13.9 (4) a rolling 12-month period measured backward from an employee's first day of leave  
13.10 taken.

13.11 Employers are required to notify employees of their benefit year within 30 days of the  
13.12 private plan approval and first day of employment.

13.13 Subd. 9. **Bonding.** "Bonding" means time spent by an applicant who is a biological,  
13.14 adoptive, or foster parent with a biological, adopted, or foster child in conjunction with the  
13.15 child's birth, adoption, or placement.

13.16 Subd. 10. **Calendar day.** "Calendar day" or "day" means a fixed 24-hour period  
13.17 corresponding to a single calendar date.

13.18 Subd. 11. **Calendar quarter.** "Calendar quarter" means the period of three consecutive  
13.19 calendar months ending on March 31, June 30, September 30, or December 31.

13.20 Subd. 12. **Calendar week.** "Calendar week" has the same meaning as "week" under  
13.21 subdivision 49.

13.22 Subd. 13. **Commissioner.** "Commissioner" means the commissioner of employment  
13.23 and economic development, unless otherwise indicated by context.

13.24 Subd. 14. **Construction industry.** "Construction industry" means any construction,  
13.25 reconstruction, building erection, alteration, remodel, repair, renovation, rehabilitation,  
13.26 excavation, or demolition of any building, structure, facility utility, power plant, sewer,  
13.27 dam, highway, road, street, airport, bridge, or other improvement.

13.28 Subd. 15. **Covered employment.** (a) "Covered employment" means performing services  
13.29 of whatever nature, unlimited by the relationship of master and servant as known to the  
13.30 common law, or any other legal relationship performed for wages or under any contract  
13.31 calling for the performance of services, written or oral, express or implied.

14.1 (b) For the purposes of this chapter, covered employment means an employee's entire  
14.2 employment during a calendar year if:

14.3 (1) 50 percent or more of the employment during the calendar year is performed in  
14.4 Minnesota;

14.5 (2) 50 percent or more of the employment during the calendar year is not performed in  
14.6 Minnesota or any other state, or Canada, but some of the employment is performed in  
14.7 Minnesota and the employee's residence is in Minnesota during 50 percent or more of the  
14.8 calendar year; or

14.9 (3) 50 percent or more of the employment during the calendar year is not performed in  
14.10 Minnesota or any other state, or Canada, but the place from where the employee's  
14.11 employment is controlled and directed is based in Minnesota.

14.12 (c) "Covered employment" does not include:

14.13 (1) a self-employed individual;

14.14 (2) an independent contractor; or

14.15 (3) employment by a seasonal employee, as defined in subdivision 35.

14.16 Subd. 16. **Department.** "Department" means the Department of Employment and  
14.17 Economic Development, unless otherwise indicated by context.

14.18 Subd. 17. **Employee.** (a) "Employee" means an individual who performs services of  
14.19 whatever nature for an employer.

14.20 (b) Employee does not include employees of the United States of America, self-employed  
14.21 individuals, or independent contractors.

14.22 (c) Employee does not include seasonal employees as defined in subdivision 35.

14.23 Subd. 18. **Employer.** (a) "Employer" means:

14.24 (1) any person, type of organization, or entity, including any partnership, association,  
14.25 trust, estate, joint stock company, insurance company, limited liability company, or  
14.26 corporation, whether domestic or foreign, or the receiver, trustee in bankruptcy, trustee, or  
14.27 the legal representative of a deceased person, having any individual in covered employment;

14.28 (2) the state, state agencies, Minnesota State Colleges and Universities, University of  
14.29 Minnesota, and other statewide public systems;

14.30 (3) any municipality or local government entity, including but not limited to a county,  
14.31 city, town, school district, Metropolitan Council, Metropolitan Airports Commission, housing

15.1 and redevelopment authority, port authority, economic development authority, sports facilities  
15.2 authority, board or commission, joint powers board or organization created under section  
15.3 471.59, destination medical center corporation, municipal corporation, quasimunicipal  
15.4 corporation, or other political subdivision. An employer also includes charter schools; and

15.5 (4) the taxpaying employer as described in section 268.046, subdivision 1.

15.6 (b) Employer does not include:

15.7 (1) the United States of America; or

15.8 (2) a self-employed individual who has elected and been approved for coverage under  
15.9 section 268B.11 with regard to the self-employed individual's own coverage and benefits.

15.10 Subd. 19. **Estimated self-employment income.** "Estimated self-employment income"  
15.11 means a self-employed individual's net earnings from self-employment in the most recent  
15.12 taxable year.

15.13 Subd. 20. **Family and medical benefit insurance account.** "Family and medical benefit  
15.14 insurance account" means the family and medical benefit insurance account in the special  
15.15 revenue fund in the state treasury under section 268B.02.

15.16 Subd. 21. **Family benefit program.** "Family benefit program" means the program  
15.17 administered under this chapter for the collection of premiums and payment of benefits  
15.18 related to family care, bonding, safety leave, and leave related to a qualifying exigency.

15.19 Subd. 22. **Family care.** "Family care" means an applicant caring for a family member  
15.20 with a serious health condition or caring for a family member who is a military member.

15.21 Subd. 23. **Family member.** (a) "Family member" means, with respect to an applicant:

15.22 (1) a spouse or domestic partner;

15.23 (2) a child, including a biological, adopted, or foster child, a stepchild, or a child to  
15.24 whom the applicant stands in loco parentis, is a legal guardian, or is a de facto parent;

15.25 (3) a parent or legal guardian of the applicant;

15.26 (4) a sibling;

15.27 (5) a grandchild;

15.28 (6) a grandparent or spouse's grandparent;

15.29 (7) a son-in-law or daughter-in-law; and

16.1 (8) an individual who has a relationship with the applicant that creates an expectation  
16.2 and reliance that the applicant care for the individual, whether or not the applicant and the  
16.3 individual reside together.

16.4 (b) For the purposes of this chapter, "grandchild" means a child of the applicant's child.

16.5 (c) For the purposes of this chapter, "grandparent" means a parent of the applicant's  
16.6 parent.

16.7 (d) For the purposes of this chapter, "parent" means the biological, adoptive, de facto,  
16.8 or foster parent, stepparent, or legal guardian of an applicant or the applicant's spouse, or  
16.9 an individual who stood in loco parentis to an applicant when the applicant was a child.

16.10 Subd. 24. **Health care provider.** "Health care provider" means:

16.11 (1) an individual who is licensed, certified, or otherwise authorized under law to practice  
16.12 in the individual's scope of practice as a physician; physician assistant; podiatrist; osteopath;  
16.13 surgeon; advanced practice registered nurse; an alcohol and drug counselor as defined in  
16.14 section 148F.01, subdivision 5; or a mental health professional as defined in section 245I.02,  
16.15 subdivision 27; or

16.16 (2) any other individual determined by the commissioner by rule, in accordance with  
16.17 the rulemaking procedures in the Administrative Procedure Act, to be capable of providing  
16.18 health care services.

16.19 Subd. 25. **High quarter.** "High quarter" means the calendar quarter in an applicant's  
16.20 base period with the highest amount of wage credits.

16.21 Subd. 26. **Incapacity.** "Incapacity" means inability to perform regular work, attend  
16.22 school, or perform regular daily activities due to a serious health condition, treatment  
16.23 therefore, or recovery therefrom.

16.24 Subd. 27. **Independent contractor.** If there is an existing specific test or definition for  
16.25 independent contractor in Minnesota statute or rule applicable to an occupation or sector  
16.26 as of the date of enactment of this chapter, that test or definition shall apply to that occupation  
16.27 or sector for purposes of this chapter. If there is not an existing test or definition as described,  
16.28 the definition for independent contractor shall be as provided in Minnesota Rules, part  
16.29 5200.0221.

16.30 Subd. 28. **Inpatient care.** "Inpatient care" means an overnight stay in a hospital, hospice,  
16.31 or residential medical care facility, including any period of incapacity, or any subsequent  
16.32 treatment in connection with such inpatient care.



17.1 Subd. 29. **Maximum weekly benefit amount.** "Maximum weekly benefit amount"  
17.2 means the state's average weekly wage as calculated under section 268.035, subdivision 23.

17.3 Subd. 30. **Medical benefit program.** "Medical benefit program" means the program  
17.4 administered under this chapter for the collection of premiums and payment of benefits  
17.5 related to an applicant's serious health condition or medical care related to pregnancy.

17.6 Subd. 31. **Medical care related to pregnancy.** "Medical care related to pregnancy"  
17.7 includes prenatal care or incapacity due to pregnancy or recovery from childbirth, stillbirth,  
17.8 miscarriage, or related health conditions.

17.9 Subd. 32. **Net earnings from self-employment.** "Net earnings from self-employment"  
17.10 has the meaning given in section 1402 of the Internal Revenue Code, as defined in section  
17.11 290.01, subdivision 31.

17.12 Subd. 33. **Qualifying exigency.** (a) "Qualifying exigency" means a need arising out of  
17.13 a military member's active duty service or notice of an impending call or order to active  
17.14 duty in the United States armed forces, including providing for the care or other needs of  
17.15 the family member's child or other dependent, making financial or legal arrangements for  
17.16 the family member, attending counseling, attending military events or ceremonies, spending  
17.17 time with the family member during a rest and recuperation leave or following return from  
17.18 deployment, or making arrangements following the death of the military member.

17.19 (b) For the purposes of this chapter, a "military member" means a current or former  
17.20 member of the United States armed forces, including a member of the National Guard or  
17.21 reserves, who, except for a deceased military member, is a resident of the state and is a  
17.22 family member of the applicant taking leave related to the qualifying exigency.

17.23 Subd. 34. **Safety leave.** "Safety leave" means leave from work because of domestic  
17.24 abuse, sexual assault, or stalking of the applicant or applicant's family member, provided  
17.25 the leave is to:

17.26 (1) seek medical attention related to the physical or psychological injury or disability  
17.27 caused by domestic abuse, sexual assault, or stalking;

17.28 (2) obtain services from a victim services organization;

17.29 (3) obtain psychological or other counseling;

17.30 (4) seek relocation due to the domestic abuse, sexual assault, or stalking; or

18.1 (5) seek legal advice or take legal action, including preparing for or participating in any  
18.2 civil or criminal legal proceeding related to, or resulting from, the domestic abuse, sexual  
18.3 assault, or stalking.

18.4 Subd. 35. **Seasonal employee.** (a) A seasonal employee is an individual who is employed  
18.5 for no more than 150 days during any consecutive 52-week period in hospitality by an  
18.6 employer whose average receipts during any six months of the preceding calendar year  
18.7 were not more than 33 percent of its average receipts for the other six months of such year.

18.8 (b) For the purposes of this section, "hospitality" has the meaning given under the  
18.9 collective definitions in section 157.15, subdivisions 4 to 9 and 11 to 14.

18.10 (c) For an individual to be classified as a seasonal employee, an employer must apply  
18.11 to the department in a format and manner prescribed by the commissioner and certify that:

18.12 (1) the employee meets or will meet the 150-day maximum employment duration under  
18.13 this subdivision;

18.14 (2) the employee's primary line of work is hospitality;

18.15 (3) the employer meets the receipts threshold under this subdivision; and

18.16 (4) the employer has provided the required employee notice required under section  
18.17 268B.26.

18.18 (d) An employer must notify the department, in a format and manner prescribed by the  
18.19 commissioner, within five business days if a previously classified seasonal employee no  
18.20 longer meets the criteria above and is no longer a seasonal employee.

18.21 Subd. 36. **Self-employed individual.** "Self-employed individual" means a resident of  
18.22 the state who, in one taxable year preceding the current calendar year, derived at least 5.3  
18.23 percent of the state's average annual wage in net earnings from self-employment.

18.24 Subd. 37. **Self-employment premium base.** "Self-employment premium base" means  
18.25 the lesser of:

18.26 (1) a self-employed individual's estimated self-employment income for the calendar year  
18.27 plus the individual's self-employment wages in the calendar year; or

18.28 (2) the maximum earnings subject to the FICA Old-Age, Survivors, and Disability  
18.29 Insurance tax in the taxable year.

18.30 Subd. 38. **Self-employment wages.** "Self-employment wages" means the amount of  
18.31 wages that a self-employed individual earned in the calendar year from an entity from which  
18.32 the individual also received net earnings from self-employment.

19.1 Subd. 39. **Serious health condition.** (a) "Serious health condition" means a physical or  
19.2 mental illness, injury, impairment, condition, or substance use disorder that involves:

19.3 (1) inpatient care in a hospital, hospice, or residential medical care facility, including  
19.4 any period of incapacity; or

19.5 (2) continuing treatment or supervision by a health care provider which includes any  
19.6 one or more of the following:

19.7 (i) a period of incapacity of seven or more days, and any subsequent treatment or period  
19.8 of incapacity relating to the same condition, that also involves:

19.9 (A) treatment two or more times, within 30 days of the first day of incapacity, unless  
19.10 extenuating circumstances beyond the individual's control prevent a follow-up visit from  
19.11 occurring as planned, by a health care provider or by a provider of health care services under  
19.12 orders of, or on referral by, a health care provider; or

19.13 (B) treatment by a health care provider on at least one occasion that results in a regimen  
19.14 of continuing treatment under the supervision of the health care provider;

19.15 (ii) a period of incapacity due to medical care related to pregnancy;

19.16 (iii) a period of incapacity or treatment for a chronic health condition that:

19.17 (A) requires periodic visits, defined as at least twice a year, for treatment by a health  
19.18 care provider or under orders of, or on referral by, a health care provider;

19.19 (B) continues over an extended period of time, including recurring episodes of a single  
19.20 underlying condition; and

19.21 (C) may cause episodic rather than continuing periods of incapacity;

19.22 (iv) a period of incapacity which is permanent or long term due to a condition for which  
19.23 treatment may not be effective. The applicant or family member must be under the continuing  
19.24 supervision of, but need not be receiving active treatment by, a health care provider; or

19.25 (v) a period of absence to receive multiple treatments, including any period of recovery  
19.26 from the treatments, by a health care provider or by a provider of health care services under  
19.27 orders of, or on referral by, a health care provider, for:

19.28 (A) restorative surgery after an accident or other injury; or

19.29 (B) a condition that would likely result in a period of incapacity of more than seven full  
19.30 calendar days in the absence of medical intervention or treatment.

20.1 (b) For the purposes of paragraph (a), clauses (1) and (2), treatment by a health care  
20.2 provider means an in-person visit or telemedicine visit with a health care provider, or by a  
20.3 provider of health care services under orders of, or on referral by, a health care provider.

20.4 (c) For the purposes of paragraph (a), treatment includes but is not limited to examinations  
20.5 to determine if a serious health condition exists and evaluations of the condition.

20.6 (d) Absences attributable to incapacity under paragraph (a), clause (2), item (ii) or (iii),  
20.7 qualify for leave under this chapter even if the applicant or the family member does not  
20.8 receive treatment from a health care provider during the absence, and even if the absence  
20.9 does not last more than seven consecutive, full calendar days.

20.10 Subd. 40. **State's average weekly wage.** "State's average weekly wage" means the  
20.11 weekly wage calculated under section 268.035, subdivision 23.

20.12 Subd. 41. **Supplemental benefit payment.** (a) "Supplemental benefit payment" means:

20.13 (1) a payment made by an employer to an employee as salary continuation or as paid  
20.14 time off. Such a payment must be in addition to any family or medical leave benefits the  
20.15 employee is receiving under this chapter; and

20.16 (2) a payment offered by an employer to an employee who is taking leave under this  
20.17 chapter to supplement the family or medical leave benefits the employee is receiving.

20.18 (b) Employers may, but are not required to, designate certain benefits including but not  
20.19 limited to salary continuation, vacation leave, sick leave, or other paid time off as a  
20.20 supplemental benefit payment.

20.21 (c) Nothing in this chapter requires an employee to receive supplemental benefit  
20.22 payments.

20.23 (d) At no time shall a supplemental benefit payment combined with any leave benefit  
20.24 received under this chapter exceed the regular wage or salary of the applicant.

20.25 Subd. 42. **Taxable year.** "Taxable year" has the meaning given in section 290.01,  
20.26 subdivision 9.

20.27 Subd. 43. **Taxable wages.** "Taxable wages" means those wages paid to an employee in  
20.28 covered employment each calendar year up to an amount equal to the maximum wages  
20.29 subject to premium in a calendar year, which is equal to the maximum earnings in that year  
20.30 subject to the FICA Old-Age, Survivors, and Disability Insurance tax rounded to the nearest  
20.31 \$1,000.

20.32 Subd. 44. **Typical workweek.** "Typical workweek" means:

21.1 (1) for an hourly employee, the average number of hours worked per week by an  
21.2 employee within the high quarter during the base year; or

21.3 (2) 40 hours for a salaried employee, regardless of the number of hours the salaried  
21.4 employee typically works.

21.5 Subd. 45. **Wage credits.** "Wage credits" means the amount of wages paid within an  
21.6 applicant's base period for covered employment, as defined in subdivision 15.

21.7 Subd. 46. **Wage detail report.** "Wage detail report" means the report on each employee  
21.8 and all seasonal employees in covered employment required from an employer on a calendar  
21.9 quarter basis under section 268B.12.

21.10 Subd. 47. **Wages.** "Wages" has the meaning given in section 268.035, subdivision 29.

21.11 Subd. 48. **Wages paid.** (a) "Wages paid" means the amount of wages:

21.12 (1) that have been actually paid; or

21.13 (2) that have been credited to or set apart so that payment and disposition is under the  
21.14 control of the employee.

21.15 (b) Wage payments delayed beyond the regularly scheduled pay date are wages paid on  
21.16 the missed pay date. Back pay is wages paid on the date of actual payment. Any wages  
21.17 earned but not paid with no scheduled date of payment are wages paid on the last day of  
21.18 employment.

21.19 (c) Wages paid does not include wages earned but not paid except as provided for in  
21.20 this subdivision.

21.21 Subd. 49. **Week.** "Week" means calendar week ending at midnight Saturday.

21.22 Subd. 50. **Weekly benefit amount.** "Weekly benefit amount" means the amount of  
21.23 family and medical leave benefits computed under section 268B.04.

21.24 **EFFECTIVE DATE.** This section is effective July 1, 2023.

21.25 Sec. 10. **[268B.02] FAMILY AND MEDICAL BENEFIT INSURANCE PROGRAM**  
21.26 **CREATION.**

21.27 Subdivision 1. **Creation.** A family and medical benefit insurance program is created to  
21.28 be administered by the commissioner according to the terms of this chapter.

