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State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 2402

02/27/2014 Authored by Liebling and Zerwas
The bill was read for the first time and referred to the Committee on Health and Human Services Policy
03/31/2014 Adoption of Report: Amended and Placed on the General Register
Read Second Time
05/05/2014 Calendar for the Day, Amended
Read Third Time as Amended
Passed by the House as Amended and transmitted to the Senate to include Floor Amendments
05/09/2014 Returned to the House as Amended by the Senate
Refused to concur and Conference Committee appointed
05/15/2014 Third Reading as Amended by Conference
Repassed by the House

1.1 A bill for an act
1.2 relating to state government; making changes to health and human services
1.3 policy provisions; modifying provisions relating to children and family
1.4 services, the provision of health services, chemical and mental health services,
1.5 health-related occupations, Department of Health, public health, continuing care,
1.6 public assistance programs, and health care; establishing reporting requirements
1.7 and grounds for disciplinary action for health professionals; making changes to
1.8 the medical assistance program; modifying provisions governing child care and
1.9 juvenile safety and placement; regulating the sale and use of tobacco-related and
1.10 electronic delivery devices; modifying requirements for local boards of health;
1.11 making changes to provisions governing the Board of Pharmacy; modifying
1.12 home and community-based services standards; revising the Minnesota family
1.13 investment program; establishing and modifying task forces and advisory
1.14 councils; making changes to grant programs; modifying certain penalty fees;
1.15 requiring studies and reports; authorizing rulemaking; appropriating money;
1.16 amending Minnesota Statutes 2012, sections 13.46, subdivision 2; 62J.497,
1.17 subdivision 5; 119B.02, subdivision 2; 119B.09, subdivisions 6, 13; 144.414,
1.18 subdivisions 2, 3, by adding a subdivision; 144.4165; 144D.065; 145.928, by
1.19 adding a subdivision; 145A.02, subdivisions 5, 15, by adding subdivisions;
1.20 145A.03, subdivisions 1, 2, 4, 5, by adding a subdivision; 145A.04, as amended;
1.21 145A.05, subdivision 2; 145A.06, subdivisions 2, 5, 6, by adding subdivisions;
1.22 145A.07, subdivisions 1, 2; 145A.08; 145A.11, subdivision 2; 145A.131;
1.23 146A.01, subdivision 6; 148.01, subdivisions 1, 2, by adding a subdivision;
1.24 148.105, subdivision 1; 148.261, subdivision 4, by adding a subdivision;
1.25 148.6402, subdivision 17; 148.6404; 148.6430; 148.6432, subdivision 1;
1.26 148.7802, subdivisions 3, 9; 148.7803, subdivision 1; 148.7805, subdivision
1.27 1; 148.7808, subdivisions 1, 4; 148.7812, subdivision 2; 148.7813, by adding
1.28 a subdivision; 148.7814; 148.995, subdivision 2; 148.996, subdivision 2;
1.29 148B.5301, subdivisions 2, 4; 149A.92, by adding a subdivision; 150A.01,
1.30 subdivision 8a; 150A.06, subdivisions 1, 1a, 1c, 1d, 2, 2a, 2d, 3, 8; 150A.091,
1.31 subdivisions 3, 8, 16; 150A.10; 151.01; 151.06; 151.211; 151.26; 151.361,
1.32 subdivision 2; 151.37, as amended; 151.44; 151.58, subdivisions 2, 3, 5; 152.126,
1.33 as amended; 153.16, subdivisions 1, 2, 3, by adding subdivisions; 214.09,
1.34 subdivision 3; 214.103, subdivisions 2, 3; 214.12, by adding a subdivision;
1.35 214.29; 214.31; 214.32, by adding a subdivision; 214.33, subdivision 3, by
1.36 adding a subdivision; 245A.02, subdivision 19; 245A.03, subdivision 6a;
1.37 245C.04, by adding a subdivision; 253B.092, subdivision 2; 254B.01, by adding
1.38 a subdivision; 254B.05, subdivision 5; 256B.0654, subdivision 1; 256B.0659,
1.39 subdivisions 11, 28; 256B.493, subdivision 1; 256B.5016, subdivision 1;

2.1 256B.69, subdivision 16, by adding a subdivision; 256D.01, subdivision 1e;
2.2 256D.05, by adding a subdivision; 256D.405, subdivision 1; 256E.30, by
2.3 adding a subdivision; 256G.02, subdivision 6; 256I.03, subdivision 3; 256I.04,
2.4 subdivisions 1a, 2a; 256J.09, subdivision 3; 256J.20, subdivision 3; 256J.30,
2.5 subdivisions 4, 12; 256J.32, subdivisions 6, 8; 256J.38, subdivision 6; 256J.49,
2.6 subdivision 13; 256J.521, subdivisions 1, 2; 256J.53, subdivisions 2, 5; 256J.626,
2.7 subdivisions 5, 8; 256J.67; 256J.68, subdivisions 1, 2, 4, 7, 8; 256J.751,
2.8 subdivision 2; 256K.26, subdivision 4; 260C.157, subdivision 3; 260C.212,
2.9 subdivision 2; 260C.215, subdivisions 4, 6, by adding a subdivision; 325H.05;
2.10 325H.09; 393.01, subdivisions 2, 7; 461.12; 461.18; 461.19; 609.685; 609.6855;
2.11 626.556, subdivision 11c; 626.5561, subdivision 1; Minnesota Statutes 2013
2.12 Supplement, sections 144.1225, subdivision 2; 144.493, subdivisions 1, 2;
2.13 144.494, subdivision 2; 144A.474, subdivisions 8, 12; 144A.475, subdivision
2.14 3, by adding subdivisions; 144A.4799, subdivision 3; 145A.06, subdivision 7;
2.15 146A.11, subdivision 1; 151.252, by adding a subdivision; 152.02, subdivision
2.16 2; 245A.1435; 245A.50, subdivision 5; 245D.071, subdivisions 1, 4; 245D.09,
2.17 subdivisions 4, 4a, 5; 245D.33; 254A.035, subdivision 2; 254A.04; 256B.04,
2.18 subdivision 21; 256B.0625, subdivision 9; 256B.0659, subdivision 21;
2.19 256B.0922, subdivision 1; 256B.4912, subdivision 10; 256B.492; 256B.85,
2.20 subdivision 12; 256D.44, subdivision 5; 256J.21, subdivision 2; 256J.24,
2.21 subdivision 3; 256J.621, subdivision 1; 256J.626, subdivision 6; 260.835,
2.22 subdivision 2; 364.09; 626.556, subdivision 7; 626.557, subdivision 9; Laws
2.23 2011, First Special Session chapter 9, article 7, section 7; article 9, section 17;
2.24 Laws 2013, chapter 108, article 7, section 60; 2014 H.F. No. 2950, article 1,
2.25 section 12, if enacted; proposing coding for new law in Minnesota Statutes,
2.26 chapters 144; 144D; 145; 146A; 150A; 151; 214; 245A; 260D; 325H; 403; 461;
2.27 repealing Minnesota Statutes 2012, sections 145A.02, subdivision 2; 145A.03,
2.28 subdivisions 3, 6; 145A.09, subdivisions 1, 2, 3, 4, 5, 7; 145A.10, subdivisions
2.29 1, 2, 3, 4, 5a, 7, 9, 10; 145A.12, subdivisions 1, 2, 7; 148.01, subdivision 3;
2.30 148.7808, subdivision 2; 148.7813; 256.01, subdivision 32; 325H.06; 325H.08;
2.31 Minnesota Statutes 2013 Supplement, section 148.6440; Minnesota Rules, parts
2.32 2500.0100, subparts 3, 4b, 9b; 2500.4000; 9500.1126; 9500.1450, subpart 3;
2.33 9500.1452, subpart 3; 9500.1456; 9505.5300; 9505.5305; 9505.5310; 9505.5315;
2.34 9505.5325; 9525.1580.

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

2.36 **ARTICLE 1**

2.37 **CHILDREN AND FAMILIES**

2.38 Section 1. Minnesota Statutes 2012, section 245A.02, subdivision 19, is amended to
2.39 read:

2.40 Subd. 19. **Family day care and group family day care child age classifications.**
2.41 (a) For the purposes of family day care and group family day care licensing under this
2.42 chapter, the following terms have the meanings given them in this subdivision.

2.43 (b) "Newborn" means a child between birth and six weeks old.

2.44 (c) "Infant" means a child who is at least six weeks old but less than 12 months old.

2.45 (d) "Toddler" means a child who is at least 12 months old but less than 24 months
2.46 old, except that for purposes of specialized infant and toddler family and group family day
2.47 care, "toddler" means a child who is at least 12 months old but less than 30 months old.

(e) "Preschooler" means a child who is at least 24 months old up to ~~the~~ school age ~~of being eligible to enter kindergarten within the next four months~~.

(f) "School age" means a child who is at least ~~of sufficient age to have attended the first day of kindergarten, or is eligible to enter kindergarten within the next four months~~ five years of age, but is younger than 11 years of age.

Sec. 2. Minnesota Statutes 2013 Supplement, section 245A.1435, is amended to read:

245A.1435 REDUCTION OF RISK OF SUDDEN UNEXPECTED INFANT DEATH IN LICENSED PROGRAMS.

(a) When a license holder is placing an infant to sleep, the license holder must place the infant on the infant's back, unless the license holder has documentation from the infant's physician directing an alternative sleeping position for the infant. The physician directive must be on a form approved by the commissioner and must remain on file at the licensed location. An infant who independently rolls onto its stomach after being placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant is at least six months of age or the license holder has a signed statement from the parent indicating that the infant regularly rolls over at home.

(b) The license holder must place the infant in a crib directly on a firm mattress with a fitted sheet that is appropriate to the mattress size, that fits tightly on the mattress, and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort. The license holder must not place anything in the crib with the infant except for the infant's pacifier, as defined in Code of Federal Regulations, title 16, part 1511. The requirements of this section apply to license holders serving infants younger than one year of age. Licensed child care providers must meet the crib requirements under section 245A.146. A correction order shall not be issued under this paragraph unless there is evidence that a violation occurred when an infant was present in the license holder's care.

(c) If an infant falls asleep before being placed in a crib, the license holder must move the infant to a crib as soon as practicable, and must keep the infant within sight of the license holder until the infant is placed in a crib. When an infant falls asleep while being held, the license holder must consider the supervision needs of other children in care when determining how long to hold the infant before placing the infant in a crib to sleep. The sleeping infant must not be in a position where the airway may be blocked or with anything covering the infant's face.

(d) Placing a swaddled infant down to sleep in a licensed setting is not recommended for an infant of any age and is prohibited for any infant who has begun to roll over independently. However, with the written consent of a parent or guardian according to this

paragraph, a license holder may place the infant who has not yet begun to roll over on its own down to sleep in a one-piece sleeper equipped with an attached system that fastens securely only across the upper torso, with no constriction of the hips or legs, to create a swaddle. Prior to any use of swaddling for sleep by a provider licensed under this chapter, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant on a form provided by the commissioner and prepared in partnership with the Minnesota Sudden Infant Death Center.

Sec. 3. **[245A.1511] CONTRACTORS SERVING MULTIPLE FAMILY CHILD CARE LICENSE HOLDERS.**

Contractors who serve multiple family child care holders may request that the county agency maintain a record of:

(1) the contractor's background study results as required in section 245C.04, subdivision 7, to verify that the contractor does not have a disqualification or a disqualification that has not been set aside, and is eligible to provide direct contact services in a licensed program; and

(2) the contractor's compliance with training requirements.

Sec. 4. Minnesota Statutes 2013 Supplement, section 245A.50, subdivision 5, is amended to read:

Subd. 5. **Sudden unexpected infant death and abusive head trauma training.** (a) License holders must document that before staff persons, caregivers, and helpers assist in the care of infants, they are instructed on the standards in section 245A.1435 and receive training on reducing the risk of sudden unexpected infant death. In addition, license holders must document that before staff persons, caregivers, and helpers assist in the care of infants and children under school age, they receive training on reducing the risk of abusive head trauma from shaking infants and young children. The training in this subdivision may be provided as initial training under subdivision 1 or ongoing annual training under subdivision 7.

(b) Sudden unexpected infant death reduction training required under this subdivision must ~~be at least one-half hour in length and must be completed in person at least once every two years. On the years when the license holder is not receiving the in-person training on sudden unexpected infant death reduction, the license holder must receive sudden unexpected infant death reduction training through a video of no more than one hour in length developed or approved by the commissioner.~~, at a minimum, ~~the training must~~ address the risk factors related to sudden unexpected infant death, means of reducing

the risk of sudden unexpected infant death in child care, and license holder communication with parents regarding reducing the risk of sudden unexpected infant death.

(c) Abusive head trauma training required under this subdivision must ~~be at least one-half hour in length and must be completed at least once every year.~~, at a minimum, ~~the training must~~ address the risk factors related to shaking infants and young children, means of reducing the risk of abusive head trauma in child care, and license holder communication with parents regarding reducing the risk of abusive head trauma.

(d) Training for family and group family child care providers must be developed by the commissioner in conjunction with the Minnesota Sudden Infant Death Center and approved by the Minnesota Center for Professional Development. Sudden unexpected infant death reduction training and abusive head trauma training may be provided in a single course of no more than two hours in length.

(e) Sudden unexpected infant death reduction training and abusive head trauma training required under this subdivision must be completed in person or as allowed under subdivision 10, clause (1) or (2), at least once every two years. On the years when the license holder is not receiving training in person or as allowed under subdivision 10, clause (1) or (2), the license holder must receive sudden unexpected infant death reduction training and abusive head trauma training through a video of no more than one hour in length. The video must be developed or approved by the commissioner.

EFFECTIVE DATE. This section is effective January 1, 2015.

Sec. 5. Minnesota Statutes 2012, section 245C.04, is amended by adding a subdivision to read:

Subd. 7. **Current or prospective contractors serving multiple family child care license holders.** Current or prospective contractors who are required to have a background study under section 245C.03, subdivision 1, who provide services for multiple family child care license holders in a single county, and will have direct contact with children served in the family child care setting are required to have only one background study which is transferable to all family child care programs in that county if:

(1) the county agency maintains a record of the contractor's background study results which verify the contractor is approved to have direct contact with children receiving services;

(2) the license holder contacts the county agency and obtains notice that the current or prospective contractor is in compliance with background study requirements and approved to have direct contact; and

(3) the contractor's background study is repeated every two years.

6.1 Sec. 6. Minnesota Statutes 2012, section 260C.212, subdivision 2, is amended to read:

6.2 Subd. 2. **Placement decisions based on best interests of the child.** (a) The
6.3 policy of the state of Minnesota is to ensure that the child's best interests are met by
6.4 requiring an individualized determination of the needs of the child and of how the selected
6.5 placement will serve the needs of the child being placed. The authorized child-placing
6.6 agency shall place a child, released by court order or by voluntary release by the parent
6.7 or parents, in a family foster home selected by considering placement with relatives and
6.8 important friends in the following order:

6.9 (1) with an individual who is related to the child by blood, marriage, or adoption; or

6.10 (2) with an individual who is an important friend with whom the child has resided or
6.11 had significant contact.

6.12 (b) Among the factors the agency shall consider in determining the needs of the
6.13 child are the following:

6.14 (1) the child's current functioning and behaviors;

6.15 (2) the medical needs of the child;

6.16 (3) the educational needs of the child;

6.17 (4) the developmental needs of the child;

6.18 (5) the child's history and past experience;

6.19 (6) the child's religious and cultural needs;

6.20 (7) the child's connection with a community, school, and faith community;

6.21 (8) the child's interests and talents;

6.22 (9) the child's relationship to current caretakers, parents, siblings, and relatives; and

6.23 (10) the reasonable preference of the child, if the court, or the child-placing agency
6.24 in the case of a voluntary placement, deems the child to be of sufficient age to express
6.25 preferences.

6.26 (c) Placement of a child cannot be delayed or denied based on race, color, or national
6.27 origin of the foster parent or the child.

6.28 (d) Siblings should be placed together for foster care and adoption at the earliest
6.29 possible time unless it is documented that a joint placement would be contrary to the
6.30 safety or well-being of any of the siblings or unless it is not possible after reasonable
6.31 efforts by the responsible social services agency. In cases where siblings cannot be placed
6.32 together, the agency is required to provide frequent visitation or other ongoing interaction
6.33 between siblings unless the agency documents that the interaction would be contrary to
6.34 the safety or well-being of any of the siblings.

6.35 (e) Except for emergency placement as provided for in section 245A.035, the
6.36 following requirements must be satisfied before the approval of a foster or adoptive

7.1 placement in a related or unrelated home: (1) a completed background study ~~is required~~
7.2 under section 245C.08 ~~before the approval of a foster placement in a related or unrelated~~
7.3 ~~home~~; and (2) a completed review of the written home study required under section
7.4 260C.215, subdivision 4, clause (5), or 260C.611, to assess the capacity of the prospective
7.5 foster or adoptive parent to ensure the placement will meet the needs of the individual child.

7.6 Sec. 7. Minnesota Statutes 2012, section 260C.215, subdivision 4, is amended to read:
7.7 Subd. 4. **Duties of commissioner.** The commissioner of human services shall:
7.8 (1) provide practice guidance to responsible social services agencies and child-placing
7.9 agencies that reflect federal and state laws and policy direction on placement of children;
7.10 (2) develop criteria for determining whether a prospective adoptive or foster family
7.11 has the ability to understand and validate the child's cultural background;
7.12 (3) provide a standardized training curriculum for adoption and foster care workers
7.13 and administrators who work with children. Training must address the following objectives:
7.14 (i) developing and maintaining sensitivity to all cultures;
7.15 (ii) assessing values and their cultural implications;
7.16 (iii) making individualized placement decisions that advance the best interests of a
7.17 particular child under section 260C.212, subdivision 2; and
7.18 (iv) issues related to cross-cultural placement;
7.19 (4) provide a training curriculum for all prospective adoptive and foster families that
7.20 prepares them to care for the needs of adoptive and foster children taking into consideration
7.21 the needs of children outlined in section 260C.212, subdivision 2, paragraph (b);
7.22 (5) develop and provide to agencies a home study format to assess the capacities
7.23 and needs of prospective adoptive and foster families. The format must address
7.24 problem-solving skills; parenting skills; evaluate the degree to which the prospective
7.25 family has the ability to understand and validate the child's cultural background, and other
7.26 issues needed to provide sufficient information for agencies to make an individualized
7.27 placement decision consistent with section 260C.212, subdivision 2. For a study of a
7.28 prospective foster parent, the format must also address the capacity of the prospective
7.29 foster parent to provide a safe, healthy, smoke-free home environment. If a prospective
7.30 adoptive parent has also been a foster parent, any update necessary to a home study for
7.31 the purpose of adoption may be completed by the licensing authority responsible for the
7.32 foster parent's license. If a prospective adoptive parent with an approved adoptive home
7.33 study also applies for a foster care license, the license application may be made with the
7.34 same agency which provided the adoptive home study; and

(6) consult with representatives reflecting diverse populations from the councils established under sections 3.922, 3.9223, 3.9225, and 3.9226, and other state, local, and community organizations.

Sec. 8. Minnesota Statutes 2012, section 260C.215, subdivision 6, is amended to read:

Subd. 6. **Duties of child-placing agencies.** (a) Each authorized child-placing agency must:

(1) develop and follow procedures for implementing the requirements of section 260C.212, subdivision 2, and the Indian Child Welfare Act, United States Code, title 25, sections 1901 to 1923;

(2) have a written plan for recruiting adoptive and foster families that reflect the ethnic and racial diversity of children who are in need of foster and adoptive homes. The plan must include:

(i) strategies for using existing resources in diverse communities;

(ii) use of diverse outreach staff wherever possible;

(iii) use of diverse foster homes for placements after birth and before adoption; and

(iv) other techniques as appropriate;

(3) have a written plan for training adoptive and foster families;

(4) have a written plan for employing staff in adoption and foster care who have the capacity to assess the foster and adoptive parents' ability to understand and validate a child's cultural and meet the child's individual needs, and to advance the best interests of the child, as required in section 260C.212, subdivision 2. The plan must include staffing goals and objectives;

(5) ensure that adoption and foster care workers attend training offered or approved by the Department of Human Services regarding cultural diversity and the needs of special needs children; ~~and~~

(6) develop and implement procedures for implementing the requirements of the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act~~.~~; and

(7) ensure that children in foster care are protected from the effects of secondhand smoke and that licensed foster homes maintain a smoke-free environment in compliance with subdivision 9.

(b) In determining the suitability of a proposed placement of an Indian child, the standards to be applied must be the prevailing social and cultural standards of the Indian child's community, and the agency shall defer to tribal judgment as to suitability of a particular home when the tribe has intervened pursuant to the Indian Child Welfare Act.

9.1 Sec. 9. Minnesota Statutes 2012, section 260C.215, is amended by adding a
9.2 subdivision to read:

9.3 Subd. 9. **Preventing exposure to secondhand smoke for children in foster care.**
9.4 (a) A child in foster care shall not be exposed to any type of secondhand smoke in the
9.5 following settings:

9.6 (1) a licensed foster home or any enclosed space connected to the home, including a
9.7 garage, porch, deck, or similar space; or

9.8 (2) a motor vehicle while a foster child is transported.

9.9 (b) Smoking in outdoor areas on the premises of the home is permitted, except when
9.10 a foster child is present and exposed to secondhand smoke.

9.11 (c) The home study required in subdivision 4, clause (5), must include a plan to
9.12 maintain a smoke-free environment for foster children.

9.13 (d) If a foster parent fails to provide a smoke-free environment for a foster child, the
9.14 child-placing agency must ask the foster parent to comply with a plan that includes training
9.15 on the health risks of exposure to secondhand smoke. If the agency determines that the
9.16 foster parent is unable to provide a smoke-free environment and that the home environment
9.17 constitutes a health risk to a foster child, the agency must reassess whether the placement
9.18 is based on the child's best interests consistent with section 260C.212, subdivision 2.

9.19 (e) Nothing in this subdivision shall delay the placement of a child with a relative,
9.20 consistent with section 245A.035, unless the relative is unable to provide for the
9.21 immediate health needs of the individual child.

9.22 (f) If a child's best interests would most effectively be served by placement in a home
9.23 which will not meet the requirements of paragraph (a), the failure to meet the requirements
9.24 of paragraph (a) shall not be a cause to deny placement in that home.

9.25 (g) Nothing in this subdivision shall be interpreted to interfere, conflict with, or be a
9.26 basis for denying placement pursuant to the provisions of the federal Indian Child Welfare
9.27 Act or Minnesota Indian Family Preservation Act.

9.28 (h) Nothing in this subdivision shall be interpreted to interfere with traditional or
9.29 spiritual Native American or religious ceremonies involving the use of tobacco.

9.30 Sec. 10. Minnesota Statutes 2012, section 626.556, subdivision 11c, is amended to read:

9.31 Subd. 11c. **Welfare, court services agency, and school records maintained.**
9.32 Notwithstanding sections 138.163 and 138.17, records maintained or records derived
9.33 from reports of abuse by local welfare agencies, agencies responsible for assessing or
9.34 investigating the report, court services agencies, or schools under this section shall be
9.35 destroyed as provided in paragraphs (a) to (d) by the responsible authority.

(a) For family assessment cases and cases where an investigation results in no determination of maltreatment or the need for child protective services, the assessment or investigation records must be maintained for a period of four years. Records under this paragraph may not be used for employment, background checks, or purposes other than to assist in future risk and safety assessments.

(b) All records relating to reports which, upon investigation, indicate either maltreatment or a need for child protective services shall be maintained for at least ten years after the date of the final entry in the case record.

(c) All records regarding a report of maltreatment, including any notification of intent to interview which was received by a school under subdivision 10, paragraph (d), shall be destroyed by the school when ordered to do so by the agency conducting the assessment or investigation. The agency shall order the destruction of the notification when other records relating to the report under investigation or assessment are destroyed under this subdivision.

(d) Private or confidential data released to a court services agency under subdivision 10h must be destroyed by the court services agency when ordered to do so by the local welfare agency that released the data. The local welfare agency or agency responsible for assessing or investigating the report shall order destruction of the data when other records relating to the assessment or investigation are destroyed under this subdivision.

(e) For reports alleging child maltreatment that were not accepted for assessment or investigation, counties shall maintain sufficient information to identify repeat reports alleging maltreatment of the same child or children for 365 days from the date the report was screened out. The commissioner of human services shall specify to the counties the minimum information needed to accomplish this purpose. Counties shall enter this data into the state social services information system.

Sec. 11. 2014 H.F. No. 2950, article 1, section 12, if enacted, is amended to read:

Sec. 12. **REPEALER.**

(a) Minnesota Statutes 2012, sections 119A.04, subdivision 1; 119B.09, subdivision 2; 119B.23; 119B.231; 119B.232; 256.01, subdivisions 3, 14, and 14a; 256.9792; 256D.02, subdivision 19; 256D.05, subdivision 4; 256D.46; 256I.05, subdivisions 1b and 5; 256I.07; 256K.35; 259.85, subdivisions 2, 3, 4, and 5; 518A.53, subdivision 7; ~~518A.74;~~ and 626.5593, are repealed.

(b) Minnesota Statutes 2012, section 256J.24, subdivision 10, is repealed effective October 1, 2014.

(c) Minnesota Statutes 2013 Supplement, section 259.85, subdivision 1, is repealed.

11.1 Sec. 12. **MINNESOTA TANF EXPENDITURES TASK FORCE.**

11.2 Subdivision 1. **Establishment.** The Minnesota TANF Expenditures Task Force is
11.3 established to analyze past temporary assistance for needy families (TANF) expenditures
11.4 and make recommendations as to which, if any, programs currently receiving TANF
11.5 funding should be funded by the general fund so that a greater portion of TANF funds
11.6 can go directly to Minnesota families receiving assistance through the Minnesota family
11.7 investment program under Minnesota Statutes, chapter 256J.

11.8 Subd. 2. **Membership; meetings; staff.** (a) The task force shall be composed of the
11.9 following members who serve at the pleasure of their appointing authority:

11.10 (1) one representative of the Department of Human Services appointed by the
11.11 commissioner of human services;

11.12 (2) one representative of the Department of Management and Budget appointed by
11.13 the commissioner of management and budget;

11.14 (3) one representative of the Department of Health appointed by the commissioner
11.15 of health;

11.16 (4) one representative of the Local Public Health Association of Minnesota;

11.17 (5) two representatives of county government appointed by the Association of
11.18 Minnesota Counties, one representing counties in the seven-county metropolitan area
11.19 and one representing all other counties;

11.20 (6) one representative of the Minnesota Legal Services Coalition;

11.21 (7) one representative of the Children's Defense Fund of Minnesota;

11.22 (8) one representative of the Minnesota Coalition for the Homeless;

11.23 (9) one representative of the Welfare Rights Coalition;

11.24 (10) two members of the house of representatives, one appointed by the speaker of
11.25 the house and one appointed by the minority leader; and

11.26 (11) two members of the senate, including one member of the minority party,
11.27 appointed according to the rules of the senate.

11.28 (b) Notwithstanding Minnesota Statutes, section 15.059, members of the task force
11.29 shall serve without compensation or reimbursement of expenses.

11.30 (c) The commissioner of human services must convene the first meeting of the
11.31 Minnesota TANF Expenditures Task Force by July 31, 2014. The task force must meet at
11.32 least quarterly.

11.33 (d) Staffing and technical assistance shall be provided within available resources by
11.34 the Department of Human Services, children and family services division.

11.35 Subd. 3. **Duties.** (a) The task force must report on past expenditures of the TANF
11.36 block grant, including a determination of whether or not programs for which TANF funds

12.1 have been appropriated meet the purposes of the TANF program as defined under Code of
12.2 Federal Regulations, title 45, section 260.20, and make recommendations as to which,
12.3 if any, programs currently receiving TANF funds should be funded by the general fund.
12.4 In making recommendations on program funding sources, the task force shall consider
12.5 the following:

12.6 (1) the original purpose of the TANF block grant under Code of Federal Regulations,
12.7 title 45, section 260.20;

12.8 (2) potential overlap of the population eligible for the Minnesota family investment
12.9 program cash grant and the other programs currently receiving TANF funds;

12.10 (3) the ability for TANF funds, as appropriated under current law, to effectively help
12.11 the lowest-income Minnesotans out of poverty;

12.12 (4) the impact of past expenditures on families who may be eligible for assistance
12.13 through TANF;

12.14 (5) the ability of TANF funds to support effective parenting and optimal brain
12.15 development in children under five years old; and

12.16 (6) the role of noncash assistance expenditures in maintaining compliance with
12.17 federal law.

12.18 (b) In preparing the recommendations under paragraph (a), the task force shall
12.19 consult with appropriate Department of Human Services information technology staff
12.20 regarding implementation of the recommendations.

12.21 Subd. 4. **Report.** (a) The task force must submit an initial report by November
12.22 30, 2014, on past expenditures of the TANF block grant in Minnesota to the chairs and
12.23 ranking minority members of the legislative committees with jurisdiction over health and
12.24 human services policy and finance.

12.25 (b) The task force must submit a final report by February 1, 2015, analyzing past
12.26 TANF expenditures and making recommendations as to which programs, if any, currently
12.27 receiving TANF funding should be funded by the general fund, including any phase-in
12.28 period and draft legislation necessary for implementation, to the chairs and ranking
12.29 minority members of the legislative committees with jurisdiction over health and human
12.30 services policy and finance.

12.31 Subd. 5. **Expiration.** This section expires March 1, 2015, or upon submission of the
12.32 final report required under subdivision 4, whichever is earlier.

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

13.1 ## ARTICLE 2

13.2 ## PROVISION OF HEALTH SERVICES

13.3 Section 1. **[150A.055] ADMINISTRATION OF INFLUENZA IMMUNIZATIONS.**
13.4 Subdivision 1. **Practice of dentistry.** A person licensed to practice dentistry under
13.5 sections 150A.01 to 150A.14 shall be deemed to be practicing dentistry while participating
13.6 in the administration of an influenza vaccination.
13.7 Subd. 2. **Qualified dentists.** (a) The influenza immunization shall be administered
13.8 only to patients 19 years of age and older and only by licensed dentists who:
13.9 (1) have immediate access to emergency response equipment, including but not
13.10 limited to oxygen administration equipment, epinephrine, and other allergic reaction
13.11 response equipment; and
13.12 (2) are trained in or have successfully completed a program approved by the
13.13 Minnesota Board of Dentistry, specifically for the administration of immunizations. The
13.14 training or program must include:
13.15 (i) educational material on the disease of influenza and vaccination as prevention
13.16 of the disease;
13.17 (ii) contraindications and precautions;
13.18 (iii) intramuscular administration;
13.19 (iv) communication of risk and benefits of influenza vaccination and legal
13.20 requirements involved;
13.21 (v) reporting of adverse events;
13.22 (vi) documentation required by federal law; and
13.23 (vii) storage and handling of vaccines.
13.24 (b) Any dentist giving influenza vaccinations under this section shall comply
13.25 with guidelines established by the federal Advisory Committee on Immunization
13.26 Practices relating to vaccines and immunizations, which includes, but is not limited to,
13.27 vaccine storage and handling, vaccine administration and documentation, and vaccine
13.28 contraindications and precautions.
13.29 Subd. 3. **Coordination of care.** After a dentist qualified under subdivision 2 has
13.30 administered an influenza vaccine to a patient, the dentist shall report the administration of
13.31 the immunization to the Minnesota Immunization Information Connection or otherwise
13.32 notify the patient's primary physician or clinic of the administration of the immunization.

13.33 **EFFECTIVE DATE.** This section is effective January 1, 2015, and applies to
13.34 influenza immunizations performed on or after that date.

14.1 Sec. 2. **[151.71] MAXIMUM ALLOWABLE COST PRICING.**

14.2 Subdivision 1. **Definition.** (a) For purposes of this section, the following definitions
14.3 apply.

14.4 (b) "Health plan company" has the meaning provided in section 62Q.01, subdivision
14.5 4.

14.6 (c) "Pharmacy benefit manager" means an entity doing business in this state that
14.7 contracts to administer or manage prescription drug benefits on behalf of any health plan
14.8 company that provides prescription drug benefits to residents of this state.

14.9 Subd. 2. **Pharmacy benefit manager contracts with pharmacies; maximum**
14.10 **allowable cost pricing.** (a) In each contract between a pharmacy benefit manager and
14.11 a pharmacy, the pharmacy shall be given the right to obtain from the pharmacy benefit
14.12 manager a current list of the sources used to determine maximum allowable cost pricing.
14.13 The pharmacy benefit manager shall update the pricing information at least every seven
14.14 business days and provide a means by which contracted pharmacies may promptly review
14.15 current prices in an electronic, print, or telephonic format within one business day at no
14.16 cost to the pharmacy. A pharmacy benefit manager shall maintain a procedure to eliminate
14.17 products from the list of drugs subject to maximum allowable cost pricing in a timely
14.18 manner in order to remain consistent with changes in the marketplace.

14.19 (b) In order to place a prescription drug on a maximum allowable cost list, a
14.20 pharmacy benefit manager shall ensure that the drug is generally available for purchase by
14.21 pharmacies in this state from a national or regional wholesaler and is not obsolete.

14.22 (c) Each contract between a pharmacy benefit manager and a pharmacy must include
14.23 a process to appeal, investigate, and resolve disputes regarding maximum allowable cost
14.24 pricing that includes:

14.25 (1) a 15-business day limit on the right to appeal following the initial claim;

14.26 (2) a requirement that the appeal be investigated and resolved within seven business
14.27 days after the appeal is received; and

14.28 (3) a requirement that a pharmacy benefit manager provide a reason for any appeal
14.29 denial and identify the national drug code of a drug that may be purchased by the
14.30 pharmacy at a price at or below the maximum allowable cost price as determined by
14.31 the pharmacy benefit manager.

14.32 (d) If an appeal is upheld, the pharmacy benefit manager shall make an adjustment
14.33 to the maximum allowable cost price no later than one business day after the date of
14.34 determination. The pharmacy benefit manager shall make the price adjustment applicable
14.35 to all similarly situated network pharmacy providers as defined by the plan sponsor.

14.36 **EFFECTIVE DATE.** This section is effective January 1, 2015.

15.1 Sec. 3. Minnesota Statutes 2012, section 152.126, as amended by Laws 2013, chapter
15.2 113, article 3, section 3, is amended to read:

15.3 **152.126 ~~CONTROLLED SUBSTANCES PRESCRIPTION ELECTRONIC~~**
15.4 **~~REPORTING SYSTEM~~ PRESCRIPTION MONITORING PROGRAM.**

15.5 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in
15.6 this subdivision have the meanings given.

15.7 ~~(a)~~ (b) "Board" means the Minnesota State Board of Pharmacy established under
15.8 chapter 151.

15.9 ~~(b)~~ (c) "Controlled substances" means those substances listed in section 152.02,
15.10 subdivisions 3 to ~~5~~ 6, and those substances defined by the board pursuant to section
15.11 152.02, subdivisions 7, 8, and 12. For the purposes of this section, controlled substances
15.12 includes tramadol and butalbital.

15.13 ~~(c)~~ (d) "Dispense" or "dispensing" has the meaning given in section 151.01,
15.14 subdivision 30. Dispensing does not include the direct administering of a controlled
15.15 substance to a patient by a licensed health care professional.

15.16 ~~(d)~~ (e) "Dispenser" means a person authorized by law to dispense a controlled
15.17 substance, pursuant to a valid prescription. For the purposes of this section, a dispenser does
15.18 not include a licensed hospital pharmacy that distributes controlled substances for inpatient
15.19 hospital care or a veterinarian who is dispensing prescriptions under section 156.18.

15.20 ~~(e)~~ (f) "Prescriber" means a licensed health care professional who is authorized to
15.21 prescribe a controlled substance under section 152.12, subdivision 1 or 2.

15.22 ~~(f)~~ (g) "Prescription" has the meaning given in section 151.01, subdivision 16.

15.23 Subd. 1a. **Treatment of intractable pain.** This section is not intended to limit or
15.24 interfere with the legitimate prescribing of controlled substances for pain. No prescriber
15.25 shall be subject to disciplinary action by a health-related licensing board for prescribing a
15.26 controlled substance according to the provisions of section 152.125.

15.27 Subd. 2. **Prescription electronic reporting system.** (a) The board shall establish
15.28 by January 1, 2010, an electronic system for reporting the information required under
15.29 subdivision 4 for all controlled substances dispensed within the state.

15.30 (b) The board may contract with a vendor for the purpose of obtaining technical
15.31 assistance in the design, implementation, operation, and maintenance of the electronic
15.32 reporting system.

15.33 Subd. 3. **Prescription ~~Electronic Reporting~~ Monitoring Program Advisory**
15.34 **~~Committee~~ Task Force.** (a) The board ~~shall convene~~ shall appoint an advisory ~~committee.~~
15.35 ~~The committee must include~~ task force consisting of at least one representative of:

15.36 (1) the Department of Health;

16.1 (2) the Department of Human Services;
16.2 (3) each health-related licensing board that licenses prescribers;
16.3 (4) a professional medical association, which may include an association of pain
16.4 management and chemical dependency specialists;
16.5 (5) a professional pharmacy association;
16.6 (6) a professional nursing association;
16.7 (7) a professional dental association;
16.8 (8) a consumer privacy or security advocate; ~~and~~
16.9 (9) a consumer or patient rights organization; and
16.10 (10) an association of medical examiners and coroners.
16.11 (b) The advisory ~~committee~~ task force shall advise the board on the development and
16.12 operation of the ~~electronic reporting system~~ prescription monitoring program, including,
16.13 but not limited to:
16.14 (1) technical standards for electronic prescription drug reporting;
16.15 (2) proper analysis and interpretation of prescription monitoring data; ~~and~~
16.16 (3) an evaluation process for the program; and
16.17 (4) criteria for the unsolicited provision of prescription monitoring data by the
16.18 board to prescribers and dispensers.
16.19 (c) The task force is governed by section 15.059. Notwithstanding section 15.059,
16.20 subdivision 5, the task force shall not expire.
16.21 Subd. 4. **Reporting requirements; notice.** (a) Each dispenser must submit the
16.22 following data to the board or its designated vendor~~, subject to the notice required under~~
16.23 ~~paragraph (d)~~:
16.24 (1) name of the prescriber;
16.25 (2) national provider identifier of the prescriber;
16.26 (3) name of the dispenser;
16.27 (4) national provider identifier of the dispenser;
16.28 (5) prescription number;
16.29 (6) name of the patient for whom the prescription was written;
16.30 (7) address of the patient for whom the prescription was written;
16.31 (8) date of birth of the patient for whom the prescription was written;
16.32 (9) date the prescription was written;
16.33 (10) date the prescription was filled;
16.34 (11) name and strength of the controlled substance;
16.35 (12) quantity of controlled substance prescribed;
16.36 (13) quantity of controlled substance dispensed; and

(14) number of days supply.

(b) The dispenser must submit the required information by a procedure and in a format established by the board. The board may allow dispensers to omit data listed in this subdivision or may require the submission of data not listed in this subdivision provided the omission or submission is necessary for the purpose of complying with the electronic reporting or data transmission standards of the American Society for Automation in Pharmacy, the National Council on Prescription Drug Programs, or other relevant national standard-setting body.

(c) A dispenser is not required to submit this data for those controlled substance prescriptions dispensed for:

~~(1) individuals residing in licensed skilled nursing or intermediate care facilities;~~

~~(2) individuals receiving assisted living services under chapter 144G or through a medical assistance home and community-based waiver;~~

~~(3) individuals receiving medication intravenously;~~

~~(4) individuals receiving hospice and other palliative or end-of-life care; and~~

~~(5) individuals receiving services from a home care provider regulated under chapter 144A.~~

(1) individuals residing in a health care facility as defined in section 151.58, subdivision 2, paragraph (b), when a drug is distributed through the use of an automated drug distribution system according to section 151.58; and

(2) individuals receiving a drug sample that was packaged by a manufacturer and provided to the dispenser for dispensing as a professional sample pursuant to Code of Federal Regulations, title 21, part 203, subpart D.

(d) A dispenser must ~~not submit data under this subdivision unless~~ provide to the patient for whom the prescription was written a conspicuous notice of the reporting requirements of this section ~~is given to the patient for whom the prescription was written~~ and notice that the information may be used for program administration purposes.

Subd. 5. **Use of data by board.** (a) The board shall develop and maintain a database of the data reported under subdivision 4. The board shall maintain data that could identify an individual prescriber or dispenser in encrypted form. Except as otherwise allowed under subdivision 6, the database may be used by permissible users identified under subdivision 6 for the identification of:

(1) individuals receiving prescriptions for controlled substances from prescribers who subsequently obtain controlled substances from dispensers in quantities or with a frequency inconsistent with generally recognized standards of use for those controlled

18.1 substances, including standards accepted by national and international pain management
18.2 associations; and
18.3 (2) individuals presenting forged or otherwise false or altered prescriptions for
18.4 controlled substances to dispensers.
18.5 (b) No permissible user identified under subdivision 6 may access the database
18.6 for the sole purpose of identifying prescribers of controlled substances for unusual or
18.7 excessive prescribing patterns without a valid search warrant or court order.
18.8 (c) No personnel of a state or federal occupational licensing board or agency may
18.9 access the database for the purpose of obtaining information to be used to initiate or
18.10 substantiate a disciplinary action against a prescriber.
18.11 (d) Data reported under subdivision 4 shall be ~~retained by the board in the database~~
18.12 ~~for a 12-month period, and shall be removed from the database no later than 12 months~~
18.13 ~~from the last day of the month during which the data was received.~~ made available to
18.14 permissible users for a 12-month period beginning the day the data was received and
18.15 ending 12 months from the last day of the month in which the data was received, except
18.16 that permissible users defined in subdivision 6, paragraph (b), clauses (6) and (7), may
18.17 use all data collected under this section for the purposes of administering, operating,
18.18 and maintaining the prescription monitoring program and conducting trend analyses
18.19 and other studies necessary to evaluate the effectiveness of the program. Data retained
18.20 beyond 24 months must be de-identified.
18.21 (e) The board shall not retain data reported under subdivision 4 for a period longer
18.22 than four years from the date the data was received.
18.23 Subd. 6. **Access to reporting system data.** (a) Except as indicated in this
18.24 subdivision, the data submitted to the board under subdivision 4 is private data on
18.25 individuals as defined in section 13.02, subdivision 12, and not subject to public disclosure.
18.26 (b) Except as specified in subdivision 5, the following persons shall be considered
18.27 permissible users and may access the data submitted under subdivision 4 in the same or
18.28 similar manner, and for the same or similar purposes, as those persons who are authorized
18.29 to access similar private data on individuals under federal and state law:
18.30 (1) a prescriber or an agent or employee of the prescriber to whom the prescriber has
18.31 delegated the task of accessing the data, to the extent the information relates specifically to
18.32 a current patient, to whom the prescriber is:
18.33 (i) prescribing or considering prescribing any controlled substance;
18.34 (ii) providing emergency medical treatment for which access to the data may be
18.35 necessary; or

19.1 (iii) providing other medical treatment for which access to the data may be necessary
19.2 and the patient has consented to access to the submitted data, and with the provision that
19.3 the prescriber remains responsible for the use or misuse of data accessed by a delegated
19.4 agent or employee;

19.5 (2) a dispenser or an agent or employee of the dispenser to whom the dispenser has
19.6 delegated the task of accessing the data, to the extent the information relates specifically
19.7 to a current patient to whom that dispenser is dispensing or considering dispensing any
19.8 controlled substance and with the provision that the dispenser remains responsible for the
19.9 use or misuse of data accessed by a delegated agent or employee;

19.10 (3) a licensed pharmacist who is providing pharmaceutical care for which access
19.11 to the data may be necessary to the extent that the information relates specifically to a
19.12 current patient for whom the pharmacist is providing pharmaceutical care if the patient has
19.13 consented to access to the submitted data;

19.14 ~~(3)~~ (4) an individual who is the recipient of a controlled substance prescription for
19.15 which data was submitted under subdivision 4, or a guardian of the individual, parent or
19.16 guardian of a minor, or health care agent of the individual acting under a health care
19.17 directive under chapter 145C;

19.18 ~~(4)~~ (5) personnel of the board specifically assigned to conduct a bona fide
19.19 investigation of a specific licensee;

19.20 ~~(5)~~ (6) personnel of the board engaged in the collection, review, and analysis
19.21 of controlled substance prescription information as part of the assigned duties and
19.22 responsibilities under this section;

19.23 ~~(6)~~ (7) authorized personnel of a vendor under contract with the ~~board~~ state of
19.24 Minnesota who are engaged in the design, implementation, operation, and maintenance of
19.25 the ~~electronic reporting system~~ prescription monitoring program as part of the assigned
19.26 duties and responsibilities of their employment, provided that access to data is limited to
19.27 the minimum amount necessary to carry out such duties and responsibilities, and subject
19.28 to the requirement of de-identification and time limit on retention of data specified in
19.29 subdivision 5, paragraphs (d) and (e);

19.30 ~~(7)~~ (8) federal, state, and local law enforcement authorities acting pursuant to a
19.31 valid search warrant;

19.32 ~~(8)~~ (9) personnel of the ~~medical assistance program~~ Minnesota health care programs
19.33 assigned to use the data collected under this section to identify and manage recipients
19.34 whose usage of controlled substances may warrant restriction to a single primary care
19.35 ~~physician~~ provider, a single outpatient pharmacy, ~~or~~ and a single hospital; ~~and~~

20.1 ~~(9)~~ (10) personnel of the Department of Human Services assigned to access the
20.2 data pursuant to paragraph (h); and
20.3 (11) personnel of the health professionals services program established under section
20.4 214.31, to the extent that the information relates specifically to an individual who is
20.5 currently enrolled in and being monitored by the program, and the individual consents to
20.6 access to that information. The health professionals services program personnel shall not
20.7 provide this data to a health-related licensing board or the Emergency Medical Services
20.8 Regulatory Board, except as permitted under section 214.33, subdivision 3.
20.9 For purposes of clause ~~(3)~~ (4), access by an individual includes persons in the
20.10 definition of an individual under section 13.02.
20.11 (c) ~~Any~~ A permissible user identified in paragraph (b), ~~who~~ clauses (1), (2), (3), (6),
20.12 (7), (9), and (10) may directly ~~accesses~~ access the data electronically~~,~~. If the data is directly
20.13 accessed electronically, the permissible user shall implement and maintain a comprehensive
20.14 information security program that contains administrative, technical, and physical
20.15 safeguards that are appropriate to the user's size and complexity, and the sensitivity of the
20.16 personal information obtained. The permissible user shall identify reasonably foreseeable
20.17 internal and external risks to the security, confidentiality, and integrity of personal
20.18 information that could result in the unauthorized disclosure, misuse, or other compromise
20.19 of the information and assess the sufficiency of any safeguards in place to control the risks.
20.20 (d) The board shall not release data submitted under ~~this section~~ subdivision 4 unless
20.21 it is provided with evidence, satisfactory to the board, that the person requesting the
20.22 information is entitled to receive the data.
20.23 ~~(e) The board shall not release the name of a prescriber without the written consent~~
20.24 ~~of the prescriber or a valid search warrant or court order. The board shall provide a~~
20.25 ~~mechanism for a prescriber to submit to the board a signed consent authorizing the release~~
20.26 ~~of the prescriber's name when data containing the prescriber's name is requested.~~
20.27 ~~(f)~~ (e) The board shall maintain a log of all persons who access the data for a period
20.28 of at least three years and shall ensure that any permissible user complies with paragraph
20.29 (c) prior to attaining direct access to the data.
20.30 ~~(g)~~ (f) Section 13.05, subdivision 6, shall apply to any contract the board enters into
20.31 pursuant to subdivision 2. A vendor shall not use data collected under this section for
20.32 any purpose not specified in this section.
20.33 (g) The board may participate in an interstate prescription monitoring program data
20.34 exchange system provided that permissible users in other states have access to the data
20.35 only as allowed under this section, and that section 13.05, subdivision 6, applies to any
20.36 contract or memorandum of understanding that the board enters into under this paragraph.

21.1 The board shall report to the chairs and ranking minority members of the senate and house
21.2 of representatives committees with jurisdiction over health and human services policy and
21.3 finance on the interstate prescription monitoring program by January 5, 2016.

21.4 (h) With available appropriations, the commissioner of human services shall
21.5 establish and implement a system through which the Department of Human Services shall
21.6 routinely access the data for the purpose of determining whether any client enrolled in
21.7 an opioid treatment program licensed according to chapter 245A has been prescribed or
21.8 dispensed a controlled substance in addition to that administered or dispensed by the
21.9 opioid treatment program. When the commissioner determines there have been multiple
21.10 prescribers or multiple prescriptions of controlled substances, the commissioner shall:

21.11 (1) inform the medical director of the opioid treatment program only that the
21.12 commissioner determined the existence of multiple prescribers or multiple prescriptions of
21.13 controlled substances; and

21.14 (2) direct the medical director of the opioid treatment program to access the data
21.15 directly, review the effect of the multiple prescribers or multiple prescriptions, and
21.16 document the review.

21.17 If determined necessary, the commissioner of human services shall seek a federal waiver
21.18 of, or exception to, any applicable provision of Code of Federal Regulations, title 42, part
21.19 2.34, item (c), prior to implementing this paragraph.

21.20 (i) The board shall review the data submitted under subdivision 4 on at least a
21.21 quarterly basis and shall establish criteria, in consultation with the advisory task force,
21.22 for referring information about a patient to prescribers and dispensers who prescribed or
21.23 dispensed the prescriptions in question if the criteria are met. The board shall report
21.24 to the chairs and ranking minority members of the senate and house of representatives
21.25 committees with jurisdiction over health and human services policy and finance on the
21.26 criteria established under this paragraph and the review process by January 5, 2016. This
21.27 paragraph expires August 1, 2016.

21.28 Subd. 7. **Disciplinary action.** (a) A dispenser who knowingly fails to submit data to
21.29 the board as required under this section is subject to disciplinary action by the appropriate
21.30 health-related licensing board.

21.31 (b) A prescriber or dispenser authorized to access the data who knowingly discloses
21.32 the data in violation of state or federal laws relating to the privacy of health care data
21.33 shall be subject to disciplinary action by the appropriate health-related licensing board,
21.34 and appropriate civil penalties.

21.35 ~~Subd. 8. **Evaluation and reporting.** (a) The board shall evaluate the prescription~~
21.36 ~~electronic reporting system to determine if the system is negatively impacting appropriate~~

~~prescribing practices of controlled substances. The board may contract with a vendor to design and conduct the evaluation.~~

~~(b) The board shall submit the evaluation of the system to the legislature by July 15, 2011.~~

Subd. 9. **Immunity from liability; no requirement to obtain information.** (a) A pharmacist, prescriber, or other dispenser making a report to the program in good faith under this section is immune from any civil, criminal, or administrative liability, which might otherwise be incurred or imposed as a result of the report, or on the basis that the pharmacist or prescriber did or did not seek or obtain or use information from the program.

(b) Nothing in this section shall require a pharmacist, prescriber, or other dispenser to obtain information about a patient from the program, and the pharmacist, prescriber, or other dispenser, if acting in good faith, is immune from any civil, criminal, or administrative liability that might otherwise be incurred or imposed for requesting, receiving, or using information from the program.

Subd. 10. **Funding.** (a) The board may seek grants and private funds from nonprofit charitable foundations, the federal government, and other sources to fund the enhancement and ongoing operations of the prescription ~~electronic reporting system~~ monitoring program established under this section. Any funds received shall be appropriated to the board for this purpose. The board may not expend funds to enhance the program in a way that conflicts with this section without seeking approval from the legislature.

(b) Notwithstanding any other section, the administrative services unit for the health-related licensing boards shall apportion between the Board of Medical Practice, the Board of Nursing, the Board of Dentistry, the Board of Podiatric Medicine, the Board of Optometry, the Board of Veterinary Medicine, and the Board of Pharmacy an amount to be paid through fees by each respective board. The amount apportioned to each board shall equal each board's share of the annual appropriation to the Board of Pharmacy from the state government special revenue fund for operating the prescription ~~electronic reporting system~~ monitoring program under this section. Each board's apportioned share shall be based on the number of prescribers or dispensers that each board identified in this paragraph licenses as a percentage of the total number of prescribers and dispensers licensed collectively by these boards. Each respective board may adjust the fees that the boards are required to collect to compensate for the amount apportioned to each board by the administrative services unit.

Sec. 4. **STUDY REQUIRED; PRESCRIPTION MONITORING PROGRAM DATABASE.**

23.1 (a) The Board of Pharmacy, in collaboration with the Prescription Monitoring
23.2 Program Advisory Task Force, shall study the program database and report to the chairs
23.3 and ranking minority members of the senate health and human services policy and finance
23.4 division and the house of representatives health and human services policy and finance
23.5 committees by December 15, 2014, with recommendations on: (1) requiring the use of the
23.6 prescription monitoring by prescribers when prescribing or considering prescribing, and
23.7 pharmacists when dispensing or considering dispensing, a controlled substance as defined
23.8 in Minnesota Statutes, section 152.126, subdivision 1, paragraph (c); (2) allowing for the
23.9 use of the prescription monitoring program database to identify potentially inappropriate
23.10 prescribing of controlled substances; and (3) encouraging access to appropriate treatment
23.11 for prescription drug abuse through the prescription monitoring program.
23.12 (b) The Board of Pharmacy, in collaboration with the prescription monitoring
23.13 program advisory task force, shall conduct a study designed to assess the impact of the
23.14 prescription monitoring program on the level of doctor-shopping activities and report
23.15 to the chairs and ranking minority members of the senate and house of representatives
23.16 committees and divisions with jurisdiction on health and human services policy and
23.17 finance by December 15, 2016.

23.18 **ARTICLE 3**

23.19 **CHEMICAL AND MENTAL HEALTH SERVICES**

23.20 Section 1. Minnesota Statutes 2012, section 245A.03, subdivision 6a, is amended to
23.21 read:
23.22 Subd. 6a. **Adult foster care homes serving people with mental illness;**
23.23 **certification.** (a) The commissioner of human services shall issue a mental health
23.24 certification for adult foster care homes licensed under this chapter and Minnesota Rules,
23.25 parts 9555.5105 to 9555.6265, or community residential settings licensed under chapter
23.26 245D, that serve people with a primary diagnosis of mental illness where the home is not
23.27 the primary residence of the license holder when a provider is determined to have met
23.28 the requirements under paragraph (b). This certification is voluntary for license holders.
23.29 The certification shall be printed on the license, and identified on the commissioner's
23.30 public Web site.
23.31 (b) The requirements for certification are:
23.32 (1) all staff working in the adult foster care home or community residential setting
23.33 have received at least seven hours of annual training under paragraph (c) covering all
23.34 of the following topics:
23.35 (i) mental health diagnoses;

24.1 (ii) mental health crisis response and de-escalation techniques;
24.2 (iii) recovery from mental illness;
24.3 (iv) treatment options including evidence-based practices;
24.4 (v) medications and their side effects;
24.5 (vi) suicide intervention, identifying suicide warning signs, and appropriate
24.6 responses;
24.7 (vii) co-occurring substance abuse and health conditions; and
24.8 ~~(vii)~~ (viii) community resources;
24.9 (2) a mental health professional, as defined in section 245.462, subdivision 18, or
24.10 a mental health practitioner as defined in section 245.462, subdivision 17, are available
24.11 for consultation and assistance;
24.12 (3) there is a ~~plan and~~ protocol in place to address a mental health crisis; and
24.13 (4) there is a crisis plan for each ~~individual's Individual Placement Agreement~~
24.14 individual that identifies who is providing clinical services and their contact information,
24.15 and includes an individual crisis prevention and management plan developed with the
24.16 individual.
24.17 (c) The training curriculum must be approved by the commissioner of human
24.18 services and must include a testing component after training is completed. Training must
24.19 be provided by a mental health professional or a mental health practitioner. Training may
24.20 also be provided by an individual living with a mental illness or a family member of such
24.21 an individual, who is from a nonprofit organization with a history of providing educational
24.22 classes on mental illnesses approved by the Department of Human Services to deliver
24.23 mental health training. Staff must receive three hours of training in the areas specified in
24.24 paragraph (b), clause (1), items (i) and (ii), prior to working alone with residents. The
24.25 remaining hours of mandatory training, including a review of the information in paragraph
24.26 (b), clause (1), item (ii), must be completed within six months of the hire date. For
24.27 programs licensed under chapter 245D, training under this section may be incorporated
24.28 into the 30 hours of staff orientation required under section 245D.09, subdivision 4.
24.29 ~~(c)~~ (d) License holders seeking certification under this subdivision must request this
24.30 certification on forms provided by the commissioner and must submit the request to the
24.31 county licensing agency in which the home or community residential setting is located.
24.32 The county licensing agency must forward the request to the commissioner with a county
24.33 recommendation regarding whether the commissioner should issue the certification.
24.34 ~~(d)~~ (e) Ongoing compliance with the certification requirements under paragraph (b)
24.35 shall be reviewed by the county licensing agency at each licensing review. When a county

25.1 licensing agency determines that the requirements of paragraph (b) are not met, the county
25.2 shall inform the commissioner, and the commissioner will remove the certification.

25.3 ~~(e)~~ (f) A denial of the certification or the removal of the certification based on a
25.4 determination that the requirements under paragraph (b) have not been met by the adult
25.5 foster care or community residential setting license holder are not subject to appeal. A
25.6 license holder that has been denied a certification or that has had a certification removed
25.7 may again request certification when the license holder is in compliance with the
25.8 requirements of paragraph (b).

25.9 Sec. 2. Minnesota Statutes 2013 Supplement, section 245D.33, is amended to read:

25.10 **245D.33 ADULT MENTAL HEALTH CERTIFICATION STANDARDS.**

25.11 (a) The commissioner of human services shall issue a mental health certification
25.12 for services licensed under this chapter when a license holder is determined to have met
25.13 the requirements under section 245A.03, subdivision 6a, paragraph (b). This certification
25.14 is voluntary for license holders. The certification shall be printed on the license and
25.15 identified on the commissioner's public Web site.

25.16 (b) ~~The requirements for certification are:~~

25.17 ~~(1) all staff have received at least seven hours of annual training covering all of~~
25.18 ~~the following topics:~~

25.19 ~~(i) mental health diagnoses;~~

25.20 ~~(ii) mental health crisis response and de-escalation techniques;~~

25.21 ~~(iii) recovery from mental illness;~~

25.22 ~~(iv) treatment options, including evidence-based practices;~~

25.23 ~~(v) medications and their side effects;~~

25.24 ~~(vi) co-occurring substance abuse and health conditions; and~~

25.25 ~~(vii) community resources;~~

25.26 ~~(2) a mental health professional, as defined in section 245.462, subdivision 18, or a~~
25.27 ~~mental health practitioner as defined in section 245.462, subdivision 17, is available~~
25.28 ~~for consultation and assistance;~~

25.29 ~~(3) there is a plan and protocol in place to address a mental health crisis; and~~

25.30 ~~(4) each person's individual service and support plan identifies who is providing~~
25.31 ~~clinical services and their contact information, and includes an individual crisis prevention~~
25.32 ~~and management plan developed with the person.~~

25.33 ~~(c)~~ License holders seeking certification under this section must request this
25.34 certification on forms and in the manner prescribed by the commissioner.

26.1 (d) (c) If the commissioner finds that the license holder has failed to comply with
26.2 the certification requirements under section 245A.03, subdivision 6a, paragraph (b),
26.3 the commissioner may issue a correction order and an order of conditional license in
26.4 accordance with section 245A.06 or may issue a sanction in accordance with section
26.5 245A.07, including and up to removal of the certification.

26.6 (e) (d) A denial of the certification or the removal of the certification based on a
26.7 determination that the requirements under section 245A.03, subdivision 6a, paragraph
26.8 (b) have not been met is not subject to appeal. A license holder that has been denied a
26.9 certification or that has had a certification removed may again request certification when
26.10 the license holder is in compliance with the requirements of section 245A.03, subdivision
26.11 6a, paragraph (b).

26.12 Sec. 3. Minnesota Statutes 2012, section 253B.092, subdivision 2, is amended to read:

26.13 Subd. 2. **Administration without judicial review.** Neuroleptic medications may be
26.14 administered without judicial review in the following circumstances:

26.15 (1) the patient has the capacity to make an informed decision under subdivision 4;

26.16 (2) the patient does not have the present capacity to consent to the administration
26.17 of neuroleptic medication, but prepared a health care directive under chapter 145C or a
26.18 declaration under section 253B.03, subdivision 6d, requesting treatment or authorizing an
26.19 agent or proxy to request treatment, and the agent or proxy has requested the treatment;

26.20 (3) the patient has been prescribed neuroleptic medication prior to admission to a
26.21 treatment facility, but lacks the capacity to consent to the administration of that neuroleptic
26.22 medication; continued administration of the medication is in the patient's best interest;
26.23 and the patient does not refuse administration of the medication. In this situation, the
26.24 previously prescribed neuroleptic medication may be continued for up to 14 days while
26.25 the treating physician:

26.26 (i) is obtaining a substitute decision-maker appointed by the court under subdivision
26.27 6; or

26.28 (ii) is requesting an amendment to a current court order authorizing administration
26.29 of neuroleptic medication;

26.30 (4) a substitute decision-maker appointed by the court consents to the administration
26.31 of the neuroleptic medication and the patient does not refuse administration of the
26.32 medication; or

26.33 (4) (5) the substitute decision-maker does not consent or the patient is refusing
26.34 medication, and the patient is in an emergency situation.

27.1 Sec. 4. Minnesota Statutes 2013 Supplement, section 254A.035, subdivision 2, is
27.2 amended to read:

27.3 Subd. 2. **Membership terms, compensation, removal and expiration.** The
27.4 membership of this council shall be composed of 17 persons who are American Indians
27.5 and who are appointed by the commissioner. The commissioner shall appoint one
27.6 representative from each of the following groups: Red Lake Band of Chippewa Indians;
27.7 Fond du Lac Band, Minnesota Chippewa Tribe; Grand Portage Band, Minnesota
27.8 Chippewa Tribe; Leech Lake Band, Minnesota Chippewa Tribe; Mille Lacs Band,
27.9 Minnesota Chippewa Tribe; Bois Forte Band, Minnesota Chippewa Tribe; White Earth
27.10 Band, Minnesota Chippewa Tribe; Lower Sioux Indian Reservation; Prairie Island Sioux
27.11 Indian Reservation; Shakopee Mdewakanton Sioux Indian Reservation; Upper Sioux
27.12 Indian Reservation; International Falls Northern Range; Duluth Urban Indian Community;
27.13 and two representatives from the Minneapolis Urban Indian Community and two from the
27.14 St. Paul Urban Indian Community. The terms, compensation, and removal of American
27.15 Indian Advisory Council members shall be as provided in section 15.059. The council
27.16 expires June 30, ~~2014~~ 2018.

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

27.18 Sec. 5. Minnesota Statutes 2013 Supplement, section 254A.04, is amended to read:

27.19 **254A.04 CITIZENS ADVISORY COUNCIL.**

27.20 There is hereby created an Alcohol and Other Drug Abuse Advisory Council to
27.21 advise the Department of Human Services concerning the problems of alcohol and
27.22 other drug dependency and abuse, composed of ten members. Five members shall be
27.23 individuals whose interests or training are in the field of alcohol dependency and abuse;
27.24 and five members whose interests or training are in the field of dependency and abuse of
27.25 drugs other than alcohol. The terms, compensation and removal of members shall be as
27.26 provided in section 15.059. The council expires June 30, ~~2014~~ 2018. The commissioner
27.27 of human services shall appoint members whose terms end in even-numbered years. The
27.28 commissioner of health shall appoint members whose terms end in odd-numbered years.

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

27.30 Sec. 6. Minnesota Statutes 2012, section 254B.01, is amended by adding a subdivision
27.31 to read:

28.1 Subd. 8. **Culturally specific program.** (a) "Culturally specific program" means a
28.2 substance use disorder treatment service program that is recovery-focused and culturally
28.3 specific when the program:
28.4 (1) improves service quality to and outcomes of a specific population by advancing
28.5 health equity to help eliminate health disparities; and
28.6 (2) ensures effective, equitable, comprehensive, and respectful quality care services
28.7 that are responsive to an individual within a specific population's values, beliefs and
28.8 practices, health literacy, preferred language, and other communication needs.
28.9 (b) A tribally licensed substance use disorder program that is designated as serving
28.10 a culturally specific population by the applicable tribal government is deemed to satisfy
28.11 this subdivision.

28.12 Sec. 7. Minnesota Statutes 2012, section 254B.05, subdivision 5, is amended to read:
28.13 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for
28.14 chemical dependency services and service enhancements funded under this chapter.
28.15 (b) Eligible chemical dependency treatment services include:
28.16 (1) outpatient treatment services that are licensed according to Minnesota Rules,
28.17 parts 9530.6405 to 9530.6480, or applicable tribal license;
28.18 (2) medication-assisted therapy services that are licensed according to Minnesota
28.19 Rules, parts 9530.6405 to 9530.6480 and 9530.6500, or applicable tribal license;
28.20 (3) medication-assisted therapy plus enhanced treatment services that meet the
28.21 requirements of clause (2) and provide nine hours of clinical services each week;
28.22 (4) high, medium, and low intensity residential treatment services that are licensed
28.23 according to Minnesota Rules, parts 9530.6405 to 9530.6480 and 9530.6505, or applicable
28.24 tribal license which provide, respectively, 30, 15, and five hours of clinical services each
28.25 week;
28.26 (5) hospital-based treatment services that are licensed according to Minnesota Rules,
28.27 parts 9530.6405 to 9530.6480, or applicable tribal license and licensed as a hospital under
28.28 sections 144.50 to 144.56;
28.29 (6) adolescent treatment programs that are licensed as outpatient treatment programs
28.30 according to Minnesota Rules, parts 9530.6405 to 9530.6485, or as residential treatment
28.31 programs according to Minnesota Rules, chapter 2960, or applicable tribal license; and
28.32 (7) room and board facilities that meet the requirements of section 254B.05,
28.33 subdivision 1a.
28.34 (c) The commissioner shall establish higher rates for programs that meet the
28.35 requirements of paragraph (b) and the following additional requirements:

29.1 (1) programs that serve parents with their children if the program meets the
29.2 additional licensing requirement in Minnesota Rules, part 9530.6490, and provides child
29.3 care that meets the requirements of section 245A.03, subdivision 2, during hours of
29.4 treatment activity;

29.5 (2) culturally specific programs ~~serving special populations~~ as defined in section
29.6 254B.01, subdivision 8, if the program meets the requirements in Minnesota Rules, part
29.7 9530.6605, subpart 13;

29.8 (3) programs that offer medical services delivered by appropriately credentialed
29.9 health care staff in an amount equal to two hours per client per week; and

29.10 (4) programs that offer services to individuals with co-occurring mental health and
29.11 chemical dependency problems if:

29.12 (i) the program meets the co-occurring requirements in Minnesota Rules, part
29.13 9530.6495;

29.14 (ii) 25 percent of the counseling staff are mental health professionals, as defined in
29.15 section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing candidates
29.16 under the supervision of a licensed alcohol and drug counselor supervisor and licensed
29.17 mental health professional, except that no more than 50 percent of the mental health staff
29.18 may be students or licensing candidates;

29.19 (iii) clients scoring positive on a standardized mental health screen receive a mental
29.20 health diagnostic assessment within ten days of admission;

29.21 (iv) the program has standards for multidisciplinary case review that include a
29.22 monthly review for each client;

29.23 (v) family education is offered that addresses mental health and substance abuse
29.24 disorders and the interaction between the two; and

29.25 (vi) co-occurring counseling staff will receive eight hours of co-occurring disorder
29.26 training annually.

29.27 (d) Adolescent residential programs that meet the requirements of Minnesota Rules,
29.28 parts 2960.0580 to 2960.0700, are exempt from the requirements in paragraph (c), clause
29.29 (4), items (i) to (iv).

29.30 Sec. 8. Minnesota Statutes 2013 Supplement, section 260.835, subdivision 2, is
29.31 amended to read:

29.32 Subd. 2. **Expiration.** Notwithstanding section 15.059, subdivision 5, the American
29.33 Indian Child Welfare Advisory Council expires June 30, ~~2014~~ 2018.

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

30.1 Sec. 9. Minnesota Statutes 2012, section 260C.157, subdivision 3, is amended to read:

30.2 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services
30.3 agency shall establish a juvenile treatment screening team to conduct screenings and
30.4 prepare case plans under this chapter, chapter 260D, and section 245.487, subdivision
30.5 3. Screenings shall be conducted within 15 days of a request for a screening, unless
30.6 the screening is for the purpose of placement in mental health residential treatment
30.7 and the child is enrolled in a prepaid health program under section 256B.69 in which
30.8 case the screening shall be conducted within ten working days of a request. The team,
30.9 which may be the team constituted under section 245.4885 or 256B.092 or Minnesota
30.10 Rules, parts 9530.6600 to 9530.6655, shall consist of social workers, juvenile justice
30.11 professionals, persons with expertise in the treatment of juveniles who are emotionally
30.12 disabled, chemically dependent, or have a developmental disability, and the child's parent,
30.13 guardian, or permanent legal custodian under Minnesota Statutes 2010, section 260C.201,
30.14 subdivision 11, or section 260C.515, subdivision 4. The team may be the same team as
30.15 defined in section 260B.157, subdivision 3.

30.16 (b) The social services agency shall determine whether a child brought to its
30.17 attention for the purposes described in this section is an Indian child, as defined in section
30.18 260C.007, subdivision 21, and shall determine the identity of the Indian child's tribe, as
30.19 defined in section 260.755, subdivision 9. When a child to be evaluated is an Indian child,
30.20 the team provided in paragraph (a) shall include a designated representative of the Indian
30.21 child's tribe, unless the child's tribal authority declines to appoint a representative. The
30.22 Indian child's tribe may delegate its authority to represent the child to any other federally
30.23 recognized Indian tribe, as defined in section 260.755, subdivision 12.

