EIGHTY-FOURTH DAY

St. Paul, Minnesota, Monday, April 23, 2018

The Senate met at 11:00 a.m. and was called to order by the President.

CALL OF THE SENATE

Senator Gazelka imposed a call of the Senate. The Sergeant at Arms was instructed to bring in the absent members.

Prayer was offered by the Chaplain, Rev. Jeff Hansen.

The members of the Senate gave the pledge of allegiance to the flag of the United States of America.

The roll was called, and the following Senators answered to their names:

Abeler	Draheim	Housley	Little	Ruud
Anderson, B.	Dziedzic	Ingebrigtsen	Lourey	Senjem
Anderson, P.	Eaton	Isaacson	Marty	Simonson
Bakk	Eichorn	Jasinski	Mathews	Sparks
Benson	Eken	Jensen	Miller	Tomassoni
Bigham	Fischbach	Johnson	Nelson	Torres Ray
Carlson	Franzen	Kent	Newman	Utke
Chamberlain	Frentz	Kiffmeyer	Newton	Weber
Champion	Gazelka	Klein	Osmek	Westrom
Clausen	Goggin	Koran	Pappas	Wiger
Cohen	Hall	Laine	Pratt	Wiklund
Cwodzinski	Hawj	Lang	Relph	
Dahms	Hayden	Latz	Rest	
Dibble	Hoffman	Limmer	Rosen	

The President declared a quorum present.

The reading of the Journal was dispensed with and the Journal, as printed and corrected, was approved.

RECESS

Senator Gazelka moved that the Senate do now recess subject to the call of the President. The motion prevailed.

After a brief recess, the President called the Senate to order.

MESSAGES FROM THE HOUSE

Madam President:

I have the honor to announce the passage by the House of the following House Files, herewith transmitted: H.F. Nos. 3249, 3551, and 2835.

Patrick D. Murphy, Chief Clerk, House of Representatives

Transmitted April 19, 2018

FIRST READING OF HOUSE BILLS

The following bills were read the first time.

H.F. No. 3249: A bill for an act relating to public safety; modifying provisions governing passing emergency vehicles stopped on a roadway; amending Minnesota Statutes 2016, section 169.18, subdivisions 11, 12.

Referred to the Committee on Rules and Administration for comparison with S.F. No. 2977, now on General Orders.

H.F. No. 3551: A bill for an act relating to the Safe at Home program; modifying program requirements; making clarifying and technical changes; amending Minnesota Statutes 2016, sections 5B.02; 5B.03; 5B.05; 5B.07, subdivision 1.

Referred to the Committee on Rules and Administration for comparison with S.F. No. 3198, now on General Orders.

H.F. No. 2835: A bill for an act relating to transportation; appropriating money for certain reimbursements to deputy registrars.

Referred to the Committee on Finance.

REPORTS OF COMMITTEES

Senator Gazelka moved that the Committee Reports at the Desk be now adopted, with the exception of the reports on S.F. Nos. 3983, 2991, and 3437, and reports pertaining to appointments. The motion prevailed.

Senator Kiffmeyer from the Committee on State Government Finance and Policy and Elections, to which was referred

S.F. No. 3983: A bill for an act relating to human services; modifying provisions governing collective bargaining agreements for self-directed workers; amending Laws 2017, First Special Session chapter 6, article 18, section 2, subdivision 15.

Reports the same back with the recommendation that the bill be amended as follows:

Page 2, delete line 35 and insert "prohibits a"

Page 3, line 4, delete "be deemed to"

Page 3, line 10, after "election" insert "by November 30, 2018,"

Page 3, line 17, delete everything after "to" and insert "individual providers as defined in Minnesota Statutes, section 179A.54, subdivision 1"

Page 3, line 18, delete everything before the comma

Page 3, line 23, after "a" insert "decertification election authorization" and after "card" insert "or a petition for decertification"

And when so amended the bill do pass and be re-referred to the Committee on Finance.

Pursuant to Joint Rule 2.03, the bill was referred to the Committee on Rules and Administration.

Senator Kiffmeyer from the Committee on State Government Finance and Policy and Elections, to which was re-referred

S.F. No. 2991: A bill for an act relating to commerce; regulating real estate appraisals; creating an advisory board; prescribing its duties; amending Minnesota Statutes 2016, section 13D.08, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 82B.

Reports the same back with the recommendation that the bill be amended as follows:

Page 2, line 18, after "members" insert ", other than the commissioner,"

Page 2, line 19, delete "The board does"

Page 2, delete line 20

Page 2, line 21, delete "A vacancy" and insert "If there is a vacancy in the membership of the board, a majority of the remaining members of the board constitute a quorum."

Page 2, delete lines 22 and 23

Page 2, line 24, after "convened" insert ", upon ten days' written notice,"

Page 2, line 25, delete "chairperson" insert "chair" and delete "upon ten days' written notice"

Page 2, line 27, delete "Officers" and insert "Chair" and delete "fiscal" and insert "calendar"

Page 3, after line 6, insert:

"Subd. 9. **Expiration.** The board expires January 1, 2030."

Page 3, after line 7, insert:

"(a) The commissioner shall specify three members to serve terms that are coterminous with the governor and four members to serve terms that expire on the first Monday in January one year after the terms of the other members."

Page 3, line 8, before "The" insert "(b) The commissioner of commerce shall make the first appointments to the Real Estate Appraisal Advisory Board by September 1, 2018."

Page 3, line 9, after "82B.073" insert ", by November 1, 2018"

And when so amended the bill do pass and be re-referred to the Committee on Finance.

Pursuant to Joint Rule 2.03, the bill was referred to the Committee on Rules and Administration.

Senator Benson from the Committee on Health and Human Services Finance and Policy, to which was re-referred

S.F. No. 3437: A bill for an act relating to health; making changes to statutory provisions affecting older and vulnerable adults; modifying the Minnesota Health Records Act and the health care bill of rights; modifying regulation of nursing homes, home care providers, housing with services establishments, and assisted living services; modifying requirements for reporting maltreatment of vulnerable adults; establishing advisory task forces and a working group; requiring reports; providing for access to information and data sharing; imposing civil and criminal penalties; appropriating money; amending Minnesota Statutes 2016, sections 144.6501, subdivision 3, by adding a subdivision; 144.651, subdivisions 1, 2, 4, 6, 14, 16, 17, 20, 21, by adding subdivisions; 144A.10, subdivision 1; 144A.44; 144A.441; 144A.442; 144A.45, subdivisions 1, 2; 144A.474, subdivisions 1, 2, 8, 9; 144A.479, subdivision 2; 144A.4791, subdivision 10; 144A.53, subdivisions 1, 4; 144D.01, subdivision 1; 144D.02; 144D.04, by adding a subdivision; 144G.01, subdivision 1; 325F.71; 609.2231, subdivision 8; 626.557, subdivisions 3, 4, 9, 9a, 9b, 9c, 9d, 9e, 10b, 12b, 14, 17; 626.5572, subdivision 6, by adding a subdivision; Minnesota Statutes 2017 Supplement, sections 144A.474, subdivision 11; 144D.04, subdivision 2; 256.045, subdivisions 3, 4; proposing coding for new law in Minnesota Statutes, chapters 144; 144D; 144G; repealing Minnesota Statutes 2016, section 256.021.

Reports the same back with the recommendation that the bill be amended as follows:

Delete everything after the enacting clause and insert:

"ARTICLE 1

ELDERCARE AND VULNERABLE ADULT PROTECTIONS

Section 1. **CITATION.**

Sections 1 to 74 may be cited as the "Eldercare and Vulnerable Adult Protection Act of 2018."

Sec. 2. Minnesota Statutes 2016, section 144.6501, subdivision 3, is amended to read:

Subd. 3. **Contracts of admission.** (a) A facility shall make complete unsigned copies of its admission contract available to potential applicants and to the state or local long-term care ombudsman immediately upon request.

(b) A facility shall post conspicuously within the facility, in a location accessible to public view, either a complete copy of its admission contract or notice of its availability from the facility.

(c) An admission contract must be printed in black type of at least ten-point type size. The facility shall give a complete copy of the admission contract to the resident or the resident's legal representative promptly after it has been signed by the resident or legal representative.

(d) The admission contract must contain the name, address, and contact information of the current owner, manager, and if different from the owner, license holder of the facility, and the name and physical mailing address of at least one natural person who is authorized to accept service of process.

~~(d)~~ (e) An admission contract is a consumer contract under sections 325G.29 to 325G.37.

~~(e)~~ (f) All admission contracts must state in bold capital letters the following notice to applicants for admission: "NOTICE TO APPLICANTS FOR ADMISSION. READ YOUR ADMISSION CONTRACT. ORAL STATEMENTS OR COMMENTS MADE BY THE FACILITY OR YOU OR YOUR REPRESENTATIVE ARE NOT PART OF YOUR ADMISSION CONTRACT UNLESS THEY ARE ALSO IN WRITING. DO NOT RELY ON ORAL STATEMENTS OR COMMENTS THAT ARE NOT INCLUDED IN THE WRITTEN ADMISSION CONTRACT."

Sec. 3. Minnesota Statutes 2016, section 144.6501, is amended by adding a subdivision to read:

Subd. 3a. **Changes to contracts of admission.** Within 30 days of a change in ownership, management, or license holder, the facility must provide prompt written notice to the resident or resident's legal representative of a new owner, manager, and if different from the owner, license holder of the facility, and the name and physical mailing address of any new or additional natural person not identified in the admission contract who is newly authorized to accept service of process.

Sec. 4. **[144.6502] ELECTRONIC MONITORING IN HEALTH CARE FACILITIES.**

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

(b) "Commissioner" means the commissioner of health.

(c) "Electronic monitoring device" means a camera, including one that captures, records, or broadcasts audio, video, or both, or other technological device used to monitor or communicate with a resident or others that is installed in a resident's room or private living space.

(d) "Facility" means a facility that is licensed as a nursing home under chapter 144A or as a boarding care home under sections 144.50 to 144.56, or registered as a housing with services establishment under chapter 144D.

(e) "Legal representative" means a court-appointed guardian or other person with authority to make decisions about health care services for the resident, including an individual who is an interested person, as defined in section 626.5572, subdivision 12a.

(f) "Resident" means a person 18 years of age or older residing in a facility.

Subd. 2. **Electronic monitoring authorized.** (a) A facility must allow a resident or a resident's legal representative to conduct electronic monitoring of the resident's room or private living space as provided in this section.

(b) Nothing in this section allows the use of an electronic monitoring device to take still photographs or for the nonconsensual interception of private communications.

(c) Nothing in this section precludes the use of electronic monitoring of health care allowed under other law.

Subd. 3. **Consent to electronic monitoring.** (a) Except as otherwise provided in this subdivision, a resident must consent in writing on a notification and consent form prescribed by the commissioner to electronic monitoring in the resident's room or private living space. If the resident has not affirmatively objected to electronic monitoring and the resident's physician determines that the resident lacks the ability to understand and appreciate the nature and consequences of electronic monitoring, the resident's legal representative may consent on behalf of the resident. For purposes of this subdivision, a resident affirmatively objects when the resident orally, visually, or through the use of auxiliary aids or services declines electronic monitoring. The resident's response must be documented on the notification and consent form.

(b) Prior to a resident's legal representative consenting on behalf of a resident, the resident must be asked by the resident's legal representative if the resident wants electronic monitoring to be conducted. The resident's legal representative must explain to the resident:

(1) the type of electronic monitoring device to be used;

(2) the standard conditions that may be placed on the electronic monitoring device's use, including those listed in subdivision 5;

(3) with whom the recording may be shared under this section; and

(4) the resident's ability to decline all recording.

(c) A resident or roommate may consent to electronic monitoring with any conditions of the resident's or roommate's choosing, including the list of standard conditions provided in subdivision 5. A resident or roommate may request that the electronic monitoring device be turned off or the visual or audio recording component of the electronic monitoring device be blocked at any time.

(d) Prior to implementing electronic monitoring, a resident must obtain the written consent of any other resident residing in the room or private living space on the notification and consent form prescribed by the commissioner. Except as otherwise provided in this subdivision, a roommate must consent in writing to electronic monitoring in the resident's room or private living space. If the roommate has not affirmatively objected to the electronic monitoring in accordance with this

subdivision and the roommate's physician determines that the roommate lacks the ability to understand and appreciate the nature and consequences of electronic monitoring, the roommate's legal representative may consent on behalf of the roommate.

(e) Any resident conducting electronic monitoring must obtain consent from any new roommate before the resident may resume authorized electronic monitoring. If a new roommate does not consent to electronic monitoring and the resident conducting the electronic monitoring does not remove the electronic monitoring device, the facility must remove the electronic monitoring device.

(f) Copies of all completed notification and consent forms must be submitted to the facility, and the facility must keep the notification and consent forms on file in a location separate from the resident's clinical record.

Subd. 4. **Withdrawal of consent; refusal of roommate to consent.** (a) Consent may be withdrawn by the resident or roommate at any time and the withdrawal of consent must be documented on the facility's copy of the initial notification and consent form submitted to it according to subdivision 5. If a roommate withdraws consent and the resident conducting the electronic monitoring does not remove or disable the electronic monitoring device, the facility must remove the electronic monitoring device.

(b) If a resident of a facility who is residing in a shared room wants to conduct electronic monitoring and another resident living in or moving into the same shared room refuses to consent to the use of an electronic monitoring device, the facility shall make a reasonable attempt to accommodate the resident who wants to conduct electronic monitoring. A facility has met the requirement to make a reasonable attempt to accommodate a resident who wants to conduct electronic monitoring when upon notification that a roommate has not consented to the use of an electronic monitoring device in the resident's room, the facility offers to move either resident to another shared room that is available at the time of the request. If a resident chooses to reside in a private room in a facility in order to accommodate the use of an electronic monitoring device, the resident must pay the private room rate. If a facility is unable to accommodate a resident due to lack of space, the facility must reevaluate the request every two weeks until the request is fulfilled. A facility is not required to provide a private room or a single-bed room to a resident who is not a private-pay resident.

Subd. 5. **Notice; form requirements.** (a) Electronic monitoring may begin only after the resident who intends to install an electronic monitoring device completes a notification and consent form prescribed by the commissioner and submits the form to the facility and the ombudsperson for long-term care.

(b) The notification and consent form must include, at a minimum, the following information:

(1) the resident's signed consent to electronic monitoring or the signature of the resident's legal representative, if applicable. If a person other than the resident signs the consent form, the form must document the following:

(i) the date the resident was asked if the resident wants electronic monitoring to be conducted;

(ii) who was present when the resident was asked; and

(iii) an acknowledgment that the resident did not affirmatively object;

(2) the resident's roommate's signed consent or the signature of the roommate's legal representative, if applicable. If a roommate's legal representative signs the consent form, the form must document the following:

(i) the date the roommate was asked if the roommate consents to electronic monitoring;

(ii) who was present when the roommate was asked; and

(iii) an acknowledgment that the roommate did not affirmatively object;

(3) the type of electronic monitoring device to be used;

(4) any installation needs, such as mounting of a device to a wall or ceiling;

(5) the proposed date of installation for scheduling purposes;

(6) a list of standard conditions or restrictions that the resident or a roommate may elect to place on the use of the electronic monitoring device, including, but not limited to:

(i) prohibiting audio recording;

(ii) prohibiting video recording;

(iii) prohibiting broadcasting of audio or video;

(iv) turning off the electronic monitoring device or blocking the visual recording component of the electronic monitoring device for the duration of an exam or procedure by a health care professional;

(v) turning off the electronic monitoring device or blocking the visual recording component of the electronic monitoring device while dressing or bathing is performed; and

(vi) turning off the electronic monitoring device for the duration of a visit with a spiritual advisor, ombudsman, attorney, financial planner, intimate partner, or other visitor;

(7) any other condition or restriction elected by the resident or roommate on the use of an electronic monitoring device;

(8) a signature box for documenting that the resident or roommate has withdrawn consent; and

(9) a statement of the circumstances under which a recording may be disseminated under subdivision 9.

(c) A copy of the completed notification and consent form must be provided to the resident and the resident's roommate, if applicable. The facility must retain the form as described in subdivision 3, paragraph (f).

(d) The commissioner shall prescribe the notification and consent form required in this section no later than January 1, 2019, and shall make the form available on the department's Web site.

(e) Beginning January 1, 2019, facilities must make the notification and consent form available to the residents and inform residents of their option to conduct electronic monitoring of their rooms or private living spaces.

(f) Any resident, legal representative of a resident, or other person conducting electronic monitoring of a resident's room prior to enactment of this section must comply with the requirements of this section by January 1, 2019.

Subd. 6. **Cost and installation.** (a) A resident choosing to conduct electronic monitoring must do so at the resident's own expense, including paying purchase, installation, maintenance, and removal costs.

(b) If a resident chooses to install an electronic monitoring device that uses Internet technology for visual or audio monitoring, that resident may be responsible for contracting with an Internet service provider.

(c) The facility shall make a reasonable attempt to accommodate the resident's installation needs, including allowing access to the facility's telecommunications or equipment room. A facility has the burden of proving that a requested accommodation is not reasonable.

(d) All electronic monitoring device installations and supporting services must be UL-listed.

Subd. 7. **Notice to visitors.** (a) A facility shall post a sign at each facility entrance accessible to visitors that states "Security cameras and audio devices may be present to record persons and activities."

(b) The facility is responsible for installing and maintaining the signage required in this subdivision.

Subd. 8. **Obstruction of electronic monitoring devices.** (a) A person must not knowingly hamper, obstruct, tamper with, or destroy an electronic monitoring device installed in a resident's room or private living space without the permission of the resident or the resident's legal representative.

(b) It is not a violation of this subdivision if a person turns off the electronic monitoring device or blocks the visual recording component of the electronic monitoring device at the direction of the resident or the resident's legal representative, or if consent has been withdrawn.

Subd. 9. **Dissemination of recordings.** (a) A facility may not access any video or audio recording created through electronic monitoring without the written consent of the resident or the resident's legal representative. If a resident consents to access to a recording by the facility, the resident is deemed to have consented to access to an employee under paragraph (c).

(b) Except as required under other law, a recording or copy of a recording made as provided in this section may only be disseminated for the purpose of addressing health, safety, or welfare concerns of a resident or residents.

(c) An employee of a facility who is the subject of proposed corrective or disciplinary action based upon evidence obtained by electronic monitoring must be given access to that evidence for

purposes of defending against the proposed action. The recording or a copy of the recording must be treated confidentially by the employee and must not be further disseminated to any other person except as required under other law. Any copy of the recording must be returned to the facility or resident who provided the copy when it is no longer needed for purposes of defending against a proposed action.

Subd. 10. **Liability.** (a) A facility is not civilly or criminally liable for the inadvertent or intentional disclosure of a recording by a resident or a resident's legal representative for any purpose not authorized by this section.

(b) A facility is not civilly or criminally liable for a violation of a resident's right to privacy based solely on the use of electronic monitoring conducted as provided in this section.

Subd. 11. **Resident protections.** (a) A facility must not:

(1) refuse to admit a potential resident or remove a resident because the facility disagrees with the potential resident's or the resident's decisions regarding electronic monitoring;

(2) retaliate or discriminate against any resident for consenting or refusing to consent to electronic monitoring under this section; or

(3) prevent the installation or use of an electronic monitoring device by a resident who has provided the facility with notice and consent as required under this section.

(b) The commissioner of health must issue a correction order upon a finding that the facility has failed to comply with this subdivision. The commissioner of health may impose a fine between $50 and $500 upon a finding of noncompliance with a correction order issued according to this paragraph.

EFFECTIVE DATE. This section is effective January 1, 2019.

Sec. 5. Minnesota Statutes 2016, section 144.651, subdivision 1, is amended to read:

Subdivision 1. **Legislative intent.** It is the intent of the legislature and the purpose of this section to promote the interests and well being of the patients and residents of health care facilities. It is the intent of this section that every patient's and resident's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, must not be infringed and that the facility must encourage and assist in the fullest possible exercise of these rights. The rights provided under this section are established for the benefit of patients and residents. No health care facility may require or request a patient or resident to waive any of these rights at any time or for any reason including as a condition of admission to the facility. Any guardian or conservator of a patient or resident or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient or resident. An interested person may also seek enforcement of these rights on behalf of a patient or resident who has a guardian or conservator through administrative agencies or in district court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. ~~It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions~~

~~and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.~~

Sec. 6. Minnesota Statutes 2016, section 144.651, subdivision 2, is amended to read:

Subd. 2. **Definitions.** (a) For the purposes of this section and section 144.6511, the terms defined in this subdivision have the meanings given them.

(b) "Patient" means:

(1) a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person~~.~~;

(2) a minor who is admitted to a residential program as defined in section 253C.01;

(3) for purposes of subdivisions 1, 4 to 9, 12, 13, 15, 16, ~~and~~ 18 to 20, ~~"patient" also means~~ and 34, a person who receives health care services at an outpatient surgical center or at a birth center licensed under section 144.615~~. "Patient" also means a minor who is admitted to a residential program as defined in section 253C.01.~~; and

(4) for purposes of subdivisions 1, 3 to 16, 18, 20 ~~and~~, 30, ~~"patient" also means~~ and 34, any person who is receiving mental health treatment on an outpatient basis or in a community support program or other community-based program.

(c) "Resident" means a person who is admitted to, resides in, or receives services from:

(1) a nonacute care facility including extended care facilities~~,~~;

(2) a nursing ~~homes, and~~ home;

(3) a boarding care ~~homes~~ home for care required because of prolonged mental or physical illness or disability, recovery from injury or disease, or advancing age~~.~~; and

(4) for purposes of ~~all subdivisions except~~ subdivisions ~~28 and 29~~ 1 to 27~~, "resident" also means a person who is admitted to~~ and 30 to 34, a facility licensed as a board and lodging facility under Minnesota Rules, ~~parts 4625.0100 to 4625.2355~~ chapter 4625, or a supervised living facility under Minnesota Rules, ~~parts 4665.0100 to 4665.9900~~ chapter 4665, and which operates a rehabilitation program licensed under Minnesota Rules, parts ~~9530.6405~~ 9530.6510 to 9530.6590.

(d) "Health care facility" or "facility" means:

(1) an acute care inpatient facility;

(2) a residential program as defined in section 253C.01;

(3) for the purposes of subdivisions 1, 4 to 9, 12, 13, 15, 16, 18 to 20, and 34, an outpatient surgical center or a birth center licensed under section 144.615;

(4) for the purposes of subdivisions 1, 3 to 16, 18, 20, 30, and 34, a setting in which outpatient mental health services are provided, or a community support program or other community-based program providing mental health treatment;

(5) a nonacute care facility, including extended care facilities;

(6) a nursing home;

(7) a boarding care home for care required because of prolonged mental or physical illness or disability, recovery from injury or disease, or advancing age; or

(8) for the purposes of subdivisions 1 to 27 and 30 to 34, a facility licensed as a board and lodging facility under Minnesota Rules, chapter 4625, or a supervised living facility under Minnesota Rules, chapter 4665, and which operates a rehabilitation program licensed under Minnesota Rules, parts 9530.6510 to 9530.6590.

(e) "Interested person" has the meaning given under section 626.5572, subdivision 12a.

Sec. 7. Minnesota Statutes 2016, section 144.651, subdivision 4, is amended to read:

Subd. 4. **Information about rights.** (a) Patients and residents shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement in plain language and in terms patients and residents can understand of the applicable rights and responsibilities set forth in this section. The written statement must also include the name and address of the state or county agency to contact for additional information or assistance. In the case of patients admitted to residential programs as defined in section 253C.01, the written statement shall also describe the right of a person 16 years old or older to request release as provided in section 253B.04, subdivision 2, and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs.

(b) Reasonable accommodations shall be made for people who have communication disabilities and those who speak a language other than English.

(c) Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, residents, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section 626.557, relating to vulnerable adults.

Sec. 8. Minnesota Statutes 2016, section 144.651, subdivision 6, is amended to read:

Subd. 6. **Appropriate health care.** Patients and residents shall have the right to appropriate medical and personal care based on individual needs. Appropriate care for residents means care designed to enable residents to achieve their highest level of physical and mental functioning-, provided, as far as facility policy allows, with reasonable regularity and continuity of staff assignment by persons who are properly trained and competent to perform their duties. This right is limited where the service is not reimbursable by public or private resources.

Sec. 9. Minnesota Statutes 2016, section 144.651, subdivision 14, is amended to read:

Subd. 14. **Freedom from maltreatment.** (a) Patients and residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Patients and residents have the right to notification from the facility and lead investigative agency regarding a report of alleged maltreatment, disposition of a report, and appeal rights, as provided under section 626.557, subdivision 9c.

(b) Every patient and resident shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patient's or resident's physician for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others.

Sec. 10. Minnesota Statutes 2016, section 144.651, subdivision 16, is amended to read:

Subd. 16. **Confidentiality of records.** Patients and residents shall be assured confidential treatment of their personal, financial, and medical records, and may approve or refuse their release to any individual outside the facility. Residents shall be notified when personal records are requested by any individual outside the facility and may select someone to accompany them when the records or information are the subject of a personal interview. Patients and residents have a right to access their personal, financial, and medical records and written information from those records. Copies of records and written information from the records shall be made available in accordance with this subdivision and sections 144.291 to 144.298. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third-party payment contracts, or where otherwise provided by law.

Sec. 11. Minnesota Statutes 2016, section 144.651, subdivision 17, is amended to read:

Subd. 17. **Disclosure of services available.** Patients and residents shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional charges. Patients and residents have the right to at least 30 days' advance notice of changes in services or charges unrelated to changes in the patient's or resident's service or care needs. A facility may not collect a nonrefundable deposit, unless it is applied to the first month's charges. Facilities shall make every effort to assist patients and residents in obtaining information regarding whether the Medicare or medical assistance program will pay for any or all of the aforementioned services.

Sec. 12. Minnesota Statutes 2016, section 144.651, subdivision 20, is amended to read:

Subd. 20. **Grievances.** (a) Patients and residents shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients, residents, and citizens. Patients and residents may voice grievances, assert the rights granted under this section personally, or have these rights asserted by an interested person, and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, retaliation, or reprisal, including threat of discharge. ~~Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of~~

~~Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place.~~

(b) Patients and residents have the right to complain about services that are provided, services that are not being provided, and the lack of courtesy or respect to the patient or resident or the patient's or resident's property. The facility must investigate and attempt resolution of the complaint or grievance. The patient or resident has the right to be informed of the name and contact information of the individual who is responsible for handling grievances.

(c) Notice must be posted in a conspicuous place of the facility's or program's grievance procedure, as well as telephone numbers and, where applicable, addresses for the common entry point, as defined in section 626.5572, subdivision 5, the protection and advocacy agency, and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12).

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

Sec. 13. Minnesota Statutes 2016, section 144.651, subdivision 21, is amended to read:

Subd. 21. **Communication privacy.** Patients and residents may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose. Patients and residents shall have access, at their own expense, unless provided by the facility, to writing instruments, stationery, ~~and~~ postage, and Internet service. Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician in the medical record. There shall be access to a telephone where patients and residents can make and receive calls as well as speak privately. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patients' or residents' calls. Upon admission to a facility where federal law prohibits unauthorized disclosure of patient or resident identifying information to callers and visitors, the patient or resident, or the legal guardian or conservator of the patient or resident, shall be given the opportunity to authorize disclosure of the patient's or resident's presence in the facility to callers and visitors who may seek to communicate with the patient or resident. To the extent possible, the legal guardian or conservator of a patient or resident shall consider the opinions of the patient or resident regarding the disclosure of the patient's or resident's presence in the facility. This right is limited where medically inadvisable, as documented by the attending physician in a patient's or resident's care record. Where programmatically limited by a facility abuse prevention plan pursuant to section 626.557, subdivision 14, paragraph (b), this right shall also be limited accordingly.

Sec. 14. Minnesota Statutes 2016, section 144.651, is amended by adding a subdivision to read:

Subd. 34. **Retaliation prohibited.** (a) A facility or person must not retaliate against a patient, resident, employee, or interested person who:

(1) files a complaint or grievance or asserts any rights on behalf of the patient or resident;

(2) submits a maltreatment report, whether mandatory or voluntary, on behalf of the patient or resident under section 626.557, subdivision 3, 4, or 4a;

(3) advocates on behalf of the patient or resident for necessary or improved care and services or enforcement of rights under this section or other law; or

(4) contracts to receive services from a service provider of the resident's choice.

(b) There is a rebuttable presumption that adverse action is retaliatory if taken against a patient, resident, employee, or interested person within 90 days of a patient, resident, employee, or interested person filing a grievance submitting a maltreatment report, or otherwise advocating on behalf of a patient or resident.

(c) For purposes of this section, "adverse action" means any action taken by a facility or person against the patient, resident, employee, or interested person that includes but is not limited to:

(1) discharge or transfer from the facility;

(2) discharge from or termination of employment;

(3) demotion or reduction in remuneration for services;

(4) restriction or prohibition of access either to the facility or to the patient or resident;

(5) any restriction of any of the rights set forth in state or federal law;

(6) any restriction of access to or use of amenities or services;

(7) termination of a services or lease agreement, or both;

(8) a sudden increase in costs for services not already contemplated at the time of the action taken;

(9) removal, tampering with, or deprivation of technology, communication, or electronic monitoring devices of the patient or resident;

(10) reporting maltreatment in bad faith; or

(11) making any oral or written communication of false information about a person advocating on behalf of the patient or resident.

(d) The commissioner of health must impose a fine in an amount equal to the amount listed in Minnesota Rules, part 4658.0193, item F, upon a finding that the facility has violated this subdivision.

Sec. 15. Minnesota Statutes 2016, section 144.651, is amended by adding a subdivision to read:

Subd. 35. **Electronic monitoring.** A patient, resident, or interested person has the right to install and use electronic monitoring, provided the requirements of section 144.6502 are met.

Sec. 16. **[144.6511] DECEPTIVE MARKETING AND BUSINESS PRACTICES.**

(a) Deceptive marketing and business practices are prohibited.

(b) For the purposes of this section, it is a deceptive practice for a facility to:

(1) make any false, fraudulent, deceptive, or misleading statements in marketing, advertising, or any other oral or written description or representation of care or services, whether in oral, written, or electronic form;

(2) arrange for or provide health care or services that are inferior to, substantially different from, or substantially more expensive than those offered, promised, marketed, or advertised;

(3) fail to deliver any care or services the provider or facility promised or represented that the facility was able to provide;

(4) fail to inform the patient or resident in writing of any limitations to care services available prior to executing a contract for admission;

(5) fail to fulfill a written or oral promise that the facility shall continue the same services and the same lease terms if a private pay resident converts to the elderly waiver program;

(6) fail to disclose and clearly explain the purpose of a nonrefundable community fee or other fee prior to contracting for services with a patient or resident;

(7) advertise or represent, orally or in writing, that the facility is or has a special care unit, such as for dementia or memory care, without complying with training and disclosure requirements under sections 144D.065 and 325F.72, and any other applicable law; or

(8) define the terms "facility," "contract of admission," "admission contract," "admission agreement," "legal representative," or "responsible party" to mean anything other than the meanings of those terms under section 144.6501.

Sec. 17. Minnesota Statutes 2016, section 144A.10, subdivision 1, is amended to read:

Subdivision 1. **Enforcement authority.** The commissioner of health is the exclusive state agency charged with the responsibility and duty of inspecting all facilities required to be licensed under section 144A.02, and issuing correction orders and imposing fines as provided in this section, Minnesota Rules, chapter 4658, or any other applicable law. The commissioner of health shall enforce the rules established pursuant to sections 144A.01 to 144A.155, subject only to the authority of the Department of Public Safety respecting the enforcement of fire and safety standards in nursing homes and the responsibility of the commissioner of human services under sections 245A.01 to 245A.16 or 252.28.

The commissioner may request and must be given access to relevant information, records, incident reports, or other documents in the possession of a licensed facility if the commissioner considers them necessary for the discharge of responsibilities. For the purposes of inspections and

securing information to determine compliance with the licensure laws and rules, the commissioner need not present a release, waiver, or consent of the individual. A nursing home's refusal to cooperate in providing lawfully requested information is grounds for a correction order and a fine according to Minnesota Rules, part 4658.0190, item EE. The identities of patients or residents must be kept private as defined by section 13.02, subdivision 12.

Sec. 18. Minnesota Statutes 2016, section 144A.44, is amended to read:

144A.44 HOME CARE BILL OF RIGHTS.

Subdivision 1. **Statement of rights.** (a) For the purposes of this section, "provider" includes home care providers licensed under this chapter, housing with service establishments registered under chapter 144D, and individuals or organizations exempt from home care licensure by section 144A.471, subdivision 8. For the purposes of this section, "services" means home care services as defined in section 144A.43, subdivision 3; supportive services as defined in section 144D.01, subdivision 5; and health-related services as defined in section 144D.01, subdivision 6. For the purposes of this section, "service plan" includes a housing with services contract and a lease agreement with a housing with services establishment.

(b) All providers must comply with this section. No provider may require or request a person to waive any of the rights listed in this section at any time or for any reason, including as a condition of initiating services or entering into a contract or lease.