21.29 Subd. 2. **Creation of division.** A Family and Medical Benefit Insurance Division is  
21.30 created within the department under the authority of the commissioner. The commissioner

22.1 shall appoint a director of the division. The division shall administer and operate the benefit  
22.2 program under this chapter.

22.3 Subd. 3. **Rulemaking.** The commissioner shall adopt rules to implement the provisions  
22.4 of this chapter. For the purposes of this chapter, the commissioner may use the expedited  
22.5 rulemaking process under section 14.389.

22.6 Subd. 4. **Account creation; appropriation.** The family and medical benefit insurance  
22.7 account is created in the special revenue fund in the state treasury. Unless otherwise  
22.8 appropriated, money in this account is appropriated to the commissioner to pay benefits  
22.9 under and to administer this chapter, including outreach required under section 268B.18.  
22.10 Appropriations and transfers to the account are credited to the account. Earnings, such as  
22.11 interest, dividends, and any other earnings arising from assets of the account, are credited  
22.12 to the account. Money remaining in the account at the end of a fiscal year is not canceled  
22.13 to the general fund but remains in the account until expended.

22.14 Subd. 5. **Information technology services and equipment.** The department is exempt  
22.15 from the provisions of section 16E.016 for the purposes of this chapter.

22.16 Subd. 6. **Procurement.** For purposes of administering this chapter, until July 1, 2026,  
22.17 the department is exempt from the requirements of section 16A.15, subdivision 3; 16C.06;  
22.18 16C.08 to 16C.09; and any other applicable state procurement laws and procedures.

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

22.20 Sec. 11. **[268B.03] PAYMENT OF BENEFITS.**

22.21 Subdivision 1. **Requirements.** The commissioner must pay benefits from the family  
22.22 and medical benefit insurance account as provided under this chapter to an applicant who  
22.23 has met each of the following requirements:

22.24 (1) the applicant has filed an application for benefits and established a benefit account  
22.25 in accordance with section 268B.04;

22.26 (2) the applicant has met all of the ongoing eligibility requirements under section  
22.27 268B.06;

22.28 (3) the applicant does not have an outstanding overpayment of family or medical leave  
22.29 benefits due to misrepresentation, including any penalties or interest;

22.30 (4) the applicant has not been held ineligible for benefits under section 268B.07,  
22.31 subdivision 2; and

23.1 (5) the applicant is not employed exclusively by a private plan employer and has wage  
23.2 credits during the base year attributable to employers covered under the state family and  
23.3 medical leave program.

23.4 Subd. 2. **Benefits paid from state funds.** Benefits are paid from state funds and are not  
23.5 considered paid from any special insurance plan, nor as paid by an employer. An application  
23.6 for family or medical leave benefits is not considered a claim against an employer but is  
23.7 considered a request for benefits from the family and medical benefit insurance account.  
23.8 The commissioner has the responsibility for the proper payment of benefits regardless of  
23.9 the level of interest or participation by an applicant or an employer in any determination or  
23.10 appeal. An applicant's entitlement to benefits must be determined based upon that information  
23.11 available without regard to a burden of proof. Any agreement between an applicant and an  
23.12 employer is not binding on the commissioner in determining an applicant's entitlement.  
23.13 There is no presumption of entitlement or nonentitlement to benefits.

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

23.15 Sec. 12. **[268B.04] BENEFIT ACCOUNT; BENEFITS.**

23.16 Subdivision 1. **Application for benefits; determination of benefit account.** (a) An  
23.17 application for benefits may be filed up to 60 days before leave taken under chapter 268B  
23.18 in person, by mail, or by electronic transmission as the commissioner may require. The  
23.19 applicant must include certification supporting a request for leave under this chapter. The  
23.20 applicant must meet eligibility requirements and must provide all requested information in  
23.21 the manner required. If the applicant fails to provide all requested information, the  
23.22 communication is not an application for family and medical leave benefits.

23.23 (b) The commissioner must examine each application for benefits to determine the base  
23.24 period and the benefit year, and based upon all the covered employment in the base period  
23.25 the commissioner must determine the weekly benefit amount available, if any, and the  
23.26 maximum amount of benefits available, if any. The determination, which is a document  
23.27 separate and distinct from a document titled a determination of eligibility or determination  
23.28 of ineligibility, must be titled determination of benefit account. A determination of benefit  
23.29 account must be sent to the applicant and all base period employers, by mail or electronic  
23.30 transmission.

23.31 (c) If a base period employer did not provide wage detail information for the applicant  
23.32 as required under section 268B.12, the commissioner may accept an applicant certification  
23.33 of wage credits, based upon the applicant's records, and issue a determination of benefit  
23.34 account.

24.1 (d) The commissioner may, at any time within 12 months from the establishment of a  
24.2 benefit account, reconsider any determination of benefit account and make an amended  
24.3 determination if the commissioner finds that the wage credits listed in the determination  
24.4 were incorrect for any reason. An amended determination of benefit account must be  
24.5 promptly sent to the applicant and all base period employers, by mail or electronic  
24.6 transmission. This paragraph does not apply to documents titled determinations of eligibility  
24.7 or determinations of ineligibility issued.

24.8 (e) If an amended determination of benefit account reduces the weekly benefit amount  
24.9 or maximum amount of benefits available, any benefits that have been paid greater than the  
24.10 applicant was entitled is an overpayment of benefits. A determination or amended  
24.11 determination issued under this section that results in an overpayment of benefits must set  
24.12 out the amount of the overpayment and the requirement that the overpaid benefits must be  
24.13 repaid according to section 268B.185.

24.14 Subd. 2. **Benefit account requirements.** To establish a benefit account, an applicant  
24.15 must have wage credits of at least 5.3 percent of the state's average annual wage rounded  
24.16 down to the next lower \$100.

24.17 Subd. 3. **Weekly benefit amount; maximum amount of benefits available; prorated**  
24.18 **amount.** (a) Subject to the maximum weekly benefit amount, an applicant's weekly benefit  
24.19 is calculated by adding the amounts obtained by applying the following percentage to an  
24.20 applicant's average typical workweek and weekly wage during the high quarter of the base  
24.21 period:

24.22 (1) 90 percent of wages that do not exceed 50 percent of the state's average weekly wage;  
24.23 plus

24.24 (2) 66 percent of wages that exceed 50 percent of the state's average weekly wage but  
24.25 not 100 percent; plus

24.26 (3) 55 percent of wages that exceed 100 percent of the state's average weekly wage.

24.27 (b) The state's average weekly wage is the average wage as calculated under section  
24.28 268.035, subdivision 23, at the time a benefit amount is first determined.

24.29 (c) The maximum weekly benefit amount is the state's average weekly wage as calculated  
24.30 under section 268.035, subdivision 23.

24.31 (d) The state's maximum weekly benefit amount, computed in accordance with section  
24.32 268.035, subdivision 23, applies to a benefit account established effective on or after the



25.1 last Sunday in October. Once established, an applicant's weekly benefit amount is not  
25.2 affected by the last Sunday in October change in the state's maximum weekly benefit amount.

25.3 (e) For an employee receiving family or medical leave, a weekly benefit amount is  
25.4 prorated when:

25.5 (1) the employee works hours for wages;

25.6 (2) the employee uses paid sick leave, paid vacation leave, or other paid time off that is  
25.7 not considered a supplemental benefit payment as defined in section 268B.01, subdivision  
25.8 41; or

25.9 (3) leave is taken intermittently.

25.10 Subd. 4. **Timing of payment.** Except as otherwise provided for in this chapter, benefits  
25.11 must be paid weekly.

25.12 Subd. 5. **Maximum length of benefits.** (a) The total number of weeks that an applicant  
25.13 may take benefits in a single benefit year for a serious health condition is the lesser of 12  
25.14 weeks, or 12 weeks minus the number of weeks within the same benefit year that the  
25.15 applicant received benefits for bonding, safety leave, family care, or qualifying exigency  
25.16 plus eight weeks.

25.17 (b) The total number of weeks that an applicant may take benefits in a single benefit  
25.18 year for bonding, safety leave, family care, or qualifying exigency is the lesser of 12 weeks,  
25.19 or 12 weeks minus the number of weeks within the same benefit year that the applicant  
25.20 received benefits for a serious health condition plus eight weeks.

25.21 Subd. 6. **Minimum period for which benefits payable.** Except for a claim for benefits  
25.22 for bonding leave, any claim for benefits must be based on a single qualifying event of at  
25.23 least seven calendar days. The minimum duration to receive benefits under this chapter is  
25.24 one work day in a work week.

25.25 Subd. 7. **Right of appeal.** (a) A determination or amended determination of benefit  
25.26 account is final unless an appeal is filed by the applicant within 60 calendar days after the  
25.27 sending of the determination or amended determination.

25.28 (b) Any applicant may appeal from a determination or amended determination of benefit  
25.29 account on the issue of whether services performed constitute employment, whether the  
25.30 employment is covered employment, and whether money paid constitutes wages.

25.31 Subd. 8. **Limitations on applications and benefit accounts.** An application for family  
25.32 or medical leave benefits is effective the Sunday of the calendar week that the application

26.1 was filed. An application for benefits may be backdated one calendar week before the  
26.2 Sunday of the week the application was actually filed if the applicant requests the backdating  
26.3 within seven calendar days of the date the application is filed. An application may be  
26.4 backdated only if the applicant was eligible for the benefit during the period of the  
26.5 backdating. If an individual attempted to file an application for benefits, but was prevented  
26.6 from filing an application by the department, the application is effective the Sunday of the  
26.7 calendar week the individual first attempted to file an application.

26.8 **EFFECTIVE DATE.** This section is effective November 1, 2025.

26.9 **Sec. 13. [268B.05] NOTIFICATION OF CHANGED CIRCUMSTANCES.**

26.10 An applicant shall promptly notify the department of changes that may affect eligibility  
26.11 under section 268B.06.

26.12 **EFFECTIVE DATE.** This section is effective November 1, 2025.

26.13 **Sec. 14. [268B.06] ELIGIBILITY REQUIREMENTS; PAYMENTS THAT AFFECT**  
26.14 **BENEFITS.**

26.15 Subdivision 1. **Eligibility conditions.** (a) An applicant may be eligible to receive family  
26.16 or medical leave benefits for any week if:

26.17 (1) the week for which benefits are requested is in the applicant's benefit year;

26.18 (2) the applicant was unable to perform regular work due to a serious health condition,  
26.19 a qualifying exigency, safety leave, family care, bonding, or medical care related to  
26.20 pregnancy. For bonding leave, eligibility ends 12 months after birth or placement;

26.21 (3) the applicant has sufficient wage credits from an employer or employers as defined  
26.22 in section 268B.01, subdivision 45, to establish a benefit account under section 268B.04;  
26.23 and

26.24 (4) an applicant requesting benefits under this chapter must fulfill certification  
26.25 requirements under subdivision 3.

26.26 (b) A self-employed individual or independent contractor who has elected and been  
26.27 approved for coverage under section 268B.11 need not fulfill the requirement of paragraph  
26.28 (a), clause (3) or (4).

26.29 Subd. 2. **Seven-day qualifying event.** (a) The period for which an applicant is seeking  
26.30 benefits must be or have been based on a single event of at least seven calendar days' duration  
26.31 related to medical care related to pregnancy, family care, a qualifying exigency, safety leave,

27.1 or the applicant's serious health condition. The days must be consecutive, unless the leave  
27.2 is intermittent.

27.3 (b) Benefits related to bonding need not meet the seven-day qualifying event requirement.

27.4 (c) The commissioner shall use the rulemaking authority under section 268B.02,  
27.5 subdivision 3, to adopt rules regarding what serious health conditions and other events are  
27.6 prospectively presumed to constitute seven-day qualifying events under this chapter.

27.7 Subd. 3. **Certification.** (a) Certification for an applicant taking leave related to the  
27.8 applicant's serious health condition shall be sufficient if the certification states the date on  
27.9 which the serious health condition began, the probable duration of the condition, and the  
27.10 appropriate medical facts within the knowledge of the health care provider as required by  
27.11 the commissioner. If the applicant requests intermittent leave, the certification must include  
27.12 the health care provider's reasonable estimate of the frequency and duration and estimated  
27.13 treatment schedule, if applicable.

27.14 (b) Certification for an applicant taking leave to care for a family member with a serious  
27.15 health condition shall be sufficient if the certification states the date on which the serious  
27.16 health condition commenced, the probable duration of the condition, the appropriate medical  
27.17 facts within the knowledge of the health care provider as required by the commissioner, a  
27.18 statement that the family member requires care, and an estimate of the amount of time that  
27.19 the family member will require care.

27.20 (c) Certification for an applicant taking leave due to medical care related to pregnancy  
27.21 shall be sufficient if the certification states the applicant is experiencing medical care related  
27.22 to pregnancy and recovery period based on appropriate medical facts within the knowledge  
27.23 of the health care provider.

27.24 (d) Certification for an applicant taking bonding leave because of the birth of the  
27.25 applicant's child shall be sufficient if the certification includes either the child's birth  
27.26 certificate or a document issued by the health care provider of the child or the health care  
27.27 provider of the person who gave birth, stating the child's birth date or estimated due date.

27.28 (e) Certification for an applicant taking bonding leave because of the placement of a  
27.29 child with the applicant for adoption or foster care shall be sufficient if the applicant provides  
27.30 a document issued by the health care provider of the child, an adoption or foster care agency  
27.31 involved in the placement, or by other individuals as determined by the commissioner that  
27.32 confirms the placement and the date of placement. To the extent that the status of an applicant  
27.33 as an adoptive or foster parent changes while an application for benefits is pending, or while

28.1 the covered individual is receiving benefits, the applicant must notify the department of  
28.2 such change in status in writing.

28.3 (f) Certification for an applicant taking leave because of a qualifying exigency shall be  
28.4 sufficient if the certification includes:

28.5 (1) a copy of the family member's active-duty orders;

28.6 (2) other documentation issued by the United States armed forces; or

28.7 (3) other documentation permitted by the commissioner.

28.8 (g) Certification for an applicant taking safety leave is sufficient if the certification  
28.9 includes a court record or documentation signed by an employee of a victim's services  
28.10 organization, an attorney, a police officer, or an antiviolence counselor. The commissioner  
28.11 must not require disclosure of details relating to an applicant's or applicant's family member's  
28.12 domestic abuse, sexual assault, or stalking.

28.13 (h) Certifications under paragraphs (a) to (e) must be reviewed and signed by a health  
28.14 care provider with knowledge of the qualifying event associated with the leave.

28.15 (i) For a leave taken on an intermittent basis, based on a serious health condition of an  
28.16 applicant or applicant's family member, the certification under this subdivision must include  
28.17 an explanation of how such leave would be medically beneficial to the individual with the  
28.18 serious health condition.

28.19 Subd. 4. **Not eligible.** An applicant is ineligible for family or medical leave benefits for  
28.20 any portion of a typical workweek:

28.21 (1) that occurs before the effective date of a benefit account;

28.22 (2) that the applicant fails or refuses to provide information on an issue of ineligibility  
28.23 required under section 268B.07, subdivision 2; or

28.24 (3) for which the applicant worked for pay.

28.25 Subd. 5. **Vacation, sick leave, paid time off, and disability insurance payments.** (a)  
28.26 An employee may use vacation pay, sick pay, paid time off pay, or disability insurance  
28.27 payments, in lieu of family or medical leave program benefits under this chapter, provided  
28.28 the employee is concurrently eligible. Subject to the limitations of section 268B.09,  
28.29 subdivision 1, an employee is entitled to the employment protections under section 268B.09  
28.30 for those workdays during which this option is exercised. This subdivision applies to private  
28.31 plans under section 268B.10.

29.1 (b) An employer may offer supplemental benefit payments, as defined in section 268B.01,  
29.2 subdivision 41, to an employee taking leave under this chapter. The choice to receive  
29.3 supplemental benefits lies with the employee. Nothing in this section shall be construed as  
29.4 requiring an employee to receive or an employer to provide supplemental benefits payments.  
29.5 The total amount of paid benefits under this chapter and the supplemental benefits paid  
29.6 must not exceed the employee's usual salary.

29.7 Subd. 6. **Workers' compensation offset.** (a) An applicant is not eligible to receive  
29.8 benefits for any portion of a week in which the applicant is receiving or has received  
29.9 compensation for loss of wages equal to or in excess of the applicant's weekly family or  
29.10 medical leave benefit amount under:

29.11 (1) the workers' compensation law of this state; or

29.12 (2) the workers' compensation law of any other state or similar federal law.

29.13 (b) This subdivision does not apply to an applicant who has a claim pending for loss of  
29.14 wages under paragraph (a). If the applicant later receives compensation as a result of the  
29.15 pending claim, the applicant is subject to paragraph (a) and the family or medical leave  
29.16 benefits paid are overpaid benefits under section 268B.185.

29.17 (c) If the amount of compensation described under paragraph (a) for any week is less  
29.18 than the applicant's weekly family or medical leave benefit amount, benefits requested for  
29.19 that week are reduced by the amount of that compensation payment.

29.20 Subd. 7. **Separation, severance, or bonus payments.** (a) An applicant is not eligible  
29.21 to receive benefits for any week the applicant is receiving, has received, or will receive  
29.22 separation pay, severance pay, bonus pay, or any other payments paid by an employer  
29.23 because of, upon, or after separation from employment. This subdivision applies if the  
29.24 payment is:

29.25 (1) considered wages under section 268B.01, subdivision 47; or

29.26 (2) subject to the Federal Insurance Contributions Act (FICA) tax imposed to fund Social  
29.27 Security and Medicare.

29.28 (b) Payments under this subdivision are applied to the period immediately following the  
29.29 later of the date of separation from employment or the date the applicant first becomes  
29.30 aware that the employer will be making a payment. The date the payment is actually made  
29.31 or received, or that an applicant must agree to a release of claims, does not affect the  
29.32 application of this paragraph.

30.1 (c) This subdivision does not apply to vacation pay, sick pay, personal time off pay, or  
30.2 supplemental benefit payment under subdivision 4.

30.3 (d) This subdivision applies to all the weeks of payment.

30.4 (e) Under this subdivision, if the payment with respect to a week is equal to or more  
30.5 than the applicant's weekly benefit amount, the applicant is ineligible for benefits for that  
30.6 week. If the payment with respect to a week is less than the applicant's weekly benefit  
30.7 amount, benefits are reduced by the amount of the payment.

