

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 2438

(SENATE AUTHORS: MAYE QUADE and Hoffman)

DATE
03/13/2025

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Introduction and first reading
Referred to Human Services

OFFICIAL STATUS

1.1 A bill for an act

1.2 relating to human services; modifying availability of crisis services and criteria

1.3 for community-based program locations; removing expiration of 48-hour admission

1.4 requirement; making conforming and technical changes to effectuate creation of

1.5 Direct Care and Treatment agency; amending Minnesota Statutes 2024, sections

1.6 13.46, subdivisions 3, 4; 15.471, subdivision 6; 16A.103, subdivision 1j; 62J.495,

1.7 subdivision 2; 97A.441, subdivision 3; 144.53; 144.651, subdivisions 2, 4, 20, 31,

1.8 32; 144A.07; 146A.08, subdivision 4; 147.091, subdivision 6; 147A.13, subdivision

1.9 6; 148.10, subdivision 1; 148.261, subdivision 5; 148.754; 148B.5905; 148F.09,

1.10 subdivision 6; 150A.08, subdivision 6; 151.071, subdivision 10; 153.21, subdivision

1.11 2; 153B.70; 168.012, subdivision 1; 244.052, subdivision 4; 245.50, subdivision

1.12 2; 245.91, subdivision 2; 246.585; 246C.06, subdivision 11; 246C.12, subdivision

1.13 6; 246C.20; 252.291, subdivision 3; 252.50, subdivision 5; 253B.09, subdivision

1.14 3a; 253B.10, subdivision 1; 256.01, subdivisions 2, 5; 256.019, subdivision 1;

1.15 256.0281; 256.0451, subdivisions 1, 3, 6, 8, 9, 18, 22, 23, 24; 256.4825; 256.93,

1.16 subdivision 1; 256.98, subdivision 7; 256B.092, subdivision 10; 256G.09,

1.17 subdivisions 4, 5; 299F.77, subdivision 2; 342.04; 352.91, subdivision 3f; 401.17,

1.18 subdivision 1; 507.071, subdivision 1; 611.57, subdivisions 2, 4; 624.7131,

1.19 subdivisions 1, 2; 624.7132, subdivisions 1, 2; 624.714, subdivisions 3, 4; 631.40,

1.20 subdivision 3; proposing coding for new law in Minnesota Statutes, chapter 246C;

1.21 repealing Minnesota Statutes 2024, sections 245.4862; 246.015, subdivision 3;

1.22 246.50, subdivision 2; 246B.04, subdivision 1a; Laws 2024, chapter 79, article 1,

1.23 sections 15; 16; 17.

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

1.25 Section 1. Minnesota Statutes 2024, section 13.46, subdivision 3, is amended to read:

1.26 Subd. 3. **Investigative data.** (a) Data on persons, including data on vendors of services,

1.27 licensees, and applicants that is collected, maintained, used, or disseminated by the welfare

1.28 system in an investigation, authorized by statute, and relating to the enforcement of rules

1.29 or law are confidential data on individuals pursuant to section 13.02, subdivision 3, or

1.30 protected nonpublic data not on individuals pursuant to section 13.02, subdivision 13, and

1.31 shall not be disclosed except:

- 2.1 (1) pursuant to section 13.05;
- 2.2 (2) pursuant to statute or valid court order;
- 2.3 (3) to a party named in a civil or criminal proceeding, administrative or judicial, for
2.4 preparation of defense;
- 2.5 (4) to an agent of the welfare system or an investigator acting on behalf of a county,
2.6 state, or federal government, including a law enforcement officer or attorney in the
2.7 investigation or prosecution of a criminal, civil, or administrative proceeding, unless the
2.8 commissioner of human services ~~or~~; the commissioner of children, youth, and families; or
2.9 the Direct Care and Treatment executive board determines that disclosure may compromise
2.10 a Department of Human Services ~~or~~; Department of Children, Youth, and Families; or Direct
2.11 Care and Treatment ongoing investigation; or
- 2.12 (5) to provide notices required or permitted by statute.

2.13 The data referred to in this subdivision shall be classified as public data upon submission
2.14 to an administrative law judge or court in an administrative or judicial proceeding. Inactive
2.15 welfare investigative data shall be treated as provided in section 13.39, subdivision 3.

2.16 (b) Notwithstanding any other provision in law, the commissioner of human services
2.17 shall provide all active and inactive investigative data, including the name of the reporter
2.18 of alleged maltreatment under section 626.557 or chapter 260E, to the ombudsman for
2.19 mental health and developmental disabilities upon the request of the ombudsman.

2.20 (c) Notwithstanding paragraph (a) and section 13.39, the existence of an investigation
2.21 by the commissioner of human services of possible overpayments of public funds to a service
2.22 provider or recipient may be disclosed if the commissioner determines that it will not
2.23 compromise the investigation.

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

2.25 Sec. 2. Minnesota Statutes 2024, section 13.46, subdivision 4, is amended to read:

2.26 Subd. 4. **Licensing data.** (a) As used in this subdivision:

2.27 (1) "licensing data" are all data collected, maintained, used, or disseminated by the
2.28 welfare system pertaining to persons licensed or registered or who apply for licensure or
2.29 registration or who formerly were licensed or registered under the authority of the
2.30 commissioner of human services;

2.31 (2) "client" means a person who is receiving services from a licensee or from an applicant
2.32 for licensure; and

3.1 (3) "personal and personal financial data" are Social Security numbers, identity of and
3.2 letters of reference, insurance information, reports from the Bureau of Criminal
3.3 Apprehension, health examination reports, and social/home studies.

3.4 (b)(1)(i) Except as provided in paragraph (c), the following data on applicants, license
3.5 holders, certification holders, and former licensees are public: name, address, telephone
3.6 number of licensees, email addresses except for family child foster care, date of receipt of
3.7 a completed application, dates of licensure, licensed capacity, type of client preferred,
3.8 variances granted, record of training and education in child care and child development,
3.9 type of dwelling, name and relationship of other family members, previous license history,
3.10 class of license, the existence and status of complaints, and the number of serious injuries
3.11 to or deaths of individuals in the licensed program as reported to the commissioner of human
3.12 services; the commissioner of children, youth, and families; the local social services agency;
3.13 or any other county welfare agency. For purposes of this clause, a serious injury is one that
3.14 is treated by a physician.

3.15 (ii) Except as provided in item (v), when a correction order, an order to forfeit a fine,
3.16 an order of license suspension, an order of temporary immediate suspension, an order of
3.17 license revocation, an order of license denial, or an order of conditional license has been
3.18 issued, or a complaint is resolved, the following data on current and former licensees and
3.19 applicants are public: the general nature of the complaint or allegations leading to the
3.20 temporary immediate suspension; the substance and investigative findings of the licensing
3.21 or maltreatment complaint, licensing violation, or substantiated maltreatment; the existence
3.22 of settlement negotiations; the record of informal resolution of a licensing violation; orders
3.23 of hearing; findings of fact; conclusions of law; specifications of the final correction order,
3.24 fine, suspension, temporary immediate suspension, revocation, denial, or conditional license
3.25 contained in the record of licensing action; whether a fine has been paid; and the status of
3.26 any appeal of these actions.

3.27 (iii) When a license denial under section 142A.15 or 245A.05 or a sanction under section
3.28 142B.18 or 245A.07 is based on a determination that a license holder, applicant, or controlling
3.29 individual is responsible for maltreatment under section 626.557 or chapter 260E, the identity
3.30 of the applicant, license holder, or controlling individual as the individual responsible for
3.31 maltreatment is public data at the time of the issuance of the license denial or sanction.

3.32 (iv) When a license denial under section 142A.15 or 245A.05 or a sanction under section
3.33 142B.18 or 245A.07 is based on a determination that a license holder, applicant, or controlling
3.34 individual is disqualified under chapter 245C, the identity of the license holder, applicant,
3.35 or controlling individual as the disqualified individual is public data at the time of the

4.1 issuance of the licensing sanction or denial. If the applicant, license holder, or controlling
4.2 individual requests reconsideration of the disqualification and the disqualification is affirmed,
4.3 the reason for the disqualification and the reason to not set aside the disqualification are
4.4 private data.

4.5 (v) A correction order or fine issued to a child care provider for a licensing violation is
4.6 private data on individuals under section 13.02, subdivision 12, or nonpublic data under
4.7 section 13.02, subdivision 9, if the correction order or fine is seven years old or older.

4.8 (2) For applicants who withdraw their application prior to licensure or denial of a license,
4.9 the following data are public: the name of the applicant, the city and county in which the
4.10 applicant was seeking licensure, the dates of the commissioner's receipt of the initial
4.11 application and completed application, the type of license sought, and the date of withdrawal
4.12 of the application.

4.13 (3) For applicants who are denied a license, the following data are public: the name and
4.14 address of the applicant, the city and county in which the applicant was seeking licensure,
4.15 the dates of the commissioner's receipt of the initial application and completed application,
4.16 the type of license sought, the date of denial of the application, the nature of the basis for
4.17 the denial, the existence of settlement negotiations, the record of informal resolution of a
4.18 denial, orders of hearings, findings of fact, conclusions of law, specifications of the final
4.19 order of denial, and the status of any appeal of the denial.

4.20 (4) When maltreatment is substantiated under section 626.557 or chapter 260E and the
4.21 victim and the substantiated perpetrator are affiliated with a program licensed under chapter
4.22 142B or 245A; the commissioner of human services; commissioner of children, youth, and
4.23 families; local social services agency; or county welfare agency may inform the license
4.24 holder where the maltreatment occurred of the identity of the substantiated perpetrator and
4.25 the victim.

4.26 (5) Notwithstanding clause (1), for child foster care, only the name of the license holder
4.27 and the status of the license are public if the county attorney has requested that data otherwise
4.28 classified as public data under clause (1) be considered private data based on the best interests
4.29 of a child in placement in a licensed program.

4.30 (c) The following are private data on individuals under section 13.02, subdivision 12,
4.31 or nonpublic data under section 13.02, subdivision 9: personal and personal financial data
4.32 on family day care program and family foster care program applicants and licensees and
4.33 their family members who provide services under the license.

5.1 (d) The following are private data on individuals: the identity of persons who have made
5.2 reports concerning licensees or applicants that appear in inactive investigative data, and the
5.3 records of clients or employees of the licensee or applicant for licensure whose records are
5.4 received by the licensing agency for purposes of review or in anticipation of a contested
5.5 matter. The names of reporters of complaints or alleged violations of licensing standards
5.6 under chapters 142B, 245A, 245B, 245C, and 245D, and applicable rules and alleged
5.7 maltreatment under section 626.557 and chapter 260E, are confidential data and may be
5.8 disclosed only as provided in section 260E.21, subdivision 4; 260E.35; or 626.557,
5.9 subdivision 12b.

5.10 (e) Data classified as private, confidential, nonpublic, or protected nonpublic under this
5.11 subdivision become public data if submitted to a court or administrative law judge as part
5.12 of a disciplinary proceeding in which there is a public hearing concerning a license which
5.13 has been suspended, immediately suspended, revoked, or denied.

5.14 (f) Data generated in the course of licensing investigations that relate to an alleged
5.15 violation of law are investigative data under subdivision 3.

5.16 (g) Data that are not public data collected, maintained, used, or disseminated under this
5.17 subdivision that relate to or are derived from a report as defined in section 260E.03, or
5.18 626.5572, subdivision 18, are subject to the destruction provisions of sections 260E.35,
5.19 subdivision 6, and 626.557, subdivision 12b.

5.20 (h) Upon request, not public data collected, maintained, used, or disseminated under
5.21 this subdivision that relate to or are derived from a report of substantiated maltreatment as
5.22 defined in section 626.557 or chapter 260E may be exchanged with the Department of
5.23 Health for purposes of completing background studies pursuant to section 144.057 and with
5.24 the Department of Corrections for purposes of completing background studies pursuant to
5.25 section 241.021.

5.26 (i) Data on individuals collected according to licensing activities under chapters 142B,
5.27 245A, and 245C, data on individuals collected by the commissioner of human services
5.28 according to investigations under section 626.557 and chapters 142B, 245A, 245B, 245C,
5.29 245D, and 260E may be shared with the Department of Human Rights, the Department of
5.30 Health, the Department of Corrections, the ombudsman for mental health and developmental
5.31 disabilities, and the individual's professional regulatory board when there is reason to believe
5.32 that laws or standards under the jurisdiction of those agencies may have been violated or
5.33 the information may otherwise be relevant to the board's regulatory jurisdiction. Background
5.34 study data on an individual who is the subject of a background study under chapter 245C

6.1 for a licensed service for which the commissioner of human services ~~or~~; commissioner of
 6.2 children, youth, and families; or the Direct Care and Treatment executive board is the license
 6.3 holder may be shared with the commissioner and the commissioner's delegate by the licensing
 6.4 division. Unless otherwise specified in this chapter, the identity of a reporter of alleged
 6.5 maltreatment or licensing violations may not be disclosed.

6.6 (j) In addition to the notice of determinations required under sections 260E.24,
 6.7 subdivisions 5 and 7, and 260E.30, subdivision 6, paragraphs (b), (c), (d), (e), and (f), if the
 6.8 commissioner of children, youth, and families or the local social services agency has
 6.9 determined that an individual is a substantiated perpetrator of maltreatment of a child based
 6.10 on sexual abuse, as defined in section 260E.03, and the commissioner or local social services
 6.11 agency knows that the individual is a person responsible for a child's care in another facility,
 6.12 the commissioner or local social services agency shall notify the head of that facility of this
 6.13 determination. The notification must include an explanation of the individual's available
 6.14 appeal rights and the status of any appeal. If a notice is given under this paragraph, the
 6.15 government entity making the notification shall provide a copy of the notice to the individual
 6.16 who is the subject of the notice.

6.17 (k) All not public data collected, maintained, used, or disseminated under this subdivision
 6.18 and subdivision 3 may be exchanged between the Department of Human Services, Licensing
 6.19 Division, and the Department of Corrections for purposes of regulating services for which
 6.20 the Department of Human Services and the Department of Corrections have regulatory
 6.21 authority.

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

6.23 Sec. 3. Minnesota Statutes 2024, section 15.471, subdivision 6, is amended to read:

6.24 Subd. 6. **Party.** (a) Except as modified by paragraph (b), "party" means a person named
 6.25 or admitted as a party, or seeking and entitled to be admitted as a party, in a court action or
 6.26 contested case proceeding, or a person admitted by an administrative law judge for limited
 6.27 purposes, and who is:

6.28 (1) an unincorporated business, partnership, corporation, association, or organization,
 6.29 having not more than 500 employees at the time the civil action was filed or the contested
 6.30 case proceeding was initiated; and

6.31 (2) an unincorporated business, partnership, corporation, association, or organization
 6.32 whose annual revenues did not exceed \$7,000,000 at the time the civil action was filed or
 6.33 the contested case proceeding was initiated.

7.1 (b) "Party" also includes a partner, officer, shareholder, member, or owner of an entity
7.2 described in paragraph (a), clauses (1) and (2).

7.3 (c) "Party" does not include a person providing services pursuant to licensure or
7.4 reimbursement on a cost basis by the Department of Health ~~or~~ the Department of Human
7.5 Services, or Direct Care and Treatment when that person is named or admitted or seeking
7.6 to be admitted as a party in a matter which involves the licensing or reimbursement rates,
7.7 procedures, or methodology applicable to those services.

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

7.9 Sec. 4. Minnesota Statutes 2024, section 16A.103, subdivision 1j, is amended to read:

7.10 Subd. 1j. **Federal reimbursement for administrative costs.** In preparing the forecast
7.11 of state revenues and expenditures under subdivision 1, the commissioner must include
7.12 estimates of the amount of federal reimbursement for administrative costs for the Department
7.13 of Human Services ~~and~~; the Department of Children, Youth, and Families; and Direct Care
7.14 and Treatment in the forecast as an expenditure reduction. The amount included under this
7.15 subdivision must conform with generally accepted accounting principles.

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

7.17 Sec. 5. Minnesota Statutes 2024, section 62J.495, subdivision 2, is amended to read:

7.18 Subd. 2. **E-Health Advisory Committee.** (a) The commissioner shall establish an
7.19 e-Health Advisory Committee governed by section 15.059 to advise the commissioner on
7.20 the following matters:

7.21 (1) assessment of the adoption and effective use of health information technology by
7.22 the state, licensed health care providers and facilities, and local public health agencies;

7.23 (2) recommendations for implementing a statewide interoperable health information
7.24 infrastructure, to include estimates of necessary resources, and for determining standards
7.25 for clinical data exchange, clinical support programs, patient privacy requirements, and
7.26 maintenance of the security and confidentiality of individual patient data;

7.27 (3) recommendations for encouraging use of innovative health care applications using
7.28 information technology and systems to improve patient care and reduce the cost of care,
7.29 including applications relating to disease management and personal health management
7.30 that enable remote monitoring of patients' conditions, especially those with chronic
7.31 conditions; and

8.1 (4) other related issues as requested by the commissioner.

8.2 (b) The members of the e-Health Advisory Committee shall include the commissioners,
8.3 or commissioners' designees, of health, human services, administration, and commerce; a
8.4 representative of the Direct Care and Treatment executive board; and additional members
8.5 to be appointed by the commissioner to include persons representing Minnesota's local
8.6 public health agencies, licensed hospitals and other licensed facilities and providers, private
8.7 purchasers, the medical and nursing professions, health insurers and health plans, the state
8.8 quality improvement organization, academic and research institutions, consumer advisory
8.9 organizations with an interest and expertise in health information technology, and other
8.10 stakeholders as identified by the commissioner to fulfill the requirements of section 3013,
8.11 paragraph (g), of the HITECH Act.

8.12 (c) This subdivision expires June 30, 2031.

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

8.14 Sec. 6. Minnesota Statutes 2024, section 97A.441, subdivision 3, is amended to read:

8.15 Subd. 3. **Angling; residents of state institutions.** The commissioner may issue a license,
8.16 without a fee, to take fish by angling to a person that is a ward of the commissioner of human
8.17 services and a resident of a state institution under the control of the Direct Care and Treatment
8.18 executive board upon application by the commissioner of human services.

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

8.20 Sec. 7. Minnesota Statutes 2024, section 144.53, is amended to read:

8.21 **144.53 FEES.**

8.22 Each application for a license, or renewal thereof, to operate a hospital, sanitarium or
8.23 other institution for the hospitalization or care of human beings, within the meaning of
8.24 sections 144.50 to 144.56, except applications by the Minnesota Veterans Home, the
8.25 ~~commissioner of human services~~ Direct Care and Treatment executive board for the licensing
8.26 of state institutions, or ~~by~~ the administrator for the licensing of the University of Minnesota
8.27 hospitals, shall be accompanied by a fee to be prescribed by the state commissioner of health
8.28 pursuant to section 144.122. No fee shall be refunded. Licenses shall expire and shall be
8.29 renewed as prescribed by the commissioner of health pursuant to section 144.122.

8.30 No license granted hereunder shall be assignable or transferable.

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

9.1 Sec. 8. Minnesota Statutes 2024, section 144.651, subdivision 2, is amended to read:

9.2 Subd. 2. **Definitions.** (a) For the purposes of this section, "patient" means a person who
9.3 is admitted to an acute care inpatient facility for a continuous period longer than 24 hours,
9.4 for the purpose of diagnosis or treatment bearing on the physical or mental health of that
9.5 person. For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also
9.6 means a person who receives health care services at an outpatient surgical center or at a
9.7 birth center licensed under section 144.615. "Patient" also means a minor who is admitted
9.8 to a residential program as defined in ~~section 253C.01~~ paragraph (c). For purposes of
9.9 subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any person who is receiving
9.10 mental health treatment on an outpatient basis or in a community support program or other
9.11 community-based program.

9.12 (b) "Resident" means a person who is admitted to a nonacute care facility including
9.13 extended care facilities, nursing homes, and boarding care homes for care required because
9.14 of prolonged mental or physical illness or disability, recovery from injury or disease, or
9.15 advancing age. For purposes of all subdivisions except subdivisions 28 and 29, "resident"
9.16 also means a person who is admitted to a facility licensed as a board and lodging facility
9.17 under Minnesota Rules, parts 4625.0100 to 4625.2355, a boarding care home under sections
9.18 144.50 to 144.56, or a supervised living facility under Minnesota Rules, parts 4665.0100
9.19 to 4665.9900, and which operates a rehabilitation program licensed under chapter 245G or
9.20 245I, or Minnesota Rules, parts 9530.6510 to 9530.6590.

