

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

**S.F. No. 2443**

(SENATE AUTHORS: 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 provisions relating to aging and disability

1.3 services, behavioral health, Direct Care and Treatment, health care administration,

1.4 the Office of the Inspector General, licensing and disqualification, and department

1.5 operations; establishing human services programs criminal penalties; establishing

1.6 the intermediate school district behavioral health grant program; correcting

1.7 cross-references and making conforming and technical changes; amending

1.8 Minnesota Statutes 2024, sections 13.46, subdivisions 3, 4; 15.471, subdivision

1.9 6; 16A.103, subdivision 1j; 62J.495, subdivision 2; 62M.17, subdivision 2;

1.10 97A.441, subdivision 3; 142B.10, subdivision 14; 142B.30, subdivision 1; 142B.51,

1.11 subdivision 2; 142B.65, subdivision 8; 142B.66, subdivision 3; 142B.70,

1.12 subdivision 7; 142C.06, by adding a subdivision; 142C.11, subdivision 8; 142C.12,

1.13 subdivision 1; 142E.51, subdivisions 5, 6; 144.53; 144.651, subdivisions 2, 4, 20,

1.14 31, 32; 144A.07; 146A.08, subdivision 4; 147.091, subdivision 6; 147A.13,

1.15 subdivision 6; 148.10, subdivision 1; 148.261, subdivision 5; 148.754; 148B.5905;

1.16 148F.09, subdivision 6; 150A.08, subdivision 6; 151.071, subdivision 10; 153.21,

1.17 subdivision 2; 153B.70; 168.012, subdivision 1; 244.052, subdivision 4; 245.4871,

1.18 subdivision 4, by adding a subdivision; 245.4881, subdivision 3; 245.50, subdivision

1.19 2; 245.91, subdivision 2; 245A.04, subdivisions 1, 7; 245A.16, subdivision 1;

1.20 245A.18, subdivision 1; 245A.242, subdivision 2; 245C.05, by adding a

1.21 subdivision; 245C.08, subdivision 3; 245C.22, subdivision 5; 245D.02, subdivision

1.22 4a; 245G.05, subdivision 1; 245G.06, subdivisions 1, 2a, 3a; 245G.07, subdivision

1.23 2; 245G.08, subdivision 6; 245G.09, subdivision 3; 245G.11, subdivision 11;

1.24 245G.18, subdivision 2; 245G.19, subdivision 4, by adding a subdivision; 245G.22,

1.25 subdivisions 1, 14, 15; 246.585; 246C.06, subdivision 11; 246C.12, subdivision

1.26 6; 246C.20; 252.291, subdivision 3; 252.43; 252.46, subdivision 1a; 252.50,

1.27 subdivision 5; 253B.09, subdivision 3a; 253B.10, subdivision 1; 256.01,

1.28 subdivisions 2, 5; 256.019, subdivision 1; 256.0281; 256.0451, subdivisions 1, 3,

1.29 6, 8, 9, 18, 22, 23, 24; 256.4825; 256.93, subdivision 1; 256.98, subdivisions 1,

1.30 7; 256B.0625, subdivision 25c; 256B.092, subdivisions 1a, 10, 11a; 256B.12;

1.31 256B.49, subdivisions 13, 29; 256G.09, subdivisions 4, 5; 299F.77, subdivision

1.32 2; 342.04; 352.91, subdivision 3f; 401.17, subdivision 1; 480.40, subdivision 1;

1.33 507.071, subdivision 1; 611.57, subdivisions 2, 4; 624.7131, subdivisions 1, 2;

1.34 624.7132, subdivisions 1, 2; 624.714, subdivisions 3, 4; 631.40, subdivision 3;

1.35 proposing coding for new law in Minnesota Statutes, chapters 245; 246C; 609;

1.36 repealing Minnesota Statutes 2024, sections 245.4862; 245A.11, subdivision 8;

1.37 246.015, subdivision 3; 246.50, subdivision 2; 246B.04, subdivision 1a; Laws

1.38 2024, chapter 79, article 1, sections 15; 16; 17.

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

2.2

## ARTICLE 1

2.3

### AGING AND DISABILITY SERVICES

2.4 Section 1. Minnesota Statutes 2024, section 252.43, is amended to read:

2.5 **252.43 COMMISSIONER'S DUTIES.**

2.6 (a) The commissioner shall supervise lead agencies' provision of day services to adults  
2.7 with disabilities. The commissioner shall:

2.8 (1) determine the need for day programs, except for adult day services, under sections  
2.9 256B.4914 and 252.41 to 252.46 operated in a day services facility licensed under sections  
2.10 245D.27 to 245D.31;

2.11 (2) establish payment rates as provided under section 256B.4914;

2.12 (3) adopt rules for the administration and provision of day services under sections  
2.13 245A.01 to 245A.16; 252.28, subdivision 2; or 252.41 to 252.46; or Minnesota Rules, parts  
2.14 9525.1200 to 9525.1330;

2.15 (4) enter into interagency agreements necessary to ensure effective coordination and  
2.16 provision of day services;

2.17 (5) monitor and evaluate the costs and effectiveness of day services; and

2.18 (6) provide information and technical help to lead agencies and vendors in their  
2.19 administration and provision of day services.

2.20 (b) A determination of need in paragraph (a), clause (1), shall not be required for a  
2.21 change in day service provider name or ownership.

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

2.23 Sec. 2. Minnesota Statutes 2024, section 252.46, subdivision 1a, is amended to read:

2.24 Subd. 1a. **Day training and habilitation rates.** The commissioner shall establish a  
2.25 statewide rate-setting methodology rates for all day training and habilitation services and  
2.26 for transportation delivered as a part of day training and habilitation services as provided  
2.27 under section 256B.4914. The rate-setting methodology must abide by the principles of  
2.28 transparency and equitability across the state. The methodology must involve a uniform  
2.29 process of structuring rates for each service and must promote quality and participant choice.

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

3.1 Sec. 3. Minnesota Statutes 2024, section 256B.092, subdivision 1a, is amended to read:

3.2 Subd. 1a. **Case management services.** (a) Each recipient of a home and community-based  
3.3 waiver shall be provided case management services by qualified vendors as described in  
3.4 the federally approved waiver application.

3.5 (b) Case management service activities provided to or arranged for a person include:

3.6 (1) development of the person-centered support plan under subdivision 1b;

3.7 (2) informing the individual or the individual's legal guardian or conservator, or parent  
3.8 if the person is a minor, of service options, including all service options available under the  
3.9 waiver plan;

3.10 (3) consulting with relevant medical experts or service providers;

3.11 (4) assisting the person in the identification of potential providers of chosen services,  
3.12 including:

3.13 (i) providers of services provided in a non-disability-specific setting;

3.14 (ii) employment service providers;

3.15 (iii) providers of services provided in settings that are not controlled by a provider; and

3.16 (iv) providers of financial management services;

3.17 (5) assisting the person to access services and assisting in appeals under section 256.045;

3.18 (6) coordination of services, if coordination is not provided by another service provider;

3.19 (7) evaluation and monitoring of the services identified in the support plan, which must  
3.20 incorporate at least one annual face-to-face visit by the case manager with each person; and

3.21 (8) reviewing support plans and providing the lead agency with recommendations for  
3.22 service authorization based upon the individual's needs identified in the support plan.

3.23 (c) Case management service activities that are provided to the person with a  
3.24 developmental disability shall be provided directly by county agencies or under contract.  
3.25 If a county agency contracts for case management services, the county agency must provide  
3.26 each recipient of home and community-based services who is receiving contracted case  
3.27 management services with the contact information the recipient may use to file a grievance  
3.28 with the county agency about the quality of the contracted services the recipient is receiving  
3.29 from a county-contracted case manager. If a county agency provides case management  
3.30 under contracts with other individuals or agencies and the county agency utilizes a  
3.31 competitive proposal process for the procurement of contracted case management services,

4.1 the competitive proposal process must include evaluation criteria to ensure that the county  
4.2 maintains a culturally responsive program for case management services adequate to meet  
4.3 the needs of the population of the county. For the purposes of this section, "culturally  
4.4 responsive program" means a case management services program that: (1) ensures effective,  
4.5 equitable, comprehensive, and respectful quality care services that are responsive to  
4.6 individuals within a specific population's values, beliefs, practices, health literacy, preferred  
4.7 language, and other communication needs; and (2) is designed to address the unique needs  
4.8 of individuals who share a common language or racial, ethnic, or social background.

4.9 (d) Case management services must be provided by a public or private agency that is  
4.10 enrolled as a medical assistance provider determined by the commissioner to meet all of  
4.11 the requirements in the approved federal waiver plans. Case management services must not  
4.12 be provided to a recipient by a private agency that has a financial interest in the provision  
4.13 of any other services included in the recipient's support plan. For purposes of this section,  
4.14 "private agency" means any agency that is not identified as a lead agency under section  
4.15 256B.0911, subdivision 10.

4.16 (e) Case managers are responsible for service provisions listed in paragraphs (a) and  
4.17 (b). Case managers shall collaborate with consumers, families, legal representatives, and  
4.18 relevant medical experts and service providers in the development and annual review of the  
4.19 person-centered support plan and habilitation plan.

4.20 (f) For persons who need a positive support transition plan as required in chapter 245D,  
4.21 the case manager shall participate in the development and ongoing evaluation of the plan  
4.22 with the expanded support team. At least quarterly, the case manager, in consultation with  
4.23 the expanded support team, shall evaluate the effectiveness of the plan based on progress  
4.24 evaluation data submitted by the licensed provider to the case manager. The evaluation must  
4.25 identify whether the plan has been developed and implemented in a manner to achieve the  
4.26 following within the required timelines:

4.27 (1) phasing out the use of prohibited procedures;

4.28 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's  
4.29 timeline; and

4.30 (3) accomplishment of identified outcomes.

4.31 If adequate progress is not being made, the case manager shall consult with the person's  
4.32 expanded support team to identify needed modifications and whether additional professional  
4.33 support is required to provide consultation.

5.1 (g) The Department of Human Services shall offer ongoing education in case management  
5.2 to case managers. Case managers shall receive no less than 20 hours of case management  
5.3 education and disability-related training each year. The education and training must include  
5.4 person-centered planning, informed choice, informed decision making, cultural competency,  
5.5 employment planning, community living planning, self-direction options, and use of  
5.6 technology supports. Case managers must annually pass a competency evaluation, in a form  
5.7 determined by the commissioner, on informed decision-making topics. By August 1, 2024,  
5.8 all case managers must complete an employment support training course identified by the  
5.9 commissioner of human services. For case managers hired after August 1, 2024, this training  
5.10 must be completed within the first six months of providing case management services. For  
5.11 the purposes of this section, "person-centered planning" or "person-centered" has the meaning  
5.12 given in section 256B.0911, subdivision 10. Case managers must document completion of  
5.13 training in a system identified by the commissioner.

5.14 **EFFECTIVE DATE.** This section is effective August 1, 2025.

5.15 Sec. 4. Minnesota Statutes 2024, section 256B.092, subdivision 11a, is amended to read:

5.16 Subd. 11a. **Residential support services criteria.** (a) For the purposes of this subdivision,  
5.17 "residential support services" means the following residential support services reimbursed  
5.18 under section 256B.4914: community residential services, customized living services, and  
5.19 24-hour customized living services.

5.20 (b) In order to increase independent living options for people with disabilities and in  
5.21 accordance with section 256B.4905, subdivisions ~~3 and 4~~ 7 and 8, and consistent with  
5.22 section 245A.03, subdivision 7, the commissioner must establish and implement criteria to  
5.23 access residential support services. The criteria for accessing residential support services  
5.24 must prohibit the commissioner from authorizing residential support services unless at least  
5.25 all of the following conditions are met:

5.26 (1) the individual has complex behavioral health or complex medical needs; and

5.27 (2) the individual's service planning team has considered all other available residential  
5.28 service options and determined that those options are inappropriate to meet the individual's  
5.29 support needs.

5.30 (c) Nothing in this subdivision shall be construed as permitting the commissioner to  
5.31 establish criteria prohibiting the authorization of residential support services for individuals  
5.32 described in the statewide priorities established in subdivision 12, the transition populations

6.1 in subdivision 13, and the licensing moratorium exception criteria under section 245A.03,  
6.2 subdivision 7, paragraph (a).

6.3 (d) Individuals with active service agreements for residential support services on the  
6.4 date that the criteria for accessing residential support services become effective are exempt  
6.5 from the requirements of this subdivision, and the exemption from the criteria for accessing  
6.6 residential support services continues to apply for renewals of those service agreements.

6.7 **EFFECTIVE DATE.** This section is effective 90 days following federal approval of  
6.8 Laws 2021, First Special Session chapter 7, article 13, section 18.

6.9 Sec. 5. Minnesota Statutes 2024, section 256B.49, subdivision 13, is amended to read:

6.10 Subd. 13. **Case management.** (a) Each recipient of a home and community-based waiver  
6.11 shall be provided case management services by qualified vendors as described in the federally  
6.12 approved waiver application. The case management service activities provided must include:

6.13 (1) finalizing the person-centered written support plan within the timelines established  
6.14 by the commissioner and section 256B.0911, subdivision 29;

6.15 (2) informing the recipient or the recipient's legal guardian or conservator of service  
6.16 options, including all service options available under the waiver plans;

6.17 (3) assisting the recipient in the identification of potential service providers of chosen  
6.18 services, including:

6.19 (i) available options for case management service and providers;

6.20 (ii) providers of services provided in a non-disability-specific setting;

6.21 (iii) employment service providers;

6.22 (iv) providers of services provided in settings that are not community residential settings;

6.23 and

6.24 (v) providers of financial management services;

6.25 (4) assisting the recipient to access services and assisting with appeals under section  
6.26 256.045; and

6.27 (5) coordinating, evaluating, and monitoring of the services identified in the service  
6.28 plan.

6.29 (b) The case manager may delegate certain aspects of the case management service  
6.30 activities to another individual provided there is oversight by the case manager. The case  
6.31 manager may not delegate those aspects which require professional judgment including:

7.1 (1) finalizing the person-centered support plan;

7.2 (2) ongoing assessment and monitoring of the person's needs and adequacy of the  
7.3 approved person-centered support plan; and

7.4 (3) adjustments to the person-centered support plan.

7.5 (c) Case management services must be provided by a public or private agency that is  
7.6 enrolled as a medical assistance provider determined by the commissioner to meet all of  
7.7 the requirements in the approved federal waiver plans. If a county agency provides case  
7.8 management under contracts with other individuals or agencies and the county agency  
7.9 utilizes a competitive proposal process for the procurement of contracted case management  
7.10 services, the competitive proposal process must include evaluation criteria to ensure that  
7.11 the county maintains a culturally responsive program for case management services adequate  
7.12 to meet the needs of the population of the county. For the purposes of this section, "culturally  
7.13 responsive program" means a case management services program that: (1) ensures effective,  
7.14 equitable, comprehensive, and respectful quality care services that are responsive to  
7.15 individuals within a specific population's values, beliefs, practices, health literacy, preferred  
7.16 language, and other communication needs; and (2) is designed to address the unique needs  
7.17 of individuals who share a common language or racial, ethnic, or social background.

7.18 (d) Case management services must not be provided to a recipient by a private agency  
7.19 that has any financial interest in the provision of any other services included in the recipient's  
7.20 support plan. For purposes of this section, "private agency" means any agency that is not  
7.21 identified as a lead agency under section 256B.0911, subdivision 10.

7.22 (e) For persons who need a positive support transition plan as required in chapter 245D,  
7.23 the case manager shall participate in the development and ongoing evaluation of the plan  
7.24 with the expanded support team. At least quarterly, the case manager, in consultation with  
7.25 the expanded support team, shall evaluate the effectiveness of the plan based on progress  
7.26 evaluation data submitted by the licensed provider to the case manager. The evaluation must  
7.27 identify whether the plan has been developed and implemented in a manner to achieve the  
7.28 following within the required timelines:

7.29 (1) phasing out the use of prohibited procedures;

7.30 (2) acquisition of skills needed to eliminate the prohibited procedures within the plan's  
7.31 timeline; and

7.32 (3) accomplishment of identified outcomes.

8.1 If adequate progress is not being made, the case manager shall consult with the person's  
 8.2 expanded support team to identify needed modifications and whether additional professional  
 8.3 support is required to provide consultation.

8.4 (f) The Department of Human Services shall offer ongoing education in case management  
 8.5 to case managers. Case managers shall receive no less than 20 hours of case management  
 8.6 education and disability-related training each year. The education and training must include  
 8.7 person-centered planning, informed choice, informed decision making, cultural competency,  
 8.8 employment planning, community living planning, self-direction options, and use of  
 8.9 technology supports. Case managers must annually pass a competency evaluation, in a form  
 8.10 determined by the commissioner, on informed decision-making topics. By August 1, 2024,  
 8.11 all case managers must complete an employment support training course identified by the  
 8.12 commissioner of human services. For case managers hired after August 1, 2024, this training  
 8.13 must be completed within the first six months of providing case management services. For  
 8.14 the purposes of this section, "person-centered planning" or "person-centered" has the meaning  
 8.15 given in section 256B.0911, subdivision 10. Case managers shall document completion of  
 8.16 training in a system identified by the commissioner.

8.17 **EFFECTIVE DATE.** This section is effective August 1, 2025.

8.18 Sec. 6. Minnesota Statutes 2024, section 256B.49, subdivision 29, is amended to read:

8.19 Subd. 29. **Residential support services criteria.** (a) For the purposes of this subdivision,  
 8.20 "residential support services" means the following residential support services reimbursed  
 8.21 under section 256B.4914: community residential services, customized living services, and  
 8.22 24-hour customized living services.

8.23 (b) In order to increase independent living options for people with disabilities and in  
 8.24 accordance with section 256B.4905, subdivisions ~~3 and 4~~ 7 and 8, and consistent with  
 8.25 section 245A.03, subdivision 7, the commissioner must establish and implement criteria to  
 8.26 access residential support services. The criteria for accessing residential support services  
 8.27 must prohibit the commissioner from authorizing residential support services unless at least  
 8.28 all of the following conditions are met:

8.29 (1) the individual has complex behavioral health or complex medical needs; and

8.30 (2) the individual's service planning team has considered all other available residential  
 8.31 service options and determined that those options are inappropriate to meet the individual's  
 8.32 support needs.



9.1 (c) Nothing in this subdivision shall be construed as permitting the commissioner to  
 9.2 establish criteria prohibiting the authorization of residential support services for individuals  
 9.3 described in the statewide priorities established in subdivision ~~12~~ 11a, the transition  
 9.4 populations in subdivision ~~13~~ 24, and the licensing moratorium exception criteria under  
 9.5 section 245A.03, subdivision 7, paragraph (a).

9.6 ~~(e)~~ (d) Individuals with active service agreements for residential support services on the  
 9.7 date that the criteria for accessing residential support services become effective are exempt  
 9.8 from the requirements of this subdivision, and the exemption from the criteria for accessing  
 9.9 residential support services continues to apply for renewals of those service agreements.

9.10 **EFFECTIVE DATE.** This section is effective 90 days following federal approval of  
 9.11 Laws 2021, First Special Session chapter 7, article 13, section 30.

## 9.12 **ARTICLE 2**

### 9.13 **BEHAVIORAL HEALTH**

9.14 Section 1. Minnesota Statutes 2024, section 245.4871, subdivision 4, is amended to read:

9.15 Subd. 4. **Case management service provider.** (a) "Case management service provider"  
 9.16 means a case manager or case manager associate employed by the county or other entity  
 9.17 authorized by the county board to provide case management services specified in subdivision  
 9.18 3 for the child with severe emotional disturbance and the child's family.

9.19 (b) A case manager must:

9.20 (1) have experience and training in working with children;

9.21 (2) be a mental health practitioner under section 245I.04, subdivision 4, or have at least  
 9.22 a bachelor's degree in one of the behavioral sciences or a related field including, but not  
 9.23 limited to, social work, psychology, or nursing from an accredited college or university or  
 9.24 meet the requirements of paragraph (d);

9.25 (3) have experience and training in identifying and assessing a wide range of children's  
 9.26 needs;

9.27 (4) be knowledgeable about local community resources and how to use those resources  
 9.28 for the benefit of children and their families; and

9.29 (5) meet the supervision and continuing education requirements of paragraphs (e), (f),  
 9.30 and (g), as applicable.

10.1 (c) A case manager may be a member of any professional discipline that is part of the  
10.2 local system of care for children established by the county board.

10.3 (d) A case manager ~~without~~ who is not a mental health practitioner and does not have  
10.4 a bachelor's degree must meet one of the requirements in clauses (1) to (3):

10.5 (1) have three or four years of experience as a case manager associate;

10.6 (2) be a registered nurse without a bachelor's degree who has a combination of specialized  
10.7 training in psychiatry and work experience consisting of community interaction and  
10.8 involvement or community discharge planning in a mental health setting totaling three years;  
10.9 or

10.10 (3) be a person who qualified as a case manager under the 1998 Department of Human  
10.11 Services waiver provision and meets the continuing education, supervision, and mentoring  
10.12 requirements in this section.

10.13 (e) A case manager with at least 2,000 hours of supervised experience in the delivery  
10.14 of mental health services to children must receive regular ongoing supervision and clinical  
10.15 supervision totaling 38 hours per year, of which at least one hour per month must be clinical  
10.16 supervision regarding individual service delivery with a case management supervisor. The  
10.17 other 26 hours of supervision may be provided by a case manager with two years of  
10.18 experience. Group supervision may not constitute more than one-half of the required  
10.19 supervision hours.

10.20 (f) A case manager without 2,000 hours of supervised experience in the delivery of  
10.21 mental health services to children with emotional disturbance must:

10.22 (1) begin 40 hours of training approved by the commissioner of human services in case  
10.23 management skills and in the characteristics and needs of children with severe emotional  
10.24 disturbance before beginning to provide case management services; and

10.25 (2) receive clinical supervision regarding individual service delivery from a mental  
10.26 health professional at least one hour each week until the requirement of 2,000 hours of  
10.27 experience is met.

10.28 (g) A case manager who is not licensed, registered, or certified by a health-related  
10.29 licensing board must receive 30 hours of continuing education and training in severe  
10.30 emotional disturbance and mental health services every two years.

10.31 (h) Clinical supervision must be documented in the child's record. When the case manager  
10.32 is not a mental health professional, the county board must provide or contract for needed  
10.33 clinical supervision.

11.1 (i) The county board must ensure that the case manager has the freedom to access and  
11.2 coordinate the services within the local system of care that are needed by the child.

11.3 (j) A case manager associate (CMA) must:

11.4 (1) work under the direction of a case manager or case management supervisor;

11.5 (2) be at least 21 years of age;

11.6 (3) have at least a high school diploma or its equivalent; and

11.7 (4) meet one of the following criteria:

11.8 (i) have an associate of arts degree in one of the behavioral sciences or human services;

11.9 (ii) be a registered nurse without a bachelor's degree;

11.10 (iii) have three years of life experience as a primary caregiver to a child with serious  
11.11 emotional disturbance as defined in subdivision 6 within the previous ten years;

11.12 (iv) have 6,000 hours work experience as a nondegreed state hospital technician; or

11.13 (v) have 6,000 hours of supervised work experience in the delivery of mental health  
11.14 services to children with emotional disturbances; hours worked as a mental health behavioral  
11.15 aide I or II under section 256B.0943, subdivision 7, may count toward the 6,000 hours of  
11.16 supervised work experience.

11.17 Individuals meeting one of the criteria in items (i) to (iv) may qualify as a case manager  
11.18 after four years of supervised work experience as a case manager associate. Individuals  
11.19 meeting the criteria in item (v) may qualify as a case manager after three years of supervised  
11.20 experience as a case manager associate.

11.21 (k) Case manager associates must meet the following supervision, mentoring, and  
11.22 continuing education requirements;

11.23 (1) have 40 hours of preservice training described under paragraph (f), clause (1);

11.24 (2) receive at least 40 hours of continuing education in severe emotional disturbance  
11.25 and mental health service annually; and

11.26 (3) receive at least five hours of mentoring per week from a case management mentor.