(c) A person who receives ~~home care~~ services has ~~these rights~~ the right to:

(1) ~~the right to~~ receive written information in plain language about rights before receiving services, including what to do if rights are violated;

(2) ~~the right to~~ receive care and services according to a suitable and up-to-date plan with reasonable regularity and continuity of staff, ~~and~~ subject to accepted health care, medical or nursing standards, and to take an active part in developing, modifying, and evaluating the plan and services;

(3) ~~the right to~~ be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing ~~home care~~ the person's needs, and the potential consequences of refusing these services;

(4) ~~the right to~~ be told in advance of any changes to the service plan recommended ~~changes~~ by the provider ~~in the service plan~~ and to take an active part in any decisions about changes to the service plan;

(5) ~~the right to~~ refuse services or treatment;

(6) ~~the right to~~ know, before receiving services or during the initial visit, any limits to the services available from a ~~home care~~ provider;

(7) ~~the right to~~ be told before services are initiated what the provider charges for the services; to what extent payment may be expected from health insurance, public programs, or other sources, if known; and what charges the client may be responsible for paying;

(8) ~~the right to~~ know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services;

(9) ~~the right to~~ choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, or other health or public programs;

(10) ~~the right to~~ have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information;

(11) ~~the right to~~ access the client's own records and written information from those records in accordance with sections 144.291 to 144.298;

(12) ~~the right to~~ be served by people who are properly trained and competent to perform their duties;

(13) ~~the right to~~ be treated with courtesy and respect, and to have the client's property treated with respect;

(14) ~~the right to~~ be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act;

(15) ~~the right to~~ reasonable, advance notice of changes in services or charges;

(16) ~~the right to~~ know the provider's reason for termination of services or of a service plan;

(17) ~~the right to~~ at least ~~ten~~ 30 days' advance notice of the termination of a service or service plan by a provider, except in cases where:

(i) the client engages in conduct that significantly alters the terms of the service plan with the ~~home care~~ provider;

(ii) the client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing ~~home care~~ services; or

(iii) an emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the ~~home care~~ provider;

(18) ~~the right to~~ a coordinated transfer when there will be a change in the provider of services;

(19) ~~the right to~~ complain to staff and others of their choice about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property, and the right to recommend changes in policies and services, free from retaliation, including the threat of termination of services or a service plan;

(20) ~~the right to~~ know how to contact an individual associated with the ~~home care~~ provider who is responsible for handling problems and to have the ~~home care~~ provider investigate and attempt to resolve the grievance or complaint;

(21) ~~the right to~~ know the name and address of the state or county agency to contact for additional information or assistance; ~~and~~

(22) ~~the right to~~ assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation~~.~~;

(23) notification from the lead investigative agency regarding a report of alleged maltreatment, disposition of a report, and appeal rights, as provided under section 626.557, subdivision 9c;

(24) Internet service at the person's own expense, unless it is provided by the provider; and

(25) place an electronic monitoring device in the person's own private space, provided the requirements of section 144.6502 are met.

(d) Providers must:

(1) encourage and assist in the fullest possible exercise of these rights;

(2) provide the names and telephone numbers of individuals and organizations that provide advocacy and legal services for clients seeking to assert their rights under this section;

(3) make every effort to assist clients in obtaining information regarding whether Medicare, medical assistance, or housing supports will pay for services;

(4) make reasonable accommodations for people who have communication disabilities and those who speak a language other than English; and

(5) provide all information and notices in plain language and in terms the client can understand.

Subd. 2. **Interpretation and enforcement of rights.** ~~These rights are established for the benefit of clients who receive home care services. All home care providers, including those exempted under section 144A.471, must comply with this section. The commissioner shall enforce this section and the home care bill of rights requirement against home care providers exempt from licensure in the same manner as for licensees. A home care provider may not request or require a client to surrender any of these rights as a condition of receiving services. This statement of~~ The rights ~~does~~ provided under this section are established for the benefit of clients who receive services, do not replace or diminish other rights and liberties that may exist relative to clients receiving ~~home care~~ services, persons providing ~~home care~~ services, or providers licensed under sections 144A.43 to 144A.482 or registered under chapter 144D, and may not be waived. Any oral or written waiver of the rights provided under this section is void and unenforceable.

Subd. 3. **Public enforcement of rights.** (a) The commissioner shall enforce this section and the home care bill of rights requirements against home care providers exempt from licensure in the same manner as for licensees.

(b) If in the normal course of conducting any of the types of home care surveys described in section 144A.474, subdivision 2, the commissioner determines that a housing with services establishment registered under chapter 144D is responsible for a violation of any right granted under this section or section 144A.441, the commissioner shall enforce this section and section 144A.441 against the housing with services establishment in the same manner as if a home care provider were

responsible for the violation. The commissioner shall issue fines and correction orders to the housing with services establishment and conduct follow-up surveys of the housing with services establishments, in the same manner described in section 144A.474, subdivisions 8, 9, and 11. The housing with services establishment has the same rights to reconsideration or a hearing under chapter 14 as are provided to home care providers under section 144.474, and the same appeal rights under the contested case procedures in section 144A.475, subdivisions 3a, 4, and 7.

Subd. 4. **Retaliation prohibited.** Providers are subject to the same prohibitions against retaliation and the same penalties as are health care facilities under section 144.651, subdivision 34.

Sec. 19. Minnesota Statutes 2016, section 144A.441, is amended to read:

144A.441 ASSISTED LIVING BILL OF RIGHTS ADDENDUM.

Assisted living clients, as defined in section 144G.01, subdivision 3, shall be provided with the home care bill of rights required by section 144A.44, except that the home care bill of rights provided to these clients must include the following provision in place of the provision in section 144A.44, subdivision 1, paragraph (c), clause (17):

"(17) the right to reasonable, advance notice of changes in services or charges, including at least 30 days' advance notice of the termination of a service by a provider, except in cases where:

(i) the recipient of services ~~engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or~~ creates and the home care provider can document an abusive or unsafe work environment for the individual providing home care services;

(ii) a doctor or treating physician, certified nurse practitioner, or physician's assistant documents that an emergency ~~for the informal caregiver~~ or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider; or

(iii) the provider has not received payment for services, for which at least ten days' advance notice of the termination of a service shall be provided."

Sec. 20. Minnesota Statutes 2016, section 144A.442, is amended to read:

144A.442 ~~ASSISTED LIVING CLIENTS; SERVICE~~ ARRANGED HOME CARE PROVIDER RESPONSIBILITIES; TERMINATION OF SERVICES.

Subdivision 1. **Definition.** For the purposes of this section, "coordinated transfer" means a plan to transfer a housing with services resident to another home care provider or providers that:

(1) proposes a safe and adequate delivery of services;

(2) is based on the resident's service goals;

(3) includes in service planning the resident, the resident's case manager, and, if any, the resident's representative; and

(4) contains a plan for appropriate and sufficient care from the new home care provider.

Subd. 2. **Permissible reasons to terminate services; notice required.** (a) An arranged home care provider may terminate services only if the resident engages in conduct that significantly alters the terms of the service plan with the home care provider and does not cure the alteration within 30 days of receiving written notice of the conduct.

(b) An arranged home care provider must provide at least 30 days' advanced written notice prior to terminating a service contract.

(c) Paragraphs (a) and (b) notwithstanding, the arranged home care provider may terminate services with no less than 10 days' written notice if the resident:

(1) creates, and the provider can document, an abusive or unsafe work environment for the individual providing home care services;

(2) a doctor or treating physician, certified nurse practitioner, or physician's assistant documents that an emergency or a significant change in the resident's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider; or

(3) fails to pay the provider for services that are agreed to in the service contract.

Subd. 3. **Contents of service termination notice.** If an arranged home care provider, as defined in section 144D.01, subdivision 2a, who is not also Medicare certified terminates a service agreement or service plan with ~~an assisted living client, as defined in section 144G.01, subdivision 3,~~ a resident in a housing with services establishment, the home care provider shall provide the ~~assisted living client~~ resident and the legal or designated representatives of the ~~client~~ resident, if any, with ~~a~~ advance written notice of termination ~~which~~, as provided under subdivision 2, that includes the following information:

(1) the effective date of termination;

(2) a detailed explanation of the reason for termination;

(3) without extending the termination notice period, an affirmative offer to meet with the assisted living client or client representatives ~~within no more than five business days of the date of the termination notice to discuss the termination~~;

(4) contact information for a reasonable number of other home care providers in the geographic area of the assisted living client, as required by section 144A.4791, subdivision 10;

(5) a statement that the provider will participate in a coordinated transfer of the care ~~of the client to another provider or caregiver, as required by section 144A.44, subdivision 1, clause (18)~~;

(6) the name and contact information of a representative of the home care provider with whom the client may discuss the notice of termination;

(7) a copy of the home care bill of rights; ~~and~~

(8) a statement that the notice of termination of home care services by the home care provider does not constitute notice of termination of the housing with services contract with a housing with services establishment;

(9) a statement that the resident has the right to avoid termination of services by paying the past due service charges or by curing the alteration of the terms of the service plan prior to the effective date of service termination;

(10) the address and telephone number of the Office of Ombudsman for Long-Term Care, the Office of Administrative Hearings, and the protection and advocacy agency; and

(11) a statement that the resident has the right to appeal the service termination to the Office of Administrative Hearings.

Subd. 4. **Right to appeal service termination.** (a) At any time prior to the expiration of the notice period provided under subdivision 2, a resident may appeal the service termination by making a written request for a hearing to the Office of Administrative Hearings, which must conduct the hearing no later than 14 days after receiving the appeal request. The hearing must be held in the establishment in which the resident resides, unless impractical or the parties agree otherwise.

(b) The arranged home care provider may not discontinue services to a resident who makes a timely appeal of a notice of service termination until the Office of Administrative Hearings makes a final determination on the appeal in favor of the arranged home care provider.

(c) Residents are not required to request a meeting as provided under subdivision 3, clause (3), prior to submitting an appeal hearing request.

(d) The commissioner of health may order the arranged home care provider to rescind the service termination if:

(1) the service termination was in violation of state or federal law; or

(2) the resident cures the alleged service alteration or pays the service fees owed on or before the date of the administrative hearing.

(e) Nothing in this section limits the right of a resident or the resident's representative to request or receive assistance from the Office of Ombudsman for Long-Term Care and the protection and advocacy agency concerning the proposed service termination.

Subd. 5. **Assistance with coordinated transfer.** An arranged home care provider must assist a resident with a coordinated transfer.

EFFECTIVE DATE. This section is effective for all contracts for services entered into or renewed on or after August 1, 2018.

Sec. 21. Minnesota Statutes 2016, section 144A.45, subdivision 1, is amended to read:

Subdivision 1. **Regulations.** The commissioner shall regulate home care providers pursuant to sections 144A.43 to 144A.482. The regulations shall include the following:

(1) provisions to assure, to the extent possible, the health, safety, well-being, and appropriate treatment of persons who receive home care services while respecting a client's autonomy and choice;

(2) requirements that home care providers furnish the commissioner with specified information necessary to implement sections 144A.43 to 144A.482;

(3) standards of training of home care provider personnel;

(4) standards for provision of home care services;

(5) standards for medication management;

(6) standards for supervision of home care services;

(7) standards for client evaluation or assessment;

(8) requirements for the involvement of a client's health care provider, the documentation of health care providers' orders, if required, and the client's service plan;

(9) standards for the maintenance of accurate, current client records;

(10) the establishment of basic and comprehensive levels of licenses based on services provided; and

(11) provisions to enforce these regulations and the home care bill of rights, including provisions for issuing penalties and fines according to section 144A.474, subdivision 11, for violations of sections 144A.43 to 144A.482, and of the home care bill of rights under sections 144A.44 to 144A.441.

Sec. 22. Minnesota Statutes 2016, section 144A.45, subdivision 2, is amended to read:

Subd. 2. **Regulatory functions.** The commissioner shall:

(1) license, survey, and monitor without advance notice, home care providers in accordance with sections 144A.43 to 144A.482;

(2) survey every temporary licensee within one year of the temporary license issuance date subject to the temporary licensee providing home care services to a client or clients;

(3) survey all licensed home care providers on an interval that will promote the health and safety of clients;

(4) with the consent of the client, visit the home where services are being provided;

(5) issue correction orders and assess civil penalties in accordance with ~~section~~ sections 144.653, subdivisions 5 to 8, 144A.474, and 144A.475, for violations of sections 144A.43 to 144A.482, and sections 144A.44 to 144A.441;

(6) take action as authorized in section 144A.475; and

(7) take other action reasonably required to accomplish the purposes of sections 144A.43 to 144A.482.

Sec. 23. Minnesota Statutes 2016, section 144A.474, subdivision 1, is amended to read:

Subdivision 1. **Surveys.** The commissioner shall conduct surveys of each home care provider. ~~By June 30, 2016, the commissioner shall conduct a survey of home care providers on a frequency of~~ at least once every ~~three~~ four years. Survey frequency may be based on the license level, the provider's compliance history, the number of clients served, or other factors as determined by the department deemed necessary to ensure the health, safety, and welfare of clients and compliance with the law.

Sec. 24. Minnesota Statutes 2016, section 144A.474, subdivision 2, is amended to read:

Subd. 2. **Types of home care surveys.** (a) "Initial full survey" means the survey of a new temporary licensee conducted after the department is notified or has evidence that the temporary licensee is providing home care services to determine if the provider is in compliance with home care requirements. Initial full surveys must be completed within 14 months after the department's issuance of a temporary basic or comprehensive license.

(b) "Core survey" means periodic inspection of home care providers to determine ongoing compliance with the home care requirements, focusing on the essential health and safety requirements. Core surveys are not available to home care providers during the provider's first three years of operation. Core surveys are available to licensed home care providers who have been licensed for more than three years and surveyed at least once in the past ~~three~~ four years with the latest survey having no widespread violations beyond Level 1 nor a violation of Level 3 or greater, as provided in subdivision 11. Core surveys are not available to home care providers with a past violation of Level 3 or greater until the home care provider has three consecutive annual full surveys having no violations above Level 1. Providers must also not have had any substantiated licensing complaints, substantiated complaints against the agency under the Vulnerable Adults Act or Maltreatment of Minors Act, or an enforcement action as authorized in section 144A.475 in the past three years.

(1) The core survey for basic home care providers must review compliance in the following areas:

(i) reporting of maltreatment;

(ii) orientation to and implementation of the home care bill of rights;

(iii) statement of home care services;

(iv) initial evaluation of clients and initiation of services;

(v) client review and monitoring;

(vi) service plan implementation and changes to the service plan;

(vii) client complaint and investigative process;

(viii) competency of unlicensed personnel; and

(ix) infection control.

(2) For comprehensive home care providers, the core survey must include everything in the basic core survey plus these areas:

(i) delegation to unlicensed personnel;

(ii) assessment, monitoring, and reassessment of clients; and

(iii) medication, treatment, and therapy management.

(c) "Full survey" means the ~~periodic~~ annual inspection of home care providers to determine ongoing compliance with the home care requirements that cover the core survey areas and all the legal requirements for home care providers. A full survey is conducted for all temporary licensees and for providers who do not meet the requirements needed for a core survey, and when a surveyor identifies unacceptable client health or safety risks during a core survey. A full survey must include all the tasks identified as part of the core survey and any additional review deemed necessary by the department, including additional observation, interviewing, or records review of additional clients and staff.

(d) "Follow-up surveys" means surveys conducted to determine if a home care provider has corrected deficient issues and systems identified during a core survey, full survey, or complaint investigation. Follow-up surveys may be conducted via phone, e-mail, fax, mail, or on-site reviews.

~~Follow-up surveys, other than complaint~~ (e) All surveys~~,~~ shall be concluded with an exit conference and written information provided on the process for requesting a reconsideration of the survey results. This paragraph does not apply to on-site visits performed as part of a maltreatment or licensing complaint investigation conducted under sections 144A.51 to 144A.54.

~~(e)~~ (f) Upon receiving information alleging that a home care provider has violated or is currently violating a requirement of sections 144A.43 to 144A.482, the commissioner shall investigate the complaint according to sections 144A.51 to 144A.54.

Sec. 25. Minnesota Statutes 2016, section 144A.474, subdivision 8, is amended to read:

Subd. 8. **Correction orders.** (a) A correction order may be issued whenever the commissioner finds upon survey or during a complaint investigation that a home care provider, a managerial official, or an employee of the provider is not in compliance with sections 144A.43 to 144A.482. The correction order shall cite the specific statute and document areas of noncompliance and the time allowed for correction. In addition to issuing a correction order, the commissioner may impose an immediate fine. The home care provider must submit a correction plan to the commissioner.

(b) The commissioner shall mail copies of any correction order to the last known address of the home care provider, or electronically scan the correction order and e-mail it to the last known home care provider e-mail address, within 30 calendar days after the survey exit date. A copy of each correction order, the amount of any immediate fine issued, the correction plan, and copies of any documentation supplied to the commissioner shall be kept on file by the home care provider, and public documents shall be made available for viewing by any person upon request. Copies may be kept electronically.

(c) By the correction order date, the home care provider must document in the provider's records and submit in writing to the commissioner any action taken to comply with the correction order. ~~The commissioner may request a copy of this documentation and the home care provider's action to respond to the correction order in future surveys, upon a complaint investigation, and as otherwise needed.~~

Sec. 26. Minnesota Statutes 2016, section 144A.474, subdivision 9, is amended to read:

Subd. 9. **Follow-up surveys.** For providers that have Level 3 or Level 4 violations under subdivision 11, or any violations determined to be widespread, the department shall conduct a follow-up survey within 90 calendar days of the survey. When conducting a follow-up survey, the surveyor will focus on whether the previous violations have been corrected and may also address any new violations that are observed while evaluating the corrections that have been made. If a new violation is identified on a follow-up survey, ~~no fine will be imposed unless it is not corrected on the next follow-up survey~~ the surveyor shall issue a correction order for the new violation and may impose an immediate fine for the new violation.

Sec. 27. Minnesota Statutes 2017 Supplement, section 144A.474, subdivision 11, is amended to read:

Subd. 11. **Fines.** (a) Fines and enforcement actions under this subdivision may be assessed based on the level and scope of the violations described in paragraph (c) as follows:

(1) Level 1, no fines or enforcement;

(2) Level 2, fines ranging from $0 to $500, in addition to any of the enforcement mechanisms authorized in section 144A.475 for widespread violations;

(3) Level 3, fines ranging from $500 to $1,000, in addition to any of the enforcement mechanisms authorized in section 144A.475; and

(4) Level 4, fines ranging from $1,000 to $5,000, in addition to any of the enforcement mechanisms authorized in section 144A.475.

(b) Correction orders for violations are categorized by both level and scope and fines shall be assessed as follows:

(1) level of violation:

(i) Level 1 is a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety;

(ii) Level 2 is a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death;

(iii) Level 3 is a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death; and

(iv) Level 4 is a violation that results in serious injury, impairment, or death.

(2) scope of violation:

(i) isolated, when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally;

(ii) pattern, when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly but is not found to be pervasive; and

(iii) widespread, when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients.

(c) If the commissioner finds that the applicant or a home care provider required to be licensed under sections 144A.43 to 144A.482 has not corrected violations by the date specified in the correction order or conditional license resulting from a survey or complaint investigation, the commissioner may impose ~~a~~ an additional fine for noncompliance with a correction order. A notice of noncompliance with a correction order must be mailed to the applicant's or provider's last known address. The ~~noncompliance~~ notice of noncompliance with a correction order must list the violations not corrected and any fines imposed.

(d) The license holder must pay the fines assessed on or before the payment date specified on a correction order or on a notice of noncompliance with a correction order. If the license holder fails to ~~fully comply with the order~~ pay a fine by the specified date, the commissioner may issue a ~~second~~ late payment fine or suspend the license until the license holder ~~complies by paying the fine~~ pays all outstanding fines. A timely appeal shall stay payment of the late payment fine until the commissioner issues a final order.

(e) A license holder shall promptly notify the commissioner in writing when a violation specified in ~~the order~~ a notice of noncompliance with a correction order is corrected. If upon reinspection the commissioner determines that a violation has not been corrected as indicated by the ~~order~~ notice of noncompliance with a correction order, the commissioner may issue ~~a second~~ an additional fine for noncompliance with a notice of noncompliance with a correction order. The commissioner shall notify the license holder by mail to the last known address in the licensing record that ~~a second~~ an additional fine has been assessed. The license holder may appeal the ~~second~~ additional fine as provided under this subdivision.

(f) A home care provider that has been assessed a fine under this subdivision or subdivision 8 has a right to a reconsideration or a hearing under this section and chapter 14.

(g) When a fine has been assessed, the license holder may not avoid payment by closing, selling, or otherwise transferring the licensed program to a third party. In such an event, the license holder shall be liable for payment of the fine.

(h) In addition to any fine imposed under this section, the commissioner may assess costs related to an investigation that results in a final order assessing a fine or other enforcement action authorized by this chapter.

(i) Fines collected under this subdivision shall be deposited in the state government special revenue fund and credited to an account separate from the revenue collected under section 144A.472. Subject to an appropriation by the legislature, the revenue from the fines collected must be used by the commissioner for special projects to improve home care in Minnesota as recommended by the advisory council established in section 144A.4799.

Sec. 28. Minnesota Statutes 2016, section 144A.479, subdivision 2, is amended to read:

Subd. 2. ~~**Advertising**~~ **Deceptive marketing and business practices.** Home care providers ~~shall not use false, fraudulent, or misleading advertising in the marketing of services. For purposes of this section, advertising includes any verbal, written, or electronic means of communicating to potential clients about the availability, nature, or terms of home care services~~ are subject to the same prohibitions against deceptive practices as are health care facilities under section 144.6511.

Sec. 29. Minnesota Statutes 2016, section 144A.4791, subdivision 10, is amended to read:

Subd. 10. **Termination of service plan.** (a) Except as provided in section 144A.442, if a home care provider terminates a service plan with a client, and the client continues to need home care services, the home care provider shall provide the client and the client's representative, if any, with a written notice of termination which includes the following information:

(1) the effective date of termination;

(2) the reason for termination;

(3) a list of known licensed home care providers in the client's immediate geographic area;

(4) a statement that the home care provider will participate in a coordinated transfer of care of the client to another home care provider, health care provider, or caregiver, as required by the home care bill of rights, section 144A.44, subdivision 1, paragraph (c), clause (17);

(5) the name and contact information of a person employed by the home care provider with whom the client may discuss the notice of termination; and

(6) if applicable, a statement that the notice of termination of home care services does not constitute notice of termination of the housing with services contract with a housing with services establishment.

(b) When the home care provider voluntarily discontinues services to all clients, the home care provider must notify the commissioner, lead agencies, and ombudsman for long-term care about its clients and comply with the requirements in this subdivision.

Sec. 30. Minnesota Statutes 2016, section 144A.53, subdivision 1, is amended to read:

Subdivision 1. **Powers.** The director may:

(a) Promulgate by rule, pursuant to chapter 14, and within the limits set forth in subdivision 2, the methods by which complaints against health facilities, health care providers, home care providers, or residential care homes, or administrative agencies are to be made, reviewed, investigated, and acted upon; provided, however, that a fee may not be charged for filing a complaint.

(b) Recommend legislation and changes in rules to the state commissioner of health, governor, administrative agencies or the federal government.

(c) Investigate, upon a complaint or upon initiative of the director, any action or failure to act by a health care provider, home care provider, residential care home, or a health facility.

(d) Request and receive access to relevant information, records, incident reports, or documents in the possession of an administrative agency, a health care provider, a home care provider, a residential care home, or a health facility, and issue investigative subpoenas to individuals and facilities for oral information and written information, including privileged information which the director deems necessary for the discharge of responsibilities. For purposes of investigation and securing information to determine violations, the director need not present a release, waiver, or consent of an individual. The identities of patients or residents must be kept private as defined by section 13.02, subdivision 12.

(e) Enter and inspect, at any time, a health facility or residential care home and be permitted to interview staff; provided that the director shall not unduly interfere with or disturb the provision of care and services within the facility or home or the activities of a patient or resident unless the patient or resident consents.

(f) Issue correction orders and assess civil fines pursuant to ~~section~~ sections 144.653, 144A.10, 144A.44, 144A.45, and 144A.474; Minnesota Rules, chapters 4655, 4658, 4664, and 4665, or any other law ~~which~~ or rule that provides for the issuance of correction orders or fines to health facilities, residential care homes, or home care ~~provider, or under section 144A.45~~ providers. A health facility's, residential care home's, or ~~home's~~ home care provider's refusal to cooperate in providing lawfully requested information may also be grounds for a correction order or fine.

(g) Recommend the certification or decertification of health facilities pursuant to Title XVIII or XIX of the United States Social Security Act.

(h) Assist patients or residents of health facilities or residential care homes in the enforcement of their rights under Minnesota law.

(i) Work with administrative agencies, health facilities, home care providers, residential care homes, and health care providers and organizations representing consumers on programs designed to provide information about health facilities to the public and to health facility residents.

(j) Apply the powers granted in paragraphs (c) to (f) and (h) to housing with services establishments registered under chapter 144D, if, in the normal course of investigating a complaint against a home care provider, the director suspects that a housing with services establishment is responsible for a violation of the home care bill of rights under section 144A.44.

Sec. 31. Minnesota Statutes 2016, section 144A.53, subdivision 4, is amended to read:

Subd. 4. **Referral of complaints.** (a) If a complaint received by the director relates to a matter more properly within the jurisdiction of law enforcement, an occupational licensing board, or other governmental agency, the director shall promptly forward the complaint ~~to that agency~~ appropriately and shall inform the complaining party of the forwarding. ~~The~~

(b) An agency shall promptly act in respect to the complaint, and shall inform the complaining party and the director of its disposition. If a governmental agency receives a complaint which is more properly within the jurisdiction of the director, it shall promptly forward the complaint to the director, and shall inform the complaining party of the forwarding.

(c) If the director has reason to believe that an official or employee of an administrative agency, a home care provider, residential care home, ~~or~~ health facility, or a client or resident of any of these has acted in a manner warranting criminal or disciplinary proceedings, the director shall refer the matter to the state commissioner of health, the commissioner of human services, an appropriate prosecuting authority, or other appropriate agency.

Sec. 32. Minnesota Statutes 2016, section 144D.01, subdivision 1, is amended to read:

Subdivision 1. **Scope.** As used in sections 144D.01 to ~~144D.06~~ 144D.11, the following terms have the meanings given them.

Sec. 33. Minnesota Statutes 2016, section 144D.02, is amended to read:

144D.02 REGISTRATION REQUIRED.

No entity may establish, operate, conduct, or maintain a housing with services establishment in this state without registering and operating as required in sections 144D.01 to ~~144D.06~~ 144D.11.

Sec. 34. Minnesota Statutes 2017 Supplement, section 144D.04, subdivision 2, is amended to read:

Subd. 2. **Contents of contract.** A housing with services contract, which need not be entitled as such to comply with this section, shall include at least the following elements in itself or through supporting documents or attachments:

(1) the name, street address, and mailing address of the establishment;

(2) the name and mailing address of the owner or owners of the establishment and, if the owner or owners is not a natural person, identification of the type of business entity of the owner or owners;

(3) the name and mailing address of the managing agent, through management agreement or lease agreement, of the establishment, if different from the owner or owners;

(4) the name and physical mailing address of at least one natural person who is authorized to accept service of process on behalf of the owner or owners and managing agent;

(5) a statement describing the registration and licensure status of the establishment and any provider providing health-related or supportive services under an arrangement with the establishment;

(6) the term of the contract;

(7) a description of the services to be provided to the resident in the base rate to be paid by the resident, including a delineation of the portion of the base rate that constitutes rent and a delineation of charges for each service included in the base rate;

(8) a description of any additional services, including home care services, available for an additional fee from the establishment directly or through arrangements with the establishment, and a schedule of fees charged for these services;

(9) a conspicuous notice informing the tenant of the policy concerning the conditions under which and the process through which the contract may be modified, amended, or terminated, including whether a move to a different room or sharing a room would be required in the event that the tenant can no longer pay the current rent;

(10) a description of the establishment's complaint resolution process available to residents including the toll-free complaint line for the Office of Ombudsman for Long-Term Care;

(11) the resident's designated representative, if any;

(12) the establishment's referral procedures if the contract is terminated;

(13) requirements of residency used by the establishment to determine who may reside or continue to reside in the housing with services establishment;

(14) billing and payment procedures and requirements;

(15) a statement regarding the ability of a resident to receive services from service providers with whom the establishment does not have an arrangement;

(16) a statement regarding the availability of public funds for payment for residence or services in the establishment; ~~and~~

(17) a statement regarding the availability of and contact information for long-term care consultation services under section 256B.0911 in the county in which the establishment is located;

(18) a statement that a resident has the right to request a reasonable accommodation; and

(19) a statement describing the conditions under which a contract may be amended.

Sec. 35. Minnesota Statutes 2016, section 144D.04, is amended by adding a subdivision to read:

Subd. 2b. **Changes to contract.** The housing with services establishment must provide prompt written notice to the resident or resident's legal representative of a new owner or manager of the housing with services establishment, and the name and physical mailing address of any new or additional natural person not identified in the admission contract who is authorized to accept service of process.

Sec. 36. **[144D.041] DECEPTIVE MARKETING AND BUSINESS PRACTICES.**

Housing with services establishments are subject to the same prohibitions against deceptive practices as are health care facilities under section 144.6511.

Sec. 37. Minnesota Statutes 2017 Supplement, section 144D.06, is amended to read:

144D.06 OTHER LAWS.

(a) In addition to registration under this chapter, a housing with services establishment must comply with section 144A.44, chapter 504B, and the provisions of section 325F.72, and shall obtain and maintain all other licenses, permits, registrations, or other governmental approvals required of it. The commissioner shall enforce compliance with section 144A.44 in the manner described in section 144A.44, subdivision 3.

(b) A housing with services establishment is not required to obtain a lodging license under chapter 157 and related rules.

Sec. 38. **[144D.091] TERMINATION OF LEASE.**

Subdivision 1. **Permissible reasons to terminate a residential lease; notice required.** (a) A housing with services establishment may terminate a resident's lease only if:

(1) the resident breaches the lease and has not cured the breach within 30 days of receipt of the notice required under subdivision 2. A breach of a services contract does not constitute a breach of a lease;

(2) the housing with services establishment has not received payment for rent; or

(3) the housing with services establishment intends to cease operation.

(b) Prior to terminating a residential lease, a housing with services establishment must provide a resident with at least:

(1) ten days' advance written notice of termination in cases of nonpayment of rent;

(2) 30 days' advance written notice of termination in cases of alleged breach of lease; and

(3) 60 days' advance written notice of closure of the housing with services establishment.

(c) Notwithstanding paragraphs (a) and (b), a housing with services establishment may immediately commence an eviction if:

(1) the alleged breach involves any of the acts enumerated under section 504B.171, subdivision 1;

(2) the resident holds over beyond the date to vacate mutually agreed upon in writing by the resident and the housing with services establishment; or

(3) the resident holds over beyond the date provided by the resident to the housing with services establishment in a notice of voluntary termination of the lease.

(d) Nothing in chapter 504B affects the obligations of housing with services establishments regarding termination of a lease established under this section. Nothing in this section affects other rights and remedies available under chapter 504B.

(e) For the purposes of this section, "termination of lease" includes the nonrenewal of any lease, including a tenancy-at-will.

Subd. 2. **Contents of notice.** (a) The notice required under subdivision 1 must include:

(1) a detailed explanation of the reason for the termination;

(2) the date termination will occur; and

(3) the address and telephone number of the Office of Ombudsman for Long-Term Care, the Office of Administrative Hearings, and the protection and advocacy agency.

(b) The notice must also include the following statements:

(1) that the resident has the right to request a meeting with the owner or manager of the housing with services establishment to discuss and attempt to resolve the alleged breach to avoid termination;

(2) that the resident has the right to appeal the termination of the lease to the Office of Administrative Hearings;

(3) that the resident has the right to avoid termination of the lease by paying the rent in full within ten days of receiving written notice of nonpayment; and

(4) that the resident has the right to cure the breach within 30 days of receiving written notice of the breach.

Subd. 3. **Right to appeal termination of lease.** (a) At any time prior to the expiration of the notice period provided under subdivision 1, a resident may appeal the termination by making a written request for a hearing to the Office of Administrative Hearings, which must conduct the hearing no later than 14 days after receiving the appeal request. The hearing must be held in the establishment in which the resident resides, unless impractical or the parties agree otherwise.

(b) A resident who makes a timely appeal of a notice of lease termination may not be evicted by the housing with services establishment until the Office of Administrative Hearings makes a final determination on the appeal in favor of the housing with services establishment.

(c) The commissioner of health may order the housing with services establishment to rescind the lease termination or readmit the resident if:

(1) the lease termination was in violation of state or federal law; or

(2) the resident cures the alleged breach of lease or pays the rent owed on or before the date of the administrative hearing.

(d) The housing with services establishment must readmit the resident if the resident is hospitalized for medical necessity before resolution of the appeal.

(e) Residents are not required to request a meeting as provided under subdivision 2, paragraph (b), clause (1), prior to submitting an appeal hearing request.

(f) Nothing in this section limits the right of a resident or the resident's representative to request or receive assistance from the Office of Ombudsman for Long-Term Care and the protection and advocacy agency concerning the proposed lease termination.

Subd. 4. **Discharge plan and transfer of information to new residence.** (a) Sufficiently in advance of discharging a resident, a housing with services establishment must prepare an adequate discharge plan that:

(1) is based on the resident's discharge goals;

(2) includes in discharge planning the resident, the resident's case manager, and, if any, the resident's representative;

(3) contains a plan for appropriate and sufficient postdischarge care; and

(4) proposes a safe discharge location, which does not include a private home where the occupant is unwilling or unable to care for the resident, a homeless shelter, a hotel, or a motel.

(b) A housing with services establishment may not discharge a resident if the resident will, upon discharge, become homeless, as that term is defined in section 116L.361, subdivision 5.

(c) A housing with services establishment that proposes to discharge a resident must assist the resident with applying for and locating a new housing with services establishment or skilled nursing facility in which to live, including coordinating with the case manager, if any.