9.21 (c) "Residential program" means (1) a hospital-based primary treatment program that
9.22 provides residential treatment to minors with emotional disturbance as defined by the
9.23 Comprehensive Children's Mental Health Act in sections 245.487 to 245.4889, or (2) a
9.24 facility licensed by the state under Minnesota Rules, parts 2960.0580 to 2960.0700, to
9.25 provide services to minors on a 24-hour basis.

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

9.27 Sec. 9. Minnesota Statutes 2024, section 144.651, subdivision 4, is amended to read:

9.28 Subd. 4. **Information about rights.** Patients and residents shall, at admission, be told
9.29 that there are legal rights for their protection during their stay at the facility or throughout
9.30 their course of treatment and maintenance in the community and that these are described
9.31 in an accompanying written statement of the applicable rights and responsibilities set forth
9.32 in this section. In the case of patients admitted to residential programs as defined in ~~section~~
9.33 ~~253C.01~~ subdivision 2, the written statement shall also describe the right of a person 16
9.34 years old or older to request release as provided in section 253B.04, subdivision 2, and shall

10.1 list the names and telephone numbers of individuals and organizations that provide advocacy
10.2 and legal services for patients in residential programs. Reasonable accommodations shall
10.3 be made for people who have communication disabilities and those who speak a language
10.4 other than English. Current facility policies, inspection findings of state and local health
10.5 authorities, and further explanation of the written statement of rights shall be available to
10.6 patients, residents, their guardians or their chosen representatives upon reasonable request
10.7 to the administrator or other designated staff person, consistent with chapter 13, the Data
10.8 Practices Act, and section 626.557, relating to vulnerable adults.

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

10.10 Sec. 10. Minnesota Statutes 2024, section 144.651, subdivision 20, is amended to read:

10.11 Subd. 20. **Grievances.** Patients and residents shall be encouraged and assisted, throughout
10.12 their stay in a facility or their course of treatment, to understand and exercise their rights
10.13 as patients, residents, and citizens. Patients and residents may voice grievances and
10.14 recommend changes in policies and services to facility staff and others of their choice, free
10.15 from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge.
10.16 Notice of the grievance procedure of the facility or program, as well as addresses and
10.17 telephone numbers for the Office of Health Facility Complaints and the area nursing home
10.18 ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a
10.19 conspicuous place.

10.20 Every acute care inpatient facility, every residential program as defined in ~~section~~
10.21 ~~253C.01~~ subdivision 2, every nonacute care facility, and every facility employing more
10.22 than two people that provides outpatient mental health services shall have a written internal
10.23 grievance procedure that, at a minimum, sets forth the process to be followed; specifies
10.24 time limits, including time limits for facility response; provides for the patient or resident
10.25 to have the assistance of an advocate; requires a written response to written grievances; and
10.26 provides for a timely decision by an impartial decision maker if the grievance is not otherwise
10.27 resolved. Compliance by hospitals, residential programs as defined in ~~section 253C.01~~
10.28 subdivision 2 which are hospital-based primary treatment programs, and outpatient surgery
10.29 centers with section 144.691 and compliance by health maintenance organizations with
10.30 section 62D.11 is deemed to be compliance with the requirement for a written internal
10.31 grievance procedure.

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

11.1 Sec. 11. Minnesota Statutes 2024, section 144.651, subdivision 31, is amended to read:

11.2 Subd. 31. **Isolation and restraints.** A minor patient who has been admitted to a
 11.3 residential program as defined in ~~section 253C.01~~ subdivision 2 has the right to be free from
 11.4 physical restraint and isolation except in emergency situations involving a likelihood that
 11.5 the patient will physically harm the patient's self or others. These procedures may not be
 11.6 used for disciplinary purposes, to enforce program rules, or for the convenience of staff.
 11.7 Isolation or restraint may be used only upon the prior authorization of a physician, advanced
 11.8 practice registered nurse, physician assistant, psychiatrist, or licensed psychologist, only
 11.9 when less restrictive measures are ineffective or not feasible and only for the shortest time
 11.10 necessary.

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

11.12 Sec. 12. Minnesota Statutes 2024, section 144.651, subdivision 32, is amended to read:

11.13 Subd. 32. **Treatment plan.** A minor patient who has been admitted to a residential
 11.14 program as defined in ~~section 253C.01~~ subdivision 2 has the right to a written treatment
 11.15 plan that describes in behavioral terms the case problems, the precise goals of the plan, and
 11.16 the procedures that will be utilized to minimize the length of time that the minor requires
 11.17 inpatient treatment. The plan shall also state goals for release to a less restrictive facility
 11.18 and follow-up treatment measures and services, if appropriate. To the degree possible, the
 11.19 minor patient and the minor patient's parents or guardian shall be involved in the development
 11.20 of the treatment and discharge plan.

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

11.22 Sec. 13. Minnesota Statutes 2024, section 144A.07, is amended to read:

11.23 **144A.07 FEES.**

11.24 Each application for a license to operate a nursing home, or for a renewal of license,
 11.25 except an application by the Minnesota Veterans Home or the ~~commissioner of human~~
 11.26 ~~services~~ Direct Care and Treatment executive board for the licensing of state institutions,
 11.27 shall be accompanied by a fee to be prescribed by the commissioner of health pursuant to
 11.28 section 144.122. No fee shall be refunded.

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

12.1 Sec. 14. Minnesota Statutes 2024, section 146A.08, subdivision 4, is amended to read:

12.2 Subd. 4. **Examination; access to medical data.** (a) If the commissioner has probable
12.3 cause to believe that an unlicensed complementary and alternative health care practitioner
12.4 has engaged in conduct prohibited by subdivision 1, paragraph (h), (i), (j), or (k), the
12.5 commissioner may issue an order directing the practitioner to submit to a mental or physical
12.6 examination or substance use disorder evaluation. For the purpose of this subdivision, every
12.7 unlicensed complementary and alternative health care practitioner is deemed to have
12.8 consented to submit to a mental or physical examination or substance use disorder evaluation
12.9 when ordered to do so in writing by the commissioner and further to have waived all
12.10 objections to the admissibility of the testimony or examination reports of the health care
12.11 provider performing the examination or evaluation on the grounds that the same constitute
12.12 a privileged communication. Failure of an unlicensed complementary and alternative health
12.13 care practitioner to submit to an examination or evaluation when ordered, unless the failure
12.14 was due to circumstances beyond the practitioner's control, constitutes an admission that
12.15 the unlicensed complementary and alternative health care practitioner violated subdivision
12.16 1, paragraph (h), (i), (j), or (k), based on the factual specifications in the examination or
12.17 evaluation order and may result in a default and final disciplinary order being entered after
12.18 a contested case hearing. An unlicensed complementary and alternative health care
12.19 practitioner affected under this paragraph shall at reasonable intervals be given an opportunity
12.20 to demonstrate that the practitioner can resume the provision of complementary and
12.21 alternative health care practices with reasonable safety to clients. In any proceeding under
12.22 this paragraph, neither the record of proceedings nor the orders entered by the commissioner
12.23 shall be used against an unlicensed complementary and alternative health care practitioner
12.24 in any other proceeding.

12.25 (b) In addition to ordering a physical or mental examination or substance use disorder
12.26 evaluation, the commissioner may, notwithstanding section 13.384; 144.651; 595.02; or
12.27 any other law limiting access to medical or other health data, obtain medical data and health
12.28 records relating to an unlicensed complementary and alternative health care practitioner
12.29 without the practitioner's consent if the commissioner has probable cause to believe that a
12.30 practitioner has engaged in conduct prohibited by subdivision 1, paragraph (h), (i), (j), or
12.31 (k). The medical data may be requested from a provider as defined in section 144.291,
12.32 subdivision 2, paragraph (i), an insurance company, or a government agency, including the
12.33 Department of Human Services and Direct Care and Treatment. A provider, insurance
12.34 company, or government agency shall comply with any written request of the commissioner
12.35 under this subdivision and is not liable in any action for damages for releasing the data

13.1 requested by the commissioner if the data are released pursuant to a written request under
13.2 this subdivision, unless the information is false and the person or organization giving the
13.3 information knew or had reason to believe the information was false. Information obtained
13.4 under this subdivision is private data under section 13.41.

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

13.6 Sec. 15. Minnesota Statutes 2024, section 147.091, subdivision 6, is amended to read:

13.7 Subd. 6. **Mental examination; access to medical data.** (a) If the board has probable
13.8 cause to believe that a regulated person comes under subdivision 1, paragraph (1), it may
13.9 direct the person to submit to a mental or physical examination. For the purpose of this
13.10 subdivision every regulated person is deemed to have consented to submit to a mental or
13.11 physical examination when directed in writing by the board and further to have waived all
13.12 objections to the admissibility of the examining physicians' testimony or examination reports
13.13 on the ground that the same constitute a privileged communication. Failure of a regulated
13.14 person to submit to an examination when directed constitutes an admission of the allegations
13.15 against the person, unless the failure was due to circumstance beyond the person's control,
13.16 in which case a default and final order may be entered without the taking of testimony or
13.17 presentation of evidence. A regulated person affected under this paragraph shall at reasonable
13.18 intervals be given an opportunity to demonstrate that the person can resume the competent
13.19 practice of the regulated profession with reasonable skill and safety to the public.

13.20 In any proceeding under this paragraph, neither the record of proceedings nor the orders
13.21 entered by the board shall be used against a regulated person in any other proceeding.

13.22 (b) In addition to ordering a physical or mental examination, the board may,
13.23 notwithstanding section 13.384, 144.651, or any other law limiting access to medical or
13.24 other health data, obtain medical data and health records relating to a regulated person or
13.25 applicant without the person's or applicant's consent if the board has probable cause to
13.26 believe that a regulated person comes under subdivision 1, paragraph (1). The medical data
13.27 may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph
13.28 (i), an insurance company, or a government agency, including the Department of Human
13.29 Services and Direct Care and Treatment. A provider, insurance company, or government
13.30 agency shall comply with any written request of the board under this subdivision and is not
13.31 liable in any action for damages for releasing the data requested by the board if the data are
13.32 released pursuant to a written request under this subdivision, unless the information is false
13.33 and the provider giving the information knew, or had reason to believe, the information was

14.1 false. Information obtained under this subdivision is classified as private under sections
14.2 13.01 to 13.87.

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

14.4 Sec. 16. Minnesota Statutes 2024, section 147A.13, subdivision 6, is amended to read:

14.5 Subd. 6. **Mental examination; access to medical data.** (a) If the board has probable
14.6 cause to believe that a physician assistant comes under subdivision 1, clause (1), it may
14.7 direct the physician assistant to submit to a mental or physical examination. For the purpose
14.8 of this subdivision, every physician assistant licensed under this chapter is deemed to have
14.9 consented to submit to a mental or physical examination when directed in writing by the
14.10 board and further to have waived all objections to the admissibility of the examining
14.11 physicians' testimony or examination reports on the ground that the same constitute a
14.12 privileged communication. Failure of a physician assistant to submit to an examination
14.13 when directed constitutes an admission of the allegations against the physician assistant,
14.14 unless the failure was due to circumstance beyond the physician assistant's control, in which
14.15 case a default and final order may be entered without the taking of testimony or presentation
14.16 of evidence. A physician assistant affected under this subdivision shall at reasonable intervals
14.17 be given an opportunity to demonstrate that the physician assistant can resume competent
14.18 practice with reasonable skill and safety to patients. In any proceeding under this subdivision,
14.19 neither the record of proceedings nor the orders entered by the board shall be used against
14.20 a physician assistant in any other proceeding.

14.21 (b) In addition to ordering a physical or mental examination, the board may,
14.22 notwithstanding sections 13.384, 144.651, or any other law limiting access to medical or
14.23 other health data, obtain medical data and health records relating to a licensee or applicant
14.24 without the licensee's or applicant's consent if the board has probable cause to believe that
14.25 a physician assistant comes under subdivision 1, clause (1).

14.26 The medical data may be requested from a provider, as defined in section 144.291,
14.27 subdivision 2, paragraph (i), an insurance company, or a government agency, including the
14.28 Department of Human Services and Direct Care and Treatment. A provider, insurance
14.29 company, or government agency shall comply with any written request of the board under
14.30 this subdivision and is not liable in any action for damages for releasing the data requested
14.31 by the board if the data are released pursuant to a written request under this subdivision,
14.32 unless the information is false and the provider giving the information knew, or had reason
14.33 to believe, the information was false. Information obtained under this subdivision is classified
14.34 as private under chapter 13.

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

15.2 Sec. 17. Minnesota Statutes 2024, section 148.10, subdivision 1, is amended to read:

15.3 Subdivision 1. **Grounds.** (a) The state Board of Chiropractic Examiners may refuse to
15.4 grant, or may revoke, suspend, condition, limit, restrict or qualify a license to practice
15.5 chiropractic, or may cause the name of a person licensed to be removed from the records
15.6 in the office of the court administrator of the district court for:

15.7 (1) advertising that is false or misleading; that violates a rule of the board; or that claims
15.8 the cure of any condition or disease;

15.9 (2) the employment of fraud or deception in applying for a license or in passing the
15.10 examination provided for in section 148.06 or conduct which subverts or attempts to subvert
15.11 the licensing examination process;

15.12 (3) the practice of chiropractic under a false or assumed name or the impersonation of
15.13 another practitioner of like or different name;

15.14 (4) the conviction of a crime involving moral turpitude;

15.15 (5) the conviction, during the previous five years, of a felony reasonably related to the
15.16 practice of chiropractic;

15.17 (6) habitual intemperance in the use of alcohol or drugs;

15.18 (7) practicing under a license which has not been renewed;

15.19 (8) advanced physical or mental disability;

15.20 (9) the revocation or suspension of a license to practice chiropractic; or other disciplinary
15.21 action against the licensee; or the denial of an application for a license by the proper licensing
15.22 authority of another state, territory or country; or failure to report to the board that charges
15.23 regarding the person's license have been brought in another state or jurisdiction;

15.24 (10) the violation of, or failure to comply with, the provisions of sections 148.01 to
15.25 148.105, the rules of the state Board of Chiropractic Examiners, or a lawful order of the
15.26 board;

15.27 (11) unprofessional conduct;

15.28 (12) being unable to practice chiropractic with reasonable skill and safety to patients by
15.29 reason of illness, professional incompetence, senility, drunkenness, use of drugs, narcotics,
15.30 chemicals or any other type of material, or as a result of any mental or physical condition,
15.31 including deterioration through the aging process or loss of motor skills. If the board has

16.1 probable cause to believe that a person comes within this clause, it shall direct the person
16.2 to submit to a mental or physical examination. For the purpose of this clause, every person
16.3 licensed under this chapter shall be deemed to have given consent to submit to a mental or
16.4 physical examination when directed in writing by the board and further to have waived all
16.5 objections to the admissibility of the examining physicians' testimony or examination reports
16.6 on the ground that the same constitute a privileged communication. Failure of a person to
16.7 submit to such examination when directed shall constitute an admission of the allegations,
16.8 unless the failure was due to circumstances beyond the person's control, in which case a
16.9 default and final order may be entered without the taking of testimony or presentation of
16.10 evidence. A person affected under this clause shall at reasonable intervals be afforded an
16.11 opportunity to demonstrate that the person can resume the competent practice of chiropractic
16.12 with reasonable skill and safety to patients.

16.13 In addition to ordering a physical or mental examination, the board may, notwithstanding
16.14 section 13.384, 144.651, or any other law limiting access to health data, obtain health data
16.15 and health records relating to a licensee or applicant without the licensee's or applicant's
16.16 consent if the board has probable cause to believe that a doctor of chiropractic comes under
16.17 this clause. The health data may be requested from a provider, as defined in section 144.291,
16.18 subdivision 2, paragraph (i), an insurance company, or a government agency, including the
16.19 Department of Human Services and Direct Care and Treatment. A provider, insurance
16.20 company, or government agency shall comply with any written request of the board under
16.21 this subdivision and is not liable in any action for damages for releasing the data requested
16.22 by the board if the data are released pursuant to a written request under this subdivision,
16.23 unless the information is false and the provider or entity giving the information knew, or
16.24 had reason to believe, the information was false. Information obtained under this subdivision
16.25 is classified as private under sections 13.01 to 13.87.

16.26 In any proceeding under this clause, neither the record of proceedings nor the orders
16.27 entered by the board shall be used against a person in any other proceeding;

16.28 (13) aiding or abetting an unlicensed person in the practice of chiropractic, except that
16.29 it is not a violation of this clause for a doctor of chiropractic to employ, supervise, or delegate
16.30 functions to a qualified person who may or may not be required to obtain a license or
16.31 registration to provide health services if that person is practicing within the scope of the
16.32 license or registration or delegated authority;

16.33 (14) improper management of health records, including failure to maintain adequate
16.34 health records as described in clause (18), to comply with a patient's request made under
16.35 sections 144.291 to 144.298 or to furnish a health record or report required by law;

17.1 (15) failure to make reports required by section 148.102, subdivisions 2 and 5, or to
17.2 cooperate with an investigation of the board as required by section 148.104, or the submission
17.3 of a knowingly false report against another doctor of chiropractic under section 148.10,
17.4 subdivision 3;

17.5 (16) splitting fees, or promising to pay a portion of a fee or a commission, or accepting
17.6 a rebate;

17.7 (17) revealing a privileged communication from or relating to a patient, except when
17.8 otherwise required or permitted by law;

17.9 (18) failing to keep written chiropractic records justifying the course of treatment of the
17.10 patient, including, but not limited to, patient histories, examination results, test results, and
17.11 x-rays. Unless otherwise required by law, written records need not be retained for more
17.12 than seven years and x-rays need not be retained for more than four years;

17.13 (19) exercising influence on the patient or client in such a manner as to exploit the patient
17.14 or client for financial gain of the licensee or of a third party which shall include, but not be
17.15 limited to, the promotion or sale of services, goods, or appliances;

17.16 (20) gross or repeated malpractice or the failure to practice chiropractic at a level of
17.17 care, skill, and treatment which is recognized by a reasonably prudent chiropractor as being
17.18 acceptable under similar conditions and circumstances; or

17.19 (21) delegating professional responsibilities to a person when the licensee delegating
17.20 such responsibilities knows or has reason to know that the person is not qualified by training,
17.21 experience, or licensure to perform them.

17.22 (b) For the purposes of paragraph (a), clause (2), conduct that subverts or attempts to
17.23 subvert the licensing examination process includes, but is not limited to: (1) conduct that
17.24 violates the security of the examination materials, such as removing examination materials
17.25 from the examination room or having unauthorized possession of any portion of a future,
17.26 current, or previously administered licensing examination; (2) conduct that violates the
17.27 standard of test administration, such as communicating with another examinee during
17.28 administration of the examination, copying another examinee's answers, permitting another
17.29 examinee to copy one's answers, or possessing unauthorized materials; or (3) impersonating
17.30 an examinee or permitting an impersonator to take the examination on one's own behalf.

17.31 (c) For the purposes of paragraph (a), clauses (4) and (5), conviction as used in these
17.32 subdivisions includes a conviction of an offense that if committed in this state would be
17.33 deemed a felony without regard to its designation elsewhere, or a criminal proceeding where

18.1 a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld
18.2 or not entered.

18.3 (d) For the purposes of paragraph (a), clauses (4), (5), and (6), a copy of the judgment
18.4 or proceeding under seal of the administrator of the court or of the administrative agency
18.5 which entered the same shall be admissible into evidence without further authentication
18.6 and shall constitute prima facie evidence of its contents.