11.27 A "case management mentor" means a qualified, practicing case manager or case management  
11.28 supervisor who teaches or advises and provides intensive training and clinical supervision  
11.29 to one or more case manager associates. Mentoring may occur while providing direct services  
11.30 to consumers in the office or in the field and may be provided to individuals or groups of

12.1 case manager associates. At least two mentoring hours per week must be individual and  
12.2 face-to-face.

12.3 (l) A case management supervisor must meet the criteria for a mental health professional  
12.4 as specified in subdivision 27.

12.5 (m) An immigrant who does not have the qualifications specified in this subdivision  
12.6 may provide case management services to child immigrants with severe emotional  
12.7 disturbance of the same ethnic group as the immigrant if the person:

12.8 (1) is currently enrolled in and is actively pursuing credits toward the completion of a  
12.9 bachelor's degree in one of the behavioral sciences or related fields at an accredited college  
12.10 or university;

12.11 (2) completes 40 hours of training as specified in this subdivision; and

12.12 (3) receives clinical supervision at least once a week until the requirements of obtaining  
12.13 a bachelor's degree and 2,000 hours of supervised experience are met.

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

12.15 Sec. 2. Minnesota Statutes 2024, section 245.4871, is amended by adding a subdivision  
12.16 to read:

12.17 **Subd. 7a. Clinical supervision.** "Clinical supervision" means the oversight responsibility  
12.18 for individual treatment plans and individual mental health service delivery, including  
12.19 oversight provided by the case manager. Clinical supervision must be provided by a mental  
12.20 health professional. The supervising mental health professional must cosign an individual  
12.21 treatment plan, and their name must be documented in the client's record.

12.22 Sec. 3. Minnesota Statutes 2024, section 245.4881, subdivision 3, is amended to read:

12.23 **Subd. 3. Duties of case manager.** (a) Upon a determination of eligibility for case  
12.24 management services, the case manager shall develop an individual family community  
12.25 support plan for a child as specified in subdivision 4, review the child's progress, ~~and~~ monitor  
12.26 the provision of services, and if the child and parent or legal guardian consent, complete a  
12.27 written functional assessment as defined by section 245.4871, subdivision 18a. If services  
12.28 are to be provided in a host county that is not the county of financial responsibility, the case  
12.29 manager shall consult with the host county and obtain a letter demonstrating the concurrence  
12.30 of the host county regarding the provision of services.

13.1 (b) The case manager shall note in the child's record the services needed by the child  
 13.2 and the child's family, the services requested by the family, services that are not available,  
 13.3 and the unmet needs of the child and child's family. The case manager shall note this  
 13.4 provision in the child's record.

13.5 **Sec. 4. [245.4904] INTERMEDIATE SCHOOL DISTRICT BEHAVIORAL HEALTH**  
 13.6 **GRANT PROGRAM.**

13.7 **Subdivision 1. Establishment.** The commissioner of human services must establish a  
 13.8 grant program to improve behavioral health outcomes for youth attending a qualifying  
 13.9 school unit and to build the capacity of schools to support student and teacher needs in the  
 13.10 classroom. For the purposes of this section, "qualifying school unit" means an intermediate  
 13.11 school district organized under section 136D.01.

13.12 **Subd. 2. Eligible applicants.** An eligible applicant is an intermediate school district  
 13.13 organized under section 136D.01, and a partner entity or provider that has demonstrated  
 13.14 capacity to serve the youth identified in subdivision 1 that is:

13.15 (1) a mental health clinic certified under section 245I.20;

13.16 (2) a community mental health center under section 256B.0625, subdivision 5;

13.17 (3) an Indian health service facility or a facility owned and operated by a Tribe or Tribal  
 13.18 organization operating under United States Code, title 25, section 5321;

13.19 (4) a provider of children's therapeutic services and supports as defined in section  
 13.20 256B.0943;

13.21 (5) enrolled in medical assistance as a mental health or substance use disorder provider  
 13.22 agency and employs at least two full-time equivalent mental health professionals qualified  
 13.23 according to section 245I.04, subdivision 2, or two alcohol and drug counselors licensed or  
 13.24 exempt from licensure under chapter 148F who are qualified to provide clinical services to  
 13.25 children and families;

13.26 (6) licensed under chapter 245G and in compliance with the applicable requirements in  
 13.27 chapters 245A, 245C, and 260E; section 626.557; and Minnesota Rules, chapter 9544; or

13.28 (7) a licensed professional in private practice as defined in section 245G.01, subdivision  
 13.29 17, who meets the requirements of section 254B.05, subdivision 1, paragraph (b).

13.30 **Subd. 3. Allowable grant activities and related expenses.** (a) Allowable grant activities  
 13.31 and related expenses include but are not limited to:

13.32 (1) identifying mental health conditions and substance use disorders of students;

14.1 (2) delivering mental health and substance use disorder treatment and supportive services  
14.2 to students and their families within the classroom, including via telehealth consistent with  
14.3 section 256B.0625, subdivision 3b;

14.4 (3) delivering therapeutic interventions and customizing an array of supplementary  
14.5 learning experiences for students;

14.6 (4) supporting families in meeting their child's needs, including navigating health care,  
14.7 social service, and juvenile justice systems;

14.8 (5) providing transportation for students receiving behavioral health services when school  
14.9 is not in session;

14.10 (6) building the capacity of schools to meet the needs of students with mental health and  
14.11 substance use disorder concerns, including school staff development activities for licensed  
14.12 and nonlicensed staff; and

14.13 (7) purchasing equipment, connection charges, on-site coordination, set-up fees, and  
14.14 site fees in order to deliver school-linked behavioral health services via telehealth.

14.15 (b) Grantees must obtain all available third-party reimbursement sources as a condition  
14.16 of receiving grant funds. For purposes of this grant program, a third-party reimbursement  
14.17 source does not include a public school as defined in section 120A.20, subdivision 1. Grantees  
14.18 shall serve students regardless of health coverage status or ability to pay.

14.19 Subd. 4. **Calculating the share of the appropriation.** (a) Grants must be awarded to  
14.20 qualifying school units proportionately.

14.21 (b) The commissioner must calculate the share of the appropriation to be used in each  
14.22 qualifying school unit by multiplying the total appropriation going to the grantees by the  
14.23 qualifying school unit's average daily membership in a setting of federal instructional level  
14.24 4 or higher and then dividing by the total average daily membership in a setting of federal  
14.25 instructional level 4 or higher for the same year for all qualifying school units.

14.26 Subd. 5. **Data collection and outcome measurement.** Grantees must provide data to  
14.27 the commissioner for the purpose of evaluating the Intermediate School District Behavioral  
14.28 Health Innovation grant program. The commissioner must consult with grantees to develop  
14.29 outcome measures for program capacity and performance.

15.1 **ARTICLE 3**

15.2 **DIRECT CARE AND TREATMENT**

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

15.4 Subd. 3. **Investigative data.** (a) Data on persons, including data on vendors of services,  
15.5 licensees, and applicants that is collected, maintained, used, or disseminated by the welfare  
15.6 system in an investigation, authorized by statute, and relating to the enforcement of rules  
15.7 or law are confidential data on individuals pursuant to section 13.02, subdivision 3, or  
15.8 protected nonpublic data not on individuals pursuant to section 13.02, subdivision 13, and  
15.9 shall not be disclosed except:

15.10 (1) pursuant to section 13.05;

15.11 (2) pursuant to statute or valid court order;

15.12 (3) to a party named in a civil or criminal proceeding, administrative or judicial, for  
15.13 preparation of defense;

15.14 (4) to an agent of the welfare system or an investigator acting on behalf of a county,  
15.15 state, or federal government, including a law enforcement officer or attorney in the  
15.16 investigation or prosecution of a criminal, civil, or administrative proceeding, unless the  
15.17 commissioner of human services ~~or~~; the commissioner of children, youth, and families; or  
15.18 the Direct Care and Treatment executive board determines that disclosure may compromise  
15.19 a Department of Human Services ~~or~~; Department of Children, Youth, and Families; or Direct  
15.20 Care and Treatment ongoing investigation; or

15.21 (5) to provide notices required or permitted by statute.

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

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

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

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

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

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

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

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

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

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

16.24 (ii) Except as provided in item (v), when a correction order, an order to forfeit a fine,  
16.25 an order of license suspension, an order of temporary immediate suspension, an order of  
16.26 license revocation, an order of license denial, or an order of conditional license has been  
16.27 issued, or a complaint is resolved, the following data on current and former licensees and  
16.28 applicants are public: the general nature of the complaint or allegations leading to the  
16.29 temporary immediate suspension; the substance and investigative findings of the licensing  
16.30 or maltreatment complaint, licensing violation, or substantiated maltreatment; the existence  
16.31 of settlement negotiations; the record of informal resolution of a licensing violation; orders  
16.32 of hearing; findings of fact; conclusions of law; specifications of the final correction order,  
16.33 fine, suspension, temporary immediate suspension, revocation, denial, or conditional license



17.1 contained in the record of licensing action; whether a fine has been paid; and the status of  
17.2 any appeal of these actions.

17.3 (iii) When a license denial under section 142A.15 or 245A.05 or a sanction under section  
17.4 142B.18 or 245A.07 is based on a determination that a license holder, applicant, or controlling  
17.5 individual is responsible for maltreatment under section 626.557 or chapter 260E, the identity  
17.6 of the applicant, license holder, or controlling individual as the individual responsible for  
17.7 maltreatment is public data at the time of the issuance of the license denial or sanction.

17.8 (iv) When a license denial under section 142A.15 or 245A.05 or a sanction under section  
17.9 142B.18 or 245A.07 is based on a determination that a license holder, applicant, or controlling  
17.10 individual is disqualified under chapter 245C, the identity of the license holder, applicant,  
17.11 or controlling individual as the disqualified individual is public data at the time of the  
17.12 issuance of the licensing sanction or denial. If the applicant, license holder, or controlling  
17.13 individual requests reconsideration of the disqualification and the disqualification is affirmed,  
17.14 the reason for the disqualification and the reason to not set aside the disqualification are  
17.15 private data.

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

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

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

17.31 (4) When maltreatment is substantiated under section 626.557 or chapter 260E and the  
17.32 victim and the substantiated perpetrator are affiliated with a program licensed under chapter  
17.33 142B or 245A; the commissioner of human services; commissioner of children, youth, and  
17.34 families; local social services agency; or county welfare agency may inform the license

18.1 holder where the maltreatment occurred of the identity of the substantiated perpetrator and  
18.2 the victim.

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

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

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

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

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

18.26 (g) Data that are not public data collected, maintained, used, or disseminated under this  
18.27 subdivision that relate to or are derived from a report as defined in section 260E.03, or  
18.28 626.5572, subdivision 18, are subject to the destruction provisions of sections 260E.35,  
18.29 subdivision 6, and 626.557, subdivision 12b.

18.30 (h) Upon request, not public data collected, maintained, used, or disseminated under  
18.31 this subdivision that relate to or are derived from a report of substantiated maltreatment as  
18.32 defined in section 626.557 or chapter 260E may be exchanged with the Department of  
18.33 Health for purposes of completing background studies pursuant to section 144.057 and with

19.1 the Department of Corrections for purposes of completing background studies pursuant to  
19.2 section 241.021.

19.3 (i) Data on individuals collected according to licensing activities under chapters 142B,  
19.4 245A, and 245C, data on individuals collected by the commissioner of human services  
19.5 according to investigations under section 626.557 and chapters 142B, 245A, 245B, 245C,  
19.6 245D, and 260E may be shared with the Department of Human Rights, the Department of  
19.7 Health, the Department of Corrections, the ombudsman for mental health and developmental  
19.8 disabilities, and the individual's professional regulatory board when there is reason to believe  
19.9 that laws or standards under the jurisdiction of those agencies may have been violated or  
19.10 the information may otherwise be relevant to the board's regulatory jurisdiction. Background  
19.11 study data on an individual who is the subject of a background study under chapter 245C  
19.12 for a licensed service for which the commissioner of human services ~~or~~; commissioner of  
19.13 children, youth, and families; or the Direct Care and Treatment executive board is the license  
19.14 holder may be shared with the commissioner and the commissioner's delegate by the licensing  
19.15 division. Unless otherwise specified in this chapter, the identity of a reporter of alleged  
19.16 maltreatment or licensing violations may not be disclosed.

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

19.28 (k) All not public data collected, maintained, used, or disseminated under this subdivision  
19.29 and subdivision 3 may be exchanged between the Department of Human Services, Licensing  
19.30 Division, and the Department of Corrections for purposes of regulating services for which  
19.31 the Department of Human Services and the Department of Corrections have regulatory  
19.32 authority.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22.2 **144.53 FEES.**

22.3 Each application for a license, or renewal thereof, to operate a hospital, sanitarium or  
 22.4 other institution for the hospitalization or care of human beings, within the meaning of  
 22.5 sections 144.50 to 144.56, except applications by the Minnesota Veterans Home, the  
 22.6 ~~commissioner of human services~~ Direct Care and Treatment executive board for the licensing  
 22.7 of state institutions, ~~or by the administrator for the licensing of the University of Minnesota~~  
 22.8 hospitals, shall be accompanied by a fee to be prescribed by the state commissioner of health  
 22.9 pursuant to section 144.122. No fee shall be refunded. Licenses shall expire and shall be  
 22.10 renewed as prescribed by the commissioner of health pursuant to section 144.122.

22.11 No license granted hereunder shall be assignable or transferable.

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

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

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

22.24 (b) "Resident" means a person who is admitted to a nonacute care facility including  
 22.25 extended care facilities, nursing homes, and boarding care homes for care required because  
 22.26 of prolonged mental or physical illness or disability, recovery from injury or disease, or  
 22.27 advancing age. For purposes of all subdivisions except subdivisions 28 and 29, "resident"  
 22.28 also means a person who is admitted to a facility licensed as a board and lodging facility  
 22.29 under Minnesota Rules, parts 4625.0100 to 4625.2355, a boarding care home under sections  
 22.30 144.50 to 144.56, or a supervised living facility under Minnesota Rules, parts 4665.0100  
 22.31 to 4665.9900, and which operates a rehabilitation program licensed under chapter 245G or  
 22.32 245I, or Minnesota Rules, parts 9530.6510 to 9530.6590.

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

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

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

23.8 Subd. 4. **Information about rights.** Patients and residents shall, at admission, be told  
 23.9 that there are legal rights for their protection during their stay at the facility or throughout  
 23.10 their course of treatment and maintenance in the community and that these are described  
 23.11 in an accompanying written statement of the applicable rights and responsibilities set forth  
 23.12 in this section. In the case of patients admitted to residential programs as defined in ~~section~~  
 23.13 ~~253C.01~~ subdivision 2, the written statement shall also describe the right of a person 16  
 23.14 years old or older to request release as provided in section 253B.04, subdivision 2, and shall  
 23.15 list the names and telephone numbers of individuals and organizations that provide advocacy  
 23.16 and legal services for patients in residential programs. Reasonable accommodations shall  
 23.17 be made for people who have communication disabilities and those who speak a language  
 23.18 other than English. Current facility policies, inspection findings of state and local health  
 23.19 authorities, and further explanation of the written statement of rights shall be available to  
 23.20 patients, residents, their guardians or their chosen representatives upon reasonable request  
 23.21 to the administrator or other designated staff person, consistent with chapter 13, the Data  
 23.22 Practices Act, and section 626.557, relating to vulnerable adults.

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

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

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

24.1 Every acute care inpatient facility, every residential program as defined in ~~section~~  
24.2 ~~253C.01~~ subdivision 2, every nonacute care facility, and every facility employing more  
24.3 than two people that provides outpatient mental health services shall have a written internal  
24.4 grievance procedure that, at a minimum, sets forth the process to be followed; specifies  
24.5 time limits, including time limits for facility response; provides for the patient or resident  
24.6 to have the assistance of an advocate; requires a written response to written grievances; and  
24.7 provides for a timely decision by an impartial decision maker if the grievance is not otherwise  
24.8 resolved. Compliance by hospitals, residential programs as defined in ~~section 253C.01~~  
24.9 subdivision 2 which are hospital-based primary treatment programs, and outpatient surgery  
24.10 centers with section 144.691 and compliance by health maintenance organizations with  
24.11 section 62D.11 is deemed to be compliance with the requirement for a written internal  
24.12 grievance procedure.

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

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

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

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

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

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



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

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

25.3 **144A.07 FEES.**

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

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

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

25.11 **Subd. 4. Examination; access to medical data.** (a) If the commissioner has probable  
25.12 cause to believe that an unlicensed complementary and alternative health care practitioner  
25.13 has engaged in conduct prohibited by subdivision 1, paragraph (h), (i), (j), or (k), the  
25.14 commissioner may issue an order directing the practitioner to submit to a mental or physical  
25.15 examination or substance use disorder evaluation. For the purpose of this subdivision, every  
25.16 unlicensed complementary and alternative health care practitioner is deemed to have  
25.17 consented to submit to a mental or physical examination or substance use disorder evaluation  
25.18 when ordered to do so in writing by the commissioner and further to have waived all  
25.19 objections to the admissibility of the testimony or examination reports of the health care  
25.20 provider performing the examination or evaluation on the grounds that the same constitute  
25.21 a privileged communication. Failure of an unlicensed complementary and alternative health  
25.22 care practitioner to submit to an examination or evaluation when ordered, unless the failure  
25.23 was due to circumstances beyond the practitioner's control, constitutes an admission that  
25.24 the unlicensed complementary and alternative health care practitioner violated subdivision  
25.25 1, paragraph (h), (i), (j), or (k), based on the factual specifications in the examination or  
25.26 evaluation order and may result in a default and final disciplinary order being entered after  
25.27 a contested case hearing. An unlicensed complementary and alternative health care  
25.28 practitioner affected under this paragraph shall at reasonable intervals be given an opportunity  
25.29 to demonstrate that the practitioner can resume the provision of complementary and  
25.30 alternative health care practices with reasonable safety to clients. In any proceeding under  
25.31 this paragraph, neither the record of proceedings nor the orders entered by the commissioner  
25.32 shall be used against an unlicensed complementary and alternative health care practitioner  
25.33 in any other proceeding.

26.1 (b) In addition to ordering a physical or mental examination or substance use disorder  
 26.2 evaluation, the commissioner may, notwithstanding section 13.384; 144.651; 595.02; or  
 26.3 any other law limiting access to medical or other health data, obtain medical data and health  
 26.4 records relating to an unlicensed complementary and alternative health care practitioner  
 26.5 without the practitioner's consent if the commissioner has probable cause to believe that a  
 26.6 practitioner has engaged in conduct prohibited by subdivision 1, paragraph (h), (i), (j), or  
 26.7 (k). The medical data may be requested from a provider as defined in section 144.291,  
 26.8 subdivision 2, paragraph (i), an insurance company, or a government agency, including the  
 26.9 Department of Human Services and Direct Care and Treatment. A provider, insurance  
 26.10 company, or government agency shall comply with any written request of the commissioner  
 26.11 under this subdivision and is not liable in any action for damages for releasing the data  
 26.12 requested by the commissioner if the data are released pursuant to a written request under  
 26.13 this subdivision, unless the information is false and the person or organization giving the  
 26.14 information knew or had reason to believe the information was false. Information obtained  
 26.15 under this subdivision is private data under section 13.41.

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

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

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

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

26.33 (b) In addition to ordering a physical or mental examination, the board may,  
 26.34 notwithstanding section 13.384, 144.651, or any other law limiting access to medical or

27.1 other health data, obtain medical data and health records relating to a regulated person or  
 27.2 applicant without the person's or applicant's consent if the board has probable cause to  
 27.3 believe that a regulated person comes under subdivision 1, paragraph (1). The medical data  
 27.4 may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph  
 27.5 (i), an insurance company, or a government agency, including the Department of Human  
 27.6 Services and Direct Care and Treatment. A provider, insurance company, or government  
 27.7 agency shall comply with any written request of the board under this subdivision and is not  
 27.8 liable in any action for damages for releasing the data requested by the board if the data are  
 27.9 released pursuant to a written request under this subdivision, unless the information is false  
 27.10 and the provider giving the information knew, or had reason to believe, the information was  
 27.11 false. Information obtained under this subdivision is classified as private under sections  
 27.12 13.01 to 13.87.

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

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

27.15 Subd. 6. **Mental examination; access to medical data.** (a) If the board has probable  
 27.16 cause to believe that a physician assistant comes under subdivision 1, clause (1), it may  
 27.17 direct the physician assistant to submit to a mental or physical examination. For the purpose  
 27.18 of this subdivision, every physician assistant licensed under this chapter is deemed to have  
 27.19 consented to submit to a mental or physical examination when directed in writing by the  
 27.20 board and further to have waived all objections to the admissibility of the examining  
 27.21 physicians' testimony or examination reports on the ground that the same constitute a  
 27.22 privileged communication. Failure of a physician assistant to submit to an examination  
 27.23 when directed constitutes an admission of the allegations against the physician assistant,  
 27.24 unless the failure was due to circumstance beyond the physician assistant's control, in which  
 27.25 case a default and final order may be entered without the taking of testimony or presentation  
 27.26 of evidence. A physician assistant affected under this subdivision shall at reasonable intervals  
 27.27 be given an opportunity to demonstrate that the physician assistant can resume competent  
 27.28 practice with reasonable skill and safety to patients. In any proceeding under this subdivision,  
 27.29 neither the record of proceedings nor the orders entered by the board shall be used against  
 27.30 a physician assistant in any other proceeding.

27.31 (b) In addition to ordering a physical or mental examination, the board may,  
 27.32 notwithstanding sections 13.384, 144.651, or any other law limiting access to medical or  
 27.33 other health data, obtain medical data and health records relating to a licensee or applicant

28.1 without the licensee's or applicant's consent if the board has probable cause to believe that  
28.2 a physician assistant comes under subdivision 1, clause (1).

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

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

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

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

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

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

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

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

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

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

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

28.30 (8) advanced physical or mental disability;

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

29.5 (10) the violation of, or failure to comply with, the provisions of sections 148.01 to  
29.6 148.105, the rules of the state Board of Chiropractic Examiners, or a lawful order of the  
29.7 board;

29.8 (11) unprofessional conduct;

29.9 (12) being unable to practice chiropractic with reasonable skill and safety to patients by  
29.10 reason of illness, professional incompetence, senility, drunkenness, use of drugs, narcotics,  
29.11 chemicals or any other type of material, or as a result of any mental or physical condition,  
29.12 including deterioration through the aging process or loss of motor skills. If the board has  
29.13 probable cause to believe that a person comes within this clause, it shall direct the person  
29.14 to submit to a mental or physical examination. For the purpose of this clause, every person  
29.15 licensed under this chapter shall be deemed to have given consent to submit to a mental or  
29.16 physical examination when directed in writing by the board and further to have waived all  
29.17 objections to the admissibility of the examining physicians' testimony or examination reports  
29.18 on the ground that the same constitute a privileged communication. Failure of a person to  
29.19 submit to such examination when directed shall constitute an admission of the allegations,  
29.20 unless the failure was due to circumstances beyond the person's control, in which case a  
29.21 default and final order may be entered without the taking of testimony or presentation of  
29.22 evidence. A person affected under this clause shall at reasonable intervals be afforded an  
29.23 opportunity to demonstrate that the person can resume the competent practice of chiropractic  
29.24 with reasonable skill and safety to patients.

29.25 In addition to ordering a physical or mental examination, the board may, notwithstanding  
29.26 section 13.384, 144.651, or any other law limiting access to health data, obtain health data  
29.27 and health records relating to a licensee or applicant without the licensee's or applicant's  
29.28 consent if the board has probable cause to believe that a doctor of chiropractic comes under  
29.29 this clause. The health data may be requested from a provider, as defined in section 144.291,  
29.30 subdivision 2, paragraph (i), an insurance company, or a government agency, including the  
29.31 Department of Human Services and Direct Care and Treatment. A provider, insurance  
29.32 company, or government agency shall comply with any written request of the board under  
29.33 this subdivision and is not liable in any action for damages for releasing the data requested  
29.34 by the board if the data are released pursuant to a written request under this subdivision,  
29.35 unless the information is false and the provider or entity giving the information knew, or

30.1 had reason to believe, the information was false. Information obtained under this subdivision  
30.2 is classified as private under sections 13.01 to 13.87.

