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State of Minnesota

HOUSE OF REPRESENTATIVES

SEVENTH SPECIAL SESSION

H. F. No. 19

12/14/2020 Authored by Winkler, Hansen and Schultz
The bill was read for the first time and referred to the Committee on Ways and Means
R/S Rules Suspended: Read Second Time
Read for the Third Time
Passed by the House and transmitted to the Senate
Passed by the Senate and returned to the House
12/15/2020 Presented to Governor
12/16/2020 Governor Approval

1.1 A bill for an act
1.2 relating to state government; adopting recommendations of the 2020 Workers'
1.3 Compensation Advisory Council; modifying certified community behavioral health
1.4 clinic reimbursement requirements for certain providers; making changes to assisted
1.5 living requirements; extending effective dates; making technical changes; modifying
1.6 appropriations; appropriating money; amending Minnesota Statutes 2020, sections
1.7 79A.02, subdivision 4; 79A.04, subdivision 2; 79A.06, subdivision 5; 79A.22,
1.8 subdivision 13; 79A.24, subdivision 2; 144.6512, by adding a subdivision;
1.9 144A.291, subdivision 2; 144G.07, by adding a subdivision; 144G.08, subdivisions
1.10 7, 9, 23, 59, by adding subdivisions; 144G.10, subdivision 1, by adding a
1.11 subdivision; 144G.41, subdivisions 1, 3; 144G.42, subdivision 9, by adding a
1.12 subdivision; 144G.45, subdivisions 2, 4, 5; 144G.50, subdivision 1; 144G.54,
1.13 subdivision 4; 144G.81, subdivision 3; 144G.92, subdivision 5; 176.011,
1.14 subdivision 15; 176.102, subdivision 10; 176.111, subdivision 22; 176.135,
1.15 subdivision 1; 176.181, subdivision 2; 176.185, by adding a subdivision; 176.223;
1.16 176.231, subdivisions 5, 6, 9, 9a; 176.2611, subdivision 5; 176.2612, subdivisions
1.17 1, 3; 176.275, subdivision 2; 176.285, subdivision 1; Laws 2018, chapter 214,
1.18 article 4, section 2, subdivision 9; Laws 2019, First Special Session chapter 9,
1.19 article 14, section 2, subdivisions 3, 22, 24, as amended; Laws 2020, chapter 70,
1.20 article 3, section 1; Laws 2020, Fifth Special Session chapter 4, section 1; proposing
1.21 coding for new law in Minnesota Statutes, chapter 144G; repealing Minnesota
1.22 Statutes 2020, sections 144G.81, subdivision 2; 176.181, subdivision 6.

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

1.24 ARTICLE 1

1.25 LEGISLATIVE-CITIZEN COMMISSION ON MINNESOTA RESOURCES

1.26 Section 1. Laws 2018, chapter 214, article 4, section 2, subdivision 9, is amended to read:

1.27 Subd. 9. Land Acquisition, Habitat, and
1.28 Recreation

-0- 17,439,000

1.29 (a) Grants for Local Parks, Trails, and Natural
1.30 Areas

2.1 \$2,000,000 the second year is from the trust
2.2 fund to the commissioner of natural resources
2.3 to solicit, rank, and fund competitive matching
2.4 grants for local parks, trail connections, and
2.5 natural and scenic areas under Minnesota
2.6 Statutes, section 85.019. The appropriation is
2.7 for local nature-based recreation and
2.8 connections to regional and state natural areas
2.9 and recreation facilities and does not include
2.10 athletic facilities such as sport fields, courts,
2.11 and playgrounds. This appropriation is
2.12 available until June 30, 2021, by which time
2.13 the project must be completed and final
2.14 products delivered.

2.15 **(b) Develop Mesabi Trail Segment From County**
2.16 **Road 88 to Ely**

2.17 \$600,000 the second year is from the trust
2.18 fund to the commissioner of natural resources
2.19 for an agreement with the St. Louis and Lake
2.20 Counties Regional Railroad Authority for
2.21 environmental assessment, permitting,
2.22 right-of-way easements or other acquisition
2.23 as needed, engineering, and construction of
2.24 an approximately three-mile-long bituminous
2.25 surface section of the Mesabi Trail between
2.26 Ely and the intersection of Highway 169 and
2.27 County Road 88. This appropriation is
2.28 available until June 30, 2022, by which time
2.29 the project must be completed and final
2.30 products delivered.

2.31 **(c) Harmony State Trail Extension Land**
2.32 **Acquisition**

2.33 \$235,000 the second year is from the trust
2.34 fund to the commissioner of natural resources
2.35 for an agreement with the city of Harmony to
2.36 acquire fee title of about 16 parcels to allow

3.1 for the approximate six-mile extension of the
3.2 legislatively authorized state trail from
3.3 Harmony south to the Iowa state border with
3.4 a spur to Niagara Cave. The land must be
3.5 transferred to the state after it has been
3.6 purchased.

3.7 **(d) Mississippi Blufflands State Trail - Red Wing**
3.8 **Barn Bluff to Colvill Park Segment**

3.9 \$550,000 the second year is from the trust
3.10 fund to the commissioner of natural resources
3.11 for an agreement with the city of Red Wing
3.12 to be used with other funds to construct an
3.13 approximate three-quarter-mile-long
3.14 hard-surfaced segment of the Mississippi
3.15 Blufflands State Trail along Red Wing's
3.16 Mississippi River riverfront from Barn Bluff
3.17 Regional Park to Colvill Park. This
3.18 appropriation is available until June 30, 2021,
3.19 by which time the project must be completed
3.20 and final products delivered.

3.21 **(e) Swedish Immigrant Regional Trail Segment**
3.22 **within Interstate State Park**

3.23 \$2,254,000 the second year is from the trust
3.24 fund to the commissioner of natural resources
3.25 for an agreement with Chisago County
3.26 Environmental Services to construct an
3.27 approximate one-half-mile regional county
3.28 trail segment within Interstate State Park from
3.29 the end point of the existing trail at the park
3.30 boundary to city hall including a trail bridge
3.31 over the ravine and parking and trailhead
3.32 improvements and to conduct a natural and
3.33 cultural review to determine the feasibility and
3.34 route of a future section of the trail through
3.35 the park. This appropriation is available until

4.1 June 30, 2021, by which time the project must
4.2 be completed and final products delivered.

4.3 **(f) Enhancement Plan for Superior Hiking Trail**

4.4 \$100,000 the second year is from the trust
4.5 fund to the commissioner of natural resources
4.6 for an agreement with the Superior Hiking
4.7 Trail Association to evaluate improvements
4.8 to the 310-mile-long Superior Hiking Trail
4.9 including routing, safety, water management,
4.10 maintenance, and other environmental,
4.11 recreational, and design issues and to develop
4.12 an interactive trail-management system to
4.13 capture efficiencies and best management
4.14 practices.

4.15 **(g) Protecting Mississippi River Headwaters**
4.16 **Lands through Local, State, and Federal**
4.17 **Partnership**

4.18 \$700,000 the second year is from the trust
4.19 fund to the commissioner of natural resources
4.20 for an agreement with the city of Baxter, in
4.21 cooperation with Brainerd Public Schools and
4.22 the Camp Ripley Sentinel Landscape Program,
4.23 to acquire about 200 acres of forested land on
4.24 the upper Mississippi River adjacent to
4.25 Mississippi River Overlook Park for multiple
4.26 public benefits, including being an outdoor
4.27 classroom for local schools. To be eligible for
4.28 reimbursement, costs for real estate
4.29 transactions must be specific to this acquisition
4.30 and documented as required in subdivision 15,
4.31 paragraph (k).

4.32 **(h) Protecting North-Central Minnesota Lakes**

4.33 \$750,000 the second year is from the trust
4.34 fund to the commissioner of natural resources
4.35 for an agreement with the Crow Wing County

5.1 Soil and Water Conservation District to
5.2 increase watershed protection to maintain and
5.3 improve water quality in lakes and rivers in
5.4 Aitkin and Crow Wing Counties with about
5.5 ten permanent RIM conservation easements
5.6 and 12 forest stewardship plans and by
5.7 implementing six best management practices.
5.8 Of this amount, up to \$59,000 may be
5.9 contributed to an easement stewardship
5.10 account established under Minnesota Statutes,
5.11 section 103B.103, as approved in the work
5.12 plan. This appropriation is available until June
5.13 30, 2022, by which time the project must be
5.14 completed and final products delivered.

5.15 **(i) Easement Program for Native Prairie Bank**

5.16 \$2,000,000 the second year is from the trust
5.17 fund to the commissioner of natural resources
5.18 to provide technical stewardship assistance to
5.19 private landowners, restore and enhance about
5.20 270 acres of native prairie protected by
5.21 easements in the native prairie bank, and
5.22 acquire easements for the native prairie bank
5.23 in accordance with Minnesota Statutes, section
5.24 84.96, on about 275 acres, including preparing
5.25 initial baseline property assessments. Up to
5.26 \$120,000 of this appropriation may be
5.27 deposited in the natural resources conservation
5.28 easement stewardship account, created in
5.29 Minnesota Statutes, section 84.69, proportional
5.30 to the number of easement acres acquired. A
5.31 list of proposed easement acquisitions and
5.32 restoration sites for the native prairie bank are
5.33 required in the work plan. This appropriation
5.34 is available until June 30, 2021, by which time

6.1 the project must be completed and final
6.2 products delivered.

6.3 **(j) Minnesota State Trail Development**

6.4 \$2,500,000 the second year is from the trust
6.5 fund to the commissioner of natural resources
6.6 to expand high-priority recreational
6.7 opportunities on Minnesota's state trails by
6.8 developing new trail segments and
6.9 rehabilitating, improving, and enhancing
6.10 existing state trails. High-priority trail
6.11 segments to develop and enhance include but
6.12 are not limited to the Gateway, Gitchi Gami,
6.13 Paul Bunyan, and Heartland State Trails. A
6.14 proposed list of trail projects on legislatively
6.15 authorized state trails is required in the work
6.16 plan. This appropriation is available until June
6.17 30, 2021, by which time the project must be
6.18 completed and final products delivered.

6.19 **(k) Minnesota State Parks and State Trails**

6.20 \$2,500,000 the second year is from the trust
6.21 fund to the commissioner of natural resources
6.22 to acquire about 163 acres of high-priority in
6.23 holdings from willing sellers within the
6.24 legislatively authorized boundaries of state
6.25 parks and trails in order to protect Minnesota's
6.26 natural heritage, enhance outdoor recreational
6.27 opportunities, and improve the efficiency of
6.28 public land management. Priorities include
6.29 but are not limited to Tettegouche, Sibley, and
6.30 Minneopa State Parks and the Goodhue
6.31 Pioneer State Trail. A list of proposed
6.32 acquisitions is required in the work plan. This
6.33 appropriation is available until June 30, 2021,
6.34 by which time the project must be completed
6.35 and final products delivered.

7.1 **(l) Scientific and Natural Areas Program**

7.2 \$3,250,000 the second year is from the trust
 7.3 fund to the commissioner of natural resources
 7.4 for the scientific and natural areas program.
 7.5 Of this amount, \$1,500,000 is for habitat
 7.6 restoration activities, \$500,000 is for scientific
 7.7 and natural areas public engagement and
 7.8 outreach, and \$1,250,000 is to acquire strategic
 7.9 high-quality lands that meet criteria for
 7.10 scientific and natural areas under Minnesota
 7.11 Statutes, section 86A.05, from willing sellers.
 7.12 A list of proposed acquisitions and restorations
 7.13 is required in the work plan. This
 7.14 appropriation is available until June 30, 2021,
 7.15 by which time the project must be completed
 7.16 and final products delivered.

7.17 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2019.

7.18 **ARTICLE 2**

7.19 **WORKERS' COMPENSATION ADVISORY COUNCIL**

7.20 Section 1. Minnesota Statutes 2020, section 79A.02, subdivision 4, is amended to read:

7.21 Subd. 4. **Recommendations to commissioner regarding revocation.** After each fifth
 7.22 anniversary from the date each individual and group self-insurer becomes certified to
 7.23 self-insure, the committee shall review all relevant financial data filed with the Department
 7.24 of Commerce that is otherwise available to the public and make a recommendation to the
 7.25 commissioner about whether each self-insurer's certificate should be revoked. For group
 7.26 self-insurers who have been in existence for five years or more and have been granted
 7.27 renewal authority, a level of funding in the common claims fund must be maintained at not
 7.28 less than the greater of either: (1) one year's claim losses paid in the most recent year; or
 7.29 (2) one-third of the security deposit posted with the Department of Commerce according
 7.30 to section 79A.04, subdivision 2. ~~This provision supersedes any requirements under section~~
 7.31 ~~79A.03, subdivision 10, and Minnesota Rules, part 2780.5000.~~

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

8.1 Sec. 2. Minnesota Statutes 2020, section 79A.04, subdivision 2, is amended to read:

8.2 Subd. 2. **Minimum deposit.** The minimum deposit is 110 percent of the private
8.3 self-insurer's estimated future liability. The deposit may be used to secure payment of all
8.4 administrative and legal costs, and unpaid assessments required by section 79A.12,
8.5 subdivision 2, relating to or arising from its or other employers' self-insuring. As used in
8.6 this section, "private self-insurer" includes both current and former members of the
8.7 self-insurers' security fund; and "private self-insurers' estimated future liability" means the
8.8 private self-insurers' total of estimated future liability as determined by an Associate or
8.9 Fellow of the Casualty Actuarial Society every year for group member private self-insurers
8.10 and, for a nongroup member private self-insurer's authority to self-insure, every year for
8.11 the first five years. After the first five years, the nongroup member's total shall be as
8.12 determined by an Associate or Fellow of the Casualty Actuarial Society at least every two
8.13 years, and each such actuarial study shall include a projection of future losses during the
8.14 period until the next scheduled actuarial study, less payments anticipated to be made during
8.15 that time.

8.16 All data and information furnished by a private self-insurer to an Associate or Fellow
8.17 of the Casualty Actuarial Society for purposes of determining private self-insurers' estimated
8.18 future liability must be certified by an officer of the private self-insurer to be true and correct
8.19 with respect to payroll and paid losses, and must be certified, upon information and belief,
8.20 to be true and correct with respect to reserves. The certification must be made by sworn
8.21 affidavit. In addition to any other remedies provided by law, the certification of false data
8.22 or information pursuant to this subdivision may result in a fine imposed by the commissioner
8.23 of commerce on the private self-insurer up to the amount of \$5,000, and termination of the
8.24 private self-insurers' authority to self-insure. The determination of private self-insurers'
8.25 estimated future liability by an Associate or Fellow of the Casualty Actuarial Society shall
8.26 be conducted in accordance with standards and principles for establishing loss and loss
8.27 adjustment expense reserves by the Actuarial Standards Board, an affiliate of the American
8.28 Academy of Actuaries. The commissioner may reject an actuarial report that does not meet
8.29 the standards and principles of the Actuarial Standards Board, and may further disqualify
8.30 the actuary who prepared the report from submitting any future actuarial reports pursuant
8.31 to this chapter. Within 30 days after the actuary has been served by the commissioner with
8.32 a notice of disqualification, an actuary who is aggrieved by the disqualification may request
8.33 a hearing to be conducted in accordance with chapter 14. Based on a review of the actuarial
8.34 report, the commissioner of commerce may require an increase in the minimum security
8.35 deposit in an amount the commissioner considers sufficient.

9.1 In addition, the Minnesota self-insurers' security fund may, at its sole discretion and
9.2 cost, undertake an independent actuarial review or an actuarial study of a private self-insurer's
9.3 estimated future liability as defined in this subdivision. The review or study must be
9.4 conducted by an associate or fellow of the Casualty Actuarial Society. The actuary has the
9.5 right to receive and review data and information of the self-insurer necessary for the actuary
9.6 to complete its review or study. A copy of this report must be filed with the commissioner
9.7 and a copy must be furnished to the self-insurer.