30.24 (c) If the court, prior to, or as part of, a final disposition, proposes to place a child:

30.25 (1) for the primary purpose of treatment for an emotional disturbance, a
30.26 developmental disability, or chemical dependency in a residential treatment facility out
30.27 of state or in one which is within the state and licensed by the commissioner of human
30.28 services under chapter 245A; or

30.29 (2) in any out-of-home setting potentially exceeding 30 days in duration, including a
30.30 postdispositional placement in a facility licensed by the commissioner of corrections or
30.31 human services, the court shall ascertain whether the child is an Indian child and shall
30.32 notify the county welfare agency and, if the child is an Indian child, shall notify the Indian
30.33 child's tribe. The county's juvenile treatment screening team must either: (i) screen and
30.34 evaluate the child and file its recommendations with the court within 14 days of receipt
30.35 of the notice; or (ii) elect not to screen a given case and notify the court of that decision
30.36 within three working days.

31.1 (d) The child may not be placed for the primary purpose of treatment for an
31.2 emotional disturbance, a developmental disability, or chemical dependency, in a residential
31.3 treatment facility out of state nor in a residential treatment facility within the state that is
31.4 licensed under chapter 245A, unless one of the following conditions applies:

31.5 (1) a treatment professional certifies that an emergency requires the placement
31.6 of the child in a facility within the state;

31.7 (2) the screening team has evaluated the child and recommended that a residential
31.8 placement is necessary to meet the child's treatment needs and the safety needs of the
31.9 community, that it is a cost-effective means of meeting the treatment needs, and that it
31.10 will be of therapeutic value to the child; or

31.11 (3) the court, having reviewed a screening team recommendation against placement,
31.12 determines to the contrary that a residential placement is necessary. The court shall state
31.13 the reasons for its determination in writing, on the record, and shall respond specifically
31.14 to the findings and recommendation of the screening team in explaining why the
31.15 recommendation was rejected. The attorney representing the child and the prosecuting
31.16 attorney shall be afforded an opportunity to be heard on the matter.

31.17 (e) When the county's juvenile treatment screening team has elected to screen and
31.18 evaluate a child determined to be an Indian child, the team shall provide notice to the
31.19 tribe or tribes that accept jurisdiction for the Indian child or that recognize the child as a
31.20 member of the tribe or as a person eligible for membership in the tribe, and permit the
31.21 tribe's representative to participate in the screening team.

31.22 (f) When the Indian child's tribe or tribal health care services provider or Indian
31.23 Health Services provider proposes to place a child for the primary purpose of treatment
31.24 for an emotional disturbance, a developmental disability, or co-occurring emotional
31.25 disturbance and chemical dependency, the Indian child's tribe or the tribe delegated by
31.26 the child's tribe shall submit necessary documentation to the county juvenile treatment
31.27 screening team, which must invite the Indian child's tribe to designate a representative to
31.28 the screening team.

31.29 Sec. 10. **PILOT PROGRAM; NOTICE AND INFORMATION TO**
31.30 **COMMISSIONER OF HUMAN SERVICES REGARDING PATIENTS**
31.31 **COMMITTED TO COMMISSIONER.**

31.32 The commissioner of human services may create a pilot program that is designed to
31.33 respond to issues that were raised in the February 2013 Office of the Legislative Auditor
31.34 report on state-operated services. The pilot program may include no more than three
31.35 counties to test the efficacy of providing notice and information to the commissioner prior

32.1 to or when a petition is filed to commit a patient exclusively to the commissioner. The
32.2 commissioner shall provide a status update to the chairs and ranking minority members of
32.3 the legislative committees with jurisdiction over civil commitment and human services
32.4 issues, no later than January 15, 2015.

32.5 **ARTICLE 4**

32.6 **HEALTH-RELATED LICENSING BOARDS**

32.7 Section 1. Minnesota Statutes 2012, section 146A.01, subdivision 6, is amended to read:
32.8 Subd. 6. **Unlicensed complementary and alternative health care practitioner.** ~~(a)~~
32.9 "Unlicensed complementary and alternative health care practitioner" means a person who:
32.10 (1) either:
32.11 (i) is not licensed or registered by a health-related licensing board or the
32.12 commissioner of health; or
32.13 (ii) is licensed or registered by the commissioner of health or a health-related
32.14 licensing board other than the Board of Medical Practice, the Board of Dentistry, the Board
32.15 of Chiropractic Examiners, or the Board of Podiatric Medicine, but does not hold oneself
32.16 out to the public as being licensed or registered by the commissioner or a health-related
32.17 licensing board when engaging in complementary and alternative health care;
32.18 (2) has not had a license or registration issued by a health-related licensing board
32.19 or the commissioner of health revoked or has not been disciplined in any manner at any
32.20 time in the past, unless the right to engage in complementary and alternative health care
32.21 practices has been established by order of the commissioner of health;
32.22 (3) is engaging in complementary and alternative health care practices; and
32.23 (4) is providing complementary and alternative health care services for remuneration
32.24 or is holding oneself out to the public as a practitioner of complementary and alternative
32.25 health care practices.
32.26 ~~(b) A health care practitioner licensed or registered by the commissioner or a~~
32.27 ~~health-related licensing board, who engages in complementary and alternative health care~~
32.28 ~~while practicing under the practitioner's license or registration, shall be regulated by and~~
32.29 ~~be under the jurisdiction of the applicable health-related licensing board with regard to~~
32.30 ~~the complementary and alternative health care practices.~~

32.31 Sec. 2. **[146A.065] COMPLEMENTARY AND ALTERNATIVE HEALTH**
32.32 **CARE PRACTICES BY LICENSED OR REGISTERED HEALTH CARE**
32.33 **PRACTITIONERS.**

33.1 (a) A health care practitioner licensed or registered by the commissioner or a
33.2 health-related licensing board, who engages in complementary and alternative health care
33.3 while practicing under the practitioner's license or registration, shall be regulated by and
33.4 be under the jurisdiction of the applicable health-related licensing board with regard to
33.5 the complementary and alternative health care practices.
33.6 (b) A health care practitioner licensed or registered by the commissioner or a
33.7 health-related licensing board shall not be subject to disciplinary action solely on the basis
33.8 of utilizing complementary and alternative health care practices as defined in section
33.9 146A.01, subdivision 4, paragraph (a), as a component of a patient's treatment, or for
33.10 referring a patient to a complementary and alternative health care practitioner as defined in
33.11 section 146A.01, subdivision 6.
33.12 (c) A health care practitioner licensed or registered by the commissioner or a
33.13 health-related licensing board who utilizes complementary and alternative health care
33.14 practices must provide patients receiving these services with a written copy of the
33.15 complementary and alternative health care client bill of rights pursuant to section 146A.11.
33.16 (d) Nothing in this section shall be construed to prohibit or restrict the commissioner
33.17 or a health-related licensing board from imposing disciplinary action for conduct that
33.18 violates provisions of the applicable licensed or registered health care practitioner's
33.19 practice act.

33.20 Sec. 3. Minnesota Statutes 2013 Supplement, section 146A.11, subdivision 1, is
33.21 amended to read:
33.22 Subdivision 1. **Scope.** (a) All unlicensed complementary and alternative health
33.23 care practitioners shall provide to each complementary and alternative health care
33.24 client prior to providing treatment a written copy of the complementary and alternative
33.25 health care client bill of rights. A copy must also be posted in a prominent location
33.26 in the office of the unlicensed complementary and alternative health care practitioner.
33.27 Reasonable accommodations shall be made for those clients who cannot read or who
33.28 have communication disabilities and those who do not read or speak English. The
33.29 complementary and alternative health care client bill of rights shall include the following:
33.30 (1) the name, complementary and alternative health care title, business address, and
33.31 telephone number of the unlicensed complementary and alternative health care practitioner;
33.32 (2) the degrees, training, experience, or other qualifications of the practitioner
33.33 regarding the complimentary and alternative health care being provided, followed by the
33.34 following statement in bold print:

34.1 "THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL
34.2 AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND
34.3 ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF
34.4 CREDENTIALS IS FOR INFORMATION PURPOSES ONLY.

34.5 Under Minnesota law, an unlicensed complementary and alternative health care
34.6 practitioner may not provide a medical diagnosis or recommend discontinuance of
34.7 medically prescribed treatments. If a client desires a diagnosis from a licensed physician,
34.8 chiropractor, or acupuncture practitioner, or services from a physician, chiropractor, nurse,
34.9 osteopath, physical therapist, dietitian, nutritionist, acupuncture practitioner, athletic
34.10 trainer, or any other type of health care provider, the client may seek such services at
34.11 any time.";

34.12 (3) the name, business address, and telephone number of the practitioner's
34.13 supervisor, if any;

34.14 (4) notice that a complementary and alternative health care client has the right to file a
34.15 complaint with the practitioner's supervisor, if any, and the procedure for filing complaints;

34.16 (5) the name, address, and telephone number of the office of unlicensed
34.17 complementary and alternative health care practice and notice that a client may file
34.18 complaints with the office;

34.19 (6) the practitioner's fees per unit of service, the practitioner's method of billing
34.20 for such fees, the names of any insurance companies that have agreed to reimburse the
34.21 practitioner, or health maintenance organizations with whom the practitioner contracts to
34.22 provide service, whether the practitioner accepts Medicare, medical assistance, or general
34.23 assistance medical care, and whether the practitioner is willing to accept partial payment,
34.24 or to waive payment, and in what circumstances;

34.25 (7) a statement that the client has a right to reasonable notice of changes in services
34.26 or charges;

34.27 (8) a brief summary, in plain language, of the theoretical approach used by the
34.28 practitioner in providing services to clients;

34.29 (9) notice that the client has a right to complete and current information concerning
34.30 the practitioner's assessment and recommended service that is to be provided, including
34.31 the expected duration of the service to be provided;

34.32 (10) a statement that clients may expect courteous treatment and to be free from
34.33 verbal, physical, or sexual abuse by the practitioner;

34.34 (11) a statement that client records and transactions with the practitioner are
34.35 confidential, unless release of these records is authorized in writing by the client, or
34.36 otherwise provided by law;

35.1 (12) a statement of the client's right to be allowed access to records and written
35.2 information from records in accordance with sections 144.291 to 144.298;
35.3 (13) a statement that other services may be available in the community, including
35.4 where information concerning services is available;
35.5 (14) a statement that the client has the right to choose freely among available
35.6 practitioners and to change practitioners after services have begun, within the limits of
35.7 health insurance, medical assistance, or other health programs;
35.8 (15) a statement that the client has a right to coordinated transfer when there will
35.9 be a change in the provider of services;
35.10 (16) a statement that the client may refuse services or treatment, unless otherwise
35.11 provided by law; and
35.12 (17) a statement that the client may assert the client's rights without retaliation.
35.13 (b) This section does not apply to an unlicensed complementary and alternative
35.14 health care practitioner who is employed by or is a volunteer in a hospital or hospice who
35.15 provides services to a client in a hospital or under an appropriate hospice plan of care.
35.16 Patients receiving complementary and alternative health care services in an inpatient
35.17 hospital or under an appropriate hospice plan of care shall have and be made aware of
35.18 the right to file a complaint with the hospital or hospice provider through which the
35.19 practitioner is employed or registered as a volunteer.
35.20 (c) This section does not apply to a health care practitioner licensed or registered by
35.21 the commissioner of health or a health-related licensing board who utilizes complementary
35.22 and alternative health care practices within the scope of practice of the health care
35.23 practitioner's professional license.

35.24 Sec. 4. Minnesota Statutes 2012, section 148.01, subdivision 1, is amended to read:
35.25 Subdivision 1. **Definitions.** For the purposes of sections 148.01 to 148.10:
35.26 (1) "chiropractic" ~~is defined as the science of adjusting any abnormal articulations~~
35.27 ~~of the human body, especially those of the spinal column, for the purpose of giving~~
35.28 ~~freedom of action to impinged nerves that may cause pain or deranged function; and~~
35.29 means the health care discipline that recognizes the innate recuperative power of the body
35.30 to heal itself without the use of drugs or surgery by identifying and caring for vertebral
35.31 subluxations and other abnormal articulations by emphasizing the relationship between
35.32 structure and function as coordinated by the nervous system and how that relationship
35.33 affects the preservation and restoration of health;
35.34 (2) "chiropractic services" means the evaluation and facilitation of structural,
35.35 biomechanical, and neurological function and integrity through the use of adjustment,

36.1 manipulation, mobilization, or other procedures accomplished by manual or mechanical
36.2 forces applied to bones or joints and their related soft tissues for correction of vertebral
36.3 subluxation, other abnormal articulations, neurological disturbances, structural alterations,
36.4 or biomechanical alterations, and includes, but is not limited to, manual therapy and
36.5 mechanical therapy as defined in section 146.23;

36.6 (3) "abnormal articulation" means the condition of opposing bony joint surfaces and
36.7 their related soft tissues that do not function normally, including subluxation, fixation,
36.8 adhesion, degeneration, deformity, dislocation, or other pathology that results in pain or
36.9 disturbances within the nervous system, results in postural alteration, inhibits motion,
36.10 allows excessive motion, alters direction of motion, or results in loss of axial loading
36.11 efficiency, or a combination of these;

36.12 (4) "diagnosis" means the physical, clinical, and laboratory examination of the
36.13 patient, and the use of diagnostic services for diagnostic purposes within the scope of the
36.14 practice of chiropractic described in sections 148.01 to 148.10;

36.15 (5) "diagnostic services" means clinical, physical, laboratory, and other diagnostic
36.16 measures, including diagnostic imaging that may be necessary to determine the presence
36.17 or absence of a condition, deficiency, deformity, abnormality, or disease as a basis for
36.18 evaluation of a health concern, diagnosis, differential diagnosis, treatment, further
36.19 examination, or referral;

36.20 (6) "therapeutic services" means rehabilitative therapy as defined in Minnesota
36.21 Rules, part 2500.0100, subpart 11, and all of the therapeutic, rehabilitative, and preventive
36.22 sciences and procedures for which the licensee was subject to examination under section
36.23 148.06. When provided, therapeutic services must be performed within a practice
36.24 where the primary focus is the provision of chiropractic services, to prepare the patient
36.25 for chiropractic services, or to complement the provision of chiropractic services. The
36.26 administration of therapeutic services is the responsibility of the treating chiropractor and
36.27 must be rendered under the direct supervision of qualified staff;

36.28 (7) "acupuncture" means a modality of treating abnormal physical conditions
36.29 by stimulating various points of the body or interruption of the cutaneous integrity
36.30 by needle insertion to secure a reflex relief of the symptoms by nerve stimulation as
36.31 utilized as an adjunct to chiropractic adjustment. Acupuncture may not be used as an
36.32 independent therapy or separately from chiropractic services. Acupuncture is permitted
36.33 under section 148.01 only after registration with the board which requires completion
36.34 of a board-approved course of study and successful completion of a board-approved
36.35 national examination on acupuncture. Renewal of registration shall require completion of
36.36 board-approved continuing education requirements in acupuncture. The restrictions of

37.1 section 147B.02, subdivision 2, apply to individuals registered to perform acupuncture
37.2 under this section; and
37.3 ~~(2)~~ (8) "animal chiropractic diagnosis and treatment" means treatment that includes
37.4 identifying and resolving vertebral subluxation complexes, spinal manipulation, and
37.5 manipulation of the extremity articulations of nonhuman vertebrates. Animal chiropractic
37.6 diagnosis and treatment does not include:
37.7 (i) performing surgery;
37.8 (ii) dispensing or administering of medications; or
37.9 (iii) performing traditional veterinary care and diagnosis.

37.10 Sec. 5. Minnesota Statutes 2012, section 148.01, subdivision 2, is amended to read:
37.11 Subd. 2. **Exclusions.** The practice of chiropractic is not the practice of medicine,
37.12 surgery, ~~or~~ osteopathy, or physical therapy.

37.13 Sec. 6. Minnesota Statutes 2012, section 148.01, is amended by adding a subdivision
37.14 to read:
37.15 Subd. 4. **Practice of chiropractic.** An individual licensed to practice under section
37.16 148.06 is authorized to perform chiropractic services, acupuncture, and therapeutic
37.17 services, and to provide diagnosis and to render opinions pertaining to those services for
37.18 the purpose of determining a course of action in the best interests of the patient, such as a
37.19 treatment plan, appropriate referral, or both.

37.20 Sec. 7. Minnesota Statutes 2012, section 148.105, subdivision 1, is amended to read:
37.21 Subdivision 1. **Generally.** Any person who practices, or attempts to practice,
37.22 chiropractic or who uses any of the terms or letters "Doctors of Chiropractic,"
37.23 "Chiropractor," "DC," or any other title or letters under any circumstances as to lead
37.24 the public to believe that the person who so uses the terms is engaged in the practice of
37.25 chiropractic, without having complied with the provisions of sections 148.01 to 148.104, is
37.26 guilty of a gross misdemeanor; and, upon conviction, fined not less than $1,000 nor more
37.27 than $10,000 or be imprisoned in the county jail for not less than 30 days nor more than
37.28 six months or punished by both fine and imprisonment, in the discretion of the court. It is
37.29 the duty of the county attorney of the county in which the person practices to prosecute.
37.30 Nothing in sections 148.01 to 148.105 shall be considered as interfering with any person:
37.31 (1) licensed by a health-related licensing board, as defined in section 214.01,
37.32 subdivision 2, including psychological practitioners with respect to the use of hypnosis;
37.33 (2) registered or licensed by the commissioner of health under section 214.13; or

38.1 (3) engaged in other methods of healing regulated by law in the state of Minnesota;
38.2 provided that the person confines activities within the scope of the license or other
38.3 regulation and does not practice or attempt to practice chiropractic.

38.4 Sec. 8. Minnesota Statutes 2012, section 148.261, is amended by adding a subdivision
38.5 to read:

38.6 Subd. 1a. **Conviction of a felony-level criminal sexual offense.** (a) Except as
38.7 provided in paragraph (e), the board may not grant or renew a license to practice nursing
38.8 to any person who has been convicted on or after August 1, 2014, of any of the provisions
38.9 of sections 609.342, subdivision 1, 609.343, subdivision 1, 609.344, subdivision 1,
38.10 paragraphs (c) to (o), or 609.345, subdivision 1, paragraphs (c) to (o), or a similar statute
38.11 in another jurisdiction.

38.12 (b) A license to practice nursing is automatically revoked if the licensee is convicted
38.13 of an offense listed in paragraph (a).

38.14 (c) A license to practice nursing that has been denied or revoked under this
38.15 subdivision is not subject to chapter 364.

38.16 (d) For purposes of this subdivision, "conviction" means a plea of guilty, a verdict of
38.17 guilty by a jury, or a finding of guilty by the court, unless the court stays imposition or
38.18 execution of the sentence and final disposition of the case is accomplished at a nonfelony
38.19 level.

38.20 (e) The board may establish criteria whereby an individual convicted of an offense
38.21 listed in paragraph (a) may become licensed provided that the criteria:

38.22 (1) utilize a rebuttable presumption that the applicant is not suitable for licensing;

38.23 (2) provide a standard for overcoming the presumption; and

38.24 (3) require that a minimum of ten years has elapsed since the applicant's sentence
38.25 was discharged.

38.26 The board shall not consider an application under this paragraph if the board
38.27 determines that the victim involved in the offense was a patient or a client of the applicant
38.28 at the time of the offense.

38.29 Sec. 9. Minnesota Statutes 2012, section 148.261, subdivision 4, is amended to read:

38.30 Subd. 4. **Evidence.** In disciplinary actions alleging a violation of subdivision 1,
38.31 clause (3) or (4), or subdivision 1a, a copy of the judgment or proceeding under the seal
38.32 of the court administrator or of the administrative agency that entered the same shall be
38.33 admissible into evidence without further authentication and shall constitute prima facie
38.34 evidence of the violation concerned.

Sec. 10. Minnesota Statutes 2012, section 148.6402, subdivision 17, is amended to read:

Subd. 17. **Physical agent modalities.** "Physical agent modalities" mean modalities that use the properties of light, water, temperature, sound, or electricity to produce a response in soft tissue. ~~The physical agent modalities referred to in sections 148.6404 and 148.6440 are superficial physical agent modalities, electrical stimulation devices, and ultrasound.~~

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

Sec. 11. Minnesota Statutes 2012, section 148.6404, is amended to read:

148.6404 SCOPE OF PRACTICE.

The practice of occupational therapy by an occupational therapist or occupational therapy assistant includes, but is not limited to, intervention directed toward:

(1) assessment and evaluation, including the use of skilled observation or the administration and interpretation of standardized or nonstandardized tests and measurements, to identify areas for occupational therapy services;

(2) providing for the development of sensory integrative, neuromuscular, or motor components of performance;

(3) providing for the development of emotional, motivational, cognitive, or psychosocial components of performance;

(4) developing daily living skills;

(5) developing feeding and swallowing skills;

(6) developing play skills and leisure capacities;

(7) enhancing educational performance skills;

(8) enhancing functional performance and work readiness through exercise, range of motion, and use of ergonomic principles;

(9) designing, fabricating, or applying rehabilitative technology, such as selected orthotic and prosthetic devices, and providing training in the functional use of these devices;

(10) designing, fabricating, or adapting assistive technology and providing training in the functional use of assistive devices;

(11) adapting environments using assistive technology such as environmental controls, wheelchair modifications, and positioning;

(12) employing physical agent modalities, in preparation for or as an adjunct to purposeful activity, within the same treatment session or to meet established functional occupational therapy goals~~, consistent with the requirements of section 148.6440~~; and

(13) promoting health and wellness.

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

40.2 Sec. 12. Minnesota Statutes 2012, section 148.6430, is amended to read:

40.3 **148.6430 DELEGATION OF DUTIES; ASSIGNMENT OF TASKS.**

40.4 The occupational therapist is responsible for all duties delegated to the occupational
40.5 therapy assistant or tasks assigned to direct service personnel. The occupational therapist
40.6 may delegate to an occupational therapy assistant those portions of a client's evaluation,
40.7 reevaluation, and treatment that, according to prevailing practice standards of the
40.8 American Occupational Therapy Association, can be performed by an occupational
40.9 therapy assistant. The occupational therapist may not delegate portions of an evaluation or
40.10 reevaluation of a person whose condition is changing rapidly. ~~Delegation of duties related
40.11 to use of physical agent modalities to occupational therapy assistants is governed by
40.12 section 148.6440, subdivision 6.~~

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

40.14 Sec. 13. Minnesota Statutes 2012, section 148.6432, subdivision 1, is amended to read:

40.15 Subdivision 1. **Applicability.** If the professional standards identified in section
40.16 148.6430 permit an occupational therapist to delegate an evaluation, reevaluation, or
40.17 treatment procedure, the occupational therapist must provide supervision consistent
40.18 with this section. ~~Supervision of occupational therapy assistants using physical agent
40.19 modalities is governed by section 148.6440, subdivision 6.~~

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

40.21 Sec. 14. Minnesota Statutes 2012, section 148.7802, subdivision 3, is amended to read:

40.22 Subd. 3. **Approved education program.** "Approved education program" means
40.23 a university, college, or other postsecondary education program of athletic training
40.24 that, at the time the student completes the program, is approved or accredited by ~~the
40.25 National Athletic Trainers Association Professional Education Committee, the National
40.26 Athletic Trainers Association Board of Certification, or the Joint Review Committee on
40.27 Educational Programs in Athletic Training in collaboration with the American Academy
40.28 of Family Physicians, the American Academy of Pediatrics, the American Medical
40.29 Association, and the National Athletic Trainers Association~~ a nationally recognized
40.30 accreditation agency for athletic training education programs approved by the board.

40.31 Sec. 15. Minnesota Statutes 2012, section 148.7802, subdivision 9, is amended to read:

Subd. 9. **Credentialing examination.** "Credentialing examination" means an examination administered by the ~~National Athletic Trainers Association~~ Board of Certification, or the board's recognized successor, for credentialing as an athletic trainer, or an examination for credentialing offered by a national testing service that is approved by the board.

Sec. 16. Minnesota Statutes 2012, section 148.7803, subdivision 1, is amended to read:

Subdivision 1. **Designation.** A person shall not use in connection with the person's name the words or letters registered athletic trainer; licensed athletic trainer; Minnesota registered athletic trainer; athletic trainer; AT; ATR; or any words, letters, abbreviations, or insignia indicating or implying that the person is an athletic trainer, without a certificate of registration as an athletic trainer issued under sections 148.7808 to 148.7810. A student attending a college or university athletic training program must be identified as ~~a "student athletic trainer."~~ an "athletic training student."

Sec. 17. Minnesota Statutes 2012, section 148.7805, subdivision 1, is amended to read:

Subdivision 1. **~~Creation;~~ Membership.** The Athletic Trainers Advisory Council is created and is composed of eight members appointed by the board. The advisory council consists of:

(1) two public members as defined in section 214.02;

(2) three members who~~, except for initial appointees,~~ are registered athletic trainers, one being both a licensed physical therapist and registered athletic trainer as submitted by the Minnesota American Physical Therapy Association;

(3) two members who are medical physicians licensed by the state and have experience with athletic training and sports medicine; and

(4) one member who is a doctor of chiropractic licensed by the state and has experience with athletic training and sports injuries.

Sec. 18. Minnesota Statutes 2012, section 148.7808, subdivision 1, is amended to read:

Subdivision 1. **Registration.** The board may issue a certificate of registration as an athletic trainer to applicants who meet the requirements under this section. An applicant for registration as an athletic trainer shall pay a fee under section 148.7815 and file a written application on a form, provided by the board, that includes:

(1) the applicant's name, Social Security number, home address and telephone number, business address and telephone number, and business setting;

(2) evidence satisfactory to the board of the successful completion of an education program approved by the board;

(3) educational background;

(4) proof of a baccalaureate or master's degree from an accredited college or university;

(5) credentials held in other jurisdictions;

(6) a description of any other jurisdiction's refusal to credential the applicant;

(7) a description of all professional disciplinary actions initiated against the applicant in any other jurisdiction;

(8) any history of drug or alcohol abuse, and any misdemeanor or felony conviction;

(9) evidence satisfactory to the board of a qualifying score on a credentialing examination ~~within one year of the application for registration~~;

(10) additional information as requested by the board;

(11) the applicant's signature on a statement that the information in the application is true and correct to the best of the applicant's knowledge and belief; and

(12) the applicant's signature on a waiver authorizing the board to obtain access to the applicant's records in this state or any other state in which the applicant has completed an education program approved by the board or engaged in the practice of athletic training.

Sec. 19. Minnesota Statutes 2012, section 148.7808, subdivision 4, is amended to read:

Subd. 4. **Temporary registration.** (a) The board may issue a temporary registration as an athletic trainer to qualified applicants. A temporary registration is issued for ~~one year~~ 120 days. An athletic trainer with a temporary registration may qualify for full registration after submission of verified documentation that the athletic trainer has achieved a qualifying score on a credentialing examination within ~~one year~~ 120 days after the date of the temporary registration. A temporary registration may not be renewed.

(b) Except as provided in subdivision 3, paragraph (a), clause (1), an applicant for a temporary registration must submit the application materials and fees for registration required under subdivision 1, clauses (1) to (8) and (10) to (12).

(c) An athletic trainer with a temporary registration shall work only under the direct supervision of an athletic trainer registered under this section. No more than ~~four~~ two athletic trainers with temporary registrations shall work under the direction of a registered athletic trainer.

Sec. 20. Minnesota Statutes 2012, section 148.7812, subdivision 2, is amended to read:

43.1 Subd. 2. **Approved programs.** The board shall approve a continuing education
43.2 program that has been approved for continuing education credit by the ~~National Athletic~~
43.3 ~~Trainers Association~~ Board of Certification, or the board's recognized successor.

43.4 Sec. 21. Minnesota Statutes 2012, section 148.7813, is amended by adding a
43.5 subdivision to read:
43.6 Subd. 5. **Discipline; reporting.** For the purposes of this chapter, registered athletic
43.7 trainers and applicants are subject to sections 147.091 to 147.162.

43.8 Sec. 22. Minnesota Statutes 2012, section 148.7814, is amended to read:
43.9 **148.7814 APPLICABILITY.**
43.10 Sections 148.7801 to 148.7815 do not apply to persons who are certified as athletic
43.11 trainers by the ~~National Athletic Trainers Association~~ Board of Certification or the board's
43.12 recognized successor and come into Minnesota for a specific athletic event or series of
43.13 athletic events with an individual or group.

43.14 Sec. 23. Minnesota Statutes 2012, section 148.995, subdivision 2, is amended to read:
43.15 Subd. 2. **Certified doula.** "Certified doula" means an individual who has received
43.16 a certification to perform doula services from the International Childbirth Education
43.17 Association, the Doulas of North America (DONA), the Association of Labor Assistants
43.18 and Childbirth Educators (ALACE), Birthworks, the Childbirth and Postpartum
43.19 Professional Association (CAPPA), Childbirth International, ~~or~~ the International Center
43.20 for Traditional Childbearing, or Commonsense Childbirth, Inc.

43.21 Sec. 24. Minnesota Statutes 2012, section 148.996, subdivision 2, is amended to read:
43.22 Subd. 2. **Qualifications.** The commissioner shall include on the registry any
43.23 individual who:
43.24 (1) submits an application on a form provided by the commissioner. The form must
43.25 include the applicant's name, address, and contact information;
43.26 (2) maintains a current certification from one of the organizations listed in section
43.27 ~~146B.01, subdivision 2~~ 148.995, subdivision 2; and
43.28 (3) pays the fees required under section 148.997.

43.29 Sec. 25. Minnesota Statutes 2012, section 148B.5301, subdivision 2, is amended to read:
43.30 Subd. 2. **Supervision.** (a) To qualify as a LPCC, an applicant must have completed
43.31 4,000 hours of post-master's degree supervised professional practice in the delivery

of clinical services in the diagnosis and treatment of mental illnesses and disorders in both children and adults. The supervised practice shall be conducted according to the requirements in paragraphs (b) to (e).

(b) The supervision must have been received under a contract that defines clinical practice and supervision from a mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6), or 245.4871, subdivision 27, clauses (1) to (6), or by a board-approved supervisor, who has at least two years of postlicensure experience in the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders. All supervisors must meet the supervisor requirements in Minnesota Rules, part 2150.5010.

(c) The supervision must be obtained at the rate of two hours of supervision per 40 hours of professional practice. The supervision must be evenly distributed over the course of the supervised professional practice. At least 75 percent of the required supervision hours must be received in person. The remaining 25 percent of the required hours may be received by telephone or by audio or audiovisual electronic device. At least 50 percent of the required hours of supervision must be received on an individual basis. The remaining 50 percent may be received in a group setting.

(d) The supervised practice must include at least 1,800 hours of clinical client contact.

(e) The supervised practice must be clinical practice. Supervision includes the observation by the supervisor of the successful application of professional counseling knowledge, skills, and values in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders.

Sec. 26. Minnesota Statutes 2012, section 148B.5301, subdivision 4, is amended to read:

Subd. 4. **Conversion to licensed professional clinical counselor after August 1, 2014.** ~~After August 1, 2014, an individual licensed in the state of Minnesota as a licensed professional counselor may convert to a LPCC by providing evidence satisfactory to the board that the applicant has met the requirements of subdivisions 1 and 2, subject to the following:~~

~~(1) the individual's license must be active and in good standing;~~

~~(2) the individual must not have any complaints pending, uncompleted disciplinary orders, or corrective action agreements; and~~

~~(3) the individual has paid the LPCC application and licensure fees required in section 148B.53, subdivision 3.~~ (a) After August 1, 2014, an individual currently licensed in the state of Minnesota as a licensed professional counselor may convert to a LPCC by

45.1 providing evidence satisfactory to the board that the applicant has met the following
45.2 requirements:
45.3 (1) is at least 18 years of age;
45.4 (2) is of good moral character;
45.5 (3) has a license that is active and in good standing;
45.6 (4) has no complaints pending, uncompleted disciplinary order, or corrective action
45.7 agreements;
45.8 (5) has completed a master's or doctoral degree program in counseling or a related
45.9 field, as determined by the board, and whose degree was from a counseling program
45.10 recognized by CACREP or from an institution of higher education that is accredited by a
45.11 regional accrediting organization recognized by CHEA;
45.12 (6) has earned 24 graduate-level semester credits or quarter-credit equivalents in
45.13 clinical coursework which includes content in the following clinical areas:
45.14 (i) diagnostic assessment for child or adult mental disorders; normative development;
45.15 and psychopathology, including developmental psychopathology;
45.16 (ii) clinical treatment planning with measurable goals;
45.17 (iii) clinical intervention methods informed by research evidence and community
45.18 standards of practice;
45.19 (iv) evaluation methodologies regarding the effectiveness of interventions;
45.20 (v) professional ethics applied to clinical practice; and
45.21 (vi) cultural diversity;
45.22 (7) has demonstrated competence in professional counseling by passing the National
45.23 Clinical Mental Health Counseling Examination (NCMHCE), administered by the
45.24 National Board for Certified Counselors, Inc. (NBCC), and ethical, oral, and situational
45.25 examinations as prescribed by the board;
45.26 (8) has demonstrated, to the satisfaction of the board, successful completion of 4,000
45.27 hours of supervised, post-master's degree professional practice in the delivery of clinical
45.28 services in the diagnosis and treatment of child and adult mental illnesses and disorders,
45.29 which includes 1,800 direct client contact hours. A licensed professional counselor
45.30 who has completed 2,000 hours of supervised post-master's degree clinical professional
45.31 practice and who has independent practice status need only document 2,000 additional
45.32 hours of supervised post-master's degree clinical professional practice, which includes 900
45.33 direct client contact hours; and
45.34 (9) has paid the LPCC application and licensure fees required in section 148B.53,
45.35 subdivision 3.

(b) If the coursework in paragraph (a) was not completed as part of the degree program required by paragraph (a), clause (5), the coursework must be taken and passed for credit, and must be earned from a counseling program or institution that meets the requirements in paragraph (a), clause (5).

Sec. 27. Minnesota Statutes 2012, section 150A.01, subdivision 8a, is amended to .read:

Subd. 8a. **Resident dentist.** "Resident dentist" means a person who is licensed to practice dentistry as an enrolled graduate student or student of an advanced education program accredited by the ~~American Dental Association~~ Commission on Dental Accreditation.

Sec. 28. Minnesota Statutes 2012, section 150A.06, subdivision 1, is amended to read:

Subdivision 1. **Dentists.** A person of good moral character who has graduated from a dental program accredited by the Commission on Dental Accreditation ~~of the American Dental Association~~, having submitted an application and fee as prescribed by the board, may be examined by the board or by an agency pursuant to section 150A.03, subdivision 1, in a manner to test the applicant's fitness to practice dentistry. A graduate of a dental college in another country must not be disqualified from examination solely because of the applicant's foreign training if the board determines that the training is equivalent to or higher than that provided by a dental college accredited by the Commission on Dental Accreditation ~~of the American Dental Association~~. In the case of examinations conducted pursuant to section 150A.03, subdivision 1, applicants shall take the examination prior to applying to the board for licensure. The examination shall include an examination of the applicant's knowledge of the laws of Minnesota relating to dentistry and the rules of the board. An applicant is ineligible to retake the clinical examination required by the board after failing it twice until further education and training are obtained as specified by the board by rule. A separate, nonrefundable fee may be charged for each time a person applies. An applicant who passes the examination in compliance with subdivision 2b, abides by professional ethical conduct requirements, and meets all other requirements of the board shall be licensed to practice dentistry and granted a general dentist license by the board.

Sec. 29. Minnesota Statutes 2012, section 150A.06, subdivision 1a, is amended to read:

Subd. 1a. **Faculty dentists.** (a) Faculty members of a school of dentistry must be licensed in order to practice dentistry as defined in section 150A.05. The board may issue to members of the faculty of a school of dentistry a license designated as either a "limited faculty license" or a "full faculty license" entitling the holder to practice dentistry

within the terms described in paragraph (b) or (c). The dean of a school of dentistry and program directors of a Minnesota dental hygiene or dental assisting school accredited by the Commission on Dental Accreditation ~~of the American Dental Association~~ shall certify to the board those members of the school's faculty who practice dentistry but are not licensed to practice dentistry in Minnesota. A faculty member who practices dentistry as defined in section 150A.05, before beginning duties in a school of dentistry or a dental hygiene or dental assisting school, shall apply to the board for a limited or full faculty license. Pursuant to Minnesota Rules, chapter 3100, and at the discretion of the board, a limited faculty license must be renewed annually and a full faculty license must be renewed biennially. The faculty applicant shall pay a nonrefundable fee set by the board for issuing and renewing the faculty license. The faculty license is valid during the time the holder remains a member of the faculty of a school of dentistry or a dental hygiene or dental assisting school and subjects the holder to this chapter.

(b) The board may issue to dentist members of the faculty of a Minnesota school of dentistry, dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation ~~of the American Dental Association~~, a license designated as a limited faculty license entitling the holder to practice dentistry within the school and its affiliated teaching facilities, but only for the purposes of teaching or conducting research. The practice of dentistry at a school facility for purposes other than teaching or research is not allowed unless the dentist was a faculty member on August 1, 1993.

(c) The board may issue to dentist members of the faculty of a Minnesota school of dentistry, dental hygiene, or dental assisting accredited by the Commission on Dental Accreditation ~~of the American Dental Association~~ a license designated as a full faculty license entitling the holder to practice dentistry within the school and its affiliated teaching facilities and elsewhere if the holder of the license is employed 50 percent time or more by the school in the practice of teaching or research, and upon successful review by the board of the applicant's qualifications as described in subdivisions 1, 1c, and 4 and board rule. The board, at its discretion, may waive specific licensing prerequisites.

Sec. 30. Minnesota Statutes 2012, section 150A.06, subdivision 1c, is amended to read:

Subd. 1c. **Specialty dentists.** (a) The board may grant ~~a~~ one or more specialty ~~license~~ licenses in the specialty areas of dentistry that are recognized by the ~~American Dental Association~~ Commission on Dental Accreditation.

(b) An applicant for a specialty license shall:

48.1 (1) have successfully completed a postdoctoral specialty ~~education~~ program
48.2 accredited by the Commission on Dental Accreditation ~~of the American Dental~~
48.3 ~~Association~~, or have announced a limitation of practice before 1967;
48.4 (2) have been certified by a specialty ~~examining~~ board approved by the Minnesota
48.5 Board of Dentistry, or provide evidence of having passed a clinical examination for
48.6 licensure required for practice in any state or Canadian province, or in the case of oral and
48.7 maxillofacial surgeons only, have a Minnesota medical license in good standing;
48.8 (3) have been in active practice or a postdoctoral specialty education program or
48.9 United States government service at least 2,000 hours in the 36 months prior to applying
48.10 for a specialty license;
48.11 (4) if requested by the board, be interviewed by a committee of the board, which
48.12 may include the assistance of specialists in the evaluation process, and satisfactorily
48.13 respond to questions designed to determine the applicant's knowledge of dental subjects
48.14 and ability to practice;
48.15 (5) if requested by the board, present complete records on a sample of patients
48.16 treated by the applicant. The sample must be drawn from patients treated by the applicant
48.17 during the 36 months preceding the date of application. The number of records shall be
48.18 established by the board. The records shall be reasonably representative of the treatment
48.19 typically provided by the applicant for each specialty area;
48.20 (6) at board discretion, pass a board-approved English proficiency test if English is
48.21 not the applicant's primary language;
48.22 (7) pass all components of the National Board Dental Examinations;
48.23 (8) pass the Minnesota Board of Dentistry jurisprudence examination;
48.24 (9) abide by professional ethical conduct requirements; and
48.25 (10) meet all other requirements prescribed by the Board of Dentistry.
48.26 (c) The application must include:
48.27 (1) a completed application furnished by the board;
48.28 (2) at least two character references from two different dentists for each specialty
48.29 area, one of whom must be a dentist practicing in the same specialty area, and the other
48.30 from the director of ~~the~~ each specialty program attended;
48.31 (3) a licensed physician's statement attesting to the applicant's physical and mental
48.32 condition;
48.33 (4) a statement from a licensed ophthalmologist or optometrist attesting to the
48.34 applicant's visual acuity;
48.35 (5) a nonrefundable fee; and

49.1 (6) a notarized, unmounted passport-type photograph, three inches by three inches,
49.2 taken not more than six months before the date of application.
49.3 (d) A specialty dentist holding ~~a~~ one or more specialty ~~license~~ licenses is limited to
49.4 practicing in the dentist's designated specialty area or areas. The scope of practice must be
49.5 defined by each national specialty board recognized by the ~~American Dental Association~~
49.6 Commission on Dental Accreditation.
49.7 (e) A specialty dentist holding a general ~~dentist~~ dental license is limited to practicing
49.8 in the dentist's designated specialty area or areas if the dentist has announced a limitation
49.9 of practice. The scope of practice must be defined by each national specialty board
49.10 recognized by the ~~American Dental Association~~ Commission on Dental Accreditation.
49.11 (f) All specialty dentists who have fulfilled the specialty dentist requirements and
49.12 who intend to limit their practice to a particular specialty area or areas may apply for
49.13 ~~a~~ one or more specialty ~~license~~ licenses.

49.14 Sec. 31. Minnesota Statutes 2012, section 150A.06, subdivision 1d, is amended to read:
49.15 Subd. 1d. **Dental therapists.** A person of good moral character who has graduated
49.16 with a baccalaureate degree or a master's degree from a dental therapy education program
49.17 that has been approved by the board or accredited by the ~~American Dental Association~~
49.18 Commission on Dental Accreditation or another board-approved national accreditation
49.19 organization may apply for licensure.
49.20 The applicant must submit an application and fee as prescribed by the board and a
49.21 diploma or certificate from a dental therapy education program. Prior to being licensed,
49.22 the applicant must pass a comprehensive, competency-based clinical examination that is
49.23 approved by the board and administered independently of an institution providing dental
49.24 therapy education. The applicant must also pass an examination testing the applicant's
49.25 knowledge of the Minnesota laws and rules relating to the practice of dentistry. An
49.26 applicant who has failed the clinical examination twice is ineligible to retake the clinical
49.27 examination until further education and training are obtained as specified by the board. A
49.28 separate, nonrefundable fee may be charged for each time a person applies. An applicant
49.29 who passes the examination in compliance with subdivision 2b, abides by professional
49.30 ethical conduct requirements, and meets all the other requirements of the board shall
49.31 be licensed as a dental therapist.

49.32 Sec. 32. Minnesota Statutes 2012, section 150A.06, subdivision 2, is amended to read:
49.33 Subd. 2. **Dental hygienists.** A person of good moral character, who has graduated
49.34 from a dental hygiene program accredited by the Commission on Dental Accreditation ~~of~~

50.1 ~~the American Dental Association~~ and established in an institution accredited by an agency
50.2 recognized by the United States Department of Education to offer college-level programs,
50.3 may apply for licensure. The dental hygiene program must provide a minimum of two
50.4 academic years of dental hygiene education. The applicant must submit an application and
50.5 fee as prescribed by the board and a diploma or certificate of dental hygiene. Prior to being
50.6 licensed, the applicant must pass the National Board of Dental Hygiene examination and a
50.7 board approved examination designed to determine the applicant's clinical competency. In
50.8 the case of examinations conducted pursuant to section 150A.03, subdivision 1, applicants
50.9 shall take the examination before applying to the board for licensure. The applicant must
50.10 also pass an examination testing the applicant's knowledge of the laws of Minnesota relating
50.11 to the practice of dentistry and of the rules of the board. An applicant is ineligible to retake
50.12 the clinical examination required by the board after failing it twice until further education
50.13 and training are obtained as specified by board rule. A separate, nonrefundable fee may
50.14 be charged for each time a person applies. An applicant who passes the examination in
50.15 compliance with subdivision 2b, abides by professional ethical conduct requirements, and
50.16 meets all the other requirements of the board shall be licensed as a dental hygienist.

50.17 Sec. 33. Minnesota Statutes 2012, section 150A.06, subdivision 2a, is amended to read:
50.18 Subd. 2a. **Licensed dental assistant.** A person of good moral character, who has
50.19 graduated from a dental assisting program accredited by the Commission on Dental
50.20 Accreditation ~~of the American Dental Association~~, may apply for licensure. The applicant
50.21 must submit an application and fee as prescribed by the board and the diploma or
50.22 certificate of dental assisting. In the case of examinations conducted pursuant to section
50.23 150A.03, subdivision 1, applicants shall take the examination before applying to the board
50.24 for licensure. The examination shall include an examination of the applicant's knowledge
50.25 of the laws of Minnesota relating to dentistry and the rules of the board. An applicant is
50.26 ineligible to retake the licensure examination required by the board after failing it twice
50.27 until further education and training are obtained as specified by board rule. A separate,
50.28 nonrefundable fee may be charged for each time a person applies. An applicant who
50.29 passes the examination in compliance with subdivision 2b, abides by professional ethical
50.30 conduct requirements, and meets all the other requirements of the board shall be licensed
50.31 as a dental assistant.

50.32 Sec. 34. Minnesota Statutes 2012, section 150A.06, subdivision 2d, is amended to read:
50.33 Subd. 2d. **Continuing education and professional development waiver.** (a) The
50.34 board shall grant a waiver to the continuing education requirements under this chapter for

51.1 a licensed dentist, licensed dental therapist, licensed dental hygienist, or licensed dental
51.2 assistant who documents to the satisfaction of the board that the dentist, dental therapist,
51.3 dental hygienist, or licensed dental assistant has retired from active practice in the state
51.4 and limits the provision of dental care services to those offered without compensation
51.5 in a public health, community, or tribal clinic or a nonprofit organization that provides
51.6 services to the indigent or to recipients of medical assistance, general assistance medical
51.7 care, or MinnesotaCare programs.

51.8 (b) The board may require written documentation from the volunteer and retired
51.9 dentist, dental therapist, dental hygienist, or licensed dental assistant prior to granting
51.10 this waiver.

51.11 (c) The board shall require the volunteer and retired dentist, dental therapist, dental
51.12 hygienist, or licensed dental assistant to meet the following requirements:

51.13 (1) a licensee seeking a waiver under this subdivision must complete and document
51.14 at least five hours of approved courses in infection control, medical emergencies, and
51.15 medical management for the continuing education cycle; and

51.16 (2) provide documentation of current CPR certification from completion of the
51.17 American Heart Association healthcare provider course~~,~~ or the American Red Cross
51.18 professional rescuer course~~, or an equivalent entity~~.

51.19 Sec. 35. Minnesota Statutes 2012, section 150A.06, subdivision 3, is amended to read:

51.20 Subd. 3. **Waiver of examination.** (a) All or any part of the examination for
51.21 dentists or dental hygienists, except that pertaining to the law of Minnesota relating to
51.22 dentistry and the rules of the board, may, at the discretion of the board, be waived for an
51.23 applicant who presents a certificate of having passed all components of the National Board
51.24 Dental Examinations or evidence of having maintained an adequate scholastic standing
51.25 as determined by the board, in dental school as to dentists, or dental hygiene school as
51.26 to dental hygienists.

51.27 (b) The board shall waive the clinical examination required for licensure for any
51.28 dentist applicant who is a graduate of a dental school accredited by the Commission on
51.29 Dental Accreditation ~~of the American Dental Association~~, who has passed all components
51.30 of the National Board Dental Examinations, and who has satisfactorily completed a
51.31 Minnesota-based postdoctoral general dentistry residency program (GPR) or an advanced
51.32 education in general dentistry (AEGD) program after January 1, 2004. The postdoctoral
51.33 program must be accredited by the Commission on Dental Accreditation ~~of the American~~
51.34 ~~Dental Association~~, be of at least one year's duration, and include an outcome assessment
51.35 evaluation assessing the resident's competence to practice dentistry. The board may require

52.1 the applicant to submit any information deemed necessary by the board to determine
52.2 whether the waiver is applicable. ~~The board may waive the clinical examination for an~~
52.3 ~~applicant who meets the requirements of this paragraph and has satisfactorily completed an~~
52.4 ~~accredited postdoctoral general dentistry residency program located outside of Minnesota.~~

52.5 Sec. 36. Minnesota Statutes 2012, section 150A.06, subdivision 8, is amended to read:
52.6 Subd. 8. **Licensure by credentials.** (a) Any dental assistant may, upon application
52.7 and payment of a fee established by the board, apply for licensure based on an evaluation
52.8 of the applicant's education, experience, and performance record in lieu of completing a
52.9 board-approved dental assisting program for expanded functions as defined in rule, and
52.10 may be interviewed by the board to determine if the applicant:
52.11 (1) has graduated from an accredited dental assisting program accredited by the
52.12 Commission ~~of~~ on Dental Accreditation ~~of the American Dental Association~~, or is
52.13 currently certified by the Dental Assisting National Board;
52.14 (2) is not subject to any pending or final disciplinary action in another state or
52.15 Canadian province, or if not currently certified or registered, previously had a certification
52.16 or registration in another state or Canadian province in good standing that was not subject
52.17 to any final or pending disciplinary action at the time of surrender;
52.18 (3) is of good moral character and abides by professional ethical conduct
52.19 requirements;
52.20 (4) at board discretion, has passed a board-approved English proficiency test if
52.21 English is not the applicant's primary language; and
52.22 (5) has met all expanded functions curriculum equivalency requirements of a
52.23 Minnesota board-approved dental assisting program.
52.24 (b) The board, at its discretion, may waive specific licensure requirements in
52.25 paragraph (a).
52.26 (c) An applicant who fulfills the conditions of this subdivision and demonstrates the
52.27 minimum knowledge in dental subjects required for licensure under subdivision 2a must
52.28 be licensed to practice the applicant's profession.
52.29 (d) If the applicant does not demonstrate the minimum knowledge in dental subjects
52.30 required for licensure under subdivision 2a, the application must be denied. If licensure is
52.31 denied, the board may notify the applicant of any specific remedy that the applicant could
52.32 take which, when passed, would qualify the applicant for licensure. A denial does not
52.33 prohibit the applicant from applying for licensure under subdivision 2a.
52.34 (e) A candidate whose application has been denied may appeal the decision to the
52.35 board according to subdivision 4a.

Sec. 37. Minnesota Statutes 2012, section 150A.091, subdivision 3, is amended to read:

Subd. 3. **Initial license or permit fees.** Along with the application fee, each of the following applicants shall submit a separate ~~prorated~~ initial license or permit fee. The ~~prorated~~ initial fee shall be established by the board ~~based on the number of months of the applicant's initial term as described in Minnesota Rules, part 3100.1700, subpart 1a,~~ not to exceed the following ~~monthly~~ nonrefundable fee amounts:

(1) dentist or full faculty dentist, ~~$14 times the number of months of the initial term~~ $168;

(2) dental therapist, ~~$10 times the number of months of the initial term~~ $120;

(3) dental hygienist, ~~$5 times the number of months of the initial term~~ $60;

(4) licensed dental assistant, ~~$3 times the number of months of the initial term~~ $36; and

(5) dental assistant with a permit as described in Minnesota Rules, part 3100.8500, subpart 3, ~~$1 times the number of months of the initial term~~ $12.

Sec. 38. Minnesota Statutes 2012, section 150A.091, subdivision 8, is amended to read:

Subd. 8. **Duplicate license or certificate fee.** Each applicant shall submit, with a request for issuance of a duplicate of the original license, or of an annual or biennial renewal certificate for a license or permit, a fee in the following amounts:

(1) original dentist, full faculty dentist, dental therapist, dental hygiene, or dental assistant license, $35; ~~and~~

(2) annual or biennial renewal certificates, $10~~.~~; and

(3) wallet-sized license and renewal certificate, $15.

Sec. 39. Minnesota Statutes 2012, section 150A.091, subdivision 16, is amended to read:

Subd. 16. **Failure of professional development portfolio audit.** ~~A licensee shall submit a fee as established by the board not to exceed the amount of $250 after failing two consecutive professional development portfolio audits and, thereafter, for each failed~~ (a) If a licensee fails a professional development portfolio audit under Minnesota Rules, part 3100.5300~~.~~, the board is authorized to take the following actions:

(1) for the first failure, the board may issue a warning to the licensee;

(2) for the second failure within ten years, the board may assess a penalty of not more than $250; and

(3) for any additional failures within the ten-year period, the board may assess a penalty of not more than $1,000.

54.1 (b) In addition to the penalty fee, the board may initiate the complaint process to
54.2 address multiple failed audits.

54.3 Sec. 40. Minnesota Statutes 2012, section 150A.10, is amended to read:

54.4 **150A.10 ALLIED DENTAL PERSONNEL.**

54.5 Subdivision 1. **Dental hygienists.** Any licensed dentist, licensed dental therapist,
54.6 public institution, or school authority may obtain services from a licensed dental hygienist.
54.7 The licensed dental hygienist may provide those services defined in section 150A.05,
54.8 subdivision 1a. The services provided shall not include the establishment of a final
54.9 diagnosis or treatment plan for a dental patient. All services shall be provided under
54.10 supervision of a licensed dentist. Any licensed dentist who shall permit any dental service
54.11 by a dental hygienist other than those authorized by the Board of Dentistry, shall be deemed
54.12 to be violating the provisions of sections 150A.01 to 150A.12, and any unauthorized dental
54.13 service by a dental hygienist shall constitute a violation of sections 150A.01 to 150A.12.

54.14 Subd. 1a. **Limited authorization for dental hygienists.** (a) Notwithstanding
54.15 subdivision 1, a dental hygienist licensed under this chapter may be employed or retained
54.16 by a health care facility, program, or nonprofit organization to perform dental hygiene
54.17 services described under paragraph (b) without the patient first being examined by a
54.18 licensed dentist if the dental hygienist:

54.19 (1) has been engaged in the active practice of clinical dental hygiene for not less than
54.20 2,400 hours in the past 18 months or a career total of 3,000 hours, including a minimum of
54.21 200 hours of clinical practice in two of the past three years;

54.22 (2) has entered into a collaborative agreement with a licensed dentist that designates
54.23 authorization for the services provided by the dental hygienist;

54.24 (3) has documented participation in courses in infection control and medical
54.25 emergencies within each continuing education cycle; and

54.26 (4) maintains current CPR certification from completion of the American Heart
54.27 Association healthcare provider course~~,~~ or the American Red Cross professional rescuer
54.28 course~~, or an equivalent entity~~.

54.29 (b) The dental hygiene services authorized to be performed by a dental hygienist
54.30 under this subdivision are limited to:

54.31 (1) oral health promotion and disease prevention education;

54.32 (2) removal of deposits and stains from the surfaces of the teeth;

54.33 (3) application of topical preventive or prophylactic agents, including fluoride
54.34 varnishes and pit and fissure sealants;

54.35 (4) polishing and smoothing restorations;

55.1 (5) removal of marginal overhangs;
55.2 (6) performance of preliminary charting;
55.3 (7) taking of radiographs; and
55.4 (8) performance of scaling and root planing.

55.5 The dental hygienist may administer injections of local anesthetic agents or nitrous
55.6 oxide inhalation analgesia as specifically delegated in the collaborative agreement with
55.7 a licensed dentist. The dentist need not first examine the patient or be present. If the
55.8 patient is considered medically compromised, the collaborative dentist shall review the
55.9 patient record, including the medical history, prior to the provision of these services.
55.10 Collaborating dental hygienists may work with unlicensed and licensed dental assistants
55.11 who may only perform duties for which licensure is not required. The performance of
55.12 dental hygiene services in a health care facility, program, or nonprofit organization as
55.13 authorized under this subdivision is limited to patients, students, and residents of the
55.14 facility, program, or organization.
55.15 (c) A collaborating dentist must be licensed under this chapter and may enter into
55.16 a collaborative agreement with no more than four dental hygienists unless otherwise
55.17 authorized by the board. The board shall develop parameters and a process for obtaining
55.18 authorization to collaborate with more than four dental hygienists. The collaborative
55.19 agreement must include:
55.20 (1) consideration for medically compromised patients and medical conditions for
55.21 which a dental evaluation and treatment plan must occur prior to the provision of dental
55.22 hygiene services;
55.23 (2) age- and procedure-specific standard collaborative practice protocols, including
55.24 recommended intervals for the performance of dental hygiene services and a period of
55.25 time in which an examination by a dentist should occur;
55.26 (3) copies of consent to treatment form provided to the patient by the dental hygienist;
55.27 (4) specific protocols for the placement of pit and fissure sealants and requirements
55.28 for follow-up care to assure the efficacy of the sealants after application; and
55.29 (5) a procedure for creating and maintaining dental records for the patients that are
55.30 treated by the dental hygienist. This procedure must specify where these records are
55.31 to be located.

55.32 The collaborative agreement must be signed and maintained by the dentist, the dental
55.33 hygienist, and the facility, program, or organization; must be reviewed annually by the
55.34 collaborating dentist and dental hygienist; and must be made available to the board
55.35 upon request.

56.1 (d) Before performing any services authorized under this subdivision, a dental
56.2 hygienist must provide the patient with a consent to treatment form which must include a
56.3 statement advising the patient that the dental hygiene services provided are not a substitute
56.4 for a dental examination by a licensed dentist. If the dental hygienist makes any referrals
56.5 to the patient for further dental procedures, the dental hygienist must fill out a referral form
56.6 and provide a copy of the form to the collaborating dentist.

56.7 (e) For the purposes of this subdivision, a "health care facility, program, or
56.8 nonprofit organization" is limited to a hospital; nursing home; home health agency; group
56.9 home serving the elderly, disabled, or juveniles; state-operated facility licensed by the
56.10 commissioner of human services or the commissioner of corrections; and federal, state, or
56.11 local public health facility, community clinic, tribal clinic, school authority, Head Start
56.12 program, or nonprofit organization that serves individuals who are uninsured or who are
56.13 Minnesota health care public program recipients.

56.14 (f) For purposes of this subdivision, a "collaborative agreement" means a written
56.15 agreement with a licensed dentist who authorizes and accepts responsibility for the
56.16 services performed by the dental hygienist. The services authorized under this subdivision
56.17 and the collaborative agreement may be performed without the presence of a licensed
56.18 dentist and may be performed at a location other than the usual place of practice of the
56.19 dentist or dental hygienist and without a dentist's diagnosis and treatment plan, unless
56.20 specified in the collaborative agreement.

56.21 Subd. 2. **Dental assistants.** Every licensed dentist and dental therapist who uses the
56.22 services of any unlicensed person for the purpose of assistance in the practice of dentistry
56.23 or dental therapy shall be responsible for the acts of such unlicensed person while engaged
56.24 in such assistance. The dentist or dental therapist shall permit the unlicensed assistant to
56.25 perform only those acts which are authorized to be delegated to unlicensed assistants
56.26 by the Board of Dentistry. The acts shall be performed under supervision of a licensed
56.27 dentist or dental therapist. A licensed dental therapist shall not supervise more than four
56.28 ~~registered~~ licensed or unlicensed dental assistants at any one practice setting. The board
56.29 may permit differing levels of dental assistance based upon recognized educational
56.30 standards, approved by the board, for the training of dental assistants. The board may also
56.31 define by rule the scope of practice of licensed and unlicensed dental assistants. The
56.32 board by rule may require continuing education for differing levels of dental assistants,
56.33 as a condition to their license or authority to perform their authorized duties. Any
56.34 licensed dentist or dental therapist who permits an unlicensed assistant to perform any
56.35 dental service other than that authorized by the board shall be deemed to be enabling an

unlicensed person to practice dentistry, and commission of such an act by an unlicensed assistant shall constitute a violation of sections 150A.01 to 150A.12.

Subd. 3. **Dental technicians.** Every licensed dentist and dental therapist who uses the services of any unlicensed person, other than under the dentist's or dental therapist's supervision and within the same practice setting, for the purpose of constructing, altering, repairing or duplicating any denture, partial denture, crown, bridge, splint, orthodontic, prosthetic or other dental appliance, shall be required to furnish such unlicensed person with a written work order in such form as shall be prescribed by the rules of the board. The work order shall be made in duplicate form, a duplicate copy to be retained in a permanent file of the dentist or dental therapist at the practice setting for a period of two years, and the original to be retained in a permanent file for a period of two years by the unlicensed person in that person's place of business. The permanent file of work orders to be kept by the dentist, dental therapist, or unlicensed person shall be open to inspection at any reasonable time by the board or its duly constituted agent.

Subd. 4. **Restorative procedures.** (a) Notwithstanding subdivisions 1, 1a, and 2, a licensed dental hygienist or licensed dental assistant may perform the following restorative procedures:

(1) place, contour, and adjust amalgam restorations;

(2) place, contour, and adjust glass ionomer;

(3) adapt and cement stainless steel crowns; ~~and~~

(4) place, contour, and adjust class I and class V supragingival composite restorations where the margins are entirely within the enamel~~.~~; and

(5) place, contour, and adjust class II and class V supragingival composite restorations on primary teeth.

(b) The restorative procedures described in paragraph (a) may be performed only if:

(1) the licensed dental hygienist or licensed dental assistant has completed a board-approved course on the specific procedures;

(2) the board-approved course includes a component that sufficiently prepares the licensed dental hygienist or licensed dental assistant to adjust the occlusion on the newly placed restoration;

(3) a licensed dentist or licensed advanced dental therapist has authorized the procedure to be performed; and

(4) a licensed dentist or licensed advanced dental therapist is available in the clinic while the procedure is being performed.

(c) The dental faculty who teaches the educators of the board-approved courses specified in paragraph (b) must have prior experience teaching these procedures in an accredited dental education program.

Sec. 41. Minnesota Statutes 2012, section 153.16, subdivision 1, is amended to read:

Subdivision 1. **License requirements.** The board shall issue a license to practice podiatric medicine to a person who meets the following requirements:

(a) The applicant for a license shall file a written notarized application on forms provided by the board, showing to the board's satisfaction that the applicant is of good moral character and satisfies the requirements of this section.

(b) The applicant shall present evidence satisfactory to the board of being a graduate of a podiatric medical school approved by the board based upon its faculty, curriculum, facilities, accreditation by a recognized national accrediting organization approved by the board, and other relevant factors.

(c) The applicant must have received a passing score on each part of the national board examinations, parts one and two, prepared and graded by the National Board of Podiatric Medical Examiners. The passing score for each part of the national board examinations, parts one and two, is as defined by the National Board of Podiatric Medical Examiners.

(d) Applicants graduating after 1986 from a podiatric medical school shall present evidence ~~satisfactory to the board of the completion of (1) one year of graduate, clinical residency or preceptorship in a program accredited by a national accrediting organization approved by the board or (2) other graduate training that meets standards equivalent to those of an approved national accrediting organization or school of podiatric medicine~~ of successful completion of a residency program approved by a national accrediting podiatric medicine organization.

(e) The applicant shall appear in person before the board or its designated representative to show that the applicant satisfies the requirements of this section, including knowledge of laws, rules, and ethics pertaining to the practice of podiatric medicine. The board may establish as internal operating procedures the procedures or requirements for the applicant's personal presentation.

(f) The applicant shall pay a fee established by the board by rule. The fee shall not be refunded.

(g) The applicant must not have engaged in conduct warranting disciplinary action against a licensee. If the applicant does not satisfy the requirements of this paragraph, the board may refuse to issue a license unless it determines that the public will be

59.1 protected through issuance of a license with conditions and limitations the board considers
59.2 appropriate.
59.3 (h) Upon payment of a fee as the board may require, an applicant who fails to pass
59.4 an examination and is refused a license is entitled to reexamination within one year of
59.5 the board's refusal to issue the license. No more than two reexaminations are allowed
59.6 without a new application for a license.

59.7 Sec. 42. Minnesota Statutes 2012, section 153.16, is amended by adding a subdivision
59.8 to read:
59.9 Subd. 1a. **Relicensure after two-year lapse of practice; reentry program.** A
59.10 podiatrist seeking licensure or reinstatement of a license after a lapse of continuous
59.11 practice of podiatric medicine of greater than two years must reestablish competency by
59.12 completing a reentry program approved by the board.

59.13 Sec. 43. Minnesota Statutes 2012, section 153.16, subdivision 2, is amended to read:
59.14 Subd. 2. **Applicants licensed in another state.** The board shall issue a license
59.15 to practice podiatric medicine to any person currently or formerly licensed to practice
59.16 podiatric medicine in another state who satisfies the requirements of this section:
59.17 (a) The applicant shall satisfy the requirements established in subdivision 1.
59.18 (b) The applicant shall present evidence satisfactory to the board indicating the
59.19 current status of a license to practice podiatric medicine issued by the first state of
59.20 licensure and all other states and countries in which the individual has held a license.
59.21 (c) If the applicant has had a license revoked, engaged in conduct warranting
59.22 disciplinary action against the applicant's license, or been subjected to disciplinary action,
59.23 in another state, the board may refuse to issue a license unless it determines that the
59.24 public will be protected through issuance of a license with conditions or limitations the
59.25 board considers appropriate.
59.26 (d) The applicant shall submit with the license application the following additional
59.27 information for the five-year period preceding the date of filing of the application: (1) the
59.28 name and address of the applicant's professional liability insurer in the other state; and (2)
59.29 the number, date, and disposition of any podiatric medical malpractice settlement or award
59.30 made to the plaintiff relating to the quality of podiatric medical treatment.
59.31 (e) If the license is active, the applicant shall submit with the license application
59.32 evidence of compliance with the continuing education requirements in the current state of
59.33 licensure.

(f) If the license is inactive, the applicant shall submit with the license application evidence of participation in ~~one-half~~ the same number of hours of acceptable continuing education required for biennial renewal, as specified under Minnesota Rules, up to five years. If the license has been inactive for more than two years, the amount of acceptable continuing education required must be obtained during the two years immediately before application or the applicant must provide other evidence as the board may reasonably require.

Sec. 44. Minnesota Statutes 2012, section 153.16, subdivision 3, is amended to read:

Subd. 3. **Temporary permit.** Upon payment of a fee and in accordance with the rules of the board, the board may issue a temporary permit to practice podiatric medicine to a podiatrist engaged in a clinical residency ~~or preceptorship for a period not to exceed 12 months. A temporary permit may be extended under the following conditions:~~

~~(1) the applicant submits acceptable evidence that the training was interrupted by circumstances beyond the control of the applicant and that the sponsor of the program agrees to the extension;~~

~~(2) the applicant is continuing in a residency that extends for more than one year; or~~

~~(3) the applicant is continuing in a residency that extends for more than two years.~~ approved by a national accrediting organization. The temporary permit is renewed annually until the residency training requirements are completed or until the residency program is terminated or discontinued.

Sec. 45. Minnesota Statutes 2012, section 153.16, is amended by adding a subdivision to read:

Subd. 4. **Continuing education.** (a) Every podiatrist licensed to practice in this state shall obtain 40 clock hours of continuing education in each two-year cycle of license renewal. All continuing education hours must be earned by verified attendance at or participation in a program or course sponsored by the Council on Podiatric Medical Education or approved by the board. In each two-year cycle, a maximum of eight hours of continuing education credits may be obtained through participation in online courses.

(b) The number of continuing education hours required during the initial licensure period is that fraction of 40 hours, to the nearest whole hour, that is represented by the ratio of the number of days the license is held in the initial licensure period to 730 days.

Sec. 46. **[214.077] TEMPORARY LICENSE SUSPENSION; IMMINENT RISK OF HARM.**

61.1 (a) Notwithstanding any provision of a health-related professional practice act,
61.2 when a health-related licensing board receives a complaint regarding a regulated person
61.3 and has probable cause to believe continued practice by the regulated person presents
61.4 an imminent risk of harm, the licensing board shall temporarily suspend the regulated
61.5 person's professional license. The suspension shall take effect upon written notice to the
61.6 regulated person and shall specify the reason for the suspension.

61.7 (b) The suspension shall remain in effect until the appropriate licensing board or
61.8 the commissioner completes an investigation and issues a final order in the matter after
61.9 a hearing.

61.10 (c) At the time it issues the suspension notice, the appropriate licensing board shall
61.11 schedule a disciplinary hearing to be held before the licensing board or pursuant to the
61.12 Administrative Procedure Act. The regulated person shall be provided with at least
61.13 ten days' notice of any hearing held pursuant to this subdivision. The hearing shall be
61.14 scheduled to begin no later than 30 days after issuance of the suspension order.

61.15 (d) If the board has not completed its investigation and issued a final order within 30
61.16 days, the temporary suspension shall be lifted, unless the regulated person requests a delay
61.17 in the disciplinary proceedings for any reason, upon which the temporary suspension shall
61.18 remain in place until the completion of the investigation.

61.19 **EFFECTIVE DATE.** This section is effective July 1, 2014.

61.20 Sec. 47. Minnesota Statutes 2012, section 214.09, subdivision 3, is amended to read:

61.21 Subd. 3. **Compensation.** (a) ~~Members of the boards may be compensated at the~~
61.22 ~~rate of $55 a day spent on board activities, when authorized by the board, plus expenses~~
61.23 ~~in~~ Members of health-related licensing boards may be compensated at the rate of $75 a
61.24 day spent on board activities and members of nonhealth-related licensing boards may be
61.25 compensated at the rate of $55 a day spent on board activities when authorized by the
61.26 board, plus expenses in the same manner and amount as authorized by the commissioner's
61.27 plan adopted under section 43A.18, subdivision 2. Members who, as a result of time spent
61.28 attending board meetings, incur child care expenses that would not otherwise have been
61.29 incurred, may be reimbursed for those expenses upon board authorization.

61.30 (b) Members who are state employees or employees of the political subdivisions
61.31 of the state must not receive the daily payment for activities that occur during working
61.32 hours for which they are also compensated by the state or political subdivision. However,
61.33 a state or political subdivision employee may receive the daily payment if the employee
61.34 uses vacation time or compensatory time accumulated in accordance with a collective
61.35 bargaining agreement or compensation plan for board activity. Members who are state

62.1 employees or employees of the political subdivisions of the state may receive the expenses
62.2 provided for in this subdivision unless the expenses are reimbursed by another source.
62.3 Members who are state employees or employees of political subdivisions of the state
62.4 may be reimbursed for child care expenses only for time spent on board activities that
62.5 are outside their working hours.

