

355.18 **ARTICLE 10**  
355.19 **HEALTH DEPARTMENT**

355.20 Section 1. Minnesota Statutes 2016, section 103I.101, subdivision 2, is amended to read:

355.21 Subd. 2. **Duties.** The commissioner shall:

355.22 (1) regulate the drilling, construction, modification, repair, and sealing of wells and  
355.23 borings;

355.24 (2) examine and license:

355.25 (i) well contractors;

355.26 (ii) persons constructing, repairing, and sealing bored geothermal heat exchangers;

355.27 (iii) persons modifying or repairing well casings, well screens, or well diameters;

355.28 (iv) persons constructing, repairing, and sealing drive point wells or dug wells;

355.29 (v) persons installing well pumps or pumping equipment;

355.30 (vi) persons constructing, repairing, and sealing dewatering wells;

356.1 (vii) persons sealing wells; ~~persons installing well pumps or pumping equipment or~~  
356.2 ~~borings; and~~

356.3 (viii) persons excavating or drilling holes for the installation of elevator borings or  
356.4 hydraulic cylinders;

356.5 (3) ~~register~~ license and examine monitoring well contractors;

356.6 (4) license explorers engaged in exploratory boring and examine individuals who  
356.7 supervise or oversee exploratory boring;

356.8 (5) after consultation with the commissioner of natural resources and the Pollution  
356.9 Control Agency, establish standards for the design, location, construction, repair, and sealing  
356.10 of wells and borings within the state; and

145.14 **ARTICLE 3**  
145.15 **HEALTH DEPARTMENT AND PUBLIC HEALTH**

- 356.11 (6) issue permits for wells, groundwater thermal devices, bored geothermal heat  
356.12 exchangers, and elevator borings.
- 356.13 Sec. 2. Minnesota Statutes 2016, section 103I.101, subdivision 5, is amended to read:
- 356.14 Subd. 5. **Commissioner to adopt rules.** The commissioner shall adopt rules including:
- 356.15 (1) issuance of licenses for:
- 356.16 (i) qualified well contractors;
- 356.17 (ii) persons modifying or repairing well casings, well screens, or well diameters;
- 356.18 ~~(iii)~~ (iii) persons constructing, repairing, and sealing drive point wells or dug wells;
- 356.19 ~~(iii)~~ (iv) persons constructing, repairing, and sealing dewatering wells;
- 356.20 ~~(iv)~~ (v) persons sealing wells or borings;
- 356.21 ~~(v)~~ (vi) persons installing well pumps or pumping equipment;
- 356.22 ~~(vi)~~ (vii) persons constructing, repairing, and sealing bored geothermal heat exchangers;
- 356.23 and
- 356.24 ~~(vii)~~ (viii) persons constructing, repairing, and sealing elevator borings;
- 356.25 (2) issuance of ~~registration~~ licenses for monitoring well contractors;
- 356.26 (3) establishment of conditions for examination and review of applications for license
- 356.27 and ~~registration~~ certification;
- 356.28 (4) establishment of conditions for revocation and suspension of license and ~~registration~~
- 356.29 certification;
- 357.1 (5) establishment of minimum standards for design, location, construction, repair, and
- 357.2 sealing of wells and borings to implement the purpose and intent of this chapter;
- 357.3 (6) establishment of a system for reporting on wells and borings drilled and sealed;
- 357.4 (7) establishment of standards for the construction, maintenance, sealing, and water
- 357.5 quality monitoring of wells in areas of known or suspected contamination;

- 357.6 (8) establishment of wellhead protection measures for wells serving public water supplies;
- 357.7 (9) establishment of procedures to coordinate collection of well and boring data with
- 357.8 other state and local governmental agencies;
- 357.9 (10) establishment of criteria and procedures for submission of well and boring logs,
- 357.10 formation samples or well or boring cuttings, water samples, or other special information
- 357.11 required for and water resource mapping; and
- 357.12 (11) establishment of minimum standards for design, location, construction, maintenance,
- 357.13 repair, sealing, safety, and resource conservation related to borings, including exploratory
- 357.14 borings as defined in section 103I.005, subdivision 9.
- 357.15 Sec. 3. Minnesota Statutes 2016, section 103I.111, subdivision 6, is amended to read:
- 357.16 Subd. 6. **Unsealed wells and borings are public health nuisances.** A well or boring
- 357.17 that is required to be sealed under section 103I.301 but is not sealed is a public health
- 357.18 nuisance. A county may abate the unsealed well or boring with the same authority of a
- 357.19 community health board to abate a public health nuisance under section 145A.04, subdivision
- 357.20 8.
- 357.21 Sec. 4. Minnesota Statutes 2016, section 103I.111, subdivision 7, is amended to read:
- 357.22 Subd. 7. **Local license or registration fees prohibited.** (a) A political subdivision may
- 357.23 not require a licensed well contractor to pay a license or registration fee.
- 357.24 (b) The commissioner of health must provide a political subdivision with a list of licensed
- 357.25 well contractors upon request.
- 357.26 Sec. 5. Minnesota Statutes 2016, section 103I.111, subdivision 8, is amended to read:
- 357.27 Subd. 8. **Municipal regulation of drilling.** A municipality may regulate all drilling,
- 357.28 except well, elevator shaft boring, and exploratory drilling that is subject to the provisions
- 357.29 of this chapter, above, in, through, and adjacent to subsurface areas designated for mined
- 358.1 underground space development and existing mined underground space. The regulations
- 358.2 may prohibit, restrict, control, and require permits for the drilling.
- 358.3 Sec. 6. Minnesota Statutes 2016, section 103I.205, is amended to read:
- 358.4 **103I.205 WELL AND BORING CONSTRUCTION.**
- 358.5 Subdivision 1. **Notification required.** (a) Except as provided in paragraphs (d) and (e),
- 358.6 a person may not construct a well until a notification of the proposed well on a form

358.7 prescribed by the commissioner is filed with the commissioner with the filing fee in section  
358.8 103I.208, and, when applicable, the person has met the requirements of paragraph (f). If  
358.9 after filing the well notification an attempt to construct a well is unsuccessful, a new  
358.10 notification is not required unless the information relating to the successful well has  
358.11 substantially changed.

358.12 (b) The property owner, the property owner's agent, or the ~~well licensed~~ contractor where  
358.13 a well is to be located must file the well notification with the commissioner.

358.14 (c) The well notification under this subdivision preempts local permits and notifications,  
358.15 and counties or home rule charter or statutory cities may not require a permit or notification  
358.16 for wells unless the commissioner has delegated the permitting or notification authority  
358.17 under section 103I.111.

358.18 (d) A person who is an individual that constructs a drive point water-supply well on  
358.19 property owned or leased by the individual for farming or agricultural purposes or as the  
358.20 individual's place of abode must notify the commissioner of the installation and location of  
358.21 the well. The person must complete the notification form prescribed by the commissioner  
358.22 and mail it to the commissioner by ten days after the well is completed. A fee may not be  
358.23 charged for the notification. A person who sells drive point wells at retail must provide  
358.24 buyers with notification forms and informational materials including requirements regarding  
358.25 wells, their location, construction, and disclosure. The commissioner must provide the  
358.26 notification forms and informational materials to the sellers.

358.27 (e) A person may not construct a monitoring well until a permit is issued by the  
358.28 commissioner for the construction. If after obtaining a permit an attempt to construct a well  
358.29 is unsuccessful, a new permit is not required as long as the initial permit is modified to  
358.30 indicate the location of the successful well.

358.31 (f) When the operation of a well will require an appropriation permit from the  
358.32 commissioner of natural resources, a person may not begin construction of the well until  
358.33 the person submits the following information to the commissioner of natural resources:

359.1 (1) the location of the well;

359.2 (2) the formation or aquifer that will serve as the water source;

359.3 (3) the maximum daily, seasonal, and annual pumpage rates and volumes that will be  
359.4 requested in the appropriation permit; and

- 359.5 (4) other information requested by the commissioner of natural resources that is necessary  
359.6 to conduct the preliminary assessment required under section 103G.287, subdivision 1,  
359.7 paragraph (c).
- 359.8 The person may begin construction after receiving preliminary approval from the  
359.9 commissioner of natural resources.
- 359.10 Subd. 2. **Emergency permit and notification exemptions.** The commissioner may  
359.11 adopt rules that modify the procedures for filing a well or boring notification or well or  
359.12 boring permit if conditions occur that:
- 359.13 (1) endanger the public health and welfare or cause a need to protect the groundwater;  
359.14 or
- 359.15 (2) require the monitoring well contractor, limited well/boring contractor, or well  
359.16 contractor to begin constructing a well before obtaining a permit or notification.
- 359.17 Subd. 3. **Maintenance permit.** (a) Except as provided under paragraph (b), a well that  
359.18 is not in use must be sealed or have a maintenance permit.
- 359.19 (b) If a monitoring well or a dewatering well is not sealed by 14 months after completion  
359.20 of construction, the owner of the property on which the well is located must obtain and  
359.21 annually renew a maintenance permit from the commissioner.
- 359.22 Subd. 4. **License required.** (a) Except as provided in paragraph (b), (c), (d), or (e),  
359.23 section 103I.401, subdivision 2, or 103I.601, subdivision 2, a person may not drill, construct,  
359.24 repair, or seal a well or boring unless the person has a well contractor's license in possession.
- 359.25 (b) A person may construct, repair, and seal a monitoring well if the person:
- 359.26 (1) is a professional engineer licensed under sections 326.02 to 326.15 in the branches  
359.27 of civil or geological engineering;
- 359.28 (2) is a hydrologist or hydrogeologist certified by the American Institute of Hydrology;
- 359.29 (3) is a professional geoscientist licensed under sections 326.02 to 326.15;
- 359.30 (4) is a geologist certified by the American Institute of Professional Geologists; or
- 359.31 (5) meets the qualifications established by the commissioner in rule.

- 360.1 A person must ~~register with~~ be licensed by the commissioner as a monitoring well  
360.2 contractor on forms provided by the commissioner.
- 360.3 (c) A person may do the following work with a limited well/boring contractor's license  
360.4 in possession. A separate license is required for each of the six activities:
- 360.5 (1) installing or repairing well screens or pitless units or pitless adaptors and well casings  
360.6 from the pitless adaptor or pitless unit to the upper termination of the well casing;
- 360.7 (2) constructing, repairing, and sealing drive point wells or dug wells;
- 360.8 (3) installing well pumps or pumping equipment;
- 360.9 (4) sealing wells or borings;
- 360.10 (5) constructing, repairing, or sealing dewatering wells; or
- 360.11 (6) constructing, repairing, or sealing bored geothermal heat exchangers.
- 360.12 (d) A person may construct, repair, and seal an elevator boring with an elevator boring  
360.13 contractor's license.
- 360.14 (e) Notwithstanding other provisions of this chapter requiring a license or registration,  
360.15 a license or registration is not required for a person who complies with the other provisions  
360.16 of this chapter if the person is:
- 360.17 (1) an individual who constructs a well on land that is owned or leased by the individual  
360.18 and is used by the individual for farming or agricultural purposes or as the individual's place  
360.19 of abode;
- 360.20 (2) an individual who performs labor or services for a contractor licensed or registered  
360.21 under the provisions of this chapter in connection with the construction, sealing, or repair  
360.22 of a well or boring at the direction and under the personal supervision of a contractor licensed  
360.23 or registered under the provisions of this chapter; or
- 360.24 (3) a licensed plumber who is repairing submersible pumps or water pipes associated  
360.25 with well water systems if: (i) the repair location is within an area where there is no licensed  
360.26 or registered well contractor within 50 miles, and (ii) the licensed plumber complies with  
360.27 all relevant sections of the plumbing code.

360.28 Subd. 5. **At-grade monitoring wells.** At-grade monitoring wells are authorized without  
360.29 variance and may be installed for the purpose of evaluating groundwater conditions or for  
360.30 use as a leak detection device. An at-grade monitoring well must be installed in accordance  
360.31 with the rules of the commissioner. The at-grade monitoring wells must be installed with  
361.1 an impermeable double locking cap approved by the commissioner and must be labeled  
361.2 monitoring wells.

361.3 Subd. 6. **Distance requirements for sources of contamination, buildings, gas pipes,**  
361.4 **liquid propane tanks, and electric lines.** (a) A person may not place, construct, or install  
361.5 an actual or potential source of contamination, building, gas pipe, liquid propane tank, or  
361.6 electric line any closer to a well or boring than the isolation distances prescribed by the  
361.7 commissioner by rule unless a variance has been prescribed by rule.

361.8 (b) The commissioner shall establish by rule reduced isolation distances for facilities  
361.9 which have safeguards in accordance with sections 18B.01, subdivision 26, and 18C.005,  
361.10 subdivision 29.

361.11 Subd. 7. **Well identification label required.** After a well has been constructed, the  
361.12 person constructing the well must attach a label to the well showing the unique well number.

361.13 Subd. 8. **Wells on property of another.** A person may not construct or have constructed  
361.14 a well for the person's own use on the property of another until the owner of the property  
361.15 on which the well is to be located and the intended well user sign a written agreement that  
361.16 identifies which party will be responsible for obtaining all permits or filing notification,  
361.17 paying applicable fees and for sealing the well. If the property owner refuses to sign the  
361.18 agreement, the intended well user may, in lieu of a written agreement, state in writing to  
361.19 the commissioner that the well user will be responsible for obtaining permits, filing  
361.20 notification, paying applicable fees, and sealing the well. Nothing in this subdivision  
361.21 eliminates the responsibilities of the property owner under this chapter, or allows a person  
361.22 to construct a well on the property of another without consent or other legal authority.

361.23 Subd. 9. **Report of work.** Within 30 days after completion or sealing of a well or boring,  
361.24 the person doing the work must submit a verified report to the commissioner containing the  
361.25 information specified by rules adopted under this chapter.

361.26 Within 30 days after receiving the report, the commissioner shall send or otherwise  
361.27 provide access to a copy of the report to the commissioner of natural resources, to the local  
361.28 soil and water conservation district where the well is located, and to the director of the  
361.29 Minnesota Geological Survey.

361.30 Sec. 7. Minnesota Statutes 2016, section 103I.301, is amended to read:

361.31 **103I.301 WELL AND BORING SEALING REQUIREMENTS.**

- 361.32 Subdivision 1. **Wells and borings.** (a) A property owner must have a well or boring  
361.33 sealed if:
- 362.1 (1) the well or boring is contaminated or may contribute to the spread of contamination;
- 362.2 (2) the well or boring was attempted to be sealed but was not sealed according to the  
362.3 provisions of this chapter; or
- 362.4 (3) the well or boring is located, constructed, or maintained in a manner that its continued  
362.5 use or existence endangers groundwater quality or is a safety or health hazard.
- 362.6 (b) A well or boring that is not in use must be sealed unless the property owner has a  
362.7 maintenance permit for the well.
- 362.8 (c) The property owner must have a well or boring sealed by a ~~registered or licensed~~  
362.9 person authorized to seal the well or boring, consistent with provisions of this chapter.
- 362.10 Subd. 2. **Monitoring wells.** The owner of the property where a monitoring well is located  
362.11 must have the monitoring well sealed when the well is no longer in use. The owner must  
362.12 have a well contractor, limited well/boring sealing contractor, or a monitoring well contractor  
362.13 seal the monitoring well.
- 362.14 Subd. 3. **Dewatering wells.** (a) The owner of the property where a dewatering well is  
362.15 located must have the dewatering well sealed when the dewatering well is no longer in use.
- 362.16 (b) A well contractor, limited well/boring sealing contractor, or limited dewatering well  
362.17 contractor shall seal the dewatering well.
- 362.18 Subd. 4. **Sealing procedures.** Wells and borings must be sealed according to rules  
362.19 adopted by the commissioner.
- 362.20 Subd. 6. **Notification required.** A person may not seal a well until a notification of the  
362.21 proposed sealing is filed as prescribed by the commissioner.
- 362.22 Sec. 8. Minnesota Statutes 2016, section 1031.501, is amended to read:
- 362.23 **1031.501 LICENSING AND REGULATION OF WELLS AND BORINGS.**
- 362.24 (a) The commissioner shall regulate and license:
- 362.25 (1) drilling, constructing, and repair of wells;



- 362.26 (2) sealing of wells;
- 362.27 (3) installing of well pumps and pumping equipment;
- 362.28 (4) excavating, drilling, repairing, and sealing of elevator borings;
- 362.29 (5) construction, repair, and sealing of environmental bore holes; and
- 362.30 (6) construction, repair, and sealing of bored geothermal heat exchangers.
- 363.1 (b) The commissioner shall examine and license well contractors, limited well/boring
- 363.2 contractors, and elevator boring contractors, and examine and register monitoring well
- 363.3 contractors.
- 363.4 (c) The commissioner shall license explorers engaged in exploratory boring and shall
- 363.5 examine persons who supervise or oversee exploratory boring.
- 363.6 Sec. 9. Minnesota Statutes 2016, section 103I.505, is amended to read:
- 363.7 **103I.505 RECIPROCITY OF LICENSES AND REGISTRATIONS**
- 363.8 **CERTIFICATIONS.**
- 363.9 Subdivision 1. **Reciprocity authorized.** The commissioner may issue a license or register
- 363.10 certify a person under this chapter, without giving an examination, if the person is licensed
- 363.11 or registered certified in another state and:
- 363.12 (1) the requirements for licensing or registration certification under which the well or
- 363.13 boring contractor was licensed or registered person was certified do not conflict with this
- 363.14 chapter;
- 363.15 (2) the requirements are of a standard not lower than that specified by the rules adopted
- 363.16 under this chapter; and
- 363.17 (3) equal reciprocal privileges are granted to licensees or registrants certified persons
- 363.18 of this state.
- 363.19 Subd. 2. **Fees required.** A well or boring contractor or certified person must apply for
- 363.20 the license or registration certification and pay the fees under the provisions of this chapter
- 363.21 to receive a license or registration certification under this section.
- 363.22 Sec. 10. Minnesota Statutes 2016, section 103I.515, is amended to read:
- 363.23 **103I.515 LICENSES NOT TRANSFERABLE.**

- 363.24 A license or ~~registration~~ certification issued under this chapter is not transferable.
- 363.25 Sec. 11. Minnesota Statutes 2016, section 103I.535, subdivision 3, is amended to read:
- 363.26 Subd. 3. **Certification examination.** After the commissioner has approved the  
363.27 application, the applicant must take an examination given by the commissioner.
- 364.1 Sec. 12. Minnesota Statutes 2016, section 103I.535, is amended by adding a subdivision  
364.2 to read:
- 364.3 Subd. 3b. **Certification renewal.** (a) A representative must file an application and a  
364.4 renewal application fee to renew the certification by the date stated in the certification.
- 364.5 (b) The renewal application must include information that the certified representative  
364.6 has met continuing education requirements established by the commissioner by rule.
- 364.7 Sec. 13. Minnesota Statutes 2016, section 103I.535, subdivision 6, is amended to read:
- 364.8 Subd. 6. **License fee.** The fee for an elevator ~~shaft~~ boring contractor's license is \$75.
- 364.9 Sec. 14. Minnesota Statutes 2016, section 103I.541, is amended to read:
- 364.10 **103I.541 MONITORING WELL CONTRACTOR'S REGISTRATION LICENSE;**  
364.11 **REPRESENTATIVE'S CERTIFICATION.**
- 364.12 Subdivision 1. **Registration Certification.** A person seeking ~~registration as~~ certification  
364.13 to represent a monitoring well contractor must meet examination and experience requirements  
364.14 adopted by the commissioner by rule.
- 364.15 Subd. 2. **Validity.** A monitoring well contractor's ~~registration~~ certification is valid until  
364.16 the date prescribed in the ~~registration~~ certification by the commissioner.
- 364.17 Subd. 2a. **Certification application.** (a) An individual must submit an application and  
364.18 application fee to the commissioner to apply for certification as a representative of a  
364.19 monitoring well contractor.
- 364.20 (b) The application must be on forms prescribed by the commissioner. The application  
364.21 must state the applicant's qualifications for the certification, and other information required  
364.22 by the commissioner.
- 364.23 Subd. 2b. **Issuance of registration.** If a person employs a certified representative,  
364.24 submits the bond under subdivision 3, and pays the registration fee of \$75 for a monitoring

364.25 ~~well contractor registration, the commissioner shall issue a monitoring well contractor~~  
364.26 ~~registration to the applicant. The fee for an individual registration is \$75. The commissioner~~  
364.27 ~~may not act on an application until the application fee is paid.~~

364.28 Subd. 2c. **Certification fee.** (a) The application fee for certification as a representative  
364.29 of a monitoring well contractor is \$75. The commissioner may not act on an application  
364.30 until the application fee is paid.

365.1 (b) The renewal fee for certification as a representative of a monitoring well contractor  
365.2 is \$75. The commissioner may not renew a certification until the renewal fee is paid.

365.3 Subd. 2d. **Examination.** After the commissioner has approved an application, the  
365.4 applicant must take an examination given by the commissioner.

365.5 Subd. 2e. **Issuance of certification.** If the applicant meets the experience requirements  
365.6 established by rule and passes the examination as determined by the commissioner, the  
365.7 commissioner shall issue the applicant a certification to represent a monitoring well  
365.8 contractor.

365.9 Subd. 2f. **Certification renewal.** (a) A representative must file an application and a  
365.10 renewal application fee to renew the certification by the date stated in the certification.

365.11 (b) The renewal application must include information that the certified representative  
365.12 has met continuing education requirements established by the commissioner by rule.

365.13 Subd. 2g. **Issuance of license.** (a) If a person employs a certified representative, submits  
365.14 the bond under subdivision 3, and pays the license fee of \$75 for a monitoring well contractor  
365.15 license, the commissioner shall issue a monitoring well contractor license to the applicant.

365.16 (b) The commissioner may not act on an application until the application fee is paid.

365.17 Subd. 3. **Bond.** (a) As a condition of being issued a monitoring well contractor's  
365.18 registration license, the applicant must submit a corporate surety bond for \$10,000 approved  
365.19 by the commissioner. The bond must be conditioned to pay the state on performance of  
365.20 work in this state that is not in compliance with this chapter or rules adopted under this  
365.21 chapter. The bond is in lieu of other license bonds required by a political subdivision of the  
365.22 state.

365.23 (b) From proceeds of the bond, the commissioner may compensate persons injured or  
365.24 suffering financial loss because of a failure of the applicant to perform work or duties in  
365.25 compliance with this chapter or rules adopted under this chapter.

365.26 Subd. 4. **License renewal.** (a) A person must file an application and a renewal application  
365.27 fee to renew the registration license by the date stated in the registration license.

365.28 (b) The renewal application fee for a monitoring well contractor's registration license is  
365.29 \$75.

365.30 (c) The renewal application must include information that the certified representative  
365.31 of the applicant has met continuing education requirements established by the commissioner  
365.32 by rule.

366.1 (d) At the time of the renewal, the commissioner must have on file all well and boring  
366.2 construction reports, well and boring sealing reports, well permits, and notifications for  
366.3 work conducted by the registered licensed person since the last registration license renewal.

366.4 Subd. 5. **Incomplete or late renewal.** If a registered licensed person submits a renewal  
366.5 application after the required renewal date:

366.6 (1) the registered licensed person must include a late fee of \$75; and

366.7 (2) the registered licensed person may not conduct activities authorized by the monitoring  
366.8 well contractor's registration license until the renewal application, renewal application fee,  
366.9 late fee, and all other information required in subdivision 4 are submitted.

366.10 Sec. 15. Minnesota Statutes 2016, section 1031.545, subdivision 1, is amended to read:

366.11 Subdivision 1. **Drilling machine.** (a) A person may not use a drilling machine such as  
366.12 a cable tool, rotary tool, hollow rod tool, or auger for a drilling activity requiring a license  
366.13 or registration under this chapter unless the drilling machine is registered with the  
366.14 commissioner.

366.15 (b) A person must apply for the registration on forms prescribed by the commissioner  
366.16 and submit a \$75 registration fee.

366.17 (c) A registration is valid for one year.

366.18 Sec. 16. Minnesota Statutes 2016, section 1031.545, subdivision 2, is amended to read:

366.19 Subd. 2. **Hoist.** (a) A person may not use a machine such as a hoist for an activity  
366.20 requiring a license or registration under this chapter to repair wells or borings, seal wells  
366.21 or borings, or install pumps unless the machine is registered with the commissioner.

366.22 (b) A person must apply for the registration on forms prescribed by the commissioner  
366.23 and submit a \$75 registration fee.

366.24 (c) A registration is valid for one year.

366.25 Sec. 17. Minnesota Statutes 2016, section 1031.711, subdivision 1, is amended to read:

366.26 Subdivision 1. **Impoundment.** The commissioner may apply to district court for a  
366.27 warrant authorizing seizure and impoundment of all drilling machines or hoists owned or  
366.28 used by a person. The court shall issue an impoundment order upon the commissioner's  
366.29 showing that a person is constructing, repairing, or sealing wells or borings or installing  
366.30 pumps or pumping equipment or excavating holes for installing elevator shafts borings  
367.1 without a license or registration as required under this chapter. A sheriff on receipt of the  
367.2 warrant must seize and impound all drilling machines and hoists owned or used by the  
367.3 person. A person from whom equipment is seized under this subdivision may file an action  
367.4 in district court for the purpose of establishing that the equipment was wrongfully seized.

367.5 Sec. 18. Minnesota Statutes 2016, section 1031.715, subdivision 2, is amended to read:

367.6 Subd. 2. **Gross misdemeanors.** A person is guilty of a gross misdemeanor who:

367.7 (1) willfully violates a provision of this chapter or order of the commissioner;

367.8 (2) engages in the business of drilling or making wells, sealing wells, installing pumps  
367.9 or pumping equipment, or constructing elevator shafts borings without a license required  
367.10 by this chapter; or

367.11 (3) engages in the business of exploratory boring without an exploratory borer's license  
367.12 under this chapter.

367.13 Sec. 19. Minnesota Statutes 2016, section 144.05, subdivision 6, is amended to read:

367.14 Subd. 6. **Reports on interagency agreements and intra-agency transfers.** The  
367.15 commissioner of health shall provide quarterly reports to the chairs and ranking minority  
367.16 members of the legislative committees with jurisdiction over health and human services  
367.17 policy and finance on:

367.18 (1) interagency agreements or service-level agreements and any renewals or extensions  
367.19 of existing interagency or service-level agreements with a state department under section  
367.20 15.01, state agency under section 15.012, or the Office of MN.IT Services, with a value of  
367.21 more than \$100,000, or related agreements with the same department or agency with a  
367.22 cumulative value of more than \$100,000; and

367.23 (2) transfers of appropriations of more than \$100,000 between accounts within or between  
367.24 agencies.

367.25 The report must include the statutory citation authorizing the agreement, transfer or dollar  
367.26 amount, purpose, and effective date of the agreement, and the duration of the agreement;  
367.27 and a copy of the agreement.

367.28 Sec. 20. [144.059] PALLIATIVE CARE ADVISORY COUNCIL.

367.29 Subdivision 1. **Membership.** The Palliative Care Advisory Council shall consist of 18  
367.30 public members.

368.1 Subd. 2. **Public members.** (a) The commissioner shall appoint, in the manner provided  
368.2 in section 15.0597, 18 public members, including the following:

368.3 (1) two physicians, of which one is certified by the American Board of Hospice and  
368.4 Palliative Medicine;

368.5 (2) two registered nurses or advanced practice registered nurses, of which one is certified  
368.6 by the National Board for Certification of Hospice and Palliative Nurses;

368.7 (3) one care coordinator experienced in working with people with serious or chronic  
368.8 illness and their families;

368.9 (4) one spiritual counselor experienced in working with people with serious or chronic  
368.10 illness and their families;

368.11 (5) three licensed health professionals, such as complementary and alternative health  
368.12 care practitioners, dietitians or nutritionists, pharmacists, or physical therapists, who are  
368.13 neither physicians nor nurses, but who have experience as members of a palliative care  
368.14 interdisciplinary team working with people with serious or chronic illness and their families;

368.15 (6) one licensed social worker experienced in working with people with serious or chronic  
368.16 illness and their families;

368.17 (7) four patients or personal caregivers experienced with serious or chronic illness;

145.16 Section 1. [144.059] PALLIATIVE CARE ADVISORY COUNCIL.

145.17 Subdivision 1. **Establishment.** The Palliative Care Advisory Council is established to  
145.18 advise and assist the commissioner of health regarding improving the quality and delivery  
145.19 of patient-centered and family-focused palliative care.

145.20 Subd. 2. **Membership.** (a) The council shall consist of 18 public members and four  
145.21 members of the legislature.

145.22 (b) The commissioner shall appoint 18 public members, including at least the following:

145.23 (1) two physicians, of which one is certified by the American Board of Hospice and  
145.24 Palliative Medicine;

145.25 (2) two registered nurses or advanced practice registered nurses, of which one is certified  
145.26 by the National Board for Certification of Hospice and Palliative Nurses;

145.27 (3) one care coordinator experienced in working with people with serious or chronic  
145.28 illness and their families;

145.29 (4) one spiritual counselor experienced in working with people with serious or chronic  
145.30 illness and their families;

146.1 (5) three licensed health professionals, such as complementary and alternative health  
146.2 care practitioners, dietitians or nutritionists, pharmacists, or physical therapists, who are  
146.3 neither physicians nor nurses, but who have experience as members of a palliative care  
146.4 interdisciplinary team working with people with serious or chronic illness and their families;

146.5 (6) one licensed social worker experienced in working with people with serious or chronic  
146.6 illness and their families;

146.7 (7) four patients or personal caregivers experienced with serious or chronic illness;

368.18        (8) one representative of a health plan company;

368.19        (9) one physician assistant that is a member of the American Academy of Hospice and  
368.20 Palliative Medicine; and

368.21        (10) two members from any of the categories described in clauses (1) to (9).

368.22        (b) The commissioner must include, where possible, representation that is racially,  
368.23 culturally, linguistically, geographically, and economically diverse.

368.24        (c) The council must include at least six members who reside outside Anoka, Carver,  
368.25 Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Ramsey, Scott, Sherburne, Sibley, Stearns,  
368.26 Washington, or Wright Counties.

368.30        (e) Council membership must include health professionals who have palliative care work  
368.31 experience or expertise in palliative care delivery models in a variety of inpatient, outpatient,  
369.1 and community settings, including acute care, long-term care, or hospice, with a variety of  
369.2 populations, including pediatric, youth, and adult patients.

368.27        (d) To the extent possible, council membership must include persons who have experience  
368.28 in palliative care research, palliative care instruction in a medical or nursing school setting,  
368.29 palliative care services for veterans as a provider or recipient, or pediatric care.

369.3        Subd. 3. **Term.** Members of the council shall serve for a term of three years and may  
369.4 be reappointed. Members shall serve until their successors have been appointed.

369.5        Subd. 4. **Administration.** The commissioner or the commissioner's designee shall  
369.6 provide meeting space and administrative services for the council.

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146.8        (8) one representative of a health plan company; and

146.9        (9) one physician assistant that is a member of the American Academy of Hospice and  
146.10 Palliative Medicine.

146.11        (c) The Subcommittee on Committees of the Committee on Rules and Administration  
146.12 shall appoint one member of the senate, the minority leader in the senate shall appoint one  
146.13 member of the senate, the speaker of the house shall appoint one member of the house of  
146.14 representatives, and the minority leader in the house of representatives shall appoint one  
146.15 member of the house of representatives.

146.16        (d) Council membership must include, where possible, representation that is racially,  
146.17 culturally, linguistically, geographically, and economically diverse.

146.18        (e) The council must include at least six members who reside outside Anoka, Carver,  
146.19 Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Ramsey, Scott, Sherburne, Sibley, Stearns,  
146.20 Washington, or Wright Counties.

146.21        (f) Council membership must include health professionals who have palliative care work  
146.22 experience or expertise in palliative care delivery models in a variety of inpatient, outpatient,  
146.23 and community settings, including acute care, long-term care, or hospice, with a variety of  
146.24 populations, including pediatric, youth, and adult patients.

146.25        (g) To the extent possible, council membership must include persons who have experience  
146.26 in palliative care research, palliative care instruction in a medical or nursing school setting,  
146.27 palliative care services for veterans as a provider or recipient, or pediatric care.

146.28        Subd. 3. **Term.** Members of the council shall serve for a term of three years and may  
146.29 be reappointed. Members shall serve until their successors have been appointed.

146.30        Subd. 4. **Administration.** The commissioner or the commissioner's designee shall  
146.31 provide meeting space and administrative services for the council.

147.1        Subd. 5. **Initial appointments and first meeting.** The appointing authorities shall  
147.2 appoint the first members of the council by July 1, 2017. The commissioner shall convene  
147.3 the first meeting by September 15, 2017, and the commissioner or the commissioner's  
147.4 designee shall act as chair until the council elects a chair at its first meeting.

- 369.7 Subd. 5. **Chairs.** At the council's first meeting, and biannually thereafter, the members  
 369.8 shall elect a chair and a vice-chair whose duties shall be established by the council.
- 369.9 Subd. 6. **Meeting.** The council shall meet at least twice yearly.
- 369.10 Subd. 7. **No compensation.** Public members of the council serve without compensation.
- 369.11 Subd. 8. **Duties.** (a) The council shall consult with and advise the commissioner on  
 369.12 matters related to the establishment, maintenance, operation, and outcomes evaluation of  
 369.13 palliative care initiatives in the state.
- 369.14 (b) By February 15 of each year, the council shall submit to the chairs and ranking  
 369.15 minority members of the committees of the senate and the house of representatives with  
 369.16 primary jurisdiction over health care a report containing:
- 369.17 (1) the advisory council's assessment of the availability of palliative care in the state;
- 369.18 (2) the advisory council's analysis of barriers to greater access to palliative care; and
- 369.19 (3) recommendations for legislative action, with draft legislation to implement the  
 369.20 recommendations.
- 369.21 (c) The Department of Health shall publish the report each year on the department's Web  
 369.22 site.
- 369.23 Subd. 9. **Open meetings.** The council is subject to the requirements of chapter 13D.
- 369.24 Subd. 10. **Sunset.** The council shall sunset January 1, 2025.