30.8 Subd. 8. **Social Security disability benefits.** (a) An applicant who is receiving, has  
30.9 received, or has filed for primary Social Security disability benefits for any week is ineligible  
30.10 for benefits for that week, unless:

30.11 (1) the Social Security Administration approved the collecting of primary Social Security  
30.12 disability benefits each month the applicant was employed during the base period; or

30.13 (2) the applicant provides a statement from an appropriate health care professional who  
30.14 is aware of the applicant's Social Security disability claim and the basis for that claim,  
30.15 certifying that the applicant is able to perform the essential functions of their employment  
30.16 with or without a reasonable accommodation.

30.17 (b) If an applicant meets the requirements of paragraph (a), clause (1) or (2), there is no  
30.18 deduction from the applicant's weekly benefit amount for any Social Security disability  
30.19 benefits.

30.20 (c) Information from the Social Security Administration is conclusive, absent specific  
30.21 evidence showing that the information was erroneous.

30.22 Subd. 9. **Seasonal employment denial.** (a) An applicant is not eligible to receive benefits  
30.23 or take protected leave under the provisions of this chapter for any week the applicant is a  
30.24 seasonal employee as defined in section 268B.01, subdivision 35.

30.25 (b) If benefits are denied to any applicant under paragraph (a) who remains employed  
30.26 more than 150 days, the applicant is only entitled to benefits beginning the Sunday following  
30.27 the completion of the 150-day period.

30.28 **EFFECTIVE DATE.** This section is effective November 1, 2025.

30.29 Sec. 15. **[268B.07] DETERMINATION ON ISSUES OF ELIGIBILITY.**

30.30 Subdivision 1. **Employer notification.** (a) Upon a determination that an applicant is  
30.31 entitled to benefits, the commissioner must promptly send a notification to each current  
30.32 employer of the applicant, if any, in accordance with paragraph (b).

31.1 (b) The notification under paragraph (a) must include, at a minimum:

31.2 (1) the name of the applicant;

31.3 (2) that the applicant has applied for and received benefits;

31.4 (3) the week the benefits commence;

31.5 (4) the weekly benefit amount payable; and

31.6 (5) the maximum duration of benefits.

31.7 Subd. 2. **Determination.** (a) The commissioner must determine any issue of ineligibility  
31.8 raised by information required from an applicant and send to the applicant and any current  
31.9 base period employer, by mail or electronic transmission, a document titled a determination  
31.10 of eligibility or a determination of ineligibility, as is appropriate, within two weeks, unless  
31.11 the application is incomplete due to outstanding requests for information including clerical  
31.12 or other errors. Nothing prohibits the commissioner from requesting additional information  
31.13 or the applicant from supplementing their initial application before a determination of  
31.14 eligibility. The commissioner may extend the deadline for a determination under this  
31.15 subdivision due to extenuating circumstances.

31.16 (b) If an applicant obtained benefits through misrepresentation, the department is  
31.17 authorized to issue a determination of ineligibility within 12 months of the establishment  
31.18 of the benefit account.

31.19 (c) If the department has filed an intervention in a worker's compensation matter under  
31.20 section 176.361, the department is authorized to issue a determination of ineligibility within  
31.21 48 months of the establishment of the benefit account.

31.22 (d) A determination of eligibility or determination of ineligibility is final unless an appeal  
31.23 is filed by the applicant within 60 calendar days after sending. The determination must  
31.24 contain a prominent statement indicating the consequences of not appealing. Proceedings  
31.25 on the appeal are conducted in accordance with section 268B.08.

31.26 (e) An issue of ineligibility required to be determined under this section includes any  
31.27 question regarding the denial or allowing of benefits under this chapter.

31.28 Subd. 3. **Amended determination.** Unless an appeal has been filed, the commissioner,  
31.29 on the commissioner's own motion, may reconsider a determination of eligibility or  
31.30 determination of ineligibility that has not become final and issue an amended determination.  
31.31 Any amended determination must be sent to the applicant and any employer in the current

32.1 base period by mail or electronic transmission. Any amended determination is final unless  
32.2 an appeal is filed by the applicant within 60 calendar days after sending.

32.3 Subd. 4. **Benefit payment.** If a determination or amended determination allows benefits  
32.4 to an applicant, the family or medical leave benefits must be paid regardless of any appeal  
32.5 period or any appeal having been filed.

32.6 Subd. 5. **Overpayment.** A determination or amended determination that holds an  
32.7 applicant ineligible for benefits for periods an applicant has been paid benefits is an  
32.8 overpayment of those family or medical leave benefits. A determination or amended  
32.9 determination issued under this section that results in an overpayment of benefits must set  
32.10 out the amount of the overpayment and the requirement that the overpaid benefits must be  
32.11 repaid according to section 268B.185.

32.12 **EFFECTIVE DATE.** This section is effective November 1, 2025.

32.13 Sec. 16. **[268B.08] APPEAL PROCESS.**

32.14 Subdivision 1. **Hearing.** (a) The commissioner shall designate a chief hearing officer.

32.15 (b) Upon a timely appeal to a determination having been filed or upon a referral for  
32.16 direct hearing, the chief hearing officer must set a time and date for a de novo due-process  
32.17 hearing and send notice to an applicant and an employer, by mail or electronic transmission,  
32.18 not less than ten calendar days before the date of the hearing.

32.19 (c) The commissioner may adopt rules on procedures for hearings. The rules need not  
32.20 conform to common law or statutory rules of evidence and other technical rules of procedure.

32.21 (d) The chief hearing officer has discretion regarding the method by which the hearing  
32.22 is conducted.

32.23 (e) The chief hearing officer must assign a hearing officer to conduct a hearing and may  
32.24 transfer to another hearing officer any proceedings pending before another hearing officer.

32.25 Subd. 2. **Decision.** (a) After the conclusion of the hearing, upon the evidence obtained,  
32.26 the hearing officer must serve by mail or electronic transmission to all parties the decision,  
32.27 reasons for the decision, and written findings of fact.

32.28 (b) Decisions of a hearing officer are not precedential.

32.29 Subd. 3. **Request for reconsideration.** Any party, or the commissioner, may, within  
32.30 30 calendar days after service of the hearing officer's decision, file a request for  
32.31 reconsideration asking the hearing officer to reconsider that decision.



33.1 Subd. 4. **Appeal to court of appeals.** Any final determination on a request for  
33.2 reconsideration may be appealed by any party directly to the Minnesota Court of Appeals.

33.3 **EFFECTIVE DATE.** This section is effective November 1, 2025.

33.4 Sec. 17. **[268B.085] NOTICE TO EMPLOYER; SCHEDULES.**

33.5 Subdivision 1. **Notice to employer.** (a) If the need for leave is foreseeable, an employee  
33.6 must provide the employer at least 30 days' advance notice before leave under this chapter  
33.7 is to begin. If 30 days' notice is not practicable because of a lack of knowledge of  
33.8 approximately when leave will be required to begin, a change in circumstances, or a medical  
33.9 emergency, notice must be given as soon as practicable. Whether leave is to be continuous  
33.10 or is to be taken intermittently, notice need only be given one time, but the employee must  
33.11 advise the employer as soon as practicable if dates of scheduled leave change or are extended,  
33.12 or were initially unknown. In those cases where the employee is required to provide at least  
33.13 30 days' notice of foreseeable leave and does not do so, the employee must explain the  
33.14 reasons why notice was not practicable upon request from the employer.

33.15 (b) "As soon as practicable" means as soon as both possible and practical, taking into  
33.16 account all of the facts and circumstances in the individual case. When an employee becomes  
33.17 aware of a need for leave under this chapter less than 30 days in advance, it should be  
33.18 practicable for the employee to provide notice of the need for leave either the same day or  
33.19 the next day, unless the need for leave is based on a medical emergency. In all cases,  
33.20 however, the determination of when an employee could practicably provide notice must  
33.21 take into account the individual facts and circumstances.

33.22 (c) An employee shall provide at least oral, telephone, or text message notice sufficient  
33.23 to make the employer aware that the employee needs leave allowed under this chapter and  
33.24 the anticipated timing and duration of the leave.

33.25 (d) In addition to any other prohibition imposed under this chapter, an employer must  
33.26 not discharge, discipline, penalize, interfere with, threaten, restrain, coerce, or otherwise  
33.27 retaliate or discriminate against an employee for providing this certification.

33.28 (e) An employer may require an employee to comply with the employer's usual and  
33.29 customary notice and procedural requirements for requesting leave, including the employer's  
33.30 attendance or call-out policies and procedures, absent unusual circumstances or other  
33.31 circumstances caused by the reason for the employee's need for leave. An employee may  
33.32 be required by an employer's or covered business entity's policy to contact a specific  
33.33 individual or designated phone number to report this information. Leave under this chapter

34.1 must not be delayed or denied where an employer's usual and customary notice or procedural  
34.2 requirements require notice to be given sooner than set forth in this subdivision.

34.3 (f) An employer may require that an employee taking leave under this chapter provide  
34.4 a copy of the certification under section 268B.06, subdivision 3. Upon written request from  
34.5 the employer, the employee shall provide a copy of the certification as soon as practicable  
34.6 and possible given all of the facts and circumstances in the individual case. Providing  
34.7 certification at or around the time the employee provides a certification to the department  
34.8 shall be considered practicable.

34.9 (g) If an employer has failed to provide notice to the employee as required under section  
34.10 268B.26, paragraph (a), (b), or (e), the employee is not required to comply with the notice  
34.11 requirements of this subdivision.

34.12 (h) An employer may not require, as a condition of an employee taking leave under this  
34.13 chapter, that the employee seek or find a replacement worker to cover the hours the employee  
34.14 uses under this chapter.

34.15 Subd. 2. **Bonding leave.** Bonding leave taken under this chapter begins at a time requested  
34.16 by the employee. Bonding leave must end within 12 months of the birth, adoption, or  
34.17 placement of a foster child, except that, in the case where the child must remain in the  
34.18 hospital longer than the mother, the leave must end within 12 months after the child leaves  
34.19 the hospital. Employees may also use bonding leave before the actual placement or adoption  
34.20 of a child in situations that include but are not limited to where the employee may be required  
34.21 to:

34.22 (1) attend counseling sessions;

34.23 (2) appear in court;

34.24 (3) consult with the attorney or doctors representing the birth parent;

34.25 (4) submit to a physical examination; or

34.26 (5) travel to another country to complete an adoption.

34.27 Subd. 3. **Intermittent schedule.** (a) Leave under this chapter, based on a serious health  
34.28 condition, may be taken intermittently if such leave is reasonable and appropriate to the  
34.29 needs of the individual with the serious health condition. For all other leaves under this  
34.30 chapter, leave may be taken intermittently. Intermittent leave is leave taken in separate  
34.31 blocks of time due to a single, seven-day qualifying event.

35.1 (b) For an applicant who takes leave on an intermittent schedule, the weekly benefit  
35.2 amount shall be prorated.

35.3 (c) An employee requesting leave taken intermittently shall provide the employer with  
35.4 a schedule of needed workdays off as soon as practicable and must make a reasonable effort  
35.5 to schedule the intermittent leave so as not to disrupt unduly the operations of the employer.  
35.6 If this cannot be done to the satisfaction of both employer and employee, the employer  
35.7 cannot require the employee to change their leave schedule in order to accommodate the  
35.8 employer.

35.9 (d) Notwithstanding the allowance for intermittent leave under this subdivision, an  
35.10 employer shall not be required under this chapter to provide, but may elect to provide, more  
35.11 than 480 hours of intermittent leave in any 12-month period. If an employer limits hours of  
35.12 intermittent leave pursuant to this paragraph, an employee is entitled to take their remaining  
35.13 leave continuously, subject to the total amount of leave available under section 268B.04,  
35.14 subdivision 5. An employer may run intermittent leave available under the Family and  
35.15 Medical Leave Act, United States Code, title 29, sections 2601 to 2654, as amended,  
35.16 concurrent with an employee's entitlement to intermittent leave under this chapter.

35.17 **EFFECTIVE DATE.** This section is effective January 1, 2026, except subdivision 1  
35.18 is effective November 1, 2025.

35.19 Sec. 18. **[268B.09] EMPLOYMENT PROTECTIONS.**

35.20 Subdivision 1. **Retaliation prohibited.** (a) An employer must not discharge, discipline,  
35.21 penalize, interfere with, threaten, restrain, coerce, or otherwise retaliate or discriminate  
35.22 against an employee for requesting or obtaining benefits or leave, or for exercising any  
35.23 other right under this chapter.

35.24 (b) For the purposes of this section, the term "leave" includes but is not limited to:

35.25 (1) leave taken for any day for which the employee has been deemed eligible for benefits  
35.26 under this chapter; or

35.27 (2) any day for which the employee meets the eligibility criteria under section 268B.06,  
35.28 subdivision 1, clause (2) or (3), and the employee has applied for benefits in good faith  
35.29 under this chapter. For the purposes of this subdivision, "good faith" is defined as anything  
35.30 that is not knowingly false or in reckless disregard of the truth.

35.31 (c) In addition to the remedies provided in subdivision 8, the commissioner of labor and  
35.32 industry may also issue a penalty to the employer of not less than \$1,000 and not more than  
35.33 \$10,000 per violation, payable to the employee aggrieved. In determining the amount of

36.1 the penalty under this subdivision, the appropriateness of the penalty to the size of the  
36.2 employer's business and the gravity of the violation shall be considered.

36.3 Subd. 2. **Interference prohibited.** An employer must not obstruct or impede an  
36.4 application for leave or benefits or the exercise of any other right under this chapter. In  
36.5 addition to the remedies provided in subdivision 8, the commissioner of labor and industry  
36.6 may also issue a penalty to the employer of not less than \$1,000 and not more than \$10,000  
36.7 per violation, payable to the employee aggrieved. In determining the amount of the penalty  
36.8 under this subdivision, the appropriateness of the penalty to the size of the employer's  
36.9 business and the gravity of the violation shall be considered.

36.10 Subd. 3. **Waiver of rights void.** (a) Any agreement to waive, release, or commute rights  
36.11 to benefits or any other right under this chapter is void, except for a voluntary settlement  
36.12 agreement resolving disputed claims or a valid separation agreement releasing putative  
36.13 claims.

36.14 (b) Any provision, whether oral or written, of a lease, contract, or other agreement or  
36.15 instrument that purports to be a waiver by an individual of any right or remedy provided in  
36.16 this chapter is contrary to public policy and void if the waiver or release purports to waive  
36.17 claims arising out of acts or practices that occur after the execution of the waiver or release.

36.18 (c) A waiver or release of rights or remedies secured by this chapter that purports to  
36.19 apply to claims arising out of acts or practices prior to, or concurrent with, the execution of  
36.20 the waiver or release may be rescinded within 15 calendar days of its execution, except that  
36.21 a waiver or release given in settlement of a claim filed with the department or with another  
36.22 administrative agency or judicial body is valid and final upon execution. A waiving or  
36.23 releasing party must be informed in writing of the right to rescind the waiver or release. To  
36.24 be effective, the rescission must be in writing and delivered to the waived or released party  
36.25 by hand, electronically with the receiving party's consent, or by mail within the 15-day  
36.26 period. If delivered by mail, the rescission must be:

- 36.27 (1) postmarked within the 15-day period;  
36.28 (2) properly addressed to the waived or released party; and  
36.29 (3) sent by certified mail, return receipt requested.

36.30 Subd. 4. **No assignment of benefits.** Any assignment, pledge, or encumbrance of benefits  
36.31 is void, unless otherwise provided in this chapter. Benefits are exempt from levy, execution,  
36.32 attachment, or any other remedy provided for the collection of debt. Any waiver of this  
36.33 subdivision is void.

37.1 Subd. 5. Continued insurance. (a) During any leave for which an employee is entitled  
37.2 to benefits or leave under this chapter, the employer must maintain coverage under any  
37.3 group insurance policy, group subscriber contract, or health care plan for the employee and  
37.4 any dependents as if the employee was not on leave, provided, however, that the employee  
37.5 must continue to pay any employee share of the cost of such benefits.

37.6 (b) This subdivision may be waived for employees who are working in the construction  
37.7 industry under a bona fide collective bargaining agreement that requires employer  
37.8 contributions to a multiemployer health plan pursuant to United States Code, title 29, section  
37.9 186(c)(5), but only if the waiver is set forth in clear and unambiguous terms in the collective  
37.10 bargaining agreement and explicitly cites this subdivision.

37.11 Subd. 6. Employee right to reinstatement. (a) On return from leave under this chapter,  
37.12 an employee is entitled to be returned to the same position the employee held when leave  
37.13 commenced or to an equivalent position with equivalent benefits, pay, and other terms and  
37.14 conditions of employment. An employee is entitled to reinstatement even if the employee  
37.15 has been replaced or the employee's position has been restructured to accommodate the  
37.16 employee's absence.

37.17 (b)(1) An equivalent position is one that is virtually identical to the employee's former  
37.18 position in terms of pay, benefits, and working conditions, including privileges, prerequisites,  
37.19 and status. It must involve the same or substantially similar duties and responsibilities,  
37.20 which must entail substantially equivalent skill, effort, responsibility, and authority.

37.21 (2) If an employee is no longer qualified for the position because of the employee's  
37.22 inability to attend a necessary course, renew a license, fly a minimum number of hours, or  
37.23 similar condition, as a result of the leave, the employee must be given a reasonable  
37.24 opportunity to fulfill those conditions upon return from leave.

37.25 (c)(1) An employee is entitled to any unconditional pay increases which may have  
37.26 occurred during the leave period, such as cost of living increases. Pay increases conditioned  
37.27 upon seniority, length of service, or work performed must be granted in accordance with  
37.28 the employer's policy or practice with respect to other employees on an equivalent leave  
37.29 status for a reason that does not qualify for leave under this chapter. An employee is entitled  
37.30 to be restored to a position with the same or equivalent pay premiums, such as a shift  
37.31 differential. If an employee departed from a position averaging ten hours of overtime, and  
37.32 corresponding overtime pay, each week an employee is ordinarily entitled to such a position  
37.33 on return from leave under this chapter.

38.1 (2) Equivalent pay includes any bonus or payment, whether it is discretionary or  
38.2 nondiscretionary, made to employees consistent with clause (1). If a bonus or other payment  
38.3 is based on the achievement of a specified goal such as hours worked, products sold, or  
38.4 perfect attendance, and the employee has not met the goal due to leave under this chapter,  
38.5 the payment may be denied, unless otherwise paid to employees on an equivalent leave  
38.6 status for a reason that does not qualify for leave under this chapter.

38.7 (d) Benefits under this section include all benefits provided or made available to  
38.8 employees by an employer, including group life insurance, health insurance, disability  
38.9 insurance, sick leave, annual leave, educational benefits, and pensions, regardless of whether  
38.10 benefits are provided by a practice or written policy of an employer through an employee  
38.11 benefit plan as defined in section 3(3) of United States Code, title 29, section 1002(3).