62.6 (c) Each board must adopt internal standards prescribing what constitutes a day
62.7 spent on board activities for purposes of making daily payments under this subdivision.

62.8 Sec. 48. Minnesota Statutes 2012, section 214.103, subdivision 2, is amended to read:

62.9 Subd. 2. **Receipt of complaint.** The boards shall receive and resolve complaints
62.10 or other communications, whether oral or written, against regulated persons. Before
62.11 resolving an oral complaint, the executive director or a board member designated by the
62.12 board to review complaints shall require the complainant to state the complaint in writing
62.13 or authorize transcribing the complaint. The executive director or the designated board
62.14 member shall determine whether the complaint alleges or implies a violation of a statute
62.15 or rule which the board is empowered to enforce. The executive director or the designated
62.16 board member may consult with the designee of the attorney general as to a board's
62.17 jurisdiction over a complaint. If the executive director or the designated board member
62.18 determines that it is necessary, the executive director may seek additional information to
62.19 determine whether the complaint is jurisdictional or to clarify the nature of the allegations
62.20 by obtaining records or other written material, obtaining a handwriting sample from the
62.21 regulated person, clarifying the alleged facts with the complainant, and requesting a written
62.22 response from the subject of the complaint. The executive director may authorize a field
62.23 investigation to clarify the nature of the allegations and the facts that led to the complaint.

62.24 **EFFECTIVE DATE.** This section is effective July 1, 2014.

62.25 Sec. 49. Minnesota Statutes 2012, section 214.103, subdivision 3, is amended to read:

62.26 Subd. 3. **Referral to other agencies.** The executive director shall forward to
62.27 another governmental agency any complaints received by the board which do not relate
62.28 to the board's jurisdiction but which relate to matters within the jurisdiction of another
62.29 governmental agency. The agency shall advise the executive director of the disposition
62.30 of the complaint. A complaint or other information received by another governmental
62.31 agency relating to a statute or rule which a board is empowered to enforce must be
62.32 forwarded to the executive director of the board to be processed in accordance with this
62.33 section. Governmental agencies ~~may~~ shall coordinate and conduct joint investigations of
62.34 complaints that involve more than one governmental agency.

63.1 **EFFECTIVE DATE.** This section is effective July 1, 2014.

63.2 Sec. 50. Minnesota Statutes 2012, section 214.12, is amended by adding a subdivision
63.3 to read:

63.4 Subd. 5. **Health professionals services program.** The health-related licensing
63.5 boards shall include information regarding the health professionals services program
63.6 on their Web sites.

63.7 **EFFECTIVE DATE.** This section is effective July 1, 2014.

63.8 Sec. 51. Minnesota Statutes 2012, section 214.29, is amended to read:

63.9 **214.29 PROGRAM REQUIRED.**

63.10 Notwithstanding section 214.28, each health-related licensing board, including the
63.11 Emergency Medical Services Regulatory Board under chapter 144E, shall ~~either conduct a~~
63.12 contract with the health professionals service program under sections 214.31 to 214.37
63.13 ~~or contract for a diversion program under section 214.28~~ for a diversion program for
63.14 regulated professionals who are unable to practice with reasonable skill and safety by
63.15 reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result of
63.16 any mental, physical, or psychological condition.

63.17 **EFFECTIVE DATE.** This section is effective July 1, 2014, and sunsets July 1, 2015.

63.18 Sec. 52. Minnesota Statutes 2012, section 214.31, is amended to read:

63.19 **214.31 AUTHORITY.**

63.20 ~~Two or more of the health-related licensing boards listed in section 214.01,~~
63.21 ~~subdivision 2, may jointly~~ Notwithstanding section 214.36, the health professionals
63.22 services program shall contract with the health-related licensing boards to conduct a
63.23 health professionals services program to protect the public from persons regulated by the
63.24 boards who are unable to practice with reasonable skill and safety by reason of illness,
63.25 use of alcohol, drugs, chemicals, or any other materials, or as a result of any mental,
63.26 physical, or psychological condition. The program does not affect a board's authority to
63.27 discipline violations of a board's practice act. For purposes of sections 214.31 to 214.37,
63.28 the emergency medical services regulatory board shall be included in the definition of a
63.29 health-related licensing board under chapter 144E.

63.30 **EFFECTIVE DATE.** This section is effective July 1, 2014, and sunsets July 1, 2015.

64.1 Sec. 53. Minnesota Statutes 2012, section 214.32, is amended by adding a subdivision
64.2 to read:

64.3 Subd. 6. **Duties of a participating board.** Upon receiving a report from the
64.4 program manager in accordance with section 214.33, subdivision 3, that a regulated
64.5 person has been discharged from the program due to noncompliance based on allegations
64.6 that the regulated person has engaged in conduct that might cause risk to the public, when
64.7 the participating board has probable cause to believe continued practice by the regulated
64.8 person presents an imminent risk of harm, the board shall temporarily suspend the
64.9 regulated person's professional license until the completion of a disciplinary investigation.
64.10 The board must complete the disciplinary investigation within 30 days of receipt of the
64.11 report from the program. If the investigation is not completed by the board within 30 days,
64.12 the temporary suspension shall be lifted, unless the regulated person requests a delay in
64.13 the disciplinary proceedings for any reason, upon which the temporary suspension shall
64.14 remain in place until the completion of the investigation.

64.15 Sec. 54. Minnesota Statutes 2012, section 214.33, subdivision 3, is amended to read:

64.16 Subd. 3. **Program manager.** (a) The program manager shall report to the
64.17 appropriate participating board a regulated person who:

64.18 (1) does not meet program admission criteria.;

64.19 (2) violates the terms of the program participation agreement, or;

64.20 (3) leaves or is discharged from the program except upon fulfilling the terms for
64.21 successful completion of the program as set forth in the participation agreement.;

64.22 (4) is subject to the provisions of sections 214.17 to 214.25;

64.23 (5) causes identifiable patient harm;

64.24 (6) unlawfully substitutes or adulterates medications;

64.25 (7) writes a prescription or causes a prescription to be dispensed in the name of a
64.26 person, other than the prescriber, or veterinary patient for the personal use of the prescriber;

64.27 (8) alters a prescription without the knowledge of the prescriber for the purpose of
64.28 obtaining a drug for personal use;

64.29 (9) unlawfully uses a controlled or mood-altering substance or uses alcohol while
64.30 providing patient care or during the period of time in which the regulated person may be
64.31 contacted to provide patient care or is otherwise on duty, if current use is the reason for
64.32 participation in the program or the use occurs while the regulated person is participating
64.33 in the program; or

64.34 ~~The program manager shall report to the appropriate participating board a regulated~~
64.35 ~~person who~~ (10) is alleged to have committed violations of the person's practice act that

65.1 are outside the authority of the health professionals services program as described in
65.2 sections 214.31 to 214.37.

65.3 (b) The program manager shall inform any reporting person of the disposition of the
65.4 person's report to the program.

65.5 **EFFECTIVE DATE.** This section is effective August 1, 2014, and applies to
65.6 violations that occur after the effective date.

65.7 Sec. 55. Minnesota Statutes 2012, section 214.33, is amended by adding a subdivision
65.8 to read:

65.9 Subd. 5. **Employer mandatory reporting.** (a) An employer of a person regulated
65.10 by a health-related licensing board, and a health care institution or other organization
65.11 where the regulated person is engaged in providing services, must report to the appropriate
65.12 licensing board that a regulated person has diverted narcotics or other controlled
65.13 substances in violation of state or federal narcotics or controlled substance law if:

65.14 (1) the employer, health care institution, or organization making the report has
65.15 knowledge of the diversion; and

65.16 (2) the regulated person has diverted narcotics or other controlled substances
65.17 from the reporting employer, health care institution, or organization, or at the reporting
65.18 institution or organization.

65.19 (b) The requirement to report under this subdivision does not apply if:

65.20 (1) the regulated person is self-employed;

65.21 (2) the knowledge was obtained in the course of a professional-patient relationship
65.22 and the regulated person is the patient; or

65.23 (3) knowledge of the diversion first becomes known to the employer, health care
65.24 institution, or other organization, either from (i) an individual who is serving as a work
65.25 site monitor approved by the health professional services program for the regulated
65.26 person who has self-reported to the health professional services program, and who
65.27 has returned to work pursuant to a health professional services program participation
65.28 agreement and monitoring plan; or (ii) the regulated person who has self-reported to the
65.29 health professional services program and who has returned to work pursuant to the health
65.30 professional services program participation agreement and monitoring plan.

65.31 **EFFECTIVE DATE.** This section is effective July 1, 2014.

65.32 Sec. 56. **[214.355] GROUNDS FOR DISCIPLINARY ACTION.**

66.1 Each health-related licensing board, including the Emergency Medical Services
66.2 Regulatory Board under chapter 144E, shall consider it grounds for disciplinary action
66.3 if a regulated person violates the terms of the health professionals services program
66.4 participation agreement or leaves the program except upon fulfilling the terms for
66.5 successful completion of the program as set forth in the participation agreement.

66.6 **EFFECTIVE DATE.** This section is effective July 1, 2014.

66.7 Sec. 57. Minnesota Statutes 2013 Supplement, section 364.09, is amended to read:

66.8 **364.09 EXCEPTIONS.**

66.9 (a) This chapter does not apply to the licensing process for peace officers; to law
66.10 enforcement agencies as defined in section 626.84, subdivision 1, paragraph (f); to fire
66.11 protection agencies; to eligibility for a private detective or protective agent license; to the
66.12 licensing and background study process under chapters 245A and 245C; to eligibility
66.13 for school bus driver endorsements; to eligibility for special transportation service
66.14 endorsements; to eligibility for a commercial driver training instructor license, which is
66.15 governed by section 171.35 and rules adopted under that section; to emergency medical
66.16 services personnel, or to the licensing by political subdivisions of taxicab drivers, if the
66.17 applicant for the license has been discharged from sentence for a conviction within the ten
66.18 years immediately preceding application of a violation of any of the following:

66.19 (1) sections 609.185 to 609.21, 609.221 to 609.223, 609.342 to 609.3451, or 617.23,
66.20 subdivision 2 or 3;

66.21 (2) any provision of chapter 152 that is punishable by a maximum sentence of
66.22 15 years or more; or

66.23 (3) a violation of chapter 169 or 169A involving driving under the influence, leaving
66.24 the scene of an accident, or reckless or careless driving.

66.25 This chapter also shall not apply to eligibility for juvenile corrections employment, where
66.26 the offense involved child physical or sexual abuse or criminal sexual conduct.

66.27 (b) This chapter does not apply to a school district or to eligibility for a license
66.28 issued or renewed by the Board of Teaching or the commissioner of education.

66.29 (c) Nothing in this section precludes the Minnesota Police and Peace Officers
66.30 Training Board or the state fire marshal from recommending policies set forth in this
66.31 chapter to the attorney general for adoption in the attorney general's discretion to apply to
66.32 law enforcement or fire protection agencies.

66.33 (d) This chapter does not apply to a license to practice medicine that has been denied
66.34 or revoked by the Board of Medical Practice pursuant to section 147.091, subdivision 1a.

67.1 (e) This chapter does not apply to any person who has been denied a license to
67.2 practice chiropractic or whose license to practice chiropractic has been revoked by the
67.3 board in accordance with section 148.10, subdivision 7.
67.4 (f) This chapter does not apply to any license, registration, or permit that has
67.5 been denied or revoked by the Board of Nursing in accordance with section 148.261,
67.6 subdivision 1a.
67.7 ~~(f)~~ (g) This chapter does not supersede a requirement under law to conduct a
67.8 criminal history background investigation or consider criminal history records in hiring
67.9 for particular types of employment.

67.10 Sec. 58. **REVISOR'S INSTRUCTION.**
67.11 (a) The revisor of statutes shall remove cross-references to the sections repealed in
67.12 this article wherever they appear in Minnesota Statutes and Minnesota Rules and make
67.13 changes necessary to correct the punctuation, grammar, or structure of the remaining text
67.14 and preserve its meaning.
67.15 (b) The revisor of statutes shall change the term "physician's assistant" to "physician
67.16 assistant" wherever that term is found in Minnesota Statutes and Minnesota Rules.

67.17 **EFFECTIVE DATE.** Paragraph (a) is effective July 1, 2014.

67.18 Sec. 59. **REPEALER.**
67.19 (a) Minnesota Statutes 2012, sections 148.01, subdivision 3; 148.7808, subdivision
67.20 2; and 148.7813, are repealed.
67.21 (b) Minnesota Statutes 2013 Supplement, section 148.6440, is repealed the day
67.22 following final enactment.
67.23 (c) Minnesota Rules, parts 2500.0100, subparts 3, 4b, and 9b; and 2500.4000, are
67.24 repealed.

67.25 **ARTICLE 5**
67.26 **BOARD OF PHARMACY**

67.27 Section 1. Minnesota Statutes 2012, section 151.01, is amended to read:
67.28 **151.01 DEFINITIONS.**
67.29 Subdivision 1. **Words, terms, and phrases.** Unless the language or context clearly
67.30 indicates that a different meaning is intended, the following words, terms, and phrases, for
67.31 the purposes of this chapter, shall be given the meanings subjoined to them.

Subd. 2. **Pharmacy.** "Pharmacy" means ~~an established~~ a place of business in which ~~prescriptions,~~ prescription drugs~~, medicines, chemicals, and poisons~~ are prepared, compounded, or dispensed~~, vended, or sold to or for the use of patients~~ by or under the supervision of a pharmacist and from which related clinical pharmacy services are delivered.

Subd. 2a. **Limited service pharmacy.** "Limited service pharmacy" means a pharmacy that has been issued a restricted license by the board to perform a limited range of the activities that constitute the practice of pharmacy.

Subd. 3. **Pharmacist.** ~~The term~~ "Pharmacist" means an individual with a currently valid license issued by the Board of Pharmacy to practice pharmacy.

Subd. 5. **Drug.** ~~The term~~ "Drug" means all medicinal substances and preparations recognized by the United States Pharmacopoeia and National Formulary, or any revision thereof, vaccines and biologicals, and all substances and preparations intended for external and internal use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals, and all substances and preparations, other than food, intended to affect the structure or any function of the bodies of humans or other animals. The term drug shall also mean any compound, substance, or derivative that is not approved for human consumption by the United States Food and Drug Administration or specifically permitted for human consumption under Minnesota law, and, when introduced into the body, induces an effect similar to that of a Schedule I or Schedule II controlled substance listed in section 152.02, subdivisions 2 and 3, or Minnesota Rules, parts 6800.4210 and 6800.4220, regardless of whether the substance is marketed for the purpose of human consumption.

Subd. 6. **Medicine.** ~~The term~~ "Medicine" means any remedial agent that has the property of curing, preventing, treating, or mitigating diseases, or that is used for that purpose.

Subd. 7. **Poisons.** ~~The term~~ "Poisons" means any substance ~~which~~ that, when introduced into the system, directly or by absorption, produces violent, morbid, or fatal changes, or ~~which~~ that destroys living tissue with which it comes in contact.

Subd. 8. **Chemical.** ~~The term~~ "Chemical" means all medicinal or industrial substances, whether simple or compound, or obtained through the process of the science and art of chemistry, whether of organic or inorganic origin.

Subd. 9. **Board or ~~State~~ Board of Pharmacy.** ~~The term~~ "Board" or "~~State~~ Board of Pharmacy" means the Minnesota ~~State~~ Board of Pharmacy.

Subd. 10. **Director.** ~~The term~~ "Director" means the executive director of the Minnesota ~~State~~ Board of Pharmacy.

Subd. 11. **Person.** ~~The term~~ "Person" means an individual, firm, partnership, company, corporation, trustee, association, agency, or other public or private entity.

Subd. 12. **Wholesale.** ~~The term~~ "Wholesale" means and includes any sale for the purpose of resale.

Subd. 13. **Commercial purposes.** ~~The phrase~~ "Commercial purposes" means the ordinary purposes of trade, agriculture, industry, and commerce, exclusive of the practices of medicine ~~and~~, pharmacy, and other health care professions.

Subd. 14. **Manufacturing.** ~~The term~~ "Manufacturing" ~~except in the case of bulk compounding, prepackaging or extemporaneous compounding within a pharmacy,~~ means ~~and includes~~ the production, ~~quality control and standardization by mechanical, physical, chemical, or pharmaceutical means, packing, repacking, tableting, encapsulating, labeling, relabeling, filling or by any other process, of all drugs, medicines, chemicals, or poisons, without exception, for medicinal purposes.~~ preparation, propagation, conversion, or processing of a drug, either directly or indirectly, by extraction from substances of natural origin or independently by means of chemical or biological synthesis. Manufacturing includes the packaging or repackaging of a drug, or the labeling or relabeling of the container of a drug, for resale by pharmacies, practitioners, or other persons. Manufacturing does not include the prepackaging, extemporaneous compounding, or anticipatory compounding of a drug within a licensed pharmacy or by a practitioner, nor the labeling of a container within a pharmacy or by a practitioner for the purpose of dispensing a drug to a patient pursuant to a valid prescription.

Subd. 14a. **Manufacturer.** "Manufacturer" means any person engaged in manufacturing.

Subd. 14b. **Outsourcing facility.** "Outsourcing facility" means a facility that is registered by the United States Food and Drug Administration pursuant to United States Code, title 21, section 353b.

Subd. 15. **Pharmacist intern.** ~~The term~~ "Pharmacist intern" means (1) a natural person satisfactorily progressing toward the degree in pharmacy required for licensure, or (2) a graduate of the University of Minnesota College of Pharmacy, or other pharmacy college approved by the board, who is registered by the ~~State~~ Board of Pharmacy for the purpose of obtaining practical experience as a requirement for licensure as a pharmacist, or (3) a qualified applicant awaiting examination for licensure.

Subd. 15a. **Pharmacy technician.** ~~The term~~ "Pharmacy technician" means a person not licensed as a pharmacist or a pharmacist intern, who assists the pharmacist in the preparation and dispensing of medications by performing computer entry of prescription

70.1 data and other manipulative tasks. A pharmacy technician shall not perform tasks
70.2 specifically reserved to a licensed pharmacist or requiring professional judgment.

70.3 Subd. 16. **Prescription drug order.** ~~The term~~ "Prescription drug order" means a
70.4 ~~signed~~ lawful written ~~order, or an~~, oral, or electronic order ~~reduced to writing, given by~~ of
70.5 a practitioner ~~licensed to prescribe drugs for patients in the course of the practitioner's~~
70.6 ~~practice, issued for an individual patient and containing the following: the date of issue,~~
70.7 ~~name and address of the patient, name and quantity of the drug prescribed, directions~~
70.8 ~~for use, and the name and address of the prescriber.~~ for a drug for a specific patient.
70.9 Prescription drug orders for controlled substances must be prepared in accordance with the
70.10 provisions of section 152.11 and the federal Controlled Substances Act and the regulations
70.11 promulgated thereunder.

70.12 Subd. 16a. **Prescription.** "Prescription" means a prescription drug order that is
70.13 written or printed on paper, an oral order reduced to writing by a pharmacist, or an
70.14 electronic order. To be valid, a prescription must be issued for an individual patient by
70.15 a practitioner within the scope and usual course of the practitioner's practice, and must
70.16 contain the date of issue, name and address of the patient, name and quantity of the drug
70.17 prescribed, directions for use, the name and address of the practitioner, and a telephone
70.18 number at which the practitioner can be reached. A prescription written or printed on
70.19 paper that is given to the patient or an agent of the patient or that is transmitted by fax
70.20 must contain the practitioner's manual signature. An electronic prescription must contain
70.21 the practitioner's electronic signature.

70.22 Subd. 16b. **Chart order.** "Chart order" means a prescription drug order for a
70.23 drug that is to be dispensed by a pharmacist, or by a pharmacist intern under the direct
70.24 supervision of a pharmacist, and administered by an authorized person only during the
70.25 patient's stay in a hospital or long-term care facility. The chart order shall contain the name
70.26 of the patient, another patient identifier such as birth date or medical record number, the
70.27 drug ordered, and any directions that the practitioner may prescribe concerning strength,
70.28 dosage, frequency, and route of administration. The manual or electronic signature of the
70.29 practitioner must be affixed to the chart order at the time it is written or at a later date in
70.30 the case of verbal chart orders.

70.31 Subd. 17. **Legend drug.** "Legend drug" means a drug ~~which~~ that is required by
70.32 federal law to ~~bear the following statement, "Caution: Federal law prohibits dispensing~~
70.33 ~~without prescription."~~ be dispensed only pursuant to the prescription of a licensed
70.34 practitioner.

70.35 Subd. 18. **Label.** "Label" means a display of written, printed, or graphic matter
70.36 upon the immediate container of any drug or medicine~~; and a requirement made by or~~

71.1 under authority of Laws 1969, chapter 933 that. Any word, statement, or other information
71.2 appearing required by or under the authority of this chapter to appear on the label shall not
71.3 be considered to be complied with unless such word, statement, or other information also
71.4 appears appear on the outside container or wrapper, if any there be, of the retail package of
71.5 such drug or medicine, or is be easily legible through the outside container or wrapper.

71.6 Subd. 19. **Package.** "Package" means any container or wrapping in which any
71.7 drug or medicine is enclosed for use in the delivery or display of that article to retail
71.8 purchasers, but does not include:

71.9 (a) shipping containers or wrappings used solely for the transportation of any such
71.10 article in bulk or in quantity to manufacturers, packers, processors, or wholesale or
71.11 retail distributors;

71.12 (b) shipping containers or outer wrappings used by retailers to ship or deliver any
71.13 such article to retail customers if such containers and wrappings bear no printed matter
71.14 pertaining to any particular drug or medicine.

71.15 Subd. 20. **Labeling.** "Labeling" means all labels and other written, printed, or
71.16 graphic matter (a) upon a drug or medicine or any of its containers or wrappers, or (b)
71.17 accompanying such article.

71.18 Subd. 21. **Federal act.** "Federal act" means the Federal Food, Drug, and Cosmetic
71.19 Act, United States Code, title 21, section 301, et seq., as amended.

71.20 Subd. 22. **Pharmacist in charge.** "Pharmacist in charge" means a duly licensed
71.21 pharmacist in the state of Minnesota who has been designated in accordance with the rules
71.22 of the State Board of Pharmacy to assume professional responsibility for the operation
71.23 of the pharmacy in compliance with the requirements and duties as established by the
71.24 board in its rules.

71.25 Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed
71.26 doctor of osteopathy duly licensed to practice medicine, licensed doctor of dentistry,
71.27 licensed doctor of optometry, licensed podiatrist, or licensed veterinarian. For purposes of
71.28 sections 151.15, subdivision 4; 151.252, subdivision 3; 151.37, subdivision 2, paragraphs
71.29 (b), (e), and (f); and 151.461, "practitioner" also means a physician assistant authorized to
71.30 prescribe, dispense, and administer under chapter 147A, or an advanced practice nurse
71.31 authorized to prescribe, dispense, and administer under section 148.235. For purposes of
71.32 sections 151.15, subdivision 4; 151.252, subdivision 3; 151.37, subdivision 2, paragraph
71.33 (b); and 151.461, "practitioner" also means a dental therapist authorized to dispense and
71.34 administer under chapter 150A.

71.35 Subd. 24. **Brand name.** "Brand name" means the registered trademark name given
71.36 to a drug product by its manufacturer, labeler or distributor.

Subd. 25. **Generic name.** "Generic name" means the established name or official name of a drug or drug product.

Subd. 26. **Finished dosage form.** "Finished dosage form" means that form of a drug ~~which~~ that is or is intended to be dispensed or administered to the patient and requires no further manufacturing or processing other than packaging, reconstitution, or labeling.

Subd. 27. **Practice of pharmacy.** "Practice of pharmacy" means:

(1) interpretation and evaluation of prescription drug orders;

(2) compounding, labeling, and dispensing drugs and devices (except labeling by a manufacturer or packager of nonprescription drugs or commercially packaged legend drugs and devices);

(3) participation in clinical interpretations and monitoring of drug therapy for assurance of safe and effective use of drugs, including the performance of laboratory tests that are waived under the federal Clinical Laboratory Improvement Act of 1988, United States Code, title 42, section 263a et seq., provided that a pharmacist may interpret the results of laboratory tests but may modify drug therapy only pursuant to a protocol or collaborative practice agreement;

(4) participation in drug and therapeutic device selection; drug administration for first dosage and medical emergencies; drug regimen reviews; and drug or drug-related research;

(5) participation in administration of influenza vaccines to all eligible individuals ten years of age and older and all other vaccines to patients 18 years of age and older ~~under standing orders from a physician licensed under chapter 147 or~~ by written protocol with a physician licensed under chapter 147, a physician assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered nurse authorized to prescribe drugs under section 148.235, provided that:

(i) the protocol includes, at a minimum:

(A) the name, dose, and route of each vaccine that may be given;

(B) the patient population for whom the vaccine may be given;

(C) contraindications and precautions to the vaccine;

(D) the procedure for handling an adverse reaction;

(E) the name, signature, and address of the physician, physician assistant, or advanced practice registered nurse;

(F) a telephone number at which the physician, physician assistant, or advanced practice registered nurse can be contacted; and

(G) the date and time period for which the protocol is valid;

~~(i)~~ (ii) the pharmacist ~~is trained in~~ has successfully completed a program approved by the ~~American~~ Accreditation Council ~~of Pharmaceutical~~ for Pharmacy Education

73.1 specifically for the administration of immunizations or graduated from a college of
73.2 pharmacy in 2001 or thereafter a program approved by the board; and
73.3 (ii) (iii) the pharmacist reports the administration of the immunization to the patient's
73.4 primary physician or clinic or to the Minnesota Immunization Information Connection; and
73.5 (iv) the pharmacist complies with guidelines for vaccines and immunizations
73.6 established by the federal Advisory Committee on Immunization Practices, except that a
73.7 pharmacist does not need to comply with those portions of the guidelines that establish
73.8 immunization schedules when administering a vaccine pursuant to a valid, patient-specific
73.9 order issued by a physician licensed under chapter 147, a physician assistant authorized to
73.10 prescribe drugs under chapter 147A, or an advanced practice nurse authorized to prescribe
73.11 drugs under section 148.235, provided that the order is consistent with the United States
73.12 Food and Drug Administration approved labeling of the vaccine;
73.13 (6) participation in the practice of managing drug therapy and modifying initiation,
73.14 management, modification, and discontinuation of drug therapy, according to section
73.15 151.21, subdivision 1, according to a written protocol or collaborative practice agreement
73.16 between the specific pharmacist: (i) one or more pharmacists and the individual dentist,
73.17 optometrist, physician, podiatrist, or veterinarian who is responsible for the patient's
73.18 care and authorized to independently prescribe drugs one or more dentists, optometrists,
73.19 physicians, podiatrists, or veterinarians; or (ii) one or more pharmacists and one or more
73.20 physician assistants authorized to prescribe, dispense, and administer under chapter 147A,
73.21 or advanced practice nurses authorized to prescribe, dispense, and administer under
73.22 section 148.235. Any significant changes in drug therapy made pursuant to a protocol or
73.23 collaborative practice agreement must be reported documented by the pharmacist to in
73.24 the patient's medical record or reported by the pharmacist to a practitioner responsible
73.25 for the patient's care;
73.26 (7) participation in the storage of drugs and the maintenance of records;
73.27 (8) responsibility for participation in patient counseling on therapeutic values,
73.28 content, hazards, and uses of drugs and devices; and
73.29 (9) offering or performing those acts, services, operations, or transactions necessary
73.30 in the conduct, operation, management, and control of a pharmacy.
73.31 Subd. 27a. **Protocol.** "Protocol" means:
73.32 (1) a specific written plan that describes the nature and scope of activities that a
73.33 pharmacist may engage in when initiating, managing, modifying, or discontinuing drug
73.34 therapy as allowed in subdivision 27, clause (6); or
73.35 (2) a specific written plan that authorizes a pharmacist to administer vaccines and
73.36 that complies with subdivision 27, clause (5).

74.1 Subd. 27b. **Collaborative practice.** "Collaborative practice" means patient care
74.2 activities, consistent with subdivision 27, engaged in by one or more pharmacists who
74.3 have agreed to work in collaboration with one or more practitioners to initiate, manage,
74.4 and modify drug therapy under specified conditions mutually agreed to by the pharmacists
74.5 and practitioners.
74.6 Subd. 27c. **Collaborative practice agreement.** "Collaborative practice agreement"
74.7 means a written and signed agreement between one or more pharmacists and one or more
74.8 practitioners that allows the pharmacist or pharmacists to engage in collaborative practice.
74.9 Subd. 28. **Veterinary legend drug.** "Veterinary legend drug" means a drug that is
74.10 required by federal law to ~~bear the following statement: "Caution: Federal law restricts~~
74.11 ~~this drug to use by or on the order of a licensed veterinarian."~~ be dispensed only pursuant
74.12 to the prescription of a licensed veterinarian.
74.13 Subd. 29. **Legend medical gas.** "Legend medical gas" means a liquid or gaseous
74.14 substance used for medical purposes and that is required by federal law to ~~bear the~~
74.15 ~~following statement: "Caution: Federal law prohibits dispensing without a prescription."~~
74.16 be dispensed only pursuant to the prescription of a licensed practitioner.
74.17 Subd. 30. **Dispense or dispensing.** "Dispense or dispensing" means the ~~preparation~~
74.18 ~~or delivery of a drug pursuant to a lawful order of a practitioner in a suitable container~~
74.19 ~~appropriately labeled for subsequent administration to or use by a patient or other individual~~
74.20 ~~entitled to receive the drug.~~ interpretation, evaluation, and processing of a prescription
74.21 drug order and includes those processes specified by the board in rule that are necessary
74.22 for the preparation and provision of a drug to a patient or patient's agent in a suitable
74.23 container appropriately labeled for subsequent administration to, or use by, a patient.
74.24 Subd. 31. **Central service pharmacy.** "Central service pharmacy" means a
74.25 pharmacy that may provide dispensing functions, drug utilization review, packaging,
74.26 labeling, or delivery of a prescription product to another pharmacy for the purpose of
74.27 filling a prescription.
74.28 Subd. 32. **Electronic signature.** "Electronic signature" means an electronic sound,
74.29 symbol, or process attached to or associated with a record and executed or adopted by a
74.30 person with the intent to sign the record.
74.31 Subd. 33. **Electronic transmission.** "Electronic transmission" means transmission
74.32 of information in electronic form.
74.33 Subd. 34. **Health professional shortage area.** "Health professional shortage area"
74.34 means an area designated as such by the federal Secretary of Health and Human Services,
74.35 as provided under Code of Federal Regulations, title 42, part 5, and United States Code,
74.36 title 42, section 254E.

75.1 Subd. 35. **Compounding.** "Compounding" means preparing, mixing, assembling,
75.2 packaging, and labeling a drug for an identified individual patient as a result of
75.3 a practitioner's prescription drug order. Compounding also includes anticipatory
75.4 compounding, as defined in this section, and the preparation of drugs in which all bulk
75.5 drug substances and components are nonprescription substances. Compounding does
75.6 not include mixing or reconstituting a drug according to the product's labeling or to the
75.7 manufacturer's directions. Compounding does not include the preparation of a drug for the
75.8 purpose of, or incident to, research, teaching, or chemical analysis, provided that the drug
75.9 is not prepared for dispensing or administration to patients. All compounding, regardless
75.10 of the type of product, must be done pursuant to a prescription drug order unless otherwise
75.11 permitted in this chapter or by the rules of the board. Compounding does not include a
75.12 minor deviation from such directions with regard to radioactivity, volume, or stability,
75.13 which is made by or under the supervision of a licensed nuclear pharmacist or a physician,
75.14 and which is necessary in order to accommodate circumstances not contemplated in the
75.15 manufacturer's instructions, such as the rate of radioactive decay or geographical distance
75.16 from the patient.

75.17 Subd. 36. **Anticipatory compounding.** "Anticipatory compounding" means the
75.18 preparation by a pharmacy of a supply of a compounded drug product that is sufficient to
75.19 meet the short-term anticipated need of the pharmacy for the filling of prescription drug
75.20 orders. In the case of practitioners only, anticipatory compounding means the preparation
75.21 of a supply of a compounded drug product that is sufficient to meet the practitioner's
75.22 short-term anticipated need for dispensing or administering the drug to patients treated
75.23 by the practitioner. Anticipatory compounding is not the preparation of a compounded
75.24 drug product for wholesale distribution.

75.25 Subd. 37. **Extemporaneous compounding.** "Extemporaneous compounding"
75.26 means the compounding of a drug product pursuant to a prescription drug order for a specific
75.27 patient that is issued in advance of the compounding. Extemporaneous compounding is
75.28 not the preparation of a compounded drug product for wholesale distribution.

75.29 Subd. 38. **Compounded positron emission tomography drug.** "Compounded
75.30 positron emission tomography drug" means a drug that:

75.31 (1) exhibits spontaneous disintegration of unstable nuclei by the emission of
75.32 positrons and is used for the purpose of providing dual photon positron emission
75.33 tomographic diagnostic images;

75.34 (2) has been compounded by or on the order of a practitioner in accordance with the
75.35 relevant parts of Minnesota Rules, chapters 4731 and 6800, for a patient or for research,
75.36 teaching, or quality control; and

76.1 (3) includes any nonradioactive reagent, reagent kit, ingredient, nuclide generator,
76.2 accelerator, target material, electronic synthesizer, or other apparatus or computer program
76.3 to be used in the preparation of such a drug.

76.4 Sec. 2. Minnesota Statutes 2012, section 151.06, is amended to read:

76.5 **151.06 POWERS AND DUTIES.**

76.6 Subdivision 1. **Generally; rules.** (a) Powers and duties. The Board of Pharmacy
76.7 shall have the power and it shall be its duty:

76.8 (1) to regulate the practice of pharmacy;

76.9 (2) to regulate the manufacture, wholesale, and retail sale of drugs within this state;

76.10 (3) to regulate the identity, labeling, purity, and quality of all drugs and medicines
76.11 dispensed in this state, using the United States Pharmacopeia and the National Formulary,
76.12 or any revisions thereof, or standards adopted under the federal act as the standard;

76.13 (4) to enter and inspect by its authorized representative any and all places where
76.14 drugs, medicines, medical gases, or veterinary drugs or devices are sold, vended, given
76.15 away, compounded, dispensed, manufactured, wholesaled, or held; it may secure samples
76.16 or specimens of any drugs, medicines, medical gases, or veterinary drugs or devices
76.17 after paying or offering to pay for such sample; it shall be entitled to inspect and make
76.18 copies of any and all records of shipment, purchase, manufacture, quality control, and
76.19 sale of these items provided, however, that such inspection shall not extend to financial
76.20 data, sales data, or pricing data;

76.21 (5) to examine and license as pharmacists all applicants whom it shall deem qualified
76.22 to be such;

76.23 (6) to license wholesale drug distributors;

76.24 (7) to ~~deny, suspend, revoke, or refuse to renew~~ take disciplinary action against any
76.25 registration or license required under this chapter~~, to any applicant or registrant or licensee~~
76.26 upon any of the ~~following~~ grounds~~:~~ listed in section 151.071, and in accordance with
76.27 the provisions of section 151.071;

76.28 ~~(i) fraud or deception in connection with the securing of such license or registration;~~

76.29 ~~(ii) in the case of a pharmacist, conviction in any court of a felony;~~

76.30 ~~(iii) in the case of a pharmacist, conviction in any court of an offense involving~~
76.31 ~~moral turpitude;~~

76.32 ~~(iv) habitual indulgence in the use of narcotics, stimulants, or depressant drugs;~~
76.33 ~~or habitual indulgence in intoxicating liquors in a manner which could cause conduct~~
76.34 ~~endangering public health;~~

76.35 ~~(v) unprofessional conduct or conduct endangering public health;~~

77.1 ~~(vi) gross immorality;~~

77.2 ~~(vii) employing, assisting, or enabling in any manner an unlicensed person to~~
77.3 ~~practice pharmacy;~~

77.4 ~~(viii) conviction of theft of drugs, or the unauthorized use, possession, or sale thereof;~~

77.5 ~~(ix) violation of any of the provisions of this chapter or any of the rules of the State~~
77.6 ~~Board of Pharmacy;~~

77.7 ~~(x) in the case of a pharmacy license, operation of such pharmacy without a~~
77.8 ~~pharmacist present and on duty;~~

77.9 ~~(xi) in the case of a pharmacist, physical or mental disability which could cause~~
77.10 ~~incompetency in the practice of pharmacy;~~

77.11 ~~(xii) in the case of a pharmacist, the suspension or revocation of a license to practice~~
77.12 ~~pharmacy in another state; or~~

77.13 ~~(xiii) in the case of a pharmacist, aiding suicide or aiding attempted suicide in~~
77.14 ~~violation of section 609.215 as established by any of the following:~~

77.15 ~~(A) a copy of the record of criminal conviction or plea of guilty for a felony in~~
77.16 ~~violation of section 609.215, subdivision 1 or 2;~~

77.17 ~~(B) a copy of the record of a judgment of contempt of court for violating an~~
77.18 ~~injunction issued under section 609.215, subdivision 4;~~

77.19 ~~(C) a copy of the record of a judgment assessing damages under section 609.215,~~
77.20 ~~subdivision 5; or~~

77.21 ~~(D) a finding by the board that the person violated section 609.215, subdivision~~
77.22 ~~1 or 2. The board shall investigate any complaint of a violation of section 609.215,~~
77.23 ~~subdivision 1 or 2;~~

77.24 (8) to employ necessary assistants and adopt rules for the conduct of its business;

77.25 (9) to register as pharmacy technicians all applicants who the board determines are
77.26 qualified to carry out the duties of a pharmacy technician; ~~and~~

77.27 (10) to perform such other duties and exercise such other powers as the provisions of
77.28 the act may require~~.~~; and

77.29 (11) to enter and inspect any business to which it issues a license or registration.

77.30 ~~(b) Temporary suspension. In addition to any other remedy provided by law, the board~~
77.31 ~~may, without a hearing, temporarily suspend a license for not more than 60 days if the board~~
77.32 ~~finds that a pharmacist has violated a statute or rule that the board is empowered to enforce~~
77.33 ~~and continued practice by the pharmacist would create an imminent risk of harm to others.~~
77.34 ~~The suspension shall take effect upon written notice to the pharmacist, specifying the~~
77.35 ~~statute or rule violated. At the time it issues the suspension notice, the board shall schedule~~

~~a disciplinary hearing to be held under the Administrative Procedure Act. The pharmacist shall be provided with at least 20 days' notice of any hearing held under this subdivision.~~

~~(c)~~ (b) Rules. For the purposes aforesaid, it shall be the duty of the board to make and publish uniform rules not inconsistent herewith for carrying out and enforcing the provisions of this chapter. The board shall adopt rules regarding prospective drug utilization review and patient counseling by pharmacists. A pharmacist in the exercise of the pharmacist's professional judgment, upon the presentation of a ~~new~~ prescription by a patient or the patient's caregiver or agent, shall perform the prospective drug utilization review required by rules issued under this subdivision.

~~(d)~~ (c) Substitution; rules. If the United States Food and Drug Administration (FDA) determines that the substitution of drugs used for the treatment of epilepsy or seizures poses a health risk to patients, the board shall adopt rules in accordance with accompanying FDA interchangeability standards regarding the use of substitution for these drugs. If the board adopts a rule regarding the substitution of drugs used for the treatment of epilepsy or seizures that conflicts with the substitution requirements of section 151.21, subdivision 3, the rule shall supersede the conflicting statute. If the rule proposed by the board would increase state costs for state public health care programs, the board shall report to the chairs and ranking minority members of the senate Health and Human Services Budget Division and the house of representatives Health Care and Human Services Finance Division the proposed rule and the increased cost associated with the proposed rule before the board may adopt the rule.

Subd. 1a. ~~**Disciplinary action**~~ **Cease and desist orders.** ~~It shall be grounds for disciplinary action by the Board of Pharmacy against the registration of the pharmacy if the Board of Pharmacy determines that any person with supervisory responsibilities at the pharmacy sets policies that prevent a licensed pharmacist from providing drug utilization review and patient counseling as required by rules adopted under subdivision 1. The Board of Pharmacy shall follow the requirements of chapter 14 in any disciplinary actions taken under this section.~~ (a) Whenever it appears to the board that a person has engaged in an act or practice constituting a violation of a law, rule, or other order related to the duties and responsibilities entrusted to the board, the board may issue and cause to be served upon the person an order requiring the person to cease and desist from violations.

(b) The cease and desist order must state the reasons for the issuance of the order and must give reasonable notice of the rights of the person to request a hearing before an administrative law judge. A hearing must be held not later than ten days after the request for the hearing is received by the board. After the completion of the hearing, the administrative law judge shall issue a report within ten days. Within 15 days after

79.1 receiving the report of the administrative law judge, the board shall issue a further order
79.2 vacating or making permanent the cease and desist order. The time periods provided in
79.3 this provision may be waived by agreement of the executive director of the board and the
79.4 person against whom the cease and desist order was issued. If the person to whom a cease
79.5 and desist order is issued fails to appear at the hearing after being duly notified, the person
79.6 is in default, and the proceeding may be determined against that person upon consideration
79.7 of the cease and desist order, the allegations of which may be considered to be true. Unless
79.8 otherwise provided, all hearings must be conducted according to chapter 14. The board
79.9 may adopt rules of procedure concerning all proceedings conducted under this subdivision.

79.10 (c) If no hearing is requested within 30 days of service of the order, the cease and
79.11 desist order will become permanent.

79.12 (d) A cease and desist order issued under this subdivision remains in effect until
79.13 it is modified or vacated by the board. The administrative proceeding provided by this
79.14 subdivision, and subsequent appellate judicial review of that administrative proceeding,
79.15 constitutes the exclusive remedy for determining whether the board properly issued the
79.16 cease and desist order and whether the cease and desist order should be vacated or made
79.17 permanent.

79.18 Subd. 1b. **Enforcement of violations of cease and desist orders.** (a) Whenever
79.19 the board under subdivision 1a seeks to enforce compliance with a cease and desist
79.20 order that has been made permanent, the allegations of the cease and desist order are
79.21 considered conclusively established for purposes of proceeding under subdivision 1a for
79.22 permanent or temporary relief to enforce the cease and desist order. Whenever the board
79.23 under subdivision 1a seeks to enforce compliance with a cease and desist order when a
79.24 hearing or hearing request on the cease and desist order is pending, or the time has not
79.25 yet expired to request a hearing on whether a cease and desist order should be vacated or
79.26 made permanent, the allegations in the cease and desist order are considered conclusively
79.27 established for the purposes of proceeding under subdivision 1a for temporary relief to
79.28 enforce the cease and desist order.

79.29 (b) Notwithstanding this subdivision or subdivision 1a, the person against whom
79.30 the cease and desist order is issued and who has requested a hearing under subdivision 1a
79.31 may, within 15 days after service of the cease and desist order, bring an action in Ramsey
79.32 County District Court for issuance of an injunction to suspend enforcement of the cease
79.33 and desist order pending a final decision of the board under subdivision 1a to vacate or
79.34 make permanent the cease and desist order. The court shall determine whether to issue
79.35 such an injunction based on traditional principles of temporary relief.

80.1 Subd. 2. **Application.** In the case of a facility licensed or registered by the board,
80.2 the provisions of subdivision 1 shall apply to an individual owner or sole proprietor and
80.3 shall also apply to the following:

80.4 (1) In the case of a partnership, each partner thereof;

80.5 (2) In the case of an association, each member thereof;

80.6 (3) In the case of a corporation, each officer or director thereof and each shareholder
80.7 owning 30 percent or more of the voting stock of such corporation.

80.8 ~~Subd. 3.~~ ~~**Application of Administrative Procedure Act.**~~ ~~The board shall comply~~
80.9 ~~with the provisions of chapter 14, before it fails to issue, renew, suspends, or revokes any~~
80.10 ~~license or registration issued under this chapter.~~

80.11 ~~Subd. 4.~~ ~~**Reinstatement.**~~ ~~Any license or registration which has been suspended~~
80.12 ~~or revoked may be reinstated by the board provided the holder thereof shall pay all costs~~
80.13 ~~of the proceedings resulting in the suspension or revocation, and, in addition thereto,~~
80.14 ~~pay a fee set by the board.~~

80.15 ~~Subd. 5.~~ ~~**Costs; penalties.**~~ ~~The board may impose a civil penalty not exceeding~~
80.16 ~~$10,000 for each separate violation, the amount of the civil penalty to be fixed so as~~
80.17 ~~to deprive a licensee or registrant of any economic advantage gained by reason of~~
80.18 ~~the violation, to discourage similar violations by the licensee or registrant or any other~~
80.19 ~~licensee or registrant, or to reimburse the board for the cost of the investigation and~~
80.20 ~~proceeding, including, but not limited to, fees paid for services provided by the Office of~~
80.21 ~~Administrative Hearings, legal and investigative services provided by the Office of the~~
80.22 ~~Attorney General, court reporters, witnesses, reproduction of records, board members'~~
80.23 ~~per diem compensation, board staff time, and travel costs and expenses incurred by board~~
80.24 ~~staff and board members.~~

80.25 **EFFECTIVE DATE.** Subdivisions 1a and 1b are effective August 1, 2014, and
80.26 apply to violations occurring on or after that date.

80.27 Sec. 3. **[151.071] DISCIPLINARY ACTION.**

80.28 Subdivision 1. **Forms of disciplinary action.** When the board finds that a licensee,
80.29 registrant, or applicant has engaged in conduct prohibited under subdivision 2, it may
80.30 do one or more of the following:

80.31 (1) deny the issuance of a license or registration;

80.32 (2) refuse to renew a license or registration;

80.33 (3) revoke the license or registration;

80.34 (4) suspend the license or registration;

81.1 (5) impose limitations, conditions, or both on the license or registration, including
81.2 but not limited to: the limitation of practice to designated settings; the limitation of the
81.3 scope of practice within designated settings; the imposition of retraining or rehabilitation
81.4 requirements; the requirement of practice under supervision; the requirement of
81.5 participation in a diversion program such as that established pursuant to section 214.31
81.6 or the conditioning of continued practice on demonstration of knowledge or skills by
81.7 appropriate examination or other review of skill and competence;
81.8 (6) impose a civil penalty not exceeding $10,000 for each separate violation, the
81.9 amount of the civil penalty to be fixed so as to deprive a licensee or registrant of any
81.10 economic advantage gained by reason of the violation, to discourage similar violations
81.11 by the licensee or registrant or any other licensee or registrant, or to reimburse the board
81.12 for the cost of the investigation and proceeding, including but not limited to, fees paid
81.13 for services provided by the Office of Administrative Hearings, legal and investigative
81.14 services provided by the Office of the Attorney General, court reporters, witnesses,
81.15 reproduction of records, board members' per diem compensation, board staff time, and
81.16 travel costs and expenses incurred by board staff and board members; and
81.17 (7) reprimand the licensee or registrant.
81.18 Subd. 2. **Grounds for disciplinary action.** The following conduct is prohibited and
81.19 is grounds for disciplinary action:
81.20 (1) failure to demonstrate the qualifications or satisfy the requirements for a license
81.21 or registration contained in this chapter or the rules of the board. The burden of proof is on
81.22 the applicant to demonstrate such qualifications or satisfaction of such requirements;
81.23 (2) obtaining a license by fraud or by misleading the board in any way during
81.24 the application process or obtaining a license by cheating, or attempting to subvert
81.25 the licensing examination process. Conduct that subverts or attempts to subvert the
81.26 licensing examination process includes, but is not limited to: (i) conduct that violates the
81.27 security of the examination materials, such as removing examination materials from the
81.28 examination room or having unauthorized possession of any portion of a future, current,
81.29 or previously administered licensing examination; (ii) conduct that violates the standard of
81.30 test administration, such as communicating with another examinee during administration
81.31 of the examination, copying another examinee's answers, permitting another examinee
81.32 to copy one's answers, or possessing unauthorized materials; or (iii) impersonating an
81.33 examinee or permitting an impersonator to take the examination on one's own behalf;
81.34 (3) for a pharmacist, pharmacy technician, pharmacist intern, applicant for a
81.35 pharmacist or pharmacy license, or applicant for a pharmacy technician or pharmacist
81.36 intern registration, conviction of a felony reasonably related to the practice of pharmacy.

82.1 Conviction as used in this subdivision includes a conviction of an offense that if committed
82.2 in this state would be deemed a felony without regard to its designation elsewhere, or
82.3 a criminal proceeding where a finding or verdict of guilt is made or returned but the
82.4 adjudication of guilt is either withheld or not entered thereon. The board may delay the
82.5 issuance of a new license or registration if the applicant has been charged with a felony
82.6 until the matter has been adjudicated;

82.7 (4) for a facility, other than a pharmacy, licensed or registered by the board, if an
82.8 owner or applicant is convicted of a felony reasonably related to the operation of the
82.9 facility. The board may delay the issuance of a new license or registration if the owner or
82.10 applicant has been charged with a felony until the matter has been adjudicated;

82.11 (5) for a controlled substance researcher, conviction of a felony reasonably related
82.12 to controlled substances or to the practice of the researcher's profession. The board may
82.13 delay the issuance of a registration if the applicant has been charged with a felony until
82.14 the matter has been adjudicated;

82.15 (6) disciplinary action taken by another state or by one of this state's health licensing
82.16 agencies:

82.17 (i) revocation, suspension, restriction, limitation, or other disciplinary action against
82.18 a license or registration in another state or jurisdiction, failure to report to the board that
82.19 charges or allegations regarding the person's license or registration have been brought in
82.20 another state or jurisdiction, or having been refused a license or registration by any other
82.21 state or jurisdiction. The board may delay the issuance of a new license or registration if
82.22 an investigation or disciplinary action is pending in another state or jurisdiction until the
82.23 investigation or action has been dismissed or otherwise resolved; and

82.24 (ii) revocation, suspension, restriction, limitation, or other disciplinary action against
82.25 a license or registration issued by another of this state's health licensing agencies, failure
82.26 to report to the board that charges regarding the person's license or registration have been
82.27 brought by another of this state's health licensing agencies, or having been refused a
82.28 license or registration by another of this state's health licensing agencies. The board may
82.29 delay the issuance of a new license or registration if a disciplinary action is pending before
82.30 another of this state's health licensing agencies until the action has been dismissed or
82.31 otherwise resolved;

82.32 (7) for a pharmacist, pharmacy, pharmacy technician, or pharmacist intern, violation
82.33 of any order of the board, of any of the provisions of this chapter or any rules of the
82.34 board or violation of any federal, state, or local law or rule reasonably pertaining to the
82.35 practice of pharmacy;

83.1 (8) for a facility, other than a pharmacy, licensed by the board, violations of any
83.2 order of the board, of any of the provisions of this chapter or the rules of the board or
83.3 violation of any federal, state, or local law relating to the operation of the facility;
83.4 (9) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm
83.5 the public, or demonstrating a willful or careless disregard for the health, welfare, or safety
83.6 of a patient; or pharmacy practice that is professionally incompetent, in that it may create
83.7 unnecessary danger to any patient's life, health, or safety, in any of which cases, proof
83.8 of actual injury need not be established;
83.9 (10) aiding or abetting an unlicensed person in the practice of pharmacy, except
83.10 that it is not a violation of this clause for a pharmacist to supervise a properly registered
83.11 pharmacy technician or pharmacist intern if that person is performing duties allowed
83.12 by this chapter or the rules of the board;
83.13 (11) for an individual licensed or registered by the board, adjudication as mentally ill
83.14 or developmentally disabled, or as a chemically dependent person, a person dangerous
83.15 to the public, a sexually dangerous person, or a person who has a sexual psychopathic
83.16 personality, by a court of competent jurisdiction, within or without this state. Such
83.17 adjudication shall automatically suspend a license for the duration thereof unless the
83.18 board orders otherwise;
83.19 (12) for a pharmacist or pharmacy intern, engaging in unprofessional conduct as
83.20 specified in the board's rules. In the case of a pharmacy technician, engaging in conduct
83.21 specified in board rules that would be unprofessional if it were engaged in by a pharmacist
83.22 or pharmacist intern or performing duties specifically reserved for pharmacists under this
83.23 chapter or the rules of the board;
83.24 (13) for a pharmacy, operation of the pharmacy without a pharmacist present and on
83.25 duty except as allowed by a variance approved by the board;
83.26 (14) for a pharmacist, the inability to practice pharmacy with reasonable skill and
83.27 safety to patients by reason of illness, drunkenness, use of drugs, narcotics, chemicals, or
83.28 any other type of material or as a result of any mental or physical condition, including
83.29 deterioration through the aging process or loss of motor skills. In the case of registered
83.30 pharmacy technicians, pharmacist interns, or controlled substance researchers, the
83.31 inability to carry out duties allowed under this chapter or the rules of the board with
83.32 reasonable skill and safety to patients by reason of illness, drunkenness, use of drugs,
83.33 narcotics, chemicals, or any other type of material or as a result of any mental or physical
83.34 condition, including deterioration through the aging process or loss of motor skills;

84.1 (15) for a pharmacist, pharmacy, pharmacist intern, pharmacy technician, medical
84.2 gas distributor, or controlled substance researcher, revealing a privileged communication
84.3 from or relating to a patient except when otherwise required or permitted by law;

84.4 (16) for a pharmacist or pharmacy, improper management of patient records,
84.5 including failure to maintain adequate patient records, to comply with a patient's request
84.6 made pursuant to sections 144.291 to 144.298, or to furnish a patient record or report
84.7 required by law;

84.8 (17) fee splitting, including without limitation:

84.9 (i) paying, offering to pay, receiving, or agreeing to receive, a commission, rebate,
84.10 kickback, or other form of remuneration, directly or indirectly, for the referral of patients;
84.11 and

84.12 (ii) referring a patient to any health care provider as defined in sections 144.291 to
84.13 144.298 in which the licensee or registrant has a financial or economic interest as defined
84.14 in section 144.6521, subdivision 3, unless the licensee or registrant has disclosed the
84.15 licensee's or registrant's financial or economic interest in accordance with section 144.6521;

84.16 (18) engaging in abusive or fraudulent billing practices, including violations of the
84.17 federal Medicare and Medicaid laws or state medical assistance laws or rules;

84.18 (19) engaging in conduct with a patient that is sexual or may reasonably be
84.19 interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually
84.20 demeaning to a patient;

84.21 (20) failure to make reports as required by section 151.072 or to cooperate with an
84.22 investigation of the board as required by section 151.074;

84.23 (21) knowingly providing false or misleading information that is directly related
84.24 to the care of a patient unless done for an accepted therapeutic purpose such as the
84.25 dispensing and administration of a placebo;

84.26 (22) aiding suicide or aiding attempted suicide in violation of section 609.215 as
84.27 established by any of the following:

84.28 (i) a copy of the record of criminal conviction or plea of guilty for a felony in
84.29 violation of section 609.215, subdivision 1 or 2;

84.30 (ii) a copy of the record of a judgment of contempt of court for violating an
84.31 injunction issued under section 609.215, subdivision 4;

84.32 (iii) a copy of the record of a judgment assessing damages under section 609.215,
84.33 subdivision 5; or

84.34 (iv) a finding by the board that the person violated section 609.215, subdivision
84.35 1 or 2. The board shall investigate any complaint of a violation of section 609.215,
84.36 subdivision 1 or 2;

85.1 (23) for a pharmacist, practice of pharmacy under a lapsed or nonrenewed license.
85.2 For a pharmacist intern, pharmacy technician, or controlled substance researcher,
85.3 performing duties permitted to such individuals by this chapter or the rules of the board
85.4 under a lapsed or nonrenewed registration. For a facility required to be licensed under this
85.5 chapter, operation of the facility under a lapsed or nonrenewed license or registration; and
85.6 (24) for a pharmacist, pharmacist intern, or pharmacy technician, termination or
85.7 discharge from the health professionals services program for reasons other than the
85.8 satisfactory completion of the program.
85.9 Subd. 3. **Automatic suspension.** (a) A license or registration issued under this
85.10 chapter to a pharmacist, pharmacist intern, pharmacy technician, or controlled substance
85.11 researcher is automatically suspended if: (1) a guardian of a licensee or registrant is
85.12 appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons
85.13 other than the minority of the licensee or registrant; or (2) the licensee or registrant is
85.14 committed by order of a court pursuant to chapter 253B. The license or registration
85.15 remains suspended until the licensee is restored to capacity by a court and, upon petition
85.16 by the licensee or registrant, the suspension is terminated by the board after a hearing.
85.17 (b) For a pharmacist, pharmacy intern, or pharmacy technician, upon notice to the
85.18 board of a judgment of, or a plea of guilty to, a felony reasonably related to the practice
85.19 of pharmacy, the license or registration of the regulated person may be automatically
85.20 suspended by the board. The license or registration will remain suspended until, upon
85.21 petition by the regulated individual and after a hearing, the suspension is terminated by
85.22 the board. The board may indefinitely suspend or revoke the license or registration of the
85.23 regulated individual if, after a hearing before the board, the board finds that the felonious
85.24 conduct would cause a serious risk of harm to the public.
85.25 (c) For a facility that is licensed or registered by the board, upon notice to the
85.26 board that an owner of the facility is subject to a judgment of, or a plea of guilty to,
85.27 a felony reasonably related to the operation of the facility, the license or registration of
85.28 the facility may be automatically suspended by the board. The license or registration will
85.29 remain suspended until, upon petition by the facility and after a hearing, the suspension
85.30 is terminated by the board. The board may indefinitely suspend or revoke the license or
85.31 registration of the facility if, after a hearing before the board, the board finds that the
85.32 felonious conduct would cause a serious risk of harm to the public.
85.33 (d) For licenses and registrations that have been suspended or revoked pursuant
85.34 to paragraphs (a) and (b), the regulated individual may have a license or registration
85.35 reinstated, either with or without restrictions, by demonstrating clear and convincing
85.36 evidence of rehabilitation, as provided in section 364.03. If the regulated individual has

86.1 the conviction subsequently overturned by court decision, the board shall conduct a
86.2 hearing to review the suspension within 30 days after the receipt of the court decision.
86.3 The regulated individual is not required to prove rehabilitation if the subsequent court
86.4 decision overturns previous court findings of public risk.

86.5 (e) For licenses and registrations that have been suspended or revoked pursuant to
86.6 paragraph (c), the regulated facility may have a license or registration reinstated, either with
86.7 or without restrictions, conditions, or limitations, by demonstrating clear and convincing
86.8 evidence of rehabilitation of the convicted owner, as provided in section 364.03. If the
86.9 convicted owner has the conviction subsequently overturned by court decision, the board
86.10 shall conduct a hearing to review the suspension within 30 days after receipt of the court
86.11 decision. The regulated facility is not required to prove rehabilitation of the convicted
86.12 owner if the subsequent court decision overturns previous court findings of public risk.

86.13 (f) The board may, upon majority vote of a quorum of its appointed members,
86.14 suspend the license or registration of a regulated individual without a hearing if the
86.15 regulated individual fails to maintain a current name and address with the board, as
86.16 described in paragraphs (h) and (i), while the regulated individual is: (1) under board
86.17 investigation, and a notice of conference has been issued by the board; (2) party to a
86.18 contested case with the board; (3) party to an agreement for corrective action with the
86.19 board; or (4) under a board order for disciplinary action. The suspension shall remain
86.20 in effect until lifted by the board to the board's receipt of a petition from the regulated
86.21 individual, along with the current name and address of the regulated individual.

86.22 (g) The board may, upon majority vote of a quorum of its appointed members,
86.23 suspend the license or registration of a regulated facility without a hearing if the regulated
86.24 facility fails to maintain a current name and address of the owner of the facility with the
86.25 board, as described in paragraphs (h) and (i), while the regulated facility is: (1) under
86.26 board investigation, and a notice of conference has been issued by the board; (2) party
86.27 to a contested case with the board; (3) party to an agreement for corrective action with
86.28 the board; or (4) under a board order for disciplinary action. The suspension shall remain
86.29 in effect until lifted by the board pursuant to the board's receipt of a petition from the
86.30 regulated facility, along with the current name and address of the owner of the facility.

86.31 (h) An individual licensed or registered by the board shall maintain a current name
86.32 and home address with the board and shall notify the board in writing within 30 days of
86.33 any change in name or home address. An individual regulated by the board shall also
86.34 maintain a current business address with the board as required by section 214.073. For
86.35 an individual, if a name change only is requested, the regulated individual must request
86.36 a revised license or registration. The board may require the individual to substantiate

87.1 the name change by submitting official documentation from a court of law or agency
87.2 authorized under law to receive and officially record a name change. In the case of an
87.3 individual, if an address change only is requested, no request for a revised license or
87.4 registration is required. If the current license or registration of an individual has been lost,
87.5 stolen, or destroyed, the individual shall provide a written explanation to the board.

87.6 (i) A facility licensed or registered by the board shall maintain a current name and
87.7 address with the board. A facility shall notify the board in writing within 30 days of any
87.8 change in name. A facility licensed or registered by the board but located outside of the
87.9 state must notify the board within 30 days of an address change. A facility licensed or
87.10 registered by the board and located within the state must notify the board at least 60
87.11 days in advance of a change of address that will result from the move of the facility to a
87.12 different location and must pass an inspection at the new location as required by the board.
87.13 If the current license or registration of a facility has been lost, stolen, or destroyed, the
87.14 facility shall provide a written explanation to the board.

87.15 Subd. 4. **Effective dates.** A suspension, revocation, condition, limitation,
87.16 qualification, or restriction of a license or registration shall be in effect pending
87.17 determination of an appeal. A revocation of a license pursuant to subdivision 1 is not
87.18 appealable and shall remain in effect indefinitely.

87.19 Subd. 5. **Conditions on reissued license.** In its discretion, the board may restore
87.20 and reissue a license or registration issued under this chapter, but as a condition thereof
87.21 may impose any disciplinary or corrective measure that it might originally have imposed.

87.22 Subd. 6. **Temporary suspension of license for pharmacists.** In addition to any
87.23 other remedy provided by law, the board may, without a hearing, temporarily suspend the
87.24 license of a pharmacist if the board finds that the pharmacist has violated a statute or rule
87.25 that the board is empowered to enforce and continued practice by the pharmacist would
87.26 create a serious risk of harm to the public. The suspension shall take effect upon written
87.27 notice to the pharmacist, specifying the statute or rule violated. The suspension shall
87.28 remain in effect until the board issues a final order in the matter after a hearing. At the
87.29 time it issues the suspension notice, the board shall schedule a disciplinary hearing to be
87.30 held pursuant to the Administrative Procedure Act. The pharmacist shall be provided with
87.31 at least 20 days' notice of any hearing held pursuant to this subdivision. The hearing shall
87.32 be scheduled to begin no later than 30 days after the issuance of the suspension order.

87.33 Subd. 7. **Temporary suspension of license for pharmacist interns, pharmacy**
87.34 **technicians, and controlled substance researchers.** In addition to any other remedy
87.35 provided by law, the board may, without a hearing, temporarily suspend the registration of
87.36 a pharmacist intern, pharmacy technician, or controlled substance researcher if the board

88.1 finds that the registrant has violated a statute or rule that the board is empowered to enforce
88.2 and continued registration of the registrant would create a serious risk of harm to the
88.3 public. The suspension shall take effect upon written notice to the registrant, specifying
88.4 the statute or rule violated. The suspension shall remain in effect until the board issues a
88.5 final order in the matter after a hearing. At the time it issues the suspension notice, the
88.6 board shall schedule a disciplinary hearing to be held pursuant to the Administrative
88.7 Procedure Act. The licensee or registrant shall be provided with at least 20 days' notice of
88.8 any hearing held pursuant to this subdivision. The hearing shall be scheduled to begin no
88.9 later than 30 days after the issuance of the suspension order.

88.10 Subd. 8. **Temporary suspension of license for pharmacies, drug wholesalers,**
88.11 **drug manufacturers, medical gas manufacturers, and medical gas distributors.**
88.12 In addition to any other remedy provided by law, the board may, without a hearing,
88.13 temporarily suspend the license or registration of a pharmacy, drug wholesaler, drug
88.14 manufacturer, medical gas manufacturer, or medical gas distributor if the board finds
88.15 that the licensee or registrant has violated a statute or rule that the board is empowered
88.16 to enforce and continued operation of the licensed facility would create a serious risk of
88.17 harm to the public. The suspension shall take effect upon written notice to the licensee or
88.18 registrant, specifying the statute or rule violated. The suspension shall remain in effect
88.19 until the board issues a final order in the matter after a hearing. At the time it issues the
88.20 suspension notice, the board shall schedule a disciplinary hearing to be held pursuant to
88.21 the Administrative Procedure Act. The licensee or registrant shall be provided with at
88.22 least 20 days' notice of any hearing held pursuant to this subdivision. The hearing shall be
88.23 scheduled to begin no later than 30 days after the issuance of the suspension order.

88.24 Subd. 9. **Evidence.** In disciplinary actions alleging a violation of subdivision 2,
88.25 clause (4), (5), (6), or (7), a copy of the judgment or proceeding under the seal of the court
88.26 administrator or of the administrative agency that entered the same shall be admissible
88.27 into evidence without further authentication and shall constitute prima facie evidence
88.28 of the contents thereof.

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

89.1 licensed or registered individual to submit to an examination when directed constitutes
89.2 an admission of the allegations against the individual, unless the failure was due to
89.3 circumstances beyond the individual's control, in which case a default and final order
89.4 may be entered without the taking of testimony or presentation of evidence. Pharmacists
89.5 affected under this paragraph shall at reasonable intervals be given an opportunity to
89.6 demonstrate that they can resume the competent practice of the profession of pharmacy
89.7 with reasonable skill and safety to the public. Pharmacist interns, pharmacy technicians,
89.8 or controlled substance researchers affected under this paragraph shall at reasonable
89.9 intervals be given an opportunity to demonstrate that they can competently resume the
89.10 duties that can be performed, under this chapter or the rules of the board, by similarly
89.11 registered persons with reasonable skill and safety to the public. In any proceeding under
89.12 this paragraph, neither the record of proceedings nor the orders entered by the board shall
89.13 be used against a licensed or registered individual in any other proceeding.

89.14 (b) Notwithstanding section 13.384, 144.651, or any other law limiting access to
89.15 medical or other health data, the board may obtain medical data and health records relating
89.16 to an individual licensed or registered by the board, or to an applicant for licensure or
89.17 registration, without the individual's consent when the board receives a complaint and has
89.18 probable cause to believe that the individual is practicing in violation of subdivision 2,
89.19 clause (14), and the data and health records are limited to the complaint. The medical
89.20 data may be requested from a provider, as defined in section 144.291, subdivision 2,
89.21 paragraph (h), an insurance company, or a government agency, including the Department
89.22 of Human Services. A provider, insurance company, or government agency shall comply
89.23 with any written request of the board under this subdivision and is not liable in any
89.24 action for damages for releasing the data requested by the board if the data are released
89.25 pursuant to a written request under this subdivision, unless the information is false and
89.26 the provider giving the information knew, or had reason to believe, the information was
89.27 false. Information obtained under this subdivision is classified as private under sections
89.28 13.01 to 13.87.

89.29 Subd. 11. **Tax clearance certificate.** (a) In addition to the provisions of subdivision
89.30 1, the board may not issue or renew a license or registration if the commissioner of
89.31 revenue notifies the board and the licensee or applicant for a license that the licensee or
89.32 applicant owes the state delinquent taxes in the amount of $500 or more. The board may
89.33 issue or renew the license or registration only if (1) the commissioner of revenue issues a
89.34 tax clearance certificate, and (2) the commissioner of revenue or the licensee, registrant, or
89.35 applicant forwards a copy of the clearance to the board. The commissioner of revenue

90.1 may issue a clearance certificate only if the licensee, registrant, or applicant does not owe
90.2 the state any uncontested delinquent taxes.

90.3 (b) For purposes of this subdivision, the following terms have the meanings given.

90.4 (1) "Taxes" are all taxes payable to the commissioner of revenue, including penalties
90.5 and interest due on those taxes.

90.6 (2) "Delinquent taxes" do not include a tax liability if (i) an administrative or court
90.7 action that contests the amount or validity of the liability has been filed or served, (ii) the
90.8 appeal period to contest the tax liability has not expired, or (iii) the licensee or applicant
90.9 has entered into a payment agreement to pay the liability and is current with the payments.

90.10 (c) In lieu of the notice and hearing requirements of subdivision 1, when a licensee,
90.11 registrant, or applicant is required to obtain a clearance certificate under this subdivision,
90.12 a contested case hearing must be held if the licensee or applicant requests a hearing in
90.13 writing to the commissioner of revenue within 30 days of the date of the notice provided
90.14 in paragraph (a). The hearing must be held within 45 days of the date the commissioner of
90.15 revenue refers the case to the Office of Administrative Hearings. Notwithstanding any law
90.16 to the contrary, the licensee or applicant must be served with 20 days' notice in writing
90.17 specifying the time and place of the hearing and the allegations against the licensee or
90.18 applicant. The notice may be served personally or by mail.

90.19 (d) A licensee or applicant must provide the licensee's or applicant's Social Security
90.20 number and Minnesota business identification number on all license applications. Upon
90.21 request of the commissioner of revenue, the board must provide to the commissioner of
90.22 revenue a list of all licensees and applicants that includes the licensee's or applicant's
90.23 name, address, Social Security number, and business identification number. The
90.24 commissioner of revenue may request a list of the licensees and applicants no more than
90.25 once each calendar year.

90.26 Subd. 12. **Limitation.** No board proceeding against a regulated person or facility
90.27 shall be instituted unless commenced within seven years from the date of the commission
90.28 of some portion of the offense or misconduct complained of except for alleged violations
90.29 of subdivision 2, clause (21).

90.30 Sec. 4. **[151.072] REPORTING OBLIGATIONS.**

90.31 Subdivision 1. **Permission to report.** A person who has knowledge of any conduct
90.32 constituting grounds for discipline under the provisions of this chapter or the rules of the
90.33 board may report the violation to the board.