18.7 (e) For the purposes of paragraph (a), clause (11), unprofessional conduct means any
18.8 unethical, deceptive or deleterious conduct or practice harmful to the public, any departure
18.9 from or the failure to conform to the minimal standards of acceptable chiropractic practice,
18.10 or a willful or careless disregard for the health, welfare or safety of patients, in any of which
18.11 cases proof of actual injury need not be established. Unprofessional conduct shall include,
18.12 but not be limited to, the following acts of a chiropractor:

18.13 (1) gross ignorance of, or incompetence in, the practice of chiropractic;

18.14 (2) engaging in conduct with a patient that is sexual or may reasonably be interpreted
18.15 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning
18.16 to a patient;

18.17 (3) performing unnecessary services;

18.18 (4) charging a patient an unconscionable fee or charging for services not rendered;

18.19 (5) directly or indirectly engaging in threatening, dishonest, or misleading fee collection
18.20 techniques;

18.21 (6) perpetrating fraud upon patients, third-party payors, or others, relating to the practice
18.22 of chiropractic, including violations of the Medicare or Medicaid laws or state medical
18.23 assistance laws;

18.24 (7) advertising that the licensee will accept for services rendered assigned payments
18.25 from any third-party payer as payment in full, if the effect is to give the impression of
18.26 eliminating the need of payment by the patient of any required deductible or co-payment
18.27 applicable in the patient's health benefit plan. As used in this clause, "advertise" means
18.28 solicitation by the licensee by means of handbills, posters, circulars, motion pictures, radio,
18.29 newspapers, television, or in any other manner. In addition to the board's power to punish
18.30 for violations of this clause, violation of this clause is also a misdemeanor;

18.31 (8) accepting for services rendered assigned payments from any third-party payer as
18.32 payment in full, if the effect is to eliminate the need of payment by the patient of any required

19.1 deductible or co-payment applicable in the patient's health benefit plan, except as hereinafter
19.2 provided; and

19.3 (9) any other act that the board by rule may define.

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

19.5 Sec. 18. Minnesota Statutes 2024, section 148.261, subdivision 5, is amended to read:

19.6 Subd. 5. **Examination; access to medical data.** The board may take the following
19.7 actions if it has probable cause to believe that grounds for disciplinary action exist under
19.8 subdivision 1, clause (9) or (10):

19.9 (a) It may direct the applicant or nurse to submit to a mental or physical examination or
19.10 substance use disorder evaluation. For the purpose of this subdivision, when a nurse licensed
19.11 under sections 148.171 to 148.285 is directed in writing by the board to submit to a mental
19.12 or physical examination or substance use disorder evaluation, that person is considered to
19.13 have consented and to have waived all objections to admissibility on the grounds of privilege.
19.14 Failure of the applicant or nurse to submit to an examination when directed constitutes an
19.15 admission of the allegations against the applicant or nurse, unless the failure was due to
19.16 circumstances beyond the person's control, and the board may enter a default and final order
19.17 without taking testimony or allowing evidence to be presented. A nurse affected under this
19.18 paragraph shall, at reasonable intervals, be given an opportunity to demonstrate that the
19.19 competent practice of professional, advanced practice registered, or practical nursing can
19.20 be resumed with reasonable skill and safety to patients. Neither the record of proceedings
19.21 nor the orders entered by the board in a proceeding under this paragraph, may be used
19.22 against a nurse in any other proceeding.

19.23 (b) It may, notwithstanding sections 13.384, 144.651, 595.02, or any other law limiting
19.24 access to medical or other health data, obtain medical data and health records relating to a
19.25 registered nurse, advanced practice registered nurse, licensed practical nurse, or applicant
19.26 for a license without that person's consent. The medical data may be requested from a
19.27 provider, as defined in section 144.291, subdivision 2, paragraph (i), an insurance company,
19.28 or a government agency, including the Department of Human Services and Direct Care and
19.29 Treatment. A provider, insurance company, or government agency shall comply with any
19.30 written request of the board under this subdivision and is not liable in any action for damages
19.31 for releasing the data requested by the board if the data are released pursuant to a written
19.32 request under this subdivision unless the information is false and the provider giving the
19.33 information knew, or had reason to believe, the information was false. Information obtained
19.34 under this subdivision is classified as private data on individuals as defined in section 13.02.

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

20.2 Sec. 19. Minnesota Statutes 2024, section 148.754, is amended to read:

20.3 **148.754 EXAMINATION; ACCESS TO MEDICAL DATA.**

20.4 (a) If the board has probable cause to believe that a licensee comes under section 148.75,
20.5 paragraph (a), clause (2), it may direct the licensee to submit to a mental or physical
20.6 examination. For the purpose of this paragraph, every licensee is deemed to have consented
20.7 to submit to a mental or physical examination when directed in writing by the board and
20.8 further to have waived all objections to the admissibility of the examining physicians'
20.9 testimony or examination reports on the ground that they constitute a privileged
20.10 communication. Failure of the licensee to submit to an examination when directed constitutes
20.11 an admission of the allegations against the person, unless the failure was due to circumstances
20.12 beyond the person's control, in which case a default and final order may be entered without
20.13 the taking of testimony or presentation of evidence. A licensee affected under this paragraph
20.14 shall, at reasonable intervals, be given an opportunity to demonstrate that the person can
20.15 resume the competent practice of physical therapy with reasonable skill and safety to the
20.16 public.

20.17 (b) In any proceeding under paragraph (a), neither the record of proceedings nor the
20.18 orders entered by the board shall be used against a licensee in any other proceeding.

20.19 (c) In addition to ordering a physical or mental examination, the board may,
20.20 notwithstanding section 13.384, 144.651, or any other law limiting access to medical or
20.21 other health data, obtain medical data and health records relating to a licensee or applicant
20.22 without the person's or applicant's consent if the board has probable cause to believe that
20.23 the person comes under paragraph (a). The medical data may be requested from a provider,
20.24 as defined in section 144.291, subdivision 2, paragraph (i), an insurance company, or a
20.25 government agency, including the Department of Human Services and Direct Care and
20.26 Treatment. A provider, insurance company, or government agency shall comply with any
20.27 written request of the board under this paragraph and is not liable in any action for damages
20.28 for releasing the data requested by the board if the data are released pursuant to a written
20.29 request under this paragraph, unless the information is false and the provider giving the
20.30 information knew, or had reason to believe, the information was false. Information obtained
20.31 under this paragraph is classified as private under sections 13.01 to 13.87.

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

21.1 Sec. 20. Minnesota Statutes 2024, section 148B.5905, is amended to read:

21.2 **148B.5905 MENTAL, PHYSICAL, OR SUBSTANCE USE DISORDER**
 21.3 **EXAMINATION OR EVALUATION; ACCESS TO MEDICAL DATA.**

21.4 (a) If the board has probable cause to believe section 148B.59, paragraph (a), clause (9),
 21.5 applies to a licensee or applicant, the board may direct the person to submit to a mental,
 21.6 physical, or substance use disorder examination or evaluation. For the purpose of this section,
 21.7 every licensee and applicant is deemed to have consented to submit to a mental, physical,
 21.8 or substance use disorder examination or evaluation when directed in writing by the board
 21.9 and to have waived all objections to the admissibility of the examining professionals'
 21.10 testimony or examination reports on the grounds that the testimony or examination reports
 21.11 constitute a privileged communication. Failure of a licensee or applicant to submit to an
 21.12 examination when directed by the board constitutes an admission of the allegations against
 21.13 the person, unless the failure was due to circumstances beyond the person's control, in which
 21.14 case a default and final order may be entered without the taking of testimony or presentation
 21.15 of evidence. A licensee or applicant affected under this paragraph shall at reasonable intervals
 21.16 be given an opportunity to demonstrate that the person can resume the competent practice
 21.17 of licensed professional counseling with reasonable skill and safety to the public. In any
 21.18 proceeding under this paragraph, neither the record of proceedings nor the orders entered
 21.19 by the board shall be used against a licensee or applicant in any other proceeding.

21.20 (b) In addition to ordering a physical or mental examination, the board may,
 21.21 notwithstanding section 13.384, 144.651, or any other law limiting access to medical or
 21.22 other health data, obtain medical data and health records relating to a licensee or applicant
 21.23 without the licensee's or applicant's consent if the board has probable cause to believe that
 21.24 section 148B.59, paragraph (a), clause (9), applies to the licensee or applicant. The medical
 21.25 data may be requested from a provider, as defined in section 144.291, subdivision 2,
 21.26 paragraph (i); an insurance company; or a government agency, including the Department
 21.27 of Human Services and Direct Care and Treatment. A provider, insurance company, or
 21.28 government agency shall comply with any written request of the board under this subdivision
 21.29 and is not liable in any action for damages for releasing the data requested by the board if
 21.30 the data are released pursuant to a written request under this subdivision, unless the
 21.31 information is false and the provider giving the information knew, or had reason to believe,
 21.32 the information was false. Information obtained under this subdivision is classified as private
 21.33 under sections 13.01 to 13.87.

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

22.1 Sec. 21. Minnesota Statutes 2024, section 148F.09, subdivision 6, is amended to read:

22.2 Subd. 6. **Mental, physical, or chemical health evaluation.** (a) If the board has probable
22.3 cause to believe that an applicant or licensee is unable to practice alcohol and drug counseling
22.4 with reasonable skill and safety due to a mental or physical illness or condition, the board
22.5 may direct the individual to submit to a mental, physical, or chemical dependency
22.6 examination or evaluation.

22.7 (1) For the purposes of this section, every licensee and applicant is deemed to have
22.8 consented to submit to a mental, physical, or chemical dependency examination or evaluation
22.9 when directed in writing by the board and to have waived all objections to the admissibility
22.10 of the examining professionals' testimony or examination reports on the grounds that the
22.11 testimony or examination reports constitute a privileged communication.

22.12 (2) Failure of a licensee or applicant to submit to an examination when directed by the
22.13 board constitutes an admission of the allegations against the person, unless the failure was
22.14 due to circumstances beyond the person's control, in which case a default and final order
22.15 may be entered without the taking of testimony or presentation of evidence.

22.16 (3) A licensee or applicant affected under this subdivision shall at reasonable intervals
22.17 be given an opportunity to demonstrate that the licensee or applicant can resume the
22.18 competent practice of licensed alcohol and drug counseling with reasonable skill and safety
22.19 to the public.

22.20 (4) In any proceeding under this subdivision, neither the record of proceedings nor the
22.21 orders entered by the board shall be used against the licensee or applicant in any other
22.22 proceeding.

22.23 (b) In addition to ordering a physical or mental examination, the board may,
22.24 notwithstanding section 13.384 or sections 144.291 to 144.298, or any other law limiting
22.25 access to medical or other health data, obtain medical data and health records relating to a
22.26 licensee or applicant without the licensee's or applicant's consent if the board has probable
22.27 cause to believe that subdivision 1, clause (9), applies to the licensee or applicant. The
22.28 medical data may be requested from:

22.29 (1) a provider, as defined in section 144.291, subdivision 2, paragraph (i);

22.30 (2) an insurance company; or

22.31 (3) a government agency, including the Department of Human Services and Direct Care
22.32 and Treatment.

23.1 (c) A provider, insurance company, or government agency must comply with any written
23.2 request of the board under this subdivision and is not liable in any action for damages for
23.3 releasing the data requested by the board if the data are released pursuant to a written request
23.4 under this subdivision, unless the information is false and the provider giving the information
23.5 knew, or had reason to believe, the information was false.

23.6 (d) Information obtained under this subdivision is private data on individuals as defined
23.7 in section 13.02, subdivision 12.

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

23.9 Sec. 22. Minnesota Statutes 2024, section 150A.08, subdivision 6, is amended to read:

23.10 Subd. 6. **Medical records.** Notwithstanding contrary provisions of sections 13.384 and
23.11 144.651 or any other statute limiting access to medical or other health data, the board may
23.12 obtain medical data and health records of a licensee or applicant without the licensee's or
23.13 applicant's consent if the information is requested by the board as part of the process specified
23.14 in subdivision 5. The medical data may be requested from a provider, as defined in section
23.15 144.291, subdivision 2, paragraph (h), an insurance company, or a government agency,
23.16 including the Department of Human Services and Direct Care and Treatment. A provider,
23.17 insurance company, or government agency shall comply with any written request of the
23.18 board under this subdivision and shall not be liable in any action for damages for releasing
23.19 the data requested by the board if the data are released pursuant to a written request under
23.20 this subdivision, unless the information is false and the provider giving the information
23.21 knew, or had reason to believe, the information was false. Information obtained under this
23.22 subdivision shall be classified as private under the Minnesota Government Data Practices
23.23 Act.

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

23.25 Sec. 23. Minnesota Statutes 2024, section 151.071, subdivision 10, is amended to read:

23.26 Subd. 10. **Mental examination; access to medical data.** (a) If the board receives a
23.27 complaint and has probable cause to believe that an individual licensed or registered by the
23.28 board falls under subdivision 2, clause (14), it may direct the individual to submit to a mental
23.29 or physical examination. For the purpose of this subdivision, every licensed or registered
23.30 individual is deemed to have consented to submit to a mental or physical examination when
23.31 directed in writing by the board and further to have waived all objections to the admissibility
23.32 of the examining practitioner's testimony or examination reports on the grounds that the
23.33 same constitute a privileged communication. Failure of a licensed or registered individual

24.1 to submit to an examination when directed constitutes an admission of the allegations against
 24.2 the individual, unless the failure was due to circumstances beyond the individual's control,
 24.3 in which case a default and final order may be entered without the taking of testimony or
 24.4 presentation of evidence. Pharmacists affected under this paragraph shall at reasonable
 24.5 intervals be given an opportunity to demonstrate that they can resume the competent practice
 24.6 of the profession of pharmacy with reasonable skill and safety to the public. Pharmacist
 24.7 interns, pharmacy technicians, or controlled substance researchers affected under this
 24.8 paragraph shall at reasonable intervals be given an opportunity to demonstrate that they can
 24.9 competently resume the duties that can be performed, under this chapter or the rules of the
 24.10 board, by similarly registered persons with reasonable skill and safety to the public. In any
 24.11 proceeding under this paragraph, neither the record of proceedings nor the orders entered
 24.12 by the board shall be used against a licensed or registered individual in any other proceeding.

24.13 (b) Notwithstanding section 13.384, 144.651, or any other law limiting access to medical
 24.14 or other health data, the board may obtain medical data and health records relating to an
 24.15 individual licensed or registered by the board, or to an applicant for licensure or registration,
 24.16 without the individual's consent when the board receives a complaint and has probable cause
 24.17 to believe that the individual is practicing in violation of subdivision 2, clause (14), and the
 24.18 data and health records are limited to the complaint. The medical data may be requested
 24.19 from a provider, as defined in section 144.291, subdivision 2, paragraph (i), an insurance
 24.20 company, or a government agency, including the Department of Human Services and Direct
 24.21 Care and Treatment. A provider, insurance company, or government agency shall comply
 24.22 with any written request of the board under this subdivision and is not liable in any action
 24.23 for damages for releasing the data requested by the board if the data are released pursuant
 24.24 to a written request under this subdivision, unless the information is false and the provider
 24.25 giving the information knew, or had reason to believe, the information was false. Information
 24.26 obtained under this subdivision is classified as private under sections 13.01 to 13.87.

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

24.28 Sec. 24. Minnesota Statutes 2024, section 153.21, subdivision 2, is amended to read:

24.29 Subd. 2. **Access to medical data.** In addition to ordering a physical or mental examination
 24.30 or substance use disorder evaluation, the board may, notwithstanding section 13.384, 144.651,
 24.31 or any other law limiting access to medical or other health data, obtain medical data and
 24.32 health records relating to a licensee or applicant without the licensee's or applicant's consent
 24.33 if the board has probable cause to believe that a doctor of podiatric medicine falls within
 24.34 the provisions of section 153.19, subdivision 1, clause (12). The medical data may be

25.1 requested from a provider, as defined in section 144.291, subdivision 2, paragraph (h), an
25.2 insurance company, or a government agency, including the Department of Human Services
25.3 and Direct Care and Treatment. A provider, insurance company, or government agency
25.4 shall comply with any written request of the board under this section and is not liable in
25.5 any action for damages for releasing the data requested by the board if the data are released
25.6 in accordance with a written request under this section, unless the information is false and
25.7 the provider giving the information knew, or had reason to believe, the information was
25.8 false.

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

25.10 Sec. 25. Minnesota Statutes 2024, section 153B.70, is amended to read:

25.11 **153B.70 GROUNDS FOR DISCIPLINARY ACTION.**

25.12 (a) The board may refuse to issue or renew a license, revoke or suspend a license, or
25.13 place on probation or reprimand a licensee for one or any combination of the following:

25.14 (1) making a material misstatement in furnishing information to the board;

25.15 (2) violating or intentionally disregarding the requirements of this chapter;

25.16 (3) conviction of a crime, including a finding or verdict of guilt, an admission of guilt,
25.17 or a no-contest plea, in this state or elsewhere, reasonably related to the practice of the
25.18 profession. Conviction, as used in this clause, includes a conviction of an offense which, if
25.19 committed in this state, would be deemed a felony, gross misdemeanor, or misdemeanor,
25.20 without regard to its designation elsewhere, or a criminal proceeding where a finding or
25.21 verdict of guilty is made or returned but the adjudication of guilt is either withheld or not
25.22 entered;

25.23 (4) making a misrepresentation in order to obtain or renew a license;

25.24 (5) displaying a pattern of practice or other behavior that demonstrates incapacity or
25.25 incompetence to practice;

25.26 (6) aiding or assisting another person in violating the provisions of this chapter;

25.27 (7) failing to provide information within 60 days in response to a written request from
25.28 the board, including documentation of completion of continuing education requirements;

25.29 (8) engaging in dishonorable, unethical, or unprofessional conduct;

25.30 (9) engaging in conduct of a character likely to deceive, defraud, or harm the public;

26.1 (10) inability to practice due to habitual intoxication, addiction to drugs, or mental or
26.2 physical illness;

26.3 (11) being disciplined by another state or territory of the United States, the federal
26.4 government, a national certification organization, or foreign nation, if at least one of the
26.5 grounds for the discipline is the same or substantially equivalent to one of the grounds in
26.6 this section;

26.7 (12) directly or indirectly giving to or receiving from a person, firm, corporation,
26.8 partnership, or association a fee, commission, rebate, or other form of compensation for
26.9 professional services not actually or personally rendered;

26.10 (13) incurring a finding by the board that the licensee, after the licensee has been placed
26.11 on probationary status, has violated the conditions of the probation;

26.12 (14) abandoning a patient or client;

26.13 (15) willfully making or filing false records or reports in the course of the licensee's
26.14 practice including, but not limited to, false records or reports filed with state or federal
26.15 agencies;

26.16 (16) willfully failing to report child maltreatment as required under the Maltreatment of
26.17 Minors Act, chapter 260E; or

26.18 (17) soliciting professional services using false or misleading advertising.

26.19 (b) A license to practice is automatically suspended if (1) a guardian of a licensee is
26.20 appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons other
26.21 than the minority of the licensee, or (2) the licensee is committed by order of a court pursuant
26.22 to chapter 253B. The license remains suspended until the licensee is restored to capacity
26.23 by a court and, upon petition by the licensee, the suspension is terminated by the board after
26.24 a hearing. The licensee may be reinstated to practice, either with or without restrictions, by
26.25 demonstrating clear and convincing evidence of rehabilitation. The regulated person is not
26.26 required to prove rehabilitation if the subsequent court decision overturns previous court
26.27 findings of public risk.

26.28 (c) If the board has probable cause to believe that a licensee or applicant has violated
26.29 paragraph (a), clause (10), it may direct the person to submit to a mental or physical
26.30 examination. For the purpose of this section, every person is deemed to have consented to
26.31 submit to a mental or physical examination when directed in writing by the board and to
26.32 have waived all objections to the admissibility of the examining physician's testimony or
26.33 examination report on the grounds that the testimony or report constitutes a privileged

27.1 communication. Failure of a regulated person to submit to an examination when directed
27.2 constitutes an admission of the allegations against the person, unless the failure was due to
27.3 circumstances beyond the person's control, in which case a default and final order may be
27.4 entered without the taking of testimony or presentation of evidence. A regulated person
27.5 affected under this paragraph shall at reasonable intervals be given an opportunity to
27.6 demonstrate that the person can resume the competent practice of the regulated profession
27.7 with reasonable skill and safety to the public. In any proceeding under this paragraph, neither
27.8 the record of proceedings nor the orders entered by the board shall be used against a regulated
27.9 person in any other proceeding.

