STATE OF MINNESOTA

EIGHTY-NINTH SESSION — 2016

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# ONE HUNDRED FOURTH DAY

SAINT PAUL, MINNESOTA, FRIDAY, MAY 20, 2016

The House of Representatives convened at 9:00 a.m. and was called to order by Tony Albright, Speaker pro tempore.

Prayer was offered by Pastor Steve Bakke, The Open Door Christian Church, New London, Minnesota.

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

The roll was called and the following members were present:

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| Albright | Dean, M. | Hertaus | Loon | Norton | Slocum |
| Allen | Dehn, R. | Hilstrom | Loonan | O'Driscoll | Smith |
| Anderson, C. | Dettmer | Hoppe | Lucero | O'Neill | Sundin |
| Anderson, M. | Drazkowski | Hornstein | Lueck | Pelowski | Swedzinski |
| Anderson, P. | Ecklund | Hortman | Mack | Peppin | Theis |
| Anderson, S. | Erhardt | Howe | Mahoney | Persell | Thissen |
| Anzelc | Erickson | Isaacson | Mariani | Petersburg | Torkelson |
| Applebaum | Fabian | Johnson, B. | Marquart | Peterson | Uglem |
| Atkins | Fenton | Johnson, C. | Masin | Pierson | Urdahl |
| Backer | Fischer | Johnson, S. | McDonald | Pinto | Vogel |
| Baker | Flanagan | Kahn | McNamara | Poppe | Wagenius |
| Barrett | Franson | Kelly | Melin | Pugh | Ward |
| Bennett | Freiberg | Kiel | Metsa | Quam | Whelan |
| Bernardy | Garofalo | Knoblach | Miller | Rarick | Wills |
| Bly | Green | Koznick | Moran | Rosenthal | Yarusso |
| Carlson | Gruenhagen | Kresha | Mullery | Runbeck | Youakim |
| Christensen | Gunther | Laine | Murphy, E. | Sanders | Zerwas |
| Clark | Hackbarth | Lesch | Murphy, M. | Schoen | Spk. Daudt |
| Considine | Halverson | Liebling | Nash | Schomacker | |
| Cornish | Hamilton | Lien | Nelson | Schultz | |
| Daniels | Hancock | Lillie | Newberger | Scott | |
| Davids | Hansen | Loeffler | Newton | Selcer | |
| Davnie | Heintzeman | Lohmer | Nornes | Simonson | |

A quorum was present.

Hausman was excused until 4:15 p.m.

The Chief Clerk proceeded to read the Journal of the preceding day. There being no objection, further reading of the Journal was dispensed with and the Journal was approved as corrected by the Chief Clerk.

REPORTS OF CHIEF CLERK

S. F. No. 588 and H. F. No. 659, which had been referred to the Chief Clerk for comparison, were examined and found to be identical with certain exceptions.

O'Driscoll moved that S. F. No. 588 be substituted for H. F. No. 659 and that the House File be indefinitely postponed. The motion prevailed.

S. F. No. 877 and H. F. No. 963, which had been referred to the Chief Clerk for comparison, were examined and found to be identical with certain exceptions.

Kiel moved that S. F. No. 877 be substituted for H. F. No. 963 and that the House File be indefinitely postponed. The motion prevailed.

## SECOND READING OF SENATE BILLS

S. F. Nos. 588 and 877 were read for the second time.

## INTRODUCTION AND FIRST READING OF HOUSE BILLS

The following House Files were introduced:

Mullery introduced:

H. F. No. 4018, A bill for an act relating to health; appropriating money for a grant to Lao Assistance Center of Minnesota to address hepatitis B-related health disparities.

The bill was read for the first time and referred to the Committee on Health and Human Services Finance.

Dean, M., and Zerwas introduced:

H. F. No. 4019, A bill for an act relating to health professionals; allowing licensure of graduates of foreign medical or osteopathic schools under certain conditions; proposing coding for new law in Minnesota Statutes, chapter 147.

The bill was read for the first time and referred to the Committee on Health and Human Services Finance.

Isaacson introduced:

H. F. No. 4020, A bill for an act relating to transportation; requiring construction of transparent noise barrier panels at the interchange of marked Interstate Highway 694 and marked Interstate Highway 35E.

The bill was read for the first time and referred to the Committee on Transportation Policy and Finance.

Whelan and Hoppe introduced:

H. F. No. 4021, A bill for an act relating to alcohol; creating a new category of on-sale license; amending Minnesota Statutes 2014, section 340A.404, subdivision 1.

The bill was read for the first time and referred to the Committee on Commerce and Regulatory Reform.

Peppin moved that the House recess subject to the call of the Chair. The motion prevailed.

RECESS

RECONVENED

The House reconvened and was called to order by Speaker pro tempore Albright.

Anderson, M., was excused between the hours of 3:10 p.m. and 7:10 p.m.

## MESSAGES FROM THE SENATE

The following messages were received from the Senate:

Mr. Speaker:

I hereby announce that the Senate accedes to the request of the House for the appointment of a Conference Committee on the amendments adopted by the Senate to the following House File:

H. F. No. 748, A bill for an act relating to disaster assistance; appropriating money for relief.

The Senate has appointed as such committee:

Senators Stumpf, Tomassoni, Senjem, Sieben and Hayden.

Said House File is herewith returned to the House.

JOANNE M. ZOFF, Secretary of the Senate

Mr. Speaker:

I hereby announce that the Senate accedes to the request of the House for the appointment of a Conference Committee on the amendments adopted by the Senate to the following House File:

H. F. No. 2553, A bill for an act relating to orders for protection; eliminating respondent filing fee requirements; amending Minnesota Statutes 2014, section 518B.01, subdivision 3a.

The Senate has appointed as such committee:

Senators Latz, Scalze and Newman.

Said House File is herewith returned to the House.

JOANNE M. ZOFF, Secretary of the Senate

Mr. Speaker:

I hereby announce that the Senate accedes to the request of the House for the appointment of a Conference Committee on the amendments adopted by the Senate to the following House File:

H. F. No. 3142, A bill for an act relating to health; amending provisions for the statewide trauma system, home care, hearing instrument dispensers, Zika preparedness, and food, beverage, and lodging establishments; amending Minnesota Statutes 2014, sections 144.605, subdivision 5; 144.608, subdivision 1; 144A.473, subdivision 2; 144A.475, subdivisions 3, 3b, by adding a subdivision; 144A.4791, by adding a subdivision; 144A.4792, subdivision 13; 144A.4799, subdivisions 1, 3; 144A.482; 144D.01, subdivision 2a; 144G.03, subdivisions 2, 4; 153A.14, subdivisions 2d, 2h; 153A.15, subdivision 2a; 157.15, subdivision 14; 157.16, subdivision 4; proposing coding for new law in Minnesota Statutes, chapter 144.

The Senate has appointed as such committee:

Senators Sheran, Marty and Abeler.

Said House File is herewith returned to the House.

JOANNE M. ZOFF, Secretary of the Senate

Mr. Speaker:

I hereby announce that the Senate accedes to the request of the House for the appointment of a Conference Committee on the amendments adopted by the Senate to the following House File:

H. F. No. 3384, A bill for an act relating to insurance; making changes to the life insurance reserves; amending Minnesota Statutes 2014, sections 61A.24, subdivision 12, by adding a subdivision; 61A.25.

The Senate has appointed as such committee:

Senators Jensen, Champion and Pratt.

Said House File is herewith returned to the House.

JOANNE M. ZOFF, Secretary of the Senate

Mr. Speaker:

I hereby announce that the Senate accedes to the request of the House for the appointment of a Conference Committee on the amendments adopted by the Senate to the following House File:

H. F. No. 3469, A bill for an act relating to crime; modifying crime and increasing sentence of interfering with a body or scene of death; appropriating money; amending Minnesota Statutes 2014, section 609.502, subdivision 1, by adding subdivisions.

The Senate has appointed as such committee:

Senators Ingebrigtsen, Westrom and Latz.

Said House File is herewith returned to the House.

JOANNE M. ZOFF, Secretary of the Senate

Mr. Speaker:

I hereby announce the passage by the Senate of the following Senate Files, herewith transmitted:

S. F. Nos. 2090 and 3367.

JOANNE M. ZOFF, Secretary of the Senate

## FIRST READING OF SENATE BILLS

S. F. No. 2090, A resolution expressing concern over persistent and credible reports of systematic, state-sanctioned, forced organ harvesting from nonconsenting prisoners of conscience, primarily from Falun Gong practitioners imprisoned for their spiritual beliefs, and members of other religious and ethnic minority groups in the People's Republic of China.

The bill was read for the first time and referred to the Committee on Rules and Legislative Administration.

S. F. No. 3367, A resolution urging Congress to take action on the Interest for Others Act of 2016.

The bill was read for the first time and referred to the Committee on Taxes.

## CALENDAR FOR THE DAY

S. F. No. 2381 was reported to the House.

Sanders moved to amend S. F. No. 2381, the third engrossment, as follows:

Delete everything after the enacting clause and insert:

"ARTICLE 1
ELECTIONS ADMINISTRATION

Section 1. Minnesota Statutes 2014, section 202A.13, is amended to read:

**202A.13 COMMITTEES, CONVENTIONS.**

The rules of each major political party shall provide that for each congressional district and each county or legislative district a convention shall be held at least once every state general election year. Each major political party shall also provide for each congressional district and each county or legislative district an executive committee consisting of a chair and such other officers as may be necessary. The party rules may provide for only one executive committee and one convention where any county and congressional district have the same territorial limits.

A delegate or alternate who is deaf, deafblind, or hard-of-hearing who needs interpreter services at a county, legislative district, congressional district, or state convention shall so notify the executive committee of the major political party unit whose convention the delegate or alternate plans to attend. Written notice must be given by certified mail or electronic mail to the executive committee at least 30 days before the convention date. The major political party, not later than 14 days before the convention date, shall secure the services of one or more interpreters if available and shall assume responsibility for the cost of the services. The state central committee of the major political party shall determine the process for reimbursing interpreters.

A visually impaired delegate or alternate to a county, legislative district, congressional district, or state convention may notify the executive committee of the major political party unit that the delegate or alternate requires convention materials in audio tape, Braille, or large print format. Upon receiving the request, the executive committee shall provide all official written convention materials as soon as they are available, so that the visually impaired individual may have them converted to audio tape, Braille, or large print format, prior to the convention.

Sec. 2. Minnesota Statutes 2015 Supplement, section 203B.17, subdivision 1, is amended to read:

Subdivision 1. **Submission of application.** (a) An application for absentee ballots for a voter described in section 203B.16 must be in writing and may be submitted in person, by mail, by electronic facsimile device, by electronic mail, or electronically through a secure Web site that shall be maintained by the secretary of state for this purpose, upon determination by the secretary of state that security concerns have been adequately addressed. An application for absentee ballots for a voter described in section 203B.16 may be submitted by that voter or by that voter's parent, spouse, sister, brother, or child over the age of 18 years.

(b) An application for a voter described in section 203B.16, subdivision 1, shall be submitted to the county auditor of the county where the voter maintains residence or through the secure Web site maintained by the secretary of state.

(c) An application for a voter described in section 203B.16, subdivision 2, shall be submitted to the county auditor of the county where the voter or the voter's parent last maintained residence in Minnesota or through the secure Web site maintained by the secretary of state.

(d) An application for absentee ballots shall be valid for any primary, special primary, general election, or special election from the time the application is received through the end of that calendar year or through the next regularly scheduled state general election, whichever is later.

(e) There shall be no limitation of time for filing and receiving applications for ballots under sections 203B.16 to 203B.27.

Sec. 3. Minnesota Statutes 2014, section 204B.04, is amended by adding a subdivision to read:

Subd. 5. **Ballots; candidates who file by nominating petition.** Candidates who were filed as a team by nominating petition under section 204B.07, subdivision 2, shall not appear on the ballot as minor party or independent candidates if either candidate is certified as a major party candidate for president or vice president pursuant to section 208.03.

Sec. 4. Minnesota Statutes 2014, section 204B.14, subdivision 7, is amended to read:

Subd. 7. **Application to municipalities.** Notwithstanding the provisions of section 410.21, or any other law, ordinance or charter to the contrary, the provisions of subdivisions 1~~,~~ and 3 ~~and 6~~ apply to all municipalities.