- 147.5 Subd. 6. **Chairs.** At the council's first meeting, and biannually thereafter, the members  
 147.6 shall elect a chair and a vice-chair whose duties shall be established by the council.
- 147.7 Subd. 7. **Meeting.** The council chair shall fix a time and place for regular meetings of  
 147.8 the council, which shall meet at least twice yearly.
- 147.9 Subd. 8. **No compensation.** Public members of the council serve without compensation,  
 147.10 except for reimbursement from the commissioner for allowed actual and necessary expenses  
 147.11 incurred in the performance of the public member's council duties.
- 147.12 Subd. 9. **Duties.** (a) The council shall consult with and advise the commissioner on  
 147.13 matters related to the establishment, maintenance, operation, and outcomes evaluation of  
 147.14 palliative care initiatives in the state.
- 147.15 (b) By February 15 of each year, the council shall prepare and submit to the chairs and  
 147.16 ranking minority members of the committees of the senate and the house of representatives  
 147.17 with primary jurisdiction over health care a report containing a description of:
- 147.18 (1) the advisory committee's assessment of the availability of palliative care in the state;
- 147.19 (2) the advisory committee's analysis of barriers to greater access to palliative care; and
- 147.20 (3) recommendations for legislative action.
- 147.21 (c) The Department of Health shall publish the report each year on the department's Web  
 147.22 site.
- 147.23 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 147.24 Sec. 2. **[144.1215] AUTHORIZATION TO USE HANDHELD DENTAL X-RAY**  
 147.25 **EQUIPMENT.**
- 147.26 Subdivision 1. **Definition; handheld dental x-ray equipment.** For purposes of this  
 147.27 section, "handheld dental x-ray equipment" means x-ray equipment that is used to take



- 147.28 dental radiographs, is designed to be handheld during operation, and is operated by an  
147.29 individual authorized to take dental radiographs under chapter 150A.
- 147.30 Subd. 2. **Use authorized.** (a) Handheld dental x-ray equipment may be used if the  
147.31 equipment:
- 148.1 (1) has been approved for human use by the United States Food and Drug Administration  
148.2 and is being used in a manner consistent with that approval; and
- 148.3 (2) utilizes a backscatter shield that:
- 148.4 (i) is composed of a leaded polymer or a substance with a substantially equivalent  
148.5 protective capacity;
- 148.6 (ii) has at least 0.25 millimeters of lead or lead-shielding equivalent; and
- 148.7 (iii) is permanently affixed to the handheld dental x-ray equipment.
- 148.8 (b) The use of handheld dental x-ray equipment is prohibited if the equipment's  
148.9 backscatter shield is broken or not permanently affixed to the system.
- 148.10 (c) The use of handheld dental x-ray equipment shall not be limited to situations in which  
148.11 it is impractical to transfer the patient to a stationary x-ray system.
- 148.12 (d) Handheld dental x-ray equipment must be stored when not in use, by being secured  
148.13 in a restricted, locked area of the facility.
- 148.14 (e) Handheld dental x-ray equipment must be calibrated initially and at intervals that  
148.15 must not exceed 24 months. Calibration must include the test specified in Minnesota Rules,  
148.16 part 4732.1100, subpart 11.
- 148.17 (f) Notwithstanding Minnesota Rules, part 4732.0880, subpart 2, item C, the tube housing  
148.18 and the position-indicating device of handheld dental x-ray equipment may be handheld  
148.19 during an exposure.
- 148.20 Subd. 3. **Exemptions from certain shielding requirements.** Handheld dental x-ray  
148.21 equipment used according to this section and according to manufacturer instructions is  
148.22 exempt from the following requirements for the equipment:
- 148.23 (1) shielding requirements in Minnesota Rules, part 4732.0365, item B; and

369.25 Sec. 21. Minnesota Statutes 2016, section 144.122, is amended to read:

369.26 **144.122 LICENSE, PERMIT, AND SURVEY FEES.**

369.27 (a) The state commissioner of health, by rule, may prescribe procedures and fees for  
 369.28 filing with the commissioner as prescribed by statute and for the issuance of original and  
 369.29 renewal permits, licenses, registrations, and certifications issued under authority of the  
 369.30 commissioner. The expiration dates of the various licenses, permits, registrations, and  
 370.1 certifications as prescribed by the rules shall be plainly marked thereon. Fees may include  
 370.2 application and examination fees and a penalty fee for renewal applications submitted after  
 370.3 the expiration date of the previously issued permit, license, registration, and certification.  
 370.4 The commissioner may also prescribe, by rule, reduced fees for permits, licenses,  
 370.5 registrations, and certifications when the application therefor is submitted during the last  
 370.6 three months of the permit, license, registration, or certification period. Fees proposed to  
 370.7 be prescribed in the rules shall be first approved by the Department of Management and  
 370.8 Budget. All fees proposed to be prescribed in rules shall be reasonable. The fees shall be  
 370.9 in an amount so that the total fees collected by the commissioner will, where practical,  
 370.10 approximate the cost to the commissioner in administering the program. All fees collected  
 370.11 shall be deposited in the state treasury and credited to the state government special revenue  
 370.12 fund unless otherwise specifically appropriated by law for specific purposes.

370.13 (b) The commissioner may charge a fee for voluntary certification of medical laboratories  
 370.14 and environmental laboratories, and for environmental and medical laboratory services  
 370.15 provided by the department, without complying with paragraph (a) or chapter 14. Fees  
 370.16 charged for environment and medical laboratory services provided by the department must  
 370.17 be approximately equal to the costs of providing the services.

370.18 (c) The commissioner may develop a schedule of fees for diagnostic evaluations  
 370.19 conducted at clinics held by the services for children with disabilities program. All receipts  
 370.20 generated by the program are annually appropriated to the commissioner for use in the  
 370.21 maternal and child health program.

370.22 (d) The commissioner shall set license fees for hospitals and nursing homes that are not  
 370.23 boarding care homes at the following levels:

148.24 (2) requirements for the location of the x-ray control console or utilization of a protective  
 148.25 barrier in Minnesota Rules, part 4732.0800, subpart 2, item B, subitems (2) and (3), provided  
 148.26 the equipment utilizes a backscatter shield that satisfies the requirements in subdivision 2,  
 148.27 paragraph (a), clause (2).

148.28 Subd. 4. **Compliance with rules.** A registrant using handheld dental x-ray equipment  
 148.29 shall otherwise comply with Minnesota Rules, chapter 4732.

370.24 Joint Commission on Accreditation of \$7,655 plus \$16 per bed  
370.25 Healthcare Organizations (JCAHO) and  
370.26 American Osteopathic Association (AOA)  
370.27 hospitals

370.28 Non-JCAHO and non-AOA hospitals \$5,280 plus \$250 per bed

370.29 Nursing home \$183 plus \$91 per bed

370.30 The commissioner shall set license fees for outpatient surgical centers, boarding care  
370.31 homes, and supervised living facilities at the following levels:

370.32 Outpatient surgical centers \$3,712

370.33 Boarding care homes \$183 plus \$91 per bed

370.34 Supervised living facilities \$183 plus \$91 per bed.

371.1 Fees collected under this paragraph are nonrefundable. The fees are nonrefundable even if  
371.2 received before July 1, 2017, for licenses or registrations being issued effective July 1, 2017,  
371.3 or later.

371.4 (e) Unless prohibited by federal law, the commissioner of health shall charge applicants  
371.5 the following fees to cover the cost of any initial certification surveys required to determine  
371.6 a provider's eligibility to participate in the Medicare or Medicaid program:

371.7	Prospective payment surveys for hospitals	\$	900
371.8	Swing bed surveys for nursing homes	\$	1,200
371.9	Psychiatric hospitals	\$	1,400
371.10	Rural health facilities	\$	1,100
371.11	Portable x-ray providers	\$	500
371.12	Home health agencies	\$	1,800
371.13	Outpatient therapy agencies	\$	800
371.14	End stage renal dialysis providers	\$	2,100

371.15	Independent therapists	\$	800
371.16	Comprehensive rehabilitation outpatient facilities	\$	1,200
371.17	Hospice providers	\$	1,700
371.18	Ambulatory surgical providers	\$	1,800
371.19	Hospitals	\$	4,200
371.20	Other provider categories or additional	Actual surveyor costs: average surveyor cost x number of hours for the survey process.	
371.21	resurveys required to complete initial		
371.22	certification		

371.23 These fees shall be submitted at the time of the application for federal certification and  
371.24 shall not be refunded. All fees collected after the date that the imposition of fees is not  
371.25 prohibited by federal law shall be deposited in the state treasury and credited to the state  
371.26 government special revenue fund.

371.27 Sec. 22. Minnesota Statutes 2016, section 144.1501, subdivision 2, is amended to read:

371.28 Subd. 2. **Creation of account.** (a) A health professional education loan forgiveness  
371.29 program account is established. The commissioner of health shall use money from the  
371.30 account to establish a loan forgiveness program:

371.31 (1) for medical residents and mental health professionals agreeing to practice in designated  
371.32 rural areas or underserved urban communities or specializing in the area of pediatric  
371.33 psychiatry;

372.1 (2) for midlevel practitioners agreeing to practice in designated rural areas or to teach  
372.2 at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program  
372.3 at the undergraduate level or the equivalent at the graduate level;

372.4 (3) for nurses who agree to practice in a Minnesota nursing home; an intermediate care  
372.5 facility for persons with developmental disability; ~~or~~ a hospital if the hospital owns and  
372.6 operates a Minnesota nursing home and a minimum of 50 percent of the hours worked by  
372.7 the nurse is in the nursing home; a housing with services establishment as defined in section  
372.8 144D.01, subdivision 4; or for a home care provider as defined in section 144A.43,  
372.9 subdivision 4; or agree to teach at least 12 credit hours, or 720 hours per year in the nursing  
372.10 field in a postsecondary program at the undergraduate level or the equivalent at the graduate  
372.11 level;

149.1 Sec. 3. Minnesota Statutes 2016, section 144.1501, subdivision 2, is amended to read:

149.2 Subd. 2. **Creation of account.** (a) A health professional education loan forgiveness  
149.3 program account is established. The commissioner of health shall use money from the  
149.4 account to establish a loan forgiveness program:

149.5 (1) for medical residents and mental health professionals agreeing to practice in designated  
149.6 rural areas or underserved urban communities or specializing in the area of pediatric  
149.7 psychiatry;

149.8 (2) for midlevel practitioners agreeing to practice in designated rural areas or to teach  
149.9 at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program  
149.10 at the undergraduate level or the equivalent at the graduate level;

149.11 (3) for nurses who agree to practice in a Minnesota nursing home; an intermediate care  
149.12 facility for persons with developmental disability; ~~or~~ a hospital if the hospital owns and  
149.13 operates a Minnesota nursing home and a minimum of 50 percent of the hours worked by  
149.14 the nurse is in the nursing home; a housing with services establishment as defined in section  
149.15 144D.01, subdivision 4; or a home care provider as defined in section 144A.43, subdivision  
149.16 4; or agree to teach at least 12 credit hours, or 720 hours per year in the nursing field in a  
149.17 postsecondary program at the undergraduate level or the equivalent at the graduate level;

372.12 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720  
372.13 hours per year in their designated field in a postsecondary program at the undergraduate  
372.14 level or the equivalent at the graduate level. The commissioner, in consultation with the  
372.15 Healthcare Education-Industry Partnership, shall determine the health care fields where the  
372.16 need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory  
372.17 technology, radiologic technology, and surgical technology;

372.18 (5) for pharmacists, advanced dental therapists, dental therapists, and public health nurses  
372.19 who agree to practice in designated rural areas; and

372.20 (6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient  
372.21 encounters to state public program enrollees or patients receiving sliding fee schedule  
372.22 discounts through a formal sliding fee schedule meeting the standards established by the  
372.23 United States Department of Health and Human Services under Code of Federal Regulations,  
372.24 title 42, section 51, chapter 303.

372.25 (b) Appropriations made to the account do not cancel and are available until expended,  
372.26 except that at the end of each biennium, any remaining balance in the account that is not  
372.27 committed by contract and not needed to fulfill existing commitments shall cancel to the  
372.28 fund.

149.18 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720  
149.19 hours per year in their designated field in a postsecondary program at the undergraduate  
149.20 level or the equivalent at the graduate level. The commissioner, in consultation with the  
149.21 Healthcare Education-Industry Partnership, shall determine the health care fields where the  
149.22 need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory  
149.23 technology, radiologic technology, and surgical technology;

149.24 (5) for pharmacists, advanced dental therapists, dental therapists, and public health nurses  
149.25 who agree to practice in designated rural areas; and

149.26 (6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient  
149.27 encounters to state public program enrollees or patients receiving sliding fee schedule  
149.28 discounts through a formal sliding fee schedule meeting the standards established by the  
149.29 United States Department of Health and Human Services under Code of Federal Regulations,  
149.30 title 42, section 51, chapter 303.

149.31 (b) Appropriations made to the account do not cancel and are available until expended,  
149.32 except that at the end of each biennium, any remaining balance in the account that is not  
150.1 committed by contract and not needed to fulfill existing commitments shall cancel to the  
150.2 fund.

150.3 Sec. 4. **[144.1504] SENIOR CARE WORKFORCE INNOVATION GRANT**  
150.4 **PROGRAM.**

150.5 Subdivision 1. **Establishment.** The senior care workforce innovation grant program is  
150.6 established to assist eligible applicants to fund pilot programs or expand existing programs  
150.7 that increase the pool of caregivers working in the field of senior care services.

150.8 Subd. 2. **Competitive grants.** The commissioner shall make competitive grants available  
150.9 to eligible applicants to expand the workforce for senior care services.

150.10 Subd. 3. **Eligibility.** (a) Eligible applicants must recruit and train individuals to work  
150.11 with individuals who are primarily 65 years of age or older and receiving services through:

150.12 (1) a home and community-based setting, including housing with services establishments  
150.13 as defined in section 144D.01, subdivision 4;

150.14 (2) adult day care as defined in section 245A.02, subdivision 2a;

150.15 (3) home care services as defined in section 144A.43, subdivision 3; or

- 150.16 (4) a nursing home as defined in section 144A.01, subdivision 5.
- 150.17 (b) Applicants must apply for a senior care workforce innovation grant as specified in  
150.18 subdivision 4.
- 150.19 Subd. 4. **Application.** (a) Eligible applicants must apply for a grant on the forms and  
150.20 according to the timelines established by the commissioner.
- 150.21 (b) Each applicant must propose a project or initiative to expand the number of workers  
150.22 in the field of senior care services. At a minimum, a proposal must include:
- 150.23 (1) a description of the senior care workforce innovation project or initiative being  
150.24 proposed, including the process by which the applicant will expand the senior care workforce;
- 150.25 (2) whether the applicant is proposing to target the proposed project or initiative to any  
150.26 of the groups described in paragraph (c);
- 150.27 (3) information describing the applicant's current senior care workforce project or  
150.28 initiative, if applicable;
- 150.29 (4) the amount of funding the applicant is seeking through the grant program;
- 150.30 (5) any other sources of funding the applicant has for the project or initiative;
- 151.1 (6) a proposed budget detailing how the grant funds will be spent; and
- 151.2 (7) outcomes established by the applicant to measure the success of the project or  
151.3 initiative.
- 151.4 Subd. 5. **Commissioner's duties; requests for proposals; grantee selections.** (a) By  
151.5 September 1, 2017, and annually thereafter, the commissioner shall publish a request for  
151.6 proposals in the State Register specifying applicant eligibility requirements, qualifying  
151.7 senior care workforce innovation program criteria, applicant selection criteria, documentation  
151.8 required for program participation, maximum award amount, and methods of evaluation.
- 151.9 (b) Priority must be given to proposals that target employment of individuals who have  
151.10 multiple barriers to employment, individuals who have been unemployed long-term, and  
151.11 veterans.
- 151.12 (c) The commissioner shall determine the maximum award for grants and make grant  
151.13 selections based on the information provided in the grant application, including the targeted

Senate Language S0800-3	Health Department	House Language UES0800-2
		<div>151.14 <u>employment population, the applicant's proposed budget, the proposed measurable outcomes,</u></div> <div>151.15 <u>and other criteria as determined by the commissioner.</u></div>
		<div>151.16 Subd. 6. <b>Grant funding.</b> <u>Notwithstanding any law or rule to the contrary, funds awarded</u></div> <div>151.17 <u>to grantees in a grant agreement under this section do not lapse until the grant agreement</u></div> <div>151.18 <u>expires.</u></div>
		<div>151.19 Subd. 7. <b>Reporting requirements.</b> <u>(a) Grant recipients shall report to the commissioner</u></div> <div>151.20 <u>on the forms and according to the timelines established by the commissioner.</u></div>
		<div>151.21 (b) <u>The commissioner shall report to the chairs and ranking minority members of the</u></div> <div>151.22 <u>house of representatives and senate committees with jurisdiction over health by January 15,</u></div> <div>151.23 <u>2019, and annually thereafter, on the grant program. The report must include:</u></div>
		151.24 (1) <u>information on each grant recipient;</u>
		151.25 (2) <u>a summary of all projects or initiatives undertaken with each grant;</u>
		<div>151.26 (3) <u>the measurable outcomes established by each grantee, an explanation of the evaluation</u></div> <div>151.27 <u>process used to determine whether the outcomes were met, and the results of the evaluation;</u></div> <div>151.28 <u>and</u></div>
		151.29 (4) <u>an accounting of how the grant funds were spent.</u>
		<div>151.30 (c) <u>During the grant period, the commissioner may require and collect from grant</u></div> <div>151.31 <u>recipients additional information necessary to evaluate the grant program.</u></div>
372.29 Sec. 23. <b><u>[144.1505] PRIMARY CARE CLINICAL TRAINING EXPANSION GRANT</u></b>		152.1 Sec. 5. <b><u>[144.1505] PRIMARY CARE AND MENTAL HEALTH PROFESSIONS</u></b>
372.30 <b><u>PROGRAM.</u></b>		152.2 <b><u>CLINICAL TRAINING EXPANSION GRANT PROGRAM.</u></b>
372.31 Subdivision 1. <b><u>Definitions.</u></b> <u>For purposes of this section, the following definitions apply:</u>		152.3 Subdivision 1. <b><u>Definitions.</u></b> <u>For purposes of this section, the following definitions apply:</u>
372.32 (1) <u>"eligible advanced practice registered nurse program" means a program that is located</u>		152.4 (1) <u>"eligible advanced practice registered nurse program" means a program that is located</u>
372.33 <u>in Minnesota and is currently accredited as a master's, doctoral, or postgraduate level</u>		152.5 <u>in Minnesota and is currently accredited as a master's, doctoral, or postgraduate level</u>
373.1 <u>advanced practice registered nurse program by the Commission on Collegiate Nursing</u>		152.6 <u>advanced practice registered nurse program by the Commission on Collegiate Nursing</u>
373.2 <u>Education or by the Accreditation Commission for Education in Nursing, or is a candidate</u>		152.7 <u>Education or by the Accreditation Commission for Education in Nursing, or is a candidate</u>
373.3 <u>for accreditation;</u>		152.8 <u>for accreditation;</u>
		<div>152.9 (2) <u>"eligible dental therapy program" means a dental therapy education program or</u></div> <div>152.10 <u>advanced dental therapy education program that is located in Minnesota and is either:</u></div>

373.4 (2) "eligible mental health professional program" means a program that is located in  
 373.5 Minnesota and is listed as a mental health professional program by the appropriate accrediting  
 373.6 body for clinical social work, psychology, marriage and family therapy, or licensed  
 373.7 professional clinical counseling, or is a candidate for accreditation;

373.8 (3) "eligible physician assistant program" means a program that is located in Minnesota  
 373.9 and is currently accredited as a physician assistant program by the Accreditation Review  
 373.10 Commission on Education for the Physician Assistant, or is a candidate for accreditation;

373.11 (4) "project" means a project to establish or expand clinical training for physician  
 373.12 assistants, advanced practice registered nurses, or mental health professionals in Minnesota;  
 373.13 and

373.14 (5) "mental health professional" means an individual providing clinical services in the  
 373.15 treatment of mental illness who meets one of the qualifications under section 245.462,  
 373.16 subdivision 18;

373.17 Subd. 2. **Program.** (a) The commissioner of health shall award health professional  
 373.18 training site grants to eligible physician assistant, advanced practice registered nurse, and  
 373.19 mental health professional programs to plan and implement expanded clinical training. A  
 373.20 planning grant shall not exceed \$75,000, and a training grant shall not exceed \$150,000 for  
 373.21 the first year, \$100,000 for the second year, and \$50,000 for the third year per program.

373.22 (b) Funds may be used for:

373.23 (1) establishing or expanding clinical training for physician assistants, advanced practice  
 373.24 registered nurses, and mental health professionals in Minnesota;

373.25 (2) recruitment, training, and retention of students and faculty;

373.26 (3) connecting students with appropriate clinical training sites, internships, practicums,  
 373.27 or externship activities;

152.11 (i) approved by the Board of Dentistry; or

152.12 (ii) currently accredited by the Commission on Dental Accreditation;

152.13 (3) "eligible mental health professional program" means a program that is located in  
 152.14 Minnesota and is listed as a mental health professional training program by the appropriate  
 152.15 accrediting body for clinical social work, psychology, marriage and family therapy, or  
 152.16 licensed professional clinical counseling, or is a candidate for accreditation;

152.17 (4) "eligible physician assistant program" means a program that is located in Minnesota  
 152.18 and is currently accredited as a physician assistant program by the Accreditation Review  
 152.19 Commission on Education for the Physician Assistant, or is a candidate for accreditation;

152.26 (7) "project" means a project to establish or expand clinical training for physician  
 152.27 assistants, advanced practice registered nurses, pharmacists, dental therapists, advanced  
 152.28 dental therapists, or mental health professionals in Minnesota;

152.23 (6) "mental health professional" means an individual providing clinical services in the  
 152.24 treatment of mental illness who meets one of the definitions in section 245.462, subdivision  
 152.25 18; and

152.20 (5) "eligible pharmacy program" means a program that is located in Minnesota and is  
 152.21 currently accredited as a doctor of pharmacy program by the Accreditation Council on  
 152.22 Pharmacy Education;

152.29 Subd. 2. **Program.** (a) The commissioner of health shall award health professional  
 152.30 training site grants to eligible physician assistant, advanced practice registered nurse,  
 152.31 pharmacy, dental therapy, and mental health professional programs to plan and implement  
 152.32 expanded clinical training. A planning grant shall not exceed \$75,000, and a training grant  
 153.1 shall not exceed \$150,000 for the first year, \$100,000 for the second year, and \$50,000 for  
 153.2 the third year per program.

153.3 (b) Funds may be used for:

153.4 (1) establishing or expanding clinical training for physician assistants, advanced practice  
 153.5 registered nurses, pharmacists, dental therapists, advanced dental therapists, and mental  
 153.6 health professionals in Minnesota;

153.7 (2) recruitment, training, and retention of students and faculty;

153.8 (3) connecting students with appropriate clinical training sites, internships, practicums,  
 153.9 or externship activities;



- 373.28 (4) travel and lodging for students;
- 373.29 (5) faculty, student, and preceptor salaries, incentives, or other financial support;
- 373.30 (6) development and implementation of cultural competency training;
- 373.31 (7) evaluations;
- 374.1 (8) training site improvements, fees, equipment, and supplies required to establish,  
 374.2 maintain, or expand a physician assistant, advanced practice registered nurse, or mental  
 374.3 health professional training program; and
- 374.4 (9) supporting clinical education in which trainees are part of a primary care team model.
- 374.5 Subd. 3. **Applications.** Eligible physician assistant, advanced practice registered nurse,  
 374.6 and mental health professional programs seeking a grant shall apply to the commissioner.  
 374.7 Applications must include a description of the number of additional students who will be  
 374.8 trained using grant funds; attestation that funding will be used to support an increase in the  
 374.9 number of clinical training slots; a description of the problem that the proposed project will  
 374.10 address; a description of the project, including all costs associated with the project, sources  
 374.11 of funds for the project, detailed uses of all funds for the project, and the results expected;  
 374.12 and a plan to maintain or operate any component included in the project after the grant  
 374.13 period. The applicant must describe achievable objectives, a timetable, and roles and  
 374.14 capabilities of responsible individuals in the organization.
- 374.15 Subd. 4. **Consideration of applications.** The commissioner shall review each application  
 374.16 to determine whether or not the application is complete and whether the program and the  
 374.17 project are eligible for a grant. In evaluating applications, the commissioner shall score each  
 374.18 application based on factors including, but not limited to, the applicant's clarity and  
 374.19 thoroughness in describing the project and the problems to be addressed, the extent to which  
 374.20 the applicant has demonstrated that the applicant has made adequate provisions to ensure  
 374.21 proper and efficient operation of the training program once the grant project is completed,  
 374.22 the extent to which the proposed project is consistent with the goal of increasing access to  
 374.23 primary care and mental health services for rural and underserved urban communities, the  
 374.24 extent to which the proposed project incorporates team-based primary care, and project  
 374.25 costs and use of funds.
- 374.26 Subd. 5. **Program oversight.** The commissioner shall determine the amount of a grant  
 374.27 to be given to an eligible program based on the relative score of each eligible program's  
 374.28 application, other relevant factors discussed during the review, and the funds available to  
 374.29 the commissioner. Appropriations made to the program do not cancel and are available until

- 153.10 (4) travel and lodging for students;
- 153.11 (5) faculty, student, and preceptor salaries, incentives, or other financial support;
- 153.12 (6) development and implementation of cultural competency training;
- 153.13 (7) evaluations;
- 153.14 (8) training site improvements, fees, equipment, and supplies required to establish,  
 153.15 maintain, or expand a physician assistant, advanced practice registered nurse, **pharmacy,**  
 153.16 **dental therapy,** or mental health professional training program; and
- 153.17 (9) supporting clinical education in which trainees are part of a primary care team model.
- 153.18 Subd. 3. **Applications.** Eligible physician assistant, advanced practice registered nurse,  
 153.19 **pharmacy, dental therapy,** and mental health professional programs seeking a grant shall  
 153.20 apply to the commissioner. Applications must include a description of the number of  
 153.21 additional students who will be trained using grant funds; attestation that funding will be  
 153.22 used to support an increase in the number of clinical training slots; a description of the  
 153.23 problem that the proposed project will address; a description of the project, including all  
 153.24 costs associated with the project, sources of funds for the project, detailed uses of all funds  
 153.25 for the project, and the results expected; and a plan to maintain or operate any component  
 153.26 included in the project after the grant period. The applicant must describe achievable  
 153.27 objectives, a timetable, and roles and capabilities of responsible individuals in the  
 153.28 organization.
- 153.29 Subd. 4. **Consideration of applications.** The commissioner shall review each application  
 153.30 to determine whether or not the application is complete and whether the program and the  
 153.31 project are eligible for a grant. In evaluating applications, the commissioner shall score each  
 153.32 application based on factors including, but not limited to, the applicant's clarity and  
 154.1 thoroughness in describing the project and the problems to be addressed, the extent to which  
 154.2 the applicant has demonstrated that the applicant has made adequate provisions to ensure  
 154.3 proper and efficient operation of the training program once the grant project is completed,  
 154.4 the extent to which the proposed project is consistent with the goal of increasing access to  
 154.5 primary care and mental health services for rural and underserved urban communities, the  
 154.6 extent to which the proposed project incorporates team-based primary care, and project  
 154.7 costs and use of funds.
- 154.8 Subd. 5. **Program oversight.** The commissioner shall determine the amount of a grant  
 154.9 to be given to an eligible program based on the relative score of each eligible program's  
 154.10 application, other relevant factors discussed during the review, and the funds available to  
 154.11 the commissioner. Appropriations made to the program do not cancel and are available until

374.30 expended. During the grant period, the commissioner may require and collect from programs  
374.31 receiving grants any information necessary to evaluate the program.

154.12 expended. During the grant period, the commissioner may require and collect from programs  
154.13 receiving grants any information necessary to evaluate the program.

154.14 Sec. 6. Minnesota Statutes 2016, section 144.1506, is amended to read:

154.15 **144.1506 PRIMARY CARE PHYSICIAN RESIDENCY EXPANSION GRANT**  
154.16 **PROGRAM.**

154.17 Subdivision 1. **Definitions.** For purposes of this section, the following definitions apply:

154.18 (1) "eligible ~~primary care~~ physician residency program" means a program that meets  
154.19 the following criteria:

154.20 (i) is located in Minnesota;

154.21 (ii) trains medical residents in the specialties of family medicine, general internal  
154.22 medicine, general pediatrics, psychiatry, geriatrics, ~~or~~ general surgery, obstetrics and  
154.23 gynecology, or other physician specialties with training programs that incorporate rural  
154.24 training components; and

154.25 (iii) is accredited by the Accreditation Council for Graduate Medical Education or  
154.26 presents a credible plan to obtain accreditation;

154.27 (2) "eligible project" means a project to establish a new eligible ~~primary care~~ physician  
154.28 residency program or create at least one new residency slot in an existing eligible ~~primary~~  
154.29 ~~care~~ physician residency program; and

154.30 (3) "new residency slot" means the creation of a new residency position and the execution  
154.31 of a contract with a new resident in a residency program.

155.1 Subd. 2. **Expansion grant program.** (a) The commissioner of health shall award ~~primary~~  
155.2 ~~care~~ physician residency expansion grants to eligible ~~primary care~~ physician residency  
155.3 programs to plan and implement new residency slots. A planning grant shall not exceed  
155.4 \$75,000, and a training grant shall not exceed \$150,000 per new residency slot for the first  
155.5 year, \$100,000 for the second year, and \$50,000 for the third year of the new residency slot.

155.6 (b) Funds may be spent to cover the costs of:

155.7 (1) planning related to establishing an accredited ~~primary care~~ physician residency  
155.8 program;

- 155.9 (2) obtaining accreditation by the Accreditation Council for Graduate Medical Education  
155.10 or another national body that accredits residency programs;
- 155.11 (3) establishing new residency programs or new resident training slots;
- 155.12 (4) recruitment, training, and retention of new residents and faculty;
- 155.13 (5) travel and lodging for new residents;
- 155.14 (6) faculty, new resident, and preceptor salaries related to new residency slots;
- 155.15 (7) training site improvements, fees, equipment, and supplies required for new ~~primary~~  
155.16 ~~care~~ physician resident training slots; and
- 155.17 (8) supporting clinical education in which trainees are part of a primary care team model.
- 155.18 Subd. 3. **Applications for expansion grants.** Eligible ~~primary care~~ physician residency  
155.19 programs seeking a grant shall apply to the commissioner. Applications must include the  
155.20 number of new ~~primary care~~ physician residency slots planned or under contract; attestation  
155.21 that funding will be used to support an increase in the number of available residency slots;  
155.22 a description of the training to be received by the new residents, including the location of  
155.23 training; a description of the project, including all costs associated with the project; all  
155.24 sources of funds for the project; detailed uses of all funds for the project; the results expected;  
155.25 and a plan to maintain the new residency slot after the grant period. The applicant must  
155.26 describe achievable objectives, a timetable, and roles and capabilities of responsible  
155.27 individuals in the organization.
- 155.28 Subd. 4. **Consideration of expansion grant applications.** The commissioner shall  
155.29 review each application to determine whether or not the residency program application is  
155.30 complete and whether the proposed new residency program and any new residency slots  
155.31 are eligible for a grant. The commissioner shall award grants to support up to six family  
155.32 medicine, general internal medicine, or general pediatrics residents; four psychiatry residents;  
156.1 two geriatrics residents; ~~and two~~ four general surgery residents; two obstetrics and  
156.2 gynecology residents; and four specialty physician residents participating in training programs  
156.3 that incorporate rural training components. If insufficient applications are received from  
156.4 any eligible specialty, funds may be redistributed to applications from other eligible  
156.5 specialties.
- 156.6 Subd. 5. **Program oversight.** During the grant period, the commissioner may require  
156.7 and collect from grantees any information necessary to evaluate the program. Appropriations  
156.8 made to the program do not cancel and are available until expended.