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

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

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

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

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

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

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

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

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

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

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

31.10 (c) For the purposes of paragraph (a), clauses (4) and (5), conviction as used in these  
31.11 subdivisions includes a conviction of an offense that if committed in this state would be  
31.12 deemed a felony without regard to its designation elsewhere, or a criminal proceeding where  
31.13 a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld  
31.14 or not entered.

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

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

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

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

31.29 (3) performing unnecessary services;

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

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

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

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

32.11 (8) accepting for services rendered assigned payments from any third-party payer as  
 32.12 payment in full, if the effect is to eliminate the need of payment by the patient of any required  
 32.13 deductible or co-payment applicable in the patient's health benefit plan, except as hereinafter  
 32.14 provided; and

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

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

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

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

32.21 (a) It may direct the applicant or nurse to submit to a mental or physical examination or  
 32.22 substance use disorder evaluation. For the purpose of this subdivision, when a nurse licensed  
 32.23 under sections 148.171 to 148.285 is directed in writing by the board to submit to a mental  
 32.24 or physical examination or substance use disorder evaluation, that person is considered to  
 32.25 have consented and to have waived all objections to admissibility on the grounds of privilege.  
 32.26 Failure of the applicant or nurse to submit to an examination when directed constitutes an  
 32.27 admission of the allegations against the applicant or nurse, unless the failure was due to  
 32.28 circumstances beyond the person's control, and the board may enter a default and final order  
 32.29 without taking testimony or allowing evidence to be presented. A nurse affected under this  
 32.30 paragraph shall, at reasonable intervals, be given an opportunity to demonstrate that the  
 32.31 competent practice of professional, advanced practice registered, or practical nursing can  
 32.32 be resumed with reasonable skill and safety to patients. Neither the record of proceedings



33.1 nor the orders entered by the board in a proceeding under this paragraph, may be used  
33.2 against a nurse in any other proceeding.

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

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

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

33.17 **148.754 EXAMINATION; ACCESS TO MEDICAL DATA.**

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

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

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

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

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

34.16 **148B.5905 MENTAL, PHYSICAL, OR SUBSTANCE USE DISORDER**  
34.17 **EXAMINATION OR EVALUATION; ACCESS TO MEDICAL DATA.**

34.18 (a) If the board has probable cause to believe section 148B.59, paragraph (a), clause (9),  
34.19 applies to a licensee or applicant, the board may direct the person to submit to a mental,  
34.20 physical, or substance use disorder examination or evaluation. For the purpose of this section,  
34.21 every licensee and applicant is deemed to have consented to submit to a mental, physical,  
34.22 or substance use disorder examination or evaluation when directed in writing by the board  
34.23 and to have waived all objections to the admissibility of the examining professionals'  
34.24 testimony or examination reports on the grounds that the testimony or examination reports  
34.25 constitute a privileged communication. Failure of a licensee or applicant to submit to an  
34.26 examination when directed by the board constitutes an admission of the allegations against  
34.27 the person, unless the failure was due to circumstances beyond the person's control, in which  
34.28 case a default and final order may be entered without the taking of testimony or presentation  
34.29 of evidence. A licensee or applicant affected under this paragraph shall at reasonable intervals  
34.30 be given an opportunity to demonstrate that the person can resume the competent practice  
34.31 of licensed professional counseling with reasonable skill and safety to the public. In any  
34.32 proceeding under this paragraph, neither the record of proceedings nor the orders entered  
34.33 by the board shall be used against a licensee or applicant in any other proceeding.

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

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

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

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

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

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

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

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

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

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

36.11 (2) an insurance company; or

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

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

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

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

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

36.23 Subd. 6. **Medical records.** Notwithstanding contrary provisions of sections 13.384 and  
36.24 144.651 or any other statute limiting access to medical or other health data, the board may  
36.25 obtain medical data and health records of a licensee or applicant without the licensee's or  
36.26 applicant's consent if the information is requested by the board as part of the process specified  
36.27 in subdivision 5. The medical data may be requested from a provider, as defined in section  
36.28 144.291, subdivision 2, paragraph (h), an insurance company, or a government agency,  
36.29 including the Department of Human Services and Direct Care and Treatment. A provider,  
36.30 insurance company, or government agency shall comply with any written request of the  
36.31 board under this subdivision and shall not be liable in any action for damages for releasing  
36.32 the data requested by the board if the data are released pursuant to a written request under  
36.33 this subdivision, unless the information is false and the provider giving the information

37.1 knew, or had reason to believe, the information was false. Information obtained under this  
37.2 subdivision shall be classified as private under the Minnesota Government Data Practices  
37.3 Act.

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

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

37.6 Subd. 10. **Mental examination; access to medical data.** (a) If the board receives a  
37.7 complaint and has probable cause to believe that an individual licensed or registered by the  
37.8 board falls under subdivision 2, clause (14), it may direct the individual to submit to a mental  
37.9 or physical examination. For the purpose of this subdivision, every licensed or registered  
37.10 individual is deemed to have consented to submit to a mental or physical examination when  
37.11 directed in writing by the board and further to have waived all objections to the admissibility  
37.12 of the examining practitioner's testimony or examination reports on the grounds that the  
37.13 same constitute a privileged communication. Failure of a licensed or registered individual  
37.14 to submit to an examination when directed constitutes an admission of the allegations against  
37.15 the individual, unless the failure was due to circumstances beyond the individual's control,  
37.16 in which case a default and final order may be entered without the taking of testimony or  
37.17 presentation of evidence. Pharmacists affected under this paragraph shall at reasonable  
37.18 intervals be given an opportunity to demonstrate that they can resume the competent practice  
37.19 of the profession of pharmacy with reasonable skill and safety to the public. Pharmacist  
37.20 interns, pharmacy technicians, or controlled substance researchers affected under this  
37.21 paragraph shall at reasonable intervals be given an opportunity to demonstrate that they can  
37.22 competently resume the duties that can be performed, under this chapter or the rules of the  
37.23 board, by similarly registered persons with reasonable skill and safety to the public. In any  
37.24 proceeding under this paragraph, neither the record of proceedings nor the orders entered  
37.25 by the board shall be used against a licensed or registered individual in any other proceeding.

37.26 (b) Notwithstanding section 13.384, 144.651, or any other law limiting access to medical  
37.27 or other health data, the board may obtain medical data and health records relating to an  
37.28 individual licensed or registered by the board, or to an applicant for licensure or registration,  
37.29 without the individual's consent when the board receives a complaint and has probable cause  
37.30 to believe that the individual is practicing in violation of subdivision 2, clause (14), and the  
37.31 data and health records are limited to the complaint. The medical data may be requested  
37.32 from a provider, as defined in section 144.291, subdivision 2, paragraph (i), an insurance  
37.33 company, or a government agency, including the Department of Human Services and Direct  
37.34 Care and Treatment. A provider, insurance company, or government agency shall comply

38.1 with any written request of the board under this subdivision and is not liable in any action  
 38.2 for damages for releasing the data requested by the board if the data are released pursuant  
 38.3 to a written request under this subdivision, unless the information is false and the provider  
 38.4 giving the information knew, or had reason to believe, the information was false. Information  
 38.5 obtained under this subdivision is classified as private under sections 13.01 to 13.87.

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

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

38.8 Subd. 2. **Access to medical data.** In addition to ordering a physical or mental examination  
 38.9 or substance use disorder evaluation, the board may, notwithstanding section 13.384, 144.651,  
 38.10 or any other law limiting access to medical or other health data, obtain medical data and  
 38.11 health records relating to a licensee or applicant without the licensee's or applicant's consent  
 38.12 if the board has probable cause to believe that a doctor of podiatric medicine falls within  
 38.13 the provisions of section 153.19, subdivision 1, clause (12). The medical data may be  
 38.14 requested from a provider, as defined in section 144.291, subdivision 2, paragraph (h), an  
 38.15 insurance company, or a government agency, including the Department of Human Services  
 38.16 and Direct Care and Treatment. A provider, insurance company, or government agency  
 38.17 shall comply with any written request of the board under this section and is not liable in  
 38.18 any action for damages for releasing the data requested by the board if the data are released  
 38.19 in accordance with a written request under this section, unless the information is false and  
 38.20 the provider giving the information knew, or had reason to believe, the information was  
 38.21 false.

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

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

38.24 **153B.70 GROUNDS FOR DISCIPLINARY ACTION.**

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

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

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

38.29 (3) conviction of a crime, including a finding or verdict of guilt, an admission of guilt,  
 38.30 or a no-contest plea, in this state or elsewhere, reasonably related to the practice of the  
 38.31 profession. Conviction, as used in this clause, includes a conviction of an offense which, if  
 38.32 committed in this state, would be deemed a felony, gross misdemeanor, or misdemeanor,

- 39.1 without regard to its designation elsewhere, or a criminal proceeding where a finding or  
39.2 verdict of guilty is made or returned but the adjudication of guilt is either withheld or not  
39.3 entered;
- 39.4 (4) making a misrepresentation in order to obtain or renew a license;
- 39.5 (5) displaying a pattern of practice or other behavior that demonstrates incapacity or  
39.6 incompetence to practice;
- 39.7 (6) aiding or assisting another person in violating the provisions of this chapter;
- 39.8 (7) failing to provide information within 60 days in response to a written request from  
39.9 the board, including documentation of completion of continuing education requirements;
- 39.10 (8) engaging in dishonorable, unethical, or unprofessional conduct;
- 39.11 (9) engaging in conduct of a character likely to deceive, defraud, or harm the public;
- 39.12 (10) inability to practice due to habitual intoxication, addiction to drugs, or mental or  
39.13 physical illness;
- 39.14 (11) being disciplined by another state or territory of the United States, the federal  
39.15 government, a national certification organization, or foreign nation, if at least one of the  
39.16 grounds for the discipline is the same or substantially equivalent to one of the grounds in  
39.17 this section;
- 39.18 (12) directly or indirectly giving to or receiving from a person, firm, corporation,  
39.19 partnership, or association a fee, commission, rebate, or other form of compensation for  
39.20 professional services not actually or personally rendered;
- 39.21 (13) incurring a finding by the board that the licensee, after the licensee has been placed  
39.22 on probationary status, has violated the conditions of the probation;
- 39.23 (14) abandoning a patient or client;
- 39.24 (15) willfully making or filing false records or reports in the course of the licensee's  
39.25 practice including, but not limited to, false records or reports filed with state or federal  
39.26 agencies;
- 39.27 (16) willfully failing to report child maltreatment as required under the Maltreatment of  
39.28 Minors Act, chapter 260E; or
- 39.29 (17) soliciting professional services using false or misleading advertising.
- 39.30 (b) A license to practice is automatically suspended if (1) a guardian of a licensee is  
39.31 appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons other

40.1 than the minority of the licensee, or (2) the licensee is committed by order of a court pursuant  
40.2 to chapter 253B. The license remains suspended until the licensee is restored to capacity  
40.3 by a court and, upon petition by the licensee, the suspension is terminated by the board after  
40.4 a hearing. The licensee may be reinstated to practice, either with or without restrictions, by  
40.5 demonstrating clear and convincing evidence of rehabilitation. The regulated person is not  
40.6 required to prove rehabilitation if the subsequent court decision overturns previous court  
40.7 findings of public risk.

40.8 (c) If the board has probable cause to believe that a licensee or applicant has violated  
40.9 paragraph (a), clause (10), it may direct the person to submit to a mental or physical  
40.10 examination. For the purpose of this section, every person is deemed to have consented to  
40.11 submit to a mental or physical examination when directed in writing by the board and to  
40.12 have waived all objections to the admissibility of the examining physician's testimony or  
40.13 examination report on the grounds that the testimony or report constitutes a privileged  
40.14 communication. Failure of a regulated person to submit to an examination when directed  
40.15 constitutes an admission of the allegations against the person, unless the failure was due to  
40.16 circumstances beyond the person's control, in which case a default and final order may be  
40.17 entered without the taking of testimony or presentation of evidence. A regulated person  
40.18 affected under this paragraph shall at reasonable intervals be given an opportunity to  
40.19 demonstrate that the person can resume the competent practice of the regulated profession  
40.20 with reasonable skill and safety to the public. In any proceeding under this paragraph, neither  
40.21 the record of proceedings nor the orders entered by the board shall be used against a regulated  
40.22 person in any other proceeding.

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



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

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

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

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

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

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

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

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

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

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

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

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

41.25 (1) vehicles owned by the federal government;

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

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

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

42.1 (c) Unmarked vehicles used in general police work, liquor investigations, or arson  
42.2 investigations, and passenger automobiles, pickup trucks, and buses owned or operated by  
42.3 the Department of Corrections or by conservation officers of the Division of Enforcement  
42.4 and Field Service of the Department of Natural Resources, must be registered and must  
42.5 display appropriate license number plates, furnished by the registrar at cost. Original and  
42.6 renewal applications for these license plates authorized for use in general police work and  
42.7 for use by the Department of Corrections or by conservation officers must be accompanied  
42.8 by a certification signed by the appropriate chief of police if issued to a police vehicle, the  
42.9 appropriate sheriff if issued to a sheriff's vehicle, the commissioner of corrections if issued  
42.10 to a Department of Corrections vehicle, or the appropriate officer in charge if issued to a  
42.11 vehicle of any other law enforcement agency. The certification must be on a form prescribed  
42.12 by the commissioner and state that the vehicle will be used exclusively for a purpose  
42.13 authorized by this section.

42.14 (d) Unmarked vehicles used by the Departments of Revenue and Labor and Industry,  
42.15 fraud unit, in conducting seizures or criminal investigations must be registered and must  
42.16 display passenger vehicle classification license number plates, furnished at cost by the  
42.17 registrar. Original and renewal applications for these passenger vehicle license plates must  
42.18 be accompanied by a certification signed by the commissioner of revenue or the  
42.19 commissioner of labor and industry. The certification must be on a form prescribed by the  
42.20 commissioner and state that the vehicles will be used exclusively for the purposes authorized  
42.21 by this section.

42.22 (e) Unmarked vehicles used by the Division of Disease Prevention and Control of the  
42.23 Department of Health must be registered and must display passenger vehicle classification  
42.24 license number plates. These plates must be furnished at cost by the registrar. Original and  
42.25 renewal applications for these passenger vehicle license plates must be accompanied by a  
42.26 certification signed by the commissioner of health. The certification must be on a form  
42.27 prescribed by the commissioner and state that the vehicles will be used exclusively for the  
42.28 official duties of the Division of Disease Prevention and Control.

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

43.1 (g) Unmarked vehicles used in general investigation, surveillance, supervision, and  
 43.2 monitoring by ~~the Department of Human Services' Office of Special Investigations' staff;~~  
 43.3 ~~the Minnesota Sex Offender Program's executive director and the executive director's staff;~~  
 43.4 ~~and~~ the Office of Inspector General's staff, including, but not limited to, county fraud  
 43.5 prevention investigators, must be registered and must display passenger vehicle classification  
 43.6 license number plates, furnished by the registrar at cost. Original and renewal applications  
 43.7 for passenger vehicle license plates must be accompanied by a certification signed by the  
 43.8 commissioner of human services. The certification must be on a form prescribed by the  
 43.9 commissioner and state that the vehicles must be used exclusively for the official duties of  
 43.10 the Office of Special Investigations' staff; ~~the Minnesota Sex Offender Program's executive~~  
 43.11 ~~director and the executive director's staff;~~ and the Office of the Inspector General's staff,  
 43.12 including, but not limited to, contract and county fraud prevention investigators.

43.13 (h) Unmarked vehicles used in general investigation, surveillance, supervision, and  
 43.14 monitoring by the Direct Care and Treatment Office of Special Investigations' staff and  
 43.15 unmarked vehicles used by the Minnesota Sex Offender Program's executive director and  
 43.16 the executive director's staff must be registered and must display passenger vehicle  
 43.17 classification license number plates, furnished by the registrar at cost. Original and renewal  
 43.18 applications for passenger vehicle license plates must be accompanied by a certification  
 43.19 signed by the Direct Care and Treatment executive board. The certification must be on a  
 43.20 form prescribed by the commissioner and state that the vehicles must be used exclusively  
 43.21 for the official duties of the Minnesota Sex Offender Program's executive director and the  
 43.22 executive director's staff, including but not limited to contract and county fraud prevention  
 43.23 investigators.

43.24 ~~(h)~~ (i) Each state hospital and institution for persons who are mentally ill and  
 43.25 developmentally disabled may have one vehicle without the required identification on the  
 43.26 sides of the vehicle. The vehicle must be registered and must display passenger vehicle  
 43.27 classification license number plates. These plates must be furnished at cost by the registrar.  
 43.28 Original and renewal applications for these passenger vehicle license plates must be  
 43.29 accompanied by a certification signed by the hospital administrator. The certification must  
 43.30 be on a form prescribed by the ~~commissioner~~ Direct Care and Treatment executive board  
 43.31 and state that the vehicles will be used exclusively for the official duties of the state hospital  
 43.32 or institution.

43.33 ~~(i)~~ (j) Each county social service agency may have vehicles used for child and vulnerable  
 43.34 adult protective services without the required identification on the sides of the vehicle. The  
 43.35 vehicles must be registered and must display passenger vehicle classification license number

44.1 plates. These plates must be furnished at cost by the registrar. Original and renewal  
 44.2 applications for these passenger vehicle license plates must be accompanied by a certification  
 44.3 signed by the agency administrator. The certification must be on a form prescribed by the  
 44.4 commissioner and state that the vehicles will be used exclusively for the official duties of  
 44.5 the social service agency.

44.6 ~~(j)~~ (k) Unmarked vehicles used in general investigation, surveillance, supervision, and  
 44.7 monitoring by tobacco inspector staff of the Department of Human Services' Alcohol and  
 44.8 Drug Abuse Division for the purposes of tobacco inspections, investigations, and reviews  
 44.9 must be registered and must display passenger vehicle classification license number plates,  
 44.10 furnished at cost by the registrar. Original and renewal applications for passenger vehicle  
 44.11 license plates must be accompanied by a certification signed by the commissioner of human  
 44.12 services. The certification must be on a form prescribed by the commissioner and state that  
 44.13 the vehicles will be used exclusively by tobacco inspector staff for the duties specified in  
 44.14 this paragraph.

44.15 ~~(k)~~ (l) All other motor vehicles must be registered and display tax-exempt number plates,  
 44.16 furnished by the registrar at cost, except as provided in subdivision 1c. All vehicles required  
 44.17 to display tax-exempt number plates must have the name of the state department or political  
 44.18 subdivision, nonpublic high school operating a driver education program, licensed  
 44.19 commercial driving school, or other qualifying organization or entity, plainly displayed on  
 44.20 both sides of the vehicle. This identification must be in a color giving contrast with that of  
 44.21 the part of the vehicle on which it is placed and must endure throughout the term of the  
 44.22 registration. The identification must not be on a removable plate or placard and must be  
 44.23 kept clean and visible at all times; except that a removable plate or placard may be utilized  
 44.24 on vehicles leased or loaned to a political subdivision or to a nonpublic high school driver  
 44.25 education program.

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

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

44.28 Subd. 4. **Law enforcement agency; disclosure of information to public.** (a) The law  
 44.29 enforcement agency in the area where the predatory offender resides, expects to reside, is  
 44.30 employed, or is regularly found, shall disclose to the public any information regarding the  
 44.31 offender contained in the report forwarded to the agency under subdivision 3, paragraph  
 44.32 (f), that is relevant and necessary to protect the public and to counteract the offender's  
 44.33 dangerousness, consistent with the guidelines in paragraph (b). The extent of the information  
 44.34 disclosed and the community to whom disclosure is made must relate to the level of danger

45.1 posed by the offender, to the offender's pattern of offending behavior, and to the need of  
45.2 community members for information to enhance their individual and collective safety.

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

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

45.11 (2) if the offender is assigned to risk level II, the agency also may disclose the information  
45.12 to agencies and groups that the offender is likely to encounter for the purpose of securing  
45.13 those institutions and protecting individuals in their care while they are on or near the  
45.14 premises of the institution. These agencies and groups include the staff members of public  
45.15 and private educational institutions, day care establishments, and establishments and  
45.16 organizations that primarily serve individuals likely to be victimized by the offender. The  
45.17 agency also may disclose the information to individuals the agency believes are likely to  
45.18 be victimized by the offender. The agency's belief shall be based on the offender's pattern  
45.19 of offending or victim preference as documented in the information provided by the  
45.20 Department of Corrections ~~or~~, the Department of Human Services, or Direct Care and  
45.21 Treatment. The agency may disclose the information to property assessors, property  
45.22 inspectors, code enforcement officials, and child protection officials who are likely to visit  
45.23 the offender's home in the course of their duties;

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

45.29 Notwithstanding the assignment of a predatory offender to risk level II or III, a law  
45.30 enforcement agency may not make the disclosures permitted or required by clause (2) or  
45.31 (3), if: the offender is placed or resides in a residential facility. However, if an offender is  
45.32 placed or resides in a residential facility, the offender and the head of the facility shall  
45.33 designate the offender's likely residence upon release from the facility and the head of the  
45.34 facility shall notify the commissioner of corrections ~~or~~, the commissioner of human services,

46.1 or the Direct Care and Treatment executive board of the offender's likely residence at least  
46.2 14 days before the offender's scheduled release date. The commissioner shall give this  
46.3 information to the law enforcement agency having jurisdiction over the offender's likely  
46.4 residence. The head of the residential facility also shall notify the commissioner of corrections  
46.5 ~~or, the commissioner of human services,~~ or the Direct Care and Treatment executive board  
46.6 within 48 hours after finalizing the offender's approved relocation plan to a permanent  
46.7 residence. Within five days after receiving this notification, the appropriate commissioner  
46.8 shall give to the appropriate law enforcement agency all relevant information the  
46.9 commissioner has concerning the offender, including information on the risk factors in the  
46.10 offender's history and the risk level to which the offender was assigned. After receiving this  
46.11 information, the law enforcement agency shall make the disclosures permitted or required  
46.12 by clause (2) or (3), as appropriate.

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

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

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

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

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

46.29 (f) A law enforcement agency shall continue to disclose information on an offender as  
46.30 required by this subdivision for as long as the offender is required to register under section  
46.31 243.166. This requirement on a law enforcement agency to continue to disclose information  
46.32 also applies to an offender who lacks a primary address and is registering under section  
46.33 243.166, subdivision 3a.

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

47.6 (h) A city council may adopt a policy that addresses when information disclosed under  
47.7 this subdivision must be presented in languages in addition to English. The policy may  
47.8 address when information must be presented orally, in writing, or both in additional languages  
47.9 by the law enforcement agency disclosing the information. The policy may provide for  
47.10 different approaches based on the prevalence of non-English languages in different  
47.11 neighborhoods.

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

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

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

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

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

47.32 Subd. 2. **Purpose and authority.** (a) The purpose of this section is to enable appropriate  
47.33 treatment or detoxification services to be provided to individuals, across state lines from

48.1 the individual's state of residence, in qualified facilities that are closer to the homes of  
 48.2 individuals than are facilities available in the individual's home state.

48.3 (b) Unless prohibited by another law and subject to the exceptions listed in subdivision  
 48.4 3, a county board ~~or~~ the commissioner of human services, or the Direct Care and Treatment  
 48.5 executive board may contract with an agency or facility in a bordering state for mental  
 48.6 health, chemical health, or detoxification services for residents of Minnesota, and a Minnesota  
 48.7 mental health, chemical health, or detoxification agency or facility may contract to provide  
 48.8 services to residents of bordering states. Except as provided in subdivision 5, a person who  
 48.9 receives services in another state under this section is subject to the laws of the state in  
 48.10 which services are provided. A person who will receive services in another state under this  
 48.11 section must be informed of the consequences of receiving services in another state, including  
 48.12 the implications of the differences in state laws, to the extent the individual will be subject  
 48.13 to the laws of the receiving state.