Sec. 5. Minnesota Statutes 2014, section 204B.146, subdivision 3, is amended to read:

Subd. 3. **Correction to election district boundaries.** When a municipal boundary ~~that~~ has changed and is coterminous with (1) a congressional, legislative, or county commissioner district boundary ~~has changed~~, or (2) a soil and water conservation district supervisor district boundary elected by district under section 103C.311, subdivision 2, and the affected territory contains 50 or fewer registered voters, the secretary of state may order corrections to move the affected election district boundaries so ~~they~~ the boundaries are again ~~will be~~ coterminous with the municipal boundary. The election district boundary change is effective 28 days after the date that the order is issued. The secretary of state shall immediately notify the municipal clerk and county auditor affected by the boundary change and the Legislative Coordinating Commission. The municipal clerk shall send a nonforwardable notice stating the location of the polling place to every household containing a registered voter affected by the boundary change at least 25 days before the next election.

Sec. 6. Minnesota Statutes 2014, section 204B.18, subdivision 1, is amended to read:

Subdivision 1. **Booths; voting stations.** (a) Each polling place must contain a number of voting booths or voting stations in proportion to the number of individuals eligible to vote in the precinct. ~~Each booth or station must be at least six feet high, three feet deep and two feet wide with a shelf at least two feet long and one foot wide placed at a convenient height for writing.~~ The booth or station shall permit the voter to vote privately and independently.

(b) Each polling place must have at least one accessible voting booth or other accessible voting station and beginning with federal and state elections held after December 31, 2005, and county, municipal, and school district elections held after December 31, 2007, one voting system that conforms to section 301(a)(3)(B) of the Help America Vote Act, Public Law 107-252.

(c) Local jurisdictions must make accessible voting stations purchased with funds provided from the Help America Vote Act account available to other local jurisdictions holding stand-alone elections. The jurisdiction providing the equipment may require the jurisdiction using the equipment to reimburse any direct actual costs incurred as a result of the equipment's use and any prorated indirect costs of maintaining and storing the equipment. A rental or other similar use fee may not be charged.

Any funds received under this paragraph for expenses incurred by that local jurisdiction as a direct result of making the equipment available that were not paid for in whole or in part with funds from the Help America Vote Act account are not program income under the Help America Vote Act, Public Law 107-252.

Any funds received by a local jurisdiction making the equipment available as reimbursement for expenses as defined as "operating costs" under Laws 2005, chapter 162, section 34, subdivision 1, paragraph (b), and paid for in whole or in part with funds from the Help America Vote Act account must be treated as program income and deposited into the jurisdiction's Help America Vote Act account in the direct proportion that funds from the Help America Vote Act account were used to pay for those "operating costs."

(d) All booths or stations must be constructed so that a voter is free from observation while marking ballots. During the hours of voting, the booths or stations must have instructions, a pencil, and other supplies needed to mark the ballots. A chair must be provided for elderly voters and voters with disabilities to use while voting or waiting to vote. Stable flat writing surfaces must also be made available to voters who are completing election-related forms.

(e) All ballot boxes, voting booths, voting stations, and election judges must be in open public view in the polling place.

Sec. 7. Minnesota Statutes 2015 Supplement, section 204B.45, subdivision 2, is amended to read:

Subd. 2. **Procedure.** Notice of the election and the special mail procedure must be given at least ten weeks prior to the election. Not more than 46 days nor later than 14 days before a regularly scheduled election and not more than 30 days nor later than 14 days before any other election, the auditor shall mail ballots by nonforwardable mail to all voters registered in the city, town, or unorganized territory. No later than 14 days before the election, the auditor must make a subsequent mailing of ballots to those voters who register to vote after the initial mailing but before the 20th day before the election. Eligible voters not registered at the time the ballots are mailed may apply for ballots as provided in chapter 203B. Ballot return envelopes, with return postage provided, must be preaddressed to the auditor or clerk and the voter may return the ballot by mail or in person to the office of the auditor or clerk. The auditor or clerk must appoint a ballot board to examine the mail and absentee ballot return envelopes and mark them "accepted" or "rejected" within three days of receipt if there are 14 or fewer days before election day, or within five days of receipt if there are more than 14 days before election day. The board may consist of deputy county auditors or deputy municipal clerks who have received training in the processing and counting of mail ballots, who need not be affiliated with a major political party. Election judges performing the duties in this section must be of different major political parties, unless they are exempt from that requirement under section 205.075, subdivision 4, or section 205A.10. If an envelope has been rejected at least five days before the election, the ballots in the envelope must remain sealed and the auditor or clerk shall provide the voter with a replacement ballot and return envelope in place of the spoiled ballot. If the ballot is rejected within five days of the election, the envelope must remain sealed and the official in charge of the ballot board must attempt to contact the voter by telephone or e-mail to notify the voter that the voter's ballot has been rejected. The official must document the attempts made to contact the voter.

If the ballot is accepted, the county auditor or municipal clerk must mark the roster to indicate that the voter has already cast a ballot in that election. After the close of business on the seventh day before the election, the ballots from return envelopes marked "Accepted" may be opened, duplicated as needed in the manner provided by section 206.86, subdivision 5, initialed by the members of the ballot board, and deposited in the ballot box.

In all other respects, the provisions of the Minnesota Election Law governing deposit and counting of ballots apply.

The mail and absentee ballots for a precinct must be counted together and reported as one vote total. No vote totals from mail or absentee ballots may be made public before the close of voting on election day.

The costs of the mailing shall be paid by the election jurisdiction in which the voter resides. Any ballot received by 8:00 p.m. on the day of the election must be counted.

Sec. 8. Minnesota Statutes 2014, section 204C.07, subdivision 3, is amended to read:

Subd. 3. **Elections on a question.** At an election where a question is to be voted upon in an election jurisdiction, the appropriate mayor of a city, ~~or the~~ school board of a school district, or ~~the~~ board of supervisors of a town, upon receiving a written petition signed by at least 25 eligible voters, shall appoint by written certificate one voter for each precinct in the municipality, or school district if applicable, to act as a challenger of voters in the polling place for that precinct. The petition must be delivered to the clerk of the municipality or school conducting the election.

Sec. 9. Minnesota Statutes 2014, section 204C.37, is amended to read:

**204C.37 COUNTY CANVASS; RETURN OF REPORTS TO SECRETARY OF STATE.**

A copy of the report required by sections 204C.32, subdivision 1, and 204C.33, subdivision 1, shall be certified under the official seal of the county auditor. The copy shall be enclosed in an envelope addressed to the secretary of state, with the county auditor's name and official address and the words "Election Returns" endorsed on the envelope. The copy of the canvassing board report ~~and the precinct summary statements~~ must be sent by express mail or delivered to the secretary of state. If the copy is not received by the secretary of state within ten days following the applicable election, the secretary of state shall immediately notify the county auditor, who shall deliver another copy to the secretary of state by special messenger.

Sec. 10. Minnesota Statutes 2014, section 204C.39, subdivision 4, is amended to read:

Subd. 4. **Canvassing board; declaration of results; notification.** The canvassing board shall declare the results of the election upon completing the inspection for the office in question. The report and declaration shall be filed by the county auditor, who shall mail a certified copy to each candidate for that office. The county auditor shall promptly notify the secretary of state by ~~certified~~ United States mail and electronic mail of the action of the county canvassing board.

Sec. 11. Minnesota Statutes 2014, section 204D.22, subdivision 2, is amended to read:

Subd. 2. **Posting of writ.** Immediately upon receipt of the writ, the secretary of state shall send a certified copy of the writ by ~~certified~~ United States mail and electronic mail to the county auditor of each county in which candidates to fill the vacancy are to be voted upon. The county auditor shall post a copy of the writ in the auditor's office at least five days before the close of the time for filing affidavits of candidacy for the special election.

Sec. 12. Minnesota Statutes 2014, section 205.065, subdivision 4, is amended to read:

Subd. 4. **Candidates, filing.** The clerk shall place upon the primary ballot without partisan designation the names of individuals whose candidacies have been filed and for whom the proper filing fee has been paid. When not more than twice the number of individuals to be elected to a municipal office file for nomination for the office, their names shall not be placed upon the primary ballot and shall be placed on the municipal general election ballot as the nominees for that office. When more than one council member is to be elected for full terms at the same election, the candidates' names shall be placed under one office on the ballot with the number to be elected to the office specified directly underneath the title and identification of the office.

Sec. 13. Minnesota Statutes 2014, section 205.10, subdivision 6, is amended to read:

Subd. 6. **Cancellation.** A special election ordered by the governing body of the municipality on its own motion under subdivision 1 may be canceled by motion of the governing body, but not less than ~~46~~ 74 days before the election.

Sec. 14. Minnesota Statutes 2014, section 205A.03, subdivision 3, is amended to read:

Subd. 3. **Candidates, filing.** The clerk shall place upon the primary ballot without partisan designation the names of individuals whose candidacies have been filed and for whom the proper filing fee has been paid. When not more than twice as many school board candidates as there are at-large school board positions available file for nomination for the office or when not more than two candidates for a specified school board position file for nomination for that office, their names must not be placed upon the primary ballot and must be placed on the school district general election ballot as the nominees for that office. When more than one school board member is to be elected for full terms at the same election, the candidates' names shall be placed under one office on the ballot with the number to be elected to the office specified directly underneath the title and identification of the office.

Sec. 15. Minnesota Statutes 2014, section 205A.05, subdivision 2, is amended to read:

Subd. 2. **Vacancies in school district offices.** Special elections to fill vacancies in elective school district offices shall be held in school districts ~~in conjunction with school district primary and general elections to fill vacancies in elective school district offices~~ pursuant to section 123B.095. When more than one vacancy exists in an office elected at-large, voters must be instructed to vote for up to the number of vacancies to be filled.

Sec. 16. Minnesota Statutes 2014, section 205A.06, subdivision 1, is amended to read:

Subdivision 1. **Affidavit of candidacy.** An individual who is eligible and desires to become a candidate for an office to be voted on at the election must file an affidavit of candidacy with the school district clerk. The affidavit must be in ~~substantially~~ the ~~same~~ form ~~as that in~~ prescribed by section 204B.06~~, subdivision 1~~. The school district clerk shall also accept an application signed by at least five voters and filed on behalf of an eligible voter in the school district whom they desire to be a candidate, if service of a copy of the application has been made on the candidate and proof of service is endorsed on the application being filed. No individual shall be nominated by nominating petition for a school district elective office. Upon receipt of the proper filing fee, the clerk shall place the name of the candidate on the official ballot without partisan designation.

Sec. 17. Minnesota Statutes 2014, section 205A.11, subdivision 2a, is amended to read:

Subd. 2a. **Notice of special elections.** The school district clerk shall prepare a notice to the voters who will be voting in a combined polling place for a school district special election. The notice must include the following information: the date of the election, the hours of voting, and the location of the voter's polling place. The notice must be sent by nonforwardable mail to every affected household in the school district with at least one registered voter. The notice must be mailed no later than 14 days before the election. The mailed notice is not required for a school district special election that is held on the second Tuesday in August, the Tuesday following the first Monday in November, or for a special election conducted entirely by mail. ~~In addition, the mailed notice is not required for voters residing in a township if the school district special election is held on the second Tuesday in March and the town general election is held on that day.~~ A notice that is returned as undeliverable must be forwarded immediately to the county auditor.

Sec. 18. Minnesota Statutes 2014, section 209.021, subdivision 1, is amended to read:

Subdivision 1. **Manner; time; contents.** Service of a notice of contest must be made in the same manner as the service of summons in civil actions. The notice of contest must specify the grounds on which the contest will be made. The contestant shall serve notice of the contest on the parties enumerated in this section. Except as provided in section 204D.27, notice must be served and filed within five days after the canvass is completed in the case of a primary or special primary or within seven days after the canvass is completed in the case of a special or general election~~; except that~~. If a contest is based on a deliberate, serious, and material violation of the election laws ~~which~~ that was discovered from the statements of receipts and disbursements required to be filed by candidates and committees, the action may be commenced and the notice served and filed within ten days after the filing of the statements in the case of a general or special election or within five days after the filing of the statements in the case of a primary or special primary. If a notice of contest questions only which party received the highest number of votes legally cast at the election, a contestee who loses may serve and file a notice of contest on any other ground during the three days following expiration of the time for appealing the decision on the vote count.

Sec. 19. **PRESIDENTIAL ELECTORS; 2016 MEETING LOCATION.**

Notwithstanding Minnesota Statutes, section 208.06, for purposes of the 2016 meeting of presidential electors, if the executive chamber of the State Capitol is unavailable, the secretary of state must direct that the meeting be held at the Minnesota History Center or at another suitable space within the state Capitol Complex. If the meeting is

directed to be held at one of these locations, the secretary of state must post notice of the new location at least 30 days before the meeting is scheduled to occur, and the notice to the governor required by section 208.06 must properly identify the electors' location.