(d) Prior to discharge, a housing with services establishment must provide to the receiving facility or establishment all information known to the establishment related to the resident that is necessary to ensure continuity of care and services, including, at a minimum:

(1) the resident's full name, date of birth, and insurance information;

(2) the name, telephone number, and address of the resident's representative, if any;

(3) the resident's current documented diagnoses;

(4) the resident's known allergies;

(5) the name and telephone number of the resident's physician and the current physician orders, if known;

(6) any and all medication administration records;

(7) the most recent resident assessment; and

(8) copies of health care directives, "do not resuscitate" orders, and any guardianship orders or powers of attorney.

(e) For the purposes of this subdivision, "discharge" means the involuntary relocation of a resident due to a termination of a lease.

Subd. 5. **Final accounting; return of money and property.** Within 30 days of the date of discharge, the housing with services establishment shall:

(1) provide to the resident or the resident's representative a final statement of account;

(2) provide any refunds due; and

(3) return any money, property, or valuables held in trust or custody by the establishment.

EFFECTIVE DATE. This section is effective for all housing with services leases entered into or renewed on or after August 1, 2018.

Sec. 39. **[144D.095] TERMINATION OF SERVICES.**

A termination of services initiated by an arranged home care provider is governed by section 144A.442.

Sec. 40. Minnesota Statutes 2016, section 144G.01, subdivision 1, is amended to read:

Subdivision 1. **Scope; other definitions.** For purposes of sections 144G.01 to ~~144G.05~~ 144G.08, the following definitions apply. In addition, the definitions provided in section 144D.01 also apply to sections 144G.01 to ~~144G.05~~ 144G.08.

This section expires February 1, 2020.

Sec. 41. **[144G.07] TERMINATION OF LEASE.**

A lease termination initiated by a registered housing with services establishment using "assisted living" is governed by section 144A.441 and section 144D.091.

This section expires February 1, 2020.

Sec. 42. **[144G.08] TERMINATION OF SERVICES.**

A termination of services initiated by an arranged home care provider as defined in section 144D.01, subdivision 2a, is governed by section 144A.442.

This section expires February 1, 2020.

Sec. 43. Minnesota Statutes 2017 Supplement, section 256.045, subdivision 3, is amended to read:

Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

(1) any person applying for, receiving or having received public assistance, medical care, or a program of social services granted by the state agency or a county agency or the federal Food Stamp Act whose application for assistance is denied, not acted upon with reasonable promptness, or whose assistance is suspended, reduced, terminated, or claimed to have been incorrectly paid;

(2) any patient or relative aggrieved by an order of the commissioner under section 252.27;

(3) a party aggrieved by a ruling of a prepaid health plan;

(4) except as provided under chapter 245C~~,~~:

(i) any individual or facility determined by a lead investigative agency to have maltreated a vulnerable adult under section 626.557 after they have exercised their right to administrative reconsideration under section 626.557; and

(ii) any vulnerable adult who is the subject of a maltreatment investigation under section 626.557 or an interested person as defined in section 626.5572, subdivision 12a, after the right to administrative reconsideration under section 626.557, subdivision 9d, has been exercised. An interested person who requests a hearing must indicate in writing that the vulnerable adult does not object to the request, if competent to do so, and that the person is filing the request in the person's capacity as an interested person under section 626.5572, subdivision 12a;

(5) any person whose claim for foster care payment according to a placement of the child resulting from a child protection assessment under section 626.556 is denied or not acted upon with reasonable promptness, regardless of funding source;

(6) any person to whom a right of appeal according to this section is given by other provision of law;

(7) an applicant aggrieved by an adverse decision to an application for a hardship waiver under section 256B.15;

(8) an applicant aggrieved by an adverse decision to an application or redetermination for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;

(9) except as provided under chapter 245A, an individual or facility determined to have maltreated a minor under section 626.556, after the individual or facility has exercised the right to administrative reconsideration under section 626.556;

(10) except as provided under chapter 245C, an individual disqualified under sections 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23, on the basis of serious or recurring maltreatment; a preponderance of the evidence that the individual has committed an act or acts that meet the definition of any of the crimes listed in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section 626.556, subdivision 3, or 626.557, subdivision 3. Hearings regarding a maltreatment determination under clause (4) or (9) and a disqualification under this clause in which the basis for a disqualification is serious or recurring maltreatment, shall be consolidated into a single fair hearing. In such cases, the scope of review by the human services judge shall include both the maltreatment determination and the disqualification. The failure to exercise the right to an administrative reconsideration shall not be a bar to a hearing under this section if federal law provides an individual the right to a hearing to dispute a finding of maltreatment;

(11) any person with an outstanding debt resulting from receipt of public assistance, medical care, or the federal Food Stamp Act who is contesting a setoff claim by the Department of Human Services or a county agency. The scope of the appeal is the validity of the claimant agency's intention to request a setoff of a refund under chapter 270A against the debt;

(12) a person issued a notice of service termination under section 245D.10, subdivision 3a, from residential supports and services as defined in section 245D.03, subdivision 1, paragraph (c), clause (3), that is not otherwise subject to appeal under subdivision 4a;

(13) an individual disability waiver recipient based on a denial of a request for a rate exception under section 256B.4914; or

(14) a person issued a notice of service termination under section 245A.11, subdivision 11, that is not otherwise subject to appeal under subdivision 4a.

(b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10), is the only administrative appeal to the final agency determination specifically, including a challenge to the accuracy and completeness of data under section 13.04. Hearings requested under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged to have maltreated a resident prior to October 1, 1995, shall be held as a contested case proceeding under the provisions of chapter 14. Hearings requested under paragraph (a), clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only available when there is no district court action pending. If such action is filed in district court while an administrative review is pending that arises out of some or all of the events or circumstances on which the appeal is based, the administrative review must be suspended until the judicial actions are completed. If the district court proceedings are completed, dismissed, or overturned, the matter may be considered in an administrative hearing.

(c) For purposes of this section, bargaining unit grievance procedures are not an administrative appeal.

(d) The scope of hearings involving claims to foster care payments under paragraph (a), clause (5), shall be limited to the issue of whether the county is legally responsible for a child's placement under court order or voluntary placement agreement and, if so, the correct amount of foster care payment to be made on the child's behalf and shall not include review of the propriety of the county's child protection determination or child placement decision.

(e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to whether the proposed termination of services is authorized under section 245D.10, subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision 2a, paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of termination of services, the scope of the hearing shall also include whether the case management provider has finalized arrangements for a residential facility, a program, or services that will meet the assessed needs of the recipient by the effective date of the service termination.

(f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor under contract with a county agency to provide social services is not a party and may not request a hearing under this section, except if assisting a recipient as provided in subdivision 4.

(g) An applicant or recipient is not entitled to receive social services beyond the services prescribed under chapter 256M or other social services the person is eligible for under state law.

(h) The commissioner may summarily affirm the county or state agency's proposed action without a hearing when the sole issue is an automatic change due to a change in state or federal law.

(i) Unless federal or Minnesota law specifies a different time frame in which to file an appeal, an individual or organization specified in this section may contest the specified action, decision, or final disposition before the state agency by submitting a written request for a hearing to the state agency within 30 days after receiving written notice of the action, decision, or final disposition, or within 90 days of such written notice if the applicant, recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision 13, why the request was not submitted within the 30-day time limit. The individual filing the appeal has the burden of proving good cause by a preponderance of the evidence.

Sec. 44. Minnesota Statutes 2017 Supplement, section 256.045, subdivision 4, is amended to read:

Subd. 4. **Conduct of hearings.** (a) All hearings held pursuant to subdivision 3, 3a, 3b, or 4a shall be conducted according to the provisions of the federal Social Security Act and the regulations implemented in accordance with that act to enable this state to qualify for federal grants-in-aid, and according to the rules and written policies of the commissioner of human services. County agencies shall install equipment necessary to conduct telephone hearings. A state human services judge may schedule a telephone conference hearing when the distance or time required to travel to the county agency offices will cause a delay in the issuance of an order, or to promote efficiency, or at the mutual request of the parties. Hearings may be conducted by telephone conferences unless the applicant, recipient, former recipient, person, or facility contesting maltreatment objects. A human services judge may grant a request for a hearing in person by holding the hearing by interactive video technology or in person. The human services judge must hear the case in person if the person asserts that either the person or a witness has a physical or mental disability that would impair the person's or witness's ability to fully participate in a hearing held by interactive video technology. The hearing shall not be held earlier than five days after filing of the required notice with the county or state agency. The state human services judge shall notify all interested persons of the time, date, and location of the hearing at least five days before the date of the hearing. Interested persons may be represented by legal counsel or other representative of their choice, including a provider of therapy services, at the hearing and may appear personally, testify and offer evidence, and examine and cross-examine witnesses. The applicant, recipient, former recipient, person, or facility contesting maltreatment shall have the opportunity to examine the contents of the case file and all documents and records to be used by the county or state agency at the hearing at a reasonable time before the date of the hearing and during the hearing. In hearings under subdivision 3, paragraph (a), clauses (4), (9), and (10), either party may subpoena the private data relating to the investigation prepared by the agency under section 626.556 or 626.557 that is not otherwise accessible under section 13.04, provided the identity of the reporter may not be disclosed.

(b) The private data obtained by subpoena in a hearing under subdivision 3, paragraph (a), clause (4), (9), or (10), must be subject to a protective order which prohibits its disclosure for any other purpose outside the hearing provided for in this section without prior order of the district court. Disclosure without court order is punishable by a sentence of not more than 90 days imprisonment or a fine of not more than $1,000, or both. These restrictions on the use of private data do not prohibit access to the data under section 13.03, subdivision 6. Except for appeals under subdivision 3, paragraph (a), clauses (4), (5), (9), and (10), upon request, the county agency shall provide reimbursement for transportation, child care, photocopying, medical assessment, witness fee, and other necessary and reasonable costs incurred by the applicant, recipient, or former recipient in connection with the appeal. All evidence, except that privileged by law, commonly accepted by

reasonable people in the conduct of their affairs as having probative value with respect to the issues shall be submitted at the hearing and such hearing shall not be "a contested case" within the meaning of section 14.02, subdivision 3. The agency must present its evidence prior to or at the hearing, and may not submit evidence after the hearing except by agreement of the parties at the hearing, provided the petitioner has the opportunity to respond.

(c) In hearings under subdivision 3, paragraph (a), clauses (4), (9), and (10), involving determinations of maltreatment or disqualification made by more than one county agency, by a county agency and a state agency, or by more than one state agency, the hearings may be consolidated into a single fair hearing upon the consent of all parties and the state human services judge.

(d) For hearings under subdivision 3, paragraph (a), clause (4), item (i), or (10), involving a vulnerable adult, the human services judge shall notify the vulnerable adult who is the subject of the maltreatment determination and an interested person, as defined in section 626.5572, subdivision 12a, if known~~, a guardian of the vulnerable adult appointed under section 524.5-310, or a health care agent designated by the vulnerable adult in a health care directive that is currently effective under section 145C.06 and whose authority to make health care decisions is not suspended under section 524.5-310, of the hearing~~. If the human services judge is not reasonably able to determine the address of the vulnerable adult or an interested person, the human services judge is not required to send a hearing notice under this paragraph. The notice must be sent by certified mail and inform the vulnerable adult of the right to file a signed written statement in the proceedings. ~~A guardian or health care agent~~ An interested person who prepares or files a written statement for the vulnerable adult must indicate in the statement that the person is ~~the vulnerable adult's guardian or health care agent~~ an interested person and sign the statement in that capacity. The vulnerable adult~~, the guardian, or the health care agent~~ or interested person may file a written statement with the human services judge hearing the case no later than five business days before commencement of the hearing. The human services judge shall include the written statement in the hearing record and consider the statement in deciding the appeal. This ~~subdivision~~ paragraph does not limit, prevent, or excuse the vulnerable adult from being called as a witness testifying at ~~the~~ a hearing under subdivision 3, paragraph (a), clause (4), item (i), or grant the vulnerable adult~~, the guardian, or health care agent~~ or interested person a right to participate in the proceedings or appeal the human services judge's decision in the case.

(e) For hearings under subdivision 3, paragraph (a), clause (4), item (ii), the human services judge shall notify any individual or facility that was the subject of the maltreatment investigation. The notice must be sent by certified mail and inform the facility or individual of the right to participate in the proceedings and appeal the human services judge's decision in the case.

(f) The lead investigative agency must consider including the vulnerable adult victim of maltreatment as a witness in ~~the~~ a hearing under subdivision 3, paragraph (a), clause (4). If the lead investigative agency determines that participation in the hearing would endanger the well-being of the vulnerable adult or not be in the best interests of the vulnerable adult, the lead investigative agency shall inform the human services judge of the basis for this determination, which must be included in the final order. ~~If the human services judge is not reasonably able to determine the address of the vulnerable adult, the guardian, or the health care agent, the human services judge is not required to send a hearing notice under this subdivision.~~

Sec. 45. Minnesota Statutes 2016, section 325F.71, is amended to read:

325F.71 SENIOR CITIZENS, VULNERABLE ADULTS, AND ~~DISABLED~~ PERSONS WITH DISABILITIES; ADDITIONAL CIVIL PENALTY FOR DECEPTIVE ACTS.

Subdivision 1. **Definitions.** For the purposes of this section, the following words have the meanings given them:

(a) "Senior citizen" means a person who is 62 years of age or older.

(b) "~~Disabled~~ Person with a disability" means a person who has an impairment of physical or mental function or emotional status that substantially limits one or more major life activities.

(c) "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

(d) "Vulnerable adult" has the meaning given in section 626.5572, subdivision 21.

Subd. 2. **Supplemental civil penalty.** (a) In addition to any liability for a civil penalty pursuant to sections 325D.43 to 325D.48, regarding deceptive trade practices; 325F.67, regarding false advertising; and 325F.68 to 325F.70, regarding consumer fraud; a person who engages in any conduct prohibited by those statutes, and whose conduct is perpetrated against one or more senior citizens, vulnerable adults, or ~~disabled~~ persons with a disability, is liable for an additional civil penalty not to exceed $10,000 for each violation, if one or more of the factors in paragraph (b) are present.

(b) In determining whether to impose a civil penalty pursuant to paragraph (a), and the amount of the penalty, the court shall consider, in addition to other appropriate factors, the extent to which one or more of the following factors are present:

(1) whether the defendant knew or should have known that the defendant's conduct was directed to one or more senior citizens, vulnerable adults, or ~~disabled~~ persons with a disability;

(2) whether the defendant's conduct caused one or more senior citizens, vulnerable adults, or ~~disabled~~ persons with a disability to suffer: loss or encumbrance of a primary residence, principal employment, or source of income; substantial loss of property set aside for retirement or for personal or family care and maintenance; substantial loss of payments received under a pension or retirement plan or a government benefits program; or assets essential to the health or welfare of the senior citizen, vulnerable adult, or ~~disabled~~ person with a disability;

(3) whether one or more senior citizens, vulnerable adults, or ~~disabled~~ persons with a disability are more vulnerable to the defendant's conduct than other members of the public because of age, poor health or infirmity, impaired understanding, restricted mobility, or disability, and actually suffered physical, emotional, or economic damage resulting from the defendant's conduct; ~~or~~

(4) whether the defendant's conduct caused senior citizens, vulnerable adults, or ~~disabled~~ persons with a disability to make an uncompensated asset transfer that resulted in the person being found ineligible for medical assistance~~.~~; or

(5) whether the defendant provided or arranged for health care or services that are inferior to, substantially different than, or substantially more expensive than offered, promised, marketed, or advertised.

Subd. 3. **Restitution to be given priority.** Restitution ordered pursuant to the statutes listed in subdivision 2 shall be given priority over imposition of civil penalties designated by the court under this section.

Subd. 4. **Private remedies.** A person injured by a violation of this section may bring a civil action and recover damages, together with costs and disbursements, including costs of investigation and reasonable attorney's fees, and receive other equitable relief as determined by the court.

Sec. 46. Minnesota Statutes 2016, section 609.2231, subdivision 8, is amended to read:

Subd. 8. **Vulnerable adults.** (a) As used in this subdivision, "vulnerable adult" has the meaning given in section 609.232, subdivision 11.

(b) Whoever assaults ~~and inflicts demonstrable bodily harm on~~ a vulnerable adult, knowing or having reason to know that the person is a vulnerable adult, is guilty of a gross misdemeanor.

EFFECTIVE DATE. This section is effective August 1, 2018, and applies to crimes committed on or after that date.

Sec. 47. Minnesota Statutes 2016, section 626.557, subdivision 3, is amended to read:

Subd. 3. **Timing of report.** (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall ~~immediately~~ report the information to the common entry point as soon as possible but in no event longer than 24 hours. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:

(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or

(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4).

(b) A person not required to report under the provisions of this section may voluntarily report as described above.

(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.

(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.

(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead

investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c.

Sec. 48. Minnesota Statutes 2016, section 626.557, subdivision 4, is amended to read:

Subd. 4. **Reporting.** (a) Except as provided in paragraph (b), a mandated reporter shall immediately make an oral report to the common entry point. The common entry point may accept electronic reports submitted through a Web-based reporting system established by the commissioner. Use of a telecommunications device for the deaf or other similar device shall be considered an oral report. The common entry point may not require written reports. To the extent possible, the report must be of sufficient content to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment. The common entry point must provide a method for the reporter to electronically submit evidence to support the maltreatment report, including but not limited to uploading photographs, videos, or documents. A mandated reporter may disclose not public data, as defined in section 13.02, and medical records under sections 144.291 to 144.298, to the extent necessary to comply with this subdivision.

(b) A boarding care home that is licensed under sections 144.50 to 144.58 and certified under Title 19 of the Social Security Act, a nursing home that is licensed under section 144A.02 and certified under Title 18 or Title 19 of the Social Security Act, or a hospital that is licensed under sections 144.50 to 144.58 and has swing beds certified under Code of Federal Regulations, title 42, section 482.66, may submit a report electronically to the common entry point instead of submitting an oral report. ~~The report may be a duplicate of the initial report the facility submits electronically to the commissioner of health to comply with the reporting requirements under Code of Federal Regulations, title 42, section 483.13.~~ The commissioner of health may modify these reporting requirements to include items required under paragraph (a) that are not currently included in the electronic reporting form.

(c) All reports must be directed to the common entry point, including reports from federally licensed facilities, vulnerable adults, and interested persons.

Sec. 49. Minnesota Statutes 2016, section 626.557, subdivision 9, is amended to read:

Subd. 9. **Common entry point designation.** (a) Each county board shall designate a common entry point for reports of suspected maltreatment, for use until the commissioner of human services establishes a common entry point. Two or more county boards may jointly designate a single common entry point. The commissioner of human services shall establish a common entry point effective July 1, 2015. The common entry point is the unit responsible for receiving the report of suspected maltreatment under this section.

(b) The common entry point must be available 24 hours per day to take calls from reporters of suspected maltreatment. The common entry point staff must receive training on how to screen and dispatch reports efficiently and in accordance with this section. The common entry point shall use a standard intake form that includes:

(1) the time and date of the report;

(2) the name, address, and telephone number of the person reporting;

(3) the time, date, and location of the incident;

(4) the names of the persons involved, including but not limited to, perpetrators, alleged victims, and witnesses;

(5) whether there was a risk of imminent danger to the alleged victim;

(6) a description of the suspected maltreatment;

(7) the disability, if any, of the alleged victim;

(8) the relationship of the alleged perpetrator to the alleged victim;

(9) whether a facility was involved and, if so, which agency licenses the facility;

(10) any action taken by the common entry point;

(11) whether law enforcement has been notified;

(12) whether the reporter wishes to receive notification of the initial and final reports; and

(13) if the report is from a facility with an internal reporting procedure, the name, mailing address, and telephone number of the person who initiated the report internally.

(c) The common entry point is not required to complete each item on the form prior to dispatching the report to the appropriate lead investigative agency.

(d) The common entry point shall immediately report to a law enforcement agency any incident in which there is reason to believe a crime has been committed.

(e) If a report is initially made to a law enforcement agency or a lead investigative agency, those agencies shall take the report on the appropriate common entry point intake forms and immediately forward a copy to the common entry point.

(f) The common entry point ~~staff~~ must ~~receive training on how to screen and dispatch reports efficiently and in accordance with this section~~ cross-reference multiple complaints to the lead investigative agency concerning:

(1) the same alleged perpetrator, facility, or licensee;

(2) the same vulnerable adult; or

(3) the same incident.

(g) The commissioner of human services shall maintain a centralized database for the collection of common entry point data, lead investigative agency data including maltreatment report disposition, and appeals data. The common entry point shall have access to the centralized database and must log the reports into the database and immediately identify and locate prior reports of abuse, neglect, or exploitation.

(h) When appropriate, the common entry point staff must refer calls that do not allege the abuse, neglect, or exploitation of a vulnerable adult to other organizations that might resolve the reporter's concerns.

(i) A common entry point must be operated in a manner that enables the commissioner of human services to:

(1) track critical steps in the reporting, evaluation, referral, response, disposition, and investigative process to ensure compliance with all requirements for all reports;

(2) maintain data to facilitate the production of aggregate statistical reports for monitoring patterns of abuse, neglect, or exploitation;

(3) serve as a resource for the evaluation, management, and planning of preventative and remedial services for vulnerable adults who have been subject to abuse, neglect, or exploitation;

(4) set standards, priorities, and policies to maximize the efficiency and effectiveness of the common entry point; and

(5) track and manage consumer complaints related to the common entry point~~.~~, including tracking and cross-referencing multiple complaints concerning:

(i) the same alleged perpetrator, facility, or licensee;

(ii) the same vulnerable adult; and

(iii) the same incident.

(j) The commissioners of human services and health shall collaborate on the creation of a system for referring reports to the lead investigative agencies. This system shall enable the commissioner of human services to track critical steps in the reporting, evaluation, referral, response, disposition, investigation, notification, determination, and appeal processes.

Sec. 50. Minnesota Statutes 2016, section 626.557, subdivision 9a, is amended to read:

Subd. 9a. **Evaluation and referral of reports made to common entry point.** (a) The common entry point must screen the reports of alleged or suspected maltreatment for immediate risk and make all necessary referrals as follows:

(1) if the common entry point determines that there is an immediate need for emergency adult protective services, the common entry point agency shall immediately notify the appropriate county agency;

(2) if the common entry point determines an immediate need exists for response by law enforcement, including the urgent need to secure a crime scene, interview witnesses, remove the alleged perpetrator, or safeguard the vulnerable adult's property, or if the report contains suspected criminal activity against a vulnerable adult, the common entry point shall immediately notify the appropriate law enforcement agency;

(3) the common entry point shall refer all reports of alleged or suspected maltreatment to the appropriate lead investigative agency as soon as possible, but in any event no longer than two working days;

(4) if the report contains information about a suspicious death, the common entry point shall immediately notify the appropriate law enforcement agencies, the local medical examiner, and the ombudsman for mental health and developmental disabilities established under section 245.92. Law enforcement agencies shall coordinate with the local medical examiner and the ombudsman as provided by law; and

(5) for reports involving multiple locations or changing circumstances, the common entry point shall determine the county agency responsible for emergency adult protective services and the county responsible as the lead investigative agency, using referral guidelines established by the commissioner.

(b) If the lead investigative agency receiving a report believes the report was referred by the common entry point in error, the lead investigative agency shall immediately notify the common entry point of the error, including the basis for the lead investigative agency's belief that the referral was made in error. The common entry point shall review the information submitted by the lead investigative agency and immediately refer the report to the appropriate lead investigative agency.

Sec. 51. Minnesota Statutes 2016, section 626.557, subdivision 9b, is amended to read:

Subd. 9b. **Response to reports.** Law enforcement is the primary agency to conduct investigations of any incident in which there is reason to believe a crime has been committed. Law enforcement shall initiate a response immediately. If the common entry point notified a county agency for emergency adult protective services, law enforcement shall cooperate with that county agency when both agencies are involved and shall exchange data to the extent authorized in subdivision 12b, paragraph ~~(g)~~ (k). County adult protection shall initiate a response immediately. Each lead investigative agency shall complete the investigative process for reports within its jurisdiction. A lead investigative agency, county, adult protective agency, licensed facility, or law enforcement agency shall cooperate with other agencies in the provision of protective services, coordinating its investigations, and assisting another agency within the limits of its resources and expertise and shall exchange data to the extent authorized in subdivision 12b, paragraph ~~(g)~~ (k). The lead investigative agency shall obtain the results of any investigation conducted by law enforcement officials, and law enforcement shall obtain the results of any investigation conducted by the lead investigative agency to determine if criminal action is warranted. The lead investigative agency has the right to enter facilities and inspect and copy records as part of investigations. The lead investigative agency has access to not public data, as defined in section 13.02, and medical records under sections 144.291 to 144.298, that are maintained by facilities to the extent necessary to conduct its investigation. Each lead investigative agency shall develop guidelines for prioritizing reports for investigation. Nothing in this subdivision alters the duty of the lead investigative agency to serve as the agency responsible for investigating reports made under section 626.557.

Sec. 52. Minnesota Statutes 2016, section 626.557, subdivision 9c, is amended to read:

Subd. 9c. **Lead investigative agency; notifications, dispositions, determinations.** (a) ~~Upon request of the reporter,~~ The lead investigative agency shall notify the reporter that it has received the report, and provide information on the initial disposition of the report within five business days

of receipt of the report, provided that the notification will not endanger the vulnerable adult or hamper the investigation.

(b) Except to the extent prohibited by federal law, the lead investigative agency must provide the following information to the vulnerable adult or the vulnerable adult's interested person, if known, within five days of receipt of the report:

(1) the nature of the maltreatment allegations, including the report of maltreatment as allowed under law;

(2) the name of the facility or other location at which alleged maltreatment occurred;

(3) the name of the alleged perpetrator if the lead investigative agency believes disclosure of the name is necessary to protect the vulnerable adult;

(4) protective measures that may be recommended or taken as a result of the maltreatment report;

(5) contact information for the investigator or other information as requested and allowed under law; and

(6) confirmation of whether the lead investigative agency is investigating the matter and, if so:

(i) an explanation of the process and estimated timeline for the investigation; and

(ii) a statement that the lead investigative agency will provide an update on the investigation approximately every three weeks upon request by the vulnerable adult or the vulnerable adult's interested person and a report when the investigation is concluded.

(c) The lead investigative agency may assign multiple reports of maltreatment for the same or separate incidences related to the same vulnerable adult to the same investigator, as deemed appropriate. Reports related to the same vulnerable adult must, at a minimum, be cross-referenced.

(d) Upon conclusion of every investigation it conducts, the lead investigative agency shall make a final disposition as defined in section 626.5572, subdivision 8.

~~(c)~~ (e) When determining whether the facility or individual is the responsible party for substantiated maltreatment or whether both the facility and the individual are responsible for substantiated maltreatment, the lead investigative agency shall consider at least the following mitigating factors:

(1) whether the actions of the facility or the individual caregivers were in accordance with, and followed the terms of, an erroneous physician order, prescription, resident care plan, or directive. This is not a mitigating factor when the facility or caregiver is responsible for the issuance of the erroneous order, prescription, plan, or directive or knows or should have known of the errors and took no reasonable measures to correct the defect before administering care;

(2) the comparative responsibility between the facility, other caregivers, and requirements placed upon the employee, including but not limited to, the facility's compliance with related regulatory standards and factors such as the adequacy of facility policies and procedures, the adequacy of facility training, the adequacy of an individual's participation in the training, the adequacy of caregiver

supervision, the adequacy of facility staffing levels, and a consideration of the scope of the individual employee's authority; and

(3) whether the facility or individual followed professional standards in exercising professional judgment.

~~(d)~~ (f) When substantiated maltreatment is determined to have been committed by an individual who is also the facility license holder, both the individual and the facility must be determined responsible for the maltreatment, and both the background study disqualification standards under section 245C.15, subdivision 4, and the licensing actions under section 245A.06 or 245A.07 apply.

~~(e)~~ (g) The lead investigative agency shall complete its final disposition within 60 calendar days. If the lead investigative agency is unable to complete its final disposition within 60 calendar days, the lead investigative agency shall notify the following persons provided that the notification will not endanger the vulnerable adult or hamper the investigation: (1) the vulnerable adult or ~~the vulnerable adult's guardian or health care agent~~ an interested person, when known, if the lead investigative agency knows them to be aware of the investigation; and (2) the facility, where applicable. The notice shall contain the reason for the delay and the projected completion date. If the lead investigative agency is unable to complete its final disposition by a subsequent projected completion date, the lead investigative agency shall again notify the vulnerable adult or ~~the vulnerable adult's guardian or health care agent~~ an interested person, when known if the lead investigative agency knows them to be aware of the investigation, and the facility, where applicable, of the reason for the delay and the revised projected completion date provided that the notification will not endanger the vulnerable adult or hamper the investigation. The lead investigative agency must notify the health care agent of the vulnerable adult only if the health care agent's authority to make health care decisions for the vulnerable adult is currently effective ~~under section 145C.06~~ and not suspended under section 524.5-310 ~~and the investigation relates to a duty assigned to the health care agent by the principal~~. A lead investigative agency's inability to complete the final disposition within 60 calendar days or by any projected completion date does not invalidate the final disposition.

~~(f)~~ (h) Within ten calendar days of completing the final disposition, the lead investigative agency shall provide a copy of the public investigation memorandum under subdivision 12b, paragraph ~~(b), clause (1)~~ (d), when required to be completed under this section, to the following persons:

(1) the vulnerable adult, or ~~the vulnerable adult's guardian or health care agent~~ an interested person, if known, unless the lead investigative agency knows that the notification would endanger the well-being of the vulnerable adult;

(2) the reporter, ~~if~~ unless the reporter requested ~~notification~~ otherwise when making the report, provided this notification would not endanger the well-being of the vulnerable adult;

(3) the alleged perpetrator, if known;

(4) the facility; ~~and~~

(5) the ombudsman for long-term care, or the ombudsman for mental health and developmental disabilities, as appropriate;

(6) law enforcement; and

(7) the county attorney, as appropriate.

~~(g)~~ (i) If, as a result of a reconsideration, review, or hearing, the lead investigative agency changes the final disposition, or if a final disposition is changed on appeal, the lead investigative agency shall notify the parties specified in paragraph ~~(f)~~ (h).

~~(h)~~ (j) The lead investigative agency shall notify the vulnerable adult who is the subject of the report or ~~the vulnerable adult's guardian or health care agent~~ an interested person, if known, and any person or facility determined to have maltreated a vulnerable adult, of their appeal or review rights under this section or section ~~256.021~~ 256.045.

~~(i)~~ (k) The lead investigative agency shall routinely provide investigation memoranda for substantiated reports to the appropriate licensing boards. These reports must include the names of substantiated perpetrators. The lead investigative agency may not provide investigative memoranda for inconclusive or false reports to the appropriate licensing boards unless the lead investigative agency's investigation gives reason to believe that there may have been a violation of the applicable professional practice laws. If the investigation memorandum is provided to a licensing board, the subject of the investigation memorandum shall be notified and receive a summary of the investigative findings.

~~(j)~~ (l) In order to avoid duplication, licensing boards shall consider the findings of the lead investigative agency in their investigations if they choose to investigate. This does not preclude licensing boards from considering other information.

~~(k)~~ (m) The lead investigative agency must provide to the commissioner of human services its final dispositions, including the names of all substantiated perpetrators. The commissioner of human services shall establish records to retain the names of substantiated perpetrators.

Sec. 53. Minnesota Statutes 2016, section 626.557, subdivision 9d, is amended to read:

Subd. 9d. **Administrative reconsideration~~; review panel~~.** (a) Except as provided under paragraph ~~(e)~~ (d), any individual or facility which a lead investigative agency determines has maltreated a vulnerable adult, or the vulnerable adult or an interested person acting on behalf of the vulnerable adult, regardless of the lead investigative agency's determination, who contests the lead investigative agency's final disposition of an allegation of maltreatment, may request the lead investigative agency to reconsider its final disposition. The request for reconsideration must be submitted in writing to the lead investigative agency within 15 calendar days after receipt of notice of final disposition or, if the request is made by an interested person who is not entitled to notice, within 15 days after receipt of the notice by the vulnerable adult or the vulnerable adult's guardian or health care agent. If mailed, the request for reconsideration must be postmarked and sent to the lead investigative agency within 15 calendar days of the individual's or facility's receipt of the final disposition. If the request for reconsideration is made by personal service, it must be received by the lead investigative agency within 15 calendar days of the individual's or facility's receipt of the final disposition. An individual who was determined to have maltreated a vulnerable adult under this section and who was disqualified on the basis of serious or recurring maltreatment under sections 245C.14 and 245C.15, may request reconsideration of the maltreatment determination and the disqualification. The request for reconsideration of the maltreatment determination and the disqualification must be submitted in writing within 30 calendar days of the individual's receipt of

the notice of disqualification under sections 245C.16 and 245C.17. If mailed, the request for reconsideration of the maltreatment determination and the disqualification must be postmarked and sent to the lead investigative agency within 30 calendar days of the individual's receipt of the notice of disqualification. If the request for reconsideration is made by personal service, it must be received by the lead investigative agency within 30 calendar days after the individual's receipt of the notice of disqualification.