90.34 Subd. 2. **Pharmacies.** A pharmacy located in this state must report to the board any
90.35 discipline that is related to an incident involving conduct that would constitute grounds

91.1 for discipline under the provisions of this chapter or the rules of the board, that is taken
91.2 by the pharmacy or any of its administrators against a pharmacist, pharmacist intern, or
91.3 pharmacy technician, including the termination of employment of the individual or the
91.4 revocation, suspension, restriction, limitation, or conditioning of an individual's ability
91.5 to practice or work at or on behalf of the pharmacy. The pharmacy shall also report the
91.6 resignation of any pharmacist, pharmacist intern, or technician prior to the conclusion of
91.7 any disciplinary proceeding, or prior to the commencement of formal charges but after the
91.8 individual had knowledge that formal charges were contemplated or in preparation. Each
91.9 report made under this subdivision must state the nature of the action taken and state in
91.10 detail the reasons for the action. Failure to report violations as required by this subdivision
91.11 is a basis for discipline pursuant to section 151.071, subdivision 2, clause (8).

91.12 Subd. 3. **Licensees and registrants of the board.** A licensee or registrant of
91.13 the board shall report to the board personal knowledge of any conduct that the person
91.14 reasonably believes constitutes grounds for disciplinary action under this chapter or
91.15 the rules of the board by any pharmacist, pharmacist intern, pharmacy technician, or
91.16 controlled substance researcher, including any conduct indicating that the person may be
91.17 professionally incompetent, or may have engaged in unprofessional conduct or may be
91.18 medically or physically unable to engage safely in the practice of pharmacy or to carry
91.19 out the duties permitted to the person by this chapter or the rules of the board. Failure
91.20 to report violations as required by this subdivision is a basis for discipline pursuant to
91.21 section 151.071, subdivision 2, clause (20).

91.22 Subd. 4. **Self-reporting.** A licensee or registrant of the board shall report to the
91.23 board any personal action that would require that a report be filed with the board pursuant
91.24 to subdivision 2.

91.25 Subd. 5. **Deadlines; forms.** Reports required by subdivisions 2 to 4 must be
91.26 submitted not later than 30 days after the occurrence of the reportable event or transaction.
91.27 The board may provide forms for the submission of reports required by this section, may
91.28 require that reports be submitted on the forms provided, and may adopt rules necessary
91.29 to assure prompt and accurate reporting.

91.30 Subd. 6. **Subpoenas.** The board may issue subpoenas for the production of any
91.31 reports required by subdivisions 2 to 4 or any related documents.

91.32 Sec. 5. **[151.073] IMMUNITY.**

91.33 Subdivision 1. **Reporting.** Any person, health care facility, business, or organization
91.34 is immune from civil liability or criminal prosecution for submitting in good faith a report
91.35 to the board under section 151.072 or for otherwise reporting in good faith to the board

92.1 violations or alleged violations of this chapter or the rules of the board. All such reports
92.2 are investigative data as defined in chapter 13.

92.3 Subd. 2. **Investigation.** (a) Members of the board and persons employed by the board
92.4 or engaged on behalf of the board in the investigation of violations and in the preparation
92.5 and management of charges or violations of this chapter of the rules of the board, or persons
92.6 participating in the investigation or testifying regarding charges of violations, when acting
92.7 in good faith, are immune from civil liability for any actions, transactions, or publications
92.8 in the execution of, or relating to, their duties under this chapter or the rules of the board.

92.9 (b) Members of the board and persons employed by the board or engaged in
92.10 maintaining records and making reports regarding adverse health care events are immune
92.11 from civil liability for any actions, transactions, or publications in the execution of, or
92.12 relating to, their duties under section 151.301.

92.13 Sec. 6. **[151.074] LICENSEE OR REGISTRANT COOPERATION.**

92.14 An individual who is licensed or registered by the board, who is the subject of an
92.15 investigation by or on behalf of the board, shall cooperate fully with the investigation.
92.16 An owner or employee of a facility that is licensed or registered by the board, when the
92.17 facility is the subject of an investigation by or on behalf of the board, shall cooperate
92.18 fully with the investigation. Cooperation includes responding fully and promptly to any
92.19 question raised by, or on behalf of, the board relating to the subject of the investigation and
92.20 providing copies of patient pharmacy records and other relevant records, as reasonably
92.21 requested by the board, to assist the board in its investigation. The board shall maintain
92.22 any records obtained pursuant to this section as investigative data pursuant to chapter 13.

92.23 Sec. 7. **[151.075] DISCIPLINARY RECORD ON JUDICIAL REVIEW.**

92.24 Upon judicial review of any board disciplinary action taken under this chapter, the
92.25 reviewing court shall seal the administrative record, except for the board's final decision,
92.26 and shall not make the administrative record available to the public.

92.27 Sec. 8. Minnesota Statutes 2012, section 151.211, is amended to read:

92.28 **151.211 RECORDS OF PRESCRIPTIONS.**

92.29 Subdivision 1. **Retention of prescription drug orders.** All ~~prescriptions dispensed~~
92.30 prescription drug orders shall be kept on file at the location ~~in~~ from which ~~such~~ dispensing
92.31 ~~occurred~~ of the ordered drug occurs for a period of at least two years. Prescription drug
92.32 orders that are electronically prescribed must be kept on file in the format in which
92.33 they were originally received. Written or printed prescription drug orders and verbal

93.1 prescription drug orders reduced to writing, must be kept on file as received or transcribed,
93.2 except that such orders may be kept in an electronic format as allowed by the board.
93.3 Electronic systems used to process and store prescription drug orders must be compliant
93.4 with the requirements of this chapter and the rules of the board. Prescription drug orders
93.5 that are stored in an electronic format, as permitted by this subdivision, may be kept on
93.6 file at a remote location provided that they are readily and securely accessible from the
93.7 location at which dispensing of the ordered drug occurred.

93.8 Subd. 2. **Refill requirements.** ~~No~~ A prescription ~~shall~~ drug order may be refilled
93.9 ~~except~~ only with the written, electronic, or verbal consent of the prescriber and in
93.10 accordance with the requirements of this chapter, the rules of the board, and where
93.11 applicable, section 152.11. The date of such refill must be recorded and initialed upon
93.12 the original prescription drug order, or within the electronically maintained record of the
93.13 original prescription drug order, by the pharmacist, pharmacist intern, or practitioner
93.14 who refills the prescription.

93.15 Sec. 9. **[151.251] COMPOUNDING.**

93.16 Subdivision 1. **Exemption from manufacturing licensure requirement.** Section
93.17 151.252 shall not apply to:

93.18 (1) a practitioner engaged in extemporaneous compounding, anticipatory
93.19 compounding, or compounding not done pursuant to a prescription drug order when
93.20 permitted by this chapter or the rules of the board; and

93.21 (2) a pharmacy in which a pharmacist is engaged in extemporaneous compounding,
93.22 anticipatory compounding, or compounding not done pursuant to a prescription drug order
93.23 when permitted by this chapter or the rules of the board.

93.24 Subd. 2. **Compounded drug.** A drug product may be compounded under this
93.25 section if a pharmacist or practitioner:

93.26 (1) compounds the drug product using bulk drug substances, as defined in the federal
93.27 regulations published in Code of Federal Regulations, title 21, section 207.3(a)(4):

93.28 (i) that:

93.29 (A) comply with the standards of an applicable United States Pharmacopoeia
93.30 or National Formulary monograph, if a monograph exists, and the United States
93.31 Pharmacopoeia chapter on pharmacy compounding;

93.32 (B) if such a monograph does not exist, are drug substances that are components of
93.33 drugs approved for use in this country by the United States Food and Drug Administration;
93.34 or

94.1 (C) if such a monograph does not exist and the drug substance is not a component of
94.2 a drug approved for use in this country by the United States Food and Drug Administration,
94.3 that appear on a list developed by the United States Food and Drug Administration through
94.4 regulations issued by the secretary of the federal Department of Health and Human Services
94.5 pursuant to section 503A of the Food, Drug and Cosmetic Act under paragraph (d);

94.6 (ii) that are manufactured by an establishment that is registered under section 360
94.7 of the federal Food, Drug and Cosmetic Act, including a foreign establishment that is
94.8 registered under section 360(i) of that act; and

94.9 (iii) that are accompanied by valid certificates of analysis for each bulk drug
94.10 substance;

94.11 (2) compounds the drug product using ingredients, other than bulk drug substances,
94.12 that comply with the standards of an applicable United States Pharmacopoeia or National
94.13 Formulary monograph, if a monograph exists, and the United States Pharmacopoeia
94.14 chapters on pharmacy compounding;

94.15 (3) does not compound a drug product that appears on a list published by the secretary
94.16 of the federal Department of Health and Human Services in the Federal Register of drug
94.17 products that have been withdrawn or removed from the market because such drug products
94.18 or components of such drug products have been found to be unsafe or not effective;

94.19 (4) does not compound any drug products that are essentially copies of a
94.20 commercially available drug product; and

94.21 (5) does not compound any drug product that has been identified pursuant to
94.22 United States Code, title 21, section 353a, as a drug product that presents demonstrable
94.23 difficulties for compounding that reasonably demonstrate an adverse effect on the safety
94.24 or effectiveness of that drug product.

94.25 The term "essentially a copy of a commercially available drug product" does not
94.26 include a drug product in which there is a change, made for an identified individual
94.27 patient, that produces for that patient a significant difference, as determined by the
94.28 prescribing practitioner, between the compounded drug and the comparable commercially
94.29 available drug product.

94.30 Subd. 3. **Exceptions.** This section shall not apply to:

94.31 (1) compounded positron emission tomography drugs as defined in section 151.01,
94.32 subdivision 38; or

94.33 (2) radiopharmaceuticals.

94.34 Sec. 10. Minnesota Statutes 2013 Supplement, section 151.252, is amended by adding
94.35 a subdivision to read:

95.1 Subd. 1a. **Outsourcing facility.** (a) No person shall act as an outsourcing facility
95.2 without first obtaining a license from the board and paying any applicable manufacturer
95.3 licensing fee specified in section 151.065.
95.4 (b) Application for an outsourcing facility license under this section shall be made
95.5 in a manner specified by the board and may differ from the application required of other
95.6 drug manufacturers.
95.7 (c) No license shall be issued or renewed for an outsourcing facility unless the
95.8 applicant agrees to operate in a manner prescribed for outsourcing facilities by federal and
95.9 state law and according to Minnesota Rules.
95.10 (d) No license shall be issued or renewed for an outsourcing facility unless the
95.11 applicant supplies the board with proof of such registration by the United States Food and
95.12 Drug Administration as required by United States Code, title 21, section 353b.
95.13 (e) No license shall be issued or renewed for an outsourcing facility that is required
95.14 to be licensed or registered by the state in which it is physically located unless the
95.15 applicant supplies the board with proof of such licensure or registration. The board may
95.16 establish, by rule, standards for the licensure of an outsourcing facility that is not required
95.17 to be licensed or registered by the state in which it is physically located.
95.18 (f) The board shall require a separate license for each outsourcing facility located
95.19 within the state and for each outsourcing facility located outside of the state at which drugs
95.20 that are shipped into the state are prepared.
95.21 (g) The board shall not issue an initial or renewed license for an outsourcing facility
95.22 unless the facility passes an inspection conducted by an authorized representative of the
95.23 board. In the case of an outsourcing facility located outside of the state, the board may
95.24 require the applicant to pay the cost of the inspection, in addition to the license fee in
95.25 section 151.065, unless the applicant furnishes the board with a report, issued by the
95.26 appropriate regulatory agency of the state in which the facility is located or by the United
95.27 States Food and Drug Administration, of an inspection that has occurred within the 24
95.28 months immediately preceding receipt of the license application by the board. The board
95.29 may deny licensure unless the applicant submits documentation satisfactory to the board
95.30 that any deficiencies noted in an inspection report have been corrected.

95.31 Sec. 11. Minnesota Statutes 2012, section 151.26, is amended to read:

95.32 **151.26 EXCEPTIONS.**

95.33 Subdivision 1. **Generally.** Nothing in this chapter shall subject a person duly
95.34 licensed in this state to practice medicine, dentistry, or veterinary medicine, to inspection
95.35 by the State Board of Pharmacy, nor prevent the person from administering drugs,

96.1 medicines, chemicals, or poisons in the person's practice, nor prevent a duly licensed
96.2 practitioner from furnishing to a patient properly packaged and labeled drugs, medicines,
96.3 chemicals, or poisons as may be considered appropriate in the treatment of such patient;
96.4 unless the person is engaged in the dispensing, sale, or distribution of drugs and the board
96.5 provides reasonable notice of an inspection.

96.6 Except for the provisions of section 151.37, nothing in this chapter applies to or
96.7 interferes with the dispensing, in its original package and at no charge to the patient, of a
96.8 legend drug~~, other than a controlled substance,~~ that was packaged by a manufacturer and
96.9 provided to the dispenser for ~~distribution~~ dispensing as a professional sample. Samples
96.10 of a controlled substance shall only be dispensed when one of the approved indications
96.11 for the controlled substance is a seizure disorder and when the sample is prepared and
96.12 distributed pursuant to Code of Federal Regulations, title 21, part 203, subpart D.

96.13 Nothing in this chapter shall prevent the sale of drugs, medicines, chemicals, or
96.14 poisons at wholesale to licensed physicians, dentists and veterinarians for use in their
96.15 practice, nor to hospitals for use therein.

96.16 Nothing in this chapter shall prevent the sale of drugs, chemicals, or poisons either
96.17 at wholesale or retail for use for commercial purposes, or in the arts, nor interfere with the
96.18 sale of insecticides, as defined in Minnesota Statutes 1974, section 24.069, and nothing in
96.19 this chapter shall prevent the sale of common household preparations and other drugs,
96.20 chemicals, and poisons sold exclusively for use for nonmedicinal purposes~~.~~; provided
96.21 that this exception does not apply to any compound, substance, or derivative that is not
96.22 approved for human consumption by the United States Food and Drug Administration
96.23 or specifically permitted for human consumption under Minnesota law, and, when
96.24 introduced into the body, induces an effect similar to that of a Schedule I or Schedule II
96.25 controlled substance listed in section 152.02, subdivisions 2 and 3, or Minnesota Rules,
96.26 parts 6800.4210 and 6800.4220, regardless of whether the substance is marketed for the
96.27 purpose of human consumption.

96.28 Nothing in this chapter shall apply to or interfere with the vending or retailing of
96.29 any nonprescription medicine or drug not otherwise prohibited by statute ~~which~~ that is
96.30 prepackaged, fully prepared by the manufacturer or producer for use by the consumer, and
96.31 labeled in accordance with the requirements of the state or federal Food and Drug Act; nor
96.32 to the manufacture, wholesaling, vending, or retailing of flavoring extracts, toilet articles,
96.33 cosmetics, perfumes, spices, and other commonly used household articles of a chemical
96.34 nature, for use for nonmedicinal purposes~~.~~; provided that this exception does not apply
96.35 to any compound, substance, or derivative that is not approved for human consumption
96.36 by the United States Food and Drug Administration or specifically permitted for human

97.1 consumption under Minnesota law, and, when introduced into the body, induces an effect
97.2 similar to that of a Schedule I or Schedule II controlled substance listed in section 152.02,
97.3 subdivisions 2 and 3, or Minnesota Rules, parts 6800.4210 and 6800.4220, regardless of
97.4 whether the substance is marketed for the purpose of human consumption. Nothing in
97.5 this chapter shall prevent the sale of drugs or medicines by licensed pharmacists at a
97.6 discount to persons over 65 years of age.

97.7 Sec. 12. Minnesota Statutes 2012, section 151.361, subdivision 2, is amended to read:
97.8 Subd. 2. **After January 1, 1983.** (a) No legend drug in solid oral dosage form
97.9 may be manufactured, packaged or distributed for sale in this state after January 1, 1983
97.10 unless it is clearly marked or imprinted with a symbol, number, company name, words,
97.11 letters, national drug code or other mark uniquely identifiable to that drug product. An
97.12 identifying mark or imprint made as required by federal law or by the federal Food and
97.13 Drug Administration shall be deemed to be in compliance with this section.
97.14 (b) The Board of Pharmacy may grant exemptions from the requirements of this
97.15 section on its own initiative or upon application of a manufacturer, packager, or distributor
97.16 indicating size or other characteristics ~~which~~ that render the product impractical for the
97.17 imprinting required by this section.
97.18 ~~(c) The provisions of clauses (a) and (b) shall not apply to any of the following:~~
97.19 ~~(1) Drugs purchased by a pharmacy, pharmacist, or licensed wholesaler prior to~~
97.20 ~~January 1, 1983, and held in stock for resale.~~
97.21 ~~(2) Drugs which are manufactured by or upon the order of a practitioner licensed by~~
97.22 ~~law to prescribe or administer drugs and which are to be used solely by the patient for~~
97.23 ~~whom prescribed.~~

97.24 Sec. 13. Minnesota Statutes 2012, section 151.37, as amended by Laws 2013, chapter
97.25 43, section 30, Laws 2013, chapter 55, section 2, and Laws 2013, chapter 108, article
97.26 10, section 5, is amended to read:

97.27 **151.37 LEGEND DRUGS, WHO MAY PRESCRIBE, POSSESS.**

97.28 Subdivision 1. **Prohibition.** Except as otherwise provided in this chapter, it shall be
97.29 unlawful for any person to have in possession, or to sell, give away, barter, exchange, or
97.30 distribute a legend drug.
97.31 Subd. 2. **Prescribing and filing.** (a) A licensed practitioner in the course of
97.32 professional practice only, may prescribe, administer, and dispense a legend drug, and
97.33 may cause the same to be administered by a nurse, a physician assistant, or medical
97.34 student or resident under the practitioner's direction and supervision, and may cause a

98.1 person who is an appropriately certified, registered, or licensed health care professional
98.2 to prescribe, dispense, and administer the same within the expressed legal scope of the
98.3 person's practice as defined in Minnesota Statutes. A licensed practitioner may prescribe a
98.4 legend drug, without reference to a specific patient, by directing a licensed dietitian or
98.5 licensed nutritionist, pursuant to section 148.634; a nurse, pursuant to section 148.235,
98.6 subdivisions 8 and 9; physician assistant; medical student or resident; or pharmacist
98.7 according to section 151.01, subdivision 27, to adhere to a particular practice guideline or
98.8 protocol when treating patients whose condition falls within such guideline or protocol,
98.9 and when such guideline or protocol specifies the circumstances under which the legend
98.10 drug is to be prescribed and administered. An individual who verbally, electronically, or
98.11 otherwise transmits a written, oral, or electronic order, as an agent of a prescriber, shall
98.12 not be deemed to have prescribed the legend drug. This paragraph applies to a physician
98.13 assistant only if the physician assistant meets the requirements of section 147A.18.

98.14 (b) The commissioner of health, if a licensed practitioner, or a person designated
98.15 by the commissioner who is a licensed practitioner, may prescribe a legend drug to an
98.16 individual or by protocol for mass dispensing purposes where the commissioner finds that
98.17 the conditions triggering section 144.4197 or 144.4198, subdivision 2, paragraph (b), exist.
98.18 The commissioner, if a licensed practitioner, or a designated licensed practitioner, may
98.19 prescribe, dispense, or administer a legend drug or other substance listed in subdivision 10
98.20 to control tuberculosis and other communicable diseases. The commissioner may modify
98.21 state drug labeling requirements, and medical screening criteria and documentation, where
98.22 time is critical and limited labeling and screening are most likely to ensure legend drugs
98.23 reach the maximum number of persons in a timely fashion so as to reduce morbidity
98.24 and mortality.

98.25 (c) A licensed practitioner that dispenses for profit a legend drug that is to be
98.26 administered orally, is ordinarily dispensed by a pharmacist, and is not a vaccine, must
98.27 file with the practitioner's licensing board a statement indicating that the practitioner
98.28 dispenses legend drugs for profit, the general circumstances under which the practitioner
98.29 dispenses for profit, and the types of legend drugs generally dispensed. It is unlawful to
98.30 dispense legend drugs for profit after July 31, 1990, unless the statement has been filed
98.31 with the appropriate licensing board. For purposes of this paragraph, "profit" means (1)
98.32 any amount received by the practitioner in excess of the acquisition cost of a legend drug
98.33 for legend drugs that are purchased in prepackaged form, or (2) any amount received
98.34 by the practitioner in excess of the acquisition cost of a legend drug plus the cost of
98.35 making the drug available if the legend drug requires compounding, packaging, or other
98.36 treatment. The statement filed under this paragraph is public data under section 13.03.

99.1 This paragraph does not apply to a licensed doctor of veterinary medicine or a registered
99.2 pharmacist. Any person other than a licensed practitioner with the authority to prescribe,
99.3 dispense, and administer a legend drug under paragraph (a) shall not dispense for profit.
99.4 To dispense for profit does not include dispensing by a community health clinic when the
99.5 profit from dispensing is used to meet operating expenses.

99.6 (d) A prescription ~~or~~ drug order for the following drugs is not valid, unless it can
99.7 be established that the prescription ~~or~~ drug order was based on a documented patient
99.8 evaluation, including an examination, adequate to establish a diagnosis and identify
99.9 underlying conditions and contraindications to treatment:

99.10 (1) controlled substance drugs listed in section 152.02, subdivisions 3 to 5;

99.11 (2) drugs defined by the Board of Pharmacy as controlled substances under section
99.12 152.02, subdivisions 7, 8, and 12;

99.13 (3) muscle relaxants;

99.14 (4) centrally acting analgesics with opioid activity;

99.15 (5) drugs containing butalbital; or

99.16 (6) phoshodiesterase type 5 inhibitors when used to treat erectile dysfunction.

99.17 (e) For the purposes of paragraph (d), the requirement for an examination shall be
99.18 met if an in-person examination has been completed in any of the following circumstances:

99.19 (1) the prescribing practitioner examines the patient at the time the prescription
99.20 or drug order is issued;

99.21 (2) the prescribing practitioner has performed a prior examination of the patient;

99.22 (3) another prescribing practitioner practicing within the same group or clinic as the
99.23 prescribing practitioner has examined the patient;

99.24 (4) a consulting practitioner to whom the prescribing practitioner has referred the
99.25 patient has examined the patient; or

99.26 (5) the referring practitioner has performed an examination in the case of a
99.27 consultant practitioner issuing a prescription or drug order when providing services by
99.28 means of telemedicine.

99.29 (f) Nothing in paragraph (d) or (e) prohibits a licensed practitioner from prescribing
99.30 a drug through the use of a guideline or protocol pursuant to paragraph (a).

99.31 (g) Nothing in this chapter prohibits a licensed practitioner from issuing a
99.32 prescription or dispensing a legend drug in accordance with the Expedited Partner Therapy
99.33 in the Management of Sexually Transmitted Diseases guidance document issued by the
99.34 United States Centers for Disease Control.

99.35 (h) Nothing in paragraph (d) or (e) limits prescription, administration, or dispensing
99.36 of legend drugs through a public health clinic or other distribution mechanism approved

100.1 by the commissioner of health or a board of health in order to prevent, mitigate, or treat
100.2 a pandemic illness, infectious disease outbreak, or intentional or accidental release of a
100.3 biological, chemical, or radiological agent.

100.4 (i) No pharmacist employed by, under contract to, or working for a pharmacy
100.5 licensed under section 151.19, subdivision 1, may dispense a legend drug based on a
100.6 prescription that the pharmacist knows, or would reasonably be expected to know, is not
100.7 valid under paragraph (d).

100.8 (j) No pharmacist employed by, under contract to, or working for a pharmacy
100.9 licensed under section 151.19, subdivision 2, may dispense a legend drug to a resident
100.10 of this state based on a prescription that the pharmacist knows, or would reasonably be
100.11 expected to know, is not valid under paragraph (d).

100.12 (k) Nothing in this chapter prohibits the commissioner of health, if a licensed
100.13 practitioner, or, if not a licensed practitioner, a designee of the commissioner who is
100.14 a licensed practitioner, from prescribing legend drugs for field-delivered therapy in the
100.15 treatment of a communicable disease according to the Centers For Disease Control and
100.16 Prevention Partner Services Guidelines.

100.17 Subd. 2a. **Delegation.** A supervising physician may delegate to a physician assistant
100.18 who is registered with the Board of Medical Practice and certified by the National
100.19 Commission on Certification of Physician Assistants and who is under the supervising
100.20 physician's supervision, the authority to prescribe, dispense, and administer legend drugs
100.21 and medical devices, subject to the requirements in chapter 147A and other requirements
100.22 established by the Board of Medical Practice in rules.

100.23 Subd. 3. **Veterinarians.** A licensed doctor of veterinary medicine, in the course of
100.24 professional practice only and not for use by a human being, may personally prescribe,
100.25 administer, and dispense a legend drug, and may cause the same to be administered or
100.26 dispensed by an assistant under the doctor's direction and supervision.

100.27 Subd. 4. **Research.** (a) Any qualified person may use legend drugs in the course
100.28 of a bona fide research project, but cannot administer or dispense such drugs to human
100.29 beings unless such drugs are prescribed, dispensed, and administered by a person lawfully
100.30 authorized to do so.

100.31 (b) Drugs may be dispensed or distributed by a pharmacy licensed by the board for
100.32 use by, or administration to, patients enrolled in a bona fide research study that is being
100.33 conducted pursuant to either an investigational new drug application approved by the
100.34 United States Food and Drug Administration or that has been approved by an institutional
100.35 review board. For the purposes of this subdivision only:

101.1 (1) a prescription drug order is not required for a pharmacy to dispense a research
101.2 drug, unless the study protocol requires the pharmacy to receive such an order;
101.3 (2) notwithstanding the prescription labeling requirements found in this chapter or
101.4 the rules promulgated by the board, a research drug may be labeled as required by the
101.5 study protocol; ~~and~~
101.6 (3) dispensing and distribution of research drugs by pharmacies shall not be
101.7 considered ~~compounding,~~ manufacturing~~,~~ or wholesaling under this chapter~~.~~; and
101.8 (4) a pharmacy may compound drugs for research studies as provided in
101.9 this subdivision but must follow applicable standards established by United States
101.10 Pharmacopeia, chapter 795 or 797, for nonsterile and sterile compounding, respectively.
101.11 (c) An entity that is under contract to a federal agency for the purpose of distributing
101.12 drugs for bona fide research studies is exempt from the drug wholesaler licensing
101.13 requirements of this chapter. Any other entity is exempt from the drug wholesaler
101.14 licensing requirements of this chapter if the board finds that the entity is licensed or
101.15 registered according to the laws of the state in which it is physically located and it is
101.16 distributing drugs for use by, or administration to, patients enrolled in a bona fide research
101.17 study that is being conducted pursuant to either an investigational new drug application
101.18 approved by the United States Food and Drug Administration or that has been approved
101.19 by an institutional review board.
101.20 Subd. 5. **Exclusion for course of practice.** Nothing in this chapter shall prohibit
101.21 the sale to, or the possession of, a legend drug by licensed drug wholesalers, licensed
101.22 manufacturers, registered pharmacies, local detoxification centers, licensed hospitals,
101.23 bona fide hospitals wherein animals are treated, or licensed pharmacists and licensed
101.24 practitioners while acting within the course of their practice only.
101.25 Subd. 6. **Exclusion for course of employment.** (a) Nothing in this chapter shall
101.26 prohibit the possession of a legend drug by an employee, agent, or sales representative of
101.27 a registered drug manufacturer, or an employee or agent of a registered drug wholesaler,
101.28 or registered pharmacy, while acting in the course of employment.
101.29 (b) Nothing in this chapter shall prohibit the following entities from possessing a
101.30 legend drug for the purpose of disposing of the legend drug as pharmaceutical waste:
101.31 (1) a law enforcement officer;
101.32 (2) a hazardous waste transporter licensed by the Department of Transportation;
101.33 (3) a facility permitted by the Pollution Control Agency to treat, store, or dispose of
101.34 hazardous waste, including household hazardous waste;
101.35 (4) a facility licensed by the Pollution Control Agency or a metropolitan county as a
101.36 very small quantity generator collection program or a minimal generator;

102.1 (5) a county that collects, stores, transports, or disposes of a legend drug pursuant to
102.2 a program in compliance with applicable federal law or a person authorized by the county
102.3 to conduct one or more of these activities; or

102.4 (6) a sanitary district organized under chapter 115, or a special law.

102.5 Subd. 7. **Exclusion for prescriptions.** (a) Nothing in this chapter shall prohibit the
102.6 possession of a legend drug by a person for that person's use when it has been dispensed to
102.7 the person in accordance with a valid prescription issued by a practitioner.

102.8 (b) Nothing in this chapter shall prohibit a person, for whom a legend drug has
102.9 been dispensed in accordance with a written or oral prescription by a practitioner, from
102.10 designating a family member, caregiver, or other individual to handle the legend drug for
102.11 the purpose of assisting the person in obtaining or administering the drug or sending
102.12 the drug for destruction.

102.13 (c) Nothing in this chapter shall prohibit a person for whom a prescription drug has
102.14 been dispensed in accordance with a valid prescription issued by a practitioner from
102.15 transferring the legend drug to a county that collects, stores, transports, or disposes of a
102.16 legend drug pursuant to a program in compliance with applicable federal law or to a
102.17 person authorized by the county to conduct one or more of these activities.

102.18 Subd. 8. **Misrepresentation.** It is unlawful for a person to procure, attempt to
102.19 procure, possess, or control a legend drug by any of the following means:

102.20 (1) deceit, misrepresentation, or subterfuge;

102.21 (2) using a false name; or

102.22 (3) falsely assuming the title of, or falsely representing a person to be a manufacturer,
102.23 wholesaler, pharmacist, practitioner, or other authorized person for the purpose of
102.24 obtaining a legend drug.

102.25 Subd. 9. **Exclusion for course of laboratory employment.** Nothing in this chapter
102.26 shall prohibit the possession of a legend drug by an employee or agent of a registered
102.27 analytical laboratory while acting in the course of laboratory employment.

102.28 Subd. 10. **Purchase of drugs and other agents by commissioner of health.** The
102.29 commissioner of health, in preparation for and in carrying out the duties of sections
102.30 144.05, 144.4197, and 144.4198, may purchase, store, and distribute antituberculosis
102.31 drugs, biologics, vaccines, antitoxins, serums, immunizing agents, antibiotics, antivirals,
102.32 antidotes, other pharmaceutical agents, and medical supplies to treat and prevent
102.33 communicable disease.

102.34 Subd. 10a. **Emergency use authorizations.** Nothing in this chapter shall prohibit
102.35 the purchase, possession, or use of a legend drug by an entity acting according to an
102.36 emergency use authorization issued by the United States Food and Drug Administration

103.1 pursuant to United States Code, title 21, section 360bbb-3. The entity must be specifically
103.2 tasked in a public health response plan to perform critical functions necessary to support
103.3 the response to a public health incident or event.

103.4 Subd. 11. ~~Complaint reporting~~ **Exclusion for health care educational programs.**
103.5 ~~The Board of Pharmacy shall report on a quarterly basis to the Board of Optometry any~~
103.6 ~~complaints received regarding the prescription or administration of legend drugs under~~
103.7 ~~section 148.576.~~ Nothing in this section shall prohibit an accredited public or private
103.8 postsecondary school from possessing a legend drug that is not a controlled substance
103.9 listed in section 152.02, provided that:

103.10 (1) the school is approved by the United States secretary of education in accordance
103.11 with requirements of the Higher Education Act of 1965, as amended;

103.12 (2) the school provides a course of instruction that prepares individuals for
103.13 employment in a health care occupation or profession;

103.14 (3) the school may only possess those drugs necessary for the instruction of such
103.15 individuals; and

103.16 (4) the drugs may only be used in the course of providing such instruction and are
103.17 labeled by the purchaser to indicate that they are not to be administered to patients.

103.18 Those areas of the school in which legend drugs are stored are subject to section
103.19 151.06, subdivision 1, paragraph (a), clause (4).

103.20 Sec. 14. Minnesota Statutes 2012, section 151.44, is amended to read:

103.21 **151.44 DEFINITIONS.**

103.22 As used in sections 151.43 to 151.51, the following terms have the meanings given
103.23 in paragraphs (a) to (h):

103.24 (a) "Wholesale drug distribution" means distribution of prescription or
103.25 nonprescription drugs to persons other than a consumer or patient or reverse distribution
103.26 of such drugs, but does not include:

103.27 (1) a sale between a division, subsidiary, parent, affiliated, or related company under
103.28 the common ownership and control of a corporate entity;

103.29 (2) the purchase or other acquisition, by a hospital or other health care entity that is a
103.30 member of a group purchasing organization, of a drug for its own use from the organization
103.31 or from other hospitals or health care entities that are members of such organizations;

103.32 (3) the sale, purchase, or trade of a drug or an offer to sell, purchase, or trade a
103.33 drug by a charitable organization described in section 501(c)(3) of the Internal Revenue
103.34 Code of 1986, as amended through December 31, 1988, to a nonprofit affiliate of the
103.35 organization to the extent otherwise permitted by law;

104.1 (4) the sale, purchase, or trade of a drug or offer to sell, purchase, or trade a drug
104.2 among hospitals or other health care entities that are under common control;
104.3 (5) the sale, purchase, or trade of a drug or offer to sell, purchase, or trade a drug
104.4 for emergency medical reasons;
104.5 (6) the sale, purchase, or trade of a drug, an offer to sell, purchase, or trade a drug, or
104.6 the dispensing of a drug pursuant to a prescription;
104.7 (7) the transfer of prescription or nonprescription drugs by a retail pharmacy to
104.8 another retail pharmacy to alleviate a temporary shortage;
104.9 (8) the distribution of prescription or nonprescription drug samples by manufacturers
104.10 representatives; or
104.11 (9) the sale, purchase, or trade of blood and blood components.
104.12 (b) "Wholesale drug distributor" means anyone engaged in wholesale drug
104.13 distribution including, but not limited to, manufacturers; ~~repackers~~ repackagers; own-label
104.14 distributors; jobbers; brokers; warehouses, including manufacturers' and distributors'
104.15 warehouses, chain drug warehouses, and wholesale drug warehouses; independent
104.16 wholesale drug traders; and pharmacies that conduct wholesale drug distribution. A
104.17 wholesale drug distributor does not include a common carrier or individual hired primarily
104.18 to transport prescription or nonprescription drugs.
104.19 (c) "Manufacturer" ~~means anyone who is engaged in the manufacturing, preparing,~~
104.20 ~~propagating, compounding, processing, packaging, repackaging, or labeling of a~~
104.21 ~~prescription drug~~ has the meaning provided in section 151.01, subdivision 14a.
104.22 (d) "Prescription drug" means a drug required by federal or state law or regulation
104.23 to be dispensed only by a prescription, including finished dosage forms and active
104.24 ingredients subject to United States Code, title 21, sections 811 and 812.
104.25 (e) "Blood" means whole blood collected from a single donor and processed either
104.26 for transfusion or further manufacturing.
104.27 (f) "Blood components" means that part of blood separated by physical or
104.28 mechanical means.
104.29 (g) "Reverse distribution" means the receipt of prescription or nonprescription drugs
104.30 received from or shipped to Minnesota locations for the purpose of returning the drugs
104.31 to their producers or distributors.
104.32 (h) "Reverse distributor" means a person engaged in the reverse distribution of drugs.

104.33 Sec. 15. Minnesota Statutes 2012, section 151.58, subdivision 2, is amended to read:
104.34 Subd. 2. **Definitions.** For purposes of this section only, the terms defined in this
104.35 subdivision have the meanings given.

105.1 (a) "Automated drug distribution system" or "system" means a mechanical system
105.2 approved by the board that performs operations or activities, other than compounding or
105.3 administration, related to the storage, packaging, or dispensing of drugs, and collects,
105.4 controls, and maintains all required transaction information and records.
105.5 (b) "Health care facility" means a nursing home licensed under section 144A.02;
105.6 a housing with services establishment registered under section 144D.01, subdivision 4,
105.7 in which a home provider licensed under chapter 144A is providing centralized storage
105.8 of medications; or a ~~community behavioral health hospital or~~ Minnesota sex offender
105.9 program facility operated by the Department of Human Services.
105.10 (c) "Managing pharmacy" means a pharmacy licensed by the board that controls and
105.11 is responsible for the operation of an automated drug distribution system.

105.12 Sec. 16. Minnesota Statutes 2012, section 151.58, subdivision 3, is amended to read:
105.13 Subd. 3. **Authorization.** A pharmacy may use an automated drug distribution
105.14 system to fill prescription drug orders for patients of a health care facility provided that the
105.15 policies and procedures required by this section have been approved by the board. The
105.16 automated drug distribution system may be located in a health care facility that is not at
105.17 the same location as the managing pharmacy. When located within a health care facility,
105.18 the system is considered to be an extension of the managing pharmacy.

105.19 Sec. 17. Minnesota Statutes 2012, section 151.58, subdivision 5, is amended to read:
105.20 Subd. 5. **Operation of automated drug distribution systems.** (a) The managing
105.21 pharmacy and the pharmacist in charge are responsible for the operation of an automated
105.22 drug distribution system.
105.23 (b) Access to an automated drug distribution system must be limited to pharmacy
105.24 and nonpharmacy personnel authorized to procure drugs from the system, except that field
105.25 service technicians may access a system located in a health care facility for the purposes of
105.26 servicing and maintaining it while being monitored either by the managing pharmacy, or a
105.27 licensed nurse within the health care facility. In the case of an automated drug distribution
105.28 system that is not physically located within a licensed pharmacy, access for the purpose
105.29 of procuring drugs shall be limited to licensed nurses. Each person authorized to access
105.30 the system must be assigned an individual specific access code. Alternatively, access to
105.31 the system may be controlled through the use of biometric identification procedures. A
105.32 policy specifying time access parameters, including time-outs, logoffs, and lockouts,
105.33 must be in place.

106.1 (c) For the purposes of this section only, the requirements of section 151.215 are met
106.2 if the following clauses are met:
106.3 (1) a pharmacist employed by and working at the managing pharmacy, or at a
106.4 pharmacy that is acting as a central services pharmacy for the managing pharmacy,
106.5 pursuant to Minnesota Rules, part 6800.4075, must review, interpret, and approve all
106.6 prescription drug orders before any drug is distributed from the system to be administered
106.7 to a patient. A pharmacy technician may perform data entry of prescription drug orders
106.8 provided that a pharmacist certifies the accuracy of the data entry before the drug can
106.9 be released from the automated drug distribution system. A pharmacist employed by
106.10 and working at the managing pharmacy must certify the accuracy of the filling of any
106.11 cassettes, canisters, or other containers that contain drugs that will be loaded into the
106.12 automated drug distribution system; and
106.13 (2) when the automated drug dispensing system is located and used within the
106.14 managing pharmacy, a pharmacist must personally supervise and take responsibility for all
106.15 packaging and labeling associated with the use of an automated drug distribution system.
106.16 (d) Access to drugs when a pharmacist has not reviewed and approved the
106.17 prescription drug order is permitted only when a formal and written decision to allow such
106.18 access is issued by the pharmacy and the therapeutics committee or its equivalent. The
106.19 committee must specify the patient care circumstances in which such access is allowed,
106.20 the drugs that can be accessed, and the staff that are allowed to access the drugs.
106.21 (e) In the case of an automated drug distribution system that does not utilize bar
106.22 coding in the loading process, the loading of a system located in a health care facility may
106.23 be performed by a pharmacy technician, so long as the activity is continuously supervised,
106.24 through a two-way audiovisual system by a pharmacist on duty within the managing
106.25 pharmacy. In the case of an automated drug distribution system that utilizes bar coding
106.26 in the loading process, the loading of a system located in a health care facility may be
106.27 performed by a pharmacy technician or a licensed nurse, provided that the managing
106.28 pharmacy retains an electronic record of loading activities.
106.29 (f) The automated drug distribution system must be under the supervision of a
106.30 pharmacist. The pharmacist is not required to be physically present at the site of the
106.31 automated drug distribution system if the system is continuously monitored electronically
106.32 by the managing pharmacy. A pharmacist on duty within a pharmacy licensed by the
106.33 board must be continuously available to address any problems detected by the monitoring
106.34 or to answer questions from the staff of the health care facility. The licensed pharmacy
106.35 may be the managing pharmacy or a pharmacy which is acting as a central services
106.36 pharmacy, pursuant to Minnesota Rules, part 6800.4075, for the managing pharmacy.

107.1 Sec. 18. Minnesota Statutes 2013 Supplement, section 152.02, subdivision 2, is
107.2 amended to read:

107.3 Subd. 2. **Schedule I.** (a) Schedule I consists of the substances listed in this
107.4 subdivision.

107.5 (b) Opiates. Unless specifically excepted or unless listed in another schedule, any of
107.6 the following substances, including their analogs, isomers, esters, ethers, salts, and salts
107.7 of isomers, esters, and ethers, whenever the existence of the analogs, isomers, esters,
107.8 ethers, and salts is possible:

107.9 (1) acetylmethadol;

107.10 (2) allylprodine;

107.11 (3) alphacetylmethadol (except levo-alphacetylmethadol, also known as
107.12 levomethadyl acetate);

107.13 (4) alphameprodine;

107.14 (5) alphamethadol;

107.15 (6) alpha-methylfentanyl benzethidine;

107.16 (7) betacetylmethadol;

107.17 (8) betameprodine;

107.18 (9) betamethadol;

107.19 (10) betaprodine;

107.20 (11) clonitazene;

107.21 (12) dextromoramide;

107.22 (13) diampromide;

107.23 (14) diethyliambutene;

107.24 (15) difenoxin;

107.25 (16) dimenoxadol;

107.26 (17) dimepheptanol;

107.27 (18) dimethyliambutene;

107.28 (19) dioxaphetyl butyrate;

107.29 (20) dipipanone;

107.30 (21) ethylmethylthiambutene;

107.31 (22) etonitazene;

107.32 (23) etoxeridine;

107.33 (24) furethidine;

107.34 (25) hydroxypethidine;

107.35 (26) ketobemidone;

107.36 (27) levomoramide;

108.1 (28) levophenacylmorphan;
108.2 (29) 3-methylfentanyl;
108.3 (30) acetyl-alpha-methylfentanyl;
108.4 (31) alpha-methylthiofentanyl;
108.5 (32) benzylfentanyl beta-hydroxyfentanyl;
108.6 (33) beta-hydroxy-3-methylfentanyl;
108.7 (34) 3-methylthiofentanyl;
108.8 (35) thenylfentanyl;
108.9 (36) thiofentanyl;
108.10 (37) para-fluorofentanyl;
108.11 (38) morpheridine;
108.12 (39) 1-methyl-4-phenyl-4-propionoxypiperidine;
108.13 (40) noracymethadol;
108.14 (41) norlevorphanol;
108.15 (42) normethadone;
108.16 (43) norpipanone;
108.17 (44) 1-(2-phenylethyl)-4-phenyl-4-acetoxypiperidine (PEPAP);
108.18 (45) phenadoxone;
108.19 (46) phenampromide;
108.20 (47) phenomorphan;
108.21 (48) phenoperidine;
108.22 (49) piritramide;
108.23 (50) proheptazine;
108.24 (51) properidine;
108.25 (52) propiram;
108.26 (53) racemoramide;
108.27 (54) tilidine;
108.28 (55) trimeperidine~~.~~<u>;</u>
108.29 <u>(56) N-(1-Phenethylpiperidin-4-yl)-N-phenylacetamide (acetyl fentanyl).</u>
108.30 (c) Opium derivatives. Any of the following substances, their analogs, salts, isomers,
108.31 and salts of isomers, unless specifically excepted or unless listed in another schedule,
108.32 whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:
108.33 (1) acetorphine;
108.34 (2) acetyldihydrocodeine;
108.35 (3) benzylmorphine;
108.36 (4) codeine methylbromide;

109.1 (5) codeine-n-oxide;
109.2 (6) cyprenorphine;
109.3 (7) desomorphine;
109.4 (8) dihydromorphine;
109.5 (9) drotebanol;
109.6 (10) etorphine;
109.7 (11) heroin;
109.8 (12) hydromorphinol;
109.9 (13) methyldesorphine;
109.10 (14) methyldihydromorphine;
109.11 (15) morphine methylbromide;
109.12 (16) morphine methylsulfonate;
109.13 (17) morphine-n-oxide;
109.14 (18) myrophine;
109.15 (19) nicocodeine;
109.16 (20) nicomorphine;
109.17 (21) normorphine;
109.18 (22) pholcodine;
109.19 (23) thebacon.
109.20 (d) Hallucinogens. Any material, compound, mixture or preparation which contains
109.21 any quantity of the following substances, their analogs, salts, isomers (whether optical,
109.22 positional, or geometric), and salts of isomers, unless specifically excepted or unless listed
109.23 in another schedule, whenever the existence of the analogs, salts, isomers, and salts of
109.24 isomers is possible:
109.25 (1) methylenedioxy amphetamine;
109.26 (2) methylenedioxymethamphetamine;
109.27 (3) methylenedioxy-N-ethylamphetamine (MDEA);
109.28 (4) n-hydroxy-methylenedioxyamphetamine;
109.29 (5) 4-bromo-2,5-dimethoxyamphetamine (DOB);
109.30 (6) 2,5-dimethoxyamphetamine (2,5-DMA);
109.31 (7) 4-methoxyamphetamine;
109.32 (8) 5-methoxy-3, 4-methylenedioxy amphetamine;
109.33 (9) alpha-ethyltryptamine;
109.34 (10) bufotenine;
109.35 (11) diethyltryptamine;
109.36 (12) dimethyltryptamine;

110.1 (13) 3,4,5-trimethoxy amphetamine;
110.2 (14) 4-methyl-2, 5-dimethoxyamphetamine (DOM);
110.3 (15) ibogaine;
110.4 (16) lysergic acid diethylamide (LSD);
110.5 (17) mescaline;
110.6 (18) parahexyl;
110.7 (19) N-ethyl-3-piperidyl benzilate;
110.8 (20) N-methyl-3-piperidyl benzilate;
110.9 (21) psilocybin;
110.10 (22) psilocyn;
110.11 (23) tenocyclidine (TPCP or TCP);
110.12 (24) N-ethyl-1-phenyl-cyclohexylamine (PCE);
110.13 (25) 1-(1-phenylcyclohexyl) pyrrolidine (PCPy);
110.14 (26) 1-[1-(2-thienyl)cyclohexyl]-pyrrolidine (TCPy);
110.15 (27) 4-chloro-2,5-dimethoxyamphetamine (DOC);
110.16 (28) 4-ethyl-2,5-dimethoxyamphetamine (DOET);
110.17 (29) 4-iodo-2,5-dimethoxyamphetamine (DOI);
110.18 (30) 4-bromo-2,5-dimethoxyphenethylamine (2C-B);
110.19 (31) 4-chloro-2,5-dimethoxyphenethylamine (2C-C);
110.20 (32) 4-methyl-2,5-dimethoxyphenethylamine (2-CD);
110.21 (33) 4-ethyl-2,5-dimethoxyphenethylamine (2C-E);
110.22 (34) 4-iodo-2,5-dimethoxyphenethylamine (2C-I);
110.23 (35) 4-propyl-2,5-dimethoxyphenethylamine (2C-P);
110.24 (36) 4-isopropylthio-2,5-dimethoxyphenethylamine (2C-T-4);
110.25 (37) 4-propylthio-2,5-dimethoxyphenethylamine (2C-T-7);
110.26 (38) 2-(8-bromo-2,3,6,7-tetrahydrofuro [2,3-f][1]benzofuran-4-yl)ethanamine
110.27 (2-CB-FLY);
110.28 (39) bromo-benzodifuranyl-isopropylamine (Bromo-DragonFLY);
110.29 (40) alpha-methyltryptamine (AMT);
110.30 (41) N,N-diisopropyltryptamine (DiPT);
110.31 (42) 4-acetoxy-N,N-dimethyltryptamine (4-AcO-DMT);
110.32 (43) 4-acetoxy-N,N-diethyltryptamine (4-AcO-DET);
110.33 (44) 4-hydroxy-N-methyl-N-propyltryptamine (4-HO-MPT);
110.34 (45) 4-hydroxy-N,N-dipropyltryptamine (4-HO-DPT);
110.35 (46) 4-hydroxy-N,N-diallyltryptamine (4-HO-DALT);
110.36 (47) 4-hydroxy-N,N-diisopropyltryptamine (4-HO-DiPT);

111.1 (48) 5-methoxy-N,N-diisopropyltryptamine (5-MeO-DiPT);

111.2 (49) 5-methoxy-α-methyltryptamine (5-MeO-AMT);

111.3 (50) 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT);

111.4 (51) 5-methylthio-N,N-dimethyltryptamine (5-MeS-DMT);

111.5 (52) 5-methoxy-N-methyl-N-propyltryptamine (5-MeO-MiPT);

111.6 (53) 5-methoxy-α-ethyltryptamine (5-MeO-AET);

111.7 (54) 5-methoxy-N,N-dipropyltryptamine (5-MeO-DPT);

111.8 (55) 5-methoxy-N,N-diethyltryptamine (5-MeO-DET);

111.9 (56) 5-methoxy-N,N-diallytryptamine (5-MeO-DALT);

111.10 (57) methoxetamine (MXE);

111.11 (58) 5-iodo-2-aminoindane (5-IAI);

111.12 (59) 5,6-methylenedioxy-2-aminoindane (MDAI);

111.13 (60) 2-(4-iodo-2,5-dimethoxyphenyl)-N-[(2-methoxyphenyl)methyl]ethanamine
111.14 (25I-NBOMe).

111.15 (e) Peyote. All parts of the plant presently classified botanically as Lophophora
111.16 williamsii Lemaire, whether growing or not, the seeds thereof, any extract from any part
111.17 of the plant, and every compound, manufacture, salts, derivative, mixture, or preparation
111.18 of the plant, its seeds or extracts. The listing of peyote as a controlled substance in
111.19 Schedule I does not apply to the nondrug use of peyote in bona fide religious ceremonies
111.20 of the American Indian Church, and members of the American Indian Church are exempt
111.21 from registration. Any person who manufactures peyote for or distributes peyote to the
111.22 American Indian Church, however, is required to obtain federal registration annually and
111.23 to comply with all other requirements of law.

111.24 (f) Central nervous system depressants. Unless specifically excepted or unless listed
111.25 in another schedule, any material compound, mixture, or preparation which contains any
111.26 quantity of the following substances, their analogs, salts, isomers, and salts of isomers
111.27 whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

111.28 (1) mecloqualone;

111.29 (2) methaqualone;

111.30 (3) gamma-hydroxybutyric acid (GHB), including its esters and ethers;

111.31 (4) flunitrazepam.

111.32 (g) Stimulants. Unless specifically excepted or unless listed in another schedule, any
111.33 material compound, mixture, or preparation which contains any quantity of the following
111.34 substances, their analogs, salts, isomers, and salts of isomers whenever the existence of
111.35 the analogs, salts, isomers, and salts of isomers is possible:

111.36 (1) aminorex;

112.1 (2) cathinone;
112.2 (3) fenethylline;
112.3 (4) methcathinone;
112.4 (5) methylaminorex;
112.5 (6) N,N-dimethylamphetamine;
112.6 (7) N-benzylpiperazine (BZP);
112.7 (8) methylmethcathinone (mephedrone);
112.8 (9) 3,4-methylenedioxy-N-methylcathinone (methylone);
112.9 (10) methoxymethcathinone (methedrone);
112.10 (11) methylenedioxypyrovalerone (MDPV);
112.11 (12) fluoromethcathinone;
112.12 (13) methylethcathinone (MEC);
112.13 (14) 1-benzofuran-6-ylpropan-2-amine (6-APB);
112.14 (15) dimethylmethcathinone (DMMC);
112.15 (16) fluoroamphetamine;
112.16 (17) fluoromethamphetamine;
112.17 (18) α-methylaminobutyrophenone (MABP or buphedrone);
112.18 (19) β-keto-N-methylbenzodioxolylpropylamine (bk-MBDB or butylone);
112.19 (20) 2-(methylamino)-1-(4-methylphenyl)butan-1-one (4-MEMABP or BZ-6378);
112.20 (21) naphthylpyrovalerone (naphyrone); ~~and~~
112.21 <u>(22) (RS)-1-phenyl-2-(1-pyrrolidinyl)-1-pentanone (alpha-PVP or</u>
112.22 <u>alpha-pyrrolidinovalerophenone;</u>
112.23 <u>(23) (RS)-1-(4-methylphenyl)-2-(1-pyrrolidinyl)-1-hexanone (4-Me-PHP or</u>
112.24 <u>MPHP); and</u>
112.25 ~~(22)~~ <u>(24)</u> any other substance, except bupropion or compounds listed under a
112.26 different schedule, that is structurally derived from 2-aminopropan-1-one by substitution
112.27 at the 1-position with either phenyl, naphthyl, or thiophene ring systems, whether or not
112.28 the compound is further modified in any of the following ways:
112.29 (i) by substitution in the ring system to any extent with alkyl, alkylenedioxy, alkoxy,
112.30 haloalkyl, hydroxyl, or halide substituents, whether or not further substituted in the ring
112.31 system by one or more other univalent substituents;
112.32 (ii) by substitution at the 3-position with an acyclic alkyl substituent;
112.33 (iii) by substitution at the 2-amino nitrogen atom with alkyl, dialkyl, benzyl, or
112.34 methoxybenzyl groups; or
112.35 (iv) by inclusion of the 2-amino nitrogen atom in a cyclic structure.

113.1 (h) Marijuana, tetrahydrocannabinols, and synthetic cannabinoids. Unless
113.2 specifically excepted or unless listed in another schedule, any natural or synthetic material,
113.3 compound, mixture, or preparation that contains any quantity of the following substances,
113.4 their analogs, isomers, esters, ethers, salts, and salts of isomers, esters, and ethers,
113.5 whenever the existence of the isomers, esters, ethers, or salts is possible:
113.6 (1) marijuana;
113.7 (2) tetrahydrocannabinols naturally contained in a plant of the genus Cannabis,
113.8 synthetic equivalents of the substances contained in the cannabis plant or in the
113.9 resinous extractives of the plant, or synthetic substances with similar chemical structure
113.10 and pharmacological activity to those substances contained in the plant or resinous
113.11 extract, including, but not limited to, 1 cis or trans tetrahydrocannabinol, 6 cis or trans
113.12 tetrahydrocannabinol, and 3,4 cis or trans tetrahydrocannabinol;
113.13 (3) synthetic cannabinoids, including the following substances:
113.14 (i) Naphthoylindoles, which are any compounds containing a 3-(1-napthoyl)indole
113.15 structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl,
113.16 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or
113.17 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any
113.18 extent and whether or not substituted in the naphthyl ring to any extent. Examples of
113.19 naphthoylindoles include, but are not limited to:
113.20 (A) 1-Pentyl-3-(1-naphthoyl)indole (JWH-018 and AM-678);
113.21 (B) 1-Butul-3-(1-naphthoyl)indole (JWH-073);
113.22 (C) 1-Pentyl-3-(4-methoxy-1-naphthoyl)indole (JWH-081);
113.23 (D) 1-[2-(4-morpholinyl)ethyl]-3-(1-naphthoyl)indole (JWH-200);
113.24 (E) 1-Propyl-2-methyl-3-(1-naphthoyl)indole (JWH-015);
113.25 (F) 1-Hexyl-3-(1-naphthoyl)indole (JWH-019);
113.26 (G) 1-Pentyl-3-(4-methyl-1-naphthoyl)indole (JWH-122);
113.27 (H) 1-Pentyl-3-(4-ethyl-1-naphthoyl)indole (JWH-210);
113.28 (I) 1-Pentyl-3-(4-chloro-1-naphthoyl)indole (JWH-398);
113.29 (J) 1-(5-fluoropentyl)-3-(1-naphthoyl)indole (AM-2201).
113.30 (ii) Napthylmethylindoles, which are any compounds containing a
113.31 1H-indol-3-yl-(1-naphthyl)methane structure with substitution at the nitrogen atom
113.32 of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,
113.33 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group, whether or not further
113.34 substituted in the indole ring to any extent and whether or not substituted in the naphthyl
113.35 ring to any extent. Examples of naphthylmethylindoles include, but are not limited to:
113.36 (A) 1-Pentyl-1H-indol-3-yl-(1-naphthyl)methane (JWH-175);

114.1 (B) 1-Pentyl-1H-indol-3-yl-(4-methyl-1-naphthyl)methan (JWH-184).
114.2 (iii) Naphthoylpyrroles, which are any compounds containing a
114.3 3-(1-naphthoyl)pyrrole structure with substitution at the nitrogen atom of the
114.4 pyrrole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,
114.5 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not
114.6 further substituted in the pyrrole ring to any extent, whether or not substituted in the
114.7 naphthyl ring to any extent. Examples of naphthoylpyrroles include, but are not limited to,
114.8 (5-(2-fluorophenyl)-1-pentylpyrrol-3-yl)-naphthalen-1-ylmethanone (JWH-307).
114.9 (iv) Naphthylmethylindenes, which are any compounds containing a
114.10 naphthylideneindene structure with substitution at the 3-position of the indene
114.11 ring by an allkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,
114.12 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not further
114.13 substituted in the indene ring to any extent, whether or not substituted in the naphthyl
114.14 ring to any extent. Examples of naphthylemethylindenes include, but are not limited to,
114.15 E-1-[1-(1-naphthalenylmethylene)-1H-inden-3-yl]pentane (JWH-176).
114.16 (v) Phenylacetylindoles, which are any compounds containing a 3-phenylacetylindole
114.17 structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl,
114.18 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or
114.19 2-(4-morpholinyl)ethyl group whether or not further substituted in the indole ring to
114.20 any extent, whether or not substituted in the phenyl ring to any extent. Examples of
114.21 phenylacetylindoles include, but are not limited to:
114.22 (A) 1-(2-cyclohexylethyl)-3-(2-methoxyphenylacetyl)indole (RCS-8);
114.23 (B) 1-pentyl-3-(2-methoxyphenylacetyl)indole (JWH-250);
114.24 (C) 1-pentyl-3-(2-methylphenylacetyl)indole (JWH-251);
114.25 (D) 1-pentyl-3-(2-chlorophenylacetyl)indole (JWH-203).
114.26 (vi) Cyclohexylphenols, which are compounds containing a
114.27 2-(3-hydroxycyclohexyl)phenol structure with substitution at the 5-position
114.28 of the phenolic ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,
114.29 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not
114.30 substituted in the cyclohexyl ring to any extent. Examples of cyclohexylphenols include,
114.31 but are not limited to:
114.32 (A) 5-(1,1-dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol (CP 47,497);
114.33 (B) 5-(1,1-dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol
114.34 (Cannabicyclohexanol or CP 47,497 C8 homologue);
114.35 (C) 5-(1,1-dimethylheptyl)-2-[(1R,2R)-5-hydroxy-2-(3-hydroxypropyl)cyclohexyl]
114.36 -phenol (CP 55,940).

115.1 (vii) Benzoylindoles, which are any compounds containing a 3-(benzoyl)indole
115.2 structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl,
115.3 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or
115.4 2-(4-morpholinyl)ethyl group whether or not further substituted in the indole ring to
115.5 any extent and whether or not substituted in the phenyl ring to any extent. Examples of
115.6 benzoylindoles include, but are not limited to:

115.7 (A) 1-Pentyl-3-(4-methoxybenzoyl)indole (RCS-4);

115.8 (B) 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole (AM-694);

115.9 (C) (4-methoxyphenyl-[2-methyl-1-(2-(4-morpholinyl)ethyl)indol-3-yl]methanone
115.10 (WIN 48,098 or Pravadoline).

115.11 (viii) Others specifically named:

115.12 (A) (6aR,10aR)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)
115.13 -6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (HU-210);

115.14 (B) (6aS,10aS)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)
115.15 -6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (Dexanabinol or HU-211);

115.16 (C) 2,3-dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo[1,2,3-de]
115.17 -1,4-benzoxazin-6-yl-1-naphthalenylmethanone (WIN 55,212-2);

115.18 (D) (1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (UR-144);

115.19 (E) (1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone
115.20 (XLR-11);

115.21 (F) 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide
115.22 (AKB-48(APINACA));

115.23 (G) N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide
115.24 (5-Fluoro-AKB-48);

115.25 (H) 1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (PB-22);

115.26 (I) 8-quinolinyl ester-1-(5-fluoropentyl)-1H-indole-3-carboxylic acid (5-Fluoro
115.27 PB-22).;

115.28 (J) N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-pentyl-1H-indazole-
115.29 3-carboxamide (AB-PINACA);

115.30 (K) N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-[(4-fluorophenyl)methyl]-
115.31 1H-indazole-3-carboxamide (AB-FUBINACA).

115.32 (i) A controlled substance analog, to the extent that it is implicitly or explicitly
115.33 intended for human consumption.

116.1 **ARTICLE 6**

116.2 **HEALTH DEPARTMENT AND PUBLIC HEALTH**

116.3 Section 1. Minnesota Statutes 2012, section 62J.497, subdivision 5, is amended to read:
116.4 Subd. 5. **Electronic drug prior authorization standardization and transmission.**
116.5 (a) The commissioner of health, in consultation with the Minnesota e-Health Advisory
116.6 Committee and the Minnesota Administrative Uniformity Committee, shall, by February
116.7 15, 2010, identify an outline on how best to standardize drug prior authorization request
116.8 transactions between providers and group purchasers with the goal of maximizing
116.9 administrative simplification and efficiency in preparation for electronic transmissions.
116.10 (b) By January 1, 2014, the Minnesota Administrative Uniformity Committee shall
116.11 develop the standard companion guide by which providers and group purchasers will
116.12 exchange standard drug authorization requests using electronic data interchange standards,
116.13 if available, with the goal of alignment with standards that are or will potentially be used
116.14 nationally.
116.15 (c) No later than January 1, ~~2015~~ 2016, drug prior authorization requests must be
116.16 accessible and submitted by health care providers, and accepted by group purchasers,
116.17 electronically through secure electronic transmissions. Facsimile shall not be considered
116.18 electronic transmission.

116.19 Sec. 2. **[144.1212] NOTICE TO PATIENT; MAMMOGRAM RESULTS.**
116.20 Subdivision 1. **Definition.** For purposes of this section, "facility" has the meaning
116.21 provided in United States Code, title 42, section 263b(a)(3)(A).
116.22 Subd. 2. **Required notice.** A facility at which a mammography examination is
116.23 performed shall, if a patient is categorized by the facility as having heterogeneously
116.24 dense breasts or extremely dense breasts based on the Breast Imaging Reporting and Data
116.25 System established by the American College of Radiology, include in the summary of the
116.26 written report that is sent to the patient, as required by the federal Mammography Quality
116.27 Standards Act, United States Code, title 42, section 263b, notice that the patient has dense
116.28 breast tissue, that this may make it more difficult to detect cancer on a mammogram, and
116.29 that it may increase her risk of breast cancer. The following language may be used:
116.30 "Your mammogram shows that your breast tissue is dense. Dense breast tissue is
116.31 relatively common and is found in more than 40 percent of women. However, dense
116.32 breast tissue may make it more difficult to identify precancerous lesions or cancer through
116.33 a mammogram and may also be associated with an increased risk of breast cancer. This
116.34 information about the results of your mammogram is given to you to raise your own

117.1 awareness and to help inform your conversations with your treating clinician who has
117.2 received a report of your mammogram results. Together you can decide which screening
117.3 options are right for you based on your mammogram results, individual risk factors,
117.4 or physical examination."

117.5 Sec. 3. Minnesota Statutes 2013 Supplement, section 144.1225, subdivision 2, is
117.6 amended to read:

117.7 Subd. 2. **Accreditation required.** (a)(1) Except as otherwise provided in ~~paragraph~~
117.8 paragraphs (b) and (c), advanced diagnostic imaging services eligible for reimbursement
117.9 from any source, including, but not limited to, the individual receiving such services
117.10 and any individual or group insurance contract, plan, or policy delivered in this state,
117.11 including, but not limited to, private health insurance plans, workers' compensation
117.12 insurance, motor vehicle insurance, the State Employee Group Insurance Program
117.13 (SEGIP), and other state health care programs, shall be reimbursed only if the facility at
117.14 which the service has been conducted and processed is licensed pursuant to sections
117.15 144.50 to 144.56 or accredited by one of the following entities:

117.16 (i) American College of Radiology (ACR);

117.17 (ii) Intersocietal Accreditation Commission (IAC);

117.18 (iii) the Joint Commission; or

117.19 (iv) other relevant accreditation organization designated by the Secretary of the
117.20 United States Department of Health and Human Services pursuant to United States Code,
117.21 title 42, section 1395M.

117.22 (2) All accreditation standards recognized under this section must include, but are
117.23 not limited to:

117.24 (i) provisions establishing qualifications of the physician;

117.25 (ii) standards for quality control and routine performance monitoring by a medical
117.26 physicist;

117.27 (iii) qualifications of the technologist, including minimum standards of supervised
117.28 clinical experience;

117.29 (iv) guidelines for personnel and patient safety; and

117.30 (v) standards for initial and ongoing quality control using clinical image review
117.31 and quantitative testing.

117.32 (b) Any facility that performs advanced diagnostic imaging services and is eligible
117.33 to receive reimbursement for such services from any source in paragraph (a), clause (1),
117.34 must obtain licensure pursuant to sections 144.50 to 144.56 or accreditation pursuant to
117.35 paragraph (a) by August 1, 2013. Thereafter, all facilities that provide advanced diagnostic

imaging services in the state must obtain licensure or accreditation ~~prior to~~ within six months of commencing operations and must~~, at all times,~~ maintain either licensure pursuant to sections 144.50 to 144.56 or accreditation with an accrediting organization as provided in paragraph (a).

(c) Dental clinics or offices that perform diagnostic imaging through dental cone beam computerized tomography do not need to meet the accreditation or reporting requirements in this section.

EFFECTIVE DATE. The amendment to paragraph (b) is effective the day following final enactment. The amendment to paragraph (a) and paragraph (c) are effective retroactively from August 1, 2013.

Sec. 4. Minnesota Statutes 2012, section 144.414, subdivision 2, is amended to read:

Subd. 2. **Day care premises.** (a) Smoking is prohibited in a day care center licensed under Minnesota Rules, parts 9503.0005 to 9503.0175, or in a family home or in a group family day care provider home licensed under Minnesota Rules, parts 9502.0300 to 9502.0445, during its hours of operation. The proprietor of a family home or group family day care provider must disclose to parents or guardians of children cared for on the premises if the proprietor permits smoking outside of its hours of operation. Disclosure must include posting on the premises a conspicuous written notice and orally informing parents or guardians.

(b) For purposes of this subdivision, the definition of smoking includes the use of electronic cigarettes, including the inhaling and exhaling of vapor from any electronic delivery device as defined in section 609.685, subdivision 1.

Sec. 5. Minnesota Statutes 2012, section 144.414, subdivision 3, is amended to read:

Subd. 3. **Health care facilities and clinics.** (a) Smoking is prohibited in any area of a hospital, health care clinic, doctor's office, licensed residential facility for children, or other health care-related facility, except that a patient or resident in a nursing home, boarding care facility, or licensed residential facility for adults may smoke in a designated separate, enclosed room maintained in accordance with applicable state and federal laws.

(b) Except as provided in section 246.0141, smoking by patients in a locked psychiatric unit may be allowed in a separated well-ventilated area in the unit under a policy established by the administrator of the program that allows the treating physician to approve smoking if, in the opinion of the treating physician, the benefits to be gained in obtaining patient cooperation with treatment outweigh the negative impacts of smoking.

119.1 (c) For purposes of this subdivision, the definition of smoking includes the use of
119.2 electronic cigarettes, including the inhaling and exhaling of vapor from any electronic
119.3 delivery device as defined in section 609.685, subdivision 1.

119.4 Sec. 6. Minnesota Statutes 2012, section 144.414, is amended by adding a subdivision
119.5 to read:

119.6 Subd. 5. **Electronic cigarettes.** (a) The use of electronic cigarettes, including the
119.7 inhaling or exhaling of vapor from any electronic delivery device, as defined in section
119.8 609.685, subdivision 1, is prohibited in the following locations:

119.9 (1) any building owned or operated by the state, home rule charter or statutory city,
119.10 county, township, school district, or other political subdivision;

119.11 (2) any facility owned by Minnesota State Colleges and Universities and the
119.12 University of Minnesota;

119.13 (3) any facility licensed by the commissioner of human services; or

119.14 (4) any facility licensed by the commissioner of health, but only if the facility is also
119.15 subject to federal licensing requirements.

119.16 (b) Nothing in this subdivision shall prohibit political subdivisions or businesses
119.17 from adopting more stringent prohibitions on the use of electronic cigarettes or electronic
119.18 delivery devices.

119.19 Sec. 7. Minnesota Statutes 2012, section 144.4165, is amended to read:

119.20 **144.4165 TOBACCO PRODUCTS PROHIBITED IN PUBLIC SCHOOLS.**

119.21 No person shall at any time smoke, chew, or otherwise ingest tobacco or a tobacco
119.22 product, or inhale or exhale vapor from an electronic delivery device as defined in section
119.23 609.685, subdivision 1, in a public school, as defined in section 120A.05, subdivisions
119.24 9, 11, and 13, and no person under the age of 18 shall possess any of these items. This
119.25 prohibition extends to all facilities, whether owned, rented, or leased, and all vehicles that
119.26 a school district owns, leases, rents, contracts for, or controls. Nothing in this section shall
119.27 prohibit the lighting of tobacco by an adult as a part of a traditional Indian spiritual or
119.28 cultural ceremony. For purposes of this section, an Indian is a person who is a member of
119.29 an Indian tribe as defined in section 260.755 subdivision 12.

119.30 Sec. 8. Minnesota Statutes 2013 Supplement, section 144.493, subdivision 1, is
119.31 amended to read:

119.32 Subdivision 1. **Comprehensive stroke center.** A hospital meets the criteria for a
119.33 comprehensive stroke center if the hospital has been certified as a comprehensive stroke

120.1 center by the joint commission or another nationally recognized accreditation entity and
120.2 the hospital participates in the Minnesota stroke registry program.