27.10 (d) In addition to ordering a physical or mental examination, the board may,
27.11 notwithstanding section 13.384 or 144.293, or any other law limiting access to medical or
27.12 other health data, obtain medical data and health records relating to a licensee or applicant
27.13 without the person's or applicant's consent if the board has probable cause to believe that a
27.14 licensee is subject to paragraph (a), clause (10). The medical data may be requested from
27.15 a provider as defined in section 144.291, subdivision 2, paragraph (i), an insurance company,
27.16 or a government agency, including the Department of Human Services and Direct Care and
27.17 Treatment. A provider, insurance company, or government agency shall comply with any
27.18 written request of the board under this section and is not liable in any action for damages
27.19 for releasing the data requested by the board if the data are released pursuant to a written
27.20 request under this section, unless the information is false and the provider giving the
27.21 information knew, or had reason to know, the information was false. Information obtained
27.22 under this section is private data on individuals as defined in section 13.02.

27.23 (e) If the board issues an order of immediate suspension of a license, a hearing must be
27.24 held within 30 days of the suspension and completed without delay.

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

27.26 Sec. 26. Minnesota Statutes 2024, section 168.012, subdivision 1, is amended to read:

27.27 Subdivision 1. **Vehicles exempt from tax, fees, or plate display.** (a) The following
27.28 vehicles are exempt from the provisions of this chapter requiring payment of tax and
27.29 registration fees, except as provided in subdivision 1c:

27.30 (1) vehicles owned and used solely in the transaction of official business by the federal
27.31 government, the state, or any political subdivision;

27.32 (2) vehicles owned and used exclusively by educational institutions and used solely in
27.33 the transportation of pupils to and from those institutions;

28.1 (3) vehicles used solely in driver education programs at nonpublic high schools;

28.2 (4) vehicles owned by nonprofit charities and used exclusively to transport disabled
28.3 persons for charitable, religious, or educational purposes;

28.4 (5) vehicles owned by nonprofit charities and used exclusively for disaster response and
28.5 related activities;

28.6 (6) vehicles owned by ambulance services licensed under section 144E.10 that are
28.7 equipped and specifically intended for emergency response or providing ambulance services;
28.8 and

28.9 (7) vehicles owned by a commercial driving school licensed under section 171.34, or
28.10 an employee of a commercial driving school licensed under section 171.34, and the vehicle
28.11 is used exclusively for driver education and training.

28.12 (b) Provided the general appearance of the vehicle is unmistakable, the following vehicles
28.13 are not required to register or display number plates:

28.14 (1) vehicles owned by the federal government;

28.15 (2) fire apparatuses, including fire-suppression support vehicles, owned or leased by the
28.16 state or a political subdivision;

28.17 (3) police patrols owned or leased by the state or a political subdivision; and

28.18 (4) ambulances owned or leased by the state or a political subdivision.

28.19 (c) Unmarked vehicles used in general police work, liquor investigations, or arson
28.20 investigations, and passenger automobiles, pickup trucks, and buses owned or operated by
28.21 the Department of Corrections or by conservation officers of the Division of Enforcement
28.22 and Field Service of the Department of Natural Resources, must be registered and must
28.23 display appropriate license number plates, furnished by the registrar at cost. Original and
28.24 renewal applications for these license plates authorized for use in general police work and
28.25 for use by the Department of Corrections or by conservation officers must be accompanied
28.26 by a certification signed by the appropriate chief of police if issued to a police vehicle, the
28.27 appropriate sheriff if issued to a sheriff's vehicle, the commissioner of corrections if issued
28.28 to a Department of Corrections vehicle, or the appropriate officer in charge if issued to a
28.29 vehicle of any other law enforcement agency. The certification must be on a form prescribed
28.30 by the commissioner and state that the vehicle will be used exclusively for a purpose
28.31 authorized by this section.

29.1 (d) Unmarked vehicles used by the Departments of Revenue and Labor and Industry,
29.2 fraud unit, in conducting seizures or criminal investigations must be registered and must
29.3 display passenger vehicle classification license number plates, furnished at cost by the
29.4 registrar. Original and renewal applications for these passenger vehicle license plates must
29.5 be accompanied by a certification signed by the commissioner of revenue or the
29.6 commissioner of labor and industry. The certification must be on a form prescribed by the
29.7 commissioner and state that the vehicles will be used exclusively for the purposes authorized
29.8 by this section.

29.9 (e) Unmarked vehicles used by the Division of Disease Prevention and Control of the
29.10 Department of Health must be registered and must display passenger vehicle classification
29.11 license number plates. These plates must be furnished at cost by the registrar. Original and
29.12 renewal applications for these passenger vehicle license plates must be accompanied by a
29.13 certification signed by the commissioner of health. The certification must be on a form
29.14 prescribed by the commissioner and state that the vehicles will be used exclusively for the
29.15 official duties of the Division of Disease Prevention and Control.

29.16 (f) Unmarked vehicles used by staff of the Gambling Control Board in gambling
29.17 investigations and reviews must be registered and must display passenger vehicle
29.18 classification license number plates. These plates must be furnished at cost by the registrar.
29.19 Original and renewal applications for these passenger vehicle license plates must be
29.20 accompanied by a certification signed by the board chair. The certification must be on a
29.21 form prescribed by the commissioner and state that the vehicles will be used exclusively
29.22 for the official duties of the Gambling Control Board.

29.23 (g) Unmarked vehicles used in general investigation, surveillance, supervision, and
29.24 monitoring by the Department of Human Services' Office of Special Investigations' staff;
29.25 ~~the Minnesota Sex Offender Program's executive director and the executive director's staff;~~
29.26 ~~and~~ the Office of Inspector General's staff, including, but not limited to, county fraud
29.27 prevention investigators, must be registered and must display passenger vehicle classification
29.28 license number plates, furnished by the registrar at cost. Original and renewal applications
29.29 for passenger vehicle license plates must be accompanied by a certification signed by the
29.30 commissioner of human services. The certification must be on a form prescribed by the
29.31 commissioner and state that the vehicles must be used exclusively for the official duties of
29.32 the Office of Special Investigations' staff; ~~the Minnesota Sex Offender Program's executive~~
29.33 ~~director and the executive director's staff;~~ and the Office of the Inspector General's staff,
29.34 including, but not limited to, contract and county fraud prevention investigators.

30.1 (h) Unmarked vehicles used in general investigation, surveillance, supervision, and
 30.2 monitoring by the Direct Care and Treatment Office of Special Investigations' staff and
 30.3 unmarked vehicles used by the Minnesota Sex Offender Program's executive director and
 30.4 the executive director's staff must be registered and must display passenger vehicle
 30.5 classification license number plates, furnished by the registrar at cost. Original and renewal
 30.6 applications for passenger vehicle license plates must be accompanied by a certification
 30.7 signed by the Direct Care and Treatment executive board. The certification must be on a
 30.8 form prescribed by the commissioner and state that the vehicles must be used exclusively
 30.9 for the official duties of the Minnesota Sex Offender Program's executive director and the
 30.10 executive director's staff, including but not limited to contract and county fraud prevention
 30.11 investigators.

30.12 ~~(h)~~ (i) Each state hospital and institution for persons who are mentally ill and
 30.13 developmentally disabled may have one vehicle without the required identification on the
 30.14 sides of the vehicle. The vehicle must be registered and must display passenger vehicle
 30.15 classification license number plates. These plates must be furnished at cost by the registrar.
 30.16 Original and renewal applications for these passenger vehicle license plates must be
 30.17 accompanied by a certification signed by the hospital administrator. The certification must
 30.18 be on a form prescribed by the ~~commissioner~~ Direct Care and Treatment executive board
 30.19 and state that the vehicles will be used exclusively for the official duties of the state hospital
 30.20 or institution.

30.21 ~~(i)~~ (j) Each county social service agency may have vehicles used for child and vulnerable
 30.22 adult protective services without the required identification on the sides of the vehicle. The
 30.23 vehicles must be registered and must display passenger vehicle classification license number
 30.24 plates. These plates must be furnished at cost by the registrar. Original and renewal
 30.25 applications for these passenger vehicle license plates must be accompanied by a certification
 30.26 signed by the agency administrator. The certification must be on a form prescribed by the
 30.27 commissioner and state that the vehicles will be used exclusively for the official duties of
 30.28 the social service agency.

30.29 ~~(j)~~ (k) Unmarked vehicles used in general investigation, surveillance, supervision, and
 30.30 monitoring by tobacco inspector staff of the Department of Human Services' Alcohol and
 30.31 Drug Abuse Division for the purposes of tobacco inspections, investigations, and reviews
 30.32 must be registered and must display passenger vehicle classification license number plates,
 30.33 furnished at cost by the registrar. Original and renewal applications for passenger vehicle
 30.34 license plates must be accompanied by a certification signed by the commissioner of human
 30.35 services. The certification must be on a form prescribed by the commissioner and state that

31.1 the vehicles will be used exclusively by tobacco inspector staff for the duties specified in
31.2 this paragraph.

31.3 ~~(1)~~ (1) All other motor vehicles must be registered and display tax-exempt number plates,
31.4 furnished by the registrar at cost, except as provided in subdivision 1c. All vehicles required
31.5 to display tax-exempt number plates must have the name of the state department or political
31.6 subdivision, nonpublic high school operating a driver education program, licensed
31.7 commercial driving school, or other qualifying organization or entity, plainly displayed on
31.8 both sides of the vehicle. This identification must be in a color giving contrast with that of
31.9 the part of the vehicle on which it is placed and must endure throughout the term of the
31.10 registration. The identification must not be on a removable plate or placard and must be
31.11 kept clean and visible at all times; except that a removable plate or placard may be utilized
31.12 on vehicles leased or loaned to a political subdivision or to a nonpublic high school driver
31.13 education program.

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

31.15 Sec. 27. Minnesota Statutes 2024, section 244.052, subdivision 4, is amended to read:

31.16 Subd. 4. **Law enforcement agency; disclosure of information to public.** (a) The law
31.17 enforcement agency in the area where the predatory offender resides, expects to reside, is
31.18 employed, or is regularly found, shall disclose to the public any information regarding the
31.19 offender contained in the report forwarded to the agency under subdivision 3, paragraph
31.20 (f), that is relevant and necessary to protect the public and to counteract the offender's
31.21 dangerousness, consistent with the guidelines in paragraph (b). The extent of the information
31.22 disclosed and the community to whom disclosure is made must relate to the level of danger
31.23 posed by the offender, to the offender's pattern of offending behavior, and to the need of
31.24 community members for information to enhance their individual and collective safety.

31.25 (b) The law enforcement agency shall employ the following guidelines in determining
31.26 the scope of disclosure made under this subdivision:

31.27 (1) if the offender is assigned to risk level I, the agency may maintain information
31.28 regarding the offender within the agency and may disclose it to other law enforcement
31.29 agencies. Additionally, the agency may disclose the information to any victims of or
31.30 witnesses to the offense committed by the offender. The agency shall disclose the information
31.31 to victims of the offense committed by the offender who have requested disclosure and to
31.32 adult members of the offender's immediate household;

32.1 (2) if the offender is assigned to risk level II, the agency also may disclose the information
32.2 to agencies and groups that the offender is likely to encounter for the purpose of securing
32.3 those institutions and protecting individuals in their care while they are on or near the
32.4 premises of the institution. These agencies and groups include the staff members of public
32.5 and private educational institutions, day care establishments, and establishments and
32.6 organizations that primarily serve individuals likely to be victimized by the offender. The
32.7 agency also may disclose the information to individuals the agency believes are likely to
32.8 be victimized by the offender. The agency's belief shall be based on the offender's pattern
32.9 of offending or victim preference as documented in the information provided by the
32.10 Department of Corrections ~~or~~, the Department of Human Services, or Direct Care and
32.11 Treatment. The agency may disclose the information to property assessors, property
32.12 inspectors, code enforcement officials, and child protection officials who are likely to visit
32.13 the offender's home in the course of their duties;

32.14 (3) if the offender is assigned to risk level III, the agency shall disclose the information
32.15 to the persons and entities described in clauses (1) and (2) and to other members of the
32.16 community whom the offender is likely to encounter, unless the law enforcement agency
32.17 determines that public safety would be compromised by the disclosure or that a more limited
32.18 disclosure is necessary to protect the identity of the victim.

32.19 Notwithstanding the assignment of a predatory offender to risk level II or III, a law
32.20 enforcement agency may not make the disclosures permitted or required by clause (2) or
32.21 (3), if: the offender is placed or resides in a residential facility. However, if an offender is
32.22 placed or resides in a residential facility, the offender and the head of the facility shall
32.23 designate the offender's likely residence upon release from the facility and the head of the
32.24 facility shall notify the commissioner of corrections ~~or~~, the commissioner of human services,
32.25 or the Direct Care and Treatment executive board of the offender's likely residence at least
32.26 14 days before the offender's scheduled release date. The commissioner shall give this
32.27 information to the law enforcement agency having jurisdiction over the offender's likely
32.28 residence. The head of the residential facility also shall notify the commissioner of corrections
32.29 ~~or~~, the commissioner of human services, or the Direct Care and Treatment executive board
32.30 within 48 hours after finalizing the offender's approved relocation plan to a permanent
32.31 residence. Within five days after receiving this notification, the appropriate commissioner
32.32 shall give to the appropriate law enforcement agency all relevant information the
32.33 commissioner has concerning the offender, including information on the risk factors in the
32.34 offender's history and the risk level to which the offender was assigned. After receiving this

33.1 information, the law enforcement agency shall make the disclosures permitted or required
33.2 by clause (2) or (3), as appropriate.

33.3 (c) As used in paragraph (b), clauses (2) and (3), "likely to encounter" means that:

33.4 (1) the organizations or community members are in a location or in close proximity to
33.5 a location where the offender lives or is employed, or which the offender visits or is likely
33.6 to visit on a regular basis, other than the location of the offender's outpatient treatment
33.7 program; and

33.8 (2) the types of interaction which ordinarily occur at that location and other circumstances
33.9 indicate that contact with the offender is reasonably certain.

33.10 (d) A law enforcement agency or official who discloses information under this subdivision
33.11 shall make a good faith effort to make the notification within 14 days of receipt of a
33.12 confirmed address from the Department of Corrections indicating that the offender will be,
33.13 or has been, released from confinement, or accepted for supervision, or has moved to a new
33.14 address and will reside at the address indicated. If a change occurs in the release plan, this
33.15 notification provision does not require an extension of the release date.

33.16 (e) A law enforcement agency or official who discloses information under this subdivision
33.17 shall not disclose the identity or any identifying characteristics of the victims of or witnesses
33.18 to the offender's offenses.

33.19 (f) A law enforcement agency shall continue to disclose information on an offender as
33.20 required by this subdivision for as long as the offender is required to register under section
33.21 243.166. This requirement on a law enforcement agency to continue to disclose information
33.22 also applies to an offender who lacks a primary address and is registering under section
33.23 243.166, subdivision 3a.

33.24 (g) A law enforcement agency that is disclosing information on an offender assigned to
33.25 risk level III to the public under this subdivision shall inform the commissioner of corrections
33.26 what information is being disclosed and forward this information to the commissioner within
33.27 two days of the agency's determination. The commissioner shall post this information on
33.28 the Internet as required in subdivision 4b.

33.29 (h) A city council may adopt a policy that addresses when information disclosed under
33.30 this subdivision must be presented in languages in addition to English. The policy may
33.31 address when information must be presented orally, in writing, or both in additional languages
33.32 by the law enforcement agency disclosing the information. The policy may provide for

34.1 different approaches based on the prevalence of non-English languages in different
34.2 neighborhoods.

34.3 (i) An offender who is the subject of a community notification meeting held pursuant
34.4 to this section may not attend the meeting.

34.5 (j) When a school, day care facility, or other entity or program that primarily educates
34.6 or serves children receives notice under paragraph (b), clause (3), that a level III predatory
34.7 offender resides or works in the surrounding community, notice to parents must be made
34.8 as provided in this paragraph. If the predatory offender identified in the notice is participating
34.9 in programs offered by the facility that require or allow the person to interact with children
34.10 other than the person's children, the principal or head of the entity must notify parents with
34.11 children at the facility of the contents of the notice received pursuant to this section. The
34.12 immunity provisions of subdivision 7 apply to persons disclosing information under this
34.13 paragraph.

34.14 (k) When an offender for whom notification was made under this subdivision no longer
34.15 resides, is employed, or is regularly found in the area, and the law enforcement agency that
34.16 made the notification is aware of this, the agency shall inform the entities and individuals
34.17 initially notified of the change in the offender's status. If notification was made under
34.18 paragraph (b), clause (3), the agency shall provide the updated information required under
34.19 this paragraph in a manner designed to ensure a similar scope of dissemination. However,
34.20 the agency is not required to hold a public meeting to do so.

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

34.22 Sec. 28. Minnesota Statutes 2024, section 245.50, subdivision 2, is amended to read:

34.23 Subd. 2. **Purpose and authority.** (a) The purpose of this section is to enable appropriate
34.24 treatment or detoxification services to be provided to individuals, across state lines from
34.25 the individual's state of residence, in qualified facilities that are closer to the homes of
34.26 individuals than are facilities available in the individual's home state.

34.27 (b) Unless prohibited by another law and subject to the exceptions listed in subdivision
34.28 3, a county board ~~or~~, the commissioner of human services, or the Direct Care and Treatment
34.29 executive board may contract with an agency or facility in a bordering state for mental
34.30 health, chemical health, or detoxification services for residents of Minnesota, and a Minnesota
34.31 mental health, chemical health, or detoxification agency or facility may contract to provide
34.32 services to residents of bordering states. Except as provided in subdivision 5, a person who
34.33 receives services in another state under this section is subject to the laws of the state in

35.1 which services are provided. A person who will receive services in another state under this
 35.2 section must be informed of the consequences of receiving services in another state, including
 35.3 the implications of the differences in state laws, to the extent the individual will be subject
 35.4 to the laws of the receiving state.

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

35.6 Sec. 29. Minnesota Statutes 2024, section 245.91, subdivision 2, is amended to read:

35.7 Subd. 2. **Agency.** "Agency" means the divisions, officials, or employees of the state
 35.8 Departments of Human Services, ~~Direct Care and Treatment~~, Health, and Education; Direct
 35.9 Care and Treatment; and of local school districts and designated county social service
 35.10 agencies as defined in section 256G.02, subdivision 7, that are engaged in monitoring,
 35.11 providing, or regulating services or treatment for mental illness, developmental disability,
 35.12 substance use disorder, or emotional disturbance.

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

35.14 Sec. 30. Minnesota Statutes 2024, section 246.585, is amended to read:

35.15 **246.585 CRISIS SERVICES.**

35.16 Within the limits of appropriations, state-operated regional technical assistance must be
 35.17 available in each region to assist counties, Tribal Nations, residential and ~~day programming~~
 35.18 ~~staff~~ vocational service providers, and families, and persons with disabilities to prevent or
 35.19 resolve crises that could lead to a change in placement person moving to a less integrated
 35.20 setting. ~~Crisis capacity must be provided on all regional treatment center campuses serving~~
 35.21 ~~persons with developmental disabilities~~. In addition, crisis capacity may be developed to
 35.22 serve 16 persons in the Twin Cities metropolitan area. ~~Technical assistance and consultation~~
 35.23 ~~must also be available in each region to providers and counties~~. Staff must be available to
 35.24 provide:

35.25 (1) individual assessments;

35.26 (2) program plan development and implementation assistance;

35.27 (3) analysis of service delivery problems; and

35.28 (4) assistance with transition planning, including technical assistance to counties, Tribal
 35.29 Nations, and service providers to develop new services, site the new services, and assist
 35.30 with community acceptance.

36.1 Sec. 31. Minnesota Statutes 2024, section 246C.06, subdivision 11, is amended to read:

36.2 Subd. 11. **Rulemaking.** (a) The executive board is authorized to adopt, amend, and
36.3 repeal rules in accordance with chapter 14 to the extent necessary to implement this chapter
36.4 or any responsibilities of Direct Care and Treatment specified in state law. The 18-month
36.5 time limit under section 14.125 does not apply to the rulemaking authority under this
36.6 subdivision.

36.7 (b) Until July 1, 2027, the executive board may adopt rules using the expedited
36.8 rulemaking process in section 14.389.