38.12 (1) At the end of an employee's leave under this chapter, benefits must be resumed in  
38.13 the same manner and at the same levels as provided when the leave began, and subject to  
38.14 any changes in benefit levels that may have taken place during the period of leave affecting  
38.15 the entire workforce, unless otherwise elected by the employee. Upon return from a leave  
38.16 under this chapter, an employee must not be required to requalify for any benefits the  
38.17 employee enjoyed before leave began, including family or dependent coverages.

38.18 (2) An employee may, but is not entitled to, accrue any additional benefits or seniority  
38.19 during a leave under this chapter. Benefits accrued at the time leave began must be available  
38.20 to an employee upon return from leave.

38.21 (3) With respect to pension and other retirement plans, leave under this chapter must  
38.22 not be treated as or counted toward a break in service for purposes of vesting and eligibility  
38.23 to participate. If the plan requires an employee to be employed on a specific date in order  
38.24 to be credited with a year of service for vesting, contributions, or participation purposes,  
38.25 an employee on leave under this chapter must be treated as employed on that date. Periods  
38.26 of leave under this chapter need not be treated as credited service for purposes of benefit  
38.27 accrual, vesting, and eligibility to participate.

38.28 (4) Employees on leave under this chapter must be treated as if they continued to work  
38.29 for purposes of changes to benefit plans. Employees on leave under this chapter are entitled  
38.30 to changes in benefit plans, except those which may be dependent upon seniority or accrual  
38.31 during the leave period, immediately upon return from leave or to the same extent they  
38.32 would have qualified if no leave had been taken.

38.33 (e) An equivalent position must have substantially similar duties, conditions,  
38.34 responsibilities, privileges, and status as the employee's original position.

39.1 (1) The employee must be reinstated to the same or a geographically proximate worksite  
39.2 from where the employee had previously been employed. If the employee's original worksite  
39.3 has been closed, the employee is entitled to the same rights as if the employee had not been  
39.4 on leave when the worksite closed.

39.5 (2) The employee is ordinarily entitled to return to the same shift or the same or an  
39.6 equivalent work schedule.

39.7 (3) The employee must have the same or an equivalent opportunity for bonuses,  
39.8 profit-sharing, and other similar discretionary and nondiscretionary payments, excluding  
39.9 any bonus paid to another employee or employees for covering the work of the employee  
39.10 while the employee was on leave.

39.11 (4) This chapter does not prohibit an employer from accommodating an employee's  
39.12 request to be restored to a different shift, schedule, or position which better suits the  
39.13 employee's personal needs on return from leave, or to offer a promotion to a better position.  
39.14 However, an employee must not be induced by the employer to accept a different position  
39.15 against the employee's wishes.

39.16 (f) The requirement that an employee be restored to the same or equivalent job with the  
39.17 same or equivalent pay, benefits, and terms and conditions of employment does not extend  
39.18 to de minimis, intangible, or unmeasurable aspects of the job.

39.19 (g) Nothing in this section shall be deemed to affect the Americans with Disabilities  
39.20 Act, United States Code, title 42, chapter 126.

39.21 (h) Ninety calendar days from the date of hire, an employee has a right and is entitled  
39.22 to reinstatement as provided under this subdivision for any day for which:

39.23 (1) the employee has been deemed eligible for benefits under this chapter; or

39.24 (2) the employee meets the eligibility criteria under section 268B.06, subdivision 1,  
39.25 clause (2) or (3), and the employee has applied for benefits in good faith under this chapter.  
39.26 For the purposes of this paragraph, good faith is defined as anything that is not knowingly  
39.27 false or in reckless disregard of the truth.

39.28 (i) This subdivision and subdivision 7 may be waived for employees who are working  
39.29 in the construction industry under a bona fide collective bargaining agreement with a  
39.30 construction trade union that maintains a referral-to-work procedure for employees to obtain  
39.31 employment with multiple signatory employers, but only if the waiver is set forth in clear  
39.32 and unambiguous terms in the collective bargaining agreement and explicitly cites this  
39.33 subdivision and subdivision 7.

40.1 Subd. 7. Limitations on an employee's right to reinstatement. An employee has no  
40.2 greater right to reinstatement or to other benefits and conditions of employment than if the  
40.3 employee had been continuously employed during the period of leave under this chapter.  
40.4 An employer must be able to show that an employee would not otherwise have been  
40.5 employed at the time reinstatement is requested in order to deny restoration to employment.

40.6 (1) If an employee is laid off during the course of taking a leave under this chapter and  
40.7 employment is terminated, the employer's responsibility to continue the leave, maintain  
40.8 group health plan benefits, and restore the employee cease at the time the employee is laid  
40.9 off, provided the employer has no continuing obligations under a collective bargaining  
40.10 agreement or otherwise. An employer has the burden of proving that an employee would  
40.11 have been laid off during the period of leave under this chapter and, therefore, would not  
40.12 be entitled to restoration to a job slated for layoff when the employee's original position  
40.13 would not meet the requirements of an equivalent position.

40.14 (2) If a shift has been eliminated or overtime has been decreased, an employee would  
40.15 not be entitled to return to work that shift or the original overtime hours upon restoration.  
40.16 However, if a position on, for example, a night shift has been filled by another employee,  
40.17 the employee is entitled to return to the same shift on which employed before taking leave  
40.18 under this chapter.

40.19 (3) If an employee was hired for a specific term or only to perform work on a discrete  
40.20 project, the employer has no obligation to restore the employee if the employment term or  
40.21 project is over and the employer would not otherwise have continued to employ the employee.

40.22 Subd. 8. Remedies. (a) In addition to any other remedies available to an employee in  
40.23 law or equity, an employer who violates the provisions of this section is liable to any  
40.24 employee affected for:

40.25 (1) damages equal to the amount of:

40.26 (i) any and all damages recoverable by law;

40.27 (ii) reasonable interest on the amount of damages awarded; and

40.28 (iii) an additional amount as liquidated damages equal to the sum of the amount described  
40.29 in item (i) and the interest described in item (ii), except that if an employer who has violated  
40.30 the provisions of this section proves to the satisfaction of the court that the act or omission  
40.31 which violated the provisions of this section was in good faith and that the employer had  
40.32 reasonable grounds for believing that the act or omission was not a violation of the provisions



41.1 of this section, the court may, in the discretion of the court, reduce the amount of the liability  
41.2 to the amount and interest determined under items (i) and (ii), respectively; and

41.3 (2) such injunctive and other equitable relief as determined by a court or jury, including  
41.4 employment, reinstatement, and promotion.

41.5 (b) An action to recover damages or equitable relief prescribed in paragraph (a) may be  
41.6 maintained against any employer in any federal or state court of competent jurisdiction by  
41.7 any one or more employees for and on behalf of:

41.8 (1) the employees; or

41.9 (2) the employees and other employees similarly situated.

41.10 (c) Rule 23 of the Rules of Civil Procedure applies to this section.

41.11 (d) The court in an action under this section must, in addition to any judgment awarded  
41.12 to the plaintiff or plaintiffs, allow reasonable attorney fees, reasonable expert witness fees,  
41.13 and other costs of the action to be paid by the defendant.

41.14 (e) Nothing in this section shall be construed to allow an employee to recover damages  
41.15 from an employer for the denial of benefits under this chapter by the department, unless the  
41.16 employer unlawfully interfered with the application for benefits under subdivision 2.

41.17 (f) An employee bringing a civil action under this section is entitled to a jury trial. An  
41.18 employee cannot waive their right to a jury trial under this section including, but not limited  
41.19 to, by signing an agreement to submit claims to arbitration.

41.20 **EFFECTIVE DATE.** This section is effective January 1, 2026, except subdivisions 1  
41.21 to 4 are effective November 1, 2025.

41.22 Sec. 19. **[268B.10] SUBSTITUTION OF A PRIVATE PLAN.**

41.23 Subdivision 1. **Application for substitution.** Employers may apply to the commissioner  
41.24 for approval to meet their obligations under this chapter through the substitution of a private  
41.25 plan that provides paid family, paid medical, or paid family and medical benefits. In order  
41.26 to be approved as meeting an employer's obligations under this chapter, a private plan must  
41.27 confer all of the same rights, protections, and benefits provided to employees under this  
41.28 chapter, including but not limited to benefits under section 268B.04 and employment  
41.29 protections under section 268B.09. Employers may apply for approval of private plans that  
41.30 exceed the benefits provided to employees under this chapter. An employee covered by a  
41.31 private plan under this section retains all applicable rights and remedies under section  
41.32 268B.09.

42.1 Subd. 2. Private plan requirements; medical benefit program. The commissioner,  
42.2 in consultation with the commissioner of commerce, must approve an application for private  
42.3 provision of the medical benefit program if the commissioner determines:

42.4 (1) all of the employees of the employer are to be covered under the provisions of the  
42.5 employer plan;

42.6 (2) eligibility requirements for benefits and leave are no more restrictive than as provided  
42.7 under this chapter;

42.8 (3) the weekly benefits payable under the private plan for any week are at least equal to  
42.9 the weekly benefit amount payable under this chapter;

42.10 (4) the total number of weeks for which benefits are payable under the private plan is  
42.11 at least equal to the total number of weeks for which benefits would have been payable  
42.12 under this chapter;

42.13 (5) no greater amount is required to be paid by employees toward the cost of benefits  
42.14 under the employer plan than by this chapter;

42.15 (6) wage replacement benefits are stated in the plan separately and distinctly from other  
42.16 benefits;

42.17 (7) the private plan will provide benefits and leave for any serious health condition or  
42.18 medical care related to pregnancy for which benefits are payable, and leave provided, under  
42.19 this chapter;

42.20 (8) the private plan will impose no additional condition or restriction on the use of  
42.21 medical benefits beyond those explicitly authorized by this chapter or regulations  
42.22 promulgated pursuant to this chapter;

42.23 (9) the private plan will allow any employee covered under the private plan who is  
42.24 eligible to receive medical benefits under this chapter to receive medical benefits under the  
42.25 employer plan; and

42.26 (10) coverage will continue under the private plan while an employee remains employed  
42.27 by the employer.

42.28 Subd. 3. Private plan requirements; family benefit program. The commissioner, in  
42.29 consultation with the commissioner of commerce, must approve an application for private  
42.30 provision of the family benefit program if the commissioner determines:

42.31 (1) all of the employees of the employer are to be covered under the provisions of the  
42.32 employer plan;

43.1 (2) eligibility requirements for benefits and leave are no more restrictive than as provided  
43.2 under this chapter;

43.3 (3) the weekly benefits payable under the private plan for any week are at least equal to  
43.4 the weekly benefit amount payable under this chapter;

43.5 (4) the total number of weeks for which benefits are payable under the private plan is  
43.6 at least equal to the total number of weeks for which benefits would have been payable  
43.7 under this chapter;

43.8 (5) no greater amount is required to be paid by employees toward the cost of benefits  
43.9 under the employer plan than by this chapter;

43.10 (6) wage replacement benefits are stated in the plan separately and distinctly from other  
43.11 benefits;

43.12 (7) the private plan will provide benefits and leave for any care for a family member  
43.13 with a serious health condition, bonding with a child, qualifying exigency, or safety leave  
43.14 event for which benefits are payable, and leave provided, under this chapter;

43.15 (8) the private plan will impose no additional condition or restriction on the use of family  
43.16 benefits beyond those explicitly authorized by this chapter or regulations promulgated  
43.17 pursuant to this chapter;

43.18 (9) the private plan will allow any employee covered under the private plan who is  
43.19 eligible to receive family benefits under this chapter to receive family benefits under the  
43.20 employer plan; and

43.21 (10) coverage will continue under the private plan while an employee remains employed  
43.22 by the employer.

43.23 Subd. 4. **Surety bond requirement.** If the private plan is in the form of self-insurance,  
43.24 the employer shall file with its application for private provision of the medical benefit or  
43.25 family benefit program a surety bond in an amount equal to the employer's annual premium  
43.26 that it would otherwise be required to pay to the family and medical benefit insurance  
43.27 account. The surety bond must be in a form approved by the commissioner and issued by  
43.28 a surety company authorized to transact business in Minnesota.

43.29 Subd. 5. **Private plan requirements; timing of payment.** Private plan benefits may be  
43.30 paid to align with the employer's payroll cycle or according to the terms of the approved  
43.31 private plan.

44.1 Subd. 6. **Private plan requirements; weekly benefit determination.** For purposes of  
44.2 determining the family and medical benefit amount and duration under a private plan, the  
44.3 weekly benefit amount and duration shall be based on the employee's typical work week  
44.4 and wages earned with the employer at the time of an application for benefits. If an employer  
44.5 does not have complete base period wage detail information, the employer may accept an  
44.6 employee's certification of wage credits, based on the employee's records.

44.7 Subd. 7. **Use of private insurance products.** Nothing in this section prohibits an  
44.8 employer from meeting the requirements of a private plan through a private insurance  
44.9 product. If the employer plan involves a private insurance product, that insurance product  
44.10 must be approved by the commissioner of commerce and be issued by an insurance company  
44.11 authorized to transact insurance in this state.

44.12 Subd. 8. **Private plan approval and oversight fee.** An employer with an approved  
44.13 private plan is not required to pay premiums established under section 268B.14. An employer  
44.14 with an approved private plan is responsible for a private plan approval and oversight fee  
44.15 equal to \$250 for employers with fewer than 50 employees, \$500 for employers with 50 to  
44.16 499 employees, and \$1,000 for employers with 500 or more employees. The employer must  
44.17 pay this fee (1) upon initial application for private plan approval, and (2) any time the  
44.18 employer applies to amend the private plan. The commissioner must review and report on  
44.19 the adequacy of this fee to cover private plan administrative costs annually beginning January  
44.20 1, 2027, as part of the annual report established in section 268B.25.

44.21 Subd. 9. **Plan duration.** A private plan under this section must be in effect for a period  
44.22 of at least one year and, thereafter, continuously unless the commissioner finds that the  
44.23 employer has given notice of withdrawal from the plan in a manner specified by the  
44.24 commissioner in this section or rule. The plan may be withdrawn by the employer within  
44.25 30 days of the effective date of any law increasing the benefit amounts or within 30 days  
44.26 of the date of any change in the rate of premiums. If the plan is not withdrawn, it must be  
44.27 administered to provide the increased benefit amount or change in the rate of the employee's  
44.28 premium on the date of the increase or change.

44.29 Subd. 10. **Employer reimbursement.** If an employer meeting the requirements of a  
44.30 private plan through an insurance product under subdivision 6 has made advance payments  
44.31 of benefits due under this chapter or has made payments to an employee in like manner as  
44.32 wages during any period of family or medical leave for which the employee is entitled to  
44.33 the benefits provided by this chapter, the employer is entitled to be reimbursed by the carrier  
44.34 or third party administrator out of any benefits due or to become due for the family or

45.1 medical leave, if the claim for reimbursement is filed with the carrier prior to payment of  
45.2 the benefits by the carrier.

45.3 Subd. 11. **Appeals.** (a) An employer may appeal any adverse action regarding that  
45.4 employer's application for private provision of the medical benefit or family benefit program,  
45.5 in a manner specified by the commissioner.

45.6 (b) An employee covered under a private plan has the same right to appeal to the state  
45.7 under section 268B.04, subdivision 7, as any other employee. An employee covered under  
45.8 a private plan has the right to request reconsideration of a decision under a private plan  
45.9 made by an insurer, private plan administrator, or employer prior to exercising appeal rights  
45.10 under section 268B.04.

45.11 Subd. 12. **Employees no longer covered.** (a) An employee is no longer covered by an  
45.12 approved private plan if a leave under this chapter occurs after the employment relationship  
45.13 with the private plan employer ends, or if the commissioner revokes the approval of the  
45.14 private plan.

45.15 (b) An employee no longer covered by an approved private plan is, if otherwise eligible,  
45.16 immediately entitled to benefits under this chapter to the same extent as though there had  
45.17 been no approval of the private plan.

45.18 Subd. 13. **Posting of notice regarding private plan.** An employer with a private plan  
45.19 must provide a notice prepared by or approved by the commissioner regarding the private  
45.20 plan consistent with section 268B.26.

45.21 Subd. 14. **Amendment.** (a) The commissioner must approve any amendment, other than  
45.22 those required by this chapter, to a private plan adjusting the provisions thereof, if the  
45.23 commissioner determines:

45.24 (1) that the plan, as amended, will conform to the standards set forth in this chapter; and

45.25 (2) that notice of the amendment has been delivered to all affected employees at least  
45.26 ten days before the submission of the amendment.

45.27 (b) Any amendments approved under this subdivision are effective on the date of the  
45.28 commissioner's approval, unless the commissioner and the employer agree on a later date.

45.29 Subd. 15. **Successor employer.** A private plan in effect at the time a successor acquires  
45.30 the employer organization, trade, or business, or substantially all the assets thereof, or a  
45.31 distinct and severable portion of the organization, trade, or business, and continues its  
45.32 operation without substantial reduction of personnel resulting from the acquisition, must  
45.33 continue the approved private plan and must not withdraw the plan without a specific request

46.1 for withdrawal in a manner and at a time specified by the commissioner. A successor may  
46.2 terminate a private plan with notice to the commissioner and within 90 days from the date  
46.3 of the acquisition.

46.4 Subd. 16. **Revocation of approval by commissioner.** (a) The commissioner may  
46.5 terminate any private plan if the commissioner determines the employer:

46.6 (1) failed to pay benefits;

46.7 (2) failed to pay benefits in a timely manner, consistent with the requirements of this  
46.8 chapter;

46.9 (3) failed to submit reports as required by this chapter or rule adopted under this chapter;  
46.10 or

46.11 (4) otherwise failed to comply with this chapter or rule adopted under this chapter.

46.12 (b) The commissioner must give notice of the intention to terminate a plan to the employer  
46.13 at least ten days before taking any final action. The notice must state the effective date and  
46.14 the reason for the termination.

46.15 (c) The employer may, within ten days from mailing or personal service of the notice,  
46.16 file an appeal to the commissioner in the time, manner, method, and procedure provided by  
46.17 the commissioner under subdivision 11.

46.18 (d) The payment of benefits must not be delayed during an employer's appeal of the  
46.19 revocation of approval of a private plan.

46.20 (e) If the commissioner revokes approval of an employer's private plan, that employer  
46.21 is ineligible to apply for approval of another private plan for a period of three years, beginning  
46.22 on the date of revocation.

46.23 Subd. 17. **Employer penalties.** (a) The commissioner may assess the following monetary  
46.24 penalties against an employer with an approved private plan found to have violated this  
46.25 chapter:

46.26 (1) \$1,000 for the first violation; and

46.27 (2) \$2,000 for the second, and each successive violation.