ARTICLE 2
SCHOOL BOARD VACANCIES

Section 1. Minnesota Statutes 2014, section 123B.09, is amended by adding a subdivision to read:

Subd. 5b. **Appointments to fill vacancies; special elections.** (a) Any vacancy on the board, other than a vacancy described in subdivision 4, must be filled by board appointment at a regular or special meeting. The appointment shall be evidenced by a resolution entered in the minutes and shall be effective 30 days following adoption of the resolution, subject to paragraph (b). If the appointment becomes effective, it shall continue until an election is held under this subdivision. All elections to fill vacancies shall be for the unexpired term. A special election to fill the vacancy must be held no later than the first Tuesday after the first Monday in November following the vacancy. If the vacancy occurs less than 90 days prior to the first Tuesday after the first Monday in November in the year in which the vacancy occurs, the special election must be held no later than the first Tuesday after the first Monday in November of the following calendar year. If the vacancy occurs less than 90 days prior to the first Tuesday after the first Monday in November in the third year of the term, no special election is required.

(b) An appointment made under paragraph (a) shall not be effective if a petition to reject the appointee is filed with the school district clerk. To be valid, a petition to reject an appointee must be signed by a number of eligible voters residing in the district equal to at least five percent of the total number of voters voting in the district at the most recent state general election, and must be filed within 30 days of the board's adoption of the resolution making the appointment. If a valid petition is filed according to the requirements of this paragraph, the appointment by the school board is ineffective and the board must name a new appointee as provided in paragraph (a).

**EFFECTIVE DATE.** (a) This section is effective the day following final enactment and applies to vacancies existing or created on or after that date.

(b) If a vacancy has occurred prior to the effective date but no election has been scheduled, the school board may fill the vacancy by appointment pursuant to this section. If, prior to the effective date, a school board has called a special election pursuant to Minnesota Statutes, section 123B.095, and the absentee voting period has not yet started, the school board may cancel that election and fill the vacancy by appointment or may allow the election to proceed. If the school board decides to cancel the election, the board must adopt a resolution within 14 days of the effective date of this act. The time limitations of Minnesota Statutes, section 205A.05, subdivision 3, do not apply to the cancellation of the election by the school board under this paragraph.

Sec. 2. **REPEALER.**

Minnesota Statutes 2015 Supplement, sections 123B.09, subdivision 5a; and 123B.095, are repealed.

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

ARTICLE 3
ELECTIONS EMERGENCY PLANS

Section 1. Minnesota Statutes 2014, section 204B.14, subdivision 2, is amended to read:

Subd. 2. **Separate precincts; combined polling place.** (a) The following shall constitute at least one election precinct:

(1) each city ward; and

(2) each town and each statutory city.

(b) A single, accessible, combined polling place may be established no later than May 1 of any year:

(1) for any city of the third or fourth class, any town, or any city having territory in more than one county, in which all the voters of the city or town shall cast their ballots;

(2) for contiguous precincts in the same municipality;

(3) for up to four contiguous municipalities located entirely outside the metropolitan area, as defined by section 200.02, subdivision 24, that are contained in the same county; or

(4) for noncontiguous precincts located in one or more counties.

Subject to the requirements of paragraph (c), a single, accessible, combined polling place may be established after May 1 of any year in the event of an emergency.

A copy of the ordinance or resolution establishing a combined polling place must be filed with the county auditor within 30 days after approval by the governing body. A polling place combined under clause (3) must be approved by the governing body of each participating municipality. A polling place combined under clause (4) must be approved by the governing body of each participating municipality and the secretary of state and may be located outside any of the noncontiguous precincts. A municipality withdrawing from participation in a combined polling place must do so by filing a resolution of withdrawal with the county auditor no later than April 1 of any year.

The secretary of state shall provide a separate polling place roster for each precinct served by the combined polling place, except that in a precinct that uses electronic rosters the secretary of state shall provide separate data files for each precinct. A single set of election judges may be appointed to serve at a combined polling place. The number of election judges required must be based on the total number of persons voting at the last similar election in all precincts to be voting at the combined polling place. Separate ballot boxes must be provided for the ballots from each precinct. The results of the election must be reported separately for each precinct served by the combined polling place, except in a polling place established under clause (2) where one of the precincts has fewer than ten registered voters, in which case the results of that precinct must be reported in the manner specified by the secretary of state.

(c) If a local elections official determines that an emergency situation preventing the safe, secure, and full operation of a polling place on election day has occurred or is imminent, the local elections official may combine two or more polling places for that election pursuant to this subdivision. To the extent possible, the polling places must be combined and the election conducted according to the requirements of paragraph (b), except that:

(1) polling places may be combined after May 1 and until the polls close on election day;

(2) any city or town, regardless of size or location, may establish a combined polling place under this paragraph;

(3) the governing body is not required to adopt an ordinance or resolution to establish the combined polling place;

(4) a polling place combined under paragraph (b), clause (3) or (4), must be approved by the local election official of each participating municipality;

(5) the local elections official must immediately notify the county auditor and the secretary of state of the combination, including the reason for the emergency combination and the location of the combined polling place. As soon as possible, the local elections official must also post a notice stating the reason for the combination and the

location of the combined polling place. The notice must also be posted on the governing board's Web site, if one exists. The local elections official must also notify the election judges and request that local media outlets publicly announce the reason for the combination and the location of the combined polling place; and

(6) on election day, the local elections official must post a notice in large print in a conspicuous place at the polling place where the emergency occurred, if practical, stating the location of the combined polling place. The local election official must also post the notice, if practical, in a location visible by voters who vote from their motor vehicles as provided in section 204C.15, subdivision 2. If polling place hours are extended pursuant to section 204C.05, subdivision 2, paragraph (b), the posted notices required by this paragraph must include a statement that the polling place hours at the combined polling place will be extended until the specified time.

Sec. 2. **[204B.175] CHANGE OF POLLING PLACE IN AN EMERGENCY.**

Subdivision 1. **Application.** When an emergency occurs after the deadline to designate a polling place pursuant to section 204B.16 but before the polls close on election day, a new polling place may be designated for that election pursuant to this section. For purposes of this section, an emergency is any situation that prevents the safe, secure, and full operation of a polling place.

Subd. 2. **Changing polling place.** If a local election official determines that an emergency has occurred or is imminent, the local election official must procure a polling place that is as near the designated polling place as possible and that complies with the requirements of section 204B.16, subdivisions 4 and 5. If it is not possible to locate a new polling place in the precinct, the polling place may be located outside of the precinct without regard to the distance limitations in section 204B.16, subdivision 1. The local election official must certify to the appropriate governing body the expenses incurred because of the change. These expenses shall be paid as part of the expenses of the election.

Subd. 3. **Notice.** (a) Upon making the determination to relocate a polling place, the local election official must immediately notify the county auditor and the secretary of state. The notice must include the reason for the relocation and the reason for the location of the new polling place. As soon as possible, the local election official must also post a notice stating the reason for the relocation and the location of the new polling place. The notice must also be posted on the Web site of the public body, if there is one. The local election official must also notify the election judges and request that local media outlets publicly announce the reason for the relocation and the location of the polling place.

(b) On election day, the local election official must post a notice in large print in a conspicuous place at the polling place where the emergency occurred, if practical, stating the location of the new polling place. The local election official must also post the notice, if practical, in a location visible by voters who vote from their motor vehicles as provided in section 204C.15, subdivision 2. If polling place hours are extended pursuant to section 204C.05, subdivision 2, paragraph (b), the posted notices required by this paragraph must include a statement that the polling place hours at the new polling place will be extended until the specified time.

Sec. 3. **[204B.181] ELECTION EMERGENCY PLANS.**

Subdivision 1. **State elections emergency plans.** (a) The secretary of state, in consultation with the Minnesota director of the Department of Public Safety, Division of Homeland Security and Emergency Management, must develop a state elections emergency plan.

(b) The secretary of state must also coordinate with the governor to incorporate election needs into the state's continuity of government and continuity of operations plans.

(c) The secretary of state must create a state guide to assist county and local election officials in developing a county elections emergency plan required by subdivision 2. The secretary of state must consult with the Minnesota State Council on Disability in developing the guide. The guide must include a model county elections emergency plan that meets the requirements of this section.

Subd. 2. **County elections emergency plans.** (a) County election officials, in consultation with the political subdivision's local organization for emergency management established under section 12.25 and the municipalities and school districts within the county, must develop a county elections emergency plan to be made available for use in all state, county, municipal, and school district elections held in that county.

(b) In developing the county elections emergency plan, the county must address the needs of voters with disabilities in all aspects of the plan. Where ballot security is affected, the plan must provide procedures to maintain the security of the ballots. When an emergency requires the relocation of the polling place, the plan must include procedures for securing the ballots and voting equipment, notifying the public and other government officials, and restoring voting activities as soon as possible. If the county contains jurisdictions that cross county lines, the affected counties must make efforts to ensure that the emergency procedures affecting the local jurisdiction are uniform throughout the jurisdiction.

(c) Cities, towns, and school districts may create a local elections emergency plan that meets the requirements of the county elections emergency plan. If a local jurisdiction creates a local elections emergency plan, the procedures within the local elections emergency plan govern in all election emergencies within that local jurisdiction.

(d) County election officials and any municipality with a local elections emergency plan must review their county or local elections emergency plan prior to each state general election. Any revisions to the county or local elections emergency plan must be completed and filed with the secretary of state by July 1 prior to the state general election.

**EFFECTIVE DATE.** This section is effective August 1, 2016, except that the initial county elections emergency plans required under subdivision 2 are due September 1, 2016.

Sec. 4. Minnesota Statutes 2014, section 204C.05, subdivision 2, is amended to read:

Subd. 2. **Voters in line at closing.** (a) At or before the hour when voting is scheduled to begin, the election judges shall agree upon the standard of time they will use to determine when voting will begin and end. Voting shall not be allowed after the time when it is scheduled to end, unless individuals are waiting in the polling place or waiting in line at the door to register or to vote. The voting shall continue until those individuals have been allowed to vote. No individual who comes to the polling place or to a line outside the polling place after the time when voting is scheduled to end shall be allowed to vote.

(b) The local election official may extend polling place hours to accommodate voters that would have been in line at the regular polling place if the polling place had not been combined or moved on election day pursuant to section 204B.14, subdivision 2, or 204B.175. Polling place hours may be extended at the new polling place for one hour. The local election official must immediately provide notice to the county auditor, secretary of state, and election judges of the extension in polling place hours. The local election official must also request that the local media outlets publicly announce the extended polling place hours. Voters in the polling place or waiting in line at the door to register or to vote at the end of the extended polling place hours shall be allowed to vote pursuant to paragraph (a).

Sec. 5. **REPEALER.**

Minnesota Statutes 2014, section 204B.17, is repealed."

Sanders moved to amend the Sanders amendment to S. F. No. 2381, the third engrossment, as follows:

Page 2, after line 4, insert:

"Sec. 2. Minnesota Statutes 2014, section 203B.081, is amended to read:

**203B.081 LOCATIONS AND METHODS FOR ABSENTEE VOTING IN PERSON.**

Subdivision 1. **Location; timing.** An eligible voter may vote by absentee ballot in the office of the county auditor and at any other polling place designated by the county auditor during the 46 days before the election, except as provided in this section.

Subd. 2. **Town elections.** Voters casting absentee ballots in person for a town election held in March may do so during the 30 days before the election. The county auditor shall make such designations at least 14 weeks before the election. At least one voting booth in each polling place must be made available by the county auditor for this purpose. The county auditor must also make available at least one electronic ballot marker in each polling place that has implemented a voting system that is accessible for individuals with disabilities pursuant to section 206.57, subdivision 5.

Subd. 3. **Alternative procedure.** (a) The county auditor may make available a ballot counter and ballot box for use by the voters during the seven days before the election. If a ballot counter and ballot box is provided, a voter must be given the option either (1) to vote using the process provided in section 203B.08, subdivision 1, or (2) to vote in the manner provided in this subdivision.

(b) If a voter chooses to vote in the manner provided in this subdivision, the voter must state the voter's name, address, and date of birth to the county auditor or municipal clerk. The voter shall sign a voter's certificate, which must include the voter's name, identification number, and the certification required by section 201.071, subdivision 1. The signature of an individual on the voter's certificate and the issuance of a ballot to the individual is evidence of the intent of the individual to vote at that election.

(c) After signing the voter's certificate, the voter shall be issued a ballot and immediately retire to a voting station or other designated location in the polling place to mark the ballot. The ballot must not be taken from the polling place. If the voter spoils the ballot, the voter may return it to the election official in exchange for a new ballot. After completing the ballot, the voter shall deposit the ballot into the ballot box.