9.8 Estimated future liability is determined by first taking the total amount of the self-insured's
9.9 future liability of workers' compensation claims and then deducting the total amount which
9.10 is estimated to be returned to the self-insurer from any specific excess insurance coverage,
9.11 aggregate excess insurance coverage, and any supplementary benefits or second injury
9.12 benefits which are estimated to be reimbursed by the special compensation fund. However,
9.13 in the determination of estimated future liability, the actuary for the self-insurer shall not
9.14 take a credit for any excess insurance or reinsurance which is provided by a captive insurance
9.15 company which is wholly owned by the self-insurer. The opinion may discount liabilities
9.16 to present value at a rate up to the lesser of four percent per annum, or the average of the
9.17 applicable federal midterm rates, based on annual compounding, as published by the United
9.18 States Secretary of the Treasury under United States Code, title 26, section 1274(d), for the
9.19 12 months preceding the valuation date of the report. Supplementary benefits or second
9.20 injury benefits will not be reimbursed by the special compensation fund unless the special
9.21 compensation fund assessment pursuant to section 176.129 is paid and the reports required
9.22 thereunder are filed with the special compensation fund. In the case of surety bonds, bonds
9.23 shall secure administrative and legal costs in addition to the liability for payment of
9.24 compensation reflected on the face of the bond. In no event shall the security be less than
9.25 the last retention limit selected by the self-insurer with the Workers' Compensation
9.26 Reinsurance Association, provided that the commissioner may allow former members to
9.27 post less than the Workers' Compensation Reinsurance Association retention level if that
9.28 amount is adequate to secure payment of the self-insurers' estimated future liability, as
9.29 defined in this subdivision, including payment of claims, administrative and legal costs,
9.30 and unpaid assessments required by section 79A.12, subdivision 2. The posting or depositing
9.31 of security pursuant to this section shall release all previously posted or deposited security
9.32 from any obligations under the posting or depositing and any surety bond so released shall
9.33 be returned to the surety. Any other security shall be returned to the depositor or the person
9.34 posting the bond.

10.1 As a condition for the granting or renewing of a certificate to self-insure, the
10.2 commissioner may require a private self-insurer to furnish any additional security the
10.3 commissioner considers sufficient to insure payment of all claims under chapter 176.

10.4 **EFFECTIVE DATE.** This section is effective January 1, 2022, and applies to actuarial
10.5 opinions with a valuation date on or after that date.

10.6 Sec. 3. Minnesota Statutes 2020, section 79A.06, subdivision 5, is amended to read:

10.7 Subd. 5. **Private employers who have ceased to be self-insured.** (a) Private employers
10.8 who have ceased to be private self-insurers shall discharge their continuing obligations to
10.9 secure the payment of compensation which is accrued during the period of self-insurance,
10.10 for purposes of Laws 1988, chapter 674, sections 1 to 21, by compliance with all of the
10.11 following obligations of current certificate holders:

10.12 (1) Filing reports with the commissioner to carry out the requirements of this chapter;

10.13 (2) Depositing and maintaining a security deposit for accrued liability for the payment
10.14 of any compensation which may become due, pursuant to chapter 176. However, if a private
10.15 employer who has ceased to be a private self-insurer purchases an insurance policy from
10.16 an insurer authorized to transact workers' compensation insurance in this state which provides
10.17 coverage of all claims for compensation arising out of injuries occurring during the entire
10.18 period the employer was self-insured, whether or not reported during that period, the policy
10.19 will:

10.20 (i) discharge the obligation of the employer to maintain a security deposit for the payment
10.21 of the claims covered under the policy;

10.22 (ii) discharge any obligation which the self-insurers' security fund has or may have for
10.23 payment of all claims for compensation arising out of injuries occurring during the period
10.24 the employer was self-insured, whether or not reported during that period; and

10.25 (iii) discharge the obligations of the employer to pay any future assessments to the
10.26 self-insurers' security fund; provided, however, that a member that terminates its
10.27 self-insurance authority on or after August 1, 2010, shall be liable for an assessment under
10.28 paragraph (b). The actuarial opinion shall not take into consideration any transfer of the
10.29 member's liabilities to an insurance policy if the member obtains a replacement policy as
10.30 described in this subdivision within one year of the date of terminating its self-insurance.

10.31 A private employer who has ceased to be a private self-insurer may instead buy an
10.32 insurance policy described above, except that it covers only a portion of the period of time
10.33 during which the private employer was self-insured; purchase of such a policy discharges

11.1 any obligation that the self-insurers' security fund has or may have for payment of all claims
11.2 for compensation arising out of injuries occurring during the period for which the policy
11.3 provides coverage, whether or not reported during that period.

11.4 A policy described in this clause may not be issued by an insurer unless it has previously
11.5 been approved as to the insurer, form, and substance by the commissioner; and

11.6 (3) Paying within 30 days all assessments of which notice is sent by the security fund,
11.7 for a period of seven years from the last day its certificate of self-insurance was in effect.
11.8 Thereafter, the private employer who has ceased to be a private self-insurer may either: (i)
11.9 continue to pay within 30 days all assessments of which notice is sent by the security fund
11.10 until it has no incurred liabilities for the payment of compensation arising out of injuries
11.11 during the period of self-insurance; or (ii) pay the security fund a cash payment equal to
11.12 four percent of the net present value of all remaining incurred liabilities for the payment of
11.13 compensation under sections 176.101 and 176.111 as certified by a member of the casualty
11.14 actuarial society. Assessments shall be based on the benefits paid by the employer during
11.15 the calendar year immediately preceding the calendar year in which the employer's right to
11.16 self-insure is terminated or withdrawn.

11.17 (b) With respect to a self-insurer who terminates its self-insurance authority after April
11.18 1, 1998, that member shall obtain and file with the commissioner an actuarial opinion of
11.19 its outstanding liabilities as determined by an associate or fellow of the Casualty Actuarial
11.20 Society within 120 days of the date of its termination. If the actuarial opinion is not timely
11.21 filed, the self-insurers' security fund may, at its discretion, engage the services of an actuary
11.22 for this purpose. The expense of this actuarial opinion must be assessed against and be the
11.23 obligation of the self-insurer. The commissioner may issue a certificate of default against
11.24 the self-insurer for failure to pay this assessment to the self-insurers' security fund as provided
11.25 by section 79A.04, subdivision 9. ~~The opinion may discount liabilities up to four percent~~
11.26 ~~per annum to net present value~~ actuarial opinion must not apply a present value discount in
11.27 computing future liabilities. Within 60 days after notification of approval of the actuarial
11.28 opinion by the commissioner, the exiting member shall pay to the security fund an amount
11.29 determined as follows: a percentage will be determined by dividing the security fund's
11.30 members' deficit as determined by the most recent audited financial statement of the security
11.31 fund by the total actuarial liability of all members of the security fund as calculated by the
11.32 commissioner within 30 days of the exit date of the member. This quotient will then be
11.33 multiplied by that exiting member's total future liability as contained in the exiting member's
11.34 actuarial opinion. If the payment is not made within 30 days of the notification, interest on

12.1 it at the rate prescribed by section 549.09 must be paid by the former member to the security
12.2 fund until the principal amount is paid in full.

12.3 (c) A former member who terminated its self-insurance authority before April 1, 1998,
12.4 who has paid assessments to the self-insurers' security fund for seven years, and whose
12.5 annualized assessment is \$15,000 or less, may buy out of its outstanding liabilities to the
12.6 self-insurers' security fund by an amount calculated as follows: 1.35 multiplied by the
12.7 indemnity case reserves at the time of the calculation, multiplied by the then current
12.8 self-insurers' security fund annualized assessment rate.

12.9 (d) A former member who terminated its self-insurance authority before April 1, 1998,
12.10 and who is paying assessments within the first seven years after ceasing to be self-insured
12.11 under paragraph (a), clause (3), may elect to buy out its outstanding liabilities to the
12.12 self-insurers' security fund by obtaining and filing with the commissioner an actuarial
12.13 opinion of its outstanding liabilities as determined by an associate or fellow of the Casualty
12.14 Actuarial Society. The opinion must separate liability for indemnity benefits from liability
12.15 for medical benefits, ~~and must discount each up to four percent per annum to net present~~
12.16 ~~value~~. Within 30 days after notification of approval of the actuarial opinion by the
12.17 commissioner, the member shall pay to the security fund an amount equal to 120 percent
12.18 of that discounted outstanding indemnity liability, multiplied by the greater of the average
12.19 annualized assessment rate since inception of the security fund or the annual rate at the time
12.20 of the most recent assessment.

12.21 (e) A former member who has paid the security fund according to paragraphs (b) to (d)
12.22 and subsequently receives authority from the commissioner to again self-insure shall be
12.23 assessed under section 79A.12, subdivision 2, only on indemnity benefits paid on injuries
12.24 that occurred after the former member received authority to self-insure again; provided that
12.25 the member furnishes verified data regarding those benefits to the security fund.

12.26 (f) In addition to proceedings to establish liabilities and penalties otherwise provided, a
12.27 failure to comply may be the subject of a proceeding before the commissioner. An appeal
12.28 from the commissioner's determination may be taken pursuant to the contested case
12.29 procedures of chapter 14 within 30 days of the commissioner's written determination.

12.30 Any current or past member of the self-insurers' security fund is subject to service of
12.31 process on any claim arising out of chapter 176 or this chapter in the manner provided by
12.32 section 5.25, or as otherwise provided by law. The issuance of a certificate to self-insure to
12.33 the private self-insured employer shall be deemed to be the agreement that any process

13.1 which is served in accordance with this section shall be of the same legal force and effect
13.2 as if served personally within this state.

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

13.4 Sec. 4. Minnesota Statutes 2020, section 79A.22, subdivision 13, is amended to read:

13.5 Subd. 13. **Common claims fund; five-year exception.** For commercial group
13.6 self-insurers who have been in existence for five years or more, a level of funding in the
13.7 common claims fund must be maintained at not less than the greater of either:

13.8 (1) one year's claim losses paid in the most recent year; or

13.9 (2) one-third of the security deposit posted with the Department of Commerce according
13.10 to section 79A.24, subdivision 2.

13.11 ~~This provision supersedes any requirements under subdivisions 11 and 12 and Minnesota~~
13.12 ~~Rules, part 2780.5000.~~

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

13.14 Sec. 5. Minnesota Statutes 2020, section 79A.24, subdivision 2, is amended to read:

13.15 Subd. 2. **Minimum deposit.** The minimum deposit is 125 percent of the commercial
13.16 self-insurance group's estimated future liability for the payment of compensation as
13.17 determined by an actuary. If the group has been in existence for three years, this minimum
13.18 deposit shall be 110 percent of the commercial self-insurance group's estimated future
13.19 liability for the payment of workers' compensation as determined by an actuary. Each
13.20 actuarial study shall include a projection of future losses during a one-year period until the
13.21 next scheduled actuarial study, less payments anticipated to be made during that time. The
13.22 opinion may discount liabilities to present value at a rate up to the lesser of four percent per
13.23 annum, or the average of the applicable federal midterm rates, based on annual compounding,
13.24 as published by the United States Secretary of the Treasury under United States Code, title
13.25 26, section 1274(d), for the 12 months preceding the valuation date of the report. Deduction
13.26 should be made for the total amount which is estimated to be returned to the commercial
13.27 self-insurance group from any specific excess insurance coverage, aggregate excess insurance
13.28 coverage, and any supplementary benefits which are estimated to be reimbursed by the
13.29 special compensation fund. Supplementary benefits will not be reimbursed by the special
13.30 compensation fund unless the special compensation fund assessment pursuant to section
13.31 176.129 is paid and the required reports are filed with the special compensation fund. In
13.32 the case of surety bonds, bonds shall secure administrative and legal costs in addition to the

14.1 liability for payment of compensation reflected on the face of the bond. In no event shall
14.2 the security be less than the group's selected retention limit of the Workers' Compensation
14.3 Reinsurance Association. The posting or depositing of security under this section shall
14.4 release all previously posted or deposited security from any obligations under the posting
14.5 or depositing and any surety bond so released shall be returned to the surety. Any other
14.6 security shall be returned to the depositor or the person posting the bond.

14.7 EFFECTIVE DATE. This section is effective January 1, 2022, and applies to actuarial
14.8 opinions with a valuation date on or after that date.

14.9 Sec. 6. Minnesota Statutes 2020, section 176.011, subdivision 15, is amended to read:

14.10 Subd. 15. **Occupational disease.** (a) "Occupational disease" means a mental impairment
14.11 as defined in paragraph (d) or physical disease arising out of and in the course of employment
14.12 peculiar to the occupation in which the employee is engaged and due to causes in excess of
14.13 the hazards ordinary of employment and shall include undulant fever. Physical stimulus
14.14 resulting in mental injury and mental stimulus resulting in physical injury shall remain
14.15 compensable. Mental impairment is not considered a disease if it results from a disciplinary
14.16 action, work evaluation, job transfer, layoff, demotion, promotion, termination, retirement,
14.17 or similar action taken in good faith by the employer. Ordinary diseases of life to which the
14.18 general public is equally exposed outside of employment are not compensable, except where
14.19 the diseases follow as an incident of an occupational disease, or where the exposure peculiar
14.20 to the occupation makes the disease an occupational disease hazard. A disease arises out of
14.21 the employment only if there be a direct causal connection between the conditions under
14.22 which the work is performed and if the occupational disease follows as a natural incident
14.23 of the work as a result of the exposure occasioned by the nature of the employment. An
14.24 employer is not liable for compensation for any occupational disease which cannot be traced
14.25 to the employment as a direct and proximate cause and is not recognized as a hazard
14.26 characteristic of and peculiar to the trade, occupation, process, or employment or which
14.27 results from a hazard to which the worker would have been equally exposed outside of the
14.28 employment.

14.29 (b) If immediately preceding the date of disablement or death, an employee was employed
14.30 on active duty with an organized fire or police department of any municipality, as a member
14.31 of the Minnesota State Patrol, conservation officer service, state crime bureau, as a forest
14.32 officer by the Department of Natural Resources, state correctional officer or security
14.33 counselor employed by the state or a political subdivision at a corrections, detention, or
14.34 secure treatment facility, or sheriff or full-time deputy sheriff of any county, and the disease

15.1 is that of myocarditis, coronary sclerosis, pneumonia or its sequel, and at the time of
15.2 employment such employee was given a thorough physical examination by a licensed doctor
15.3 of medicine, and a written report thereof has been made and filed with such organized fire
15.4 or police department, with the Minnesota State Patrol, conservation officer service, state
15.5 crime bureau, Department of Natural Resources, Department of Corrections, or sheriff's
15.6 department of any county, which examination and report negated any evidence of
15.7 myocarditis, coronary sclerosis, pneumonia or its sequel, the disease is presumptively an
15.8 occupational disease and shall be presumed to have been due to the nature of employment.
15.9 If immediately preceding the date of disablement or death, any individual who by nature
15.10 of their position provides emergency medical care, or an employee who was employed as
15.11 a licensed police officer under section 626.84, subdivision 1; firefighter; paramedic; state
15.12 correctional officer or security counselor employed by the state or a political subdivision
15.13 at a corrections, detention, or secure treatment facility; emergency medical technician; or
15.14 licensed nurse providing emergency medical care; and who contracts an infectious or
15.15 communicable disease to which the employee was exposed in the course of employment
15.16 outside of a hospital, then the disease is presumptively an occupational disease and shall
15.17 be presumed to have been due to the nature of employment and the presumption may be
15.18 rebutted by substantial factors brought by the employer or insurer. Any substantial factors
15.19 which shall be used to rebut this presumption and which are known to the employer or
15.20 insurer at the time of the denial of liability shall be communicated to the employee on the
15.21 denial of liability.

15.22 (c) A firefighter on active duty with an organized fire department who is unable to
15.23 perform duties in the department by reason of a disabling cancer of a type caused by exposure
15.24 to heat, radiation, or a known or suspected carcinogen, as defined by the International
15.25 Agency for Research on Cancer, and the carcinogen is reasonably linked to the disabling
15.26 cancer, is presumed to have an occupational disease under paragraph (a). If a firefighter
15.27 who enters the service after August 1, 1988, is examined by a physician prior to being hired
15.28 and the examination discloses the existence of a cancer of a type described in this paragraph,
15.29 the firefighter is not entitled to the presumption unless a subsequent medical determination
15.30 is made that the firefighter no longer has the cancer.