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

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

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

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

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

48.24 **246.585 CRISIS SERVICES.**

48.25 Within the limits of appropriations, state-operated regional technical assistance must be  
 48.26 available in each region to assist counties, Tribal Nations, residential and ~~day programming~~  
 48.27 ~~staff~~ vocational service providers, ~~and families~~, and persons with disabilities to prevent or  
 48.28 resolve crises that could lead to a change in placement person moving to a less integrated  
 48.29 setting. ~~Crisis capacity must be provided on all regional treatment center campuses serving~~  
 48.30 ~~persons with developmental disabilities~~. In addition, crisis capacity may be developed to  
 48.31 serve 16 persons in the Twin Cities metropolitan area. ~~Technical assistance and consultation~~



49.1 ~~must also be available in each region to providers and counties.~~ Staff must be available to  
49.2 provide:

49.3 (1) individual assessments;

49.4 (2) program plan development and implementation assistance;

49.5 (3) analysis of service delivery problems; and

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

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

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

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

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

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

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

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

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

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

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

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

50.6 **246C.20 CONTRACT WITH DEPARTMENT OF HUMAN SERVICES FOR**  
 50.7 **ADMINISTRATIVE SERVICES.**

50.8 (a) Direct Care and Treatment shall contract with the Department of Human Services  
 50.9 to provide determinations on issues of county of financial responsibility under chapter 256G  
 50.10 and to provide administrative and judicial review of direct care and treatment matters  
 50.11 according to section 256.045.

50.12 (b) The executive board may prescribe rules necessary to carry out this ~~subdivision~~  
 50.13 section, except that the executive board must not create any rule purporting to control the  
 50.14 decision making or processes of state human services judges under section 256.045,  
 50.15 subdivision 4, or the decision making or processes of the commissioner of human services  
 50.16 issuing an advisory opinion or recommended order to the executive board under section  
 50.17 256G.09, subdivision 3. The executive board must not create any rule purporting to control  
 50.18 processes for determinations of financial responsibility under chapter 256G or administrative  
 50.19 and judicial review under section 256.045 on matters outside of the jurisdiction of Direct  
 50.20 Care and Treatment.

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

50.23 Sec. 34. **[246C.21] INTERVIEW EXPENSES.**

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

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

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

50.29 The Direct Care and Treatment executive board is authorized to enter into contracts with  
 50.30 the United States Departments of Health and Human Services; Education; and Interior,

51.1 Bureau of Indian Affairs, for the purposes of receiving federal grants for the welfare and  
51.2 relief of Minnesota Indians.

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

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

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

51.6 (1) ~~establish standard admission criteria for state hospitals and~~ county utilization targets  
51.7 to limit and reduce the number of intermediate care beds in state hospitals and community  
51.8 facilities in accordance with approved waivers under United States Code, title 42, sections  
51.9 1396 to 1396p, as amended through December 31, 1987, to ~~assure~~ ensure that appropriate  
51.10 services are provided in the least restrictive setting;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

52.17 (6) the availability of qualified staff;

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

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

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

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

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

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

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

53.7 (b) The executive board shall prioritize civilly committed patients being admitted from  
53.8 jail or a correctional institution or who are referred to a state-operated treatment facility for  
53.9 competency attainment or a competency examination under sections 611.40 to 611.59 for  
53.10 admission to a medically appropriate state-operated direct care and treatment bed based on  
53.11 the decisions of physicians in the executive medical director's office, using a priority  
53.12 admissions framework. The framework must account for a range of factors for priority  
53.13 admission, including but not limited to:

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

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

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

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

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

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

53.23 (7) any relevant federal prioritization requirements.

53.24 Patients described in this paragraph must be admitted to a state-operated treatment program  
53.25 within 48 hours. The commitment must be ordered by the court as provided in section  
53.26 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or  
53.27 less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2,  
53.28 must be prioritized for admission to a state-operated treatment program using the priority  
53.29 admissions framework in this paragraph.

53.30 (c) Upon the arrival of a patient at the designated treatment facility, state-operated  
53.31 treatment program, or community-based treatment program, the head of the facility or  
53.32 program shall retain the duplicate of the warrant and endorse receipt upon the original

54.1 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must  
54.2 be filed in the court of commitment. After arrival, the patient shall be under the control and  
54.3 custody of the head of the facility or program.

54.4 (d) Copies of the petition for commitment, the court's findings of fact and conclusions  
54.5 of law, the court order committing the patient, the report of the court examiners, and the  
54.6 prepetition report, and any medical and behavioral information available shall be provided  
54.7 at the time of admission of a patient to the designated treatment facility or program to which  
54.8 the patient is committed. Upon a patient's referral to the executive board for admission  
54.9 pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or  
54.10 correctional facility that has provided care or supervision to the patient in the previous two  
54.11 years shall, when requested by the treatment facility or executive board, provide copies of  
54.12 the patient's medical and behavioral records to the executive board for purposes of  
54.13 preadmission planning. This information shall be provided by the head of the treatment  
54.14 facility to treatment facility staff in a consistent and timely manner and pursuant to all  
54.15 applicable laws.

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

54.20 (f) Within four business days of determining which state-operated direct care and  
54.21 treatment program or programs are appropriate for an individual, the executive medical  
54.22 director's office or a designee must notify the source of the referral and the responsible  
54.23 county human services agency, the individual being ordered to direct care and treatment,  
54.24 and the district court that issued the order of the determination. The notice shall include  
54.25 which program or programs are appropriate for the person's priority status. Any interested  
54.26 person may provide additional information or request updated priority status about the  
54.27 individual to the executive medical director's office or a designee while the individual is  
54.28 awaiting admission. Updated priority status of an individual will only be disclosed to  
54.29 interested persons who are legally authorized to receive private information about the  
54.30 individual. When an available bed has been identified, the executive medical director's  
54.31 office or a designee must notify the designated agency and the facility where the individual  
54.32 is awaiting admission that the individual has been accepted for admission to a particular  
54.33 state-operated direct care and treatment program and the earliest possible date the admission  
54.34 can occur. The designated agency or facility where the individual is awaiting admission

55.1 must transport the individual to the admitting state-operated direct care and treatment  
55.2 program no more than 48 hours after the offered admission date.

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

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

55.7 (a) Administer and supervise the forms of public assistance provided for by state law  
55.8 and other welfare activities or services that are vested in the commissioner. Administration  
55.9 and supervision of human services activities or services includes, but is not limited to,  
55.10 assuring timely and accurate distribution of benefits, completeness of service, and quality  
55.11 program management. In addition to administering and supervising human services activities  
55.12 vested by law in the department, the commissioner shall have the authority to:

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

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

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

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

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

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

55.29 (7) enter into contractual agreements with federally recognized Indian Tribes with a  
55.30 reservation in Minnesota to the extent necessary for the Tribe to operate a federally approved  
55.31 family assistance program or any other program under the supervision of the commissioner.  
55.32 The commissioner shall consult with the affected county or counties in the contractual

56.1 agreement negotiations, if the county or counties wish to be included, in order to avoid the  
56.2 duplication of county and Tribal assistance program services. The commissioner may  
56.3 establish necessary accounts for the purposes of receiving and disbursing funds as necessary  
56.4 for the operation of the programs.

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

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

56.9 (c) Administer and supervise all noninstitutional service to persons with disabilities,  
56.10 including persons who have vision impairments, and persons who are deaf, deafblind, and  
56.11 hard-of-hearing or with other disabilities. The commissioner may provide and contract for  
56.12 the care and treatment of qualified indigent children in facilities other than those located  
56.13 and available at state hospitals operated by the executive board when it is not feasible to  
56.14 provide the service in state hospitals operated by the executive board.

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

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

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

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

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



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

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

57.7 (k) Have the authority to conduct and administer experimental projects to test methods  
57.8 and procedures of administering assistance and services to recipients or potential recipients  
57.9 of public welfare. To carry out such experimental projects, it is further provided that the  
57.10 commissioner of human services is authorized to waive the enforcement of existing specific  
57.11 statutory program requirements, rules, and standards in one or more counties. The order  
57.12 establishing the waiver shall provide alternative methods and procedures of administration,  
57.13 shall not be in conflict with the basic purposes, coverage, or benefits provided by law, and  
57.14 in no event shall the duration of a project exceed four years. It is further provided that no  
57.15 order establishing an experimental project as authorized by the provisions of this section  
57.16 shall become effective until the following conditions have been met:

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

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

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

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

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

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

58.7 (n) Develop and implement special projects that maximize reimbursements and result  
58.8 in the recovery of money to the state. For the purpose of recovering state money, the  
58.9 commissioner may enter into contracts with third parties. Any recoveries that result from  
58.10 projects or contracts entered into under this paragraph shall be deposited in the state treasury  
58.11 and credited to a special account until the balance in the account reaches \$1,000,000. When  
58.12 the balance in the account exceeds \$1,000,000, the excess shall be transferred and credited  
58.13 to the general fund. All money in the account is appropriated to the commissioner for the  
58.14 purposes of this paragraph.

58.15 (o) Have the authority to establish and enforce the following county reporting  
58.16 requirements:

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

58.22 (2) the county board shall submit monthly or quarterly reports to the department as  
58.23 required by the commissioner. Monthly reports are due no later than 15 working days after  
58.24 the end of the month. Quarterly reports are due no later than 30 calendar days after the end  
58.25 of the quarter, unless the commissioner determines that the deadline must be shortened to  
58.26 20 calendar days to avoid jeopardizing compliance with federal deadlines or risking a loss  
58.27 of federal funding. Only reports that are complete, legible, and in the required format shall  
58.28 be accepted by the commissioner;

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

59.1 (4) a county board that submits reports that are late, illegible, incomplete, or not in the  
59.2 required format for two out of three consecutive reporting periods is considered  
59.3 noncompliant. When a county board is found to be noncompliant, the commissioner shall  
59.4 notify the county board of the reason the county board is considered noncompliant and  
59.5 request that the county board develop a corrective action plan stating how the county board  
59.6 plans to correct the problem. The corrective action plan must be submitted to the  
59.7 commissioner within 45 days after the date the county board received notice of  
59.8 noncompliance;

59.9 (5) the final deadline for fiscal reports or amendments to fiscal reports is one year after  
59.10 the date the report was originally due. If the commissioner does not receive a report by the  
59.11 final deadline, the county board forfeits the funding associated with the report for that  
59.12 reporting period and the county board must repay any funds associated with the report  
59.13 received for that reporting period;

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

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

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

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

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

59.32 (s) Have the authority to administer the federal drug rebate program for drugs purchased  
59.33 under the medical assistance program as allowed by section 1927 of title XIX of the Social  
59.34 Security Act and according to the terms and conditions of section 1927. Rebates shall be

60.1 collected for all drugs that have been dispensed or administered in an outpatient setting and  
60.2 that are from manufacturers who have signed a rebate agreement with the United States  
60.3 Department of Health and Human Services.

60.4 (t) Have the authority to administer a supplemental drug rebate program for drugs  
60.5 purchased under the medical assistance program. The commissioner may enter into  
60.6 supplemental rebate contracts with pharmaceutical manufacturers and may require prior  
60.7 authorization for drugs that are from manufacturers that have not signed a supplemental  
60.8 rebate contract. Prior authorization of drugs shall be subject to the provisions of section  
60.9 256B.0625, subdivision 13.

60.10 (u) Operate the department's communication systems account established in Laws 1993,  
60.11 First Special Session chapter 1, article 1, section 2, subdivision 2, to manage shared  
60.12 communication costs necessary for the operation of the programs the commissioner  
60.13 supervises. Each account must be used to manage shared communication costs necessary  
60.14 for the operations of the programs the commissioner supervises. The commissioner may  
60.15 distribute the costs of operating and maintaining communication systems to participants in  
60.16 a manner that reflects actual usage. Costs may include acquisition, licensing, insurance,  
60.17 maintenance, repair, staff time and other costs as determined by the commissioner. Nonprofit  
60.18 organizations and state, county, and local government agencies involved in the operation  
60.19 of programs the commissioner supervises may participate in the use of the department's  
60.20 communications technology and share in the cost of operation. The commissioner may  
60.21 accept on behalf of the state any gift, bequest, devise or personal property of any kind, or  
60.22 money tendered to the state for any lawful purpose pertaining to the communication activities  
60.23 of the department. Any money received for this purpose must be deposited in the department's  
60.24 communication systems accounts. Money collected by the commissioner for the use of  
60.25 communication systems must be deposited in the state communication systems account and  
60.26 is appropriated to the commissioner for purposes of this section.

60.27 (v) Receive any federal matching money that is made available through the medical  
60.28 assistance program for the consumer satisfaction survey. Any federal money received for  
60.29 the survey is appropriated to the commissioner for this purpose. The commissioner may  
60.30 expend the federal money received for the consumer satisfaction survey in either year of  
60.31 the biennium.

60.32 (w) Designate community information and referral call centers and incorporate cost  
60.33 reimbursement claims from the designated community information and referral call centers  
60.34 into the federal cost reimbursement claiming processes of the department according to  
60.35 federal law, rule, and regulations. Existing information and referral centers provided by

61.1 Greater Twin Cities United Way or existing call centers for which Greater Twin Cities  
 61.2 United Way has legal authority to represent, shall be included in these designations upon  
 61.3 review by the commissioner and assurance that these services are accredited and in  
 61.4 compliance with national standards. Any reimbursement is appropriated to the commissioner  
 61.5 and all designated information and referral centers shall receive payments according to  
 61.6 normal department schedules established by the commissioner upon final approval of  
 61.7 allocation methodologies from the United States Department of Health and Human Services  
 61.8 Division of Cost Allocation or other appropriate authorities.

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

61.12 (y) Authorize the method of payment to or from the department as part of the human  
 61.13 services programs administered by the department. This authorization includes the receipt  
 61.14 or disbursement of funds held by the department in a fiduciary capacity as part of the human  
 61.15 services programs administered by the department.

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

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

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

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

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

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

62.3 Subdivision 1. **Retention rates.** When an assistance recovery amount is collected and  
 62.4 posted by a county agency under the provisions governing public assistance programs  
 62.5 including general assistance medical care formerly codified in chapter 256D, general  
 62.6 assistance, and Minnesota supplemental aid, the county may keep one-half of the recovery  
 62.7 made by the county agency using any method other than recoupment. For medical assistance,  
 62.8 if the recovery is made by a county agency using any method other than recoupment, the  
 62.9 county may keep one-half of the nonfederal share of the recovery. For MinnesotaCare, if  
 62.10 the recovery is collected and posted by the county agency, the county may keep one-half  
 62.11 of the nonfederal share of the recovery.

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

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

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

62.18 **256.0281 INTERAGENCY DATA EXCHANGE.**

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

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

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

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

62.30 (4) to meet the quality assurance reporting requirements under federal law under section  
 62.31 1915(c) of the Social Security Act related to home and community-based waiver programs.

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

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

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

63.8 Subdivision 1. **Scope.** (a) The requirements in this section apply to all fair hearings and  
 63.9 appeals under sections 142A.20, subdivision 2, and 256.045, subdivision 3, paragraph (a),  
 63.10 clauses (1), (2), (3), (5), (6), (7), (10), and (12). Except as provided in subdivisions 3 and  
 63.11 19, the requirements under this section apply to fair hearings and appeals under section  
 63.12 256.045, subdivision 3, paragraph (a), clauses (4), (8), (9), and (11).

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

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

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

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

63.28 Subd. 3. **Agency appeal summary.** (a) Except in fair hearings and appeals under section  
 63.29 256.045, subdivision 3, paragraph (a), clauses (4), (9), and (10), the agency involved in an  
 63.30 appeal must prepare a state agency appeal summary for each fair hearing appeal. The state  
 63.31 agency appeal summary shall be mailed or otherwise delivered to the person who is involved  
 63.32 in the appeal at least three working days before the date of the hearing. The state agency

64.1 appeal summary must also be mailed or otherwise delivered to the ~~department's~~ Department  
64.2 of Human Services' Appeals Office at least three working days before the date of the fair  
64.3 hearing appeal.

64.4 (b) In addition, the human services judge shall confirm that the state agency appeal  
64.5 summary is mailed or otherwise delivered to the person involved in the appeal as required  
64.6 under paragraph (a). The person involved in the fair hearing should be provided, through  
64.7 the state agency appeal summary or other reasonable methods, appropriate information  
64.8 about the procedures for the fair hearing and an adequate opportunity to prepare. These  
64.9 requirements apply equally to the state agency or an entity under contract when involved  
64.10 in the appeal.

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

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

64.15 Subd. 6. **Appeal request for emergency assistance or urgent matter.** (a) When an  
64.16 appeal involves an application for emergency assistance, the agency involved shall mail or  
64.17 otherwise deliver the state agency appeal summary to the ~~department's~~ Department of Human  
64.18 Services' Appeals Office within two working days of receiving the request for an appeal.  
64.19 A person may also request that a fair hearing be held on an emergency basis when the issue  
64.20 requires an immediate resolution. The human services judge shall schedule the fair hearing  
64.21 on the earliest available date according to the urgency of the issue involved. Issuance of the  
64.22 recommended decision after an emergency hearing shall be expedited.

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

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

64.28 Subd. 8. **Subpoenas.** A person involved in a fair hearing or the agency may request a  
64.29 subpoena for a witness, for evidence, or for both. A reasonable number of subpoenas shall  
64.30 be issued to require the attendance and the testimony of witnesses, and the production of  
64.31 evidence relating to any issue of fact in the appeal hearing. The request for a subpoena must  
64.32 show a need for the subpoena and the general relevance to the issues involved. The subpoena



65.1 shall be issued in the name of the Department of Human Services and shall be served and  
65.2 enforced as provided in section 357.22 and the Minnesota Rules of Civil Procedure.

65.3 An individual or entity served with a subpoena may petition the human services judge  
65.4 in writing to vacate or modify a subpoena. The human services judge shall resolve such a  
65.5 petition in a prehearing conference involving all parties and shall make a written decision.  
65.6 A subpoena may be vacated or modified if the human services judge determines that the  
65.7 testimony or evidence sought does not relate with reasonable directness to the issues of the  
65.8 fair hearing appeal; that the subpoena is unreasonable, over broad, or oppressive; that the  
65.9 evidence sought is repetitious or cumulative; or that the subpoena has not been served  
65.10 reasonably in advance of the time when the appeal hearing will be held.

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

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

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

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

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

65.30 Subd. 22. **Decisions.** A timely, written decision must be issued in every appeal. Each  
65.31 decision must contain a clear ruling on the issues presented in the appeal hearing and should

66.1 contain a ruling only on questions directly presented by the appeal and the arguments raised  
66.2 in the appeal.

66.3 (a) A written decision must be issued within 90 days of the date the person involved  
66.4 requested the appeal unless a shorter time is required by law. An additional 30 days is  
66.5 provided in those cases where the applicable commissioner or executive board refuses to  
66.6 accept the recommended decision. In appeals of maltreatment determinations or  
66.7 disqualifications filed pursuant to section 256.045, subdivision 3, paragraph (a), clause (4),  
66.8 (8), or (9), that also give rise to possible licensing actions, the 90-day period for issuing  
66.9 final decisions does not begin until the later of the date that the licensing authority provides  
66.10 notice to the appeals division that the authority has made the final determination in the  
66.11 matter or the date the appellant files the last appeal in the consolidated matters.

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

66.21 The decision shall contain at least the following:

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

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

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

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

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

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

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

67.6 (c) The human services judge shall not independently investigate facts or otherwise rely  
67.7 on information not presented at the hearing. The human services judge may not contact  
67.8 other agency personnel, except as provided in subdivision 18. The human services judge's  
67.9 recommended decision must be based exclusively on the testimony and evidence presented  
67.10 at the hearing, and legal arguments presented, and the human services judge's research and  
67.11 knowledge of the law.

67.12 (d) The applicable commissioner ~~will~~ or executive board must review the recommended  
67.13 decision and accept or refuse to accept the decision according to section 142A.20, subdivision  
67.14 3, or 256.045, subdivision 5 or 5a.

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

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

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

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

67.26 Subd. 24. **Reconsideration.** (a) Reconsideration may be requested within 30 days of  
67.27 the date of the applicable commissioner's or executive board's final order. If reconsideration  
67.28 is requested under section 142A.20, subdivision 3, or 256.045, subdivision 5 or 5a, the other  
67.29 participants in the appeal shall be informed of the request. The person seeking reconsideration  
67.30 has the burden to demonstrate why the matter should be reconsidered. The request for  
67.31 reconsideration may include legal argument and may include proposed additional evidence

68.1 supporting the request. The other participants shall be sent a copy of all material submitted  
68.2 in support of the request for reconsideration and must be given ten days to respond.

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

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

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

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

68.15 **256.4825 REPORT REGARDING PROGRAMS AND SERVICES FOR PEOPLE**  
68.16 **WITH DISABILITIES.**

68.17 The Minnesota State Council on Disability, the Minnesota Consortium for Citizens with  
68.18 Disabilities, and the Arc of Minnesota may submit an annual report by January 15 of each  
68.19 year, beginning in 2012, to the chairs and ranking minority members of the legislative  
68.20 committees with jurisdiction over programs serving people with disabilities as provided in  
68.21 this section. The report must describe the existing state policies and goals for programs  
68.22 serving people with disabilities including, but not limited to, programs for employment,  
68.23 transportation, housing, education, quality assurance, consumer direction, physical and  
68.24 programmatic access, and health. The report must provide data and measurements to assess  
68.25 the extent to which the policies and goals are being met. The commissioner of human  
68.26 services, the Direct Care and Treatment executive board, and the commissioners of other  
68.27 state agencies administering programs for people with disabilities shall cooperate with the  
68.28 Minnesota State Council on Disability, the Minnesota Consortium for Citizens with  
68.29 Disabilities, and the Arc of Minnesota and provide those organizations with existing  
68.30 published information and reports that will assist in the preparation of the report.

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

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

69.2 Subdivision 1. **Limitations.** In any case where the guardianship of any child with a  
69.3 developmental disability or who is disabled, dependent, neglected or delinquent, or a child  
69.4 born to a mother who was not married to the child's father when the child was conceived  
69.5 nor when the child was born, has been ~~committed~~ appointed to the commissioner of human  
69.6 services, and in any case where the guardianship of any person with a developmental  
69.7 disability has been ~~committed~~ appointed to the commissioner of human services, the court  
69.8 having jurisdiction of the estate may on such notice as the court may direct, authorize the  
69.9 commissioner to take possession of the personal property in the estate, liquidate it, and hold  
69.10 the proceeds in trust for the ward, to be invested, expended and accounted for as provided  
69.11 by sections 256.88 to 256.92.

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

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

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

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

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

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

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

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

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

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

70.8 Subd. 4. **Appeals.** A local agency that is aggrieved by the order of ~~the~~ a department or  
 70.9 the executive board may appeal the opinion to the district court of the county responsible  
 70.10 for furnishing assistance or services by serving a written copy of a notice of appeal on ~~the~~  
 70.11 a commissioner or the executive board and any adverse party of record within 30 days after  
 70.12 the date the department issued the opinion, and by filing the original notice and proof of  
 70.13 service with the court administrator of district court. Service may be made personally or by  
 70.14 mail. Service by mail is complete upon mailing.

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

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

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

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

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

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

70.25 Subd. 2. **Background check.** (a) For licenses issued by the commissioner under section  
 70.26 299F.73, the applicant for licensure must provide the commissioner with all of the  
 70.27 information required by Code of Federal Regulations, title 28, section 25.7. The commissioner  
 70.28 shall forward the information to the superintendent of the Bureau of Criminal Apprehension  
 70.29 so that criminal records, histories, and warrant information on the applicant can be retrieved  
 70.30 from the Minnesota Crime Information System and the National Instant Criminal Background  
 70.31 Check System, as well as the civil commitment records maintained by ~~the Department of~~

71.1 ~~Human Services~~ Direct Care and Treatment. The results must be returned to the commissioner  
71.2 to determine if the individual applicant is qualified to receive a license.