(d) The election official must immediately record that the voter has voted in the manner provided in section 203B.121, subdivision 3.

(e) The election duties required by this subdivision must be performed by the county auditor, municipal clerk, or a deputy of the auditor or clerk.

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

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed and the amendment to the amendment was adopted.

Dehn, R., offered an amendment to the Sanders amendment, as amended, to S. F. No. 2381, the third engrossment.

POINT OF ORDER

Nash raised a point of order pursuant to rule 3.21 that the Dehn, R., amendment to the Sanders amendment, as amended, was not in order. Speaker pro tempore Albright ruled the point of order well taken and the Dehn, R., amendment to the Sanders amendment, as amended, out of order.

The question recurred on the Sanders amendment, as amended, to S. F. No. 2381, the third engrossment. The motion prevailed and the amendment, as amended, was adopted.

S. F. No. 2381, A bill for an act relating to elections; modifying provisions related to elections and election administration; modifying provisions related to electronic voting systems; allowing preregistration for 17 year-olds; providing for elections emergency preparedness and response; authorizing alternative method for submitting certain in-person absentee ballot; modifying provisions related to felon voting; amending Minnesota Statutes 2014, sections 123B.09, by adding a subdivision; 201.014, by adding a subdivision; 201.054, subdivisions 1, 2; 201.061, by adding a subdivision; 201.091, subdivision 4; 202A.13; 203B.081; 204B.04, by adding a subdivision; 204B.07, subdivision 4; 204B.14, subdivisions 2, 7; 204B.146, subdivision 3; 204B.18, subdivision 1; 204B.35, by adding a subdivision; 204C.05, subdivision 2; 204C.07, subdivision 3; 204C.10; 204C.15, subdivision 1; 204C.24, subdivision 1; 204C.37; 204C.39, subdivision 4; 204D.08, subdivisions 4, 6; 204D.20, subdivision 3; 204D.22, subdivisions 2, 3; 205.065, subdivision 4; 205.10, subdivision 6; 205A.03, subdivision 3; 205A.05, subdivision 2; 205A.06, subdivision 1; 205A.11, subdivision 2a; 206.80; 206.86, by adding a subdivision; 209.021, subdivision 1; Minnesota Statutes 2015 Supplement, sections 201.071, subdivision 1; 203B.17, subdivision 1; 204B.45, subdivision 2; 204C.08, subdivision 1d; 609.165, subdivision 1; proposing coding for new law in Minnesota Statutes, chapters 201; 204B; repealing Minnesota Statutes 2014, section 204B.17; Minnesota Statutes 2015 Supplement, sections 123B.09, subdivision 5a; 123B.095; 201.275.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 118 yeas and 14 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Christensen | Flanagan | Johnson, B. | Loeffler | Moran |
| Allen | Clark | Franson | Johnson, C. | Loon | Mullery |
| Anderson, C. | Considine | Freiberg | Johnson, S. | Loonan | Murphy, E. |
| Anderson, P. | Cornish | Garofalo | Kahn | Lueck | Murphy, M. |
| Anzelc | Daniels | Gunther | Kelly | Mack | Nash |
| Applebaum | Davids | Hackbarth | Kiel | Mahoney | Nelson |
| Atkins | Davnie | Halverson | Knoblach | Mariani | Newberger |
| Backer | Dehn, R. | Hamilton | Koznick | Marquart | Newton |
| Baker | Dettmer | Hansen | Kresha | Masin | Nornes |
| Barrett | Ecklund | Hilstrom | Laine | McDonald | Norton |
| Bennett | Erhardt | Hoppe | Lesch | McNamara | O'Driscoll |
| Bernardy | Fabian | Hornstein | Liebling | Melin | O'Neill |
| Bly | Fenton | Hortman | Lien | Metsa | Pelowski |
| Carlson | Fischer | Isaacson | Lillie | Miller | Persell |

| | | | | | |
|---|---|---|---|---|---|
| Petersburg | Rarick | Schultz | Sundin | Urdahl | Yarusso |
| Peterson | Rosenthal | Scott | Swedzinski | Vogel | Youakim |
| Pierson | Runbeck | Selcer | Theis | Wagenius | Zerwas |
| Pinto | Sanders | Simonson | Thissen | Ward | Spk. Daudt |
| Poppe | Schoen | Slocum | Torkelson | Whelan | |
| Pugh | Schomacker | Smith | Uglem | Wills | |

Those who voted in the negative were:

| | | | | |
|---|---|---|---|---|
| Anderson, S. | Erickson | Hancock | Howe | Peppin |
| Dean, M. | Green | Heintzeman | Lohmer | Quam |
| Drazkowski | Gruenhagen | Hertaus | Lucero | |

The bill was passed, as amended, and its title agreed to.

S. F. No. 3047, A bill for an act relating to health care; permitting health carriers to not renew certain conversion individual health plans; requiring notice to affected policyholders; amending Minnesota Statutes 2014, section 62A.17, subdivision 6.

The bill was read for the third time and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 130 yeas and 0 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Dean, M. | Heintzeman | Loon | Nornes | Selcer |
| Allen | Dehn, R. | Hertaus | Loonan | Norton | Simonson |
| Anderson, C. | Dettmer | Hilstrom | Lucero | O'Driscoll | Slocum |
| Anderson, P. | Drazkowski | Hoppe | Lueck | O'Neill | Smith |
| Anderson, S. | Ecklund | Hornstein | Mack | Pelowski | Sundin |
| Anzelc | Erhardt | Hortman | Mahoney | Peppin | Swedzinski |
| Applebaum | Erickson | Howe | Mariani | Persell | Theis |
| Atkins | Fabian | Isaacson | Marquart | Petersburg | Thissen |
| Backer | Fenton | Johnson, B. | Masin | Peterson | Torkelson |
| Baker | Fischer | Johnson, C. | McDonald | Pierson | Uglem |
| Barrett | Flanagan | Johnson, S. | McNamara | Pinto | Urdahl |
| Bennett | Franson | Kahn | Melin | Poppe | Vogel |
| Bernardy | Freiberg | Kelly | Metsa | Pugh | Wagenius |
| Bly | Garofalo | Kiel | Miller | Quam | Ward |
| Carlson | Green | Knoblach | Moran | Rarick | Whelan |
| Christensen | Gruenhagen | Koznick | Mullery | Rosenthal | Wills |
| Clark | Gunther | Kresha | Murphy, E. | Runbeck | Yarusso |
| Considine | Hackbarth | Laine | Murphy, M. | Sanders | Youakim |
| Cornish | Halverson | Lesch | Nash | Schoen | Zerwas |
| Daniels | Hamilton | Lien | Nelson | Schomacker | Spk. Daudt |
| Davids | Hancock | Lillie | Newberger | Schultz | |
| Davnie | Hansen | Lohmer | Newton | Scott | |

The bill was passed and its title agreed to.

Pelowski was excused between the hours of 3:45 p.m. and 5:45 p.m.

Speaker pro tempore Albright called Garofalo to the Chair.

H. F. No. 3585 was reported to the House.

Lillie moved to amend H. F. No. 3585, the second engrossment, as follows:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2014, section 352.03, subdivision 5, is amended to read:

Subd. 5. **Executive director; assistant director.** (a) The executive director, in this chapter called the director, of the system must be appointed by the board on the basis of fitness, experience in the retirement field, and leadership ability. The director must have had at least five years' experience on the administrative staff of a major retirement system.

(b) The executive director and assistant director must be in the unclassified service but appointees may be selected from civil service lists if desired. Notwithstanding any law to the contrary, the board must set the salary of the executive director. The salary of the executive director must ~~be as provided by~~ not exceed the limit for a position listed in section 15A.0815, subdivision 2. The salary of the assistant director must be set in accordance with section 43A.18, subdivision 3.

**EFFECTIVE DATE.** This section is effective July 1, 2016.

Sec. 2. Minnesota Statutes 2014, section 353.03, subdivision 3a, is amended to read:

Subd. 3a. **Executive director.** (a) **Appointment.** The board shall appoint an executive director on the basis of education, experience in the retirement field, and leadership ability. The executive director must have had at least five years' experience in an executive level management position, which has included responsibility for pensions, deferred compensation, or employee benefits. The executive director serves at the pleasure of the board. Notwithstanding any law to the contrary, the board must set the salary of the executive director. The salary of the executive director ~~is as provided by~~ must not exceed the limit for a position listed in section 15A.0815, subdivision 2.

(b) **Duties.** The management of the association is vested in the executive director who shall be the executive and administrative head of the association. The executive director shall act as adviser to the board on all matters pertaining to the association and shall also act as the secretary of the board. The executive director shall:

(1) attend all meetings of the board;

(2) prepare and recommend to the board appropriate rules to carry out the provisions of this chapter;

(3) establish and maintain an adequate system of records and accounts following recognized accounting principles and controls;

(4) designate with the approval of the board, up to two persons who may serve in the unclassified service and whose salaries are set in accordance with section 43A.18, subdivision 3, appoint a confidential secretary in the unclassified service, and appoint employees to carry out this chapter, who are subject to chapters 43A and 179A in the same manner as are executive branch employees;

(5) organize the work of the association as the director deems necessary to fulfill the functions of the association, and define the duties of its employees and delegate to them any powers or duties, subject to the control of, and under such conditions as, the executive director may prescribe;

(6) with the approval of the board, contract for the services of an approved actuary, professional management services, and any other consulting services as necessary to fulfill the purposes of this chapter. All contracts are subject to chapter 16C. The commissioner of administration shall not approve, and the association shall not enter into, any contract to provide lobbying services or legislative advocacy of any kind. Any approved actuary retained by the executive director shall function as the actuarial advisor of the board and the executive director. In addition to filing requirements under section 356.214, any supplemental actuarial valuations or experience studies shall be filed with the executive director of the Legislative Commission on Pensions and Retirement. Copies of professional management survey reports shall be transmitted to the secretary of the senate, the chief clerk of the house of representatives, and the Legislative Reference Library as provided by section 3.195, and to the executive director of the commission at the same time as reports are furnished to the board. Only management firms experienced in conducting management surveys of federal, state, or local public retirement systems shall be qualified to contract with the director hereunder;

(7) with the approval of the board provide in-service training for the employees of the association;

(8) make refunds of accumulated contributions to former members and to the designated beneficiary, surviving spouse, legal representative or next of kin of deceased members or deceased former members, as provided in this chapter;

(9) determine the amount of the annuities and disability benefits of members covered by the association and authorize payment of the annuities and benefits beginning as of the dates on which the annuities and benefits begin to accrue, in accordance with the provisions of this chapter;

(10) pay annuities, refunds, survivor benefits, salaries, and necessary operating expenses of the association;

(11) prepare and submit to the board and the legislature an annual financial report covering the operation of the association, as required by section 356.20;

(12) prepare and submit biennial and annual budgets to the board for its approval and submit the approved budgets to the Department of Management and Budget for approval by the commissioner;

(13) reduce all or part of the accrued interest payable under section 353.27, subdivisions 12, 12a, and 12b, or 353.28, subdivision 5, upon receipt of proof by the association of an unreasonable processing delay or other extenuating circumstances of the employing unit; and notwithstanding section 353.27, subdivision 7, may waive the payment of accrued interest to the member if a credit has been taken by the employer to correct an employee deduction taken in error and if the accrued interest is $10 or less. The executive director shall prescribe and submit for approval by the board the conditions under which such interest may be reduced; and

(14) with the approval of the board, perform such other duties as may be required for the administration of the association and the other provisions of this chapter and for the transaction of its business.

**EFFECTIVE DATE.** This section is effective July 1, 2016.

Sec. 3. Minnesota Statutes 2014, section 354.06, subdivision 2, is amended to read:

Subd. 2. **President; executive director.** The board shall annually elect one of its members as president. It shall elect an executive director~~, whose salary shall be as provided by~~. Notwithstanding any law to the contrary, the board must set the salary of the executive director. The salary of the executive director must not exceed the limit for

a position listed in section 15A.0815, subdivision 2. The salary of the assistant executive director who shall be in the unclassified service, shall be set in accordance with section 43A.18, subdivision 3. The executive director shall serve during the pleasure of the board and be the executive officer of the board, with such duties as the board shall prescribe. The board shall employ all other clerks and employees necessary to properly administer the association. The cost and expense of administering the provisions of this chapter shall be paid by the association. The executive director shall be appointed by the board on the basis of fitness, experience in the retirement field and leadership ability. The executive director shall have had at least five years of experience on the administrative staff of a major retirement system.

**EFFECTIVE DATE.** This section is effective July 1, 2016.

Sec. 4. **LABOR AGREEMENTS AND COMPENSATION PLANS.**

Subdivision 1. **Minnesota State University Administrative and Service Faculty.** The labor agreement between the state of Minnesota and the Minnesota State University Administrative and Service Faculty, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, is ratified.