120.3 Sec. 9. Minnesota Statutes 2013 Supplement, section 144.493, subdivision 2, is
120.4 amended to read:

120.5 Subd. 2. **Primary stroke center.** A hospital meets the criteria for a primary stroke
120.6 center if the hospital has been certified as a primary stroke center by the joint commission
120.7 or another nationally recognized accreditation entity and the hospital participates in the
120.8 Minnesota stroke registry program.

120.9 Sec. 10. Minnesota Statutes 2013 Supplement, section 144.494, subdivision 2, is
120.10 amended to read:

120.11 Subd. 2. **Designation.** A hospital that voluntarily meets the criteria for a
120.12 comprehensive stroke center, primary stroke center, or acute stroke ready hospital may
120.13 apply to the commissioner for designation, and upon the commissioner's review and
120.14 approval of the application, shall be designated as a comprehensive stroke center, a
120.15 primary stroke center, or an acute stroke ready hospital for a three-year period. If a
120.16 hospital loses its certification as a comprehensive stroke center or primary stroke center
120.17 from the joint commission or other nationally recognized accreditation entity, or no
120.18 longer participates in the Minnesota stroke registry program, its Minnesota designation
120.19 shall be immediately withdrawn. Prior to the expiration of the three-year designation, a
120.20 hospital seeking to remain part of the voluntary acute stroke system may reapply to the
120.21 commissioner for designation.

120.22 Sec. 11. **[144.497] ST ELEVATION MYOCARDIAL INFARCTION.**

120.23 The commissioner of health shall assess and report on the quality of care provided in
120.24 the state for ST elevation myocardial infarction response and treatment. The commissioner
120.25 shall:

120.26 (1) utilize and analyze data provided by ST elevation myocardial infarction receiving
120.27 centers to the ACTION Registry-Get with the guidelines or an equivalent data platform
120.28 that does not identify individuals or associate specific ST elevation myocardial infarction
120.29 heart attack events with an identifiable individual;

120.30 (2) quarterly post a summary report of the data in aggregate form on the Department
120.31 of Health Web site;

121.1 (3) annually inform the legislative committees with jurisdiction over public health
121.2 of progress toward improving the quality of care and patient outcomes for ST elevation
121.3 myocardial infarctions; and
121.4 (4) coordinate to the extent possible with national voluntary health organizations
121.5 involved in ST elevation myocardial infarction heart attack quality improvement to
121.6 encourage ST elevation myocardial infarction receiving centers to report data consistent
121.7 with nationally recognized guidelines on the treatment of individuals with confirmed ST
121.8 elevation myocardial infarction heart attacks within the state and encourage sharing of
121.9 information among health care providers on ways to improve the quality of care of ST
121.10 elevation myocardial infarction patients in Minnesota.

121.11 Sec. 12. **[144.6586] NOTICE OF RIGHTS TO SEXUAL ASSAULT VICTIM.**
121.12 Subdivision 1. **Notice required.** A hospital shall give a written notice about victim
121.13 rights and available resources to a person seeking medical services in the hospital who
121.14 reports to hospital staff or presents evidence of a sexual assault or other unwanted
121.15 sexual contact or sexual penetration. The hospital shall make a good faith effort to
121.16 provide this notice prior to medical treatment or the examination performed for the
121.17 purpose of gathering evidence, subject to applicable federal and state laws and regulations
121.18 regarding the provision of medical care, and in a manner that does not interfere with any
121.19 medical screening examination or initiation of treatment necessary to stabilize a victim's
121.20 emergency medical condition.
121.21 Subd. 2. **Contents of notice.** The commissioners of health and public safety, in
121.22 consultation with sexual assault victim advocates and health care professionals, shall
121.23 develop the notice required by subdivision 1. The notice must inform the victim, at a
121.24 minimum, of:
121.25 (1) the obligation under section 609.35 of the county where the criminal sexual
121.26 conduct occurred to pay for the examination performed for the purpose of gathering
121.27 evidence, that payment is not contingent on the victim reporting the criminal sexual conduct
121.28 to law enforcement, and that the victim may incur expenses for treatment of injuries; and
121.29 (2) the victim's rights if the crime is reported to law enforcement, including the
121.30 victim's right to apply for reparations under sections 611A.51 to 611A.68, information on
121.31 how to apply for reparations, and information on how to obtain an order for protection or
121.32 a harassment restraining order.

121.33 Sec. 13. Minnesota Statutes 2013 Supplement, section 144A.474, subdivision 8,
121.34 is amended to read:

Subd. 8. **Correction orders.** (a) A correction order may be issued whenever the commissioner finds upon survey or during a complaint investigation that a home care provider, a managerial official, or an employee of the provider is not in compliance with sections 144A.43 to 144A.482. The correction order shall cite the specific statute and document areas of noncompliance and the time allowed for correction.

(b) The commissioner shall mail copies of any correction order ~~within 30 calendar days after an exit survey~~ to the last known address of the home care provider, or electronically scan the correction order and e-mail it to the last known home care provider e-mail address, within 30 calendar days after the survey exit date. A copy of each correction order and copies of any documentation supplied to the commissioner shall be kept on file by the home care provider, and public documents shall be made available for viewing by any person upon request. Copies may be kept electronically.

(c) By the correction order date, the home care provider must document in the provider's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the home care provider's action to respond to the correction order in future surveys, upon a complaint investigation, and as otherwise needed.

EFFECTIVE DATE. This section is effective August 1, 2014, and for current licensees as of December 31, 2013, on or after July 1, 2014, upon license renewal.

Sec. 14. Minnesota Statutes 2013 Supplement, section 144A.474, subdivision 12, is amended to read:

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

(b) A licensed home care provider may request from the commissioner, in writing, a correction order reconsideration regarding any correction order issued to the provider. The written request for reconsideration must be received by the commissioner within 15 calendar days of the correction order receipt date. The correction order reconsideration shall not be reviewed by any surveyor, investigator, or supervisor that participated in the writing or reviewing of the correction order being disputed. The correction order reconsiderations may be conducted in person, by telephone, by another electronic form, or in writing, as

123.1 determined by the commissioner. The commissioner shall respond in writing to the request
123.2 from a home care provider for a correction order reconsideration within 60 days of the
123.3 date the provider requests a reconsideration. The commissioner's response shall identify
123.4 the commissioner's decision regarding each citation challenged by the home care provider.

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

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

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

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

123.13 (4) correction order was issued under an incorrect citation, the correction order is
123.14 amended to be issued under the more appropriate correction order citation;

123.15 (5) the correction order is rescinded;

123.16 (6) fine is amended, it is determined that the fine assigned to the correction order
123.17 was applied incorrectly; or

123.18 (7) the level or scope of the citation is modified based on the reconsideration.

123.19 (d) If the correction order findings are changed by the commissioner, the
123.20 commissioner shall update the correction order Web site.

123.21 (e) This subdivision does not apply to temporary licensees.

123.22 **EFFECTIVE DATE.** This section is effective August 1, 2014, and for current
123.23 licensees as of December 31, 2013, on or after July 1, 2014, upon license renewal.

123.24 Sec. 15. Minnesota Statutes 2013 Supplement, section 144A.475, subdivision 3,
123.25 is amended to read:

123.26 Subd. 3. **Notice.** Prior to any suspension, revocation, or refusal to renew a license,
123.27 the home care provider shall be entitled to notice and a hearing as provided by sections
123.28 14.57 to 14.69. In addition to any other remedy provided by law, the commissioner may,
123.29 without a prior contested case hearing, temporarily suspend a license or prohibit delivery
123.30 of services by a provider for not more than 90 days if the commissioner determines that
123.31 ~~the health or safety of a consumer is in imminent danger,~~ there are level 3 or 4 violations
123.32 as defined in section 144A.474, subdivision 11, paragraph (b), provided:

123.33 (1) advance notice is given to the home care provider;

123.34 (2) after notice, the home care provider fails to correct the problem;

124.1 (3) the commissioner has reason to believe that other administrative remedies are not
124.2 likely to be effective; and
124.3 (4) there is an opportunity for a contested case hearing within the ~~90~~ 30 days unless
124.4 there is an extension granted by an administrative law judge pursuant to subdivision 3b.

124.5 **EFFECTIVE DATE.** The amendments to this section are effective August 1, 2014,
124.6 and for current licensees as of December 31, 2013, on or after July 1, 2014, upon license
124.7 renewal.

124.8 Sec. 16. Minnesota Statutes 2013 Supplement, section 144A.475, is amended by
124.9 adding a subdivision to read:
124.10 Subd. 3a. **Hearing.** Within 15 business days of receipt of the licensee's timely appeal
124.11 of a sanction under this section, other than for a temporary suspension, the commissioner
124.12 shall request assignment of an administrative law judge. The commissioner's request must
124.13 include a proposed date, time, and place of hearing. A hearing must be conducted by an
124.14 administrative law judge pursuant to Minnesota Rules, parts 1400.8505 to 1400.8612,
124.15 within 90 calendar days of the request for assignment, unless an extension is requested by
124.16 either party and granted by the administrative law judge for good cause or for purposes of
124.17 discussing settlement. In no case shall one or more extensions be granted for a total of
124.18 more than 90 calendar days unless there is a criminal action pending against the licensee.
124.19 If, while a licensee continues to operate pending an appeal of an order for revocation,
124.20 suspension, or refusal to renew a license, the commissioner identifies one or more new
124.21 violations of law that meet the requirements of level 3 or 4 violations as defined in section
124.22 144A.474, subdivision 11, paragraph (b), the commissioner shall act immediately to
124.23 temporarily suspend the license under the provisions in subdivision 3.

124.24 **EFFECTIVE DATE.** This section is effective for appeals received on or after
124.25 August 1, 2014.

124.26 Sec. 17. Minnesota Statutes 2013 Supplement, section 144A.475, is amended by
124.27 adding a subdivision to read:
124.28 Subd. 3b. **Temporary suspension expedited hearing.** (a) Within five business
124.29 days of receipt of the license holder's timely appeal of a temporary suspension, the
124.30 commissioner shall request assignment of an administrative law judge. The request must
124.31 include a proposed date, time, and place of a hearing. A hearing must be conducted by an
124.32 administrative law judge within 30 calendar days of the request for assignment, unless
124.33 an extension is requested by either party and granted by the administrative law judge

125.1 for good cause. The commissioner shall issue a notice of hearing by certified mail or
125.2 personal service at least ten business days before the hearing. Certified mail to the last
125.3 known address is sufficient. The scope of the hearing shall be limited solely to the issue of
125.4 whether the temporary suspension should remain in effect and whether there is sufficient
125.5 evidence to conclude that the licensee's actions or failure to comply with applicable laws
125.6 are level 3 or 4 violations as defined in section 144A.474, subdivision 11, paragraph (b).

125.7 (b) The administrative law judge shall issue findings of fact, conclusions, and a
125.8 recommendation within ten business days from the date of hearing. The parties shall have
125.9 ten calendar days to submit exceptions to the administrative law judge's report. The
125.10 record shall close at the end of the ten-day period for submission of exceptions. The
125.11 commissioner's final order shall be issued within ten business days from the close of the
125.12 record. When an appeal of a temporary immediate suspension is withdrawn or dismissed,
125.13 the commissioner shall issue a final order affirming the temporary immediate suspension
125.14 within ten calendar days of the commissioner's receipt of the withdrawal or dismissal. The
125.15 license holder is prohibited from operation during the temporary suspension period.

125.16 (c) When the final order under paragraph (b) affirms an immediate suspension, and a
125.17 final licensing sanction is issued under subdivisions 1 and 2 and the licensee appeals that
125.18 sanction, the licensee is prohibited from operation pending a final commissioner's order
125.19 after the contested case hearing conducted under chapter 14.

125.20 **EFFECTIVE DATE.** This section is effective August 1, 2014.

125.21 Sec. 18. Minnesota Statutes 2013 Supplement, section 144A.4799, subdivision 3,
125.22 is amended to read:

125.23 Subd. 3. **Duties.** At the commissioner's request, the advisory council shall provide
125.24 advice regarding regulations of Department of Health licensed home care providers in
125.25 this chapter ~~such as~~, including advice on the following:

125.26 (1) ~~advice to the commissioner regarding~~ community standards for home care
125.27 practices;

125.28 (2) ~~advice to the commissioner on~~ enforcement of licensing standards and whether
125.29 certain disciplinary actions are appropriate;

125.30 (3) ~~advice to the commissioner about~~ ways of distributing information to licensees
125.31 and consumers of home care;

125.32 (4) ~~advice to the commissioner about~~ training standards;

125.33 (5) identify emerging issues and opportunities in the home care field, including the
125.34 use of technology in home and telehealth capabilities; ~~and~~

126.1 (6) allowable home care licensing modifications and exemptions, including a method
126.2 for an integrated license with an existing license for rural licensed nursing homes to
126.3 provide limited home care services in an adjacent independent living apartment building
126.4 owned by the licensed nursing home; and
126.5 (7) perform other duties as directed by the commissioner.

126.6 Sec. 19. Minnesota Statutes 2012, section 144D.065, is amended to read:

126.7 **144D.065 TRAINING IN DEMENTIA CARE REQUIRED.**

126.8 (a) If a housing with services establishment registered under this chapter has a special
126.9 program or special care unit for residents with Alzheimer's disease or other dementias
126.10 or advertises, markets, or otherwise promotes the establishment as providing services
126.11 for persons with Alzheimer's disease or ~~related disorders~~ other dementias, whether in a
126.12 segregated or general unit, ~~the establishment's direct care staff and their supervisors must~~
126.13 ~~be trained in dementia care.~~ employees of the establishment and of the establishment's
126.14 arranged home care provider must meet the following training requirements:
126.15 (1) supervisors of direct-care staff must have at least eight hours of initial training on
126.16 topics specified under paragraph (b) within 120 working hours of the employment start
126.17 date, and must have at least two hours of training on topics related to dementia care for
126.18 each 12 months of employment thereafter;
126.19 (2) direct-care employees must have completed at least eight hours of initial training
126.20 on topics specified under paragraph (b) within 160 working hours of the employment start
126.21 date. Until this initial training is complete, an employee must not provide direct care unless
126.22 there is another employee on site who has completed the initial eight hours of training on
126.23 topics related to dementia care and who can act as a resource and assist if issues arise. A
126.24 trainer of the requirements under paragraph (b), or a supervisor meeting the requirements
126.25 in paragraph (a), clause (1), must be available for consultation with the new employee until
126.26 the training requirement is complete. Direct-care employees must have at least two hours
126.27 of training on topics related to dementia for each 12 months of employment thereafter;
126.28 (3) staff who do not provide direct care, including maintenance, housekeeping, and
126.29 food service staff, must have at least four hours of initial training on topics specified
126.30 under paragraph (b) within 160 working hours of the employment start date, and must
126.31 have at least two hours of training on topics related to dementia care for each 12 months of
126.32 employment thereafter; and
126.33 (4) new employees may satisfy the initial training requirements by producing written
126.34 proof of previously completed required training within the past 18 months.
126.35 (b) Areas of required training include:

127.1 (1) an explanation of Alzheimer's disease and related disorders;
127.2 (2) assistance with activities of daily living;
127.3 (3) problem solving with challenging behaviors; and
127.4 (4) communication skills.
127.5 (c) The establishment shall provide to consumers in written or electronic form a
127.6 description of the training program, the categories of employees trained, the frequency
127.7 of training, and the basic topics covered. This information satisfies the disclosure
127.8 requirements of section 325F.72, subdivision 2, clause (4).
127.9 (d) Housing with services establishments not included in paragraph (a) that provide
127.10 assisted living services under chapter 144G must meet the following training requirements:
127.11 (1) supervisors of direct-care staff must have at least four hours of initial training on
127.12 topics specified under paragraph (b) within 120 working hours of the employment start
127.13 date, and must have at least two hours of training on topics related to dementia care for
127.14 each 12 months of employment thereafter;
127.15 (2) direct-care employees must have completed at least four hours of initial training
127.16 on topics specified under paragraph (b) within 160 working hours of the employment start
127.17 date. Until this initial training is complete, an employee must not provide direct care unless
127.18 there is another employee on site who has completed the initial four hours of training on
127.19 topics related to dementia care and who can act as a resource and assist if issues arise. A
127.20 trainer of the requirements under paragraph (b) or supervisor meeting the requirements
127.21 under paragraph (a), clause (1), must be available for consultation with the new employee
127.22 until the training requirement is complete. Direct-care employees must have at least two
127.23 hours of training on topics related to dementia for each 12 months of employment thereafter;
127.24 (3) staff who do not provide direct care, including maintenance, housekeeping, and
127.25 food service staff, must have at least four hours of initial training on topics specified
127.26 under paragraph (b) within 160 working hours of the employment start date, and must
127.27 have at least two hours of training on topics related to dementia care for each 12 months of
127.28 employment thereafter; and
127.29 (4) new employees may satisfy the initial training requirements by producing written
127.30 proof of previously completed required training within the past 18 months.

127.31 **EFFECTIVE DATE.** This section is effective January 1, 2016.

127.32 Sec. 20. **[144D.10] MANAGER REQUIREMENTS.**

127.33 (a) The person primarily responsible for oversight and management of a housing
127.34 with services establishment, as designated by the owner of the housing with services
127.35 establishment, must obtain at least 30 hours of continuing education every two years of

128.1 employment as the manager in topics relevant to the operations of the housing with services
128.2 establishment and the needs of its tenants. Continuing education earned to maintain a
128.3 professional license, such as nursing home administrator license, nursing license, social
128.4 worker license, and real estate license, can be used to complete this requirement.
128.5 (b) For managers of establishments identified in section 325F.72, this continuing
128.6 education must include at least eight hours of documented training on the topics identified
128.7 in section 144D.065, paragraph (b), within 160 working hours of hire, and two hours of
128.8 training on these topics for each 12 months of employment thereafter.
128.9 (c) For managers of establishments not covered by section 325F.72, but who provide
128.10 assisted living services under chapter 144G, this continuing education must include at
128.11 least four hours of documented training on the topics identified in section 144D.065,
128.12 paragraph (b), within 160 working hours of hire, and two hours of training on these topics
128.13 for each 12 months of employment thereafter.
128.14 (d) A statement verifying compliance with the continuing education requirement
128.15 must be included in the housing with services establishment's annual registration to the
128.16 commissioner of health. The establishment must maintain records for at least three years
128.17 demonstrating that the person primarily responsible for oversight and management of the
128.18 establishment has attended educational programs as required by this section.
128.19 (e) New managers may satisfy the initial dementia training requirements by producing
128.20 written proof of previously completed required training within the past 18 months.
128.21 (f) This section does not apply to an establishment registered under section
128.22 144D.025 serving the homeless.

128.23 **EFFECTIVE DATE.** This section is effective January 1, 2016.

128.24 Sec. 21. **[144D.11] EMERGENCY PLANNING.**

128.25 (a) Each registered housing with services establishment must meet the following
128.26 requirements:
128.27 (1) have a written emergency disaster plan that contains a plan for evacuation,
128.28 addresses elements of sheltering in-place, identifies temporary relocation sites, and details
128.29 staff assignments in the event of a disaster or an emergency;
128.30 (2) post an emergency disaster plan prominently;
128.31 (3) provide building emergency exit diagrams to all tenants upon signing a lease;
128.32 (4) post emergency exit diagrams on each floor; and
128.33 (5) have a written policy and procedure regarding missing tenants.
128.34 (b) Each registered housing with services establishment must provide emergency
128.35 and disaster training to all staff during the initial staff orientation and annually thereafter

129.1 and must make emergency and disaster training available to all tenants annually. Staff
129.2 who have not received emergency and disaster training are allowed to work only when
129.3 trained staff are also working on site.

129.4 (c) Each registered housing with services location must conduct and document a fire
129.5 drill or other emergency drill at least every six months. To the extent possible, drills must
129.6 be coordinated with local fire departments or other community emergency resources.

129.7 **EFFECTIVE DATE.** This section is effective January 1, 2016.

129.8 Sec. 22. Minnesota Statutes 2012, section 145.928, is amended by adding a subdivision
129.9 to read:

129.10 Subd. 7a. **Minority run health care professional associations.** The commissioner
129.11 shall award grants to minority run health care professional associations to achieve the
129.12 following:

129.13 (1) provide collaborative mental health services to minority residents;

129.14 (2) provide collaborative, holistic, and culturally competent health care services in
129.15 communities with high concentrations of minority residents; and

129.16 (3) collaborate on recruitment, training, and placement of minorities with health
129.17 care providers.

129.18 Sec. 23. Minnesota Statutes 2012, section 149A.92, is amended by adding a
129.19 subdivision to read:

129.20 Subd. 11. **Scope.** Notwithstanding the requirements in section 149A.50, this section
129.21 applies only to funeral establishments where human remains are present for the purpose
129.22 of preparation and embalming, private viewings, visitations, services, and holding of
129.23 human remains while awaiting final disposition. For the purpose of this subdivision,
129.24 "private viewing" means viewing of a dead human body by persons designated in section
129.25 149A.80, subdivision 2.

129.26 Sec. 24. Minnesota Statutes 2012, section 325H.05, is amended to read:

129.27 **325H.05 POSTED WARNING REQUIRED.**

129.28 (a) The facility owner or operator shall conspicuously post the warning ~~sign~~ signs
129.29 described in ~~paragraph~~ paragraphs (b) and (c) within three feet of each tanning station.
129.30 The sign must be clearly visible, not obstructed by any barrier, equipment, or other object,
129.31 and must be posted so that it can be easily viewed by the consumer before energizing the
129.32 tanning equipment.

130.1 (b) The warning sign required in paragraph (a) shall have dimensions not less than
130.2 eight inches by ten inches, and must have the following wording:

130.3 "DANGER - ULTRAVIOLET RADIATION

130.4 -Follow instructions.

130.5 -Avoid overexposure. As with natural sunlight, overexposure can cause eye and skin
130.6 injury and allergic reactions. Repeated exposure may cause premature aging
130.7 of the skin and skin cancer.

130.8 -Wear protective eyewear.

130.9 FAILURE TO USE PROTECTIVE EYEWEAR MAY RESULT
130.10 IN SEVERE BURNS OR LONG-TERM INJURY TO THE EYES.

130.11 -Medications or cosmetics may increase your sensitivity to the ultraviolet radiation.
130.12 Consult a physician before using sunlamp or tanning equipment if you are
130.13 using medications or have a history of skin problems or believe yourself to be
130.14 especially sensitive to sunlight."

130.15 (c) All tanning facilities must prominently display a sign in a conspicuous place,
130.16 at the point of sale, that states it is unlawful for a tanning facility or operator to allow a
130.17 person under age 18 to use any tanning equipment.

130.18 Sec. 25. **[325H.085] USE BY MINORS PROHIBITED.**

130.19 A person under age 18 may not use any type of tanning equipment as defined by
130.20 section 325H.01, subdivision 6, available in a tanning facility in this state.

130.21 Sec. 26. Minnesota Statutes 2012, section 325H.09, is amended to read:

130.22 **325H.09 PENALTY.**

130.23 Any person who leases tanning equipment or who owns a tanning facility and who
130.24 operates or permits the equipment or facility to be operated in noncompliance with the
130.25 requirements of sections 325H.01 to ~~325H.08~~ 325H.085 is guilty of a petty misdemeanor.

130.26 Sec. 27. **[403.51] AUTOMATIC EXTERNAL DEFIBRILLATION;**
130.27 **REGISTRATION.**

130.28 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms
130.29 have the meanings given them.

130.30 (b) "Automatic external defibrillator" or "AED" means an electronic device designed
130.31 and manufactured to operate automatically or semiautomatically for the purpose of
130.32 delivering an electrical current to the heart of a person in sudden cardiac arrest.

131.1 (c) "AED registry" means a registry of AEDs that requires a maintenance program
131.2 or package, and includes, but is not limited to: the Minnesota AED Registry, the National
131.3 AED Registry, iRescU, or a manufacturer-specific program.

131.4 (d) "Person" means a natural person, partnership, association, corporation, or unit
131.5 of government.

131.6 (e) "Public access AED" means an AED that is intended, by its markings or display,
131.7 to be used or accessed by the public for the benefit of the general public that may be in the
131.8 vicinity or location of that AED. It does not include an AED that is owned or used by a
131.9 hospital, clinic, business, or organization that is intended to be used by staff and is not
131.10 marked or displayed in a manner to encourage public access.

131.11 (f) "Maintenance program or package" means a program that will alert the AED
131.12 owner when the AED has electrodes and batteries due to expire or replaces those expiring
131.13 electrodes and batteries for the AED owner.

131.14 (g) "Public safety agency" means local law enforcement, county sheriff, municipal
131.15 police, tribal agencies, state law enforcement, fire departments, including municipal
131.16 departments, industrial fire brigades, and nonprofit fire departments, joint powers agencies,
131.17 and licensed ambulance services.

131.18 (h) "Mobile AED" means an AED that (1) is purchased with the intent of being located
131.19 in a vehicle, including, but not limited to, public safety agency vehicles; or (2) will not be
131.20 placed in stationary storage, including, but not limited to, an AED used at an athletic event.

131.21 (i) "Private-use AED" means an AED that is not intended to be used or accessed by
131.22 the public for the benefit of the general public. This may include, but is not limited to,
131.23 AEDs found in private residences.

131.24 Subd. 2. **Registration.** A person who purchases or obtains a public access AED shall
131.25 register that device with an AED registry within 30 working days of receiving the AED.

131.26 Subd. 3. **Required information.** A person registering a public access AED shall
131.27 provide the following information for each AED:

131.28 (1) AED manufacturer, model, and serial number;

131.29 (2) specific location where the AED will be kept; and

131.30 (3) the title, address, and telephone number of a person in management at the
131.31 business or organization where the AED is located.

131.32 Subd. 4. **Information changes.** The owner of a public access AED shall notify the
131.33 owner's AED registry of any changes in the information that is required in the registration
131.34 within 30 working days of the change occurring.

131.35 Subd. 5. **Public access AED requirements.** A public access AED:

132.1 (1) may be inspected during regular business hours by a public safety agency with
132.2 jurisdiction over the location of the AED;
132.3 (2) must be kept in the location specified in the registration; and
132.4 (3) must be reasonably maintained, including replacement of dead batteries and
132.5 pads/electrodes, and comply with all manufacturer's recall and safety notices.
132.6 Subd. 6. **Removal of AED.** An authorized agent of a public safety agency with
132.7 jurisdiction over the location of the AED may direct the owner of a public access AED to
132.8 comply with this section. The authorized agent of the public safety agency may direct
132.9 the owner of the AED to remove the AED from its public access location and to remove
132.10 or cover any public signs relating to that AED if it is determined that the AED is not
132.11 ready for immediate use.
132.12 Subd. 7. **Private-use AEDs.** The owner of a private-use AED is not subject to the
132.13 requirements of this section but is encouraged to maintain the AED in a consistent manner.
132.14 Subd. 8. **Mobile AEDs.** The owner of a mobile AED is not subject to the
132.15 requirements of this section but is encouraged to maintain the AED in a consistent manner.
132.16 Subd. 9. **Signs.** A person acquiring a public-use AED is encouraged but is not
132.17 required to post signs bearing the universal AED symbol in order to increase the ease of
132.18 access by the public to the AED in the event of an emergency. A person may not post any
132.19 AED sign or allow any AED sign to remain posted upon being ordered to remove or cover
132.20 any AED signs by an authorized agent of a public safety agency.
132.21 Subd. 10. **Emergency response plans.** The owner of one or more public access
132.22 AEDs shall develop an emergency response plan appropriate for the nature of the facility
132.23 the AED is intended to serve.
132.24 Subd. 11. **Civil liability.** This section does not create any civil liability on the
132.25 part of an AED owner or preclude civil liability under other law. Section 645.241 does
132.26 not apply to this section.

132.27 **EFFECTIVE DATE.** This section is effective August 1, 2014.

132.28 Sec. 28. Minnesota Statutes 2012, section 461.12, is amended to read:

132.29 **461.12 MUNICIPAL ~~TOBACCO~~ LICENSE OF TOBACCO,**
132.30 **TOBACCO-RELATED DEVICES, AND SIMILAR PRODUCTS.**
132.31 Subdivision 1. **Authorization.** A town board or the governing body of a home
132.32 rule charter or statutory city may license and regulate the retail sale of tobacco ~~and~~,
132.33 tobacco-related devices, and electronic delivery devices as defined in section 609.685,
132.34 subdivision 1, and nicotine and lobelia delivery products as described in section 609.6855,

133.1 and establish a license fee for sales to recover the estimated cost of enforcing this chapter.
133.2 The county board shall license and regulate the sale of tobacco ~~and~~, tobacco-related
133.3 devices, electronic delivery devices, and nicotine and lobelia products in unorganized
133.4 territory of the county except on the State Fairgrounds and in a town or a home rule charter
133.5 or statutory city if the town or city does not license and regulate retail sales of tobacco
133.6 ~~sales~~, tobacco-related devices, electronic delivery devices, and nicotine and lobelia
133.7 delivery products. The State Agricultural Society shall license and regulate the sale of
133.8 tobacco, tobacco-related devices, electronic delivery devices, and nicotine and lobelia
133.9 delivery products on the State Fairgrounds. Retail establishments licensed by a town or
133.10 city to sell tobacco, tobacco-related devices, electronic delivery devices, and nicotine and
133.11 lobelia delivery products are not required to obtain a second license for the same location
133.12 under the licensing ordinance of the county.

133.13 Subd. 2. **Administrative penalties; licensees.** If a licensee or employee of a
133.14 licensee sells tobacco ~~or~~, tobacco-related devices, electronic delivery devices, or nicotine
133.15 or lobelia delivery products to a person under the age of 18 years, or violates any other
133.16 provision of this chapter, the licensee shall be charged an administrative penalty of $75.
133.17 An administrative penalty of $200 must be imposed for a second violation at the same
133.18 location within 24 months after the initial violation. For a third violation at the same
133.19 location within 24 months after the initial violation, an administrative penalty of $250
133.20 must be imposed, and the licensee's authority to sell tobacco, tobacco-related devices,
133.21 electronic delivery devices, or nicotine or lobelia delivery products at that location must be
133.22 suspended for not less than seven days. No suspension or penalty may take effect until the
133.23 licensee has received notice, served personally or by mail, of the alleged violation and an
133.24 opportunity for a hearing before a person authorized by the licensing authority to conduct
133.25 the hearing. A decision that a violation has occurred must be in writing.

133.26 Subd. 3. **Administrative penalty; individuals.** An individual who sells tobacco
133.27 ~~or~~, tobacco-related devices, electronic delivery devices, or nicotine or lobelia delivery
133.28 products to a person under the age of 18 years must be charged an administrative penalty
133.29 of $50. No penalty may be imposed until the individual has received notice, served
133.30 personally or by mail, of the alleged violation and an opportunity for a hearing before a
133.31 person authorized by the licensing authority to conduct the hearing. A decision that a
133.32 violation has occurred must be in writing.

133.33 Subd. 4. **Minors.** The licensing authority shall consult with interested educators,
133.34 parents, children, and representatives of the court system to develop alternative penalties
133.35 for minors who purchase, possess, and consume tobacco ~~or~~, tobacco-related devices,
133.36 electronic delivery devices, or nicotine or lobelia delivery products. The licensing

authority and the interested persons shall consider a variety of options, including, but not limited to, tobacco free education programs, notice to schools, parents, community service, and other court diversion programs.

Subd. 5. **Compliance checks.** A licensing authority shall conduct unannounced compliance checks at least once each calendar year at each location where tobacco ~~is~~, tobacco-related devices, electronic delivery devices, or nicotine or lobelia delivery products are sold to test compliance with ~~section~~ sections 609.685 and 609.6855. Compliance checks must involve minors over the age of 15, but under the age of 18, who, with the prior written consent of a parent or guardian, attempt to purchase tobacco ~~or~~, tobacco-related devices, electronic delivery devices, or nicotine or lobelia delivery products under the direct supervision of a law enforcement officer or an employee of the licensing authority.

Subd. 6. **Defense.** It is an affirmative defense to the charge of selling tobacco ~~or~~, tobacco-related devices, electronic delivery devices, or nicotine or lobelia delivery products to a person under the age of 18 years in violation of subdivision 2 or 3 that the licensee or individual making the sale relied in good faith upon proof of age as described in section 340A.503, subdivision 6.

Subd. 7. **Judicial review.** Any person aggrieved by a decision under subdivision 2 or 3 may have the decision reviewed in the district court in the same manner and procedure as provided in section 462.361.

Subd. 8. **Notice to commissioner.** The licensing authority under this section shall, within 30 days of the issuance of a license, inform the commissioner of revenue of the licensee's name, address, trade name, and the effective and expiration dates of the license. The commissioner of revenue must also be informed of a license renewal, transfer, cancellation, suspension, or revocation during the license period.

Sec. 29. Minnesota Statutes 2012, section 461.18, is amended to read:

461.18 BAN ON SELF-SERVICE SALE OF PACKS; EXCEPTIONS.

Subdivision 1. **Except in adult-only facilities.** (a) No person shall offer for sale tobacco or tobacco-related devices, or electronic delivery devices as defined in section 609.685, subdivision 1, or nicotine or lobelia delivery products as described in section 609.6855, in open displays which are accessible to the public without the intervention of a store employee.

(b) [Expired August 28, 1997]

(c) [Expired]

(d) This subdivision shall not apply to retail stores which derive at least 90 percent of their revenue from tobacco and tobacco-related ~~products~~ devices and where the retailer

135.1 ensures that no person younger than 18 years of age is present, or permitted to enter, at
135.2 any time.

135.3 Subd. 2. **Vending machine sales prohibited.** No person shall sell tobacco products,
135.4 electronic delivery devices, or nicotine or lobelia delivery products from vending
135.5 machines. This subdivision does not apply to vending machines in facilities that cannot be
135.6 entered at any time by persons younger than 18 years of age.

135.7 Subd. 3. **Federal regulations for cartons, multipacks.** Code of Federal
135.8 Regulations, title 21, part 897.16(c), is incorporated by reference with respect to cartons
135.9 and other multipack units.

135.10 Sec. 30. Minnesota Statutes 2012, section 461.19, is amended to read:

135.11 **461.19 EFFECT ON LOCAL ORDINANCE; NOTICE.**

135.12 Sections 461.12 to 461.18 do not preempt a local ordinance that provides for more
135.13 restrictive regulation of sales of tobacco ~~sales~~, tobacco-related devices, electronic delivery
135.14 devices, and nicotine and lobelia products. A governing body shall give notice of its
135.15 intention to consider adoption or substantial amendment of any local ordinance required
135.16 under section 461.12 or permitted under this section. The governing body shall take
135.17 reasonable steps to send notice by mail at least 30 days prior to the meeting to the last
135.18 known address of each licensee or person required to hold a license under section 461.12.
135.19 The notice shall state the time, place, and date of the meeting and the subject matter of
135.20 the proposed ordinance.

135.21 Sec. 31. **[461.20] SALE OF ELECTRONIC DELIVERY DEVICE; PACKAGING.**

135.22 (a) For purposes of this section, "child-resistant packaging" is defined as set forth
135.23 in Code of Federal Regulations, title 16, section 1700.15(b)(1), as in effect on January
135.24 1, 2015, when tested in accordance with the method described in Code of Federal
135.25 Regulations, title 16, section 1700.20, as in effect on January 1, 2015.

135.26 (b) The sale of any liquid, whether or not such liquid contains nicotine, that is
135.27 intended for human consumption and use in an electronic delivery device, as defined in
135.28 section 609.685, subdivision 1, that is not contained in packaging that is child-resistant, is
135.29 prohibited. All licensees under this chapter must ensure that any liquid intended for human
135.30 consumption and use in an electronic delivery device is sold in child-resistant packaging.

135.31 (c) A licensee that fails to comply with this section is subject to administrative
135.32 penalties under section 461.12, subdivision 2.

135.33 **EFFECTIVE DATE.** This section is effective January 1, 2015.

136.1 Sec. 32. [461.21] KIOSK SALES PROHIBITED.

136.2 No person shall sell tobacco, tobacco-related devices, or electronic delivery devices
136.3 as defined in section 609.685, subdivision 1, or nicotine or lobelia delivery products as
136.4 described in section 609.6855, from a moveable place of business. For the purposes of this
136.5 section, a moveable place of business means any retail business whose physical location is
136.6 not permanent, including, but not limited to, any retail business that is operated from a
136.7 kiosk, other transportable structure, or a motorized or nonmotorized vehicle.

136.8 **EFFECTIVE DATE.** This section is effective January 1, 2015, for contracts in
136.9 effect as of May 1, 2014. This section is effective August 1, 2014, for any contracts
136.10 entered into after May 1, 2014.

136.11 Sec. 33. Minnesota Statutes 2012, section 609.685, is amended to read:

136.12 **609.685 SALE OF TOBACCO TO CHILDREN.**

136.13 Subdivision 1. **Definitions.** For the purposes of this section, the following terms
136.14 shall have the meanings respectively ascribed to them in this section.

136.15 (a) "Tobacco" means cigarettes and any product containing, made, or derived from
136.16 tobacco that is intended for human consumption, whether chewed, smoked, absorbed,
136.17 dissolved, inhaled, snorted, sniffed, or ingested by any other means, or any component,
136.18 part, or accessory of a tobacco product; including but not limited to cigars; cheroots;
136.19 stogies; perique; granulated, plug cut, crimp cut, ready rubbed, and other smoking tobacco;
136.20 snuff; snuff flour; cavendish; plug and twist tobacco; fine cut and other chewing tobaccos;
136.21 shorts; refuse scraps, clippings, cuttings and sweepings of tobacco; and other kinds and
136.22 forms of tobacco. Tobacco excludes any tobacco product that has been approved by the
136.23 United States Food and Drug Administration for sale as a tobacco-cessation product, as a
136.24 tobacco-dependence product, or for other medical purposes, and is being marketed and
136.25 sold solely for such an approved purpose.

136.26 (b) "Tobacco-related devices" means cigarette papers or pipes for smoking or
136.27 other devices intentionally designed or intended to be used in a manner which enables
136.28 the chewing, sniffing, smoking, or inhalation of vapors of tobacco or tobacco products.
136.29 Tobacco-related devices include components of tobacco-related devices which may be
136.30 marketed or sold separately.

136.31 (c) "Electronic delivery device" means any product containing or delivering nicotine,
136.32 lobelia, or any other substance intended for human consumption that can be used by a
136.33 person to simulate smoking in the delivery of nicotine or any other substance through
136.34 inhalation of vapor from the product. Electronic delivery device includes any component

137.1 part of a product, whether or not marketed or sold separately. Electronic delivery device
137.2 does not include any product that has been approved or certified by the United States Food
137.3 and Drug Administration for sale as a tobacco-cessation product, as a tobacco-dependence
137.4 product, or for other medical purposes, and is marketed and sold for such an approved
137.5 purpose.

137.6 Subd. 1a. **Penalty to sell.** (a) Whoever sells tobacco, tobacco-related devices, or
137.7 electronic delivery devices to a person under the age of 18 years is guilty of a misdemeanor
137.8 for the first violation. Whoever violates this subdivision a subsequent time within five
137.9 years of a previous conviction under this subdivision is guilty of a gross misdemeanor.

137.10 (b) It is an affirmative defense to a charge under this subdivision if the defendant
137.11 proves by a preponderance of the evidence that the defendant reasonably and in good faith
137.12 relied on proof of age as described in section 340A.503, subdivision 6.

137.13 Subd. 2. **Other offenses.** (a) Whoever furnishes tobacco ~~or~~, tobacco-related
137.14 devices, or electronic delivery devices to a person under the age of 18 years is guilty of a
137.15 misdemeanor for the first violation. Whoever violates this paragraph a subsequent time is
137.16 guilty of a gross misdemeanor.

137.17 (b) A person under the age of 18 years who purchases or attempts to purchase
137.18 tobacco ~~or~~, tobacco-related devices, or electronic delivery devices and who uses a driver's
137.19 license, permit, Minnesota identification card, or any type of false identification to
137.20 misrepresent the person's age, is guilty of a misdemeanor.

137.21 Subd. 3. **Petty misdemeanor.** Except as otherwise provided in subdivision 2,
137.22 whoever possesses, smokes, chews, or otherwise ingests, purchases, or attempts to
137.23 purchase tobacco ~~or tobacco related~~, tobacco-related devices, or electronic delivery
137.24 devices and is under the age of 18 years is guilty of a petty misdemeanor.

137.25 Subd. 4. **Effect on local ordinances.** Nothing in subdivisions 1 to 3 shall supersede
137.26 or preclude the continuation or adoption of any local ordinance which provides for more
137.27 stringent regulation of the subject matter in subdivisions 1 to 3.

137.28 Subd. 5. **Exceptions.** (a) Notwithstanding subdivision 2, an Indian may furnish
137.29 tobacco to an Indian under the age of 18 years if the tobacco is furnished as part of a
137.30 traditional Indian spiritual or cultural ceremony. For purposes of this paragraph, an Indian
137.31 is a person who is a member of an Indian tribe as defined in section 260.755, subdivision 12.

137.32 (b) The penalties in this section do not apply to a person under the age of 18 years
137.33 who purchases or attempts to purchase tobacco ~~or~~, tobacco-related devices, or electronic
137.34 delivery devices while under the direct supervision of a responsible adult for training,
137.35 education, research, or enforcement purposes.

138.1 Subd. 6. **Seizure of false identification.** A retailer may seize a form of identification
138.2 listed in section 340A.503, subdivision 6, if the retailer has reasonable grounds to believe
138.3 that the form of identification has been altered or falsified or is being used to violate any
138.4 law. A retailer that seizes a form of identification as authorized under this subdivision
138.5 shall deliver it to a law enforcement agency within 24 hours of seizing it.

138.6 Sec. 34. Minnesota Statutes 2012, section 609.6855, is amended to read:

138.7 **609.6855 SALE OF NICOTINE DELIVERY PRODUCTS TO CHILDREN.**

138.8 Subdivision 1. **Penalty to sell.** (a) Whoever sells to a person under the age of
138.9 18 years a product containing or delivering nicotine or lobelia intended for human
138.10 consumption, or any part of such a product, that is not tobacco or an electronic delivery
138.11 device as defined by section 609.685, is guilty of a misdemeanor for the first violation.
138.12 Whoever violates this subdivision a subsequent time within five years of a previous
138.13 conviction under this subdivision is guilty of a gross misdemeanor.

138.14 (b) It is an affirmative defense to a charge under this subdivision if the defendant
138.15 proves by a preponderance of the evidence that the defendant reasonably and in good faith
138.16 relied on proof of age as described in section 340A.503, subdivision 6.

138.17 (c) Notwithstanding paragraph (a), a product containing or delivering nicotine or
138.18 lobelia intended for human consumption, or any part of such a product, that is not tobacco
138.19 or an electronic delivery device as defined by section 609.685, may be sold to persons
138.20 under the age of 18 if the product has been approved or otherwise certified for legal sale
138.21 by the United States Food and Drug Administration for tobacco use cessation, harm
138.22 reduction, or for other medical purposes, and is being marketed and sold solely for that
138.23 approved purpose.

138.24 Subd. 2. **Other offense.** A person under the age of 18 years who purchases or
138.25 attempts to purchase a product containing or delivering nicotine or lobelia intended for
138.26 human consumption, or any part of such a product, that is not tobacco or an electronic
138.27 delivery device as defined by section 609.685, and who uses a driver's license, permit,
138.28 Minnesota identification card, or any type of false identification to misrepresent the
138.29 person's age, is guilty of a misdemeanor.

138.30 Subd. 3. **Petty misdemeanor.** Except as otherwise provided in subdivisions 1 and
138.31 2, whoever is under the age of 18 years and possesses, purchases, or attempts to purchase
138.32 a product containing or delivering nicotine or lobelia intended for human consumption, or
138.33 any part of such a product, that is not tobacco or an electronic delivery device as defined
138.34 by section 609.685, is guilty of a petty misdemeanor.

139.1 Sec. 35. **EVALUATION AND REPORTING REQUIREMENTS.**

139.2 (a) The commissioner of health shall consult with the Alzheimer's Association,
139.3 Aging Services of Minnesota, Care Providers of Minnesota, the ombudsman for long-term
139.4 care, Minnesota Home Care Association, and other stakeholders to evaluate the following:

139.5 (1) whether additional settings, provider types, licensed and unlicensed personnel, or
139.6 health care services regulated by the commissioner should be required to comply with the
139.7 training requirements in Minnesota Statutes, sections 144D.065, 144D.10, and 144D.11;

139.8 (2) cost implications for the groups or individuals identified in clause (1) to comply
139.9 with the training requirements;

139.10 (3) dementia education options available;

139.11 (4) existing dementia training mandates under federal and state statutes and rules; and

139.12 (5) the enforceability of Minnesota Statutes, sections 144D.065, 144D.10, and
139.13 144D.11, and methods to determine compliance with the training requirements.

139.14 (b) The commissioner shall report the evaluation to the chairs of the health and
139.15 human services committees of the legislature no later than February 15, 2015, along with
139.16 any recommendations for legislative changes.

139.17 Sec. 36. **DIRECTION TO COMMISSIONER; TRICLOSAN HEALTH RISKS.**

139.18 The commissioner of health shall develop recommendations on ways to minimize
139.19 triclosan health risks.

139.20 Sec. 37. **REPEALER.**

139.21 Minnesota Statutes 2012, sections 325H.06; and 325H.08, are repealed.

139.22 **ARTICLE 7**

139.23 **LOCAL PUBLIC HEALTH SYSTEM**

139.24 Section 1. Minnesota Statutes 2012, section 145A.02, is amended by adding a
139.25 subdivision to read:

139.26 Subd. 1a. **Areas of public health responsibility.** "Areas of public health
139.27 responsibility" means:

139.28 (1) assuring an adequate local public health infrastructure;

139.29 (2) promoting healthy communities and healthy behaviors;

139.30 (3) preventing the spread of communicable disease;

139.31 (4) protecting against environmental health hazards;

139.32 (5) preparing for and responding to emergencies; and

139.33 (6) assuring health services.

140.1 Sec. 2. Minnesota Statutes 2012, section 145A.02, subdivision 5, is amended to read:

140.2 Subd. 5. **Community health board.** "Community health board" means ~~a board of~~
140.3 ~~health established, operating, and eligible for a~~ the governing body for local public health
140.4 ~~grant under sections 145A.09 to 145A.131.~~ in Minnesota. The community health board
140.5 may be comprised of a single county, multiple contiguous counties, or in a limited number
140.6 of cases, a single city as specified in section 145A.03, subdivision 1. CHBs have the
140.7 responsibilities and authority under this chapter.

140.8 Sec. 3. Minnesota Statutes 2012, section 145A.02, is amended by adding a subdivision
140.9 to read:

140.10 Subd. 6a. **Community health services administrator.** "Community health services
140.11 administrator" means a person who meets personnel standards for the position established
140.12 under section 145A.06, subdivision 3b, and is working under a written agreement with,
140.13 employed by, or under contract with a community health board to provide public health
140.14 leadership and to discharge the administrative and program responsibilities on behalf of
140.15 the board.

140.16 Sec. 4. Minnesota Statutes 2012, section 145A.02, is amended by adding a subdivision
140.17 to read:

140.18 Subd. 8a. **Local health department.** "Local health department" means an
140.19 operational entity that is responsible for the administration and implementation of
140.20 programs and services to address the areas of public health responsibility. It is governed
140.21 by a community health board.

140.22 Sec. 5. Minnesota Statutes 2012, section 145A.02, is amended by adding a subdivision
140.23 to read:

140.24 Subd. 8b. **Essential public health services.** "Essential public health services"
140.25 means the public health activities that all communities should undertake. These services
140.26 serve as the framework for the National Public Health Performance Standards. In
140.27 Minnesota they refer to activities that are conducted to accomplish the areas of public
140.28 health responsibility. The ten essential public health services are to:

140.29 (1) monitor health status to identify and solve community health problems;

140.30 (2) diagnose and investigate health problems and health hazards in the community;

140.31 (3) inform, educate, and empower people about health issues;

140.32 (4) mobilize community partnerships and action to identify and solve health
140.33 problems;

141.1 (5) develop policies and plans that support individual and community health efforts;
141.2 (6) enforce laws and regulations that protect health and ensure safety;
141.3 (7) link people to needed personal health services and assure the provision of health
141.4 care when otherwise unavailable;
141.5 (8) maintain a competent public health workforce;
141.6 (9) evaluate the effectiveness, accessibility, and quality of personal and
141.7 population-based health services; and
141.8 (10) contribute to research seeking new insights and innovative solutions to health
141.9 problems.

141.10 Sec. 6. Minnesota Statutes 2012, section 145A.02, subdivision 15, is amended to read:
141.11 Subd. 15. **Medical consultant.** "Medical consultant" means a physician licensed
141.12 to practice medicine in Minnesota who is working under a written agreement with,
141.13 employed by, or on contract with a community health board ~~of health~~ to provide advice
141.14 and information, to authorize medical procedures through ~~standing orders~~ protocols, and
141.15 to assist a community health board ~~of health~~ and its staff in coordinating their activities
141.16 with local medical practitioners and health care institutions.

141.17 Sec. 7. Minnesota Statutes 2012, section 145A.02, is amended by adding a subdivision
141.18 to read:
141.19 Subd. 15a. **Performance management.** "Performance management" means the
141.20 systematic process of using data for decision making by identifying outcomes and
141.21 standards; measuring, monitoring, and communicating progress; and engaging in quality
141.22 improvement activities in order to achieve desired outcomes.

141.23 Sec. 8. Minnesota Statutes 2012, section 145A.02, is amended by adding a subdivision
141.24 to read:
141.25 Subd. 15b. **Performance measures.** "Performance measures" means quantitative
141.26 ways to define and measure performance.

141.27 Sec. 9. Minnesota Statutes 2012, section 145A.03, subdivision 1, is amended to read:
141.28 Subdivision 1. **Establishment; assignment of responsibilities.** (a) The governing
141.29 body of a ~~city or~~ county must undertake the responsibilities of a community health board
141.30 ~~of health or establish a board of health~~ by establishing or joining a community health
141.31 board according to paragraphs (b) to (f) and ~~assign~~ assigning to it the powers and duties ~~of~~
141.32 ~~a board of health~~ specified under section 145A.04.

142.1 (b) ~~A city council may ask a county or joint powers board of health to undertake~~
142.2 ~~the responsibilities of a board of health for the city's jurisdiction.~~ A community health
142.3 board must include within its jurisdiction a population of 30,000 or more persons or be
142.4 composed of three or more contiguous counties.
142.5 (c) A county board or city council within the jurisdiction of a community health
142.6 board operating under sections 145A.09 to 145A.131 is preempted from forming a ~~board of~~
142.7 community health board except as specified in section ~~145A.10, subdivision 2~~ 145A.131.
142.8 (d) A county board or a joint powers board that establishes a community health
142.9 board and has or establishes an operational human services board under chapter 402 may
142.10 assign the powers and duties of a community health board to a human services board.
142.11 Eligibility for funding from the commissioner will be maintained if all requirements of
142.12 sections 145A.03 and 145A.04 are met.
142.13 (e) Community health boards established prior to January 1, 2014, including city
142.14 community health boards, are eligible to maintain their status as community health boards
142.15 as outlined in this subdivision.
142.16 (f) A community health board may authorize, by resolution, the community
142.17 health service administrator or other designated agent or agents to act on behalf of the
142.18 community health board.

142.19 Sec. 10. Minnesota Statutes 2012, section 145A.03, subdivision 2, is amended to read:
142.20 Subd. 2. **Joint powers community health board ~~of health~~.** ~~Except as preempted~~
142.21 ~~under section 145A.10, subdivision 2,~~ A county may establish a joint community health
142.22 board ~~of health~~ by agreement with one or more contiguous counties, or ~~a~~ an existing city
142.23 community health board may establish a joint community health board ~~of health~~ with one
142.24 or more contiguous ~~cities in the same county, or a city may establish a joint board of health~~
142.25 ~~with the~~ existing city community health boards in the same county ~~or counties within~~ in
142.26 which it is located. The agreements must be established according to section 471.59.

142.27 Sec. 11. Minnesota Statutes 2012, section 145A.03, subdivision 4, is amended to read:
142.28 Subd. 4. **Membership; duties of chair.** A community health board ~~of health~~ must
142.29 have at least five members, one of whom must be elected by the members as chair and one
142.30 as vice-chair. The chair, or in the chair's absence, the vice-chair, must preside at meetings
142.31 of the community health board ~~of health~~ and sign or authorize an agent to sign contracts and
142.32 other documents requiring signature on behalf of the community health board ~~of health~~.

142.33 Sec. 12. Minnesota Statutes 2012, section 145A.03, subdivision 5, is amended to read:

143.1 Subd. 5. **Meetings.** A community health board ~~of health~~ must hold meetings at least
143.2 twice a year and as determined by its rules of procedure. The board must adopt written
143.3 procedures for transacting business and must keep a public record of its transactions,
143.4 findings, and determinations. Members may receive a per diem plus travel and other
143.5 eligible expenses while engaged in official duties.

143.6 Sec. 13. Minnesota Statutes 2012, section 145A.03, is amended by adding a
143.7 subdivision to read:

143.8 Subd. 7. **Community health board; eligibility for funding.** A community health
143.9 board that meets the requirements of this section is eligible to receive the local public
143.10 health grant under section 145A.131 and for other funds that the commissioner grants to
143.11 community health boards to carry out public health activities.

143.12 Sec. 14. Minnesota Statutes 2012, section 145A.04, as amended by Laws 2013, chapter
143.13 43, section 21, is amended to read:

143.14 **145A.04 POWERS AND DUTIES OF COMMUNITY HEALTH BOARD ~~OF~~**
143.15 **~~HEALTH~~.**

143.16 Subdivision 1. **Jurisdiction; enforcement.** (a) A ~~county or multicounty~~ community
143.17 health board ~~of health~~ has the ~~powers and duties of a board of health for all territory within~~
143.18 ~~its jurisdiction not under the jurisdiction of a city board of health. Under the general~~
143.19 ~~supervision of the commissioner, the board shall enforce laws, regulations, and ordinances~~
143.20 ~~pertaining to the powers and duties of a board of health within its jurisdictional area~~
143.21 general responsibility for development and maintenance of a system of community health
143.22 services under local administration and within a system of state guidelines and standards.

143.23 (b) Under the general supervision of the commissioner, the community health board
143.24 shall recommend the enforcement of laws, regulations, and ordinances pertaining to the
143.25 powers and duties within its jurisdictional area. In the case of a multicounty or city
143.26 community health board, the joint powers agreement under section 145A.03, subdivision
143.27 2, or delegation agreement under section 145A.07 shall clearly specify enforcement
143.28 authorities.

143.29 (c) A member of a community health board may not withdraw from a joint powers
143.30 community health board during the first two calendar years following the effective
143.31 date of the initial joint powers agreement. The withdrawing member must notify the
143.32 commissioner and the other parties to the agreement at least one year before the beginning
143.33 of the calendar year in which withdrawal takes effect.

144.1 (d) The withdrawal of a county or city from a community health board does not
144.2 affect the eligibility for the local public health grant of any remaining county or city for
144.3 one calendar year following the effective date of withdrawal.

144.4 (e) The local public health grant for a county or city that chooses to withdraw from
144.5 a multicounty community health board shall be reduced by the amount of the local
144.6 partnership incentive.

144.7 Subd. 1a. **Duties.** Consistent with the guidelines and standards established under
144.8 section 145A.06, the community health board shall:

144.9 (1) identify local public health priorities and implement activities to address the
144.10 priorities and the areas of public health responsibility, which include:

144.11 (i) assuring an adequate local public health infrastructure by maintaining the basic
144.12 foundational capacities to a well-functioning public health system that includes data
144.13 analysis and utilization; health planning; partnership development and community
144.14 mobilization; policy development, analysis, and decision support; communication; and
144.15 public health research, evaluation, and quality improvement;

144.16 (ii) promoting healthy communities and healthy behavior through activities
144.17 that improve health in a population, such as investing in healthy families; engaging
144.18 communities to change policies, systems, or environments to promote positive health or
144.19 prevent adverse health; providing information and education about healthy communities
144.20 or population health status; and addressing issues of health equity, health disparities, and
144.21 the social determinants to health;

144.22 (iii) preventing the spread of communicable disease by preventing diseases that are
144.23 caused by infectious agents through detecting acute infectious diseases, ensuring the
144.24 reporting of infectious diseases, preventing the transmission of infectious diseases, and
144.25 implementing control measures during infectious disease outbreaks;

144.26 (iv) protecting against environmental health hazards by addressing aspects of the
144.27 environment that pose risks to human health, such as monitoring air and water quality;
144.28 developing policies and programs to reduce exposure to environmental health risks and
144.29 promote healthy environments; and identifying and mitigating environmental risks such as
144.30 food and waterborne diseases, radiation, occupational health hazards, and public health
144.31 nuisances;

144.32 (v) preparing and responding to emergencies by engaging in activities that prepare
144.33 public health departments to respond to events and incidents and assist communities in
144.34 recovery, such as providing leadership for public health preparedness activities with
144.35 a community; developing, exercising, and periodically reviewing response plans for

145.1 public health threats; and developing and maintaining a system of public health workforce
145.2 readiness, deployment, and response; and
145.3 (vi) assuring health services by engaging in activities such as assessing the
145.4 availability of health-related services and health care providers in local communities,
145.5 identifying gaps and barriers in services; convening community partners to improve
145.6 community health systems; and providing services identified as priorities by the local
145.7 assessment and planning process; and
145.8 (2) submit to the commissioner of health, at least every five years, a community
145.9 health assessment and community health improvement plan, which shall be developed
145.10 with input from the community and take into consideration the statewide outcomes, the
145.11 areas of responsibility, and essential public health services;
145.12 (3) implement a performance management process in order to achieve desired
145.13 outcomes; and
145.14 (4) annually report to the commissioner on a set of performance measures and be
145.15 prepared to provide documentation of ability to meet the performance measures.
145.16 Subd. 2. **Appointment of ~~agent~~ community health service (CHS) administrator.**
145.17 A community health board ~~of health~~ must appoint, employ, or contract with a ~~person or~~
145.18 ~~persons~~ CHS administrator to act on its behalf. The board shall notify the commissioner
145.19 of the ~~agent's name, address, and phone number where the agent may be reached between~~
145.20 ~~board meetings~~ CHS administrator's contact information and submit a copy of the
145.21 resolution authorizing the ~~agent~~ CHS administrator to act as an agent on the board's behalf.
145.22 The resolution must specify the types of action or actions that the CHS administrator is
145.23 authorized to take on behalf of the board.
145.24 Subd. 2a. **Appointment of medical consultant.** The community health board shall
145.25 appoint, employ, or contract with a medical consultant to ensure appropriate medical
145.26 advice and direction for the community health board and assist the board and its staff in
145.27 the coordination of community health services with local medical care and other health
145.28 services.
145.29 Subd. 3. **Employment; ~~medical consultant~~ employees.** (a) A community health
145.30 board ~~of health may establish a health department or other administrative agency and~~ may
145.31 employ persons as necessary to carry out its duties.
145.32 (b) Except where prohibited by law, employees of the community health board
145.33 ~~of health~~ may act as its agents.
145.34 (c) ~~Employees of the board of health are subject to any personnel administration~~
145.35 ~~rules adopted by a city council or county board forming the board of health unless the~~
145.36 ~~employees of the board are within the scope of a statewide personnel administration~~

~~system.~~ Persons employed by a county, city, or the state whose functions and duties are assumed by a community health board shall become employees of the board without loss in benefits, salaries, or rights.

~~(d) The board of health may appoint, employ, or contract with a medical consultant to receive appropriate medical advice and direction.~~

Subd. 4. **Acquisition of property; request for and acceptance of funds; collection of fees.** (a) A community health board ~~of health~~ may acquire and hold in the name of the county or city the lands, buildings, and equipment necessary for the purposes of sections 145A.03 to 145A.131. It may do so by any lawful means, including gifts, purchase, lease, or transfer of custodial control.

(b) A community health board ~~of health~~ may accept gifts, grants, and subsidies from any lawful source, apply for and accept state and federal funds, and request and accept local tax funds.

(c) A community health board ~~of health~~ may establish and collect reasonable fees for performing its duties and providing community health services.

(d) With the exception of licensing and inspection activities, access to community health services provided by or on contract with the community health board ~~of health~~ must not be denied to an individual or family because of inability to pay.

Subd. 5. **Contracts.** To improve efficiency, quality, and effectiveness, avoid unnecessary duplication, and gain cost advantages, a community health board ~~of health~~ may contract to provide, receive, or ensure provision of services.

Subd. 6. **Investigation; reporting and control of communicable diseases.** A community health board ~~of health~~ shall make investigations, or coordinate with any county board or city council within its jurisdiction to make investigations and reports and obey instructions on the control of communicable diseases as the commissioner may direct under section 144.12, 145A.06, subdivision 2, or 145A.07. Community health boards ~~of health~~must cooperate so far as practicable to act together to prevent and control epidemic diseases.

Subd. 6a. **Minnesota Responds Medical Reserve Corps; planning.** A community health board ~~of health~~ receiving funding for emergency preparedness or pandemic influenza planning from the state or from the United States Department of Health and Human Services shall participate in planning for emergency use of volunteer health professionals through the Minnesota Responds Medical Reserve Corps program of the Department of Health. A community health board ~~of health~~ shall collaborate on volunteer planning with other public and private partners, including but not limited to local or

regional health care providers, emergency medical services, hospitals, tribal governments, state and local emergency management, and local disaster relief organizations.

Subd. 6b. **Minnesota Responds Medical Reserve Corps; agreements.** A community health board ~~of health~~, county, or city participating in the Minnesota Responds Medical Reserve Corps program may enter into written mutual aid agreements for deployment of its paid employees and its Minnesota Responds Medical Reserve Corps volunteers with other community health boards ~~of health~~, other political subdivisions within the state, or with tribal governments within the state. A community health board ~~of health~~ may also enter into agreements with the Indian Health Services of the United States Department of Health and Human Services, and with boards of health, political subdivisions, and tribal governments in bordering states and Canadian provinces.

Subd. 6c. **Minnesota Responds Medical Reserve Corps; when mobilized.** When a community health board ~~of health~~, county, or city finds that the prevention, mitigation, response to, or recovery from an actual or threatened public health event or emergency exceeds its local capacity, it shall use available mutual aid agreements. If the event or emergency exceeds mutual aid capacities, a community health board ~~of health~~, county, or city may request the commissioner of health to mobilize Minnesota Responds Medical Reserve Corps volunteers from outside the jurisdiction of the community health board ~~of health~~, county, or city.

Subd. 6d. **Minnesota Responds Medical Reserve Corps; liability coverage.** A Minnesota Responds Medical Reserve Corps volunteer responding to a request for training or assistance at the call of a community health board ~~of health~~, county, or city must be deemed an employee of the jurisdiction for purposes of workers' compensation, tort claim defense, and indemnification.

Subd. 7. **Entry for inspection.** To enforce public health laws, ordinances or rules, a member or agent of a community health board ~~of health~~, county, or city may enter a building, conveyance, or place where contagion, infection, filth, or other source or cause of preventable disease exists or is reasonably suspected.

Subd. 8. **Removal and abatement of public health nuisances.** (a) If a threat to the public health such as a public health nuisance, source of filth, or cause of sickness is found on any property, the community health board ~~of health~~, county, city, or its agent shall order the owner or occupant of the property to remove or abate the threat within a time specified in the notice but not longer than ten days. Action to recover costs of enforcement under this subdivision must be taken as prescribed in section 145A.08.

(b) Notice for abatement or removal must be served on the owner, occupant, or agent of the property in one of the following ways:

148.1 (1) by registered or certified mail;
148.2 (2) by an officer authorized to serve a warrant; or
148.3 (3) by a person aged 18 years or older who is not reasonably believed to be a party to
148.4 any action arising from the notice.
148.5 (c) If the owner of the property is unknown or absent and has no known representative
148.6 upon whom notice can be served, the community health board of health, county, or city,
148.7 or its agent, shall post a written or printed notice on the property stating that, unless the
148.8 threat to the public health is abated or removed within a period not longer than ten days,
148.9 the community health board, county, or city will have the threat abated or removed at the
148.10 expense of the owner under section 145A.08 or other applicable state or local law.
148.11 (d) If the owner, occupant, or agent fails or neglects to comply with the requirement
148.12 of the notice provided under paragraphs (b) and (c), then the community health board of
148.13 health, county, city, or its a designated agent of the board, county, or city shall remove or
148.14 abate the nuisance, source of filth, or cause of sickness described in the notice from the
148.15 property.
148.16 Subd. 9. **Injunctive relief.** In addition to any other remedy provided by law, the
148.17 community health board of health, county, or city may bring an action in the court of
148.18 appropriate jurisdiction to enjoin a violation of statute, rule, or ordinance that the board
148.19 has power to enforce, or to enjoin as a public health nuisance any activity or failure to
148.20 act that adversely affects the public health.
148.21 Subd. 10. **Hindrance of enforcement prohibited; penalty.** It is a misdemeanor
148.22 deliberately to deliberately hinder a member of a community health board of health,
148.23 county or city, or its agent from entering a building, conveyance, or place where contagion,
148.24 infection, filth, or other source or cause of preventable disease exists or is reasonably
148.25 suspected, or otherwise to interfere with the performance of the duties of the board of
148.26 health responsible jurisdiction.
148.27 Subd. 11. **Neglect of enforcement prohibited; penalty.** It is a misdemeanor for
148.28 a member or agent of a community health board of health, county, or city to refuse or
148.29 neglect to perform a duty imposed on a board of health an applicable jurisdiction by
148.30 statute or ordinance.
148.31 Subd. 12. **Other powers and duties established by law.** This section does not limit
148.32 powers and duties of a community health board of health, county, or city prescribed in
148.33 other sections.
148.34 Subd. 13. **Recommended legislation.** The community health board may recommend
148.35 local ordinances pertaining to community health services to any county board or city

149.1 council within its jurisdiction and advise the commissioner on matters relating to public
149.2 health that require assistance from the state, or that may be of more than local interest.

149.3 Subd. 14. **Equal access to services.** The community health board must ensure that
149.4 community health services are accessible to all persons on the basis of need. No one shall
149.5 be denied services because of race, color, sex, age, language, religion, nationality, inability
149.6 to pay, political persuasion, or place of residence.

149.7 Subd. 15. **State and local advisory committees.** (a) A state community
149.8 health services advisory committee is established to advise, consult with, and make
149.9 recommendations to the commissioner on the development, maintenance, funding, and
149.10 evaluation of local public health services. Each community health board may appoint a
149.11 member to serve on the committee. The committee must meet at least quarterly, and
149.12 special meetings may be called by the committee chair or a majority of the members.
149.13 Members or their alternates may be reimbursed for travel and other necessary expenses
149.14 while engaged in their official duties.

149.15 (b) Notwithstanding section 15.059, the State Community Health Services Advisory
149.16 Committee does not expire.

149.17 (c) The city boards or county boards that have established or are members of a
149.18 community health board may appoint a community health advisory to advise, consult
149.19 with, and make recommendations to the community health board on the duties under
149.20 subdivision 1a.

149.21 Sec. 15. Minnesota Statutes 2012, section 145A.05, subdivision 2, is amended to read:

149.22 Subd. 2. **Animal control.** In addition to powers under sections 35.67 to 35.69, a
149.23 county board, city council, or municipality may adopt ordinances to issue licenses or
149.24 otherwise regulate the keeping of animals, to restrain animals from running at large, to
149.25 authorize the impounding and sale or summary destruction of animals, and to establish
149.26 pounds.

149.27 Sec. 16. Minnesota Statutes 2012, section 145A.06, subdivision 2, is amended to read:

149.28 Subd. 2. **Supervision of local enforcement.** (a) In the absence of provision for a
149.29 community health board ~~of health~~, the commissioner may appoint three or more persons
149.30 to act as a board until one is established. The commissioner may fix their compensation,
149.31 which the county or city must pay.

149.32 (b) The commissioner by written order may require any two or more community
149.33 health boards ~~of health~~, counties, or cities to act together to prevent or control epidemic
149.34 diseases.

150.1 (c) If a community health board, county, or city fails to comply with section 145A.04,
150.2 subdivision 6, the commissioner may employ medical and other help necessary to control
150.3 communicable disease at the expense of the ~~board of health~~ jurisdiction involved.
150.4 (d) If the commissioner has reason to believe that the provisions of this chapter have
150.5 been violated, the commissioner shall inform the attorney general and submit information
150.6 to support the belief. The attorney general shall institute proceedings to enforce the
150.7 provisions of this chapter or shall direct the county attorney to institute proceedings.

150.8 Sec. 17. Minnesota Statutes 2012, section 145A.06, is amended by adding a
150.9 subdivision to read:
150.10 Subd. 3a. **Assistance to community health boards.** The commissioner shall help
150.11 and advise community health boards that ask for assistance in developing, administering,
150.12 and carrying out public health services and programs. This assistance may consist of,
150.13 but is not limited to:
150.14 (1) informational resources, consultation, and training to assist community health
150.15 boards plan, develop, integrate, provide, and evaluate community health services; and
150.16 (2) administrative and program guidelines and standards developed with the advice
150.17 of the State Community Health Services Advisory Committee.

150.18 Sec. 18. Minnesota Statutes 2012, section 145A.06, is amended by adding a
150.19 subdivision to read:
150.20 Subd. 3b. **Personnel standards.** In accordance with chapter 14, and in consultation
150.21 with the State Community Health Services Advisory Committee, the commissioner
150.22 may adopt rules to set standards for administrative and program personnel to ensure
150.23 competence in administration and planning.

150.24 Sec. 19. Minnesota Statutes 2012, section 145A.06, subdivision 5, is amended to read:
150.25 Subd. 5. **Deadly infectious diseases.** The commissioner shall promote measures
150.26 aimed at preventing businesses from facilitating sexual practices that transmit deadly
150.27 infectious diseases by providing technical advice to community health boards ~~of health~~
150.28 to assist them in regulating these practices or closing establishments that constitute
150.29 a public health nuisance.