36.9 (c) In accordance with section 15.039, all orders, rules, delegations, permits, and other
36.10 privileges issued or granted by the Department of Human Services with respect to any
36.11 function of Direct Care and Treatment and in effect at the time of the establishment of Direct
36.12 Care and Treatment shall continue in effect as if such establishment had not occurred. The
36.13 executive board may amend or repeal rules applicable to Direct Care and Treatment that
36.14 were established by the Department of Human Services in accordance with chapter 14.

36.15 (d) The executive board must not adopt rules that go into effect or enforce rules prior
36.16 to July 1, 2025.

36.17 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2024.

36.18 Sec. 32. Minnesota Statutes 2024, section 246C.12, subdivision 6, is amended to read:

36.19 Subd. 6. ~~Dissemination of Admission and stay criteria; dissemination.~~ (a) The
36.20 executive board shall establish standard admission and continued-stay criteria for
36.21 state-operated services facilities to ensure that appropriate services are provided in the least
36.22 restrictive setting.

36.23 (b) The executive board shall periodically disseminate criteria for admission and
36.24 continued stay in a state-operated services facility. The executive board shall disseminate
36.25 the criteria to the courts of the state and counties.

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

36.27 Sec. 33. Minnesota Statutes 2024, section 246C.20, is amended to read:

36.28 **246C.20 CONTRACT WITH DEPARTMENT OF HUMAN SERVICES FOR**
36.29 **ADMINISTRATIVE SERVICES.**

36.30 (a) Direct Care and Treatment shall contract with the Department of Human Services
36.31 to provide determinations on issues of county of financial responsibility under chapter 256G

37.1 and to provide administrative and judicial review of direct care and treatment matters
37.2 according to section 256.045.

37.3 (b) The executive board may prescribe rules necessary to carry out this ~~subdivision~~
37.4 section, except that the executive board must not create any rule purporting to control the
37.5 decision making or processes of state human services judges under section 256.045,
37.6 subdivision 4, or the decision making or processes of the commissioner of human services
37.7 issuing an advisory opinion or recommended order to the executive board under section
37.8 256G.09, subdivision 3. The executive board must not create any rule purporting to control
37.9 processes for determinations of financial responsibility under chapter 256G or administrative
37.10 and judicial review under section 256.045 on matters outside of the jurisdiction of Direct
37.11 Care and Treatment.

37.12 (c) The executive board and commissioner of human services may adopt joint rules
37.13 necessary to accomplish the purposes of this section.

37.14 Sec. 34. [246C.21] INTERVIEW EXPENSES.

37.15 Job applicants for professional, administrative, or highly technical positions recruited
37.16 by the Direct Care and Treatment executive board may be reimbursed for necessary travel
37.17 expenses to and from interviews arranged by the Direct Care and Treatment executive board.

37.18 EFFECTIVE DATE. This section is effective July 1, 2025.

37.19 Sec. 35. [246C.211] FEDERAL GRANTS FOR MINNESOTA INDIANS.

37.20 The Direct Care and Treatment executive board is authorized to enter into contracts with
37.21 the United States Departments of Health and Human Services; Education; and Interior,
37.22 Bureau of Indian Affairs, for the purposes of receiving federal grants for the welfare and
37.23 relief of Minnesota Indians.

37.24 EFFECTIVE DATE. This section is effective July 1, 2025.

37.25 Sec. 36. Minnesota Statutes 2024, section 252.291, subdivision 3, is amended to read:

37.26 Subd. 3. **Duties of commissioner of human services.** The commissioner shall:

37.27 (1) ~~establish standard admission criteria for state hospitals and~~ county utilization targets
37.28 to limit and reduce the number of intermediate care beds in state hospitals and community
37.29 facilities in accordance with approved waivers under United States Code, title 42, sections
37.30 1396 to 1396p, as amended through December 31, 1987, to ~~assure~~ ensure that appropriate
37.31 services are provided in the least restrictive setting;

38.1 (2) define services, including respite care, that may be needed in meeting individual
38.2 service plan objectives;

38.3 (3) provide technical assistance so that county boards may establish a request for proposal
38.4 system for meeting individual service plan objectives through home and community-based
38.5 services; alternative community services; or, if no other alternative will meet the needs of
38.6 identifiable individuals for whom the county is financially responsible, a new intermediate
38.7 care facility for persons with developmental disabilities;

38.8 (4) establish a client tracking and evaluation system as required under applicable federal
38.9 waiver regulations, Code of Federal Regulations, title 42, sections 431, 435, 440, and 441,
38.10 as amended through December 31, 1987; and

38.11 (5) develop a state plan for the delivery and funding of residential day and support
38.12 services to persons with developmental disabilities in Minnesota. The biennial developmental
38.13 disability plan shall include but not be limited to:

38.14 (i) county by county maximum intermediate care bed utilization quotas;

38.15 (ii) plans for the development of the number and types of services alternative to
38.16 intermediate care beds;

38.17 (iii) procedures for the administration and management of the plan;

38.18 (iv) procedures for the evaluation of the implementation of the plan; and

38.19 (v) the number, type, and location of intermediate care beds targeted for decertification.

38.20 The commissioner shall modify the plan to ensure conformance with the medical
38.21 assistance home and community-based services waiver.

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

38.23 Sec. 37. Minnesota Statutes 2024, section 252.50, subdivision 5, is amended to read:

38.24 Subd. 5. **Location of programs.** (a) In determining the location of state-operated,
38.25 community-based programs, the needs of the individual client shall be paramount. The
38.26 executive board shall also take into account:

38.27 (1) prioritization of ~~beds~~ services in state-operated, community-based programs for
38.28 individuals with complex behavioral needs that cannot be met by private community-based
38.29 providers;

39.1 (2) choices made by individuals who chose to move to a more integrated setting, and
 39.2 shall coordinate with the lead agency to ensure that appropriate person-centered transition
 39.3 plans are created;

39.4 (3) the personal preferences of the persons being served and their families as determined
 39.5 by Minnesota Rules, parts 9525.0004 to 9525.0036;

39.6 (4) the location of the support services established by the individual service plans of the
 39.7 persons being served;

39.8 (5) the appropriate grouping of the persons served;

39.9 (6) the availability of qualified staff;

39.10 (7) the need for state-operated, community-based programs in the geographical region
 39.11 of the state; and

39.12 (8) a reasonable commuting distance from a regional treatment center or the residences
 39.13 of the program staff.

39.14 (b) The executive board must locate state-operated, community-based programs in
 39.15 coordination with the commissioner of human services according to section 252.28.

39.16 Sec. 38. Minnesota Statutes 2024, section 253B.09, subdivision 3a, is amended to read:

39.17 Subd. 3a. **Reporting judicial commitments; private treatment program or**
 39.18 **facility.** Notwithstanding section 253B.23, subdivision 9, when a court commits a patient
 39.19 to a non-state-operated treatment facility or program, the court shall report the commitment
 39.20 to the commissioner through the supreme court information system for purposes of providing
 39.21 commitment information for firearm background checks under section 246C.15. If the
 39.22 patient is committed to a state-operated treatment program, the court shall send a copy of
 39.23 the commitment order to ~~the commissioner and~~ the executive board.

39.24 Sec. 39. Minnesota Statutes 2024, section 253B.10, subdivision 1, is amended to read:

39.25 Subdivision 1. **Administrative requirements.** (a) When a person is committed, the
 39.26 court shall issue a warrant or an order committing the patient to the custody of the head of
 39.27 the treatment facility, state-operated treatment program, or community-based treatment
 39.28 program. The warrant or order shall state that the patient meets the statutory criteria for
 39.29 civil commitment.

39.30 (b) The executive board shall prioritize civilly committed patients being admitted from
 39.31 jail or a correctional institution or who are referred to a state-operated treatment facility for

40.1 competency attainment or a competency examination under sections 611.40 to 611.59 for
40.2 admission to a medically appropriate state-operated direct care and treatment bed based on
40.3 the decisions of physicians in the executive medical director's office, using a priority
40.4 admissions framework. The framework must account for a range of factors for priority
40.5 admission, including but not limited to:

40.6 (1) the length of time the person has been on a waiting list for admission to a
40.7 state-operated direct care and treatment program since the date of the order under paragraph
40.8 (a), or the date of an order issued under sections 611.40 to 611.59;

40.9 (2) the intensity of the treatment the person needs, based on medical acuity;

40.10 (3) the person's revoked provisional discharge status;

40.11 (4) the person's safety and safety of others in the person's current environment;

40.12 (5) whether the person has access to necessary or court-ordered treatment;

40.13 (6) distinct and articulable negative impacts of an admission delay on the facility referring
40.14 the individual for treatment; and

40.15 (7) any relevant federal prioritization requirements.

40.16 Patients described in this paragraph must be admitted to a state-operated treatment program
40.17 within 48 hours. The commitment must be ordered by the court as provided in section
40.18 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or
40.19 less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2,
40.20 must be prioritized for admission to a state-operated treatment program using the priority
40.21 admissions framework in this paragraph.

40.22 (c) Upon the arrival of a patient at the designated treatment facility, state-operated
40.23 treatment program, or community-based treatment program, the head of the facility or
40.24 program shall retain the duplicate of the warrant and endorse receipt upon the original
40.25 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must
40.26 be filed in the court of commitment. After arrival, the patient shall be under the control and
40.27 custody of the head of the facility or program.

40.28 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
40.29 of law, the court order committing the patient, the report of the court examiners, and the
40.30 prepetition report, and any medical and behavioral information available shall be provided
40.31 at the time of admission of a patient to the designated treatment facility or program to which
40.32 the patient is committed. Upon a patient's referral to the executive board for admission
40.33 pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or

41.1 correctional facility that has provided care or supervision to the patient in the previous two
 41.2 years shall, when requested by the treatment facility or executive board, provide copies of
 41.3 the patient's medical and behavioral records to the executive board for purposes of
 41.4 preadmission planning. This information shall be provided by the head of the treatment
 41.5 facility to treatment facility staff in a consistent and timely manner and pursuant to all
 41.6 applicable laws.

41.7 (e) Patients described in paragraph (b) must be admitted to a state-operated treatment
 41.8 program within 48 hours of the Office of Executive Medical Director, under section 246C.09,
 41.9 or a designee determining that a medically appropriate bed is available. ~~This paragraph~~
 41.10 ~~expires on June 30, 2025.~~

41.11 (f) Within four business days of determining which state-operated direct care and
 41.12 treatment program or programs are appropriate for an individual, the executive medical
 41.13 director's office or a designee must notify the source of the referral and the responsible
 41.14 county human services agency, the individual being ordered to direct care and treatment,
 41.15 and the district court that issued the order of the determination. The notice shall include
 41.16 which program or programs are appropriate for the person's priority status. Any interested
 41.17 person may provide additional information or request updated priority status about the
 41.18 individual to the executive medical director's office or a designee while the individual is
 41.19 awaiting admission. Updated priority status of an individual will only be disclosed to
 41.20 interested persons who are legally authorized to receive private information about the
 41.21 individual. When an available bed has been identified, the executive medical director's
 41.22 office or a designee must notify the designated agency and the facility where the individual
 41.23 is awaiting admission that the individual has been accepted for admission to a particular
 41.24 state-operated direct care and treatment program and the earliest possible date the admission
 41.25 can occur. The designated agency or facility where the individual is awaiting admission
 41.26 must transport the individual to the admitting state-operated direct care and treatment
 41.27 program no more than 48 hours after the offered admission date.

41.28 Sec. 40. Minnesota Statutes 2024, section 256.01, subdivision 2, is amended to read:

41.29 Subd. 2. **Specific powers.** Subject to the provisions of section 241.021, subdivision 2,
 41.30 the commissioner of human services shall carry out the specific duties in paragraphs (a)
 41.31 through (bb):

41.32 (a) Administer and supervise the forms of public assistance provided for by state law
 41.33 and other welfare activities or services that are vested in the commissioner. Administration
 41.34 and supervision of human services activities or services includes, but is not limited to,

42.1 assuring timely and accurate distribution of benefits, completeness of service, and quality
42.2 program management. In addition to administering and supervising human services activities
42.3 vested by law in the department, the commissioner shall have the authority to:

42.4 (1) require county agency participation in training and technical assistance programs to
42.5 promote compliance with statutes, rules, federal laws, regulations, and policies governing
42.6 human services;

42.7 (2) monitor, on an ongoing basis, the performance of county agencies in the operation
42.8 and administration of human services, enforce compliance with statutes, rules, federal laws,
42.9 regulations, and policies governing welfare services and promote excellence of administration
42.10 and program operation;

42.11 (3) develop a quality control program or other monitoring program to review county
42.12 performance and accuracy of benefit determinations;

42.13 (4) require county agencies to make an adjustment to the public assistance benefits issued
42.14 to any individual consistent with federal law and regulation and state law and rule and to
42.15 issue or recover benefits as appropriate;

42.16 (5) delay or deny payment of all or part of the state and federal share of benefits and
42.17 administrative reimbursement according to the procedures set forth in section 256.017;

42.18 (6) make contracts with and grants to public and private agencies and organizations,
42.19 both profit and nonprofit, and individuals, using appropriated funds; and

42.20 (7) enter into contractual agreements with federally recognized Indian Tribes with a
42.21 reservation in Minnesota to the extent necessary for the Tribe to operate a federally approved
42.22 family assistance program or any other program under the supervision of the commissioner.
42.23 The commissioner shall consult with the affected county or counties in the contractual
42.24 agreement negotiations, if the county or counties wish to be included, in order to avoid the
42.25 duplication of county and Tribal assistance program services. The commissioner may
42.26 establish necessary accounts for the purposes of receiving and disbursing funds as necessary
42.27 for the operation of the programs.

42.28 The commissioner shall work in conjunction with the commissioner of children, youth, and
42.29 families to carry out the duties of this paragraph when necessary and feasible.

42.30 (b) Inform county agencies, on a timely basis, of changes in statute, rule, federal law,
42.31 regulation, and policy necessary to county agency administration of the programs.

42.32 (c) Administer and supervise all noninstitutional service to persons with disabilities,
42.33 including persons who have vision impairments, and persons who are deaf, deafblind, and

43.1 hard-of-hearing or with other disabilities. The commissioner may provide and contract for
43.2 the care and treatment of qualified indigent children in facilities other than those located
43.3 and available at state hospitals operated by the executive board when it is not feasible to
43.4 provide the service in state hospitals operated by the executive board.

43.5 (d) Assist and actively cooperate with other departments, agencies and institutions, local,
43.6 state, and federal, by performing services in conformity with the purposes of Laws 1939,
43.7 chapter 431.

43.8 (e) Act as the agent of and cooperate with the federal government in matters of mutual
43.9 concern relative to and in conformity with the provisions of Laws 1939, chapter 431,
43.10 including the administration of any federal funds granted to the state to aid in the performance
43.11 of any functions of the commissioner as specified in Laws 1939, chapter 431, and including
43.12 the promulgation of rules making uniformly available medical care benefits to all recipients
43.13 of public assistance, at such times as the federal government increases its participation in
43.14 assistance expenditures for medical care to recipients of public assistance, the cost thereof
43.15 to be borne in the same proportion as are grants of aid to said recipients.

43.16 (f) Establish and maintain any administrative units reasonably necessary for the
43.17 performance of administrative functions common to all divisions of the department.

43.18 (g) Act as designated guardian of both the estate and the person of all the wards of the
43.19 state of Minnesota, whether by operation of law or by an order of court, without any further
43.20 act or proceeding whatever, except as to persons committed as developmentally disabled.

43.21 (h) Act as coordinating referral and informational center on requests for service for
43.22 newly arrived immigrants coming to Minnesota.

43.23 (i) The specific enumeration of powers and duties as hereinabove set forth shall in no
43.24 way be construed to be a limitation upon the general transfer of powers herein contained.

43.25 (j) Establish county, regional, or statewide schedules of maximum fees and charges
43.26 which may be paid by county agencies for medical, dental, surgical, hospital, nursing and
43.27 nursing home care and medicine and medical supplies under all programs of medical care
43.28 provided by the state and for congregate living care under the income maintenance programs.

43.29 (k) Have the authority to conduct and administer experimental projects to test methods
43.30 and procedures of administering assistance and services to recipients or potential recipients
43.31 of public welfare. To carry out such experimental projects, it is further provided that the
43.32 commissioner of human services is authorized to waive the enforcement of existing specific
43.33 statutory program requirements, rules, and standards in one or more counties. The order

44.1 establishing the waiver shall provide alternative methods and procedures of administration,
44.2 shall not be in conflict with the basic purposes, coverage, or benefits provided by law, and
44.3 in no event shall the duration of a project exceed four years. It is further provided that no
44.4 order establishing an experimental project as authorized by the provisions of this section
44.5 shall become effective until the following conditions have been met:

44.6 (1) the United States Secretary of Health and Human Services has agreed, for the same
44.7 project, to waive state plan requirements relative to statewide uniformity; and

44.8 (2) a comprehensive plan, including estimated project costs, shall be approved by the
44.9 Legislative Advisory Commission and filed with the commissioner of administration.

44.10 (l) According to federal requirements and in coordination with the commissioner of
44.11 children, youth, and families, establish procedures to be followed by local welfare boards
44.12 in creating citizen advisory committees, including procedures for selection of committee
44.13 members.

44.14 (m) Allocate federal fiscal disallowances or sanctions which are based on quality control
44.15 error rates for medical assistance in the following manner:

44.16 (1) one-half of the total amount of the disallowance shall be borne by the county boards
44.17 responsible for administering the programs. Disallowances shall be shared by each county
44.18 board in the same proportion as that county's expenditures for the sanctioned program are
44.19 to the total of all counties' expenditures for medical assistance. Each county shall pay its
44.20 share of the disallowance to the state of Minnesota. When a county fails to pay the amount
44.21 due hereunder, the commissioner may deduct the amount from reimbursement otherwise
44.22 due the county, or the attorney general, upon the request of the commissioner, may institute
44.23 civil action to recover the amount due; and

44.24 (2) notwithstanding the provisions of clause (1), if the disallowance results from knowing
44.25 noncompliance by one or more counties with a specific program instruction, and that knowing
44.26 noncompliance is a matter of official county board record, the commissioner may require
44.27 payment or recover from the county or counties, in the manner prescribed in clause (1), an
44.28 amount equal to the portion of the total disallowance which resulted from the noncompliance,
44.29 and may distribute the balance of the disallowance according to clause (1).

44.30 (n) Develop and implement special projects that maximize reimbursements and result
44.31 in the recovery of money to the state. For the purpose of recovering state money, the
44.32 commissioner may enter into contracts with third parties. Any recoveries that result from
44.33 projects or contracts entered into under this paragraph shall be deposited in the state treasury
44.34 and credited to a special account until the balance in the account reaches \$1,000,000. When

45.1 the balance in the account exceeds \$1,000,000, the excess shall be transferred and credited
45.2 to the general fund. All money in the account is appropriated to the commissioner for the
45.3 purposes of this paragraph.