Subd. 2. **Inter Faculty Organization.** The labor agreement between the state of Minnesota and the Inter Faculty Organization, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, is ratified.

Subd. 3. **MnSCU Personnel Plan for Administrators.** The MnSCU Personnel Plan for Administrators, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, is ratified.

Subd. 4. **Commissioner's and Managerial Plan amendments.** The amendments to the insurance articles of the FY 14-15 Commissioner's Plan and the FY 14-15 Managerial Plan, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, are ratified.

Subd. 5. **Minnesota Nurses Association.** The labor agreement between the state of Minnesota and the Minnesota Nurses Association, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on January 15, 2016, is ratified.

Subd. 6. **Minnesota Law Enforcement Association.** The labor agreement between the state of Minnesota and the Minnesota Law Enforcement Association, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on January 15, 2016, is ratified.

Subd. 7. **American Federation of State, County, and Municipal Employees, Unit 8.** The labor agreement between the state of Minnesota and the American Federation of State, County, and Municipal Employees, Unit 8, Corrections Officers, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on January 15, 2016, is ratified.

Subd. 8. **State Residential Schools Education Association.** The labor agreement between the state of Minnesota and the State Residential Schools Education Association, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on January 15, 2016, is ratified.

Subd. 9. **Minnesota State College Faculty.** The labor agreement between the state of Minnesota and the Minnesota State College Faculty, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on March 8, 2016, is ratified.

Sec. 5. **OTHER AGREEMENTS AND COMPENSATION PLANS.**

Subdivision 1. **American Federation of State, County, and Municipal Employees.** The labor agreement between the state of Minnesota and the American Federation of State, County, and Municipal Employees, Council 5, submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, and implemented after 30 days as provided in Minnesota Statutes, section 3.855, subdivision 2, is ratified.

Subd. 2. **American Federation of State, County, and Municipal Employees, Unit 225.** The labor agreement between the state of Minnesota and the American Federation of State, County, and Municipal Employees, Unit 225, Radio Communications Operators, submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, and implemented after 30 days as provided in Minnesota Statutes, section 3.855, subdivision 2, is ratified.

Subd. 3. **Minnesota Association of Professional Employees.** The labor agreement between the state of Minnesota and the Minnesota Association of Professional Employees, submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, and implemented after 30 days as provided in Minnesota Statutes, section 3.855, subdivision 2, is ratified.

Subd. 4. **Middle Management Association.** The labor agreement between the state of Minnesota and the Middle Management Association, submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, and implemented after 30 days as provided in Minnesota Statutes, section 3.855, subdivision 2, is ratified.

Subd. 5. **Commissioner's plan.** The commissioner's plan for unrepresented employees, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, as amended by the technical correction resolution "SER-5" presented to the subcommittee on March 8, 2016, is ratified.

Subd. 6. **Managerial plan.** The managerial plan, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, as amended by the technical correction resolution "SER-5" presented to the subcommittee on March 8, 2016, is ratified.

Subd. 7. **Office of Higher Education Unclassified Personnel Compensation Plan.** The Office of Higher Education Unclassified Personnel Compensation Plan, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on December 29, 2015, is ratified.

Sec. 6. **SALARIES OF AGENCY HEADS.**

Subdivision 1. **Minnesota State Retirement System.** The proposal to increase the salary of the executive director of the Minnesota State Retirement System, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on August 19, 2015, is ratified. The new salary is effective retroactively from July 1, 2015.

Subd. 2. **Public Employees Retirement Association.** The proposal to increase the salary of the executive director of the Public Employees Retirement Association, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on September 3, 2015, is ratified. The new salary of $144,991 is effective retroactively from July 1, 2015.

Subd. 3. **Teachers Retirement Association.** The proposal to increase the salary of the executive director of the Teachers Retirement Association, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on August 11, 2015, is ratified. The new salary is effective retroactively from July 1, 2015.

Sec. 7. **REVISOR'S INSTRUCTION.**

In the next and subsequent editions of Minnesota Statutes, the revisor of statutes shall remove from Minnesota Statutes, section 15A.0815, subdivision 2, the references to the executive directors of the Public Employees Retirement Association, the Minnesota State Retirement System, and the Teachers Retirement Association.

**EFFECTIVE DATE.** This section is effective July 1, 2016.

Sec. 8. **EFFECTIVE DATE.**

Sections 4 to 6 are effective the day following final enactment. The salary ratified in section 6, subdivision 1, is effective until modified after July 1, 2016, by the Board of the Minnesota State Retirement System under Minnesota Statutes, section 352.03, subdivision 5. The salary ratified in section 6, subdivision 2, is effective until modified after July 1, 2016, by the Board of the Public Employee Retirement Association under Minnesota Statutes, section 353.03, subdivision 3a. The salary ratified in section 6, subdivision 3, is effective until modified after July 1, 2016, by the Board of the Teachers Retirement Association under Minnesota Statutes, section 354.06, subdivision 2."

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Lillie amendment and the roll was called. There were 58 yeas and 73 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Allen | Dehn, R. | Hortman | Loeffler | Nelson | Simonson |
| Anzelc | Ecklund | Isaacson | Mariani | Newton | Slocum |
| Applebaum | Erhardt | Johnson, C. | Marquart | Norton | Sundin |
| Atkins | Fischer | Johnson, S. | Masin | Persell | Thissen |
| Bernardy | Flanagan | Kahn | Melin | Pinto | Wagenius |
| Bly | Freiberg | Laine | Metsa | Poppe | Ward |
| Carlson | Halverson | Lesch | Moran | Rosenthal | Yarusso |
| Clark | Hansen | Liebling | Mullery | Schoen | Youakim |
| Considine | Hilstrom | Lien | Murphy, E. | Schultz | |
| Davnie | Hornstein | Lillie | Murphy, M. | Selcer | |

Those who voted in the negative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Dettmer | Heintzeman | Lucero | Petersburg | Torkelson |
| Anderson, C. | Drazkowski | Hertaus | Lueck | Peterson | Uglem |
| Anderson, P. | Erickson | Hoppe | Mack | Pierson | Urdahl |
| Anderson, S. | Fabian | Howe | Mahoney | Pugh | Vogel |
| Backer | Fenton | Johnson, B. | McDonald | Quam | Whelan |
| Baker | Franson | Kelly | McNamara | Rarick | Wills |
| Barrett | Garofalo | Kiel | Miller | Runbeck | Zerwas |
| Bennett | Green | Knoblach | Nash | Sanders | Spk. Daudt |
| Christensen | Gruenhagen | Koznick | Newberger | Schomacker | |
| Cornish | Gunther | Kresha | Nornes | Scott | |
| Daniels | Hackbarth | Lohmer | O'Driscoll | Smith | |
| Davids | Hamilton | Loon | O'Neill | Swedzinski | |
| Dean, M. | Hancock | Loonan | Peppin | Theis | |

The motion did not prevail and the amendment was not adopted.

Lillie moved to amend H. F. No. 3585, the second engrossment, as follows:

Page 1, delete lines 9 and 10

Page 2, delete Article 2

Amend the title accordingly

A roll call was requested and properly seconded.

Hausman was excused between the hours of 4:25 p.m. and 7:20 p.m.

The question was taken on the Lillie amendment and the roll was called. There were 60 yeas and 71 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Allen | Ecklund | Isaacson | Mariani | Norton | Thissen |
| Anzelc | Erhardt | Johnson, C. | Marquart | Persell | Wagenius |
| Applebaum | Fischer | Johnson, S. | Masin | Pinto | Ward |
| Atkins | Flanagan | Kahn | Melin | Poppe | Yarusso |
| Bernardy | Freiberg | Laine | Metsa | Rosenthal | Youakim |
| Bly | Halverson | Lesch | Moran | Schoen | |
| Carlson | Hamilton | Liebling | Mullery | Schultz | |
| Clark | Hansen | Lien | Murphy, E. | Selcer | |
| Considine | Hilstrom | Lillie | Murphy, M. | Simonson | |
| Davnie | Hornstein | Loeffler | Nelson | Slocum | |
| Dehn, R. | Hortman | Mahoney | Newton | Sundin | |

Those who voted in the negative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Dean, M. | Hancock | Loon | O'Neill | Smith |
| Anderson, C. | Dettmer | Heintzeman | Loonan | Peppin | Swedzinski |
| Anderson, P. | Drazkowski | Hertaus | Lucero | Petersburg | Theis |
| Anderson, S. | Erickson | Hoppe | Lueck | Peterson | Torkelson |
| Backer | Fabian | Howe | Mack | Pierson | Uglem |
| Baker | Fenton | Johnson, B. | McDonald | Pugh | Urdahl |
| Barrett | Franson | Kelly | McNamara | Quam | Vogel |
| Bennett | Garofalo | Kiel | Miller | Rarick | Whelan |
| Christensen | Green | Knoblach | Nash | Runbeck | Wills |
| Cornish | Gruenhagen | Koznick | Newberger | Sanders | Zerwas |
| Daniels | Gunther | Kresha | Nornes | Schomacker | Spk. Daudt |
| Davids | Hackbarth | Lohmer | O'Driscoll | Scott | |

The motion did not prevail and the amendment was not adopted.

Franson was excused between the hours of 5:00 p.m. and 5:10 p.m.

H. F. No. 3585, A bill for an act relating to public employment; ratifying labor agreements and a compensation plan; requiring affirmative approval before interim implementation of state employee collective bargaining agreements; prohibiting exclusive representatives from requiring political contributions; requiring open meetings; amending Minnesota Statutes 2014, sections 3.855, subdivision 2; 179A.14, subdivision 3; proposing coding for new law in Minnesota Statutes, chapter 179A.

The bill was read for the third time and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 69 yeas and 61 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Dettmer | Hertaus | Lucero | Petersburg | Theis |
| Anderson, C. | Drazkowski | Hoppe | Lueck | Peterson | Torkelson |
| Anderson, P. | Erickson | Howe | Mack | Pierson | Uglem |
| Anderson, S. | Fabian | Johnson, B. | McDonald | Pugh | Urdahl |
| Backer | Fenton | Kelly | McNamara | Quam | Vogel |
| Baker | Garofalo | Kiel | Miller | Rarick | Whelan |
| Barrett | Green | Knoblach | Nash | Runbeck | Wills |
| Bennett | Gruenhagen | Koznick | Newberger | Sanders | Zerwas |
| Christensen | Gunther | Kresha | Nornes | Schomacker | Spk. Daudt |
| Daniels | Hackbarth | Lohmer | O'Driscoll | Scott | |
| Davids | Hancock | Loon | O'Neill | Smith | |
| Dean, M. | Heintzeman | Loonan | Peppin | Swedzinski | |

Those who voted in the negative were:

| | | | | | |
|---|---|---|---|---|---|
| Allen | Dehn, R. | Hortman | Mahoney | Newton | Sundin |
| Anzelc | Ecklund | Isaacson | Mariani | Norton | Thissen |
| Applebaum | Erhardt | Johnson, C. | Marquart | Persell | Wagenius |
| Atkins | Fischer | Johnson, S. | Masin | Pinto | Ward |
| Bernardy | Flanagan | Kahn | Melin | Poppe | Yarusso |
| Bly | Freiberg | Laine | Metsa | Rosenthal | Youakim |
| Carlson | Halverson | Lesch | Moran | Schoen | |
| Clark | Hamilton | Liebling | Mullery | Schultz | |
| Considine | Hansen | Lien | Murphy, E. | Selcer | |
| Cornish | Hilstrom | Lillie | Murphy, M. | Simonson | |
| Davnie | Hornstein | Loeffler | Nelson | Slocum | |

The bill was passed and its title agreed to.

H. F. No. 3255 was reported to the House.

Lillie moved to amend H. F. No. 3255, the second engrossment, as follows:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2014, section 352.03, subdivision 5, is amended to read:

Subd. 5. **Executive director; assistant director.** (a) The executive director, in this chapter called the director, of the system must be appointed by the board on the basis of fitness, experience in the retirement field, and leadership ability. The director must have had at least five years' experience on the administrative staff of a major retirement system.

(b) The executive director and assistant director must be in the unclassified service but appointees may be selected from civil service lists if desired. Notwithstanding any law to the contrary, the board must set the salary of the executive director. The salary of the executive director must ~~be as provided by~~ not exceed the limit for a position listed in section 15A.0815, subdivision 2. The salary of the assistant director must be set in accordance with section 43A.18, subdivision 3.