Senate Language S0800-3	Health Department	House Language UES0800-2
374.32 Sec. 24. Minnesota Statutes 2016, section 144.551, subdivision 1, is amended to read:		156.9 Sec. 7. <u>[144.397] STATEWIDE TOBACCO QUITLINE SERVICES.</u>
374.33 Subdivision 1. <b>Restricted construction or modification.</b> (a) The following construction 374.34 or modification may not be commenced:		156.10 (a) <u>The commissioner of health shall administer, or contract for the administration of,</u> 156.11 <u>a statewide tobacco quitline service to assist Minnesotans who are seeking advice or services</u> 156.12 <u>to help them quit using tobacco products. The commissioner shall establish statewide public</u> 156.13 <u>awareness activities to inform the public of the availability of the service and encourage</u> 156.14 <u>the public to utilize the services because of the dangers and harm of tobacco use and</u> 156.15 <u>dependence.</u>
		156.16 (b) <u>Services to be provided include, but are not limited to:</u>
		156.17 (1) <u>telephone-based coaching and counseling;</u>
		156.18 (2) <u>referrals;</u>
		156.19 (3) <u>written materials mailed upon request;</u>
		156.20 (4) <u>Web-based texting or e-mail services; and</u>
		156.21 (5) <u>free Food and Drug Administration-approved tobacco cessation medications.</u>
		156.22 (c) <u>Services provided must be consistent with evidence-based best practices in tobacco</u> 156.23 <u>cessation services. Services provided must be coordinated with employer, health plan</u> 156.24 <u>company, and private sector tobacco prevention and cessation services that may be available</u> 156.25 <u>to individuals depending on their employment or health coverage.</u>
156.26 Sec. 8. Minnesota Statutes 2016, section 144.551, subdivision 1, is amended to read:		
		156.27 Subdivision 1. <b>Restricted construction or modification.</b> (a) The following construction 156.28 or modification may not be commenced:
375.1 (1) any erection, building, alteration, reconstruction, modernization, improvement, 375.2 extension, lease, or other acquisition by or on behalf of a hospital that increases the bed 375.3 capacity of a hospital, relocates hospital beds from one physical facility, complex, or site 375.4 to another, or otherwise results in an increase or redistribution of hospital beds within the 375.5 state; and		156.29 (1) any erection, building, alteration, reconstruction, modernization, improvement, 156.30 extension, lease, or other acquisition by or on behalf of a hospital that increases the bed 156.31 capacity of a hospital, relocates hospital beds from one physical facility, complex, or site 157.1 to another, or otherwise results in an increase or redistribution of hospital beds within the 157.2 state; and
375.6 (2) the establishment of a new hospital.		157.3 (2) the establishment of a new hospital.
375.7 (b) This section does not apply to:		157.4 (b) This section does not apply to:

375.8 (1) construction or relocation within a county by a hospital, clinic, or other health care  
 375.9 facility that is a national referral center engaged in substantial programs of patient care,  
 375.10 medical research, and medical education meeting state and national needs that receives more  
 375.11 than 40 percent of its patients from outside the state of Minnesota;

375.12 (2) a project for construction or modification for which a health care facility held an  
 375.13 approved certificate of need on May 1, 1984, regardless of the date of expiration of the  
 375.14 certificate;

375.15 (3) a project for which a certificate of need was denied before July 1, 1990, if a timely  
 375.16 appeal results in an order reversing the denial;

375.17 (4) a project exempted from certificate of need requirements by Laws 1981, chapter 200,  
 375.18 section 2;

375.19 (5) a project involving consolidation of pediatric specialty hospital services within the  
 375.20 Minneapolis-St. Paul metropolitan area that would not result in a net increase in the number  
 375.21 of pediatric specialty hospital beds among the hospitals being consolidated;

375.22 (6) a project involving the temporary relocation of pediatric-orthopedic hospital beds to  
 375.23 an existing licensed hospital that will allow for the reconstruction of a new philanthropic,  
 375.24 pediatric-orthopedic hospital on an existing site and that will not result in a net increase in  
 375.25 the number of hospital beds. Upon completion of the reconstruction, the licenses of both  
 375.26 hospitals must be reinstated at the capacity that existed on each site before the relocation;

375.27 (7) the relocation or redistribution of hospital beds within a hospital building or  
 375.28 identifiable complex of buildings provided the relocation or redistribution does not result  
 375.29 in: (i) an increase in the overall bed capacity at that site; (ii) relocation of hospital beds from  
 375.30 one physical site or complex to another; or (iii) redistribution of hospital beds within the  
 375.31 state or a region of the state;

375.32 (8) relocation or redistribution of hospital beds within a hospital corporate system that  
 375.33 involves the transfer of beds from a closed facility site or complex to an existing site or  
 376.1 complex provided that: (i) no more than 50 percent of the capacity of the closed facility is  
 376.2 transferred; (ii) the capacity of the site or complex to which the beds are transferred does  
 376.3 not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal  
 376.4 health systems agency boundary in place on July 1, 1983; and (iv) the relocation or  
 376.5 redistribution does not involve the construction of a new hospital building;

376.6 (9) a construction project involving up to 35 new beds in a psychiatric hospital in Rice  
 376.7 County that primarily serves adolescents and that receives more than 70 percent of its  
 376.8 patients from outside the state of Minnesota;

157.5 (1) construction or relocation within a county by a hospital, clinic, or other health care  
 157.6 facility that is a national referral center engaged in substantial programs of patient care,  
 157.7 medical research, and medical education meeting state and national needs that receives more  
 157.8 than 40 percent of its patients from outside the state of Minnesota;

157.9 (2) a project for construction or modification for which a health care facility held an  
 157.10 approved certificate of need on May 1, 1984, regardless of the date of expiration of the  
 157.11 certificate;

157.12 (3) a project for which a certificate of need was denied before July 1, 1990, if a timely  
 157.13 appeal results in an order reversing the denial;

157.14 (4) a project exempted from certificate of need requirements by Laws 1981, chapter 200,  
 157.15 section 2;

157.16 (5) a project involving consolidation of pediatric specialty hospital services within the  
 157.17 Minneapolis-St. Paul metropolitan area that would not result in a net increase in the number  
 157.18 of pediatric specialty hospital beds among the hospitals being consolidated;

157.19 (6) a project involving the temporary relocation of pediatric-orthopedic hospital beds to  
 157.20 an existing licensed hospital that will allow for the reconstruction of a new philanthropic,  
 157.21 pediatric-orthopedic hospital on an existing site and that will not result in a net increase in  
 157.22 the number of hospital beds. Upon completion of the reconstruction, the licenses of both  
 157.23 hospitals must be reinstated at the capacity that existed on each site before the relocation;

157.24 (7) the relocation or redistribution of hospital beds within a hospital building or  
 157.25 identifiable complex of buildings provided the relocation or redistribution does not result  
 157.26 in: (i) an increase in the overall bed capacity at that site; (ii) relocation of hospital beds from  
 157.27 one physical site or complex to another; or (iii) redistribution of hospital beds within the  
 157.28 state or a region of the state;

157.29 (8) relocation or redistribution of hospital beds within a hospital corporate system that  
 157.30 involves the transfer of beds from a closed facility site or complex to an existing site or  
 157.31 complex provided that: (i) no more than 50 percent of the capacity of the closed facility is  
 157.32 transferred; (ii) the capacity of the site or complex to which the beds are transferred does  
 157.33 not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal  
 158.1 health systems agency boundary in place on July 1, 1983; and (iv) the relocation or  
 158.2 redistribution does not involve the construction of a new hospital building;

158.3 (9) a construction project involving up to 35 new beds in a psychiatric hospital in Rice  
 158.4 County that primarily serves adolescents and that receives more than 70 percent of its  
 158.5 patients from outside the state of Minnesota;

376.9 (10) a project to replace a hospital or hospitals with a combined licensed capacity of  
 376.10 130 beds or less if: (i) the new hospital site is located within five miles of the current site;  
 376.11 and (ii) the total licensed capacity of the replacement hospital, either at the time of  
 376.12 construction of the initial building or as the result of future expansion, will not exceed 70  
 376.13 licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;

376.14 (11) the relocation of licensed hospital beds from an existing state facility operated by  
 376.15 the commissioner of human services to a new or existing facility, building, or complex  
 376.16 operated by the commissioner of human services; from one regional treatment center site  
 376.17 to another; or from one building or site to a new or existing building or site on the same  
 376.18 campus;

376.19 (12) the construction or relocation of hospital beds operated by a hospital having a  
 376.20 statutory obligation to provide hospital and medical services for the indigent that does not  
 376.21 result in a net increase in the number of hospital beds, notwithstanding section 144.552, 27  
 376.22 beds, of which 12 serve mental health needs, may be transferred from Hennepin County  
 376.23 Medical Center to Regions Hospital under this clause;

376.24 (13) a construction project involving the addition of up to 31 new beds in an existing  
 376.25 nonfederal hospital in Beltrami County;

376.26 (14) a construction project involving the addition of up to eight new beds in an existing  
 376.27 nonfederal hospital in Otter Tail County with 100 licensed acute care beds;

376.28 (15) a construction project involving the addition of 20 new hospital beds used for  
 376.29 rehabilitation services in an existing hospital in Carver County serving the southwest  
 376.30 suburban metropolitan area. Beds constructed under this clause shall not be eligible for  
 376.31 reimbursement under medical assistance or MinnesotaCare;

377.1 (16) a project for the construction or relocation of up to 20 hospital beds for the operation  
 377.2 of up to two psychiatric facilities or units for children provided that the operation of the  
 377.3 facilities or units have received the approval of the commissioner of human services;

377.4 (17) a project involving the addition of 14 new hospital beds to be used for rehabilitation  
 377.5 services in an existing hospital in Itasca County;

377.6 (18) a project to add 20 licensed beds in existing space at a hospital in Hennepin County  
 377.7 that closed 20 rehabilitation beds in 2002, provided that the beds are used only for  
 377.8 rehabilitation in the hospital's current rehabilitation building. If the beds are used for another  
 377.9 purpose or moved to another location, the hospital's licensed capacity is reduced by 20 beds;

158.6 (10) a project to replace a hospital or hospitals with a combined licensed capacity of  
 158.7 130 beds or less if: (i) the new hospital site is located within five miles of the current site;  
 158.8 and (ii) the total licensed capacity of the replacement hospital, either at the time of  
 158.9 construction of the initial building or as the result of future expansion, will not exceed 70  
 158.10 licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;

158.11 (11) the relocation of licensed hospital beds from an existing state facility operated by  
 158.12 the commissioner of human services to a new or existing facility, building, or complex  
 158.13 operated by the commissioner of human services; from one regional treatment center site  
 158.14 to another; or from one building or site to a new or existing building or site on the same  
 158.15 campus;

158.16 (12) the construction or relocation of hospital beds operated by a hospital having a  
 158.17 statutory obligation to provide hospital and medical services for the indigent that does not  
 158.18 result in a net increase in the number of hospital beds, notwithstanding section 144.552, 27  
 158.19 beds, of which 12 serve mental health needs, may be transferred from Hennepin County  
 158.20 Medical Center to Regions Hospital under this clause;

158.21 (13) a construction project involving the addition of up to 31 new beds in an existing  
 158.22 nonfederal hospital in Beltrami County;

158.23 (14) a construction project involving the addition of up to eight new beds in an existing  
 158.24 nonfederal hospital in Otter Tail County with 100 licensed acute care beds;

158.25 (15) a construction project involving the addition of 20 new hospital beds used for  
 158.26 rehabilitation services in an existing hospital in Carver County serving the southwest  
 158.27 suburban metropolitan area. Beds constructed under this clause shall not be eligible for  
 158.28 reimbursement under medical assistance or MinnesotaCare;

158.29 (16) a project for the construction or relocation of up to 20 hospital beds for the operation  
 158.30 of up to two psychiatric facilities or units for children provided that the operation of the  
 158.31 facilities or units have received the approval of the commissioner of human services;

158.32 (17) a project involving the addition of 14 new hospital beds to be used for rehabilitation  
 158.33 services in an existing hospital in Itasca County;

159.1 (18) a project to add 20 licensed beds in existing space at a hospital in Hennepin County  
 159.2 that closed 20 rehabilitation beds in 2002, provided that the beds are used only for  
 159.3 rehabilitation in the hospital's current rehabilitation building. If the beds are used for another  
 159.4 purpose or moved to another location, the hospital's licensed capacity is reduced by 20 beds;

377.10 (19) a critical access hospital established under section 144.1483, clause (9), and section  
377.11 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, that  
377.12 delicensed beds since enactment of the Balanced Budget Act of 1997, Public Law 105-33,  
377.13 to the extent that the critical access hospital does not seek to exceed the maximum number  
377.14 of beds permitted such hospital under federal law;

377.15 (20) notwithstanding section 144.552, a project for the construction of a new hospital  
377.16 in the city of Maple Grove with a licensed capacity of up to 300 beds provided that:

377.17 (i) the project, including each hospital or health system that will own or control the entity  
377.18 that will hold the new hospital license, is approved by a resolution of the Maple Grove City  
377.19 Council as of March 1, 2006;

377.20 (ii) the entity that will hold the new hospital license will be owned or controlled by one  
377.21 or more not-for-profit hospitals or health systems that have previously submitted a plan or  
377.22 plans for a project in Maple Grove as required under section 144.552, and the plan or plans  
377.23 have been found to be in the public interest by the commissioner of health as of April 1,  
377.24 2005;

377.25 (iii) the new hospital's initial inpatient services must include, but are not limited to,  
377.26 medical and surgical services, obstetrical and gynecological services, intensive care services,  
377.27 orthopedic services, pediatric services, noninvasive cardiac diagnostics, behavioral health  
377.28 services, and emergency room services;

377.29 (iv) the new hospital:

377.30 (A) will have the ability to provide and staff sufficient new beds to meet the growing  
377.31 needs of the Maple Grove service area and the surrounding communities currently being  
377.32 served by the hospital or health system that will own or control the entity that will hold the  
377.33 new hospital license;

378.1 (B) will provide uncompensated care;

378.2 (C) will provide mental health services, including inpatient beds;

378.3 (D) will be a site for workforce development for a broad spectrum of health-care-related  
378.4 occupations and have a commitment to providing clinical training programs for physicians  
378.5 and other health care providers;

378.6 (E) will demonstrate a commitment to quality care and patient safety;

378.7 (F) will have an electronic medical records system, including physician order entry;

159.5 (19) a critical access hospital established under section 144.1483, clause (9), and section  
159.6 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, that  
159.7 delicensed beds since enactment of the Balanced Budget Act of 1997, Public Law 105-33,  
159.8 to the extent that the critical access hospital does not seek to exceed the maximum number  
159.9 of beds permitted such hospital under federal law;

159.10 (20) notwithstanding section 144.552, a project for the construction of a new hospital  
159.11 in the city of Maple Grove with a licensed capacity of up to 300 beds provided that:

159.12 (i) the project, including each hospital or health system that will own or control the entity  
159.13 that will hold the new hospital license, is approved by a resolution of the Maple Grove City  
159.14 Council as of March 1, 2006;

159.15 (ii) the entity that will hold the new hospital license will be owned or controlled by one  
159.16 or more not-for-profit hospitals or health systems that have previously submitted a plan or  
159.17 plans for a project in Maple Grove as required under section 144.552, and the plan or plans  
159.18 have been found to be in the public interest by the commissioner of health as of April 1,  
159.19 2005;

159.20 (iii) the new hospital's initial inpatient services must include, but are not limited to,  
159.21 medical and surgical services, obstetrical and gynecological services, intensive care services,  
159.22 orthopedic services, pediatric services, noninvasive cardiac diagnostics, behavioral health  
159.23 services, and emergency room services;

159.24 (iv) the new hospital:

159.25 (A) will have the ability to provide and staff sufficient new beds to meet the growing  
159.26 needs of the Maple Grove service area and the surrounding communities currently being  
159.27 served by the hospital or health system that will own or control the entity that will hold the  
159.28 new hospital license;

159.29 (B) will provide uncompensated care;

159.30 (C) will provide mental health services, including inpatient beds;

159.31 (D) will be a site for workforce development for a broad spectrum of health-care-related  
159.32 occupations and have a commitment to providing clinical training programs for physicians  
159.33 and other health care providers;

160.1 (E) will demonstrate a commitment to quality care and patient safety;

160.2 (F) will have an electronic medical records system, including physician order entry;

378.8 (G) will provide a broad range of senior services;

378.9 (H) will provide emergency medical services that will coordinate care with regional  
 378.10 providers of trauma services and licensed emergency ambulance services in order to enhance  
 378.11 the continuity of care for emergency medical patients; and

378.12 (I) will be completed by December 31, 2009, unless delayed by circumstances beyond  
 378.13 the control of the entity holding the new hospital license; and

378.14 (v) as of 30 days following submission of a written plan, the commissioner of health  
 378.15 has not determined that the hospitals or health systems that will own or control the entity  
 378.16 that will hold the new hospital license are unable to meet the criteria of this clause;

378.17 (21) a project approved under section 144.553;

378.18 (22) a project for the construction of a hospital with up to 25 beds in Cass County within  
 378.19 a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder  
 378.20 is approved by the Cass County Board;

378.21 (23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity  
 378.22 from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing  
 378.23 a separately licensed 13-bed skilled nursing facility;

378.24 (24) notwithstanding section 144.552, a project for the construction and expansion of a  
 378.25 specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients  
 378.26 who are under 21 years of age on the date of admission. The commissioner conducted a  
 378.27 public interest review of the mental health needs of Minnesota and the Twin Cities  
 378.28 metropolitan area in 2008. No further public interest review shall be conducted for the  
 378.29 construction or expansion project under this clause;

378.30 (25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the  
 378.31 commissioner finds the project is in the public interest after the public interest review  
 378.32 conducted under section 144.552 is complete; ~~or~~

379.1 (26)(i) a project for a 20-bed psychiatric hospital, within an existing facility in the city  
 379.2 of Maple Grove, exclusively for patients who are under 21 years of age on the date of  
 379.3 admission, if the commissioner finds the project is in the public interest after the public  
 379.4 interest review conducted under section 144.552 is complete;

379.5 (ii) this project shall serve patients in the continuing care benefit program under section  
 379.6 256.9693. The project may also serve patients not in the continuing care benefit program;  
 379.7 and

160.3 (G) will provide a broad range of senior services;

160.4 (H) will provide emergency medical services that will coordinate care with regional  
 160.5 providers of trauma services and licensed emergency ambulance services in order to enhance  
 160.6 the continuity of care for emergency medical patients; and

160.7 (I) will be completed by December 31, 2009, unless delayed by circumstances beyond  
 160.8 the control of the entity holding the new hospital license; and

160.9 (v) as of 30 days following submission of a written plan, the commissioner of health  
 160.10 has not determined that the hospitals or health systems that will own or control the entity  
 160.11 that will hold the new hospital license are unable to meet the criteria of this clause;

160.12 (21) a project approved under section 144.553;

160.13 (22) a project for the construction of a hospital with up to 25 beds in Cass County within  
 160.14 a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder  
 160.15 is approved by the Cass County Board;

160.16 (23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity  
 160.17 from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing  
 160.18 a separately licensed 13-bed skilled nursing facility;

160.19 (24) notwithstanding section 144.552, a project for the construction and expansion of a  
 160.20 specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients  
 160.21 who are under 21 years of age on the date of admission. The commissioner conducted a  
 160.22 public interest review of the mental health needs of Minnesota and the Twin Cities  
 160.23 metropolitan area in 2008. No further public interest review shall be conducted for the  
 160.24 construction or expansion project under this clause;

160.25 (25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the  
 160.26 commissioner finds the project is in the public interest after the public interest review  
 160.27 conducted under section 144.552 is complete; ~~or~~

160.28 (26)(i) a project for a 20-bed psychiatric hospital, within an existing facility in the city  
 160.29 of Maple Grove, exclusively for patients who are under 21 years of age on the date of  
 160.30 admission, if the commissioner finds the project is in the public interest after the public  
 160.31 interest review conducted under section 144.552 is complete;

161.1 (ii) this project shall serve patients in the continuing care benefit program under section  
 161.2 256.9693. The project may also serve patients not in the continuing care benefit program;  
 161.3 and



379.8 (iii) if the project ceases to participate in the continuing care benefit program, the  
 379.9 commissioner must complete a subsequent public interest review under section 144.552. If  
 379.10 the project is found not to be in the public interest, the license must be terminated six months  
 379.11 from the date of that finding. If the commissioner of human services terminates the contract  
 379.12 without cause or reduces per diem payment rates for patients under the continuing care  
 379.13 benefit program below the rates in effect for services provided on December 31, 2015, the  
 379.14 project may cease to participate in the continuing care benefit program and continue to  
 379.15 operate without a subsequent public interest review; or

379.16 (27) a project involving the addition of 21 new beds in an existing psychiatric hospital  
 379.17 in Hennepin County that is exclusively for patients who are under 21 years of age on the  
 379.18 date of admission.

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

161.4 (iii) if the project ceases to participate in the continuing care benefit program, the  
 161.5 commissioner must complete a subsequent public interest review under section 144.552. If  
 161.6 the project is found not to be in the public interest, the license must be terminated six months  
 161.7 from the date of that finding. If the commissioner of human services terminates the contract  
 161.8 without cause or reduces per diem payment rates for patients under the continuing care  
 161.9 benefit program below the rates in effect for services provided on December 31, 2015, the  
 161.10 project may cease to participate in the continuing care benefit program and continue to  
 161.11 operate without a subsequent public interest review; or

161.12 (27) a project involving the addition of 21 new beds in an existing psychiatric hospital  
 161.13 in Hennepin County that is exclusively for patients who are under 21 years of age on the  
 161.14 date of admission.

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

161.16 Sec. 9. **[144.88] MINNESOTA BIOMEDICINE AND BIOETHICS INNOVATION**  
 161.17 **GRANTS.**

161.18 Subdivision 1. **Grants.** (a) The commissioner of health, in consultation with interested  
 161.19 parties with relevant knowledge and expertise as specified in subdivision 2, shall award  
 161.20 grants to entities that apply for a grant under this subdivision to fund innovations and research  
 161.21 in biomedicine and bioethics. Grant funds must be used to fund biomedical and bioethical  
 161.22 research, and related clinical translation and commercialization activities in this state. Entities  
 161.23 applying for a grant must do so in a form and manner specified by the commissioner. The  
 161.24 commissioner and interested parties shall use the following criteria to award grants under  
 161.25 this subdivision:

161.26 (1) the likelihood that the research will lead to a new discovery;

161.27 (2) the prospects for commercialization of the research;

161.28 (3) the likelihood that the research will strengthen Minnesota's economy through the  
 161.29 creation of new businesses, increased public or private funding for research in Minnesota,  
 161.30 or attracting additional clinicians and researchers to Minnesota; and

161.31 (4) whether the proposed research includes a bioethics research plan to ensure the research  
 161.32 is conducted using ethical research practices.

162.1 (b) Projects that include the acquisition or use of human fetal tissue are not eligible for  
 162.2 grants under this subdivision. For purposes of this paragraph, "human fetal tissue" has the  
 162.3 meaning given in United States Code, title 42, section 289g-1(f).

379.20 Sec. 25. Minnesota Statutes 2016, section 144A.472, subdivision 7, is amended to read:

379.21 Subd. 7. **Fees; application, change of ownership, and renewal.** (a) An initial applicant  
379.22 seeking temporary home care licensure must submit the following application fee to the  
379.23 commissioner along with a completed application:

379.24 (1) for a basic home care provider, \$2,100; or

379.25 (2) for a comprehensive home care provider, \$4,200.

379.26 (b) A home care provider who is filing a change of ownership as required under  
379.27 subdivision 5 must submit the following application fee to the commissioner, along with  
379.28 the documentation required for the change of ownership:

379.29 (1) for a basic home care provider, \$2,100; or

379.30 (2) for a comprehensive home care provider, \$4,200.

379.31 (c) A home care provider who is seeking to renew the provider's license shall pay a fee  
379.32 to the commissioner based on revenues derived from the provision of home care services  
380.1 during the calendar year prior to the year in which the application is submitted, according  
380.2 to the following schedule:

162.4 Subd. 2. **Consultation.** In awarding grants under subdivision 1, the commissioner must  
162.5 consult with interested parties who are able to provide the commissioner with technical  
162.6 information, advice, and recommendations on grant projects and awards. Interested parties  
162.7 with whom the commissioner must consult include but are not limited to representatives of  
162.8 the University of Minnesota, Mayo Clinic, and private industries who have expertise in  
162.9 biomedical research, bioethical research, clinical translation, commercialization, and medical  
162.10 venture financing.

162.11 Sec. 10. Minnesota Statutes 2016, section 144.99, subdivision 1, is amended to read:

162.12 Subdivision 1. **Remedies available.** The provisions of chapters 103I and 157 and sections  
162.13 115.71 to 115.77; 144.12, subdivision 1, paragraphs (1), (2), (5), (6), (10), (12), (13), (14),  
162.14 and (15); 144.1201 to 144.1204; 144.121; 144.1215; 144.1222; 144.35; 144.381 to 144.385;  
162.15 144.411 to 144.417; 144.495; 144.71 to 144.74; 144.9501 to 144.9512; 144.97 to 144.98;  
162.16 144.992; 326.70 to 326.785; 327.10 to 327.131; and 327.14 to 327.28 and all rules, orders,  
162.17 stipulation agreements, settlements, compliance agreements, licenses, registrations,  
162.18 certificates, and permits adopted or issued by the department or under any other law now  
162.19 in force or later enacted for the preservation of public health may, in addition to provisions  
162.20 in other statutes, be enforced under this section.

380.3	License Renewal Fee	
380.4	Provider Annual Revenue	Fee
380.5	greater than \$1,500,000	\$6,625
380.6	greater than \$1,275,000 and no more than	
380.7	\$1,500,000	\$5,797
380.8	greater than \$1,100,000 and no more than	
380.9	\$1,275,000	\$4,969
380.10	greater than \$950,000 and no more than	
380.11	\$1,100,000	\$4,141
380.12	greater than \$850,000 and no more than \$950,000	\$3,727
380.13	greater than \$750,000 and no more than \$850,000	\$3,313
380.14	greater than \$650,000 and no more than \$750,000	\$2,898
380.15	greater than \$550,000 and no more than \$650,000	\$2,485
380.16	greater than \$450,000 and no more than \$550,000	\$2,070
380.17	greater than \$350,000 and no more than \$450,000	\$1,656
380.18	greater than \$250,000 and no more than \$350,000	\$1,242
380.19	greater than \$100,000 and no more than \$250,000	\$828
380.20	greater than \$50,000 and no more than \$100,000	\$500
380.21	greater than \$25,000 and no more than \$50,000	\$400
380.22	no more than \$25,000	\$200
380.23	(d) If requested, the home care provider shall provide the commissioner information to	
380.24	verify the provider's annual revenues or other information as needed, including copies of	
380.25	documents submitted to the Department of Revenue.	
380.26	(e) At each annual renewal, a home care provider may elect to pay the highest renewal	
380.27	fee for its license category, and not provide annual revenue information to the commissioner.	

380.28 (f) A temporary license or license applicant, or temporary licensee or licensee that  
380.29 knowingly provides the commissioner incorrect revenue amounts for the purpose of paying  
380.30 a lower license fee, shall be subject to a civil penalty in the amount of double the fee the  
380.31 provider should have paid.

380.32 (g) Fees and penalties collected under this section shall be deposited in the state treasury  
380.33 and credited to the state government special revenue fund. All fees are nonrefundable. Fees  
380.34 collected under paragraph (c) are nonrefundable even if received before July 1, 2017, for  
380.35 temporary licenses or licenses being issued effective July 1, 2017, or later.

380.36 (h) The license renewal fee schedule in this subdivision is effective July 1, 2016.

381.1 Sec. 26. Minnesota Statutes 2016, section 144A.474, subdivision 11, is amended to read:

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

381.4 (1) Level 1, no fines or enforcement;

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

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

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

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

381.13 (1) level of violation:

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

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

162.21 Sec. 11. Minnesota Statutes 2016, section 144A.474, subdivision 11, is amended to read:

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

162.24 (1) Level 1, no fines or enforcement;

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

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

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

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

163.1 (1) level of violation:

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

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

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

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

381.23 (2) scope of violation:

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

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

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

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

382.7 (d) The license holder must pay the fines assessed on or before the payment date specified.  
 382.8 If the license holder fails to fully comply with the order, the commissioner may issue a  
 382.9 second fine or suspend the license until the license holder complies by paying the fine. A  
 382.10 timely appeal shall stay payment of the fine until the commissioner issues a final order.

382.11 (e) A license holder shall promptly notify the commissioner in writing when a violation  
 382.12 specified in the order is corrected. If upon reinspection the commissioner determines that  
 382.13 a violation has not been corrected as indicated by the order, the commissioner may issue a  
 382.14 second fine. The commissioner shall notify the license holder by mail to the last known  
 382.15 address in the licensing record that a second fine has been assessed. The license holder may  
 382.16 appeal the second fine as provided under this subdivision.

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

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

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

163.11 (2) scope of violation:

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

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

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

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

163.25 (d) The license holder must pay the fines assessed on or before the payment date specified.  
 163.26 If the license holder fails to fully comply with the order, the commissioner may issue a  
 163.27 second fine or suspend the license until the license holder complies by paying the fine. A  
 163.28 timely appeal shall stay payment of the fine until the commissioner issues a final order.

163.29 (e) A license holder shall promptly notify the commissioner in writing when a violation  
 163.30 specified in the order is corrected. If upon reinspection the commissioner determines that  
 163.31 a violation has not been corrected as indicated by the order, the commissioner may issue a  
 163.32 second fine. The commissioner shall notify the license holder by mail to the last known  
 164.1 address in the licensing record that a second fine has been assessed. The license holder may  
 164.2 appeal the second fine as provided under this subdivision.

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

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

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

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

382.30 Sec. 27. Minnesota Statutes 2016, section 144A.4799, subdivision 3, is amended to read:

382.31 Subd. 3. **Duties.** (a) At the commissioner's request, the advisory council shall provide  
 382.32 advice regarding regulations of Department of Health licensed home care providers in this  
 382.33 chapter, including advice on the following:

383.1 (1) community standards for home care practices;

383.2 (2) enforcement of licensing standards and whether certain disciplinary actions are  
 383.3 appropriate;

383.4 (3) ways of distributing information to licensees and consumers of home care;

383.5 (4) training standards;

383.6 (5) identifying emerging issues and opportunities in the home care field, including the  
 383.7 use of technology in home and telehealth capabilities;

383.8 (6) allowable home care licensing modifications and exemptions, including a method  
 383.9 for an integrated license with an existing license for rural licensed nursing homes to provide  
 383.10 limited home care services in an adjacent independent living apartment building owned by  
 383.11 the licensed nursing home; and

383.12 (7) recommendations for studies using the data in section 62U.04, subdivision 4, including  
 383.13 but not limited to studies concerning costs related to dementia and chronic disease among  
 383.14 an elderly population over 60 and additional long-term care costs, as described in section  
 383.15 62U.10, subdivision 6.

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

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

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

164.16 Sec. 12. Minnesota Statutes 2016, section 144A.4799, subdivision 3, is amended to read:

164.17 Subd. 3. **Duties.** (a) At the commissioner's request, the advisory council shall provide  
 164.18 advice regarding regulations of Department of Health licensed home care providers in this  
 164.19 chapter, including advice on the following:

164.20 (1) community standards for home care practices;

164.21 (2) enforcement of licensing standards and whether certain disciplinary actions are  
 164.22 appropriate;

164.23 (3) ways of distributing information to licensees and consumers of home care;

164.24 (4) training standards;

164.25 (5) identifying emerging issues and opportunities in the home care field, including the  
 164.26 use of technology in home and telehealth capabilities;

164.27 (6) allowable home care licensing modifications and exemptions, including a method  
 164.28 for an integrated license with an existing license for rural licensed nursing homes to provide  
 164.29 limited home care services in an adjacent independent living apartment building owned by  
 164.30 the licensed nursing home; and

165.1 (7) recommendations for studies using the data in section 62U.04, subdivision 4, including  
 165.2 but not limited to studies concerning costs related to dementia and chronic disease among  
 165.3 an elderly population over 60 and additional long-term care costs, as described in section  
 165.4 62U.10, subdivision 6.

- 383.16 (b) The advisory council shall perform other duties as directed by the commissioner.
- 383.17 (c) The advisory council shall annually review the balance of the account in the state  
 383.18 government special revenue fund described in section 144A.474, subdivision 11, paragraph  
 383.19 (i), and make annual recommendations by January 15 directly to the chairs and ranking  
 383.20 minority members of the legislative committees with jurisdiction over health and human  
 383.21 services regarding appropriations to the commissioner for the purposes in section 144A.474,  
 383.22 subdivision 11, paragraph (i).
- 383.23 Sec. 28. Minnesota Statutes 2016, section 144A.70, is amended by adding a subdivision  
 383.24 to read:
- 383.25 Subd. 4a. **Nurse.** "Nurse" means a licensed practical nurse as defined in section 148.171,  
 383.26 subdivision 8, or a registered nurse as defined in section 148.171, subdivision 20.
- 383.27 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 383.28 Sec. 29. Minnesota Statutes 2016, section 144A.70, subdivision 6, is amended to read:
- 383.29 Subd. 6. **Supplemental nursing services agency.** "Supplemental nursing services  
 383.30 agency" means a person, firm, corporation, partnership, or association engaged for hire in  
 383.31 the business of providing or procuring temporary employment in health care facilities for  
 384.1 nurses, nursing assistants, nurse aides, and orderlies, and other licensed health professionals.  
 384.2 Supplemental nursing services agency does not include an individual who only engages in  
 384.3 providing the individual's services on a temporary basis to health care facilities. Supplemental  
 384.4 nursing services agency does not include a professional home care agency licensed under  
 384.5 section 144A.471 that only provides staff to other home care providers.
- 384.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 384.7 Sec. 30. Minnesota Statutes 2016, section 144D.06, is amended to read:  
 384.8 **144D.06 OTHER LAWS.**
- 384.9 In addition to registration under this chapter, a housing with services establishment must  
 384.10 comply with chapter 504B and the provisions of section 325F.72, and shall obtain and  
 384.11 maintain all other licenses, permits, registrations, or other governmental approvals required  
 384.12 of it in addition to registration under this chapter. A housing with services establishment is  
 384.13 subject to the provisions of section 325F.72 and chapter 504B not required to obtain a  
 384.14 lodging license under chapter 157 and related rules.
- 384.15 **EFFECTIVE DATE.** This section is effective August 1, 2017.