(b) Except as provided under paragraphs (d) and (e) ~~and (f)~~, if the lead investigative agency denies the request or fails to act upon the request within 15 working days after receiving the request for reconsideration, the person, including the vulnerable adult or an interested person acting on behalf of the vulnerable adult, or facility entitled to a fair hearing under section 256.045, may submit to the commissioner of human services a written request for a hearing under that statute. ~~The vulnerable adult, or an interested person acting on behalf of the vulnerable adult, may request a review by the Vulnerable Adult Maltreatment Review Panel under section 256.021 if the lead investigative agency denies the request or fails to act upon the request, or if the vulnerable adult or interested person contests a reconsidered disposition.~~ The lead investigative agency shall notify persons who request reconsideration of their rights under this paragraph. The request must be submitted in writing to the review panel and a copy sent to the lead investigative agency within 30 calendar days of receipt of notice of a denial of a request for reconsideration or of a reconsidered disposition. The request must specifically identify the aspects of the lead investigative agency determination with which the person is dissatisfied.

(c) If, as a result of a reconsideration or review, the lead investigative agency changes the final disposition, it shall notify the parties specified in subdivision 9c, paragraph ~~(f)~~ (h).

~~(d) For purposes of this subdivision, "interested person acting on behalf of the vulnerable adult" means a person designated in writing by the vulnerable adult to act on behalf of the vulnerable adult, or a legal guardian or conservator or other legal representative, a proxy or health care agent appointed under chapter 145B or 145C, or an individual who is related to the vulnerable adult, as defined in section 245A.02, subdivision 13.~~

~~(e)~~ (d) If an individual was disqualified under sections 245C.14 and 245C.15, on the basis of a determination of maltreatment, which was serious or recurring, and the individual has requested reconsideration of the maltreatment determination under paragraph (a) and reconsideration of the disqualification under sections 245C.21 to 245C.27, reconsideration of the maltreatment determination and requested reconsideration of the disqualification shall be consolidated into a single reconsideration. If reconsideration of the maltreatment determination is denied and the individual remains disqualified following a reconsideration decision, the individual may request a fair hearing under section 256.045. If an individual requests a fair hearing on the maltreatment determination and the disqualification, the scope of the fair hearing shall include both the maltreatment determination and the disqualification.

~~(f)~~ (e) If a maltreatment determination or a disqualification based on serious or recurring maltreatment is the basis for a denial of a license under section 245A.05 or a licensing sanction under section 245A.07, the license holder has the right to a contested case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. As provided for under section 245A.08, the scope of the contested case hearing must include the maltreatment determination, disqualification, and licensing sanction or denial of a license. In such cases, a fair hearing must not be conducted

under section 256.045. Except for family child care and child foster care, reconsideration of a maltreatment determination under this subdivision, and reconsideration of a disqualification under section 245C.22, must not be conducted when:

(1) a denial of a license under section 245A.05, or a licensing sanction under section 245A.07, is based on a determination that the license holder is responsible for maltreatment or the disqualification of a license holder based on serious or recurring maltreatment;

(2) the denial of a license or licensing sanction is issued at the same time as the maltreatment determination or disqualification; and

(3) the license holder appeals the maltreatment determination or disqualification, and denial of a license or licensing sanction.

Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment determination or disqualification, but does not appeal the denial of a license or a licensing sanction, reconsideration of the maltreatment determination shall be conducted under sections 626.556, subdivision 10i, and 626.557, subdivision 9d, and reconsideration of the disqualification shall be conducted under section 245C.22. In such cases, a fair hearing shall also be conducted as provided under sections 245C.27, 626.556, subdivision 10i, and 626.557, subdivision 9d.

If the disqualified subject is an individual other than the license holder and upon whom a background study must be conducted under chapter 245C, the hearings of all parties may be consolidated into a single contested case hearing upon consent of all parties and the administrative law judge.

~~(g)~~ (f) Until August 1, 2002, an individual or facility that was determined by the commissioner of human services or the commissioner of health to be responsible for neglect under section 626.5572, subdivision 17, after October 1, 1995, and before August 1, 2001, that believes that the finding of neglect does not meet an amended definition of neglect may request a reconsideration of the determination of neglect. The commissioner of human services or the commissioner of health shall mail a notice to the last known address of individuals who are eligible to seek this reconsideration. The request for reconsideration must state how the established findings no longer meet the elements of the definition of neglect. The commissioner shall review the request for reconsideration and make a determination within 15 calendar days. The commissioner's decision on this reconsideration is the final agency action.

~~(1)~~ (g) For purposes of compliance with the data destruction schedule under subdivision 12b, paragraph ~~(d)~~ (h), when a finding of substantiated maltreatment has been changed as a result of a reconsideration under this paragraph, the date of the original finding of a substantiated maltreatment must be used to calculate the destruction date.

~~(2)~~ (h) For purposes of any background studies under chapter 245C, when a determination of substantiated maltreatment has been changed as a result of a reconsideration under this paragraph, any prior disqualification of the individual under chapter 245C that was based on this determination of maltreatment shall be rescinded, and for future background studies under chapter 245C the commissioner must not use the previous determination of substantiated maltreatment as a basis for disqualification or as a basis for referring the individual's maltreatment history to a health-related licensing board under section 245C.31.

Sec. 54. Minnesota Statutes 2016, section 626.557, subdivision 9e, is amended to read:

Subd. 9e. **Education requirements.** (a) The commissioners of health, human services, and public safety shall cooperate in the development of a joint program for education of lead investigative agency investigators in the appropriate techniques for investigation of complaints of maltreatment. This program must be developed by July 1, 1996. The program must include but need not be limited to the following areas: (1) information collection and preservation; (2) analysis of facts; (3) levels of evidence; (4) conclusions based on evidence; (5) interviewing skills, including specialized training to interview people with unique needs; (6) report writing; (7) coordination and referral to other necessary agencies such as law enforcement and judicial agencies; (8) human relations and cultural diversity; (9) the dynamics of adult abuse and neglect within family systems and the appropriate methods for interviewing relatives in the course of the assessment or investigation; (10) the protective social services that are available to protect alleged victims from further abuse, neglect, or financial exploitation; (11) the methods by which lead investigative agency investigators and law enforcement workers cooperate in conducting assessments and investigations in order to avoid duplication of efforts; and (12) data practices laws and procedures, including provisions for sharing data.

(b) The commissioner of human services shall conduct an outreach campaign to promote the common entry point for reporting vulnerable adult maltreatment. This campaign shall use the Internet and other means of communication.

(c) The commissioners of health, human services, and public safety shall offer at least annual education to others on the requirements of this section, on how this section is implemented, and investigation techniques.

(d) The commissioner of human services, in coordination with the commissioner of public safety shall provide training for the common entry point staff as required in this subdivision and the program courses described in this subdivision, at least four times per year. At a minimum, the training shall be held twice annually in the seven-county metropolitan area and twice annually outside the seven-county metropolitan area. The commissioners shall give priority in the program areas cited in paragraph (a) to persons currently performing assessments and investigations pursuant to this section.

(e) The commissioner of public safety shall notify in writing law enforcement personnel of any new requirements under this section. The commissioner of public safety shall conduct regional training for law enforcement personnel regarding their responsibility under this section.

(f) Each lead investigative agency investigator must complete the education program specified by this subdivision within the first 12 months of work as a lead investigative agency investigator.

A lead investigative agency investigator employed when these requirements take effect must complete the program within the first year after training is available or as soon as training is available.

All lead investigative agency investigators having responsibility for investigation duties under this section must receive a minimum of eight hours of continuing education or in-service training each year specific to their duties under this section.

(g) The commissioners of health and human services shall develop and maintain written guidance for facilities that explains and illustrates the reporting requirements under this section; the guidance

shall also explain and illustrate the reporting requirements under Code of Federal Regulations, title 42, section 483.12(c), for the benefit of facilities subject to those requirements.

Sec. 55. Minnesota Statutes 2016, section 626.557, subdivision 10b, is amended to read:

Subd. 10b. **Investigations; guidelines.** (a) Each lead investigative agency shall develop guidelines for prioritizing reports for investigation. When investigating a report, the lead investigative agency shall conduct the following activities, as appropriate:

(1) interview of the alleged victim;

(2) interview of the reporter and others who may have relevant information;

(3) interview of the alleged perpetrator;

(4) examination of the environment surrounding the alleged incident;

(5) review of pertinent documentation of the alleged incident; and

(6) consultation with professionals.

(b) The lead investigator must contact the alleged victim or, if known, an interested person, within five days after initiation of an investigation to provide the investigator's name and contact information, and communicate with the alleged victim or interested person approximately every three weeks during the course of the investigation.

Sec. 56. Minnesota Statutes 2016, section 626.557, subdivision 12b, is amended to read:

Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a lead investigative agency, the county social service agency shall maintain appropriate records. Data collected by the county social service agency under this section are welfare data under section 13.46. Notwithstanding section 13.46, subdivision 1, paragraph (a), data under this paragraph that are inactive investigative data on an individual who is a vendor of services are private data on individuals, as defined in section 13.02. The identity of the reporter may only be disclosed as provided in paragraph ~~(c)~~ (g).

(b) Data maintained by the common entry point are ~~confidential~~ private data on individuals or ~~protected~~ nonpublic data as defined in section 13.02, provided that the name of the reporter is confidential data on individuals. Notwithstanding section 138.163, the common entry point shall maintain data for three calendar years after date of receipt and then destroy the data unless otherwise directed by federal requirements.

~~(b)~~ (c) The commissioners of health and human services shall prepare an investigation memorandum for each report alleging maltreatment investigated under this section. County social service agencies must maintain private data on individuals but are not required to prepare an investigation memorandum. During an investigation by the commissioner of health or the commissioner of human services, data collected under this section are confidential data on individuals or protected nonpublic data as defined in section 13.02, provided that data, other than data on the reporter, may be shared with the vulnerable adult or an interested person if the lead investigative agency determines that sharing of the data is needed to protect the vulnerable adult. Upon completion

of the investigation, the data are classified as provided in ~~clauses (1) to (3) and paragraph (c)~~ paragraphs (d) to (g).

~~(1)~~ (d) The investigation memorandum must contain the following data, which are public:

~~(i)~~ (1) the name of the facility investigated;

~~(ii)~~ (2) a statement of the nature of the alleged maltreatment;

~~(iii)~~ (3) pertinent information obtained from medical or other records reviewed;

~~(iv)~~ (4) the identity of the investigator;

~~(v)~~ (5) a summary of the investigation's findings;

~~(vi)~~ (6) statement of whether the report was found to be substantiated, inconclusive, false, or that no determination will be made;

~~(vii)~~ (7) a statement of any action taken by the facility;

~~(viii)~~ (8) a statement of any action taken by the lead investigative agency; and

~~(ix)~~ (9) when a lead investigative agency's determination has substantiated maltreatment, a statement of whether an individual, individuals, or a facility were responsible for the substantiated maltreatment, if known.

The investigation memorandum must be written in a manner which protects the identity of the reporter and of the vulnerable adult and may not contain the names or, to the extent possible, data on individuals or private data or individuals listed in ~~clause (2)~~ paragraph (e).

~~(2)~~ (e) Data on individuals collected and maintained in the investigation memorandum are private data on individuals, including:

~~(i)~~ (1) the name of the vulnerable adult;

~~(ii)~~ (2) the identity of the individual alleged to be the perpetrator;

~~(iii)~~ (3) the identity of the individual substantiated as the perpetrator; and

~~(iv)~~ (4) the identity of all individuals interviewed as part of the investigation.

~~(3)~~ (f) Other data on individuals maintained as part of an investigation under this section are private data on individuals upon completion of the investigation.

~~(c)~~ (g) After the assessment or investigation is completed, the name of the reporter must be confidential~~.~~, except:

(1) the subject of the report may compel disclosure of the name of the reporter only with the consent of the reporter ~~or~~;

(2) upon a written finding by a court that the report was false and there is evidence that the report was made in bad faith.; or

(3) the mandated reporter may disclose that the individual was the reporter to support a claim of retaliation that is prohibited under section 144.651, subdivision 34, or 626.557, subdivisions 4a and 17, or other law.

This subdivision does not alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except that where the identity of the reporter is relevant to a criminal prosecution, the district court shall do an in-camera review prior to determining whether to order disclosure of the identity of the reporter.

~~(d)~~ (h) Notwithstanding section 138.163, data maintained under this section by the commissioners of health and human services must be maintained under the following schedule and then destroyed unless otherwise directed by federal requirements:

(1) data from reports determined to be false, maintained for three years after the finding was made;

(2) data from reports determined to be inconclusive, maintained for four years after the finding was made;

(3) data from reports determined to be substantiated, maintained for seven years after the finding was made; and

(4) data from reports which were not investigated by a lead investigative agency and for which there is no final disposition, maintained for three years from the date of the report.

~~(e)~~ (i) The commissioners of health and human services shall annually publish on their Web sites the number and type of reports of alleged maltreatment involving licensed facilities reported under this section, the number of those requiring investigation under this section, and the resolution of those investigations. On a biennial basis, the commissioners of health and human services shall jointly report the following information to the legislature and the governor:

(1) the number and type of reports of alleged maltreatment involving licensed facilities reported under this section, the number of those requiring investigations under this section, the resolution of those investigations, and which of the two lead agencies was responsible;

(2) trends about types of substantiated maltreatment found in the reporting period;

(3) if there are upward trends for types of maltreatment substantiated, recommendations for addressing and responding to them;

(4) efforts undertaken or recommended to improve the protection of vulnerable adults;

(5) whether and where backlogs of cases result in a failure to conform with statutory time frames and recommendations for reducing backlogs if applicable;

(6) recommended changes to statutes affecting the protection of vulnerable adults; and

(7) any other information that is relevant to the report trends and findings.

~~(f)~~ (j) Each lead investigative agency must have a record retention policy.

~~(g)~~ (k) Lead investigative agencies, prosecuting authorities, and law enforcement agencies may exchange not public data, as defined in section 13.02, if the agency or authority requesting the data determines that the data are pertinent and necessary to the requesting agency in initiating, furthering, or completing an investigation under this section. Data collected under this section must be made available to prosecuting authorities and law enforcement officials, local county agencies, and licensing agencies investigating the alleged maltreatment under this section. ~~The lead investigative agency shall exchange not public data with the vulnerable adult maltreatment review panel established in section 256.021 if the data are pertinent and necessary for a review requested under that section.~~ Notwithstanding section 138.17, upon completion of the review, not public data received by the review panel must be destroyed.

~~(h)~~ (l) Each lead investigative agency shall keep records of the length of time it takes to complete its investigations.

~~(i)~~ (m) Notwithstanding paragraph (a) or (b), a lead investigative agency may share common entry point or investigative data and may notify other affected parties, including the vulnerable adult and their authorized representative, if the lead investigative agency has reason to believe maltreatment has occurred and determines the information will safeguard the well-being of the affected parties or dispel widespread rumor or unrest in the affected facility.

~~(j)~~ (n) Under any notification provision of this section, where federal law specifically prohibits the disclosure of patient identifying information, a lead investigative agency may not provide any notice unless the vulnerable adult has consented to disclosure in a manner which conforms to federal requirements.

Sec. 57. Minnesota Statutes 2016, section 626.557, subdivision 14, is amended to read:

Subd. 14. **Abuse prevention plans.** (a) Each facility, except home health agencies and personal care ~~attendant services providers~~ assistance provider agencies, shall establish and enforce an ongoing written abuse prevention plan. The plan shall contain an assessment of the physical plant, its environment, and its population identifying factors which may encourage or permit abuse, and a statement of specific measures to be taken to minimize the risk of abuse. The plan shall comply with any rules governing the plan promulgated by the licensing agency.

(b) Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

(c) If the facility, except home health agencies and personal care attendant services providers, knows that the vulnerable adult has committed a violent crime or an act of physical aggression toward others, the individual abuse prevention plan must detail the measures to be taken to minimize

the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. Under this section, a facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority or through a medical record prepared by another facility, another health care provider, or the facility's ongoing assessments of the vulnerable adult.

(d) The commissioner of health must issue a correction order and may impose an immediate fine in an amount equal to the amount listed in Minnesota Rules, part 4658.0193, item E, upon a finding that the facility has failed to comply with this subdivision.

Sec. 58. Minnesota Statutes 2016, section 626.557, subdivision 17, is amended to read:

Subd. 17. **Retaliation prohibited.** (a) A facility or person shall not retaliate against any person who reports in good faith, or who the facility or person believes reported, suspected maltreatment pursuant to this section, or against a vulnerable adult with respect to whom a report is made, because of the report or presumed report, whether mandatory or voluntary.

(b) In addition to any remedies allowed under sections 181.931 to 181.935, any facility or person which retaliates against any person because of a report of suspected maltreatment is liable to that person for actual damages, punitive damages up to $10,000, and attorney fees. A claim of retaliation may be brought upon showing that the claimant has a good faith reason to believe retaliation as described under this subdivision occurred. The claim may be brought regardless of whether or not there is confirmation that the name of the mandated reporter was known to the facility or person alleged to have retaliated against the claimant.

(c) There shall be a rebuttable presumption that any adverse action, as defined below, within 90 days of a report, is retaliatory. For purposes of this ~~clause~~ paragraph, the term "adverse action" refers to action taken by a facility or person involved in a report against the person making the report or the person with respect to whom the report was made because of the report, and includes, but is not limited to:

(1) discharge or transfer from the facility;

(2) discharge from or termination of employment;

(3) demotion or reduction in remuneration for services;

(4) restriction or prohibition of access of the vulnerable adult to the facility or its residents; ~~or~~

(5) any restriction of rights set forth in section 144.651~~.~~, 144A.44, or 144A.441;

(6) any restriction of access to or use of amenities or services;

(7) termination of services or lease agreement;

(8) sudden increase in costs for services not already contemplated at the time of the maltreatment report;

(9) deprivation of technology, communication, or electronic monitoring devices; and

(10) filing a maltreatment report in bad faith against the reporter; or

(11) oral or written communication of false information about the reporter.

Sec. 59. Minnesota Statutes 2016, section 626.5572, subdivision 6, is amended to read:

Subd. 6. **Facility.** (a) "Facility" means:

(1) a hospital or other entity required to be licensed under sections 144.50 to 144.58;

(2) a nursing home required to be licensed to serve adults under section 144A.02;

(3) a facility or service required to be licensed under chapter 245A;

(4) a home care provider licensed or required to be licensed under sections 144A.43 to 144A.482;

(5) a hospice provider licensed under sections 144A.75 to 144A.755;

(6) a housing with services establishment registered under chapter 144D, including an entity operating under chapter 144G, assisted living title protection; or

(7) a person or organization that offers, provides, or arranges for personal care assistance services under the medical assistance program as authorized under sections 256B.0625, subdivision 19a, 256B.0651 to 256B.0654, 256B.0659, or 256B.85.

(b) For personal care assistance services identified in paragraph (a), clause (7), that are provided in the vulnerable adult's own home or in another unlicensed location other than an unlicensed setting listed in paragraph (a), the term "facility" refers to the provider, person, or organization that offers, provides, or arranges for personal care assistance services, and does not refer to the vulnerable adult's home or other location at which services are rendered.

Sec. 60. Minnesota Statutes 2016, section 626.5572, is amended by adding a subdivision to read:

Subd. 12a. **Interested person.** "Interested person" means:

(1) a court-appointed guardian or conservator or other person designated in writing by the vulnerable adult, including a nominated guardian or conservator, to act on behalf of the vulnerable adult;

(2) a proxy or health care agent appointed under chapter 145B or 145C or similar law of another state, provided that the authority of the proxy or health care agent is currently effective under section 145C.06 or similar law; or

(3) a spouse, parent, adult child and siblings, or next of kin of the vulnerable adult.

Interested person does not include a person whose authority has been restricted by the vulnerable adult or by a court or who is the alleged or substantiated perpetrator of maltreatment of the vulnerable adult.

Sec. 61. **ASSISTED LIVING LICENSURE AND DEMENTIA CARE TASK FORCE.**

Subdivision 1. **Creation.** (a) The Assisted Living Licensure and Dementia Care Task Force consists of 14 members, including the following:

(1) one senator appointed by the majority leader;

(2) one senator appointed by the minority leader;

(3) one member of the house of representatives appointed by the speaker of the house;

(4) one member of the house of representatives appointed by the minority leader;

(5) the ombudsman for long-term care or a designee;

(6) the ombudsman for mental health and developmental disabilities or a designee;

(7) one member appointed by ARRM;

(8) one member appointed by AARP Minnesota;

(9) one member appointed by the Alzheimer's Association Minnesota-North Dakota Chapter;

(10) one member appointed by Elder Voice Family Advocates;

(11) one member appointed by Minnesota Elder Justice Center;

(12) one member appointed by Care Providers of Minnesota;

(13) one member appointed by LeadingAge Minnesota; and

(14) one member appointed by Minnesota HomeCare Association.

(b) The appointing authorities must appoint members by July 1, 2018.

(c) The ombudsman for long-term care or a designee shall act as chair of the task force and convene the first meeting no later than August 1, 2018.

Subd. 2. **Legislative report on assisted living licensure and dementia care.** (a) The task force shall review existing state and federal laws and existing oversight of assisted living and providers serving people with dementia, and report to the legislature about the regulatory gaps requiring improved state regulation and oversight to protect the health and safety of vulnerable adults.

(b) By January 1, 2019, the task force shall present recommendations regarding:

(1) an assisted living license as defined in section 62, subdivision 1;

(2) regulation and fine structure for licensed assisted living;

(3) dementia care core criteria and dementia care unit certification;

(4) serving residents on medical assistance elderly waiver and other waiver programs;

(5) licensing of executive directors and administrators for assisted living;

(6) all items listed in expedited rulemaking under section 62, subdivision 2; and

(7) the exclusion of providers and facilities currently licensed by the Department of Human Services from the requirements of the new assisted living license.

Subd. 3. **Administration.** (a) The task force must meet at least monthly.

(b) The commissioner of health shall provide meeting space and administrative support for the task force.

(c) The commissioner of health and the commissioner of human services shall provide technical assistance to the task force.

(d) Public members of the task force may be compensated as described in Minnesota Statutes, section 15.059, subdivision 3.

(e) A quorum is not required in order for the task force to meet or take testimony, but a quorum of 50 percent plus one member is required to make recommendations.

Subd. 4. **Expiration.** The task force expires on December 31, 2019.

Sec. 62. **ASSISTED LIVING LICENSURE AND DEMENTIA CARE CERTIFICATION.**

Subdivision 1. **Definitions.** (a) "Assisted living license" means a single license covering the provision of health and supportive services and housing provided in a multiunit residential dwelling.

(b) "Assisted living" means any multiunit residential dwelling, as defined by Minnesota Statutes, section 144D.01, subdivision 4, paragraph (a), clause (1), where health-related and supportive services in combination with housing are provided to adults.

(c) "Dementia care units" means a setting that provides services to persons with dementia in a secured unit or those settings that are required to disclose the special care status as provided in Minnesota Statutes, section 325F.72.

(d) "Multiunit residential dwelling" means a residential dwelling containing two or more units intended for use as a residence.

Subd. 2. **Rulemaking.** (a) If the assisted living licensure and dementia care certification law is not enacted within 14 days following adjournment of the 2019 regular legislative session, the commissioner of health shall adopt rules for assisted living licensure and dementia care unit certification, which conform as much as possible with the recommendations proposed by the Assisted Living Licensure and Dementia Care Task Force.

(b) The rules may include, but are not limited to, the following:

(1) building design and physical plant;

(2) environmental health and safety;

(3) staffing and other standards of care, as appropriate, based on the acuity level of residents and the needs of persons with dementia;

(4) nutrition and dietary services;

(5) support services, social work, transportation, and quality of life;

(6) staffing requirements and number of residents;

(7) training and background checks for personnel;

(8) a single contract for both housing and services that complies with Minnesota Statutes, chapter 504B;

(9) discharge criteria, including discharge planning to a safe location and appeal rights reflecting the requirements of Minnesota Statutes, sections 144D.09, 144D.095, 144G.07, and 144G.08;

(10) required notices and disclosures;

(11) establishing resident and family councils;

(12) minimum requirements for all applications;

(13) requirements that support assisted living providers to comply with home and community-based settings requirements set forth in Code of Federal Regulations, title 42, section 441.301(c);

(14) core dementia care criteria across all settings;

(15) care and health services, including coordination of care;

(16) admission criteria and assessments; and

(17) safety criteria.

(c) The rules adopted by the commissioner under this subdivision shall be effective on February 1, 2020, unless the legislature by law provides otherwise.

(d) After February 1, 2020, no one shall offer, advertise, or use the term "memory care unit" or "dementia care units" in a multiunit residential dwelling, without first obtaining the dementia care unit certification required by the rules.

(e) After February 1, 2020, no one shall provide assisted living without first obtaining the license required by this section.

(f) After February 1, 2020, a home care provider licensed under Minnesota Statutes, chapter 144A, may not provide home care services in an assisted living setting that lacks the license required by this section.

(g) Nothing in this section is intended to modify the home care licensure required by Minnesota Statutes, chapter 144A, for providers serving consumers outside of assisted living settings.

(h) Nothing in this section is intended to modify the registration requirements for housing with services established under Minnesota Statutes, chapter 144D, for a housing with services establishment that is not assisted living.

Subd. 3. **Collaboration and consultation.** In developing the rules for the assisted living licensure and dementia care certification, the commissioner must:

(1) continue to engage and consult with the Assisted Living Licensure and Dementia Care Task Force;

(2) review and evaluate other states' licensing systems related to assisted living;

(3) solicit public comment on the proposed rules through a comment period of no less than 60 days; and

(4) consult with the commissioner of human services regarding:

(i) federal home and community-based service requirements necessary to preserve access to assisted living care and services for individuals who receive medical assistance-funded home and community-based services under Minnesota Statutes, sections 256B.0915 and 256B.49; and

(ii) consideration of changes by the commissioner of human services to the medical assistance elderly, community access for disability and inclusion, and brain injury waiver plans to ensure alignment with assisted living licensure standards.

Subd. 4. **Exceptions.** The commissioner's rules shall exclude providers and facilities currently licensed by the Department of Human Services from the requirements of the new assisted living license.

Subd. 5. **Fees; application; change of ownership; renewal.** (a) An initial applicant seeking an assisted living license must submit an initial fee of $6,275 to the commissioner, along with a completed application.

(b) An assisted living provider who is filing a change of ownership must submit a fee of $7,750 to the commissioner, along with the documentation required for the change of ownership.

(c) An assisted living provider who is seeking to renew the provider's license shall pay a fee of $7,750 to the commissioner.

EFFECTIVE DATE. This section is effective July 1, 2018. Rulemaking authority under this section is not continuing authority to amend or repeal rules. Any additional action or rules after adoption must be under specific authority to take the additional action.

Sec. 63. **ASSISTED LIVING REPORT CARD WORKING GROUP.**

Subdivision 1. **Creation.** (a) The Assisted Living Report Card Working Group consists of the following 16 members:

(1) two residents of senior housing with services establishments appointed by the commissioner of health;

(2) four providers from the senior housing with services profession appointed by the commissioner of health;

(3) two family members of residents of senior housing with services establishments appointed by the commissioner of health;

(4) a representative from the University of Minnesota with expertise in data and analytics appointed by the commissioner of health;

(5) one member appointed by the Home Care and Assisted Living Advisory Council;

(6) one member appointed by Care Providers of Minnesota;

(7) one member appointed by LeadingAge Minnesota;

(8) the commissioner of human services or a designee;

(9) the commissioner of health or a designee;

(10) the ombudsman for long-term care or a designee; and

(11) one member of the Minnesota Board on Aging, selected by the board.

(b) The executive director of the Minnesota Board on Aging serves on the working group as a nonvoting member.

(c) The appointing authorities must complete their appointments no later than July 1, 2018.

(d) The working group shall elect a chair from among its members at its first meeting.

Subd. 2. **Duties; recommendations and report.** (a) The working group shall consider and make recommendations on the development of an assisted living report card. The quality metrics considered shall include, but are not limited to:

(1) an annual customer satisfaction survey measure using the consolidated criteria for reporting qualitative research (COREQ) questions for assisted living residents and family members;

(2) a measure utilizing Level 3 or 4 citations from Department of Health home care survey findings and substantiated maltreatment findings against a home care agency or housing with services establishment;

(3) a home care and housing with services staff retention measure; and

(4) a measure that scores a home care provider's and housing with services establishment's staff according to their level of training and education.

(b) By January 15, 2019, the working group must report on its findings and recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance. The working group's report shall include draft legislation to implement changes to statute it recommends.

Subd. 3. **Administrative provisions.** (a) The commissioner of health shall provide meeting support and administrative support for the working group.

(b) The commissioners of health and human services shall provide technical assistance to the assisted living report card working group.

(c) The meetings of the assisted living report card working group shall be open to the public.

Subd. 4. **Expiration.** The working group expires May 20, 2019, or the day after submitting the report required by this section, whichever is later.

Sec. 64. **CRIMES AGAINST VULNERABLE ADULTS ADVISORY TASK FORCE.**

Subdivision 1. **Task force established; membership.** (a) The Crimes Against Vulnerable Adults Advisory Task Force consists of the following members:

(1) the commissioner of public safety or a designee;

(2) the commissioner of human services or a designee;

(3) the commissioner of health or a designee;

(4) the attorney general or a designee;

(5) a representative from the Minnesota Bar Association;

(6) a representative from the Minnesota judicial branch;

(7) one member appointed by the Minnesota County Attorneys Association;

(8) one member appointed by the Minnesota Association of City Attorneys;

(9) one member appointed by the Minnesota Elder Justice Center;

(10) one member appointed by the Minnesota Home Care Association;

(11) one member appointed by Care Providers of Minnesota;

(12) one member appointed by LeadingAge Minnesota;

(13) one member appointed by AARP Minnesota; and

(14) one representative from a union that represents persons working in long-term care settings.

(b) The advisory task force may appoint additional members that it deems would be helpful in carrying out its duties under subdivision 2.

(c) The appointing authorities must complete the appointments listed in paragraph (a) by July 1, 2018.

(d) At its first meeting, the task force shall elect a chair from among the members listed in paragraph (a).

Subd. 2. **Duties; recommendations and report.** (a) The advisory task force's duties are to review and evaluate laws relating to crimes against vulnerable adults, and any other information the task force deems relevant.

(b) By December 1, 2018, the advisory task force shall submit a report to the chairs and ranking minority members of the legislative committees with primary jurisdiction over health and human services and criminal policy. The report must contain the task force's findings and recommendations, including discussion of the benefits and problems associated with proposed changes. The report must include draft legislation to implement any recommended changes to statute.

Subd. 3. **Administrative provisions.** (a) The commissioner of human services shall provide meeting space and administrative support to the advisory task force.

(b) The commissioners of human services and health and the attorney general shall provide technical assistance to the advisory task force.

(c) Advisory task force members shall serve without compensation and shall not be reimbursed for expenses.

Subd. 4. **Expiration.** The advisory task force expires on May 20, 2019.

Sec. 65. **STUDY AND REPORT ON HOME CARE NURSING WORKFORCE SHORTAGE.**

(a) The chair and ranking minority member of the senate Human Services Reform Finance and Policy Committee and the chair and ranking minority member of the house of representatives Health and Human Services Finance Committee shall convene a working group to study and report on the shortage of registered nurses and licensed practical nurses available to provide low-complexity regular home care services to clients in need of these services, especially clients covered by medical assistance, and to provide recommendations for ways to address the workforce shortage. The working group shall consist of 14 members appointed as follows:

(1) the chair of the senate Human Services Reform Finance and Policy Committee or a designee;

(2) the ranking minority member of the senate Human Services Reform Finance and Policy Committee or a designee;

(3) the chair of the house of representatives Health and Human Services Finance Committee or a designee;

(4) the ranking minority member of the house of representatives Health and Human Services Finance Committee or a designee;

(5) the commissioner of human services or a designee;

(6) the commissioner of health or a designee;

(7) one representative appointed by the Professional Home Care Coalition;

(8) one representative appointed by the Minnesota Home Care Association;

(9) one representative appointed by the Minnesota Board of Nursing;

(10) one representative appointed by the Minnesota Nurses Association;

(11) one representative appointed by the Minnesota Licensed Practical Nurses Association;

(12) one representative appointed by the Minnesota Society of Medical Assistants;

(13) one client who receives regular home care nursing services and is covered by medical assistance appointed by the commissioner of human services after consulting with the appointing authorities identified in clauses (7) to (12); and

(14) one assessor appointed by the commissioner of human services.

The assessor must be certified under Minnesota Statutes, section 256B.0911, and must be a registered nurse.

(b) The appointing authorities must appoint members by August 15, 2018.

(c) The convening authorities shall convene the first meeting of the working group no later than September 1, 2018, and caucus staff shall provide support and meeting space for the working group. The Department of Health and the Department of Human Services shall provide technical assistance to the working group by providing existing data and analysis documenting the current and projected workforce shortages in the area of regular home care nursing. The Home Care and Assisted Living Program Advisory Council established under Minnesota Statutes, section 144A.4799, shall provide advice and recommendations to the working group. Working group members shall serve without compensation and shall not be reimbursed for expenses.

(d) The working group shall:

(1) quantify the number of low-complexity regular home care nursing hours that are authorized but not provided to clients covered by medical assistance, due to the shortage of registered nurses and licensed practical nurses available to provide these home care services;

(2) quantify the current and projected workforce shortages of registered nurses and licensed practical nurses available to provide low-complexity regular home care nursing services to clients, especially clients covered by medical assistance;

(3) develop recommendations for actions to take in the next two years to address the regular home care nursing workforce shortage, including identifying other health care professionals who may be able to provide low-complexity regular home care nursing services with additional training; what additional training may be necessary for these health care professionals; and how to address scope of practice and licensing issues;

(4) compile reimbursement rates for regular home care nursing from other states and determine Minnesota's national ranking with respect to reimbursement for regular home care nursing;

(5) determine whether reimbursement rates for regular home care nursing fully reimburse providers for the cost of providing the service and whether the discrepancy, if any, between rates and costs contributes to lack of access to regular home care nursing; and

(6) by January 15, 2019, report on the findings and recommendations of the working group to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance.