**EFFECTIVE DATE.** This section is effective July 1, 2016.

Sec. 2. Minnesota Statutes 2014, section 353.03, subdivision 3a, is amended to read:

Subd. 3a. **Executive director.** (a) **Appointment.** The board shall appoint an executive director on the basis of education, experience in the retirement field, and leadership ability. The executive director must have had at least five years' experience in an executive level management position, which has included responsibility for pensions, deferred compensation, or employee benefits. The executive director serves at the pleasure of the board. Notwithstanding any law to the contrary, the board must set the salary of the executive director. The salary of the executive director ~~is as provided by~~ must not exceed the limit for a position listed in section 15A.0815, subdivision 2.

(b) **Duties.** The management of the association is vested in the executive director who shall be the executive and administrative head of the association. The executive director shall act as adviser to the board on all matters pertaining to the association and shall also act as the secretary of the board. The executive director shall:

(1) attend all meetings of the board;

(2) prepare and recommend to the board appropriate rules to carry out the provisions of this chapter;

(3) establish and maintain an adequate system of records and accounts following recognized accounting principles and controls;

(4) designate, with the approval of the board, up to two persons who may serve in the unclassified service and whose salaries are set in accordance with section 43A.18, subdivision 3, appoint a confidential secretary in the unclassified service, and appoint employees to carry out this chapter, who are subject to chapters 43A and 179A in the same manner as are executive branch employees;

(5) organize the work of the association as the director deems necessary to fulfill the functions of the association, and define the duties of its employees and delegate to them any powers or duties, subject to the control of, and under such conditions as, the executive director may prescribe;

(6) with the approval of the board, contract for the services of an approved actuary, professional management services, and any other consulting services as necessary to fulfill the purposes of this chapter. All contracts are subject to chapter 16C. The commissioner of administration shall not approve, and the association shall not enter into, any contract to provide lobbying services or legislative advocacy of any kind. Any approved actuary retained by the executive director shall function as the actuarial advisor of the board and the executive director. In addition to filing requirements under section 356.214, any supplemental actuarial valuations or experience studies shall be filed with the executive director of the Legislative Commission on Pensions and Retirement. Copies of professional management survey reports shall be transmitted to the secretary of the senate, the chief clerk of the house of representatives, and the Legislative Reference Library as provided by section 3.195, and to the executive director of

the commission at the same time as reports are furnished to the board. Only management firms experienced in conducting management surveys of federal, state, or local public retirement systems shall be qualified to contract with the director hereunder;

(7) with the approval of the board provide in-service training for the employees of the association;

(8) make refunds of accumulated contributions to former members and to the designated beneficiary, surviving spouse, legal representative or next of kin of deceased members or deceased former members, as provided in this chapter;

(9) determine the amount of the annuities and disability benefits of members covered by the association and authorize payment of the annuities and benefits beginning as of the dates on which the annuities and benefits begin to accrue, in accordance with the provisions of this chapter;

(10) pay annuities, refunds, survivor benefits, salaries, and necessary operating expenses of the association;

(11) prepare and submit to the board and the legislature an annual financial report covering the operation of the association, as required by section 356.20;

(12) prepare and submit biennial and annual budgets to the board for its approval and submit the approved budgets to the Department of Management and Budget for approval by the commissioner;

(13) reduce all or part of the accrued interest payable under section 353.27, subdivisions 12, 12a, and 12b, or 353.28, subdivision 5, upon receipt of proof by the association of an unreasonable processing delay or other extenuating circumstances of the employing unit; and notwithstanding section 353.27, subdivision 7, may waive the payment of accrued interest to the member if a credit has been taken by the employer to correct an employee deduction taken in error and if the accrued interest is $10 or less. The executive director shall prescribe and submit for approval by the board the conditions under which such interest may be reduced; and

(14) with the approval of the board, perform such other duties as may be required for the administration of the association and the other provisions of this chapter and for the transaction of its business.

**EFFECTIVE DATE.** This section is effective July 1, 2016.

Sec. 3. Minnesota Statutes 2014, section 354.06, subdivision 2, is amended to read:

Subd. 2. **President; executive director.** The board shall annually elect one of its members as president. It shall elect an executive director~~, whose salary shall be as provided by~~. Notwithstanding any law to the contrary, the board must set the salary of the executive director. The salary of the executive director must not exceed the limit for a position listed in section 15A.0815, subdivision 2. The salary of the assistant executive director who shall be in the unclassified service, shall be set in accordance with section 43A.18, subdivision 3. The executive director shall serve during the pleasure of the board and be the executive officer of the board, with such duties as the board shall prescribe. The board shall employ all other clerks and employees necessary to properly administer the association. The cost and expense of administering the provisions of this chapter shall be paid by the association. The executive director shall be appointed by the board on the basis of fitness, experience in the retirement field and leadership ability. The executive director shall have had at least five years of experience on the administrative staff of a major retirement system.

**EFFECTIVE DATE.** This section is effective July 1, 2016.

Sec. 4. **LABOR AGREEMENTS AND COMPENSATION PLANS.**

Subdivision 1. **Minnesota State University Administrative and Service Faculty.** The labor agreement between the state of Minnesota and the Minnesota State University Administrative and Service Faculty, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, is ratified.

Subd. 2. **Inter Faculty Organization.** The labor agreement between the state of Minnesota and the Inter Faculty Organization, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, is ratified.

Subd. 3. **MnSCU Personnel Plan for Administrators.** The MnSCU Personnel Plan for Administrators, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, is ratified.

Subd. 4. **Commissioner's and Managerial Plan amendments.** The amendments to the insurance articles of the FY 14-15 Commissioner's Plan and the FY 14-15 Managerial Plan, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, are ratified.

Subd. 5. **Minnesota Nurses Association.** The labor agreement between the state of Minnesota and the Minnesota Nurses Association, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on January 15, 2016, is ratified.

Subd. 6. **Minnesota Law Enforcement Association.** The labor agreement between the state of Minnesota and the Minnesota Law Enforcement Association, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on January 15, 2016, is ratified.

Subd. 7. **American Federation of State, County, and Municipal Employees, Unit 8.** The labor agreement between the state of Minnesota and the American Federation of State, County, and Municipal Employees, Unit 8, Corrections Officers, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on January 15, 2016, is ratified.

Subd. 8. **State Residential Schools Education Association.** The labor agreement between the state of Minnesota and the State Residential Schools Education Association, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on January 15, 2016, is ratified.

Subd. 9. **Minnesota State College Faculty.** The labor agreement between the state of Minnesota and the Minnesota State College Faculty, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on March 8, 2016, is ratified.

Sec. 5. **OTHER AGREEMENTS AND COMPENSATION PLANS.**

Subdivision 1. **American Federation of State, County, and Municipal Employees.** The labor agreement between the state of Minnesota and the American Federation of State, County, and Municipal Employees, Council 5, submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, and implemented after 30 days as provided in Minnesota Statutes, section 3.855, subdivision 2, is ratified.

Subd. 2. **American Federation of State, County, and Municipal Employees, Unit 225.** The labor agreement between the state of Minnesota and the American Federation of State, County, and Municipal Employees, Unit 225, Radio Communications Operators, submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, and implemented after 30 days as provided in Minnesota Statutes, section 3.855, subdivision 2, is ratified.

Subd. 3. **Minnesota Association of Professional Employees.** The labor agreement between the state of Minnesota and the Minnesota Association of Professional Employees, submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, and implemented after 30 days as provided in Minnesota Statutes, section 3.855, subdivision 2, is ratified.

Subd. 4. **Middle Management Association.** The labor agreement between the state of Minnesota and the Middle Management Association, submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, and implemented after 30 days as provided in Minnesota Statutes, section 3.855, subdivision 2, is ratified.

Subd. 5. **Commissioner's plan.** The commissioner's plan for unrepresented employees, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, as amended by the technical correction resolution "SER-5" presented to the subcommittee on March 8, 2016, is ratified.

Subd. 6. **Managerial plan.** The managerial plan, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, as amended by the technical correction resolution "SER-5" presented to the subcommittee on March 8, 2016, is ratified.

Subd. 7. **Office of Higher Education Unclassified Personnel Compensation Plan.** The Office of Higher Education Unclassified Personnel Compensation Plan, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on December 29, 2015, is ratified.

Sec. 6. **SALARIES OF AGENCY HEADS.**

Subdivision 1. **Minnesota State Retirement System.** The proposal to increase the salary of the executive director of the Minnesota State Retirement System, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on August 19, 2015, is ratified. The new salary is effective retroactively from July 1, 2015.

Subd. 2. **Public Employees Retirement Association.** The proposal to increase the salary of the executive director of the Public Employees Retirement Association, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on September 3, 2015, is ratified. The new salary of $144,991 is effective retroactively from July 1, 2015.

Subd. 3. **Teachers Retirement Association.** The proposal to increase the salary of the executive director of the Teachers Retirement Association, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on August 11, 2015, is ratified. The new salary is effective retroactively from July 1, 2015.

Sec. 7. **REVISOR'S INSTRUCTION.**

In the next and subsequent editions of Minnesota Statutes, the revisor of statutes shall remove from Minnesota Statutes, section 15A.0815, subdivision 2, the references to the executive directors of the Public Employees Retirement Association, the Minnesota State Retirement System, and the Teachers Retirement Association.

**EFFECTIVE DATE.** This section is effective July 1, 2016.

Sec. 8. **EFFECTIVE DATE.**

Sections 4 to 6 are effective the day following final enactment. The salary ratified in section 6, subdivision 1, is effective until modified after July 1, 2016, by the Board of the Minnesota State Retirement System under Minnesota Statutes, section 352.03, subdivision 5. The salary ratified in section 6, subdivision 2, is effective until modified

after July 1, 2016, by the Board of the Public Employee Retirement Association under Minnesota Statutes, section 353.03, subdivision 3a. The salary ratified in section 6, subdivision 3, is effective until modified after July 1, 2016, by the Board of the Teachers Retirement Association under Minnesota Statutes, section 354.06, subdivision 2."

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Lillie amendment and the roll was called. There were 59 yeas and 72 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Allen | Dehn, R. | Hortman | Loeffler | Murphy, M. | Selcer |
| Anzelc | Ecklund | Isaacson | Mahoney | Nelson | Simonson |
| Applebaum | Erhardt | Johnson, C. | Mariani | Newton | Slocum |
| Atkins | Fischer | Johnson, S. | Marquart | Norton | Sundin |
| Bernardy | Flanagan | Kahn | Masin | Persell | Thissen |
| Bly | Freiberg | Laine | Melin | Pinto | Wagenius |
| Carlson | Halverson | Lesch | Metsa | Poppe | Ward |
| Clark | Hansen | Liebling | Moran | Rosenthal | Yarusso |
| Considine | Hilstrom | Lien | Mullery | Schoen | Youakim |
| Davnie | Hornstein | Lillie | Murphy, E. | Schultz | |

Those who voted in the negative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Dean, M. | Hamilton | Lohmer | O'Driscoll | Scott |
| Anderson, C. | Dettmer | Hancock | Loon | O'Neill | Smith |
| Anderson, P. | Drazkowski | Heintzeman | Loonan | Peppin | Swedzinski |
| Anderson, S. | Erickson | Hertaus | Lucero | Petersburg | Theis |
| Backer | Fabian | Hoppe | Lueck | Peterson | Torkelson |
| Baker | Fenton | Howe | Mack | Pierson | Uglem |
| Barrett | Franson | Johnson, B. | McDonald | Pugh | Urdahl |
| Bennett | Garofalo | Kelly | McNamara | Quam | Vogel |
| Christensen | Green | Kiel | Miller | Rarick | Whelan |
| Cornish | Gruenhagen | Knoblach | Nash | Runbeck | Wills |
| Daniels | Gunther | Koznick | Newberger | Sanders | Zerwas |
| Davids | Hackbarth | Kresha | Nornes | Schomacker | Spk. Daudt |

The motion did not prevail and the amendment was not adopted.

H. F. No. 3255, A bill for an act relating to state government; ratifying labor agreements; approving a compensation plan.