- 165.5 (b) The advisory council shall perform other duties as directed by the commissioner.
- 165.6 (c) The advisory council shall annually review the balance of the account in the state  
 165.7 government special revenue fund described in section 144A.474, subdivision 11, paragraph  
 165.8 (i), and make annual recommendations by January 15 directly to the chairs and ranking  
 165.9 minority members of the legislative committees with jurisdiction over health and human  
 165.10 services regarding appropriations to the commissioner for the purposes in section 144A.474,  
 165.11 subdivision 11, paragraph (i).
- 165.12 Sec. 13. Minnesota Statutes 2016, section 144A.70, is amended by adding a subdivision  
 165.13 to read:
- 165.14 Subd. 4a. **Nurse.** "Nurse" means a licensed practical nurse as defined in section 148.171,  
 165.15 subdivision 8, or a registered nurse as defined in section 148.171, subdivision 20.
- 165.16 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 165.17 Sec. 14. Minnesota Statutes 2016, section 144A.70, subdivision 6, is amended to read:
- 165.18 Subd. 6. **Supplemental nursing services agency.** "Supplemental nursing services  
 165.19 agency" means a person, firm, corporation, partnership, or association engaged for hire in  
 165.20 the business of providing or procuring temporary employment in health care facilities for  
 165.21 nurses, nursing assistants, nurse aides, and orderlies, and other licensed health professionals.  
 165.22 Supplemental nursing services agency does not include an individual who only engages in  
 165.23 providing the individual's services on a temporary basis to health care facilities. Supplemental  
 165.24 nursing services agency does not include a professional home care agency licensed under  
 165.25 section 144A.471 that only provides staff to other home care providers.
- 165.26 **EFFECTIVE DATE.** This section is effective the day following final enactment.

384.16 Sec. 31. [144D.071] CHANGE OF LIVING UNIT.

384.17 Housing with services establishments must not require a resident to move from the  
384.18 resident's living unit to another living unit, to share a unit, or to move out of the building  
384.19 after a resident begins receiving services under section 256B.0915.

384.20 Sec. 32. [144H.01] DEFINITIONS.

384.21 Subdivision 1. **Application.** The terms defined in this section apply to this chapter.

384.22 Subd. 2. **Basic services.** "Basic services" includes but is not limited to:

384.23 (1) the development, implementation, and monitoring of a comprehensive protocol of  
384.24 care that is developed in conjunction with the parent or guardian of a medically complex  
384.25 or technologically dependent child and that specifies the medical, nursing, psychosocial,  
384.26 and developmental therapies required by the medically complex or technologically dependent  
384.27 child; and

384.28 (2) the caregiver training needs of the child's parent or guardian.

384.29 Subd. 3. **Commissioner.** "Commissioner" means the commissioner of health.

385.1 Subd. 4. **Licensee.** "Licensee" means an owner of a prescribed pediatric extended care  
385.2 (PPEC) center licensed under this chapter.

385.3 Subd. 5. **Medically complex or technologically dependent child.** "Medically complex  
385.4 or technologically dependent child" means a child who, because of a medical condition,  
385.5 requires continuous therapeutic interventions or skilled nursing supervision which must be  
385.6 prescribed by a licensed physician and administered by, or under the direct supervision of,  
385.7 a licensed registered nurse.

385.8 Subd. 6. **Owner.** "Owner" means an individual whose ownership interest provides  
385.9 sufficient authority or control to affect or change decisions regarding the operation of the  
385.10 PPEC center. An owner includes a sole proprietor, a general partner, or any other individual  
385.11 whose ownership interest has the ability to affect the management and direction of the PPEC  
385.12 center's policies.

385.13 Subd. 7. **Prescribed pediatric extended care center, PPEC center, or center.**  
385.14 "Prescribed pediatric extended care center," "PPEC center," or "center" means any facility  
385.15 operated on a for-profit or nonprofit basis to provide nonresidential basic services to three

165.27 Sec. 15. [144H.01] DEFINITIONS.

165.28 Subdivision 1. **Application.** The terms defined in this section apply to this chapter.

165.29 Subd. 2. **Basic services.** "Basic services" includes but is not limited to:

165.30 (1) the development, implementation, and monitoring of a comprehensive protocol of  
165.31 care that is developed in conjunction with the parent or guardian of a medically complex  
166.1 or technologically dependent child and that specifies the medical, nursing, psychosocial,  
166.2 and developmental therapies required by the medically complex or technologically dependent  
166.3 child; and

166.4 (2) the caregiver training needs of the child's parent or guardian.

166.5 Subd. 3. **Commissioner.** "Commissioner" means the commissioner of health.

166.6 Subd. 4. **Licensee.** "Licensee" means an owner of a prescribed pediatric extended care  
166.7 (PPEC) center licensed under this chapter.

166.8 Subd. 5. **Medically complex or technologically dependent child.** "Medically complex  
166.9 or technologically dependent child" means a child under 21 years of age who, because of  
166.10 a medical condition, requires continuous therapeutic interventions or skilled nursing  
166.11 supervision which must be prescribed by a licensed physician and administered by, or under  
166.12 the direct supervision of, a licensed registered nurse.

166.13 Subd. 6. **Owner.** "Owner" means an individual whose ownership interest provides  
166.14 sufficient authority or control to affect or change decisions regarding the operation of the  
166.15 PPEC center. An owner includes a sole proprietor, a general partner, or any other individual  
166.16 whose ownership interest has the ability to affect the management and direction of the PPEC  
166.17 center's policies.

166.18 Subd. 7. **Prescribed pediatric extended care center, PPEC center, or center.**  
166.19 "Prescribed pediatric extended care center," "PPEC center," or "center" means any facility  
166.20 that provides nonresidential basic services to three or more medically complex or



385.16 or more medically complex or technologically dependent children who require such services  
 385.17 and who are not related to the owner by blood, marriage, or adoption.

385.18 Subd. 8. **Supportive services or contracted services.** "Supportive services or contracted  
 385.19 services" include but are not limited to speech therapy, occupational therapy, physical  
 385.20 therapy, social work services, developmental services, child life services, and psychology  
 385.21 services.

385.22 Sec. 33. **[144H.02] LICENSURE REQUIRED.**

385.23 A person may not own or operate a prescribed pediatric extended care center in this state  
 385.24 unless the person holds a temporary or current license issued under this chapter. A separate  
 385.25 license must be obtained for each PPEC center maintained on separate premises, even if  
 385.26 the same management operates the PPEC centers. Separate licenses are not required for  
 385.27 separate buildings on the same grounds. A center shall not be operated on the same grounds  
 385.28 as a child care center licensed under Minnesota Rules, chapter 9503.

385.29 Sec. 34. **[144H.03] EXEMPTIONS.**

385.30 This chapter does not apply to:

385.31 (1) a facility operated by the United States government or a federal agency; or

385.32 (2) a health care facility licensed under chapter 144 or 144A.

386.1 Sec. 35. **[144H.04] LICENSE APPLICATION AND RENEWAL.**

386.2 Subdivision 1. **Licenses.** A person seeking licensure for a PPEC center must submit a  
 386.3 completed application for licensure to the commissioner, in a form and manner determined  
 386.4 by the commissioner. The applicant must also submit the application fee, in the amount  
 386.5 specified in section 144H.05, subdivision 1. Effective February 1, 2019, the commissioner  
 386.6 shall issue a license for a PPEC center if the commissioner determines that the applicant  
 386.7 and center meet the requirements of this chapter and rules adopted under this chapter. A  
 386.8 license issued under this subdivision is valid for two years.

386.9 Subd. 2. **License renewal.** A license issued under subdivision 1 may be renewed for a  
 386.10 period of two years if the licensee:

386.11 (1) submits an application for renewal in a form and manner determined by the  
 386.12 commissioner, at least 30 days before the license expires. An application for renewal

166.21 technologically dependent children who require such services and who are not related to  
 166.22 the owner by blood, marriage, or adoption.

166.23 Subd. 8. **Supportive services or contracted services.** "Supportive services or contracted  
 166.24 services" include but are not limited to speech therapy, occupational therapy, physical  
 166.25 therapy, social work services, developmental services, child life services, and psychology  
 166.26 services.

166.27 Sec. 16. **[144H.02] LICENSURE REQUIRED.**

166.28 A person may not own or operate a prescribed pediatric extended care center in this state  
 166.29 unless the person holds a temporary or current license issued under this chapter. A separate  
 166.30 license must be obtained for each PPEC center maintained on separate premises, even if  
 166.31 the same management operates the PPEC centers. Separate licenses are not required for  
 166.32 separate buildings on the same grounds. A center shall not be operated on the same grounds  
 166.33 as a child care center licensed under Minnesota Rules, chapter 9503.

167.1 Sec. 17. **[144H.03] EXEMPTIONS.**

167.2 This chapter does not apply to:

167.3 (1) a facility operated by the United States government or a federal agency; or

167.4 (2) a health care facility licensed under chapter 144 or 144A.

167.5 Sec. 18. **[144H.04] LICENSE APPLICATION AND RENEWAL.**

167.6 Subdivision 1. **Licenses.** A person seeking licensure for a PPEC center must submit a  
 167.7 completed application for licensure to the commissioner, in a form and manner determined  
 167.8 by the commissioner. The applicant must also submit the application fee, in the amount  
 167.9 specified in section 144H.05, subdivision 1. Effective January 1, 2018, the commissioner  
 167.10 shall issue a license for a PPEC center if the commissioner determines that the applicant  
 167.11 and center meet the requirements of this chapter and rules that apply to PPEC centers. A  
 167.12 license issued under this subdivision is valid for two years.

167.13 Subd. 2. **License renewal.** A license issued under subdivision 1 may be renewed for a  
 167.14 period of two years if the licensee:

167.15 (1) submits an application for renewal in a form and manner determined by the  
 167.16 commissioner, at least 30 days before the license expires. An application for renewal

386.13 submitted after the renewal deadline date must be accompanied by a late fee in the amount  
 386.14 specified in section 144H.05, subdivision 3;

386.15 (2) submits the renewal fee in the amount specified in section 144H.05, subdivision 2;

386.16 (3) demonstrates that the licensee has provided basic services at the PPEC center within  
 386.17 the past two years;

386.18 (4) provides evidence that the applicant meets the requirements for licensure; and

386.19 (5) provides other information required by the commissioner.

386.20 Subd. 3. **License not transferable.** A PPEC center license issued under this section is  
 386.21 not transferable to another party. Before acquiring ownership of a PPEC center, a prospective  
 386.22 applicant must apply to the commissioner for a new license.

386.23 Sec. 36. **[144H.05] FEES.**

386.24 Subdivision 1. **Initial application fee.** The initial application fee for PPEC center  
 386.25 licensure is \$11,000.

386.26 Subd. 2. **License renewal.** The fee for renewal of a PPEC center license is \$4,720.

386.27 Subd. 3. **Late fee.** The fee for late submission of an application to renew a PPEC center  
 386.28 license is \$25.

386.29 Subd. 4. **Nonrefundable; state government special revenue fund.** All fees collected  
 386.30 under this chapter are nonrefundable and must be deposited in the state treasury and credited  
 386.31 to the state government special revenue fund.

387.1 Sec. 37. **[144H.06] RULEMAKING.**

387.2 The commissioner shall adopt rules necessary to implement the technical implementation  
 387.3 for sections 144H.01, 144H.02, 144H.03, 144H.04, and 144H.05. Rules adopted under this  
 387.4 section shall include requirements for:

387.5 (1) applying for, issuing, and renewing PPEC center licenses;

167.17 submitted after the renewal deadline date must be accompanied by a late fee in the amount  
 167.18 specified in section 144H.05, subdivision 3;

167.19 (2) submits the renewal fee in the amount specified in section 144H.05, subdivision 2;

167.20 (3) demonstrates that the licensee has provided basic services at the PPEC center within  
 167.21 the past two years;

167.22 (4) provides evidence that the applicant meets the requirements for licensure; and

167.23 (5) provides other information required by the commissioner.

167.24 Subd. 3. **License not transferable.** A PPEC center license issued under this section is  
 167.25 not transferable to another party. Before acquiring ownership of a PPEC center, a prospective  
 167.26 applicant must apply to the commissioner for a new license.

167.27 Sec. 19. **[144H.05] FEES.**

167.28 Subdivision 1. **Initial application fee.** The initial application fee for PPEC center  
 167.29 licensure is \$3,820.

167.30 Subd. 2. **License renewal.** The fee for renewal of a PPEC center license is \$1,800.

168.1 Subd. 3. **Late fee.** The fee for late submission of an application to renew a PPEC center  
 168.2 license is \$25.

168.3 Subd. 4. **Change of ownership.** The fee for change of ownership of a PPEC center is  
 168.4 \$4,200.

**NUMBERING ERROR. FOR TEXT OF SUBD. 4 NONREFUNDABLE;  
 STATE GOVERNMENT SPECIAL REVENUE FUND, SEE HOUSE ART.  
 3, SECTION 19, 168.5-168.7**

387.6       (2) a center's physical plant, including standards for plumbing, electrical, ventilation,  
387.7 heating and cooling, adequate space, accessibility, and fire protection. These standards must  
387.8 be based on the size of the building and the number of children to be served in the building;  
387.9 and  
  
387.10       (3) limits to fines imposed by the commissioner for violations of this chapter or rules  
387.11 adopted under this chapter.

387.12   Sec. 38. [144H.07] SERVICES; LIMITATIONS.

168.8   Sec. 20. [144H.06] APPLICATION OF RULES FOR HOSPICE SERVICES AND  
168.9 RESIDENTIAL HOSPICE FACILITIES.

168.10       Minnesota Rules, chapter 4664, shall apply to PPEC centers licensed under this chapter,  
168.11 except that the following parts, subparts, items, and subitems do not apply:

168.12       (1) Minnesota Rules, part 4664.0003, subparts 2, 6, 7, 11, 12, 13, 14, and 38;

168.13       (2) Minnesota Rules, part 4664.0008;

168.14       (3) Minnesota Rules, part 4664.0010, subparts 3; 4, items A, subitem (6), and B; and 8;

168.15       (4) Minnesota Rules, part 4664.0020, subpart 13;

168.16       (5) Minnesota Rules, part 4664.0370, subpart 1;

168.17       (6) Minnesota Rules, part 4664.0390, subpart 1, items A, C, and E;

168.18       (7) Minnesota Rules, part 4664.0420;

168.19       (8) Minnesota Rules, part 4664.0425, subparts 3, item A; 4; and 6;

168.20       (9) Minnesota Rules, part 4664.0430, subparts 3, 4, 5, 7, 8, 9, 10, 11, and 12;

168.21       (10) Minnesota Rules, part 4664.0490; and

168.22       (11) Minnesota Rules, part 4664.0520.

168.23   Sec. 21. [144H.07] SERVICES; LIMITATIONS.

387.13 Subdivision 1. **Services.** A PPEC center must provide basic services to medically complex  
 387.14 or technologically dependent children, based on a protocol of care established for each child.  
 387.15 A PPEC center may provide services up to 24 hours a day and up to seven days a week.

387.16 Subd. 2. **Limitations.** A PPEC center must comply with the following standards related  
 387.17 to services:

387.18 (1) a child is prohibited from attending a PPEC center for more than 14 hours within a  
 387.19 24-hour period;

387.20 (2) a PPEC center is prohibited from providing services other than those provided to  
 387.21 medically complex or technologically dependent children; and

387.22 (3) the maximum capacity for medically complex or technologically dependent children  
 387.23 at a center shall not exceed 45 children.

387.24 Sec. 39. **[144H.08] ADMINISTRATION AND MANAGEMENT.**

387.25 Subdivision 1. **Duties of owner.** (a) The owner of a PPEC center shall have full legal  
 387.26 authority and responsibility for the operation of the center. A PPEC center must be organized  
 387.27 according to a written table of organization, describing the lines of authority and  
 387.28 communication to the child care level. The organizational structure must be designed to  
 387.29 ensure an integrated continuum of services for the children served.

387.30 (b) The owner must designate one person as a center administrator, who is responsible  
 387.31 and accountable for overall management of the center.

388.1 Subd. 2. **Duties of administrator.** The center administrator is responsible and accountable  
 388.2 for overall management of the center. The administrator must:

388.3 (1) designate in writing a person to be responsible for the center when the administrator  
 388.4 is absent from the center for more than 24 hours;

388.5 (2) maintain the following written records, in a place and form and using a system that  
 388.6 allows for inspection of the records by the commissioner during normal business hours:

388.7 (i) a daily census record, which indicates the number of children currently receiving  
 388.8 services at the center;

168.24 Subdivision 1. **Services.** A PPEC center must provide basic services to medically complex  
 168.25 or technologically dependent children, based on a protocol of care established for each child.  
 168.26 A PPEC center may provide services up to 14 hours a day and up to six days a week.

168.27 Subd. 2. **Limitations.** A PPEC center must comply with the following standards related  
 168.28 to services:

169.1 (1) a child is prohibited from attending a PPEC center for more than 14 hours within a  
 169.2 24-hour period;

169.3 (2) a PPEC center is prohibited from providing services other than those provided to  
 169.4 medically complex or technologically dependent children; and

169.5 (3) the maximum capacity for medically complex or technologically dependent children  
 169.6 at a center shall not exceed 45 children.

169.7 Sec. 22. **[144H.08] ADMINISTRATION AND MANAGEMENT.**

169.8 Subdivision 1. **Duties of owner.** (a) The owner of a PPEC center shall have full legal  
 169.9 authority and responsibility for the operation of the center. A PPEC center must be organized  
 169.10 according to a written table of organization, describing the lines of authority and  
 169.11 communication to the child care level. The organizational structure must be designed to  
 169.12 ensure an integrated continuum of services for the children served.

169.13 (b) The owner must designate one person as a center administrator, who is responsible  
 169.14 and accountable for overall management of the center.

169.15 Subd. 2. **Duties of administrator.** The center administrator is responsible and accountable  
 169.16 for overall management of the center. The administrator must:

169.17 (1) designate in writing a person to be responsible for the center when the administrator  
 169.18 is absent from the center for more than 24 hours;

169.19 (2) maintain the following written records, in a place and form and using a system that  
 169.20 allows for inspection of the records by the commissioner during normal business hours:

169.21 (i) a daily census record, which indicates the number of children currently receiving  
 169.22 services at the center;

- 388.9 (ii) a record of all accidents or unusual incidents involving any child or staff member  
 388.10 that caused, or had the potential to cause, injury or harm to a person at the center or to center  
 388.11 property;
- 388.12 (iii) copies of all current agreements with providers of supportive services or contracted  
 388.13 services;
- 388.14 (iv) copies of all current agreements with consultants employed by the center,  
 388.15 documentation of each consultant's visits, and written, dated reports; and
- 388.16 (v) a personnel record for each employee, which must include an application for  
 388.17 employment, references, employment history for the preceding five years, and copies of all  
 388.18 performance evaluations;
- 388.19 (3) develop and maintain a current job description for each employee;
- 388.20 (4) provide necessary qualified personnel and ancillary services to ensure the health,  
 388.21 safety, and proper care for each child; and
- 388.22 (5) develop and implement infection control policies that comply with rules adopted by  
 388.23 the commissioner regarding infection control.
- 388.24 Sec. 40. [144H.09] ADMISSION, TRANSFER, AND DISCHARGE POLICIES;  
 388.25 CONSENT FORM.
- 388.26 Subdivision 1. **Written policies.** A PPEC center must have written policies and  
 388.27 procedures governing the admission, transfer, and discharge of children.
- 388.28 Subd. 2. **Consent form.** A parent or guardian must sign a consent form outlining the  
 388.29 purpose of a PPEC center, specifying family responsibilities, authorizing treatment and  
 388.30 services, providing appropriate liability releases, and specifying emergency disposition  
 388.31 plans, before the child's admission to the center. The center must provide the child's parents  
 389.1 or guardians with a copy of the consent form and must maintain the consent form in the  
 389.2 child's medical record.
- 389.3 Sec. 41. [144H.10] MEDICAL DIRECTOR.

- 169.23 (ii) a record of all accidents or unusual incidents involving any child or staff member  
 169.24 that caused, or had the potential to cause, injury or harm to a person at the center or to center  
 169.25 property;
- 169.26 (iii) copies of all current agreements with providers of supportive services or contracted  
 169.27 services;
- 169.28 (iv) copies of all current agreements with consultants employed by the center,  
 169.29 documentation of each consultant's visits, and written, dated reports; and
- 170.1 (v) a personnel record for each employee, which must include an application for  
 170.2 employment, references, employment history for the preceding five years, and copies of all  
 170.3 performance evaluations;
- 170.4 (3) develop and maintain a current job description for each employee;
- 170.5 (4) provide necessary qualified personnel and ancillary services to ensure the health,  
 170.6 safety, and proper care for each child; and
- 170.7 (5) develop and implement infection control policies that comply with rules adopted by  
 170.8 the commissioner regarding infection control.
- 170.9 Sec. 23. [144H.09] ADMISSION, TRANSFER, AND DISCHARGE POLICIES;  
 170.10 CONSENT FORM.
- 170.11 Subdivision 1. **Written policies.** A PPEC center must have written policies and  
 170.12 procedures governing the admission, transfer, and discharge of children.
- 170.13 Subd. 2. **Notice of discharge.** At least ten days prior to a child's discharge from a PPEC  
 170.14 center, the PPEC center shall provide notice of the discharge to the child's parent or guardian.
- 170.15 Subd. 3. **Consent form.** A parent or guardian must sign a consent form outlining the  
 170.16 purpose of a PPEC center, specifying family responsibilities, authorizing treatment and  
 170.17 services, providing appropriate liability releases, and specifying emergency disposition  
 170.18 plans, before the child's admission to the center. The center must provide the child's parents  
 170.19 or guardians with a copy of the consent form and must maintain the consent form in the  
 170.20 child's medical record.
- 170.21 Sec. 24. [144H.10] MEDICAL DIRECTOR.

- 389.4 A PPEC center must have a medical director who is a physician licensed in Minnesota  
 389.5 and certified by the American Board of Pediatrics.
- 389.6 Sec. 42. **[144H.11] NURSING SERVICES.**
- 389.7 Subdivision 1. **Nursing director.** A PPEC center must have a nursing director who is  
 389.8 a registered nurse licensed in Minnesota, holds a current certification in cardiopulmonary  
 389.9 resuscitation, and has at least four years of general pediatric nursing experience, at least  
 389.10 one year of which must have been spent caring for medically fragile infants or children in  
 389.11 a pediatric intensive care, neonatal intensive care, PPEC center, or home care setting during  
 389.12 the previous five years. The nursing director is responsible for the daily operation of the  
 389.13 PPEC center.
- 389.14 Subd. 2. **Registered nurses.** A registered nurse employed by a PPEC center must be a  
 389.15 registered nurse licensed in Minnesota, hold a current certification in cardiopulmonary  
 389.16 resuscitation, and have experience in the previous 24 months in being responsible for the  
 389.17 care of acutely ill or chronically ill children.
- 389.18 Subd. 3. **Licensed practical nurses.** A licensed practical nurse employed by a PPEC  
 389.19 center must be supervised by a registered nurse and must be a licensed practical nurse  
 389.20 licensed in Minnesota, have at least two years of experience in pediatrics, and hold a current  
 389.21 certification in cardiopulmonary resuscitation.
- 389.22 Subd. 4. **Other direct care personnel.** (a) Direct care personnel governed by this  
 389.23 subdivision include nursing assistants and individuals with training and experience in the  
 389.24 field of education, social services, or child care.
- 389.25 (b) All direct care personnel employed by a PPEC center must work under the supervision  
 389.26 of a registered nurse and are responsible for providing direct care to children at the center.  
 389.27 Direct care personnel must have extensive, documented education and skills training in  
 389.28 providing care to infants and toddlers, provide employment references documenting skill  
 389.29 in the care of infants and children, and hold a current certification in cardiopulmonary  
 389.30 resuscitation.
- 390.1 Sec. 43. **[144H.12] TOTAL STAFFING FOR NURSING SERVICES AND DIRECT**  
 390.2 **CARE PERSONNEL.**
- 390.3 A PPEC center must provide total staffing for nursing services and direct care personnel  
 390.4 at a ratio of one staff person for every three children at the center. The staffing ratio required  
 390.5 in this section is the minimum staffing permitted.

- 170.22 A PPEC center must have a medical director who is a physician licensed in Minnesota  
 170.23 and certified by the American Board of Pediatrics.
- 170.24 Sec. 25. **[144H.11] NURSING SERVICES.**
- 170.25 Subdivision 1. **Nursing director.** A PPEC center must have a nursing director who is  
 170.26 a registered nurse licensed in Minnesota, holds a current certification in cardiopulmonary  
 170.27 resuscitation, and has at least four years of general pediatric nursing experience, at least  
 170.28 one year of which must have been spent caring for medically fragile infants or children in  
 170.29 a pediatric intensive care, neonatal intensive care, PPEC center, or home care setting during  
 170.30 the previous five years. The nursing director is responsible for the daily operation of the  
 170.31 PPEC center.
- 171.1 Subd. 2. **Registered nurses.** A registered nurse employed by a PPEC center must be a  
 171.2 registered nurse licensed in Minnesota, hold a current certification in cardiopulmonary  
 171.3 resuscitation, and have experience in the previous 24 months in being responsible for the  
 171.4 care of acutely ill or chronically ill children.
- 171.5 Subd. 3. **Licensed practical nurses.** A licensed practical nurse employed by a PPEC  
 171.6 center must be supervised by a registered nurse and must be a licensed practical nurse  
 171.7 licensed in Minnesota, have at least two years of experience in pediatrics, and hold a current  
 171.8 certification in cardiopulmonary resuscitation.
- 171.9 Subd. 4. **Other direct care personnel.** (a) Direct care personnel governed by this  
 171.10 subdivision include nursing assistants and individuals with training and experience in the  
 171.11 field of education, social services, or child care.
- 171.12 (b) All direct care personnel employed by a PPEC center must work under the supervision  
 171.13 of a registered nurse and are responsible for providing direct care to children at the center.  
 171.14 Direct care personnel must have extensive, documented education and skills training in  
 171.15 providing care to infants and toddlers, provide employment references documenting skill  
 171.16 in the care of infants and children, and hold a current certification in cardiopulmonary  
 171.17 resuscitation.
- 171.18 Sec. 26. **[144H.12] TOTAL STAFFING FOR NURSING SERVICES AND DIRECT**  
 171.19 **CARE PERSONNEL.**
- 171.20 A PPEC center must provide total staffing for nursing services and direct care personnel  
 171.21 at a ratio of one staff person for every three children at the center. The staffing ratio required  
 171.22 in this section is the minimum staffing permitted.

390.6 Sec. 44. [144H.13] MEDICAL RECORD; PROTOCOL OF CARE.

390.7 A medical record and an individualized nursing protocol of care must be developed for  
 390.8 each child admitted to a PPEC center, must be maintained for each child, and must be signed  
 390.9 by authorized personnel.

390.10 Sec. 45. [144H.14] QUALITY ASSURANCE PROGRAM.

390.11 A PPEC center must have a quality assurance program, in which quarterly reviews are  
 390.12 conducted of the PPEC center's medical records and protocols of care for at least half of  
 390.13 the children served by the PPEC center. The quarterly review sample must be randomly  
 390.14 selected so each child at the center has an equal opportunity to be included in the review.  
 390.15 The committee conducting quality assurance reviews must include the medical director,  
 390.16 administrator, nursing director, and three other committee members determined by the PPEC  
 390.17 center.

390.18 Sec. 46. [144H.15] INSPECTIONS.

390.19 (a) The commissioner may inspect a PPEC center, including records held at the center,  
 390.20 at reasonable times as necessary to ensure compliance with this chapter and the rules adopted  
 390.21 under this chapter. During an inspection, a center must provide the commissioner with  
 390.22 access to all center records.

390.23 (b) The commissioner must inspect a PPEC center before issuing or renewing a license  
 390.24 under this chapter.

390.25 Sec. 47. [144H.16] COMPLIANCE WITH OTHER LAWS.

390.26 Subdivision 1. **Reporting of maltreatment of minors.** A PPEC center must develop  
 390.27 policies and procedures for reporting suspected child maltreatment that fulfill the  
 390.28 requirements of section 626.556. The policies and procedures must include the telephone  
 390.29 numbers of the local county child protection agency for reporting suspected maltreatment.  
 390.30 The policies and procedures specified in this subdivision must be provided to the parents  
 391.1 or guardians of all children at the time of admission to the PPEC center and must be available  
 391.2 upon request.

391.3 Subd. 2. **Crib safety requirements.** A PPEC center must comply with the crib safety  
 391.4 requirements in section 245A.146, to the extent they are applicable.

391.5 Sec. 48. [144H.17] DENIAL, SUSPENSION, REVOCATION, REFUSAL TO RENEW  
 391.6 A LICENSE.171.23 Sec. 27. [144H.13] MEDICAL RECORD; PROTOCOL OF CARE.

171.24 A medical record and an individualized nursing protocol of care must be developed for  
 171.25 each child admitted to a PPEC center, must be maintained for each child, and must be signed  
 171.26 by authorized personnel.

171.27 Sec. 28. [144H.14] QUALITY ASSURANCE PROGRAM.

171.28 A PPEC center must have a quality assurance program, in which quarterly reviews are  
 171.29 conducted of the PPEC center's medical records and protocols of care for at least half of  
 171.30 the children served by the PPEC center. The quarterly review sample must be randomly  
 171.31 selected so each child at the center has an equal opportunity to be included in the review.  
 171.32 The committee conducting quality assurance reviews must include the medical director,  
 172.1 administrator, nursing director, and three other committee members determined by the PPEC  
 172.2 center.

172.3 Sec. 29. [144H.15] INSPECTIONS.

172.4 (a) The commissioner may inspect a PPEC center, including records held at the center,  
 172.5 at reasonable times as necessary to ensure compliance with this chapter and the rules that  
 172.6 apply to PPEC centers. During an inspection, a center must provide the commissioner with  
 172.7 access to all center records.

172.8 (b) The commissioner must inspect a PPEC center before issuing or renewing a license  
 172.9 under this chapter.

172.10 Sec. 30. [144H.16] COMPLIANCE WITH OTHER LAWS.

172.11 Subdivision 1. **Reporting of maltreatment of minors.** A PPEC center must develop  
 172.12 policies and procedures for reporting suspected child maltreatment that fulfill the  
 172.13 requirements of section 626.556. The policies and procedures must include the telephone  
 172.14 numbers of the local county child protection agency for reporting suspected maltreatment.  
 172.15 The policies and procedures specified in this subdivision must be provided to the parents  
 172.16 or guardians of all children at the time of admission to the PPEC center and must be available  
 172.17 upon request.

172.18 Subd. 2. **Crib safety requirements.** A PPEC center must comply with the crib safety  
 172.19 requirements in section 245A.146, to the extent they are applicable.

172.20 Sec. 31. [144H.17] DENIAL, SUSPENSION, REVOCATION, REFUSAL TO RENEW  
 172.21 A LICENSE.

- 391.7 (a) The commissioner may deny, suspend, revoke, or refuse to renew a license issued  
 391.8 under this chapter for:
- 391.9 (1) a violation of this chapter or rules adopted under this chapter; or
- 391.10 (2) an intentional or negligent act by an employee or contractor at the center that  
 391.11 materially affects the health or safety of children at the PPEC center.
- 391.12 (b) Prior to any suspension, revocation, or refusal to renew a license, a licensee shall be  
 391.13 entitled to a hearing and review as provided in sections 14.57 to 14.69.
- 391.14 Sec. 49. **[144H.18] FINES; CORRECTIVE ACTION PLANS.**
- 391.15 Subdivision 1. **Corrective action plans.** If the commissioner determines that a PPEC  
 391.16 center is not in compliance with this chapter or rules adopted under this chapter, the  
 391.17 commissioner may require the center to submit a corrective action plan that demonstrates  
 391.18 a good-faith effort to remedy each violation by a specific date, subject to approval by the  
 391.19 commissioner.
- 391.20 Subd. 2. **Fines.** The commissioner may issue a fine to a PPEC center, employee, or  
 391.21 contractor if the commissioner determines the center, employee, or contractor violated this  
 391.22 chapter or rules adopted under this chapter. The fine amount shall not exceed an amount  
 391.23 for each violation and an aggregate amount established by the commissioner in rule. The  
 391.24 failure to correct a violation by the date set by the commissioner, or a failure to comply  
 391.25 with an approved corrective action plan, constitutes a separate violation for each day the  
 391.26 failure continues, unless the commissioner approves an extension to a specific date. In  
 391.27 determining if a fine is to be imposed and establishing the amount of the fine, the  
 391.28 commissioner shall consider:
- 391.29 (1) the gravity of the violation, including the probability that death or serious physical  
 391.30 or emotional harm to a child will result or has resulted, the severity of the actual or potential  
 391.31 harm, and the extent to which the applicable laws were violated;
- 392.1 (2) actions taken by the owner or administrator to correct violations;
- 392.2 (3) any previous violations; and
- 392.3 (4) the financial benefit to the PPEC center of committing or continuing the violation.