The working group's report shall include draft legislation.

(e) The working group shall elect a chair from among its members at its first meeting.

(f) The meetings of the working group shall be open to the public.

(g) This section expires January 16, 2019, or the day after submitting the report required by this section, whichever is earlier.

Sec. 66. **DIRECTION TO COMMISSIONER.**

By March 1, 2019, the commissioner of health must issue a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health, human services, or aging on the progress toward implementing each recommendation of the Office of the Legislative Auditor with which the commissioner agreed in the commissioner's letter to the legislative auditor dated March 1, 2018. The commissioner shall include in the report existing data collected in the course of the commissioner's continuing oversight of the Office of Health Facility Complaints sufficient to demonstrate the implementation of the recommendations with which the commissioner agreed.

Sec. 67. **DIRECTION TO COMMISSIONER.**

On a quarterly basis until January 2021, and annually thereafter, the commissioner of health must submit a report on the Office of Health Facility Complaints' response to allegations of maltreatment of vulnerable adults. The report must include:

(1) a description and assessment of the office's efforts to improve its internal processes and compliance with federal and state requirements concerning allegations of maltreatment of vulnerable adults, including any relevant timelines;

(2) the number of reports received by the type of reporter, the number of reports investigated, the percentage and number of reported cases awaiting triage, the number and percentage of open investigations, and the number and percentage of investigations that have failed to meet state or federal timelines by cause of delay;

(3) a trend analysis of internal audits conducted by the office; and

(4) trends and patterns in maltreatment of vulnerable adults, licensing violations by facilities or providers serving vulnerable adults, and other metrics as determined by the commissioner.

Sec. 68. **DIRECTION TO COMMISSIONER.**

The commissioner of health must post every substantiated report of maltreatment of a vulnerable adult at the Web site of the Office of Health Facility Complaints.

Sec. 69. **APPROPRIATION.**

$..... in fiscal year 2019 is appropriated from the general fund to the commissioner of health for contingent development and implementation of the assisted living licensure and dementia care certification rules described in section 62. The base includes $..... in fiscal year 2020 and $0 in fiscal year 2021 for this purpose.

Sec. 70. **BASE ADJUSTMENT.**

The state government special revenue fund base for the commissioner of health includes $..... in fiscal year 2020 and $..... in fiscal year 2021 for contingent administration of the assisted living licensure and dementia care certification rules described in section 62.

Sec. 71. **APPROPRIATION.**

$75,000 in fiscal year 2019 is appropriated from the general fund to the commissioner of health for the Assisted Living Report Card Working Group described in section 63.

Sec. 72. **APPROPRIATION.**

$75,000 in fiscal year 2019 is appropriated from the general fund to the commissioner of human services for the Crimes Against Vulnerable Adults Advisory Task Force described in section 64.

Sec. 73. **APPROPRIATION.**

$..... in fiscal year 2019 is appropriated from the general fund to the commissioner of health for needed technological upgrades at the Office of Health Facility Complaints, to be available until June 30, 2022. This is a onetime appropriation. The commissioner may not transfer this appropriation or use the appropriated funds for any other purpose.

Sec. 74. **APPROPRIATION.**

$..... in fiscal year 2019 is appropriated from the general fund to the commissioner of health for the Assisted Living Licensure and Dementia Care Task Force described in section 61. The general fund base includes $..... in fiscal year 2020 and $0 in fiscal year 2021 for this purpose.

Sec. 75. **REPEALER.**

(a) Minnesota Statutes 2016, sections 144D.09; and 256.021, are repealed.

(b) Minnesota Statutes 2016, sections 144G.02; 144G.03; 144G.04; 144G.05; and 144G.06, are repealed effective February 1, 2020.

ARTICLE 2

FINANCIAL EXPLOITATION PROTECTIONS

Section 1. **[45A.01] DEFINITIONS.**

Subdivision 1. **Scope and application.** For purposes of this chapter, the terms in this section have the meanings given them.

Subd. 2. **Broker-dealer.** "Broker-dealer" has the meaning given in section 80A.41.

Subd. 3. **Commissioner.** "Commissioner" means the commissioner of commerce.

Subd. 4. **Common entry point.** "Common entry point" has the meaning given in section 626.5572, subdivision 5.

Subd. 5. **Eligible adult.** "Eligible adult" means:

(1) a person 65 years of age or older; or

(2) a person subject to section 626.5572, subdivision 21.

Subd. 6. **Financial exploitation.** "Financial exploitation" means:

(1) the wrongful or unauthorized taking, withholding, appropriation, expenditure, or use of money, assets, or property of an eligible adult; or

(2) an act or omission taken by a person, including through the use of a power of attorney, guardianship, trustee, or conservatorship of an eligible adult, to:

(i) obtain control, through deception, intimidation, or undue influence, over the eligible adult's money, assets, or property to deprive the eligible adult of the ownership, use, benefit, or possession of the eligible adult's money, assets, or property; or

(ii) convert money, assets, or property of the eligible adult to deprive the eligible adult of the ownership, use, benefit, or possession of the eligible adult's money, assets, or property.

Subd. 7. **Investment adviser.** "Investment adviser" has the meaning given in section 80A.41.

Subd. 8. **Lead investigative agency.** "Lead investigative agency" has the meaning given in section 626.5572, subdivision 13.

Sec. 2. **[45A.02] GOVERNMENTAL DISCLOSURES.**

If a broker-dealer or investment adviser reasonably believes that financial exploitation of an eligible adult may have occurred, may have been attempted, or is being attempted, the broker-dealer or investment adviser may promptly notify the commissioner and the common entry point.

Sec. 3. **[45A.03] IMMUNITY FOR GOVERNMENTAL DISCLOSURES.**

A broker-dealer or investment adviser who, in good faith, makes a disclosure of information pursuant to section 45A.02, cooperates with a civil or criminal investigation of financial exploitation of an eligible adult, or testifies about alleged financial exploitation of an eligible adult in a judicial or administrative proceeding is immune from administrative or civil liability that might otherwise arise from the disclosure or testimony or for failure to notify the customer of the disclosure or testimony.

Sec. 4. **[45A.04] THIRD-PARTY DISCLOSURES.**

If a broker-dealer or investment adviser reasonably believes that financial exploitation of an eligible adult may have occurred, may have been attempted, or is being attempted, a broker-dealer or investment adviser may notify a third party reasonably associated with the eligible adult or any other person permitted under state or federal law or rule, rules of a self-regulating organization, or customer agreement. Disclosure may not be made to a third party that is suspected of financial exploitation or other abuse of the eligible adult.

Sec. 5. **[45A.05] IMMUNITY FOR THIRD-PARTY DISCLOSURES.**

A broker-dealer or investment adviser who, in good faith, complies with section 45A.04 is immune from administrative or civil liability that might otherwise arise from the disclosure.

Sec. 6. **[45A.06] DELAYING DISBURSEMENTS.**

(a) A broker-dealer or investment adviser shall delay a disbursement from or place a hold on a transaction involving an account of an eligible adult or an account on which an eligible adult is a beneficiary if the commissioner of commerce, law enforcement agency, or the prosecuting attorney's office provides information to the broker-dealer or investment adviser demonstrating that it is reasonable to believe that financial exploitation of an eligible adult may have occurred, may have been attempted, or is being attempted. A broker-dealer or investment adviser may delay a disbursement from or place a hold on a transaction involving an account of an eligible adult or an account on which an eligible adult is a beneficiary if:

(1) the broker-dealer or investment adviser reasonably believes, after initiating an internal review of the requested disbursement or transaction and the suspected financial exploitation, that the requested disbursement or transaction may result in financial exploitation of an eligible adult; and

(2) the broker-dealer or investment adviser:

(i) immediately, but in no event more than two business days after the delayed disbursement or transaction, provides written notification of the delay or hold and the reason for the delay or hold to all parties authorized to transact business on the account, unless the party is reasonably believed to have engaged in suspected or attempted financial exploitation of the eligible adult;

(ii) immediately, but in no event more than two business days after the delayed disbursement or transaction, notifies the commissioner and the common entry point; and

(iii) provides documentation and updates of any internal review conducted by the broker-dealer or investment adviser upon request of the commissioner, lead investigative agency, law enforcement agency, or the prosecuting attorney's office.

(b) A delay of a disbursement or hold on a transaction as authorized by this section expires upon the sooner of:

(1) a determination by the broker-dealer or investment adviser that the disbursement or transaction will not result in financial exploitation of the eligible adult if the broker-dealer or investment adviser initiated the delay of disbursement or hold on the transaction;

(2) a determination by the commissioner, law enforcement agency, lead investigative agency, or prosecuting attorney's office that the disbursement or transaction will not result in financial exploitation of the eligible adult; or

(3) 15 business days after the date on which the broker-dealer or investment adviser first delayed disbursement of the funds or held the transaction, unless the commissioner, law enforcement agency, lead investigative agency, or prosecuting attorney's office requests that the broker-dealer or investment adviser extend the delay or hold, in which case the delay or hold expires no more than 25 business days after the date on which the broker-dealer or investment adviser first delayed disbursement or placed the hold on the transaction unless sooner terminated or extended by the commissioner, law enforcement agency, lead investigative agency, or prosecuting attorney's office or an order of a court of competent jurisdiction.

(c) A court of competent jurisdiction may enter an order extending the delay of the disbursement of funds or hold on the transaction or may order other protective relief based on the petition of the commissioner of commerce, lead investigative agency, broker-dealer or investment adviser, or other interested party that initiated the delay or hold under this section.

(d) Provided that a broker-dealer or investment adviser's internal review of the suspected or attempted financial exploitation of the eligible adult supports the broker-dealer or investment adviser's reasonable belief that financial exploitation of the eligible adult has occurred, has been attempted, or is being attempted, the temporary delay or hold may be extended by the broker-dealer or investment adviser for no longer than ten business days following the date authorized by paragraph (b), clause (2), unless otherwise terminated or extended by the commissioner, law enforcement agency, lead investigative agency, or prosecuting attorney's office or an order of a court of competent jurisdiction.

Sec. 7. **[45A.07] IMMUNITY FOR DELAYING DISBURSEMENTS.**

A broker-dealer or investment adviser that, in good faith, complies with section 45A.06 or the commissioner of commerce, law enforcement agency, or the prosecuting attorney's office is immune from administrative or civil liability that might otherwise arise from the delay in a disbursement or placing a hold on a transaction in accordance with this chapter.

Sec. 8. **[45A.08] RECORDS.**

A broker-dealer or investment adviser shall provide access to or copies of records that are relevant to the suspected or attempted financial exploitation of an eligible adult to the lead investigative agency, and to the law enforcement agency, either as part of a referral to the lead investigative agency or to the law enforcement agency, or upon request of the lead investigative agency or the law enforcement agency pursuant to an investigation. The records may include historical records as well as records relating to the most recent transaction or transactions that may comprise financial exploitation of an eligible adult. Records made available to agencies under this section are

classified as private data on individuals or nonpublic data as those terms are defined in section 13.02, unless the records are part of an active civil investigation and classified as confidential or protected nonpublic under section 13.39. Nothing in this provision limits or otherwise impedes the authority of the commissioner of commerce to access or examine the books and records of broker-dealers or investment advisers as otherwise provided by law.

Sec. 9. **[45A.09] IMMUNITY FOR RECORDS DISCLOSURE.**

A broker-dealer or investment adviser who, in good faith, complies with section 45A.08, is immune from administrative or civil liability that might otherwise arise from the disclosure."

Amend the title as follows:

Page 1, line 3, delete "and" and insert a comma

Page 1, line 4, after "rights" insert ", and the home care bill of rights"

Page 1, line 8, after "penalties" insert "; authorizing contingent rulemaking"

Amend the title numbers accordingly

And when so amended the bill do pass and be re-referred to the Committee on Rules and Administration.

Pursuant to Joint Rule 2.03, the bill was referred to the Committee on Rules and Administration.

Senator Benson from the Committee on Health and Human Services Finance and Policy, to which was referred

S.F. No. 2505: A bill for an act relating to human services; modifying the Department of Human Services administrative funds transfers; transferring money; amending Laws 2017, First Special Session chapter 6, article 18, section 16.

Reports the same back with the recommendation that the bill be amended as follows:

Delete everything after the enacting clause and insert:

"ARTICLE 1

HEALTH CARE

Section 1. Minnesota Statutes 2016, section 3.3005, subdivision 8, is amended to read:

Subd. 8. **Request contents.** A request to spend federal funds submitted under this section must include the name of the federal grant, the federal agency from which the funds are available, a federal identification number, a brief description of the purpose of the grant, the amounts expected by fiscal year, an indication if any state match is required, an indication if there is a maintenance of effort requirement, and the number of full-time equivalent positions needed to implement the grant. For new grants, the request must provide a narrative description of the short- and long-term commitments

required, including whether continuation of any full-time equivalent positions will be a condition of receiving the federal award.

Sec. 2. **[62J.90] MINNESOTA HEALTH POLICY COMMISSION.**

Subdivision 1. **Definition.** For purposes of this section, "commission" means the Minnesota Health Policy Commission.

Subd. 2. **Commission membership.** The commission shall consist of 15 voting members, appointed by the Legislative Coordinating Commission as provided in subdivision 9, as follows:

(1) one member with demonstrated expertise in health care finance;

(2) one member with demonstrated expertise in health economics;

(3) one member with demonstrated expertise in actuarial science;

(4) one member with demonstrated expertise in health plan management and finance;

(5) one member with demonstrated expertise in health care system management;

(6) one member with demonstrated expertise as a purchaser, or a representative of a purchaser, of employer-sponsored health care services or employer-sponsored health insurance;

(7) one member with demonstrated expertise in the development and utilization of innovative medical technologies;

(8) one member with demonstrated expertise as a health care consumer advocate;

(9) one member who is a primary care physician;

(10) one member who provides long-term care services through medical assistance;

(11) one member with direct experience as an enrollee, or parent or caregiver of an enrollee, in MinnesotaCare or medical assistance;

(12) two members of the senate, including one member appointed by the majority leader and one member from the minority party appointed by the minority leader; and

(13) two members of the house of representatives, including one member appointed by the speaker of the house and one member from the minority party appointed by the minority leader.

Subd. 3. **Duties.** (a) The commission shall:

(1) compare Minnesota's private market health care costs and public health care program spending to that of the other states;

(2) compare Minnesota's private market health care costs and public health care program spending in any given year to its costs and spending in previous years;

(3) identify factors that influence and contribute to Minnesota's ranking for private market health care costs and public health care program spending, including the year over year and trend line change in total costs and spending in the state;

(4) continually monitor efforts to reform the health care delivery and payment system in Minnesota to understand emerging trends in the health insurance market, including the private health care market, large self-insured employers, and the state's public health care programs in order to identify opportunities for state action to achieve:

(i) improved patient experience of care, including quality and satisfaction;

(ii) improved health of all populations; and

(iii) reduced per capita cost of health care;

(5) make recommendations for legislative policy, the health care market, or any other reforms to:

(i) lower the rate of growth in private market health care costs and public health care program spending in the state;

(ii) positively impact the state's ranking in the areas listed in this subdivision; and

(iii) improve the quality and value of care for all Minnesotans; and

(6) conduct any additional reviews requested by the legislature.

(b) In making recommendations to the legislature, the commission shall consider:

(i) how the recommendations might positively impact the cost-shifting interplay between public payer reimbursement rates and health insurance premiums; and

(ii) how public health care programs, where appropriate, may be utilized as a means to help prepare enrollees for an eventual transition to the private health care market.

Subd. 4. **Report.** The commission shall submit recommendations for changes in health care policy and financing by June 15 each year to the chairs and ranking minority members of the legislative committees with primary jurisdiction over health care. The report shall include any draft legislation to implement the commission's recommendations.

Subd. 5. **Staff.** The commission shall hire a director who may employ or contract for professional and technical assistance as the commission determines necessary to perform its duties. The commission may also contract with private entities with expertise in health economics, health finance, and actuarial science to secure additional information, data, research, or modeling that may be necessary for the commission to carry out its duties.

Subd. 6. **Access to information.** The commission may secure directly from a state department or agency de-identified information and data that is necessary for the commission to carry out its duties. For purposes of this section, "de-identified" means the process used to prevent the identity

of a person or business from being connected with information and ensuring all identifiable information has been removed.

Subd. 7. **Terms; vacancies; compensation.** (a) Public members of the commission shall serve four-year terms. The public members may not serve for more than two consecutive terms.

(b) The legislative members shall serve on the commission as long as the member or the appointing authority holds office.

(c) The removal of members and filling of vacancies on the commission are as provided in section 15.059.

(d) Public members may receive compensation and expenses as provided in section 15.059, subdivision 3.

Subd. 8. **Chairs; officers.** The commission shall elect a chair annually. The commission may elect other officers necessary for the performance of its duties.

Subd. 9. **Selection of members; advisory council.** The Legislative Coordinating Commission shall take applications from members of the public who are qualified and interested to serve in one of the listed positions. The applications must be reviewed by a health policy commission advisory council comprised of four members as follows: the state economist, legislative auditor, state demographer, and the president of the Federal Reserve Bank of Minneapolis or a designee of the president. The advisory council shall recommend two applicants for each of the specified positions by September 30 in the calendar year preceding the end of the members' terms. The Legislative Coordinating Commission shall appoint one of the two recommended applicants to the commission.

Subd. 10. **Meetings.** The commission shall meet at least four times each year. Commission meetings are subject to chapter 13D.

Subd. 11. **Conflict of interest.** A member of the commission may not participate in or vote on a decision of the commission relating to an organization in which the member has either a direct or indirect financial interest.

Subd. 12. **Expiration.** The commission shall expire on June 15, 2024.

Sec. 3. Minnesota Statutes 2016, section 256.01, is amended by adding a subdivision to read:

Subd. 17a. **Transfers for routine administrative operations.** (a) Unless specifically authorized by law, the commissioner may only transfer money from the general fund to any other fund for routine administrative operations and may not transfer money from the general fund to any other fund without approval from the commissioner of management and budget. If the commissioner of management and budget determines that a transfer proposed by the commissioner is necessary for routine administrative operations of the Department of Human Services, the commissioner may approve the transfer. If the commissioner of management and budget determines that the transfer proposed by the commissioner is not necessary for routine administrative operations of the Department of Human Services, the commissioner may not approve the transfer unless the requirements of paragraph (b) are met.

(b) If the commissioner of management and budget determines that a transfer under paragraph (a) is not necessary for routine administrative operations of the Department of Human Services, the commissioner may request approval of the transfer from the Legislative Advisory Commission under section 3.30. To request approval of a transfer from the Legislative Advisory Commission, the commissioner must submit a request that includes the amount of the transfer, the budget activity and fund from which money would be transferred and the budget activity and fund to which money would be transferred, an explanation of the administrative necessity of the transfer, and a statement from the commissioner of management and budget explaining why the transfer is not necessary for routine administrative operations of the Department of Human Services. The Legislative Advisory Commission shall review the proposed transfer and make a recommendation within 20 days of the request from the commissioner. If the Legislative Advisory Commission makes a positive recommendation or no recommendation, the commissioner may approve the transfer. If the Legislative Advisory Commission makes a negative recommendation or a request for more information, the commissioner may not approve the transfer. A recommendation of the Legislative Advisory Commission must be made by a majority of the commission and must be made at a meeting of the commission unless a written recommendation is signed by a majority of the commission members required to vote on the question. If the commission makes a negative recommendation or a request for more information, the commission may withdraw or change its recommendation.

Sec. 4. Minnesota Statutes 2016, section 256B.04, subdivision 14, is amended to read:

Subd. 14. **Competitive bidding.** (a) When determined to be effective, economical, and feasible, the commissioner may utilize volume purchase through competitive bidding and negotiation under the provisions of chapter 16C, to provide items under the medical assistance program including but not limited to the following:

(1) eyeglasses;

(2) oxygen. The commissioner shall provide for oxygen needed in an emergency situation on a short-term basis, until the vendor can obtain the necessary supply from the contract dealer;

(3) hearing aids and supplies; and

(4) durable medical equipment, including but not limited to:

(i) hospital beds;

(ii) commodes;

(iii) glide-about chairs;

(iv) patient lift apparatus;

(v) wheelchairs and accessories;

(vi) oxygen administration equipment;

(vii) respiratory therapy equipment;

(viii) electronic diagnostic, therapeutic and life-support systems;

(5) nonemergency medical transportation level of need determinations, disbursement of public transportation passes and tokens, and volunteer and recipient mileage and parking reimbursements; and

(6) drugs.

(b) Rate changes and recipient cost-sharing under this chapter and chapter 256L do not affect contract payments under this subdivision unless specifically identified.

(c) The commissioner may not utilize volume purchase through competitive bidding and negotiation ~~for special transportation services~~ under the provisions of chapter 16C for special transportation services or incontinence products and related supplies.

Sec. 5. Minnesota Statutes 2017 Supplement, section 256B.0625, subdivision 3b, is amended to read:

Subd. 3b. **Telemedicine services.** (a) Medical assistance covers medically necessary services and consultations delivered by a licensed health care provider via telemedicine in the same manner as if the service or consultation was delivered in person. Coverage is limited to three telemedicine services per enrollee per calendar week, except as provided in paragraph (f). Telemedicine services shall be paid at the full allowable rate.

(b) The commissioner shall establish criteria that a health care provider must attest to in order to demonstrate the safety or efficacy of delivering a particular service via telemedicine. The attestation may include that the health care provider:

(1) has identified the categories or types of services the health care provider will provide via telemedicine;

(2) has written policies and procedures specific to telemedicine services that are regularly reviewed and updated;

(3) has policies and procedures that adequately address patient safety before, during, and after the telemedicine service is rendered;

(4) has established protocols addressing how and when to discontinue telemedicine services; and

(5) has an established quality assurance process related to telemedicine services.

(c) As a condition of payment, a licensed health care provider must document each occurrence of a health service provided by telemedicine to a medical assistance enrollee. Health care service records for services provided by telemedicine must meet the requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must document:

(1) the type of service provided by telemedicine;

(2) the time the service began and the time the service ended, including an a.m. and p.m. designation;

(3) the licensed health care provider's basis for determining that telemedicine is an appropriate and effective means for delivering the service to the enrollee;

(4) the mode of transmission of the telemedicine service and records evidencing that a particular mode of transmission was utilized;

(5) the location of the originating site and the distant site;

(6) if the claim for payment is based on a physician's telemedicine consultation with another physician, the written opinion from the consulting physician providing the telemedicine consultation; and

(7) compliance with the criteria attested to by the health care provider in accordance with paragraph (b).

(d) For purposes of this subdivision, unless otherwise covered under this chapter, "telemedicine" is defined as the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between licensed health care providers, or a licensed health care provider and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.

(e) For purposes of this section, "licensed health care provider" means a licensed health care provider under section 62A.671, subdivision 6~~, and~~; a community paramedic as defined under section 144E.001, subdivision 5f; or a mental health practitioner defined under section 245.462, subdivision 17, or 245.4871, subdivision 26, working under the general supervision of a mental health professional; "health care provider" is defined under section 62A.671, subdivision 3; and "originating site" is defined under section 62A.671, subdivision 7.

(f) The limit on coverage of three telemedicine services per enrollee per calendar week does not apply if:

(1) the telemedicine services provided by the licensed health care provider are for the treatment and control of tuberculosis; and

(2) the services are provided in a manner consistent with the recommendations and best practices specified by the Centers for Disease Control and Prevention.

Sec. 6. Minnesota Statutes 2016, section 256B.0625, subdivision 58, is amended to read:

Subd. 58. **Early and periodic screening, diagnosis, and treatment services.** (a) Medical assistance covers early and periodic screening, diagnosis, and treatment services (EPSDT). The payment amount for a complete EPSDT screening shall not include charges for health care services and products that are available at no cost to the provider and shall not exceed the rate established per Minnesota Rules, part 9505.0445, item M, effective October 1, 2010.

(b) A provider is not required to perform as part of an EPSDT screening any of the recommendations that were added on or after January 1, 2017, to the child and teen checkup program periodicity schedule, in order to receive the full payment amount for a complete EPSDT screening. This paragraph expires January 1, 2021.

(c) The commissioner shall inform the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services of any new recommendations added to an EPSDT screening after January 1, 2018, that the provider is required to perform as part of an EPSDT screening to receive the full payment amount.

Sec. 7. **[256B.758] REIMBURSEMENT FOR DOULA SERVICES.**

Effective for services provided on or after July 1, 2018, payments for doula services provided by a certified doula shall be $47 per prenatal or postpartum visit, up to a total of six visits; and $488 for attending and providing doula services at a birth.

Sec. 8. Laws 2017, First Special Session chapter 6, article 4, section 61, is amended to read:

Sec. 61. **CAPITATION PAYMENT DELAY.**

(a) The commissioner of human services shall delay the medical assistance capitation payment to managed care plans and county-based purchasing plans due in May 2019 until July 1, 2019. The payment shall be made no earlier than July 1, 2019, and no later than July 31, 2019.

(b) The commissioner of human services shall delay the medical assistance capitation payment to managed care plans and county-based purchasing plans due in May 2021 until July 1, 2021. The payment shall be made no earlier than July 1, 2021, and no later than July 31, 2021. This paragraph does not apply to the capitation payment for adults without dependent children.

Sec. 9. **MINNESOTA HEALTH POLICY COMMISSION; FIRST APPOINTMENTS; FIRST MEETING.**

The Health Policy Commission Advisory Council shall make its recommendations under Minnesota Statutes, section 62J.90, subdivision 9, for candidates to serve on the Minnesota Health Policy Commission to the Legislative Coordinating Commission by September 30, 2018. The Legislative Coordinating Commission shall make the first appointments of public members to the Minnesota Health Policy Commission under Minnesota Statutes, section 62J.90, by January 15, 2019. The Legislative Coordinating Commission shall designate five members to serve terms that are coterminous with the governor and six members to serve terms that end on the first Monday in January one year after the terms of the other members conclude. The director of the Legislative Coordinating Commission shall convene the first meeting of the Minnesota Health Policy Commission by June 15, 2019, and shall act as the chair until the commission elects a chair at its first meeting.

Sec. 10. **PAIN MANAGEMENT.**

(a) The Health Services Policy Committee established under Minnesota Statutes, section 256B.0625, subdivision 3c, shall evaluate and make recommendations on the integration of nonpharmacologic pain management that are clinically viable and sustainable; reduce or eliminate chronic pain conditions; improve functional status; and prevent addiction and reduce dependence

on opiates or other pain medications. The recommendations must be based on best practices for the effective treatment of musculoskeletal pain provided by health practitioners identified in paragraph (b), and covered under medical assistance. Each health practitioner represented under paragraph (b) shall present the minimum best integrated practice recommendations, policies, and scientific evidence for nonpharmacologic treatment options for eliminating pain and improving functional status within their full professional scope. Recommendations for integration of services may include guidance regarding screening for co-occurring behavioral health diagnosis; protocols for communication between all providers treating a unique individual, including protocols for follow-up; and universal mechanisms to assess improvements in functional status.

(b) In evaluating and making recommendations, the Health Services Policy Committee shall consult and collaborate with the following health practitioners: acupuncture practitioners licensed under Minnesota Statutes, chapter 147B; chiropractors licensed under Minnesota Statutes, sections 148.01 to 148.10; physical therapists licensed under Minnesota Statutes, sections 148.68 to 148.78; medical and osteopathic physicians licensed under Minnesota Statutes, chapter 147, and advanced practice registered nurses licensed under Minnesota Statutes, sections 148.171 to 148.285, with experience in providing primary care collaboratively within a multidisciplinary team of health care practitioners who employ nonpharmacologic pain therapies; and psychologists licensed under Minnesota Statutes, section 148.907.

(c) The commissioner shall submit a progress report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by January 15, 2019, and shall report final recommendations by August 1, 2019. The final report may also contain recommendations for developing and implementing a pilot program to assess the clinical viability, sustainability, and effectiveness of integrated nonpharmacologic, multidisciplinary treatments for managing musculoskeletal pain and improving functional status.

Sec. 11. **REPEALER.**

Minnesota Statutes 2017 Supplement, section 256B.0625, subdivision 31c, is repealed.

ARTICLE 2

HEALTH DEPARTMENT

Section 1. Minnesota Statutes 2017 Supplement, section 103I.005, subdivision 2, is amended to read:

Subd. 2. **Boring.** "Boring" means a hole or excavation that ~~is not used to extract water and~~ includes exploratory borings, bored geothermal heat exchangers, temporary borings, and elevator borings.

Sec. 2. Minnesota Statutes 2017 Supplement, section 103I.005, subdivision 8a, is amended to read:

Subd. 8a. **Environmental well.** "Environmental well" means an excavation 15 or more feet in depth that is drilled, cored, bored, washed, driven, dug, jetted, or otherwise constructed to:

(1) conduct physical, chemical, or biological testing of groundwater, and includes a groundwater quality monitoring or sampling well;

(2) lower a groundwater level to control or remove contamination in groundwater, and includes a remedial well and excludes horizontal trenches; or

(3) monitor or measure physical, chemical, radiological, or biological parameters of the earth and earth fluids, or for vapor recovery or venting systems. An environmental well includes an excavation used to:

(i) measure groundwater levels, including a piezometer;

(ii) determine groundwater flow direction or velocity;

(iii) measure earth properties such as hydraulic conductivity, bearing capacity, or resistance;

(iv) obtain samples of geologic materials for testing or classification; or

(v) remove or remediate pollution or contamination from groundwater or soil through the use of a vent, vapor recovery system, or sparge point.

An environmental well does not include an exploratory boring.

Sec. 3. Minnesota Statutes 2017 Supplement, section 103I.005, subdivision 17a, is amended to read:

Subd. 17a. **Temporary ~~environmental well~~ boring.** ~~"Temporary environmental well" means an environmental well as defined in section 103I.005, subdivision 8a, that is sealed within 72 hours of the time construction on the well begins.~~ "Temporary boring" means an excavation that is 15 feet or more in depth that is sealed within 72 hours of the start of construction and is drilled, cored, washed, driven, dug, jetted, or otherwise constructed to:

(1) conduct physical, chemical, or biological testing of groundwater, including groundwater quality monitoring;

(2) monitor or measure physical, chemical, radiological, or biological parameters of earth materials or earth fluids, including hydraulic conductivity, bearing capacity, or resistance;

(3) measure groundwater levels, including use of a piezometer;

(4) determine groundwater flow direction or velocity; or

(5) collect samples of geologic materials for testing or classification, or soil vapors for testing or extraction.

Sec. 4. Minnesota Statutes 2017 Supplement, section 103I.205, subdivision 1, is amended to read:

Subdivision 1. **Notification required.** (a) Except as provided in paragraph (d), a person may not construct a water-supply, dewatering, or environmental well until a notification of the proposed

well on a form prescribed by the commissioner is filed with the commissioner with the filing fee in section 103I.208, and, when applicable, the person has met the requirements of paragraph (e). If after filing the well notification an attempt to construct a well is unsuccessful, a new notification is not required unless the information relating to the successful well has substantially changed. A notification is not required prior to construction of a temporary ~~environmental well~~ boring.

(b) The property owner, the property owner's agent, or the licensed contractor where a well is to be located must file the well notification with the commissioner.

(c) The well notification under this subdivision preempts local permits and notifications, and counties or home rule charter or statutory cities may not require a permit or notification for wells unless the commissioner has delegated the permitting or notification authority under section 103I.111.

(d) A person who is an individual that constructs a drive point water-supply well on property owned or leased by the individual for farming or agricultural purposes or as the individual's place of abode must notify the commissioner of the installation and location of the well. The person must complete the notification form prescribed by the commissioner and mail it to the commissioner by ten days after the well is completed. A fee may not be charged for the notification. A person who sells drive point wells at retail must provide buyers with notification forms and informational materials including requirements regarding wells, their location, construction, and disclosure. The commissioner must provide the notification forms and informational materials to the sellers.

(e) When the operation of a well will require an appropriation permit from the commissioner of natural resources, a person may not begin construction of the well until the person submits the following information to the commissioner of natural resources:

(1) the location of the well;

(2) the formation or aquifer that will serve as the water source;

(3) the maximum daily, seasonal, and annual pumpage rates and volumes that will be requested in the appropriation permit; and

(4) other information requested by the commissioner of natural resources that is necessary to conduct the preliminary assessment required under section 103G.287, subdivision 1, paragraph (c).

The person may begin construction after receiving preliminary approval from the commissioner of natural resources.

Sec. 5. Minnesota Statutes 2017 Supplement, section 103I.205, subdivision 4, is amended to read:

Subd. 4. **License required.** (a) Except as provided in paragraph (b), (c), (d), or (e), section 103I.401, subdivision 2, or 103I.601, subdivision 2, a person may not drill, construct, repair, or seal a well or boring unless the person has a well contractor's license in possession.

(b) A person may construct, repair, and seal an environmental well or temporary boring if the person:

(1) is a professional engineer licensed under sections 326.02 to 326.15 in the branches of civil or geological engineering;

(2) is a hydrologist or hydrogeologist certified by the American Institute of Hydrology;

(3) is a professional geoscientist licensed under sections 326.02 to 326.15;

(4) is a geologist certified by the American Institute of Professional Geologists; or

(5) meets the qualifications established by the commissioner in rule.

A person must be licensed by the commissioner as an environmental well contractor on forms provided by the commissioner.

(c) A person may do the following work with a limited well/boring contractor's license in possession. A separate license is required for each of the four activities:

(1) installing, repairing, and modifying well screens, pitless units and pitless adaptors, well pumps and pumping equipment, and well casings from the pitless adaptor or pitless unit to the upper termination of the well casing;

(2) sealing wells and borings;

(3) constructing, repairing, and sealing dewatering wells; or

(4) constructing, repairing, and sealing bored geothermal heat exchangers.