45.4 (o) Have the authority to establish and enforce the following county reporting
45.5 requirements:

45.6 (1) the commissioner shall establish fiscal and statistical reporting requirements necessary
45.7 to account for the expenditure of funds allocated to counties for human services programs.
45.8 When establishing financial and statistical reporting requirements, the commissioner shall
45.9 evaluate all reports, in consultation with the counties, to determine if the reports can be
45.10 simplified or the number of reports can be reduced;

45.11 (2) the county board shall submit monthly or quarterly reports to the department as
45.12 required by the commissioner. Monthly reports are due no later than 15 working days after
45.13 the end of the month. Quarterly reports are due no later than 30 calendar days after the end
45.14 of the quarter, unless the commissioner determines that the deadline must be shortened to
45.15 20 calendar days to avoid jeopardizing compliance with federal deadlines or risking a loss
45.16 of federal funding. Only reports that are complete, legible, and in the required format shall
45.17 be accepted by the commissioner;

45.18 (3) if the required reports are not received by the deadlines established in clause (2), the
45.19 commissioner may delay payments and withhold funds from the county board until the next
45.20 reporting period. When the report is needed to account for the use of federal funds and the
45.21 late report results in a reduction in federal funding, the commissioner shall withhold from
45.22 the county boards with late reports an amount equal to the reduction in federal funding until
45.23 full federal funding is received;

45.24 (4) a county board that submits reports that are late, illegible, incomplete, or not in the
45.25 required format for two out of three consecutive reporting periods is considered
45.26 noncompliant. When a county board is found to be noncompliant, the commissioner shall
45.27 notify the county board of the reason the county board is considered noncompliant and
45.28 request that the county board develop a corrective action plan stating how the county board
45.29 plans to correct the problem. The corrective action plan must be submitted to the
45.30 commissioner within 45 days after the date the county board received notice of
45.31 noncompliance;

45.32 (5) the final deadline for fiscal reports or amendments to fiscal reports is one year after
45.33 the date the report was originally due. If the commissioner does not receive a report by the
45.34 final deadline, the county board forfeits the funding associated with the report for that

46.1 reporting period and the county board must repay any funds associated with the report
46.2 received for that reporting period;

46.3 (6) the commissioner may not delay payments, withhold funds, or require repayment
46.4 under clause (3) or (5) if the county demonstrates that the commissioner failed to provide
46.5 appropriate forms, guidelines, and technical assistance to enable the county to comply with
46.6 the requirements. If the county board disagrees with an action taken by the commissioner
46.7 under clause (3) or (5), the county board may appeal the action according to sections 14.57
46.8 to 14.69; and

46.9 (7) counties subject to withholding of funds under clause (3) or forfeiture or repayment
46.10 of funds under clause (5) shall not reduce or withhold benefits or services to clients to cover
46.11 costs incurred due to actions taken by the commissioner under clause (3) or (5).

46.12 (p) Allocate federal fiscal disallowances or sanctions for audit exceptions when federal
46.13 fiscal disallowances or sanctions are based on a statewide random sample in direct proportion
46.14 to each county's claim for that period.

46.15 (q) Be responsible for ensuring the detection, prevention, investigation, and resolution
46.16 of fraudulent activities or behavior by applicants, recipients, and other participants in the
46.17 human services programs administered by the department.

46.18 (r) Require county agencies to identify overpayments, establish claims, and utilize all
46.19 available and cost-beneficial methodologies to collect and recover these overpayments in
46.20 the human services programs administered by the department.

46.21 (s) Have the authority to administer the federal drug rebate program for drugs purchased
46.22 under the medical assistance program as allowed by section 1927 of title XIX of the Social
46.23 Security Act and according to the terms and conditions of section 1927. Rebates shall be
46.24 collected for all drugs that have been dispensed or administered in an outpatient setting and
46.25 that are from manufacturers who have signed a rebate agreement with the United States
46.26 Department of Health and Human Services.

46.27 (t) Have the authority to administer a supplemental drug rebate program for drugs
46.28 purchased under the medical assistance program. The commissioner may enter into
46.29 supplemental rebate contracts with pharmaceutical manufacturers and may require prior
46.30 authorization for drugs that are from manufacturers that have not signed a supplemental
46.31 rebate contract. Prior authorization of drugs shall be subject to the provisions of section
46.32 256B.0625, subdivision 13.

47.1 (u) Operate the department's communication systems account established in Laws 1993,
47.2 First Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared
47.3 communication costs necessary for the operation of the programs the commissioner
47.4 supervises. Each account must be used to manage shared communication costs necessary
47.5 for the operations of the programs the commissioner supervises. The commissioner may
47.6 distribute the costs of operating and maintaining communication systems to participants in
47.7 a manner that reflects actual usage. Costs may include acquisition, licensing, insurance,
47.8 maintenance, repair, staff time and other costs as determined by the commissioner. Nonprofit
47.9 organizations and state, county, and local government agencies involved in the operation
47.10 of programs the commissioner supervises may participate in the use of the department's
47.11 communications technology and share in the cost of operation. The commissioner may
47.12 accept on behalf of the state any gift, bequest, devise or personal property of any kind, or
47.13 money tendered to the state for any lawful purpose pertaining to the communication activities
47.14 of the department. Any money received for this purpose must be deposited in the department's
47.15 communication systems accounts. Money collected by the commissioner for the use of
47.16 communication systems must be deposited in the state communication systems account and
47.17 is appropriated to the commissioner for purposes of this section.

47.18 (v) Receive any federal matching money that is made available through the medical
47.19 assistance program for the consumer satisfaction survey. Any federal money received for
47.20 the survey is appropriated to the commissioner for this purpose. The commissioner may
47.21 expend the federal money received for the consumer satisfaction survey in either year of
47.22 the biennium.

47.23 (w) Designate community information and referral call centers and incorporate cost
47.24 reimbursement claims from the designated community information and referral call centers
47.25 into the federal cost reimbursement claiming processes of the department according to
47.26 federal law, rule, and regulations. Existing information and referral centers provided by
47.27 Greater Twin Cities United Way or existing call centers for which Greater Twin Cities
47.28 United Way has legal authority to represent, shall be included in these designations upon
47.29 review by the commissioner and assurance that these services are accredited and in
47.30 compliance with national standards. Any reimbursement is appropriated to the commissioner
47.31 and all designated information and referral centers shall receive payments according to
47.32 normal department schedules established by the commissioner upon final approval of
47.33 allocation methodologies from the United States Department of Health and Human Services
47.34 Division of Cost Allocation or other appropriate authorities.

48.1 (x) Develop recommended standards for adult foster care homes that address the
48.2 components of specialized therapeutic services to be provided by adult foster care homes
48.3 with those services.

48.4 (y) Authorize the method of payment to or from the department as part of the human
48.5 services programs administered by the department. This authorization includes the receipt
48.6 or disbursement of funds held by the department in a fiduciary capacity as part of the human
48.7 services programs administered by the department.

48.8 (z) Designate the agencies that operate the Senior LinkAge Line under section 256.975,
48.9 subdivision 7, and the Disability Hub under subdivision 24 as the state of Minnesota Aging
48.10 and Disability Resource Center under United States Code, title 42, section 3001, the Older
48.11 Americans Act Amendments of 2006, and incorporate cost reimbursement claims from the
48.12 designated centers into the federal cost reimbursement claiming processes of the department
48.13 according to federal law, rule, and regulations. Any reimbursement must be appropriated
48.14 to the commissioner and treated consistent with section 256.011. All Aging and Disability
48.15 Resource Center designated agencies shall receive payments of grant funding that supports
48.16 the activity and generates the federal financial participation according to Board on Aging
48.17 administrative granting mechanisms.

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

48.19 Sec. 41. Minnesota Statutes 2024, section 256.01, subdivision 5, is amended to read:

48.20 Subd. 5. **Gifts, contributions, pensions and benefits; acceptance.** The commissioner
48.21 may receive and accept on behalf of patients ~~and residents at the several state hospitals for~~
48.22 ~~persons with mental illness or developmental disabilities during the period of their~~
48.23 ~~hospitalization and while on provisional discharge therefrom,~~ money due and payable to
48.24 them as old age and survivors insurance benefits, veterans benefits, pensions or other such
48.25 monetary benefits. Such gifts, contributions, pensions and benefits shall be deposited in and
48.26 disbursed from the social welfare fund provided for in sections 256.88 to 256.92.

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

48.28 Sec. 42. Minnesota Statutes 2024, section 256.019, subdivision 1, is amended to read:

48.29 Subdivision 1. **Retention rates.** When an assistance recovery amount is collected and
48.30 posted by a county agency under the provisions governing public assistance programs
48.31 including general assistance medical care formerly codified in chapter 256D, general
48.32 assistance, and Minnesota supplemental aid, the county may keep one-half of the recovery

49.1 made by the county agency using any method other than recoupment. For medical assistance,
 49.2 if the recovery is made by a county agency using any method other than recoupment, the
 49.3 county may keep one-half of the nonfederal share of the recovery. For MinnesotaCare, if
 49.4 the recovery is collected and posted by the county agency, the county may keep one-half
 49.5 of the nonfederal share of the recovery.

49.6 This does not apply to recoveries from medical providers or to recoveries begun by the
 49.7 Department of Human Services' Surveillance and Utilization Review Division, ~~State Hospital~~
 49.8 ~~Collections Unit~~, and the Benefit Recoveries Division ~~or~~, by the Direct Care and Treatment
 49.9 State Hospital Collections Unit, the attorney general's office, or child support collections.

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

49.11 Sec. 43. Minnesota Statutes 2024, section 256.0281, is amended to read:

49.12 **256.0281 INTERAGENCY DATA EXCHANGE.**

49.13 (a) The Department of Human Services, the Department of Health, Direct Care and
 49.14 Treatment, and the Office of the Ombudsman for Mental Health and Developmental
 49.15 Disabilities may establish interagency agreements governing the electronic exchange of
 49.16 data on providers and individuals collected, maintained, or used by each agency when such
 49.17 exchange is outlined by each agency in an interagency agreement to accomplish the purposes
 49.18 in clauses (1) to (4):

49.19 (1) to improve provider enrollment processes for home and community-based services
 49.20 and state plan home care services;

49.21 (2) to improve quality management of providers between state agencies;

49.22 (3) to establish and maintain provider eligibility to participate as providers under
 49.23 Minnesota health care programs; or

49.24 (4) to meet the quality assurance reporting requirements under federal law under section
 49.25 1915(c) of the Social Security Act related to home and community-based waiver programs.

49.26 (b) Each interagency agreement must include provisions to ensure anonymity of
 49.27 individuals, including mandated reporters, and must outline the specific uses of and access
 49.28 to shared data within each agency. Electronic interfaces between source data systems
 49.29 developed under these interagency agreements must incorporate these provisions as well
 49.30 as other HIPAA provisions related to individual data.

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

50.1 Sec. 44. Minnesota Statutes 2024, section 256.0451, subdivision 1, is amended to read:

50.2 Subdivision 1. **Scope.** (a) The requirements in this section apply to all fair hearings and
50.3 appeals under sections 142A.20, subdivision 2, and 256.045, subdivision 3, paragraph (a),
50.4 clauses (1), (2), (3), (5), (6), (7), (10), and (12). Except as provided in subdivisions 3 and
50.5 19, the requirements under this section apply to fair hearings and appeals under section
50.6 256.045, subdivision 3, paragraph (a), clauses (4), (8), (9), and (11).

50.7 (b) For purposes of this section, "person" means an individual who, on behalf of
50.8 themselves or their household, is appealing or disputing or challenging an action, a decision,
50.9 or a failure to act, by an agency ~~in the human services system~~ subject to this section. When
50.10 a person involved in a proceeding under this section is represented by an attorney or by an
50.11 authorized representative, the term "person" also means the person's attorney or authorized
50.12 representative. Any notice sent to the person involved in the hearing must also be sent to
50.13 the person's attorney or authorized representative.

50.14 (c) For purposes of this section, "agency" means ~~the~~ a county human services agency,
50.15 ~~the~~ a state ~~human services~~ agency, and, where applicable, any entity involved under a
50.16 contract, subcontract, grant, or subgrant with the state agency or with a county agency, that
50.17 provides or operates programs or services in which appeals are governed by section 256.045.

50.18 (d) For purposes of this section, "state agency" means the Department of Human Services;
50.19 the Department of Health; the Department of Education; the Department of Children, Youth,
50.20 and Families; or Direct Care and Treatment.

50.21 Sec. 45. Minnesota Statutes 2024, section 256.0451, subdivision 3, is amended to read:

50.22 Subd. 3. **Agency appeal summary.** (a) Except in fair hearings and appeals under section
50.23 256.045, subdivision 3, paragraph (a), clauses (4), (9), and (10), the agency involved in an
50.24 appeal must prepare a state agency appeal summary for each fair hearing appeal. The state
50.25 agency appeal summary shall be mailed or otherwise delivered to the person who is involved
50.26 in the appeal at least three working days before the date of the hearing. The state agency
50.27 appeal summary must also be mailed or otherwise delivered to the ~~department's~~ Department
50.28 of Human Services' Appeals Office at least three working days before the date of the fair
50.29 hearing appeal.

50.30 (b) In addition, the human services judge shall confirm that the state agency appeal
50.31 summary is mailed or otherwise delivered to the person involved in the appeal as required
50.32 under paragraph (a). The person involved in the fair hearing should be provided, through
50.33 the state agency appeal summary or other reasonable methods, appropriate information

51.1 about the procedures for the fair hearing and an adequate opportunity to prepare. These
51.2 requirements apply equally to the state agency or an entity under contract when involved
51.3 in the appeal.

51.4 (c) The contents of the state agency appeal summary must be adequate to inform the
51.5 person involved in the appeal of the evidence on which the agency relies and the legal basis
51.6 for the agency's action or determination.

51.7 Sec. 46. Minnesota Statutes 2024, section 256.0451, subdivision 6, is amended to read:

51.8 Subd. 6. **Appeal request for emergency assistance or urgent matter.** (a) When an
51.9 appeal involves an application for emergency assistance, the agency involved shall mail or
51.10 otherwise deliver the state agency appeal summary to the ~~department's~~ Department of Human
51.11 Services' Appeals Office within two working days of receiving the request for an appeal.

51.12 A person may also request that a fair hearing be held on an emergency basis when the issue
51.13 requires an immediate resolution. The human services judge shall schedule the fair hearing
51.14 on the earliest available date according to the urgency of the issue involved. Issuance of the
51.15 recommended decision after an emergency hearing shall be expedited.

51.16 (b) The applicable commissioner or executive board shall issue a written decision within
51.17 five working days of receiving the recommended decision, shall immediately inform the
51.18 parties of the outcome by telephone, and shall mail the decision no later than two working
51.19 days following the date of the decision.

51.20 Sec. 47. Minnesota Statutes 2024, section 256.0451, subdivision 8, is amended to read:

51.21 Subd. 8. **Subpoenas.** A person involved in a fair hearing or the agency may request a
51.22 subpoena for a witness, for evidence, or for both. A reasonable number of subpoenas shall
51.23 be issued to require the attendance and the testimony of witnesses, and the production of
51.24 evidence relating to any issue of fact in the appeal hearing. The request for a subpoena must
51.25 show a need for the subpoena and the general relevance to the issues involved. The subpoena
51.26 shall be issued in the name of the Department of Human Services and shall be served and
51.27 enforced as provided in section 357.22 and the Minnesota Rules of Civil Procedure.

51.28 An individual or entity served with a subpoena may petition the human services judge
51.29 in writing to vacate or modify a subpoena. The human services judge shall resolve such a
51.30 petition in a prehearing conference involving all parties and shall make a written decision.
51.31 A subpoena may be vacated or modified if the human services judge determines that the
51.32 testimony or evidence sought does not relate with reasonable directness to the issues of the
51.33 fair hearing appeal; that the subpoena is unreasonable, over broad, or oppressive; that the

52.1 evidence sought is repetitious or cumulative; or that the subpoena has not been served
52.2 reasonably in advance of the time when the appeal hearing will be held.

52.3 Sec. 48. Minnesota Statutes 2024, section 256.0451, subdivision 9, is amended to read:

52.4 Subd. 9. **No ex parte contact.** The human services judge shall not have ex parte contact
52.5 on substantive issues with the agency or with any person or witness in a fair hearing appeal.
52.6 No employee of ~~the Department or an~~ agency shall review, interfere with, change, or attempt
52.7 to influence the recommended decision of the human services judge in any fair hearing
52.8 appeal, except through the procedure allowed in subdivision 18. The limitations in this
52.9 subdivision do not affect the applicable commissioner's or executive board's authority to
52.10 review or reconsider decisions or make final decisions.

52.11 Sec. 49. Minnesota Statutes 2024, section 256.0451, subdivision 18, is amended to read:

52.12 Subd. 18. **Inviting comment by ~~department~~ state agency.** The human services judge
52.13 or the applicable commissioner or executive board may determine that a written comment
52.14 by the ~~department~~ state agency about the policy implications of a specific legal issue could
52.15 help resolve a pending appeal. Such a written policy comment from the ~~department~~ state
52.16 agency shall be obtained only by a written request that is also sent to the person involved
52.17 and to the agency or its representative. When such a written comment is received, both the
52.18 person involved in the hearing and the agency shall have adequate opportunity to review,
52.19 evaluate, and respond to the written comment, including submission of additional testimony
52.20 or evidence, and cross-examination concerning the written comment.

52.21 Sec. 50. Minnesota Statutes 2024, section 256.0451, subdivision 22, is amended to read:

52.22 Subd. 22. **Decisions.** A timely, written decision must be issued in every appeal. Each
52.23 decision must contain a clear ruling on the issues presented in the appeal hearing and should
52.24 contain a ruling only on questions directly presented by the appeal and the arguments raised
52.25 in the appeal.

52.26 (a) A written decision must be issued within 90 days of the date the person involved
52.27 requested the appeal unless a shorter time is required by law. An additional 30 days is
52.28 provided in those cases where the applicable commissioner or executive board refuses to
52.29 accept the recommended decision. In appeals of maltreatment determinations or
52.30 disqualifications filed pursuant to section 256.045, subdivision 3, paragraph (a), clause (4),
52.31 (8), or (9), that also give rise to possible licensing actions, the 90-day period for issuing
52.32 final decisions does not begin until the later of the date that the licensing authority provides

53.1 notice to the appeals division that the authority has made the final determination in the
53.2 matter or the date the appellant files the last appeal in the consolidated matters.

53.3 (b) The decision must contain both findings of fact and conclusions of law, clearly
53.4 separated and identified. The findings of fact must be based on the entire record. Each
53.5 finding of fact made by the human services judge shall be supported by a preponderance
53.6 of the evidence unless a different standard is required under the regulations of a particular
53.7 program. The "preponderance of the evidence" means, in light of the record as a whole, the
53.8 evidence leads the human services judge to believe that the finding of fact is more likely to
53.9 be true than not true. The legal claims or arguments of a participant do not constitute either
53.10 a finding of fact or a conclusion of law, except to the extent the human services judge adopts
53.11 an argument as a finding of fact or conclusion of law.

53.12 The decision shall contain at least the following:

53.13 (1) a listing of the date and place of the hearing and the participants at the hearing;

53.14 (2) a clear and precise statement of the issues, including the dispute under consideration
53.15 and the specific points which must be resolved in order to decide the case;

53.16 (3) a listing of the material, including exhibits, records, reports, placed into evidence at
53.17 the hearing, and upon which the hearing decision is based;

53.18 (4) the findings of fact based upon the entire hearing record. The findings of fact must
53.19 be adequate to inform the participants and any interested person in the public of the basis
53.20 of the decision. If the evidence is in conflict on an issue which must be resolved, the findings
53.21 of fact must state the reasoning used in resolving the conflict;

53.22 (5) conclusions of law that address the legal authority for the hearing and the ruling, and
53.23 which give appropriate attention to the claims of the participants to the hearing;

53.24 (6) a clear and precise statement of the decision made resolving the dispute under
53.25 consideration in the hearing; and

53.26 (7) written notice of the right to appeal to district court or to request reconsideration,
53.27 and of the actions required and the time limits for taking appropriate action to appeal to
53.28 district court or to request a reconsideration.

53.29 (c) The human services judge shall not independently investigate facts or otherwise rely
53.30 on information not presented at the hearing. The human services judge may not contact
53.31 other agency personnel, except as provided in subdivision 18. The human services judge's
53.32 recommended decision must be based exclusively on the testimony and evidence presented

54.1 at the hearing, and legal arguments presented, and the human services judge's research and
54.2 knowledge of the law.

54.3 (d) The applicable commissioner ~~will~~ or executive board must review the recommended
54.4 decision and accept or refuse to accept the decision according to section 142A.20, subdivision
54.5 3, or 256.045, subdivision 5 or 5a.

54.6 Sec. 51. Minnesota Statutes 2024, section 256.0451, subdivision 23, is amended to read:

54.7 Subd. 23. **Refusal to accept recommended orders.** (a) If the applicable commissioner
54.8 or executive board refuses to accept the recommended order from the human services judge,
54.9 the person involved, the person's attorney or authorized representative, and the agency shall
54.10 be sent a copy of the recommended order, a detailed explanation of the basis for refusing
54.11 to accept the recommended order, and the proposed modified order.

54.12 (b) The person involved and the agency shall have at least ten business days to respond
54.13 to the proposed modification of the recommended order. The person involved and the agency
54.14 may submit a legal argument concerning the proposed modification, and may propose to
54.15 submit additional evidence that relates to the proposed modified order.