- 172.22 (a) The commissioner may deny, suspend, revoke, or refuse to renew a license issued  
 172.23 under this chapter for:
- 172.24 (1) a violation of this chapter or rules adopted that apply to PPEC centers; or
- 172.25 (2) an intentional or negligent act by an employee or contractor at the center that  
 172.26 detrimentally affects the health or safety of children at the PPEC center.
- 172.27 (b) Prior to any suspension, revocation, or refusal to renew a license, a licensee shall be  
 172.28 entitled to a hearing and review as provided in sections 14.57 to 14.69.
- 173.1 Sec. 32. **[144H.18] FINES; CORRECTIVE ACTION PLANS.**
- 173.2 Subdivision 1. **Corrective action plans.** If the commissioner determines that a PPEC  
 173.3 center is not in compliance with this chapter or rules that apply to PPEC centers, the  
 173.4 commissioner may require the center to submit a corrective action plan that demonstrates  
 173.5 a good-faith effort to remedy each violation by a specific date, subject to approval by the  
 173.6 commissioner.
- 173.7 Subd. 2. **Fines.** The commissioner may issue a fine to a PPEC center, employee, or  
 173.8 contractor if the commissioner determines the center, employee, or contractor violated this  
 173.9 chapter or rules that apply to PPEC centers. The fine amount shall not exceed an amount  
 173.10 for each violation and an aggregate amount established by the commissioner. The failure  
 173.11 to correct a violation by the date set by the commissioner, or a failure to comply with an  
 173.12 approved corrective action plan, constitutes a separate violation for each day the failure  
 173.13 continues, unless the commissioner approves an extension to a specific date. In determining  
 173.14 if a fine is to be imposed and establishing the amount of the fine, the commissioner shall  
 173.15 consider:
- 173.16 (1) the gravity of the violation, including the probability that death or serious physical  
 173.17 or emotional harm to a child will result or has resulted, the severity of the actual or potential  
 173.18 harm, and the extent to which the applicable laws were violated;
- 173.19 (2) actions taken by the owner or administrator to correct violations;
- 173.20 (3) any previous violations; and
- 173.21 (4) the financial benefit to the PPEC center of committing or continuing the violation.



392.4    Sec. 50. [144H.19] CLOSING A PPEC CENTER.

392.5           When a PPEC center voluntarily closes, it must, at least 30 days before closure, inform  
392.6 each child's parents or guardians of the closure and when the closure will occur.

173.22           Subd. 3. Fines for violations of other statutes. The commissioner shall impose a fine  
173.23 of \$250 on a PPEC center, employee, or contractor for each violation by that PPEC center,  
173.24 employee, or contractor of section 245A.146 or 626.556.

173.25    Sec. 33. [144H.19] CLOSING A PPEC CENTER.

173.26           When a PPEC center voluntarily closes, it must, at least 30 days before closure, inform  
173.27 each child's parents or guardians of the closure and when the closure will occur.

173.28    Sec. 34. [144H.20] PHYSICAL ENVIRONMENT.

173.29           Subdivision 1. General requirements. A PPEC center shall conform with or exceed  
173.30 the physical environment requirements in this section and the physical environment  
173.31 requirements for day care facilities in Minnesota Rules, part 9502.0425. If the physical  
174.1 environment requirements in this section differ from the physical environment requirements  
174.2 for day care facilities in Minnesota Rules, part 9502.0425, the requirements in this section  
174.3 shall prevail. A PPEC center must have sufficient indoor and outdoor space to accommodate  
174.4 at least six medically complex or technologically dependent children.

174.5           Subd. 2. Specific requirements. (a) The entrance to a PPEC center must be barrier-free,  
174.6 have a wheelchair ramp, provide for traffic flow with a driveway area for entering and  
174.7 exiting, and have storage space for supplies from home.

174.8           (b) A PPEC center must have a treatment room with a medication preparation area. The  
174.9 medication preparation area must contain a work counter, refrigerator, sink with hot and  
174.10 cold running water, and locked storage for biologicals and prescription drugs.

174.11           (c) A PPEC center must develop isolation procedures to prevent cross-infections and  
174.12 must have an isolation room with at least one glass area for observation of a child in the  
174.13 isolation room. The isolation room must be at least 100 square feet in size.

174.14           (d) A PPEC center must have:

174.15           (1) an outdoor play space adjacent to the center of at least 35 square feet per child in  
174.16 attendance at the center, for regular use; or

174.17           (2) a park, playground, or play space within 1,500 feet of the center.

174.18           (e) A PPEC center must have at least 50 square feet of usable indoor space per child in  
174.19 attendance at the center.

- 174.20 (f) Notwithstanding the Minnesota State Building Code and the Minnesota State Fire
- 174.21 Code, a new construction PPEC center or an existing building converted into a PPEC center
- 174.22 must meet the requirements of the International Building Code in Minnesota Rules, chapter
- 174.23 1305, for:
- 174.24 (1) Group R, Division 4 occupancy, if serving 12 or fewer children; or
- 174.25 (2) Group E, Division 4 occupancy or Group I, Division 4 occupancy, if serving 13 or
- 174.26 more children.
- 174.27 Sec. 35. Minnesota Statutes 2016, section 145.4131, subdivision 1, is amended to read:
- 174.28 Subdivision 1. **Forms.** (a) Within 90 days of July 1, 1998, the commissioner shall prepare
- 174.29 a reporting form for use by physicians or facilities performing abortions. A copy of this
- 174.30 section shall be attached to the form. A physician or facility performing an abortion shall
- 174.31 obtain a form from the commissioner.
- 175.1 (b) The form shall require the following information:
- 175.2 (1) the number of abortions performed by the physician in the previous calendar year,
- 175.3 reported by month;
- 175.4 (2) the method used for each abortion;
- 175.5 (3) the approximate gestational age expressed in one of the following increments:
- 175.6 (i) less than nine weeks;
- 175.7 (ii) nine to ten weeks;
- 175.8 (iii) 11 to 12 weeks;
- 175.9 (iv) 13 to 15 weeks;
- 175.10 (v) 16 to 20 weeks;
- 175.11 (vi) 21 to 24 weeks;
- 175.12 (vii) 25 to 30 weeks;
- 175.13 (viii) 31 to 36 weeks; or

Senate Language S0800-3	Health Department	House Language UES0800-2
		175.14 (ix) 37 weeks to term;
		175.15 (4) the age of the woman at the time the abortion was performed;
		175.16 (5) the specific reason for the abortion, including, but not limited to, the following:
		175.17 (i) the pregnancy was a result of rape;
		175.18 (ii) the pregnancy was a result of incest;
		175.19 (iii) economic reasons;
		175.20 (iv) the woman does not want children at this time;
		175.21 (v) the woman's emotional health is at stake;
		175.22 (vi) the woman's physical health is at stake;
		175.23 (vii) the woman will suffer substantial and irreversible impairment of a major bodily
		175.24 function if the pregnancy continues;
		175.25 (viii) the pregnancy resulted in fetal anomalies; or
		175.26 (ix) unknown or the woman refused to answer;
		175.27 (6) the number of prior induced abortions;
		175.28 (7) the number of prior spontaneous abortions;
		176.1 (8) whether the abortion was paid for by:
		176.2 (i) private coverage;
		176.3 (ii) public assistance health coverage; or
		176.4 (iii) self-pay;
		176.5 (9) whether coverage was under:
		176.6 (i) a fee-for-service plan;

Senate Language S0800-3	Health Department	House Language UES0800-2
392.7 Sec. 51. Minnesota Statutes 2016, section 145.4716, subdivision 2, is amended to read:		176.7 (ii) a capitated private plan; or
392.8 Subd. 2. <b>Duties of director.</b> The director of child sex trafficking prevention is responsible 392.9 for the following:		176.8 (iii) other;
392.10 (1) developing and providing comprehensive training on sexual exploitation of youth 392.11 for social service professionals, medical professionals, public health workers, and criminal 392.12 justice professionals;		176.9 (10) complications, if any, for each abortion and for the aftermath of each abortion.
392.13 (2) collecting, organizing, maintaining, and disseminating information on sexual 392.14 exploitation and services across the state, including maintaining a list of resources on the 392.15 Department of Health Web site;		176.10 Space for a description of any complications shall be available on the form;
392.16 (3) monitoring and applying for federal funding for antitrafficking efforts that may 392.17 benefit victims in the state;		176.11 (11) the medical specialty of the physician performing the abortion; <del>and</del>
		176.12 (12) if the abortion was performed via telemedicine, the facility code for the patient and
		176.13 the facility code for the physician; and
		176.14 <del>(12)</del> (13) whether the abortion resulted in a born alive infant, as defined in section
		176.15 145.423, subdivision 4, and:
		176.16 (i) any medical actions taken to preserve the life of the born alive infant;
		176.17 (ii) whether the born alive infant survived; and
		176.18 (iii) the status of the born alive infant, should the infant survive, if known.
		176.19 <u><b>EFFECTIVE DATE.</b> This section is effective January 1, 2018.</u>
		176.20 Sec. 36. Minnesota Statutes 2016, section 145.4716, subdivision 2, is amended to read:
		176.21 Subd. 2. <b>Duties of director.</b> The director of child sex trafficking prevention is responsible
		176.22 for the following:
		176.23 (1) developing and providing comprehensive training on sexual exploitation of youth
		176.24 for social service professionals, medical professionals, public health workers, and criminal
		176.25 justice professionals;
		176.26 (2) collecting, organizing, maintaining, and disseminating information on sexual
		176.27 exploitation and services across the state, including maintaining a list of resources on the
		176.28 Department of Health Web site;
		177.1 (3) monitoring and applying for federal funding for antitrafficking efforts that may
		177.2 benefit victims in the state;

392.18 (4) managing grant programs established under sections 145.4716 to 145.4718, ~~and~~;  
 392.19 609.3241, paragraph (c), clause (3); and 609.5315, subdivision 5c, clause (3);

392.20 (5) managing the request for proposals for grants for comprehensive services, including  
 392.21 trauma-informed, culturally specific services;

392.22 (6) identifying best practices in serving sexually exploited youth, as defined in section  
 392.23 260C.007, subdivision 31;

392.24 (7) providing oversight of and technical support to regional navigators pursuant to section  
 392.25 145.4717;

392.26 (8) conducting a comprehensive evaluation of the statewide program for safe harbor of  
 392.27 sexually exploited youth; and

392.28 (9) developing a policy consistent with the requirements of chapter 13 for sharing data  
 392.29 related to sexually exploited youth, as defined in section 260C.007, subdivision 31, among  
 392.30 regional navigators and community-based advocates.

393.1 Sec. 52. [145.9263] OPIOID PRESCRIBER EDUCATION AND PUBLIC  
 393.2 AWARENESS GRANTS.

393.3 The commissioner of health, in coordination with the commissioner of human services,  
 393.4 shall award grants to nonprofit organizations for the purpose of expanding prescriber  
 393.5 education, public awareness and outreach on the opioid epidemic and overdose prevention  
 393.6 programs. The grantees must coordinate with health care systems, professional associations,  
 393.7 and emergency medical services providers. Each grantee receiving funds under this section  
 393.8 shall report to the commissioner on how the funds were spent and the outcomes achieved.

393.9 Sec. 53. Minnesota Statutes 2016, section 145.986, subdivision 1a, is amended to read:

393.10 Subd. 1a. **Grants to local communities.** (a) Beginning July 1, 2009, the commissioner  
 393.11 of health shall award competitive grants to community health boards and tribal governments  
 393.12 to convene, coordinate, and implement evidence-based strategies targeted at reducing the  
 393.13 percentage of Minnesotans who are obese or overweight and to reduce the use of tobacco.  
 393.14 Grants shall be awarded to all community health boards and tribal governments whose  
 393.15 proposals demonstrate the ability to implement programs designed to achieve the purposes  
 393.16 in subdivision 1 and other requirements of this section.

393.17 (b) Grantee activities shall:

393.18 (1) be based on scientific evidence;

177.3 (4) managing grant programs established under sections 145.4716 to 145.4718, ~~and~~;  
 177.4 609.3241, paragraph (c), clause (3); and 609.5315, subdivision 5c, clause (3);

177.5 (5) managing the request for proposals for grants for comprehensive services, including  
 177.6 trauma-informed, culturally specific services;

177.7 (6) identifying best practices in serving sexually exploited youth, as defined in section  
 177.8 260C.007, subdivision 31;

177.9 (7) providing oversight of and technical support to regional navigators pursuant to section  
 177.10 145.4717;

177.11 (8) conducting a comprehensive evaluation of the statewide program for safe harbor of  
 177.12 sexually exploited youth; and

177.13 (9) developing a policy consistent with the requirements of chapter 13 for sharing data  
 177.14 related to sexually exploited youth, as defined in section 260C.007, subdivision 31, among  
 177.15 regional navigators and community-based advocates.

- 393.19 (2) be based on community input;
- 393.20 (3) address behavior change at the individual, community, and systems levels;
- 393.21 (4) occur in community, school, work site, and health care settings;
- 393.22 (5) be focused on policy, systems, and environmental changes that support healthy
- 393.23 behaviors; and
- 393.24 (6) address the health disparities and inequities that exist in the grantee's community.
- 393.25 (c) To receive a grant under this section, community health boards and tribal governments
- 393.26 must submit proposals to the commissioner. A local match of ten percent of the total funding
- 393.27 allocation is required. This local match may include funds donated by community partners.
- 393.28 (d) In order to receive a grant, community health boards and tribal governments must
- 393.29 submit a health improvement plan to the commissioner of health for approval. The
- 393.30 commissioner may require the plan to identify a community leadership team, community
- 393.31 partners, and a community action plan that includes an assessment of area strengths and
- 393.32 needs, proposed action strategies, technical assistance needs, and a staffing plan.
- 394.1 (e) The grant recipient must implement the health improvement plan, evaluate the
- 394.2 effectiveness of the strategies, and modify or discontinue strategies found to be ineffective.
- 394.3 (f) Grant recipients shall report their activities and their progress toward the outcomes
- 394.4 established under subdivision 2 to the commissioner in a format and at a time specified by
- 394.5 the commissioner.
- 394.6 (g) All grant recipients shall be held accountable for making progress toward the
- 394.7 measurable outcomes established in subdivision 2. The commissioner shall require a
- 394.8 corrective action plan and may reduce the funding level of grant recipients that do not make
- 394.9 adequate progress toward the measurable outcomes.
- 394.10 (h) Beginning November 1, 2015, the commissioner shall offer grant recipients the
- 394.11 option of using a grant awarded under this subdivision to implement health improvement
- 394.12 strategies that improve the health status, delay the expression of dementia, or slow the
- 394.13 progression of dementia, for a targeted population at risk for dementia and shall award at
- 394.14 least two of the grants awarded on November 1, 2015, for these purposes. The grants must
- 394.15 meet all other requirements of this section. The commissioner shall coordinate grant planning
- 394.16 activities with the commissioner of human services, the Minnesota Board on Aging, and
- 394.17 community-based organizations with a focus on dementia. Each grant must include selected

394.18 outcomes and evaluation measures related to the incidence or progression of dementia  
394.19 among the targeted population using the procedure described in subdivision 2.

394.20 (i) Beginning July 1, 2017, the commissioner shall offer grant recipients the option of  
394.21 using a grant awarded under this subdivision to confront the opioid addiction and overdose  
394.22 epidemic, and shall award at least two of the grants awarded on or after July 1, 2017, for  
394.23 these purposes. The grants awarded under this paragraph must meet all other requirements  
394.24 of this section. The commissioner shall coordinate grant planning activities with the  
394.25 commissioner of human services. Each grant shall include selected outcomes and evaluation  
394.26 measures related to addressing the opioid epidemic.

394.27 Sec. 54. Minnesota Statutes 2016, section 146B.02, subdivision 2, is amended to read:

394.28 Subd. 2. **Requirements and term of license.** (a) Each application for an initial mobile  
394.29 or fixed-site establishment license and for renewal must be submitted to the commissioner  
394.30 on a form provided by the commissioner accompanied with the applicable fee required  
394.31 under section 146B.10. The application must contain:

394.32 (1) the name(s) of the owner(s) and operator(s) of the establishment;

394.33 (2) the location of the establishment;

395.1 (3) verification of compliance with all applicable local and state codes;

395.2 (4) a description of the general nature of the business; and

395.3 (5) any other relevant information deemed necessary by the commissioner.

395.4 (b) If the information submitted is complete and complies with the requirements of this  
395.5 chapter, the commissioner shall issue a provisional establishment license. The provisional  
395.6 license is effective until the commissioner determines, after inspection, that the applicant  
395.7 has met the requirements of this chapter. Upon approval, the commissioner shall issue a  
395.8 body art establishment license effective for three years.

395.9 (c) An establishment license must be renewed every two years.

395.10 Sec. 55. Minnesota Statutes 2016, section 146B.02, subdivision 5, is amended to read:

395.11 Subd. 5. **Transfer of ownership, relocation, and display of license.** (a) A body art  
395.12 establishment license must be issued to a specific person and location and is not transferable.  
395.13 A license must be prominently displayed in a public area of the establishment.

395.14 (b) An owner who has purchased a body art establishment licensed under the previous  
395.15 owner must submit an application to license the establishment within two weeks of the date  
395.16 of sale. Notwithstanding subdivision 1, the new owner may continue to operate for 60 days  
395.17 after the sale while waiting for a new license to be issued.

395.18 (c) An owner of a licensed body art establishment who is relocating the establishment  
395.19 must submit an application for the new location. The owner may request that the new  
395.20 application become effective at a specified date in the future. If the relocation is not  
395.21 accomplished by the date expected, and the license at the existing location expires, the  
395.22 owner may apply for a temporary event permit to continue to operate at the old location.  
395.23 The owner may apply for no more than four temporary event permits to continue operating  
395.24 at the old location.

395.25 Sec. 56. Minnesota Statutes 2016, section 146B.02, is amended by adding a subdivision  
395.26 to read:

395.27 Subd. 7a. **Supervisors.** (a) Only a technician who has been licensed as a body artist for  
395.28 at least two years in Minnesota or in a jurisdiction with which Minnesota has reciprocity  
395.29 may supervise a temporary technician.

395.30 (b) Any technician who agrees to supervise more than two temporary technicians during  
395.31 the same time period must explain, to the satisfaction of the commissioner, how the technician  
396.1 will provide supervision to each temporary technician in accordance with section 146B.01,  
396.2 subdivision 28.

396.3 (c) The commissioner may refuse to approve as a supervisor a technician who has been  
396.4 disciplined in Minnesota or in another jurisdiction.

396.5 Sec. 57. Minnesota Statutes 2016, section 146B.02, subdivision 8, is amended to read:

396.6 Subd. 8. **Temporary events event permit.** (a) ~~An owner or operator of a~~ applicant for  
396.7 ~~a permit to hold a temporary body art establishment event~~ shall submit an application ~~for a~~  
396.8 ~~temporary events permit~~ to the commissioner. The application must be received at least 14  
396.9 days before the start of the event. The application must include the specific days and hours  
396.10 of operation. ~~The owner or operator~~ An applicant issued a temporary event permit shall  
396.11 comply with the requirements of this chapter.

396.12 (b) Applications received less than 14 days prior to the start of the event may be processed  
396.13 if the commissioner determines it is possible to conduct ~~the~~ all required work, including an  
396.14 inspection.



396.15 (c) The temporary ~~events~~ event permit must be prominently displayed in a public area  
396.16 at the location.

396.17 (d) The temporary ~~events~~ event permit, if approved, is valid for the specified dates and  
396.18 hours listed on the application. No temporary events permit shall be issued for longer than  
396.19 a 21-day period, and may not be extended.

396.20 (e) No individual who does not hold a current body art establishment license may be  
396.21 issued a temporary event permit more than four times within the same calendar year.

396.22 (f) No individual who has been disciplined for a serious violation of this chapter within  
396.23 three years preceding the intended start date of a temporary event may be issued a license  
396.24 for a temporary event. Violations that preclude issuance of a temporary event permit include  
396.25 unlicensed practice; practice in an unlicensed location; any of the conditions listed in section  
396.26 146B.05, clauses (1) to (8), (12), or (13), 146B.08, subdivision 3, clauses (4), (5), and (10)  
396.27 to (12), or any other violation that places the health or safety of a client at risk.

396.28 Sec. 58. Minnesota Statutes 2016, section 146B.02, is amended by adding a subdivision  
396.29 to read:

396.30 Subd. 10. **Licensure precluded.** (a) The commissioner may choose to deny a body art  
396.31 establishment license to an applicant who has been disciplined for a serious violation under  
396.32 this chapter. Violations that constitute grounds for denial of license are any of the conditions  
397.1 listed in section 146B.05, subdivision 1, clauses (1) to (8), (12), or (13), 146B.08, subdivision  
397.2 3, clauses (4), (5), or (10) to (12), or any other violation that places the health or safety of  
397.3 a client at risk.

397.4 (b) In considering whether to grant a license to an applicant who has been disciplined  
397.5 for a violation described in this subdivision, the commissioner shall consider evidence of  
397.6 rehabilitation, including the nature and seriousness of the violation, circumstances relative  
397.7 to the violation, the length of time elapsed since the violation, and evidence that demonstrates  
397.8 that the applicant has maintained safe, ethical, and responsible body art practice since the  
397.9 time of the most recent violation.

397.10 Sec. 59. Minnesota Statutes 2016, section 146B.03, subdivision 6, is amended to read:

397.11 Subd. 6. **Licensure term; renewal.** (a) A technician's license is valid for two years from  
397.12 the date of issuance and may be renewed upon payment of the renewal fee established under  
397.13 section 146B.10.

397.14 (b) At renewal, a licensee must submit proof of continuing education approved by the  
397.15 commissioner in the areas identified in subdivision 4.

397.16 (c) The commissioner shall notify the technician of the pending expiration of a technician  
397.17 license at least 60 days prior to license expiration.

397.18 (d) A technician previously licensed in Minnesota whose license has lapsed for less than  
397.19 six years may apply to renew. A technician previously licensed in Minnesota whose license  
397.20 has lapsed for less than ten years and who was licensed in another jurisdiction or jurisdictions  
397.21 during the entire time of lapse may apply to renew, but must submit proof of licensure in  
397.22 good standing in all other jurisdictions in which the technician was licensed as a body artist  
397.23 during the time of lapse. A technician previously licensed in Minnesota whose license has  
397.24 lapsed for more than six years and who was not continuously licensed in another jurisdiction  
397.25 during the period of Minnesota lapse must reapply for licensure under subdivision 4.

397.26 Sec. 60. Minnesota Statutes 2016, section 146B.03, subdivision 7, is amended to read:

397.27 Subd. 7. **Temporary licensure.** (a) The commissioner may issue a temporary license  
397.28 to an applicant who submits to the commissioner on a form provided by the commissioner:

397.29 (1) proof that the applicant is over the age of 18;

397.30 (2) all fees required under section 148B.10; and

398.1 (3) a letter from a licensed technician who has agreed to provide the supervision to meet  
398.2 the supervised experience requirement under subdivision 4.

398.3 (b) Upon completion of the required supervised experience, the temporary licensee shall  
398.4 submit documentation of satisfactorily completing the requirements under subdivision 4,  
398.5 and the applicable fee under section 146B.10. The commissioner shall issue a new license  
398.6 in accordance with subdivision 4.

398.7 (c) A temporary license issued under this subdivision is valid for one year and may be  
398.8 renewed ~~for one additional year~~ twice.

398.9 Sec. 61. Minnesota Statutes 2016, section 146B.07, subdivision 4, is amended to read:

398.10 Subd. 4. **Client record maintenance.** (a) For each client, the body art establishment  
398.11 operator shall maintain proper records of each procedure. The records of the procedure must  
398.12 be kept for three years and must be available for inspection by the commissioner upon  
398.13 request. The record must include the following:

398.14 (1) the date of the procedure;

- 398.15 (2) the information on the required picture identification showing the name, age, and  
398.16 current address of the client;
- 398.17 (3) a copy of the authorization form signed and dated by the client required under  
398.18 subdivision 1, paragraph (b);
- 398.19 (4) a description of the body art procedure performed;
- 398.20 (5) the name and license number of the technician performing the procedure;
- 398.21 (6) a copy of the consent form required under subdivision 3; and
- 398.22 (7) if the client is under the age of 18 years, a copy of the consent form signed by the  
398.23 parent or legal guardian as required under subdivision 2.
- 398.24 (b) Each body artist shall maintain a copy of the informed consent required under  
398.25 subdivision 3 for three years.
- 398.26 Sec. 62. Minnesota Statutes 2016, section 146B.10, subdivision 1, is amended to read:
- 398.27 Subdivision 1. **Licensing fees.** (a) The fee for the initial technician licensure and biennial  
398.28 licensure renewal is \$100.
- 398.29 (b) The fee for temporary technician licensure is \$100.
- 398.30 (c) The fee for the temporary guest artist license is \$50.
- 399.1 (d) The fee for a dual body art technician license is \$100.
- 399.2 (e) The fee for a provisional establishment license is \$1,000.
- 399.3 (f) The fee for an initial establishment license and the three-year license renewal period  
399.4 required in section 146B.02, subdivision 2, paragraph (b), is \$1,000.
- 399.5 (g) The fee for a temporary body art establishment permit is \$75.
- 399.6 (h) The commissioner shall prorate the initial two-year technician license fee and the  
399.7 initial three-year body art establishment license fee based on the number of months in the  
399.8 initial licensure period. The commissioner shall prorate the first renewal fee for the

399.9 establishment license based on the number of months from issuance of the provisional  
399.10 license to the first renewal.

399.11 Sec. 63. Minnesota Statutes 2016, section 148.5194, subdivision 7, is amended to read:

399.12 Subd. 7. **Audiologist biennial licensure fee.** ~~(a)~~ The licensure fee for initial applicants  
399.13 is \$435. The biennial licensure fee for audiologists for clinical fellowship, doctoral externship,  
399.14 temporary, initial applicants, and renewal licensees licenses is \$435.

399.15 ~~(b) The audiologist fee is for practical examination costs greater than audiologist exam~~  
399.16 ~~fee receipts and for complaint investigation, enforcement action, and consumer information~~  
399.17 ~~and assistance expenditures related to hearing instrument dispensing.~~

177.16 Sec. 37. Minnesota Statutes 2016, section 152.25, is amended by adding a subdivision to  
177.17 read:

177.18 Subd. 1a. **Revocation, nonrenewal, or denial of consent to transfer a medical cannabis**  
177.19 **manufacturer registration.** If the commissioner intends to revoke, not renew, or deny  
177.20 consent to transfer a registration issued under this section, the commissioner must first notify  
177.21 in writing the manufacturer against whom the action is to be taken and provide the  
177.22 manufacturer with an opportunity to request a hearing under the contested case provisions  
177.23 of chapter 14. If the manufacturer does not request a hearing by notifying the commissioner  
177.24 in writing within 20 days after receipt of the notice of proposed action, the commissioner  
177.25 may proceed with the action without a hearing. For revocations, the registration of a  
177.26 manufacturer is considered revoked on the date specified in the commissioner's written  
177.27 notice of revocation.

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

178.1 Sec. 38. Minnesota Statutes 2016, section 152.25, is amended by adding a subdivision to  
178.2 read:

178.3 Subd. 1b. **Temporary suspension proceedings.** The commissioner may institute  
178.4 proceedings to temporarily suspend the registration of a medical cannabis manufacturer for  
178.5 a period of up to 90 days by notifying the manufacturer in writing if any action by an officer,  
178.6 director, or controlling person of the manufacturer:

178.7 (1) violates any of the requirements of sections 152.21 to 152.37 or the rules adopted  
178.8 thereunder;

- 178.9           (2) permits, aids, or abets the commission of any violation of state law at the  
178.10 manufacturer's location for cultivation, harvesting, manufacturing, packaging, and processing  
178.11 or at any site for distribution of medical cannabis;
- 178.12           (3) performs any act contrary to the welfare of a patient or registered designated caregiver;  
178.13 or
- 178.14           (4) obtains, or attempts to obtain, a registration by fraudulent means or misrepresentation.
- 178.15           **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 178.16 Sec. 39. Minnesota Statutes 2016, section 152.25, is amended by adding a subdivision to  
178.17 read:
- 178.18           Subd. 1c. **Notice to patients.** Upon the revocation or nonrenewal of a manufacturer's  
178.19 registration under subdivision 1a or temporary suspension under subdivision 1b, the  
178.20 commissioner shall notify in writing each patient and the patient's registered designated  
178.21 caregiver or registered parent or legal guardian about the outcome of the proceeding and  
178.22 information regarding alternative registered manufacturers. This notice must be provided  
178.23 two or more business days prior to the effective date of the revocation, nonrenewal, or  
178.24 suspension.
- 178.25           **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 178.26 Sec. 40. Minnesota Statutes 2016, section 152.33, is amended by adding a subdivision to  
178.27 read:
- 178.28           Subd. 1a. **Intentional diversion outside the state; penalties.** In addition to any other  
178.29 applicable penalty in law, the commissioner shall levy a fine of \$1,000,000 against a  
178.30 manufacturer and immediately initiate proceedings to revoke the manufacturer's registration,  
178.31 using the procedure in section 152.25, subdivision 1a, if:
- 179.1           (1) an officer, director, or controlling person of the manufacturer pleads or is found  
179.2 guilty under subdivision 1 of intentionally transferring medical cannabis, while the person  
179.3 was an officer, director, or controlling person of the manufacturer, to a person other than  
179.4 allowed by law; and
- 179.5           (2) in intentionally transferring medical cannabis to a person other than allowed by law,  
179.6 the officer, director, or controlling person transported or directed the transport of medical  
179.7 cannabis outside of Minnesota.

179.8 **EFFECTIVE DATE.** This section is effective retroactively from February 1, 2017, and  
 179.9 applies to the manufacturer if a person pleads guilty or is found guilty on or after that date.

399.18 Sec. 64. Minnesota Statutes 2016, section 157.16, subdivision 1, is amended to read:

399.19 Subdivision 1. **License required annually.** A license is required annually for every  
 399.20 person, firm, or corporation engaged in the business of conducting a food and beverage  
 399.21 service establishment, youth camp, hotel, motel, lodging establishment, public pool, or  
 399.22 resort. Any person wishing to operate a place of business licensed in this section shall first  
 399.23 make application, pay the required fee specified in this section, and receive approval for  
 399.24 operation, including plan review approval. Special event food stands are not required to  
 399.25 submit plans. Nonprofit organizations operating a special event food stand with multiple  
 399.26 locations at an annual one-day event shall be issued only one license. Application shall be  
 399.27 made on forms provided by the commissioner and shall require the applicant to state the  
 399.28 full name and address of the owner of the building, structure, or enclosure, the lessee and  
 399.29 manager of the food and beverage service establishment, hotel, motel, lodging establishment,  
 399.30 public pool, or resort; the name under which the business is to be conducted; and any other  
 399.31 information as may be required by the commissioner to complete the application for license.  
 400.1 All fees collected under this section shall be deposited in the state government special  
 400.2 revenue fund.

179.10 Sec. 41. **[256B.7651] PRESCRIBED PEDIATRIC EXTENDED CARE CENTERS.**

179.11 The commissioner shall set payment rates for services provided at prescribed pediatric  
 179.12 extended care centers licensed under chapter 144H in one-hour increments, at a rate equal  
 179.13 to 85 percent of the payment rate for one hour of complex home care nursing services. The  
 179.14 payment rate shall include services provided by nursing staff and direct care staff specified  
 179.15 in section 144H.11.

400.3 Sec. 65. Minnesota Statutes 2016, section 327.15, subdivision 3, is amended to read:

400.4 Subd. 3. **Fees, manufactured home parks and recreational camping areas.** (a) The  
 400.5 following fees are required for manufactured home parks and recreational camping areas  
 400.6 licensed under this chapter. Fees collected under this section shall be deposited in the state  
 400.7 government special revenue fund. Recreational camping areas and manufactured home  
 400.8 parks shall pay the highest applicable base fee under paragraph (b). The license fee for new  
 400.9 operators of a manufactured home park or recreational camping area previously licensed  
 400.10 under this chapter for the same calendar year is one-half of the appropriate annual license  
 400.11 fee, plus any penalty that may be required. The license fee for operators opening on or after  
 400.12 October 1 is one-half of the appropriate annual license fee, plus any penalty that may be  
 400.13 required.

400.14 (b) All manufactured home parks and recreational camping areas shall pay the following  
400.15 annual base fee:

400.16 (1) a manufactured home park, \$150; and

400.17 (2) a recreational camping area with:

400.18 (i) 24 or less sites, \$50;

400.19 (ii) 25 to 99 sites, \$212; and

400.20 (iii) 100 or more sites, \$300.

400.21 In addition to the base fee, manufactured home parks and recreational camping areas shall  
400.22 pay \$4 for each licensed site. This paragraph does not apply to special event recreational  
400.23 camping areas. Operators of a manufactured home park or a recreational camping area also  
400.24 licensed under section 157.16 for the same location shall pay only one base fee, whichever  
400.25 is the highest of the base fees found in this section or section 157.16.

400.26 (c) In addition to the fee in paragraph (b), each manufactured home park or recreational  
400.27 camping area shall pay an additional annual fee for each fee category specified in this  
400.28 paragraph:

400.29 (1) Manufactured home parks and recreational camping areas with public swimming  
400.30 pools and spas shall pay the appropriate fees specified in section 157.16.

400.31 (2) Individual private sewer or water, \$60. "Individual private water" means a fee category  
400.32 with a water supply other than a community public water supply as defined in Minnesota  
401.1 Rules, chapter 4720. "Individual private sewer" means a fee category with a subsurface  
401.2 sewage treatment system which uses subsurface treatment and disposal.

401.3 (d) The following fees must accompany a plan review application for initial construction  
401.4 of a manufactured home park or recreational camping area:

401.5 (1) for initial construction of less than 25 sites, \$375;

401.6 (2) for initial construction of 25 to 99 sites, \$400; and

401.7 (3) for initial construction of 100 or more sites, \$500.

401.8 (e) The following fees must accompany a plan review application when an existing  
401.9 manufactured home park or recreational camping area is expanded:

401.10 (1) for expansion of less than 25 sites, \$250;

401.11 (2) for expansion of 25 to 99 sites, \$300; and

401.12 (3) for expansion of 100 or more sites, \$450.

401.13 Sec. 66. **448.58 ATHLETIC FIELDS AND PLAYGROUNDS; MORATORIUM;**  
401.14 **DEFINITIONS.**

401.15 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

401.16 (b) "Crumb rubber" means rubber processed from a waste tire into granules or larger  
401.17 pieces that are loosely combined to form a nonuniform surface.