(d) A person may construct, repair, and seal an elevator boring with an elevator boring contractor's license.

(e) Notwithstanding other provisions of this chapter requiring a license, a license is not required for a person who complies with the other provisions of this chapter if the person is:

(1) an individual who constructs a water-supply well on land that is owned or leased by the individual and is used by the individual for farming or agricultural purposes or as the individual's place of abode;

(2) an individual who performs labor or services for a contractor licensed under the provisions of this chapter in connection with the construction, sealing, or repair of a well or boring at the direction and under the personal supervision of a contractor licensed under the provisions of this chapter; or

(3) a licensed plumber who is repairing submersible pumps or water pipes associated with well water systems if: (i) the repair location is within an area where there is no licensed well contractor within 50 miles, and (ii) the licensed plumber complies with all relevant sections of the plumbing code.

Sec. 6. Minnesota Statutes 2017 Supplement, section 103I.208, subdivision 1, is amended to read:

Subdivision 1. **Well notification fee.** The well notification fee to be paid by a property owner is:

(1) for construction of a water supply well, $275, which includes the state core function fee;

(2) for a well sealing, $75 for each well or boring, which includes the state core function fee, except that a single fee of $75 is required for all temporary ~~environmental wells~~ borings recorded on the sealing notification for a single property~~, having depths within a 25-foot range, and~~ sealed within 72 hours of start of construction, except that temporary borings less than 25 feet in depth are exempt from the notification and fee requirements in this chapter;

(3) for construction of a dewatering well, $275, which includes the state core function fee, for each dewatering well except a dewatering project comprising five or more dewatering wells shall be assessed a single fee of $1,375 for the dewatering wells recorded on the notification; and

(4) for construction of an environmental well, $275, which includes the state core function fee, except that a single fee of $275 is required for all environmental wells recorded on the notification that are located on a single property, and except that no fee is required for construction of a temporary ~~environmental well~~ boring.

Sec. 7. Minnesota Statutes 2017 Supplement, section 103I.235, subdivision 3, is amended to read:

Subd. 3. **Temporary ~~environmental well~~ boring and unsuccessful well exemption.** This section does not apply to temporary ~~environmental wells~~ borings or unsuccessful wells that have been sealed by a licensed contractor in compliance with this chapter.

Sec. 8. Minnesota Statutes 2016, section 103I.301, subdivision 6, is amended to read:

Subd. 6. **Notification required.** A person may not seal a well or boring until a notification of the proposed sealing is filed as prescribed by the commissioner. Temporary borings less than 25 feet in depth are exempt from the notification requirements in this chapter.

Sec. 9. Minnesota Statutes 2017 Supplement, section 103I.601, subdivision 4, is amended to read:

Subd. 4. **Notification and map of borings.** (a) By ten days before beginning exploratory boring, an explorer must submit to the commissioner of health a notification of the proposed boring ~~on a form prescribed by the commissioner,~~ map and a fee of $275 ~~for each exploratory boring~~.

(b) By ten days before beginning exploratory boring, an explorer must submit to the commissioners of health and natural resources a county road map on a single sheet of paper that is 8-1/2 inches by 11 inches in size and having a scale of one-half inch equal to one mile, as prepared by the Department of Transportation, or a 7.5 minute series topographic map (1:24,000 scale), as prepared by the United States Geological Survey, showing the location of each proposed exploratory boring to the nearest estimated 40 acre parcel. Exploratory boring that is proposed on the map may not be commenced later than 180 days after submission of the map, unless a new map is submitted.

Sec. 10. Minnesota Statutes 2016, section 144.121, subdivision 1a, is amended to read:

Subd. 1a. **Fees for ionizing radiation-producing equipment.** (a) A facility with ionizing radiation-producing equipment must pay an annual initial or annual renewal registration fee consisting of a base facility fee of $100 and an additional fee for each radiation source, as follows:

(1)	medical or veterinary equipment	$ 100
(2)	dental x-ray equipment	$ 40
(3)	x-ray equipment not used on humans or animals	$ 100
(4)	devices with sources of ionizing radiation not used on humans or animals	$ 100
(5)	security screening system	$ 100

(b) A facility with radiation therapy and accelerator equipment must pay an annual registration fee of $500. A facility with an industrial accelerator must pay an annual registration fee of $150.

(c) Electron microscopy equipment is exempt from the registration fee requirements of this section.

(d) For purposes of this section, a security screening system means radiation-producing equipment designed and used for security screening of humans who are in custody of a correctional or detention facility, and is used by the facility to image and identify contraband items concealed within or on all sides of a human body. For purposes of this section, a correctional or detention facility is a facility licensed by the commissioner of corrections under section 241.021, and operated by a state agency or political subdivision charged with detection, enforcement, or incarceration in respect to state criminal and traffic laws.

Sec. 11. Minnesota Statutes 2016, section 144.121, is amended by adding a subdivision to read:

Subd. 9. **Exemption from examination requirements; operators of security screening systems.** (a) An employee of a correctional or detention facility who operates a security screening system and the facility in which the system is being operated are exempt from the requirements of subdivisions 5 and 6.

(b) An employee of a correctional or detention facility who operates a security screening system and the facility in which the system is being operated must meet the requirements of a variance to Minnesota Rules, parts 4732.0305 and 4732.0565, issued under Minnesota Rules, parts 4717.7000 to 4717.7050. This paragraph expires on December 31 of the year that the permanent rules adopted by the commissioner governing security screening systems are published in the State Register.

EFFECTIVE DATE. This section is effective 30 days following final enactment.

Sec. 12. **[144.397] STATEWIDE TOBACCO CESSATION SERVICES.**

(a) The commissioner of health shall administer, or contract for the administration of, statewide tobacco cessation services to assist Minnesotans who are seeking advice or services to help them quit using tobacco products. The commissioner shall establish statewide public awareness activities to inform the public of the availability of the services and encourage the public to utilize the services because of the dangers and harm of tobacco use and dependence.

(b) Services to be provided may include, but are not limited to:

(1) telephone-based coaching and counseling;

(2) referrals;

(3) written materials mailed upon request;

(4) Web-based texting or e-mail services; and

(5) free Food and Drug Administration-approved tobacco cessation medications.

(c) Services provided must be consistent with evidence-based best practices in tobacco cessation services. Services provided must be coordinated with employer, health plan company, and private sector tobacco prevention and cessation services that may be available to individuals depending on their employment or health coverage.

Sec. 13. Laws 2017, First Special Session chapter 6, article 10, section 144, is amended to read:

Sec. 144. **OPIOID ABUSE PREVENTION PILOT PROJECTS.**

(a) The commissioner of health shall establish opioid abuse prevention pilot projects in geographic areas throughout the state based on the most recently available data on opioid overdose and abuse rates, to reduce opioid abuse through the use of controlled substance care teams and community-wide coordination of abuse-prevention initiatives. The commissioner shall award grants to health care providers, health plan companies, local units of government, tribal governments, or other entities to establish pilot projects.

(b) Each pilot project must:

(1) be designed to reduce emergency room and other health care provider visits resulting from opioid use or abuse, and reduce rates of opioid addiction in the community;

(2) establish multidisciplinary controlled substance care teams, that may consist of physicians, pharmacists, social workers, nurse care coordinators, and mental health professionals;

(3) deliver health care services and care coordination, through controlled substance care teams, to reduce the inappropriate use of opioids by patients and rates of opioid addiction;

(4) address any unmet social service needs that create barriers to managing pain effectively and obtaining optimal health outcomes;

(5) provide prescriber and dispenser education and assistance to reduce the inappropriate prescribing and dispensing of opioids;

(6) promote the adoption of best practices related to opioid disposal and reducing opportunities for illegal access to opioids; and

(7) engage partners outside of the health care system, including schools, law enforcement, and social services, to address root causes of opioid abuse and addiction at the community level.

(c) The commissioner shall contract with an accountable community for health that operates an opioid abuse prevention project, and can document success in reducing opioid use through the use of controlled substance care teams, to assist the commissioner in administering this section, and to provide technical assistance to the commissioner and to entities selected to operate a pilot project.

(d) The contract under paragraph (c) shall require the accountable community for health to evaluate the extent to which the pilot projects were successful in reducing the inappropriate use of opioids. The evaluation must analyze changes in the number of opioid prescriptions, the number of emergency room visits related to opioid use, and other relevant measures. The accountable community for health shall report evaluation results to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance and public safety by December 15, 2019, for projects that received funding in fiscal year 2018, and by December 15, 2021, for projects that received funding in fiscal year 2019.

(e) The commissioner may award one grant that, in addition to the other requirements of this section, allows a root cause approach to reduce opioid abuse in an American Indian community.

Sec. 14. **LOW-VALUE HEALTH SERVICES STUDY.**

(a) The commissioner of health shall examine and analyze:

(1) the alignment in health care delivery with specific best practices guidelines or recommendations; and

(2) health care services and procedures for purposes of identifying, measuring, and potentially eliminating those services or procedures with low value and little benefit to patients. The commissioner shall update and expand on previous work completed by the Department of Health on the prevalence and costs of low-value health care services in Minnesota.

(b) Notwithstanding Minnesota Statutes, section 62U.04, subdivision 11, the commissioner may use the Minnesota All Payer Claims Database (MN APCD) to conduct the analysis using the most recent data available and may limit the claims research to the Minnesota All Payer Claims Database.

(c) The commissioner may convene a work group of no more than eight members with demonstrated knowledge and expertise in health care delivery systems, clinical experience, or research experience to make recommendations on services and procedures for the commissioner to analyze under paragraph (a).

(d) The commissioner shall submit a preliminary report to the chairs and ranking minority members of the legislative committees with jurisdiction over health care by February 1, 2019, outlining the work group's recommendations and any early findings from the analysis. The commissioner shall submit a final report containing the completed analysis by January 15, 2020. The commissioner may release select research findings as a result of this study throughout the study and analytic process and shall provide the public an opportunity to comment on any research findings before the release of any finding.

Sec. 15. **OPIOID OVERDOSE REDUCTION PILOT PROGRAM.**

Subdivision 1. **Establishment.** The commissioner of health shall provide grants to ambulance services to fund activities by community paramedic teams to reduce opioid overdoses in the state. Under this pilot program, ambulance services shall develop and implement projects in which community paramedics connect with patients who are discharged from a hospital or emergency department following an opioid overdose episode, develop personalized care plans for those patients in consultation with the ambulance service medical director, and provide follow-up services to those patients.

Subd. 2. **Priority areas; services.** (a) In a project developed under this section, an ambulance service must target community paramedic team services to portions of the service area with high levels of opioid use, high death rates from opioid overdoses, and urgent needs for interventions.

(b) In a project developed under this section, a community paramedic team shall:

(1) provide services to patients released from a hospital or emergency department following an opioid overdose episode and place priority on serving patients who were administered the opiate antagonist naloxone hydrochloride by emergency medical services personnel in response to a 911 call during the opioid overdose episode;

(2) provide the following evaluations during an initial home visit: (i) a home safety assessment including whether there is a need to dispose of prescription drugs that are expired or no longer needed; (ii) medication compliance; (iii) an HIV risk assessment; (iv) instruction on the use of naloxone hydrochloride; and (v) a basic needs assessment;

(3) provide patients with health assessments, chronic disease monitoring and education, and assistance in following hospital discharge orders; and

(4) work with a multidisciplinary team to address the overall physical and mental health needs of patients and health needs related to substance use disorder treatment.

(c) An ambulance service receiving a grant under this section may use grant funds to cover the cost of evidence-based training in opioid addiction and recovery treatment.

Subd. 3. **Evaluation.** An ambulance service that receives a grant under this section shall evaluate the extent to which the project was successful in reducing the number of opioid overdoses and opioid overdose deaths among patients who received services and in reducing the inappropriate use of opioids by patients who received services. The commissioner of health shall develop specific evaluation measures and reporting timelines for ambulance services receiving grants. Ambulance services shall submit the information required by the commissioner to the commissioner and the commissioner shall submit a summary of the information reported by the ambulance services to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services by December 1, 2019.

Sec. 16. **RULEMAKING; SECURITY SCREENING SYSTEMS.**

The commissioner of health may adopt permanent rules to implement Minnesota Statutes, section 144.121, subdivision 9, by December 31, 2020. If the commissioner of health does not adopt rules by December 31, 2020, rulemaking authority under this section is repealed. Rulemaking authority

under this section is not continuing authority to amend or repeal the rule. Any additional action on rules once adopted must be pursuant to specific statutory authority to take the additional action.

ARTICLE 3

HEALTH COVERAGE

Section 1. Minnesota Statutes 2016, section 62A.30, is amended by adding a subdivision to read:

Subd. 4. **Mammograms.** (a) For purposes of subdivision 2, coverage for a preventive mammogram screening shall include digital breast tomosynthesis for enrollees at risk for breast cancer, and shall be covered as a preventive item or service, as described under section 62Q.46.

(b) For purposes of this subdivision, "digital breast tomosynthesis" means a radiologic procedure that involves the acquisition of projection images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast. "At risk for breast cancer" means:

(1) having a family history with one or more first- or second-degree relatives with breast cancer;

(2) testing positive for BRCA1 or BRCA2 mutations;

(3) having heterogeneously dense breasts or extremely dense breasts based on the Breast Imaging Reporting and Data System established by the American College of Radiology; or

(4) having a previous diagnosis of breast cancer.

(c) This subdivision does not apply to coverage provided through a public health care program under chapter 256B or 256L.

EFFECTIVE DATE. This section is effective January 1, 2019, and applies to health plans issued, sold, or renewed on or after that date.

Sec. 2. **[62J.824] FACILITY FEE DISCLOSURE.**

(a) Prior to the delivery of nonemergency services, a provider-based clinic that charges a facility fee shall provide notice to any patient stating that the clinic is part of a hospital and the patient may receive a separate charge or billing for the facility component, which may result in a higher out-of-pocket expense.

(b) Each health care facility must post prominently in locations easily accessible to and visible by patients, including its Web site, a statement that the provider-based clinic is part of a hospital and the patient may receive a separate charge or billing for the facility, which may result in a higher out-of-pocket expense.

(c) This section does not apply to laboratory services, imaging services, or other ancillary health services that are provided by staff who are not employed by the health care facility or clinic.

(d) For purposes of this section:

(1) "facility fee" means any separate charge or billing by a provider-based clinic in addition to a professional fee for physicians' services that is intended to cover building, electronic medical records systems, billing, and other administrative and operational expenses; and

(2) "provider-based clinic" means the site of an off-campus clinic or provider office located at least 250 yards from the main hospital buildings or as determined by the Centers for Medicare and Medicaid Services, that is owned by a hospital licensed under chapter 144 or a health system that operates one or more hospitals licensed under chapter 144, and is primarily engaged in providing diagnostic and therapeutic care, including medical history, physical examinations, assessment of health status, and treatment monitoring. This definition does not include clinics that are exclusively providing laboratory, x-ray, testing, therapy, pharmacy, or educational services and does not include facilities designated as rural health clinics.

Sec. 3. **[62Q.184] STEP THERAPY OVERRIDE.**

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

(b) "Clinical practice guideline" means a systematically developed statement to assist health care providers and enrollees in making decisions about appropriate health care services for specific clinical circumstances and conditions developed independently of a health plan company, pharmaceutical manufacturer, or any entity with a conflict of interest.

(c) "Clinical review criteria" means the written screening procedures, decision abstracts, clinical protocols, and clinical practice guidelines used by a health plan company to determine the medical necessity and appropriateness of health care services.

(d) "Health plan company" has the meaning given in section 62Q.01, subdivision 4, but does not include a managed care organization or county-based purchasing plan participating in a public program under chapter 256B or 256L, or an integrated health partnership under section 256B.0755.

(e) "Step therapy protocol" means a protocol or program that establishes the specific sequence in which prescription drugs for a specified medical condition, including self-administered and physician-administered drugs, are medically appropriate for a particular enrollee and are covered under a health plan.

(f) "Step therapy override" means that the step therapy protocol is overridden in favor of coverage of the selected prescription drug of the prescribing health care provider because at least one of the conditions of subdivision 3, paragraph (a), exists.

Subd. 2. **Establishment of a step therapy protocol.** A health plan company shall consider available recognized evidence-based and peer-reviewed clinical practice guidelines when establishing a step therapy protocol. Upon written request of an enrollee, a health plan company shall provide any clinical review criteria applicable to a specific prescription drug covered by the health plan.

Subd. 3. **Step therapy override process; transparency.** (a) When coverage of a prescription drug for the treatment of a medical condition is restricted for use by a health plan company through the use of a step therapy protocol, enrollees and prescribing health care providers shall have access to a clear, readily accessible, and convenient process to request a step therapy override. The process

shall be made easily accessible on the health plan company's Web site. A health plan company may use its existing medical exceptions process to satisfy this requirement. A health plan company shall grant an override to the step therapy protocol if at least one of the following conditions exist:

(1) the prescription drug required under the step therapy protocol is contraindicated pursuant to the pharmaceutical manufacturer's prescribing information for the drug or, due to a documented adverse event with a previous use or a documented medical condition, including a comorbid condition, is likely to do any of the following:

(i) cause an adverse reaction in the enrollee;

(ii) decrease the ability of the enrollee to achieve or maintain reasonable functional ability in performing daily activities; or

(iii) cause physical or mental harm to the enrollee;

(2) the enrollee has had a trial of the required prescription drug covered by their current or previous health plan, or another prescription drug in the same pharmacologic class or with the same mechanism of action, and was adherent during such trial for a period of time sufficient to allow for a positive treatment outcome, and the prescription drug was discontinued by the enrollee's health care provider due to lack of effectiveness, or an adverse event. This clause does not prohibit a health plan company from requiring an enrollee to try another drug in the same pharmacologic class or with the same mechanism of action if that therapy sequence is supported by the evidence-based and peer-reviewed clinical practice guideline, Food and Drug Administration label, or pharmaceutical manufacturer's prescribing information; or

(3) the enrollee is currently receiving a positive therapeutic outcome on a prescription drug for the medical condition under consideration if, while on their current health plan or the immediately preceding health plan, the enrollee received coverage for the prescription drug and the enrollee's prescribing health care provider gives documentation to the health plan company that the change in prescription drug required by the step therapy protocol is expected to be ineffective or cause harm to the enrollee based on the known characteristics of the specific enrollee and the known characteristics of the required prescription drug.

(b) Upon granting a step therapy override, a health plan company shall authorize coverage for the prescription drug if the prescription drug is a covered prescription drug under the enrollee's health plan.

(c) The enrollee, or the prescribing health care provider if designated by the enrollee, may appeal the denial of a step therapy override by a health plan company using the complaint procedure under sections 62Q.68 to 62Q.73.

(d) In a denial of an override request and any subsequent appeal, a health plan company's decision must specifically state why the step therapy override request did not meet the condition under paragraph (a) cited by the prescribing health care provider in requesting the step therapy override and information regarding the procedure to request external review of the denial pursuant to section 62Q.73. A denial of a request for a step therapy override that is upheld on appeal is a final adverse determination for purposes of section 62Q.73 and is eligible for a request for external review by an enrollee pursuant to section 62Q.73.

(e) A health plan company shall respond to a step therapy override request or an appeal within five days of receipt of a complete request. In cases where exigent circumstances exist, a health plan company shall respond within 72 hours of receipt of a complete request. If a health plan company does not send a response to the enrollee or prescribing health care provider if designated by the enrollee within the time allotted, the override request or appeal is granted and binding on the health plan company.

(f) Step therapy override requests must be accessible to and submitted by health care providers, and accepted by group purchasers electronically through secure electronic transmission, as described under section 62J.497, subdivision 5.

(g) Nothing in this section prohibits a health plan company from:

(1) requesting relevant documentation from an enrollee's medical record in support of a step therapy override request; or

(2) requiring an enrollee to try a generic equivalent drug pursuant to section 151.21, or a biosimilar, as defined under United States Code, title 42, section 262(i)(2), prior to providing coverage for the equivalent branded prescription drug.

(h) This section shall not be construed to allow the use of a pharmaceutical sample for the primary purpose of meeting the requirements for a step therapy override.

EFFECTIVE DATE. This section is effective January 1, 2019, and applies to health plans offered, issued, or sold on or after that date.

Sec. 4. Minnesota Statutes 2016, section 151.214, is amended to read:

151.214 PAYMENT DISCLOSURE.

Subdivision 1. **Explanation of pharmacy benefits.** A pharmacist licensed under this chapter must provide to a patient, for each prescription dispensed where part or all of the cost of the prescription is being paid or reimbursed by an employer-sponsored plan or health plan company, or its contracted pharmacy benefit manager, the patient's co-payment amount ~~and~~, the pharmacy's own usual and customary price of the prescription ~~or~~, and the net amount the pharmacy will ~~be paid for the prescription drug~~ receive from all sources for dispensing the prescription drug, once the claim has been completed by the patient's employer-sponsored plan or health plan company, or its contracted pharmacy benefit manager.

Subd. 2. **No prohibition on disclosure.** No contracting agreement between an employer-sponsored health plan or health plan company, or its contracted pharmacy benefit manager, and a resident or nonresident pharmacy ~~registered~~ licensed under this chapter, may prohibit ~~the~~:

(1) a pharmacy from disclosing to patients information a pharmacy is required or given the option to provide under subdivision 1; or

(2) a pharmacist from informing a patient when the amount the patient is required to pay under the patient's health plan for a particular drug is greater than the amount the patient would be required to pay for the same drug if purchased out-of-pocket at the pharmacy's usual and customary price.

Sec. 5. Minnesota Statutes 2016, section 151.71, is amended by adding a subdivision to read:

Subd. 3. **Synchronization of refills.** (a) For purposes of this subdivision, "synchronization" means the coordination of prescription drug refills for a patient taking two or more medications for one or more chronic conditions, to allow the patient's medications to be refilled on the same schedule for a given period of time.

(b) A contract between a pharmacy benefit manager and a pharmacy must allow for synchronization of prescription drug refills for a patient on at least one occasion per year, if the following criteria are met:

(1) the prescription drugs are covered under the patient's health plan or have been approved by a formulary exceptions process;

(2) the prescription drugs are maintenance medications as defined by the health plan and have one or more refills available at the time of synchronization;

(3) the prescription drugs are not Schedule II, III, or IV controlled substances;

(4) the patient meets all utilization management criteria relevant to the prescription drug at the time of synchronization;

(5) the prescription drugs are of a formulation that can be safely split into short-fill periods to achieve synchronization; and

(6) the prescription drugs do not have special handling or sourcing needs that require a single, designated pharmacy to fill or refill the prescription.

(c) When necessary to permit synchronization, the pharmacy benefit manager shall apply a prorated, daily patient cost-sharing rate to any prescription drug dispensed by a pharmacy under this subdivision. The dispensing fee shall not be prorated, and all dispensing fees shall be based on the number of prescriptions filled or refilled.

Sec. 6. Minnesota Statutes 2017 Supplement, section 152.105, subdivision 2, is amended to read:

Subd. 2. **Sheriff to maintain collection receptacle or medicine disposal program.** (a) The sheriff of each county shall maintain or contract for the maintenance of at least one collection receptacle or implement a medicine disposal program for the disposal of noncontrolled substances, pharmaceutical controlled substances, and other legend drugs, as permitted by federal law. For purposes of this section, "legend drug" has the meaning given in section 151.01, subdivision 17. The collection receptacle and medicine disposal program must comply with federal law. In maintaining and operating the collection receptacle or medicine disposal program, the sheriff shall follow all applicable provisions of Code of Federal Regulations, title 21, parts 1300, 1301, 1304, 1305, 1307, and 1317, as amended through May 1, 2017.

(b) For purposes of this subdivision:

(1) a medicine disposal program means providing to the public educational information, and making materials available for safely destroying unwanted legend drugs, including, but not limited to, drug destruction bags or drops; and

(2) a collection receptacle means the operation and maintenance of at least one drop-off receptacle.

ARTICLE 4

HEALTH-RELATED LICENSING BOARDS

Section 1. Minnesota Statutes 2017 Supplement, section 147.01, subdivision 7, is amended to read:

Subd. 7. **Physician application and license fees.** (a) The board may charge the following nonrefundable application and license fees processed pursuant to sections 147.02, 147.03, 147.037, 147.0375, and 147.38:

(1) physician application fee, $200;

(2) physician annual registration renewal fee, $192;

(3) physician endorsement to other states, $40;

(4) physician emeritus license, $50;

(5) physician temporary license, $60;

(6) physician late fee, $60;

(7) duplicate license fee, $20;

(8) certification letter fee, $25;

(9) education or training program approval fee, $100;

(10) report creation and generation fee, $60 per hour;

(11) examination administration fee (half day), $50;

(12) examination administration fee (full day), $80; ~~and~~

(13) fees developed by the Interstate Commission for determining physician qualification to register and participate in the interstate medical licensure compact, as established in rules authorized in and pursuant to section 147.38, not to exceed $1,000~~.~~;

(14) verification fee, $25; and

(15) criminal background check fee, $32.

(b) The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fee must be deposited in an account in the state government special revenue fund.

Sec. 2. Minnesota Statutes 2016, section 147.012, is amended to read:

147.012 OVERSIGHT OF ALLIED HEALTH PROFESSIONS.

The board has responsibility for the oversight of the following allied health professions: physician assistants under chapter 147A~~,~~ acupuncture practitioners under chapter 147B~~,~~ respiratory care practitioners under chapter 147C~~,~~ traditional midwives under chapter 147D~~,~~ registered naturopathic doctors under chapter 147E~~,~~ genetic counselors under chapter 147F, and athletic trainers under sections 148.7801 to 148.7815.

Sec. 3. Minnesota Statutes 2016, section 147.02, is amended by adding a subdivision to read:

Subd. 7. **Additional renewal requirements.** (a) The licensee must maintain a correct mailing address with the board for receiving board communications, notices, and licensure renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a license holder of the obligation to comply with this section.

(b) The names of licensees who do not return a complete license renewal application, the annual license fee, or the late application fee within 30 days shall be removed from the list of individuals authorized to practice medicine and surgery during the current renewal period. Upon reinstatement of licensure, the licensee's name will be placed on the list of individuals authorized to practice medicine and surgery.

Sec. 4. Minnesota Statutes 2016, section 147A.06, is amended to read:

147A.06 CANCELLATION OF LICENSE FOR NONRENEWAL.

Subdivision 1. **Cancellation of license.** The board shall not renew, reissue, reinstate, or restore a license that has lapsed on or after July 1, 1996, and has not been renewed within two annual renewal cycles starting July 1, 1997. A licensee whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements then in existence for an initial license to practice as a physician assistant.

Subd. 2. **Licensure following lapse of licensed status; transition.** (a) A licensee whose license has lapsed under subdivision 1 before January 1, 2019, and who seeks to regain licensed status after January 1, 2019, shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147A.29.

(b) This subdivision expires July 1, 2021.

Sec. 5. Minnesota Statutes 2016, section 147A.07, is amended to read:

147A.07 RENEWAL.

(a) A person who holds a license as a physician assistant shall annually, upon notification from the board, renew the license by:

(1) submitting the appropriate fee as determined by the board;

(2) completing the appropriate forms; and

(3) meeting any other requirements of the board.

(b) A licensee must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a licensee of the obligation to comply with this section.

(c) The name of a licensee who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the licensee's license is reinstated, the licensee's name shall be placed on the list of individuals authorized to practice.

Sec. 6. Minnesota Statutes 2017 Supplement, section 147A.28, is amended to read:

147A.28 PHYSICIAN ASSISTANT APPLICATION AND LICENSE FEES.

(a) The board may charge the following nonrefundable fees:

(1) physician assistant application fee, $120;

(2) physician assistant annual registration renewal fee (prescribing authority), $135;

(3) physician assistant annual registration renewal fee (no prescribing authority), $115;

(4) physician assistant temporary registration, $115;

(5) physician assistant temporary permit, $60;

(6) physician assistant locum tenens permit, $25;

(7) physician assistant late fee, $50;

(8) duplicate license fee, $20;

(9) certification letter fee, $25;

(10) education or training program approval fee, $100; ~~and~~

(11) report creation and generation fee, $60~~.~~ per hour;

(12) verification fee, $25; and

(13) criminal background check fee, $32.

(b) The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

Sec. 7. **[147A.29] LICENSE RENEWAL CYCLE CONVERSION.**

Subdivision 1. **Generally.** The license renewal cycle for physician assistant licensees is converted to an annual cycle where renewal is due on the last day of the licensee's month of birth. Conversion pursuant to this section begins January 1, 2019. This section governs license renewal procedures for licensees who were licensed before December 31, 2018. The conversion renewal cycle is the renewal cycle following the first license renewal after January 1, 2019. The conversion license period is the license period for the conversion renewal cycle. The conversion license period is between six and 17 months and ends on the last day of the licensee's month of birth in either 2019 or 2020, as described in subdivision 2.

Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee whose license is current as of December 31, 2018, the licensee's conversion license period begins on January 1, 2019, and ends on the last day of the licensee's month of birth in 2019, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2020.

Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision applies to an individual who was licensed before December 31, 2018, but whose license is not current as of December 31, 2018. When the individual first renews the license after January 1, 2019, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before January 1, 2019, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147A.28 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from the number of months of the licensee's conversion license period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license period, the licensee's annual license fee is as listed in section 147A.28.

Subd. 6. **Expiration.** This section expires July 1, 2021.

Sec. 8. Minnesota Statutes 2016, section 147B.02, subdivision 9, is amended to read:

Subd. 9. **Renewal.** (a) To renew a license an applicant must:

(1) annually, or as determined by the board, complete a renewal application on a form provided by the board;

(2) submit the renewal fee;

(3) provide documentation of current and active NCCAOM certification; or

(4) if licensed under subdivision 5 or 6, meet the same NCCAOM professional development activity requirements as those licensed under subdivision 7.

(b) An applicant shall submit any additional information requested by the board to clarify information presented in the renewal application. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

(c) An applicant must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first class United States mail, addressed to the applicant at the applicant's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve an applicant of the obligation to comply with this section.

(d) The name of an applicant who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the applicant's license is reinstated, the applicant's name shall be placed on the list of individuals authorized to practice.

Sec. 9. Minnesota Statutes 2016, section 147B.02, is amended by adding a subdivision to read:

Subd. 12a. **Licensure following lapse of licensed status; transition.** (a) A licensee whose license has lapsed under subdivision 12 before January 1, 2019, and who seeks to regain licensed status after January 1, 2019, shall be treated as a first-time licensee only for purposes of establishing

a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147B.09.

(b) This subdivision expires July 1, 2021.

Sec. 10. Minnesota Statutes 2017 Supplement, section 147B.08, is amended to read:

147B.08 FEES.

Subd. 4. **Acupuncturist application and license fees.** (a) The board may charge the following nonrefundable fees:

(1) acupuncturist application fee, $150;

(2) acupuncturist annual registration renewal fee, $150;

(3) acupuncturist temporary registration fee, $60;

(4) acupuncturist inactive status fee, $50;

(5) acupuncturist late fee, $50;

(6) duplicate license fee, $20;

(7) certification letter fee, $25;

(8) education or training program approval fee, $100; ~~and~~

(9) report creation and generation fee, $60~~.~~ per hour;

(10) verification fee, $25; and

(11) criminal background check fee, $32.

(b) The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

Sec. 11. **[147B.09] LICENSE RENEWAL CYCLE CONVERSION.**

Subdivision 1. **Generally.** The license renewal cycle for acupuncture practitioner licensees is converted to an annual cycle where renewal is due on the last day of the licensee's month of birth. Conversion pursuant to this section begins January 1, 2019. This section governs license renewal procedures for licensees who were licensed before December 31, 2018. The conversion renewal cycle is the renewal cycle following the first license renewal after January 1, 2019. The conversion license period is the license period for the conversion renewal cycle. The conversion license period is between six and 17 months and ends on the last day of the licensee's month of birth in either 2019 or 2020, as described in subdivision 2.

Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee whose license is current as of December 31, 2018, the licensee's conversion license period begins on January

1, 2019, and ends on the last day of the licensee's month of birth in 2019, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2020.

Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision applies to an individual who was licensed before December 31, 2018, but whose license is not current as of December 31, 2018. When the individual first renews the license after January 1, 2019, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before January 1, 2019, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147B.08 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from the number of months of the licensee's conversion license period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license period, the licensee's annual license fee is as listed in section 147B.08.

Subd. 6. **Expiration.** This section expires July 1, 2021.

Sec. 12. Minnesota Statutes 2016, section 147C.15, subdivision 7, is amended to read:

Subd. 7. **Renewal.** (a) To be eligible for license renewal a licensee must:

(1) annually, or as determined by the board, complete a renewal application on a form provided by the board;

(2) submit the renewal fee;

(3) provide evidence every two years of a total of 24 hours of continuing education approved by the board as described in section 147C.25; and

(4) submit any additional information requested by the board to clarify information presented in the renewal application. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

(b) Applicants for renewal who have not practiced the equivalent of eight full weeks during the past five years must achieve a passing score on retaking the credentialing examination.

(c) A licensee must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a licensee of the obligation to comply with this section.

(d) The name of a licensee who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the licensee's license is reinstated, the licensee's name shall be placed on the list of individuals authorized to practice.

Sec. 13. Minnesota Statutes 2016, section 147C.15, is amended by adding a subdivision to read:

Subd. 12a. **Licensure following lapse of licensed status; transition.** (a) A licensee whose license has lapsed under subdivision 12 before January 1, 2019, and who seeks to regain licensed status after January 1, 2019, shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147C.45.