The bill was read for the third time and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 124 yeas and 7 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Dean, M. | Hertaus | Loeffler | Newton | Simonson |
| Allen | Dehn, R. | Hilstrom | Lohmer | Nornes | Slocum |
| Anderson, C. | Dettmer | Hoppe | Loon | Norton | Smith |
| Anderson, P. | Drazkowski | Hornstein | Loonan | O'Driscoll | Sundin |
| Anderson, S. | Ecklund | Hortman | Lueck | O'Neill | Swedzinski |
| Anzelc | Erhardt | Howe | Mack | Persell | Theis |
| Applebaum | Fabian | Isaacson | Mahoney | Petersburg | Thissen |
| Atkins | Fenton | Johnson, B. | Mariani | Peterson | Torkelson |
| Backer | Fischer | Johnson, C. | Marquart | Pierson | Uglem |
| Baker | Flanagan | Johnson, S. | Masin | Pinto | Urdahl |
| Barrett | Freiberg | Kahn | McDonald | Poppe | Vogel |
| Bennett | Garofalo | Kelly | McNamara | Pugh | Wagenius |
| Bernardy | Green | Kiel | Melin | Rarick | Ward |
| Bly | Gruenhagen | Knoblach | Metsa | Rosenthal | Whelan |
| Carlson | Gunther | Koznick | Miller | Runbeck | Wills |
| Clark | Hackbarth | Kresha | Moran | Sanders | Yarusso |
| Considine | Halverson | Laine | Mullery | Schoen | Youakim |
| Cornish | Hamilton | Lesch | Murphy, E. | Schomacker | Zerwas |
| Daniels | Hancock | Liebling | Murphy, M. | Schultz | Spk. Daudt |
| Davids | Hansen | Lien | Nash | Scott | |
| Davnie | Heintzeman | Lillie | Nelson | Selcer | |

Those who voted in the negative were:

| | | | |
|---|---|---|---|
| Christensen | Franson | Newberger | Quam |
| Erickson | Lucero | Peppin | |

The bill was passed and its title agreed to.

Speaker pro tempore Garofalo called O'Driscoll to the Chair.

S. F. No. 2985 was reported to the House.

Liebling moved to amend S. F. No. 2985, the fourth engrossment, as follows:

Page 5, line 25, after "vote" insert ", and I understand that my choice of a party's ballot will be public information"

Page 7, line 3, after the period, insert "The voter instruction posters, pamphlets, and other informational materials prepared for a presidential primary by the secretary of state pursuant to section 204B.27 must include information about the requirements of this paragraph, including a notice that the voter's choice of a political party's ballot will be recorded and is public information."

Page 8, line 10, delete "and"

Page 8, line 11, after "open" insert ", and information about the requirements of section 207A.12, paragraph (b), including a notice that the voter's choice of a political party's ballot will be recorded and is public information"

The motion prevailed and the amendment was adopted.

Garofalo moved to amend S. F. No. 2985, the fourth engrossment, as amended, as follows:

Page 1, delete section 1

Page 5, delete section 7

Page 6, line 32, delete everything after the period

Page 6, delete lines 33 and 34

Page 7, delete lines 1 to 3

Page 7, line 11, delete "each ballot" and insert "ballots"

Page 7, delete lines 12 to 14

Page 8, line 4, delete "sample ballots" and insert "a sample ballot"

Page 8, line 5, delete "ballots" and insert "ballot"

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion did not prevail and the amendment was not adopted.

Halverson moved to amend S. F. No. 2985, the fourth engrossment, as amended, as follows:

Delete everything after the enacting clause and insert:

"Section 1. **PRESIDENTIAL PRIMARY TASK FORCE.**

Subdivision 1. **Membership.** (a) A Presidential Primary Task Force is established. The task force consists of the following members:

(1) one representative from each of the major political parties;

(2) one town election official, appointed by the Minnesota Association of Townships;

(3) one city election official, appointed by the League of Minnesota Cities;

(4) one school district election official, appointed by the Minnesota School Boards Association;

(5) one county auditor, appointed by the Minnesota Association of County Officers;

(6) one representative appointed by the speaker of the house of representatives;

(7) one representative appointed by the minority leader of the house of representatives;

(8) one senator appointed by the senate majority leader;

(9) one senator appointed by the senate minority leader;

(10) the secretary of state, or the secretary's designee;

(11) one individual designated by the secretary of state, from the elections division in the Office of the Secretary of State; and

(12) three individuals with expertise in election administration and elections law.

(b) Any vacancy shall be filled by appointment of the appointing authority for the vacating member. The secretary of state shall use the open appointment process to appoint the three members under paragraph (a), clause (12).

(c) Members shall be appointed by July 1, 2016.

Subd. 2. **Duties.** The task force must consider at least the following:

(1) the advantages and disadvantages of an open presidential primary and a closed presidential primary, including the ability of an unaffiliated voter participating in a closed primary;

(2) the cost to state and local governments of implementing and administering a presidential primary;

(3) the presidential primary laws of other states and a review of best practices among the states; and

(4) an assessment of the impact of a presidential primary on precinct caucuses.

Subd. 3. **First meeting; chair.** The secretary of state, or the secretary's designee, must convene the initial meeting of the task force by August 1, 2016. The members of the task force must elect a chair and vice-chair from the members of the task force at the first meeting.

Subd. 4. **Staff.** The Legislative Coordinating Commission shall provide staff support, as needed, to facilitate the task force's work.

Subd. 5. **Report.** The task force must submit a report by February 1, 2017, to the chairs and ranking minority members of the committees of the senate and house of representatives with primary jurisdiction over elections, summarizing its findings and listing its findings and recommendations under subdivision 2. The report may include draft legislation if the task force recommends that a presidential primary should be held in Minnesota.

Subd. 6. **Sunset.** The task force shall sunset the day following the submission of the report under subdivision 5, or February 1, 2017, whichever is earlier.

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

Amend the title accordingly

The motion did not prevail and the amendment was not adopted.

S. F. No. 2985, A bill for an act relating to elections; establishing a presidential nomination primary; modifying provisions related to the precinct caucuses; making technical and conforming changes; authorizing rulemaking; amending Minnesota Statutes 2014, sections 201.091, subdivision 4; 202A.14, subdivision 1; 202A.18, subdivision 2a; 204B.14, subdivisions 2, 4; 204C.10; 204D.09, subdivision 1; Minnesota Statutes 2015 Supplement, section 204C.04, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 207A.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 106 yeas and 23 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Davnie | Hilstrom | Lueck | O'Neill | Simonson |
| Anderson, C. | Dean, M. | Hoppe | Mack | Pelowski | Slocum |
| Anderson, P. | Dehn, R. | Hornstein | Mahoney | Peppin | Smith |
| Anderson, S. | Dettmer | Hortman | Mariani | Persell | Swedzinski |
| Anzelc | Ecklund | Howe | Masin | Petersburg | Theis |
| Applebaum | Erhardt | Johnson, B. | McDonald | Peterson | Thissen |
| Atkins | Erickson | Johnson, C. | McNamara | Pinto | Torkelson |
| Backer | Fabian | Johnson, S. | Melin | Poppe | Uglem |
| Baker | Fenton | Kahn | Metsa | Pugh | Urdahl |
| Barrett | Fischer | Kelly | Miller | Rarick | Wagenius |
| Bennett | Flanagan | Kiel | Mullery | Rosenthal | Ward |
| Bly | Freiberg | Knoblach | Murphy, E. | Runbeck | Whelan |
| Carlson | Garofalo | Koznick | Nelson | Sanders | Yarusso |
| Christensen | Gunther | Kresha | Newberger | Schoen | Youakim |
| Clark | Hackbarth | Liebling | Newton | Schomacker | Zerwas |
| Considine | Halverson | Lillie | Nornes | Schultz | Spk. Daudt |
| Cornish | Hansen | Loon | Norton | Scott | |
| Daniels | Heintzeman | Loonan | O'Driscoll | Selcer | |

Those who voted in the negative were:

| | | | | | |
|---|---|---|---|---|---|
| Allen | Green | Laine | Lohmer | Murphy, M. | Sundin |
| Bernardy | Gruenhagen | Lesch | Lucero | Nash | Vogel |
| Drazkowski | Hancock | Lien | Marquart | Pierson | Wills |
| Franson | Hertaus | Loeffler | Moran | Quam | |

The bill was passed, as amended, and its title agreed to.

Daudt, Knoblach and Peppin were excused for the remainder of today's session.

Speaker pro tempore O'Driscoll called Sanders to the Chair.

H. F. No. 3584 was reported to the House.

Lillie moved to amend H. F. No. 3584, the first engrossment, as follows:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2014, section 352.03, subdivision 5, is amended to read:

Subd. 5. **Executive director; assistant director.** (a) The executive director, in this chapter called the director, of the system must be appointed by the board on the basis of fitness, experience in the retirement field, and leadership ability. The director must have had at least five years' experience on the administrative staff of a major retirement system.

(b) The executive director and assistant director must be in the unclassified service but appointees may be selected from civil service lists if desired. Notwithstanding any law to the contrary, the board must set the salary of the executive director. The salary of the executive director must ~~be as provided by~~ not exceed the limit for a position listed in section 15A.0815, subdivision 2. The salary of the assistant director must be set in accordance with section 43A.18, subdivision 3.

**EFFECTIVE DATE.** This section is effective July 1, 2016.

Sec. 2. Minnesota Statutes 2014, section 353.03, subdivision 3a, is amended to read:

Subd. 3a. **Executive director.** (a) **Appointment.** The board shall appoint an executive director on the basis of education, experience in the retirement field, and leadership ability. The executive director must have had at least five years' experience in an executive level management position, which has included responsibility for pensions, deferred compensation, or employee benefits. The executive director serves at the pleasure of the board. Notwithstanding any law to the contrary, the board must set the salary of the executive director. The salary of the executive director ~~is as provided by~~ must not exceed the limit for a position listed in section 15A.0815, subdivision 2.

(b) **Duties.** The management of the association is vested in the executive director who shall be the executive and administrative head of the association. The executive director shall act as adviser to the board on all matters pertaining to the association and shall also act as the secretary of the board. The executive director shall:

(1) attend all meetings of the board;

(2) prepare and recommend to the board appropriate rules to carry out the provisions of this chapter;

(3) establish and maintain an adequate system of records and accounts following recognized accounting principles and controls;

(4) designate, with the approval of the board, up to two persons who may serve in the unclassified service and whose salaries are set in accordance with section 43A.18, subdivision 3, appoint a confidential secretary in the unclassified service, and appoint employees to carry out this chapter, who are subject to chapters 43A and 179A in the same manner as are executive branch employees;

(5) organize the work of the association as the director deems necessary to fulfill the functions of the association, and define the duties of its employees and delegate to them any powers or duties, subject to the control of, and under such conditions as, the executive director may prescribe;

(6) with the approval of the board, contract for the services of an approved actuary, professional management services, and any other consulting services as necessary to fulfill the purposes of this chapter. All contracts are subject to chapter 16C. The commissioner of administration shall not approve, and the association shall not enter

into, any contract to provide lobbying services or legislative advocacy of any kind. Any approved actuary retained by the executive director shall function as the actuarial advisor of the board and the executive director. In addition to filing requirements under section 356.214, any supplemental actuarial valuations or experience studies shall be filed with the executive director of the Legislative Commission on Pensions and Retirement. Copies of professional management survey reports shall be transmitted to the secretary of the senate, the chief clerk of the house of representatives, and the Legislative Reference Library as provided by section 3.195, and to the executive director of the commission at the same time as reports are furnished to the board. Only management firms experienced in conducting management surveys of federal, state, or local public retirement systems shall be qualified to contract with the director hereunder;

(7) with the approval of the board provide in-service training for the employees of the association;

(8) make refunds of accumulated contributions to former members and to the designated beneficiary, surviving spouse, legal representative or next of kin of deceased members or deceased former members, as provided in this chapter;

(9) determine the amount of the annuities and disability benefits of members covered by the association and authorize payment of the annuities and benefits beginning as of the dates on which the annuities and benefits begin to accrue, in accordance with the provisions of this chapter;

(10) pay annuities, refunds, survivor benefits, salaries, and necessary operating expenses of the association;

(11) prepare and submit to the board and the legislature an annual financial report covering the operation of the association, as required by section 356.20;

(12) prepare and submit biennial and annual budgets to the board for its approval and submit the approved budgets to the Department of Management and Budget for approval by the commissioner;

(13) reduce all or part of the accrued interest payable under section 353.27, subdivisions 12, 12a, and 12b, or 353.28, subdivision 5, upon receipt of proof by the association of an unreasonable processing delay or other extenuating circumstances of the employing unit; and notwithstanding section 353.27, subdivision 7, may waive the payment of accrued interest to the member if a credit has been taken by the employer to correct an employee deduction taken in error and if the accrued interest is $10 or less. The executive director shall prescribe and submit for approval by the board the conditions under which such interest may be reduced; and

(14) with the approval of the board, perform such other duties as may be required for the administration of the association and the other provisions of this chapter and for the transaction of its business.