401.18 (c) "Municipality" has the meaning given in section 471.345.

401.19 (d) "Waste tire" has the meaning given in section 115A.90.

401.20 Subd. 2. **Moratorium.** (a) No municipality may construct an athletic field or playground  
401.21 containing crumb rubber until July 1, 2020.

401.22 (b) No athletic field or playground containing crumb rubber may be constructed on land  
401.23 leased or owned by a municipality until July 1, 2020.

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

401.25 Sec. 67. Minnesota Statutes 2016, section 609.5315, subdivision 5c, is amended to read:

401.26 Subd. 5c. **Disposition of money; prostitution.** Money forfeited under section 609.5312,  
401.27 subdivision 1, paragraph (b), must be distributed as follows:

401.28 (1) 40 percent must be forwarded to the appropriate agency for deposit as a supplement  
401.29 to the agency's operating fund or similar fund for use in law enforcement;

402.1 (2) 20 percent must be forwarded to the prosecuting authority that handled the forfeiture  
402.2 for deposit as a supplement to its operating fund or similar fund for prosecutorial purposes;  
402.3 and

179.16 Sec. 42. Minnesota Statutes 2016, section 609.5315, subdivision 5c, is amended to read:

179.17 Subd. 5c. **Disposition of money; prostitution.** Money forfeited under section 609.5312,  
179.18 subdivision 1, paragraph (b), must be distributed as follows:

179.19 (1) 40 percent must be forwarded to the appropriate agency for deposit as a supplement  
179.20 to the agency's operating fund or similar fund for use in law enforcement;

179.21 (2) 20 percent must be forwarded to the prosecuting authority that handled the forfeiture  
179.22 for deposit as a supplement to its operating fund or similar fund for prosecutorial purposes;  
179.23 and



402.4 (3) the remaining 40 percent must be forwarded to the commissioner of ~~public safety~~,  
 402.5 ~~health~~ to be deposited in the safe harbor for youth account in the special revenue fund and  
 402.6 is appropriated to the commissioner for distribution to crime victims services organizations  
 402.7 that provide services to sexually exploited youth, as defined in section 260C.007, subdivision  
 402.8 31.

402.9 Sec. 68. Minnesota Statutes 2016, section 626.556, subdivision 2, is amended to read:

402.10 Subd. 2. **Definitions.** As used in this section, the following terms have the meanings  
 402.11 given them unless the specific content indicates otherwise:

402.12 (a) "Accidental" means a sudden, not reasonably foreseeable, and unexpected occurrence  
 402.13 or event which:

402.14 (1) is not likely to occur and could not have been prevented by exercise of due care; and

402.15 (2) if occurring while a child is receiving services from a facility, happens when the  
 402.16 facility and the employee or person providing services in the facility are in compliance with  
 402.17 the laws and rules relevant to the occurrence or event.

402.18 (b) "Commissioner" means the commissioner of human services.

402.19 (c) "Facility" means:

402.20 (1) a licensed or unlicensed day care facility, residential facility, agency, hospital,  
 402.21 sanitarium, or other facility or institution required to be licensed under sections 144.50 to  
 402.22 144.58, 241.021, or 245A.01 to 245A.16, or chapter 144H or 245D;

402.23 (2) a school as defined in section 120A.05, subdivisions 9, 11, and 13; and chapter 124E;  
 402.24 or

402.25 (3) a nonlicensed personal care provider organization as defined in section 256B.0625,  
 402.26 subdivision 19a.

402.27 (d) "Family assessment" means a comprehensive assessment of child safety, risk of  
 402.28 subsequent child maltreatment, and family strengths and needs that is applied to a child  
 402.29 maltreatment report that does not allege sexual abuse or substantial child endangerment.  
 402.30 Family assessment does not include a determination as to whether child maltreatment  
 402.31 occurred but does determine the need for services to address the safety of family members  
 402.32 and the risk of subsequent maltreatment.

179.24 (3) the remaining 40 percent must be forwarded to the commissioner of ~~public safety~~,  
 179.25 ~~health~~ to be deposited in the safe harbor for youth account in the special revenue fund and  
 179.26 is appropriated to the commissioner for distribution to crime victims services organizations  
 179.27 that provide services to sexually exploited youth, as defined in section 260C.007, subdivision  
 179.28 31.

179.29 Sec. 43. Minnesota Statutes 2016, section 626.556, subdivision 2, is amended to read:

179.30 Subd. 2. **Definitions.** As used in this section, the following terms have the meanings  
 179.31 given them unless the specific content indicates otherwise:

180.1 (a) "Accidental" means a sudden, not reasonably foreseeable, and unexpected occurrence  
 180.2 or event which:

180.3 (1) is not likely to occur and could not have been prevented by exercise of due care; and

180.4 (2) if occurring while a child is receiving services from a facility, happens when the  
 180.5 facility and the employee or person providing services in the facility are in compliance with  
 180.6 the laws and rules relevant to the occurrence or event.

180.7 (b) "Commissioner" means the commissioner of human services.

180.8 (c) "Facility" means:

180.9 (1) a licensed or unlicensed day care facility, residential facility, agency, hospital,  
 180.10 sanitarium, or other facility or institution required to be licensed under sections 144.50 to  
 180.11 144.58, 241.021, or 245A.01 to 245A.16, or chapter 144H or 245D;

180.12 (2) a school as defined in section 120A.05, subdivisions 9, 11, and 13; and chapter 124E;  
 180.13 or

180.14 (3) a nonlicensed personal care provider organization as defined in section 256B.0625,  
 180.15 subdivision 19a.

180.16 (d) "Family assessment" means a comprehensive assessment of child safety, risk of  
 180.17 subsequent child maltreatment, and family strengths and needs that is applied to a child  
 180.18 maltreatment report that does not allege sexual abuse or substantial child endangerment.  
 180.19 Family assessment does not include a determination as to whether child maltreatment  
 180.20 occurred but does determine the need for services to address the safety of family members  
 180.21 and the risk of subsequent maltreatment.

403.1 (e) "Investigation" means fact gathering related to the current safety of a child and the  
 403.2 risk of subsequent maltreatment that determines whether child maltreatment occurred and  
 403.3 whether child protective services are needed. An investigation must be used when reports  
 403.4 involve sexual abuse or substantial child endangerment, and for reports of maltreatment in  
 403.5 facilities required to be licensed under chapter 245A or 245D; under sections 144.50 to  
 403.6 144.58 and 241.021; in a school as defined in section 120A.05, subdivisions 9, 11, and 13,  
 403.7 and chapter 124E; or in a nonlicensed personal care provider association as defined in section  
 403.8 256B.0625, subdivision 19a.

403.9 (f) "Mental injury" means an injury to the psychological capacity or emotional stability  
 403.10 of a child as evidenced by an observable or substantial impairment in the child's ability to  
 403.11 function within a normal range of performance and behavior with due regard to the child's  
 403.12 culture.

403.13 (g) "Neglect" means the commission or omission of any of the acts specified under  
 403.14 clauses (1) to (9), other than by accidental means:

403.15 (1) failure by a person responsible for a child's care to supply a child with necessary  
 403.16 food, clothing, shelter, health, medical, or other care required for the child's physical or  
 403.17 mental health when reasonably able to do so;

403.18 (2) failure to protect a child from conditions or actions that seriously endanger the child's  
 403.19 physical or mental health when reasonably able to do so, including a growth delay, which  
 403.20 may be referred to as a failure to thrive, that has been diagnosed by a physician and is due  
 403.21 to parental neglect;

403.22 (3) failure to provide for necessary supervision or child care arrangements appropriate  
 403.23 for a child after considering factors as the child's age, mental ability, physical condition,  
 403.24 length of absence, or environment, when the child is unable to care for the child's own basic  
 403.25 needs or safety, or the basic needs or safety of another child in their care;

403.26 (4) failure to ensure that the child is educated as defined in sections 120A.22 and  
 403.27 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's  
 403.28 child with sympathomimetic medications, consistent with section 125A.091, subdivision  
 403.29 5;

403.30 (5) nothing in this section shall be construed to mean that a child is neglected solely  
 403.31 because the child's parent, guardian, or other person responsible for the child's care in good  
 403.32 faith selects and depends upon spiritual means or prayer for treatment or care of disease or  
 403.33 remedial care of the child in lieu of medical care; except that a parent, guardian, or caretaker,  
 403.34 or a person mandated to report pursuant to subdivision 3, has a duty to report if a lack of  
 404.1 medical care may cause serious danger to the child's health. This section does not impose

180.22 (e) "Investigation" means fact gathering related to the current safety of a child and the  
 180.23 risk of subsequent maltreatment that determines whether child maltreatment occurred and  
 180.24 whether child protective services are needed. An investigation must be used when reports  
 180.25 involve sexual abuse or substantial child endangerment, and for reports of maltreatment in  
 180.26 facilities required to be licensed under chapter 245A or 245D; under sections 144.50 to  
 180.27 144.58 and 241.021; in a school as defined in section 120A.05, subdivisions 9, 11, and 13,  
 180.28 and chapter 124E; or in a nonlicensed personal care provider association as defined in section  
 180.29 256B.0625, subdivision 19a.

180.30 (f) "Mental injury" means an injury to the psychological capacity or emotional stability  
 180.31 of a child as evidenced by an observable or substantial impairment in the child's ability to  
 180.32 function within a normal range of performance and behavior with due regard to the child's  
 180.33 culture.

181.1 (g) "Neglect" means the commission or omission of any of the acts specified under  
 181.2 clauses (1) to (9), other than by accidental means:

181.3 (1) failure by a person responsible for a child's care to supply a child with necessary  
 181.4 food, clothing, shelter, health, medical, or other care required for the child's physical or  
 181.5 mental health when reasonably able to do so;

181.6 (2) failure to protect a child from conditions or actions that seriously endanger the child's  
 181.7 physical or mental health when reasonably able to do so, including a growth delay, which  
 181.8 may be referred to as a failure to thrive, that has been diagnosed by a physician and is due  
 181.9 to parental neglect;

181.10 (3) failure to provide for necessary supervision or child care arrangements appropriate  
 181.11 for a child after considering factors as the child's age, mental ability, physical condition,  
 181.12 length of absence, or environment, when the child is unable to care for the child's own basic  
 181.13 needs or safety, or the basic needs or safety of another child in their care;

181.14 (4) failure to ensure that the child is educated as defined in sections 120A.22 and  
 181.15 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's  
 181.16 child with sympathomimetic medications, consistent with section 125A.091, subdivision  
 181.17 5;

181.18 (5) nothing in this section shall be construed to mean that a child is neglected solely  
 181.19 because the child's parent, guardian, or other person responsible for the child's care in good  
 181.20 faith selects and depends upon spiritual means or prayer for treatment or care of disease or  
 181.21 remedial care of the child in lieu of medical care; except that a parent, guardian, or caretaker,  
 181.22 or a person mandated to report pursuant to subdivision 3, has a duty to report if a lack of  
 181.23 medical care may cause serious danger to the child's health. This section does not impose

404.2 upon persons, not otherwise legally responsible for providing a child with necessary food,  
404.3 clothing, shelter, education, or medical care, a duty to provide that care;

404.4 (6) prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision  
404.5 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in  
404.6 the child at birth, results of a toxicology test performed on the mother at delivery or the  
404.7 child at birth, medical effects or developmental delays during the child's first year of life  
404.8 that medically indicate prenatal exposure to a controlled substance, or the presence of a  
404.9 fetal alcohol spectrum disorder;

404.10 (7) "medical neglect" as defined in section 260C.007, subdivision 6, clause (5);

404.11 (8) chronic and severe use of alcohol or a controlled substance by a parent or person  
404.12 responsible for the care of the child that adversely affects the child's basic needs and safety;  
404.13 or

404.14 (9) emotional harm from a pattern of behavior which contributes to impaired emotional  
404.15 functioning of the child which may be demonstrated by a substantial and observable effect  
404.16 in the child's behavior, emotional response, or cognition that is not within the normal range  
404.17 for the child's age and stage of development, with due regard to the child's culture.

404.18 (h) "Nonmaltreatment mistake" means:

404.19 (1) at the time of the incident, the individual was performing duties identified in the  
404.20 center's child care program plan required under Minnesota Rules, part 9503.0045;

404.21 (2) the individual has not been determined responsible for a similar incident that resulted  
404.22 in a finding of maltreatment for at least seven years;

404.23 (3) the individual has not been determined to have committed a similar nonmaltreatment  
404.24 mistake under this paragraph for at least four years;

404.25 (4) any injury to a child resulting from the incident, if treated, is treated only with  
404.26 remedies that are available over the counter, whether ordered by a medical professional or  
404.27 not; and

404.28 (5) except for the period when the incident occurred, the facility and the individual  
404.29 providing services were both in compliance with all licensing requirements relevant to the  
404.30 incident.

404.31 This definition only applies to child care centers licensed under Minnesota Rules, chapter  
404.32 9503. If clauses (1) to (5) apply, rather than making a determination of substantiated

181.24 upon persons, not otherwise legally responsible for providing a child with necessary food,  
181.25 clothing, shelter, education, or medical care, a duty to provide that care;

181.26 (6) prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision  
181.27 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in  
181.28 the child at birth, results of a toxicology test performed on the mother at delivery or the  
181.29 child at birth, medical effects or developmental delays during the child's first year of life  
181.30 that medically indicate prenatal exposure to a controlled substance, or the presence of a  
181.31 fetal alcohol spectrum disorder;

181.32 (7) "medical neglect" as defined in section 260C.007, subdivision 6, clause (5);

182.1 (8) chronic and severe use of alcohol or a controlled substance by a parent or person  
182.2 responsible for the care of the child that adversely affects the child's basic needs and safety;  
182.3 or

182.4 (9) emotional harm from a pattern of behavior which contributes to impaired emotional  
182.5 functioning of the child which may be demonstrated by a substantial and observable effect  
182.6 in the child's behavior, emotional response, or cognition that is not within the normal range  
182.7 for the child's age and stage of development, with due regard to the child's culture.

182.8 (h) "Nonmaltreatment mistake" means:

182.9 (1) at the time of the incident, the individual was performing duties identified in the  
182.10 center's child care program plan required under Minnesota Rules, part 9503.0045;

182.11 (2) the individual has not been determined responsible for a similar incident that resulted  
182.12 in a finding of maltreatment for at least seven years;

182.13 (3) the individual has not been determined to have committed a similar nonmaltreatment  
182.14 mistake under this paragraph for at least four years;

182.15 (4) any injury to a child resulting from the incident, if treated, is treated only with  
182.16 remedies that are available over the counter, whether ordered by a medical professional or  
182.17 not; and

182.18 (5) except for the period when the incident occurred, the facility and the individual  
182.19 providing services were both in compliance with all licensing requirements relevant to the  
182.20 incident.

182.21 This definition only applies to child care centers licensed under Minnesota Rules, chapter  
182.22 9503. If clauses (1) to (5) apply, rather than making a determination of substantiated

405.1 maltreatment by the individual, the commissioner of human services shall determine that a  
405.2 nonmaltreatment mistake was made by the individual.

405.3 (i) "Operator" means an operator or agency as defined in section 245A.02.

405.4 (j) "Person responsible for the child's care" means (1) an individual functioning within  
405.5 the family unit and having responsibilities for the care of the child such as a parent, guardian,  
405.6 or other person having similar care responsibilities, or (2) an individual functioning outside  
405.7 the family unit and having responsibilities for the care of the child such as a teacher, school  
405.8 administrator, other school employees or agents, or other lawful custodian of a child having  
405.9 either full-time or short-term care responsibilities including, but not limited to, day care,  
405.10 babysitting whether paid or unpaid, counseling, teaching, and coaching.

405.11 (k) "Physical abuse" means any physical injury, mental injury, or threatened injury,  
405.12 inflicted by a person responsible for the child's care on a child other than by accidental  
405.13 means, or any physical or mental injury that cannot reasonably be explained by the child's  
405.14 history of injuries, or any aversive or deprivation procedures, or regulated interventions,  
405.15 that have not been authorized under section 125A.0942 or 245.825.

405.16 Abuse does not include reasonable and moderate physical discipline of a child  
405.17 administered by a parent or legal guardian which does not result in an injury. Abuse does  
405.18 not include the use of reasonable force by a teacher, principal, or school employee as allowed  
405.19 by section 121A.582. Actions which are not reasonable and moderate include, but are not  
405.20 limited to, any of the following:

405.21 (1) throwing, kicking, burning, biting, or cutting a child;

405.22 (2) striking a child with a closed fist;

405.23 (3) shaking a child under age three;

405.24 (4) striking or other actions which result in any nonaccidental injury to a child under 18  
405.25 months of age;

405.26 (5) unreasonable interference with a child's breathing;

405.27 (6) threatening a child with a weapon, as defined in section 609.02, subdivision 6;

405.28 (7) striking a child under age one on the face or head;

405.29 (8) striking a child who is at least age one but under age four on the face or head, which  
405.30 results in an injury;

182.23 maltreatment by the individual, the commissioner of human services shall determine that a  
182.24 nonmaltreatment mistake was made by the individual.

182.25 (i) "Operator" means an operator or agency as defined in section 245A.02.

182.26 (j) "Person responsible for the child's care" means (1) an individual functioning within  
182.27 the family unit and having responsibilities for the care of the child such as a parent, guardian,  
182.28 or other person having similar care responsibilities, or (2) an individual functioning outside  
182.29 the family unit and having responsibilities for the care of the child such as a teacher, school  
182.30 administrator, other school employees or agents, or other lawful custodian of a child having  
182.31 either full-time or short-term care responsibilities including, but not limited to, day care,  
182.32 babysitting whether paid or unpaid, counseling, teaching, and coaching.

183.1 (k) "Physical abuse" means any physical injury, mental injury, or threatened injury,  
183.2 inflicted by a person responsible for the child's care on a child other than by accidental  
183.3 means, or any physical or mental injury that cannot reasonably be explained by the child's  
183.4 history of injuries, or any aversive or deprivation procedures, or regulated interventions,  
183.5 that have not been authorized under section 125A.0942 or 245.825.

183.6 Abuse does not include reasonable and moderate physical discipline of a child  
183.7 administered by a parent or legal guardian which does not result in an injury. Abuse does  
183.8 not include the use of reasonable force by a teacher, principal, or school employee as allowed  
183.9 by section 121A.582. Actions which are not reasonable and moderate include, but are not  
183.10 limited to, any of the following:

183.11 (1) throwing, kicking, burning, biting, or cutting a child;

183.12 (2) striking a child with a closed fist;

183.13 (3) shaking a child under age three;

183.14 (4) striking or other actions which result in any nonaccidental injury to a child under 18  
183.15 months of age;

183.16 (5) unreasonable interference with a child's breathing;

183.17 (6) threatening a child with a weapon, as defined in section 609.02, subdivision 6;

183.18 (7) striking a child under age one on the face or head;

183.19 (8) striking a child who is at least age one but under age four on the face or head, which  
183.20 results in an injury;

405.31 (9) purposely giving a child poison, alcohol, or dangerous, harmful, or controlled  
 405.32 substances which were not prescribed for the child by a practitioner, in order to control or  
 406.1 punish the child; or other substances that substantially affect the child's behavior, motor  
 406.2 coordination, or judgment or that results in sickness or internal injury, or subjects the child  
 406.3 to medical procedures that would be unnecessary if the child were not exposed to the  
 406.4 substances;

406.5 (10) unreasonable physical confinement or restraint not permitted under section 609.379,  
 406.6 including but not limited to tying, caging, or chaining; or

406.7 (11) in a school facility or school zone, an act by a person responsible for the child's  
 406.8 care that is a violation under section 121A.58.

406.9 (l) "Practice of social services," for the purposes of subdivision 3, includes but is not  
 406.10 limited to employee assistance counseling and the provision of guardian ad litem and  
 406.11 parenting time expeditor services.

406.12 (m) "Report" means any communication received by the local welfare agency, police  
 406.13 department, county sheriff, or agency responsible for child protection pursuant to this section  
 406.14 that describes neglect or physical or sexual abuse of a child and contains sufficient content  
 406.15 to identify the child and any person believed to be responsible for the neglect or abuse, if  
 406.16 known.

406.17 (n) "Sexual abuse" means the subjection of a child by a person responsible for the child's  
 406.18 care, by a person who has a significant relationship to the child, as defined in section 609.341,  
 406.19 or by a person in a position of authority, as defined in section 609.341, subdivision 10, to  
 406.20 any act which constitutes a violation of section 609.342 (criminal sexual conduct in the first  
 406.21 degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual  
 406.22 conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), or  
 406.23 609.3451 (criminal sexual conduct in the fifth degree). Sexual abuse also includes any act  
 406.24 which involves a minor which constitutes a violation of prostitution offenses under sections  
 406.25 609.321 to 609.324 or 617.246. Effective May 29, 2017, sexual abuse includes all reports  
 406.26 of known or suspected child sex trafficking involving a child who is identified as a victim  
 406.27 of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321,  
 406.28 subdivisions 7a and 7b. Sexual abuse includes threatened sexual abuse which includes the  
 406.29 status of a parent or household member who has committed a violation which requires  
 406.30 registration as an offender under section 243.166, subdivision 1b, paragraph (a) or (b), or  
 406.31 required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

406.32 (o) "Substantial child endangerment" means a person responsible for a child's care, by  
 406.33 act or omission, commits or attempts to commit an act against a child under their care that  
 406.34 constitutes any of the following:

183.21 (9) purposely giving a child poison, alcohol, or dangerous, harmful, or controlled  
 183.22 substances which were not prescribed for the child by a practitioner, in order to control or  
 183.23 punish the child; or other substances that substantially affect the child's behavior, motor  
 183.24 coordination, or judgment or that results in sickness or internal injury, or subjects the child  
 183.25 to medical procedures that would be unnecessary if the child were not exposed to the  
 183.26 substances;

183.27 (10) unreasonable physical confinement or restraint not permitted under section 609.379,  
 183.28 including but not limited to tying, caging, or chaining; or

183.29 (11) in a school facility or school zone, an act by a person responsible for the child's  
 183.30 care that is a violation under section 121A.58.

184.1 (l) "Practice of social services," for the purposes of subdivision 3, includes but is not  
 184.2 limited to employee assistance counseling and the provision of guardian ad litem and  
 184.3 parenting time expeditor services.

184.4 (m) "Report" means any communication received by the local welfare agency, police  
 184.5 department, county sheriff, or agency responsible for child protection pursuant to this section  
 184.6 that describes neglect or physical or sexual abuse of a child and contains sufficient content  
 184.7 to identify the child and any person believed to be responsible for the neglect or abuse, if  
 184.8 known.

184.9 (n) "Sexual abuse" means the subjection of a child by a person responsible for the child's  
 184.10 care, by a person who has a significant relationship to the child, as defined in section 609.341,  
 184.11 or by a person in a position of authority, as defined in section 609.341, subdivision 10, to  
 184.12 any act which constitutes a violation of section 609.342 (criminal sexual conduct in the first  
 184.13 degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual  
 184.14 conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), or  
 184.15 609.3451 (criminal sexual conduct in the fifth degree). Sexual abuse also includes any act  
 184.16 which involves a minor which constitutes a violation of prostitution offenses under sections  
 184.17 609.321 to 609.324 or 617.246. Effective May 29, 2017, sexual abuse includes all reports  
 184.18 of known or suspected child sex trafficking involving a child who is identified as a victim  
 184.19 of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321,  
 184.20 subdivisions 7a and 7b. Sexual abuse includes threatened sexual abuse which includes the  
 184.21 status of a parent or household member who has committed a violation which requires  
 184.22 registration as an offender under section 243.166, subdivision 1b, paragraph (a) or (b), or  
 184.23 required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

184.24 (o) "Substantial child endangerment" means a person responsible for a child's care, by  
 184.25 act or omission, commits or attempts to commit an act against a child under their care that  
 184.26 constitutes any of the following:

- 407.1 (1) egregious harm as defined in section 260C.007, subdivision 14;
- 407.2 (2) abandonment under section 260C.301, subdivision 2;
- 407.3 (3) neglect as defined in paragraph (g), clause (2), that substantially endangers the child's
- 407.4 physical or mental health, including a growth delay, which may be referred to as failure to
- 407.5 thrive, that has been diagnosed by a physician and is due to parental neglect;
- 407.6 (4) murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
- 407.7 (5) manslaughter in the first or second degree under section 609.20 or 609.205;
- 407.8 (6) assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
- 407.9 (7) solicitation, inducement, and promotion of prostitution under section 609.322;
- 407.10 (8) criminal sexual conduct under sections 609.342 to 609.3451;
- 407.11 (9) solicitation of children to engage in sexual conduct under section 609.352;
- 407.12 (10) malicious punishment or neglect or endangerment of a child under section 609.377
- 407.13 or 609.378;
- 407.14 (11) use of a minor in sexual performance under section 617.246; or
- 407.15 (12) parental behavior, status, or condition which mandates that the county attorney file
- 407.16 a termination of parental rights petition under section 260C.503, subdivision 2.
- 407.17 (p) "Threatened injury" means a statement, overt act, condition, or status that represents
- 407.18 a substantial risk of physical or sexual abuse or mental injury. Threatened injury includes,
- 407.19 but is not limited to, exposing a child to a person responsible for the child's care, as defined
- 407.20 in paragraph (j), clause (1), who has:
- 407.21 (1) subjected a child to, or failed to protect a child from, an overt act or condition that
- 407.22 constitutes egregious harm, as defined in section 260C.007, subdivision 14, or a similar law
- 407.23 of another jurisdiction;
- 407.24 (2) been found to be palpably unfit under section 260C.301, subdivision 1, paragraph
- 407.25 (b), clause (4), or a similar law of another jurisdiction;

- 184.27 (1) egregious harm as defined in section 260C.007, subdivision 14;
- 184.28 (2) abandonment under section 260C.301, subdivision 2;
- 184.29 (3) neglect as defined in paragraph (g), clause (2), that substantially endangers the child's
- 184.30 physical or mental health, including a growth delay, which may be referred to as failure to
- 184.31 thrive, that has been diagnosed by a physician and is due to parental neglect;
- 184.32 (4) murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
- 184.33 (5) manslaughter in the first or second degree under section 609.20 or 609.205;
- 185.1 (6) assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
- 185.2 (7) solicitation, inducement, and promotion of prostitution under section 609.322;
- 185.3 (8) criminal sexual conduct under sections 609.342 to 609.3451;
- 185.4 (9) solicitation of children to engage in sexual conduct under section 609.352;
- 185.5 (10) malicious punishment or neglect or endangerment of a child under section 609.377
- 185.6 or 609.378;
- 185.7 (11) use of a minor in sexual performance under section 617.246; or
- 185.8 (12) parental behavior, status, or condition which mandates that the county attorney file
- 185.9 a termination of parental rights petition under section 260C.503, subdivision 2.
- 185.10 (p) "Threatened injury" means a statement, overt act, condition, or status that represents
- 185.11 a substantial risk of physical or sexual abuse or mental injury. Threatened injury includes,
- 185.12 but is not limited to, exposing a child to a person responsible for the child's care, as defined
- 185.13 in paragraph (j), clause (1), who has:
- 185.14 (1) subjected a child to, or failed to protect a child from, an overt act or condition that
- 185.15 constitutes egregious harm, as defined in section 260C.007, subdivision 14, or a similar law
- 185.16 of another jurisdiction;
- 185.17 (2) been found to be palpably unfit under section 260C.301, subdivision 1, paragraph
- 185.18 (b), clause (4), or a similar law of another jurisdiction;

407.26 (3) committed an act that has resulted in an involuntary termination of parental rights  
407.27 under section 260C.301, or a similar law of another jurisdiction; or

407.28 (4) committed an act that has resulted in the involuntary transfer of permanent legal and  
407.29 physical custody of a child to a relative under Minnesota Statutes 2010, ~~section 260C.201,~~  
407.30 ~~subdivision 11, paragraph (d), clause (1),~~ section 260C.515, subdivision 4, or a similar law  
407.31 of another jurisdiction.

408.1 A child is the subject of a report of threatened injury when the responsible social services  
408.2 agency receives birth match data under paragraph (q) from the Department of Human  
408.3 Services.

408.4 (q) Upon receiving data under section 144.225, subdivision 2b, contained in a birth  
408.5 record or recognition of parentage identifying a child who is subject to threatened injury  
408.6 under paragraph (p), the Department of Human Services shall send the data to the responsible  
408.7 social services agency. The data is known as "birth match" data. Unless the responsible  
408.8 social services agency has already begun an investigation or assessment of the report due  
408.9 to the birth of the child or execution of the recognition of parentage and the parent's previous  
408.10 history with child protection, the agency shall accept the birth match data as a report under  
408.11 this section. The agency may use either a family assessment or investigation to determine  
408.12 whether the child is safe. All of the provisions of this section apply. If the child is determined  
408.13 to be safe, the agency shall consult with the county attorney to determine the appropriateness  
408.14 of filing a petition alleging the child is in need of protection or services under section  
408.15 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is  
408.16 determined not to be safe, the agency and the county attorney shall take appropriate action  
408.17 as required under section 260C.503, subdivision 2.

408.18 (r) Persons who conduct assessments or investigations under this section shall take into  
408.19 account accepted child-rearing practices of the culture in which a child participates and  
408.20 accepted teacher discipline practices, which are not injurious to the child's health, welfare,  
408.21 and safety.

408.22 Sec. 69. Minnesota Statutes 2016, section 626.556, subdivision 3, is amended to read:

408.23 Subd. 3. **Persons mandated to report; persons voluntarily reporting.** (a) A person  
408.24 who knows or has reason to believe a child is being neglected or physically or sexually  
408.25 abused, as defined in subdivision 2, or has been neglected or physically or sexually abused  
408.26 within the preceding three years, shall immediately report the information to the local welfare  
408.27 agency, agency responsible for assessing or investigating the report, police department,  
408.28 county sheriff, tribal social services agency, or tribal police department if the person is:

185.19 (3) committed an act that has resulted in an involuntary termination of parental rights  
185.20 under section 260C.301, or a similar law of another jurisdiction; or

185.21 (4) committed an act that has resulted in the involuntary transfer of permanent legal and  
185.22 physical custody of a child to a relative under Minnesota Statutes 2010, ~~section 260C.201,~~  
185.23 ~~subdivision 11, paragraph (d), clause (1),~~ section 260C.515, subdivision 4, or a similar law  
185.24 of another jurisdiction.

185.25 A child is the subject of a report of threatened injury when the responsible social services  
185.26 agency receives birth match data under paragraph (q) from the Department of Human  
185.27 Services.

185.28 (q) Upon receiving data under section 144.225, subdivision 2b, contained in a birth  
185.29 record or recognition of parentage identifying a child who is subject to threatened injury  
185.30 under paragraph (p), the Department of Human Services shall send the data to the responsible  
185.31 social services agency. The data is known as "birth match" data. Unless the responsible  
185.32 social services agency has already begun an investigation or assessment of the report due  
186.1 to the birth of the child or execution of the recognition of parentage and the parent's previous  
186.2 history with child protection, the agency shall accept the birth match data as a report under  
186.3 this section. The agency may use either a family assessment or investigation to determine  
186.4 whether the child is safe. All of the provisions of this section apply. If the child is determined  
186.5 to be safe, the agency shall consult with the county attorney to determine the appropriateness  
186.6 of filing a petition alleging the child is in need of protection or services under section  
186.7 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is  
186.8 determined not to be safe, the agency and the county attorney shall take appropriate action  
186.9 as required under section 260C.503, subdivision 2.

186.10 (r) Persons who conduct assessments or investigations under this section shall take into  
186.11 account accepted child-rearing practices of the culture in which a child participates and  
186.12 accepted teacher discipline practices, which are not injurious to the child's health, welfare,  
186.13 and safety.

186.14 Sec. 44. Minnesota Statutes 2016, section 626.556, subdivision 3, is amended to read:

186.15 Subd. 3. **Persons mandated to report; persons voluntarily reporting.** (a) A person  
186.16 who knows or has reason to believe a child is being neglected or physically or sexually  
186.17 abused, as defined in subdivision 2, or has been neglected or physically or sexually abused  
186.18 within the preceding three years, shall immediately report the information to the local welfare  
186.19 agency, agency responsible for assessing or investigating the report, police department,  
186.20 county sheriff, tribal social services agency, or tribal police department if the person is:

408.29 (1) a professional or professional's delegate who is engaged in the practice of the healing  
408.30 arts, social services, hospital administration, psychological or psychiatric treatment, child  
408.31 care, education, correctional supervision, probation and correctional services, or law  
408.32 enforcement; or

408.33 (2) employed as a member of the clergy and received the information while engaged in  
408.34 ministerial duties, provided that a member of the clergy is not required by this subdivision  
409.1 to report information that is otherwise privileged under section 595.02, subdivision 1,  
409.2 paragraph (c).

409.3 (b) Any person may voluntarily report to the local welfare agency, agency responsible  
409.4 for assessing or investigating the report, police department, county sheriff, tribal social  
409.5 services agency, or tribal police department if the person knows, has reason to believe, or  
409.6 suspects a child is being or has been neglected or subjected to physical or sexual abuse.

409.7 (c) A person mandated to report physical or sexual child abuse or neglect occurring  
409.8 within a licensed facility shall report the information to the agency responsible for licensing  
409.9 the facility under sections 144.50 to 144.58; 241.021; 245A.01 to 245A.16; or chapter 144H  
409.10 or 245D; or a nonlicensed personal care provider organization as defined in section  
409.11 256B.0625, subdivision ~~49~~ 19a. A health or corrections agency receiving a report may  
409.12 request the local welfare agency to provide assistance pursuant to subdivisions 10, 10a, and  
409.13 10b. A board or other entity whose licensees perform work within a school facility, upon  
409.14 receiving a complaint of alleged maltreatment, shall provide information about the  
409.15 circumstances of the alleged maltreatment to the commissioner of education. Section 13.03,  
409.16 subdivision 4, applies to data received by the commissioner of education from a licensing  
409.17 entity.