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

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

71.13 **342.04 STUDIES; REPORTS.**

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

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

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

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

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

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

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

72.5 (e) The office shall collect existing data from the Department of Human Services,  
72.6 Department of Health, Direct Care and Treatment, Minnesota state courts, and hospitals  
72.7 licensed under chapter 144 on the utilization of mental health and substance use disorder  
72.8 services, emergency room visits, and commitments to identify any increase in the services  
72.9 provided or any increase in the number of visits or commitments. The office shall also obtain  
72.10 summary data from existing first episode psychosis programs on the number of persons  
72.11 served by the programs and number of persons on the waiting list. All information collected  
72.12 by the office under this paragraph shall be included in the report required under paragraph  
72.13 (f).

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

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

72.22 (2) provide market stability;

72.23 (3) ensure a competitive market; and

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

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

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

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

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



- 73.1 (4) the change in potency, if any, of cannabis flower and cannabis products available  
73.2 through the regulated market;
- 73.3 (5) progress on providing opportunities to individuals and communities that experienced  
73.4 a disproportionate, negative impact from cannabis prohibition, including but not limited to  
73.5 providing relief from criminal convictions and increasing economic opportunities;
- 73.6 (6) the status of racial and geographic diversity in the cannabis industry;
- 73.7 (7) proposed legislative changes, including but not limited to recommendations to  
73.8 streamline licensing systems and related administrative processes;
- 73.9 (8) information on the adverse effects of second-hand smoke from any cannabis flower,  
73.10 cannabis products, and hemp-derived consumer products that are consumed by the  
73.11 combustion or vaporization of the product and the inhalation of smoke, aerosol, or vapor  
73.12 from the product; and
- 73.13 (9) recommendations for the levels of funding for:
- 73.14 (i) a coordinated education program to address and raise public awareness about the top  
73.15 three adverse health effects, as determined by the commissioner of health, associated with  
73.16 the use of cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived  
73.17 consumer products by individuals under 21 years of age;
- 73.18 (ii) a coordinated education program to educate pregnant individuals, breastfeeding  
73.19 individuals, and individuals who may become pregnant on the adverse health effects of  
73.20 cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived consumer  
73.21 products;
- 73.22 (iii) training, technical assistance, and educational materials for home visiting programs,  
73.23 Tribal home visiting programs, and child welfare workers regarding safe and unsafe use of  
73.24 cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived consumer  
73.25 products in homes with infants and young children;
- 73.26 (iv) model programs to educate middle school and high school students on the health  
73.27 effects on children and adolescents of the use of cannabis flower, cannabis products,  
73.28 lower-potency hemp edibles, hemp-derived consumer products, and other intoxicating or  
73.29 controlled substances;
- 73.30 (v) grants issued through the CanTrain, CanNavigate, CanStartup, and CanGrow  
73.31 programs;

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

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

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

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

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

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

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

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

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

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

74.26 (b) The employment positions are:

74.27 (1) baker;

74.28 (2) behavior analyst 2;

74.29 (3) behavior analyst 3;

74.30 (4) certified occupational therapy assistant 1;

74.31 (5) certified occupational therapy assistant 2;

- 75.1 (6) client advocate;
- 75.2 (7) clinical program therapist 2;
- 75.3 (8) clinical program therapist 3;
- 75.4 (9) clinical program therapist 4;
- 75.5 (10) cook;
- 75.6 (11) culinary supervisor;
- 75.7 (12) customer services specialist principal;
- 75.8 (13) dental assistant registered;
- 75.9 (14) dental hygienist;
- 75.10 (15) food service worker;
- 75.11 (16) food services supervisor;
- 75.12 (17) group supervisor;
- 75.13 (18) group supervisor assistant;
- 75.14 (19) human services support specialist;
- 75.15 (20) licensed alcohol and drug counselor;
- 75.16 (21) licensed practical nurse;
- 75.17 (22) management analyst 3;
- 75.18 (23) music therapist;
- 75.19 (24) occupational therapist;
- 75.20 (25) occupational therapist, senior;
- 75.21 (26) physical therapist;
- 75.22 (27) psychologist 1;
- 75.23 (28) psychologist 2;
- 75.24 (29) psychologist 3;
- 75.25 (30) recreation program assistant;
- 75.26 (31) recreation therapist lead;
- 75.27 (32) recreation therapist senior;

- 76.1 (33) rehabilitation counselor senior;
- 76.2 (34) residential program lead;
- 76.3 (35) security supervisor;
- 76.4 (36) skills development specialist;
- 76.5 (37) social worker senior;
- 76.6 (38) social worker specialist;
- 76.7 (39) social worker specialist, senior;
- 76.8 (40) special education program assistant;
- 76.9 (41) speech pathology clinician;
- 76.10 (42) substance use disorder counselor senior;
- 76.11 (43) work therapy assistant; and
- 76.12 (44) work therapy program coordinator.

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

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

76.15 Subdivision 1. **Establishment; members.** (a) The commissioner must establish a  
 76.16 Community Supervision Advisory Committee to develop and make recommendations to  
 76.17 the commissioner on standards for probation, supervised release, and community supervision.  
 76.18 The committee consists of 19 members as follows:

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

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

76.23 (3) three county commissioner representatives appointed by the Association of Minnesota  
 76.24 Counties;

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

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

- 77.1 (6) two commissioner-appointed representatives from the Department of Corrections;
- 77.2 (7) the chair of the statewide Evidence-Based Practice Advisory Committee;
- 77.3 (8) three individuals who have been supervised, either individually or collectively, under
- 77.4 each of the state's three community supervision delivery systems appointed by the
- 77.5 commissioner in consultation with the Minnesota Association of County Probation Officers
- 77.6 and the Minnesota Association of Community Corrections Act Counties;
- 77.7 (9) an advocate for victims of crime appointed by the commissioner; and
- 77.8 (10) a representative from a community-based research and advocacy entity appointed
- 77.9 by the commissioner.

77.10 (b) When an appointing authority selects an individual for membership on the committee,

77.11 the authority must make reasonable efforts to reflect geographic diversity and to appoint

77.12 qualified members of protected groups, as defined under section 43A.02, subdivision 33.

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

77.14 (d) The commissioner must convene the first meeting of the committee on or before

77.15 October 1, 2023.

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

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

77.18 Subdivision 1. **Definitions.** For the purposes of this section the following terms have

77.19 the meanings given:

77.20 (a) "Beneficiary" or "grantee beneficiary" means a person or entity named as a grantee

77.21 beneficiary in a transfer on death deed, including a successor grantee beneficiary.

77.22 (b) "County agency" means the county department or office designated to recover medical

77.23 assistance benefits from the estates of decedents.

77.24 (c) "Grantor owner" means an owner, whether individually, as a joint tenant, or as a

77.25 tenant in common, named as a grantor in a transfer on death deed upon whose death the

77.26 conveyance or transfer of the described real property is conditioned. Grantor owner does

77.27 not include a spouse who joins in a transfer on death deed solely for the purpose of conveying

77.28 or releasing statutory or other marital interests in the real property to be conveyed or

77.29 transferred by the transfer on death deed.

77.30 (d) "Owner" means a person having an ownership or other interest in all or part of the

77.31 real property to be conveyed or transferred by a transfer on death deed either at the time the

78.1 deed is executed or at the time the transfer becomes effective. Owner does not include a  
 78.2 spouse who joins in a transfer on death deed solely for the purpose of conveying or releasing  
 78.3 statutory or other marital interests in the real property to be conveyed or transferred by the  
 78.4 transfer on death deed.

78.5 (e) "Property" and "interest in real property" mean any interest in real property located  
 78.6 in this state which is transferable on the death of the owner and includes, without limitation,  
 78.7 an interest in real property defined in chapter 500, a mortgage, a deed of trust, a security  
 78.8 interest in, or a security pledge of, an interest in real property, including the rights to  
 78.9 payments of the indebtedness secured by the security instrument, a judgment, a tax lien,  
 78.10 both the seller's and purchaser's interest in a contract for deed, land contract, purchase  
 78.11 agreement, or earnest money contract for the sale and purchase of real property, including  
 78.12 the rights to payments under such contracts, or any other lien on, or interest in, real property.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

79.13 Subd. 4. **Duties.** The Certification Advisory Committee shall consult with the Department  
79.14 of Human Services, the Department of Health, ~~and~~ the Department of Corrections, and  
79.15 Direct Care and Treatment; make recommendations to the Minnesota Competency Attainment  
79.16 Board regarding competency attainment curriculum, certification requirements for  
79.17 competency attainment programs including jail-based programs, and certification of  
79.18 individuals to provide competency attainment services; and provide information and  
79.19 recommendations on other issues relevant to competency attainment as requested by the  
79.20 board.

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

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

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

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

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

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

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

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

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

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

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

80.22 Subdivision 1. **Required information.** Except as provided in this section and section  
80.23 624.7131, every person who agrees to transfer a pistol or semiautomatic military-style  
80.24 assault weapon shall report the following information in writing to the chief of police of  
80.25 the organized full-time police department of the municipality where the proposed transferee  
80.26 resides or to the appropriate county sheriff if there is no such local chief of police:

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

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

80.31 (3) a statement that the proposed transferee authorizes the release to the local police  
80.32 authority of commitment information about the proposed transferee maintained by the



81.1 ~~commissioner of human services~~ Direct Care and Treatment executive board, to the extent  
 81.2 that the information relates to the proposed transferee's eligibility to possess a pistol or  
 81.3 semiautomatic military-style assault weapon under section 624.713, subdivision 1;

81.4 (4) a statement by the proposed transferee that the transferee is not prohibited by section  
 81.5 624.713 from possessing a pistol or semiautomatic military-style assault weapon; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

82.24 (e) Applications must be submitted in person.

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

82.29 (g) This subdivision prescribes the complete and exclusive set of items an applicant is  
82.30 required to submit in order to apply for a new or renewal permit to carry. The applicant  
82.31 must not be asked or required to submit, voluntarily or involuntarily, any information, fees,  
82.32 or documentation beyond that specifically required by this subdivision. This paragraph does

83.1 not apply to alternate training evidence accepted by the sheriff under subdivision 2a,  
83.2 paragraph (d).

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

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

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

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

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

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

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

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

83.29 Subd. 3. **Departments of Human Services; Children, Youth, and Families; and**  
83.30 **Health licensees.** When a person who is affiliated with a program or facility ~~governed~~  
83.31 licensed by the Department of Human Services; Department of Children, Youth, and  
83.32 Families; or Department of Health is convicted of a disqualifying crime, the probation

84.1 officer or corrections agent shall notify the commissioner of the conviction, as provided in  
84.2 chapter 245C.

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

84.4 Sec. 73. **REVISOR INSTRUCTION.**

84.5 (a) The revisor of statutes shall renumber Minnesota Statutes, section 252.50, subdivision  
84.6 5, as Minnesota Statutes, section 246C.11, subdivision 4a.

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

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

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

84.12 Sec. 74. **REPEALER.**

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

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

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

## 84.17 **ARTICLE 4**

### 84.18 **HEALTH CARE ADMINISTRATION**

84.19 Section 1. Minnesota Statutes 2024, section 62M.17, subdivision 2, is amended to read:

84.20 Subd. 2. **Effect of change in prior authorization clinical criteria.** (a) If, during a plan  
84.21 year, or a calendar year for fee-for-service providers under chapters 256B and 256L, a  
84.22 utilization review organization changes coverage terms for a health care service or the  
84.23 clinical criteria used to conduct prior authorizations for a health care service, the change in  
84.24 coverage terms or change in clinical criteria shall not apply until the next plan year, or the  
84.25 next calendar year for fee-for-service providers under chapters 256B and 256L, for any  
84.26 enrollee who received prior authorization for a health care service using the coverage terms  
84.27 or clinical criteria in effect before the effective date of the change.

84.28 (b) Paragraph (a) does not apply if a utilization review organization changes coverage  
84.29 terms for a drug or device that has been deemed unsafe by the United States Food and Drug  
84.30 Administration (FDA); that has been withdrawn by either the FDA or the product

85.1 manufacturer; or when an independent source of research, clinical guidelines, or  
85.2 evidence-based standards has issued drug- or device-specific warnings or recommended  
85.3 changes in drug or device usage.

85.4 (c) Paragraph (a) does not apply if a utilization review organization changes coverage  
85.5 terms for a service or the clinical criteria used to conduct prior authorizations for a service  
85.6 when an independent source of research, clinical guidelines, or evidence-based standards  
85.7 has recommended changes in usage of the service for reasons related to patient harm. This  
85.8 paragraph expires December 31, 2025, for health benefit plans offered, sold, issued, or  
85.9 renewed on or after that date.

85.10 (d) Effective January 1, 2026, and applicable to health benefit plans offered, sold, issued,  
85.11 or renewed on or after that date, paragraph (a) does not apply if a utilization review  
85.12 organization changes coverage terms for a service or the clinical criteria used to conduct  
85.13 prior authorizations for a service when an independent source of research, clinical guidelines,  
85.14 or evidence-based standards has recommended changes in usage of the service for reasons  
85.15 related to previously unknown and imminent patient harm.

85.16 (e) Paragraph (a) does not apply if a utilization review organization removes a brand  
85.17 name drug from its formulary or places a brand name drug in a benefit category that increases  
85.18 the enrollee's cost, provided the utilization review organization (1) adds to its formulary a  
85.19 generic or multisource brand name drug rated as therapeutically equivalent according to  
85.20 the FDA Orange Book, or a biologic drug rated as interchangeable according to the FDA  
85.21 Purple Book, at a lower cost to the enrollee, and (2) provides at least a 60-day notice to  
85.22 prescribers, pharmacists, and affected enrollees.

85.23 Sec. 2. Minnesota Statutes 2024, section 256B.0625, subdivision 25c, is amended to read:

85.24 Subd. 25c. **Applicability of utilization review provisions.** Effective January 1, 2026,  
85.25 the following provisions of chapter 62M apply to the commissioner when delivering services  
85.26 under chapters 256B and 256L: 62M.02, subdivisions 1 to 5, 7 to 12, 13, 14 to 18, and 21;  
85.27 62M.04; 62M.05, subdivisions 1 to 4; 62M.06, subdivisions 1 to 3; 62M.07; 62M.072;  
85.28 62M.09; 62M.10; 62M.12; and 62M.17, subdivision 2; ~~and 62M.18.~~

86.1

**ARTICLE 5**

86.2

**HUMAN SERVICES OFFICE OF THE INSPECTOR GENERAL**

86.3 Section 1. Minnesota Statutes 2024, section 142E.51, subdivision 5, is amended to read:

86.4 Subd. 5. **Administrative disqualification of child care providers caring for children**  
86.5 **receiving child care assistance.** (a) The department shall pursue an administrative  
86.6 disqualification, if the child care provider is accused of committing an intentional program  
86.7 violation, in lieu of a criminal action when it has not been pursued. Intentional program  
86.8 violations include intentionally making false or misleading statements; receiving or providing  
86.9 a kickback, as defined in subdivision 6, paragraph (b); intentionally misrepresenting,  
86.10 concealing, or withholding facts; and repeatedly and intentionally violating program  
86.11 regulations under this chapter. Intent may be proven by demonstrating a pattern of conduct  
86.12 that violates program rules under this chapter.

86.13 (b) To initiate an administrative disqualification, the commissioner must send written  
86.14 notice using a signature-verified confirmed delivery method to the provider against whom  
86.15 the action is being taken. Unless otherwise specified under this chapter or Minnesota Rules,  
86.16 chapter 3400, the commissioner must send the written notice at least 15 calendar days before  
86.17 the adverse action's effective date. The notice shall state (1) the factual basis for the agency's  
86.18 determination, (2) the action the agency intends to take, (3) the dollar amount of the monetary  
86.19 recovery or recoupment, if known, and (4) the provider's right to appeal the agency's proposed  
86.20 action.

86.21 (c) The provider may appeal an administrative disqualification by submitting a written  
86.22 request to the state agency. A provider's request must be received by the state agency no  
86.23 later than 30 days after the date the commissioner mails the notice.

86.24 (d) The provider's appeal request must contain the following:

86.25 (1) each disputed item, the reason for the dispute, and, if applicable, an estimate of the  
86.26 dollar amount involved for each disputed item;

86.27 (2) the computation the provider believes to be correct, if applicable;

86.28 (3) the statute or rule relied on for each disputed item; and

86.29 (4) the name, address, and telephone number of the person at the provider's place of  
86.30 business with whom contact may be made regarding the appeal.

86.31 (e) On appeal, the issuing agency bears the burden of proof to demonstrate by a  
86.32 preponderance of the evidence that the provider committed an intentional program violation.

87.1 (f) The hearing is subject to the requirements of section 142A.20. The human services  
87.2 judge may combine a fair hearing and administrative disqualification hearing into a single  
87.3 hearing if the factual issues arise out of the same or related circumstances and the provider  
87.4 receives prior notice that the hearings will be combined.

87.5 (g) A provider found to have committed an intentional program violation and is  
87.6 administratively disqualified must be disqualified, for a period of three years for the first  
87.7 offense and permanently for any subsequent offense, from receiving any payments from  
87.8 any child care program under this chapter.

87.9 (h) Unless a timely and proper appeal made under this section is received by the  
87.10 department, the administrative determination of the department is final and binding.

87.11 Sec. 2. Minnesota Statutes 2024, section 142E.51, subdivision 6, is amended to read:

87.12 Subd. 6. **Prohibited hiring ~~practice~~ practices.** (a) It is prohibited to hire a child care  
87.13 center employee when, as a condition of employment, the employee is required to have one  
87.14 or more children who are eligible for or receive child care assistance, if:

87.15 (1) the individual hiring the employee is, or is acting at the direction of or in cooperation  
87.16 with, a child care center provider, center owner, director, manager, license holder, or other  
87.17 controlling individual; and

87.18 (2) the individual hiring the employee knows or has reason to know the purpose in hiring  
87.19 the employee is to obtain child care assistance program funds.

87.20 (b) Program applicants, participants, and providers are prohibited from receiving or  
87.21 providing a kickback or payment in exchange for obtaining or attempting to obtain child  
87.22 care assistance benefits for their own financial gain. This paragraph does not apply to:

87.23 (1) marketing or promotional offerings that directly benefit an applicant or recipient's  
87.24 child or dependent for whom the child care provider is providing child care services; or

87.25 (2) child care provider discounts, scholarships, or other financial assistance allowed  
87.26 under section 142E.17, subdivision 7.

87.27 (c) An attempt to buy or sell access to a family's child care subsidy benefits to an  
87.28 unauthorized person by an applicant, a participant, or a provider is a kickback, an intentional  
87.29 program violation under subdivision 5, and wrongfully obtaining assistance under section  
87.30 256.98.

88.1 Sec. 3. Minnesota Statutes 2024, section 144.651, subdivision 2, is amended to read:

88.2 Subd. 2. **Definitions.** For the purposes of this section, "patient" means a person who is  
88.3 admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for  
88.4 the purpose of diagnosis or treatment bearing on the physical or mental health of that person.  
88.5 For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a  
88.6 person who receives health care services at an outpatient surgical center or at a birth center  
88.7 licensed under section 144.615. "Patient" also means a ~~minor person~~ person who is admitted to a  
88.8 residential program as defined in section 253C.01. "Patient" also means a person who is  
88.9 admitted to a residential substance use disorder treatment program licensed according to  
88.10 Minnesota Rules, parts 2960.0430 to 2960.0490. For purposes of subdivisions 1, 3 to 16,  
88.11 18, 20 and 30, "patient" also means any person who is receiving mental health treatment or  
88.12 substance use disorder treatment on an outpatient basis or in a community support program  
88.13 or other community-based program. "Resident" means a person who is admitted to a nonacute  
88.14 care facility including extended care facilities, nursing homes, and boarding care homes for  
88.15 care required because of prolonged mental or physical illness or disability, recovery from  
88.16 injury or disease, or advancing age. For purposes of all subdivisions except subdivisions  
88.17 28 and 29, "resident" also means a person who is admitted to a facility licensed as a board  
88.18 and lodging facility under Minnesota Rules, parts 4625.0100 to 4625.2355, a boarding care  
88.19 home under sections 144.50 to 144.56, or a supervised living facility under Minnesota Rules,  
88.20 parts 4665.0100 to 4665.9900, and ~~which that~~ operates a rehabilitation withdrawal  
88.21 management program licensed under chapter 245F, a residential substance use disorder  
88.22 treatment program licensed under chapter 245G ~~or~~, an intensive residential treatment services  
88.23 or residential crisis stabilization program licensed under chapter 245I, or a detoxification  
88.24 program licensed under Minnesota Rules, parts 9530.6510 to 9530.6590.

88.25 Sec. 4. Minnesota Statutes 2024, section 245A.04, subdivision 1, is amended to read:

88.26 Subdivision 1. **Application for licensure.** (a) An individual, organization, or government  
88.27 entity that is subject to licensure under section 245A.03 must apply for a license. The  
88.28 application must be made on the forms and in the manner prescribed by the commissioner.  
88.29 The commissioner shall provide the applicant with instruction in completing the application  
88.30 and provide information about the rules and requirements of other state agencies that affect  
88.31 the applicant. An applicant seeking licensure in Minnesota with headquarters outside of  
88.32 Minnesota must have a program office located within 30 miles of the Minnesota border.  
88.33 An applicant who intends to buy or otherwise acquire a program or services licensed under  
88.34 this chapter that is owned by another license holder must apply for a license under this  
88.35 chapter and comply with the application procedures in this section and section 245A.043.



89.1 The commissioner shall act on the application within 90 working days after a complete  
89.2 application and any required reports have been received from other state agencies or  
89.3 departments, counties, municipalities, or other political subdivisions. The commissioner  
89.4 shall not consider an application to be complete until the commissioner receives all of the  
89.5 required information.

89.6 When the commissioner receives an application for initial licensure that is incomplete  
89.7 because the applicant failed to submit required documents or that is substantially deficient  
89.8 because the documents submitted do not meet licensing requirements, the commissioner  
89.9 shall provide the applicant written notice that the application is incomplete or substantially  
89.10 deficient. In the written notice to the applicant the commissioner shall identify documents  
89.11 that are missing or deficient and give the applicant 45 days to resubmit a second application  
89.12 that is substantially complete. An applicant's failure to submit a substantially complete  
89.13 application after receiving notice from the commissioner is a basis for license denial under  
89.14 section 245A.043.

89.15 (b) An application for licensure must identify all controlling individuals as defined in  
89.16 section 245A.02, subdivision 5a, and must designate one individual to be the authorized  
89.17 agent. The application must be signed by the authorized agent and must include the authorized  
89.18 agent's first, middle, and last name; mailing address; and email address. By submitting an  
89.19 application for licensure, the authorized agent consents to electronic communication with  
89.20 the commissioner throughout the application process. The authorized agent must be  
89.21 authorized to accept service on behalf of all of the controlling individuals. A government  
89.22 entity that holds multiple licenses under this chapter may designate one authorized agent  
89.23 for all licenses issued under this chapter or may designate a different authorized agent for  
89.24 each license. Service on the authorized agent is service on all of the controlling individuals.  
89.25 It is not a defense to any action arising under this chapter that service was not made on each  
89.26 controlling individual. The designation of a controlling individual as the authorized agent  
89.27 under this paragraph does not affect the legal responsibility of any other controlling individual  
89.28 under this chapter.

89.29 (c) An applicant or license holder must have a policy that prohibits license holders,  
89.30 employees, subcontractors, and volunteers, when directly responsible for persons served  
89.31 by the program, from abusing prescription medication or being in any manner under the  
89.32 influence of a chemical that impairs the individual's ability to provide services or care. The  
89.33 license holder must train employees, subcontractors, and volunteers about the program's  
89.34 drug and alcohol policy before the employee, subcontractor, or volunteer has direct contact,  
89.35 as defined in section 245C.02, subdivision 11, with a person served by the program.