46.28 (b) The commissioner must waive collection of any penalty if the employer corrects the  
46.29 violation within 30 days of receiving a notice of the violation and the notice is for a first  
46.30 violation.

47.1 (c) The commissioner may waive collection of any penalty if the commissioner determines  
47.2 the violation to be an inadvertent error by the employer.

47.3 (d) Monetary penalties collected under this section shall be deposited in the family and  
47.4 medical benefit insurance account.

47.5 (e) Assessment of penalties under this subdivision may be appealed as provided by the  
47.6 commissioner under subdivision 11.

47.7 Subd. 18. **Reports, information, and records.** Employers with an approved private  
47.8 plan must maintain all reports, information, and records as relating to the private plan and  
47.9 claims for a period of six years from creation and provide to the commissioner upon request.

47.10 Subd. 19. **Audit and investigation.** The commissioner may investigate and audit plans  
47.11 approved under this section both before and after the plans are approved.

47.12 Subd. 20. **Voluntary termination of an approved private plan by an employer.** (a)  
47.13 An employer may terminate its approved private plan by notifying the commissioner in  
47.14 writing at least 30 days before the voluntary termination's effective date.

47.15 (b) The employer must notify employees of the voluntary termination no later than 30  
47.16 days before the termination's effective date.

47.17 (c) An employer must continue the approved private plan's coverage through the  
47.18 termination's effective date. If an employer does not continue the approved private plan's  
47.19 coverage through the termination's effective date, the commissioner shall assess against the  
47.20 employer a fine per employee per day the employee was not covered through the termination's  
47.21 effective date. The fine per employee per day will equal the employer's and employee's total  
47.22 premium amount for a year, divided by 365.

47.23 Subd. 21. **Employer obligations after termination of private plan approval.** (a)  
47.24 Within seven days of the effective date of a voluntary or involuntary termination of private  
47.25 plan approval, the employer must notify all employees of the termination and notify all  
47.26 employees that they are under the state plan as a result of the termination.

47.27 (b) If an employer's workforce becomes covered by the state plan because the employer's  
47.28 private plan approval was voluntarily or involuntarily terminated, the employer must remain  
47.29 covered by the state plan and pay premiums to the state for a period of at least three years.

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

48.1 Sec. 20. [268B.11] SELF-EMPLOYED AND INDEPENDENT CONTRACTOR  
48.2 ELECTION OF COVERAGE.

48.3 Subdivision 1. Election of coverage. (a) A self-employed individual or independent  
48.4 contractor may file with the commissioner by electronic transmission in a format prescribed  
48.5 by the commissioner an application to be entitled to benefits under this chapter for a period  
48.6 not less than 104 consecutive calendar weeks. Upon the approval of the commissioner, sent  
48.7 by United States mail or electronic transmission, the individual is entitled to benefits under  
48.8 this chapter beginning the calendar quarter after the date of approval or beginning in a later  
48.9 calendar quarter if requested by the self-employed individual or independent contractor.  
48.10 The individual ceases to be entitled to benefits as of the first day of January of any calendar  
48.11 year only if, at least 30 calendar days before the first day of January, the individual has filed  
48.12 with the commissioner by electronic transmission in a format prescribed by the commissioner  
48.13 a notice to that effect.

48.14 (b) The commissioner may terminate any application approved under this section with  
48.15 30 calendar days' notice sent by United States mail or electronic transmission if the  
48.16 self-employed individual is delinquent on any premiums due under this chapter. If an  
48.17 approved application is terminated in this manner during the first 104 consecutive calendar  
48.18 weeks of election, the self-employed individual remains obligated to pay the premium under  
48.19 subdivision 3 for the remainder of that 104-week period.

48.20 Subd. 2. Application. A self-employed individual who applies for coverage under this  
48.21 section must provide the commissioner with (1) the amount of the individual's net earnings  
48.22 from self-employment, if any, from the most recent taxable year and all tax documents  
48.23 necessary to prove the accuracy of the amounts reported, and (2) any other documentation  
48.24 the commissioner requires. A self-employed individual who is covered under this chapter  
48.25 must annually provide the commissioner with the amount of the individual's net earnings  
48.26 from self-employment within 30 days of filing a federal income tax return.

48.27 Subd. 3. Premium. A self-employed individual who elects to receive coverage under  
48.28 this chapter must annually pay a premium as provided in section 268B.14, subdivision 6,  
48.29 clause (1), times the lesser of:

48.30 (1) the individual's self-employment premium base; or

48.31 (2) the maximum earnings subject to the FICA Old-Age, Survivors, and Disability  
48.32 Insurance tax.

48.33 Subd. 4. Benefits. Notwithstanding anything to the contrary, a self-employed individual  
48.34 who has applied to and been approved for coverage by the commissioner under this section



49.1 is entitled to benefits on the same basis as an employee under this chapter, except that a  
49.2 self-employed individual's weekly benefit amount under section 268B.04, subdivision 1,  
49.3 must be calculated as a percentage of the self-employed individual's self-employment  
49.4 premium base, rather than wages.

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

49.6 Sec. 21. **[268B.12] WAGE REPORTING.**

49.7 Subdivision 1. **Wage detail report.** (a) Each employer must submit, under the employer  
49.8 premium account described in section 268B.13, a quarterly wage detail report by electronic  
49.9 transmission, in a format prescribed by the commissioner. The report must include for each  
49.10 employee in covered employment and for each seasonal employee during the calendar  
49.11 quarter, the employee's name, the total wages paid to the employee, and total number of  
49.12 paid hours worked. For employees exempt from the definition of employee in section 177.23,  
49.13 subdivision 7, clause (6), the employer must report 40 hours worked for each week any  
49.14 duties were performed by a full-time employee and must report a reasonable estimate of  
49.15 the hours worked for each week duties were performed by a part-time employee. In addition,  
49.16 the wage detail report must include the number of employees employed during the payroll  
49.17 period that includes the 12th day of each calendar month and, if required by the  
49.18 commissioner, the report must be broken down by business location and separate business  
49.19 unit. The report is due and must be received by the commissioner on or before the last day  
49.20 of the month following the end of the calendar quarter. The commissioner may delay the  
49.21 due date on a specific calendar quarter in the event the department is unable to accept wage  
49.22 detail reports electronically.

49.23 (b) The employer may report the wages paid to the next lower whole dollar amount.

49.24 (c) An employer need not include the name of the employee or other required information  
49.25 on the wage detail report if disclosure is specifically exempted from being reported by  
49.26 federal law.

49.27 (d) A wage detail report must be submitted for each calendar quarter even though no  
49.28 wages were paid, unless the business has been terminated.

49.29 Subd. 2. **Electronic transmission of report required.** Each employer must submit the  
49.30 quarterly wage detail report by electronic transmission in a format prescribed by the  
49.31 commissioner. The commissioner has the discretion to accept wage detail reports that are  
49.32 submitted by any other means or the commissioner may return the report submitted by other

50.1 than electronic transmission to the employer, and reports returned are considered as not  
50.2 submitted and the late fees under subdivision 3 may be imposed.

50.3 Subd. 3. **Failure to timely file report; late fees.** (a) Any employer that fails to submit  
50.4 the quarterly wage detail report when due must pay a late fee of \$10 per employee, computed  
50.5 based upon the highest of:

50.6 (1) the number of employees reported on the last wage detail report submitted;

50.7 (2) the number of employees reported in the corresponding quarter of the prior calendar  
50.8 year; or

50.9 (3) if no wage detail report has ever been submitted, the number of employees listed at  
50.10 the time of employer registration.

50.11 The late fee is canceled if the wage detail report is received within 30 calendar days after  
50.12 a demand for the report is sent to the employer by mail or electronic transmission. A late  
50.13 fee assessed to an employer may not be canceled more than twice each 12 months. The  
50.14 amount of the late fee assessed may not be less than \$250.

50.15 (b) If the wage detail report is not received in a manner and format prescribed by the  
50.16 commissioner within 30 calendar days after demand is sent under paragraph (a), the late  
50.17 fee assessed under paragraph (a) doubles and a renewed demand notice and notice of the  
50.18 increased late fee will be sent to the employer by mail or electronic transmission.

50.19 (c) Late fees due under this subdivision may be canceled, in whole or in part, under  
50.20 section 268B.16.

50.21 Subd. 4. **Missing or erroneous information.** (a) Any employer that submits the wage  
50.22 detail report, but fails to include all required employee information or enters erroneous  
50.23 information, may be subject to an administrative service fee of \$25 for each employee for  
50.24 whom the information is partially missing or erroneous.

50.25 (b) Any employer that submits the wage detail report, but fails to include an employee,  
50.26 may be subject to an administrative service fee equal to two percent of the total wages for  
50.27 each employee for whom the information is completely missing.

50.28 (c) An employer shall not be subject to any penalty under this section upon a reasonable  
50.29 showing that the employer's act or omission which violated the provisions of this section  
50.30 was in good faith or that the employer had reasonable grounds for believing that the act or  
50.31 omission was not a violation of the provisions of this section.

51.1 Subd. 5. Fees. The fees provided for in subdivisions 3 and 4 are in addition to interest  
51.2 and other penalties imposed by this chapter and are collected in the same manner as  
51.3 delinquent taxes and credited to the family and medical benefit insurance account.

51.4 **EFFECTIVE DATE.** This section is effective July 1, 2024.

51.5 Sec. 22. **[268B.13] EMPLOYER PREMIUM ACCOUNTS.**

51.6 The commissioner must maintain a premium account for each employer. The  
51.7 commissioner must assess the premium account for all the premiums due under section  
51.8 268B.14, and credit the family and medical benefit insurance account with all premiums  
51.9 paid.

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

51.11 Sec. 23. **[268B.14] PREMIUMS.**

51.12 Subdivision 1. Payments. (a) Family and medical leave premiums accrue and become  
51.13 payable by each employer, except for an employer with an approved private plan under  
51.14 section 268B.10, for each calendar year on the taxable wages that the employer paid to  
51.15 employees in covered employment.

51.16 Each employer must pay premiums quarterly, at the premium rate defined under this  
51.17 section, on the taxable wages paid to each employee. The commissioner must compute the  
51.18 premium due from the wage detail report required under section 268B.12 and notify the  
51.19 employer of the premium due. The premiums must be paid to the family and medical benefit  
51.20 insurance account and must be received by the department on or before the last day of the  
51.21 month following the end of the calendar quarter.

51.22 (b) If for any reason the wages on the wage detail report under section 268B.12 are  
51.23 adjusted for any quarter, the commissioner must recompute the premiums due for that quarter  
51.24 and assess the employer for any amount due or credit the employer as appropriate.

51.25 Subd. 2. Payments by electronic payment required. (a) Every employer must make  
51.26 any payments due under this chapter by electronic payment.

51.27 (b) All third-party processors, paying on behalf of a client company, must make any  
51.28 payments due under this chapter by electronic payment.

51.29 (c) Regardless of paragraph (a) or (b), the commissioner has the discretion to accept  
51.30 payment by other means.

52.1 Subd. 3. **Employee charge back.** Notwithstanding section 177.24, subdivision 4, or  
52.2 181.06, subdivision 1, employers must pay a minimum of 50 percent of the annual premiums  
52.3 paid under this section. Employees, through a deduction in their wages to the employer,  
52.4 must pay the remaining portion, if any, of the premium not paid by the employer. Such  
52.5 deductions for any given employee must be in equal proportion to the premiums paid based  
52.6 on the wages of that employee. Deductions under this section must not cause an employee's  
52.7 wage, after the deduction, to fall below the rate required to be paid to the worker by law,  
52.8 including any applicable statute, regulation, rule, ordinance, government resolution or policy,  
52.9 or other legal authority, whichever rate of pay is greater.

52.10 Subd. 4. **Wages and payments subject to premium.** The maximum wages subject to  
52.11 premium in a calendar year is equal to the maximum earnings in that year subject to the  
52.12 FICA Old-Age, Survivors, and Disability Insurance tax.

52.13 Subd. 5. **Small business wage exclusion.** (a) For employers with fewer than 30  
52.14 employees, the amount of wages upon which quarterly employer premium is required is  
52.15 reduced by the premium rate to be paid by the employer multiplied by the lesser of:

52.16 (1) \$12,500 multiplied by the number of employees; or

52.17 (2) \$120,000.

52.18 (b) For each employee over 20 employees, the exclusion is reduced by \$12,000.

52.19 (c) The premium paid by the employer as a result of the reduction allowed under this  
52.20 subdivision must not be less than zero.

52.21 (d) The reduction in premiums paid by the employer is for the sole benefit of the employer  
52.22 and does not relieve the employer from deducting the employee portion of the premium.

52.23 Subd. 6. **Annual employer premium rates.** The employer premium rates beginning  
52.24 January 1, 2026, shall be as follows:

52.25 (1) for an employer participating in both family and medical benefit programs, 0.7  
52.26 percent;

52.27 (2) for an employer participating in only the medical benefit program and with an  
52.28 approved private plan for the family benefit program, 0.4 percent; and

52.29 (3) for an employer participating in only the family benefit program and with an approved  
52.30 private plan for the medical benefit program, 0.3 percent.

52.31 Subd. 7. **Premium rate adjustments.** (a) Beginning January 1, 2027, and by July 31  
52.32 of each year thereafter, the commissioner must adjust the annual premium rates using the

53.1 formula in paragraph (b). In no year shall the annual premium rate exceed 1.2 percent of  
53.2 taxable wages paid to each employee.

53.3 (b) To calculate the employer rates for a calendar year, the commissioner must:

53.4 (1) multiply 1.45 times the amount disbursed from the family and medical benefit  
53.5 insurance account for the 52-week period ending September 30 of the prior year;

53.6 (2) subtract the amount in the family and medical benefit insurance account on that  
53.7 September 30 from the resulting figure;

53.8 (3) divide the resulting figure by the total wages in covered employment of employees  
53.9 of employers without approved private plans under section 268B.10 for either the family  
53.10 or medical benefit program. For employers with an approved private plan for either the  
53.11 medical benefit program or the family benefit program, but not both, count only the  
53.12 proportion of wages in covered employment associated with the program for which the  
53.13 employer does not have an approved private plan; and

53.14 (4) round the resulting figure down to the nearest one-hundredth of one percent.

53.15 (c) The commissioner must apportion the premium rate between the family and medical  
53.16 benefit programs based on the relative proportion of expenditures for each program during  
53.17 the preceding year.

53.18 Subd. 8. **Deposit of premiums.** All premiums collected under this section must be  
53.19 deposited into the family and medical benefit insurance account.

53.20 Subd. 9. **Nonpayment of premiums by employer.** The failure of an employer to pay  
53.21 premiums does not impact the right of an employee to benefits, or any other right, under  
53.22 this chapter.

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

53.24 Sec. 24. **[268B.145] INCOME TAX WITHHOLDING AND STATE TAXATION.**

53.25 Subdivision 1. **Federal income tax.** If the Internal Revenue Service determines that  
53.26 benefits received under this chapter are subject to federal income tax, the applicant may  
53.27 elect to have federal income tax deducted and withheld from the applicant's benefits.

53.28 Subd. 2. **State income tax.** Benefits received under this chapter are subject to state  
53.29 income tax. If the applicant elects to have federal income tax withheld, the applicant may,  
53.30 in addition, elect to have Minnesota state income tax withheld.

54.1 Subd. 3. **Notification.** Upon filing an application for benefits, the applicant must be  
54.2 informed that:

54.3 (1) benefits are subject to federal and state income tax;

54.4 (2) there are requirements for filing estimated tax payments;

54.5 (3) the applicant may elect to have federal income tax withheld from benefits;

54.6 (4) if the applicant elects to have federal income tax withheld, the applicant may, in  
54.7 addition, elect to have Minnesota state income tax withheld; and

54.8 (5) at any time during the benefit year the applicant may change a prior election.

54.9 Subd. 4. **Withholding.** If an applicant elects to have federal income tax withheld, the  
54.10 commissioner must deduct ten percent for federal income tax. If an applicant also elects to  
54.11 have Minnesota state income tax withheld, the commissioner must make an additional five  
54.12 percent deduction for state income tax. Any amount deducted under section 268B.06 has  
54.13 priority over any amounts deducted under this section. Federal income tax withholding has  
54.14 priority over state income tax withholding. An election to have income tax withheld may  
54.15 not be retroactive and only applies to benefits paid after the election.

54.16 Subd. 5. **Transfer of funds.** The amount of any benefits deducted under this section  
54.17 remains in the family and medical benefit insurance account until transferred to the Internal  
54.18 Revenue Service, or the Department of Revenue, as an income tax payment on behalf of  
54.19 the applicant.

54.20 Subd. 6. **Correction of errors.** Any error that resulted in underwithholding or  
54.21 overwithholding under this section must not be corrected retroactively.

54.22 Subd. 7. **Effect of payments.** Any amount deducted under this section is considered as  
54.23 benefits paid to the applicant.

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

54.25 Sec. 25. **[268B.15] COLLECTION OF PREMIUMS.**

54.26 Subdivision 1. **Amount computed presumed correct.** Any amount due from an  
54.27 employer, as computed by the commissioner, is presumed to be correctly determined and  
54.28 assessed, and the burden is upon the employer to show its incorrectness. A statement by the  
54.29 commissioner of the amount due is admissible in evidence in any court or administrative  
54.30 proceeding and is prima facie evidence of the facts in the statement.

55.1 Subd. 2. **Priority of payments.** (a) Any payment received from an employer must be  
55.2 applied in the following order:

55.3 (1) family and medical leave premiums under this chapter; then

55.4 (2) interest on past due premiums; then

55.5 (3) penalties, late fees, administrative service fees, and costs.

55.6 (b) Paragraph (a) is the priority used for all payments received from an employer,  
55.7 regardless of how the employer may designate the payment to be applied, except when:

55.8 (1) there is an outstanding lien and the employer designates that the payment made  
55.9 should be applied to satisfy the lien;

55.10 (2) the payment is specifically designated by the employer to be applied to an outstanding  
55.11 overpayment of benefits of an applicant;

55.12 (3) a court or administrative order directs that the payment be applied to a specific  
55.13 obligation;

55.14 (4) a preexisting payment plan provides for the application of payment; or

55.15 (5) the commissioner, under the compromise authority of section 268B.16, agrees to  
55.16 apply the payment to a different priority.

55.17 Subd. 3. **Estimating the premium due.** Only if an employer fails to make all necessary  
55.18 records available for an audit under section 268B.21 and the commissioner has reason to  
55.19 believe the employer has not reported all the required wages on the quarterly wage detail  
55.20 reports, may the commissioner then estimate the amount of premium due and assess the  
55.21 employer the estimated amount due.