409.18 (d) Notification requirements under subdivision 10 apply to all reports received under  
409.19 this section.

409.20 (e) For purposes of this section, "immediately" means as soon as possible but in no event  
409.21 longer than 24 hours.

409.22 Sec. 70. Minnesota Statutes 2016, section 626.556, subdivision 3c, is amended to read:

409.23 Subd. 3c. **Local welfare agency, Department of Human Services or Department of**  
409.24 **Health responsible for assessing or investigating reports of maltreatment.** (a) The county  
409.25 local welfare agency is the agency responsible for assessing or investigating allegations of  
409.26 maltreatment in child foster care, family child care, legally unlicensed child care, juvenile  
409.27 correctional facilities licensed under section 241.021 located in the local welfare agency's  
409.28 county, and reports involving children served by an unlicensed personal care provider  
409.29 organization under section 256B.0659. Copies of findings related to personal care provider

186.21 (1) a professional or professional's delegate who is engaged in the practice of the healing  
186.22 arts, social services, hospital administration, psychological or psychiatric treatment, child  
186.23 care, education, correctional supervision, probation and correctional services, or law  
186.24 enforcement; or

186.25 (2) employed as a member of the clergy and received the information while engaged in  
186.26 ministerial duties, provided that a member of the clergy is not required by this subdivision  
186.27 to report information that is otherwise privileged under section 595.02, subdivision 1,  
186.28 paragraph (c).

186.29 (b) Any person may voluntarily report to the local welfare agency, agency responsible  
186.30 for assessing or investigating the report, police department, county sheriff, tribal social  
186.31 services agency, or tribal police department if the person knows, has reason to believe, or  
186.32 suspects a child is being or has been neglected or subjected to physical or sexual abuse.

187.1 (c) A person mandated to report physical or sexual child abuse or neglect occurring  
187.2 within a licensed facility shall report the information to the agency responsible for licensing  
187.3 the facility under sections 144.50 to 144.58; 241.021; 245A.01 to 245A.16; or chapter 144H  
187.4 or 245D; or a nonlicensed personal care provider organization as defined in section  
187.5 256B.0625, subdivision ~~49~~ 19a. A health or corrections agency receiving a report may  
187.6 request the local welfare agency to provide assistance pursuant to subdivisions 10, 10a, and  
187.7 10b. A board or other entity whose licensees perform work within a school facility, upon  
187.8 receiving a complaint of alleged maltreatment, shall provide information about the  
187.9 circumstances of the alleged maltreatment to the commissioner of education. Section 13.03,  
187.10 subdivision 4, applies to data received by the commissioner of education from a licensing  
187.11 entity.

187.12 (d) Notification requirements under subdivision 10 apply to all reports received under  
187.13 this section.

187.14 (e) For purposes of this section, "immediately" means as soon as possible but in no event  
187.15 longer than 24 hours.

187.16 Sec. 45. Minnesota Statutes 2016, section 626.556, subdivision 3c, is amended to read:

187.17 Subd. 3c. **Local welfare agency, Department of Human Services or Department of**  
187.18 **Health responsible for assessing or investigating reports of maltreatment.** (a) The county  
187.19 local welfare agency is the agency responsible for assessing or investigating allegations of  
187.20 maltreatment in child foster care, family child care, legally unlicensed child care, juvenile  
187.21 correctional facilities licensed under section 241.021 located in the local welfare agency's  
187.22 county, and reports involving children served by an unlicensed personal care provider  
187.23 organization under section 256B.0659. Copies of findings related to personal care provider



409.30 organizations under section 256B.0659 must be forwarded to the Department of Human  
409.31 Services provider enrollment.

410.1 (b) The Department of Human Services is the agency responsible for assessing or  
410.2 investigating allegations of maltreatment in facilities licensed under chapters 245A and  
410.3 245D, except for child foster care and family child care.

410.4 (c) The Department of Health is the agency responsible for assessing or investigating  
410.5 allegations of child maltreatment in facilities licensed under sections 144.50 to 144.58 and  
410.6 144A.43 to 144A.482 or chapter 144H.

410.7 Sec. 71. Minnesota Statutes 2016, section 626.556, subdivision 10d, is amended to read:

410.8 Subd. 10d. **Notification of neglect or abuse in facility.** (a) When a report is received  
410.9 that alleges neglect, physical abuse, sexual abuse, or maltreatment of a child while in the  
410.10 care of a licensed or unlicensed day care facility, residential facility, agency, hospital,  
410.11 sanitarium, or other facility or institution required to be licensed according to sections 144.50  
410.12 to 144.58; 241.021; or 245A.01 to 245A.16; or chapter 144H or 245D, or a school as defined  
410.13 in section 120A.05, subdivisions 9, 11, and 13; and chapter 124E; or a nonlicensed personal  
410.14 care provider organization as defined in section 256B.0625, subdivision 19a, the  
410.15 commissioner of the agency responsible for assessing or investigating the report or local  
410.16 welfare agency investigating the report shall provide the following information to the parent,  
410.17 guardian, or legal custodian of a child alleged to have been neglected, physically abused,  
410.18 sexually abused, or the victim of maltreatment of a child in the facility: the name of the  
410.19 facility; the fact that a report alleging neglect, physical abuse, sexual abuse, or maltreatment  
410.20 of a child in the facility has been received; the nature of the alleged neglect, physical abuse,  
410.21 sexual abuse, or maltreatment of a child in the facility; that the agency is conducting an  
410.22 assessment or investigation; any protective or corrective measures being taken pending the  
410.23 outcome of the investigation; and that a written memorandum will be provided when the  
410.24 investigation is completed.

410.25 (b) The commissioner of the agency responsible for assessing or investigating the report  
410.26 or local welfare agency may also provide the information in paragraph (a) to the parent,  
410.27 guardian, or legal custodian of any other child in the facility if the investigative agency  
410.28 knows or has reason to believe the alleged neglect, physical abuse, sexual abuse, or  
410.29 maltreatment of a child in the facility has occurred. In determining whether to exercise this  
410.30 authority, the commissioner of the agency responsible for assessing or investigating the  
410.31 report or local welfare agency shall consider the seriousness of the alleged neglect, physical  
410.32 abuse, sexual abuse, or maltreatment of a child in the facility; the number of children  
410.33 allegedly neglected, physically abused, sexually abused, or victims of maltreatment of a  
411.1 child in the facility; the number of alleged perpetrators; and the length of the investigation.  
411.2 The facility shall be notified whenever this discretion is exercised.

187.24 organizations under section 256B.0659 must be forwarded to the Department of Human  
187.25 Services provider enrollment.

187.26 (b) The Department of Human Services is the agency responsible for assessing or  
187.27 investigating allegations of maltreatment in facilities licensed under chapters 245A and  
187.28 245D, except for child foster care and family child care.

187.29 (c) The Department of Health is the agency responsible for assessing or investigating  
187.30 allegations of child maltreatment in facilities licensed under sections 144.50 to 144.58 and  
187.31 144A.43 to 144A.482 or chapter 144H.

188.1 Sec. 46. Minnesota Statutes 2016, section 626.556, subdivision 10d, is amended to read:

188.2 Subd. 10d. **Notification of neglect or abuse in facility.** (a) When a report is received  
188.3 that alleges neglect, physical abuse, sexual abuse, or maltreatment of a child while in the  
188.4 care of a licensed or unlicensed day care facility, residential facility, agency, hospital,  
188.5 sanitarium, or other facility or institution required to be licensed according to sections 144.50  
188.6 to 144.58; 241.021; or 245A.01 to 245A.16; or chapter 144H or 245D, or a school as defined  
188.7 in section 120A.05, subdivisions 9, 11, and 13; and chapter 124E; or a nonlicensed personal  
188.8 care provider organization as defined in section 256B.0625, subdivision 19a, the  
188.9 commissioner of the agency responsible for assessing or investigating the report or local  
188.10 welfare agency investigating the report shall provide the following information to the parent,  
188.11 guardian, or legal custodian of a child alleged to have been neglected, physically abused,  
188.12 sexually abused, or the victim of maltreatment of a child in the facility: the name of the  
188.13 facility; the fact that a report alleging neglect, physical abuse, sexual abuse, or maltreatment  
188.14 of a child in the facility has been received; the nature of the alleged neglect, physical abuse,  
188.15 sexual abuse, or maltreatment of a child in the facility; that the agency is conducting an  
188.16 assessment or investigation; any protective or corrective measures being taken pending the  
188.17 outcome of the investigation; and that a written memorandum will be provided when the  
188.18 investigation is completed.

188.19 (b) The commissioner of the agency responsible for assessing or investigating the report  
188.20 or local welfare agency may also provide the information in paragraph (a) to the parent,  
188.21 guardian, or legal custodian of any other child in the facility if the investigative agency  
188.22 knows or has reason to believe the alleged neglect, physical abuse, sexual abuse, or  
188.23 maltreatment of a child in the facility has occurred. In determining whether to exercise this  
188.24 authority, the commissioner of the agency responsible for assessing or investigating the  
188.25 report or local welfare agency shall consider the seriousness of the alleged neglect, physical  
188.26 abuse, sexual abuse, or maltreatment of a child in the facility; the number of children  
188.27 allegedly neglected, physically abused, sexually abused, or victims of maltreatment of a  
188.28 child in the facility; the number of alleged perpetrators; and the length of the investigation.  
188.29 The facility shall be notified whenever this discretion is exercised.

411.3 (c) When the commissioner of the agency responsible for assessing or investigating the  
 411.4 report or local welfare agency has completed its investigation, every parent, guardian, or  
 411.5 legal custodian previously notified of the investigation by the commissioner or local welfare  
 411.6 agency shall be provided with the following information in a written memorandum: the  
 411.7 name of the facility investigated; the nature of the alleged neglect, physical abuse, sexual  
 411.8 abuse, or maltreatment of a child in the facility; the investigator's name; a summary of the  
 411.9 investigation findings; a statement whether maltreatment was found; and the protective or  
 411.10 corrective measures that are being or will be taken. The memorandum shall be written in a  
 411.11 manner that protects the identity of the reporter and the child and shall not contain the name,  
 411.12 or to the extent possible, reveal the identity of the alleged perpetrator or of those interviewed  
 411.13 during the investigation. If maltreatment is determined to exist, the commissioner or local  
 411.14 welfare agency shall also provide the written memorandum to the parent, guardian, or legal  
 411.15 custodian of each child in the facility who had contact with the individual responsible for  
 411.16 the maltreatment. When the facility is the responsible party for maltreatment, the  
 411.17 commissioner or local welfare agency shall also provide the written memorandum to the  
 411.18 parent, guardian, or legal custodian of each child who received services in the population  
 411.19 of the facility where the maltreatment occurred. This notification must be provided to the  
 411.20 parent, guardian, or legal custodian of each child receiving services from the time the  
 411.21 maltreatment occurred until either the individual responsible for maltreatment is no longer  
 411.22 in contact with a child or children in the facility or the conclusion of the investigation. In  
 411.23 the case of maltreatment within a school facility, as defined in section 120A.05, subdivisions  
 411.24 9, 11, and 13, and chapter 124E, the commissioner of education need not provide notification  
 411.25 to parents, guardians, or legal custodians of each child in the facility, but shall, within ten  
 411.26 days after the investigation is completed, provide written notification to the parent, guardian,  
 411.27 or legal custodian of any student alleged to have been maltreated. The commissioner of  
 411.28 education may notify the parent, guardian, or legal custodian of any student involved as a  
 411.29 witness to alleged maltreatment.

411.30 Sec. 72. Laws 2014, chapter 312, article 23, section 9, is amended by adding a subdivision  
 411.31 to read:

411.32 Subd. 5a. **Report to legislature.** (a) The Legislative Health Care Workforce Commission  
 411.33 must provide a preliminary report to the legislature by December 31, 2018. The report must  
 411.34 include the following:

412.1 (1) baseline data on the current supply and distribution of health care providers in the  
 412.2 state;

412.3 (2) current projections of the demand for health professionals;

412.4 (3) other data and analysis the commission is able to complete; and

188.30 (c) When the commissioner of the agency responsible for assessing or investigating the  
 188.31 report or local welfare agency has completed its investigation, every parent, guardian, or  
 188.32 legal custodian previously notified of the investigation by the commissioner or local welfare  
 188.33 agency shall be provided with the following information in a written memorandum: the  
 188.34 name of the facility investigated; the nature of the alleged neglect, physical abuse, sexual  
 188.35 abuse, or maltreatment of a child in the facility; the investigator's name; a summary of the  
 189.1 investigation findings; a statement whether maltreatment was found; and the protective or  
 189.2 corrective measures that are being or will be taken. The memorandum shall be written in a  
 189.3 manner that protects the identity of the reporter and the child and shall not contain the name,  
 189.4 or to the extent possible, reveal the identity of the alleged perpetrator or of those interviewed  
 189.5 during the investigation. If maltreatment is determined to exist, the commissioner or local  
 189.6 welfare agency shall also provide the written memorandum to the parent, guardian, or legal  
 189.7 custodian of each child in the facility who had contact with the individual responsible for  
 189.8 the maltreatment. When the facility is the responsible party for maltreatment, the  
 189.9 commissioner or local welfare agency shall also provide the written memorandum to the  
 189.10 parent, guardian, or legal custodian of each child who received services in the population  
 189.11 of the facility where the maltreatment occurred. This notification must be provided to the  
 189.12 parent, guardian, or legal custodian of each child receiving services from the time the  
 189.13 maltreatment occurred until either the individual responsible for maltreatment is no longer  
 189.14 in contact with a child or children in the facility or the conclusion of the investigation. In  
 189.15 the case of maltreatment within a school facility, as defined in section 120A.05, subdivisions  
 189.16 9, 11, and 13, and chapter 124E, the commissioner of education need not provide notification  
 189.17 to parents, guardians, or legal custodians of each child in the facility, but shall, within ten  
 189.18 days after the investigation is completed, provide written notification to the parent, guardian,  
 189.19 or legal custodian of any student alleged to have been maltreated. The commissioner of  
 189.20 education may notify the parent, guardian, or legal custodian of any student involved as a  
 189.21 witness to alleged maltreatment.

- 412.5 (4) recommendations on actions needed.
- 412.6 (b) The commission must provide a final report to the legislature by December 31, 2020.
- 412.7 The final report must include a comprehensive five-year workforce plan that:
- 412.8 (1) identifies current and anticipated health care workforce shortages by both provider
- 412.9 type and geography;
- 412.10 (2) evaluates the effectiveness of incentives currently available to develop, attract, and
- 412.11 retain a highly skilled and diverse health care workforce;
- 412.12 (3) evaluates alternative incentives to develop, attract, and retain a highly skilled and
- 412.13 diverse health care workforce;
- 412.14 (4) identifies current causes and potential solutions to barriers related to the primary
- 412.15 care workforce including, but not limited to, training and residency shortages, disparities
- 412.16 in income between primary care and other providers, and negative perceptions of primary
- 412.17 care among students;
- 412.18 (5) assesses the current supply and distribution of health care providers in the state,
- 412.19 trends in health care delivery, access, reform, and the effects of these trends on workforce
- 412.20 needs;
- 412.21 (6) analyzes the effects of changing models of health care delivery, including team
- 412.22 models of care and emerging professions, on the demand for health professionals;
- 412.23 (7) projects the five-year demand and supply of health professionals necessary to meet
- 412.24 the needs of health care within the state;
- 412.25 (8) identifies all funding sources for which the state has administrative control that are
- 412.26 available for health professions training;
- 412.27 (9) recommends how to improve data evaluation and analysis;
- 412.28 (10) recommends how to improve oral health, mental health, and primary care training
- 412.29 and practice;
- 412.30 (11) recommends how to improve the long-term care workforce; and

413.1 (12) recommends actions needed to meet the projected demand for health professionals  
413.2 over the five years of the plan.

413.3 Sec. 73. Laws 2014, chapter 312, article 23, section 9, subdivision 8, is amended to read:

413.4 Subd. 8. **Expiration.** The Legislative Health Care Workforce Commission expires on  
413.5 January 1, ~~2017~~ 2021.

413.6 Sec. 74. Laws 2015, chapter 71, article 14, section 3, subdivision 2, as amended by Laws  
413.7 2015, First Special Session chapter 6, section 2, is amended to read:

413.8 Subd. 2. **Health Improvement**

413.9 Appropriations by Fund

413.10	General	68,653,000	68,984,000
413.11	State Government		
413.12	Special Revenue	6,264,000	6,182,000
413.13	Health Care Access	33,987,000	33,421,000
413.14	Federal TANF	11,713,000	11,713,000

413.15 **Violence Against Asian Women Working**  
413.16 **Group.** \$200,000 in fiscal year 2016 from the  
413.17 general fund is for the working group on  
413.18 violence against Asian women and children.

413.19 **MERC Program.** \$1,000,000 in fiscal year  
413.20 2016 and \$1,000,000 in fiscal year 2017 are  
413.21 from the general fund for the MERC program  
413.22 under Minnesota Statutes, section 62J.692,  
413.23 subdivision 4.

413.24 **Poison Information Center Grants.**  
413.25 \$750,000 in fiscal year 2016 and \$750,000 in  
413.26 fiscal year 2017 are from the general fund for  
413.27 regional poison information center grants  
413.28 under Minnesota Statutes, section 145.93.

413.29 **Advanced Care Planning.** \$250,000 in fiscal  
413.30 year 2016 is from the general fund to award  
413.31 a grant to a statewide advance care planning  
413.32 resource organization that has expertise in  
413.33 convening and coordinating community-based  
414.1 strategies to encourage individuals, families,  
414.2 caregivers, and health care providers to begin  
414.3 conversations regarding end-of-life care  
414.4 choices that express an individual's health care  
414.5 values and preferences and are based on  
414.6 informed health care decisions. This is a  
414.7 onetime appropriation.

414.8 **Early Dental Prevention Initiatives.**  
414.9 \$172,000 in fiscal year 2016 and \$140,000 in  
414.10 fiscal year 2017 are for the development and  
414.11 distribution of the early dental prevention  
414.12 initiative under Minnesota Statutes, section  
414.13 144.3875.

414.14 **International Medical Graduate Assistance**  
414.15 **Program.** (a) \$500,000 in fiscal year 2016  
414.16 and \$500,000 in fiscal year 2017 are from the  
414.17 health care access fund for the grant programs  
414.18 and necessary contracts under Minnesota  
414.19 Statutes, section 144.1911, subdivisions 3,  
414.20 paragraph (a), clause (4), and 4 and 5. The  
414.21 commissioner may use up to \$133,000 per  
414.22 year of the appropriation for international  
414.23 medical graduate assistance program  
414.24 administration duties in Minnesota Statutes,  
414.25 section 144.1911, subdivisions 3, 9, and 10,  
414.26 and for administering the grant programs  
414.27 under Minnesota Statutes, section 144.1911,  
414.28 subdivisions 4, 5, and 6. The commissioner  
414.29 shall develop recommendations for any  
414.30 additional funding required for initiatives  
414.31 needed to achieve the objectives of Minnesota  
414.32 Statutes, section 144.1911. The commissioner  
414.33 shall report the funding recommendations to  
414.34 the legislature by January 15, 2016, in the  
414.35 report required under Minnesota Statutes,  
415.1 section 144.1911, subdivision 10. The base

415.2 for this purpose is \$1,000,000 in fiscal years  
415.3 2018 and 2019.

415.4 (b) \$500,000 in fiscal year 2016 and \$500,000  
415.5 in fiscal year 2017 are from the health care  
415.6 access fund for transfer to the revolving  
415.7 international medical graduate residency  
415.8 account established in Minnesota Statutes,  
415.9 section 144.1911, subdivision 6. This is a  
415.10 onetime appropriation.

415.11 **Federally Qualified Health Centers.**  
415.12 \$1,000,000 in fiscal year 2016 and \$1,000,000  
415.13 in fiscal year 2017 are from the general fund  
415.14 to provide subsidies to federally qualified  
415.15 health centers under Minnesota Statutes,  
415.16 section 145.9269. This is a onetime  
415.17 appropriation.

415.18 **Organ Donation.** \$200,000 in fiscal year 2016  
415.19 is from the general fund to establish a grant  
415.20 program to develop and create culturally  
415.21 appropriate outreach programs that provide  
415.22 education about the importance of organ  
415.23 donation. Grants shall be awarded to a  
415.24 federally designated organ procurement  
415.25 organization and hospital system that performs  
415.26 transplants. This is a onetime appropriation.

415.27 **Primary Care Residency.** \$1,500,000 in  
415.28 fiscal year 2016 and \$1,500,000 in fiscal year  
415.29 2017 are from the general fund for the  
415.30 purposes of the primary care residency  
415.31 expansion grant program under Minnesota  
415.32 Statutes, section 144.1506.

415.33 **Somali Women's Health Pilot Autism**  
415.34 **Program.** (a) The commissioner of health  
416.1 shall establish a pilot program between one or  
416.2 more federally qualified health centers, as  
416.3 defined under Minnesota Statutes, section  
416.4 145.9269, a nonprofit organization that helps  
416.5 Somali women, and the Minnesota Evaluation

416.6 ~~Studies Institute, to develop a promising~~  
416.7 ~~strategy to address the preventative and~~  
416.8 ~~primary health care needs of, and address~~  
416.9 ~~health inequities experienced by, first~~  
416.10 ~~generation Somali women. The pilot program~~  
416.11 ~~must collaboratively develop a patient flow~~  
416.12 ~~process for first generation Somali women by:~~

416.13 ~~(1) addressing and identifying clinical and~~  
416.14 ~~cultural barriers to Somali women accessing~~  
416.15 ~~preventative and primary care, including, but~~  
416.16 ~~not limited to, cervical and breast cancer~~  
416.17 ~~screenings;~~

416.18 ~~(2) developing a culturally appropriate health~~  
416.19 ~~curriculum for Somali women based on the~~  
416.20 ~~outcomes from the community-based~~  
416.21 ~~participatory research report "Cultural~~  
416.22 ~~Traditions and the Reproductive Health of~~  
416.23 ~~Somali Refugees and Immigrants" to increase~~  
416.24 ~~the health literacy of Somali women and~~  
416.25 ~~develop culturally specific health care~~  
416.26 ~~information; and~~

416.27 ~~(3) training the federally qualified health~~  
416.28 ~~center's providers and staff to enhance~~  
416.29 ~~provider and staff cultural competence~~  
416.30 ~~regarding the cultural barriers, including~~  
416.31 ~~female genital cutting.~~

416.32 ~~(b) The pilot program must develop a process~~  
416.33 ~~that results in increased screening rates for~~  
416.34 ~~cervical and breast cancer and can be~~  
416.35 ~~replicated by other providers serving ethnic~~  
417.1 ~~minorities. The pilot program must conduct~~  
417.2 ~~an evaluation of the new patient flow process~~  
417.3 ~~used by Somali women to access federally~~  
417.4 ~~qualified health centers services award a grant~~  
417.5 ~~to Dakota County to partner with a~~  
417.6 ~~community-based organization with expertise~~  
417.7 ~~in serving Somali children with autism. The~~  
417.8 ~~grant must address barriers to accessing health~~  
417.9 ~~care and other resources by providing outreach~~

417.10 to Somali families on available support and  
417.11 training to providers on Somali culture.

417.12 ~~(c) The pilot program must report the~~  
417.13 ~~outcomes to the commissioner by June 30,~~  
417.14 ~~2017. The grantee shall report to the~~  
417.15 commissioner and the chairs and ranking  
417.16 minority members of the legislative  
417.17 committees with jurisdiction over health care  
417.18 policy and finance on the grant funds used and  
417.19 any notable outcomes achieved by January 15,  
417.20 2019.

417.21 ~~(d) \$110,000 in fiscal year 2016 is for the~~  
417.22 ~~Somali women's health pilot program grant to~~  
417.23 Dakota County. Of this appropriation, the  
417.24 commissioner may use up to \$10,000 to  
417.25 administer the program grant to Dakota  
417.26 County. This appropriation is available until  
417.27 June 30, 2017. This is a onetime appropriation.

417.28 **Menthol Cigarette Usage in**  
417.29 **African-American Community Intervention**  
417.30 **Grants.** Of the health care access fund  
417.31 appropriation for the statewide health  
417.32 improvement program, \$200,000 in fiscal year  
417.33 2016 is for at least one grant that must be  
417.34 awarded by the commissioner to implement  
417.35 strategies and interventions to reduce the  
418.1 disproportionately high usage of cigarettes by  
418.2 African-Americans, especially the use of  
418.3 menthol-flavored cigarettes, as well as the  
418.4 disproportionate harm tobacco causes in that  
418.5 community. The grantee shall engage  
418.6 members of the African-American community  
418.7 and community-based organizations. This  
418.8 grant shall be awarded as part of the statewide  
418.9 health improvement program grants awarded  
418.10 on November 1, 2015, and must meet the  
418.11 requirements of Minnesota Statutes, section  
418.12 145.986.



418.13 **Targeted Home Visiting System.** (a) \$75,000  
418.14 in fiscal year 2016 is for the commissioner of  
418.15 health, in consultation with the commissioners  
418.16 of human services and education, community  
418.17 health boards, tribal nations, and other home  
418.18 visiting stakeholders, to design baseline  
418.19 training for new home visitors to ensure  
418.20 statewide coordination across home visiting  
418.21 programs.

418.22 (b) \$575,000 in fiscal year 2016 and  
418.23 \$2,000,000 fiscal year 2017 are to provide  
418.24 grants to community health boards and tribal  
418.25 nations for start-up grants for new  
418.26 nurse-family partnership programs and for  
418.27 grants to expand existing programs to serve  
418.28 first-time mothers, prenatally by 28 weeks  
418.29 gestation until the child is two years of age,  
418.30 who are eligible for medical assistance under  
418.31 Minnesota Statutes, chapter 256B, or the  
418.32 federal Special Supplemental Nutrition  
418.33 Program for Women, Infants, and Children.  
418.34 The commissioner shall award grants to  
418.35 community health boards or tribal nations in  
419.1 metropolitan and rural areas of the state.  
419.2 Priority for all grants shall be given to  
419.3 nurse-family partnership programs that  
419.4 provide services through a Minnesota health  
419.5 care program-enrolled provider that accepts  
419.6 medical assistance. Additionally, priority for  
419.7 grants to rural areas shall be given to  
419.8 community health boards and tribal nations  
419.9 that expand services within regional  
419.10 partnerships that provide the nurse-family  
419.11 partnership program. Funding available under  
419.12 this paragraph may only be used to  
419.13 supplement, not to replace, funds being used  
419.14 for nurse-family partnership home visiting  
419.15 services as of June 30, 2015.

419.16 **Opiate Antagonists.** \$270,000 in fiscal year  
419.17 2016 and \$20,000 in fiscal year 2017 are from  
419.18 the general fund for grants to the eight regional

419.19 emergency medical services programs to  
419.20 purchase opiate antagonists and educate and  
419.21 train emergency medical services persons, as  
419.22 defined in Minnesota Statutes, section  
419.23 144.7401, subdivision 4, clauses (1) and (2),  
419.24 in the use of these antagonists in the event of  
419.25 an opioid or heroin overdose. For the purposes  
419.26 of this paragraph, "opiate antagonist" means  
419.27 naloxone hydrochloride or any similarly acting  
419.28 drug approved by the federal Food and Drug  
419.29 Administration for the treatment of drug  
419.30 overdose. Grants under this paragraph must  
419.31 be distributed to all eight regional emergency  
419.32 medical services programs. This is a onetime  
419.33 appropriation and is available until June 30,  
419.34 2017. The commissioner may use up to  
419.35 \$20,000 of the amount for opiate antagonists  
419.36 for administration.

420.1 **Local and Tribal Public Health Grants. (a)**  
420.2 \$894,000 in fiscal year 2016 and \$894,000 in  
420.3 fiscal year 2017 are for an increase in local  
420.4 public health grants for community health  
420.5 boards under Minnesota Statutes, section  
420.6 145A.131, subdivision 1, paragraph (e).

420.7 (b) \$106,000 in fiscal year 2016 and \$106,000  
420.8 in fiscal year 2017 are for an increase in  
420.9 special grants to tribal governments under  
420.10 Minnesota Statutes, section 145A.14,  
420.11 subdivision 2a.

420.12 **HCBS Employee Scholarships. \$1,000,000**  
420.13 in fiscal year 2016 and \$1,000,000 in fiscal  
420.14 year 2017 are from the general fund for the  
420.15 home and community-based services  
420.16 employee scholarship program under  
420.17 Minnesota Statutes, section 144.1503. The  
420.18 commissioner may use up to \$50,000 of the  
420.19 amount for the HCBS employee scholarships  
420.20 for administration.

420.21 **Family Planning Special Projects.**  
420.22 \$1,000,000 in fiscal year 2016 and \$1,000,000  
420.23 in fiscal year 2017 are from the general fund  
420.24 for family planning special project grants  
420.25 under Minnesota Statutes, section 145.925.

420.26 **Positive Alternatives.** \$1,000,000 in fiscal  
420.27 year 2016 and \$1,000,000 in fiscal year 2017  
420.28 are from the general fund for positive abortion  
420.29 alternatives under Minnesota Statutes, section  
420.30 145.4235.

420.31 **Safe Harbor for Sexually Exploited Youth.**  
420.32 \$700,000 in fiscal year 2016 and \$700,000 in  
420.33 fiscal year 2017 are from the general fund for  
420.34 the safe harbor program under Minnesota  
421.1 Statutes, sections 145.4716 to 145.4718. Funds  
421.2 shall be used for grants to increase the number  
421.3 of regional navigators; training for  
421.4 professionals who engage with exploited or  
421.5 at-risk youth; implementing statewide  
421.6 protocols and best practices for effectively  
421.7 identifying, interacting with, and referring  
421.8 sexually exploited youth to appropriate  
421.9 resources; and program operating costs.

421.10 **Health Care Grants for Uninsured**  
421.11 **Individuals.** (a) \$62,500 in fiscal year 2016  
421.12 and \$62,500 in fiscal year 2017 are from the  
421.13 health care access fund for dental provider  
421.14 grants in Minnesota Statutes, section 145.929,  
421.15 subdivision 1.

421.16 (b) \$218,750 in fiscal year 2016 and \$218,750  
421.17 in fiscal year 2017 are from the health care  
421.18 access fund for community mental health  
421.19 program grants in Minnesota Statutes, section  
421.20 145.929, subdivision 2.

421.21 (c) \$750,000 in fiscal year 2016 and \$750,000  
421.22 in fiscal year 2017 are from the health care  
421.23 access fund for the emergency medical

421.24 assistance outlier grant program in Minnesota  
421.25 Statutes, section 145.929, subdivision 3.

421.26 (d) \$218,750 of the health care access fund  
421.27 appropriation in fiscal year 2016 and \$218,750  
421.28 in fiscal year 2017 are for community health  
421.29 center grants under Minnesota Statutes, section  
421.30 145.9269. A community health center that  
421.31 receives a grant from this appropriation is not  
421.32 eligible for a grant under paragraph (b).

421.33 (e) The commissioner may use up to \$25,000  
421.34 of the appropriations for health care grants for  
422.1 uninsured individuals in fiscal years 2016 and  
422.2 2017 for grant administration.

422.3 **TANF Appropriations.** (a) \$1,156,000 of the  
422.4 TANF funds is appropriated each year of the  
422.5 biennium to the commissioner for family  
422.6 planning grants under Minnesota Statutes,  
422.7 section 145.925.

422.8 (b) \$3,579,000 of the TANF funds is  
422.9 appropriated each year of the biennium to the  
422.10 commissioner for home visiting and nutritional  
422.11 services listed under Minnesota Statutes,  
422.12 section 145.882, subdivision 7, clauses (6) and  
422.13 (7). Funds must be distributed to community  
422.14 health boards according to Minnesota Statutes,  
422.15 section 145A.131, subdivision 1.

422.16 (c) \$2,000,000 of the TANF funds is  
422.17 appropriated each year of the biennium to the  
422.18 commissioner for decreasing racial and ethnic  
422.19 disparities in infant mortality rates under  
422.20 Minnesota Statutes, section 145.928,  
422.21 subdivision 7.

422.22 (d) \$4,978,000 of the TANF funds is  
422.23 appropriated each year of the biennium to the  
422.24 commissioner for the family home visiting  
422.25 grant program according to Minnesota

422.26 Statutes, section 145A.17. \$4,000,000 of the  
422.27 funding must be distributed to community  
422.28 health boards according to Minnesota Statutes,  
422.29 section 145A.131, subdivision 1. \$978,000 of  
422.30 the funding must be distributed to tribal  
422.31 governments as provided in Minnesota  
422.32 Statutes, section 145A.14, subdivision 2a.

422.33 (e) The commissioner may use up to 6.23  
422.34 percent of the funds appropriated each fiscal  
423.1 year to conduct the ongoing evaluations  
423.2 required under Minnesota Statutes, section  
423.3 145A.17, subdivision 7, and training and  
423.4 technical assistance as required under  
423.5 Minnesota Statutes, section 145A.17,  
423.6 subdivisions 4 and 5.

423.7 **TANF Carryforward.** Any unexpended  
423.8 balance of the TANF appropriation in the first  
423.9 year of the biennium does not cancel but is  
423.10 available for the second year.