90.1 (d) An applicant and license holder must have a program grievance procedure that permits  
90.2 persons served by the program and their authorized representatives to bring a grievance to  
90.3 the highest level of authority in the program.

90.4 (e) The commissioner may limit communication during the application process to the  
90.5 authorized agent or the controlling individuals identified on the license application and for  
90.6 whom a background study was initiated under chapter 245C. Upon implementation of the  
90.7 provider licensing and reporting hub, applicants and license holders must use the hub in the  
90.8 manner prescribed by the commissioner. The commissioner may require the applicant,  
90.9 except for child foster care, to demonstrate competence in the applicable licensing  
90.10 requirements by successfully completing a written examination. The commissioner may  
90.11 develop a prescribed written examination format.

90.12 (f) When an applicant is an individual, the applicant must provide:

90.13 (1) the applicant's taxpayer identification numbers including the Social Security number  
90.14 or Minnesota tax identification number, and federal employer identification number if the  
90.15 applicant has employees;

90.16 (2) at the request of the commissioner, a copy of the most recent filing with the secretary  
90.17 of state that includes the complete business name, if any;

90.18 (3) if doing business under a different name, the doing business as (DBA) name, as  
90.19 registered with the secretary of state;

90.20 (4) if applicable, the applicant's National Provider Identifier (NPI) number and Unique  
90.21 Minnesota Provider Identifier (UMPI) number; and

90.22 (5) at the request of the commissioner, the notarized signature of the applicant or  
90.23 authorized agent.

90.24 (g) When an applicant is an organization, the applicant must provide:

90.25 (1) the applicant's taxpayer identification numbers including the Minnesota tax  
90.26 identification number and federal employer identification number;

90.27 (2) at the request of the commissioner, a copy of the most recent filing with the secretary  
90.28 of state that includes the complete business name, and if doing business under a different  
90.29 name, the doing business as (DBA) name, as registered with the secretary of state;

90.30 (3) the first, middle, and last name, and address for all individuals who will be controlling  
90.31 individuals, including all officers, owners, and managerial officials as defined in section

91.1 245A.02, subdivision 5a, and the date that the background study was initiated by the applicant  
91.2 for each controlling individual;

91.3 (4) if applicable, the applicant's NPI number and UMPI number;

91.4 (5) the documents that created the organization and that determine the organization's  
91.5 internal governance and the relations among the persons that own the organization, have  
91.6 an interest in the organization, or are members of the organization, in each case as provided  
91.7 or authorized by the organization's governing statute, which may include a partnership  
91.8 agreement, bylaws, articles of organization, organizational chart, and operating agreement,  
91.9 or comparable documents as provided in the organization's governing statute; and

91.10 (6) the notarized signature of the applicant or authorized agent.

91.11 (h) When the applicant is a government entity, the applicant must provide:

91.12 (1) the name of the government agency, political subdivision, or other unit of government  
91.13 seeking the license and the name of the program or services that will be licensed;

91.14 (2) the applicant's taxpayer identification numbers including the Minnesota tax  
91.15 identification number and federal employer identification number;

91.16 (3) a letter signed by the manager, administrator, or other executive of the government  
91.17 entity authorizing the submission of the license application; and

91.18 (4) if applicable, the applicant's NPI number and UMPI number.

91.19 (i) At the time of application for licensure or renewal of a license under this chapter, the  
91.20 applicant or license holder must acknowledge on the form provided by the commissioner  
91.21 if the applicant or license holder elects to receive any public funding reimbursement from  
91.22 the commissioner for services provided under the license that:

91.23 (1) the applicant's or license holder's compliance with the provider enrollment agreement  
91.24 or registration requirements for receipt of public funding may be monitored by the  
91.25 commissioner as part of a licensing investigation or licensing inspection; and

91.26 (2) noncompliance with the provider enrollment agreement or registration requirements  
91.27 for receipt of public funding that is identified through a licensing investigation or licensing  
91.28 inspection, or noncompliance with a licensing requirement that is a basis of enrollment for  
91.29 reimbursement for a service, may result in:

91.30 (i) a correction order or a conditional license under section 245A.06, or sanctions under  
91.31 section 245A.07;

92.1 (ii) nonpayment of claims submitted by the license holder for public program  
 92.2 reimbursement;

92.3 (iii) recovery of payments made for the service;

92.4 (iv) disenrollment in the public payment program; or

92.5 (v) other administrative, civil, or criminal penalties as provided by law.

92.6 Sec. 5. Minnesota Statutes 2024, section 245A.04, subdivision 7, is amended to read:

92.7 Subd. 7. **Grant of license; license extension.** (a) If the commissioner determines that  
 92.8 the program complies with all applicable rules and laws, the commissioner shall issue a  
 92.9 license consistent with this section or, if applicable, a temporary change of ownership license  
 92.10 under section 245A.043. At minimum, the license shall state:

92.11 (1) the name of the license holder;

92.12 (2) the address of the program;

92.13 (3) the effective date and expiration date of the license;

92.14 (4) the type of license;

92.15 (5) the maximum number and ages of persons that may receive services from the program;

92.16 and

92.17 (6) any special conditions of licensure.

92.18 (b) The commissioner may issue a license for a period not to exceed two years if:

92.19 (1) the commissioner is unable to conduct the observation required by subdivision 4,  
 92.20 paragraph (a), clause (3), because the program is not yet operational;

92.21 (2) certain records and documents are not available because persons are not yet receiving  
 92.22 services from the program; and

92.23 (3) the applicant complies with applicable laws and rules in all other respects.

92.24 (c) A decision by the commissioner to issue a license does not guarantee that any person  
 92.25 or persons will be placed or cared for in the licensed program.

92.26 (d) Except as provided in paragraphs (i) and (j), the commissioner shall not issue a  
 92.27 license if the applicant, license holder, or an affiliated controlling individual has:

92.28 (1) been disqualified and the disqualification was not set aside and no variance has been  
 92.29 granted;

- 93.1 (2) been denied a license under this chapter or chapter 142B within the past two years;
- 93.2 (3) had a license issued under this chapter or chapter 142B revoked within the past five
- 93.3 years; or
- 93.4 (4) failed to submit the information required of an applicant under subdivision 1,
- 93.5 paragraph (f), (g), or (h), after being requested by the commissioner.

93.6 When a license issued under this chapter or chapter 142B is revoked, the license holder

93.7 and each affiliated controlling individual with a revoked license may not hold any license

93.8 under chapter 245A for five years following the revocation, and other licenses held by the

93.9 applicant or license holder or licenses affiliated with each controlling individual shall also

93.10 be revoked.

93.11 (e) Notwithstanding paragraph (d), the commissioner may elect not to revoke a license

93.12 affiliated with a license holder or controlling individual that had a license revoked within

93.13 the past five years if the commissioner determines that (1) the license holder or controlling

93.14 individual is operating the program in substantial compliance with applicable laws and rules

93.15 and (2) the program's continued operation is in the best interests of the community being

93.16 served.

93.17 (f) Notwithstanding paragraph (d), the commissioner may issue a new license in response

93.18 to an application that is affiliated with an applicant, license holder, or controlling individual

93.19 that had an application denied within the past two years or a license revoked within the past

93.20 five years if the commissioner determines that (1) the applicant or controlling individual

93.21 has operated one or more programs in substantial compliance with applicable laws and rules

93.22 and (2) the program's operation would be in the best interests of the community to be served.

93.23 (g) In determining whether a program's operation would be in the best interests of the

93.24 community to be served, the commissioner shall consider factors such as the number of

93.25 persons served, the availability of alternative services available in the surrounding

93.26 community, the management structure of the program, whether the program provides

93.27 culturally specific services, and other relevant factors.

93.28 (h) The commissioner shall not issue or reissue a license under this chapter if an individual

93.29 living in the household where the services will be provided as specified under section

93.30 245C.03, subdivision 1, has been disqualified and the disqualification has not been set aside

93.31 and no variance has been granted.

93.32 (i) Pursuant to section 245A.07, subdivision 1, paragraph (b), when a license issued

93.33 under this chapter has been suspended or revoked and the suspension or revocation is under

94.1 appeal, the program may continue to operate pending a final order from the commissioner.  
94.2 If the license under suspension or revocation will expire before a final order is issued, a  
94.3 temporary provisional license may be issued provided any applicable license fee is paid  
94.4 before the temporary provisional license is issued.

94.5 (j) Notwithstanding paragraph (i), when a revocation is based on the disqualification of  
94.6 a controlling individual or license holder, and the controlling individual or license holder  
94.7 is ordered under section 245C.17 to be immediately removed from direct contact with  
94.8 persons receiving services or is ordered to be under continuous, direct supervision when  
94.9 providing direct contact services, the program may continue to operate only if the program  
94.10 complies with the order and submits documentation demonstrating compliance with the  
94.11 order. If the disqualified individual fails to submit a timely request for reconsideration, or  
94.12 if the disqualification is not set aside and no variance is granted, the order to immediately  
94.13 remove the individual from direct contact or to be under continuous, direct supervision  
94.14 remains in effect pending the outcome of a hearing and final order from the commissioner.

94.15 (k) Unless otherwise specified by statute, all licenses issued under this chapter expire  
94.16 at 12:01 a.m. on the day after the expiration date stated on the license. A license holder must  
94.17 ~~apply for and be granted~~ comply with the requirements in section 245A.10 and be reissued  
94.18 a new license to operate the program or the program must not be operated after the expiration  
94.19 date. Adult foster care, family adult day services, child foster residence setting, and  
94.20 community residential services license holders must apply for and be granted a new license  
94.21 to operate the program or the program must not be operated after the expiration date. Upon  
94.22 implementation of the provider licensing and reporting hub, licenses may be issued each  
94.23 calendar year.

94.24 (l) The commissioner shall not issue or reissue a license under this chapter if it has been  
94.25 determined that a Tribal licensing authority has established jurisdiction to license the program  
94.26 or service.

94.27 (m) The commissioner of human services may coordinate and share data with the  
94.28 commissioner of children, youth, and families to enforce this section.

94.29 Sec. 6. Minnesota Statutes 2024, section 245A.16, subdivision 1, is amended to read:

94.30 Subdivision 1. **Delegation of authority to agencies.** (a) County agencies that have been  
94.31 designated by the commissioner to perform licensing functions and activities under section  
94.32 245A.04; to recommend denial of applicants under section 245A.05; to issue correction  
94.33 orders, to issue variances, and recommend a conditional license under section 245A.06; or  
94.34 to recommend suspending or revoking a license or issuing a fine under section 245A.07,

95.1 shall comply with rules and directives of the commissioner governing those functions and  
 95.2 with this section. The following variances are excluded from the delegation of variance  
 95.3 authority and may be issued only by the commissioner:

95.4 (1) dual licensure of child foster residence setting and community residential setting;

95.5 (2) until the responsibility for family child foster care transfers to the commissioner of  
 95.6 children, youth, and families under Laws 2023, chapter 70, article 12, section 30, dual  
 95.7 licensure of family child foster care and family adult foster care;

95.8 (3) until the responsibility for family child care transfers to the commissioner of children,  
 95.9 youth, and families under Laws 2023, chapter 70, article 12, section 30, dual licensure of  
 95.10 family adult foster care and family child care;

95.11 (4) adult foster care or community residential setting maximum capacity;

95.12 (5) adult foster care or community residential setting minimum age requirement;

95.13 (6) child foster care maximum age requirement;

95.14 (7) variances regarding disqualified individuals;

95.15 (8) the required presence of a caregiver in the adult foster care residence during normal  
 95.16 sleeping hours;

95.17 (9) variances to requirements relating to chemical use problems of a license holder or a  
 95.18 household member of a license holder; and

95.19 (10) variances to section 142B.46 for the use of a cradleboard for a cultural  
 95.20 accommodation.

95.21 (b) Once the respective responsibilities transfer from the commissioner of human services  
 95.22 to the commissioner of children, youth, and families, under Laws 2023, chapter 70, article  
 95.23 12, section 30, the commissioners of human services and children, youth, and families must  
 95.24 both approve a variance for dual licensure of family child foster care and family adult foster  
 95.25 care or family adult foster care and family child care. Variances under this paragraph are  
 95.26 excluded from the delegation of variance authority and may be issued only by both  
 95.27 commissioners.

95.28 ~~(c) For family adult day services programs, the commissioner may authorize licensing~~  
 95.29 ~~reviews every two years after a licensee has had at least one annual review.~~

95.30 ~~(d) A~~ (c) An adult foster care, family adult day services, child foster residence setting,  
 95.31 or community residential services license issued under this section may be issued for up to  
 95.32 two years until implementation of the provider licensing and reporting hub. Upon

96.1 implementation of the provider licensing and reporting hub, licenses may be issued each  
96.2 calendar year.

96.3 ~~(e)~~ (d) During implementation of chapter 245D, the commissioner shall consider:

96.4 (1) the role of counties in quality assurance;

96.5 (2) the duties of county licensing staff; and

96.6 (3) the possible use of joint powers agreements, according to section 471.59, with counties  
96.7 through which some licensing duties under chapter 245D may be delegated by the  
96.8 commissioner to the counties.

96.9 Any consideration related to this paragraph must meet all of the requirements of the corrective  
96.10 action plan ordered by the federal Centers for Medicare and Medicaid Services.

96.11 ~~(f)~~ (e) Licensing authority specific to section 245D.06, subdivisions 5, 6, 7, and 8, or  
96.12 successor provisions; and section 245D.061 or successor provisions, for family child foster  
96.13 care programs providing out-of-home respite, as identified in section 245D.03, subdivision  
96.14 1, paragraph (b), clause (1), is excluded from the delegation of authority to county agencies.

96.15 Sec. 7. Minnesota Statutes 2024, section 245A.242, subdivision 2, is amended to read:

96.16 Subd. 2. **Emergency overdose treatment.** (a) A license holder must maintain a supply  
96.17 of opiate antagonists as defined in section 604A.04, subdivision 1, available for emergency  
96.18 treatment of opioid overdose and must have a written standing order protocol by a physician  
96.19 who is licensed under chapter 147, advanced practice registered nurse who is licensed under  
96.20 chapter 148, or physician assistant who is licensed under chapter 147A, that permits the  
96.21 license holder to maintain a supply of opiate antagonists on site. A license holder must  
96.22 require staff to undergo training in the specific mode of administration used at the program,  
96.23 which may include intranasal administration, intramuscular injection, or both, before the  
96.24 staff has direct contact, as defined in section 245C.02, subdivision 11, with a person served  
96.25 by the program.

96.26 (b) Notwithstanding any requirements to the contrary in Minnesota Rules, chapters 2960  
96.27 and 9530, and Minnesota Statutes, chapters 245F, 245G, and 245I:

96.28 (1) emergency opiate antagonist medications are not required to be stored in a locked  
96.29 area and staff and adult clients may carry this medication on them and store it in an unlocked  
96.30 location;

96.31 (2) staff persons who only administer emergency opiate antagonist medications only  
96.32 require the training required by paragraph (a), which any knowledgeable trainer may provide.



97.1 The trainer is not required to be a registered nurse or part of an accredited educational  
97.2 institution; and

97.3 (3) nonresidential substance use disorder treatment programs that do not administer  
97.4 client medications beyond emergency opiate antagonist medications are not required to  
97.5 have the policies and procedures required in section 245G.08, subdivisions 5 and 6, and  
97.6 must instead describe the program's procedures for administering opiate antagonist  
97.7 medications in the license holder's description of health care services under section 245G.08,  
97.8 subdivision 1.

97.9 Sec. 8. Minnesota Statutes 2024, section 245C.05, is amended by adding a subdivision to  
97.10 read:

97.11 Subd. 9. **Electronic signature.** For documentation requiring a signature under this  
97.12 chapter, use of an electronic signature as defined under section 325L.02, paragraph (h), is  
97.13 allowed.

97.14 Sec. 9. Minnesota Statutes 2024, section 245C.08, subdivision 3, is amended to read:

97.15 Subd. 3. **Arrest and investigative information.** (a) For any background study completed  
97.16 under this section, if the commissioner has reasonable cause to believe the information is  
97.17 pertinent to the disqualification of an individual, the commissioner also may review arrest  
97.18 and investigative information from:

97.19 (1) the Bureau of Criminal Apprehension;

97.20 (2) the commissioners of children, youth, and families; health; and human services;

97.21 (3) a ~~county attorney~~ prosecutor;

97.22 ~~(4) a county sheriff;~~

97.23 ~~(5) (4) a county agency;~~

97.24 ~~(6) (5) a local chief of police~~ law enforcement agency;

97.25 ~~(7) (6) other states;~~

97.26 ~~(8) (7) the courts;~~

97.27 ~~(9) (8) the Federal Bureau of Investigation;~~

97.28 ~~(10) (9) the National Criminal Records Repository; and~~

97.29 ~~(11) (10) criminal records from other states.~~

98.1 (b) Except when specifically required by law, the commissioner is not required to conduct  
98.2 more than one review of a subject's records from the Federal Bureau of Investigation if a  
98.3 review of the subject's criminal history with the Federal Bureau of Investigation has already  
98.4 been completed by the commissioner and there has been no break in the subject's affiliation  
98.5 with the entity that initiated the background study.

98.6 (c) If the commissioner conducts a national criminal history record check when required  
98.7 by law and uses the information from the national criminal history record check to make a  
98.8 disqualification determination, the data obtained is private data and cannot be shared with  
98.9 private agencies or prospective employers of the background study subject.

98.10 (d) If the commissioner conducts a national criminal history record check when required  
98.11 by law and uses the information from the national criminal history record check to make a  
98.12 disqualification determination, the license holder or entity that submitted the study is not  
98.13 required to obtain a copy of the background study subject's disqualification letter under  
98.14 section 245C.17, subdivision 3.

98.15 Sec. 10. Minnesota Statutes 2024, section 245C.22, subdivision 5, is amended to read:

98.16 Subd. 5. **Scope of set-aside.** (a) If the commissioner sets aside a disqualification under  
98.17 this section, the disqualified individual remains disqualified, but may hold a license and  
98.18 have direct contact with or access to persons receiving services. Except as provided in  
98.19 paragraph (b), the commissioner's set-aside of a disqualification is limited solely to the  
98.20 licensed program, applicant, or agency specified in the set aside notice under section 245C.23.  
98.21 For personal care provider organizations, financial management services organizations,  
98.22 community first services and supports organizations, unlicensed home and community-based  
98.23 organizations, and consumer-directed community supports organizations, the commissioner's  
98.24 set-aside may further be limited to a specific individual who is receiving services. For new  
98.25 background studies required under section 245C.04, subdivision 1, paragraph (h), if an  
98.26 individual's disqualification was previously set aside for the license holder's program and  
98.27 the new background study results in no new information that indicates the individual may  
98.28 pose a risk of harm to persons receiving services from the license holder, the previous  
98.29 set-aside shall remain in effect.

98.30 (b) If the commissioner has previously set aside an individual's disqualification for one  
98.31 or more programs or agencies, and the individual is the subject of a subsequent background  
98.32 study for a different program or agency, the commissioner shall determine whether the  
98.33 disqualification is set aside for the program or agency that initiated the subsequent

99.1 background study. A notice of a set-aside under paragraph (c) shall be issued within 15  
99.2 working days if all of the following criteria are met:

99.3 (1) the subsequent background study was initiated in connection with a program licensed  
99.4 or regulated under the same provisions of law and rule for at least one program for which  
99.5 the individual's disqualification was previously set aside by the commissioner;

99.6 (2) the individual is not disqualified for an offense specified in section 245C.15,  
99.7 subdivision 1 or 2;

99.8 (3) the commissioner has received no new information to indicate that the individual  
99.9 may pose a risk of harm to any person served by the program; and

99.10 (4) the previous set-aside was not limited to a specific person receiving services.

99.11 (c) Notwithstanding paragraph (b), clause (2), for an individual who is employed in the  
99.12 substance use disorder field, if the commissioner has previously set aside an individual's  
99.13 disqualification for one or more programs or agencies in the substance use disorder treatment  
99.14 field, and the individual is the subject of a subsequent background study for a different  
99.15 program or agency in the substance use disorder treatment field, the commissioner shall set  
99.16 aside the disqualification for the program or agency in the substance use disorder treatment  
99.17 field that initiated the subsequent background study when the criteria under paragraph (b),  
99.18 clauses (1), (3), and (4), are met and the individual is not disqualified for an offense specified  
99.19 in section 245C.15, subdivision 1. A notice of a set-aside under paragraph (d) shall be issued  
99.20 within 15 working days.

99.21 (d) When a disqualification is set aside under paragraph (b), the notice of background  
99.22 study results issued under section 245C.17, in addition to the requirements under section  
99.23 245C.17, shall state that the disqualification is set aside for the program or agency that  
99.24 initiated the subsequent background study. The notice must inform the individual that the  
99.25 individual may request reconsideration of the disqualification under section 245C.21 on the  
99.26 basis that the information used to disqualify the individual is incorrect.

99.27 Sec. 11. Minnesota Statutes 2024, section 245D.02, subdivision 4a, is amended to read:

99.28 Subd. 4a. **Community residential setting.** "Community residential setting" means a  
99.29 residential program as identified in section 245A.11, subdivision 8, where residential supports  
99.30 and services identified in section 245D.03, subdivision 1, paragraph (c), clause (3), items  
99.31 (i) and (ii), are provided to adults, as defined in section 245A.02, subdivision 2, and the  
99.32 license holder is the owner, lessor, or tenant of the facility licensed according to this chapter,  
99.33 and the license holder does not reside in the facility.

100.1 **EFFECTIVE DATE.** This section is effective August 1, 2025.

100.2 Sec. 12. Minnesota Statutes 2024, section 245G.05, subdivision 1, is amended to read:

100.3 Subdivision 1. **Comprehensive assessment.** A comprehensive assessment of the client's  
100.4 substance use disorder must be administered face-to-face by an alcohol and drug counselor  
100.5 within five calendar days from the day of service initiation for a residential program or by  
100.6 the end of the fifth day on which a treatment service is provided in a nonresidential program.  
100.7 The number of days to complete the comprehensive assessment excludes the day of service  
100.8 initiation. If the comprehensive assessment is not completed within the required time frame,  
100.9 the person-centered reason for the delay and the planned completion date must be documented  
100.10 in the client's file. The comprehensive assessment is complete upon a qualified staff member's  
100.11 dated signature. If the client previously received a comprehensive assessment ~~that authorized~~  
100.12 ~~the treatment service~~, an alcohol and drug counselor may use the comprehensive assessment  
100.13 for requirements of this subdivision but must document a review of the comprehensive  
100.14 assessment and update the comprehensive assessment as clinically necessary to ensure  
100.15 compliance with this subdivision within applicable timelines. An alcohol and drug counselor  
100.16 must sign and date the comprehensive assessment review and update.

100.17 Sec. 13. Minnesota Statutes 2024, section 245G.06, subdivision 1, is amended to read:

100.18 Subdivision 1. **General.** Each client must have a person-centered individual treatment  
100.19 plan developed by an alcohol and drug counselor within ten days from the day of service  
100.20 initiation for a residential program, by the end of the tenth day on which a treatment session  
100.21 has been provided from the day of service initiation for a client in a nonresidential program,  
100.22 not to exceed 30 days. Opioid treatment programs must complete the individual treatment  
100.23 plan within ~~21~~ 14 days from the day of service initiation. The number of days to complete  
100.24 the individual treatment plan excludes the day of service initiation. The individual treatment  
100.25 plan must be signed by the client and the alcohol and drug counselor and document the  
100.26 client's involvement in the development of the plan. The individual treatment plan is  
100.27 developed upon the qualified staff member's dated signature. Treatment planning must  
100.28 include ongoing assessment of client needs. An individual treatment plan must be updated  
100.29 based on new information gathered about the client's condition, the client's level of  
100.30 participation, and on whether methods identified have the intended effect. A change to the  
100.31 plan must be signed by the client and the alcohol and drug counselor. If the client chooses  
100.32 to have family or others involved in treatment services, the client's individual treatment plan  
100.33 must include how the family or others will be involved in the client's treatment. If a client  
100.34 is receiving treatment services or an assessment via telehealth and the alcohol and drug

101.1 counselor documents the reason the client's signature cannot be obtained, the alcohol and  
101.2 drug counselor may document the client's verbal approval or electronic written approval of  
101.3 the treatment plan or change to the treatment plan in lieu of the client's signature.