(b) This subdivision expires July 1, 2021.

Sec. 14. Minnesota Statutes 2017 Supplement, section 147C.40, is amended to read:

147C.40 FEES.

Subd. 5. **Respiratory therapist application and license fees.** (a) The board may charge the following nonrefundable fees:

(1) respiratory therapist application fee, $100;

(2) respiratory therapist annual registration renewal fee, $90;

(3) respiratory therapist inactive status fee, $50;

(4) respiratory therapist temporary registration fee, $90;

(5) respiratory therapist temporary permit, $60;

(6) respiratory therapist late fee, $50;

(7) duplicate license fee, $20;

(8) certification letter fee, $25;

(9) education or training program approval fee, $100; ~~and~~

(10) report creation and generation fee, $60~~.~~ per hour;

(11) verification fee, $25; and

(12) criminal background check fee, $32.

(b) The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

Sec. 15. **[147C.45] LICENSE RENEWAL CYCLE CONVERSION.**

Subdivision 1. **Generally.** The license renewal cycle for respiratory care practitioner licensees is converted to an annual cycle where renewal is due on the last day of the licensee's month of birth. Conversion pursuant to this section begins January 1, 2019. This section governs license renewal procedures for licensees who were licensed before December 31, 2018. The conversion renewal cycle is the renewal cycle following the first license renewal after January 1, 2019. The conversion license period is the license period for the conversion renewal cycle. The conversion license period is between six and 17 months and ends on the last day of the licensee's month of birth in either 2019 or 2020, as described in subdivision 2.

Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee whose license is current as of December 31, 2018, the licensee's conversion license period begins on January 1, 2019, and ends on the last day of the licensee's month of birth in 2019, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2020.

Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision applies to an individual who was licensed before December 31, 2018, but whose license is not current as of December 31, 2018. When the individual first renews the license after January 1, 2019, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before January 1, 2019, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147C.40 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from the number of months of the licensee's conversion license period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license period, the licensee's annual license fee is as listed in section 147C.40.

Subd. 6. **Expiration.** This section expires July 1, 2021.

Sec. 16. Minnesota Statutes 2016, section 147D.17, subdivision 6, is amended to read:

Subd. 6. **Renewal.** (a) To be eligible for license renewal, a licensed traditional midwife must:

(1) complete a renewal application on a form provided by the board;

(2) submit the renewal fee;

(3) provide evidence every three years of a total of 30 hours of continuing education approved by the board as described in section 147D.21;

(4) submit evidence of an annual peer review and update of the licensed traditional midwife's medical consultation plan; and

(5) submit any additional information requested by the board. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

(b) A licensee must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a licensee of the obligation to comply with this section.

(c) The name of a licensee who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the licensee's license is reinstated, the licensee's name shall be placed on the list of individuals authorized to practice.

Sec. 17. Minnesota Statutes 2016, section 147D.17, is amended by adding a subdivision to read:

Subd. 11a. **Licensure following lapse of licensed status; transition.** (a) A licensee whose license has lapsed under subdivision 11 before January 1, 2019, and who seeks to regain licensed status after January 1, 2019, shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147D.29.

(b) This subdivision expires July 1, 2021.

Sec. 18. Minnesota Statutes 2016, section 147D.27, is amended by adding a subdivision to read:

Subd. 5. **Additional fees.** The board may also charge the following nonrefundable fees:

(1) verification fee, $25;

(2) certification letter fee, $25;

(3) education or training program approval fee, $100;

(4) report creation and generation fee, $60 per hour;

(5) duplicate license fee, $20; and

(6) criminal background check fee, $32.

Sec. 19. **[147D.29] LICENSE RENEWAL CYCLE CONVERSION.**

Subdivision 1. **Generally.** The license renewal cycle for traditional midwife licensees is converted to an annual cycle where renewal is due on the last day of the licensee's month of birth. Conversion pursuant to this section begins January 1, 2019. This section governs license renewal procedures for licensees who were licensed before December 31, 2018. The conversion renewal cycle is the renewal cycle following the first license renewal after January 1, 2019. The conversion license period is the license period for the conversion renewal cycle. The conversion license period is between six and 17 months and ends on the last day of the licensee's month of birth in either 2019 or 2020, as described in subdivision 2.

Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee whose license is current as of December 31, 2018, the licensee's conversion license period begins on January 1, 2019, and ends on the last day of the licensee's month of birth in 2019, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2020.

Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision applies to an individual who was licensed before December 31, 2018, but whose license is not current as of December 31, 2018. When the individual first renews the license after January 1, 2019, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before January 1, 2019, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147D.27 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from the number of months of the licensee's conversion license period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license period, the licensee's annual license fee is as listed in section 147D.27.

Subd. 6. **Expiration.** This section expires July 1, 2021.

Sec. 20. Minnesota Statutes 2016, section 147E.15, subdivision 5, is amended to read:

Subd. 5. **Renewal.** (a) To be eligible for registration renewal a registrant must:

(1) annually, or as determined by the board, complete a renewal application on a form provided by the board;

(2) submit the renewal fee;

(3) provide evidence of a total of 25 hours of continuing education approved by the board as described in section 147E.25; and

(4) submit any additional information requested by the board to clarify information presented in the renewal application. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

(b) A registrant must maintain a correct mailing address with the board for receiving board communications, notices, and registration renewal documents. Placing the registration renewal application in first class United States mail, addressed to the registrant at the registrant's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a registrant of the obligation to comply with this section.

(c) The name of a registrant who does not return a complete registration renewal application, annual registration fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the registrant's registration is reinstated, the registrant's name shall be placed on the list of individuals authorized to practice.

Sec. 21. Minnesota Statutes 2016, section 147E.15, is amended by adding a subdivision to read:

Subd. 10a. **Registration following lapse of registered status; transition.** (a) A registrant whose registration has lapsed under subdivision 10 before January 1, 2019, and who seeks to regain registered status after January 1, 2019, shall be treated as a first-time registrant only for purposes of establishing a registration renewal schedule, and shall not be subject to the registration cycle conversion provisions in section 147E.45.

(b) This subdivision expires July 1, 2021.

Sec. 22. Minnesota Statutes 2016, section 147E.40, subdivision 1, is amended to read:

Subdivision 1. **Fees.** Fees are as follows:

(1) registration application fee, $200;

(2) renewal fee, $150;

(3) late fee, $75;

(4) inactive status fee, $50; ~~and~~

(5) temporary permit fee, $25~~.~~;

(6) emeritus registration fee, $50;

(7) duplicate license fee, $20;

(8) certification letter fee, $25;

(9) verification fee, $25;

(10) education or training program approval fee, $100; and

(11) report creation and generation fee, $60 per hour.

Sec. 23. **[147E.45] REGISTRATION RENEWAL CYCLE CONVERSION.**

Subdivision 1. **Generally.** The registration renewal cycle for registered naturopathic doctors is converted to an annual cycle where renewal is due on the last day of the registrant's month of birth. Conversion pursuant to this section begins January 1, 2019. This section governs registration renewal procedures for registrants who were registered before December 31, 2018. The conversion renewal cycle is the renewal cycle following the first registration renewal after January 1, 2019. The conversion registration period is the registration period for the conversion renewal cycle. The conversion registration period is between six and 17 months and ends on the last day of the registrant's month of birth in either 2019 or 2020, as described in subdivision 2.

Subd. 2. **Conversion of registration renewal cycle for current registrants.** For a registrant whose registration is current as of December 31, 2018, the registrant's conversion registration period begins on January 1, 2019, and ends on the last day of the registrant's month of birth in 2019, except that for registrants whose month of birth is January, February, March, April, May, or June, the registrant's renewal cycle ends on the last day of the registrant's month of birth in 2020.

Subd. 3. **Conversion of registration renewal cycle for noncurrent registrants.** This subdivision applies to an individual who was registered before December 31, 2018, but whose registration is not current as of December 31, 2018. When the individual first renews the registration after January 1, 2019, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the registrant's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. **Subsequent renewal cycles.** After the registrant's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the registrant's birth.

Subd. 5. **Conversion period and fees.** (a) A registrant who holds a registration issued before January 1, 2019, and who renews that registration pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A registrant shall be charged the annual registration fee listed in section 147E.40 for the conversion registration period.

(c) For a registrant whose conversion registration period is six to 11 months, the first annual registration fee charged after the conversion registration period shall be adjusted to credit the excess fee payment made during the conversion registration period. The credit is calculated by: (1) subtracting the number of months of the registrant's conversion registration period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a registrant whose conversion registration period is 12 months, the first annual registration fee charged after the conversion registration period shall not be adjusted.

(e) For a registrant whose conversion registration period is 13 to 17 months, the first annual registration fee charged after the conversion registration period shall be adjusted to add the annual registration fee payment for the months that were not included in the annual registration fee paid for the conversion registration period. The added payment is calculated by: (1) subtracting 12 from the number of months of the registrant's conversion registration period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent registration renewals made after the conversion registration period, the registrant's annual registration fee is as listed in section 147E.40.

Subd. 6. **Expiration.** This section expires July 1, 2021.

Sec. 24. Minnesota Statutes 2016, section 147F.07, subdivision 5, is amended to read:

Subd. 5. **License renewal.** (a) To be eligible for license renewal, a licensed genetic counselor must submit to the board:

(1) a renewal application on a form provided by the board;

(2) the renewal fee required under section 147F.17;

(3) evidence of compliance with the continuing education requirements in section 147F.11; and

(4) any additional information requested by the board.

(b) A licensee must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a licensee of the obligation to comply with this section.

(c) The name of a licensee who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the licensee's license is reinstated, the licensee's name shall be placed on the list of individuals authorized to practice.

Sec. 25. Minnesota Statutes 2016, section 147F.07, is amended by adding a subdivision to read:

Subd. 6. **Licensure following lapse of licensure status for two years or less.** For any individual whose licensure status has lapsed for two years or less, to regain licensure status, the individual must:

(1) apply for license renewal according to subdivision 5;

(2) document compliance with the continuing education requirements of section 147F.11 since the licensed genetic counselor's initial licensure or last renewal; and

(3) submit the fees required under section 147F.17 for the period not licensed, including the fee for late renewal.

Sec. 26. Minnesota Statutes 2016, section 147F.07, is amended by adding a subdivision to read:

Subd. 6a. **Licensure following lapse of licensed status; transition.** (a) A licensee whose license has lapsed under subdivision 6 before January 1, 2019, and who seeks to regain licensed status after January 1, 2019, shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147F.19.

(b) This subdivision expires July 1, 2021.

Sec. 27. Minnesota Statutes 2016, section 147F.17, subdivision 1, is amended to read:

Subdivision 1. **Fees.** Fees are as follows:

(1) license application fee, $200;

(2) initial licensure and annual renewal, $150; ~~and~~

(3) late fee, $75~~.~~;

(4) temporary license fee, $60;

(5) duplicate license fee, $20;

(6) certification letter fee, $25;

(7) education or training program approval fee, $100;

(8) report creation and generation fee, $60 per hour; and

(9) criminal background check fee, $32.

Sec. 28. **[147F.19] LICENSE RENEWAL CYCLE CONVERSION.**

Subdivision 1. **Generally.** The license renewal cycle for genetic counselor licensees is converted to an annual cycle where renewal is due on the last day of the licensee's month of birth. Conversion pursuant to this section begins January 1, 2019. This section governs license renewal procedures for licensees who were licensed before December 31, 2018. The conversion renewal cycle is the renewal cycle following the first license renewal after January 1, 2019. The conversion license period is the license period for the conversion renewal cycle. The conversion license period is between six and 17 months and ends on the last day of the licensee's month of birth in either 2019 or 2020, as described in subdivision 2.

Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee whose license is current as of December 31, 2018, the licensee's conversion license period begins on January 1, 2019, and ends on the last day of the licensee's month of birth in 2019, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2020.

Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision applies to an individual who was licensed before December 31, 2018, but whose license is not current as of December 31, 2018. When the individual first renews the license after January 1, 2019, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before January 1, 2019, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147F.17 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from the number of months of the licensee's conversion license period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license period, the licensee's annual license fee is as listed in section 147F.17.

Subd. 6. **Expiration.** This section expires July 1, 2021.

Sec. 29. Minnesota Statutes 2016, section 148.7815, subdivision 1, is amended to read:

Subdivision 1. **Fees.** The board shall establish fees as follows:

(1) application fee, $50;

(2) annual registration fee, $100;

(3) temporary registration, $100; ~~and~~

(4) temporary permit, $50~~.~~;

(5) late fee, $15;

(6) duplicate license fee, $20;

(7) certification letter fee, $25;

(8) verification fee, $25;

(9) education or training program approval fee, $100; and

(10) report creation and generation fee, $60 per hour.

Sec. 30. Minnesota Statutes 2016, section 214.075, subdivision 1, is amended to read:

Subdivision 1. **Applications.** (a) ~~By January 1, 2018,~~ Each health-related licensing board, as defined in section 214.01, subdivision 2, shall require ~~applicants for initial licensure, licensure by endorsement, or reinstatement or other relicensure after a lapse in licensure, as defined by the individual health-related licensing boards,~~ the following individuals to submit to a criminal history records check of state data completed by the Bureau of Criminal Apprehension (BCA) and a national criminal history records check, including a search of the records of the Federal Bureau of Investigation (FBI)~~.~~:

(1) applicants for initial licensure or licensure by endorsement. An applicant is exempt from this paragraph if the applicant submitted to a state and national criminal history records check as described in this paragraph for a license issued by the same board;

(2) applicants seeking reinstatement or relicensure, as defined by the individual health-related licensing board, if more than one year has elapsed since the applicant's license or registration expiration date; or

(3) licensees applying for eligibility to participate in an interstate licensure compact.

(b) ~~An applicant must complete a criminal background check if more than one year has elapsed since the applicant last submitted a background check to the board.~~ An applicant's criminal background check results are valid for one year from the date the background check results were received by the board. If more than one year has elapsed since the results were received by the board, then an applicant who has not completed the licensure, reinstatement, or relicensure process must complete a new background check.

Sec. 31. Minnesota Statutes 2016, section 214.075, subdivision 4, is amended to read:

Subd. 4. **Refusal to consent.** (a) The health-related licensing boards shall not issue a license to any applicant who refuses to consent to a criminal background check or fails to submit fingerprints ~~within 90 days~~ after submission of an application for licensure. Any fees paid by the applicant to the board shall be forfeited if the applicant refuses to consent to the criminal background check or fails to submit the required fingerprints.

(b) The failure of a licensee to submit to a criminal background check as provided in subdivision 3 is grounds for disciplinary action by the respective health-related licensing board.

Sec. 32. Minnesota Statutes 2016, section 214.075, subdivision 5, is amended to read:

Subd. 5. **Submission of fingerprints to the Bureau of Criminal Apprehension.** The health-related licensing board or designee shall submit applicant or licensee fingerprints to the BCA. The BCA shall perform a check for state criminal justice information and shall forward the applicant's or licensee's fingerprints to the FBI to perform a check for national criminal justice information regarding the applicant or licensee. The BCA shall report to the board the results of the state and national criminal ~~justice information~~ history records checks.

Sec. 33. Minnesota Statutes 2016, section 214.075, subdivision 6, is amended to read:

Subd. 6. **Alternatives to fingerprint-based criminal background checks.** The health-related licensing board may require an alternative method of criminal history checks for an applicant or licensee who has submitted at least ~~three~~ two sets of fingerprints in accordance with this section that have been unreadable by the BCA or the FBI.

Sec. 34. Minnesota Statutes 2016, section 214.077, is amended to read:

214.077 TEMPORARY LICENSE SUSPENSION; IMMINENT RISK OF SERIOUS HARM.

(a) Notwithstanding any provision of a health-related professional practice act, when a health-related licensing board receives a complaint regarding a regulated person and has probable cause to believe that the regulated person has violated a statute or rule that the health-related licensing board is empowered to enforce, and continued practice by the regulated person presents an imminent risk of serious harm, the health-related licensing board shall issue an order temporarily suspending the regulated person's authority to practice. The temporary suspension order shall specify the reason for the suspension, including the statute or rule alleged to have been violated. The temporary suspension order shall take effect upon personal service on the regulated person or the regulated person's attorney, or upon the third calendar day after the order is served by first class mail to the most recent address provided to the health-related licensing board for the regulated person or the regulated person's attorney.

(b) The temporary suspension shall remain in effect until the health-related licensing board or the commissioner completes an investigation, holds a contested case hearing pursuant to the Administrative Procedure Act, and issues a final order in the matter as provided for in this section.

(c) At the time it issues the temporary suspension order, the health-related licensing board shall schedule a contested case hearing, on the merits of whether discipline is warranted, to be held pursuant to the Administrative Procedure Act. The regulated person shall be provided with at least ten days' notice of any contested case hearing held pursuant to this section. The contested case hearing shall be scheduled to begin no later than 30 days after the effective service of the temporary suspension order.

(d) The administrative law judge presiding over the contested case hearing shall issue a report and recommendation to the health-related licensing board no later than 30 days after the final day

of the contested case hearing. If the administrative law judge's report and recommendations are for no action, the health-related licensing board shall issue a final order pursuant to sections 14.61 and 14.62 within 30 days of receipt of the administrative law judge's report and recommendations. If the administrative law judge's report and recommendations are for action, the health-related licensing board shall issue a final order pursuant to sections 14.61 and 14.62 within 60 days of receipt of the administrative law judge's report and recommendations. Except as provided in paragraph (e), if the health-related licensing board has not issued a final order pursuant to sections 14.61 and 14.62 within 30 days of receipt of the administrative law judge's report and recommendations for no action or within 60 days of receipt of the administrative law judge's report and recommendations for action, the temporary suspension shall be lifted.

(e) If the regulated person requests a delay in the contested case proceedings provided for in paragraphs (c) and (d) for any reason, the temporary suspension shall remain in effect until the health-related licensing board issues a final order pursuant to sections 14.61 and 14.62.

(f) This section shall not apply to the Office of Unlicensed Complementary and Alternative Health Practice established under section 146A.02. The commissioner of health shall conduct temporary suspensions for complementary and alternative health care practitioners in accordance with section 146A.09.

Sec. 35. Minnesota Statutes 2016, section 214.10, subdivision 8, is amended to read:

Subd. 8. **Special requirements for health-related licensing boards.** In addition to the provisions of this section that apply to all examining and licensing boards, the requirements in this subdivision apply to all health-related licensing boards, except the Board of Veterinary Medicine.

(a) If the executive director or consulted board member determines that a communication received alleges a violation of statute or rule that involves sexual contact with a patient or client, the communication shall be forwarded to the designee of the attorney general for an investigation of the facts alleged in the communication. If, after an investigation it is the opinion of the executive director or consulted board member that there is sufficient evidence to justify disciplinary action, the board shall conduct a disciplinary conference or hearing. If, after a hearing or disciplinary conference the board determines that misconduct involving sexual contact with a patient or client occurred, the board shall take disciplinary action. Notwithstanding subdivision 2, a board may not attempt to correct improper activities or redress grievances through education, conciliation, and persuasion, unless in the opinion of the executive director or consulted board member there is insufficient evidence to justify disciplinary action. The board may settle a case by stipulation prior to, or during, a hearing if the stipulation provides for disciplinary action.

(b) A board member who has a direct current or former financial connection or professional relationship to a person who is the subject of board disciplinary activities must not participate in board activities relating to that case.

(c) Each health-related licensing board shall establish procedures for exchanging information with other Minnesota state boards, agencies, and departments responsible for regulating health-related occupations, facilities, and programs, and for coordinating investigations involving matters within the jurisdiction of more than one regulatory body. The procedures must provide for the forwarding to other regulatory bodies of all information and evidence, including the results of investigations,

that are relevant to matters within that licensing body's regulatory jurisdiction. Each health-related licensing board shall have access to any data of the Department of Human Services relating to a person subject to the jurisdiction of the licensing board. The data shall have the same classification under chapter 13, the Minnesota Government Data Practices Act, in the hands of the agency receiving the data as it had in the hands of the Department of Human Services.

(d) Each health-related licensing board shall establish procedures for exchanging information with other states regarding disciplinary actions against licensees. The procedures must provide for the collection of information from other states about disciplinary actions taken against persons who are licensed to practice in Minnesota or who have applied to be licensed in this state and the dissemination of information to other states regarding disciplinary actions taken in Minnesota. In addition to any authority in chapter 13 permitting the dissemination of data, the board may, in its discretion, disseminate data to other states regardless of its classification under chapter 13. Criminal history record information shall not be exchanged. Before transferring any data that is not public, the board shall obtain reasonable assurances from the receiving state that the data will not be made public.

Sec. 36. Minnesota Statutes 2017 Supplement, section 364.09, is amended to read:

364.09 EXCEPTIONS.

(a) This chapter does not apply to the licensing process for peace officers; to law enforcement agencies as defined in section 626.84, subdivision 1, paragraph (f); to fire protection agencies; to eligibility for a private detective or protective agent license; to the licensing and background study process under chapters 245A and 245C; to the licensing and background investigation process under chapter 240; to eligibility for school bus driver endorsements; to eligibility for special transportation service endorsements; to eligibility for a commercial driver training instructor license, which is governed by section 171.35 and rules adopted under that section; to emergency medical services personnel, or to the licensing by political subdivisions of taxicab drivers, if the applicant for the license has been discharged from sentence for a conviction within the ten years immediately preceding application of a violation of any of the following:

(1) sections 609.185 to 609.2114, 609.221 to 609.223, 609.342 to 609.3451, or 617.23, subdivision 2 or 3; or Minnesota Statutes 2012, section 609.21;

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

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

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

(b) This chapter does not apply to a school district or to eligibility for a license issued or renewed by the Professional Educator Licensing and Standards Board or the commissioner of education.

(c) Nothing in this section precludes the Minnesota Police and Peace Officers Training Board or the state fire marshal from recommending policies set forth in this chapter to the attorney general

for adoption in the attorney general's discretion to apply to law enforcement or fire protection agencies.

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

~~(e) This chapter does not apply to any person who has been denied a license to practice chiropractic or whose license to practice chiropractic has been revoked by the board in accordance with section 148.10, subdivision 7.~~

~~(f) This chapter does not apply to any license, registration, or permit that has been denied or revoked by the Board of Nursing in accordance with section 148.261, subdivision 1a.~~

~~(g)~~ (d) This chapter does not apply to any license, registration, permit, or certificate that has been denied or revoked by the commissioner of health according to section 148.5195, subdivision 5; or 153A.15, subdivision 2.

~~(h)~~ (e) This chapter does not supersede a requirement under law to conduct a criminal history background investigation or consider criminal history records in hiring for particular types of employment.

(f) This chapter does not apply to the licensing or registration process for, or to any license, registration, or permit that has been denied or revoked by, a health-related licensing board listed in section 214.01, subdivision 2.

Sec. 37. **REPEALER.**

(a) Minnesota Statutes 2016, section 214.075, subdivision 8, is repealed.

(b) Minnesota Rules, part 5600.0605, subparts 5 and 8, are repealed.

ARTICLE 5

PRESCRIPTION MONITORING PROGRAM

Section 1. Minnesota Statutes 2016, section 151.065, is amended by adding a subdivision to read:

Subd. 7. **Deposit.** Fees collected by the board under this section shall be deposited in the state government special revenue fund.

Sec. 2. Minnesota Statutes 2016, section 152.126, subdivision 6, is amended to read:

Subd. 6. **Access to reporting system data.** (a) Except as indicated in this subdivision, the data submitted to the board under subdivision 4 is private data on individuals as defined in section 13.02, subdivision 12, and not subject to public disclosure.

(b) Except as specified in subdivision 5, the following persons shall be considered permissible users and may access the data submitted under subdivision 4 in the same or similar manner, and for

the same or similar purposes, as those persons who are authorized to access similar private data on individuals under federal and state law:

(1) a prescriber or an agent or employee of the prescriber to whom the prescriber has delegated the task of accessing the data, to the extent the information relates specifically to a current patient, to whom the prescriber is:

(i) prescribing or considering prescribing any controlled substance;

(ii) providing emergency medical treatment for which access to the data may be necessary;

(iii) providing care, and the prescriber has reason to believe, based on clinically valid indications, that the patient is potentially abusing a controlled substance; or

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

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

(3) a licensed pharmacist who is providing pharmaceutical care for which access to the data may be necessary to the extent that the information relates specifically to a current patient for whom the pharmacist is providing pharmaceutical care: (i) if the patient has consented to access to the submitted data; or (ii) if the pharmacist is consulted by a prescriber who is requesting data in accordance with clause (1);

(4) an individual who is the recipient of a controlled substance prescription for which data was submitted under subdivision 4, or a guardian of the individual, parent or guardian of a minor, or health care agent of the individual acting under a health care directive under chapter 145C. For purposes of this clause, access by individuals includes persons in the definition of an individual under section 13.02;

(5) personnel or designees of a health-related licensing board listed in section 214.01, subdivision 2, or of the Emergency Medical Services Regulatory Board, assigned to conduct a bona fide investigation of a complaint received by that board that alleges that a specific licensee is impaired by use of a drug for which data is collected under subdivision 4, has engaged in activity that would constitute a crime as defined in section 152.025, or has engaged in the behavior specified in subdivision 5, paragraph (a);

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

(7) authorized personnel of a vendor under contract with the state of Minnesota who are engaged in the design, implementation, operation, and maintenance of the prescription monitoring program

as part of the assigned duties and responsibilities of their employment, provided that access to data is limited to the minimum amount necessary to carry out such duties and responsibilities, and subject to the requirement of de-identification and time limit on retention of data specified in subdivision 5, paragraphs (d) and (e);

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

(9) personnel of the Minnesota health care programs assigned to use the data collected under this section to identify and manage recipients whose usage of controlled substances may warrant restriction to a single primary care provider, a single outpatient pharmacy, and a single hospital;

(10) personnel of the Department of Human Services assigned to access the data pursuant to paragraph (i);

(11) personnel of the health professionals services program established under section 214.31, to the extent that the information relates specifically to an individual who is currently enrolled in and being monitored by the program, and the individual consents to access to that information. The health professionals services program personnel shall not provide this data to a health-related licensing board or the Emergency Medical Services Regulatory Board, except as permitted under section 214.33, subdivision 3.; and

~~For purposes of clause (4), access by an individual includes persons in the definition of an individual under section 13.02; and~~

(12) personnel or designees of a health-related licensing board listed in section 214.01, subdivision 2, assigned to conduct a bona fide investigation of a complaint received by that board that alleges that a specific licensee is inappropriately prescribing controlled substances as defined in this section.

(c) By July 1, 2017, every prescriber licensed by a health-related licensing board listed in section 214.01, subdivision 2, practicing within this state who is authorized to prescribe controlled substances ~~for humans~~ and who holds a current registration issued by the federal Drug Enforcement Administration, and every pharmacist licensed by the board and practicing within the state, shall register and maintain a user account with the prescription monitoring program. Data submitted by a prescriber, pharmacist, or their delegate during the registration application process, other than their name, license number, and license type, is classified as private pursuant to section 13.02, subdivision 12.

(d) Notwithstanding paragraph (b), beginning January 1, 2020, a prescriber or an agent or employee of the prescriber to whom the prescriber has delegated the task of accessing the data, must access the data submitted under subdivision 4 to the extent the information relates specifically to the patient before the prescriber issues a prescription order for a Schedule II or Schedule III controlled substance to the patient. This paragraph does not apply if:

(1) the patient is receiving hospice care;

(2) the prescription order is for a number of doses that is intended to last the patient five days or less and is not subject to a refill;

(3) the controlled substance is lawfully administered by injection, ingestion, or any other means to the patient by the prescriber, a pharmacist, or by the patient at the direction of a prescriber and in the presence of the prescriber or pharmacist;

(4) due to an emergency, it is not possible for the prescriber to review the data before the prescriber issues the prescription order for the patient; or

(5) the prescriber is unable to access the data due to operational or other technological failure of the program so long as the prescriber reports the failure to the board.

(e) Only permissible users identified in paragraph (b), clauses (1), (2), (3), (6), (7), (9), and (10), may directly access the data electronically. No other permissible users may directly access the data electronically. If the data is directly accessed electronically, the permissible user shall implement and maintain a comprehensive information security program that contains administrative, technical, and physical safeguards that are appropriate to the user's size and complexity, and the sensitivity of the personal information obtained. The permissible user shall identify reasonably foreseeable internal and external risks to the security, confidentiality, and integrity of personal information that could result in the unauthorized disclosure, misuse, or other compromise of the information and assess the sufficiency of any safeguards in place to control the risks.

~~(e)~~ (f) The board shall not release data submitted under subdivision 4 unless it is provided with evidence, satisfactory to the board, that the person requesting the information is entitled to receive the data.

~~(f)~~ (g) The board shall maintain a log of all persons who access the data for a period of at least three years and shall ensure that any permissible user complies with paragraph (c) prior to attaining direct access to the data.

~~(g)~~ (h) Section 13.05, subdivision 6, shall apply to any contract the board enters into pursuant to subdivision 2. A vendor shall not use data collected under this section for any purpose not specified in this section.

~~(h)~~ (i) The board may participate in an interstate prescription monitoring program data exchange system provided that permissible users in other states have access to the data only as allowed under this section, and that section 13.05, subdivision 6, applies to any contract or memorandum of understanding that the board enters into under this paragraph.

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

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

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

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

~~(j)~~ (k) The board shall review the data submitted under subdivision 4 on at least a quarterly basis and shall establish criteria, in consultation with the advisory task force, for referring information about a patient to prescribers and dispensers who prescribed or dispensed the prescriptions in question if the criteria are met.

Sec. 3. Minnesota Statutes 2016, section 152.126, subdivision 10, is amended to read:

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

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

(c) The board shall have the authority to modify its contract with its vendor as provided in subdivision 2, to authorize that vendor to provide a service to prescribers and pharmacies that allows them to access prescription monitoring program data from within the electronic health record system or pharmacy software used by those prescribers and pharmacists. Beginning July 1, 2018, the board has the authority to collect an annual fee from each prescriber or pharmacist who accesses prescription monitoring program data through the service offered by the vendor. The annual fee collected must not exceed $50 per user. The fees collected by the board under this paragraph shall be deposited in the state government special revenue fund and are appropriated to the board for the purposes of this paragraph.

ARTICLE 6

PROTECTION OF VULNERABLE ADULTS

Section 1. Minnesota Statutes 2016, section 144A.53, subdivision 2, is amended to read:

Subd. 2. **Complaints.** (a) The director may receive a complaint from any source concerning an action of an administrative agency, a health care provider, a home care provider, a residential care home, or a health facility. The director may require a complainant to pursue other remedies or channels of complaint open to the complainant before accepting or investigating the complaint. Investigators are required to interview at least one family member of the vulnerable adult identified in the complaint. If the vulnerable adult is directing his or her own care and does not want the investigator to contact the family, this information must be documented in the investigative file.

(b) The director shall keep written records of all complaints and any action upon them. After completing an investigation of a complaint, the director shall inform the complainant, the administrative agency having jurisdiction over the subject matter, the health care provider, the home care provider, the residential care home, and the health facility of the action taken. Complainants must be provided a copy of the public report upon completion of the investigation.

(c) Notwithstanding section 626.557, subdivision 5 or 9c, upon request of a vulnerable adult or an interested person acting on behalf of the vulnerable adult, the director shall:

(1) disclose whether a health care provider or other person has made a report or submitted a complaint that involves maltreatment of the vulnerable adult; and

(2) provide a redacted version of the initial report or complaint that does not disclose data on individuals, as defined in section 13.02, subdivision 5.

For purposes of this paragraph, "interested person acting on behalf of the vulnerable adult" has the meaning given in section 626.557, subdivision 9d, paragraph (d).

Sec. 2. **DIRECTION TO COMMISSIONER.**

Subdivision 1. **Policies and procedures for the Office of Health Facility Complaints.** The commissioner of health shall develop comprehensive, written policies and procedures for the Office of Health Facility Complaints for conducting timely reviews and investigation of allegations that are available for all investigators in a centralized location, including policies, procedures, guidelines, and criteria for:

(1) data collection that will allow for rigorous trend analysis of maltreatment and licensing violations;

(2) data entry in the case management system, including an up-to-date description of each data entry point to be used consistently by all staff;

(3) intake of allegation reports, including the gathering of all data from the reporter and verification of jurisdiction;

(4) selection of allegation reports for further investigation within the time frames required by federal and state law;

(5) the investigative process, including guidelines for interviews and documentation;

(6) cross-referencing of data, including when and under what circumstances to combine data collection or maltreatment investigations regarding the same vulnerable adult, allegations, facility, or alleged perpetrator;

(7) final determinations, including having supporting documentation for the determinations;

(8) enforcement actions, including the imposition of immediate fines and any distinctions in process for licensing violations versus maltreatment determinations;

(9) communication with interested parties and the public regarding the status of investigations, final determinations, enforcement actions, and appeal rights, including when communication must be made if the timelines established in law are not able to be met and sufficient information in written communication for understanding the process; and

(10) quality control measures, including audits and random samplings, to discover gaps in understanding and to ensure accuracy.

Subd. 2. **Training of staff at the Office of Health Facility Complaints.** The commissioner of health shall revise the training program at the Office of Health Facility Complaints to ensure that all staff are trained adequately and consistently to perform their duties. The revised training program must provide for timely and consistent training whenever policies, procedures, guidelines, or criteria are changed due to legislative changes, decisions by management, or interpretations of state or federal law. The revised training program shall include a mentor-based training program that assigns a mentor to all new investigators and ensures new investigators work with an experienced investigator during every aspect of the investigation process.