15.31 (d) For the purposes of this chapter, "mental impairment" means a diagnosis of
15.32 post-traumatic stress disorder by a licensed psychiatrist or psychologist. For the purposes
15.33 of this chapter, "post-traumatic stress disorder" means the condition as described in the most
15.34 recently published edition of the Diagnostic and Statistical Manual of Mental Disorders by
15.35 the American Psychiatric Association. For purposes of section 79.34, subdivision 2, one or

16.1 more compensable mental impairment claims arising out of a single event or occurrence
16.2 shall constitute a single loss occurrence.

16.3 (e) If, preceding the date of disablement or death, an employee who was employed on
16.4 active duty as: a licensed police officer; a firefighter; a paramedic; an emergency medical
16.5 technician; a licensed nurse employed to provide emergency medical services outside of a
16.6 medical facility; a public safety dispatcher; ~~an~~ a correctional officer or security counselor
16.7 employed by the state or a political subdivision at a corrections, detention, or secure treatment
16.8 facility; a sheriff or full-time deputy sheriff of any county; or a member of the Minnesota
16.9 State Patrol is diagnosed with a mental impairment as defined in paragraph (d), and had not
16.10 been diagnosed with the mental impairment previously, then the mental impairment is
16.11 presumptively an occupational disease and shall be presumed to have been due to the nature
16.12 of employment. This presumption may be rebutted by substantial factors brought by the
16.13 employer or insurer. Any substantial factors that are used to rebut this presumption and that
16.14 are known to the employer or insurer at the time of the denial of liability shall be
16.15 communicated to the employee on the denial of liability. The mental impairment is not
16.16 considered an occupational disease if it results from a disciplinary action, work evaluation,
16.17 job transfer, layoff, demotion, promotion, termination, retirement, or similar action taken
16.18 in good faith by the employer.

16.19 (f) Notwithstanding paragraph (a) and the rebuttable presumption for infectious or
16.20 communicable diseases in paragraph (b), an employee who contracts COVID-19 is presumed
16.21 to have an occupational disease arising out of and in the course of employment if the
16.22 employee satisfies the requirements of clauses (1) and (2).

16.23 (1) The employee was employed as a licensed peace officer under section 626.84,
16.24 subdivision 1; firefighter; paramedic; nurse or health care worker, correctional officer, or
16.25 security counselor employed by the state or a political subdivision at a corrections, detention,
16.26 or secure treatment facility; emergency medical technician; a health care provider, nurse,
16.27 or assistive employee employed in a health care, home care, or long-term care setting, with
16.28 direct COVID-19 patient care or ancillary work in COVID-19 patient units; and workers
16.29 required to provide child care to first responders and health care workers under Executive
16.30 Order 20-02 and Executive Order 20-19.

16.31 (2) The employee's contraction of COVID-19 must be confirmed by a positive laboratory
16.32 test or, if a laboratory test was not available for the employee, as diagnosed and documented
16.33 by the employee's licensed physician, licensed physician's assistant, or licensed advanced
16.34 practice registered nurse (APRN), based on the employee's symptoms. A copy of the positive

17.1 laboratory test or the written documentation of the physician's, physician assistant's, or
 17.2 APRN's diagnosis shall be provided to the employer or insurer.

17.3 (3) Once the employee has satisfied the requirements of clauses (1) and (2), the
 17.4 presumption shall only be rebutted if the employer or insurer shows the employment was
 17.5 not a direct cause of the disease. A denial of liability under this paragraph must meet the
 17.6 requirements for a denial under section 176.221, subdivision 1.

17.7 (4) The date of injury for an employee who has contracted COVID-19 under this
 17.8 paragraph shall be the date that the employee was unable to work due to a diagnosis of
 17.9 COVID-19, or due to symptoms that were later diagnosed as COVID-19, whichever occurred
 17.10 first.

17.11 (5) An employee who has contracted COVID-19 but who is not entitled to the
 17.12 presumption under this paragraph is not precluded from claiming an occupational disease
 17.13 as provided in other paragraphs of this subdivision or from claiming a personal injury under
 17.14 subdivision 16.

17.15 (6) The commissioner shall provide a detailed report on COVID-19 workers'
 17.16 compensation claims under this paragraph to the Workers' Compensation Advisory Council,
 17.17 and chairs and ranking minority members of the house of representatives and senate
 17.18 committees with jurisdiction over workers' compensation, by January 15, 2021.

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

17.20 Sec. 7. Minnesota Statutes 2020, section 176.102, subdivision 10, is amended to read:

17.21 Subd. 10. **Rehabilitation; consultants, interns, and vendors.** (a) The commissioner
 17.22 shall approve rehabilitation consultants who may propose and implement plans if they satisfy
 17.23 rules adopted by the commissioner for rehabilitation consultants. A consultant may be an
 17.24 individual or public or private entity, and except for rehabilitation services, Department of
 17.25 Employment and Economic Development, a consultant may not be a vendor or the agent
 17.26 of a vendor of rehabilitation services. The commissioner shall also approve rehabilitation
 17.27 vendors if they satisfy rules adopted by the commissioner. An employer or insurer must be
 17.28 approved by the commissioner as a qualified rehabilitation firm and create an account in
 17.29 CAMPUS as a firm to employ a qualified rehabilitation consultant to provide rehabilitation
 17.30 services to an employee under this section.

17.31 (b) An applicant to be a qualified rehabilitation consultant intern must file in CAMPUS
 17.32 a plan of supervision prescribed by the commissioner and signed by the supervisor at the
 17.33 time the application is filed. The supervisor must be employed as a qualified rehabilitation

18.1 consultant by the same firm as the intern applicant and meet experience requirements
 18.2 prescribed in rule by the commissioner. In the plan of supervision, the supervisor must agree
 18.3 to verify that the intern complies with all rehabilitation rules and statutes during the
 18.4 internship. All documents related to an employee's rehabilitation prepared by the intern that
 18.5 are filed with the commissioner must be reviewed by the supervisor before they are filed.
 18.6 The supervisor need not sign the intern's written work, but the intern must verify that the
 18.7 supervisor has reviewed the document at the time the document is filed with the commissioner
 18.8 in CAMPUS. An intern must file a new signed plan of supervision if there is a change of
 18.9 supervisors.

18.10 ~~(b)~~ (c) An individual qualified rehabilitation consultant registered by the commissioner
 18.11 must not provide any medical, rehabilitation, or disability case management services related
 18.12 to an injury that is compensable under this chapter when these services are part of the same
 18.13 claim, unless the case management services are part of an approved rehabilitation plan.

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

18.15 Sec. 8. Minnesota Statutes 2020, section 176.111, subdivision 22, is amended to read:

18.16 Subd. 22. **Payments to estate; death of employee.** (a) In every case of death of an
 18.17 employee resulting from personal injury arising out of and in the course of employment
 18.18 where there are no persons entitled to monetary benefits of dependency compensation, the
 18.19 employer shall pay to the estate of the deceased employee the sum of \$60,000. This payment
 18.20 must be made within 14 days of notice to the insurer of one of the following:

18.21 (1) the appointment of a personal representative of the estate; or

18.22 (2) if there is no personal representative, presentation of a certified death record and an
 18.23 affidavit of collection of personal property according to the requirements of section
 18.24 524.3-1201 and 524.3-1202.

18.25 (b) Within 14 days of notice to the insurer of the death of the employee, the insurer must
 18.26 send notice to the estate, at the deceased employee's last known address, that this payment
 18.27 will be made after ~~a personal representative has been appointed by a probate court~~ receipt
 18.28 of the documentation in paragraph (a), clause (1) or (2).

18.29 **EFFECTIVE DATE.** This section is effective January 4, 2021.

18.30 Sec. 9. Minnesota Statutes 2020, section 176.135, subdivision 1, is amended to read:

18.31 Subdivision 1. **Medical, psychological, chiropractic, podiatric, surgical, hospital.** (a)
 18.32 The employer shall furnish any medical, psychological, chiropractic, podiatric, surgical and

19.1 hospital treatment, including nursing, medicines, medical, chiropractic, podiatric, and
19.2 surgical supplies, crutches and apparatus, including artificial members, or, at the option of
19.3 the employee, if the employer has not filed notice as hereinafter provided, Christian Science
19.4 treatment in lieu of medical treatment, chiropractic medicine and medical supplies, as may
19.5 reasonably be required at the time of the injury and any time thereafter to cure and relieve
19.6 from the effects of the injury. This treatment shall include treatments necessary to physical
19.7 rehabilitation.

19.8 (b) The employer shall pay for the reasonable value of nursing services provided by a
19.9 member of the employee's family in cases of permanent total disability.

19.10 (c) Exposure to rabies is an injury and an employer shall furnish preventative treatment
19.11 to employees exposed to rabies.

19.12 (d) The employer shall furnish replacement or repair for artificial members, glasses or
19.13 spectacles, artificial eyes, podiatric orthotics, dental bridge work, dentures or artificial teeth,
19.14 hearing aids, canes, crutches, or wheel chairs damaged by reason of an injury arising out
19.15 of and in the course of the employment. For the purpose of this paragraph, "injury" includes
19.16 damage wholly or in part to an artificial member. In case of the employer's inability or
19.17 refusal seasonably to provide the items required to be provided under this paragraph, the
19.18 employer is liable for the reasonable expense incurred by or on behalf of the employee in
19.19 providing the same, including costs of copies of any medical records or medical reports that
19.20 are in existence, obtained from health care providers, and that directly relate to the items
19.21 for which payment is sought under this chapter, limited to the charges allowed by subdivision
19.22 7, and attorney fees incurred by the employee.

19.23 (e) Both the commissioner and the compensation judges have authority to make
19.24 determinations under this section in accordance with sections 176.106 and 176.305.

19.25 (f) An employer may require that the treatment and supplies required to be provided by
19.26 an employer by this section be received in whole or in part from a managed care plan certified
19.27 under section 176.1351 except as otherwise provided by that section.

19.28 (g) An employer may designate a pharmacy or network of pharmacies that employees
19.29 must use to obtain outpatient prescription and nonprescription medications. An employee
19.30 is not required to obtain outpatient medications at a designated pharmacy unless the pharmacy
19.31 is located within 15 miles of the employee's place of residence.

19.32 (h) Notwithstanding any fees established by rule adopted under section 176.136, an
19.33 employer may contract for the cost of medication provided to employees. All requests for
19.34 reimbursement from the special compensation fund formerly codified under section 176.131

20.1 for medication provided to an employee must be accompanied by the dispensing pharmacy's
 20.2 invoice showing its usual and customary charge for the medication at the time it was
 20.3 dispensed to the employee. The special compensation fund shall not reimburse any amount
 20.4 that exceeds the maximum amount payable for the medication under Minnesota Rules, part
 20.5 5221.4070, subparts 3 and 4, notwithstanding any contract under Minnesota Rules, part
 20.6 5221.4070, subpart 5, that provides for a different reimbursement amount.

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

20.8 Sec. 10. Minnesota Statutes 2020, section 176.181, subdivision 2, is amended to read:

20.9 Subd. 2. **Compulsory insurance; self-insurers.** (a) Every employer, except the state
 20.10 and its municipal subdivisions, liable under this chapter to pay compensation shall insure
 20.11 payment of compensation with some insurance carrier authorized to insure workers'
 20.12 compensation liability in this state, or obtain a written order from the commissioner of
 20.13 commerce exempting the employer from insuring liability for compensation and permitting
 20.14 self-insurance of the liability. The terms, conditions and requirements governing
 20.15 self-insurance shall be established by the commissioner pursuant to chapter 14. The
 20.16 commissioner of commerce shall also adopt, pursuant to paragraph (d), rules permitting
 20.17 two or more employers, whether or not they are in the same industry, to enter into agreements
 20.18 to pool their liabilities under this chapter for the purpose of qualifying as group self-insurers.
 20.19 With the approval of the commissioner of commerce, any employer may exclude medical,
 20.20 chiropractic and hospital benefits as required by this chapter. An employer conducting
 20.21 distinct operations at different locations may either insure or self-insure the other portion
 20.22 of operations as a distinct and separate risk. An employer desiring to be exempted from
 20.23 insuring liability for compensation shall make application to the commissioner of commerce,
 20.24 showing financial ability to pay the compensation, whereupon by written order the
 20.25 commissioner of commerce, on deeming it proper, may make an exemption. An employer
 20.26 may establish financial ability to pay compensation by providing financial statements of
 20.27 the employer to the commissioner of commerce. Upon ten days' written notice the
 20.28 commissioner of commerce may revoke the order granting an exemption, in which event
 20.29 the employer shall immediately insure the liability. As a condition for the granting of an
 20.30 exemption the commissioner of commerce may require the employer to furnish security the
 20.31 commissioner of commerce considers sufficient to insure payment of all claims under this
 20.32 chapter, consistent with subdivision 2b. If the required security is in the form of currency
 20.33 or negotiable bonds, the commissioner of commerce shall deposit it with the commissioner
 20.34 of management and budget. In the event of any default upon the part of a self-insurer to
 20.35 abide by any final order or decision of the commissioner of labor and industry directing and

21.1 awarding payment of compensation and benefits to any employee or the dependents of any
21.2 deceased employee, then upon at least ten days' notice to the self-insurer, the commissioner
21.3 of commerce may by written order to the commissioner of management and budget require
21.4 the commissioner of management and budget to sell the pledged and assigned securities or
21.5 a part thereof necessary to pay the full amount of any such claim or award with interest
21.6 thereon. This authority to sell may be exercised from time to time to satisfy any order or
21.7 award of the commissioner of labor and industry or any judgment obtained thereon. When
21.8 securities are sold the money obtained shall be deposited in the state treasury to the credit
21.9 of the commissioner of commerce and awards made against any such self-insurer by the
21.10 commissioner of commerce shall be paid to the persons entitled thereto by the commissioner
21.11 of management and budget upon payments requested by the commissioner of commerce
21.12 out of the proceeds of the sale of securities. Where the security is in the form of a surety
21.13 bond or personal guaranty the commissioner of commerce, at any time, upon at least ten
21.14 days' notice and opportunity to be heard, may require the surety to pay the amount of the
21.15 award, the payments to be enforced in like manner as the award may be enforced.

21.16 (b) No association, corporation, partnership, sole proprietorship, trust or other business
21.17 entity shall provide services in the design, establishment or administration of a group
21.18 self-insurance plan under rules adopted pursuant to this subdivision unless it is licensed, or
21.19 exempt from licensure, pursuant to section 60A.23, subdivision 8, to do so by the
21.20 commissioner of commerce. An applicant for a license shall state in writing the type of
21.21 activities it seeks authorization to engage in and the type of services it seeks authorization
21.22 to provide. The license shall be granted only when the commissioner of commerce is satisfied
21.23 that the entity possesses the necessary organization, background, expertise, and financial
21.24 integrity to supply the services sought to be offered. The commissioner of commerce may
21.25 issue a license subject to restrictions or limitations, including restrictions or limitations on
21.26 the type of services which may be supplied or the activities which may be engaged in. ~~The~~
21.27 ~~license is for a two-year period.~~

21.28 (c) To assure that group self-insurance plans are financially solvent, administered in a
21.29 fair and capable fashion, and able to process claims and pay benefits in a prompt, fair and
21.30 equitable manner, entities licensed to engage in such business are subject to supervision
21.31 and examination by the commissioner of commerce.

21.32 (d) To carry out the purposes of this subdivision, the commissioner of commerce may
21.33 promulgate administrative rules pursuant to sections 14.001 to 14.69. These rules may:

21.34 (1) establish reporting requirements for administrators of group self-insurance plans;

22.1 (2) establish standards and guidelines consistent with subdivision 2b to assure the
22.2 adequacy of the financing and administration of group self-insurance plans;

22.3 (3) establish bonding requirements or other provisions assuring the financial integrity
22.4 of entities administering group self-insurance plans;

22.5 (4) establish standards, including but not limited to minimum terms of membership in
22.6 self-insurance plans, as necessary to provide stability for those plans;

22.7 (5) establish standards or guidelines governing the formation, operation, administration,
22.8 and dissolution of self-insurance plans; and

22.9 (6) establish other reasonable requirements to further the purposes of this subdivision.