150.30 Sec. 20. Minnesota Statutes 2012, section 145A.06, is amended by adding a
150.31 subdivision to read:

Subd. 5a. **System-level performance management.** To improve public health and ensure the integrity and accountability of the statewide local public health system, the commissioner, in consultation with the State Community Health Services Advisory Committee, shall develop performance measures and implement a process to monitor statewide outcomes and performance improvement.

Sec. 21. Minnesota Statutes 2012, section 145A.06, subdivision 6, is amended to read:

Subd. 6. **Health volunteer program.** (a) The commissioner may accept grants from the United States Department of Health and Human Services for the emergency system for the advanced registration of volunteer health professionals (ESAR-VHP) established under United States Code, title 42, section 247d-7b. The ESAR-VHP program as implemented in Minnesota is known as the Minnesota Responds Medical Reserve Corps.

(b) The commissioner may maintain a registry of volunteers for the Minnesota Responds Medical Reserve Corps and obtain data on volunteers relevant to possible deployments within and outside the state. All state licensing and certifying boards shall cooperate with the Minnesota Responds Medical Reserve Corps and shall verify volunteers' information. The commissioner may also obtain information from other states and national licensing or certifying boards for health practitioners.

(c) The commissioner may share volunteers' data, including any data classified as private data, from the Minnesota Responds Medical Reserve Corps registry with community health boards ~~of health~~, cities or counties, the University of Minnesota's Academic Health Center or other public or private emergency preparedness partners, or tribal governments operating Minnesota Responds Medical Reserve Corps units as needed for credentialing, organizing, training, and deploying volunteers. Upon request of another state participating in the ESAR-VHP or of a Canadian government administering a similar health volunteer program, the commissioner may also share the volunteers' data as needed for emergency preparedness and response.

Sec. 22. Minnesota Statutes 2013 Supplement, section 145A.06, subdivision 7, is amended to read:

Subd. 7. **Commissioner requests for health volunteers.** (a) When the commissioner receives a request for health volunteers from:

(1) a ~~local board of health~~ community health board, county, or city according to section 145A.04, subdivision 6c;

(2) the University of Minnesota Academic Health Center;

152.1 (3) another state or a territory through the Interstate Emergency Management
152.2 Assistance Compact authorized under section 192.89;
152.3 (4) the federal government through ESAR-VHP or another similar program; or
152.4 (5) a tribal or Canadian government;

152.5 the commissioner shall determine if deployment of Minnesota Responds Medical Reserve
152.6 Corps volunteers from outside the requesting jurisdiction is in the public interest. If so,
152.7 the commissioner may ask for Minnesota Responds Medical Reserve Corps volunteers to
152.8 respond to the request. The commissioner may also ask for Minnesota Responds Medical
152.9 Reserve Corps volunteers if the commissioner finds that the state needs health volunteers.
152.10 (b) The commissioner may request Minnesota Responds Medical Reserve Corps
152.11 volunteers to work on the Minnesota Mobile Medical Unit (MMU), or on other mobile
152.12 or temporary units providing emergency patient stabilization, medical transport, or
152.13 ambulatory care. The commissioner may utilize the volunteers for training, mobilization
152.14 or demobilization, inspection, maintenance, repair, or other support functions for the
152.15 MMU facility or for other emergency units, as well as for provision of health care services.
152.16 (c) A volunteer's rights and benefits under this chapter as a Minnesota Responds
152.17 Medical Reserve Corps volunteer is not affected by any vacation leave, pay, or other
152.18 compensation provided by the volunteer's employer during volunteer service requested by
152.19 the commissioner. An employer is not liable for actions of an employee while serving as a
152.20 Minnesota Responds Medical Reserve Corps volunteer.
152.21 (d) If the commissioner matches the request under paragraph (a) with Minnesota
152.22 Responds Medical Reserve Corps volunteers, the commissioner shall facilitate deployment
152.23 of the volunteers from the sending Minnesota Responds Medical Reserve Corps units to
152.24 the receiving jurisdiction. The commissioner shall track volunteer deployments and assist
152.25 sending and receiving jurisdictions in monitoring deployments, and shall coordinate
152.26 efforts with the division of homeland security and emergency management for out-of-state
152.27 deployments through the Interstate Emergency Management Assistance Compact or
152.28 other emergency management compacts.
152.29 (e) Where the commissioner has deployed Minnesota Responds Medical Reserve
152.30 Corps volunteers within or outside the state, the provisions of paragraphs (f) and (g) must
152.31 apply. Where Minnesota Responds Medical Reserve Corps volunteers were deployed
152.32 across jurisdictions by mutual aid or similar agreements prior to a commissioner's call,
152.33 the provisions of paragraphs (f) and (g) must apply retroactively to volunteers deployed
152.34 as of their initial deployment in response to the event or emergency that triggered a
152.35 subsequent commissioner's call.

153.1 (f)(1) A Minnesota Responds Medical Reserve Corps volunteer responding to a
153.2 request for training or assistance at the call of the commissioner must be deemed an
153.3 employee of the state for purposes of workers' compensation and tort claim defense and
153.4 indemnification under section 3.736, without regard to whether the volunteer's activity is
153.5 under the direction and control of the commissioner, the division of homeland security
153.6 and emergency management, the sending jurisdiction, the receiving jurisdiction, or of a
153.7 hospital, alternate care site, or other health care provider treating patients from the public
153.8 health event or emergency.

153.9 (2) For purposes of calculating workers' compensation benefits under chapter 176,
153.10 the daily wage must be the usual wage paid at the time of injury or death for similar services
153.11 performed by paid employees in the community where the volunteer regularly resides, or
153.12 the wage paid to the volunteer in the volunteer's regular employment, whichever is greater.

153.13 (g) The Minnesota Responds Medical Reserve Corps volunteer must receive
153.14 reimbursement for travel and subsistence expenses during a deployment approved by the
153.15 commissioner under this subdivision according to reimbursement limits established for
153.16 paid state employees. Deployment begins when the volunteer leaves on the deployment
153.17 until the volunteer returns from the deployment, including all travel related to the
153.18 deployment. The Department of Health shall initially review and pay those expenses to
153.19 the volunteer. Except as otherwise provided by the Interstate Emergency Management
153.20 Assistance Compact in section 192.89 or agreements made thereunder, the department
153.21 shall bill the jurisdiction receiving assistance and that jurisdiction shall reimburse the
153.22 department for expenses of the volunteers.

153.23 (h) In the event Minnesota Responds Medical Reserve Corps volunteers are
153.24 deployed outside the state pursuant to the Interstate Emergency Management Assistance
153.25 Compact, the provisions of the Interstate Emergency Management Assistance Compact
153.26 must control over any inconsistent provisions in this section.

153.27 (i) When a Minnesota Responds Medical Reserve Corps volunteer makes a claim
153.28 for workers' compensation arising out of a deployment under this section or out of a
153.29 training exercise conducted by the commissioner, the volunteer's workers compensation
153.30 benefits must be determined under section 176.011, subdivision 9, clause (25), even if the
153.31 volunteer may also qualify under other clauses of section 176.011, subdivision 9.

153.32 Sec. 23. Minnesota Statutes 2012, section 145A.07, subdivision 1, is amended to read:

153.33 Subdivision 1. **Agreements to perform duties of commissioner.** (a) The
153.34 commissioner of health may enter into an agreement with any <u>community health</u> board
153.35 ~~of health~~<u> or county or city that has an established delegation agreement as of January 1,</u>

154.1 2014, to delegate all or part of the licensing, inspection, reporting, and enforcement duties
154.2 authorized under sections 144.12; 144.381 to 144.387; 144.411 to 144.417; 144.71 to
154.3 144.74; 145A.04, subdivision 6; provisions of chapter 103I pertaining to construction,
154.4 repair, and abandonment of water wells; chapter 157; and sections 327.14 to 327.28.
154.5 (b) Agreements are subject to subdivision 3.
154.6 (c) This subdivision does not affect agreements entered into under Minnesota
154.7 Statutes 1986, section 145.031, 145.55, or 145.918, subdivision 2.

154.8 Sec. 24. Minnesota Statutes 2012, section 145A.07, subdivision 2, is amended to read:
154.9 Subd. 2. **Agreements to perform duties of community health board of health.**
154.10 A community health board of health may authorize a township board, city council, or
154.11 county board within its jurisdiction to establish a board of health under section 145A.03
154.12 and delegate to the board of health by agreement any powers or duties under sections
154.13 145A.04, 145A.07, subdivision 2, and 145A.08 carry out activities to fulfill community
154.14 health board responsibilities. An agreement to delegate community health board powers
154.15 and duties of a board of health to a county or city must be approved by the commissioner
154.16 and is subject to subdivision 3.

154.17 Sec. 25. Minnesota Statutes 2012, section 145A.08, is amended to read:
154.18 **145A.08 ASSESSMENT OF COSTS; TAX LEVY AUTHORIZED.**
154.19 Subdivision 1. **Cost of care.** A person who has or whose dependent or spouse has a
154.20 communicable disease that is subject to control by the community health board of health is
154.21 financially liable to the unit or agency of government that paid for the reasonable cost of
154.22 care provided to control the disease under section 145A.04, subdivision 6.
154.23 Subd. 2. **Assessment of costs of enforcement.** (a) If costs are assessed for
154.24 enforcement of section 145A.04, subdivision 8, and no procedure for the assessment
154.25 of costs has been specified in an agreement established under section 145A.07, the
154.26 enforcement costs must be assessed as prescribed in this subdivision.
154.27 (b) A debt or claim against an individual owner or single piece of real property
154.28 resulting from an enforcement action authorized by section 145A.04, subdivision 8, must
154.29 not exceed the cost of abatement or removal.
154.30 (c) The cost of an enforcement action under section 145A.04, subdivision 8, may be
154.31 assessed and charged against the real property on which the public health nuisance, source
154.32 of filth, or cause of sickness was located. The auditor of the county in which the action is
154.33 taken shall extend the cost so assessed and charged on the tax roll of the county against the
154.34 real property on which the enforcement action was taken.

(d) The cost of an enforcement action taken by a town or city ~~board of health~~ under section 145A.04, subdivision 8, may be recovered from the county in which the town or city is located if the city clerk or other officer certifies the costs of the enforcement action to the county auditor as prescribed in this section. Taxes equal to the full amount of the enforcement action but not exceeding the limit in paragraph (b) must be collected by the county treasurer and paid to the city or town as other taxes are collected and paid.

Subd. 3. **Tax levy authorized.** A city council or county board that has formed or is a member of a community health board ~~of health~~ may levy taxes on all taxable property in its jurisdiction to pay the cost of performing its duties under this chapter.

Sec. 26. Minnesota Statutes 2012, section 145A.11, subdivision 2, is amended to read:

Subd. 2. **Levying taxes.** In levying taxes authorized under section 145A.08, subdivision 3, a city council or county board that has formed or is a member of a community health board must consider the income and expenditures required to meet local public health priorities established under section ~~145A.10, subdivision 5a~~ 145A.04, subdivision 1a, clause (2), and statewide outcomes ~~established~~ under section ~~145A.12, subdivision 7~~ 145A.04, subdivision 1a, clause (1).

Sec. 27. Minnesota Statutes 2012, section 145A.131, is amended to read:

145A.131 LOCAL PUBLIC HEALTH GRANT.

Subdivision 1. **Funding formula for community health boards.** (a) Base funding for each community health board eligible for a local public health grant under section ~~145A.09, subdivision 2~~ 145A.03, subdivision 7, shall be determined by each community health board's fiscal year 2003 allocations, prior to unallotment, for the following grant programs: community health services subsidy; state and federal maternal and child health special projects grants; family home visiting grants; TANF MN ENABL grants; TANF youth risk behavior grants; and available women, infants, and children grant funds in fiscal year 2003, prior to unallotment, distributed based on the proportion of WIC participants served in fiscal year 2003 within the CHS service area.

(b) Base funding for a community health board eligible for a local public health grant under section ~~145A.09, subdivision 2~~ 145A.03, subdivision 7, as determined in paragraph (a), shall be adjusted by the percentage difference between the base, as calculated in paragraph (a), and the funding available for the local public health grant.

(c) Multicounty or multicity community health boards shall receive a local partnership base of up to $5,000 per year for each county or city in the case of a multicity community health board included in the community health board.

(d) The State Community Health Advisory Committee may recommend a formula to the commissioner to use in distributing state and federal funds to community health boards organized and operating under sections ~~145A.09~~ 145A.03 to 145A.131 to achieve locally identified priorities under section ~~145A.12, subdivision 7, by July 1, 2004~~ 145A.04, subdivision 1a, for use in distributing funds to community health boards beginning January 1, 2006, and thereafter.

Subd. 2. **Local match.** (a) A community health board that receives a local public health grant shall provide at least a 75 percent match for the state funds received through the local public health grant described in subdivision 1 and subject to paragraphs (b) to (d).

(b) Eligible funds must be used to meet match requirements. Eligible funds include funds from local property taxes, reimbursements from third parties, fees, other local funds, and donations or nonfederal grants that are used for community health services described in section 145A.02, subdivision 6.

(c) When the amount of local matching funds for a community health board is less than the amount required under paragraph (a), the local public health grant provided for that community health board under this section shall be reduced proportionally.

(d) A city organized under the provision of sections ~~145A.09~~ 145A.03 to 145A.131 that levies a tax for provision of community health services is exempt from any county levy for the same services to the extent of the levy imposed by the city.

Subd. 3. **Accountability.** (a) Community health boards accepting local public health grants must ~~document progress toward the statewide outcomes established in section 145A.12, subdivision 7, to maintain eligibility to receive the local public health grant.~~ meet all of the requirements and perform all of the duties described in sections 145A.03 and 145A.04, to maintain eligibility to receive the local public health grant.

~~(b) In determining whether or not the community health board is documenting progress toward statewide outcomes, the commissioner shall consider the following factors:~~

~~(1) whether the community health board has documented progress to meeting essential local activities related to the statewide outcomes, as specified in the grant agreement;~~

~~(2) the effort put forth by the community health board toward the selected statewide outcomes;~~

~~(3) whether the community health board has previously failed to document progress toward selected statewide outcomes under this section;~~

~~(4) the amount of funding received by the community health board to address the statewide outcomes; and~~

157.1 ~~(5) other factors as the commissioner may require, if the commissioner specifically~~
157.2 ~~identifies the additional factors in the commissioner's written notice of determination.~~
157.3 ~~(c) If the commissioner determines that a community health board has not by~~
157.4 ~~the applicable deadline documented progress toward the selected statewide outcomes~~
157.5 ~~established under section 145.8821 or 145A.12, subdivision 7, the commissioner shall~~
157.6 ~~notify the community health board in writing and recommend specific actions that the~~
157.7 ~~community health board should take over the following 12 months to maintain eligibility~~
157.8 ~~for the local public health grant.~~
157.9 ~~(d) During the 12 months following the written notification, the commissioner shall~~
157.10 ~~provide administrative and program support to assist the community health board in~~
157.11 ~~taking the actions recommended in the written notification.~~
157.12 ~~(e) If the community health board has not taken the specific actions recommended by~~
157.13 ~~the commissioner within 12 months following written notification, the commissioner may~~
157.14 ~~determine not to distribute funds to the community health board under section 145A.12,~~
157.15 ~~subdivision 2, for the next fiscal year.~~
157.16 ~~(f) If the commissioner determines not to distribute funds for the next fiscal year, the~~
157.17 ~~commissioner must give the community health board written notice of this determination~~
157.18 ~~and allow the community health board to appeal the determination in writing.~~
157.19 ~~(g) If the commissioner determines not to distribute funds for the next fiscal year~~
157.20 ~~to a community health board that has not documented progress toward the statewide~~
157.21 ~~outcomes and not taken the actions recommended by the commissioner, the commissioner~~
157.22 ~~may retain local public health grant funds that the community health board would have~~
157.23 ~~otherwise received and directly carry out essential local activities to meet the statewide~~
157.24 ~~outcomes, or contract with other units of government or community-based organizations~~
157.25 ~~to carry out essential local activities related to the statewide outcomes.~~
157.26 ~~(h) If the community health board that does not document progress toward the~~
157.27 ~~statewide outcomes is a city, the commissioner shall distribute the local public health~~
157.28 ~~funds that would have been allocated to that city to the county in which the city is located,~~
157.29 ~~if that county is part of a community health board.~~
157.30 ~~(i) The commissioner shall establish a reporting system by which community health~~
157.31 ~~boards will document their progress toward statewide outcomes. This system will be~~
157.32 ~~developed in consultation with the State Community Health Services Advisory Committee~~
157.33 ~~established in section 145A.10, subdivision 10, paragraph (a).~~
157.34 (b) By January 1 of each year, the commissioner shall notify community health
157.35 boards of the performance-related accountability requirements of the local public health
157.36 grant for that calendar year. Performance-related accountability requirements will be

comprised of a subset of the annual performance measures and will be selected in consultation with the State Community Health Services Advisory Committee.

(c) If the commissioner determines that a community health board has not met the accountability requirements, the commissioner shall notify the community health board in writing and recommend specific actions the community health board must take over the next six months in order to maintain eligibility for the Local Public Health Act grant.

(d) Following the written notification in paragraph (c), the commissioner shall provide administrative and program support to assist the community health board as required in section 145A.06, subdivision 3a.

(e) The commissioner shall provide the community health board two months following the written notification to appeal the determination in writing.

(f) If the community health board has not submitted an appeal within two months or has not taken the specific actions recommended by the commissioner within six months following written notification, the commissioner may elect to not reimburse invoices for funds submitted after the six-month compliance period and shall reduce by 1/12 the community health board's annual award allocation for every successive month of noncompliance.

(g) The commissioner may retain the amount of funding that would have been allocated to the community health board and assume responsibility for public health activities in the geographic area served by the community health board.

Subd. 4. **Responsibility of commissioner to ensure a statewide public health system.** ~~If a county withdraws from a community health board and operates as a board of health or~~ If a community health board elects not to accept the local public health grant, the commissioner may retain the amount of funding that would have been allocated to the community health board ~~using the formula described in subdivision 1~~ and assume responsibility for public health activities ~~to meet the statewide outcomes~~ in the geographic area served ~~by the board of health or community health board~~. The commissioner may elect to directly provide public health activities ~~to meet the statewide outcomes~~ or contract with other units of government or with community-based organizations. If a city that is currently a community health board withdraws from a community health board or elects not to accept the local public health grant, the local public health grant funds that would have been allocated to that city shall be distributed to the county in which the city is located~~, if the county is part of a community health board~~.

Subd. 5. ~~**Local public health priorities**~~ **Use of funds.** Community health boards may use their local public health grant ~~to address local public health priorities identified under section 145A.10, subdivision 5a.~~ funds to address the areas of public health

159.1 responsibility and local priorities developed through the community health assessment and
159.2 community health improvement planning process.

159.3 Sec. 28. **REVISOR'S INSTRUCTION.**

159.4 (a) The revisor shall change the terms "board of health" or "local board of health" or
159.5 any derivative of those terms to "community health board" where it appears in Minnesota
159.6 Statutes, sections 13.3805, subdivision 1, paragraph (b); 13.46, subdivision 2, paragraph
159.7 (a), clause (24); 35.67; 35.68; 38.02, subdivision 1, paragraph (b), clause (1); 121A.15,
159.8 subdivisions 7 and 8; 144.055, subdivision 1; 144.065; 144.12, subdivision 1; 144.255,
159.9 subdivision 2a; 144.3351; 144.383; 144.417, subdivision 3; 144.4172, subdivision
159.10 6; 144.4173, subdivision 2; 144.4174; 144.49, subdivision 1; 144.6581; 144A.471,
159.11 subdivision 9, clause (19); 145.9255, subdivision 2; 175.35; 308A.201, subdivision 14;
159.12 375A.04, subdivision 1; and 412.221, subdivision 22, paragraph (c).

159.13 (b) The revisor shall change the cross-reference from "145A.02, subdivision 2"
159.14 to "145A.02, subdivision 5" where it appears in Minnesota Statutes, sections 13.3805,
159.15 subdivision 1, paragraph (b); 13.46, subdivision 2, paragraph (a), clause (24); 35.67; 35.68;
159.16 38.02, subdivision 1, paragraph (b), clause (1); 121A.15, subdivisions 7 and 8; 144.055,
159.17 subdivision 1; 144.065; 144.12, subdivision 1; 144.225, subdivision 2a; 144.3351;
159.18 144.383; 144.417, subdivision 3; 144.4172, subdivision 6; 144.4173, subdivision 2;
159.19 144.4174; 144.49, subdivision 1; 144A.471, subdivision 9, clause (19); 175.35; 308A.201,
159.20 subdivision 14; 375A.04, subdivision 1; and 412.221, subdivision 22, paragraph (c).

159.21 Sec. 29. **REPEALER.**

159.22 Minnesota Statutes 2012, sections 145A.02, subdivision 2; 145A.03, subdivisions
159.23 3 and 6; 145A.09, subdivisions 1, 2, 3, 4, 5, and 7; 145A.10, subdivisions 1, 2, 3, 4,
159.24 5a, 7, 9, and 10; and 145A.12, subdivisions 1, 2, and 7, are repealed. The revisor shall
159.25 remove cross-references to these repealed sections and make changes necessary to correct
159.26 punctuation, grammar, or structure of the remaining text.

159.27 **ARTICLE 8**

159.28 **CONTINUING CARE**

159.29 Section 1. Minnesota Statutes 2013 Supplement, section 245D.071, subdivision 1,
159.30 is amended to read:

159.31 Subdivision 1. **Requirements for intensive support services.** Except for services
159.32 identified in section 245D.03, subdivision 1, paragraph (c), clauses (1) and (2), a license
159.33 holder providing intensive support services identified in section 245D.03, subdivision 1,

160.1 paragraph (c), must comply with the requirements in this section and section 245D.07,
160.2 subdivisions 1 and 3. Services identified in section 245D.03, subdivision 1, paragraph (c),
160.3 clauses (1) and (2), must comply with the requirements in section 245D.07, subdivision 2.

160.4 Sec. 2. Minnesota Statutes 2013 Supplement, section 245D.071, subdivision 4, is
160.5 amended to read:

160.6 Subd. 4. **Service outcomes and supports.** (a) Within ten working days of the
160.7 45-day meeting, the license holder must develop and document the service outcomes and
160.8 supports based on the assessments completed under subdivision 3 and the requirements
160.9 in section 245D.07, subdivision 1a. The outcomes and supports must be included in the
160.10 coordinated service and support plan addendum.

160.11 (b) The license holder must document the supports and methods to be implemented
160.12 to support the accomplishment of outcomes related to acquiring, retaining, or improving
160.13 skills. The documentation must include:

160.14 (1) the methods or actions that will be used to support the person and to accomplish
160.15 the service outcomes, including information about:

160.16 (i) any changes or modifications to the physical and social environments necessary
160.17 when the service supports are provided;

160.18 (ii) any equipment and materials required; and

160.19 (iii) techniques that are consistent with the person's communication mode and
160.20 learning style;

160.21 (2) the measurable and observable criteria for identifying when the desired outcome
160.22 has been achieved and how data will be collected;

160.23 (3) the projected starting date for implementing the supports and methods and
160.24 the date by which progress towards accomplishing the outcomes will be reviewed and
160.25 evaluated; and

160.26 (4) the names of the staff or position responsible for implementing the supports
160.27 and methods.

160.28 (c) Within 20 working days of the 45-day meeting, the license holder must submit
160.29 to and obtain dated signatures from the person or the person's legal representative and
160.30 case manager to document completion and approval of the assessment and coordinated
160.31 service and support plan addendum. If, within ten working days of the submission of the
160.32 assessment or coordinated service and support plan addendum, the person or the person's
160.33 legal representative or case manager has not signed and returned to the license holder the
160.34 assessment and coordinated service and support plan addendum or has not proposed
160.35 written modifications to the license holder's submission, the submission is deemed

approved and the assessment and coordinated service and support plan addendum become effective and remain in effect until the legal representative or case manager submits a written request to revise the assessment or coordinated service and support plan addendum.

Sec. 3. Minnesota Statutes 2013 Supplement, section 245D.09, subdivision 4, is amended to read:

Subd. 4. **Orientation to program requirements.** Except for a license holder who does not supervise any direct support staff, within 60 calendar days of hire, unless stated otherwise, the license holder must provide and ensure completion of ten hours of orientation for direct support staff providing basic services and 30 hours of orientation for direct support staff providing intensive services that combines supervised on-the-job training with review of and instruction in the following areas:

(1) the job description and how to complete specific job functions, including:

(i) responding to and reporting incidents as required under section 245D.06, subdivision 1; and

(ii) following safety practices established by the license holder and as required in section 245D.06, subdivision 2;

(2) the license holder's current policies and procedures required under this chapter, including their location and access, and staff responsibilities related to implementation of those policies and procedures;

(3) data privacy requirements according to sections 13.01 to 13.10 and 13.46, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and staff responsibilities related to complying with data privacy practices;

(4) the service recipient rights and staff responsibilities related to ensuring the exercise and protection of those rights according to the requirements in section 245D.04;

(5) sections 245A.65, 245A.66, 626.556, and 626.557, governing maltreatment reporting and service planning for children and vulnerable adults, and staff responsibilities related to protecting persons from maltreatment and reporting maltreatment. This orientation must be provided within 72 hours of first providing direct contact services and annually thereafter according to section 245A.65, subdivision 3;

(6) the principles of person-centered service planning and delivery as identified in section 245D.07, subdivision 1a, and how they apply to direct support service provided by the staff person; ~~and~~

(7) the safe and correct use of manual restraint on an emergency basis according to the requirements in section 245D.061 and what constitutes the use of restraints, time out, and seclusion, including chemical restraint;

162.1 (8) staff responsibilities related to prohibited procedures under section 245D.06,
162.2 subdivision 5, why such procedures are not effective for reducing or eliminating symptoms
162.3 or undesired behavior, and why such procedures are not safe;
162.4 (9) basic first aid; and
162.5 (10) other topics as determined necessary in the person's coordinated service and
162.6 support plan by the case manager or other areas identified by the license holder.

162.7 Sec. 4. Minnesota Statutes 2013 Supplement, section 245D.09, subdivision 4a, is
162.8 amended to read:
162.9 Subd. 4a. **Orientation to individual service recipient needs.** (a) Before having
162.10 unsupervised direct contact with a person served by the program, or for whom the staff
162.11 person has not previously provided direct support, or any time the plans or procedures
162.12 identified in paragraphs (b) to ~~(f)~~ (e) are revised, the staff person must review and receive
162.13 instruction on the requirements in paragraphs (b) to ~~(f)~~ (e) as they relate to the staff
162.14 person's job functions for that person.
162.15 (b) For community residential services, training and competency evaluations must
162.16 include the following, if identified in the coordinated service and support plan:
162.17 (1) appropriate and safe techniques in personal hygiene and grooming, including
162.18 hair care; bathing; care of teeth, gums, and oral prosthetic devices; and other activities of
162.19 daily living (ADLs) as defined under section 256B.0659, subdivision 1;
162.20 (2) an understanding of what constitutes a healthy diet according to data from the
162.21 Centers for Disease Control and Prevention and the skills necessary to prepare that diet; and
162.22 (3) skills necessary to provide appropriate support in instrumental activities of daily
162.23 living (IADLs) as defined under section 256B.0659, subdivision 1~~; and~~
162.24 ~~(4) demonstrated competence in providing first aid~~.
162.25 (c) The staff person must review and receive instruction on the person's coordinated
162.26 service and support plan or coordinated service and support plan addendum as it relates
162.27 to the responsibilities assigned to the license holder, and when applicable, the person's
162.28 individual abuse prevention plan, to achieve and demonstrate an understanding of the
162.29 person as a unique individual, and how to implement those plans.
162.30 (d) The staff person must review and receive instruction on medication
162.31 administration procedures established for the person when medication administration is
162.32 assigned to the license holder according to section 245D.05, subdivision 1, paragraph
162.33 (b). Unlicensed staff may administer medications only after successful completion of a
162.34 medication administration training, from a training curriculum developed by a registered
162.35 nurse, clinical nurse specialist in psychiatric and mental health nursing, certified nurse

practitioner, physician's assistant, or physician. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures.

Medication administration must be taught by a registered nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician if, at the time of service initiation or any time thereafter, the person has or develops a health care condition that affects the service options available to the person because the condition requires:

(1) specialized or intensive medical or nursing supervision; and

(2) nonmedical service providers to adapt their services to accommodate the health and safety needs of the person.

(e) The staff person must review and receive instruction on the safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life-threatening without proper use of the medical equipment, including but not limited to ventilators, feeding tubes, or endotracheal tubes. The training must be provided by a licensed health care professional or a manufacturer's representative and incorporate an observed skill assessment to ensure staff demonstrate the ability to safely and correctly operate the equipment according to the treatment orders and the manufacturer's instructions.

(f) ~~The staff person must review and receive instruction on what constitutes use of restraints, time out, and seclusion, including chemical restraint, and staff responsibilities related to the prohibitions of their use according to the requirements in section 245D.06, subdivision 5, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior and why they are not safe, and the safe and correct use of manual restraint on an emergency basis according to the requirements in section 245D.061.~~

~~(g)~~ In the event of an emergency service initiation, the license holder must ensure the training required in this subdivision occurs within 72 hours of the direct support staff person first having unsupervised contact with the person receiving services. The license holder must document the reason for the unplanned or emergency service initiation and maintain the documentation in the person's service recipient record.

~~(h)~~ (g) License holders who provide direct support services themselves must complete the orientation required in subdivision 4, clauses (3) to ~~(7)~~ (10).

Sec. 5. Minnesota Statutes 2013 Supplement, section 245D.09, subdivision 5, is amended to read:

Subd. 5. **Annual training.** A license holder must provide annual training to direct support staff on the topics identified in subdivision 4, clauses (3) to ~~(7), and subdivision~~

~~4a~~ (10). A license holder must provide a minimum of 24 hours of annual training to direct service staff ~~with~~ providing intensive services and having fewer than five years of documented experience and 12 hours of annual training to direct service staff ~~with~~ providing intensive services and having five or more years of documented experience in topics described in subdivisions 4 and 4a, paragraphs (a) to ~~(h)~~ (g). Training on relevant topics received from sources other than the license holder may count toward training requirements. A license holder must provide a minimum of 12 hours of annual training to direct service staff providing basic services and having fewer than five years of documented experience and six hours of annual training to direct service staff providing basic services and having five or more years of documented experience.

Sec. 6. Minnesota Statutes 2012, section 256B.0659, subdivision 11, is amended to read:

Subd. 11. **Personal care assistant; requirements.** (a) A personal care assistant must meet the following requirements:

(1) be at least 18 years of age with the exception of persons who are 16 or 17 years of age with these additional requirements:

(i) supervision by a qualified professional every 60 days; and

(ii) employment by only one personal care assistance provider agency responsible for compliance with current labor laws;

(2) be employed by a personal care assistance provider agency;

(3) enroll with the department as a personal care assistant after clearing a background study. Except as provided in subdivision 11a, before a personal care assistant provides services, the personal care assistance provider agency must initiate a background study on the personal care assistant under chapter 245C, and the personal care assistance provider agency must have received a notice from the commissioner that the personal care assistant is:

(i) not disqualified under section 245C.14; or

(ii) is disqualified, but the personal care assistant has received a set aside of the disqualification under section 245C.22;

(4) be able to effectively communicate with the recipient and personal care assistance provider agency;

(5) be able to provide covered personal care assistance services according to the recipient's personal care assistance care plan, respond appropriately to recipient needs, and report changes in the recipient's condition to the supervising qualified professional or physician;

(6) not be a consumer of personal care assistance services;

165.1 (7) maintain daily written records including, but not limited to, time sheets under
165.2 subdivision 12;

165.3 (8) effective January 1, 2010, complete standardized training as determined
165.4 by the commissioner before completing enrollment. The training must be available
165.5 in languages other than English and to those who need accommodations due to
165.6 disabilities. Personal care assistant training must include successful completion of the
165.7 following training components: basic first aid, vulnerable adult, child maltreatment,
165.8 OSHA universal precautions, basic roles and responsibilities of personal care assistants
165.9 including information about assistance with lifting and transfers for recipients, emergency
165.10 preparedness, orientation to positive behavioral practices, fraud issues, and completion of
165.11 time sheets. Upon completion of the training components, the personal care assistant must
165.12 demonstrate the competency to provide assistance to recipients;

165.13 (9) complete training and orientation on the needs of the recipient; and

165.14 (10) be limited to providing and being paid for up to 275 hours per month of personal
165.15 care assistance services regardless of the number of recipients being served or the number
165.16 of personal care assistance provider agencies enrolled with. The number of hours worked
165.17 per day shall not be disallowed by the department unless in violation of the law.

165.18 (b) A legal guardian may be a personal care assistant if the guardian is not being paid
165.19 for the guardian services and meets the criteria for personal care assistants in paragraph (a).

165.20 (c) Persons who do not qualify as a personal care assistant include parents,
165.21 stepparents, and legal guardians of minors; spouses; paid legal guardians of adults; family
165.22 foster care providers, except as otherwise allowed in section 256B.0625, subdivision 19a;
165.23 and staff of a residential setting. ~~When the personal care assistant is a relative of the~~
165.24 ~~recipient, the commissioner shall pay 80 percent of the provider rate. This rate reduction is~~
165.25 ~~effective July 1, 2013. For purposes of this section, relative means the parent or adoptive~~
165.26 ~~parent of an adult child, a sibling aged 16 years or older, an adult child, a grandparent, or~~
165.27 ~~a grandchild.~~

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

165.29 Sec. 7. Minnesota Statutes 2012, section 256B.0659, subdivision 28, is amended to read:

165.30 Subd. 28. **Personal care assistance provider agency; required documentation.**
165.31 (a) Required documentation must be completed and kept in the personal care assistance
165.32 provider agency file or the recipient's home residence. The required documentation
165.33 consists of:

165.34 (1) employee files, including:

165.35 (i) applications for employment;

166.1 (ii) background study requests and results;
166.2 (iii) orientation records about the agency policies;
166.3 (iv) trainings completed with demonstration of competence;
166.4 (v) supervisory visits;
166.5 (vi) evaluations of employment; and
166.6 (vii) signature on fraud statement;
166.7 (2) recipient files, including:
166.8 (i) demographics;
166.9 (ii) emergency contact information and emergency backup plan;
166.10 (iii) personal care assistance service plan;
166.11 (iv) personal care assistance care plan;
166.12 (v) month-to-month service use plan;
166.13 (vi) all communication records;
166.14 (vii) start of service information, including the written agreement with recipient; and
166.15 (viii) date the home care bill of rights was given to the recipient;
166.16 (3) agency policy manual, including:
166.17 (i) policies for employment and termination;
166.18 (ii) grievance policies with resolution of consumer grievances;
166.19 (iii) staff and consumer safety;
166.20 (iv) staff misconduct; and
166.21 (v) staff hiring, service delivery, staff and consumer safety, staff misconduct, and
166.22 resolution of consumer grievances;
166.23 (4) time sheets for each personal care assistant along with completed activity sheets
166.24 for each recipient served; and
166.25 (5) agency marketing and advertising materials and documentation of marketing
166.26 activities and costs; and.
166.27 ~~(6) for each personal care assistant, whether or not the personal care assistant is~~
166.28 ~~providing care to a relative as defined in subdivision 11.~~
166.29 (b) The commissioner may assess a fine of up to $500 on provider agencies that do
166.30 not consistently comply with the requirements of this subdivision.

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

166.32 Sec. 8. Minnesota Statutes 2013 Supplement, section 256B.0922, subdivision 1,
166.33 is amended to read:
166.34 Subdivision 1. **Essential community supports.** (a) The purpose of the essential
166.35 community supports program is to provide targeted services to persons age 65 and older

167.1 who need essential community support, but whose needs do not meet the level of care
167.2 required for nursing facility placement under section 144.0724, subdivision 11.

167.3 (b) Essential community supports are available not to exceed $400 per person per
167.4 month. Essential community supports may be used as authorized within an authorization
167.5 period not to exceed 12 months. Services must be available to a person who:

167.6 (1) is age 65 or older;

167.7 (2) is not eligible for medical assistance;

167.8 (3) has received a community assessment under section 256B.0911, subdivision 3a
167.9 or 3b, and does not require the level of care provided in a nursing facility;

167.10 (4) meets the financial eligibility criteria for the alternative care program under
167.11 section 256B.0913, subdivision 4;

167.12 (5) has a community support plan; and

167.13 (6) has been determined by a community assessment under section 256B.0911,
167.14 subdivision 3a or 3b, to be a person who would require provision of at least one of the
167.15 following services, as defined in the approved elderly waiver plan, in order to maintain
167.16 their community residence:

167.17 (i) adult day services;

167.18 (ii) caregiver support;

167.19 ~~(ii)~~ (iii) homemaker support;

167.20 ~~(iii)~~ (iv) chores;

167.21 ~~(iv)~~ (v) a personal emergency response device or system;

167.22 ~~(v)~~ (vi) home-delivered meals; or

167.23 ~~(vi)~~ (vii) community living assistance as defined by the commissioner.

167.24 (c) The person receiving any of the essential community supports in this subdivision
167.25 must also receive service coordination, not to exceed $600 in a 12-month authorization
167.26 period, as part of their community support plan.

167.27 (d) A person who has been determined to be eligible for essential community
167.28 supports must be reassessed at least annually and continue to meet the criteria in paragraph
167.29 (b) to remain eligible for essential community supports.

167.30 (e) The commissioner is authorized to use federal matching funds for essential
167.31 community supports as necessary and to meet demand for essential community supports
167.32 as outlined in subdivision 2, and that amount of federal funds is appropriated to the
167.33 commissioner for this purpose.

167.34 Sec. 9. Minnesota Statutes 2013 Supplement, section 256B.4912, subdivision 10,
167.35 is amended to read:

Subd. 10. **Enrollment requirements.** ~~All~~ (a) Except as provided in paragraph (b), the following home and community-based waiver providers must provide, at the time of enrollment and within 30 days of a request, in a format determined by the commissioner, information and documentation that includes~~, but is not limited to, the following:~~

~~(1) proof of surety bond coverage in the amount of $50,000 or ten percent of the provider's payments from Medicaid in the previous calendar year, whichever is greater;~~

~~(2) proof of fidelity bond coverage in the amount of $20,000; and~~

~~(3)~~ proof of liability insurance~~.~~:

(1) waiver services providers required to meet the provider standards in chapter 245D;

(2) foster care providers whose services are funded by the elderly waiver or alternative care program;

(3) fiscal support entities;

(4) adult day care providers;

(5) providers of customized living services; and

(6) residential care providers.

(b) Providers of foster care services covered by section 245.814 are exempt from this subdivision.

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

Sec. 10. Minnesota Statutes 2013 Supplement, section 256B.492, is amended to read:

256B.492 HOME AND COMMUNITY-BASED SETTINGS FOR PEOPLE WITH DISABILITIES.

(a) Individuals receiving services under a home and community-based waiver under section 256B.092 or 256B.49 may receive services in the following settings:

(1) an individual's own home or family home;

(2) a licensed adult foster care or child foster care setting of up to five people or community residential setting of up to five people; and

(3) community living settings as defined in section 256B.49, subdivision 23, where individuals with disabilities may reside in all of the units in a building of four or fewer units, and no more than the greater of four or 25 percent of the units in a multifamily building of more than four units, unless required by the Housing Opportunities for Persons with AIDS Program.

(b) The settings in paragraph (a) must not:

(1) be located in a building that is a publicly or privately operated facility that provides institutional treatment or custodial care;

169.1 (2) be located in a building on the grounds of or adjacent to a public or private
169.2 institution;
169.3 (3) be a housing complex designed expressly around an individual's diagnosis or
169.4 disability, unless required by the Housing Opportunities for Persons with AIDS Program;
169.5 (4) be segregated based on a disability, either physically or because of setting
169.6 characteristics, from the larger community; and
169.7 (5) have the qualities of an institution which include, but are not limited to:
169.8 regimented meal and sleep times, limitations on visitors, and lack of privacy. Restrictions
169.9 agreed to and documented in the person's individual service plan shall not result in a
169.10 residence having the qualities of an institution as long as the restrictions for the person are
169.11 not imposed upon others in the same residence and are the least restrictive alternative,
169.12 imposed for the shortest possible time to meet the person's needs.
169.13 (c) The provisions of paragraphs (a) and (b) do not apply to any setting in which
169.14 individuals receive services under a home and community-based waiver as of July 1,
169.15 2012, and the setting does not meet the criteria of this section.
169.16 (d) Notwithstanding paragraph (c), a program in Hennepin County established as
169.17 part of a Hennepin County demonstration project is qualified for the exception allowed
169.18 under paragraph (c).
169.19 (e) The commissioner shall submit an amendment to the waiver plan no later than
169.20 December 31, 2012.

169.21 Sec. 11. Minnesota Statutes 2012, section 256B.493, subdivision 1, is amended to read:
169.22 Subdivision 1. **Commissioner's duties; report.** The commissioner of human
169.23 services shall solicit proposals for the conversion of services provided for persons with
169.24 disabilities in settings licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, or
169.25 community residential settings licensed under chapter 245D, to other types of community
169.26 settings in conjunction with the closure of identified licensed adult foster care settings.

169.27 Sec. 12. Minnesota Statutes 2012, section 256D.01, subdivision 1e, is amended to read:
169.28 Subd. 1e. **Rules regarding emergency assistance.** The commissioner shall adopt
169.29 rules under the terms of sections 256D.01 to 256D.21 for general assistance, to require use
169.30 of the emergency program under MFIP as the primary financial resource when available.
169.31 The commissioner shall adopt rules for eligibility for general assistance of persons with
169.32 seasonal income and may attribute seasonal income to other periods not in excess of one
169.33 year from receipt by an applicant or recipient. General assistance payments may not be
169.34 made for foster care, community residential settings licensed under chapter 245D, child

170.1 welfare services, or other social services. Vendor payments and vouchers may be issued
170.2 only as authorized in sections 256D.05, subdivision 6, and 256D.09.

170.3 Sec. 13. Minnesota Statutes 2013 Supplement, section 256D.44, subdivision 5, is
170.4 amended to read:

170.5 Subd. 5. **Special needs.** In addition to the state standards of assistance established in
170.6 subdivisions 1 to 4, payments are allowed for the following special needs of recipients of
170.7 Minnesota supplemental aid who are not residents of a nursing home, a regional treatment
170.8 center, or a group residential housing facility.

170.9 (a) The county agency shall pay a monthly allowance for medically prescribed
170.10 diets if the cost of those additional dietary needs cannot be met through some other
170.11 maintenance benefit. The need for special diets or dietary items must be prescribed by
170.12 a licensed physician. Costs for special diets shall be determined as percentages of the
170.13 allotment for a one-person household under the thrifty food plan as defined by the United
170.14 States Department of Agriculture. The types of diets and the percentages of the thrifty
170.15 food plan that are covered are as follows:

170.16 (1) high protein diet, at least 80 grams daily, 25 percent of thrifty food plan;

170.17 (2) controlled protein diet, 40 to 60 grams and requires special products, 100 percent
170.18 of thrifty food plan;

170.19 (3) controlled protein diet, less than 40 grams and requires special products, 125
170.20 percent of thrifty food plan;

170.21 (4) low cholesterol diet, 25 percent of thrifty food plan;

170.22 (5) high residue diet, 20 percent of thrifty food plan;

170.23 (6) pregnancy and lactation diet, 35 percent of thrifty food plan;

170.24 (7) gluten-free diet, 25 percent of thrifty food plan;

170.25 (8) lactose-free diet, 25 percent of thrifty food plan;

170.26 (9) antidumping diet, 15 percent of thrifty food plan;

170.27 (10) hypoglycemic diet, 15 percent of thrifty food plan; or

170.28 (11) ketogenic diet, 25 percent of thrifty food plan.

170.29 (b) Payment for nonrecurring special needs must be allowed for necessary home
170.30 repairs or necessary repairs or replacement of household furniture and appliances using
170.31 the payment standard of the AFDC program in effect on July 16, 1996, for these expenses,
170.32 as long as other funding sources are not available.

170.33 (c) A fee for guardian or conservator service is allowed at a reasonable rate
170.34 negotiated by the county or approved by the court. This rate shall not exceed five percent

171.1 of the assistance unit's gross monthly income up to a maximum of $100 per month. If the
171.2 guardian or conservator is a member of the county agency staff, no fee is allowed.

171.3 (d) The county agency shall continue to pay a monthly allowance of $68 for
171.4 restaurant meals for a person who was receiving a restaurant meal allowance on June 1,
171.5 1990, and who eats two or more meals in a restaurant daily. The allowance must continue
171.6 until the person has not received Minnesota supplemental aid for one full calendar month
171.7 or until the person's living arrangement changes and the person no longer meets the criteria
171.8 for the restaurant meal allowance, whichever occurs first.

171.9 (e) A fee of ten percent of the recipient's gross income or $25, whichever is less,
171.10 is allowed for representative payee services provided by an agency that meets the
171.11 requirements under SSI regulations to charge a fee for representative payee services. This
171.12 special need is available to all recipients of Minnesota supplemental aid regardless of
171.13 their living arrangement.

171.14 (f)(1) Notwithstanding the language in this subdivision, an amount equal to the
171.15 maximum allotment authorized by the federal Food Stamp Program for a single individual
171.16 which is in effect on the first day of July of each year will be added to the standards of
171.17 assistance established in subdivisions 1 to 4 for adults under the age of 65 who qualify
171.18 as shelter needy and are: (i) relocating from an institution, or an adult mental health
171.19 residential treatment program under section 256B.0622; (ii) eligible for the self-directed
171.20 supports option as defined under section 256B.0657, subdivision 2; or (iii) home and
171.21 community-based waiver recipients living in their own home or rented or leased apartment
171.22 which is not owned, operated, or controlled by a provider of service not related by blood
171.23 or marriage, unless allowed under paragraph (g).

171.24 (2) Notwithstanding subdivision 3, paragraph (c), an individual eligible for the
171.25 shelter needy benefit under this paragraph is considered a household of one. An eligible
171.26 individual who receives this benefit prior to age 65 may continue to receive the benefit
171.27 after the age of 65.

171.28 (3) "Shelter needy" means that the assistance unit incurs monthly shelter costs that
171.29 exceed 40 percent of the assistance unit's gross income before the application of this
171.30 special needs standard. "Gross income" for the purposes of this section is the applicant's or
171.31 recipient's income as defined in section 256D.35, subdivision 10, or the standard specified
171.32 in subdivision 3, paragraph (a) or (b), whichever is greater. A recipient of a federal or
171.33 state housing subsidy, that limits shelter costs to a percentage of gross income, shall not be
171.34 considered shelter needy for purposes of this paragraph.

171.35 (g) Notwithstanding this subdivision, to access housing and services as provided
171.36 in paragraph (f), the recipient may choose housing that may be owned, operated, or

172.1 controlled by the recipient's service provider. ~~In a multifamily building of more than four~~
172.2 ~~units, the maximum number of units that may be used by recipients of this program shall~~
172.3 ~~be the greater of four units or 25 percent of the units in the building, unless required by the~~
172.4 ~~Housing Opportunities for Persons with AIDS Program. In multifamily buildings of four~~
172.5 ~~or fewer units, all of the units may be used by recipients of this program.~~ When housing is
172.6 controlled by the service provider, the individual may choose the individual's own service
172.7 provider as provided in section 256B.49, subdivision 23, clause (3). When the housing is
172.8 controlled by the service provider, the service provider shall implement a plan with the
172.9 recipient to transition the lease to the recipient's name. Within two years of signing the
172.10 initial lease, the service provider shall transfer the lease entered into under this subdivision
172.11 to the recipient. In the event the landlord denies this transfer, the commissioner may
172.12 approve an exception within sufficient time to ensure the continued occupancy by the
172.13 recipient. This paragraph expires June 30, 2016.

172.14 Sec. 14. Minnesota Statutes 2012, section 256G.02, subdivision 6, is amended to read:
172.15 Subd. 6. **Excluded time.** "Excluded time" means:
172.16 (1) any period an applicant spends in a hospital, sanitarium, nursing home, shelter
172.17 other than an emergency shelter, halfway house, foster home, <u>community residential</u>
172.18 <u>setting licensed under chapter 245D,</u> semi-independent living domicile or services
172.19 program, residential facility offering care, board and lodging facility or other institution
172.20 for the hospitalization or care of human beings, as defined in section 144.50, 144A.01,
172.21 or 245A.02, subdivision 14; maternity home, battered women's shelter, or correctional
172.22 facility; or any facility based on an emergency hold under sections 253B.05, subdivisions
172.23 1 and 2, and 253B.07, subdivision 6;
172.24 (2) any period an applicant spends on a placement basis in a training and habilitation
172.25 program, including: a rehabilitation facility or work or employment program as defined
172.26 in section 268A.01; semi-independent living services provided under section 252.275,
172.27 and Minnesota Rules, parts 9525.0500 to 9525.0660; or day training and habilitation
172.28 programs and assisted living services; and
172.29 (3) any placement for a person with an indeterminate commitment, including
172.30 independent living.

172.31 Sec. 15. Minnesota Statutes 2012, section 256I.03, subdivision 3, is amended to read:
172.32 Subd. 3. **Group residential housing.** "Group residential housing" means a group
172.33 living situation that provides at a minimum room and board to unrelated persons who
172.34 meet the eligibility requirements of section 256I.04. This definition includes foster care

173.1 settings or community residential settings for a single adult. To receive payment for a
173.2 group residence rate, the residence must meet the requirements under section 256I.04,
173.3 subdivision 2a.

173.4 Sec. 16. Minnesota Statutes 2012, section 256I.04, subdivision 2a, is amended to read:
173.5 Subd. 2a. **License required.** A county agency may not enter into an agreement with
173.6 an establishment to provide group residential housing unless:
173.7 (1) the establishment is licensed by the Department of Health as a hotel and
173.8 restaurant; a board and lodging establishment; a residential care home; a boarding care
173.9 home before March 1, 1985; or a supervised living facility, and the service provider
173.10 for residents of the facility is licensed under chapter 245A. However, an establishment
173.11 licensed by the Department of Health to provide lodging need not also be licensed to
173.12 provide board if meals are being supplied to residents under a contract with a food vendor
173.13 who is licensed by the Department of Health;
173.14 (2) the residence is: (i) licensed by the commissioner of human services under
173.15 Minnesota Rules, parts 9555.5050 to 9555.6265; (ii) certified by a county human services
173.16 agency prior to July 1, 1992, using the standards under Minnesota Rules, parts 9555.5050
173.17 to 9555.6265; ~~or~~ (iii) a residence licensed by the commissioner under Minnesota Rules,
173.18 parts 2960.0010 to 2960.0120, with a variance under section 245A.04, subdivision 9; or
173.19 (iv) licensed under section 245D.02, subdivision 4a, as a community residential setting
173.20 by the commissioner of human services;
173.21 (3) the establishment is registered under chapter 144D and provides three meals a
173.22 day, or is an establishment voluntarily registered under section 144D.025 as a supportive
173.23 housing establishment; or
173.24 (4) an establishment voluntarily registered under section 144D.025, other than
173.25 a supportive housing establishment under clause (3), is not eligible to provide group
173.26 residential housing.
173.27 The requirements under clauses (1) to (4) do not apply to establishments exempt
173.28 from state licensure because they are located on Indian reservations and subject to tribal
173.29 health and safety requirements.

173.30 Sec. 17. Minnesota Statutes 2013 Supplement, section 626.557, subdivision 9, is
173.31 amended to read:
173.32 Subd. 9. **Common entry point designation.** (a) Each county board shall designate a
173.33 common entry point for reports of suspected maltreatment, for use until the commissioner
173.34 of human services establishes a common entry point. Two or more county boards may

174.1 jointly designate a single common entry point. The commissioner of human services shall
174.2 establish a common entry point effective July 1, ~~2014~~ 2015. The common entry point is
174.3 the unit responsible for receiving the report of suspected maltreatment under this section.

174.4 (b) The common entry point must be available 24 hours per day to take calls from
174.5 reporters of suspected maltreatment. The common entry point shall use a standard intake
174.6 form that includes:

174.7 (1) the time and date of the report;

174.8 (2) the name, address, and telephone number of the person reporting;

174.9 (3) the time, date, and location of the incident;

174.10 (4) the names of the persons involved, including but not limited to, perpetrators,
174.11 alleged victims, and witnesses;

174.12 (5) whether there was a risk of imminent danger to the alleged victim;

174.13 (6) a description of the suspected maltreatment;

174.14 (7) the disability, if any, of the alleged victim;

174.15 (8) the relationship of the alleged perpetrator to the alleged victim;

174.16 (9) whether a facility was involved and, if so, which agency licenses the facility;

174.17 (10) any action taken by the common entry point;

174.18 (11) whether law enforcement has been notified;

174.19 (12) whether the reporter wishes to receive notification of the initial and final
174.20 reports; and

174.21 (13) if the report is from a facility with an internal reporting procedure, the name,
174.22 mailing address, and telephone number of the person who initiated the report internally.

174.23 (c) The common entry point is not required to complete each item on the form prior
174.24 to dispatching the report to the appropriate lead investigative agency.

174.25 (d) The common entry point shall immediately report to a law enforcement agency
174.26 any incident in which there is reason to believe a crime has been committed.

174.27 (e) If a report is initially made to a law enforcement agency or a lead investigative
174.28 agency, those agencies shall take the report on the appropriate common entry point intake
174.29 forms and immediately forward a copy to the common entry point.

174.30 (f) The common entry point staff must receive training on how to screen and
174.31 dispatch reports efficiently and in accordance with this section.

174.32 (g) The commissioner of human services shall maintain a centralized database
174.33 for the collection of common entry point data, lead investigative agency data including
174.34 maltreatment report disposition, and appeals data. The common entry point shall
174.35 have access to the centralized database and must log the reports into the database and
174.36 immediately identify and locate prior reports of abuse, neglect, or exploitation.

175.1 (h) When appropriate, the common entry point staff must refer calls that do not
175.2 allege the abuse, neglect, or exploitation of a vulnerable adult to other organizations
175.3 that might resolve the reporter's concerns.

175.4 (i) A common entry point must be operated in a manner that enables the
175.5 commissioner of human services to:

175.6 (1) track critical steps in the reporting, evaluation, referral, response, disposition,
175.7 and investigative process to ensure compliance with all requirements for all reports;

175.8 (2) maintain data to facilitate the production of aggregate statistical reports for
175.9 monitoring patterns of abuse, neglect, or exploitation;

175.10 (3) serve as a resource for the evaluation, management, and planning of preventative
175.11 and remedial services for vulnerable adults who have been subject to abuse, neglect,
175.12 or exploitation;

175.13 (4) set standards, priorities, and policies to maximize the efficiency and effectiveness
175.14 of the common entry point; and

175.15 (5) track and manage consumer complaints related to the common entry point.

175.16 (j) The commissioners of human services and health shall collaborate on the
175.17 creation of a system for referring reports to the lead investigative agencies. This system
175.18 shall enable the commissioner of human services to track critical steps in the reporting,
175.19 evaluation, referral, response, disposition, investigation, notification, determination, and
175.20 appeal processes.

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

175.22 Sec. 18. Laws 2011, First Special Session chapter 9, article 7, section 7, the effective
175.23 date, is amended to read:

175.24 **EFFECTIVE DATE.** This section is effective January 1, 2014, for adults age 21 or
175.25 older, and October 1, 2019, for children age 16 to before the child's 21st birthday.

175.26 Sec. 19. Laws 2013, chapter 108, article 7, section 60, is amended to read:

175.27 Sec. 60. **PROVIDER RATE AND GRANT INCREASE EFFECTIVE APRIL**
175.28 **1, 2014.**

175.29 (a) The commissioner of human services shall increase reimbursement rates, grants,
175.30 allocations, individual limits, and rate limits, as applicable, by one percent for the rate
175.31 period beginning April 1, 2014, for services rendered on or after those dates. County or
175.32 tribal contracts for services specified in this section must be amended to pass through
175.33 these rate increases within 60 days of the effective date.

176.1 (b) The rate changes described in this section must be provided to:
176.2 (1) home and community-based waivered services for persons with developmental
176.3 disabilities or related conditions, including consumer-directed community supports, under
176.4 Minnesota Statutes, section 256B.501;
176.5 (2) waivered services under community alternatives for disabled individuals,
176.6 including consumer-directed community supports, under Minnesota Statutes, section
176.7 256B.49;
176.8 (3) community alternative care waivered services, including consumer-directed
176.9 community supports, under Minnesota Statutes, section 256B.49;
176.10 (4) brain injury waivered services, including consumer-directed community
176.11 supports, under Minnesota Statutes, section 256B.49;
176.12 (5) home and community-based waivered services for the elderly under Minnesota
176.13 Statutes, section 256B.0915;
176.14 (6) nursing services and home health services under Minnesota Statutes, section
176.15 256B.0625, subdivision 6a;
176.16 (7) personal care services and qualified professional supervision of personal care
176.17 services under Minnesota Statutes, section 256B.0625, subdivisions 6a and 19a;
176.18 (8) private duty nursing services under Minnesota Statutes, section 256B.0625,
176.19 subdivision 7;
176.20 (9) day training and habilitation services for adults with developmental disabilities
176.21 or related conditions under Minnesota Statutes, sections 252.40 to 252.46, including the
176.22 additional cost of rate adjustments on day training and habilitation services, provided as a
176.23 social service, formerly funded under Minnesota Statutes 2010, chapter 256M;
176.24 (10) alternative care services under Minnesota Statutes, section 256B.0913, and
176.25 essential community supports under Minnesota Statutes, section 256B.0922;
176.26 (11) living skills training programs for persons with intractable epilepsy who need
176.27 assistance in the transition to independent living under Laws 1988, chapter 689;
176.28 (12) semi-independent living services (SILS) under Minnesota Statutes, section
176.29 252.275, including SILS funding under county social services grants formerly funded
176.30 under Minnesota Statutes, chapter 256M;
176.31 (13) consumer support grants under Minnesota Statutes, section 256.476;
176.32 (14) family support grants under Minnesota Statutes, section 252.32;
176.33 (15) housing access grants under Minnesota Statutes, sections 256B.0658 and
176.34 256B.0917, subdivision 14;
176.35 (16) self-advocacy grants under Laws 2009, chapter 101;
176.36 (17) technology grants under Laws 2009, chapter 79;

177.1 (18) aging grants under Minnesota Statutes, sections 256.975 to 256.977, 256B.0917,
177.2 and 256B.0928; and
177.3 (19) community support services for deaf and hard-of-hearing adults with mental
177.4 illness who use or wish to use sign language as their primary means of communication
177.5 under Minnesota Statutes, section 256.01, subdivision 2; and deaf and hard-of-hearing
177.6 grants under Minnesota Statutes, sections 256C.233 and 256C.25; Laws 1985, chapter 9;
177.7 and Laws 1997, First Special Session chapter 5, section 20.
177.8 (c) A managed care plan receiving state payments for the services in this section
177.9 must include these increases in their payments to providers. To implement the rate increase
177.10 in this section, capitation rates paid by the commissioner to managed care organizations
177.11 under Minnesota Statutes, section 256B.69, shall reflect a one percent increase for the
177.12 specified services for the period beginning April 1, 2014.
177.13 (d) Counties shall increase the budget for each recipient of consumer-directed
177.14 community supports by the amounts in paragraph (a) on the effective dates in paragraph (a).

177.15 **EFFECTIVE DATE.** This section is effective retroactively from April 1, 2014.

177.16 Sec. 20. **AUTISM SPECTRUM DISORDER STATEWIDE STRATEGIC PLAN**
177.17 **IMPLEMENTATION.**
177.18 The autism spectrum disorder statewide strategic plan developed by the Minnesota
177.19 Legislative Autism Spectrum Disorder Task Force shall be implemented collaboratively
177.20 by the commissioners of education, employment and economic development, health, and
177.21 human services. Within existing funding, the commissioners shall:
177.22 (1) work across state agencies and with key stakeholders to implement the strategic
177.23 plan;
177.24 (2) prepare progress reports on the implementation of the plan twice per year and
177.25 make the progress reports available to the public; and
177.26 (3) provide two opportunities per year for interested parties, including, but not
177.27 limited to, individuals with autism, family members of individuals with autism spectrum
177.28 disorder, underserved and diverse communities impacted by autism spectrum disorder,
177.29 medical professionals, health plans, service providers, and schools, to provide input on
177.30 the implementation of the strategic plan.

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

178.1 **ARTICLE 9**

178.2 **HEALTH CARE**

178.3 Section 1. Minnesota Statutes 2013 Supplement, section 256B.0625, subdivision 9,
178.4 is amended to read:

178.5 Subd. 9. **Dental services.** (a) Medical assistance covers dental services.

178.6 (b) Medical assistance dental coverage for nonpregnant adults is limited to the
178.7 following services:

178.8 (1) comprehensive exams, limited to once every five years;

178.9 (2) periodic exams, limited to one per year;

178.10 (3) limited exams;

178.11 (4) bitewing x-rays, limited to one per year;

178.12 (5) periapical x-rays;

178.13 (6) panoramic x-rays, limited to one every five years except (1) when medically
178.14 necessary for the diagnosis and follow-up of oral and maxillofacial pathology and trauma
178.15 or (2) once every two years for patients who cannot cooperate for intraoral film due to
178.16 a developmental disability or medical condition that does not allow for intraoral film
178.17 placement;

178.18 (7) prophylaxis, limited to one per year;

178.19 (8) application of fluoride varnish, limited to one per year;

178.20 (9) posterior fillings, all at the amalgam rate;

178.21 (10) anterior fillings;

178.22 (11) endodontics, limited to root canals on the anterior and premolars only;

178.23 (12) removable prostheses, each dental arch limited to one every six years;

178.24 (13) oral surgery, limited to extractions, biopsies, and incision and drainage of
178.25 abscesses;

178.26 (14) palliative treatment and sedative fillings for relief of pain; and

178.27 (15) full-mouth debridement, limited to one every five years.

178.28 (c) In addition to the services specified in paragraph (b), medical assistance
178.29 covers the following services for adults, if provided in an outpatient hospital setting or
178.30 freestanding ambulatory surgical center as part of outpatient dental surgery:

178.31 (1) periodontics, limited to periodontal scaling and root planing once every two years;

178.32 (2) general anesthesia; and

178.33 (3) full-mouth survey once every five years.

178.34 (d) Medical assistance covers medically necessary dental services for children and
178.35 pregnant women. The following guidelines apply:

(1) posterior fillings are paid at the amalgam rate;

(2) application of sealants are covered once every five years per permanent molar for children only;

(3) application of fluoride varnish is covered once every six months; and

(4) orthodontia is eligible for coverage for children only.

(e) In addition to the services specified in paragraphs (b) and (c), medical assistance covers the following services for adults:

(1) house calls or extended care facility calls for on-site delivery of covered services;

(2) behavioral management when additional staff time is required to accommodate behavioral challenges and sedation is not used;

(3) oral or IV sedation, if the covered dental service cannot be performed safely without it or would otherwise require the service to be performed under general anesthesia in a hospital or surgical center; and

(4) prophylaxis, in accordance with an appropriate individualized treatment plan, but no more than four times per year.

(f) The commissioner shall not require prior authorization for the services included in paragraph (e), clauses (1) to (3), and shall prohibit managed care and county-based purchasing plans from requiring prior authorization for the services included in paragraph (e), clauses (1) to (3), when provided under sections 256B.69, 256B.692, and 256L.12.

Sec. 2. Minnesota Statutes 2012, section 256B.0654, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** (a) "Complex ~~private duty~~ home care nursing ~~care~~" means home care nursing services provided to recipients who ~~are ventilator dependent or for whom a physician has certified that the recipient would meet the criteria for inpatient hospital intensive care unit (ICU) level of care~~ meet the criteria for regular home care nursing and require life-sustaining interventions to reduce the risk of long-term injury or death.

(b) "~~Private duty~~ Home care nursing" means ongoing ~~professional~~ physician-ordered hourly nursing services ~~by a registered or licensed practical nurse including assessment, professional nursing tasks, and education, based on an assessment and physician orders to maintain or restore optimal health of the recipient.~~ performed by a registered nurse or licensed practical nurse within the scope of practice as defined by the Minnesota Nurse Practice Act under sections 148.171 to 148.285, in order to maintain or restore a person's health.

(c) "~~Private duty~~ Home care nursing agency" means a medical assistance enrolled provider licensed under chapter 144A to provide ~~private duty~~ home care nursing services.

180.1 (d) "Regular ~~private duty~~ home care nursing" means ~~nursing services provided to~~
180.2 ~~a recipient who is considered stable and not at an inpatient hospital intensive care unit~~
180.3 ~~level of care, but may have episodes of instability that are not life threatening~~ home care
180.4 nursing provided because:
180.5 (1) the recipient requires more individual and continuous care than can be provided
180.6 during a skilled nurse visit; or
180.7 (2) the cares are outside of the scope of services that can be provided by a home
180.8 health aide or personal care assistant.
180.9 (e) "Shared ~~private duty~~ home care nursing" means the provision of home care
180.10 nursing services by a ~~private duty~~ home care nurse to two recipients at the same time
180.11 and in the same setting.

180.12 **EFFECTIVE DATE.** This section is effective July 1, 2014.

180.13 Sec. 3. Minnesota Statutes 2012, section 256B.69, is amended by adding a subdivision
180.14 to read:
180.15 Subd. 35. **Statewide procurement.** (a) For calendar year 2015, the commissioner
180.16 may extend a demonstration provider's contract under this section for a sixth year after
180.17 the most recent procurement. For calendar year 2015, section 16B.98, subdivision
180.18 5, paragraph (b), and section 16C.05, subdivision 2, paragraph (b) shall not apply to
180.19 contracts under this section.
180.20 (b) For calendar year 2016 contracts under this section, the commissioner shall
180.21 procure through a statewide procurement, which includes all 87 counties, demonstration
180.22 providers, and participating entities as defined in section 256L.01, subdivision 7. The
180.23 commissioner shall publish a request for proposals by January 5, 2015. As part of the
180.24 procurement process, the commissioner shall:
180.25 (1) seek each individual county's input;
180.26 (2) organize counties into regional groups, and consider single counties for the
180.27 largest and most diverse counties; and
180.28 (3) seek regional and county input regarding the respondent's ability to fully and
180.29 adequately deliver required health care services, offer an adequate provider network,
180.30 provide care coordination with county services, and serve special populations, including
180.31 enrollees with language and cultural needs.

180.32 Sec. 4. **DIRECTION TO COMMISSIONER; STRATEGIES TO ADDRESS**
180.33 **CHRONIC CONDITIONS.**

181.1 The commissioner of human services shall incorporate strategies and activities in the
181.2 Department of Human Service's planning efforts and design of the state Medicaid plan
181.3 option under section 2703 of the Patient Protection and Affordable Care Act that address
181.4 chronic medical or behavioral health conditions complicated by socioeconomic factors
181.5 such as race, ethnicity, age, immigration, or language.

181.6 Sec. 5. **REVISOR'S INSTRUCTION.**

181.7 The revisor of statutes shall change the term "private duty nursing" or similar terms
181.8 to "home care nursing" or similar terms, and shall change the term "private duty nurse" to
181.9 "home care nurse," wherever these terms appear in Minnesota Statutes and Minnesota
181.10 Rules. The revisor shall also make grammatical changes related to the changes in terms.

181.11 **ARTICLE 10**

181.12 **MISCELLANEOUS**

181.13 Section 1. **[145.7131] EXCEPTION TO EYEGLASS PRESCRIPTION**
181.14 **EXPIRATION.**

181.15 Notwithstanding any practice to the contrary, in an emergency situation or in the
181.16 case of lost glasses, an optometrist or physician may authorize a new pair of prescription
181.17 eyeglasses using the prescription from the old lenses or the last prescription available.

181.18 Sec. 2. Minnesota Statutes 2013 Supplement, section 256B.04, subdivision 21, is
181.19 amended to read:

181.20 Subd. 21. **Provider enrollment.** (a) If the commissioner or the Centers for
181.21 Medicare and Medicaid Services determines that a provider is designated "high-risk," the
181.22 commissioner may withhold payment from providers within that category upon initial
181.23 enrollment for a 90-day period. The withholding for each provider must begin on the date
181.24 of the first submission of a claim.

181.25 (b) An enrolled provider that is also licensed by the commissioner under chapter
181.26 245A must designate an individual as the entity's compliance officer. The compliance
181.27 officer must:

181.28 (1) develop policies and procedures to assure adherence to medical assistance laws
181.29 and regulations and to prevent inappropriate claims submissions;

181.30 (2) train the employees of the provider entity, and any agents or subcontractors of
181.31 the provider entity including billers, on the policies and procedures under clause (1);

181.32 (3) respond to allegations of improper conduct related to the provision or billing of
181.33 medical assistance services, and implement action to remediate any resulting problems;

182.1 (4) use evaluation techniques to monitor compliance with medical assistance laws
182.2 and regulations;
182.3 (5) promptly report to the commissioner any identified violations of medical
182.4 assistance laws or regulations; and
182.5 (6) within 60 days of discovery by the provider of a medical assistance
182.6 reimbursement overpayment, report the overpayment to the commissioner and make
182.7 arrangements with the commissioner for the commissioner's recovery of the overpayment.

182.8 The commissioner may require, as a condition of enrollment in medical assistance, that a
182.9 provider within a particular industry sector or category establish a compliance program that
182.10 contains the core elements established by the Centers for Medicare and Medicaid Services.

182.11 (c) The commissioner may revoke the enrollment of an ordering or rendering
182.12 provider for a period of not more than one year, if the provider fails to maintain and, upon
182.13 request from the commissioner, provide access to documentation relating to written orders
182.14 or requests for payment for durable medical equipment, certifications for home health
182.15 services, or referrals for other items or services written or ordered by such provider, when
182.16 the commissioner has identified a pattern of a lack of documentation. A pattern means a
182.17 failure to maintain documentation or provide access to documentation on more than one
182.18 occasion. Nothing in this paragraph limits the authority of the commissioner to sanction a
182.19 provider under the provisions of section 256B.064.