54.16 Sec. 52. Minnesota Statutes 2024, section 256.0451, subdivision 24, is amended to read:

54.17 Subd. 24. **Reconsideration.** (a) Reconsideration may be requested within 30 days of
54.18 the date of the applicable commissioner's or executive board's final order. If reconsideration
54.19 is requested under section 142A.20, subdivision 3, or 256.045, subdivision 5 or 5a, the other
54.20 participants in the appeal shall be informed of the request. The person seeking reconsideration
54.21 has the burden to demonstrate why the matter should be reconsidered. The request for
54.22 reconsideration may include legal argument and may include proposed additional evidence
54.23 supporting the request. The other participants shall be sent a copy of all material submitted
54.24 in support of the request for reconsideration and must be given ten days to respond.

54.25 (b) When the requesting party raises a question as to the appropriateness of the findings
54.26 of fact, the applicable commissioner or executive board shall review the entire record.

54.27 (c) When the requesting party questions the appropriateness of a conclusion of law, the
54.28 applicable commissioner or executive board shall consider the recommended decision, the
54.29 decision under reconsideration, and the material submitted in connection with the
54.30 reconsideration. The applicable commissioner or executive board shall review the remaining
54.31 record as necessary to issue a reconsidered decision.

55.1 (d) The applicable commissioner or executive board shall issue a written decision on
 55.2 reconsideration in a timely fashion. The decision must clearly inform the parties that this
 55.3 constitutes the final administrative decision, advise the participants of the right to seek
 55.4 judicial review, and the deadline for doing so.

55.5 Sec. 53. Minnesota Statutes 2024, section 256.4825, is amended to read:

55.6 **256.4825 REPORT REGARDING PROGRAMS AND SERVICES FOR PEOPLE**
 55.7 **WITH DISABILITIES.**

55.8 The Minnesota State Council on Disability, the Minnesota Consortium for Citizens with
 55.9 Disabilities, and the Arc of Minnesota may submit an annual report by January 15 of each
 55.10 year, beginning in 2012, to the chairs and ranking minority members of the legislative
 55.11 committees with jurisdiction over programs serving people with disabilities as provided in
 55.12 this section. The report must describe the existing state policies and goals for programs
 55.13 serving people with disabilities including, but not limited to, programs for employment,
 55.14 transportation, housing, education, quality assurance, consumer direction, physical and
 55.15 programmatic access, and health. The report must provide data and measurements to assess
 55.16 the extent to which the policies and goals are being met. The commissioner of human
 55.17 services, the Direct Care and Treatment executive board, and the commissioners of other
 55.18 state agencies administering programs for people with disabilities shall cooperate with the
 55.19 Minnesota State Council on Disability, the Minnesota Consortium for Citizens with
 55.20 Disabilities, and the Arc of Minnesota and provide those organizations with existing
 55.21 published information and reports that will assist in the preparation of the report.

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

55.23 Sec. 54. Minnesota Statutes 2024, section 256.93, subdivision 1, is amended to read:

55.24 Subdivision 1. **Limitations.** In any case where the guardianship of any child with a
 55.25 developmental disability or who is disabled, dependent, neglected or delinquent, or a child
 55.26 born to a mother who was not married to the child's father when the child was conceived
 55.27 nor when the child was born, has been ~~committed~~ appointed to the commissioner of human
 55.28 services, and in any case where the guardianship of any person with a developmental
 55.29 disability has been ~~committed~~ appointed to the commissioner of human services, the court
 55.30 having jurisdiction of the estate may on such notice as the court may direct, authorize the
 55.31 commissioner to take possession of the personal property in the estate, liquidate it, and hold
 55.32 the proceeds in trust for the ward, to be invested, expended and accounted for as provided
 55.33 by sections 256.88 to 256.92.

56.1 Sec. 55. Minnesota Statutes 2024, section 256.98, subdivision 7, is amended to read:

56.2 Subd. 7. **Division of recovered amounts.** Except for recoveries under chapter 142E, if
 56.3 the state is responsible for the recovery, the amounts recovered shall be paid to the appropriate
 56.4 units of government. If the recovery is directly attributable to a county, the county may
 56.5 retain one-half of the nonfederal share of any recovery from a recipient or the recipient's
 56.6 estate.

56.7 This subdivision does not apply to recoveries from medical providers or to recoveries
 56.8 involving the Department of Human ~~services~~, Services' Surveillance and Utilization Review
 56.9 Division, ~~state hospital collections unit~~, and ~~the~~ Benefit Recoveries Division or the Direct
 56.10 Care and Treatment State Hospital Collections Unit.

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

56.12 Sec. 56. Minnesota Statutes 2024, section 256B.092, subdivision 10, is amended to read:

56.13 Subd. 10. **Admission of persons to and discharge of persons from regional treatment**
 56.14 **centers.** (a) Prior to the admission of a person to a regional treatment center program for
 56.15 persons with developmental disabilities, the case manager shall make efforts to secure
 56.16 community-based alternatives. If these alternatives are rejected by the person, the person's
 56.17 legal guardian or conservator, or the county agency in favor of a regional treatment center
 56.18 placement, the case manager shall document the reasons why the alternatives were rejected.

56.19 (b) Assessment and support planning must be completed in accordance with requirements
 56.20 identified in section 256B.0911.

56.21 (c) No discharge shall take place until disputes are resolved under section 256.045,
 56.22 subdivision 4a, or until a review by the ~~commissioner~~ Direct Care and Treatment executive
 56.23 board is completed upon request of the chief executive officer or program director of the
 56.24 regional treatment center, or the county agency. For persons under public guardianship, the
 56.25 ombudsman may request a review or hearing under section 256.045.

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

56.27 Sec. 57. Minnesota Statutes 2024, section 256G.09, subdivision 4, is amended to read:

56.28 Subd. 4. **Appeals.** A local agency that is aggrieved by the order of ~~the~~ a department or
 56.29 the executive board may appeal the opinion to the district court of the county responsible
 56.30 for furnishing assistance or services by serving a written copy of a notice of appeal on ~~the~~
 56.31 a commissioner or the executive board and any adverse party of record within 30 days after
 56.32 the date the department issued the opinion, and by filing the original notice and proof of

57.1 service with the court administrator of district court. Service may be made personally or by
57.2 mail. Service by mail is complete upon mailing.

57.3 ~~The~~ A commissioner or the executive board may elect to become a party to the
57.4 proceedings in district court. The court may consider the matter in or out of chambers and
57.5 shall take no new or additional evidence.

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

57.7 Sec. 58. Minnesota Statutes 2024, section 256G.09, subdivision 5, is amended to read:

57.8 Subd. 5. **Payment pending appeal.** After ~~the~~ a department or the executive board issues
57.9 an opinion in any submission under this section, the service or assistance covered by the
57.10 submission must be provided or paid pending or during an appeal to the district court.

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

57.12 Sec. 59. Minnesota Statutes 2024, section 299F.77, subdivision 2, is amended to read:

57.13 Subd. 2. **Background check.** (a) For licenses issued by the commissioner under section
57.14 299F.73, the applicant for licensure must provide the commissioner with all of the
57.15 information required by Code of Federal Regulations, title 28, section 25.7. The commissioner
57.16 shall forward the information to the superintendent of the Bureau of Criminal Apprehension
57.17 so that criminal records, histories, and warrant information on the applicant can be retrieved
57.18 from the Minnesota Crime Information System and the National Instant Criminal Background
57.19 Check System, as well as the civil commitment records maintained by ~~the Department of~~
57.20 ~~Human Services~~ Direct Care and Treatment. The results must be returned to the commissioner
57.21 to determine if the individual applicant is qualified to receive a license.

57.22 (b) For permits issued by a county sheriff or chief of police under section 299F.75, the
57.23 applicant for a permit must provide the county sheriff or chief of police with all of the
57.24 information required by Code of Federal Regulations, title 28, section 25.7. The county
57.25 sheriff or chief of police must check, by means of electronic data transfer, criminal records,
57.26 histories, and warrant information on each applicant through the Minnesota Crime
57.27 Information System and the National Instant Criminal Background Check System, as well
57.28 as the civil commitment records maintained by ~~the Department of Human Services~~ Direct
57.29 Care and Treatment. The county sheriff or chief of police shall use the results of the query
57.30 to determine if the individual applicant is qualified to receive a permit.

58.1 Sec. 60. Minnesota Statutes 2024, section 342.04, is amended to read:

58.2 **342.04 STUDIES; REPORTS.**

58.3 (a) The office shall conduct a study to determine the expected size and growth of the
58.4 regulated cannabis industry and hemp consumer industry, including an estimate of the
58.5 demand for cannabis flower and cannabis products, the number and geographic distribution
58.6 of cannabis businesses needed to meet that demand, and the anticipated business from
58.7 residents of other states.

58.8 (b) The office shall conduct a study to determine the size of the illicit cannabis market,
58.9 the sources of illicit cannabis flower and illicit cannabis products in the state, the locations
58.10 of citations issued and arrests made for cannabis offenses, and the subareas, such as census
58.11 tracts or neighborhoods, that experience a disproportionately large amount of cannabis
58.12 enforcement.

58.13 (c) The office shall conduct a study on impaired driving to determine:

58.14 (1) the number of accidents involving one or more drivers who admitted to using cannabis
58.15 flower, cannabis products, lower-potency hemp edibles, or hemp-derived consumer products,
58.16 or who tested positive for cannabis or tetrahydrocannabinol;

58.17 (2) the number of arrests of individuals for impaired driving in which the individual
58.18 tested positive for cannabis or tetrahydrocannabinol; and

58.19 (3) the number of convictions for driving under the influence of cannabis flower, cannabis
58.20 products, lower-potency hemp edibles, hemp-derived consumer products, or
58.21 tetrahydrocannabinol.

58.22 (d) The office shall provide preliminary reports on the studies conducted pursuant to
58.23 paragraphs (a) to (c) to the legislature by January 15, 2024, and shall provide final reports
58.24 to the legislature by January 15, 2025. The reports may be consolidated into a single report
58.25 by the office.

58.26 (e) The office shall collect existing data from the Department of Human Services,
58.27 Department of Health, Direct Care and Treatment, Minnesota state courts, and hospitals
58.28 licensed under chapter 144 on the utilization of mental health and substance use disorder
58.29 services, emergency room visits, and commitments to identify any increase in the services
58.30 provided or any increase in the number of visits or commitments. The office shall also obtain
58.31 summary data from existing first episode psychosis programs on the number of persons
58.32 served by the programs and number of persons on the waiting list. All information collected

59.1 by the office under this paragraph shall be included in the report required under paragraph
59.2 (f).

59.3 (f) The office shall conduct an annual market analysis on the status of the regulated
59.4 cannabis industry and submit a report of the findings. The office shall submit the report by
59.5 January 15, 2025, and each January 15 thereafter and the report may be combined with the
59.6 annual report submitted by the office. The process of completing the market analysis must
59.7 include holding public meetings to solicit the input of consumers, market stakeholders, and
59.8 potential new applicants and must include an assessment as to whether the office has issued
59.9 the necessary number of licenses in order to:

59.10 (1) ensure the sufficient supply of cannabis flower and cannabis products to meet demand;

59.11 (2) provide market stability;

59.12 (3) ensure a competitive market; and

59.13 (4) limit the sale of unregulated cannabis flower and cannabis products.

59.14 (g) The office shall submit an annual report to the legislature by January 15, 2024, and
59.15 each January 15 thereafter. The annual report shall include but not be limited to the following:

59.16 (1) the status of the regulated cannabis industry;

59.17 (2) the status of the illicit cannabis market and hemp consumer industry;

59.18 (3) the number of accidents, arrests, and convictions involving drivers who admitted to
59.19 using cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived
59.20 consumer products or who tested positive for cannabis or tetrahydrocannabinol;

59.21 (4) the change in potency, if any, of cannabis flower and cannabis products available
59.22 through the regulated market;

59.23 (5) progress on providing opportunities to individuals and communities that experienced
59.24 a disproportionate, negative impact from cannabis prohibition, including but not limited to
59.25 providing relief from criminal convictions and increasing economic opportunities;

59.26 (6) the status of racial and geographic diversity in the cannabis industry;

59.27 (7) proposed legislative changes, including but not limited to recommendations to
59.28 streamline licensing systems and related administrative processes;

59.29 (8) information on the adverse effects of second-hand smoke from any cannabis flower,
59.30 cannabis products, and hemp-derived consumer products that are consumed by the

60.1 combustion or vaporization of the product and the inhalation of smoke, aerosol, or vapor
60.2 from the product; and

60.3 (9) recommendations for the levels of funding for:

60.4 (i) a coordinated education program to address and raise public awareness about the top
60.5 three adverse health effects, as determined by the commissioner of health, associated with
60.6 the use of cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived
60.7 consumer products by individuals under 21 years of age;

60.8 (ii) a coordinated education program to educate pregnant individuals, breastfeeding
60.9 individuals, and individuals who may become pregnant on the adverse health effects of
60.10 cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived consumer
60.11 products;

60.12 (iii) training, technical assistance, and educational materials for home visiting programs,
60.13 Tribal home visiting programs, and child welfare workers regarding safe and unsafe use of
60.14 cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived consumer
60.15 products in homes with infants and young children;

60.16 (iv) model programs to educate middle school and high school students on the health
60.17 effects on children and adolescents of the use of cannabis flower, cannabis products,
60.18 lower-potency hemp edibles, hemp-derived consumer products, and other intoxicating or
60.19 controlled substances;

60.20 (v) grants issued through the CanTrain, CanNavigate, CanStartup, and CanGrow
60.21 programs;

60.22 (vi) grants to organizations for community development in social equity communities
60.23 through the CanRenew program;

60.24 (vii) training of peace officers and law enforcement agencies on changes to laws involving
60.25 cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived consumer
60.26 products and the law's impact on searches and seizures;

60.27 (viii) training of peace officers to increase the number of drug recognition experts;

60.28 (ix) training of peace officers on the cultural uses of sage and distinguishing use of sage
60.29 from the use of cannabis flower, including whether the Board of Peace Officer Standards
60.30 and Training should approve or develop training materials;

60.31 (x) the retirement and replacement of drug detection canines; and

61.1 (xi) the Department of Human Services and county social service agencies to address
61.2 any increase in demand for services.

61.3 (g) In developing the recommended funding levels under paragraph (f), clause (9), items
61.4 (vii) to (xi), the office shall consult with local law enforcement agencies, the Minnesota
61.5 Chiefs of Police Association, the Minnesota Sheriff's Association, the League of Minnesota
61.6 Cities, the Association of Minnesota Counties, and county social services agencies.

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

61.8 Sec. 61. Minnesota Statutes 2024, section 352.91, subdivision 3f, is amended to read:

61.9 Subd. 3f. **Additional Direct Care and Treatment personnel.** (a) "Covered correctional
61.10 service" means service by a state employee in one of the employment positions specified
61.11 in paragraph (b) in the state-operated forensic services program or the Minnesota Sex
61.12 Offender Program if at least 75 percent of the employee's working time is spent in direct
61.13 contact with patients and the determination of this direct contact is certified to the executive
61.14 director by the ~~commissioner of human services or~~ Direct Care and Treatment executive
61.15 board.

61.16 (b) The employment positions are:

61.17 (1) baker;

61.18 (2) behavior analyst 2;

61.19 (3) behavior analyst 3;

61.20 (4) certified occupational therapy assistant 1;

61.21 (5) certified occupational therapy assistant 2;

61.22 (6) client advocate;

61.23 (7) clinical program therapist 2;

61.24 (8) clinical program therapist 3;

61.25 (9) clinical program therapist 4;

61.26 (10) cook;

61.27 (11) culinary supervisor;

61.28 (12) customer services specialist principal;

61.29 (13) dental assistant registered;

- 62.1 (14) dental hygienist;
- 62.2 (15) food service worker;
- 62.3 (16) food services supervisor;
- 62.4 (17) group supervisor;
- 62.5 (18) group supervisor assistant;
- 62.6 (19) human services support specialist;
- 62.7 (20) licensed alcohol and drug counselor;
- 62.8 (21) licensed practical nurse;
- 62.9 (22) management analyst 3;
- 62.10 (23) music therapist;
- 62.11 (24) occupational therapist;
- 62.12 (25) occupational therapist, senior;
- 62.13 (26) physical therapist;
- 62.14 (27) psychologist 1;
- 62.15 (28) psychologist 2;
- 62.16 (29) psychologist 3;
- 62.17 (30) recreation program assistant;
- 62.18 (31) recreation therapist lead;
- 62.19 (32) recreation therapist senior;
- 62.20 (33) rehabilitation counselor senior;
- 62.21 (34) residential program lead;
- 62.22 (35) security supervisor;
- 62.23 (36) skills development specialist;
- 62.24 (37) social worker senior;
- 62.25 (38) social worker specialist;
- 62.26 (39) social worker specialist, senior;
- 62.27 (40) special education program assistant;

63.1 (41) speech pathology clinician;

63.2 (42) substance use disorder counselor senior;

63.3 (43) work therapy assistant; and

63.4 (44) work therapy program coordinator.

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

63.6 Sec. 62. Minnesota Statutes 2024, section 401.17, subdivision 1, is amended to read:

63.7 Subdivision 1. **Establishment; members.** (a) The commissioner must establish a
63.8 Community Supervision Advisory Committee to develop and make recommendations to
63.9 the commissioner on standards for probation, supervised release, and community supervision.

63.10 The committee consists of 19 members as follows:

63.11 (1) two directors appointed by the Minnesota Association of Community Corrections
63.12 Act Counties;

63.13 (2) two probation directors appointed by the Minnesota Association of County Probation
63.14 Officers;

63.15 (3) three county commissioner representatives appointed by the Association of Minnesota
63.16 Counties;

63.17 (4) two behavioral health, treatment, or programming providers who work directly with
63.18 individuals on correctional supervision, one appointed by the ~~Department of Human Services~~
63.19 Direct Care and Treatment executive board and one appointed by the Minnesota Association
63.20 of County Social Service Administrators;

63.21 (5) two representatives appointed by the Minnesota Indian Affairs Council;

63.22 (6) two commissioner-appointed representatives from the Department of Corrections;

63.23 (7) the chair of the statewide Evidence-Based Practice Advisory Committee;

63.24 (8) three individuals who have been supervised, either individually or collectively, under
63.25 each of the state's three community supervision delivery systems appointed by the
63.26 commissioner in consultation with the Minnesota Association of County Probation Officers
63.27 and the Minnesota Association of Community Corrections Act Counties;

63.28 (9) an advocate for victims of crime appointed by the commissioner; and

63.29 (10) a representative from a community-based research and advocacy entity appointed
63.30 by the commissioner.

64.1 (b) When an appointing authority selects an individual for membership on the committee,
64.2 the authority must make reasonable efforts to reflect geographic diversity and to appoint
64.3 qualified members of protected groups, as defined under section 43A.02, subdivision 33.

64.4 (c) Chapter 15 applies to the extent consistent with this section.

64.5 (d) The commissioner must convene the first meeting of the committee on or before
64.6 October 1, 2023.

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

64.8 Sec. 63. Minnesota Statutes 2024, section 507.071, subdivision 1, is amended to read:

64.9 Subdivision 1. **Definitions.** For the purposes of this section the following terms have
64.10 the meanings given:

64.11 (a) "Beneficiary" or "grantee beneficiary" means a person or entity named as a grantee
64.12 beneficiary in a transfer on death deed, including a successor grantee beneficiary.

64.13 (b) "County agency" means the county department or office designated to recover medical
64.14 assistance benefits from the estates of decedents.

64.15 (c) "Grantor owner" means an owner, whether individually, as a joint tenant, or as a
64.16 tenant in common, named as a grantor in a transfer on death deed upon whose death the
64.17 conveyance or transfer of the described real property is conditioned. Grantor owner does
64.18 not include a spouse who joins in a transfer on death deed solely for the purpose of conveying
64.19 or releasing statutory or other marital interests in the real property to be conveyed or
64.20 transferred by the transfer on death deed.