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

22.11 Sec. 11. Minnesota Statutes 2020, section 176.185, is amended by adding a subdivision
22.12 to read:

22.13 **Subd. 11. Employment and insurance data.** (a) The following workers' compensation
22.14 insurance coverage data reported to or collected by the department under this section, or
22.15 otherwise created or received by the department, is public data, subject to the limitations
22.16 provided in paragraph (b):

22.17 (1) all action on an insurance policy, but not including the policy itself. Examples of
22.18 action on a policy are the date of issuance of a new policy, the date of cancellation, or copies
22.19 of a correction, binder, reinstatement, expiration, cancellation, termination, or declaration
22.20 page;

22.21 (2) the employer's legal name;

22.22 (3) every "doing business as" name used by the employer;

22.23 (4) the employer's legal form of ownership, such as corporation, partnership, limited
22.24 partnership, or government entity, and the names of all owners and partners including, for
22.25 limited partnerships, the names of general partners;

22.26 (5) the employer's complete mailing and physical addresses;

22.27 (6) the nature of the employer's business;

22.28 (7) the policy number;

22.29 (8) the effective and expiration dates of the policy;

22.30 (9) the name of the insurance carrier;

23.1 (10) if the policy has been canceled, the type of cancellation, reason for cancellation,
 23.2 and effective date of cancellation; and

23.3 (11) the employer's unemployment account number.

23.4 (b) The commissioner shall release the insurance coverage data listed in paragraph (a)
 23.5 only in response to an inquiry about an employer in which the requester provides employer
 23.6 identifying information required by the commissioner. The commissioner or an entity with
 23.7 whom the department has contracted pursuant to subdivision 10 shall provide a website for
 23.8 such public inquiries and may impose access restrictions necessary to limit access to
 23.9 individual inquiries and to otherwise deter the use of the website for purposes other than
 23.10 insurance verification. Persons who obtain the data prescribed in paragraph (a) from the
 23.11 department are prohibited from using the data for commercial purposes.

23.12 (c) For purposes of this subdivision, "employer" includes a policyholder and any other
 23.13 entities listed on the same insurance policy as the employer.

23.14 (d) For purposes of this subdivision, "commercial purposes" means the sale or use of
 23.15 insurance coverage data listed in paragraph (a) for marketing or profit.

23.16 (e) An entity with whom the department has contracted pursuant to subdivision 10 has
 23.17 a private right of action to enforce the prohibition in paragraph (b) against a person who
 23.18 uses the data for commercial purposes. The entity may bring a civil action to recover damages
 23.19 and costs and disbursements, including reasonable attorney fees, from the person, and for
 23.20 other equitable relief as determined by the court.

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

23.22 Sec. 12. Minnesota Statutes 2020, section 176.223, is amended to read:

23.23 **176.223 PROMPT PAYMENT FIRST ACTION REPORT.**

23.24 (a) For purposes of this section:

23.25 (1) "insurer" means a workers' compensation insurer licensed in Minnesota and a
 23.26 self-insured employer approved to self-insure by the commissioner of commerce;

23.27 (2) "prompt first action" means that an insurer commenced payment of wage loss benefits,
 23.28 or filed a denial of liability for an injury or for wage loss benefits, within the time frames
 23.29 required by section 176.221, subdivision 1; and

23.30 (3) "wage loss benefits" means temporary total disability, temporary partial disability,
 23.31 and permanent total disability benefits, as described in section 176.101.

24.1 (b) No later than March 15 of each year, the department shall publish an annual a report
 24.2 providing data on the promptness of all insurers and self-insurers in making first payments
 24.3 on a claim for injury. The report shall identify all insurers and self-insurers and state the
 24.4 percentage of first payments made within 14 days from the last date worked for each of the
 24.5 insurers and self-insurers. The report shall also list the total number of claims and the number
 24.6 of claims paid within the 14-day standard. for each insurer on the total number of the insurer's
 24.7 claims, and the number and percentage of the insurer's claims with prompt first action. The
 24.8 report must be based on data that the insurer reported to the commissioner in the previous
 24.9 calendar year. Each report shall contain the required information for each of the last four
 24.10 years the report has been compiled so that a total of five years is included. The department
 24.11 shall make the report available to employers and shall provide a copy to each insurer ~~and~~
 24.12 ~~self-insurer~~ listed in the report for the current year.

24.13 (c) On or before January 15 of each year the department must provide each insurer listed
 24.14 in the report with notice of the data on that insurer that the department plans to include in
 24.15 the report. By February 15 the insurer must notify the department in writing of inaccurate
 24.16 data reported to the commissioner and of any corrections to the data that should be reflected
 24.17 in the March 15 report. Effective the day following final enactment, the insurer must
 24.18 electronically file the corrected data with the commissioner in CAMPUS.

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

24.20 Sec. 13. Minnesota Statutes 2020, section 176.231, subdivision 5, is amended to read:

24.21 Subd. 5. **Electronic reports filed under this section.** (a) The commissioner shall
 24.22 prescribe the manner and format for providing the reports and other documents required by
 24.23 this section.

24.24 (b) A report or other document that is required to be filed with the commissioner under
 24.25 this section must be filed electronically in the manner and format required by the
 24.26 commissioner. Except as provided in paragraph (d), the commissioner must give at least 60
 24.27 days' notice to self-insured employers and insurers, and publish notice in the State Register,
 24.28 of the effective date of required electronic filing of the report or other document.

24.29 (c) Where specified by the commissioner under paragraph (d), a self-insured employer
 24.30 or insurer must file a report or other document with the commissioner electronically according
 24.31 to the version of the Claims Release Standard published by the International Association
 24.32 of Industrial Accident Boards and Commissions (IAIABC) adopted by the commissioner.
 24.33 The commissioner must publish on the department's website a Minnesota implementation
 24.34 guide that prescribes reporting and service requirements consistent with this chapter.

25.1 (d) The commissioner must give notice to self-insured employers and insurers, and
 25.2 publish notice in the State Register, of intent to adopt a version of the Claims Release
 25.3 Standard for a report or other document required to be filed with the commissioner. The
 25.4 notice must include a link to the Minnesota implementation guide. Interested parties must
 25.5 have at least 90 days to submit comments to the commissioner. After considering the
 25.6 comments, the commissioner must publish notice of the adopted version of the Claims
 25.7 Release Standard and Minnesota implementation guide in the State Register at least 90 days
 25.8 before the effective date of the Standard and Guide. The commissioner must also give at
 25.9 least 30 days' notice to self-insured employers and insurers, and publish notice in the State
 25.10 Register, of any updates to the Minnesota implementation guide. The requirements in the
 25.11 adopted versions of the Claims Release Standard and the Minnesota implementation guide
 25.12 supersede any conflicting or obsolete rule. The commissioner may amend or repeal
 25.13 conflicting or obsolete rules, using the procedures in section 14.388 or 14.3895. The adopted
 25.14 versions of the Claims Release Standards and Minnesota implementation guides adopted
 25.15 by the commissioner under this section are not rules under chapter 14, but have the force
 25.16 and effect of law as of the effective date specified in the notice published in the State Register.
 25.17 The commissioner may publish the initial notices in this subdivision before August 31,
 25.18 2020, to ensure the adopted versions of the Standard and Guide are effective on that date.

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

25.20 Sec. 14. Minnesota Statutes 2020, section 176.231, subdivision 6, is amended to read:

25.21 Subd. 6. **Commissioner of the Department of labor and industry; duty to keep**
 25.22 **informed.** (a) The commissioner of the ~~Department of labor and industry~~ shall keep fully
 25.23 informed of the nature and extent of all injuries compensable under this chapter, their
 25.24 resultant disabilities, and of the rights of employees to compensation. In addition to other
 25.25 data required to be filed or reported under this chapter, the insurer or self-insured employer
 25.26 must keep report to the department advised of all any payments of compensation, and
 25.27 attorney fees; the amounts of payments made, and the date of the first payment; and any
 25.28 amounts withheld from compensation paid, whether paid voluntarily or by order of a
 25.29 compensation judge, the workers' compensation court of appeals, or the Minnesota Supreme
 25.30 Court. ~~Where a physician or surgeon has examined, treated, or has special knowledge relating~~
 25.31 ~~to an injury which may be compensable under this chapter, the commissioner of the~~
 25.32 ~~Department of Labor and Industry or any member or employee thereof shall request in~~
 25.33 ~~writing a report from such person of the attendant facts.~~ The reports must be made within
 25.34 14 days of the following events: the date of the first payment, a denial of primary liability,
 25.35 a denial of any part of compensation, a change in the compensation amount or type,

26.1 commencement of an additional compensation type, reinstatement of compensation after
26.2 previous discontinuance, or final payment of compensation. Additional reporting
26.3 requirements are as provided in paragraphs (b) to (g).

26.4 (b) Starting 180 days after the date of injury and every six months thereafter, the
26.5 self-insured employer or insurer shall report to the commissioner all compensation paid to
26.6 an employee, any amounts withheld from compensation paid, and any amounts paid for
26.7 attorney fees.

26.8 (c) A report of permanent partial disability benefits commenced or paid must include a
26.9 copy of (1) the medical report supporting the permanent partial disability benefit paid; and
26.10 (2) the form prescribed by the commissioner that was served on the employee showing the
26.11 permanent partial disability benefit that was or will be paid.

26.12 (d) A final report must be filed to show that the self-insured employer or insurer has
26.13 ceased payment of all indemnity and rehabilitation benefits where no litigation is pending.
26.14 The report must be filed within 180 days of the cessation.

26.15 (e) A self-insured employer or insurer must report a change in the number of dependents
26.16 receiving benefits within 14 days of the change.

26.17 (f) A self-insured employer or insurer must report when a claim is acquired from another
26.18 self-insured employer or insurer, and whether benefits are currently being paid. A third-party
26.19 administrator must report when it begins administering a claim and whether benefits are
26.20 currently being paid. The reports under this paragraph must be filed within 30 days of the
26.21 acquisition, or a change in the third-party administrator.

26.22 (g) The reports required under this section must be filed electronically according to the
26.23 requirements of subdivision 5 in the form and manner required by the commissioner. The
26.24 reports must be served on or provided to the employee as follows:

26.25 (1) If service is required under this chapter, the self-insured employer or insurer must
26.26 serve the report on the employee or dependents within the time limits required, and must
26.27 retain a proof of service as required by section 176.285, subdivision 3.

26.28 (2) If the report is not required to be served under this chapter, the self-insured employer
26.29 or insurer must, no later than two business days of acceptance of the report by the
26.30 commissioner, send the report to the employee by first class United States mail or another
26.31 method agreed to by the employee, and specify on the report the date it was sent.

27.1 (3) A report served or provided to the employee under this chapter must contain the
 27.2 information designated by the commissioner in the format required by the commissioner,
 27.3 according to the requirements specified under subdivision 5.

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

27.5 Sec. 15. Minnesota Statutes 2020, section 176.231, subdivision 9, is amended to read:

27.6 **Subd. 9. Uses that may be made of reports; access to division file.** (a) Reports and
 27.7 other documents in the division file are private data on individuals and nonpublic data as
 27.8 those terms are defined in section 13.02, except that the reports and documents in the division
 27.9 file may be used in hearings held under this chapter, and for the purpose of state
 27.10 investigations and for statistics. The reports and documents in the division file are also
 27.11 available without authorization to:

27.12 (1) the Department of Revenue for use in enforcing Minnesota income tax and property
 27.13 tax refund laws, and the information shall be protected as provided in chapter 270B;

27.14 (2) an agency, as needed to perform its responsibilities under this chapter;

27.15 (3) the Workers' Compensation Reinsurance Association for use by the association in
 27.16 carrying out its responsibilities under chapter 79;

27.17 (4) the special compensation fund for the purpose of auditing assessments under section
 27.18 176.129; and

27.19 (5) the persons and entities allowed access under subdivisions 9a, 9b, and 9c.

27.20 (b) A person with an authorization signed by the employer, insurer, or employee, ~~or~~
 27.21 ~~dependent of a deceased employee~~ as described in paragraph (c), has access to reports and
 27.22 other documents in the division file as provided in the authorization. An authorization must:

27.23 (1) be in writing;

27.24 (2) include the printed name and dated signature of the employee ~~or dependent of an~~
 27.25 ~~employee~~, employer, or insurer representative who is authorizing the documents to be
 27.26 released;

27.27 (3) specify the employer, date of injury, and worker identification or Social Security
 27.28 number;

27.29 (4) include the name of the individual or entity that is authorized to receive the documents.
 27.30 If the authorization is signed by the employer or insurer, the authorization must specify that

28.1 the access is granted to a person acting on the employer's or insurer's behalf in performing
28.2 responsibilities under chapter 176;

28.3 (5) specify the time period within which the authorization is valid, which may not exceed
28.4 one year from the date the authorization was signed, except that access to the division file
28.5 may exceed one year if provided in subdivision 9a, paragraph ~~(b)~~ (c); and

28.6 (6) include a statement that the person signing the authorization may revoke the
28.7 authorization by filing written notice with the department at any time, which shall be effective
28.8 upon receipt by the department.

28.9 (c) For purposes of authorization to access the division file under this subdivision and
28.10 access to the division file under subdivision 9a, an "employee" includes an employee's
28.11 guardian under section 176.092; a dependent of a deceased employee under section 176.111;
28.12 a representative of the decedent under section 13.10; or legal heir of a deceased employee's
28.13 estate; if a court order or other legal documentation is submitted that establishes the person's
28.14 legal status as a guardian, dependent, representative, or legal heir.

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

28.16 Sec. 16. Minnesota Statutes 2020, section 176.231, subdivision 9a, is amended to read:

28.17 Subd. 9a. **Access to division file without an authorization; attorney access.** (a) Access
28.18 to the division file established for a specific claimed date or dates of injury under this chapter
28.19 is allowed without an authorization from the employee, employer, or insurer, or dependent,
28.20 as described in clauses (1) to ~~(6)~~ (7):

28.21 (1) an employee, ~~an employee's guardian under section 176.092, and a deceased~~
28.22 ~~employee's legal heir or dependent as defined in section 176.011, have as described in~~
28.23 subdivision 9, paragraph (c), has access to the division file established for the employee's
28.24 claimed date or dates of injury;

28.25 (2) an employer and insurer have access to the division file for a workers' compensation
28.26 claim to which the employer and insurer are parties;

28.27 (3) the Department of Administration under section 13.43, subdivision 18, the assigned
28.28 risk plan under chapter 79, the special compensation fund established under section 176.129,
28.29 the self-insurers security fund under chapter 79A, and the Minnesota insurance guarantee
28.30 association under chapter 60C have access to all of the documents in the division file for a
28.31 claim to which they are a party or are otherwise providing, paying, or reimbursing workers'
28.32 compensation benefits under this chapter;

29.1 (4) a person who has filed a motion to intervene in a pending dispute at an agency has
 29.2 access to the documents in the division file that are filed in connection with the dispute in
 29.3 which the person has filed a motion to intervene;

29.4 (5) a registered rehabilitation provider assigned to provide rehabilitation services to an
 29.5 employee has access to the documents in the division file that are filed in connection with
 29.6 the employee's vocational rehabilitation or a dispute about vocational rehabilitation under
 29.7 section 176.102; ~~and~~

29.8 (6) a third-party administrator licensed under section 60A.23, subdivision 8, has access
 29.9 to the division file for a claim it has contracted to administer on behalf of any of the entities
 29.10 listed in this subdivision; and

29.11 (7) the program administrator for a collective bargaining agreement approved by the
 29.12 commissioner under section 176.1812 has access to the division file for a claim that is
 29.13 covered by the agreement.