101.4 Sec. 14. Minnesota Statutes 2024, section 245G.06, subdivision 2a, is amended to read:

101.5 Subd. 2a. **Documentation of treatment services.** The license holder must ensure that  
101.6 the staff member who provides the treatment service documents in the client record the  
101.7 date, type, and amount of each treatment service provided to a client and the client's response  
101.8 to each treatment service within seven days of providing the treatment service. In addition  
101.9 to the other requirements of this subdivision, if a guest speaker presents information during  
101.10 a treatment service, the alcohol and drug counselor who provided the service and is  
101.11 responsible for the information presented by the guest speaker must document the name of  
101.12 the guest speaker, date of service, time the presentation began, time the presentation ended,  
101.13 and a summary of the topic presentation.

101.14 Sec. 15. Minnesota Statutes 2024, section 245G.06, subdivision 3a, is amended to read:

101.15 Subd. 3a. **Frequency of treatment plan reviews.** (a) A license holder must ensure that  
101.16 the alcohol and drug counselor responsible for a client's treatment plan completes and  
101.17 documents a treatment plan review that meets the requirements of subdivision 3 in each  
101.18 client's file, according to the frequencies required in this subdivision. All ASAM levels  
101.19 referred to in this chapter are those described in section 254B.19, subdivision 1.

101.20 (b) For a client receiving residential ASAM level 3.3 or 3.5 high-intensity services or  
101.21 residential hospital-based services, a treatment plan review must be completed once every  
101.22 14 days.

101.23 (c) For a client receiving residential ASAM level 3.1 low-intensity services or any other  
101.24 residential level not listed in paragraph (b), a treatment plan review must be completed once  
101.25 every 30 days.

101.26 (d) For a client receiving nonresidential ASAM level 2.5 partial hospitalization services,  
101.27 a treatment plan review must be completed once every 14 days.

101.28 (e) For a client receiving nonresidential ASAM level 1.0 outpatient or 2.1 intensive  
101.29 outpatient services or any other nonresidential level not included in paragraph (d), a treatment  
101.30 plan review must be completed once every 30 days.

101.31 (f) For a client receiving nonresidential opioid treatment program services according to  
101.32 section 245G.22, a treatment plan review must be completed:

102.1 (1) weekly for the ten weeks following completion of the treatment plan; and

102.2 (2) monthly thereafter.

102.3 Treatment plan reviews must be completed more frequently when clinical needs warrant.

102.4 (g) The ten-week time frame in paragraph (f), clause (1), may include a client's previous  
 102.5 time at another opioid treatment program licensed in Minnesota under section 245G.22 if:

102.6 (1) the client was enrolled in the other opioid treatment program immediately prior to  
 102.7 admission to the license holder's program;

102.8 (2) the client did not miss taking a daily dose of medication to treat an opioid use disorder;  
 102.9 and

102.10 (3) the license holder obtains from the previous opioid treatment program the client's  
 102.11 number of days in comprehensive treatment, discharge summary, amount of daily milligram  
 102.12 dose of medication for opioid use disorder, and previous three drug abuse test results.

102.13 ~~(g)~~ (h) Notwithstanding paragraphs (e) and (f), clause (2), for a client in a nonresidential  
 102.14 program with a treatment plan that clearly indicates less than five hours of skilled treatment  
 102.15 services will be provided to the client each month, a treatment plan review must be completed  
 102.16 once every 90 days. Treatment plan reviews must be completed more frequently when  
 102.17 clinical needs warrant.

102.18 Sec. 16. Minnesota Statutes 2024, section 245G.07, subdivision 2, is amended to read:

102.19 Subd. 2. **Additional treatment service.** A license holder may provide or arrange the  
 102.20 following additional treatment service as a part of the client's individual treatment plan:

102.21 (1) relationship counseling provided by a qualified professional to help the client identify  
 102.22 the impact of the client's substance use disorder on others and to help the client and persons  
 102.23 in the client's support structure identify and change behaviors that contribute to the client's  
 102.24 substance use disorder;

102.25 (2) therapeutic recreation to allow the client to participate in recreational activities  
 102.26 without the use of mood-altering chemicals and to plan and select leisure activities that do  
 102.27 not involve the inappropriate use of chemicals;

102.28 (3) stress management and physical well-being to help the client reach and maintain an  
 102.29 appropriate level of health, physical fitness, and well-being;

102.30 (4) living skills development to help the client learn basic skills necessary for independent  
 102.31 living;

103.1 (5) employment or educational services to help the client become financially independent;

103.2 (6) socialization skills development to help the client live and interact with others in a  
103.3 positive and productive manner;

103.4 (7) room, board, and supervision at the treatment site to provide the client with a safe  
103.5 and appropriate environment to gain and practice new skills; and

103.6 (8) peer recovery support services must be provided one-to-one and face-to-face,  
103.7 including through the Internet, by a recovery peer qualified according to section 245I.04,  
103.8 subdivision 18. Peer recovery support services must be provided according to sections  
103.9 254B.05, subdivision 5, and 254B.052.

103.10 Sec. 17. Minnesota Statutes 2024, section 245G.08, subdivision 6, is amended to read:

103.11 Subd. 6. **Control of drugs.** A license holder must have and implement written policies  
103.12 and procedures developed by a registered nurse that contain:

103.13 (1) a requirement that each drug must be stored in a locked compartment. A Schedule  
103.14 II drug, as defined by section 152.02, subdivision 3, must be stored in a separately locked  
103.15 compartment, permanently affixed to the physical plant or medication cart;

103.16 (2) a documentation system which that accounts for all ~~scheduled drugs each shift~~  
103.17 schedule II to V drugs listed in section 152.02, subdivisions 3 to 6;

103.18 (3) a procedure for recording the client's use of medication, including the signature of  
103.19 the staff member who completed the administration of the medication with the time and  
103.20 date;

103.21 (4) a procedure to destroy a discontinued, outdated, or deteriorated medication;

103.22 (5) a statement that only authorized personnel are permitted access to the keys to a locked  
103.23 compartment;

103.24 (6) a statement that no legend drug supply for one client shall be given to another client;  
103.25 and

103.26 (7) a procedure for monitoring the available supply of an opiate antagonist as defined  
103.27 in section 604A.04, subdivision 1, on site and replenishing the supply when needed.

103.28 Sec. 18. Minnesota Statutes 2024, section 245G.09, subdivision 3, is amended to read:

103.29 Subd. 3. **Contents.** (a) Client records must contain the following:

103.30 (1) documentation that the client was given;

104.1 (i) information on client rights and responsibilities; and grievance procedures; on the  
 104.2 day of service initiation;

104.3 (ii) information on tuberculosis; and HIV; and that the client was provided within 72  
 104.4 hours of service initiation;

104.5 (iii) an orientation to the program abuse prevention plan required under section 245A.65,  
 104.6 subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record  
 104.7 must contain documentation that the client was provided within 24 hours of admission or,  
 104.8 for clients who would benefit from a later orientation, 72 hours; and

104.9 (iv) opioid educational information material according to section 245G.04, subdivision  
 104.10 3, on the day of service initiation;

104.11 (2) an initial services plan completed according to section 245G.04;

104.12 (3) a comprehensive assessment completed according to section 245G.05;

104.13 (4) an individual abuse prevention plan according to sections 245A.65, subdivision 2,  
 104.14 and 626.557, subdivision 14, when applicable;

104.15 (5) an individual treatment plan according to section 245G.06, subdivisions 1 and 1a;

104.16 (6) documentation of treatment services, significant events, appointments, concerns, and  
 104.17 treatment plan reviews according to section 245G.06, subdivisions 2a, 2b, 3, and 3a; and

104.18 (7) a summary at the time of service termination according to section 245G.06,  
 104.19 subdivision 4.

104.20 (b) For a client that transfers to another of the license holder's licensed treatment locations,  
 104.21 the license holder is not required to complete new documents or orientation for the client,  
 104.22 except that the client must receive an orientation to the new location's grievance procedure,  
 104.23 program abuse prevention plan, and maltreatment of minor and vulnerable adults reporting  
 104.24 procedures.

104.25 Sec. 19. Minnesota Statutes 2024, section 245G.11, subdivision 11, is amended to read:

104.26 Subd. 11. **Individuals with temporary permit.** An individual with a temporary permit  
 104.27 from the Board of Behavioral Health and Therapy may provide substance use disorder  
 104.28 treatment ~~service~~ services and complete comprehensive assessments, individual treatment  
 104.29 plans, treatment plan reviews, and service discharge summaries according to this subdivision  
 104.30 if they meet the requirements of either paragraph (a) or (b).



105.1 (a) An individual with a temporary permit must be supervised by a licensed alcohol and  
 105.2 drug counselor assigned by the license holder. The supervising licensed alcohol and drug  
 105.3 counselor must document the amount and type of supervision provided at least on a weekly  
 105.4 basis. The supervision must relate to the clinical practice.

105.5 (b) An individual with a temporary permit must be supervised by a clinical supervisor  
 105.6 approved by the Board of Behavioral Health and Therapy. The supervision must be  
 105.7 documented and meet the requirements of section 148F.04, subdivision 4.

105.8 Sec. 20. Minnesota Statutes 2024, section 245G.18, subdivision 2, is amended to read:

105.9 Subd. 2. **Alcohol and drug counselor qualifications.** In addition to the requirements  
 105.10 specified in section 245G.11, subdivisions 1 and 5, an alcohol and drug counselor providing  
 105.11 treatment service to an adolescent must have:

105.12 ~~(1) an additional 30 hours of training or classroom instruction or one three-credit semester~~  
 105.13 ~~college course in adolescent development. This The training, classroom instruction, or~~  
 105.14 ~~college course must be completed no later than six months after the counselor first provides~~  
 105.15 ~~treatment services to adolescents and need only be completed one time; and. The training~~  
 105.16 ~~must be interactive and must not consist only of reading information. An alcohol and drug~~  
 105.17 ~~counselor who is also qualified as a mental health professional under section 245I.04,~~  
 105.18 ~~subdivision 2, is exempt from the requirement in this subdivision.~~

105.19 ~~(2) at least 150 hours of supervised experience as an adolescent counselor, either as a~~  
 105.20 ~~student or as a staff member.~~

105.21 Sec. 21. Minnesota Statutes 2024, section 245G.19, subdivision 4, is amended to read:

105.22 Subd. 4. **Additional licensing requirements.** During the times the license holder is  
 105.23 responsible for the supervision of a child, except for license holders described in subdivision  
 105.24 5, the license holder must meet the following standards:

105.25 (1) child and adult ratios in Minnesota Rules, part 9502.0367;

105.26 (2) day care training in section 142B.70;

105.27 (3) behavior guidance in Minnesota Rules, part 9502.0395;

105.28 (4) activities and equipment in Minnesota Rules, part 9502.0415;

105.29 (5) physical environment in Minnesota Rules, part 9502.0425;

105.30 (6) physical space requirements in section 142B.72; and

106.1 (7) water, food, and nutrition in Minnesota Rules, part 9502.0445, unless the license  
106.2 holder has a license from the Department of Health.

106.3 Sec. 22. Minnesota Statutes 2024, section 245G.19, is amended by adding a subdivision  
106.4 to read:

106.5 Subd. 5. **Child care license exemption.** (a) License holders that only provide supervision  
106.6 of children for less than three hours a day while the child's parent is in the same building  
106.7 or contiguous building as allowed by the exclusion from licensure in section 245A.03,  
106.8 subdivision 2, paragraph (a), clause (6), are exempt from the requirements of subdivision  
106.9 4, if the requirements of this subdivision are met.

106.10 (b) During the times the license holder is responsible for the supervision of the child,  
106.11 there must always be a staff member present that is responsible for supervising the child  
106.12 who is trained in cardiopulmonary resuscitation (CPR) and first aid. This staff person must  
106.13 be able to immediately contact the child's parent at all times.

106.14 Sec. 23. Minnesota Statutes 2024, section 245G.22, subdivision 1, is amended to read:

106.15 **Subdivision 1. Additional requirements.** (a) An opioid treatment program licensed  
106.16 under this chapter must also: (1) comply with the requirements of this section and Code of  
106.17 Federal Regulations, title 42, part 8; (2) be registered as a narcotic treatment program with  
106.18 the Drug Enforcement Administration; (3) be accredited through an accreditation body  
106.19 approved by the Division of Pharmacologic Therapy of the Center for Substance Abuse  
106.20 Treatment; (4) be certified through the Division of Pharmacologic Therapy of the Center  
106.21 for Substance Abuse Treatment; and (5) hold a license from the Minnesota Board of  
106.22 Pharmacy or ~~equivalent agency~~ meet the requirements for dispensing by a practitioner in  
106.23 section 151.37, subdivision 2, and Minnesota Rules, parts 6800.9950 to 6800.9954.

106.24 (b) A license holder operating under the dispensing by practitioner requirements in  
106.25 section 151.37, subdivision 2, and Minnesota Rules, parts 6800.9950 to 6800.9954, must  
106.26 maintain documentation that the practitioner responsible for complying with the above  
106.27 statute and rules has signed a statement attesting that they are the practitioner responsible  
106.28 for complying with the applicable statutes and rules. If more than one person is responsible  
106.29 for compliance, all practitioners must sign a statement.

106.30 ~~(b)~~ (c) Where a standard in this section differs from a standard in an otherwise applicable  
106.31 administrative rule or statute, the standard of this section applies.

107.1 Sec. 24. Minnesota Statutes 2024, section 245G.22, subdivision 14, is amended to read:

107.2 Subd. 14. **Central registry.** ~~(a)~~ A license holder must comply with requirements to  
 107.3 submit information and necessary consents to the state central registry for each client  
 107.4 admitted, as specified by the commissioner. The license holder must submit data concerning  
 107.5 medication used for the treatment of opioid use disorder. The data must be submitted in a  
 107.6 method determined by the commissioner and the original information must be kept in the  
 107.7 client's record. The information must be submitted for each client at admission and discharge.  
 107.8 The program must document the date the information was submitted. The client's failure to  
 107.9 provide the information shall prohibit participation in an opioid treatment program. The  
 107.10 information submitted must include the client's:

107.11 (1) full name and all aliases;

107.12 (2) date of admission;

107.13 (3) date of birth;

107.14 (4) Social Security number or Alien Registration Number, if any; and

107.15 (5) current or previous enrollment status in another opioid treatment program;

107.16 ~~(6) government-issued photo identification card number; and~~

107.17 ~~(7) driver's license number, if any.~~

107.18 ~~(b) The requirements in paragraph (a) are effective upon the commissioner's~~  
 107.19 ~~implementation of changes to the drug and alcohol abuse normative evaluation system or~~  
 107.20 ~~development of an electronic system by which to submit the data.~~

107.21 Sec. 25. Minnesota Statutes 2024, section 245G.22, subdivision 15, is amended to read:

107.22 Subd. 15. **Nonmedication treatment services; documentation.** (a) The program must  
 107.23 offer at least 50 consecutive minutes of individual or group therapy treatment services as  
 107.24 defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first  
 107.25 ten weeks following the day of service initiation, and at least 50 consecutive minutes per  
 107.26 month thereafter. As clinically appropriate, the program may offer these services cumulatively  
 107.27 and not consecutively in increments of no less than 15 minutes over the required time period,  
 107.28 and for a total of 60 minutes of treatment services over the time period, and must document  
 107.29 the reason for providing services cumulatively in the client's record. The program may offer  
 107.30 additional levels of service when deemed clinically necessary.

107.31 (b) The ten-week time frame may include a client's previous time at another opioid  
 107.32 treatment program licensed in Minnesota under this section if:

108.1 (1) the client was enrolled in the other opioid treatment program immediately prior to  
 108.2 admission to the license holder's program;

108.3 (2) the client did not miss taking a daily dose of medication to treat an opioid use disorder;  
 108.4 and

108.5 (3) the license holder obtains from the previous opioid treatment program the client's  
 108.6 number of days in comprehensive maintenance treatment, discharge summary, amount of  
 108.7 daily milligram dose of medication for opioid use disorder, and previous three drug abuse  
 108.8 test results.

108.9 ~~(b)~~ (c) Notwithstanding the requirements of comprehensive assessments in section  
 108.10 245G.05, the assessment must be completed within 21 days from the day of service initiation.

108.11 Sec. 26. Minnesota Statutes 2024, section 256.98, subdivision 1, is amended to read:

108.12 Subdivision 1. **Wrongfully obtaining assistance.** (a) A person who commits any of the  
 108.13 following acts or omissions with intent to defeat the purposes of sections 145.891 to 145.897,  
 108.14 the MFIP program formerly codified in sections 256.031 to 256.0361, the AFDC program  
 108.15 formerly codified in sections 256.72 to 256.871, chapter 142G, 256B, 256D, 256I, 256K,  
 108.16 or 256L, child care assistance programs, and emergency assistance programs under section  
 108.17 256D.06, is guilty of theft and shall be sentenced under section 609.52, subdivision 3, clauses  
 108.18 (1) to (5):

108.19 (1) obtains or attempts to obtain, or aids or abets any person to obtain by means of a  
 108.20 willfully false statement or representation, by intentional concealment of any material fact,  
 108.21 or by impersonation or other fraudulent device, assistance or the continued receipt of  
 108.22 assistance, to include child care assistance or food benefits produced according to sections  
 108.23 145.891 to 145.897 and MinnesotaCare services according to sections 256.9365, 256.94,  
 108.24 and 256L.01 to 256L.15, to which the person is not entitled or assistance greater than that  
 108.25 to which the person is entitled;

108.26 (2) knowingly aids or abets in buying or in any way disposing of the property of a  
 108.27 recipient or applicant of assistance without the consent of the county agency; or

108.28 (3) obtains or attempts to obtain, alone or in collusion with others, the receipt of payments  
 108.29 to which the individual is not entitled as a provider of subsidized child care, ~~or by furnishing~~  
 108.30 ~~or concurring in~~ receiving or providing any prohibited payment, as defined in section  
 108.31 609.542, subdivision 2, including a kickback, or by submitting or aiding or abetting the  
 108.32 submission of a willfully false claim for child care assistance.

109.1 (b) The continued receipt of assistance to which the person is not entitled or greater than  
109.2 that to which the person is entitled as a result of any of the acts, failure to act, or concealment  
109.3 described in this subdivision shall be deemed to be continuing offenses from the date that  
109.4 the first act or failure to act occurred.

109.5 Sec. 27. Minnesota Statutes 2024, section 256B.12, is amended to read:

109.6 **256B.12 LEGAL REPRESENTATION.**

109.7 The attorney general or the appropriate county attorney appearing at the direction of the  
109.8 attorney general shall be the attorney for the state agency, and the county attorney of the  
109.9 appropriate county shall be the attorney for the ~~local~~ agency in all matters pertaining hereto.  
109.10 To prosecute under this chapter or sections 609.466 and, 609.52, subdivision 2, and 609.542  
109.11 or to recover payments wrongfully made under this chapter, the attorney general or the  
109.12 appropriate county attorney, acting independently or at the direction of the attorney general  
109.13 may institute a criminal or civil action.

109.14 Sec. 28. Minnesota Statutes 2024, section 480.40, subdivision 1, is amended to read:

109.15 Subdivision 1. **Definitions.** (a) For purposes of this section and section 480.45, the  
109.16 following terms have the meanings given.

109.17 (b) "Judicial official" means:

109.18 (1) every Minnesota district court judge, senior judge, retired judge, and every judge of  
109.19 the Minnesota Court of Appeals and every active, senior, recalled, or retired federal judge  
109.20 who resides in Minnesota;

109.21 (2) a justice of the Minnesota Supreme Court;

109.22 (3) employees of the Minnesota judicial branch;

109.23 (4) judicial referees and magistrate judges; and

109.24 (5) current and retired judges and current employees of the Office of Administrative  
109.25 Hearings, Department of Human Services Appeals Division, Workers' Compensation Court  
109.26 of Appeals, and Tax Court.

109.27 (c) "Personal information" does not include publicly available information. Personal  
109.28 information means:

109.29 (1) a residential address of a judicial official;

109.30 (2) a residential address of the spouse, domestic partner, or children of a judicial official;

110.1 (3) a nonjudicial branch issued telephone number or email address of a judicial official;  
 110.2 (4) the name of any child of a judicial official; and

110.3 (5) the name of any child care facility or school that is attended by a child of a judicial  
 110.4 official if combined with an assertion that the named facility or school is attended by the  
 110.5 child of a judicial official.

110.6 (d) "Publicly available information" means information that is lawfully made available  
 110.7 through federal, state, or local government records or information that a business has a  
 110.8 reasonable basis to believe is lawfully made available to the general public through widely  
 110.9 distributed media, by a judicial official, or by a person to whom the judicial official has  
 110.10 disclosed the information, unless the judicial official has restricted the information to a  
 110.11 specific audience.

110.12 (e) "Law enforcement support organizations" do not include charitable organizations.

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

110.14 **Sec. 29. [609.542] HUMAN SERVICES PROGRAMS CRIMES.**

110.15 **Subdivision 1. Definition.** For purposes of this section, "federal health care program"  
 110.16 has the meaning given in United States Code, title 42, section 1320a-7b(f).

110.17 **Subd. 2. Prohibited payments made relating to human services programs.** A person  
 110.18 is guilty of a crime and may be sentenced as provided in subdivision 5 if the person  
 110.19 intentionally offers or pays any remuneration, including any kickback, bribe, or rebate,  
 110.20 directly or indirectly, overtly or covertly, in cash or in kind, to another person:

110.21 (1) to induce that person to apply for, receive, or induce another person to apply for or  
 110.22 receive an item or service for which payment may be made in whole or in part under a  
 110.23 federal health care program, state behavioral health program under section 254B.04, or  
 110.24 family program under chapter 142E; or

110.25 (2) in return for purchasing, leasing, ordering, or arranging for or inducing the purchasing,  
 110.26 leasing, or ordering of any good, facility, service, or item for which payment may be made  
 110.27 in whole or in part, or which is administered in whole or in part under a federal health care  
 110.28 program, state behavioral health program under section 254B.04, or family program under  
 110.29 chapter 142E.

110.30 **Subd. 3. Receipt of prohibited payments relating to human services programs.** A  
 110.31 person is guilty of a crime and may be sentenced as provided in subdivision 5 if the person

111.1 intentionally solicits or receives any remuneration, including any kickback, bribe, or rebate,  
111.2 directly or indirectly, overtly or covertly, in cash or in kind:

111.3 (1) in return for applying for or receiving a human services benefit, service, or grant for  
111.4 which payment may be made in whole or in part under a federal health care program, state  
111.5 behavioral health program under section 254B.04, or family program under chapter 142E;  
111.6 or

111.7 (2) in return for purchasing, leasing, ordering, or arranging for or inducing the purchasing,  
111.8 leasing, or ordering of any good, facility, service, or item for which payment may be made  
111.9 in whole or in part under a federal health care program, state behavioral health program  
111.10 under section 254B.04, or family program under chapter 142E.

111.11 Subd. 4. Exemptions. (a) This section does not apply to remuneration exempted under  
111.12 the Anti-Kickback Statute, United States Code, title 42, section 1320a-7b(b)(3), or payment  
111.13 made under a federal health care program which is exempt from liability by United States  
111.14 Code, title 42, section 1001.952.