182.20 (d) The commissioner shall terminate or deny the enrollment of any individual or
182.21 entity if the individual or entity has been terminated from participation in Medicare or
182.22 under the Medicaid program or Children's Health Insurance Program of any other state.

182.23 (e) As a condition of enrollment in medical assistance, the commissioner shall
182.24 require that a provider designated "moderate" or "high-risk" by the Centers for Medicare
182.25 and Medicaid Services or the commissioner permit the Centers for Medicare and Medicaid
182.26 Services, its agents, or its designated contractors and the state agency, its agents, or its
182.27 designated contractors to conduct unannounced on-site inspections of any provider location.
182.28 The commissioner shall publish in the Minnesota Health Care Program Provider Manual a
182.29 list of provider types designated "limited," "moderate," or "high-risk," based on the criteria
182.30 and standards used to designate Medicare providers in Code of Federal Regulations, title
182.31 42, section 424.518. The list and criteria are not subject to the requirements of chapter 14.
182.32 The commissioner's designations are not subject to administrative appeal.

182.33 (f) As a condition of enrollment in medical assistance, the commissioner shall
182.34 require that a high-risk provider, or a person with a direct or indirect ownership interest in
182.35 the provider of five percent or higher, consent to criminal background checks, including
182.36 fingerprinting, when required to do so under state law or by a determination by the

183.1 commissioner or the Centers for Medicare and Medicaid Services that a provider is
183.2 designated high-risk for fraud, waste, or abuse.
183.3 (g)(1) Upon initial enrollment, reenrollment, and notification of revalidation, all
183.4 durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) medical
183.5 suppliers meeting the durable medical equipment provider and supplier definition in clause
183.6 (3), operating in Minnesota and receiving Medicaid funds must purchase a surety bond
183.7 that is annually renewed and designates the Minnesota Department of Human Services as
183.8 the obligee, and must be submitted in a form approved by the commissioner. For purposes
183.9 of this clause, the following medical suppliers are not required to obtain a surety bond:
183.10 a federally qualified health center, a home health agency, the Indian Health Service, a
183.11 pharmacy, and a rural health clinic.
183.12 (2) At the time of initial enrollment or reenrollment, ~~the provider agency~~ durable
183.13 medical equipment providers and suppliers defined in clause (3) must purchase a
183.14 ~~performance~~ surety bond of $50,000. If a revalidating provider's Medicaid revenue in
183.15 the previous calendar year is up to and including $300,000, the provider agency must
183.16 purchase a ~~performance~~ surety bond of $50,000. If a revalidating provider's Medicaid
183.17 revenue in the previous calendar year is over $300,000, the provider agency must purchase
183.18 a ~~performance~~ surety bond of $100,000. The ~~performance~~ surety bond must allow for
183.19 recovery of costs and fees in pursuing a claim on the bond.
183.20 (3) "Durable medical equipment provider or supplier" means a medical supplier that
183.21 can purchase medical equipment or supplies for sale or rental to the general public and
183.22 is able to perform or arrange for necessary repairs to and maintenance of equipment
183.23 offered for sale or rental.
183.24 (h) The Department of Human Services may require a provider to purchase a
183.25 ~~performance~~ surety bond as a condition of initial enrollment, reenrollment, reinstatement,
183.26 or continued enrollment if: (1) the provider fails to demonstrate financial viability, (2) the
183.27 department determines there is significant evidence of or potential for fraud and abuse by
183.28 the provider, or (3) the provider or category of providers is designated high-risk pursuant
183.29 to paragraph (a) and as per Code of Federal Regulations, title 42, section 455.450. The
183.30 ~~performance~~ surety bond must be in an amount of $100,000 or ten percent of the provider's
183.31 payments from Medicaid during the immediately preceding 12 months, whichever is
183.32 greater. The ~~performance~~ surety bond must name the Department of Human Services as
183.33 an obligee and must allow for recovery of costs and fees in pursuing a claim on the bond.
183.34 This paragraph does not apply if the provider currently maintains a surety bond under the
183.35 requirements in section 256B.0659 or 256B.85.

184.1 Sec. 3. Minnesota Statutes 2013 Supplement, section 256B.0659, subdivision 21,
184.2 is amended to read:

184.3 Subd. 21. **Requirements for provider enrollment of personal care assistance**
184.4 **provider agencies.** (a) All personal care assistance provider agencies must provide, at the
184.5 time of enrollment, reenrollment, and revalidation as a personal care assistance provider
184.6 agency in a format determined by the commissioner, information and documentation that
184.7 includes, but is not limited to, the following:

184.8 (1) the personal care assistance provider agency's current contact information
184.9 including address, telephone number, and e-mail address;

184.10 (2) proof of surety bond coverage. Upon new enrollment, or if the provider's
184.11 Medicaid revenue in the previous calendar year is up to and including $300,000, the
184.12 provider agency must purchase a ~~performance~~ surety bond of $50,000. If the Medicaid
184.13 revenue in the previous year is over $300,000, the provider agency must purchase a
184.14 ~~performance~~ surety bond of $100,000. The ~~performance~~ surety bond must be in a form
184.15 approved by the commissioner, must be renewed annually, and must allow for recovery of
184.16 costs and fees in pursuing a claim on the bond;

184.17 (3) proof of fidelity bond coverage in the amount of $20,000;

184.18 (4) proof of workers' compensation insurance coverage;

184.19 (5) proof of liability insurance;

184.20 (6) a description of the personal care assistance provider agency's organization
184.21 identifying the names of all owners, managing employees, staff, board of directors, and
184.22 the affiliations of the directors, owners, or staff to other service providers;

184.23 (7) a copy of the personal care assistance provider agency's written policies and
184.24 procedures including: hiring of employees; training requirements; service delivery;
184.25 and employee and consumer safety including process for notification and resolution
184.26 of consumer grievances, identification and prevention of communicable diseases, and
184.27 employee misconduct;

184.28 (8) copies of all other forms the personal care assistance provider agency uses in
184.29 the course of daily business including, but not limited to:

184.30 (i) a copy of the personal care assistance provider agency's time sheet if the time
184.31 sheet varies from the standard time sheet for personal care assistance services approved
184.32 by the commissioner, and a letter requesting approval of the personal care assistance
184.33 provider agency's nonstandard time sheet;

184.34 (ii) the personal care assistance provider agency's template for the personal care
184.35 assistance care plan; and

185.1 (iii) the personal care assistance provider agency's template for the written
185.2 agreement in subdivision 20 for recipients using the personal care assistance choice
185.3 option, if applicable;
185.4 (9) a list of all training and classes that the personal care assistance provider agency
185.5 requires of its staff providing personal care assistance services;
185.6 (10) documentation that the personal care assistance provider agency and staff have
185.7 successfully completed all the training required by this section;
185.8 (11) documentation of the agency's marketing practices;
185.9 (12) disclosure of ownership, leasing, or management of all residential properties
185.10 that is used or could be used for providing home care services;
185.11 (13) documentation that the agency will use the following percentages of revenue
185.12 generated from the medical assistance rate paid for personal care assistance services
185.13 for employee personal care assistant wages and benefits: 72.5 percent of revenue in the
185.14 personal care assistance choice option and 72.5 percent of revenue from other personal
185.15 care assistance providers. The revenue generated by the qualified professional and the
185.16 reasonable costs associated with the qualified professional shall not be used in making
185.17 this calculation; and
185.18 (14) effective May 15, 2010, documentation that the agency does not burden
185.19 recipients' free exercise of their right to choose service providers by requiring personal
185.20 care assistants to sign an agreement not to work with any particular personal care
185.21 assistance recipient or for another personal care assistance provider agency after leaving
185.22 the agency and that the agency is not taking action on any such agreements or requirements
185.23 regardless of the date signed.
185.24 (b) Personal care assistance provider agencies shall provide the information specified
185.25 in paragraph (a) to the commissioner at the time the personal care assistance provider
185.26 agency enrolls as a vendor or upon request from the commissioner. The commissioner
185.27 shall collect the information specified in paragraph (a) from all personal care assistance
185.28 providers beginning July 1, 2009.
185.29 (c) All personal care assistance provider agencies shall require all employees in
185.30 management and supervisory positions and owners of the agency who are active in the
185.31 day-to-day management and operations of the agency to complete mandatory training
185.32 as determined by the commissioner before enrollment of the agency as a provider.
185.33 Employees in management and supervisory positions and owners who are active in
185.34 the day-to-day operations of an agency who have completed the required training as
185.35 an employee with a personal care assistance provider agency do not need to repeat
185.36 the required training if they are hired by another agency, if they have completed the

186.1 training within the past three years. By September 1, 2010, the required training must
186.2 be available with meaningful access according to title VI of the Civil Rights Act and
186.3 federal regulations adopted under that law or any guidance from the United States Health
186.4 and Human Services Department. The required training must be available online or by
186.5 electronic remote connection. The required training must provide for competency testing.
186.6 Personal care assistance provider agency billing staff shall complete training about
186.7 personal care assistance program financial management. This training is effective July 1,
186.8 2009. Any personal care assistance provider agency enrolled before that date shall, if it
186.9 has not already, complete the provider training within 18 months of July 1, 2009. Any new
186.10 owners or employees in management and supervisory positions involved in the day-to-day
186.11 operations are required to complete mandatory training as a requisite of working for the
186.12 agency. Personal care assistance provider agencies certified for participation in Medicare
186.13 as home health agencies are exempt from the training required in this subdivision. When
186.14 available, Medicare-certified home health agency owners, supervisors, or managers must
186.15 successfully complete the competency test.

186.16 Sec. 4. Minnesota Statutes 2012, section 256B.5016, subdivision 1, is amended to read:
186.17 Subdivision 1. **Managed care pilot.** The commissioner may initiate a capitated
186.18 risk-based managed care option for services in an intermediate care facility for persons
186.19 with developmental disabilities according to the terms and conditions of the federal
186.20 agreement governing the managed care pilot. The commissioner may grant a variance
186.21 to any of the provisions in sections 256B.501 to 256B.5015 and Minnesota Rules, parts
186.22 9525.1200 to 9525.1330 ~~and 9525.1580~~.

186.23 Sec. 5. Minnesota Statutes 2012, section 256B.69, subdivision 16, is amended to read:
186.24 Subd. 16. **Project extension.** Minnesota Rules, parts 9500.1450; 9500.1451;
186.25 9500.1452; 9500.1453; 9500.1454; 9500.1455; ~~9500.1456;~~ 9500.1457; 9500.1458;
186.26 9500.1459; 9500.1460; 9500.1461; 9500.1462; 9500.1463; and 9500.1464, are extended.

186.27 Sec. 6. Minnesota Statutes 2013 Supplement, section 256B.85, subdivision 12, is
186.28 amended to read:
186.29 Subd. 12. **Requirements for enrollment of CFSS provider agencies.** (a) All CFSS
186.30 provider agencies must provide, at the time of enrollment, reenrollment, and revalidation
186.31 as a CFSS provider agency in a format determined by the commissioner, information and
186.32 documentation that includes, but is not limited to, the following:

187.1 (1) the CFSS provider agency's current contact information including address,
187.2 telephone number, and e-mail address;
187.3 (2) proof of surety bond coverage. Upon new enrollment, or if the provider agency's
187.4 Medicaid revenue in the previous calendar year is less than or equal to $300,000, the
187.5 provider agency must purchase a ~~performance~~ surety bond of $50,000. If the provider
187.6 agency's Medicaid revenue in the previous calendar year is greater than $300,000, the
187.7 provider agency must purchase a ~~performance~~ surety bond of $100,000. The ~~performance~~
187.8 surety bond must be in a form approved by the commissioner, must be renewed annually,
187.9 and must allow for recovery of costs and fees in pursuing a claim on the bond;
187.10 (3) proof of fidelity bond coverage in the amount of $20,000;
187.11 (4) proof of workers' compensation insurance coverage;
187.12 (5) proof of liability insurance;
187.13 (6) a description of the CFSS provider agency's organization identifying the names
187.14 of all owners, managing employees, staff, board of directors, and the affiliations of the
187.15 directors, owners, or staff to other service providers;
187.16 (7) a copy of the CFSS provider agency's written policies and procedures including:
187.17 hiring of employees; training requirements; service delivery; and employee and consumer
187.18 safety including process for notification and resolution of consumer grievances,
187.19 identification and prevention of communicable diseases, and employee misconduct;
187.20 (8) copies of all other forms the CFSS provider agency uses in the course of daily
187.21 business including, but not limited to:
187.22 (i) a copy of the CFSS provider agency's time sheet if the time sheet varies from
187.23 the standard time sheet for CFSS services approved by the commissioner, and a letter
187.24 requesting approval of the CFSS provider agency's nonstandard time sheet; and
187.25 (ii) the CFSS provider agency's template for the CFSS care plan;
187.26 (9) a list of all training and classes that the CFSS provider agency requires of its
187.27 staff providing CFSS services;
187.28 (10) documentation that the CFSS provider agency and staff have successfully
187.29 completed all the training required by this section;
187.30 (11) documentation of the agency's marketing practices;
187.31 (12) disclosure of ownership, leasing, or management of all residential properties
187.32 that are used or could be used for providing home care services;
187.33 (13) documentation that the agency will use at least the following percentages of
187.34 revenue generated from the medical assistance rate paid for CFSS services for employee
187.35 personal care assistant wages and benefits: 72.5 percent of revenue from CFSS providers.

The revenue generated by the support specialist and the reasonable costs associated with the support specialist shall not be used in making this calculation; and

(14) documentation that the agency does not burden recipients' free exercise of their right to choose service providers by requiring personal care assistants to sign an agreement not to work with any particular CFSS recipient or for another CFSS provider agency after leaving the agency and that the agency is not taking action on any such agreements or requirements regardless of the date signed.

(b) CFSS provider agencies shall provide to the commissioner the information specified in paragraph (a).

(c) All CFSS provider agencies shall require all employees in management and supervisory positions and owners of the agency who are active in the day-to-day management and operations of the agency to complete mandatory training as determined by the commissioner. Employees in management and supervisory positions and owners who are active in the day-to-day operations of an agency who have completed the required training as an employee with a CFSS provider agency do not need to repeat the required training if they are hired by another agency, if they have completed the training within the past three years. CFSS provider agency billing staff shall complete training about CFSS program financial management. Any new owners or employees in management and supervisory positions involved in the day-to-day operations are required to complete mandatory training as a requisite of working for the agency. CFSS provider agencies certified for participation in Medicare as home health agencies are exempt from the training required in this subdivision.

Sec. 7. Minnesota Statutes 2012, section 393.01, subdivision 2, is amended to read:

Subd. 2. **Selection of members, terms, vacancies.** Except in counties which contain a city of the first class and counties having a poor and hospital commission, the local social services agency shall consist of seven members, including the board of county commissioners, to be selected as herein provided; two members, one of whom shall be a woman, shall be appointed by the ~~commissioner of human services~~ board of county commissioners, one each year for a full term of two years, from a list of residents~~, submitted by the board of county commissioners~~. As each term expires or a vacancy occurs by reason of death or resignation, a successor shall be appointed by the ~~commissioner of human services~~ board of county commissioners for the full term of two years or the balance of any unexpired term from a list of one or more, not to exceed three residents ~~submitted by the board of county commissioners~~. The board of county commissioners may, by resolution adopted by a majority of the board, determine that only three of their members shall be

members of the local social services agency, in which event the local social services agency shall consist of five members instead of seven. When a vacancy occurs on the local social services agency by reason of the death, resignation, or expiration of the term of office of a member of the board of county commissioners, the unexpired term of such member shall be filled by appointment by the county commissioners. Except to fill a vacancy the term of office of each member of the local social services agency shall commence on the first Thursday after the first Monday in July, and continue until the expiration of the term for which such member was appointed or until a successor is appointed and qualifies. ~~If the board of county commissioners shall refuse, fail, omit, or neglect to submit one or more nominees to the commissioner of human services for appointment to the local social services agency by the commissioner of human services, as herein provided, or to appoint the three members to the local social services agency, as herein provided, by the time when the terms of such members commence, or, in the event of vacancies, for a period of 30 days thereafter, the commissioner of human services is hereby empowered to and shall forthwith appoint residents of the county to the local social services agency. The commissioner of human services, on refusing to appoint a nominee from the list of nominees submitted by the board of county commissioners, shall notify the county board of such refusal. The county board shall thereupon nominate additional nominees. Before the commissioner of human services shall fill any vacancy hereunder resulting from the failure or refusal of the board of county commissioners of any county to act, as required herein, the commissioner of human services shall mail 15 days' written notice to the board of county commissioners of its intention to fill such vacancy or vacancies unless the board of county commissioners shall act before the expiration of the 15-day period.~~

Sec. 8. Minnesota Statutes 2012, section 393.01, subdivision 7, is amended to read:

Subd. 7. **Joint exercise of powers.** Notwithstanding the provisions of subdivision 1 two or more counties may by resolution of their respective boards of county commissioners, agree to combine the functions of their separate local social services agency into one local social services agency to serve the two or more counties that enter into the agreement. Such agreement may be for a definite term or until terminated in accordance with its terms. When two or more counties have agreed to combine the functions of their separate local social services agency, a single local social services agency in lieu of existing individual local social services agency shall be established to direct the activities of the combined agency. This agency shall have the same powers, duties and functions as an individual local social services agency. The single local social services agency shall have representation from each of the participating counties with selection of the members to be as follows:

(a) Each board of county commissioners entering into the agreement shall on an annual basis select one or two of its members to serve on the single local social services agency.

(b) Each board of county commissioners entering into the agreement shall ~~in accordance with procedures established by the commissioner of human services, submit a list of names of three county residents, who shall not be county commissioners, to the commissioner of human services. The commissioner shall~~ select one ~~person from each county list~~ county resident who is not a county commissioner to serve as a local social services agency member.

(c) The composition of the agency may be determined by the boards of county commissioners entering into the agreement providing that no less than one-third of the members are appointed as provided in ~~clause~~ paragraph (b).

Sec. 9. Laws 2011, First Special Session chapter 9, article 9, section 17, is amended to read:

Sec. 17. **SIMPLIFICATION OF ELIGIBILITY AND ENROLLMENT PROCESS.**

(a) The commissioner of human services shall issue a request for information for an integrated service delivery system for health care programs, food support, cash assistance, and child care. The commissioner shall determine, in consultation with partners in paragraph (c), if the products meet departments' and counties' functions. The request for information may incorporate a performance-based vendor financing option in which the vendor shares the risk of the project's success. The health care system must be developed in phases with the capacity to integrate food support, cash assistance, and child care programs as funds are available. The request for information must require that the system:

(1) streamline eligibility determinations and case processing to support statewide eligibility processing;

(2) enable interested persons to determine eligibility for each program, and to apply for programs online in a manner that the applicant will be asked only those questions relevant to the programs for which the person is applying;

(3) leverage technology that has been operational in other state environments with similar requirements; and

(4) include Web-based application, worker application processing support, and the opportunity for expansion.

191.1 (b) The commissioner shall issue a final report, including the implementation plan,
191.2 to the chairs and ranking minority members of the legislative committees with jurisdiction
191.3 over health and human services no later than January 31, 2012.

191.4 (c) The commissioner shall partner with counties, a service delivery authority
191.5 established under Minnesota Statutes, chapter 402A, the Office of Enterprise Technology,
191.6 other state agencies, and service partners to develop an integrated service delivery
191.7 framework, which will simplify and streamline human services eligibility and enrollment
191.8 processes. The primary objectives for the simplification effort include significantly
191.9 improved eligibility processing productivity resulting in reduced time for eligibility
191.10 determination and enrollment, increased customer service for applicants and recipients of
191.11 services, increased program integrity, and greater administrative flexibility.

191.12 (d) ~~The commissioner, along with a county representative appointed by the~~
191.13 ~~Association of Minnesota Counties, shall report specific implementation progress to the~~
191.14 ~~legislature annually beginning May 15, 2012.~~

191.15 ~~(e)~~ The commissioner shall work with the Minnesota Association of County Social
191.16 Service Administrators and the Office of Enterprise Technology to develop collaborative
191.17 task forces, as necessary, to support implementation of the service delivery components
191.18 under this paragraph. The commissioner must evaluate, develop, and include as part
191.19 of the integrated eligibility and enrollment service delivery framework, the following
191.20 minimum components:

191.21 (1) screening tools for applicants to determine potential eligibility as part of an
191.22 online application process;

191.23 (2) the capacity to use databases to electronically verify application and renewal
191.24 data as required by law;

191.25 (3) online accounts accessible by applicants and enrollees;

191.26 (4) an interactive voice response system, available statewide, that provides case
191.27 information for applicants, enrollees, and authorized third parties;

191.28 (5) an electronic document management system that provides electronic transfer of
191.29 all documents required for eligibility and enrollment processes; and

191.30 (6) a centralized customer contact center that applicants, enrollees, and authorized
191.31 third parties can use statewide to receive program information, application assistance,
191.32 and case information, report changes, make cost-sharing payments, and conduct other
191.33 eligibility and enrollment transactions.

191.34 ~~(f)~~ <u>(e)</u> Subject to a legislative appropriation, the commissioner of human services
191.35 shall issue a request for proposal for the appropriate phase of an integrated service delivery
191.36 system for health care programs, food support, cash assistance, and child care.

192.1 Sec. 10. **INSTRUCTIONS TO THE COMMISSIONER.**

192.2 The commissioner of human services must consult with community stakeholders
192.3 regarding the impact of the decision of the United States Court of Appeals in Geston v.
192.4 Anderson, 729 F.3d 1077 (8th Cir. 2013) on the Minnesota medical assistance program.
192.5 The commissioner must provide a written report to the chairs and ranking minority
192.6 members of the house of representatives and senate standing committees with jurisdiction
192.7 over medical assistance policy and finance no later than January 5, 2015. The report must
192.8 include proposed legislation to ensure Minnesota's medical assistance program complies
192.9 with the requirements of the Geston decision.

192.10 Sec. 11. **RULEMAKING; REDUNDANT PROVISION REGARDING**
192.11 **TRANSITION LENSES.**

192.12 The commissioner of human services shall amend Minnesota Rules, part 9505.0277,
192.13 subpart 3, to remove transition lenses from the list of eyeglass services not eligible for
192.14 payment under the medical assistance program. The commissioner may use the good
192.15 cause exemption in Minnesota Statutes, section 14.388, subdivision 1, clause (4), to adopt
192.16 rules under this section. Minnesota Statutes, section 14.386, does not apply except as
192.17 provided in Minnesota Statutes, section 14.388.

192.18 Sec. 12. **FEDERAL APPROVAL.**

192.19 By October 1, 2015, the commissioner of human services shall seek federal authority
192.20 to operate the program in Minnesota Statutes, section 256B.78, under the state Medicaid
192.21 plan, in accordance with United States Code, title 42, section 1396a(a)(10)(A)(ii)(XXI).
192.22 To be eligible, an individual must have family income at or below 200 percent of the
192.23 federal poverty guidelines, except that for an individual under age 21, only the income of
192.24 the individual must be considered in determining eligibility. Services under this program
192.25 must be available on a presumptive eligibility basis.

192.26 Sec. 13. **REVISOR'S INSTRUCTION.**

192.27 The revisor of statutes shall remove cross-references to the sections and parts
192.28 repealed in section 14, paragraphs (a) and (b), wherever they appear in Minnesota Rules
192.29 and shall make changes necessary to correct the punctuation, grammar, or structure of the
192.30 remaining text and preserve its meaning.

192.31 Sec. 14. **REPEALER.**

192.32 (a) Minnesota Statutes 2012, section 256.01, subdivision 32, is repealed.

193.1 (b) Minnesota Rules, parts 9500.1126; 9500.1450, subpart 3; 9500.1452, subpart 3;
193.2 9500.1456; and 9525.1580, are repealed.
193.3 (c) Minnesota Rules, parts 9505.5300; 9505.5305; 9505.5310; 9505.5315; and
193.4 9505.5325, are repealed contingent upon federal approval of the state Medicaid plan
193.5 amendment under section 12. The commissioner of human services shall notify the
193.6 revisor of statutes when this occurs.

193.7 **ARTICLE 11**

193.8 **CHILDREN AND FAMILY SERVICES POLICY**

193.9 Section 1. Minnesota Statutes 2012, section 13.46, subdivision 2, is amended to read:
193.10 Subd. 2. **General.** (a) Data on individuals collected, maintained, used, or
193.11 disseminated by the welfare system are private data on individuals, and shall not be
193.12 disclosed except:
193.13 (1) according to section 13.05;
193.14 (2) according to court order;
193.15 (3) according to a statute specifically authorizing access to the private data;
193.16 (4) to an agent of the welfare system and an investigator acting on behalf of a county,
193.17 the state, or the federal government, including a law enforcement person or attorney in the
193.18 investigation or prosecution of a criminal, civil, or administrative proceeding relating to
193.19 the administration of a program;
193.20 (5) to personnel of the welfare system who require the data to verify an individual's
193.21 identity; determine eligibility, amount of assistance, and the need to provide services to
193.22 an individual or family across programs; evaluate the effectiveness of programs; assess
193.23 parental contribution amounts; and investigate suspected fraud;
193.24 (6) to administer federal funds or programs;
193.25 (7) between personnel of the welfare system working in the same program;
193.26 (8) to the Department of Revenue to assess parental contribution amounts for
193.27 purposes of section 252.27, subdivision 2a, administer and evaluate tax refund or tax credit
193.28 programs and to identify individuals who may benefit from these programs. The following
193.29 information may be disclosed under this paragraph: an individual's and their dependent's
193.30 names, dates of birth, Social Security numbers, income, addresses, and other data as
193.31 required, upon request by the Department of Revenue. Disclosures by the commissioner
193.32 of revenue to the commissioner of human services for the purposes described in this clause
193.33 are governed by section 270B.14, subdivision 1. Tax refund or tax credit programs include,
193.34 but are not limited to, the dependent care credit under section 290.067, the Minnesota

194.1 working family credit under section 290.0671, the property tax refund and rental credit
194.2 under section 290A.04, and the Minnesota education credit under section 290.0674;
194.3 (9) between the Department of Human Services, the Department of Employment
194.4 and Economic Development, and when applicable, the Department of Education, for
194.5 the following purposes:
194.6 (i) to monitor the eligibility of the data subject for unemployment benefits, for any
194.7 employment or training program administered, supervised, or certified by that agency;
194.8 (ii) to administer any rehabilitation program or child care assistance program,
194.9 whether alone or in conjunction with the welfare system;
194.10 (iii) to monitor and evaluate the Minnesota family investment program or the child
194.11 care assistance program by exchanging data on recipients and former recipients of food
194.12 support, cash assistance under chapter 256, 256D, 256J, or 256K, child care assistance
194.13 under chapter 119B, or medical programs under chapter 256B, 256D, or 256L; and
194.14 (iv) to analyze public assistance employment services and program utilization,
194.15 cost, effectiveness, and outcomes as implemented under the authority established in Title
194.16 II, Sections 201-204 of the Ticket to Work and Work Incentives Improvement Act of
194.17 1999. Health records governed by sections 144.291 to 144.298 and "protected health
194.18 information" as defined in Code of Federal Regulations, title 45, section 160.103, and
194.19 governed by Code of Federal Regulations, title 45, parts 160-164, including health care
194.20 claims utilization information, must not be exchanged under this clause;
194.21 (10) to appropriate parties in connection with an emergency if knowledge of
194.22 the information is necessary to protect the health or safety of the individual or other
194.23 individuals or persons;
194.24 (11) data maintained by residential programs as defined in section 245A.02 may
194.25 be disclosed to the protection and advocacy system established in this state according
194.26 to Part C of Public Law 98-527 to protect the legal and human rights of persons with
194.27 developmental disabilities or other related conditions who live in residential facilities for
194.28 these persons if the protection and advocacy system receives a complaint by or on behalf
194.29 of that person and the person does not have a legal guardian or the state or a designee of
194.30 the state is the legal guardian of the person;
194.31 (12) to the county medical examiner or the county coroner for identifying or locating
194.32 relatives or friends of a deceased person;
194.33 (13) data on a child support obligor who makes payments to the public agency
194.34 may be disclosed to the Minnesota Office of Higher Education to the extent necessary to
194.35 determine eligibility under section 136A.121, subdivision 2, clause (5);

195.1 (14) participant Social Security numbers and names collected by the telephone
195.2 assistance program may be disclosed to the Department of Revenue to conduct an
195.3 electronic data match with the property tax refund database to determine eligibility under
195.4 section 237.70, subdivision 4a;

195.5 (15) the current address of a Minnesota family investment program participant
195.6 may be disclosed to law enforcement officers who provide the name of the participant
195.7 and notify the agency that:

195.8 (i) the participant:

195.9 (A) is a fugitive felon fleeing to avoid prosecution, or custody or confinement after
195.10 conviction, for a crime or attempt to commit a crime that is a felony under the laws of the
195.11 jurisdiction from which the individual is fleeing; or

195.12 (B) is violating a condition of probation or parole imposed under state or federal law;

195.13 (ii) the location or apprehension of the felon is within the law enforcement officer's
195.14 official duties; and

195.15 (iii) the request is made in writing and in the proper exercise of those duties;

195.16 (16) the current address of a recipient of general assistance or general assistance
195.17 medical care may be disclosed to probation officers and corrections agents who are
195.18 supervising the recipient and to law enforcement officers who are investigating the
195.19 recipient in connection with a felony level offense;

195.20 (17) information obtained from food support applicant or recipient households may
195.21 be disclosed to local, state, or federal law enforcement officials, upon their written request,
195.22 for the purpose of investigating an alleged violation of the Food Stamp Act, according
195.23 to Code of Federal Regulations, title 7, section 272.1 (c);

195.24 (18) the address, Social Security number, and, if available, photograph of any
195.25 member of a household receiving food support shall be made available, on request, to a
195.26 local, state, or federal law enforcement officer if the officer furnishes the agency with the
195.27 name of the member and notifies the agency that:

195.28 (i) the member:

195.29 (A) is fleeing to avoid prosecution, or custody or confinement after conviction, for a
195.30 crime or attempt to commit a crime that is a felony in the jurisdiction the member is fleeing;

195.31 (B) is violating a condition of probation or parole imposed under state or federal
195.32 law; or

195.33 (C) has information that is necessary for the officer to conduct an official duty related
195.34 to conduct described in subitem (A) or (B);

195.35 (ii) locating or apprehending the member is within the officer's official duties; and

196.1 (iii) the request is made in writing and in the proper exercise of the officer's official
196.2 duty;
196.3 (19) the current address of a recipient of Minnesota family investment program,
196.4 general assistance, general assistance medical care, or food support may be disclosed to
196.5 law enforcement officers who, in writing, provide the name of the recipient and notify the
196.6 agency that the recipient is a person required to register under section 243.166, but is not
196.7 residing at the address at which the recipient is registered under section 243.166;
196.8 (20) certain information regarding child support obligors who are in arrears may be
196.9 made public according to section 518A.74;
196.10 (21) data on child support payments made by a child support obligor and data on
196.11 the distribution of those payments excluding identifying information on obligees may be
196.12 disclosed to all obligees to whom the obligor owes support, and data on the enforcement
196.13 actions undertaken by the public authority, the status of those actions, and data on the
196.14 income of the obligor or obligee may be disclosed to the other party;
196.15 (22) data in the work reporting system may be disclosed under section 256.998,
196.16 subdivision 7;
196.17 (23) to the Department of Education for the purpose of matching Department of
196.18 Education student data with public assistance data to determine students eligible for free
196.19 and reduced-price meals, meal supplements, and free milk according to United States
196.20 Code, title 42, sections 1758, 1761, 1766, 1766a, 1772, and 1773; to allocate federal and
196.21 state funds that are distributed based on income of the student's family; and to verify
196.22 receipt of energy assistance for the telephone assistance plan;
196.23 (24) the current address and telephone number of program recipients and emergency
196.24 contacts may be released to the commissioner of health or a local board of health as
196.25 defined in section 145A.02, subdivision 2, when the commissioner or local board of health
196.26 has reason to believe that a program recipient is a disease case, carrier, suspect case, or at
196.27 risk of illness, and the data are necessary to locate the person;
196.28 (25) to other state agencies, statewide systems, and political subdivisions of this
196.29 state, including the attorney general, and agencies of other states, interstate information
196.30 networks, federal agencies, and other entities as required by federal regulation or law for
196.31 the administration of the child support enforcement program;
196.32 (26) to personnel of public assistance programs as defined in section 256.741, for
196.33 access to the child support system database for the purpose of administration, including
196.34 monitoring and evaluation of those public assistance programs;
196.35 (27) to monitor and evaluate the Minnesota family investment program by
196.36 exchanging data between the Departments of Human Services and Education, on

recipients and former recipients of food support, cash assistance under chapter 256, 256D, 256J, or 256K, child care assistance under chapter 119B, or medical programs under chapter 256B, 256D, or 256L;

(28) to evaluate child support program performance and to identify and prevent fraud in the child support program by exchanging data between the Department of Human Services, Department of Revenue under section 270B.14, subdivision 1, paragraphs (a) and (b), without regard to the limitation of use in paragraph (c), Department of Health, Department of Employment and Economic Development, and other state agencies as is reasonably necessary to perform these functions;

(29) counties operating child care assistance programs under chapter 119B may disseminate data on program participants, applicants, and providers to the commissioner of education; or

(30) child support data on the ~~parents and the~~ child, the parents, and relatives of the child may be disclosed to agencies administering programs under titles IV-B and IV-E of the Social Security Act, as ~~provided~~ authorized by federal law. ~~Data may be disclosed only to the extent necessary for the purpose of establishing parentage or for determining who has or may have parental rights with respect to a child, which could be related to permanency planning.~~

(b) Information on persons who have been treated for drug or alcohol abuse may only be disclosed according to the requirements of Code of Federal Regulations, title 42, sections 2.1 to 2.67.

(c) Data provided to law enforcement agencies under paragraph (a), clause (15), (16), (17), or (18), or paragraph (b), are investigative data and are confidential or protected nonpublic while the investigation is active. The data are private after the investigation becomes inactive under section 13.82, subdivision 5, paragraph (a) or (b).

(d) Mental health data shall be treated as provided in subdivisions 7, 8, and 9, but are not subject to the access provisions of subdivision 10, paragraph (b).

For the purposes of this subdivision, a request will be deemed to be made in writing if made through a computer interface system.

Sec. 2. Minnesota Statutes 2012, section 119B.02, subdivision 2, is amended to read:

Subd. 2. **Contractual agreements with tribes.** The commissioner may enter into contractual agreements with a federally recognized Indian tribe with a reservation in Minnesota to carry out the responsibilities of county human service agencies to the extent necessary for the tribe to operate child care assistance programs under sections 119B.03 and 119B.05. An agreement may allow ~~for the tribe to be reimbursed~~ the state

198.1 to make payments for child care assistance services provided under section 119B.05.
198.2 The commissioner shall consult with the affected county or counties in the contractual
198.3 agreement negotiations, if the county or counties wish to be included, in order to avoid
198.4 the duplication of county and tribal child care services. Funding to support services
198.5 under section 119B.03 may be transferred to the federally recognized Indian tribe with a
198.6 reservation in Minnesota from allocations available to counties in which reservation
198.7 boundaries lie. When funding is transferred under section 119B.03, the amount shall be
198.8 commensurate to estimates of the proportion of reservation residents with characteristics
198.9 identified in section 119B.03, subdivision 6, to the total population of county residents
198.10 with those same characteristics.

198.11 Sec. 3. Minnesota Statutes 2012, section 119B.09, subdivision 6, is amended to read:
198.12 Subd. 6. **Maximum child care assistance.** The maximum amount of child care
198.13 assistance a local agency may ~~authorize~~ pay for in a two-week period is 120 hours per child.

198.14 Sec. 4. Minnesota Statutes 2012, section 119B.09, subdivision 13, is amended to read:
198.15 Subd. 13. **Child care in the child's home.** (a) Child care assistance must only be
198.16 authorized in the child's home if:
198.17 (1) the child's parents have authorized activities outside of the home ~~and if~~; or
198.18 (2) one parent in a two-parent family is in an authorized activity outside of the home
198.19 and one parent is unable to care for the child and meets the requirements in Minnesota
198.20 Rules, part 3400.0040, subpart 5.
198.21 (b) In order for child care assistance to be authorized under paragraph (a), clause (1)
198.22 or (2), one or more of the following circumstances ~~are~~ must be met:
198.23 (1) the ~~parents' qualifying~~ authorized activity occurs during times when out-of-home
198.24 care is not available or when out-of-home care would result in disruption of the child's
198.25 nighttime sleep schedule. If child care is needed during any period when out-of-home care
198.26 is not available, in-home care can be approved for the entire time care is needed;
198.27 (2) the family lives in an area where out-of-home care is not available; or
198.28 (3) a child has a verified illness or disability that would place the child or other
198.29 children in an out-of-home facility at risk or creates a hardship for the child and the family
198.30 to take the child out of the home to a child care home or center.

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

198.32 Sec. 5. Minnesota Statutes 2012, section 256D.05, is amended by adding a subdivision
198.33 to read:

199.1 Subd. 9. **Personal statement.** If a county agency determines that an applicant is
199.2 ineligible due to not meeting eligibility requirements of this chapter, a county agency may
199.3 accept a signed personal statement from the applicant in lieu of documentation verifying
199.4 ineligibility.

199.5 Sec. 6. Minnesota Statutes 2012, section 256D.405, subdivision 1, is amended to read:
199.6 Subdivision 1. **Verification.** (a) The county agency shall request, and applicants
199.7 and recipients shall provide and verify, all information necessary to determine initial and
199.8 continuing eligibility and assistance payment amounts. If necessary, the county agency
199.9 shall assist the applicant or recipient in obtaining verifications. If the applicant or recipient
199.10 refuses or fails without good cause to provide the information or verification, the county
199.11 agency shall deny or terminate assistance.
199.12 (b) If a county agency determines that an applicant is ineligible due to not meeting
199.13 eligibility requirements of this chapter, a county agency may accept a signed personal
199.14 statement from the applicant in lieu of documentation verifying ineligibility.

199.15 Sec. 7. Minnesota Statutes 2012, section 256E.30, is amended by adding a subdivision
199.16 to read:
199.17 Subd. 5. **Merger.** In the case of a merger between community action agencies, the
199.18 newly created agency receives a base funding amount equal to the sum of the merged
199.19 agencies' base funding amounts at the point of the merger as described in subdivision 2,
199.20 paragraph (b), unless the commissioner determines the funding amount should be less
199.21 than the sum of the merged agencies' base funding amount due to savings resulting from
199.22 fewer redundancies and duplicative services.

199.23 Sec. 8. Minnesota Statutes 2012, section 256I.04, subdivision 1a, is amended to read:
199.24 Subd. 1a. **County approval.** (a) A county agency may not approve a group
199.25 residential housing payment for an individual in any setting with a rate in excess of the
199.26 MSA equivalent rate for more than 30 days in a calendar year unless the county agency
199.27 has developed or approved a plan for the individual which specifies that:
199.28 (1) the individual has an illness or incapacity which prevents the person from living
199.29 independently in the community; and
199.30 (2) the individual's illness or incapacity requires the services which are available in
199.31 the group residence.

200.1 The plan must be signed or countersigned by any of the following employees of the
200.2 county of financial responsibility: the director of human services or a designee of the
200.3 director; a social worker; or a case aide.
200.4 (b) If a county agency determines that an applicant is ineligible due to not meeting
200.5 eligibility requirements under this section, a county agency may accept a signed personal
200.6 statement from the applicant in lieu of documentation verifying ineligibility.

200.7 Sec. 9. Minnesota Statutes 2012, section 256J.09, subdivision 3, is amended to read:
200.8 Subd. 3. **Submitting application form.** (a) A county agency must offer, in person
200.9 or by mail, the application forms prescribed by the commissioner as soon as a person
200.10 makes a written or oral inquiry. At that time, the county agency must:
200.11 (1) inform the person that assistance begins with the date the signed application is
200.12 received by the county agency or the date all eligibility criteria are met, whichever is later;
200.13 (2) inform the person that any delay in submitting the application will reduce the
200.14 amount of assistance paid for the month of application;
200.15 (3) inform a person that the person may submit the application before an interview;
200.16 (4) explain the information that will be verified during the application process by the
200.17 county agency as provided in section 256J.32;
200.18 (5) inform a person about the county agency's average application processing time
200.19 and explain how the application will be processed under subdivision 5;
200.20 (6) explain how to contact the county agency if a person's application information
200.21 changes and how to withdraw the application;
200.22 (7) inform a person that the next step in the application process is an interview
200.23 and what a person must do if the application is approved including, but not limited to,
200.24 attending orientation under section 256J.45 and complying with employment and training
200.25 services requirements in sections 256J.515 to 256J.57;
200.26 (8) inform the person that the interview must be conducted face-to-face in the county
200.27 office, through Internet telepresence, or at a location mutually agreed upon;
200.28 (9) inform a person who has received MFIP or DWP in the past 12 months of the
200.29 option to have a face-to-face, Internet telepresence, or telephone interview;
200.30 ~~(8)~~ (10) explain the child care and transportation services that are available under
200.31 paragraph (c) to enable caregivers to attend the interview, screening, and orientation; and
200.32 ~~(9)~~ (11) identify any language barriers and arrange for translation assistance during
200.33 appointments, including, but not limited to, screening under subdivision 3a, orientation
200.34 under section 256J.45, and assessment under section 256J.521.

201.1 (b) Upon receipt of a signed application, the county agency must stamp the date of
201.2 receipt on the face of the application. The county agency must process the application
201.3 within the time period required under subdivision 5. An applicant may withdraw the
201.4 application at any time by giving written or oral notice to the county agency. The county
201.5 agency must issue a written notice confirming the withdrawal. The notice must inform
201.6 the applicant of the county agency's understanding that the applicant has withdrawn the
201.7 application and no longer wants to pursue it. When, within ten days of the date of the
201.8 agency's notice, an applicant informs a county agency, in writing, that the applicant does
201.9 not wish to withdraw the application, the county agency must reinstate the application and
201.10 finish processing the application.

201.11 (c) Upon a participant's request, the county agency must arrange for transportation
201.12 and child care or reimburse the participant for transportation and child care expenses
201.13 necessary to enable participants to attend the screening under subdivision 3a and
201.14 orientation under section 256J.45.

201.15 Sec. 10. Minnesota Statutes 2012, section 256J.20, subdivision 3, is amended to read:

201.16 Subd. 3. **Other property limitations.** To be eligible for MFIP, the equity value of
201.17 all nonexcluded real and personal property of the assistance unit must not exceed $2,000
201.18 for applicants and $5,000 for ongoing participants. The value of assets in clauses (1) to
201.19 (19) must be excluded when determining the equity value of real and personal property:

201.20 (1) a licensed vehicle up to a ~~loan~~ trade-in value of less than or equal to $10,000.
201.21 If the assistance unit owns more than one licensed vehicle, the county agency shall
201.22 determine the ~~loan~~ trade-in value of all additional vehicles and exclude the combined
201.23 ~~loan~~ trade-in value of less than or equal to $7,500. The county agency shall apply any
201.24 excess ~~loan~~ trade-in value as if it were equity value to the asset limit described in this
201.25 section, excluding: (i) the value of one vehicle per physically disabled person when the
201.26 vehicle is needed to transport the disabled unit member; this exclusion does not apply to
201.27 mentally disabled people; (ii) the value of special equipment for a disabled member of
201.28 the assistance unit; and (iii) any vehicle used for long-distance travel, other than daily
201.29 commuting, for the employment of a unit member.

201.30 To establish the ~~loan~~ trade-in value of vehicles, a county agency must use the
201.31 N.A.D.A. ~~Official Used Car Guide, Midwest Edition, for newer model cars~~ online car
201.32 values and car prices guide. When a vehicle is not listed ~~in the guidebook~~, or when the
201.33 applicant or participant disputes the ~~loan~~ trade-in value listed in the ~~guidebook~~ online
201.34 guide as unreasonable given the condition of the particular vehicle, the county agency
201.35 may require the applicant or participant document the ~~loan~~ trade-in value by securing a

202.1 written statement from a motor vehicle dealer licensed under section 168.27, stating
202.2 the amount that the dealer would pay to purchase the vehicle. The county agency shall
202.3 reimburse the applicant or participant for the cost of a written statement that documents a
202.4 lower ~~loan~~ trade-in value;
202.5 (2) the value of life insurance policies for members of the assistance unit;
202.6 (3) one burial plot per member of an assistance unit;
202.7 (4) the value of personal property needed to produce earned income, including
202.8 tools, implements, farm animals, inventory, business loans, business checking and
202.9 savings accounts used at least annually and used exclusively for the operation of a
202.10 self-employment business, and any motor vehicles if at least 50 percent of the vehicle's use
202.11 is to produce income and if the vehicles are essential for the self-employment business;
202.12 (5) the value of personal property not otherwise specified which is commonly
202.13 used by household members in day-to-day living such as clothing, necessary household
202.14 furniture, equipment, and other basic maintenance items essential for daily living;
202.15 (6) the value of real and personal property owned by a recipient of Supplemental
202.16 Security Income or Minnesota supplemental aid;
202.17 (7) the value of corrective payments, but only for the month in which the payment
202.18 is received and for the following month;
202.19 (8) a mobile home or other vehicle used by an applicant or participant as the
202.20 applicant's or participant's home;
202.21 (9) money in a separate escrow account that is needed to pay real estate taxes or
202.22 insurance and that is used for this purpose;
202.23 (10) money held in escrow to cover employee FICA, employee tax withholding,
202.24 sales tax withholding, employee worker compensation, business insurance, property rental,
202.25 property taxes, and other costs that are paid at least annually, but less often than monthly;
202.26 (11) monthly assistance payments for the current month's or short-term emergency
202.27 needs under section 256J.626, subdivision 2;
202.28 (12) the value of school loans, grants, or scholarships for the period they are
202.29 intended to cover;
202.30 (13) payments listed in section 256J.21, subdivision 2, clause (9), which are held in
202.31 escrow for a period not to exceed three months to replace or repair personal or real property;
202.32 (14) income received in a budget month through the end of the payment month;
202.33 (15) savings from earned income of a minor child or a minor parent that are set aside
202.34 in a separate account designated specifically for future education or employment costs;
202.35 (16) the federal earned income credit, Minnesota working family credit, state and
202.36 federal income tax refunds, state homeowners and renters credits under chapter 290A,

203.1 property tax rebates and other federal or state tax rebates in the month received and the
203.2 following month;
203.3 (17) payments excluded under federal law as long as those payments are held in a
203.4 separate account from any nonexcluded funds;
203.5 (18) the assets of children ineligible to receive MFIP benefits because foster care or
203.6 adoption assistance payments are made on their behalf; and
203.7 (19) the assets of persons whose income is excluded under section 256J.21,
203.8 subdivision 2, clause (43).

203.9 Sec. 11. Minnesota Statutes 2013 Supplement, section 256J.21, subdivision 2, is
203.10 amended to read:
203.11 Subd. 2. **Income exclusions.** The following must be excluded in determining a
203.12 family's available income:
203.13 (1) payments for basic care, difficulty of care, and clothing allowances received for
203.14 providing family foster care to children or adults under Minnesota Rules, parts 9555.5050
203.15 to 9555.6265, 9560.0521, and 9560.0650 to 9560.0655, payments for family foster care
203.16 for children under section 260C.4411 or chapter 256N, and payments received and used
203.17 for care and maintenance of a third-party beneficiary who is not a household member;
203.18 (2) reimbursements for employment training received through the Workforce
203.19 Investment Act of 1998, United States Code, title 20, chapter 73, section 9201;
203.20 (3) reimbursement for out-of-pocket expenses incurred while performing volunteer
203.21 services, jury duty, employment, or informal carpooling arrangements directly related to
203.22 employment;
203.23 (4) all educational assistance, except the county agency must count graduate student
203.24 teaching assistantships, fellowships, and other similar paid work as earned income and,
203.25 after allowing deductions for any unmet and necessary educational expenses, shall
203.26 count scholarships or grants awarded to graduate students that do not require teaching
203.27 or research as unearned income;
203.28 (5) loans, regardless of purpose, from public or private lending institutions,
203.29 governmental lending institutions, or governmental agencies;
203.30 (6) loans from private individuals, regardless of purpose, provided an applicant or
203.31 participant documents that the lender expects repayment;
203.32 (7)(i) state income tax refunds; and
203.33 (ii) federal income tax refunds;
203.34 (8)(i) federal earned income credits;
203.35 (ii) Minnesota working family credits;

204.1 (iii) state homeowners and renters credits under chapter 290A; and
204.2 (iv) federal or state tax rebates;
204.3 (9) funds received for reimbursement, replacement, or rebate of personal or real
204.4 property when these payments are made by public agencies, awarded by a court, solicited
204.5 through public appeal, or made as a grant by a federal agency, state or local government,
204.6 or disaster assistance organizations, subsequent to a presidential declaration of disaster;
204.7 (10) the portion of an insurance settlement that is used to pay medical, funeral, and
204.8 burial expenses, or to repair or replace insured property;
204.9 (11) reimbursements for medical expenses that cannot be paid by medical assistance;
204.10 (12) payments by a vocational rehabilitation program administered by the state
204.11 under chapter 268A, except those payments that are for current living expenses;
204.12 (13) in-kind income, including any payments directly made by a third party to a
204.13 provider of goods and services;
204.14 (14) assistance payments to correct underpayments, but only for the month in which
204.15 the payment is received;
204.16 (15) payments for short-term emergency needs under section 256J.626, subdivision 2;
204.17 (16) funeral and cemetery payments as provided by section 256.935;
204.18 (17) nonrecurring cash gifts of $30 or less, not exceeding $30 per participant in
204.19 a calendar month;
204.20 (18) any form of energy assistance payment made through Public Law 97-35,
204.21 Low-Income Home Energy Assistance Act of 1981, payments made directly to energy
204.22 providers by other public and private agencies, and any form of credit or rebate payment
204.23 issued by energy providers;
204.24 (19) Supplemental Security Income (SSI), including retroactive SSI payments and
204.25 other income of an SSI recipient, except as described in section 256J.37, subdivision 3b;
204.26 (20) Minnesota supplemental aid, including retroactive payments;
204.27 (21) proceeds from the sale of real or personal property;
204.28 (22) ~~state~~ adoption or kinship assistance payments under chapter 256N or 259A, and
204.29 ~~up to an equal amount of county adoption assistance payments~~ Minnesota permanency
204.30 demonstration title IV-E waiver payments under section 256.01, subdivision 14a;
204.31 (23) state-funded family subsidy program payments made under section 252.32 to
204.32 help families care for children with developmental disabilities, consumer support grant
204.33 funds under section 256.476, and resources and services for a disabled household member
204.34 under one of the home and community-based waiver services programs under chapter 256B;
204.35 (24) interest payments and dividends from property that is not excluded from and
204.36 that does not exceed the asset limit;

205.1 (25) rent rebates;
205.2 (26) income earned by a minor caregiver, minor child through age 6, or a minor
205.3 child who is at least a half-time student in an approved elementary or secondary education
205.4 program;
205.5 (27) income earned by a caregiver under age 20 who is at least a half-time student in
205.6 an approved elementary or secondary education program;
205.7 (28) MFIP child care payments under section 119B.05;
205.8 (29) all other payments made through MFIP to support a caregiver's pursuit of
205.9 greater economic stability;
205.10 (30) income a participant receives related to shared living expenses;
205.11 (31) reverse mortgages;
205.12 (32) benefits provided by the Child Nutrition Act of 1966, United States Code, title
205.13 42, chapter 13A, sections 1771 to 1790;
205.14 (33) benefits provided by the women, infants, and children (WIC) nutrition program,
205.15 United States Code, title 42, chapter 13A, section 1786;
205.16 (34) benefits from the National School Lunch Act, United States Code, title 42,
205.17 chapter 13, sections 1751 to 1769e;
205.18 (35) relocation assistance for displaced persons under the Uniform Relocation
205.19 Assistance and Real Property Acquisition Policies Act of 1970, United States Code, title
205.20 42, chapter 61, subchapter II, section 4636, or the National Housing Act, United States
205.21 Code, title 12, chapter 13, sections 1701 to 1750jj;
205.22 (36) benefits from the Trade Act of 1974, United States Code, title 19, chapter
205.23 12, part 2, sections 2271 to 2322;
205.24 (37) war reparations payments to Japanese Americans and Aleuts under United
205.25 States Code, title 50, sections 1989 to 1989d;
205.26 (38) payments to veterans or their dependents as a result of legal settlements
205.27 regarding Agent Orange or other chemical exposure under Public Law 101-239, section
205.28 10405, paragraph (a)(2)(E);
205.29 (39) income that is otherwise specifically excluded from MFIP consideration in
205.30 federal law, state law, or federal regulation;
205.31 (40) security and utility deposit refunds;
205.32 (41) American Indian tribal land settlements excluded under Public Laws 98-123,
205.33 98-124, and 99-377 to the Mississippi Band Chippewa Indians of White Earth, Leech
205.34 Lake, and Mille Lacs reservations and payments to members of the White Earth Band,
205.35 under United States Code, title 25, chapter 9, section 331, and chapter 16, section 1407;

(42) all income of the minor parent's parents and stepparents when determining the grant for the minor parent in households that include a minor parent living with parents or stepparents on MFIP with other children;

(43) income of the minor parent's parents and stepparents equal to 200 percent of the federal poverty guideline for a family size not including the minor parent and the minor parent's child in households that include a minor parent living with parents or stepparents not on MFIP when determining the grant for the minor parent. The remainder of income is deemed as specified in section 256J.37, subdivision 1b;

(44) payments made to children eligible for relative custody assistance under section 257.85;

(45) vendor payments for goods and services made on behalf of a client unless the client has the option of receiving the payment in cash;

(46) the principal portion of a contract for deed payment;

(47) cash payments to individuals enrolled for full-time service as a volunteer under AmeriCorps programs including AmeriCorps VISTA, AmeriCorps State, AmeriCorps National, and AmeriCorps NCCC; and

(48) housing assistance grants under section 256J.35, paragraph (a).

EFFECTIVE DATE. This section is effective January 1, 2015.

Sec. 12. Minnesota Statutes 2013 Supplement, section 256J.24, subdivision 3, is amended to read:

Subd. 3. **Individuals who must be excluded from an assistance unit.** (a) The following individuals who are part of the assistance unit determined under subdivision 2 are ineligible to receive MFIP:

(1) individuals who are recipients of Supplemental Security Income or Minnesota supplemental aid;

(2) individuals disqualified from the food stamp or food support program or MFIP, until the disqualification ends;

(3) children on whose behalf federal, state or local foster care payments are made, except as provided in sections 256J.13, subdivision 2, and 256J.74, subdivision 2;

(4) children receiving ongoing guardianship assistance payments under chapter 256N;

~~(4)~~ (5) children receiving ongoing monthly adoption assistance payments under chapter 256N or 259A; and

~~(5)~~ (6) individuals disqualified from the work participation cash benefit program until that disqualification ends.

207.1 (b) The exclusion of a person under this subdivision does not alter the mandatory
207.2 assistance unit composition.

207.3 **EFFECTIVE DATE.** This section is effective January 1, 2015.

207.4 Sec. 13. Minnesota Statutes 2012, section 256J.30, subdivision 4, is amended to read:
207.5 Subd. 4. **Participant's completion of recertification of eligibility form.** A
207.6 participant must complete forms prescribed by the commissioner which are required
207.7 for recertification of eligibility according to section 256J.32, subdivision 6. A county
207.8 agency must end benefits when the participant fails to submit the recertification form and
207.9 verifications and complete the interview process before the end of the certification period.
207.10 If the participant submits the recertification form by the last day of the certification period,
207.11 benefits may be reinstated back to the date of closing when the recertification process is
207.12 completed during the first month after benefits ended.

207.13 Sec. 14. Minnesota Statutes 2012, section 256J.30, subdivision 12, is amended to read:
207.14 Subd. 12. **Requirement to provide Social Security numbers.** Each member
207.15 of the assistance unit must provide the member's Social Security number to the county
207.16 agency, except for members in the assistance unit who are qualified noncitizens who are
207.17 victims of domestic violence as defined under section 256J.08, subdivision 73, ~~clause (7)~~
207.18 clauses (8) and (9). When a Social Security number is not provided to the county agency
207.19 for verification, this requirement is satisfied when each member of the assistance unit
207.20 cooperates with the procedures for verification of numbers, issuance of duplicate cards,
207.21 and issuance of new numbers which have been established jointly between the Social
207.22 Security Administration and the commissioner.

207.23 Sec. 15. Minnesota Statutes 2012, section 256J.32, subdivision 6, is amended to read:
207.24 Subd. 6. **Recertification.** (a) The county agency shall recertify eligibility in an
207.25 annual ~~face-to-face~~ interview with the participant. ~~The county agency may waive the~~
207.26 ~~face-to-face interview and conduct a phone interview for participants who qualify under~~
207.27 ~~paragraph (b).~~ The interview may be conducted by phone, Internet telepresence, or
207.28 face-to-face in the county office or in another location mutually agreed upon. During the
207.29 interview, the county agency shall verify the following:
207.30 (1) presence of the minor child in the home, if questionable;
207.31 (2) income, unless excluded, including self-employment expenses used as a
207.32 deduction or deposits or withdrawals from business accounts;
207.33 (3) assets when the value is within $200 of the asset limit;

(4) information to establish an exception under section 256J.24, subdivision 9, if questionable;

(5) inconsistent information, if related to eligibility; and

(6) whether a single caregiver household meets requirements in section 256J.575, subdivision 3.

(b) A participant ~~who is employed any number of hours~~ must be given the option of ~~conducting a face-to-face or~~ a phone interview or Internet telepresence to recertify eligibility. ~~The participant must be employed at the time the interview is scheduled. If the participant loses the participant's job between the time the interview is scheduled and when it is to be conducted, the phone interview may still be conducted.~~

Sec. 16. Minnesota Statutes 2012, section 256J.32, subdivision 8, is amended to read:

Subd. 8. **Personal statement.** (a) The county agency may accept a signed personal statement from the applicant or participant explaining the reasons that the documentation requested in subdivision 2 is unavailable as sufficient documentation at the time of application, recertification, or change related to eligibility only for the following factors:

(1) a claim of family violence if used as a basis to qualify for the family violence waiver;

(2) information needed to establish an exception under section 256J.24, subdivision 9;

(3) relationship of a minor child to caregivers in the assistance unit;

(4) citizenship status from a noncitizen who reports to be, or is identified as, a victim of severe forms of trafficking in persons, if the noncitizen reports that the noncitizen's immigration documents are being held by an individual or group of individuals against the noncitizen's will. The noncitizen must follow up with the Office of Refugee Resettlement (ORR) to pursue certification. If verification that certification is being pursued is not received within 30 days, the MFIP case must be closed and the agency shall pursue overpayments. The ORR documents certifying the noncitizen's status as a victim of severe forms of trafficking in persons, or the reason for the delay in processing, must be received within 90 days, or the MFIP case must be closed and the agency shall pursue overpayments; and

(5) other documentation unavailable for reasons beyond the control of the applicant or participant. Reasonable attempts must have been made to obtain the documents requested under subdivision 2.

(b) After meeting all requirements under section 256J.09, if a county agency determines that an applicant is ineligible due to exceeding limits under sections 256J.20

209.1 and 256J.21, a county agency may accept a signed personal statement from the applicant
209.2 in lieu of documentation verifying ineligibility.

209.3 Sec. 17. Minnesota Statutes 2012, section 256J.38, subdivision 6, is amended to read:
209.4 Subd. 6. **Scope of underpayments.** A county agency must issue a corrective
209.5 payment for underpayments made to a participant or to a person who would be a
209.6 participant if an agency or client error causing the underpayment had not occurred.
209.7 Corrective payments are limited to 12 months prior to the month of discovery. The county
209.8 agency must issue the corrective payment according to subdivision 8.

209.9 Sec. 18. Minnesota Statutes 2012, section 256J.49, subdivision 13, is amended to read:
209.10 Subd. 13. **Work activity.** (a) "Work activity" means any activity in a participant's
209.11 approved employment plan that leads to employment. For purposes of the MFIP program,
209.12 this includes activities that meet the definition of work activity under the participation
209.13 requirements of TANF. Work activity includes:
209.14 (1) unsubsidized employment, including work study and paid apprenticeships or
209.15 internships;
209.16 (2) subsidized private sector or public sector employment, including grant diversion
209.17 as specified in section 256J.69, on-the-job training as specified in section 256J.66, paid
209.18 work experience, and supported work when a wage subsidy is provided;
209.19 (3) ~~unpaid~~ uncompensated work experience, including community service, ~~volunteer~~
209.20 ~~work,~~ the community work experience program as specified in section 256J.67, unpaid
209.21 apprenticeships or internships, and supported work when a wage subsidy is not provided.
209.22 ~~Unpaid~~ Uncompensated work experience is only an option if the participant has been
209.23 unable to obtain or maintain paid employment in the competitive labor market, and
209.24 no paid work experience programs are available to the participant. Prior to placing a
209.25 participant in ~~unpaid~~ uncompensated work, the county must inform the participant that
209.26 the participant will be notified if a paid work experience or supported work position
209.27 becomes available. Unless a participant consents in writing to participate in ~~unpaid~~
209.28 uncompensated work experience, the participant's employment plan may only include
209.29 ~~unpaid~~ uncompensated work experience if ~~including the unpaid work experience in the~~
209.30 ~~plan will meet~~ the following criteria are met:
209.31 (i) the ~~unpaid~~ uncompensated work experience will provide the participant specific
209.32 skills or experience that cannot be obtained through other work activity options where the
209.33 participant resides or is willing to reside; and

(ii) the skills or experience gained through the ~~unpaid~~ uncompensated work experience will result in higher wages for the participant than the participant could earn without the ~~unpaid~~ uncompensated work experience;

(4) job search including job readiness assistance, job clubs, job placement, job-related counseling, and job retention services;

(5) job readiness education, including English as a second language (ESL) or functional work literacy classes as limited by the provisions of section 256J.531, subdivision 2, general educational development (GED) course work, high school completion, and adult basic education as limited by the provisions of section 256J.531, subdivision 1;

(6) job skills training directly related to employment, including education and training that can reasonably be expected to lead to employment, as limited by the provisions of section 256J.53;

(7) providing child care services to a participant who is working in a community service program;

(8) activities included in the employment plan that is developed under section 256J.521, subdivision 3; and

(9) preemployment activities including chemical and mental health assessments, treatment, and services; learning disabilities services; child protective services; family stabilization services; or other programs designed to enhance employability.

(b) "Work activity" does not include activities done for political purposes as defined in section 211B.01, subdivision 6.

Sec. 19. Minnesota Statutes 2012, section 256J.521, subdivision 1, is amended to read:

Subdivision 1. **Assessments.** (a) For purposes of MFIP employment services, assessment is a continuing process of gathering information related to employability for the purpose of identifying both participant's strengths and strategies for coping with issues that interfere with employment. The job counselor must use information from the assessment process to develop and update the employment plan under subdivision 2 or 3, as appropriate, to determine whether the participant qualifies for a family violence waiver including an employment plan under subdivision 3, and to determine whether the participant should be referred to family stabilization services under section 256J.575.

(b) The scope of assessment must cover at least the following areas:

(1) basic information about the participant's ability to obtain and retain employment, including: a review of the participant's education level; interests, skills, and abilities; prior

employment or work experience; transferable work skills; child care and transportation needs;

(2) identification of personal and family circumstances that impact the participant's ability to obtain and retain employment, including: any special needs of the children, the level of English proficiency, family violence issues, and any involvement with social services or the legal system;

(3) the results of a mental and chemical health screening tool designed by the commissioner and results of the brief screening tool for special learning needs. Screening tools for mental and chemical health and special learning needs must be approved by the commissioner and may only be administered by job counselors or county staff trained in using such screening tools. ~~The commissioner shall work with county agencies to develop protocols for referrals and follow-up actions after screens are administered to participants, including guidance on how employment plans may be modified based upon outcomes of certain screens.~~ Participants must be told of the purpose of the screens and how the information will be used to assist the participant in identifying and overcoming barriers to employment. Screening for mental and chemical health and special learning needs must be completed by participants ~~who are unable to find suitable employment after six weeks of job search under subdivision 2, paragraph (b), and participants who are determined to have barriers to employment under subdivision 2, paragraph (d)~~ three months after development of the initial employment plan or earlier if there is a documented need. Failure to complete the screens will result in sanction under section 256J.46; and

(4) a comprehensive review of participation and progress for participants who have received MFIP assistance and have not worked in unsubsidized employment during the past 12 months. The purpose of the review is to determine the need for additional services and supports, including placement in subsidized employment or unpaid work experience under section 256J.49, subdivision 13, or referral to family stabilization services under section 256J.575.

(c) Information gathered during a caregiver's participation in the diversionary work program under section 256J.95 must be incorporated into the assessment process.

(d) The job counselor may require the participant to complete a professional chemical use assessment to be performed according to the rules adopted under section 254A.03, subdivision 3, including provisions in the administrative rules which recognize the cultural background of the participant, or a professional psychological assessment as a component of the assessment process, when the job counselor has a reasonable belief, based on objective evidence, that a participant's ability to obtain and retain suitable employment is impaired by a medical condition. The job counselor may assist the participant with

212.1 arranging services, including child care assistance and transportation, necessary to meet
212.2 needs identified by the assessment. Data gathered as part of a professional assessment
212.3 must be classified and disclosed according to the provisions in section 13.46.

212.4 Sec. 20. Minnesota Statutes 2012, section 256J.521, subdivision 2, is amended to read:
212.5 Subd. 2. **Employment plan; contents.** (a) Based on the assessment under
212.6 subdivision 1, the job counselor and the participant must develop an employment plan
212.7 that includes participation in activities and hours that meet the requirements of section
212.8 256J.55, subdivision 1. The purpose of the employment plan is to identify for each
212.9 participant the most direct path to unsubsidized employment and any subsequent steps that
212.10 support long-term economic stability. The employment plan should be developed using
212.11 the highest level of activity appropriate for the participant. Activities must be chosen from
212.12 clauses (1) to (6), which are listed in order of preference. Notwithstanding this order of
212.13 preference for activities, priority must be given for activities related to a family violence
212.14 waiver when developing the employment plan. The employment plan must also list the
212.15 specific steps the participant will take to obtain employment, including steps necessary
212.16 for the participant to progress from one level of activity to another, and a timetable for
212.17 completion of each step. Levels of activity include:
212.18 (1) unsubsidized employment;
212.19 (2) job search;
212.20 (3) subsidized employment or unpaid work experience;
212.21 (4) unsubsidized employment and job readiness education or job skills training;
212.22 (5) unsubsidized employment or unpaid work experience and activities related to
212.23 a family violence waiver or preemployment needs; and
212.24 (6) activities related to a family violence waiver or preemployment needs.
212.25 (b) Participants who are determined to possess sufficient skills such that the
212.26 participant is likely to succeed in obtaining unsubsidized employment must job search at
212.27 least 30 hours per week for up to ~~six weeks~~ three months and accept any offer of suitable
212.28 employment. The remaining hours necessary to meet the requirements of section 256J.55,
212.29 subdivision 1, may be met through participation in other work activities under section
212.30 256J.49, subdivision 13. The participant's employment plan must specify, at a minimum:
212.31 (1) whether the job search is ~~supervised or unsupervised~~ on site or self-directed; (2)
212.32 support services that will be provided; and (3) how frequently the participant must report
212.33 to the job counselor. Participants who are unable to find suitable employment after ~~six~~
212.34 ~~weeks~~ three months must meet with the job counselor to determine whether other activities

in paragraph (a) should be incorporated into the employment plan. Job search activities which are continued after ~~six weeks~~ three months must be structured and supervised.

(c) Participants who are determined to have barriers to obtaining or maintaining suitable employment that will not be overcome during ~~six weeks~~ three months of job search under paragraph (b) must work with the job counselor to develop an employment plan that addresses those barriers by incorporating appropriate activities from paragraph (a), clauses (1) to (6). The employment plan must include enough hours to meet the participation requirements in section 256J.55, subdivision 1, unless a compelling reason to require fewer hours is noted in the participant's file.

(d) The job counselor and the participant must sign the employment plan to indicate agreement on the contents.

(e) Except as provided under paragraph (f), failure to develop or comply with activities in the plan, or voluntarily quitting suitable employment without good cause, will result in the imposition of a sanction under section 256J.46.

(f) When a participant fails to meet the agreed-upon hours of participation in paid employment because the participant is not eligible for holiday pay and the participant's place of employment is closed for a holiday, the job counselor shall not impose a sanction or increase the hours of participation in any other activity, including paid employment, to offset the hours that were missed due to the holiday.

(g) Employment plans must be reviewed at least every three months to determine whether activities and hourly requirements should be revised. The job counselor is encouraged to allow participants who are participating in at least 20 hours of work activities to also participate in education and training activities in order to meet the federal hourly participation rates.

Sec. 21. Minnesota Statutes 2012, section 256J.53, subdivision 2, is amended to read:

Subd. 2. **Approval of postsecondary education or training.** (a) In order for a postsecondary education or training program to be an approved activity in an employment plan, the plan must include additional work activities if the education and training activities do not meet the minimum hours required to meet the federal work participation rate under Code of Federal Regulations, title 45, sections 261.31 and 261.35.

(b) Participants seeking approval of a postsecondary education or training plan must ~~provide documentation~~ work with the job counselor to document that:

(1) the employment goal can only be met with the additional education or training;

(2) there are suitable employment opportunities that require the specific education or training in the area in which the participant resides or is willing to reside;

(3) the education or training will result in significantly higher wages for the participant than the participant could earn without the education or training;

(4) the participant can meet the requirements for admission into the program; and

(5) there is a reasonable expectation that the participant will complete the training program based on such factors as the participant's MFIP assessment, previous education, training, and work history; current motivation; and changes in previous circumstances.