29.14 (b) An attorney who has filed with the commissioner: ~~a written authorization signed by~~
 29.15 ~~a person listed in paragraph (a), clause (1) or (2); or a retainer agreement, in CAMPUS a~~
 29.16 ~~notice of appearance or representation, or a pleading or a response to a pleading, on behalf~~
 29.17 ~~of a person or entity listed in paragraph (a); has the same access to documents in the division~~
 29.18 ~~file that the authorizing represented person or entity has, unless the attorney specifies when~~
 29.19 ~~filing the notice that access is should be limited by the authorization, retainer agreement,~~
 29.20 ~~or notice of appearance or representation. If the attorney represents an employee as described~~
 29.21 ~~in subdivision 9, paragraph (c), one of the following documents signed by the employee~~
 29.22 ~~must be attached to the notice: a written authorization, a retainer agreement, or a document~~
 29.23 ~~initiating or responding to a workers' compensation dispute filed under this chapter.~~

29.24 (c) If the attorney's access is not limited by ~~one of the documents in this paragraph~~ an
 29.25 authorization, notice of representation, or the represented person or entity's access under
 29.26 paragraph (a), the attorney's access continues until one of the following occurs, whichever
 29.27 is later:

29.28 (1) one year after an authorization is filed;

29.29 (2) five years after the date a retainer agreement or notice of ~~appearance or representation~~
 29.30 was filed where no dispute has been initiated;

29.31 (3) five years after the date the attorney filed a document initiating ~~or~~, responding to, or
 29.32 intervening in a workers' compensation dispute under this chapter;

30.1 (4) five years after the date an award on stipulation was served and filed if the award
30.2 was related to a dispute in which the attorney represented a party in paragraph (a); or

30.3 (5) five years after the date a final order or final penalty assessment was issued as defined
30.4 in subdivision 9c, paragraph (a), clause (3), if the final order or penalty assessment was
30.5 related to a dispute in which the attorney represented a party listed in paragraph (a).

30.6 Notwithstanding the time frames in clauses (1) to (5), an attorney no longer has access to
30.7 the division file as of the date the attorney files a notice of withdrawal from the case, or the
30.8 date the department receives written notice that the authorization is withdrawn or that the
30.9 attorney no longer represents the person. However, if a dispute over an attorney's fees is
30.10 pending at the office, the attorney has continued access to the division file until a final order
30.11 or award on stipulation resolving the attorney fee dispute is received by the commissioner.

30.12 ~~(e)~~ (d) The division may provide the worker identification number assigned under section
30.13 176.275, subdivision 1, without a signed authorization required under paragraph (b) to an:

30.14 (1) attorney who represents one of the persons described in paragraph (b);

30.15 (2) attorney who represents an intervenor or potential intervenor under section 176.361;

30.16 (3) intervenor; or

30.17 (4) employee's assigned qualified rehabilitation consultant under section 176.102.

30.18 ~~(d)~~ (e) If the department receives information that indicates that identifying or contact
30.19 information for an employee, dependent, employer, insurer, or third-party administrator for
30.20 an employer or insurer is erroneous or no longer accurate, the department may update the
30.21 information in all relevant workers' compensation files to reflect:

30.22 (1) the current and accurate name, address, Social Security number or worker
30.23 identification number, and contact information for an employee, unless the employee notifies
30.24 the commissioner in writing that the information in a workers' compensation file for a
30.25 specific date of injury may not be updated; and

30.26 (2) the current and accurate name, address, and contact information for an employer,
30.27 insurer, or third-party administrator for an employer or insurer.

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

31.1 Sec. 17. Minnesota Statutes 2020, section 176.2611, subdivision 5, is amended to read:

31.2 Subd. 5. **Form revision and access to documents and data.** (a) The commissioner
31.3 must revise dispute resolution forms, in consultation with the chief administrative law judge,
31.4 to reflect the filing requirements in this section.

31.5 ~~(b) For purposes of this subdivision, "complete, read-only electronic access" means the~~
31.6 ~~ability to view all data and document contents, including scheduling information, related~~
31.7 ~~to workers' compensation disputes, except for the following:~~

31.8 ~~(1) a confidential mediation statement, including any documents submitted with the~~
31.9 ~~statement for the mediator's review and any additional documents submitted to or sent by~~
31.10 ~~the mediator in furtherance of mediation efforts;~~

31.11 ~~(2) work product of a compensation judge, mediator, or commissioner that is not issued.~~
31.12 ~~Examples of work product include personal notes of hearings or conferences and draft~~
31.13 ~~decisions;~~

31.14 ~~(3) the department's Vocational Rehabilitation Unit's case management system data;~~

31.15 ~~(4) the special compensation fund's case management system data; and~~

31.16 ~~(5) audit trail information.~~

31.17 ~~(e)~~ (b) Until August 31, 2020, the office must send the department all documents that
31.18 are accepted for filing or issued by the office. The office must send the documents to the
31.19 department, electronically or by courier, within two business days of when the documents
31.20 are accepted for filing or issued by the office. Beginning August 31, 2020, all dispute-related
31.21 documents accepted for filing or issued by the office, and all dispute-related documents
31.22 filed with the department that are referred to the office under section 176.106, must be
31.23 immediately transmitted between the office's case management system and CAMPUS using
31.24 application programming interfaces.

31.25 ~~(d) The department must place documents that the office sends to the department in the~~
31.26 ~~appropriate imaged file for the employee. This paragraph expires August 31, 2020.~~

31.27 ~~(e) Each agency must be provided with complete, read-only electronic access, as defined~~
31.28 ~~in paragraph (b), to the other agency's case management system.~~

31.29 ~~(f) Each agency's responsible authority pursuant to section 13.02, subdivision 16, is~~
31.30 ~~responsible for its own employees' use and dissemination of the data and documents in the~~
31.31 ~~workers' compensation Informix imaging system, the office's case management system, and~~

32.1 ~~the system developed as a result of the workers' compensation modernization program. This~~
 32.2 ~~paragraph expires August 31, 2020.~~

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

32.4 Sec. 18. Minnesota Statutes 2020, section 176.2612, subdivision 1, is amended to read:

32.5 Subdivision 1. **Requirements.** (a) The commissioner shall maintain the workers'
 32.6 compensation Claims Access and Management Platform User System (CAMPUS) as defined
 32.7 in section 176.011, subdivision 1d. This section applies to the department and the Workers'
 32.8 Compensation Court of Appeals. Except for paragraph (b), clause (4), this subdivision does
 32.9 not apply to the office.

32.10 (b) CAMPUS must:

32.11 (1) provide a single filing system for users to electronically file documents required or
 32.12 authorized to be filed under this chapter with the commissioner or the Workers' Compensation
 32.13 Court of Appeals;

32.14 (2) maintain and retain the division file and other claim-related documents;

32.15 (3) accept filings by electronic data entry and by uploaded images of supplemental
 32.16 documents, such as a medical or narrative report or document;

32.17 (4) electronically and securely transmit data, and images of documents, between each
 32.18 agency to allow the agency to perform its statutory functions;

32.19 (5) electronically and securely serve documents;

32.20 (6) organize electronic data filed in the division file into an image for viewing or printing
 32.21 by parties to a claim and staff at each agency;

32.22 (7) provide electronic access to the division file by parties and each agency to workers'
 32.23 compensation documents and other data as authorized or required by this chapter and
 32.24 generate an audit trail when the division file is accessed by a person; and

32.25 (8) allow authorized stakeholders, the department, and the Workers' Compensation Court
 32.26 of Appeals to manage and monitor claims and perform statutorily required functions.

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

33.1 Sec. 19. Minnesota Statutes 2020, section 176.2612, subdivision 3, is amended to read:

33.2 Subd. 3. **Creating a CAMPUS account.** (a) For purposes of this subdivision, "employer,"
33.3 "insurer," and "third-party administrator" have the meanings given in section 176.253,
33.4 subdivision 1.

33.5 (b) Electronic access to view or file documents in CAMPUS shall be granted according
33.6 to the requirements established by the department and MN.IT services to authenticate the
33.7 identity of the person or entity creating the account and authorize access to the documents
33.8 that the person or entity is entitled to under this chapter. To create an account in CAMPUS,
33.9 a person must provide the commissioner of labor and industry with information needed to
33.10 create the account and authenticate the person's identity. The person must also agree to
33.11 terms and conditions that are needed to safeguard the security and privacy of data and
33.12 comply with the requirements of this chapter related to CAMPUS.

33.13 (c) The persons or entities in clauses (1) to (12) must create and maintain an account in
33.14 CAMPUS to electronically access or file documents:

33.15 (1) an employee with a workers' compensation claim, ~~the employee's guardian under~~
33.16 ~~section 176.092, or the deceased employee's dependent under section 176.111~~ or other
33.17 person who has access to the division file under section 176.231, subdivision 9, paragraph
33.18 (c);

33.19 (2) an employer with a workers' compensation claim;

33.20 (3) a licensed workers' compensation insurer acting on behalf of an employer with a
33.21 Minnesota workers' compensation claim;

33.22 (4) an intervenor or potential intervenor in a workers' compensation dispute;

33.23 (5) a registered rehabilitation provider under section 176.102;

33.24 (6) the state or a political subdivision or school district that is not required to be
33.25 self-insured by the commissioner of the Department of Commerce in order to pay its workers'
33.26 compensation claims;

33.27 (7) the assigned risk plan under chapter 79A;

33.28 (8) the Workers' Compensation Reinsurance Association under chapter 79;

33.29 (9) the Minnesota Insurance Guarantee Association established under chapter 60C;

33.30 (10) the self-insurers' security fund under chapter 79A;

34.1 (11) a third-party administrator that has contracted to act on behalf of any of the entities
34.2 listed in this subdivision; and

34.3 (12) an attorney representing a person or entity listed above.

34.4 (d) The commissioner may require that any person or entity listed in paragraph (c),
34.5 clauses (2) to (12), create and maintain an account in CAMPUS if the person or entity is a
34.6 party to a workers' compensation claim or associated with an enforcement action of the
34.7 department.

34.8 (e) A designated medical contact under section 176.135 and a managed care organization
34.9 certified by the department under section 176.1351 must create and maintain an account to
34.10 file and view documents related to the certified managed care plan or designated medical
34.11 contact. A program administrator for a collective bargaining agreement approved by the
34.12 commissioner under section 176.1812 must create an account to view documents related to
34.13 a claim that is covered by the agreement. A health care provider must create an account to
34.14 file a request for an administrative conference if permitted under section 176.136, subdivision
34.15 2.

34.16 (f) If a person or entity is required to create and maintain an account under this
34.17 subdivision and fails to do so:

34.18 (1) unless good cause is shown, the commissioner may assess a \$500 penalty against
34.19 the person or entity for each 30-day period that an account is not created or maintained
34.20 following the commissioner's notice that one is required;

34.21 (2) failure to create or maintain an account shall not be a defense to untimely filing
34.22 where electronic filing is required under this chapter; and

34.23 (3) failure to create or maintain an account results in the appointment of the commissioner
34.24 and successors in office as the person's agent to receive service by the commissioner or the
34.25 Workers' Compensation Court of Appeals where service is required under this chapter,
34.26 provided that the commissioner attempts service by United States mail on the party at the
34.27 last known address.

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

34.29 Sec. 20. Minnesota Statutes 2020, section 176.275, subdivision 2, is amended to read:

34.30 Subd. 2. **Proof of service; affidavits and notarized statements.** (a) Whenever a
34.31 provision of this chapter or rules adopted pursuant to authority granted by this chapter
34.32 require either a proof of service, an affidavit of service, or a notarized statement on a

35.1 document, the requirement is satisfied by a document that meets the definition of an affidavit
35.2 under Rule 15 of the General Rules of Practice for the district courts.

35.3 (b) An agency is not required to verify the accuracy of a proof or affidavit of service
35.4 filed by a party before accepting a document for filing. This does not prevent a party from
35.5 asserting insufficient or lack of service in a proceeding.

35.6 (c) Service on a party's attorney constitutes service on the represented party, unless
35.7 service on the employee is specifically required by this chapter.

35.8 (d) A party is not required to file a proof or affidavit of service of a document on a person
35.9 when the party is served electronically by the agency and the agency has issued a proof of
35.10 service uses the agency's electronic system to serve the person.

35.11 (e) A party to a claim who uses an agency's electronic system to (1) improperly file a
35.12 document that is unrelated to the workers' compensation claim in which the document was
35.13 filed, or (2) send or serve a document on a recipient who is not entitled to receive it under
35.14 this chapter must, upon discovery or notification of the improper release, promptly notify
35.15 the recipient, the agency, and the subject whose data was improperly released. The agency
35.16 whose electronic system was used to send, serve, or file the document is not responsible
35.17 under section 3.971 and chapter 13 for the improper release, but must promptly correct its
35.18 files or remove the document from its electronic system upon discovery or notification.

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

35.20 Sec. 21. Minnesota Statutes 2020, section 176.285, subdivision 1, is amended to read:

35.21 Subdivision 1. **Service by mail.** Service of documents shall be by first class United
35.22 States mail or personal service, except where electronic service is authorized or required
35.23 under this section and section 176.275. An employee cannot be required to accept electronic
35.24 service where service on the employee is required. Where service is by mail, service is
35.25 effected at the time mailed if properly addressed and stamped. If it is so mailed, it is presumed
35.26 the paper or notice reached the party to be served. However, a party may show by competent
35.27 evidence that that party did not receive it or that it had been delayed in transit for an unusual
35.28 or unreasonable period of time. In case of nonreceipt or delay, an allowance shall be made
35.29 for the party's failure to assert a right within the prescribed time.

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

35.31 Sec. 22. **REPEALER.**

35.32 Minnesota Statutes 2020, section 176.181, subdivision 6, is repealed.

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

36.2 **ARTICLE 3**

36.3 **CCBHC REIMBURSEMENT**

36.4 Section 1. **CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC**
36.5 **REIMBURSEMENT.**

36.6 (a) Notwithstanding any law to the contrary, the commissioner of human services may
36.7 reimburse certified community behavioral health clinic (CCBHC) providers who:

36.8 (1) are certified under Minnesota Statutes, section 245.735, subdivision 3;

36.9 (2) are enrolled in medical assistance; and

36.10 (3) are not participating in the federal section 223 CCBHC demonstration.

36.11 The commissioner may reimburse eligible providers under this section with state funds prior
36.12 to obtaining federal approval and federal matching funds, using the prospective payment
36.13 rate for CCBHC services provided on a fee-for-service basis as described in Minnesota
36.14 Statutes, section 256B.0625, subdivision 5m.

36.15 (b) Reimbursement under this section is for services covered under Minnesota Statutes,
36.16 section 256B.0625, subdivision 5m, provided on a fee-for-service basis on or after October
36.17 1, 2020, through June 30, 2021.

36.18 (c) If federal approval is not obtained on or before June 30, 2021, the commissioner
36.19 must recover payments from providers for any portion of payments received that are not
36.20 eligible for federal matching funds. Recoveries are not subject to appeal.

36.21 (d) Paragraphs (a) and (b) of this section expire upon federal approval of CCBHC services
36.22 as a covered state plan service or on August 1, 2021, whichever is earlier.

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

37.1 **ARTICLE 4**

37.2 **TELEMEDICINE**

37.3 Section 1. Laws 2020, chapter 70, article 3, section 1, is amended to read:

37.4 Section 1. **COVERAGE OF TELEMEDICINE SERVICES PROVIDED DIRECTLY**
 37.5 **TO A PATIENT AT THE PATIENT'S RESIDENCE; RESPONSE TO COVID-19.**

37.6 (a) The definition of "originating site" under Minnesota Statutes, section 62A.671,
 37.7 subdivision 7, includes a patient's residence if the patient is receiving health care services
 37.8 or consultations by means of telemedicine.

37.9 (b) The definition of "telemedicine" under Minnesota Statutes, section 62A.671,
 37.10 subdivision 9, includes health care services or consultations delivered to a patient at the
 37.11 patient's residence.

37.12 (c) Under Minnesota Statutes, section 62A.672, subdivision 2, a health carrier shall not
 37.13 exclude or reduce coverage for a health care service or consultation solely because the
 37.14 service or consultation is provided via telemedicine directly to a patient at the patient's
 37.15 residence.

37.16 (d) "Telemedicine" as defined in Minnesota Statutes, section 256B.0625, subdivision
 37.17 3b, paragraph (d), includes the delivery of health care services or consultations with a patient
 37.18 at the patient's residence and the licensed health care provider at a distant site.

37.19 (e) This section expires ~~February 1~~ June 30, 2021.