111.15 (b) This section does not apply to:

111.16 (1) any amount paid by an employer to a bona fide employee for providing covered  
111.17 items or services under chapter 142E while acting in the course and scope of employment;  
111.18 or

111.19 (2) child care provider discounts, scholarships, or other financial assistance to families  
111.20 allowed under section 142E.17, subdivision 7.

111.21 Subd. 5. Sentence. (a) A person convicted under subdivision 2 or 3 may be sentenced  
111.22 pursuant to section 609.52, subdivision 3.

111.23 (b) For purposes of sentencing a violation of subdivision 2, "value" means the fair market  
111.24 value of the good, facility, service, or item that was obtained as a direct or indirect result  
111.25 of the prohibited payment.

111.26 (c) For purposes of sentencing a violation of subdivision 3, "value" means the amount  
111.27 of the prohibited payment solicited or received.

111.28 (d) As a matter of law, a claim for any good, facility, service, or item rendered or claimed  
111.29 to have been rendered in violation of this section is noncompensable and unenforceable at  
111.30 the time the claim is made.

111.31 Subd. 6. Aggregation. In a prosecution under this section, the value of the money,  
111.32 property, or benefit received or solicited by the defendant within a six-month period may

112.1 be aggregated and the defendant charged accordingly in applying the provisions of  
112.2 subdivision 5.

112.3 Subd. 7. **False claims.** In addition to the penalties provided for in this section, a claim,  
112.4 as defined in section 15C.01, subdivision 2, that includes items or services resulting from  
112.5 a violation of this section constitutes a false or fraudulent claim for purposes of section  
112.6 15C.02.

112.7 **EFFECTIVE DATE.** This section is effective August 1, 2025, and applies to crimes  
112.8 committed on or after that date.

112.9 **Sec. 30. MODIFICATION OF DEFINITIONS.**

112.10 For the purposes of implementing the provider licensing and reporting hub, the  
112.11 commissioner of human services may modify definitions in Minnesota Statutes, chapters  
112.12 142B, 245A, 245D, 245F, 245G, and 245I, and Minnesota Rules, chapters 2960, 9502,  
112.13 9520, 9530, 9543, 9555, and 9570. Definitions changed pursuant to this section do not affect  
112.14 the rights, responsibilities, or duties of the commissioner; the Department of Human Services;  
112.15 programs administered, licensed, certified, or funded by the commissioner; or the programs'  
112.16 employees or clients. This section expires August 31, 2028.

112.17 **Sec. 31. REPEALER.**

112.18 Minnesota Statutes 2024, section 245A.11, subdivision 8, is repealed.

112.19 **EFFECTIVE DATE.** This section is effective August 1, 2025.

## 112.20 **ARTICLE 6**

### 112.21 **CHILDREN AND FAMILIES OFFICE OF THE INSPECTOR GENERAL**

112.22 Section 1. Minnesota Statutes 2024, section 142B.10, subdivision 14, is amended to read:

112.23 **Subd. 14. Grant of license; license extension.** (a) If the commissioner determines that  
112.24 the program complies with all applicable rules and laws, the commissioner shall issue a  
112.25 license consistent with this section or, if applicable, a temporary change of ownership license  
112.26 under section 142B.11. At minimum, the license shall state:

112.27 (1) the name of the license holder;

112.28 (2) the address of the program;

112.29 (3) the effective date and expiration date of the license;

112.30 (4) the type of license;



113.1 (5) the maximum number and ages of persons that may receive services from the program;  
113.2 and

113.3 (6) any special conditions of licensure.

113.4 (b) The commissioner may issue a license for a period not to exceed two years if:

113.5 (1) the commissioner is unable to conduct the observation required by subdivision 11,  
113.6 paragraph (a), clause (3), because the program is not yet operational;

113.7 (2) certain records and documents are not available because persons are not yet receiving  
113.8 services from the program; and

113.9 (3) the applicant complies with applicable laws and rules in all other respects.

113.10 (c) A decision by the commissioner to issue a license does not guarantee that any person  
113.11 or persons will be placed or cared for in the licensed program.

113.12 (d) Except as provided in paragraphs (i) and (j), the commissioner shall not issue a  
113.13 license if the applicant, license holder, or an affiliated controlling individual has:

113.14 (1) been disqualified and the disqualification was not set aside and no variance has been  
113.15 granted;

113.16 (2) been denied a license under this chapter or chapter 245A within the past two years;

113.17 (3) had a license issued under this chapter or chapter 245A revoked within the past five  
113.18 years; or

113.19 (4) failed to submit the information required of an applicant under subdivision 1,  
113.20 paragraph (f), (g), or (h), after being requested by the commissioner.

113.21 When a license issued under this chapter or chapter 245A is revoked, the license holder  
113.22 and each affiliated controlling individual with a revoked license may not hold any license  
113.23 under chapter 142B for five years following the revocation, and other licenses held by the  
113.24 applicant or license holder or licenses affiliated with each controlling individual shall also  
113.25 be revoked.

113.26 (e) Notwithstanding paragraph (d), the commissioner may elect not to revoke a license  
113.27 affiliated with a license holder or controlling individual that had a license revoked within  
113.28 the past five years if the commissioner determines that (1) the license holder or controlling  
113.29 individual is operating the program in substantial compliance with applicable laws and rules  
113.30 and (2) the program's continued operation is in the best interests of the community being  
113.31 served.

114.1 (f) Notwithstanding paragraph (d), the commissioner may issue a new license in response  
114.2 to an application that is affiliated with an applicant, license holder, or controlling individual  
114.3 that had an application denied within the past two years or a license revoked within the past  
114.4 five years if the commissioner determines that (1) the applicant or controlling individual  
114.5 has operated one or more programs in substantial compliance with applicable laws and rules  
114.6 and (2) the program's operation would be in the best interests of the community to be served.

114.7 (g) In determining whether a program's operation would be in the best interests of the  
114.8 community to be served, the commissioner shall consider factors such as the number of  
114.9 persons served, the availability of alternative services available in the surrounding  
114.10 community, the management structure of the program, whether the program provides  
114.11 culturally specific services, and other relevant factors.

114.12 (h) The commissioner shall not issue or reissue a license under this chapter if an individual  
114.13 living in the household where the services will be provided as specified under section  
114.14 245C.03, subdivision 1, has been disqualified and the disqualification has not been set aside  
114.15 and no variance has been granted.

114.16 (i) Pursuant to section 142B.18, subdivision 1, paragraph (b), when a license issued  
114.17 under this chapter has been suspended or revoked and the suspension or revocation is under  
114.18 appeal, the program may continue to operate pending a final order from the commissioner.  
114.19 If the license under suspension or revocation will expire before a final order is issued, a  
114.20 temporary provisional license may be issued provided any applicable license fee is paid  
114.21 before the temporary provisional license is issued.

114.22 (j) Notwithstanding paragraph (i), when a revocation is based on the disqualification of  
114.23 a controlling individual or license holder, and the controlling individual or license holder  
114.24 is ordered under section 245C.17 to be immediately removed from direct contact with  
114.25 persons receiving services or is ordered to be under continuous, direct supervision when  
114.26 providing direct contact services, the program may continue to operate only if the program  
114.27 complies with the order and submits documentation demonstrating compliance with the  
114.28 order. If the disqualified individual fails to submit a timely request for reconsideration, or  
114.29 if the disqualification is not set aside and no variance is granted, the order to immediately  
114.30 remove the individual from direct contact or to be under continuous, direct supervision  
114.31 remains in effect pending the outcome of a hearing and final order from the commissioner.

114.32 (k) For purposes of reimbursement for meals only, under the Child and Adult Care Food  
114.33 Program, Code of Federal Regulations, title 7, subtitle B, chapter II, subchapter A, part 226,  
114.34 relocation within the same county by a licensed family day care provider, shall be considered

115.1 an extension of the license for a period of no more than 30 calendar days or until the new  
115.2 license is issued, whichever occurs first, provided the county agency has determined the  
115.3 family day care provider meets licensure requirements at the new location.

115.4 (l) Unless otherwise specified by statute, all licenses issued under this chapter expire at  
115.5 12:01 a.m. on the day after the expiration date stated on the license. A license holder must  
115.6 ~~apply for and be granted~~ comply with the requirements in section 142B.12 and be reissued  
115.7 a new license to operate the program or the program must not be operated after the expiration  
115.8 date. Child foster care license holders must apply for and be granted a new license to operate  
115.9 the program or the program must not be operated after the expiration date. Upon  
115.10 implementation of the provider licensing and reporting hub, licenses may be issued each  
115.11 calendar year.

115.12 (m) The commissioner shall not issue or reissue a license under this chapter if it has  
115.13 been determined that a tribal licensing authority has established jurisdiction to license the  
115.14 program or service.

115.15 (n) The commissioner of children, youth, and families shall coordinate and share data  
115.16 with the commissioner of human services to enforce this section.

115.17 Sec. 2. Minnesota Statutes 2024, section 142B.30, subdivision 1, is amended to read:

115.18 Subdivision 1. **Delegation of authority to agencies.** (a) County agencies and private  
115.19 agencies that have been designated or licensed by the commissioner to perform licensing  
115.20 functions and activities under section 142B.10; to recommend denial of applicants under  
115.21 section 142B.15; to issue correction orders, to issue variances, and to recommend a  
115.22 conditional license under section 142B.16; or to recommend suspending or revoking a  
115.23 license or issuing a fine under section 142B.18, shall comply with rules and directives of  
115.24 the commissioner governing those functions and with this section. The following variances  
115.25 are excluded from the delegation of variance authority and may be issued only by the  
115.26 commissioner:

115.27 (1) dual licensure of family child care and family child foster care;

115.28 (2) child foster care maximum age requirement;

115.29 (3) variances regarding disqualified individuals;

115.30 (4) variances to requirements relating to chemical use problems of a license holder or a  
115.31 household member of a license holder; and

116.1 (5) variances to section 142B.74 for a time-limited period. If the commissioner grants  
116.2 a variance under this clause, the license holder must provide notice of the variance to all  
116.3 parents and guardians of the children in care.

116.4 (b) The commissioners of human services and children, youth, and families must both  
116.5 approve a variance for dual licensure of family child foster care and family adult foster care  
116.6 or family adult foster care and family child care. Variances under this paragraph are excluded  
116.7 from the delegation of variance authority and may be issued only by both commissioners.

116.8 (c) Except as provided in section 142B.41, subdivision 4, paragraph (e), a county agency  
116.9 must not grant a license holder a variance to exceed the maximum allowable family child  
116.10 care license capacity of 14 children.

116.11 (d) A county agency that has been designated by the commissioner to issue family child  
116.12 care variances must:

116.13 (1) publish the county agency's policies and criteria for issuing variances on the county's  
116.14 public website and update the policies as necessary; and

116.15 (2) annually distribute the county agency's policies and criteria for issuing variances to  
116.16 all family child care license holders in the county.

116.17 (e) Before the implementation of NETStudy 2.0, county agencies must report information  
116.18 about disqualification reconsiderations under sections 245C.25 and 245C.27, subdivision  
116.19 2, paragraphs (a) and (b), and variances granted under paragraph (a), clause (5), to the  
116.20 commissioner at least monthly in a format prescribed by the commissioner.

116.21 (f) For family child care programs, the commissioner shall require a county agency to  
116.22 conduct one unannounced licensing review at least annually.

116.23 (g) A child foster care license issued under this section may be issued for up to two years  
116.24 until implementation of the provider licensing and reporting hub. Upon implementation of  
116.25 the provider licensing and reporting hub, licenses may be issued each calendar year.

116.26 (h) A county agency shall report to the commissioner, in a manner prescribed by the  
116.27 commissioner, the following information for a licensed family child care program:

116.28 (1) the results of each licensing review completed, including the date of the review, and  
116.29 any licensing correction order issued;

116.30 (2) any death, serious injury, or determination of substantiated maltreatment; and

117.1 (3) any fires that require the service of a fire department within 48 hours of the fire. The  
117.2 information under this clause must also be reported to the state fire marshal within two  
117.3 business days of receiving notice from a licensed family child care provider.

117.4 Sec. 3. Minnesota Statutes 2024, section 142B.51, subdivision 2, is amended to read:

117.5 Subd. 2. **Child passenger restraint systems; training requirement.** (a) Programs  
117.6 licensed by the Department of Human Services under chapter 245A or the Department of  
117.7 Children, Youth, and Families under this chapter and Minnesota Rules, chapter 2960, that  
117.8 serve a child or children under ~~eight~~ nine years of age must document training that fulfills  
117.9 the requirements in this subdivision.

117.10 (b) Before a license holder, staff person, or caregiver transports a child or children under  
117.11 age ~~eight~~ nine in a motor vehicle, the person transporting the child must satisfactorily  
117.12 complete training on the proper use and installation of child restraint systems in motor  
117.13 vehicles. Training completed under this section may be used to meet initial or ongoing  
117.14 training under Minnesota Rules, part 2960.3070, subparts 1 and 2.

117.15 (c) Training required under this section must be completed at orientation or initial training  
117.16 and repeated at least once every five years. At a minimum, the training must address the  
117.17 proper use of child restraint systems based on the child's size, weight, and age, and the  
117.18 proper installation of a car seat or booster seat in the motor vehicle used by the license  
117.19 holder to transport the child or children.

117.20 (d) Training under paragraph (c) must be provided by individuals who are certified and  
117.21 approved by the Office of Traffic Safety within the Department of Public Safety. License  
117.22 holders may obtain a list of certified and approved trainers through the Department of Public  
117.23 Safety website or by contacting the agency.

117.24 ~~(e) Notwithstanding paragraph (a), for an emergency relative placement under section~~  
117.25 ~~142B.06, the commissioner may grant a variance to the training required by this subdivision~~  
117.26 ~~for a relative who completes a child seat safety check up. The child seat safety check up~~  
117.27 ~~trainer must be approved by the Department of Public Safety, Office of Traffic Safety, and~~  
117.28 ~~must provide one-on-one instruction on placing a child of a specific age in the exact child~~  
117.29 ~~passenger restraint in the motor vehicle in which the child will be transported. Once granted~~  
117.30 ~~a variance, and if all other licensing requirements are met, the relative applicant may receive~~  
117.31 ~~a license and may transport a relative foster child younger than eight years of age. A child~~  
117.32 ~~seat safety check up must be completed each time a child requires a different size car seat~~  
117.33 ~~according to car seat and vehicle manufacturer guidelines. A relative license holder must~~  
117.34 ~~complete training that meets the other requirements of this subdivision prior to placement~~

118.1 ~~of another foster child younger than eight years of age in the home or prior to the renewal~~  
118.2 ~~of the child foster care license.~~

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

118.4 Sec. 4. Minnesota Statutes 2024, section 142B.65, subdivision 8, is amended to read:

118.5 Subd. 8. **Child passenger restraint systems; training requirement.** (a) Before a license  
118.6 holder transports a child or children under age ~~eight~~ nine in a motor vehicle, the person  
118.7 placing the child or children in a passenger restraint must satisfactorily complete training  
118.8 on the proper use and installation of child restraint systems in motor vehicles.

118.9 (b) Training required under this subdivision must be repeated at least once every five  
118.10 years. At a minimum, the training must address the proper use of child restraint systems  
118.11 based on the child's size, weight, and age, and the proper installation of a car seat or booster  
118.12 seat in the motor vehicle used by the license holder to transport the child or children.

118.13 (c) Training required under this subdivision must be provided by individuals who are  
118.14 certified and approved by the Department of Public Safety, Office of Traffic Safety. License  
118.15 holders may obtain a list of certified and approved trainers through the Department of Public  
118.16 Safety website or by contacting the agency.

118.17 (d) Child care providers that only transport school-age children as defined in section  
118.18 142B.01, subdivision 25, in child care buses as defined in section 169.448, subdivision 1,  
118.19 paragraph (e), are exempt from this subdivision.

118.20 (e) Training completed under this subdivision may be used to meet in-service training  
118.21 requirements under subdivision 9. Training completed within the previous five years is  
118.22 transferable upon a staff person's change in employment to another child care center.

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

118.24 Sec. 5. Minnesota Statutes 2024, section 142B.66, subdivision 3, is amended to read:

118.25 Subd. 3. **Emergency preparedness.** (a) A licensed child care center must have a written  
118.26 emergency plan for emergencies that require evacuation, sheltering, or other protection of  
118.27 a child, such as fire, natural disaster, intruder, or other threatening situation that may pose  
118.28 a health or safety hazard to a child. The plan must be written on a form developed by the  
118.29 commissioner and must include:

118.30 (1) procedures for an evacuation, relocation, shelter-in-place, or lockdown;

118.31 (2) a designated relocation site and evacuation route;

119.1 (3) procedures for notifying a child's parent or legal guardian of the evacuation, relocation,  
119.2 shelter-in-place, or lockdown, including procedures for reunification with families;

119.3 (4) accommodations for a child with a disability or a chronic medical condition;

119.4 (5) procedures for storing a child's medically necessary medicine that facilitates easy  
119.5 removal during an evacuation or relocation;

119.6 (6) procedures for continuing operations in the period during and after a crisis;

119.7 (7) procedures for communicating with local emergency management officials, law  
119.8 enforcement officials, or other appropriate state or local authorities; and

119.9 (8) accommodations for infants and toddlers.

119.10 (b) The license holder must train staff persons on the emergency plan at orientation,  
119.11 when changes are made to the plan, and at least once each calendar year. Training must be  
119.12 documented in each staff person's personnel file.

119.13 (c) The license holder must conduct drills according to the requirements in Minnesota  
119.14 Rules, part 9503.0110, subpart 3. The date and time of the drills must be documented.

119.15 (d) The license holder must review and update the emergency plan ~~annually~~ each calendar  
119.16 year. Documentation of the ~~annual~~ yearly emergency plan review shall be maintained in  
119.17 the program's administrative records.

119.18 (e) The license holder must include the emergency plan in the program's policies and  
119.19 procedures as specified under section 142B.10, subdivision 21. The license holder must  
119.20 provide a physical or electronic copy of the emergency plan to the child's parent or legal  
119.21 guardian upon enrollment.

119.22 (f) The relocation site and evacuation route must be posted in a visible place as part of  
119.23 the written procedures for emergencies and accidents in Minnesota Rules, part 9503.0140,  
119.24 subpart 21.

119.25 Sec. 6. Minnesota Statutes 2024, section 142B.70, subdivision 7, is amended to read:

119.26 Subd. 7. **Child passenger restraint systems; training requirement.** (a) A license  
119.27 holder must comply with all seat belt and child passenger restraint system requirements  
119.28 under section 169.685.

119.29 (b) Family and group family child care programs licensed by the Department of Children,  
119.30 Youth, and Families that serve a child or children under ~~eight~~ nine years of age must  
119.31 document training that fulfills the requirements in this subdivision.

120.1 (1) Before a license holder, second adult caregiver, substitute, or helper transports a  
120.2 child or children under age ~~eight~~ nine in a motor vehicle, the person placing the child or  
120.3 children in a passenger restraint must satisfactorily complete training on the proper use and  
120.4 installation of child restraint systems in motor vehicles. Training completed under this  
120.5 subdivision may be used to meet initial training under subdivision 1 or ongoing training  
120.6 under subdivision 8.

120.7 (2) Training required under this subdivision must be at least one hour in length, completed  
120.8 at initial training, and repeated at least once every five years. At a minimum, the training  
120.9 must address the proper use of child restraint systems based on the child's size, weight, and  
120.10 age, and the proper installation of a car seat or booster seat in the motor vehicle used by the  
120.11 license holder to transport the child or children.

120.12 (3) Training under this subdivision must be provided by individuals who are certified  
120.13 and approved by the Department of Public Safety, Office of Traffic Safety. License holders  
120.14 may obtain a list of certified and approved trainers through the Department of Public Safety  
120.15 website or by contacting the agency.

120.16 (c) Child care providers that only transport school-age children as defined in section  
120.17 142B.01, subdivision 13, paragraph (f), in child care buses as defined in section 169.448,  
120.18 subdivision 1, paragraph (e), are exempt from this subdivision.

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

120.20 Sec. 7. Minnesota Statutes 2024, section 142C.06, is amended by adding a subdivision to  
120.21 read:

120.22 **Subd. 4. Requirement to post conditional certification.** Upon receipt of any order of  
120.23 conditional certification issued by the commissioner under this section, and notwithstanding  
120.24 a pending request for reconsideration of the order of conditional certification by the  
120.25 certification holder, the certification holder shall post the order of conditional certification  
120.26 in a place that is conspicuous to the people receiving services and all visitors to the facility  
120.27 for the duration of the conditional certification. When the order of conditional certification  
120.28 is accompanied by a maltreatment investigation memorandum prepared under chapter 260E,  
120.29 the investigation memoranda must be posted with the order of conditional certification.

120.30 Sec. 8. Minnesota Statutes 2024, section 142C.11, subdivision 8, is amended to read:

120.31 **Subd. 8. Required policies.** A certified center must have written policies for health and  
120.32 safety items in subdivisions 1 to 6, 9, and 10.



121.1 Sec. 9. Minnesota Statutes 2024, section 142C.12, subdivision 1, is amended to read:

121.2 Subdivision 1. **First aid and cardiopulmonary resuscitation.** (a) Before having  
121.3 unsupervised direct contact with a child, but within 90 days after the first date of direct  
121.4 contact with a child, the director, all staff persons, substitutes, and unsupervised volunteers  
121.5 must successfully complete pediatric first aid and pediatric cardiopulmonary resuscitation  
121.6 (CPR) training, unless the training has been completed within the previous two calendar  
121.7 years. Staff must complete the pediatric first aid and pediatric CPR training at least every  
121.8 other calendar year and the center must document the training in the staff person's personnel  
121.9 record.

121.10 (b) Training completed under this subdivision may be used to meet the in-service training  
121.11 requirements under subdivision 6.

121.12 (c) Training must include CPR and techniques for providing immediate care to people  
121.13 experiencing life-threatening cardiac emergencies, choking, bleeding, fractures and sprains,  
121.14 head injuries, poisoning, and burns. Training developed by the American Heart Association,  
121.15 the American Red Cross, or another organization that uses nationally recognized,  
121.16 evidence-based guidelines meets these requirements.

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

121.18 Sec. 10. Minnesota Statutes 2024, section 245A.18, subdivision 1, is amended to read:

121.19 Subdivision 1. **Seat belt and child passenger restraint system use.** All license holders  
121.20 that transport children must comply with the requirements of section 142B.51, subdivision  
121.21 1, and license holders that transport a child or children under ~~eight~~ nine years of age must  
121.22 document training that fulfills the requirements in section 142B.51, subdivision 2.

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

APPENDIX  
Article locations for 25-00311

ARTICLE 1 AGING AND DISABILITY SERVICES..... Page.Ln 2.2  
ARTICLE 2 BEHAVIORAL HEALTH..... Page.Ln 9.12  
ARTICLE 3 DIRECT CARE AND TREATMENT..... Page.Ln 15.1  
ARTICLE 4 HEALTH CARE ADMINISTRATION..... Page.Ln 84.17  
ARTICLE 5 HUMAN SERVICES OFFICE OF THE INSPECTOR GENERAL..... Page.Ln 86.1  
CHILDREN AND FAMILIES OFFICE OF THE INSPECTOR  
ARTICLE 6 GENERAL..... Page.Ln 112.20

**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.

#### **245A.11 SPECIAL CONDITIONS FOR RESIDENTIAL PROGRAMS.**

Subd. 8. **Community residential setting license.** (a) The commissioner shall establish provider standards for residential support services that integrate service standards and the residential setting under one license. The commissioner shall propose statutory language and an implementation plan for licensing requirements for residential support services to the legislature by January 15, 2012, as a component of the quality outcome standards recommendations required by Laws 2010, chapter 352, article 1, section 24.

(b) Providers licensed under chapter 245B, and providing, contracting, or arranging for services in settings licensed as adult foster care under Minnesota Rules, parts 9555.5105 to 9555.6265; and meeting the provisions of section 245D.02, subdivision 4a, must be required to obtain a community residential setting license.

#### **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~~ is annually appropriated to the executive board for the purposes of this section.