423.11 **Health Professional Loan Forgiveness.**  
423.12 \$2,631,000 in fiscal year 2016 and \$2,631,000  
423.13 in fiscal year 2017 are from the health care  
423.14 access fund for the purposes of Minnesota  
423.15 Statutes, section 144.1501. Of this  
423.16 appropriation, the commissioner may use up  
423.17 to \$131,000 each year to administer the  
423.18 program.

423.19 **Minnesota Stroke System.** \$350,000 in fiscal  
423.20 year 2016 and \$350,000 in fiscal year 2017  
423.21 are from the general fund for the Minnesota  
423.22 stroke system.

423.23 **Prevention of Violence in Health Care.**  
423.24 \$50,000 in fiscal year 2016 is to continue the  
423.25 prevention of violence in health care program  
423.26 and creating violence prevention resources for  
423.27 hospitals and other health care providers to  
423.28 use in training their staff on violence

423.29 prevention. This is a onetime appropriation  
423.30 and is available until June 30, 2017.

423.31 **Health Care Savings Determinations. (a)**  
423.32 The health care access fund base for the state  
423.33 health improvement program is decreased by  
424.1 \$261,000 in fiscal year 2016 and decreased  
424.2 by \$110,000 in fiscal year 2017.

424.3 (b) \$261,000 in fiscal year 2016 and \$110,000  
424.4 in fiscal year 2017 are from the health care  
424.5 access fund for the forecasting, cost reporting,  
424.6 and analysis required by Minnesota Statutes,  
424.7 section 62U.10, subdivisions 6 and 7.

424.8 **Base Level Adjustments.** The general fund  
424.9 base is decreased by \$1,070,000 in fiscal year  
424.10 2018 and by \$1,020,000 in fiscal year 2019.  
424.11 The state government special revenue fund  
424.12 base is increased by \$33,000 in fiscal year  
424.13 2018. The health care access fund base is  
424.14 increased by \$610,000 in fiscal year 2018 and  
424.15 by \$23,000 in fiscal year 2019.

189.22 Sec. 47. **BRAIN HEALTH PILOT PROGRAMS.**

189.23 Subdivision 1. **Pilot programs selected.** (a) The commissioner shall competitively  
189.24 award grants for up to five pilot programs to improve brain health in youth sports in  
189.25 Minnesota. The commissioner shall issue a competitive request for pilot program proposals  
189.26 by October 31, 2017, based on input from the youth sports concussion working group. The  
189.27 commissioner shall include members of the working group in the scoring of proposals  
189.28 received, but shall exclude any member of the working group with a financial interest in a  
189.29 pilot program proposal.

189.30 (b) Each pilot program selected for a funding award must offer promise for improving  
189.31 at least one of the following areas:

189.32 (1) objective identification of brain injury;

189.33 (2) assessment and treatment of brain injury;

- 189.34 (3) coordination of school and medical support services; or
- 190.1 (4) policy reform to improve brain health outcomes.
- 190.2 (c) The programs must be selected so that youth are served in each of the following  
190.3 regions of the state:
- 190.4 (1) Central or West Central Minnesota;
- 190.5 (2) Southern, Southwest, or Southeast Minnesota;
- 190.6 (3) Northwest or Northland Minnesota; and
- 190.7 (4) the Twin Cities Metropolitan Area.
- 190.8 Subd. 2. **Funding for pilot programs.** Pilot programs selected under this section shall  
190.9 receive funding for one year beginning January 1, 2018. No later than March 1, 2019, the  
190.10 commissioner must report on the progress and outcomes of the pilot programs to the  
190.11 legislative committees with jurisdiction over health policy and finance.
- 191.13 Sec. 49. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FEDERAL**  
191.14 **WAIVER AMENDMENTS.**
- 191.15 The commissioner of human services shall submit necessary waiver amendments to the  
191.16 Centers for Medicare and Medicaid Services to add services provided at prescribed pediatric  
191.17 extended care centers licensed under Minnesota Statutes, chapter 144H, to the home and  
191.18 community-based waivers authorized under Minnesota Statutes, sections 256B.092 and  
191.19 256B.49. The commissioner shall submit all necessary waiver amendments by October 1,  
191.20 2017.
- 191.21 Sec. 50. **EARLY DENTAL DISEASE PREVENTION PILOT PROGRAM.**
- 191.22 (a) The commissioner of health shall develop and implement a pilot program to increase  
191.23 awareness and encourage early preventive dental disease intervention for infants and toddlers.  
191.24 The commissioner shall award grants to five designated communities of color or communities  
191.25 of recent immigrants to participate in the pilot program, with at least two designated  
191.26 communities located outside the seven-county metropolitan area.
- 191.27 (b) The commissioner, in consultation with members of the designated communities,  
191.28 shall distribute or cause to be distributed the educational materials and information developed  
191.29 under Minnesota Statutes, section 144.061, to expectant and new parents within the  
191.30 designated communities, including but not limited to making the materials available to

- 191.31 health care providers, community clinics, WIC sites, and other relevant sites within the  
192.1 designated communities through a variety of communicative means, including oral, visual,  
192.2 audio, and print.
- 192.3 (c) The commissioner shall work with members of each designated community to ensure  
192.4 that the educational materials and information are distributed. The commissioner shall assist  
192.5 the designated community with developing strategies, including outreach through ethnic  
192.6 radio, webcasts, and local cable programs, and incentives to encourage and provide early  
192.7 preventive dental disease intervention and care for infants and toddlers that are geared  
192.8 toward the ethnic groups residing in the designated community.
- 192.9 (d) The commissioner shall develop measurable outcomes, establish a baseline  
192.10 measurement, and evaluate performance within each designated community in order to  
192.11 measure whether the educational materials, information, strategies, and incentives increased  
192.12 the numbers of infants and toddlers receiving early preventive dental disease intervention  
192.13 and care.
- 192.14 (e) By March 15, 2019, the commissioner shall submit a report to the chairs and ranking  
192.15 minority members of the legislative committees with jurisdiction over health care. The  
192.16 report shall describe:
- 192.17 (1) the details of the program;
- 192.18 (2) the communities designated for the program;
- 192.19 (3) the strategies, including any incentives implemented;
- 192.20 (4) the outcome measures used; and
- 192.21 (5) the results of the evaluation for each designated community.
- 192.22 **Sec. 51. RECOMMENDATIONS FOR SAFETY AND QUALITY IMPROVEMENT**  
192.23 **PRACTICES FOR LONG-TERM CARE SERVICES AND SUPPORTS.**
- 192.24 The commissioner of health shall consult with interested stakeholders to explore and  
192.25 make recommendations on how to apply proven safety and quality improvement practices  
192.26 and infrastructure to long-term care services and supports. Interested stakeholders with  
192.27 whom the commissioner must consult shall include but are not limited to representatives  
192.28 of the Minnesota Alliance for Patient Safety partner organizations, the Office of Ombudsman  
192.29 for Long-Term Care, the Minnesota Elder Justice Center, providers of older adult services,  
192.30 the Department of Health, and the Department of Human Services, and experts in the field  
192.31 of long-term care safety and quality improvement. The recommendations shall include



424.16 Sec. 75. **STUDY AND REPORT ON HOME CARE NURSING WORKFORCE**  
 424.17 **SHORTAGE.**

424.18 (a) The chair and ranking minority member of the senate Human Services Reform  
 424.19 Finance and Policy Committee and the chair and ranking minority member of the house of  
 424.20 representatives Health and Human Services Finance Committee shall convene a working  
 424.21 group to study and report on the shortage of registered nurses and licensed practical nurses  
 424.22 available to provide low-complexity regular home care services to clients in need of such  
 424.23 services, especially clients covered by medical assistance, and to provide recommendations  
 424.24 for ways to address the workforce shortage. The working group shall consist of 12 members  
 424.25 appointed as follows:

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

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

424.30 (3) the chair of the house of representatives Health and Human Services Finance  
 424.31 Committee or a designee;

424.32 (4) the ranking minority member of the house of representatives Health and Human  
 424.33 Services Finance Committee or a designee;

425.1 (5) the commissioner of human services or a designee;

425.2 (6) the commissioner of health or a designee;

425.3 (7) one representative appointed by the Professional Home Care Coalition;

425.4 (8) one representative appointed by the Minnesota Home Care Association;

425.5 (9) one representative appointed by the Minnesota Board of Nursing;

192.32 mechanisms to apply a patient safety model to the senior care sector, including a system  
 193.1 for reporting adverse health events, education and prevention activities, and interim actions  
 193.2 to improve systems for processing reports and complaints submitted to the Office of Health  
 193.3 Facility Complaints. By January 15, 2018, the commissioner shall submit the  
 193.4 recommendations developed under this section, along with draft legislation to implement  
 193.5 the recommendations, to the chairs and ranking minority members of the legislative  
 193.6 committees with jurisdiction over long-term care.

194.1 Sec. 53. **STUDY AND REPORT ON HOME CARE NURSING WORKFORCE**  
 194.2 **SHORTAGE.**

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

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

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

194.15 (3) the chair of the house of representatives Health and Human Services Finance  
 194.16 Committee or a designee;

194.17 (4) the ranking minority member of the house of representatives Health and Human  
 194.18 Services Finance Committee or a designee;

194.19 (5) the commissioner of human services or a designee;

194.20 (6) the commissioner of health or a designee;

194.21 (7) one representative appointed by the Professional Home Care Coalition;

194.22 (8) one representative appointed by the Minnesota Home Care Association;

194.23 (9) one representative appointed by the Minnesota Board of Nursing;

- 425.6 (10) one representative appointed by the Minnesota Nurses Association;
- 425.7 (11) one representative appointed by the Minnesota Licensed Practical Nurses  
 425.8 Association;
- 425.9 (12) one representative appointed by the Minnesota Society of Medical Assistants;
- 425.10 (13) one client who receives regular home care nursing services and is covered by medical  
 425.11 assistance appointed by the commissioner of human services after consulting with the  
 425.12 appointing authorities identified in clauses (7) to (12); and
- 425.13 (14) one county public health nurse who is a certified assessor appointed by the  
 425.14 commissioner of health after consulting with the Minnesota Home Care Association.
- 425.15 (b) The appointing authorities must appoint members by August 1, 2017.
- 425.16 (c) The convening authorities shall convene the first meeting of the working group no  
 425.17 later than August 15, 2017, and caucus staff shall provide support and meeting space for  
 425.18 the working group. The Department of Health and the Department of Human Services shall  
 425.19 provide technical assistance to the working group by providing existing data and analysis  
 425.20 documenting the current and projected workforce shortages in the area of regular home care  
 425.21 nursing. The home care and assisted living program advisory council established under  
 425.22 Minnesota Statutes, section 144A.4799, shall provide advice and recommendations to the  
 425.23 working group. Working group members shall serve without compensation and shall not  
 425.24 be reimbursed for expenses.
- 425.25 (d) The working group shall:
- 425.26 (1) quantify the number of low-complexity regular home care nursing hours that are  
 425.27 authorized but not provided to clients covered by medical assistance, due to the shortage  
 425.28 of registered nurses and licensed practical nurses available to provide these home care  
 425.29 services;
- 426.1 (2) quantify the current and projected workforce shortages of registered nurses and  
 426.2 licensed practical nurses available to provide low-complexity regular home care nursing  
 426.3 services to clients, especially clients covered by medical assistance;
- 426.4 (3) develop recommendations for actions to take in the next two years to address the  
 426.5 regular home care nursing workforce shortage, including identifying other health care  
 426.6 professionals who may be able to provide low-complexity regular home care nursing services

- 194.24 (10) one representative appointed by the Minnesota Nurses Association;
- 194.25 (11) one representative appointed by the Minnesota Licensed Practical Nurses  
 194.26 Association;
- 194.27 (12) one representative appointed by the Minnesota Society of Medical Assistants;
- 194.28 (13) one client who receives regular home care nursing services and is covered by medical  
 194.29 assistance appointed by the commissioner of human services after consulting with the  
 194.30 appointing authorities identified in clauses (7) to (12); and
- 195.1 (14) one county public health nurse who is a certified assessor appointed by the  
 195.2 commissioner of health after consulting with the Minnesota Home Care Association.
- 195.3 (b) The appointing authorities must appoint members by August 1, 2017.
- 195.4 (c) The convening authorities shall convene the first meeting of the working group no  
 195.5 later than August 15, 2017, and caucus staff shall provide support and meeting space for  
 195.6 the working group. The Department of Health and the Department of Human Services shall  
 195.7 provide technical assistance to the working group by providing existing data and analysis  
 195.8 documenting the current and projected workforce shortages in the area of regular home care  
 195.9 nursing. The home care and assisted living program advisory council established under  
 195.10 Minnesota Statutes, section 144A.4799, shall provide advice and recommendations to the  
 195.11 working group. Working group members shall serve without compensation and shall not  
 195.12 be reimbursed for expenses.
- 195.13 (d) The working group shall:
- 195.14 (1) quantify the number of low-complexity regular home care nursing hours that are  
 195.15 authorized but not provided to clients covered by medical assistance, due to the shortage  
 195.16 of registered nurses and licensed practical nurses available to provide these home care  
 195.17 services;
- 195.18 (2) quantify the current and projected workforce shortages of registered nurses and  
 195.19 licensed practical nurses available to provide low-complexity regular home care nursing  
 195.20 services to clients, especially clients covered by medical assistance;
- 195.21 (3) develop recommendations for actions to take in the next two years to address the  
 195.22 regular home care nursing workforce shortage, including identifying other health care  
 195.23 professionals who may be able to provide low-complexity regular home care nursing services

- 426.7 with additional training; what additional training may be necessary for these health care  
426.8 professionals; and how to address scope of practice and licensing issues;
- 426.9 (4) compile reimbursement rates for regular home care nursing from other states and  
426.10 determine Minnesota's national ranking with respect to reimbursement for regular home  
426.11 care nursing;
- 426.12 (5) determine whether reimbursement rates for regular home care nursing fully reimburse  
426.13 providers for the cost of providing the service and whether the discrepancy, if any, between  
426.14 rates and costs contributes to lack of access to regular home care nursing; and
- 426.15 (6) by January 15, 2018, report on the findings and recommendations of the working  
426.16 group to the chairs and ranking minority members of the legislative committees with  
426.17 jurisdiction over health and human services policy and finance. The working group's report  
426.18 shall include draft legislation.
- 426.19 (e) The working group shall elect a chair from among its members at its first meeting.
- 426.20 (f) The meetings of the working group shall be open to the public.
- 426.21 (g) This section expires January 16, 2018, or the day after submitting the report required  
426.22 by this section, whichever is earlier.
- 426.23 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 426.24 Sec. 76. **ACCOUNTABLE COMMUNITY FOR HEALTH OPIOID ABUSE**  
426.25 **PREVENTION PILOT PROJECTS.**
- 426.26 (a) The commissioner of health shall establish up to 12 opioid abuse prevention pilot  
426.27 projects that provide innovative and collaborative solutions to confront opioid abuse. Each  
426.28 pilot project must:
- 426.29 (1) be designed to reduce emergency room and other health care provider visits resulting  
426.30 from opioid use or abuse, and reduce rates of opioid addiction in the community;

- 195.24 with additional training; what additional training may be necessary for these health care  
195.25 professionals; and how to address scope of practice and licensing issues;
- 195.26 (4) compile reimbursement rates for regular home care nursing from other states and  
195.27 determine Minnesota's national ranking with respect to reimbursement for regular home  
195.28 care nursing;
- 195.29 (5) determine whether reimbursement rates for regular home care nursing fully reimburse  
195.30 providers for the cost of providing the service and whether the discrepancy, if any, between  
195.31 rates and costs contributes to lack of access to regular home care nursing; and
- 195.32 (6) by January 15, 2018, report on the findings and recommendations of the working  
195.33 group to the chairs and ranking minority members of the legislative committees with  
196.1 jurisdiction over health and human services policy and finance. The working group's report  
196.2 shall include draft legislation.
- 196.3 (e) The working group shall elect a chair from among its members at its first meeting.
- 196.4 (f) The meetings of the working group shall be open to the public.
- 196.5 (g) This section expires January 16, 2018, or the day after submitting the report required  
196.6 by this section, whichever is earlier.
- 196.7 **EFFECTIVE DATE.** This section is effective the day following final enactment.

## HOUSE ART. 7, SEC. 5

- 287.4 Sec. 5. **OPIOID ABUSE PREVENTION.**
- 287.5 (a) The commissioner of health shall establish opioid abuse prevention pilot projects in  
287.6 geographic areas throughout the state, to reduce opioid abuse through the use of controlled  
287.7 substance care teams and community-wide coordination of abuse-prevention initiatives.  
287.8 The commissioner shall award grants to health care providers, health plan companies, local  
287.9 units of government, or other entities to establish pilot projects.
- 287.10 (b) Each pilot project must:
- 287.11 (1) be designed to reduce emergency room and other health care provider visits resulting  
287.12 from opioid use or abuse, and reduce rates of opioid addiction in the community;

427.1 (2) establish multidisciplinary controlled substance care teams that may consist of  
 427.2 physicians, pharmacists, social workers, nurse care coordinators, and mental health  
 427.3 professionals;

427.4 (3) deliver health care services and care coordination, through controlled substance care  
 427.5 teams, to reduce the inappropriate use of opioids by patients and rates of opioid addiction;

427.6 (4) address any unmet social service needs that create barriers to managing pain  
 427.7 effectively and obtaining optimal health outcomes;

427.8 (5) provide prescriber and dispenser education and assistance to reduce the inappropriate  
 427.9 prescribing and dispensing of opioids;

427.10 (6) promote the adoption of best practices related to opioid disposal and reducing  
 427.11 opportunities for illegal access to opioids; and

427.12 (7) engage partners outside of the health care system, including schools, law enforcement,  
 427.13 and social services, to address root causes of opioid abuse and addiction at the community  
 427.14 level.

427.15 (b) The commissioner shall contract with an accountable community for health that  
 427.16 operates an opioid abuse prevention project and can document success in reducing opioid  
 427.17 use through the use of controlled substance care teams, to assist the commissioner in  
 427.18 administering this section and to provide technical assistance to the commissioner and to  
 427.19 entities selected to operate a pilot project.

427.20 (c) The contract under paragraph (b) shall require the accountable community for health  
 427.21 to evaluate the extent to which the pilot projects were successful in reducing the inappropriate  
 427.22 use of opioids. The evaluation must analyze changes in the number of opioid prescriptions,  
 427.23 the number of emergency room visits related to opioid use, and other relevant measures.  
 427.24 The accountable community for health shall report evaluation results to the chairs and  
 427.25 ranking minority members of the legislative committees with jurisdiction over health and  
 427.26 human services policy and finance and public safety by December 15, 2019.

427.27 Sec. 77. COMPREHENSIVE PLAN TO END HIV/AIDS.

427.28 (a) The commissioner of health, in coordination with the commissioner of human services,  
 427.29 and in consultation with community stakeholders, shall develop a strategic statewide  
 427.30 comprehensive plan that establishes a set of priorities and actions to address the state's HIV  
 427.31 epidemic by reducing the number of newly infected individuals; ensuring that individuals

287.13 (2) establish multidisciplinary controlled substance care teams, that may consist of  
 287.14 physicians, pharmacists, social workers, nurse care coordinators, and mental health  
 287.15 professionals;

287.16 (3) deliver health care services and care coordination, through controlled substance care  
 287.17 teams, to reduce the inappropriate use of opioids by patients and rates of opioid addiction;

287.18 (4) address any unmet social service needs that create barriers to managing pain  
 287.19 effectively and obtaining optimal health outcomes;

287.20 (5) provide prescriber and dispenser education and assistance to reduce the inappropriate  
 287.21 prescribing and dispensing of opioids;

287.22 (6) promote the adoption of best practices related to opioid disposal and reducing  
 287.23 opportunities for illegal access to opioids; and

287.24 (7) engage partners outside of the health care system, including schools, law enforcement,  
 287.25 and social services, to address root causes of opioid abuse and addiction at the community  
 287.26 level.

287.27 (c) The commissioner shall contract with an accountable community for health that  
 287.28 operates an opioid abuse prevention project, and can document success in reducing opioid  
 287.29 use through the use of controlled substance care teams, to assist the commissioner in  
 287.30 administering this section, and to provide technical assistance to the commissioner and to  
 287.31 entities selected to operate a pilot project.

288.1 (d) The contract under paragraph (c) shall require the accountable community for health  
 288.2 to evaluate the extent to which the pilot projects were successful in reducing the inappropriate  
 288.3 use of opioids. The evaluation must analyze changes in the number of opioid prescriptions,  
 288.4 the number of emergency room visits related to opioid use, and other relevant measures.  
 288.5 The accountable community for health shall report evaluation results to the chairs and  
 288.6 ranking minority members of the legislative committees with jurisdiction over health and  
 288.7 human services policy and finance and public safety by December 15, 2019.

### THE FOLLOWING SECTIONS ARE FROM HOUSE ARTICLE 3

190.12 Sec. 48. COMPREHENSIVE PLAN TO END HIV/AIDS.

190.13 (a) The commissioner of health, in coordination with the commissioner of human services,  
 190.14 and in consultation with community stakeholders, shall develop a strategic statewide  
 190.15 comprehensive plan that establishes a set of priorities and actions to address the state's HIV  
 190.16 epidemic by reducing the number of newly infected individuals; ensuring that individuals

427.32 living with HIV have access to quality, life-extending care regardless of race, gender, sexual  
 428.1 orientation, or socioeconomic circumstances; and ensuring the coordination of a statewide  
 428.2 response to reach the ultimate goal of the elimination of HIV in Minnesota.

428.3 (b) The plan must identify strategies that are consistent with the National HIV/AIDS  
 428.4 Strategy plan, that reflect the scientific developments in HIV medical care and prevention  
 428.5 that have occurred, and that work toward the elimination of HIV. The plan must:

428.6 (1) determine the appropriate level of testing, care, and services necessary to achieve  
 428.7 the goal of the elimination of HIV, beginning with meeting the following outcomes:

428.8 (i) reduce the number of new diagnoses by at least 75 percent;

428.9 (ii) increase the percentage of individuals living with HIV who know their serostatus to  
 428.10 at least 90 percent;

428.11 (iii) increase the percentage of individuals living with HIV who are receiving HIV  
 428.12 treatment to at least 90 percent; and

428.13 (iv) increase the percentage of individuals living with HIV who are virally suppressed  
 428.14 to at least 90 percent;

428.15 (2) provide recommendations for the optimal allocation and alignment of existing state  
 428.16 and federal funding in order to achieve the greatest impact and ensure a coordinated statewide  
 428.17 effort; and

428.18 (3) provide recommendations for evaluating new and enhanced interventions and an  
 428.19 estimate of additional resources needed to provide these interventions.

428.20 (c) The commissioner shall submit the comprehensive plan and recommendations to the  
 428.21 chairs and ranking minority members of the legislative committees with jurisdiction over  
 428.22 health and human services policy and finance by February 1, 2018.

428.23 (d) The commissioner, after consulting with stakeholders, may implement this section  
 428.24 utilizing existing efforts being carried out for similar purposes in order to reduce the resources  
 428.25 required to implement this section.

190.17 living with HIV have access to quality, life-extending care regardless of race, gender, sexual  
 190.18 orientation, or socioeconomic circumstances; and ensuring the coordination of a statewide  
 190.19 response to reach the ultimate goal of the elimination of HIV in Minnesota. The  
 190.20 commissioner, after consulting with stakeholders, may implement this section utilizing  
 190.21 existing efforts. The commissioner must develop the plan using existing resources available  
 190.22 for this purpose.

190.23 (b) The plan must identify strategies that are consistent with the National HIV/AIDS  
 190.24 Strategy plan, that reflect the scientific developments in HIV medical care and prevention  
 190.25 that have occurred, and that work toward the elimination of HIV. The plan must:

190.26 (1) determine the appropriate level of testing, care, and services necessary to achieve  
 190.27 the goal of the elimination of HIV, beginning with meeting the following outcomes:

190.28 (i) reduce the number of new diagnoses by at least 75 percent;

190.29 (ii) increase the percentage of individuals living with HIV who know their serostatus to  
 190.30 at least 90 percent;

191.1 (iii) increase the percentage of individuals living with HIV who are receiving HIV  
 191.2 treatment to at least 90 percent; and

191.3 (iv) increase the percentage of individuals living with HIV who are virally suppressed  
 191.4 to at least 90 percent;

191.5 (2) provide recommendations for the optimal allocation and alignment of existing state  
 191.6 and federal funding in order to achieve the greatest impact and ensure a coordinated statewide  
 191.7 effort; and

191.8 (3) provide recommendations for evaluating new and enhanced interventions and an  
 191.9 estimate of additional resources needed to provide these interventions.

191.10 (c) The commissioner shall submit the comprehensive plan and recommendations to the  
 191.11 chairs and ranking minority members of the legislative committees with jurisdiction over  
 191.12 health and human services policy and finance by February 1, 2018.

428.26 Sec. 78. **SAFE HARBOR FOR ALL; STATEWIDE SEX TRAFFICKING VICTIMS**  
 428.27 **STRATEGIC PLAN.**

428.28 (a) By October 1, 2018, the commissioner of health, in consultation with the  
 428.29 commissioners of public safety and human services, shall **develop** a comprehensive strategic  
 428.30 plan to address the needs of sex trafficking victims statewide.

429.1 (b) **In developing the plan, the commissioner of health shall seek recommendations from**  
 429.2 **professionals, community members, and stakeholders from across the state, with an emphasis**  
 429.3 **on the communities most impacted by sex trafficking. At a minimum, the commissioner**  
 429.4 **must seek input from the following groups: sex trafficking survivors and their family**  
 429.5 **members, statewide crime victim services coalitions, victim services providers, nonprofit**  
 429.6 **organizations, task forces, prosecutors, public defenders, tribal governments, public safety**  
 429.7 **and corrections professionals, public health professionals, human services professionals,**  
 429.8 **and impacted community members.**

429.9 (c) By January 15, 2019, the commissioner of health shall report to the chairs and ranking  
 429.10 minority members of the legislative committees with jurisdiction over health and human  
 429.11 services and criminal justice finance and policy on developing the statewide strategic plan,  
 429.12 including recommendations for additional legislation and funding. **The report must contain**  
 429.13 **policy considerations regarding decriminalization of Minnesota Statutes, section 609.324,**  
 429.14 **subdivisions 6 and 7.**

429.15 (d) As used in this section, "sex trafficking victim" has the meaning given in Minnesota  
 429.16 Statutes, section 609.321, subdivision 7b.

429.17 Sec. 79. **DIRECTION TO THE COMMISSIONER OF HEALTH.**

429.18 **The commissioner of health shall work with interested stakeholders to evaluate whether**  
 429.19 **existing laws, including laws governing housing with services establishments, board and**  
 429.20 **lodging establishments with special services, assisted living designations, and home care**  
 429.21 **providers, as well as building code requirements and landlord tenancy laws, sufficiently**  
 429.22 **protect the health and safety of persons diagnosed with Alzheimer's disease or a related**  
 429.23 **dementia.**

193.7 Sec. 52. **SAFE HARBOR FOR ALL; STATEWIDE SEX TRAFFICKING VICTIMS**  
 193.8 **STRATEGIC PLAN.**

193.9 (a) By October 1, 2018, the commissioner of health, in consultation with the  
 193.10 commissioners of public safety and human services, shall **adopt** a comprehensive strategic  
 193.11 plan to address the needs of sex trafficking victims statewide.

193.12 (b) **The commissioner of health shall issue a request for proposals to select an organization**  
 193.13 **to develop the comprehensive strategic plan. The selected organization shall seek**  
 193.14 **recommendations from professionals, community members, and stakeholders from across**  
 193.15 **the state, with an emphasis on the communities most impacted by sex trafficking. At a**  
 193.16 **minimum, the selected organization must seek input from the following groups: sex**  
 193.17 **trafficking survivors and their family members, statewide crime victim services coalitions,**  
 193.18 **victim services providers, nonprofit organizations, task forces, prosecutors, public defenders,**  
 193.19 **tribal governments, public safety and corrections professionals, public health professionals,**  
 193.20 **human services professionals, and impacted community members. The strategic plan shall**  
 193.21 **include recommendations regarding the expansion of Minnesota's Safe Harbor Law to adult**  
 193.22 **victims of sex trafficking.**

193.23 (c) By January 15, 2019, the commissioner of health shall report to the chairs and ranking  
 193.24 minority members of the legislative committees with jurisdiction over health and human  
 193.25 services and criminal justice finance and policy on developing the statewide strategic plan,  
 193.26 including recommendations for additional legislation and funding.

193.27 (d) As used in this section, "sex trafficking victim" has the meaning given in Minnesota  
 193.28 Statutes, section 609.321, subdivision 7b.

193.29 **EFFECTIVE DATE.** **This section is effective July 1, 2017.**

429.24    Sec. 80. PALLIATIVE CARE ADVISORY COUNCIL.

429.25        The appointing authorities shall appoint the first members of the Palliative Care Advisory

429.26 Council under Minnesota Statutes, section 144.059, by October 1, 2017. The commissioner

429.27 of health shall convene the first meeting by November 15, 2017, and the commissioner or

429.28 the commissioner's designee shall act as chair until the council elects a chair at its first

429.29 meeting.

  

430.1    Sec. 81. COUNTY-BASED PURCHASING PLANS.

430.2        The commissioner of health shall explore ways to allow county-based purchasing plans

430.3 meeting the requirements under Minnesota Statutes, section 256B.692, to sell health insurance

430.4 coverage in the individual and group health insurance markets.

SEE HOUSE 147.1-147.4 ON R15

196.8    Sec. 54. YOUTH SPORTS CONCUSSION WORKING GROUP.

  

196.9        Subdivision 1. Working group established; duties and membership. (a) The

196.10 commissioner of health shall convene a youth sports concussion working group of up to 30

196.11 members to:

  

196.12        (1) develop the report described in subdivision 4 to assess the causes and incidence of

196.13 brain injury in Minnesota youth sports; and

  

196.14        (2) evaluate the implementation of Minnesota Statutes, sections 121A.37 and 121A.38,

196.15 regarding concussions in youth athletic activity, and best practices for preventing, identifying,

196.16 evaluating, and treating brain injury in youth sports.

  

196.17        (b) In forming the working group, the commissioner shall solicit nominees from

196.18 individuals with expertise and experience in the areas of traumatic brain injury in youth and

196.19 sports, neuroscience, law and policy related to brain health, public health, neurotrauma,

196.20 provision of care to brain injured youth, and related fields. In selecting members of the

196.21 working group, the commissioner shall ensure geographic and professional diversity. The

196.22 working group shall elect a chair from among its members. The commissioner shall be

196.23 responsible for organizing meetings and preparing a draft report. Members of the working

196.24 group shall not receive monetary compensation for their participation in the group.

  

196.25        Subd. 2. Working group goals defined. The working group shall, at a minimum:

  

196.26        (1) gather and analyze available data on:

- 196.27 (i) the prevalence and causes of youth sports-related concussions including, where  
196.28 possible, data on the number of officials and coaches receiving concussion training;
- 196.29 (ii) the number of coaches, officials, youth athletes, and parents or guardians receiving  
196.30 information about the nature and risks of concussions;
- 197.1 (iii) the number of youth athletes removed from play and the nature and duration of  
197.2 treatment before return to play; and
- 197.3 (iv) policies and procedures related to return to learn in the classroom;
- 197.4 (2) review the rules associated with relevant youth athletic activities and the concussion  
197.5 education policies currently employed;
- 197.6 (3) identify innovative pilot projects in areas such as:
- 197.7 (i) objectively defining and measuring concussions;
- 197.8 (ii) rule changes designed to promote brain health;
- 197.9 (iii) use of technology to identify and treat concussions;
- 197.10 (iv) recognition of cumulative subconcussive effects; and
- 197.11 (v) postconcussion treatment, and return to learn protocols; and
- 197.12 (4) identify regulatory and legal barriers and burdens to achieving better brain health  
197.13 outcomes.
- 197.14 Subd. 3. **Voluntary participation; no new reporting requirements created.**  
197.15 Participation in the working group study by schools, school districts, school governing  
197.16 bodies, parents, athletes, and related individuals and organizations shall be voluntary, and  
197.17 this study shall create no new reporting requirements by schools, school districts, school  
197.18 governing bodies, parents, athletes, and related individuals and organizations.
- 197.19 Subd. 4. **Report.** By December 31, 2018, the youth sports concussion working group  
197.20 shall provide an interim report, and by December 31, 2019, the working group shall provide  
197.21 a final report to the chairs and ranking minority members of the legislative committees with  
197.22 jurisdiction over health and education with recommendations and proposals for a Minnesota  
197.23 model for reducing brain injury in youth sports. The report shall make recommendations  
197.24 regarding;



430.5    Sec. 82. **REPEALER.**

430.6        Laws 2014, chapter 312, article 23, section 9, subdivision 5, is repealed.

- 197.25

(1) best practices for reducing and preventing concussions in youth sports;
- 197.26

(2) best practices for schools to employ in order to identify and respond to occurrences
- 197.27

of concussions, including return to play and return to learn;
- 197.28

(3) opportunities to highlight and strengthen best practices with external grant support;
- 197.29

(4) opportunities to leverage Minnesota's strengths in brain science research and clinical
- 197.30

care for brain injury; and
- 198.1

(5) proposals to develop an innovative Minnesota model for identifying, evaluating, and
- 198.2

treating youth sports concussions.
- 198.3

Subd. 5. **Sunset.** The working group expires the day after submitting the report required
- 198.4

under subdivision 4, or January 15, 2020, whichever is earlier.
- 198.5

Sec. 55. **REPEALER.**
- 198.6

Minnesota Statutes 2016, section 144.4961, is repealed the day following final enactment.