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

37.21 **ARTICLE 5**

37.22 **HUMAN SERVICES TECHNICAL CORRECTIONS**

37.23 Section 1. Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision
 37.24 3, is amended to read:

37.25 **Subd. 3. Central Office; Operations**

37.26 Appropriations by Fund

37.27			151,012,000
37.28	General	152,240,000	<u>150,587,000</u>
37.29	State Government		
37.30	Special Revenue	4,174,000	4,174,000
37.31	Health Care Access	20,709,000	20,724,000
37.32	Federal TANF	100,000	100,000

38.1 **(a) Administrative Recovery; Set-Aside.** The
38.2 commissioner may invoice local entities
38.3 through the SWIFT accounting system as an
38.4 alternative means to recover the actual cost of
38.5 administering the following provisions:

38.6 (1) the statewide data management system
38.7 authorized in Minnesota Statutes, section
38.8 125A.744, subdivision 3;

38.9 (2) repayment of the special revenue
38.10 maximization account as provided under
38.11 Minnesota Statutes, section 245.495,
38.12 paragraph (b);

38.13 (3) repayment of the special revenue
38.14 maximization account as provided under
38.15 Minnesota Statutes, section 256B.0625,
38.16 subdivision 20, paragraph (k);

38.17 (4) targeted case management under
38.18 Minnesota Statutes, section 256B.0924,
38.19 subdivision 6, paragraph (g);

38.20 (5) residential services for children with severe
38.21 emotional disturbance under Minnesota
38.22 Statutes, section 256B.0945, subdivision 4,
38.23 paragraph (d); and

38.24 (6) repayment of the special revenue
38.25 maximization account as provided under
38.26 Minnesota Statutes, section 256F.10,
38.27 subdivision 6, paragraph (b).

38.28 **(b) Child Care Licensing Inspections.**
38.29 \$673,000 in fiscal year 2020 and \$722,000 in
38.30 fiscal year 2021 are from the general fund to
38.31 add eight child care licensing staff for the
38.32 purpose of increasing the frequency of
38.33 inspections of child care centers to ensure the
38.34 health and safety of children in care, provide

39.1 technical assistance to newly licensed
39.2 programs, and monitor struggling programs
39.3 more closely to evaluate whether the program
39.4 should be referred to the Office of Inspector
39.5 General for a potential fraud investigation.

39.6 **(c) Child Care Assistance Programs - Fraud**
39.7 **and Abuse Data Analysts.** \$317,000 in fiscal
39.8 year 2020 and \$339,000 in fiscal year 2021
39.9 are from the general fund to add two data
39.10 analysts to strengthen the commissioner's
39.11 ability to identify, detect, and prevent fraud
39.12 and abuse in the child care assistance programs
39.13 under Minnesota Statutes, chapter 119B.

39.14 **(d) Office of Inspector General**
39.15 **Investigators.** \$418,000 in fiscal year 2020
39.16 and \$483,000 in fiscal year 2021 are from the
39.17 general fund to add four investigators to the
39.18 Office of Inspector General to detect, prevent,
39.19 and make recoveries from fraudulent activities
39.20 among providers in the medical assistance
39.21 program under Minnesota Statutes, chapter
39.22 256B.

39.23 **(e) Office of Inspector General Tracking**
39.24 **System.** \$355,000 in fiscal year 2020 and
39.25 \$105,000 in fiscal year 2021 are from the
39.26 general fund to purchase a system to record,
39.27 track, and report on investigative activity for
39.28 the Office of Inspector General to strengthen
39.29 fraud prevention and investigation activities
39.30 for child care assistance programs under
39.31 Minnesota Statutes, chapter 119B.

39.32 **(f) Fraud Prevention Investigation Grant**
39.33 **Program.** \$425,000 in fiscal year 2020 ~~and~~
39.34 ~~\$425,000 in fiscal year 2021 are~~ is from the
39.35 general fund for the fraud prevention

40.1 investigation grant program under Minnesota
40.2 Statutes, section 256.983.

40.3 **(g) Child Care Assistance Programs - Law**
40.4 **Enforcement.** \$350,000 in fiscal year 2020
40.5 and \$350,000 in fiscal year 2021 are from the
40.6 general fund to add two additional law
40.7 enforcement officers under contract with the
40.8 Bureau of Criminal Apprehension to conduct
40.9 criminal investigations in child care assistance
40.10 program cases.

40.11 **(h) Transfer; Long-Term Care Options**
40.12 **Account.** By June 30, 2020, the commissioner
40.13 shall transfer \$3,242,000 from the long-term
40.14 care options account authorized in Minnesota
40.15 Statutes, section 256.01, subdivision 34, to the
40.16 general fund. This is a onetime transfer.

40.17 **(i) Transfer to Office of Legislative Auditor.**
40.18 \$300,000 in fiscal year 2020 and \$300,000 in
40.19 fiscal year 2021 are from the general fund for
40.20 transfer to the Office of the Legislative
40.21 Auditor for audit activities under Minnesota
40.22 Statutes, section 3.972, subdivision 2b.

40.23 **(j) Transfer to Office of Legislative Auditor.**
40.24 \$400,000 in fiscal year 2020 and \$400,000 in
40.25 fiscal year 2021 are from the general fund for
40.26 transfer to the Office of the Legislative
40.27 Auditor for audit activities under Minnesota
40.28 Statutes, section 3.972, subdivision 2a.

40.29 **(k) Family Child Care Task Force.** \$121,000
40.30 in fiscal year 2020 is from the general fund
40.31 for the Family Child Care Task Force under
40.32 article 2, section 130. This is a onetime
40.33 appropriation.

41.1 (l) **Base Level Adjustment.** The general fund
 41.2 base is ~~\$142,929,000~~ \$142,504,000 in fiscal
 41.3 year 2022 and ~~\$145,377,000~~ \$144,952,000 in
 41.4 fiscal year 2023. The health care access base
 41.5 is \$20,712,000 in fiscal year 2022 and
 41.6 \$20,712,000 in fiscal year 2023.

41.7 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2020.

41.8 Sec. 2. Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision 22,
 41.9 is amended to read:

41.10 **Subd. 22. Grant Programs; Children's Services**
 41.11 **Grants**

41.12	Appropriations by Fund		
41.13			48,785,000
41.14	General	44,207,000	<u>49,285,000</u>
41.15	Federal TANF	140,000	140,000

41.16 (a) **Title IV-E Adoption Assistance.** The
 41.17 commissioner shall allocate funds from the
 41.18 Title IV-E reimbursement to the state from
 41.19 the Fostering Connections to Success and
 41.20 Increasing Adoptions Act for adoptive, foster,
 41.21 and kinship families as required in Minnesota
 41.22 Statutes, section 256N.261.

41.23 Additional federal reimbursement to the state
 41.24 as a result of the Fostering Connections to
 41.25 Success and Increasing Adoptions Act's
 41.26 expanded eligibility for title IV-E adoption
 41.27 assistance is for postadoption, foster care,
 41.28 adoption, and kinship services, including a
 41.29 parent-to-parent support network.

41.30 (b) **Parent Support for Better Outcomes**
 41.31 **Grants.** \$150,000 in fiscal year 2020 and
 41.32 \$150,000 in fiscal year 2021 are from the
 41.33 general fund for grants to Minnesota One-Stop
 41.34 for Communities to provide mentoring,

42.1 guidance, and support services to parents
 42.2 navigating the child welfare system in
 42.3 Minnesota in order to promote the
 42.4 development of safe, stable, and healthy
 42.5 families. Grant funds may be used for parent
 42.6 mentoring, peer-to-peer support groups,
 42.7 housing support services, training, staffing,
 42.8 and administrative costs. This is a onetime
 42.9 appropriation.

42.10 **(c) Safe Harbor for Sexually Exploited**
 42.11 **Youth.** \$500,000 in fiscal year 2020 and
 42.12 \$500,000 in fiscal year 2021 are from the
 42.13 general fund for activities under the safe
 42.14 harbor program.

42.15 **(d) Base Level Adjustment.** The general fund
 42.16 base is ~~\$51,483,000~~ \$51,983,000 in fiscal year
 42.17 2022 and ~~\$51,198,000~~ \$51,698,000 in fiscal
 42.18 year 2023.

42.19 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2020.

42.20 Sec. 3. Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision 24,
 42.21 as amended by Laws 2020, chapter 74, article 3, section 9, is amended to read:

42.22	Subd. 24. Grant Programs; Children and		<u>24,315,000</u>
42.23	Economic Support Grants	24,315,000	<u>24,240,000</u>

42.24 **(a) Minnesota Food Assistance Program.**
 42.25 Unexpended funds for the Minnesota food
 42.26 assistance program for fiscal year 2020 do not
 42.27 cancel but are available for this purpose in
 42.28 fiscal year 2021.

42.29 **(b) Shelter-Linked Youth Mental Health**
 42.30 **Grants.** \$250,000 in fiscal year 2020 and
 42.31 \$250,000 in fiscal year 2021 are from the
 42.32 general fund for shelter-linked youth mental
 42.33 health grants under Minnesota Statutes, section
 42.34 256K.46.

43.1 **(c) Emergency Services Grants.** \$1,500,000
 43.2 in fiscal year 2020 and \$1,500,000 in fiscal
 43.3 year 2021 are to provide emergency services
 43.4 grants under Minnesota Statutes, section
 43.5 256E.36. This is a onetime appropriation.

43.6 **(d) Fraud Prevention Investigation Grant**
 43.7 **Program.** \$425,000 in fiscal year 2021 is from
 43.8 the general fund for the fraud prevention
 43.9 investigation grant program under Minnesota
 43.10 Statutes, section 256.983.

43.11 **(e) Base Level Adjustment.** The general fund
 43.12 base is ~~\$22,815,000~~ \$22,740,000 in fiscal year
 43.13 2022 and ~~\$22,815,000~~ \$22,740,000 in fiscal
 43.14 year 2023.

43.15 **EFFECTIVE DATE.** This section is effective retroactively from July 1, 2020.

43.16 **ARTICLE 6**

43.17 **ASSISTED LIVING LICENSURE**

43.18 Section 1. Minnesota Statutes 2020, section 144.6512, is amended by adding a subdivision
 43.19 to read:

43.20 **Subd. 6. Other laws.** Nothing in this section affects the rights and remedies available
 43.21 under section 626.557, subdivisions 10, 17, and 20.

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

43.23 Sec. 2. Minnesota Statutes 2020, section 144A.291, subdivision 2, is amended to read:

43.24 Subd. 2. **Amounts.** (a) Fees may not exceed the following amounts but may be adjusted
 43.25 lower by board direction and are for the exclusive use of the board as required to sustain
 43.26 board operations. The maximum amounts of fees are:

43.27 (1) application for licensure, \$200;

43.28 (2) for a prospective applicant for a review of education and experience advisory to the
 43.29 license application, \$100, to be applied to the fee for application for licensure if the latter
 43.30 is submitted within one year of the request for review of education and experience;

43.31 (3) state examination, \$125;

- 44.1 (4) initial license, \$250 if issued between July 1 and December 31, \$100 if issued between
44.2 January 1 and June 30;
- 44.3 (5) acting ~~administrator~~ permit, \$400;
- 44.4 (6) renewal license, \$250;
- 44.5 (7) duplicate license, \$50;
- 44.6 (8) reinstatement fee, \$250;
- 44.7 (9) health services executive initial license, ~~\$200~~ \$250;
- 44.8 (10) health services executive renewal license, ~~\$200~~ \$250;
- 44.9 (11) reciprocity verification fee, \$50;
- 44.10 (12) second shared ~~administrator~~ assignment, \$250;
- 44.11 (13) continuing education fees:
- 44.12 (i) greater than six hours, \$50; and
- 44.13 (ii) seven hours or more, \$75;
- 44.14 (14) education review, \$100;
- 44.15 (15) fee to a sponsor for review of individual continuing education seminars, institutes,
44.16 workshops, or home study courses:
- 44.17 (i) for less than seven clock hours, \$30; and
- 44.18 (ii) for seven or more clock hours, \$50;
- 44.19 (16) fee to a licensee for review of continuing education seminars, institutes, workshops,
44.20 or home study courses not previously approved for a sponsor and submitted with an
44.21 application for license renewal:
- 44.22 (i) for less than seven clock hours total, \$30; and
- 44.23 (ii) for seven or more clock hours total, \$50;
- 44.24 (17) late renewal fee, \$75;
- 44.25 (18) fee to a licensee for verification of licensure status and examination scores, \$30;
- 44.26 (19) registration as a registered continuing education sponsor, \$1,000; ~~and~~
- 44.27 (20) mail labels, \$75; and
- 44.28 (21) annual assisted living program education provider fee, \$2,500.

45.1 (b) The revenue generated from the fees must be deposited in an account in the state
45.2 government special revenue fund.

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

45.4 Sec. 3. Minnesota Statutes 2020, section 144G.07, is amended by adding a subdivision to
45.5 read:

45.6 Subd. 6. **Other laws.** Nothing in this section affects the rights and remedies available
45.7 under section 626.557, subdivisions 10, 17, and 20.

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

45.9 Sec. 4. Minnesota Statutes 2020, section 144G.08, is amended by adding a subdivision to
45.10 read:

45.11 Subd. 4a. **Assisted living facility campus.** "Assisted living facility campus" or "campus"
45.12 means:

45.13 (1) a single building having two or more addresses, located on the same property with
45.14 a single property identification number;

45.15 (2) two or more buildings, each with a separate address, located on the same property
45.16 with a single property identification number; or

45.17 (3) two or more buildings at different addresses, located on properties with different
45.18 property identification numbers, that share a portion of a legal property boundary.

45.19 **EFFECTIVE DATE.** This section is effective August 1, 2021.

45.20 Sec. 5. Minnesota Statutes 2020, section 144G.08, subdivision 7, is amended to read:

45.21 Subd. 7. **Assisted living facility.** "Assisted living facility" means a ~~licensed~~ facility that
45.22 provides sleeping accommodations and assisted living services to one or more adults.
45.23 Assisted living facility includes assisted living facility with dementia care, and does not
45.24 include:

45.25 (1) emergency shelter, transitional housing, or any other residential units serving
45.26 exclusively or primarily homeless individuals, as defined under section 116L.361;

45.27 (2) a nursing home licensed under chapter 144A;

45.28 (3) a hospital, certified boarding care, or supervised living facility licensed under sections
45.29 144.50 to 144.56;

46.1 (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts
46.2 9520.0500 to 9520.0670, or under chapter 245D or 245G;

46.3 (5) services and residential settings licensed under chapter 245A, including adult foster
46.4 care and services and settings governed under the standards in chapter 245D;

46.5 (6) a private home in which the residents are related by kinship, law, or affinity with the
46.6 provider of services;

46.7 (7) a duly organized condominium, cooperative, and common interest community, or
46.8 owners' association of the condominium, cooperative, and common interest community
46.9 where at least 80 percent of the units that comprise the condominium, cooperative, or
46.10 common interest community are occupied by individuals who are the owners, members, or
46.11 shareholders of the units;

46.12 (8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593;

46.13 (9) a setting offering services conducted by and for the adherents of any recognized
46.14 church or religious denomination for its members exclusively through spiritual means or
46.15 by prayer for healing;

46.16 (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with
46.17 low-income housing tax credits pursuant to United States Code, title 26, section 42, and
46.18 units financed by the Minnesota Housing Finance Agency that are intended to serve
46.19 individuals with disabilities or individuals who are homeless, except for those developments
46.20 that market or hold themselves out as assisted living facilities and provide assisted living
46.21 services;

46.22 (11) rental housing developed under United States Code, title 42, section 1437, or United
46.23 States Code, title 12, section 1701q;

46.24 (12) rental housing designated for occupancy by only elderly or elderly and disabled
46.25 residents under United States Code, title 42, section 1437e, or rental housing for qualifying
46.26 families under Code of Federal Regulations, title 24, section 983.56;

46.27 (13) rental housing funded under United States Code, title 42, chapter 89, or United
46.28 States Code, title 42, section 8011; ~~or~~

46.29 (14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or

46.30 (15) any establishment that exclusively or primarily serves as a shelter or temporary
46.31 shelter for victims of domestic or any other form of violence.

46.32 **EFFECTIVE DATE.** This section is effective August 1, 2021.

47.1 Sec. 6. Minnesota Statutes 2020, section 144G.08, is amended by adding a subdivision to
47.2 read:

47.3 Subd. 7a. **Assisted living facility license.** "Assisted living facility license" or "license"
47.4 means a certificate issued by the commissioner under section 144G.10 that authorizes the
47.5 licensee to manage, control, and operate an assisted living facility for a specified period of
47.6 time and in accordance with the terms of the license, this chapter, and the rules of the
47.7 commissioner.

47.8 **EFFECTIVE DATE.** This section is effective August 1, 2021.