Subd. 3. **Quality controls at the Office of Health Facility Complaints.** The commissioner of health shall implement quality control measures to ensure that intake, triage, investigations, final determinations, enforcement actions, and communication are conducted and documented in a consistent, thorough, and accurate manner. The quality control measures must include regular internal audits of staff work, including when a decision is made to not investigate a report, reporting to staff of patterns and trends discovered through the audits, training of staff to address patterns and trends discovered through the audits, and electronic safeguards in the case management system to prevent backdating of data, incomplete or missing data fields, missed deadlines, and missed communications, including communications concerning the status of investigations, delays in investigations, final determinations, and appeal rights following final determinations.

Subd. 4. **Provider education.** (a) The commissioner of health shall develop decision-making tools, including decision trees, regarding provider self-reported maltreatment allegations and share these tools with providers. As soon as practicable, the commissioner shall update the decision-making tools as necessary, including whenever federal or state requirements change, and inform providers that the updated tools are available. The commissioner shall develop decision-making tools that clarify and encourage reporting whether the provider is licensed or registered under federal or state law, while also educating on any distinctions in reporting under federal versus state law.

(b) The commissioner of health shall conduct rigorous trend analysis of maltreatment reports, triage decisions, investigation determinations, enforcement actions, and appeals to identify trends and patterns in reporting of maltreatment, substantiated maltreatment, and licensing violations, and share these findings with providers and interested stakeholders.

Subd. 5. **Departmental oversight of the Office of Health Facility Complaints.** The commissioner of health shall ensure that the commissioner's office provides direct oversight of the Office of Health Facility Complaints.

Sec. 3. **DIRECTION TO COMMISSIONER.**

On a quarterly basis until January 2021, and annually thereafter, the commissioner of health must submit a report on the Office of Health Facility Complaints' response to allegations of maltreatment of vulnerable adults. The report must include:

(1) a description and assessment of the office's efforts to improve its internal processes and compliance with federal and state requirements concerning allegations of maltreatment of vulnerable adults, including any relevant timelines;

(2) the number of reports received by the type of reporter, the number of reports investigated, the percentage and number of reported cases awaiting triage, the number and percentage of open investigations, and the number and percentage of investigations that have failed to meet state or federal timelines by cause of delay;

(3) a trend analysis of internal audits conducted by the office; and

(4) trends and patterns in maltreatment of vulnerable adults, licensing violations by facilities or providers serving vulnerable adults, and other metrics as determined by the commissioner.

Sec. 4. **DIRECTION TO COMMISSIONERS.**

By February 1 of each year, the commissioners of health and human services must submit an annual joint report on each department's response to allegations of maltreatment of vulnerable adults. The annual report must include a description and assessment of the departments' efforts to improve their internal processes and compliance with federal and state requirements concerning allegations of maltreatment of vulnerable adults, including any relevant timelines. The report must also include trends and patterns in maltreatment of vulnerable adults, licensing violations by facilities or providers serving vulnerable adults, and other metrics as determined by the commissioner.

This section expires upon submission of the commissioners' 2024 report.

ARTICLE 7

HUMAN SERVICES FORECAST ADJUSTMENTS

Section 1. **HUMAN SERVICES APPROPRIATION.**

The dollar amounts shown in the columns marked "Appropriations" are added to or, if shown in parentheses, are subtracted from the appropriations in Laws 2017, First Special Session chapter 6, article 18, from the general fund or any fund named to the Department of Human Services for the purposes specified in this article, to be available for the fiscal year indicated for each purpose. The figures "2018" and "2019" used in this article mean that the appropriations listed under them are available for the fiscal years ending June 30, 2018, or June 30, 2019, respectively. "The first

year" is fiscal year 2018. "The second year" is fiscal year 2019. "The biennium" is fiscal years 2018 and 2019.

			APPROPRIATIONS Available for the Year Ending June 30 2018	2019
Sec. 2. **COMMISSIONER OF HUMAN SERVICES**				
Subdivision 1. **Total Appropriation**			**$ (208,963,000)**	**$ (88,363,000)**
	Appropriations by Fund			
General Fund	(210,083,000)	(103,535,000)		
Health Care Access Fund	7,620,000	9,258,000		
Federal TANF	(6,500,000)	5,914,000		
Subd. 2. **Forecasted Programs**				
(a) **MFIP/DWP**				
	Appropriations by Fund			
General Fund	(3,749,000)	(11,267,000)		
Federal TANF	(7,418,000)	4,565,000		
(b) **MFIP Child Care Assistance**			(7,995,000)	(521,000)
(c) **General Assistance**			(4,850,000)	(3,770,000)
(d) **Minnesota Supplemental Aid**			(1,179,000)	(821,000)
(e) **Housing Support**			(3,260,000)	(3,038,000)
(f) **Northstar Care for Children**			(5,168,000)	(6,458,000)
(g) **MinnesotaCare**			7,620,000	9,258,000
These appropriations are from the health care access fund.				
(h) **Medical Assistance**				
	Appropriations by Fund			
General Fund	(199,817,000)	(106,124,000)		
Health Care Access Fund	-0-	-0-		
(i) **Alternative Care Program**			-0-	-0-
(j) **CCDTF Entitlements**			15,935,000	28,464,000

Subd. 3. **Technical Activities**	918,000	1,349,000

These appropriations are from the federal TANF fund.

EFFECTIVE DATE. This section is effective June 30, 2018.

ARTICLE 8

APPROPRIATIONS

Section 1. **HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

The sums shown in the columns marked "Appropriations" are added to or, if shown in parentheses, subtracted from the appropriations in Laws 2017, First Special Session chapter 6, article 18, to the agencies and for the purposes specified in this article. The appropriations are from the general fund, or another named fund, and are available for the fiscal years indicated for each purpose. The figures "2018" and "2019" used in this article mean that the addition to or subtraction from appropriations listed under them are available for the fiscal year ending June 30, 2018, or June 30, 2019, respectively. Base level adjustments mean the addition or subtraction from the base level adjustments in Laws 2017, First Special Session chapter 6, article 18. "The first year" is fiscal year 2018. "The second year" is fiscal year 2019. "The biennium" is fiscal years 2018 and 2019. Supplemental appropriations and reductions to appropriations for the fiscal year ending June 30, 2018, are effective June 30, 2018, unless a different effective date is specified.

	APPROPRIATIONS	
	Available for the Year	
	Ending June 30	
	2018	**2019**

Sec. 2. **COMMISSIONER OF HUMAN SERVICES**

Subdivision 1. **Total Appropriation**	**$ -0-**	**$ 2,022,000**

The amounts that may be spent for each purpose are specified in the following subdivisions.

Subd. 2. **Forecasted Programs; Medical Assistance**	-0-	2,022,000

Sec. 3. **COMMISSIONER OF HEALTH**

Subdivision 1. **Total Appropriation** **$** **-0-** **$** **6,516,000**

Appropriations by Fund	2018	2019
General	-0-	6,491,000
State Government Special Revenue	-0-	25,000

The amounts that may be spent for each purpose are specified in the following subdivisions.

Subd. 2. **Health Improvement** -0- 3,451,000

(a) **Opioid Overdose Reduction Pilot Program.** $1,062,000 in fiscal year 2019 is for the opioid overdose reduction pilot program in article 2, section 15. Of this appropriation, the commissioner may use up to $112,000 to administer the program. This is a onetime appropriation and is available until June 30, 2021.

(b) **Low-Value Health Services Study.** $389,000 in fiscal year 2019 is for the low-value health services study in article 2, section 14. The base for this appropriation is $106,000 in fiscal year 2020.

(c) **Statewide Tobacco Cessation Services.** $291,000 in fiscal year 2019 is appropriated from the health care access fund for statewide tobacco cessation services under Minnesota Statutes, section 144.397. The base for this appropriation is $1,550,000 in fiscal year 2020, and $2,955,000 in fiscal year 2021.

(d) **Reduction of Statewide Health Improvement Program Appropriation.** The appropriation in Laws 2017, First Special Session chapter 6, article 18, section 3, subdivision 2, from the health care access fund for the statewide health improvement program under Minnesota Statutes, section 145.986, is reduced by $291,000 in fiscal year 2019. The base for this reduction is $1,550,000 in fiscal year 2020, and $2,955,000 in fiscal year 2021.

(e) **Additional Funding for Opioid Prevention Pilot Projects.** $2,000,000 in fiscal year 2019 is appropriated for opioid abuse prevention pilot projects under Laws 2017, First Special Session chapter 6, article 10, section 144. Of this amount, $1,400,000 is for the opioid abuse prevention pilot project through CHI St. Gabriel's Health Family Medical Center, also known as Unity Family Health Care. $600,000 is for Project Echo through CHI St. Gabriel's Health Family Medical Center for e-learning sessions centered around opioid case management and best practices for opioid abuse prevention. This is a onetime appropriation.

(f) **Base Level Adjustments.** The general fund base is increased by $106,000 in fiscal year 2020.

Subd. 3. **Health Protection**

Appropriations by Fund		
General	-0-	3,040,000
State Government Special Revenue	-0-	25,000

(a) **Regulation of Low-Dose X-Ray Security Screening Systems.** $29,000 in fiscal year 2019 is from the state government special revenue fund for rulemaking under Minnesota Statutes, section 144.121. The base for this appropriation is $21,000 in fiscal year 2020 and $21,000 in fiscal year 2021.

(b) **Technology Upgrades.** $..... in fiscal year 2019 is from the general fund for technology upgrades of systems administered by the Office of Health Facility Complaints, related to provisions enacted in 2018. This is a onetime appropriation and is available until June 30, 2022. The commissioner may not transfer this appropriation or use this appropriation for any other purpose.

(c) **Base Level Adjustment.** The general fund base is increased by $3,923,000 in fiscal

year 2020 and increased by $3,923,000 in fiscal year 2021. The state government special revenue fund base is increased by $17,000 in fiscal year 2020 and increased by $17,000 in fiscal year 2021.

Sec. 4. **HEALTH-RELATED BOARDS**

Subdivision 1. **Total Appropriation**	**$**	**-0-**	**$**	**278,000**

This appropriation is from the state government special revenue fund. The amounts that may be spent for each purpose are specified in the following subdivisions.

Subd. 2. **Board of Pharmacy**		-0-		278,000

This appropriation is for migration to a new information technology platform for the prescription monitoring program. This is a onetime appropriation.

Sec. 5. **LEGISLATIVE COORDINATING COMMISSION**	**$**	**-0-**	**$**	**137,000**

(a) **Health Policy Commission.** $137,000 in fiscal year 2019 is for administration of the Health Policy Commission under Minnesota Statutes, section 62J.90. The base for this appropriation is $405,000 in fiscal year 2020 and $410,000 in fiscal year 2021.

(b) **Base Level Adjustment.** The base is increased by $405,000 in fiscal year 2020 and is increased by $410,000 in fiscal year 2021.

Sec. 6. **TRANSFERS.**

By June 30, 2018, the commissioner of management and budget shall transfer $14,000,000 from the systems operations account in the special revenue fund to the general fund. This is a onetime transfer.

EFFECTIVE DATE. This section is effective June 30, 2018.

Sec. 7. **EXPIRATION OF UNCODIFIED LANGUAGE.**

All uncodified language contained in this article expires on June 30, 2019, unless a different expiration date is explicit.

Sec. 8. **EFFECTIVE DATE.**

This article is effective July 1, 2018, unless a different effective date is specified."

Delete the title and insert:

"A bill for an act relating to state government; modifying provisions relating to health care; modifying Department of Human Services administrative funds transfer; establishing a Minnesota Health Policy Commission; repealing preferred incontinence program in medical assistance; increasing reimbursement rates for doula services; modifying telemedicine service limits; modifying EPSDT screening payments; modifying capitation payment delay; modifying provisions relating to wells and borings; adding security screening systems to ionizing radiation-producing equipment regulation; authorizing statewide tobacco cessation services; establishing an opioid reduction pilot program; establishing a low-value health services study; requiring coverage of 3D mammograms; requiring disclosure of facility fees; establishing a step therapy override process; requiring the synchronization of prescription refills; prohibiting a health plan company from preventing a pharmacist from informing a patient of a price differential; converting allied health professionals to a birth month renewal cycle; modifying temporary license suspensions and background checks for health-related professions; requiring a prescriber to access the prescription monitoring program before prescribing certain controlled substances; authorizing the Board of Pharmacy to impose a fee from a prescriber or pharmacist accessing prescription monitoring data through a service offered by the board's vendor; requiring administrative changes at the Office of Health Facility Complaints; providing access to information and data sharing; making technical changes; requiring reports; making forecasted adjustments; appropriating money; amending Minnesota Statutes 2016, sections 3.3005, subdivision 8; 62A.30, by adding a subdivision; 103I.301, subdivision 6; 144.121, subdivision 1a, by adding a subdivision; 144A.53, subdivision 2; 147.012; 147.02, by adding a subdivision; 147A.06; 147A.07; 147B.02, subdivision 9, by adding a subdivision; 147C.15, subdivision 7, by adding a subdivision; 147D.17, subdivision 6, by adding a subdivision; 147D.27, by adding a subdivision; 147E.15, subdivision 5, by adding a subdivision; 147E.40, subdivision 1; 147F.07, subdivision 5, by adding subdivisions; 147F.17, subdivision 1; 148.7815, subdivision 1; 151.065, by adding a subdivision; 151.214; 151.71, by adding a subdivision; 152.126, subdivisions 6, 10; 214.075, subdivisions 1, 4, 5, 6; 214.077; 214.10, subdivision 8; 256.01, by adding a subdivision; 256B.04, subdivision 14; 256B.0625, subdivision 58; Minnesota Statutes 2017 Supplement, sections 103I.005, subdivisions 2, 8a, 17a; 103I.205, subdivisions 1, 4; 103I.208, subdivision 1; 103I.235, subdivision 3; 103I.601, subdivision 4; 147.01, subdivision 7; 147A.28; 147B.08; 147C.40; 152.105, subdivision 2; 256B.0625, subdivision 3b; 364.09; Laws 2017, First Special Session chapter 6, article 4, section 61; article 10, section 144; proposing coding for new law in Minnesota Statutes, chapters 62J; 62Q; 144; 147A; 147B; 147C; 147D; 147E; 147F; 256B; repealing Minnesota Statutes 2016, section 214.075, subdivision 8; Minnesota Statutes 2017 Supplement, section 256B.0625, subdivision 31c; Minnesota Rules, part 5600.0605, subparts 5, 8."

And when so amended the bill do pass and be re-referred to the Committee on Finance. Amendments adopted. Report adopted.

Senator Gazelka, from the Committee on Rules and Administration, to which was referred

H.F. No. 3295 for comparison with companion Senate File, reports the following House File was found not identical with companion Senate File as follows:

GENERAL ORDERS		CONSENT CALENDAR		CALENDAR	
H.F. No.	S.F. No.	H.F. No.	S.F. No.	H.F. No.	S.F. No.
3295	3192				

Pursuant to Rule 45, the Committee on Rules and Administration recommends that H.F. No. 3295 be amended as follows:

Delete all the language after the enacting clause of H.F. No. 3295; and insert the language after the enacting clause of S.F. No. 3192, the first engrossment; further, delete the title of H.F. No. 3295; and insert the title of S.F. No. 3192, the first engrossment.

And when so amended H.F. No. 3295 will be identical to S.F. No. 3192, and further recommends that H.F. No. 3295 be given its second reading and substituted for S.F. No. 3192, and that the Senate File be indefinitely postponed.

Pursuant to Rule 45, this report was prepared and submitted by the Secretary of the Senate on behalf of the Committee on Rules and Administration. Amendments adopted. Report adopted.

Senator Gazelka, from the Committee on Rules and Administration, to which was referred

H.F. No. 3841 for comparison with companion Senate File, reports the following House File was found identical and recommends the House File be given its second reading and substituted for its companion Senate File as follows:

GENERAL ORDERS		CONSENT CALENDAR		CALENDAR	
H.F. No.	S.F. No.	H.F. No.	S.F. No.	H.F. No.	S.F. No.
3841	3399				

and that the above Senate File be indefinitely postponed.

Pursuant to Rule 45, this report was prepared and submitted by the Secretary of the Senate on behalf of the Committee on Rules and Administration. Report adopted.

Senator Pratt from the Committee on E-12 Policy, to which was referred the following appointment:

PROFESSIONAL EDUCATOR LICENSING AND STANDARDS BOARD
Loy Woelber

Reports the same back with the recommendation that the appointment be confirmed.

Senator Gazelka moved that the foregoing committee report be laid on the table. The motion prevailed.

Senator Fischbach from the Committee on Higher Education Finance and Policy, to which were referred the following appointments:

BOARD OF TRUSTEES OF THE MINNESOTA STATE COLLEGES AND UNIVERSITIES
Basil Ajuo
Amanda Fredlund
Jerry Janezich
Roger Moe
Rodolfo Rodriguez
Cheryl Tefer
Michael M. Vekich

Reports the same back with the recommendation that the appointments be confirmed.

Senator Gazelka moved that the foregoing committee report be laid on the table. The motion prevailed.

SECOND READING OF HOUSE BILLS

H.F. Nos. 3295 and 3841 were read the second time.

INTRODUCTION AND FIRST READING OF SENATE BILLS

The following bills were read the first time.

Senator Anderson, B. introduced--

S.F. No. 4020: A bill for an act relating to local government; prohibiting annexation of a designated area by means other than those identified in an orderly annexation agreement; prohibiting annexation of the designated area by nonparties; amending Minnesota Statutes 2016, section 414.0325, subdivisions 1, 6.

Referred to the Committee on Local Government.

Senator Draheim introduced--

S.F. No. 4021: A bill for an act relating to capital investment; appropriating money for the Rural Finance Authority; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senator Sparks introduced--

S.F. No. 4022: A bill for an act relating to capital investment; appropriating money for the Shooting Star Trail; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senator Senjem introduced--

S.F. No. 4023: A bill for an act relating to capital investment; appropriating money for removal of sedimentation in Lake Zumbro; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senator Hawj introduced--

S.F. No. 4024: A bill for an act relating to agriculture; distinguishing between farmed elk and other farmed Cervidae; establishing a voluntary herd buyout program for participating deer farmers; appropriating money; amending Minnesota Statutes 2016, sections 35.153, subdivisions 1, 3, by adding subdivisions; 35.155.

Referred to the Committee on Agriculture, Rural Development, and Housing Policy.

Senator Champion introduced--

S.F. No. 4025: A bill for an act relating to capital investment; appropriating money for the Baldwin Square project in Minneapolis.

Referred to the Committee on Capital Investment.

Senator Housley introduced--

S.F. No. 4026: A bill for an act relating to capital investment; appropriating money for an acceleration lane in Lake Elmo along highway 36; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senators Draheim, Clausen, Isaacson, and Abeler introduced--

S.F. No. 4027: A bill for an act relating to higher education; requiring Minnesota State Colleges and Universities to provide mental health services to students and assist students in acquiring health insurance; appropriating money; amending Minnesota Statutes 2016, section 136F.20, by adding a subdivision.

Referred to the Committee on Higher Education Finance and Policy.

Senator Simonson introduced--

S.F. No. 4028: A bill for an act relating to taxation; property taxes; providing an exemption for certain nonprofit property.

Referred to the Committee on Taxes.

Senators Miller, Nelson, and Goggin introduced--

S.F. No. 4029: A bill for an act relating to economic development; creating the greater southeast Minnesota diversification revolving loan program; appropriating money.

Referred to the Committee on Jobs and Economic Growth Finance and Policy.

Senators Newton and Senjem introduced--

S.F. No. 4030: A bill for an act relating to amateur sports; dedicating certain sales tax collections to the Minnesota Amateur Sports Commission; amending Minnesota Statutes 2017 Supplement, section 297A.94; proposing coding for new law in Minnesota Statutes, chapter 240A.

Referred to the Committee on Taxes.

Senator Housley introduced--

S.F. No. 4031: A bill for an act relating to human rights; clarifying the definition of sexual harassment; amending Minnesota Statutes 2016, section 363A.03, subdivision 43.

Referred to the Committee on Judiciary and Public Safety Finance and Policy.

Senators Jensen and Lang introduced--

S.F. No. 4032: A bill for an act relating to public safety; modifying various firearms laws; appropriating money; amending Minnesota Statutes 2016, sections 609.66, subdivision 1f; 624.7131, subdivision 6; proposing coding for new law in Minnesota Statutes, chapters 299A; 624.

Referred to the Committee on Judiciary and Public Safety Finance and Policy.

MOTIONS AND RESOLUTIONS

Senator Bakk moved that the name of Senator Schoen be stricken as a co-author to S.F. No. 281. The motion prevailed.

Senator Klein moved that the name of Senator Kent be added as a co-author to S.F. No. 281. The motion prevailed.

Senator Jensen moved that the name of Senator Franzen be added as a co-author to S.F. No. 3015. The motion prevailed.

Senator Nelson moved that the name of Senator Sparks be added as a co-author to S.F. No. 3440. The motion prevailed.

Senator Koran moved that the name of Senator Ingebrigtsen be added as a co-author to S.F. No. 3663. The motion prevailed.

Senator Limmer moved that the names of Senators Relph; Utke; Anderson, P.; and Draheim be added as co-authors to S.F. No. 3673. The motion prevailed.

Senator Latz moved that the name of Senator Marty be added as a co-author to S.F. No. 3879. The motion prevailed.

Senator Weber moved that the name of Senator Frentz be added as a co-author to S.F. No. 3960. The motion prevailed.

Senator Carlson introduced --

Senate Resolution No. 208: A Senate resolution honoring Eagan High School graduate Samuel Gilbertson for entering the Army Reserve.

Referred to the Committee on Rules and Administration.

Senator Carlson introduced --

Senate Resolution No. 209: A Senate resolution honoring Eagan High School graduate Tyler Glidden for entering the Army National Guard.

Referred to the Committee on Rules and Administration.

Senator Carlson introduced --

Senate Resolution No. 210: A Senate resolution honoring Eagan High School graduate Tyler Haglind for entering the United States Marine Corps.

Referred to the Committee on Rules and Administration.

Senator Carlson introduced --

Senate Resolution No. 211: A Senate resolution honoring Eagan High School graduate Matthew Keo for entering the Army National Guard.

Referred to the Committee on Rules and Administration.

Senator Carlson introduced --

Senate Resolution No. 212: A Senate resolution honoring Eagan High School graduate Dane Kubarek for entering the United States Army.

Referred to the Committee on Rules and Administration.

Senator Carlson introduced --

Senate Resolution No. 213: A Senate resolution honoring Eagan High School graduate Noah Koch for entering the United States Navy.

Referred to the Committee on Rules and Administration.

Senator Carlson introduced --

Senate Resolution No. 214: A Senate resolution honoring Eagan High School graduate Amanda Linn for entering the United States Navy.

Referred to the Committee on Rules and Administration.

Senator Carlson introduced --

Senate Resolution No. 215: A Senate resolution honoring Eagan High School graduate Jose Mejia for entering the Army National Guard.

Referred to the Committee on Rules and Administration.

Senator Carlson introduced --

Senate Resolution No. 216: A Senate resolution honoring Eagan High School graduate Jordan Nguyen for entering the United States Marine Corps.

Referred to the Committee on Rules and Administration.

Senator Carlson introduced --

Senate Resolution No. 217: A Senate resolution honoring Eagan High School graduate Jadon Shields for entering the Army National Guard.

Referred to the Committee on Rules and Administration.

Senator Carlson introduced --

Senate Resolution No. 218: A Senate resolution honoring Eagan High School graduate Antonio Stepan for entering the Air National Guard.

Referred to the Committee on Rules and Administration.

Senator Carlson introduced --

Senate Resolution No. 219: A Senate resolution honoring Eagan High School graduate Isaac Colon for entering the Army National Guard.

Referred to the Committee on Rules and Administration.

Senators Osmek; Cwodzinski; Anderson, P.; and Jensen introduced --

Senate Resolution No. 220: A Senate resolution congratulating the Minnetonka High School boys' hockey team on winning the 2018 State High School Class AA boys' hockey championship.

Referred to the Committee on Rules and Administration.

Senator Anderson, B. introduced --

Senate Resolution No. 221: A Senate resolution acknowledging August 24-30, 2018, as American Legion Week in Minnesota.

Referred to the Committee on Rules and Administration.

SPECIAL ORDERS

Pursuant to Rule 26, Senator Gazelka, Chair of the Committee on Rules and Administration, designated the following bills a Special Orders Calendar to be heard immediately:

S.F. Nos. 3673, 3306, H.F. No. 2636, and S.F. No. 2777.

SPECIAL ORDER

S.F. No. 3673: A bill for an act relating to human services; modifying provisions relating to discharge from civil commitment for persons committed as mentally ill and dangerous, sexually dangerous, or persons with a sexual psychopathic personality; amending Minnesota Statutes 2016, sections 253B.18, subdivision 15; 253D.31.

S.F. No. 3673 was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 67 and nays 0, as follows:

Those who voted in the affirmative were:

Abeler	Draheim	Housley	Little	Ruud
Anderson, B.	Dziedzic	Ingebrigtsen	Lourey	Senjem
Anderson, P.	Eaton	Isaacson	Marty	Simonson
Bakk	Eichorn	Jasinski	Mathews	Sparks
Benson	Eken	Jensen	Miller	Tomassoni
Bigham	Fischbach	Johnson	Nelson	Torres Ray
Carlson	Franzen	Kent	Newman	Utke
Chamberlain	Frentz	Kiffmeyer	Newton	Weber
Champion	Gazelka	Klein	Osmek	Westrom
Clausen	Goggin	Koran	Pappas	Wiger
Cohen	Hall	Laine	Pratt	Wiklund
Cwodzinski	Hawj	Lang	Relph	
Dahms	Hayden	Latz	Rest	
Dibble	Hoffman	Limmer	Rosen	

So the bill passed and its title was agreed to.

SPECIAL ORDER

S.F. No. 3306: A bill for an act relating to campaign finance; adding new definitions; amending provisions relating to disclosure, independent expenditures, noncampaign disbursements, reporting requirements, coordinated and noncoordinated expenditures, and various other changes to campaign finance laws; amending Minnesota Statutes 2016, sections 10A.01, subdivisions 5, 26, by adding subdivisions; 10A.022, subdivision 3, by adding subdivisions; 10A.025, by adding a subdivision;

10A.07, subdivisions 1, 2; 10A.08, subdivision 1, by adding a subdivision; 10A.15, by adding subdivisions; 10A.17, subdivision 4; 10A.25, subdivision 3a; 10A.273, subdivision 3; 10A.322, subdivision 1; 211B.04; Minnesota Statutes 2017 Supplement, sections 10A.09, subdivisions 5, 6; 10A.155; 10A.20, subdivision 3; 10A.27, subdivision 16a; 10A.323; proposing coding for new law in Minnesota Statutes, chapter 10A; repealing Minnesota Rules, parts 4501.0200, subparts 1, 2; 4501.0500, subpart 1a; 4503.0100, subpart 6; 4503.0500, subpart 2; 4503.1300, subpart 4; 4505.0010; 4505.0100, subparts 1, 4, 6; 4505.0700; 4515.0010; 4515.0100, subparts 1, 5; 4515.0500, subpart 1; 4520.0010; 4520.0100, subparts 1, 4, 6; 4520.0400; 4520.0500; 4525.0330; 4525.0340, subpart 1.

Senator Carlson moved to amend S.F. No. 3306 as follows:

Page 20, line 1, after "donors" insert ", as long as the spender does not state or suggest to the candidate that funds received from use of the donor list will be used for independent expenditures to benefit the candidate"

The motion prevailed. So the amendment was adopted.

S.F. No. 3306 was read the third time, as amended, and placed on its final passage.

The question was taken on the passage of the bill, as amended.

The roll was called, and there were yeas 57 and nays 10, as follows:

Those who voted in the affirmative were:

Abeler	Draheim	Johnson	Miller	Simonson
Anderson, B.	Eichorn	Kent	Nelson	Sparks
Anderson, P.	Fischbach	Kiffmeyer	Newman	Tomassoni
Bakk	Franzen	Klein	Newton	Torres Ray
Benson	Frentz	Koran	Osmek	Utke
Bigham	Gazelka	Laine	Pappas	Weber
Carlson	Goggin	Lang	Pratt	Westrom
Chamberlain	Hall	Latz	Relph	Wiger
Clausen	Housley	Limmer	Rest	Wiklund
Cohen	Ingebrigtsen	Little	Rosen	
Cwodzinski	Jasinski	Lourey	Ruud	
Dahms	Jensen	Mathews	Senjem	

Those who voted in the negative were:

Champion	Dziedzic	Eken	Hayden	Isaacson
Dibble	Eaton	Hawj	Hoffman	Marty

So the bill, as amended, was passed and its title was agreed to.

SPECIAL ORDER

H.F. No. 2636: A bill for an act relating to local government; authorizing towns to appropriate funds to community food shelves; amending Minnesota Statutes 2016, section 465.039.

H.F. No. 2636 was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 66 and nays 0, as follows:

Those who voted in the affirmative were:

Abeler	Dziedzic	Ingebrigtsen	Lourey	Senjem
Anderson, B.	Eaton	Isaacson	Marty	Simonson
Anderson, P.	Eichorn	Jasinski	Mathews	Sparks
Bakk	Eken	Jensen	Miller	Tomassoni
Benson	Fischbach	Johnson	Nelson	Torres Ray
Bigham	Franzen	Kent	Newman	Utke
Carlson	Frentz	Kiffmeyer	Newton	Weber
Chamberlain	Gazelka	Klein	Osmek	Westrom
Champion	Goggin	Koran	Pappas	Wiger
Clausen	Hall	Laine	Pratt	Wiklund
Cwodzinski	Hawj	Lang	Relph	
Dahms	Hayden	Latz	Rest	
Dibble	Hoffman	Limmer	Rosen	
Draheim	Housley	Little	Ruud	

So the bill passed and its title was agreed to.

SPECIAL ORDER

S.F. No. 2777: A bill for an act relating to state government; modifying the Commission of the Deaf, DeafBlind, and Hard-of-Hearing; amending Minnesota Statutes 2016, section 256C.28, subdivisions 1, 2, 3a, 5, by adding a subdivision.

S.F. No. 2777 was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 67 and nays 0, as follows:

Those who voted in the affirmative were:

Abeler	Draheim	Housley	Little	Ruud
Anderson, B.	Dziedzic	Ingebrigtsen	Lourey	Senjem
Anderson, P.	Eaton	Isaacson	Marty	Simonson
Bakk	Eichorn	Jasinski	Mathews	Sparks
Benson	Eken	Jensen	Miller	Tomassoni
Bigham	Fischbach	Johnson	Nelson	Torres Ray
Carlson	Franzen	Kent	Newman	Utke
Chamberlain	Frentz	Kiffmeyer	Newton	Weber
Champion	Gazelka	Klein	Osmek	Westrom
Clausen	Goggin	Koran	Pappas	Wiger
Cohen	Hall	Laine	Pratt	Wiklund
Cwodzinski	Hawj	Lang	Relph	
Dahms	Hayden	Latz	Rest	
Dibble	Hoffman	Limmer	Rosen	

So the bill passed and its title was agreed to.

RECESS

Senator Gazelka moved that the Senate do now recess subject to the call of the President. The motion prevailed.

After a brief recess, the President called the Senate to order.

MOTIONS AND RESOLUTIONS - CONTINUED

Without objection, remaining on the Order of Business of Motions and Resolutions, the Senate reverted to the Orders of Business of Reports of Committees and Second Reading of Senate Bills.

REPORTS OF COMMITTEES

Senator Gazelka moved that the Committee Reports at the Desk be now adopted. The motion prevailed.

Senator Gazelka from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,

S.F. No. 3837: A bill for an act relating to transportation; governing transportation finance; proposing a constitutional amendment to the Minnesota Constitution, article XIV, to allocate state general sales tax revenue related to motor vehicle repair and replacement parts exclusively to fund roads; amending Minnesota Statutes 2017 Supplement, section 297A.94.

Reports the same back with the recommendation that Joint Rule 2.03 be suspended for all further proceedings on S.F. No. 3837 and that the report from the Committee on Transportation Finance and Policy, shown in the Journal for April 9, 2018, be amended as follows:

"the bill be amended and when so amended the bill do pass and be re-referred to the Committee on Taxes". Amendments adopted. Report adopted.

Senator Gazelka from the Committee on Rules and Administration, to which was referred under Rule 21, together with the committee report thereon,

S.F. No. 2893: A bill for an act relating to agriculture; reducing the minimum production level for advanced biofuel production incentive payments; expanding the options for ingredients allowed to be used in advanced biofuel production to qualify for incentive payments; reducing the minimum production level for renewable chemical production incentive; amending Minnesota Statutes 2016, sections 41A.16, subdivisions 1, 2; 41A.17, subdivision 1.

Reports the same back with the recommendation that the report from the Committee on Agriculture, Rural Development, and Housing Finance shown in the Journal for April 19, 2018, be adopted; that recommendation being:

"the bill be amended and when so amended the bill do pass and be re-referred to the Committee on Finance". Amendments adopted. Report adopted.

Senator Gazelka from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,

S.F. No. 3510: A bill for an act relating to energy; authorizing the construction and routing of certain pipelines.

Reports the same back with the recommendation that Joint Rule 2.03 be suspended for all further proceedings on S.F. No. 3510 and that the report from the Committee on Energy and Utilities Finance and Policy, reported in the Journal for April 19, 2018, be adopted; that recommendation being:

"the bill do pass". Report adopted.

SECOND READING OF SENATE BILLS

S.F. No. 3510 was read the second time.

ADJOURNMENT

Senator Gazelka moved that the Senate do now adjourn until 12:00 noon, Wednesday, April 25, 2018. The motion prevailed.

Cal R. Ludeman, Secretary of the Senate