Sec. 22. Minnesota Statutes 2012, section 256J.53, subdivision 5, is amended to read:

Subd. 5. **Requirements after postsecondary education or training.** Upon completion of an approved education or training program, a participant who does not meet the participation requirements in section 256J.55, subdivision 1, through unsubsidized employment must participate in job search. If, after ~~six weeks~~ three months of job search, the participant does not find a full-time job consistent with the employment goal, the participant must accept any offer of full-time suitable employment, or meet with the job counselor to revise the employment plan to include additional work activities necessary to meet hourly requirements.

Sec. 23. Minnesota Statutes 2013 Supplement, section 256J.621, subdivision 1, is amended to read:

Subdivision 1. **Program characteristics.** (a) ~~Effective October 1, 2009, upon exiting the diversionary work program (DWP) or upon terminating~~ Within 30 days of exiting the Minnesota family investment program with earnings, ~~a participant who is employed may be eligible~~ the county must assess eligibility for work participation cash benefits of $25 per month to assist in meeting the family's basic needs as the participant continues to move toward self-sufficiency. Payment begins effective the first of the month following exit or termination for MFIP and DWP participants.

(b) To be eligible for work participation cash benefits, the participant shall not receive MFIP or diversionary work program assistance during the month and the participant or participants must meet the following work requirements:

(1) if the participant is a single caregiver and has a child under six years of age, the participant must be employed at least 87 hours per month;

(2) if the participant is a single caregiver and does not have a child under six years of age, the participant must be employed at least 130 hours per month; or

(3) if the household is a two-parent family, at least one of the parents must be employed 130 hours per month.

215.1 Whenever a participant exits the diversionary work program or is terminated from
215.2 MFIP and meets the other criteria in this section, work participation cash benefits are
215.3 available for up to 24 consecutive months.

215.4 (c) Expenditures on the program are maintenance of effort state funds under
215.5 a separate state program for participants under paragraph (b), clauses (1) and (2).
215.6 Expenditures for participants under paragraph (b), clause (3), are nonmaintenance of effort
215.7 funds. Months in which a participant receives work participation cash benefits under this
215.8 section do not count toward the participant's MFIP 60-month time limit.

215.9 Sec. 24. Minnesota Statutes 2012, section 256J.626, subdivision 5, is amended to read:

215.10 Subd. 5. **Innovation projects.** Beginning January 1, 2005, no more than $3,000,000
215.11 of the funds annually appropriated to the commissioner for use in the consolidated fund
215.12 shall be available to the commissioner ~~for projects testing~~ to reward high-performing
215.13 counties and tribes, support promising practices, and test innovative approaches to
215.14 improving outcomes for MFIP participants, family stabilization services participants, and
215.15 persons at risk of receiving MFIP as detailed in subdivision 3. ~~Projects shall~~ Project
215.16 funds may be targeted to geographic areas with poor outcomes as specified in section
215.17 256J.751, subdivision 5, or to subgroups within the MFIP case load who are experiencing
215.18 poor outcomes.

215.19 Sec. 25. Minnesota Statutes 2013 Supplement, section 256J.626, subdivision 6,
215.20 is amended to read:

215.21 Subd. 6. **Base allocation to counties and tribes; definitions.** (a) For purposes of
215.22 this section, the following terms have the meanings given.

215.23 (1) "2002 historic spending base" means the commissioner's determination of
215.24 the sum of the reimbursement related to fiscal year 2002 of county or tribal agency
215.25 expenditures for the base programs listed in clause (6), items (i) through (iv), and earnings
215.26 related to calendar year 2002 in the base program listed in clause (6), item (v), and the
215.27 amount of spending in fiscal year 2002 in the base program listed in clause (6), item (vi),
215.28 issued to or on behalf of persons residing in the county or tribal service delivery area.

215.29 (2) "Adjusted caseload factor" means a factor weighted:

215.30 (i) 47 percent on the MFIP cases in each county at four points in time in the most
215.31 recent 12-month period for which data is available multiplied by the county's caseload
215.32 difficulty factor; and

216.1 (ii) 53 percent on the count of adults on MFIP in each county and tribe at four points
216.2 in time in the most recent 12-month period for which data is available multiplied by the
216.3 county or tribe's caseload difficulty factor.

216.4 (3) "Caseload difficulty factor" means a factor determined by the commissioner for
216.5 each county and tribe based upon the self-support index described in section 256J.751,
216.6 subdivision 2, clause (6).

216.7 (4) "Initial allocation" means the amount potentially available to each county or tribe
216.8 based on the formula in paragraphs (b) through (d).

216.9 (5) "Final allocation" means the amount available to each county or tribe based on
216.10 the formula in paragraphs (b) through (d), after adjustment by subdivision 7.

216.11 (6) "Base programs" means the:

216.12 (i) MFIP employment and training services under Minnesota Statutes 2002, section
216.13 256J.62, subdivision 1, in effect June 30, 2002;

216.14 (ii) bilingual employment and training services to refugees under Minnesota Statutes
216.15 2002, section 256J.62, subdivision 6, in effect June 30, 2002;

216.16 (iii) work literacy language programs under Minnesota Statutes 2002, section
216.17 256J.62, subdivision 7, in effect June 30, 2002;

216.18 (iv) supported work program authorized in Laws 2001, First Special Session chapter
216.19 9, article 17, section 2, in effect June 30, 2002;

216.20 (v) administrative aid program under section 256J.76 in effect December 31, 2002;
216.21 and

216.22 (vi) emergency assistance program under Minnesota Statutes 2002, section 256J.48,
216.23 in effect June 30, 2002.

216.24 (b) The commissioner shall determine for calendar year 2008 and subsequent years
216.25 the initial allocation of funds to be made available under this section based 50 percent on
216.26 the proportion of the county or tribe's share of the statewide 2002 historic spending base and
216.27 50 percent on the proportion of the county or tribe's share of the adjusted caseload factor.

216.28 (c) With the commencement of a new or expanded tribal TANF program, or for
216.29 tribes administering TANF as authorized under Laws 2011, First Special Session chapter
216.30 9, article 9, section 18, or an agreement under section 256.01, subdivision 2, paragraph
216.31 (g), in which some or all of the responsibilities of particular counties under this section are
216.32 transferred to a tribe, the commissioner shall:

216.33 (1) in the case where all responsibilities under this section are transferred to a
216.34 tribe or tribal program, determine the percentage of the county's current caseload that is
216.35 transferring to a tribal program and adjust the affected county's ~~allocation~~ and tribe's
216.36 allocations accordingly; and

217.1 (2) in the case where a portion of the responsibilities under this section are
217.2 transferred to a tribe or tribal program, the commissioner shall consult with the affected
217.3 county or counties to determine an appropriate adjustment to the allocation.
217.4 (d) Effective January 1, 2005, counties and tribes will have their final allocations
217.5 adjusted based on the performance provisions of subdivision 7.

217.6 Sec. 26. Minnesota Statutes 2012, section 256J.626, subdivision 8, is amended to read:
217.7 Subd. 8. **Reporting requirement and reimbursement.** (a) The commissioner shall
217.8 specify requirements for reporting according to section 256.01, subdivision 2, clause (17).
217.9 Each county or tribe shall be reimbursed for eligible expenditures up to the limit of its
217.10 allocation and subject to availability of funds.
217.11 (b) Reimbursements for county administrative-related expenditures determined
217.12 through the income maintenance random moment time study shall be reimbursed at a
217.13 rate of 50 percent of eligible expenditures.
217.14 (c) The commissioner of human services shall review county and tribal agency
217.15 expenditures of the MFIP consolidated fund as appropriate and may reallocate
217.16 unencumbered or unexpended money appropriated under this section to those county and
217.17 tribal agencies that can demonstrate a need for additional money ~~as follows:~~.
217.18 ~~(1) to the extent that particular county or tribal allocations are reduced from the~~
217.19 ~~previous year's amount due to the phase-in under subdivision 6, paragraph (b), clauses (4)~~
217.20 ~~to (6), those tribes or counties would have first priority for reallocated funds; and~~
217.21 ~~(2)~~ To the extent that unexpended funds are insufficient to cover demonstrated need,
217.22 funds ~~will~~ must be prorated to those counties and tribes in relation to demonstrated need.

217.23 Sec. 27. Minnesota Statutes 2012, section 256J.67, is amended to read:

217.24 **256J.67 COMMUNITY WORK EXPERIENCE.**

217.25 Subdivision 1. **Establishing the community work experience program.** To the
217.26 extent of available resources, each county agency may establish and operate a community
217.27 work experience component for MFIP caregivers who are participating in employment and
217.28 training services. This option for county agencies supersedes the requirement in section
217.29 402(a)(1)(B)(iv) of the Social Security Act that caregivers who have received assistance
217.30 for two months and who are not exempt from work requirements must participate in a
217.31 work experience program. The purpose of the community work experience component is
217.32 to enhance the caregiver's employability and self-sufficiency and to provide meaningful,
217.33 productive work activities. The county shall use this program for an individual after
217.34 exhausting all other employment opportunities. The county agency shall not require a

218.1 caregiver to participate in the community work experience program unless the caregiver
218.2 has been given an opportunity to participate in other work activities.

218.3 Subd. 2. **Commissioner's duties.** The commissioner shall assist counties in the
218.4 design and implementation of these components.

218.5 Subd. 3. **Employment options.** (a) Work sites developed under this section are
218.6 limited to projects that serve a useful public service such as: health, social service,
218.7 environmental protection, education, urban and rural development and redevelopment,
218.8 welfare, recreation, public facilities, public safety, community service, services to aged
218.9 or disabled citizens, and child care. To the extent possible, the prior training, skills, and
218.10 experience of a caregiver must be considered in making appropriate work experience
218.11 assignments.

218.12 (b) Structured, supervised ~~volunteer~~ uncompensated work with an agency or
218.13 organization, which is monitored by the county service provider, may, with the approval
218.14 of the county agency, be used as a community work experience placement.

218.15 (c) As a condition of placing a caregiver in a program under this section, the county
218.16 agency shall first provide the caregiver the opportunity:

218.17 (1) for placement in suitable subsidized ~~or unsubsidized~~ employment through
218.18 participation in a job search; or

218.19 (2) for placement in suitable employment through participation in on-the-job
218.20 training, if such employment is available.

218.21 Subd. 4. **Employment plan.** (a) The caretaker's employment plan must include
218.22 the length of time needed in the community work experience program, the need to
218.23 continue job-seeking activities while participating in community work experience, and
218.24 the caregiver's employment goals.

218.25 (b) After each six months of a caregiver's participation in a community work
218.26 experience job placement, and at the conclusion of each community work experience
218.27 assignment under this section, the county agency shall reassess and revise, as appropriate,
218.28 the caregiver's employment plan.

218.29 (c) A caregiver may claim good cause under section 256J.57, subdivision 1, for
218.30 failure to cooperate with a community work experience job placement.

218.31 (d) The county agency shall limit the maximum number of hours any participant may
218.32 work under this section to the amount of the MFIP standard of need divided by the federal
218.33 or applicable state minimum wage, whichever is higher. After a participant has been
218.34 assigned to a position for nine months, the participant may not continue in that assignment
218.35 unless the maximum number of hours a participant works is no greater than the amount of
218.36 the MFIP standard of need divided by the rate of pay for individuals employed in the same

219.1 or similar occupations by the same employer at the same site. This limit does not apply if
219.2 it would prevent a participant from counting toward the federal work participation rate.

219.3 Sec. 28. Minnesota Statutes 2012, section 256J.68, subdivision 1, is amended to read:
219.4 Subdivision 1. **Applicability.** (a) This section must be used to determine payment
219.5 of any claims resulting from an alleged injury or death of a person participating in a
219.6 county or a tribal community uncompensated work experience program under section
219.7 256J.49, subdivision 13, paragraph (a), clause (3), that is approved by the commissioner
219.8 and is operated by:
219.9 (1) the county agency;
219.10 (2) the tribe;
219.11 (3) a department of the state agency; or
219.12 (4) a community-based organization under contract, prior to April 1, 1997, with
219.13 a tribe or county agency to provide a community an uncompensated work experience
219.14 program or a food stamp community work experience employment and training program,
219.15 provided the organization has not experienced any individual injury loss or claim greater
219.16 than $1,000 under section 256D.051.
219.17 (b) This determination method is available to the community-based organization
219.18 under paragraph (a), clause (4), only for claims incurred by participants in the community
219.19 work experience program or the food stamp community work experience program.
219.20 (c) (b) This determination method section applies to the community work experience
219.21 program under section 256J.67, the Supplemental Nutrition Assistance Program
219.22 uncompensated work experience programs authorized, and other uncompensated work
219.23 programs approved by the commissioner for persons applying for or receiving cash
219.24 assistance and food stamps, and to the Minnesota parent's fair share program, in a
219.25 county with an approved community investment program for obligors. Uncompensated
219.26 work experience programs are considered to be approved by the commissioner if they
219.27 are included in an approved tribal or county biennial service agreement under section
219.28 256J.626, subdivision 4.

219.29 Sec. 29. Minnesota Statutes 2012, section 256J.68, subdivision 2, is amended to read:
219.30 Subd. 2. **Investigation of the claim.** Claims that are subject to this section
219.31 must be investigated by the county agency or the tribal program tribe responsible for
219.32 supervising the placing a participant in an uncompensated work experience program to
219.33 determine whether the claimed injury occurred, whether the claimed medical expenses
219.34 are reasonable, and whether the loss is covered by the claimant's insurance. If insurance

coverage is established, the county agency or ~~tribal program~~ tribe shall submit the claim to the appropriate insurance entity for payment. The investigating county agency or ~~tribal program~~ tribe shall submit all ~~valid~~ remaining claims, in the amount net of any insurance payments, to the Department of Human Services.

Sec. 30. Minnesota Statutes 2012, section 256J.68, subdivision 4, is amended to read:

Subd. 4. **Claims less than $1,000.** The commissioner shall approve a claim of $1,000 or less for payment if appropriated funds are available, if the county agency or ~~tribal program~~ tribe responsible for ~~supervising the~~ placing a participant in an uncompensated work experience program has made the determinations required by this section, and if the work program was operated in compliance with the safety provisions of this section. The commissioner shall pay the portion of an approved claim of $1,000 or less that is not covered by the claimant's insurance within three months of the date of submission. On or before February 1 of each year, the commissioner shall submit to the appropriate committees of the senate and the house of representatives a list of claims of $1,000 or less paid during the preceding calendar year and shall be reimbursed by legislative appropriation for any claims that exceed the original appropriation provided to the commissioner to operate ~~this program~~ the injury protection program for uncompensated work experience participants. Any unspent money from this appropriation shall carry over to the second year of the biennium, and any unspent money remaining at the end of the second year shall be returned to the state general fund.

Sec. 31. Minnesota Statutes 2012, section 256J.68, subdivision 7, is amended to read:

Subd. 7. **Exclusive procedure.** The ~~procedure~~ procedures established by this section ~~is~~ apply to uncompensated work experience programs under subdivision 1 and are exclusive of all other legal, equitable, and statutory remedies against the state, its political subdivisions, or employees of the state or its political subdivisions under section 13.02, subdivision 11. The claimant shall not be entitled to seek damages from any state, county, tribal, or reservation insurance policy or self-insurance program. A provider who accepts or agrees to accept an injury protection program payment for services provided to an individual must not require any payment from the individual.

Sec. 32. Minnesota Statutes 2012, section 256J.68, subdivision 8, is amended to read:

Subd. 8. **Invalid claims.** A claim is ~~not valid~~ invalid for purposes of this section if the county agency or tribe responsible for ~~supervising the work~~ placing a participant cannot verify to the commissioner:

221.1 (1) that appropriate safety training and information is provided to all persons being
221.2 supervised by the ~~agency~~ uncompensated work experience site under this section; and
221.3 (2) that all programs ~~involving work by those persons~~ under subdivision 1 comply
221.4 with federal Occupational Safety and Health Administration and state Department of
221.5 Labor and Industry safety standards. ~~A claim that is not valid because of~~ An invalid claim
221.6 due to a failure to verify safety training or compliance with safety standards will not be
221.7 paid by the Department of Human Services or through the legislative claims process and
221.8 must be heard, decided, and paid, if appropriate, by the ~~local government unit~~ county
221.9 agency or ~~tribal program~~ tribe responsible for ~~supervising the work of~~ placing the claimant.

221.10 Sec. 33. Minnesota Statutes 2012, section 256J.751, subdivision 2, is amended to read:
221.11 Subd. 2. **Quarterly comparison report.** (a) The commissioner shall report
221.12 quarterly to all counties on each county's performance on the following measures:
221.13 (1) percent of MFIP caseload working in paid employment;
221.14 (2) percent of MFIP caseload receiving only the food portion of assistance;
221.15 (3) number of MFIP cases that have left assistance;
221.16 (4) median placement wage rate;
221.17 (5) caseload by months of TANF assistance;
221.18 (6) percent of MFIP and diversionary work program (DWP) cases off cash assistance
221.19 or working 30 or more hours per week at one-year, two-year, and three-year follow-up
221.20 points from a baseline quarter. This measure is called the self-support index. The
221.21 commissioner shall report quarterly an expected range of performance for each county,
221.22 county grouping, and tribe on the self-support index. The expected range shall be derived
221.23 by a statistical methodology developed by the commissioner in consultation with the
221.24 counties and tribes. The statistical methodology shall control differences across counties
221.25 in economic conditions and demographics of the MFIP and DWP case load; and
221.26 (7) the TANF work participation rate, defined as the participation requirements
221.27 specified under Public Law 109-171, the Deficit Reduction Act of 2005.
221.28 (b) The commissioner shall not apply the limits on vocational educational training and
221.29 education activities under Code of Federal Regulations, title 45, section 261.33(c), when
221.30 determining TANF work participation rates for individual counties under this subdivision.

221.31 Sec. 34. Minnesota Statutes 2012, section 256K.26, subdivision 4, is amended to read:
221.32 Subd. 4. ~~**County**~~ **Eligibility.** Counties and tribes are eligible for funding under
221.33 this section. Priority will be given to proposals submitted on behalf of multicounty and
221.34 tribal partnerships.

222.1 Sec. 35. **[260D.12] TRIAL HOME VISITS; VOLUNTARY FOSTER CARE FOR**
222.2 **TREATMENT.**
222.3 When a child is in foster care for treatment under this chapter, the child's parent
222.4 and the responsible social services agency may agree that the child is returned to the
222.5 care of the parent on a trial home visit. The purpose of the trial home visit is to provide
222.6 sufficient planning for supports and services to the child and family to meet the child's
222.7 needs following treatment so that the child can return to and remain in the parent's home.
222.8 During the period of the trial home visit, the agency has placement and care responsibility
222.9 for the child. The trial home visit shall not exceed six months and may be terminated by
222.10 either the parent or the agency within ten days' written notice.

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

222.12 Sec. 36. Minnesota Statutes 2013 Supplement, section 626.556, subdivision 7, is
222.13 amended to read:
222.14 Subd. 7. **Report; information provided to parent.** (a) An oral report shall be made
222.15 immediately by telephone or otherwise. An oral report made by a person required under
222.16 subdivision 3 to report shall be followed within 72 hours, exclusive of weekends and
222.17 holidays, by a report in writing to the appropriate police department, the county sheriff, the
222.18 agency responsible for assessing or investigating the report, or the local welfare agency~~,~~
222.19 ~~unless the appropriate agency has informed the reporter that the oral information does not~~
222.20 ~~constitute a report under subdivision 10~~. The local welfare agency shall determine if the
222.21 report is accepted for an assessment or investigation as soon as possible but in no event
222.22 longer than 24 hours after the report is received.
222.23 (b) Any report shall be of sufficient content to identify the child, any person believed
222.24 to be responsible for the abuse or neglect of the child if the person is known, the nature
222.25 and extent of the abuse or neglect and the name and address of the reporter. ~~If requested,~~
222.26 ~~the local welfare agency or the agency responsible for assessing or investigating the report~~
222.27 ~~shall inform the reporter within ten days after the report is made, either orally or in writing,~~
222.28 ~~whether the report was accepted for assessment or investigation.~~ The local welfare agency
222.29 or agency responsible for assessing or investigating the report shall accept a report made
222.30 under subdivision 3 notwithstanding refusal by a reporter to provide the reporter's name or
222.31 address as long as the report is otherwise sufficient under this paragraph. Written reports
222.32 received by a police department or the county sheriff shall be forwarded immediately to
222.33 the local welfare agency or the agency responsible for assessing or investigating the
222.34 report. The police department or the county sheriff may keep copies of reports received
222.35 by them. Copies of written reports received by a local welfare department or the agency

223.1 responsible for assessing or investigating the report shall be forwarded immediately to the
223.2 local police department or the county sheriff.
223.3 (c) When requested, the agency responsible for assessing or investigating a report
223.4 shall inform the reporter within ten days after the report was made, either orally or in
223.5 writing, whether the report was accepted or not. If the responsible agency determines the
223.6 report does not constitute a report under this section, the agency shall advise the reporter
223.7 the report was screened out. A screened-out report must not be used for any purpose other
223.8 than making an offer of social services to the subjects of the screened-out report.
223.9 ~~(b)~~ (d) Notwithstanding paragraph (a), the commissioner of education must inform
223.10 the parent, guardian, or legal custodian of the child who is the subject of a report of
223.11 alleged maltreatment in a school facility within ten days of receiving the report, either
223.12 orally or in writing, whether the commissioner is assessing or investigating the report
223.13 of alleged maltreatment.
223.14 ~~(c)~~ (e) Regardless of whether a report is made under this subdivision, as soon as
223.15 practicable after a school receives information regarding an incident that may constitute
223.16 maltreatment of a child in a school facility, the school shall inform the parent, legal
223.17 guardian, or custodian of the child that an incident has occurred that may constitute
223.18 maltreatment of the child, when the incident occurred, and the nature of the conduct
223.19 that may constitute maltreatment.
223.20 ~~(d)~~ (f) A written copy of a report maintained by personnel of agencies, other than
223.21 welfare or law enforcement agencies, which are subject to chapter 13 shall be confidential.
223.22 An individual subject of the report may obtain access to the original report as provided
223.23 by subdivision 11.

223.24 Sec. 37. Minnesota Statutes 2012, section 626.556, subdivision 11c, is amended to read:
223.25 Subd. 11c. **Welfare, court services agency, and school records maintained.**
223.26 Notwithstanding sections 138.163 and 138.17, records maintained or records derived
223.27 from reports of abuse by local welfare agencies, agencies responsible for assessing or
223.28 investigating the report, court services agencies, or schools under this section shall be
223.29 destroyed as provided in paragraphs (a) to (d) by the responsible authority.
223.30 (a) For family assessment cases and cases where an investigation results in no
223.31 determination of maltreatment or the need for child protective services, the assessment or
223.32 investigation records must be maintained for a period of four years after the date of the final
223.33 entry in the case record. Records under this paragraph may not be used for employment,
223.34 background checks, or purposes other than to assist in future risk and safety assessments.

224.1 (b) All records relating to reports which, upon investigation, indicate either
224.2 maltreatment or a need for child protective services shall be maintained for ~~at least~~ ten
224.3 years after the date of the final entry in the case record.
224.4 (c) All records regarding a report of maltreatment, including any notification of intent
224.5 to interview which was received by a school under subdivision 10, paragraph (d), shall be
224.6 destroyed by the school when ordered to do so by the agency conducting the assessment or
224.7 investigation. The agency shall order the destruction of the notification when other records
224.8 relating to the report under investigation or assessment are destroyed under this subdivision.
224.9 (d) Private or confidential data released to a court services agency under subdivision
224.10 10h must be destroyed by the court services agency when ordered to do so by the local
224.11 welfare agency that released the data. The local welfare agency or agency responsible for
224.12 assessing or investigating the report shall order destruction of the data when other records
224.13 relating to the assessment or investigation are destroyed under this subdivision.

224.14 Sec. 38. Minnesota Statutes 2012, section 626.5561, subdivision 1, is amended to read:
224.15 Subdivision 1. **Reports required.** (a) Except as provided in paragraph (b), a person
224.16 mandated to report under section 626.556, subdivision 3, shall immediately report to the
224.17 local welfare agency if the person knows or has reason to believe that a woman is pregnant
224.18 and has used a controlled substance for a nonmedical purpose during the pregnancy,
224.19 including, but not limited to, tetrahydrocannabinol, or has consumed alcoholic beverages
224.20 during the pregnancy in any way that is habitual or excessive.
224.21 (b) A health care professional or a social service professional who is mandated to
224.22 report under section 626.556, subdivision 3, is exempt from reporting under paragraph
224.23 (a) a woman's use or consumption of tetrahydrocannabinol or alcoholic beverages
224.24 during pregnancy if the professional is providing the woman with prenatal care or other
224.25 healthcare services.
224.26 (c) Any person may make a voluntary report if the person knows or has reason to
224.27 believe that a woman is pregnant and has used a controlled substance for a nonmedical
224.28 purpose during the pregnancy, including, but not limited to, tetrahydrocannabinol, or
224.29 has consumed alcoholic beverages during the pregnancy in any way that is habitual or
224.30 excessive.
224.31 (d) An oral report shall be made immediately by telephone or otherwise. An oral
224.32 report made by a person required to report shall be followed within 72 hours, exclusive
224.33 of weekends and holidays, by a report in writing to the local welfare agency. Any report
224.34 shall be of sufficient content to identify the pregnant woman, the nature and extent of the
224.35 use, if known, and the name and address of the reporter. The local welfare agency shall

225.1 accept a report made under paragraph (c) notwithstanding refusal by a voluntary reporter
225.2 to provide the reporter's name or address as long as the report is otherwise sufficient.
225.3 ~~(d)~~ (e) For purposes of this section, "prenatal care" means the comprehensive
225.4 package of medical and psychological support provided throughout the pregnancy.

225.5 ## ARTICLE 12

225.6 ## APPROPRIATIONS

		APPROPRIATIONS Available for the Year Ending June 30	
		2014	2015
225.11	Section 1. **APPROPRIATIONS**	$	$
225.12	**Board of Behavioral Health and Therapy**	-0-	8,000
225.13–225.16	This appropriation is from the state government special revenue fund for board member per diem payments and licensing activity.		
225.17	**Board of Chiropractic Examiners**	-0-	10,000
225.18–225.20	This appropriation is from the state government special revenue fund for board member per diem payments.		
225.21	**Board of Dentistry**	-0-	39,000
225.22–225.24	This appropriation is from the state government special revenue fund for board member per diem payments.		
225.25	**Board of Dietetics and Nutrition Practice**	-0-	1,000
225.26–225.28	This appropriation is from the state government special revenue fund for board member per diem payments.		
225.29	**Board of Marriage and Family Therapy**	-0-	4,000
225.30–225.31	This appropriation is from the state government special revenue fund for board		

226.1 member per diem payments and licensing
226.2 activity.

226.3	**Board of Medical Practice**	-0-	38,000

226.4 This appropriation is from the state
226.5 government special revenue fund for board
226.6 member per diem payments.

226.7	**Board of Nursing**	-0-	266,000

226.8 This appropriation is from the state
226.9 government special revenue fund for board
226.10 member per diem payments and licensing
226.11 activity.

226.12	**Board of Nursing Home Administrators**	-0-	2,000

226.13 This appropriation is from the state
226.14 government special revenue fund for board
226.15 member per diem payments.

226.16	**Board of Optometry**	-0-	1,000

226.17 This appropriation is from the state
226.18 government special revenue fund for board
226.19 member per diem payments.

226.20	**Board of Pharmacy**	-0-	2,000

226.21 This appropriation is from the state
226.22 government special revenue fund for board
226.23 member per diem payments.

226.24	**Board of Physical Therapy**	-0-	4,000

226.25 This appropriation is from the state
226.26 government special revenue fund for board
226.27 member per diem payments.

226.28	**Board of Podiatric Medicine**	-0-	1,000

226.29 This appropriation is from the state
226.30 government special revenue fund for board
226.31 member per diem payments.

226.32	**Board of Psychology**	-0-	15,000

227.1 This appropriation is from the state
227.2 government special revenue fund for board
227.3 member per diem payments.

227.4 **Board of Social Work**	-0-	17,000

227.5 This appropriation is from the state
227.6 government special revenue fund for board
227.7 member per diem payments and licensing
227.8 activity.

227.9 **Board of Veterinary Medicine**	-0-	2,000

227.10 This appropriation is from the state
227.11 government special revenue fund for board
227.12 member per diem payments.

227.13 Sec. 2. **APPROPRIATION.**

227.14 $210,000 in fiscal year 2015 is appropriated from the state government special
227.15 revenue fund to the Board of Pharmacy to implement changes to the prescription monitoring
227.16 program. The base for this appropriation is $171,000 in fiscal years 2016 and 2017.

APPENDIX
Article locations in H2402-3

ARTICLE 1 CHILDREN AND FAMILIES .... Page.Ln 2.36
ARTICLE 2 PROVISION OF HEALTH SERVICES .... Page.Ln 13.1
ARTICLE 3 CHEMICAL AND MENTAL HEALTH SERVICES .... Page.Ln 23.18
ARTICLE 4 HEALTH-RELATED LICENSING BOARDS .... Page.Ln 32.5
ARTICLE 5 BOARD OF PHARMACY .... Page.Ln 67.25
ARTICLE 6 HEALTH DEPARTMENT AND PUBLIC HEALTH .... Page.Ln 116.1
ARTICLE 7 LOCAL PUBLIC HEALTH SYSTEM .... Page.Ln 139.22
ARTICLE 8 CONTINUING CARE .... Page.Ln 159.27
ARTICLE 9 HEALTH CARE .... Page.Ln 178.1
ARTICLE 10 MISCELLANEOUS .... Page.Ln 181.11
ARTICLE 11 CHILDREN AND FAMILY SERVICES POLICY .... Page.Ln 193.7
ARTICLE 12 APPROPRIATIONS .... Page.Ln 225.5

145A.02 DEFINITIONS.

Subd. 2. **Board of health.** "Board of health" or "board" means an administrative authority established under section 145A.03 or 145A.07.

145A.03 ESTABLISHMENT AND ORGANIZATION.

Subd. 3. **Withdrawal from joint powers board of health.** A county or city may withdraw from a joint powers board of health by resolution of its governing body not less than one year after the effective date of the initial joint powers agreement. The withdrawing county or city must notify the commissioner and the other parties to the agreement at least one year before the beginning of the calendar year in which withdrawal takes effect.

Subd. 6. **Duplicate licensing.** A local board of health must work with the commissioner of agriculture to eliminate duplicate licensing and inspection of grocery and convenience stores by no later than March 1, 1992.

145A.09 PURPOSE; FORMATION; ELIGIBILITY; WITHDRAWAL.

Subdivision 1. **General purpose.** The purpose of sections 145A.09 to 145A.14 is to develop and maintain an integrated system of community health services under local administration and within a system of state guidelines and standards.

Subd. 2. **Community health board; eligibility.** A board of health that meets the requirements of sections 145A.09 to 145A.131 is a community health board and is eligible for a local public health grant under section 145A.131.

Subd. 3. **Population requirement.** A board of health must include within its jurisdiction a population of 30,000 or more persons or be composed of three or more contiguous counties to be eligible to form a community health board.

Subd. 4. **Cities.** A city that meets the requirements of sections 145A.09 to 145A.131 is eligible for a local public health grant under section 145A.131.

Subd. 5. **Human services board.** A county board or a joint powers board of health that establishes a community health board and has or establishes an operational human services board under chapter 402 must assign the powers and duties of a community health board to the human services board.

Subd. 7. **Withdrawal.** (a) A county or city that has established or joined a community health board may withdraw from the local public health grant program authorized by sections 145A.09 to 145A.131 by resolution of its governing body in accordance with section 145A.03, subdivision 3, and this subdivision.

(b) A county or city may not withdraw from a joint powers community health board during the first two calendar years following that county's or city's initial adoption of the joint powers agreement.

(c) The withdrawal of a county or city from a community health board does not affect the eligibility for the local public health grant of any remaining county or city for one calendar year following the effective date of withdrawal.

(d) The local public health grant for a county that chooses to withdraw from a multicounty community health board shall be reduced by the amount of the local partnership incentive under section 145A.131, subdivision 2, paragraph (c).

145A.10 POWERS AND DUTIES OF COMMUNITY HEALTH BOARDS.

Subdivision 1. **General.** A community health board has the powers and duties of a board of health prescribed in sections 145A.03, 145A.04, 145A.07, and 145A.08, as well as the general responsibility for development and maintenance of an integrated system of community health services as prescribed in sections 145A.09 to 145A.131.

Subd. 2. **Preemption.** (a) Not later than 365 days after the formation of a community health board, any other board of health within the community health service area for which the plan has been prepared must cease operation, except as authorized in a joint powers agreement under section 145A.03, subdivision 2, or delegation agreement under section 145A.07, subdivision 2, or as otherwise allowed by this subdivision.

(b) This subdivision does not preempt or otherwise change the powers and duties of any city or county eligible for a local public health grant under section 145A.09.

(c) This subdivision does not preempt the authority to operate a community health services program of any city of the first or second class operating an existing program of community

health services located within a county with a population of 300,000 or more persons until the city council takes action to allow the county to preempt the city's powers and duties.

Subd. 3. **Medical consultant.** The community health board must appoint, employ, or contract with a medical consultant to ensure appropriate medical advice and direction for the board of health and assist the board and its staff in the coordination of community health services with local medical care and other health services.

Subd. 4. **Employees.** Persons employed by a county, city, or the state whose functions and duties are assumed by a community health board shall become employees of the board without loss in benefits, salaries, or rights. Failure to comply with this subdivision does not affect eligibility under section 145A.09.

Subd. 5a. **Duties.** (a) Consistent with the guidelines and standards established under section 145A.12, and with input from the community, the community health board shall:

(1) establish local public health priorities based on an assessment of community health needs and assets; and

(2) determine the mechanisms by which the community health board will address the local public health priorities established under clause (1) and achieve the statewide outcomes established under sections 145.8821 and 145A.12, subdivision 7, within the limits of available funding.
In determining the mechanisms to address local public health priorities and achieve statewide outcomes, the community health board shall seek public input or consider the recommendations of the community health advisory committee and the following essential public health services:

(i) monitor health status to identify community health problems;

(ii) diagnose and investigate problems and health hazards in the community;

(iii) inform, educate, and empower people about health issues;

(iv) mobilize community partnerships to identify and solve health problems;

(v) develop policies and plans that support individual and community health efforts;

(vi) enforce laws and regulations that protect health and ensure safety;

(vii) link people to needed personal health care services;

(viii) ensure a competent public health and personal health care workforce;

(ix) evaluate effectiveness, accessibility, and quality of personal and population-based health services; and

(x) research for new insights and innovative solutions to health problems.

(b) By February 1, 2005, and every five years thereafter, each community health board that receives a local public health grant under section 145A.131 shall notify the commissioner in writing of the statewide outcomes established under sections 145.8821 and 145A.12, subdivision 7, that the board will address and the local priorities established under paragraph (a) that the board will address.

(c) Each community health board receiving a local public health grant under section 145A.131 must submit an annual report to the commissioner documenting progress toward the achievement of statewide outcomes established under sections 145.8821 and 145A.12, subdivision 7, and the local public health priorities established under paragraph (a), using reporting standards and procedures established by the commissioner and in compliance with all applicable federal requirements. If a community health board has identified additional local priorities for use of the local public health grant since the last notification of outcomes and priorities under paragraph (b), the community health board shall notify the commissioner of the additional local public health priorities in the annual report.

Subd. 7. **Equal access to services.** The community health board must ensure that community health services are accessible to all persons on the basis of need. No one shall be denied services because of race, color, sex, age, language, religion, nationality, inability to pay, political persuasion, or place of residence.

Subd. 9. **Recommended legislation.** The community health board may recommend local ordinances pertaining to community health services to any county board or city council within its jurisdiction and advise the commissioner on matters relating to public health that require assistance from the state, or that may be of more than local interest.

Subd. 10. **State and local advisory committees.** (a) A State Community Health Advisory Committee is established to advise, consult with, and make recommendations to the commissioner on the development, maintenance, funding, and evaluation of community health services. Each community health board may appoint a member to serve on the committee. The committee must meet at least quarterly, and special meetings may be called by the committee chair or a majority of the members. Members or their alternates may be reimbursed for travel and other necessary expenses while engaged in their official duties. Notwithstanding section 15.059, the State Community Health Advisory Committee does not expire.

(b) The city councils or county boards that have established or are members of a community health board may appoint a community health advisory committee to advise, consult with, and make recommendations to the community health board on the duties under subdivision 5a.

145A.12 POWERS AND DUTIES OF COMMISSIONER.

Subdivision 1. **Administrative and program support.** The commissioner must assist community health boards in the development, administration, and implementation of community health services. This assistance may consist of but is not limited to:

(1) informational resources, consultation, and training to help community health boards plan, develop, integrate, provide and evaluate community health services; and

(2) administrative and program guidelines and standards, developed with the advice of the State Community Health Advisory Committee.

Subd. 2. **Personnel standards.** In accordance with chapter 14, and in consultation with the State Community Health Advisory Committee, the commissioner may adopt rules to set standards for administrative and program personnel to ensure competence in administration and planning.

Subd. 7. **Statewide outcomes.** (a) The commissioner, in consultation with the State Community Health Advisory Committee established under section 145A.10, subdivision 10, paragraph (a), shall establish statewide outcomes for local public health grant funds allocated to community health boards between January 1, 2004, and December 31, 2005.

(b) At least one statewide outcome must be established in each of the following public health areas:

(1) preventing diseases;

(2) protecting against environmental hazards;

(3) preventing injuries;

(4) promoting healthy behavior;

(5) responding to disasters; and

(6) ensuring access to health services.

(c) The commissioner shall use Minnesota's public health goals established under section 62J.212 and the essential public health services under section 145A.10, subdivision 5a, as a basis for the development of statewide outcomes.

(d) The statewide maternal and child health outcomes established under section 145.8821 shall be included as statewide outcomes under this section.

(e) By December 31, 2004, and every five years thereafter, the commissioner, in consultation with the State Community Health Advisory Committee established under section 145A.10, subdivision 10, paragraph (a), shall develop statewide outcomes for the local public health grant established under section 145A.131, based on state and local assessment data regarding the health of Minnesota residents, the essential public health services under section 145A.10, and current Minnesota public health goals established under section 62J.212.

148.01 CHIROPRACTIC.

Subd. 3. **Inclusions.** Chiropractic practice includes those noninvasive means of clinical, physical, and laboratory measures and analytical x-ray of the bones of the skeleton which are necessary to make a determination of the presence or absence of a chiropractic condition. The practice of chiropractic may include procedures which are used to prepare the patient for chiropractic adjustment or to complement the chiropractic adjustment. The procedures may not be used as independent therapies or separately from chiropractic adjustment. No device which utilizes heat or sound shall be used in the treatment of a chiropractic condition unless it has been approved by the Federal Communications Commission. No device shall be used above the neck of the patient. Any chiropractor who utilizes procedures in violation of this subdivision shall be guilty of unprofessional conduct and subject to disciplinary procedures according to section 148.10.

148.6440 PHYSICAL AGENT MODALITIES.

Subdivision 1. **General considerations.** (a) Occupational therapy practitioners who intend to use superficial physical agent modalities must comply with the requirements in subdivision 3. Occupational therapy practitioners who intend to use electrotherapy must comply with the requirements in subdivision 4. Occupational therapy practitioners who intend to use ultrasound devices must comply with the requirements in subdivision 5. Occupational therapy practitioners who are licensed as occupational therapy assistants and who intend to use physical agent modalities must also comply with subdivision 6.

(b) Use of superficial physical agent modalities, electrical stimulation devices, and ultrasound devices must be on the order of a licensed health care professional acting within the licensed health care professional's scope of practice.

(c) Prior to any use of any physical agent modality, an occupational therapy practitioner must obtain approval from the commissioner. The commissioner shall maintain a roster of persons licensed under sections 148.6401 to 148.6450 who are approved to use physical agent modalities.

(d) Occupational therapy practitioners are responsible for informing the commissioner of any changes in the information required in this section within 30 days of any change.

Subd. 2. **Written documentation required.** (a) An occupational therapy practitioner must provide to the commissioner documentation verifying that the occupational therapy practitioner has met the educational and clinical requirements described in subdivisions 3 to 5, depending on the modality or modalities to be used. Both theoretical training and clinical application objectives must be met for each modality used. Documentation must include the name and address of the individual or organization sponsoring the activity; the name and address of the facility at which the activity was presented; and a copy of the course, workshop, or seminar description, including learning objectives and standards for meeting the objectives. In the case of clinical application objectives, teaching methods must be documented, including actual supervised practice. Documentation must include a transcript or certificate showing successful completion of the coursework. Coursework completed more than two years prior to the date of application must be retaken. An occupational therapy practitioner who is a certified hand therapist shall document satisfaction of the requirements in subdivisions 3 to 5 by submitting to the commissioner a copy of a certificate issued by the Hand Therapy Certification Commission. Occupational therapy practitioners are prohibited from using physical agent modalities under supervision or independently until granted approval as provided in subdivision 7, except under the provisions in paragraph (b).

(b) If an occupational therapy practitioner has successfully completed a specific course previously reviewed and approved by the commissioner as provided for in subdivision 7, and has submitted the written documentation required in paragraph (a) within 30 calendar days from the course date, the occupational therapy practitioner awaiting written approval from the commissioner may use physical agent modalities under the supervision of a licensed occupational therapist practitioner listed on the roster of persons approved to use physical agent modalities.

Subd. 3. **Requirements for use of superficial physical agent modalities.** (a) An occupational therapy practitioner may use superficial physical agent modalities if the occupational therapy practitioner has received theoretical training and clinical application training in the use of superficial physical agent modalities and been granted approval as provided in subdivision 7.

(b) Theoretical training in the use of superficial physical agent modalities must:

(1) explain the rationale and clinical indications for use of superficial physical agent modalities;

(2) explain the physical properties and principles of the superficial physical agent modalities;

(3) describe the types of heat and cold transference;

(4) explain the factors affecting tissue response to superficial heat and cold;

(5) describe the biophysical effects of superficial physical agent modalities in normal and abnormal tissue;

(6) describe the thermal conductivity of tissue, matter, and air;

(7) explain the advantages and disadvantages of superficial physical agent modalities; and

(8) explain the precautions and contraindications of superficial physical agent modalities.

(c) Clinical application training in the use of superficial physical agent modalities must include activities requiring the occupational therapy practitioner to:

(1) formulate and justify a plan for the use of superficial physical agents for treatment appropriate to its use and simulate the treatment;

(2) evaluate biophysical effects of the superficial physical agents;

(3) identify when modifications to the treatment plan for use of superficial physical agents are needed and propose the modification plan;

(4) safely and appropriately administer superficial physical agents under the supervision of a course instructor or clinical trainer;

(5) document parameters of treatment, patient response, and recommendations for progression of treatment for the superficial physical agents; and

(6) demonstrate the ability to work competently with superficial physical agents as determined by a course instructor or clinical trainer.

Subd. 4. **Requirements for use of electrotherapy.** (a) An occupational therapy practitioner may use electrotherapy if the occupational therapy practitioner has received theoretical training

and clinical application training in the use of electrotherapy and been granted approval as provided in subdivision 7.

(b) Theoretical training in the use of electrotherapy must:

(1) explain the rationale and clinical indications of electrotherapy, including pain control, muscle dysfunction, and tissue healing;

(2) demonstrate comprehension and understanding of electrotherapeutic terminology and biophysical principles, including current, voltage, amplitude, and resistance;

(3) describe the types of current used for electrical stimulation, including the description, modulations, and clinical relevance;

(4) describe the time-dependent parameters of pulsed and alternating currents, including pulse and phase durations and intervals;

(5) describe the amplitude-dependent characteristics of pulsed and alternating currents;

(6) describe neurophysiology and the properties of excitable tissue;

(7) describe nerve and muscle response from externally applied electrical stimulation, including tissue healing;

(8) describe the electrotherapeutic effects and the response of nerve, denervated and innervated muscle, and other soft tissue; and

(9) explain the precautions and contraindications of electrotherapy, including considerations regarding pathology of nerve and muscle tissue.

(c) Clinical application training in the use of electrotherapy must include activities requiring the occupational therapy practitioner to:

(1) formulate and justify a plan for the use of electrical stimulation devices for treatment appropriate to its use and simulate the treatment;

(2) evaluate biophysical treatment effects of the electrical stimulation;

(3) identify when modifications to the treatment plan using electrical stimulation are needed and propose the modification plan;

(4) safely and appropriately administer electrical stimulation under supervision of a course instructor or clinical trainer;

(5) document the parameters of treatment, case example (patient) response, and recommendations for progression of treatment for electrical stimulation; and

(6) demonstrate the ability to work competently with electrical stimulation as determined by a course instructor or clinical trainer.

Subd. 5. **Requirements for use of ultrasound.** (a) An occupational therapy practitioner may use an ultrasound device if the occupational therapy practitioner has received theoretical training and clinical application training in the use of ultrasound and been granted approval as provided in subdivision 7.

(b) The theoretical training in the use of ultrasound must:

(1) explain the rationale and clinical indications for the use of ultrasound, including anticipated physiological responses of the treated area;

(2) describe the biophysical thermal and nonthermal effects of ultrasound on normal and abnormal tissue;

(3) explain the physical principles of ultrasound, including wavelength, frequency, attenuation, velocity, and intensity;

(4) explain the mechanism and generation of ultrasound and energy transmission through physical matter; and

(5) explain the precautions and contraindications regarding use of ultrasound devices.

(c) The clinical application training in the use of ultrasound must include activities requiring the practitioner to:

(1) formulate and justify a plan for the use of ultrasound for treatment appropriate to its use and stimulate the treatment;

(2) evaluate biophysical effects of ultrasound;

(3) identify when modifications to the treatment plan for use of ultrasound are needed and propose the modification plan;

(4) safely and appropriately administer ultrasound under supervision of a course instructor or clinical trainer;

(5) document parameters of treatment, patient response, and recommendations for progression of treatment for ultrasound; and

(6) demonstrate the ability to work competently with ultrasound as determined by a course instructor or clinical trainer.

Subd. 6. **Occupational therapy assistant use of physical agent modalities.** An occupational therapy practitioner licensed as an occupational therapy assistant may set up and implement treatment using physical agent modalities if the licensed occupational therapy

assistant meets the requirements of this section, has applied for and received written approval from the commissioner to use physical agent modalities as provided in subdivision 7, has demonstrated service competency for the particular modality used, and works under the direct supervision of an occupational therapy practitioner licensed as an occupational therapist who has been granted approval as provided in subdivision 7. An occupational therapy practitioner licensed as an occupational therapy assistant who uses superficial physical agent modalities must meet the requirements of subdivision 3. An occupational therapy practitioner licensed as an occupational therapy assistant who uses electrotherapy must meet the requirements of subdivision 4. An occupational therapy practitioner licensed as an occupational therapy assistant who uses ultrasound must meet the requirements of subdivision 5. An occupational therapy practitioner licensed as an occupational therapist may not delegate evaluation, reevaluation, treatment planning, and treatment goals for physical agent modalities to an occupational therapy practitioner licensed as an occupational therapy assistant.

Subd. 7. **Approval.** (a) The advisory council shall appoint a committee to review documentation under subdivisions 2 to 6 to determine if established educational and clinical requirements are met. If, after review of course documentation, the committee verifies that a specific course meets the theoretical and clinical requirements in subdivisions 2 to 6, the commissioner may approve practitioner applications that include the required course documentation evidencing completion of the same course.

(b) Occupational therapy practitioners shall be advised of the status of their request for approval within 30 days. Occupational therapy practitioners must provide any additional information requested by the committee that is necessary to make a determination regarding approval or denial.

(c) A determination regarding a request for approval of training under this subdivision shall be made in writing to the occupational therapy practitioner. If denied, the reason for denial shall be provided.

(d) An occupational therapy practitioner who was approved by the commissioner as a level two provider prior to July 1, 1999, shall remain on the roster maintained by the commissioner in accordance with subdivision 1, paragraph (c).

(e) To remain on the roster maintained by the commissioner, an occupational therapy practitioner who was approved by the commissioner as a level one provider prior to July 1, 1999, must submit to the commissioner documentation of training and experience gained using physical agent modalities since the occupational therapy practitioner's approval as a level one provider. The committee appointed under paragraph (a) shall review the documentation and make a recommendation to the commissioner regarding approval.

(f) An occupational therapy practitioner who received training in the use of physical agent modalities prior to July 1, 1999, but who has not been placed on the roster of approved providers may submit to the commissioner documentation of training and experience gained using physical agent modalities. The committee appointed under paragraph (a) shall review documentation and make a recommendation to the commissioner regarding approval.

148.7808 REGISTRATION; REQUIREMENTS.

Subd. 2. **Registration by equivalency.** The board may register by equivalency an applicant who:

(1) submits the application materials and fees required under subdivision 1, clauses (1) to (8) and (10) to (12); and

(2) provides evidence satisfactory to the board of current certification by the National Athletic Trainers Association Board of Certification.

Applicants who were certified by the National Athletic Trainers Association through the "grandfather" process prior to 1971 are exempt from completing subdivision 1, clauses (2) and (9).

148.7813 DISCIPLINARY PROCESS.

Subdivision 1. **Investigation of complaints.** Upon receipt of a complaint or other communication pursuant to section 214.13, subdivision 6, that alleges or implies a violation of sections 148.7801 to 148.7815 by an applicant or registered athletic trainer, the board shall follow the procedures in section 214.10.

Subd. 2. **Grounds for disciplinary action.** The board may impose disciplinary action as described in subdivision 3 against an athletic trainer whom the board, after a hearing under the contested case provisions of chapter 14, determines:

(1) has knowingly made a false statement on a form required by the board for registration or registration renewal;

(2) has provided athletic training services in a manner that falls below the standard of care of the profession;

(3) has violated sections 148.7801 to 148.7815 or the rules adopted under these sections;

(4) is or has been afflicted with any physical, mental, emotional, or other disability, or addiction that, in the opinion of the board, adversely affects the person's ability to practice athletic training;

(5) has failed to cooperate with an investigation by the board;

(6) has been convicted or has pled guilty or nolo contendere to an offense that in the opinion of the board reasonably relates to the practice of athletic training or that bears on the athletic trainer's ability to practice athletic training;

(7) has aided and abetted in any manner a person in violating sections 148.7801 to 148.7815;

(8) has been disciplined by an agency or board of another state while in the practice of athletic training;

(9) has shown dishonest, unethical, or unprofessional conduct while in the practice of athletic training that is likely to deceive, defraud, or harm the public;

(10) has violated a state or federal law, rule, or regulation that in the opinion of the board reasonably relates to the practice of athletic training;

(11) has behaved in a sexual manner or what may reasonably be interpreted by a patient as sexual, or was verbally seductive or sexually demeaning to a patient;

(12) has misused alcohol, drugs, or controlled substances; or

(13) has violated an order issued by the board.

Subd. 3. **Disciplinary actions.** When grounds for disciplinary action exist under subdivision 2, the board may take one or more of the following actions:

(1) deny the right to practice;

(2) revoke the right to practice;

(3) suspend the right to practice;

(4) impose limitations on the practice of the athletic trainer;

(5) impose conditions on the practice of the athletic trainer;

(6) impose a civil penalty not exceeding $10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the athletic trainer of any economic advantage gained by reason of the violation charged, or to discourage repeated violations;

(7) censure or reprimand the athletic trainer; or

(8) take any other action justified by the facts of the case.

Subd. 4. **Reinstatement.** An athletic trainer who has had registration revoked cannot apply for reinstatement. A suspended athletic trainer shall be reinstated upon evidence satisfactory to the board of fulfillment of the terms of suspension. All requirements of section 148.7809 to renew registration, if applicable, must also be met before reinstatement.

256.01 COMMISSIONER OF HUMAN SERVICES; POWERS, DUTIES.

Subd. 32. **Review and evaluation of ongoing studies.** The commissioner shall review all ongoing studies, reports, and program evaluations completed by the Department of Human Services for state fiscal years 2006 through 2010. For each item, the commissioner shall report the legislature's appropriation for that work, if any, and the actual reported cost of the completed work by the Department of Human Services. The commissioner shall make recommendations to the legislature about which studies, reports, and program evaluations required by law on an ongoing basis are duplicative, unnecessary, or obsolete. The commissioner shall repeat this review every five fiscal years.

325H.06 NOTICE TO CONSUMER.

The tanning facility owner or operator shall provide each consumer under the age of 18, before initial exposure at the facility, with a copy of the following warning, which must be signed, witnessed, and dated as indicated in the warning:

"WARNING STATEMENT

This statement must be read and signed by the consumer BEFORE first exposure to ultraviolet radiation for tanning purposes at the below signed facility.

DANGER - ULTRAVIOLET RADIATION WARNING

-Follow instructions.

-Avoid overexposure. As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated exposure may cause premature aging of the skin and skin cancer.

-Wear protective eyewear.

FAILURE TO USE PROTECTIVE EYEWEAR MAY RESULT IN SEVERE BURNS OR LONG-TERM INJURY TO THE EYES.

-Medications or cosmetics may increase your sensitivity to the ultraviolet radiation. Consult a physician before using sunlamp or tanning equipment if you are using medications or have a history of skin problems or believe yourself to be especially sensitive to sunlight.

I have read the above warning and understand what it means before undertaking any tanning equipment exposure.

....
Signature of Operator of Tanning Facility or Equipment

....
Signature of Consumer

....
Print Name of Consumer

....
Date

OR

The consumer is illiterate and/or visually impaired and I have read the warning statement aloud and in full to the consumer in the presence of the below signed witness.

....
Signature of Operator of Tanning Facility or Equipment

....
Witness

....
Date"

325H.08 CONSENT REQUIRED.

Before allowing the initial exposure at a tanning facility of a person under the age of 16, the owner or operator shall witness the person's parent's or legal guardian's signing and dating of the warning statement required under section 325H.06.

2500.0100 DEFINITIONS.

Subp. 3. **Acupuncture.** "Acupuncture" means a modality of treating abnormal physical conditions by stimulating various points of the body or interruption of the cutaneous integrity by needle insertion to secure a reflex relief of the symptoms by nerve stimulation as utilized as an adjunct to chiropractic adjustment.

2500.0100 DEFINITIONS.

Subp. 4b. **Diagnosis.** "Diagnosis" means the physical, clinical, and laboratory examination of the patient, and the use of X-ray for diagnostic purposes within the scope of practice described in Minnesota Statutes, sections 148.01 to 148.10.

2500.0100 DEFINITIONS.

Subp. 9b. **Practice of chiropractic.** "Practice of chiropractic" includes the examination, diagnosis, prognosis, and treatment by chiropractic methods, or the rendering of opinions pertaining to those methods, for the purposes of determining a course of action in the best interests of the patient, such as a treatment plan or appropriate referral, or both. The methods may include those procedures preparatory or complementary to a chiropractic adjustment or other normal chiropractic regimen and rehabilitation of the patient as taught in accredited chiropractic schools or programs, pursuant to Minnesota Statutes, section 148.06.

2500.4000 REHABILITATIVE TREATMENT.

Rehabilitative therapy, within the context of the practice of chiropractic, may be done to prepare a patient for chiropractic adjustment or to complement the chiropractic adjustment, provided the treating chiropractor initiates the development and authorization of the rehabilitative therapy.

The administration of the rehabilitative therapy is the responsibility of the treating chiropractor.

The rehabilitative therapy must be rendered under the direct supervision of qualified staff.

9500.1126 RECAPTURE OF DEPRECIATION.

Subpart 1. **Recapture of depreciation.** The commissioner shall determine the recapture of depreciation due to a change in the ownership of a hospital that is to be apportioned to medical assistance, using methods and principles consistent with those used by medicare to determine and apportion the recapture of depreciation.

Subp. 2. **Payment of recapture of depreciation to commissioner.** A hospital shall pay the commissioner the recapture of depreciation within 60 days of written notification from the commissioner.

Interest charges must be assessed on the recapture of depreciation due the commissioner outstanding after the deadline. The annual interest rate charged must be the rate charged by the commissioner of revenue for late payment of taxes in effect on the 61st day after the written notification.

9500.1450 INTRODUCTION.

Subp. 3. **Geographic area.** PMAP shall be operated in the counties of Dakota, Hennepin, and Itasca and other geographical areas designated by the commissioner. If the geographic area is expanded beyond Dakota, Hennepin, and Itasca Counties, participating counties in the expanded area shall receive at least 180 days notice from the commissioner before implementation of PMAP and shall be governed by parts 9500.1450 to 9500.1464.

9500.1452 ELIGIBILITY TO ENROLL IN A HEALTH PLAN.

Subp. 3. **Exclusions during phase-in period.** The 65 percent of medical assistance eligible persons in Hennepin County who were not randomly selected to participate in the former medical assistance prepaid demonstration project because they served as a control group must participate in PMAP. Hennepin County may temporarily exclude individuals' participation in PMAP in order to provide an orderly phase-in period for new enrollees. The phase-in period must be completed within one year from the start of the enrollment period for each category of eligible PMAP consumers.

Counties participating in the prepaid medical assistance program for the first time after June 30, 1991, may temporarily exclude PMAP consumers from participation in PMAP in order to provide an orderly phase-in period for new enrollees. The phase-in period must be completed within one year from the start of the enrollment period for each category of eligible PMAP consumers.

9500.1456 IDENTIFICATION OF ENROLLEES.

A MHP shall identify enrollees in a way convenient to its normal operational procedures.

9505.5300 APPLICABILITY.

Parts 9505.5300 to 9505.5325 govern the Minnesota Family Planning Program Section 1115 Demonstration Project. The demonstration project is a Medicaid waiver demonstration project approved by the Centers for Medicare and Medicaid Services to provide federally approved contraception management services to eligible low-income persons.

9505.5305 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 9505.5300 to 9505.5325 have the meanings given them in this part.

Subp. 2. **Applicant.** "Applicant" means a person who submits a written demonstration project application to the department for a determination of eligibility for the demonstration project.

Subp. 3. **Certified family planning services provider.** "Certified family planning services provider" means a family planning services provider that meets the requirements of part 9505.5315, subpart 1.

Subp. 4. **Commissioner.** "Commissioner" means the commissioner of human services or the commissioner's designee.

Subp. 5. **Contraception management services.** "Contraception management services" means a scope of family planning services limited to initiating or obtaining an enrollee's contraceptive method and maintaining effective use of that method.

Subp. 6. **Countable income.** "Countable income" means the income, including deemed income, used to determine a person's eligibility for the demonstration project.

Subp. 7. **County agency.** "County agency" has the meaning given in Minnesota Statutes, section 256B.02, subdivision 6.

Subp. 8. **Demonstration project.** "Demonstration project" means the Minnesota Family Planning Program Section 1115 Demonstration Project, Project Number 11-W-00183/5.

Subp. 9. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 10. **Enrollee.** "Enrollee" means a person enrolled in the demonstration project.

Subp. 11. **Family planning services provider.** "Family planning services provider" includes the providers listed in part 9505.0280, subpart 3, and clinical nurse specialists, laboratories, ambulatory surgical centers, federally qualified health centers, Indian Health Services, public health nursing clinics, and physician assistants who are authorized providers under part 9505.0195.

Subp. 12. **Family size.** "Family size" means the number of people used to determine a person's income standard. The family size includes the person and the following people who live with the person: the person's spouse, the biological and adoptive children of the person who are under age 21, and the biological and adoptive children of the person's spouse who are under age 21.

Subp. 13. **Minnesota health care program.** "Minnesota health care program" means medical assistance under Minnesota Statutes, chapter 256B, general assistance medical care under Minnesota Statutes, section 256D.03, and MinnesotaCare under Minnesota Statutes, chapter 256L.

Subp. 14. **Presumptive eligibility.** "Presumptive eligibility" means the temporary period of eligibility for the demonstration project that is determined at the point of service by a certified family planning services provider.

Subp. 15. **Qualified noncitizen eligible for medical assistance with federal financial participation.** "Qualified noncitizen eligible for medical assistance with federal financial participation" means a person that meets the requirements of Minnesota Statutes, section 256B.06, subdivision 4.

Subp. 16. **Resident.** "Resident" means a person who meets the requirements in part 9505.0030.

9505.5310 DEMONSTRATION PROJECT ELIGIBILITY, APPLICATION, ENROLLMENT, AND DOCUMENTATION.

Subpart 1. **General eligibility.** The eligibility and coverage requirements in this subpart apply to applicants and enrollees.

A. Except as provided in subpart 2, an applicant or enrollee must meet the following requirements to be eligible for the demonstration project:

(1) be a citizen of the United States or a qualified noncitizen eligible for medical assistance with federal financial participation;

(2) be a Minnesota resident;

(3) be 15 years of age or older and under age 50;

(4) have countable income at or below 200 percent of the federal poverty guidelines for the family size. Countable income is determined according to the income rules applied in eligibility determinations for families and children in the medical assistance program according to Minnesota Statutes, section 256B.056, and United States Code, title 42, chapter 7, subchapter XIX, section 1396u-1, as follows:

(a) income includes all categories of earned and unearned income used in eligibility determinations for families and children under the medical assistance program;

(b) income does not include any categories of income that are excluded for purposes of determining eligibility for families and children in the medical assistance program;

(c) income methodologies, such as earned income deductions and disregards, used to determine eligibility for families and children in the medical assistance program according to Minnesota Statutes, section 256B.056, subdivisions 1a and 1c, do not apply to the determination of countable income; and

(d) income deeming requirements used to determine eligibility for families and children in the medical assistance program apply, except that for a person under age 21, no income from a parent, spouse, or sponsor is deemed to the person;

(5) not be pregnant;

(6) not be enrolled in the Minnesota health care program or other health service program administered by the department; and

(7) not be an institutionalized individual as described under Code of Federal Regulations, title 42, sections 435.1008 and 435.1009.

B. Participation in the demonstration project does not require the consent of anyone other than the applicant.

C. Asset requirements do not apply to applicants and enrollees.

D. Applicants and enrollees must report available third-party coverage and cooperate with the department in obtaining third-party payments. The department shall waive this requirement if the applicant or enrollee states that reporting third-party coverage could violate the applicant's or enrollee's privacy.

Subp. 2. **Presumptive eligibility.** Services covered under the demonstration project may be provided during a presumptive eligibility period.

A. A certified family planning services provider will screen a person for demonstration project eligibility using preliminary information provided by the person. A person who, based on the preliminary information, appears to meet the eligibility requirements in part 9505.5310, subpart 1, item A, subitems (2) to (6), is presumptively eligible for the demonstration project.

B. The presumptive eligibility period begins the first day of the month that a certified family planning services provider determines that a person is presumptively eligible. The presumptive eligibility period ends the last day of the month following the month that the certified family planning services provider determines that a person was presumptively eligible.

C. A person determined presumptively eligible must comply with part 9505.5310, subpart 1, item D.

D. A person may receive presumptive eligibility once during a 12-month period.

Subp. 3. **Enrollment.** An applicant must apply for the demonstration project using forms provided by the department.

A. The department or county agency must determine an applicant's eligibility for the demonstration project within 45 days of receipt of a completed application.

B. Except as provided in item C, eligibility begins the first day of the month of application. If a completed application form is submitted within 30 days of the request, the month of application includes the month the department or county agency receives a written request for the demonstration project consisting of at least the name of the applicant, a means to locate the applicant, and the signature of the applicant.

C. A person who is eligible under subparts 1 and 2 and files a demonstration project application during the presumptive eligibility period is eligible for ongoing coverage on the first day of the month following the month that presumptive eligibility ends.

Subp. 4. **Application and documentation.** The application and documentation requirements in this subpart apply to all applicants and enrollees.

A. An enrollee is eligible for the demonstration project for one year regardless of changes in income or family size. Eligibility will end prior to the annual renewal if the enrollee:

(1) dies;

(2) is no longer a Minnesota resident;

(3) voluntarily terminates eligibility;

(4) enrolls in the Minnesota health care program or other health service program administered by the department;

(5) reaches 50 years of age;

(6) becomes pregnant;

(7) becomes an institutionalized individual under Code of Federal Regulations, title 42, sections 435.1008 and 435.1009; or

(8) is no longer a citizen of the United States or a qualified noncitizen eligible for medical assistance with federal financial participation.

B. Applicants and enrollees must document their income at application.

C. Enrollees must complete an annual application on forms provided by the department.

D. Applicants and enrollees must provide documentation of immigration status at application. The department or county agency will verify applicant and enrollee immigration status according to Minnesota Statutes, section 256.01, subdivision 18.

E. Applicants and enrollees must report a change in an eligibility factor to the department or county agency within ten days of learning about the change. Applicants and enrollees who fail to report a change that would have resulted in ineligibility for the demonstration project will be disenrolled from the demonstration project and will be ineligible for the demonstration project for a period of 12 months following the date of disenrollment. If the only unreported change is a pregnancy, applicants and enrollees will not be subject to the 12 months ineligibility period, but pregnant applicants and enrollees will be disenrolled from the demonstration project and may reapply for the demonstration project following the end of the pregnancy.

F. Applicants and enrollees must provide information, documents, and any releases requested by the department or county agency that are necessary to verify eligibility information. An applicant or enrollee who refuses to authorize verification of an eligibility factor, including a Social Security number, is not eligible for the demonstration project, except as provided in Code of Federal Regulations, title 42, section 435.910(h)(2).

G. Applicants must document citizenship as required by the federal Deficit Reduction Act of 2005, Public Law 109-71. Persons screened for presumptive eligibility under subpart 2 are not required to document citizenship.

H. An applicant may withdraw an application according to the provisions of part 9505.0090, subpart 4.

Subp. 5. **Enrollment.** To be considered for Minnesota health care program eligibility, an enrollee must complete the department's health care application. Applicants and enrollees shall not use a demonstration project application form to apply for the Minnesota health care program. People who complete the department's health care application and are determined ineligible for the Minnesota health care program, either at application or during enrollment, may authorize a demonstration project eligibility determination using the information provided in the department's health care application and updated at required intervals.

Subp. 6. **Confidentiality.** Private data about persons screened for eligibility, applicants, and enrollees must be disclosed according to the provisions of the following statutes and rules:

A. part 1205.0500 and Minnesota Statutes, chapter 13;

B. Minnesota Statutes, sections 144.291 to 144.298;

C. Minnesota Statutes, section 144.343;

D. Code of Federal Regulations, title 45, parts 160, 162, and 164; and

E. other applicable state and federal laws, statutes, rules, and regulations affecting the collection, storage, use, and dissemination of protected, private, and confidential health and other information.

Subp. 7. **Notices.** Applicants and enrollees may arrange to receive notices in a manner other than having notices mailed to the applicant's or enrollee's home address.

9505.5315 PROVIDERS OF FAMILY PLANNING SERVICES.

Subpart 1. **Certified family planning services provider requirements.** To become a certified family planning services provider, a family planning services provider must:

A. sign the business associate agreement;

B. complete required training;

C. provide information about presumptive eligibility to interested persons;

D. help interested persons complete demonstration project applications and forms;

E. use the department's eligibility verification system to verify a person screened for demonstration project eligibility does not receive Minnesota health care program coverage;

F. determine presumptive eligibility;

G. give required notices to a person screened for eligibility;

H. promptly forward completed applications and forms to the department; and

I. cooperate with department application tracking and program evaluation activities.

Subp. 2. **Covered services.** The demonstration project covers contraception management services and certain additional medical diagnosis or treatment services that are provided within the context of a visit for contraception management services. All services covered by the demonstration project are listed in Attachment B of the Centers for Medicare and Medicaid Services Special Terms and Conditions for the Minnesota Family Planning Program Section 1115 Demonstration, Project Number 11-W-00183/5 and its amendments, which are incorporated by reference. This document can be found at the Minnesota Law Library, Judicial Center, 25 Rev. Dr. Martin Luther King Jr. Blvd., Saint Paul, Minnesota 55155. Attachment B is subject to frequent change.

Subp. 3. **Payment for services.** Family planning services providers are paid for covered services as follows:

A. No cost-sharing requirements apply to services provided under the demonstration project.

B. Payments will be made on a fee-for-service basis to providers for services provided under the demonstration project.

C. All covered services provided during the presumptive eligibility period according to part 9505.5310, subpart 2, will be reimbursed.

D. The demonstration project is the payer of last resort. The demonstration project will not cover drugs that are covered under Medicare Part D as defined in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, section 1860D-2(e), for individuals eligible for drug coverage as defined in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, section 1860D-1(a)(3)(A).

E. Parts 9505.2160 to 9505.2245, regarding surveillance and integrity review, apply to services provided under parts 9505.5300 to 9505.5325.

9505.5325 APPEALS.

Subpart 1. **Notice.** The commissioner must follow the notification procedures in part 9505.0125 if the commissioner denies, suspends, reduces, or terminates eligibility or covered health services, except as provided in subpart 3.

Subp. 2. **Appeal process.** A person aggrieved by a determination or action of the commissioner under parts 9505.5300 to 9505.5325 may appeal the department's or county agency's determination or action according to Minnesota Statutes, section 256.045, except as provided in subpart 3.

Subp. 3. **Denial of presumptive eligibility.** There is no right of appeal for a denial of presumptive eligibility.

9525.1580 CONTROL AND LOCATION OF SERVICES.

Subpart 1. **Definitions.** The terms used in subparts 2 and 3 have the meanings given them in this subpart.

A. "Related legal entities" means entities that share any governing board members or an executive director or are owned or partially owned by the same individual or individuals, or by related individuals.

B. "Related individuals" means individuals whose relationship to each other by blood, marriage, or adoption is not more remote than first cousin.

Subp. 2. **Control of services.** Training and habilitation services licensed under Minnesota Statutes, chapter 245B and licensed residential services must not be provided to the same person by related legal entities. This requirement does not apply:

A. to residential and day habilitation services directly administered by a county board or by the commissioner at a regional center;

B. to residential and day habilitation services offered by a training and habilitation services provider licensed before April 15, 1983; or

C. to services provided to a person who resides at home with the person's family or foster family and who is receiving a combination of day habilitation and residential based habilitation services under parts 9525.1800 to 9525.1930.

Subp. 3. **Location of services.** Training and habilitation services must be provided away from the residence of the person receiving services in communities where the person lives and works.