55.22 Subd. 4. **Costs.** (a) Any employer and any applicant subject to section 268B.185,  
55.23 subdivision 2, that fails to pay any amount when due under this chapter is liable for any  
55.24 filing fees, recording fees, sheriff fees, costs incurred by referral to any public or private  
55.25 collection agency, or litigation costs, including attorney fees, incurred in the collection of  
55.26 the amounts due.

55.27 (b) If any tendered payment of any amount due is not honored when presented to a  
55.28 financial institution for payment, any costs assessed the department by the financial institution  
55.29 and a fee of \$25 must be assessed to the person.

55.30 Subd. 5. **Interest on amounts past due.** If any amounts due from an employer under  
55.31 this chapter are not received on the date due, the commissioner must assess interest on any  
55.32 amount that remains unpaid. Interest is assessed at the rate of one percent per month or any

56.1 part of a month. Interest is not assessed on unpaid interest. Interest collected under this  
56.2 subdivision is credited to the account.

56.3 Subd. 6. **Interest on judgments.** Regardless of section 549.09, if a judgment is entered  
56.4 upon any past due amounts from an employer under this chapter, the unpaid judgment bears  
56.5 interest at the rate specified in subdivision 5 until the date of payment.

56.6 Subd. 7. **Credit adjustments; refunds.** (a) If an employer makes an application for a  
56.7 credit adjustment of any amount paid under this chapter within four years of the date that  
56.8 the payment was due, in a manner and format prescribed by the commissioner, and the  
56.9 commissioner determines that the payment or any portion thereof was erroneous, the  
56.10 commissioner must make an adjustment and issue a credit without interest. If a credit cannot  
56.11 be used, the commissioner must refund, without interest, the amount erroneously paid. The  
56.12 commissioner, on the commissioner's own motion, may make a credit adjustment or refund  
56.13 under this subdivision.

56.14 (b) Any refund returned to the commissioner is considered unclaimed property under  
56.15 chapter 345.

56.16 (c) If a credit adjustment or refund is denied in whole or in part, a determination of denial  
56.17 must be sent to the employer by mail or electronic transmission. The determination of denial  
56.18 is final unless an employer files an appeal within 20 calendar days after sending. Proceedings  
56.19 on the appeal are conducted in accordance with section 268B.08.

56.20 (d) If an employer receives a credit adjustment or refund under this section, the employer  
56.21 must determine the amount of any overpayment attributable to a deduction from employee  
56.22 wages under section 268B.14, subdivision 3, and return any amount erroneously deducted  
56.23 to each affected employee.

56.24 Subd. 8. **Priorities under legal dissolutions or distributions.** In the event of any  
56.25 distribution of an employer's assets according to an order of any court, including any  
56.26 receivership, assignment for benefit of creditors, adjudicated insolvency, or similar  
56.27 proceeding, premiums then or thereafter due must be paid in full before all other claims  
56.28 except claims for wages of not more than \$1,000 per former employee, earned within six  
56.29 months of the commencement of the proceedings. In the event of an employer's adjudication  
56.30 in bankruptcy under federal law, premiums then or thereafter due are entitled to the priority  
56.31 provided in that law for taxes due in any state.

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



57.1 **Sec. 26. [268B.155] CHILD SUPPORT DEDUCTION FROM BENEFITS.**

57.2 **Subdivision 1. Definitions.** As used in this section:

57.3 (1) "child support agency" means the public agency responsible for child support  
57.4 enforcement, including federally approved comprehensive Tribal IV-D programs; and

57.5 (2) "child support obligations" means obligations that are being enforced by a child  
57.6 support agency in accordance with a plan described in United States Code, title 42, sections  
57.7 454 and 455 of the Social Security Act that has been approved by the secretary of health  
57.8 and human services under part D of title IV of the Social Security Act. This does not include  
57.9 any type of spousal maintenance or foster care payments.

57.10 **Subd. 2. Notice upon application.** In an application for family or medical leave benefits,  
57.11 the applicant must disclose if child support obligations are owed and, if so, in what state  
57.12 and county. If child support obligations are owed, the commissioner must, if the applicant  
57.13 establishes a benefit account, notify the child support agency.

57.14 **Subd. 3. Withholding of benefit.** The commissioner must deduct and withhold from  
57.15 any family or medical leave benefits payable to an applicant who owes child support  
57.16 obligations:

57.17 (1) the amount required under a proper order of a court or administrative agency; or

57.18 (2) if clause (1) is not applicable, the amount determined under an agreement under  
57.19 United States Code, title 42, section 454 (20)(B)(i), of the Social Security Act; or

57.20 (3) if clause (1) or (2) is not applicable, the amount specified by the applicant.

57.21 **Subd. 4. Payment.** Any amount deducted and withheld must be paid to the child support  
57.22 agency, must for all purposes be treated as if it were paid to the applicant as family or  
57.23 medical leave benefits and paid by the applicant to the child support agency in satisfaction  
57.24 of the applicant's child support obligations.

57.25 **Subd. 5. Payment of costs.** The child support agency must pay the costs incurred by  
57.26 the commissioner in the implementation and administration of this section and sections  
57.27 518A.50 and 518A.53.

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

57.29 **Sec. 27. [268B.16] COMPROMISE.**

57.30 (a) The commissioner may compromise in whole or in part any action, determination,  
57.31 or decision that affects only an employer and not an applicant. This paragraph applies if it

58.1 is determined by a court of law, or a confession of judgment, that an applicant, while  
58.2 employed, wrongfully took from the employer \$500 or more in money or property.

58.3 (b) The commissioner may at any time compromise any premium or reimbursement due  
58.4 from an employer under this chapter.

58.5 (c) Any compromise involving an amount over \$10,000 must be authorized by an attorney  
58.6 licensed to practice law in Minnesota who is an employee of the department designated by  
58.7 the commissioner for that purpose.

58.8 (d) Any compromise must be in the best interest of the state of Minnesota.

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

58.10 **Sec. 28. [268B.17] ADMINISTRATIVE COSTS.**

58.11 Beginning January 1, 2026, and each calendar year thereafter, the commissioner may  
58.12 spend up to seven percent of projected benefit payments for that calendar year for the  
58.13 administration of this chapter. The department may enter into interagency agreements with  
58.14 the Department of Labor and Industry and the Department of Commerce, including  
58.15 agreements to transfer funds, subject to the limit in this section, for the Department of Labor  
58.16 and Industry to fulfill its enforcement authority of this chapter and for the Department of  
58.17 Commerce to fulfill the requirements of this chapter.

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

58.19 **Sec. 29. [268B.18] PUBLIC OUTREACH.**

58.20 Beginning in fiscal year 2026, the commissioner must use at least 0.5 percent of projected  
58.21 benefit payments under section 268B.17 for the purpose of outreach, education, and technical  
58.22 assistance for employees, employers, and self-employed individuals eligible to elect coverage  
58.23 under section 268B.11. The department may enter into interagency agreements with the  
58.24 Department of Labor and Industry and the Department of Commerce, including agreements  
58.25 to transfer funds, subject to the limit in section 268B.17, to accomplish the requirements of  
58.26 this section. At least one-half of the amount spent under this section must be used for grants  
58.27 to community-based groups.

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

58.29 **Sec. 30. [268B.185] BENEFIT OVERPAYMENTS.**

58.30 Subdivision 1. **Repaying an overpayment.** (a) Any applicant who (1) because of a  
58.31 determination or amended determination issued under this chapter, or (2) because of a

59.1 hearing officer's decision under section 268B.08, has received any family or medical leave  
59.2 benefits that the applicant was held not entitled to, is overpaid the benefits and must promptly  
59.3 repay the benefits to the family and medical benefit insurance account.

59.4 (b) If the applicant fails to repay the benefits overpaid, including any penalty and interest  
59.5 assessed under subdivisions 2 and 4, the total due may be collected by the methods allowed  
59.6 under state and federal law.

59.7 Subd. 2. **Overpayment because of misrepresentation.** (a) An applicant has committed  
59.8 misrepresentation if the applicant is overpaid benefits by making an intentional false  
59.9 statement or representation in an effort to fraudulently collect benefits. Overpayment because  
59.10 of misrepresentation does not occur where there is an unintentional mistake or a good faith  
59.11 belief as to the eligibility or correctness of the statement or representation.

59.12 (b) After the discovery of facts indicating misrepresentation, the commissioner must  
59.13 issue a determination of overpayment penalty assessing a penalty equal to 15 percent of the  
59.14 amount overpaid.

59.15 (c) Unless the applicant files an appeal within 30 calendar days after the sending of a  
59.16 determination of overpayment penalty to the applicant by mail or electronic transmission,  
59.17 the determination is final. Proceedings on the appeal are conducted in accordance with  
59.18 section 268B.08.

59.19 (d) A determination of overpayment penalty must state the methods of collection the  
59.20 commissioner may use to recover the overpayment, penalty, and interest assessed. Money  
59.21 received in repayment of overpaid benefits, penalties, and interest is first applied to the  
59.22 benefits overpaid, second to the penalty amount due, and third to any interest due.

59.23 (e) The department is authorized to issue a determination of overpayment penalty under  
59.24 this subdivision within 24 months of the establishment of the benefit account upon which  
59.25 the benefits were obtained through misrepresentation.

59.26 Subd. 3. **Theft.** (a) An individual is guilty of theft and must be sentenced under section  
59.27 609.52 if the individual obtains, or attempts to obtain, or aids or abets any other individual  
59.28 to obtain, by an intentional false statement or representation, by intentional concealment of  
59.29 a material fact, or by impersonation or other fraudulent means, benefits to which the  
59.30 individual is not entitled under this chapter.

59.31 (b) Any employer, or any officer or agent of an employer, or any other individual has  
59.32 committed fraud and is guilty of a crime, if, in order to avoid or reduce any payment required

60.1 from an employer under this chapter, to improperly secure a grant under section 268B.29,  
60.2 or to prevent or reduce the payment of benefits to an applicant, they:

60.3 (1) make a false statement or representation knowing it to be false;

60.4 (2) knowingly fail to disclose a material fact; or

60.5 (3) knowingly advise or assist an employer in violating clause (1) or (2).

60.6 The individual is guilty of a gross misdemeanor if the value of the fraudulent activity is  
60.7 \$500 or less. The individual is guilty of a felony if the value of the fraudulent activity exceeds  
60.8 \$500.

60.9 Subd. 4. **Interest.** For any family and medical leave benefits obtained by  
60.10 misrepresentation, and any penalty amounts assessed under subdivision 2, the commissioner  
60.11 must assess interest on any amount that remains unpaid beginning 30 calendar days after  
60.12 the date of a determination of overpayment penalty. Interest is assessed at the rate of six  
60.13 percent per year. A determination of overpayment penalty must state that interest will be  
60.14 assessed. Interest is not assessed on unpaid interest. Interest collected under this subdivision  
60.15 is credited to the family and medical benefit insurance account.

60.16 Subd. 5. **Offset of benefits.** The commissioner may offset from any future family and  
60.17 medical leave benefits otherwise payable the amount of an overpayment. No single offset  
60.18 may exceed 20 percent of the amount of the payment from which the offset is made.

60.19 Subd. 6. **Cancellation of overpayments.** (a) If family and medical leave benefits  
60.20 overpayments are not repaid or offset from subsequent benefits within three years after the  
60.21 date of the determination or decision holding the applicant overpaid, the commissioner must  
60.22 cancel the overpayment balance, and no administrative or legal proceedings may be used  
60.23 to enforce collection of those amounts.

60.24 (b) The commissioner may cancel at any time any overpayment, including penalties and  
60.25 interest that the commissioner determines is uncollectible because of death or bankruptcy.

60.26 Subd. 7. **Collection of overpayments.** (a) The commissioner has discretion regarding  
60.27 the recovery of any overpayment for reasons other than misrepresentation. Regardless of  
60.28 any law to the contrary, the commissioner is not required to refer any overpayment for  
60.29 reasons other than misrepresentation to a public or private collection agency, including  
60.30 agencies of this state.

60.31 (b) Amounts overpaid for reasons other than misrepresentation are not considered a  
60.32 "debt" to the state of Minnesota for purposes of any reporting requirements to the  
60.33 commissioner of management and budget.

61.1 (c) A pending appeal under section 268B.08 does not suspend the assessment of interest,  
 61.2 penalties, or collection of an overpayment.

61.3 (d) Section 16A.626 applies to the repayment by an applicant of any overpayment,  
 61.4 penalty, or interest.

61.5 Subd. 8. **Court fees; collection fees.** (a) If the department is required to pay any court  
 61.6 fees in an attempt to enforce collection of overpaid benefits, penalties, or interest, the amount  
 61.7 of the court fees may be added to the total amount due.

61.8 (b) If an applicant who has been overpaid benefits because of misrepresentation seeks  
 61.9 to have any portion of the debt discharged under the federal bankruptcy code, and the  
 61.10 department files an objection in bankruptcy court to the discharge, the cost of any court fees  
 61.11 may be added to the debt if the bankruptcy court does not discharge the debt.

61.12 (c) If the Internal Revenue Service assesses a fee from the department for offsetting  
 61.13 from a federal tax refund the amount of any overpayment, including penalties and interest,  
 61.14 the amount of the fee may be added to the total amount due. The offset amount must be put  
 61.15 in the family and medical benefit insurance account and that amount credited to the total  
 61.16 amount due from the applicant.

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

61.18 Sec. 31. **[268B.19] EMPLOYER MISCONDUCT; PENALTY.**

61.19 (a) The commissioner must penalize an employer if that employer or any employee,  
 61.20 officer, or agent of that employer is in collusion with any applicant for the purpose of  
 61.21 assisting the applicant in receiving benefits fraudulently. The penalty is \$500 or the amount  
 61.22 of benefits determined to be overpaid, whichever is greater.

61.23 (b) The commissioner must penalize an employer if that employer or any employee,  
 61.24 officer, or agent of that employer:

61.25 (1) made a false statement or representation knowing it to be false;

61.26 (2) made a false statement or representation without a good-faith belief as to the  
 61.27 correctness of the statement or representation; or

61.28 (3) knowingly failed to disclose a material fact.

61.29 (c) The penalty is the greater of \$500 or 50 percent of the following resulting from the  
 61.30 employer's action:

61.31 (1) the amount of any overpaid benefits to an applicant;

- 62.1 (2) the amount of benefits not paid to an applicant that would otherwise have been paid;  
62.2 or
- 62.3 (3) the amount of any payment required from the employer under this chapter that was  
62.4 not paid.
- 62.5 (d) Penalties must be paid within 30 calendar days of issuance of the determination of  
62.6 penalty and credited to the family and medical benefit insurance account.
- 62.7 (e) The determination of penalty is final unless the employer files an appeal within 30  
62.8 calendar days after the sending of the determination of penalty to the employer by United  
62.9 States mail or electronic transmission.
- 62.10 **EFFECTIVE DATE.** This section is effective July 1, 2024.
- 62.11 **Sec. 32. [268B.21] RECORDS; AUDITS.**
- 62.12 Subdivision 1. **Employer records; audits.** (a) Each employer must keep true and accurate  
62.13 records on individuals performing services for the employer, containing the information  
62.14 the commissioner may require under this chapter. The records must be kept for a period of  
62.15 not less than four years in addition to the current calendar year.
- 62.16 (b) For the purpose of administering this chapter, the commissioner has the power to  
62.17 audit, examine, or cause to be supplied or copied, any books, correspondence, papers,  
62.18 records, or memoranda that are the property of, or in the possession of, an employer or any  
62.19 other person at any reasonable time and as often as may be necessary. Subpoenas may be  
62.20 issued under section 268B.22 as necessary, for an audit.
- 62.21 (c) An employer or other person that refuses to allow an audit of its records by the  
62.22 department or that fails to make all necessary records available for audit in the state upon  
62.23 request of the commissioner may be assessed an administrative penalty of \$500. The penalty  
62.24 collected is credited to the family and medical benefit insurance account.
- 62.25 (d) An employer, or other person, that fails to provide a weekly breakdown of money  
62.26 earned by an applicant upon request of the commissioner, information necessary for the  
62.27 detection of applicant misrepresentation under section 268B.185, subdivision 2, may be  
62.28 assessed an administrative penalty of \$100. Any notice requesting a weekly breakdown  
62.29 must clearly state that a \$100 penalty may be assessed for failure to provide the information.  
62.30 The penalty collected is credited to the family and medical benefit insurance account.

63.1 Subd. 2. Department records; destruction. (a) The commissioner may make summaries,  
63.2 compilations, duplications, or reproductions of any records pertaining to this chapter that  
63.3 the commissioner considers advisable for the preservation of the information.

63.4 (b) Regardless of any law to the contrary, the commissioner may destroy any records  
63.5 that are no longer necessary for the administration of this chapter. In addition, the  
63.6 commissioner may destroy any record from which the information has been electronically  
63.7 captured and stored.

63.8 EFFECTIVE DATE. This section is effective July 1, 2024.

63.9 Sec. 33. [268B.22] SUBPOENAS; OATHS.

63.10 (a) The commissioner or hearing officer has authority to administer oaths and  
63.11 affirmations, take depositions, certify to official acts, and issue subpoenas to compel the  
63.12 attendance of individuals and the production of documents and other personal property  
63.13 necessary in connection with the administration of this chapter.

63.14 (b) Individuals subpoenaed, other than applicants or officers and employees of an  
63.15 employer that is the subject of the inquiry, are paid witness fees the same as witness fees  
63.16 in civil actions in district court. The fees need not be paid in advance.

63.17 (c) The subpoena is enforceable through the district court in Ramsey County.

63.18 EFFECTIVE DATE. This section is effective July 1, 2024.

63.19 Sec. 34. [268B.23] LIEN; LEVY; SETOFF; AND CIVIL ACTION.

63.20 Subdivision 1. Lien. (a) Any amount due under this chapter, from an applicant or an  
63.21 employer, becomes a lien upon all the property, within this state, both real and personal, of  
63.22 the person liable, from the date of assessment. For the purposes of this section, "date of  
63.23 assessment" means the date the obligation was due.

63.24 (b) The lien is not enforceable against any purchaser, mortgagee, pledgee, holder of a  
63.25 Uniform Commercial Code security interest, mechanic's lien, or judgment lien creditor,  
63.26 until a notice of lien has been filed with the county recorder of the county where the property  
63.27 is situated, or in the case of personal property belonging to a nonresident person in the Office  
63.28 of the Secretary of State. When the notice of lien is filed with the county recorder, the fee  
63.29 for filing and indexing is as provided in sections 272.483 and 272.484.