47.9 Sec. 7. Minnesota Statutes 2020, section 144G.08, subdivision 9, is amended to read:

47.10 Subd. 9. **Assisted living services.** "Assisted living services" includes one or more of
47.11 the following:

47.12 (1) assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and
47.13 bathing;

47.14 (2) providing standby assistance;

47.15 (3) providing verbal or visual reminders to the resident to take regularly scheduled
47.16 medication, which includes bringing the resident previously set up medication, medication
47.17 in original containers, or liquid or food to accompany the medication;

47.18 (4) providing verbal or visual reminders to the resident to perform regularly scheduled
47.19 treatments and exercises;

47.20 (5) preparing ~~modified~~ specialized diets ordered by a licensed health professional;

47.21 (6) services of an advanced practice registered nurse, registered nurse, licensed practical
47.22 nurse, physical therapist, respiratory therapist, occupational therapist, speech-language
47.23 pathologist, dietitian or nutritionist, or social worker;

47.24 (7) tasks delegated to unlicensed personnel by a registered nurse or assigned by a licensed
47.25 health professional within the person's scope of practice;

47.26 (8) medication management services;

47.27 (9) hands-on assistance with transfers and mobility;

47.28 (10) treatment and therapies;

47.29 (11) assisting residents with eating when the residents have complicated eating problems
47.30 as identified in the resident record or through an assessment such as difficulty swallowing,

48.1 recurrent lung aspirations, or requiring the use of a tube or parenteral or intravenous
48.2 instruments to be fed;

48.3 (12) providing other complex or specialty health care services; and

48.4 (13) supportive services in addition to the provision of at least one of the services listed
48.5 in clauses (1) to (12).

48.6 **EFFECTIVE DATE.** This section is effective August 1, 2021.

48.7 Sec. 8. Minnesota Statutes 2020, section 144G.08, subdivision 23, is amended to read:

48.8 Subd. 23. **Direct ownership interest.** "Direct ownership interest" means an individual
48.9 or ~~organization~~ legal entity with the possession of at least five percent equity in capital,
48.10 stock, or profits of the licensee, or who is a member of a limited liability company of the
48.11 licensee.

48.12 **EFFECTIVE DATE.** This section is effective August 1, 2021.

48.13 Sec. 9. Minnesota Statutes 2020, section 144G.08, subdivision 59, is amended to read:

48.14 Subd. 59. **Resident.** "Resident" means ~~a person~~ an adult living in an assisted living
48.15 facility who has executed an assisted living contract.

48.16 **EFFECTIVE DATE.** This section is effective August 1, 2021.

48.17 Sec. 10. Minnesota Statutes 2020, section 144G.10, subdivision 1, is amended to read:

48.18 Subdivision 1. **License required.** (a)(1) Beginning August 1, 2021, no assisted living
48.19 facility may operate in Minnesota unless it is licensed under this chapter.

48.20 (2) No facility or building on a campus may provide assisted living services until
48.21 obtaining the required license under paragraphs (c) to (e).

48.22 (b) The licensee is legally responsible for the management, control, and operation of the
48.23 facility, regardless of the existence of a management agreement or subcontract. Nothing in
48.24 this chapter shall in any way affect the rights and remedies available under other law.

48.25 (c) Upon approving an application for an assisted living facility license, the commissioner
48.26 shall issue a single license for each building that is operated by the licensee as an assisted
48.27 living facility and is located at a separate address, except as provided under paragraph (d)
48.28 or (e).

48.29 (d) Upon approving an application for an assisted living facility license, the commissioner
48.30 may issue a single license for two or more buildings on a campus that are operated by the

49.1 same licensee as an assisted living facility. An assisted living facility license for a campus
 49.2 must identify the address and licensed resident capacity of each building located on the
 49.3 campus in which assisted living services are provided.

49.4 (e) Upon approving an application for an assisted living facility license, the commissioner
 49.5 may:

49.6 (1) issue a single license for two or more buildings on a campus that are operated by the
 49.7 same licensee as an assisted living facility with dementia care, provided the assisted living
 49.8 facility for dementia care license for a campus identifies the buildings operating as assisted
 49.9 living facilities with dementia care; or

49.10 (2) issue a separate assisted living facility with dementia care license for a building that
 49.11 is on a campus and that is operating as an assisted living facility with dementia care.

49.12 **EFFECTIVE DATE.** This section is effective August 1, 2021.

49.13 Sec. 11. Minnesota Statutes 2020, section 144G.10, is amended by adding a subdivision
 49.14 to read:

49.15 Subd. 1a. **Assisted living director license required.** Each assisted living facility must
 49.16 employ an assisted living director licensed or permitted by the Board of Executives for
 49.17 Long Term Services and Supports.

49.18 **EFFECTIVE DATE.** This section is effective August 1, 2021.

49.19 Sec. 12. **[144G.191] ASSISTED LIVING FACILITY LICENSING**
 49.20 **IMPLEMENTATION; TRANSITION PERIOD FOR CURRENT PROVIDERS.**

49.21 Subdivision 1. **Application limits.** (a) Beginning June 1, 2021, no initial housing with
 49.22 services establishment registration applications shall be accepted under chapter 144D.

49.23 (b) Beginning June 1, 2021, no temporary comprehensive home care provider license
 49.24 applications shall be accepted for providers that do not intend to provide home care services
 49.25 under sections 144A.43 to 144A.484 on or after August 1, 2021.

49.26 Subd. 2. **New construction; building permit.** (a) All prospective assisted living facility
 49.27 license applicants seeking a license and having new construction who have submitted a
 49.28 complete building permit application to the appropriate building code jurisdiction on or
 49.29 before July 31, 2021, may meet construction requirements in effect when the building permit
 49.30 application was submitted.

50.1 (b) All prospective assisted living facility license applicants seeking a license for new
50.2 construction who submit a complete building permit application to the appropriate building
50.3 code jurisdiction on or after August 1, 2021, must meet the requirements of section 144G.45.

50.4 (c) For the purposes of paragraph (a), in areas of jurisdiction where there is no building
50.5 code authority, a complete application for an electrical or plumbing permit is acceptable in
50.6 lieu of the building permit application.

50.7 (d) For the purposes of paragraph (a), in jurisdictions where building plan review
50.8 applications are separated from building permit applications, a submitted complete application
50.9 for plan review is acceptable in lieu of the building permit application.

50.10 **Subd. 3. Current comprehensive home care providers; provision of assisted living**
50.11 **services.** (a) Comprehensive home care providers that do not intend to provide home care
50.12 services under chapter 144A on or after August 1, 2021, shall be issued a comprehensive
50.13 home care license for a prorated license period upon renewal, effective for license renewals
50.14 beginning on or after September 1, 2020. The prorated license period shall be effective from
50.15 the provider's current comprehensive home care license renewal date through July 31, 2021.

50.16 (b) Comprehensive home care providers with prorated license periods shall pay a prorated
50.17 fee based on the number of months the comprehensive home care license is in effect.

50.18 (c) A comprehensive home care provider using the prorated license period in paragraph
50.19 (a), or who otherwise does not intend to provide home care services under chapter 144A
50.20 on or after August 1, 2021, must notify the recipients of changes to their home care services
50.21 in writing at least 60 days before the expiration of the provider's comprehensive home care
50.22 license, or no later than May 31, 2021, whichever is earlier. The notice must:

50.23 (1) state that the provider will no longer be providing home care services under chapter
50.24 144A;

50.25 (2) include the date when the provider will no longer be providing these services;

50.26 (3) include the name, e-mail address, and phone number of the individual associated
50.27 with the comprehensive home care provider that the recipient of home care services may
50.28 contact to discuss the notice;

50.29 (4) include the contact information consisting of the phone number, e-mail address,
50.30 mailing address, and website for the Office of Ombudsman for Long-Term Care and the
50.31 Office of Ombudsman for Mental Health and Developmental Disabilities; and

51.1 (5) for recipients of home care services who receive home and community-based waiver
51.2 services under section 256B.49 and chapter 256S, also be provided to the resident's case
51.3 manager at the same time that it is provided to the resident.

51.4 (d) A comprehensive home care provider that obtains an assisted living facility license
51.5 but does so under a different business name as a result of reincorporation, and continues to
51.6 provide services to the recipient, is not subject to the 60-day notice required under paragraph
51.7 (c). However, the provider must otherwise provide notice to the recipient as required under
51.8 sections 144A.44, 144A.441, and 144A.442, as applicable, and section 144A.4791.

51.9 **Subd. 4. Housing with services establishment registration; conversion to an assisted**
51.10 **living facility license.** (a) Housing with services establishments registered under chapter
51.11 144D, providing home care services according to chapter 144A to at least one resident, and
51.12 intending to provide assisted living services on or after August 1, 2021, must submit an
51.13 application for an assisted living facility license in accordance with section 144G.12 no
51.14 later than June 1, 2021. The commissioner shall consider the application in accordance with
51.15 section 144G.16.

51.16 (b) Notwithstanding the housing with services contract requirements identified in section
51.17 144D.04, any existing housing with services establishment registered under chapter 144D
51.18 that does not intend to convert its registration to an assisted living facility license under this
51.19 chapter must provide written notice to its residents at least 60 days before the expiration of
51.20 its registration, or no later than May 31, 2021, whichever is earlier. The notice must:

51.21 (1) state that the housing with services establishment does not intend to convert to an
51.22 assisted living facility;

51.23 (2) include the date when the housing with services establishment will no longer provide
51.24 housing with services;

51.25 (3) include the name, e-mail address, and phone number of the individual associated
51.26 with the housing with services establishment that the recipient of home care services may
51.27 contact to discuss the notice;

51.28 (4) include the contact information consisting of the phone number, e-mail address,
51.29 mailing address, and website for the Office of Ombudsman for Long-Term Care and the
51.30 Office of Ombudsman for Mental Health and Developmental Disabilities; and

51.31 (5) for residents who receive home and community-based waiver services under section
51.32 256B.49 and chapter 256S, also be provided to the resident's case manager at the same time
51.33 that it is provided to the resident.

52.1 (c) A housing with services registrant that obtains an assisted living facility license, but
 52.2 does so under a different business name as a result of reincorporation, and continues to
 52.3 provide services to the recipient, is not subject to the 60-day notice required under paragraph
 52.4 (b). However, the provider must otherwise provide notice to the recipient as required under
 52.5 sections 144D.04 and 144D.045, as applicable, and section 144D.09.

52.6 (d) All registered housing with services establishments providing assisted living under
 52.7 sections 144G.01 to 144G.07 prior to August 1, 2021, must have an assisted living facility
 52.8 license under this chapter.

52.9 (e) Effective August 1, 2021, any housing with services establishment registered under
 52.10 chapter 144D that has not converted its registration to an assisted living facility license
 52.11 under this chapter is prohibited from providing assisted living services.

52.12 **Subd. 5. Conversion to assisted living licensure; renewal periods; prorated**
 52.13 **licenses.** (a) All assisted living facility licenses and assisted living facility with dementia
 52.14 care licenses with an initial effective date in August 2021, shall be valid through July 31,
 52.15 2022. These licenses must be initially renewed on August 1, 2022.

52.16 (b) Notices for renewal shall be issued by the department to all licensees by May 1,
 52.17 2022. The notice shall include:

52.18 (1) instructions for how to complete the renewal process, including completion of the
 52.19 renewal application and payment of the annual license fee in accordance with section
 52.20 144G.17;

52.21 (2) a new randomly assigned license renewal period that will apply for all future license
 52.22 renewals;

52.23 (3) instructions for licensees to request a change to the randomly assigned renewal period
 52.24 based on financial hardship; and

52.25 (4) instructions for licensees with more than one assisted living facility license to request
 52.26 that all license renewal dates occur in the same month or in different months throughout a
 52.27 12-month period.

52.28 (c) License fees for the first license renewal shall be prorated based on the randomly
 52.29 assigned license renewal period starting from August 1, 2022, as follows:

52.30 <u>Assigned renewal month; must be completed</u>	
52.31 <u>by the 1st of the month:</u>	<u>The initial renewed license will be issued for:</u>
52.32 <u>January</u>	<u>5 months, ending December 31, 2022</u>
52.33 <u>February</u>	<u>6 months, ending January 31, 2023</u>

53.1	<u>March</u>	<u>7 months, ending February 28, 2023</u>
53.2	<u>April</u>	<u>8 months, ending March 31, 2023</u>
53.3	<u>May</u>	<u>9 months, ending April 30, 2023</u>
53.4	<u>June</u>	<u>10 months, ending May 31, 2023</u>
53.5	<u>July</u>	<u>11 months, ending June 30, 2023</u>
53.6	<u>August</u>	<u>12 months, ending July 31, 2023</u>
53.7	<u>September</u>	<u>13 months, ending August 31, 2023</u>
53.8	<u>October</u>	<u>14 months, ending September 30, 2023</u>
53.9	<u>November</u>	<u>15 months, ending October 31, 2023</u>
53.10	<u>December</u>	<u>16 months, ending November 30, 2023</u>

53.11 (d) All prorated license fees shall be established by the commissioner based on the
 53.12 licensee's annual fee in the fees schedule in section 144.122, paragraph (d).

53.13 (e) The amount of the annual fee shall be divided by 12 to establish the monthly
 53.14 equivalent of that fee, and that amount shall be multiplied by the number of months in the
 53.15 assigned prorated renewal period. This amount must be paid by the date in the renewal
 53.16 instructions to the licensee in order to renew the license.

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

53.18 Sec. 13. Minnesota Statutes 2020, section 144G.41, subdivision 1, is amended to read:

53.19 Subdivision 1. **Minimum requirements.** All assisted living facilities shall:

53.20 (1) distribute to residents the assisted living bill of rights;

53.21 (2) provide services in a manner that complies with the Nurse Practice Act in sections
 53.22 148.171 to 148.285;

53.23 (3) utilize a person-centered planning and service delivery process;

53.24 (4) have and maintain a system for delegation of health care activities to unlicensed
 53.25 personnel by a registered nurse, including supervision and evaluation of the delegated
 53.26 activities as required by the Nurse Practice Act in sections 148.171 to 148.285;

53.27 (5) provide a means for residents to request assistance for health and safety needs 24
 53.28 hours per day, seven days per week;

53.29 (6) allow residents the ability to furnish and decorate the resident's unit within the terms
 53.30 of the assisted living contract;

53.31 (7) permit residents access to food at any time;

53.32 (8) allow residents to choose the resident's visitors and times of visits;

- 54.1 (9) allow the resident the right to choose a roommate if sharing a unit;
- 54.2 (10) notify the resident of the resident's right to have and use a lockable door to the
54.3 resident's unit. The licensee shall provide the locks on the unit. Only a staff member with
54.4 a specific need to enter the unit shall have keys, and advance notice must be given to the
54.5 resident before entrance, when possible. An assisted living facility must not lock a resident
54.6 in the resident's unit;
- 54.7 (11) develop and implement a staffing plan for determining its staffing level that:
- 54.8 (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness
54.9 of staffing levels in the facility;
- 54.10 (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably
54.11 foreseeable unscheduled needs of each resident as required by the residents' assessments
54.12 and service plans on a 24-hour per day basis; and
- 54.13 (iii) ensures that the facility can respond promptly and effectively to individual resident
54.14 emergencies and to emergency, life safety, and disaster situations affecting staff or residents
54.15 in the facility;
- 54.16 (12) ensure that one or more persons are available 24 hours per day, seven days per
54.17 week, who are responsible for responding to the requests of residents for assistance with
54.18 health or safety needs. Such persons must be:
- 54.19 (i) awake;
- 54.20 (ii) located in the same building, in an attached building, or on a contiguous campus
54.21 with the facility in order to respond within a reasonable amount of time;
- 54.22 (iii) capable of communicating with residents;
- 54.23 (iv) capable of providing or summoning the appropriate assistance; and
- 54.24 (v) capable of following directions; ~~and~~
- 54.25 (13) offer to provide or make available at least the following services to residents:
- 54.26 (i) at least three nutritious meals daily with snacks available seven days per week,
54.27 according to the recommended dietary allowances in the United States Department of
54.28 Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The
54.29 following apply:
- 54.30 (A) menus must be prepared at least one week in advance, and made available to all
54.31 residents. The facility must encourage residents' involvement in menu planning. Meal

55.1 substitutions must be of similar nutritional value if a resident refuses a food that is served.