64.21 (d) "Owner" means a person having an ownership or other interest in all or part of the
64.22 real property to be conveyed or transferred by a transfer on death deed either at the time the
64.23 deed is executed or at the time the transfer becomes effective. Owner does not include a
64.24 spouse who joins in a transfer on death deed solely for the purpose of conveying or releasing
64.25 statutory or other marital interests in the real property to be conveyed or transferred by the
64.26 transfer on death deed.

64.27 (e) "Property" and "interest in real property" mean any interest in real property located
64.28 in this state which is transferable on the death of the owner and includes, without limitation,
64.29 an interest in real property defined in chapter 500, a mortgage, a deed of trust, a security
64.30 interest in, or a security pledge of, an interest in real property, including the rights to
64.31 payments of the indebtedness secured by the security instrument, a judgment, a tax lien,
64.32 both the seller's and purchaser's interest in a contract for deed, land contract, purchase

65.1 agreement, or earnest money contract for the sale and purchase of real property, including
65.2 the rights to payments under such contracts, or any other lien on, or interest in, real property.

65.3 (f) "Recorded" means recorded in the office of the county recorder or registrar of titles,
65.4 as appropriate for the real property described in the instrument to be recorded.

65.5 (g) "State agency" means the Department of Human Services or any successor agency
65.6 or Direct Care and Treatment or any successor agency.

65.7 (h) "Transfer on death deed" means a deed authorized under this section.

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

65.9 Sec. 64. Minnesota Statutes 2024, section 611.57, subdivision 2, is amended to read:

65.10 Subd. 2. **Membership.** (a) The Certification Advisory Committee consists of the
65.11 following members:

65.12 (1) a mental health professional, as defined in section 245I.02, subdivision 27, with
65.13 community behavioral health experience, appointed by the governor;

65.14 (2) a board-certified forensic psychiatrist with experience in competency evaluations,
65.15 providing competency attainment services, or both, appointed by the governor;

65.16 (3) a board-certified forensic psychologist with experience in competency evaluations,
65.17 providing competency attainment services, or both, appointed by the governor;

65.18 (4) the president of the Minnesota Corrections Association or a designee;

65.19 (5) the Direct Care and Treatment ~~deputy commissioner~~ chief executive officer or a
65.20 designee;

65.21 (6) the president of the Minnesota Association of County Social Service Administrators
65.22 or a designee;

65.23 (7) the president of the Minnesota Association of Community Mental Health Providers
65.24 or a designee;

65.25 (8) the president of the Minnesota Sheriffs' Association or a designee; and

65.26 (9) the executive director of the National Alliance on Mental Illness Minnesota or a
65.27 designee.

65.28 (b) Members of the advisory committee serve without compensation and at the pleasure
65.29 of the appointing authority. Vacancies shall be filled by the appointing authority consistent
65.30 with the qualifications of the vacating member required by this subdivision.

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

66.2 Sec. 65. Minnesota Statutes 2024, section 611.57, subdivision 4, is amended to read:

66.3 Subd. 4. **Duties.** The Certification Advisory Committee shall consult with the Department
66.4 of Human Services, the Department of Health, ~~and~~ the Department of Corrections, and
66.5 Direct Care and Treatment; make recommendations to the Minnesota Competency Attainment
66.6 Board regarding competency attainment curriculum, certification requirements for
66.7 competency attainment programs including jail-based programs, and certification of
66.8 individuals to provide competency attainment services; and provide information and
66.9 recommendations on other issues relevant to competency attainment as requested by the
66.10 board.

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

66.12 Sec. 66. Minnesota Statutes 2024, section 624.7131, subdivision 1, is amended to read:

66.13 Subdivision 1. **Information.** Any person may apply for a transferee permit by providing
66.14 the following information in writing to the chief of police of an organized full time police
66.15 department of the municipality in which the person resides or to the county sheriff if there
66.16 is no such local chief of police:

66.17 (1) the name, residence, telephone number, and driver's license number or
66.18 nonqualification certificate number, if any, of the proposed transferee;

66.19 (2) the sex, date of birth, height, weight, and color of eyes, and distinguishing physical
66.20 characteristics, if any, of the proposed transferee;

66.21 (3) a statement that the proposed transferee authorizes the release to the local police
66.22 authority of commitment information about the proposed transferee maintained by the
66.23 ~~commissioner of human services~~ Direct Care and Treatment executive board, to the extent
66.24 that the information relates to the proposed transferee's eligibility to possess a pistol or
66.25 semiautomatic military-style assault weapon under section 624.713, subdivision 1; and

66.26 (4) a statement by the proposed transferee that the proposed transferee is not prohibited
66.27 by section 624.713 from possessing a pistol or semiautomatic military-style assault weapon.

66.28 The statements shall be signed and dated by the person applying for a permit. At the
66.29 time of application, the local police authority shall provide the applicant with a dated receipt
66.30 for the application. The statement under clause (3) must comply with any applicable
66.31 requirements of Code of Federal Regulations, title 42, sections 2.31 to 2.35, with respect
66.32 to consent to disclosure of alcohol or drug abuse patient records.

67.1 Sec. 67. Minnesota Statutes 2024, section 624.7131, subdivision 2, is amended to read:

67.2 Subd. 2. **Investigation.** The chief of police or sheriff shall check criminal histories,
67.3 records and warrant information relating to the applicant through the Minnesota Crime
67.4 Information System, the national criminal record repository, and the National Instant Criminal
67.5 Background Check System. The chief of police or sheriff shall also make a reasonable effort
67.6 to check other available state and local record-keeping systems. The chief of police or sheriff
67.7 shall obtain commitment information from the ~~commissioner of human services~~ Direct Care
67.8 and Treatment executive board as provided in section 246C.15.

67.9 Sec. 68. Minnesota Statutes 2024, section 624.7132, subdivision 1, is amended to read:

67.10 Subdivision 1. **Required information.** Except as provided in this section and section
67.11 624.7131, every person who agrees to transfer a pistol or semiautomatic military-style
67.12 assault weapon shall report the following information in writing to the chief of police of
67.13 the organized full-time police department of the municipality where the proposed transferee
67.14 resides or to the appropriate county sheriff if there is no such local chief of police:

67.15 (1) the name, residence, telephone number, and driver's license number or
67.16 nonqualification certificate number, if any, of the proposed transferee;

67.17 (2) the sex, date of birth, height, weight, and color of eyes, and distinguishing physical
67.18 characteristics, if any, of the proposed transferee;

67.19 (3) a statement that the proposed transferee authorizes the release to the local police
67.20 authority of commitment information about the proposed transferee maintained by the
67.21 ~~commissioner of human services~~ Direct Care and Treatment executive board, to the extent
67.22 that the information relates to the proposed transferee's eligibility to possess a pistol or
67.23 semiautomatic military-style assault weapon under section 624.713, subdivision 1;

67.24 (4) a statement by the proposed transferee that the transferee is not prohibited by section
67.25 624.713 from possessing a pistol or semiautomatic military-style assault weapon; and

67.26 (5) the address of the place of business of the transferor.

67.27 The report shall be signed and dated by the transferor and the proposed transferee. The
67.28 report shall be delivered by the transferor to the chief of police or sheriff no later than three
67.29 days after the date of the agreement to transfer, excluding weekends and legal holidays.

67.30 The statement under clause (3) must comply with any applicable requirements of Code of
67.31 Federal Regulations, title 42, sections 2.31 to 2.35, with respect to consent to disclosure of
67.32 alcohol or drug abuse patient records.

68.1 Sec. 69. Minnesota Statutes 2024, section 624.7132, subdivision 2, is amended to read:

68.2 Subd. 2. **Investigation.** Upon receipt of a transfer report, the chief of police or sheriff
68.3 shall check criminal histories, records and warrant information relating to the proposed
68.4 transferee through the Minnesota Crime Information System, the national criminal record
68.5 repository, and the National Instant Criminal Background Check System. The chief of police
68.6 or sheriff shall also make a reasonable effort to check other available state and local
68.7 record-keeping systems. The chief of police or sheriff shall obtain commitment information
68.8 from the ~~commissioner of human services~~ Direct Care and Treatment executive board as
68.9 provided in section 246C.15.

68.10 Sec. 70. Minnesota Statutes 2024, section 624.714, subdivision 3, is amended to read:

68.11 Subd. 3. **Form and contents of application.** (a) Applications for permits to carry must
68.12 be an official, standardized application form, adopted under section 624.7151, and must set
68.13 forth in writing only the following information:

68.14 (1) the applicant's name, residence, telephone number, if any, and driver's license number
68.15 or state identification card number;

68.16 (2) the applicant's sex, date of birth, height, weight, and color of eyes and hair, and
68.17 distinguishing physical characteristics, if any;

68.18 (3) the township or statutory city or home rule charter city, and county, of all Minnesota
68.19 residences of the applicant in the last five years, though not including specific addresses;

68.20 (4) the township or city, county, and state of all non-Minnesota residences of the applicant
68.21 in the last five years, though not including specific addresses;

68.22 (5) a statement that the applicant authorizes the release to the sheriff of commitment
68.23 information about the applicant maintained by the ~~commissioner of human services~~ Direct
68.24 Care and Treatment executive board or any similar agency or department of another state
68.25 where the applicant has resided, to the extent that the information relates to the applicant's
68.26 eligibility to possess a firearm; and

68.27 (6) a statement by the applicant that, to the best of the applicant's knowledge and belief,
68.28 the applicant is not prohibited by law from possessing a firearm.

68.29 (b) The statement under paragraph (a), clause (5), must comply with any applicable
68.30 requirements of Code of Federal Regulations, title 42, sections 2.31 to 2.35, with respect
68.31 to consent to disclosure of alcohol or drug abuse patient records.

69.1 (c) An applicant must submit to the sheriff an application packet consisting only of the
69.2 following items:

69.3 (1) a completed application form, signed and dated by the applicant;

69.4 (2) an accurate photocopy of the certificate described in subdivision 2a, paragraph (c),
69.5 that is submitted as the applicant's evidence of training in the safe use of a pistol; and

69.6 (3) an accurate photocopy of the applicant's current driver's license, state identification
69.7 card, or the photo page of the applicant's passport.

69.8 (d) In addition to the other application materials, a person who is otherwise ineligible
69.9 for a permit due to a criminal conviction but who has obtained a pardon or expungement
69.10 setting aside the conviction, sealing the conviction, or otherwise restoring applicable rights,
69.11 must submit a copy of the relevant order.

69.12 (e) Applications must be submitted in person.

69.13 (f) The sheriff may charge a new application processing fee in an amount not to exceed
69.14 the actual and reasonable direct cost of processing the application or \$100, whichever is
69.15 less. Of this amount, \$10 must be submitted to the commissioner and deposited into the
69.16 general fund.

69.17 (g) This subdivision prescribes the complete and exclusive set of items an applicant is
69.18 required to submit in order to apply for a new or renewal permit to carry. The applicant
69.19 must not be asked or required to submit, voluntarily or involuntarily, any information, fees,
69.20 or documentation beyond that specifically required by this subdivision. This paragraph does
69.21 not apply to alternate training evidence accepted by the sheriff under subdivision 2a,
69.22 paragraph (d).

69.23 (h) Forms for new and renewal applications must be available at all sheriffs' offices and
69.24 the commissioner must make the forms available on the Internet.

69.25 (i) Application forms must clearly display a notice that a permit, if granted, is void and
69.26 must be immediately returned to the sheriff if the permit holder is or becomes prohibited
69.27 by law from possessing a firearm. The notice must list the applicable state criminal offenses
69.28 and civil categories that prohibit a person from possessing a firearm.

69.29 (j) Upon receipt of an application packet and any required fee, the sheriff must provide
69.30 a signed receipt indicating the date of submission.

70.1 Sec. 71. Minnesota Statutes 2024, section 624.714, subdivision 4, is amended to read:

70.2 Subd. 4. **Investigation.** (a) The sheriff must check, by means of electronic data transfer,
70.3 criminal records, histories, and warrant information on each applicant through the Minnesota
70.4 Crime Information System and the National Instant Criminal Background Check System.
70.5 The sheriff shall also make a reasonable effort to check other available and relevant federal,
70.6 state, or local record-keeping systems. The sheriff must obtain commitment information
70.7 from the ~~commissioner of human services~~ Direct Care and Treatment executive board as
70.8 provided in section 246C.15 or, if the information is reasonably available, as provided by
70.9 a similar statute from another state.

70.10 (b) When an application for a permit is filed under this section, the sheriff must notify
70.11 the chief of police, if any, of the municipality where the applicant resides. The police chief
70.12 may provide the sheriff with any information relevant to the issuance of the permit.

70.13 (c) The sheriff must conduct a background check by means of electronic data transfer
70.14 on a permit holder through the Minnesota Crime Information System and the National
70.15 Instant Criminal Background Check System at least yearly to ensure continuing eligibility.
70.16 The sheriff may also conduct additional background checks by means of electronic data
70.17 transfer on a permit holder at any time during the period that a permit is in effect.

70.18 Sec. 72. Minnesota Statutes 2024, section 631.40, subdivision 3, is amended to read:

70.19 Subd. 3. **Departments of Human Services; Children, Youth, and Families; and**
70.20 **Health licensees.** When a person who is affiliated with a program or facility ~~governed~~
70.21 licensed by the Department of Human Services; Department of Children, Youth, and
70.22 Families; or Department of Health is convicted of a disqualifying crime, the probation
70.23 officer or corrections agent shall notify the commissioner of the conviction, as provided in
70.24 chapter 245C.

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

70.26 Sec. 73. **REVISOR INSTRUCTION.**

70.27 (a) The revisor of statutes shall renumber Minnesota Statutes, section 252.50, subdivision
70.28 5, as Minnesota Statutes, section 246C.11, subdivision 4a.

70.29 (b) The revisor of statutes shall renumber Minnesota Statutes, section 252.52, as
70.30 Minnesota Statutes, section 246C.191.

70.31 (c) The revisor of statutes shall make necessary cross-reference changes consistent with
70.32 the renumbering in this section.

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

71.2 Sec. 74. **REPEALER.**

71.3 (a) Minnesota Statutes 2024, sections 245.4862; 246.015, subdivision 3; 246.50,
71.4 subdivision 2; and 246B.04, subdivision 1a, are repealed.

71.5 (b) Laws 2024, chapter 79, article 1, sections 15; 16; and 17, are repealed.

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

245.4862 MENTAL HEALTH URGENT CARE AND PSYCHIATRIC CONSULTATION.

Subdivision 1. **Mental health urgent care and psychiatric consultation.** The commissioner shall include mental health urgent care and psychiatric consultation services as part of, but not limited to, the redesign of six community-based behavioral health hospitals and the Anoka-Metro Regional Treatment Center. These services must not duplicate existing services in the region, and must be implemented as specified in subdivisions 3 to 7.

Subd. 2. **Definitions.** For purposes of this section:

(a) Mental health urgent care includes:

- (1) initial mental health screening;
- (2) mobile crisis assessment and intervention;
- (3) rapid access to psychiatry, including psychiatric evaluation, initial treatment, and short-term psychiatry;
- (4) nonhospital crisis stabilization residential beds; and
- (5) health care navigator services that include, but are not limited to, assisting uninsured individuals in obtaining health care coverage.

(b) Psychiatric consultation services includes psychiatric consultation to primary care practitioners.

Subd. 3. **Rapid access to psychiatry.** The commissioner shall develop rapid access to psychiatric services based on the following criteria:

- (1) the individuals who receive the psychiatric services must be at risk of hospitalization and otherwise unable to receive timely services;
- (2) where clinically appropriate, the service may be provided via interactive video where the service is provided in conjunction with an emergency room, a local crisis service, or a primary care or behavioral care practitioner; and
- (3) the commissioner may integrate rapid access to psychiatry with the psychiatric consultation services in subdivision 4.

Subd. 4. **Collaborative psychiatric consultation.** (a) The commissioner shall establish a collaborative psychiatric consultation service based on the following criteria:

- (1) the service may be available via telephone, interactive video, email, or other means of communication to emergency rooms, local crisis services, mental health professionals, and primary care practitioners, including pediatricians;
- (2) the service shall be provided by a multidisciplinary team including, at a minimum, a child and adolescent psychiatrist, an adult psychiatrist, and a licensed clinical social worker;
- (3) the service shall include a triage-level assessment to determine the most appropriate response to each request, including appropriate referrals to other mental health professionals, as well as provision of rapid psychiatric access when other appropriate services are not available;
- (4) the first priority for this service is to provide the consultations required under section 256B.0625, subdivision 13j; and
- (5) the service must encourage use of cognitive and behavioral therapies and other evidence-based treatments in addition to or in place of medication, where appropriate.

(b) The commissioner shall appoint an interdisciplinary work group to establish appropriate medication and psychotherapy protocols to guide the consultative process, including consultation with the Drug Utilization Review Board, as provided in section 256B.0625, subdivision 13j.

Subd. 5. **Phased availability.** (a) The commissioner may phase in the availability of mental health urgent care services based on the limits of appropriations and the commissioner's determination of level of need and cost-effectiveness.

(b) For subdivisions 3 and 4, the first phase must focus on adults in Hennepin and Ramsey Counties and children statewide who are affected by section 256B.0625, subdivision 13j, and must include tracking of costs for the services provided and associated impacts on utilization of inpatient, emergency room, and other services.

Subd. 6. **Limited appropriations.** The commissioner shall maximize use of available health care coverage for the services provided under this section. The commissioner's responsibility to provide these services for individuals without health care coverage must not exceed the appropriations for this section.

Subd. 7. **Flexible implementation.** To implement this section, the commissioner shall select the structure and funding method that is the most cost-effective for each county or group of counties. This may include grants, contracts, service agreements with the Direct Care and Treatment executive board, and public-private partnerships. Where feasible, the commissioner shall make any grants under this section a part of the integrated adult mental health initiative grants under section 245.4661.

246.015 CONSULTATIVE SERVICES; AFTERCARE OF PATIENTS.

Subd. 3. **Authorization.** The Direct Care and Treatment executive board may authorize state-operated services to provide consultative services for courts, state welfare agencies, and supervise the placement and aftercare of patients, on a fee-for-service basis as defined in section 246.50, provisionally or otherwise discharged from a state-operated services facility. State-operated services may also promote and conduct programs of education relating to mental health. The executive board shall administer, expend, and distribute federal funds which may be made available to the state and other funds not appropriated by the legislature, which may be made available to the state for mental health purposes.

246.50 CARE OF CLIENTS AT STATE FACILITIES; DEFINITIONS.

Subd. 2. **Commissioner.** "Commissioner" means the commissioner of human services of the state of Minnesota.

246B.04 RULES; EVALUATION.

Subd. 1a. **Program evaluation.** The executive board shall establish an evaluation process to measure outcomes and behavioral changes as a result of treatment compared with incarceration without treatment to determine the value, if any, of treatment in protecting the public.

Laws 2024, chapter 79, article 1, section 15

Sec. 15. Minnesota Statutes 2022, section 246.41, subdivision 1, is amended to read:

Subdivision 1. **Acceptance.** ~~The commissioner of human services executive board~~ is authorized to accept, for and ~~in~~ on behalf of the state, contributions of money for the use and benefit of persons with developmental disabilities.

Laws 2024, chapter 79, article 1, section 16

Sec. 16. Minnesota Statutes 2022, section 246.41, subdivision 2, is amended to read:

Subd. 2. **Special welfare fund.** ~~The executive board shall deposit any money so received by the commissioner shall be deposited~~ executive board under paragraph (a) with the commissioner of management and budget in a special welfare fund, which fund is to be used by the commissioner of human services executive board for the benefit of persons with developmental disabilities within the state, including those within state hospitals. And, without excluding other possible uses, Allowable uses of the money by the executive board include but are not limited to research relating to persons with developmental disabilities shall be considered an appropriate use of such funds; but such funds shall not be used for must not include creation of any structures or installations which by their nature would require state expenditures for their ongoing operation or maintenance without specific legislative enactment therefor for such a project.

Laws 2024, chapter 79, article 1, section 17

Sec. 17. Minnesota Statutes 2022, section 246.41, subdivision 3, is amended to read:

Subd. 3. **Appropriation.** ~~There is hereby appropriated from~~ The amount in the special welfare fund in the state treasury to such persons as are entitled thereto to carry out the provisions stated ~~in~~ is annually appropriated to the executive board for the purposes of this section.