63.30 (c) Notices of liens, lien renewals, and lien releases, in a form prescribed by the  
63.31 commissioner, may be filed with the county recorder or the secretary of state by mail or

64.1 personal delivery. The filing officer, whether the county recorder or the secretary of state,  
64.2 must endorse and index a printout of the notice as if the notice had been mailed or delivered.

64.3 (d) County recorders and the secretary of state must enter information on lien notices,  
64.4 renewals, and releases into their respective database system.

64.5 (e) The lien imposed on personal property, even though properly filed, is not enforceable  
64.6 against a purchaser of tangible personal property purchased at retail or personal property  
64.7 listed as exempt in sections 550.37, 550.38, and 550.39.

64.8 (f) A notice of lien filed has priority over any security interest arising under chapter 336,  
64.9 article 9, that is perfected prior in time to the lien imposed by this subdivision, but only if:

64.10 (1) the perfected security interest secures property not in existence at the time the notice  
64.11 of lien is filed; and

64.12 (2) the property comes into existence after the 45th calendar day following the day the  
64.13 notice of lien is filed, or after the secured party has actual notice or knowledge of the lien  
64.14 filing, whichever is earlier.

64.15 (g) The lien is enforceable from the time the lien arises and for ten years from the date  
64.16 of filing the notice of lien. A notice of lien may be renewed before expiration for an additional  
64.17 ten years.

64.18 (h) The lien is enforceable by levy under subdivision 2 or by judgment lien foreclosure  
64.19 under chapter 550.

64.20 (i) The lien may be imposed upon property defined as homestead property in chapter  
64.21 510 but may be enforced only upon the sale, transfer, or conveyance of the homestead  
64.22 property.

64.23 (j) The commissioner may sell and assign to a third party the commissioner's right of  
64.24 redemption in specific real property for liens filed under this subdivision. The assignee is  
64.25 limited to the same rights of redemption as the commissioner, except that in a bankruptcy  
64.26 proceeding, the assignee does not obtain the commissioner's priority. Any proceeds from  
64.27 the sale of the right of redemption are credited to the family and medical benefit insurance  
64.28 account.

64.29 Subd. 2. Levy. (a) If any amount due under this chapter, from an applicant or an employer,  
64.30 is not paid when due, the amount may be collected by the commissioner by direct levy upon  
64.31 all property and rights of property of the person liable for the amount due except property  
64.32 exempt from execution under section 550.37. For the purposes of this section, "levy" includes  
64.33 the power of distraint and seizure by any means.



65.1 (b) In addition to a direct levy, the commissioner may issue a warrant to the sheriff of  
65.2 any county who must proceed within 60 calendar days to levy upon the property or rights  
65.3 to property of the delinquent person within the county, except property exempt under section  
65.4 550.37. The sheriff must sell that property necessary to satisfy the total amount due, together  
65.5 with the commissioner's and sheriff's costs. The sales are governed by the law applicable  
65.6 to sales of like property on execution of a judgment.

65.7 (c) Notice and demand for payment of the total amount due must be mailed to the  
65.8 delinquent person at least ten calendar days before action being taken under paragraphs (a)  
65.9 and (b).

65.10 (d) If the commissioner has reason to believe that collection of the amount due is in  
65.11 jeopardy, notice and demand for immediate payment may be made. If the total amount due  
65.12 is not paid, the commissioner may proceed to collect by direct levy or issue a warrant without  
65.13 regard to the ten calendar day period.

65.14 (e) In executing the levy, the commissioner must have all of the powers provided in  
65.15 chapter 550 or any other law that provides for execution against property in this state. The  
65.16 sale of property levied upon and the time and manner of redemption is as provided in chapter  
65.17 550. The seal of the court is not required. The levy may be made whether or not the  
65.18 commissioner has commenced a legal action for collection.

65.19 (f) Where any assessment has been made by the commissioner, the property seized for  
65.20 collection of the total amount due must not be sold until any determination of liability has  
65.21 become final. No sale may be made unless a portion of the amount due remains unpaid for  
65.22 a period of more than 30 calendar days after the determination of liability becomes final.  
65.23 Seized property may be sold at any time if:

65.24 (1) the delinquent person consents in writing to the sale; or

65.25 (2) the commissioner determines that the property is perishable or may become greatly  
65.26 reduced in price or value by keeping, or that the property cannot be kept without great  
65.27 expense.

65.28 (g) Where a levy has been made to collect the amount due and the property seized is  
65.29 properly included in a formal proceeding commenced under sections 524.3-401 to 524.3-505  
65.30 and maintained under full supervision of the court, the property may not be sold until the  
65.31 probate proceedings are completed or until the court orders.

65.32 (h) The property seized must be returned if the owner:

66.1 (1) gives a surety bond equal to the appraised value of the owner's interest in the property,  
66.2 as determined by the commissioner; or

66.3 (2) deposits with the commissioner security in a form and amount the commissioner  
66.4 considers necessary to insure payment of the liability.

66.5 (i) If a levy or sale would irreparably injure rights in property that the court determines  
66.6 superior to rights of the state, the court may grant an injunction to prohibit the enforcement  
66.7 of the levy or to prohibit the sale.

66.8 (j) Any person who fails or refuses to surrender without reasonable cause any property  
66.9 or rights to property subject to levy is personally liable in an amount equal to the value of  
66.10 the property or rights not so surrendered, but not exceeding the amount due.

66.11 (k) If the commissioner has seized the property of any individual, that individual may,  
66.12 upon giving 48 hours notice to the commissioner and to the court, bring a claim for equitable  
66.13 relief before the district court for the release of the property upon terms and conditions the  
66.14 court considers equitable.

66.15 (l) Any person in control or possession of property or rights to property upon which a  
66.16 levy has been made who surrenders the property or rights to property, or who pays the  
66.17 amount due is discharged from any obligation or liability to the person liable for the amount  
66.18 due with respect to the property or rights to property.

66.19 (m) The notice of any levy may be served personally or by mail.

66.20 (n) The commissioner may release the levy upon all or part of the property or rights to  
66.21 property levied upon if the commissioner determines that the release will facilitate the  
66.22 collection of the liability, but the release does not prevent any subsequent levy. If the  
66.23 commissioner determines that property has been wrongfully levied upon, the commissioner  
66.24 must return:

66.25 (1) the specific property levied upon, at any time; or

66.26 (2) an amount of money equal to the amount of money levied upon, at any time before  
66.27 the expiration of nine months from the date of levy.

66.28 (o) Regardless of section 52.12, a levy upon a person's funds on deposit in a financial  
66.29 institution located in this state, has priority over any unexercised right of setoff of the  
66.30 financial institution to apply the levied funds toward the balance of an outstanding loan or  
66.31 loans owed by the person to the financial institution. A claim by the financial institution  
66.32 that it exercised its right to setoff before the levy must be substantiated by evidence of the  
66.33 date of the setoff, and verified by an affidavit from a corporate officer of the financial

67.1 institution. For purposes of determining the priority of any levy under this subdivision, the  
67.2 levy is treated as if it were an execution under chapter 550.

67.3 Subd. 3. **Right of setoff.** (a) Upon certification by the commissioner to the commissioner  
67.4 of management and budget, or to any state agency that disburses its own funds, that a person,  
67.5 applicant, or employer has a liability under this chapter, and that the state has purchased  
67.6 personal services, supplies, contract services, or property from that person, the commissioner  
67.7 of management and budget or the state agency must set off and pay to the commissioner an  
67.8 amount sufficient to satisfy the unpaid liability from funds appropriated for payment of the  
67.9 obligation of the state otherwise due the person. No amount may be set off from any funds  
67.10 exempt under section 550.37 or funds due an individual who receives assistance under  
67.11 chapter 256.

67.12 (b) All funds, whether general or dedicated, are subject to setoff.

67.13 (c) Regardless of any law to the contrary, the commissioner has first priority to setoff  
67.14 from any funds otherwise due from the department to a delinquent person.

67.15 Subd. 4. **Collection by civil action.** (a) Any amount due under this chapter, from an  
67.16 applicant or employer, may be collected by civil action in the name of the state of Minnesota.  
67.17 Civil actions brought under this subdivision must be heard as provided under section 16D.14.  
67.18 In any action, judgment must be entered in default for the relief demanded in the complaint  
67.19 without proof, together with costs and disbursements, upon the filing of an affidavit of  
67.20 default.

67.21 (b) Any person that is not a resident of this state and any resident person removed from  
67.22 this state, is considered to appoint the secretary of state as its agent for the acceptance of  
67.23 process in any civil action. The commissioner must file process with the secretary of state,  
67.24 together with a payment of a fee of \$15 and that service is considered sufficient service and  
67.25 has the same force and validity as if served personally within this state. Notice of the service  
67.26 of process, together with a copy of the process, must be sent by certified mail to the person's  
67.27 last known address. An affidavit of compliance with this subdivision, and a copy of the  
67.28 notice of service must be appended to the original of the process and filed in the court.

67.29 (c) No court filing fees, docketing fees, or release of judgment fees may be assessed  
67.30 against the state for actions under this subdivision.

67.31 Subd. 5. **Injunction forbidden.** No injunction or other legal action to prevent the  
67.32 determination, assessment, or collection of any amounts due under this chapter, from an  
67.33 applicant or employer, are allowed.

68.1 **EFFECTIVE DATE.** This section is effective July 1, 2024.

68.2 Sec. 35. **[268B.24] CONCILIATION SERVICES.**

68.3 The Department of Labor and Industry may offer conciliation services to employers and  
68.4 employees to resolve disputes concerning alleged violations of employment protections  
68.5 identified in section 268B.09.

68.6 **EFFECTIVE DATE.** This section is effective November 1, 2025.

68.7 Sec. 36. **[268B.25] ANNUAL REPORTS.**

68.8 (a) Beginning on or before January 1, 2027, the commissioner must annually report to  
68.9 the Department of Management and Budget and the house of representatives and senate  
68.10 committee chairs with jurisdiction over this chapter on program administrative expenditures  
68.11 and revenue collection for the prior fiscal year, including but not limited to:

68.12 (1) total revenue raised through premium collection;

68.13 (2) the number of self-employed individuals or independent contractors electing coverage  
68.14 under section 268B.11 and amount of associated revenue;

68.15 (3) the number of covered business entities paying premiums under this chapter and  
68.16 associated revenue;

68.17 (4) administrative expenditures including transfers to other state agencies expended in  
68.18 the administration of the chapter;

68.19 (5) summary of contracted services expended in the administration of this chapter;

68.20 (6) grant amounts and recipients under sections 268B.18 and 268B.29;

68.21 (7) an accounting of required outreach expenditures;

68.22 (8) summary of private plan approvals including the number of employers and employees  
68.23 covered under private plans; and

68.24 (9) adequacy and use of the private plan approval and oversight fee.

68.25 (b) Beginning on or before January 1, 2027, the commissioner must annually publish a  
68.26 publicly available report providing the following information for the previous fiscal year:

68.27 (1) total eligible claims;

68.28 (2) the number and percentage of claims attributable to each category of benefit;

69.1 (3) claimant demographics by age, race or ethnicity, gender, average weekly wage,  
69.2 occupation, and the type of leave taken;

69.3 (4) the percentage of claims denied and the reasons therefor, including but not limited  
69.4 to insufficient information and ineligibility and the reason therefor;

69.5 (5) average weekly benefit amount paid for all claims and by category of benefit;

69.6 (6) changes in the benefits paid compared to previous fiscal years;

69.7 (7) processing times for initial claims processing, initial determinations, and final  
69.8 decisions;

69.9 (8) average duration for cases completed;

69.10 (9) the number of cases remaining open at the close of such year; and

69.11 (10) the employers who received approval by the department for seasonal employee  
69.12 classification and the number of seasonal employees approved for each year.

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

69.14 **Sec. 37. [268B.26] NOTICE REQUIREMENTS.**

69.15 (a) Each employer must post in a conspicuous place on each of its premises a workplace  
69.16 notice prepared by the commissioner providing notice of benefits available under this chapter.  
69.17 The required workplace notice must be in English and each language other than English  
69.18 which is the primary language of five or more employees or independent contractors of that  
69.19 workplace, if such notice is available from the department.

69.20 (b) Each employer must issue to each employee not more than 30 days from the beginning  
69.21 date of the employee's employment, or 30 days before premium collection begins, whichever  
69.22 is later, the following written information provided by the department in the primary language  
69.23 of the employee:

69.24 (1) an explanation of the availability of family and medical leave benefits provided under  
69.25 this chapter, including rights to reinstatement and continuation of health insurance;

69.26 (2) the amount of premium deductions made by the employer under this chapter;

69.27 (3) the employer's premium amount and obligations under this chapter;

69.28 (4) the name and mailing address of the employer;

69.29 (5) the identification number assigned to the employer by the department;

69.30 (6) instructions on how to file a claim for family and medical leave benefits;

70.1 (7) the mailing address, e-mail address, and telephone number of the department; and

70.2 (8) any other information required by the department.

70.3 Delivery is made when an employee provides written or electronic acknowledgment of  
70.4 receipt of the information, or signs a statement indicating the employee's refusal to sign  
70.5 such acknowledgment.

70.6 (c) An employer that fails to comply with this section may be issued, for a first violation,  
70.7 a civil penalty of \$50 per employee, and for each subsequent violation, a civil penalty of  
70.8 \$300 per employee. The employer shall have the burden of demonstrating compliance with  
70.9 this section.

70.10 (d) Employer notice to an employee under this section may be provided in paper or  
70.11 electronic format. For notice provided in electronic format only, the employer must provide  
70.12 employee access to an employer-owned computer during an employee's regular working  
70.13 hours to review and print required notices.

70.14 (e) The department shall prepare a uniform employee notice form for employers to use  
70.15 that provides the notice information required under this section. The commissioner shall  
70.16 prepare the uniform employee notice in the five most common languages spoken in  
70.17 Minnesota.

70.18 (f) Each employer who employs or intends to employ seasonal employees as defined in  
70.19 section 268B.01, subdivision 35, must issue to each seasonal employee a notice that the  
70.20 employee is not eligible to receive paid family and medical leave benefits while the employee  
70.21 is so employed. The notice must be provided at the time an employment offer is made, or  
70.22 within 30 days of the effective date of this section for the employer's existing seasonal  
70.23 employees, and be in a form provided by the department. Delivery is made when an employee  
70.24 provides written or electronic acknowledgment of receipt of the information, or signs a  
70.25 statement indicating the employee's refusal to sign such acknowledgment.

70.26 **EFFECTIVE DATE.** This section is effective November 1, 2025.

70.27 **Sec. 38. [268B.27] RELATIONSHIP TO OTHER LEAVE; CONSTRUCTION.**

70.28 Subdivision 1. **Concurrent leave.** An employer may require leave taken under this  
70.29 chapter to run concurrently with leave taken for the same purpose under section 181.941  
70.30 or the Family and Medical Leave Act, United States Code, title 29, sections 2601 to 2654,  
70.31 as amended.

70.32 Subd. 2. **Construction.** Nothing in this chapter shall be construed to:

71.1 (1) allow an employer to compel an employee to exhaust accumulated sick, vacation,  
71.2 or personal time before or while taking leave under this chapter;

71.3 (2) prohibit an employer from providing additional benefits, including but not limited  
71.4 to covering the portion of earnings not provided during periods of leave covered under this  
71.5 chapter including through a supplemental benefit payment, as defined under section 268B.01,  
71.6 subdivision 41;

71.7 (3) limit the parties to a collective bargaining agreement from bargaining and agreeing  
71.8 with respect to leave benefits and related procedures and employee protections that meet  
71.9 or exceed, and do not otherwise conflict with, the minimum standards and requirements in  
71.10 this chapter; or

71.11 (4) be applied so as to create any power or duty in conflict with federal law.

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

71.13 Sec. 39. **[268B.28] SEVERABLE.**

71.14 If the United States Department of Labor or a court of competent jurisdiction determines  
71.15 that any provision of the family and medical benefit insurance program under this chapter  
71.16 is not in conformity with, or is inconsistent with, the requirements of state or federal law,  
71.17 the provision has no force or effect. If only a portion of the provision, or the application to  
71.18 any person or circumstances, is determined not in conformity, or determined inconsistent,  
71.19 the remainder of the provision and the application of the provision to other persons or  
71.20 circumstances are not affected.

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

71.22 Sec. 40. **[268B.29] SMALL BUSINESS ASSISTANCE GRANTS.**

71.23 (a) Employers with 30 or fewer employees and less than \$3,000,000 in gross annual  
71.24 revenues may apply to the department for grants under this section.

71.25 (b) The commissioner may approve a grant of up to \$3,000 if the employer hires a  
71.26 temporary worker, or increases another existing worker's wages, to substitute for an employee  
71.27 on family or medical leave for a period of seven days or more.

71.28 (c) The maximum total grant per eligible employer in a calendar year is \$6,000.

71.29 (d) Grants must be used to hire temporary workers or to increase wages for current  
71.30 employees. To be eligible for consideration for a grant under this section, the employer  
71.31 must documentation attest, in a manner and format prescribed by the commissioner, that:

72.1 (1) the temporary worker hired or wage-related costs incurred are due to an employee's  
72.2 use of leave under this chapter;

72.3 (2) the amount of the grant requested is less than or equal to the additional costs incurred  
72.4 by the employer; and

72.5 (3) the employer meets the revenue requirements in paragraph (a).

72.6 (e) Applications shall be processed on a first-received, first-processed basis within each  
72.7 calendar year until funding is exhausted. Applications received after funding has been  
72.8 exhausted in a calendar year are not eligible for reimbursement.

72.9 (f) For the purposes of this section, the commissioner shall average the number of  
72.10 employees reported by an employer over the last four completed calendar quarters as  
72.11 submitted in the wage detail records required in section 268B.12 to determine the size of  
72.12 the employer.

72.13 (g) An employer who has an approved private plan is not eligible to receive a grant under  
72.14 this section.

72.15 (h) Unless additional funds are appropriated, the commissioner may award grants under  
72.16 this section up to a maximum of \$5,000,000 per calendar year from the family and medical  
72.17 benefit insurance account.

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

72.19 **Sec. 41. ACTUARIAL STUDY.**

72.20 (a) The commissioner of employment and economic development must contract with a  
72.21 qualified independent actuarial consultant to conduct an actuarial study of the family and  
72.22 medical leave premium rate, premium rate structure, weekly benefit formula, duration of  
72.23 benefits, fund reserve, and other components as necessary to determine an actuarially sound  
72.24 rate and future rate-setting mechanism of the family and medical benefit insurance program  
72.25 created in this act.