55.2 Residents must be informed in advance of menu changes;

55.3 (B) food must be prepared and served according to the Minnesota Food Code, Minnesota
55.4 Rules, chapter 4626; and

55.5 (C) the facility cannot require a resident to include and pay for meals in their contract;

55.6 (ii) weekly housekeeping;

55.7 (iii) weekly laundry service;

55.8 (iv) upon the request of the resident, provide direct or reasonable assistance with arranging
55.9 for transportation to medical and social services appointments, shopping, and other recreation,
55.10 and provide the name of or other identifying information about the persons responsible for
55.11 providing this assistance;

55.12 (v) upon the request of the resident, provide reasonable assistance with accessing
55.13 community resources and social services available in the community, and provide the name
55.14 of or other identifying information about persons responsible for providing this assistance;

55.15 (vi) provide culturally sensitive programs; and

55.16 (vii) have a daily program of social and recreational activities that are based upon
55.17 individual and group interests, physical, mental, and psychosocial needs, and that creates
55.18 opportunities for active participation in the community at large; and

55.19 (14) provide staff access to an on-call registered nurse 24 hours per day, seven days per
55.20 week.

55.21 **EFFECTIVE DATE.** This section is effective August 1, 2021.

55.22 Sec. 14. Minnesota Statutes 2020, section 144G.41, subdivision 3, is amended to read:

55.23 Subd. 3. **Infection control program.** (a) All assisted living facilities must establish and
55.24 maintain an infection control program that complies with accepted health care, medical,
55.25 and nursing standards for infection control.

55.26 (b) The facility's infection control program must be consistent with current guidelines
55.27 from the national Centers for Disease Control and Prevention (CDC) for infection prevention
55.28 and control in long-term care facilities and, as applicable, for infection prevention and
55.29 control in assisted living facilities.

55.30 (c) The facility must maintain written evidence of compliance with this subdivision.

55.31 **EFFECTIVE DATE.** This section is effective August 1, 2021.

56.1 Sec. 15. Minnesota Statutes 2020, section 144G.42, subdivision 9, is amended to read:

56.2 Subd. 9. **Tuberculosis prevention and control.** (a) The facility must establish and
 56.3 maintain a comprehensive tuberculosis infection control program according to the most
 56.4 current tuberculosis infection control guidelines issued by the United States Centers for
 56.5 Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published
 56.6 in the CDC's Morbidity and Mortality Weekly Report (MMWR). The program must include
 56.7 a tuberculosis infection control plan that covers all paid and unpaid employees, contractors,
 56.8 students, and regularly scheduled volunteers. The commissioner shall provide technical
 56.9 assistance regarding implementation of the guidelines.

56.10 (b) The facility must maintain written evidence of compliance with this subdivision.

56.11 **EFFECTIVE DATE.** This section is effective August 1, 2021.

56.12 Sec. 16. Minnesota Statutes 2020, section 144G.42, is amended by adding a subdivision
 56.13 to read:

56.14 Subd. 9a. **Communicable diseases.** A facility must follow current state requirements
 56.15 for prevention, control, and reporting of communicable diseases as defined in Minnesota
 56.16 Rules, parts 4605.7040, 4605.7044, 4605.7050, 4605.7075, 4605.7080, and 4605.7090.

56.17 **EFFECTIVE DATE.** This section is effective August 1, 2021.

56.18 Sec. 17. Minnesota Statutes 2020, section 144G.45, subdivision 2, is amended to read:

56.19 Subd. 2. **Fire protection and physical environment.** (a) Each assisted living facility
 56.20 ~~must have a comprehensive fire protection system that includes~~ comply with the State Fire
 56.21 Code in Minnesota Rules, chapter 7511, and:

56.22 ~~(1) protection throughout by an approved supervised automatic sprinkler system according~~
 56.23 ~~to building code requirements established in Minnesota Rules, part 1305.0903, or smoke~~
 56.24 ~~detectors in each occupied room installed and maintained in accordance with the National~~
 56.25 ~~Fire Protection Association (NFPA) Standard 72; for dwellings or sleeping units, as defined~~
 56.26 in the State Fire Code:

56.27 (i) provide smoke alarms in each room used for sleeping purposes;

56.28 (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity
 56.29 of bedrooms;

56.30 (iii) provide smoke alarms on each story within a dwelling unit, including basements,
 56.31 but not including crawl spaces and unoccupied attics;

57.1 (iv) where more than one smoke alarm is required within an individual dwelling unit or
 57.2 sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms
 57.3 in the individual dwelling unit or sleeping unit to operate; and

57.4 (v) ensure the power supply for existing smoke alarms complies with the State Fire
 57.5 Code, except that newly introduced smoke alarms in existing buildings may be battery
 57.6 operated;

57.7 ~~(2) portable fire extinguishers installed and tested in accordance with the NFPA Standard~~
 57.8 ~~10; and~~ install and maintain portable fire extinguishers in accordance with the State Fire
 57.9 Code;

57.10 (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group
 57.11 R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to
 57.12 the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with
 57.13 the State Fire Code; and

57.14 ~~(3)~~ (4) keep the physical environment, including walls, floors, ceiling, all furnishings,
 57.15 grounds, systems, and equipment ~~that is kept~~ in a continuous state of good repair and
 57.16 operation with regard to the health, safety, comfort, and well-being of the residents in
 57.17 accordance with a maintenance and repair program.

57.18 ~~(b) Fire drills in assisted living facilities shall be conducted in accordance with the~~
 57.19 ~~residential board and care requirements in the Life Safety Code, except that fire drills in~~
 57.20 ~~secured dementia care units shall be conducted in accordance with section 144G.81,~~
 57.21 ~~subdivision 2.~~ Each assisted living facility shall develop and maintain fire safety and
 57.22 evacuation plans. The plans shall include but are not limited to:

57.23 (1) location and number of resident sleeping rooms;

57.24 (2) employee actions to be taken in the event of a fire or similar emergency;

57.25 (3) fire protection procedures necessary for residents; and

57.26 (4) procedures for resident movement, evacuation, or relocation during a fire or similar
 57.27 emergency including the identification of unique or unusual resident needs for movement
 57.28 or evacuation.

57.29 (c) Employees of assisted living facilities shall receive training on the fire safety and
 57.30 evacuation plans upon hiring and at least twice per year thereafter.

57.31 (d) Fire safety and evacuation plans shall be readily available at all times within the
 57.32 facility.

58.1 (e) Residents who are capable of assisting in their own evacuation shall be trained on
 58.2 the proper actions to take in the event of a fire to include movement, evacuation, or relocation.
 58.3 The training shall be made available to residents at least once per year.

58.4 (f) Evacuation drills are required for employees twice per year per shift with at least one
 58.5 evacuation drill every other month. Evacuation of the residents is not required. Fire alarm
 58.6 system activation is not required to initiate the evacuation drill.

58.7 ~~(e)~~ (g) Existing construction or elements, including assisted living facilities that were
 58.8 registered as housing with services establishments under chapter 144D prior to August 1,
 58.9 2021, shall be permitted to ~~be continued~~ continue in use provided such use does not constitute
 58.10 a distinct hazard to life. Any existing elements that an authority having jurisdiction deems
 58.11 a distinct hazard to life must be corrected. The facility must document in the facility's records
 58.12 any actions taken to comply with a correction order, and must submit to the commissioner
 58.13 for review and approval prior to correction.

58.14 **EFFECTIVE DATE.** This section is effective August 1, 2021.

58.15 Sec. 18. Minnesota Statutes 2020, section 144G.45, subdivision 4, is amended to read:

58.16 Subd. 4. **Design requirements.** (a) All assisted living facilities with six or more residents
 58.17 must meet the provisions relevant to assisted living facilities in the ~~most current~~ 2018 edition
 58.18 of the Facility Guidelines Institute "Guidelines for Design and Construction of Residential
 58.19 Health, Care and Support Facilities" and of adopted rules. This minimum design standard
 58.20 must be met for all new licenses, or new construction, ~~modifications, renovations, alterations,~~
 58.21 ~~changes of use, or additions.~~ In addition to the guidelines, assisted living facilities shall
 58.22 provide the option of a bath in addition to a shower for all residents.

58.23 (b) If the commissioner decides to update the edition of the guidelines specified in
 58.24 paragraph (a) for purposes of this subdivision, the commissioner must notify the chairs and
 58.25 ranking minority members of the legislative committees and divisions with jurisdiction over
 58.26 health care and public safety of the planned update by January 15 of the year in which the
 58.27 new edition will become effective. Following notice from the commissioner, the new edition
 58.28 shall become effective for assisted living facilities beginning August 1 of that year, unless
 58.29 provided otherwise in law. The commissioner shall, by publication in the State Register,
 58.30 specify a date by which facilities must comply with the updated edition. The date by which
 58.31 facilities must comply shall not be sooner than six months after publication of the
 58.32 commissioner's notice in the State Register.

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

59.1 Sec. 19. Minnesota Statutes 2020, section 144G.45, subdivision 5, is amended to read:

59.2 Subd. 5. **Assisted living facilities; Life Safety Code.** (a) All assisted living facilities
59.3 with six or more residents must meet the applicable provisions of the ~~most current~~ 2018
59.4 edition of the NFPA Standard 101, Life Safety Code, Residential Board and Care
59.5 Occupancies chapter. The minimum design standard shall be met for all new licenses; or
59.6 new construction, ~~modifications, renovations, alterations, changes of use, or additions.~~

59.7 (b) If the commissioner decides to update the Life Safety Code for purposes of this
59.8 subdivision, the commissioner must notify the chairs and ranking minority members of the
59.9 legislative committees and divisions with jurisdiction over health care and public safety of
59.10 the planned update by January 15 of the year in which the new Life Safety Code will become
59.11 effective. Following notice from the commissioner, the new edition shall become effective
59.12 for assisted living facilities beginning August 1 of that year, unless provided otherwise in
59.13 law. The commissioner shall, by publication in the State Register, specify a date by which
59.14 facilities must comply with the updated Life Safety Code. The date by which facilities must
59.15 comply shall not be sooner than six months after publication of the commissioner's notice
59.16 in the State Register.

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

59.18 Sec. 20. Minnesota Statutes 2020, section 144G.50, subdivision 1, is amended to read:

59.19 Subdivision 1. **Contract required.** (a) An assisted living facility may not offer or provide
59.20 housing or assisted living services to ~~a resident~~ any individual unless it has executed a
59.21 written contract ~~with the resident.~~

59.22 (b) The contract must contain all the terms concerning the provision of:

59.23 (1) housing;

59.24 (2) assisted living services, whether provided directly by the facility or by management
59.25 agreement or other agreement; and

59.26 (3) the resident's service plan, if applicable.

59.27 (c) A facility must:

59.28 (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term
59.29 Care a complete unsigned copy of its contract; and

59.30 (2) give a complete copy of any signed contract and any addendums, and all supporting
59.31 documents and attachments, to the resident promptly after a contract and any addendum
59.32 has been signed.

60.1 (d) A contract under this section is a consumer contract under sections 325G.29 to
60.2 325G.37.

60.3 (e) Before or at the time of execution of the contract, the facility must offer the resident
60.4 the opportunity to identify a designated representative according to subdivision 3.

60.5 (f) The resident must agree in writing to any additions or amendments to the contract.
60.6 Upon agreement between the resident and the facility, a new contract or an addendum to
60.7 the existing contract must be executed and signed.

60.8 **EFFECTIVE DATE.** This section is effective August 1, 2021.

60.9 Sec. 21. Minnesota Statutes 2020, section 144G.54, subdivision 4, is amended to read:

60.10 Subd. 4. **Burden of proof for appeals of termination.** (a) The facility bears the burden
60.11 of proof to establish by a preponderance of the evidence that the termination was permissible
60.12 if the appeal is brought on the ground listed in subdivision 2, clause (1) or (4).

60.13 (b) The resident bears the burden of proof to establish by a preponderance of the evidence
60.14 that the termination was not permissible if the appeal is brought on the ground listed in
60.15 subdivision 2, clause (2) or (3).

60.16 **EFFECTIVE DATE.** This section is effective August 1, 2021.

60.17 Sec. 22. Minnesota Statutes 2020, section 144G.81, subdivision 3, is amended to read:

60.18 Subd. 3. **Assisted living facilities with dementia care and secured dementia care**
60.19 **unit; Life Safety Code.** (a) All assisted living facilities with dementia care and a secured
60.20 dementia care unit must meet the applicable provisions of the ~~most current~~ 2018 edition of
60.21 the NFPA Standard 101, Life Safety Code, Healthcare (limited care) chapter. The minimum
60.22 design standards shall be met for all new licenses, or new construction, ~~modifications,~~
60.23 ~~renovations, alterations, changes of use, or additions.~~

60.24 (b) If the commissioner decides to update the Life Safety Code for purposes of this
60.25 subdivision, the commissioner must notify the chairs and ranking minority members of the
60.26 legislative committees and divisions with jurisdiction over health care and public safety of
60.27 the planned update by January 15 of the year in which the new Life Safety Code will become
60.28 effective. Following notice from the commissioner, the new edition shall become effective
60.29 for assisted living facilities with dementia care and a secured dementia care unit beginning
60.30 August 1 of that year, unless provided otherwise in law. The commissioner shall, by
60.31 publication in the State Register, specify a date by which these facilities must comply with

61.1 the updated Life Safety Code. The date by which these facilities must comply shall not be
61.2 sooner than six months after publication of the commissioner's notice in the State Register.

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

61.4 Sec. 23. Minnesota Statutes 2020, section 144G.92, subdivision 5, is amended to read:

61.5 Subd. 5. **Other laws.** Nothing in this section affects the rights and remedies available
61.6 ~~to a resident~~ under section 626.557, subdivisions 10, 17, and 20.

61.7 **EFFECTIVE DATE.** This section is effective August 1, 2021.

61.8 Sec. 24. **APPROPRIATION.**

61.9 \$281,000 in fiscal year 2021 is appropriated from the state government special revenue
61.10 fund to the Board of Executives for Long Term Services and Supports for board operations.
61.11 This is a onetime appropriation.

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

61.13 Sec. 25. **REVISOR INSTRUCTION.**

61.14 (a) The revisor of statutes, in consultation with the House Research Department, Office
61.15 of Senate Counsel, Research and Fiscal Analysis, and the Department of Health, shall make
61.16 necessary cross-reference changes and remove obsolete statutory cross-references in
61.17 Minnesota Statutes to conform with the changes resulting from the implementation and
61.18 effective date of assisted living licensure under Minnesota Statutes, sections 144G.08 to
61.19 144G.9999, and Laws 2019, chapter 60, before publication of the 2021 Statutes Supplement.

61.20 (b) The revisor, in consultation with the House Research Department, Office of Senate
61.21 Counsel, Research and Fiscal Analysis, and the Department of Health, may make technical
61.22 and other necessary changes to sentence structure to preserve the meaning of the text. The
61.23 revisor may make changes to Minnesota Statutes to incorporate statutory changes made by
61.24 other law in the 2021 regular legislative session. If a provision repealed in this act is also
61.25 amended in the 2021 regular legislative session by other law, the revisor shall give effect
61.26 to the amendment and renumber it in chapter 144G.

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

61.28 Sec. 26. **REPEALER.**

61.29 Minnesota Statutes 2020, section 144G.81, subdivision 2, is repealed.

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

62.2 **ARTICLE 7**

62.3 **NOTARIES**

62.4 Section 1. Laws 2020, Fifth Special Session chapter 4, section 1, the effective date, is
62.5 amended to read:

62.6 **EFFECTIVE DATE.** This section is effective the day following final enactment and
62.7 expires ~~January 6~~ March 31, 2021.

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

**144G.81 ADDITIONAL REQUIREMENTS FOR ASSISTED LIVING FACILITIES
WITH SECURED DEMENTIA CARE UNITS.**

Subd. 2. **Fire drills.** Fire drills in secured dementia care units in assisted living facilities with dementia care shall be conducted in accordance with the NFPA Standard 101, Life Safety Code, Healthcare (limited care) chapter.

176.181 INSURANCE.

Subd. 6. **Financial statements.** No employer shall be required to provide financial statements certified by an "independent certified public accountant" or "certified public accountant" as a condition of approval for group self-insurance.