72.26 (b) A qualified independent actuarial consultant is one who is a Fellow of the Society  
72.27 of Actuaries (FSA) and a Member of the American Academy of Actuaries (MAAA) and  
72.28 who has experience directly relevant to the analysis required under this paragraph. The  
72.29 commissioner must issue a request for proposal to satisfy the requirements of this section  
72.30 no later than 30 days following enactment.

72.31 (c) If the actuarial study indicates that the premium rate in Minnesota Statutes, section  
72.32 268B.14, subdivision 7, is not actuarially sound, the commissioner, in consultation with the



73.1 commissioner of management and budget, must adjust the premium rate to make the program  
 73.2 actuarially sound, subject to the limitations in Minnesota Statutes, section 268B.14,  
 73.3 subdivision 7, paragraph (b).

73.4 (d) A copy of the actuarial study must be provided to the majority and minority leaders  
 73.5 in the senate and the house of representatives no later than October 31, 2023. The actuarial  
 73.6 study must also be filed with the Legislative Reference Library in compliance with Minnesota  
 73.7 Statutes, section 3.195.

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

73.9 Sec. 42. **APPLICATION.**

73.10 Family and medical benefits under Minnesota Statutes, chapter 268B, may be paid for  
 73.11 starting January 1, 2026.

## 73.12 **ARTICLE 2**

### 73.13 **FAMILY AND MEDICAL LEAVE BENEFIT AS EARNINGS**

73.14 Section 1. Minnesota Statutes 2022, section 256B.057, subdivision 9, is amended to read:

73.15 **Subd. 9. Employed persons with disabilities.** (a) Medical assistance may be paid for  
 73.16 a person who is employed and who:

73.17 (1) but for excess earnings or assets, meets the definition of disabled under the  
 73.18 Supplemental Security Income program;

73.19 (2) meets the asset limits in paragraph (d); and

73.20 (3) pays a premium and other obligations under paragraph (e).

73.21 (b) For purposes of eligibility, there is a \$65 earned income disregard. To be eligible  
 73.22 for medical assistance under this subdivision, a person must have more than \$65 of earned  
 73.23 income, be receiving an unemployment insurance benefit under chapter 268 that the person  
 73.24 began receiving while eligible under this subdivision, or be receiving family and medical  
 73.25 leave benefits under chapter 268B that the person began receiving while eligible under this  
 73.26 subdivision. Earned income must have Medicare, Social Security, and applicable state and  
 73.27 federal taxes withheld. The person must document earned income tax withholding. Any  
 73.28 spousal income or assets shall be disregarded for purposes of eligibility and premium  
 73.29 determinations.

73.30 (c) After the month of enrollment, a person enrolled in medical assistance under this  
 73.31 subdivision who would otherwise be ineligible and be disenrolled due to one of the following

74.1 circumstances may retain eligibility for up to four consecutive months after a month of job  
74.2 loss if the person:

74.3 (1) is temporarily unable to work and without receipt of earned income due to a medical  
74.4 condition, as verified by a physician, advanced practice registered nurse, or physician  
74.5 assistant; or

74.6 (2) loses employment for reasons not attributable to the enrollee, and is without receipt  
74.7 of earned income ~~may retain eligibility for up to four consecutive months after the month~~  
74.8 ~~of job loss.~~

74.9 To receive a four-month extension of continued eligibility under this paragraph, enrollees  
74.10 must verify the medical condition or provide notification of job loss, continue to meet all  
74.11 other eligibility requirements must be met, and ~~the enrollee must~~ continue to pay all  
74.12 calculated premium costs for continued eligibility.

74.13 (d) For purposes of determining eligibility under this subdivision, a person's assets must  
74.14 not exceed \$20,000, excluding:

74.15 (1) all assets excluded under section 256B.056;

74.16 (2) retirement accounts, including individual accounts, 401(k) plans, 403(b) plans, Keogh  
74.17 plans, and pension plans;

74.18 (3) medical expense accounts set up through the person's employer; and

74.19 (4) spousal assets, including spouse's share of jointly held assets.

74.20 (e) All enrollees must pay a premium to be eligible for medical assistance under this  
74.21 subdivision, except as provided under clause (5).

74.22 (1) An enrollee must pay the greater of a \$35 premium or the premium calculated based  
74.23 on the person's gross earned and unearned income and the applicable family size using a  
74.24 sliding fee scale established by the commissioner, which begins at one percent of income  
74.25 at 100 percent of the federal poverty guidelines and increases to 7.5 percent of income for  
74.26 those with incomes at or above 300 percent of the federal poverty guidelines.

74.27 (2) Annual adjustments in the premium schedule based upon changes in the federal  
74.28 poverty guidelines shall be effective for premiums due in July of each year.

74.29 (3) All enrollees who receive unearned income must pay one-half of one percent of  
74.30 unearned income in addition to the premium amount, except as provided under clause (5).

74.31 (4) Increases in benefits under title II of the Social Security Act shall not be counted as  
74.32 income for purposes of this subdivision until July 1 of each year.

75.1 (5) Effective July 1, 2009, American Indians are exempt from paying premiums as  
75.2 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public  
75.3 Law 111-5. For purposes of this clause, an American Indian is any person who meets the  
75.4 definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

75.5 (f) A person's eligibility and premium shall be determined by the local county agency.  
75.6 Premiums must be paid to the commissioner. All premiums are dedicated to the  
75.7 commissioner.

75.8 (g) Any required premium shall be determined at application and redetermined at the  
75.9 enrollee's six-month income review or when a change in income or household size is reported.  
75.10 Enrollees must report any change in income or household size within ten days of when the  
75.11 change occurs. A decreased premium resulting from a reported change in income or  
75.12 household size shall be effective the first day of the next available billing month after the  
75.13 change is reported. Except for changes occurring from annual cost-of-living increases, a  
75.14 change resulting in an increased premium shall not affect the premium amount until the  
75.15 next six-month review.

75.16 (h) Premium payment is due upon notification from the commissioner of the premium  
75.17 amount required. Premiums may be paid in installments at the discretion of the commissioner.

75.18 (i) Nonpayment of the premium shall result in denial or termination of medical assistance  
75.19 unless the person demonstrates good cause for nonpayment. "Good cause" means an excuse  
75.20 for the enrollee's failure to pay the required premium when due because the circumstances  
75.21 were beyond the enrollee's control or not reasonably foreseeable. The commissioner shall  
75.22 determine whether good cause exists based on the weight of the supporting evidence  
75.23 submitted by the enrollee to demonstrate good cause. Except when an installment agreement  
75.24 is accepted by the commissioner, all persons disenrolled for nonpayment of a premium must  
75.25 pay any past due premiums as well as current premiums due prior to being reenrolled.  
75.26 Nonpayment shall include payment with a returned, refused, or dishonored instrument. The  
75.27 commissioner may require a guaranteed form of payment as the only means to replace a  
75.28 returned, refused, or dishonored instrument.

75.29 (j) For enrollees whose income does not exceed 200 percent of the federal poverty  
75.30 guidelines and who are also enrolled in Medicare, the commissioner shall reimburse the  
75.31 enrollee for Medicare part B premiums under section 256B.0625, subdivision 15, paragraph  
75.32 (a).

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

76.1 Sec. 2. Minnesota Statutes 2022, section 256J.561, is amended by adding a subdivision  
76.2 to read:

76.3 Subd. 4. **Parents receiving family and medical leave benefits.** A parent who meets  
76.4 the criteria under subdivision 2 and who receives benefits under chapter 268B is not required  
76.5 to participate in employment services.

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

76.7 Subd. 3. **Eligibility for diversionary work program.** (a) Except for the categories of  
76.8 family units listed in clauses (1) to ~~(8)~~ (9), all family units who apply for cash benefits and  
76.9 who meet MFIP eligibility as required in sections 256J.11 to 256J.15 are eligible and must  
76.10 participate in the diversionary work program. Family units or individuals that are not eligible  
76.11 for the diversionary work program include:

76.12 (1) child only cases;

76.13 (2) single-parent family units that include a child under 12 months of age. A parent is  
76.14 eligible for this exception once in a parent's lifetime;

76.15 (3) family units with a minor parent without a high school diploma or its equivalent;

76.16 (4) family units with an 18- or 19-year-old caregiver without a high school diploma or  
76.17 its equivalent who chooses to have an employment plan with an education option;

76.18 (5) family units with a caregiver who received DWP benefits within the 12 months prior  
76.19 to the month the family applied for DWP, except as provided in paragraph (c);

76.20 (6) family units with a caregiver who received MFIP within the 12 months prior to the  
76.21 month the family applied for DWP;

76.22 (7) family units with a caregiver who received 60 or more months of TANF assistance;

76.23 ~~and~~

76.24 (8) family units with a caregiver who is disqualified from the work participation cash  
76.25 benefit program, DWP, or MFIP due to fraud; and

76.26 (9) single-parent family units where a parent is receiving family and medical leave  
76.27 benefits under chapter 268B.

76.28 (b) A two-parent family must participate in DWP unless both caregivers meet the criteria  
76.29 for an exception under paragraph (a), clauses (1) through (5), or the family unit includes a  
76.30 parent who meets the criteria in paragraph (a), clause (6), (7), or (8).

77.1 (c) Once DWP eligibility is determined, the four months run consecutively. If a participant  
77.2 leaves the program for any reason and reapplies during the four-month period, the county  
77.3 must redetermine eligibility for DWP.

77.4 Sec. 4. Minnesota Statutes 2022, section 256J.95, subdivision 11, is amended to read:

77.5 Subd. 11. **Universal participation required.** (a) All DWP caregivers, except caregivers  
77.6 who meet the criteria in paragraph (d), are required to participate in DWP employment  
77.7 services. Except as specified in paragraphs (b) and (c), employment plans under DWP must,  
77.8 at a minimum, meet the requirements in section 256J.55, subdivision 1.

77.9 (b) A caregiver who is a member of a two-parent family that is required to participate  
77.10 in DWP who would otherwise be ineligible for DWP under subdivision 3 may be allowed  
77.11 to develop an employment plan under section 256J.521, subdivision 2, that may contain  
77.12 alternate activities and reduced hours.

77.13 (c) A participant who is a victim of family violence shall be allowed to develop an  
77.14 employment plan under section 256J.521, subdivision 3. A claim of family violence must  
77.15 be documented by the applicant or participant by providing a sworn statement which is  
77.16 supported by collateral documentation in section 256J.545, paragraph (b).

77.17 (d) One parent in a two-parent family unit ~~that has a natural born child under 12 months~~  
77.18 ~~of age~~ is not required to have an employment plan ~~until the child reaches 12 months of age~~  
77.19 ~~unless the family unit has already used the exclusion under section 256J.561, subdivision~~  
77.20 ~~3, or the previously allowed child under age one exemption under section 256J.56, paragraph~~  
77.21 ~~(a), clause (5).~~ if that parent:

77.22 (1) receives family and medical leave benefits under chapter 268B; or

77.23 (2) has a natural born child under 12 months of age until the child reaches 12 months  
77.24 of age unless the family unit has already used the exclusion under section 256J.561,  
77.25 subdivision 3, or the previously allowed child under age one exemption under section  
77.26 256J.56, paragraph (a), clause (5).

77.27 (e) The provision in paragraph (d) ends the first full month after the child reaches 12  
77.28 months of age. This provision is allowable only once in a caregiver's lifetime. In a two-parent  
77.29 household, only one parent shall be allowed to use this category.

77.30 (f) The participant and job counselor must meet in the month after the month the child  
77.31 reaches 12 months of age to revise the participant's employment plan. The employment plan  
77.32 for a family unit that has a child under 12 months of age that has already used the exclusion  
77.33 in section 256J.561 must be tailored to recognize the caregiving needs of the parent.

78.1 Sec. 5. Minnesota Statutes 2022, section 256P.01, subdivision 3, is amended to read:

78.2 Subd. 3. **Earned income.** "Earned income" means income earned through the receipt  
78.3 of wages, salary, commissions, bonuses, tips, gratuities, profit from employment activities,  
78.4 net profit from self-employment activities, payments made by an employer for regularly  
78.5 accrued vacation or sick leave, severance pay based on accrued leave time, benefits paid  
78.6 under chapter 268B, royalties, honoraria, or other profit from activity that results from the  
78.7 client's work, effort, or labor for purposes other than student financial assistance,  
78.8 rehabilitation programs, student training programs, or service programs such as AmeriCorps.  
78.9 The income must be in return for, or as a result of, legal activity.

78.10 Sec. 6. **EFFECTIVE DATE.**

78.11 Sections 1 to 5 are effective January 1, 2026.

78.12 **ARTICLE 3**

78.13 **APPROPRIATIONS**

78.14 Section 1. **APPROPRIATIONS.**

78.15 The sums shown in the columns marked "Appropriations" are appropriated to the agencies  
78.16 and for the purposes specified in this article. The appropriations are from the family and  
78.17 medical benefit insurance account under Minnesota Statutes, section 268B.02, subdivision  
78.18 4, and are available for the fiscal years indicated for each purpose. The figures "2024" and  
78.19 "2025" used in this article mean that the appropriations listed under them are available for  
78.20 the fiscal year ending June 30, 2024, or June 30, 2025, respectively. "The first year" is fiscal  
78.21 year 2024. "The second year" is fiscal year 2025. "The biennium" is fiscal years 2024 and  
78.22 2025.

78.23		<b><u>APPROPRIATIONS</u></b>	
78.24		<b><u>Available for the Year</u></b>	
78.25		<b><u>Ending June 30</u></b>	
78.26		<b><u>2024</u></b>	<b><u>2025</u></b>
78.27	<b><u>Sec. 2. DEPARTMENT OF EMPLOYMENT</u></b>		
78.28	<b><u>AND ECONOMIC DEVELOPMENT</u></b>	<b><u>\$ 50,938,000</u></b>	<b><u>\$ 71,357,000</u></b>

78.29 This amount is for the purposes of Minnesota  
78.30 Statutes, chapter 268B, including start-up and  
78.31 information technology costs, administration,  
78.32 and outreach.

78.33 The base from the family and medical benefit  
78.34 insurance account for fiscal year 2026 is

79.1 \$40,544,000 and for fiscal year 2027 is

79.2 \$5,000,000.

79.3 **Sec. 3. DEPARTMENT OF LABOR AND**

79.4 **INDUSTRY** **\$ 601,000 \$ 374,000**

79.5 This amount is for the purposes of Minnesota

79.6 Statutes, chapter 268B.

79.7 The base from the family and medical benefit

79.8 insurance account for fiscal year 2026 is

79.9 \$366,000 and for fiscal year 2027 is \$0.

79.10 **Sec. 4. DEPARTMENT OF COMMERCE** **\$ 376,000 \$ 316,000**

79.11 This amount is for the purposes of Minnesota

79.12 Statutes, chapter 268B.

79.13 The base from the family and medical benefit

79.14 insurance account for fiscal year 2026 is

79.15 \$64,000 and for fiscal year 2027 is \$0.

79.16 **Sec. 5. MINNESOTA MANAGEMENT AND**

79.17 **BUDGET** **\$ -0- \$ 118,000**

79.18 This amount is for the purposes of Minnesota

79.19 Statutes, chapter 268B.

79.20 The base from the family and medical benefit

79.21 insurance account for fiscal year 2026 and

79.22 beyond is \$45,000.

79.23 **Sec. 6. DEPARTMENT OF HUMAN**

79.24 **SERVICES** **\$ 2,649,000 \$ -0-**

79.25 This amount is for the purposes of Minnesota

79.26 Statutes, chapter 268B.

79.27 The base from the family and medical benefit

79.28 insurance account for fiscal year 2026 and

79.29 beyond is \$530,000.

79.30 **Sec. 7. SECRETARY OF STATE** **\$ 384,000 \$ 4,000**

79.31 This amount is for the purposes of Minnesota

79.32 Statutes, chapter 268B.

80.1 The base from the family and medical benefit  
 80.2 insurance account for fiscal year 2026 and  
 80.3 beyond is \$77,000.

80.4 Sec. 8. SUPREME COURT.                         \$                         15,000 \$                         15,000

80.5 This amount is for the purposes of Minnesota  
 80.6 Statutes, chapter 268B. This is a onetime  
 80.7 appropriation.

80.8 Sec. 9. LEGISLATURE.                         \$                         -0- \$                         18,000

80.9 This amount is for the purposes of Minnesota  
 80.10 Statutes, chapter 268B. This is a onetime  
 80.11 appropriation.

80.12 Sec. 10. UNIVERSITY OF MINNESOTA.             \$                         -0- \$                         1,372,000

80.13 This amount is for the purposes of Minnesota  
 80.14 Statutes, chapter 268B. This is a onetime  
 80.15 appropriation.

80.16     Sec. 11. DIRECT CARE PROVIDER PREMIUMS THROUGH HCBS  
 80.17 WORKFORCE INCENTIVE FUND.

80.18     (a) \$20,000,000 in fiscal year 2026 is added to the base appropriation from the family  
 80.19 and medical benefit account to the commissioner of human services to provide reimbursement  
 80.20 for premiums incurred for the paid family and medical leave program under this chapter.  
 80.21 Funds shall be administered through the home and community-based workforce incentive  
 80.22 fund under Minnesota Statutes, section 256.4764.

80.23     (b) The commissioner of employment and economic development shall share premium  
 80.24 payment data collected under this chapter to assist the commissioner of human services in  
 80.25 the verification process of premiums paid under this section.

80.26     (c) This amount is for the purposes of Minnesota Statutes, section 256.4764. This is a  
 80.27 one-time appropriation and is available until June 30, 2027.

80.28     Sec. 12. TRANSFER.

80.29     The commissioner of management and budget shall transfer \$668,321,000 in fiscal year  
 80.30 2024 from the general fund to the family and medical benefit insurance account for the  
 80.31 purposes of Minnesota Statutes, chapter 268B.



81.1 Sec. 13. **ENTERPRISE COSTS BASE ESTABLISHMENT.**

81.2 A general fund base of \$3,049,000 in fiscal year 2026 and \$3,049,000 in fiscal year 2027  
81.3 are established. Of this amount, \$35,000 each year is to fund enterprise requirements under  
81.4 Minnesota Statutes, chapter 268B, employee notification, and \$3,014,000 each year is to  
81.5 fund the costs incurred by state agencies due to employer-paid premiums established under  
81.6 Minnesota Statutes, chapter 268B. The commissioner of management and budget shall  
81.7 allocate these amounts to agency base budgets based on the expected costs incurred by those  
81.8 agencies.