**EFFECTIVE DATE.** This section is effective July 1, 2016.

Sec. 3. Minnesota Statutes 2014, section 354.06, subdivision 2, is amended to read:

Subd. 2. **President; executive director.** The board shall annually elect one of its members as president. It shall elect an executive director~~, whose salary shall be as provided by~~. Notwithstanding any law to the contrary, the board must set the salary of the executive director. The salary of the executive director must not exceed the limit for a position listed in section 15A.0815, subdivision 2. The salary of the assistant executive director who shall be in the unclassified service, shall be set in accordance with section 43A.18, subdivision 3. The executive director shall serve during the pleasure of the board and be the executive officer of the board, with such duties as the board shall prescribe. The board shall employ all other clerks and employees necessary to properly administer the association. The cost and expense of administering the provisions of this chapter shall be paid by the association. The executive

director shall be appointed by the board on the basis of fitness, experience in the retirement field and leadership ability. The executive director shall have had at least five years of experience on the administrative staff of a major retirement system.

**EFFECTIVE DATE.** This section is effective July 1, 2016.

Sec. 4. **LABOR AGREEMENTS AND COMPENSATION PLANS.**

Subdivision 1. **Minnesota State University Administrative and Service Faculty.** The labor agreement between the state of Minnesota and the Minnesota State University Administrative and Service Faculty, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, is ratified.

Subd. 2. **Inter Faculty Organization.** The labor agreement between the state of Minnesota and the Inter Faculty Organization, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, is ratified.

Subd. 3. **MnSCU Personnel Plan for Administrators.** The MnSCU Personnel Plan for Administrators, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, is ratified.

Subd. 4. **Commissioner's and Managerial Plan amendments.** The amendments to the insurance articles of the FY 14-15 Commissioner's Plan and the FY 14-15 Managerial Plan, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, are ratified.

Subd. 5. **Minnesota Nurses Association.** The labor agreement between the state of Minnesota and the Minnesota Nurses Association, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on January 15, 2016, is ratified.

Subd. 6. **Minnesota Law Enforcement Association.** The labor agreement between the state of Minnesota and the Minnesota Law Enforcement Association, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on January 15, 2016, is ratified.

Subd. 7. **American Federation of State, County, and Municipal Employees, Unit 8.** The labor agreement between the state of Minnesota and the American Federation of State, County, and Municipal Employees, Unit 8, Corrections Officers, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on January 15, 2016, is ratified.

Subd. 8. **State Residential Schools Education Association.** The labor agreement between the state of Minnesota and the State Residential Schools Education Association, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on January 15, 2016, is ratified.

Subd. 9. **Minnesota State College Faculty.** The labor agreement between the state of Minnesota and the Minnesota State College Faculty, approved by the Legislative Coordinating Commission Subcommittee on Employee Relations on March 8, 2016, is ratified.

Sec. 5. **OTHER AGREEMENTS AND COMPENSATION PLANS.**

Subdivision 1. **American Federation of State, County, and Municipal Employees.** The labor agreement between the state of Minnesota and the American Federation of State, County, and Municipal Employees, Council 5, submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, and implemented after 30 days as provided in Minnesota Statutes, section 3.855, subdivision 2, is ratified.

Subd. 2. **American Federation of State, County, and Municipal Employees, Unit 225.** The labor agreement between the state of Minnesota and the American Federation of State, County, and Municipal Employees, Unit 225, Radio Communications Operators, submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, and implemented after 30 days as provided in Minnesota Statutes, section 3.855, subdivision 2, is ratified.

Subd. 3. **Minnesota Association of Professional Employees.** The labor agreement between the state of Minnesota and the Minnesota Association of Professional Employees, submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, and implemented after 30 days as provided in Minnesota Statutes, section 3.855, subdivision 2, is ratified.

Subd. 4. **Middle Management Association.** The labor agreement between the state of Minnesota and the Middle Management Association, submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, and implemented after 30 days as provided in Minnesota Statutes, section 3.855, subdivision 2, is ratified.

Subd. 5. **Commissioner's plan.** The commissioner's plan for unrepresented employees, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, as amended by the technical correction resolution "SER-5" presented to the subcommittee on March 8, 2016, is ratified.

Subd. 6. **Managerial plan.** The managerial plan, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on October 29, 2015, as amended by the technical correction resolution "SER-5" presented to the subcommittee on March 8, 2016, is ratified.

Subd. 7. **Office of Higher Education Unclassified Personnel Compensation Plan.** The Office of Higher Education Unclassified Personnel Compensation Plan, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on December 29, 2015, is ratified.

Sec. 6. **SALARIES OF AGENCY HEADS.**

Subdivision 1. **Minnesota State Retirement System.** The proposal to increase the salary of the executive director of the Minnesota State Retirement System, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on August 19, 2015, is ratified. The new salary is effective retroactively from July 1, 2015.

Subd. 2. **Public Employees Retirement Association.** The proposal to increase the salary of the executive director of the Public Employees Retirement Association, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on September 3, 2015, is ratified. The new salary of $144,991 is effective retroactively from July 1, 2015.

Subd. 3. **Teachers Retirement Association.** The proposal to increase the salary of the executive director of the Teachers Retirement Association, as submitted to the Legislative Coordinating Commission Subcommittee on Employee Relations on August 11, 2015, is ratified. The new salary is effective retroactively from July 1, 2015.

Sec. 7. **REVISOR'S INSTRUCTION.**

In the next and subsequent editions of Minnesota Statutes, the revisor of statutes shall remove from Minnesota Statutes, section 15A.0815, subdivision 2, the references to the executive directors of the Public Employees Retirement Association, the Minnesota State Retirement System, and the Teachers Retirement Association.

**EFFECTIVE DATE.** This section is effective July 1, 2016.

Sec. 8. **EFFECTIVE DATE.**

Sections 4 to 6 are effective the day following final enactment. The salary ratified in section 6, subdivision 1, is effective until modified after July 1, 2016, by the Board of the Minnesota State Retirement System under Minnesota Statutes, section 352.03, subdivision 5. The salary ratified in section 6, subdivision 2, is effective until modified after July 1, 2016, by the Board of the Public Employee Retirement Association under Minnesota Statutes, section 353.03, subdivision 3a. The salary ratified in section 6, subdivision 3, is effective until modified after July 1, 2016, by the Board of the Teachers Retirement Association under Minnesota Statutes, section 354.06, subdivision 2."

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Lillie amendment and the roll was called. There were 61 yeas and 68 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Allen | Ecklund | Johnson, C. | Mariani | Norton | Sundin |
| Anzelc | Erhardt | Johnson, S. | Marquart | Pelowski | Thissen |
| Applebaum | Fischer | Kahn | Masin | Persell | Wagenius |
| Atkins | Flanagan | Kiel | Melin | Pinto | Ward |
| Bernardy | Freiberg | Laine | Metsa | Poppe | Yarusso |
| Bly | Halverson | Lesch | Moran | Rosenthal | Youakim |
| Carlson | Hansen | Liebling | Mullery | Schoen | |
| Clark | Hilstrom | Lien | Murphy, E. | Schultz | |
| Considine | Hornstein | Lillie | Murphy, M. | Selcer | |
| Davnie | Hortman | Loeffler | Nelson | Simonson | |
| Dehn, R. | Isaacson | Mahoney | Newton | Slocum | |

Those who voted in the negative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Dean, M. | Hamilton | Loonan | Petersburg | Theis |
| Anderson, C. | Dettmer | Hancock | Lucero | Peterson | Torkelson |
| Anderson, P. | Drazkowski | Heintzeman | Lueck | Pierson | Uglem |
| Anderson, S. | Erickson | Hertaus | Mack | Pugh | Urdahl |
| Backer | Fabian | Hoppe | McDonald | Quam | Vogel |
| Baker | Fenton | Howe | McNamara | Rarick | Whelan |
| Barrett | Franson | Johnson, B. | Miller | Runbeck | Wills |
| Bennett | Garofalo | Kelly | Nash | Sanders | Zerwas |
| Christensen | Green | Koznick | Newberger | Schomacker | |
| Cornish | Gruenhagen | Kresha | Nornes | Scott | |
| Daniels | Gunther | Lohmer | O'Driscoll | Smith | |
| Davids | Hackbarth | Loon | O'Neill | Swedzinski | |

The motion did not prevail and the amendment was not adopted.

H. F. No. 3584, A bill for an act relating to state government; ratifying labor agreements and a compensation plan.

The bill was read for the third time and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 129 yeas and 0 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Dean, M. | Heintzeman | Lohmer | Newton | Selcer |
| Allen | Dehn, R. | Hertaus | Loon | Nornes | Simonson |
| Anderson, C. | Dettmer | Hilstrom | Loonan | Norton | Slocum |
| Anderson, P. | Drazkowski | Hoppe | Lucero | O'Driscoll | Smith |
| Anderson, S. | Ecklund | Hornstein | Lueck | O'Neill | Sundin |
| Anzelc | Erhardt | Hortman | Mack | Pelowski | Swedzinski |
| Applebaum | Erickson | Howe | Mahoney | Persell | Theis |
| Atkins | Fabian | Isaacson | Mariani | Petersburg | Thissen |
| Backer | Fenton | Johnson, B. | Marquart | Peterson | Torkelson |
| Baker | Fischer | Johnson, C. | Masin | Pierson | Uglem |
| Barrett | Flanagan | Johnson, S. | McDonald | Pinto | Urdahl |
| Bennett | Franson | Kahn | McNamara | Poppe | Vogel |
| Bernardy | Freiberg | Kelly | Melin | Pugh | Wagenius |
| Bly | Garofalo | Kiel | Metsa | Quam | Ward |
| Carlson | Green | Koznick | Miller | Rarick | Whelan |
| Christensen | Gruenhagen | Kresha | Moran | Rosenthal | Wills |
| Clark | Gunther | Laine | Mullery | Runbeck | Yarusso |
| Considine | Hackbarth | Lesch | Murphy, E. | Sanders | Youakim |
| Cornish | Halverson | Liebling | Murphy, M. | Schoen | Zerwas |
| Daniels | Hamilton | Lien | Nash | Schomacker | |
| Davids | Hancock | Lillie | Nelson | Schultz | |
| Davnie | Hansen | Loeffler | Newberger | Scott | |

The bill was passed and its title agreed to.

Thissen was excused between the hours of 6:30 p.m. and 7:45 p.m.

S. F. No. 2665, A bill for an act relating to real estate appraisers; regulating appraiser fees, investigation costs, and appraisal management companies; amending Minnesota Statutes 2014, sections 45.027, subdivision 1; 82C.02, subdivisions 3, 4, by adding subdivisions; proposing coding for new law in Minnesota Statutes, chapter 82C.

The bill was read for the third time and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 128 yeas and 0 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Baker | Cornish | Erhardt | Green | Hertaus |
| Allen | Barrett | Daniels | Erickson | Gruenhagen | Hilstrom |
| Anderson, C. | Bennett | Davids | Fabian | Gunther | Hoppe |
| Anderson, P. | Bernardy | Davnie | Fenton | Hackbarth | Hornstein |
| Anderson, S. | Bly | Dean, M. | Fischer | Halverson | Hortman |
| Anzelc | Carlson | Dehn, R. | Flanagan | Hamilton | Howe |
| Applebaum | Christensen | Dettmer | Franson | Hancock | Isaacson |
| Atkins | Clark | Drazkowski | Freiberg | Hansen | Johnson, B. |
| Backer | Considine | Ecklund | Garofalo | Heintzeman | Johnson, C. |

| | | | | | |
|---|---|---|---|---|---|
| Johnson, S. | Loon | Miller | Pelowski | Schoen | Urdahl |
| Kahn | Loonan | Moran | Persell | Schomacker | Vogel |
| Kelly | Lucero | Mullery | Petersburg | Schultz | Wagenius |
| Kiel | Lueck | Murphy, E. | Peterson | Scott | Ward |
| Koznick | Mack | Murphy, M. | Pierson | Selcer | Whelan |
| Kresha | Mahoney | Nash | Pinto | Simonson | Wills |
| Laine | Mariani | Nelson | Poppe | Slocum | Yarusso |
| Lesch | Marquart | Newberger | Pugh | Smith | Youakim |
| Liebling | Masin | Newton | Quam | Sundin | Zerwas |
| Lien | McDonald | Nornes | Rarick | Swedzinski | |
| Lillie | McNamara | Norton | Rosenthal | Theis | |
| Loeffler | Melin | O'Driscoll | Runbeck | Torkelson | |
| Lohmer | Metsa | O'Neill | Sanders | Uglem | |

The bill was passed and its title agreed to.

S. F. No. 2414 was reported to the House.

Albright moved to amend S. F. No. 2414, the second engrossment, as follows:

Delete everything after the enacting clause and insert the following language of H. F. No. 3199, the second engrossment:

"ARTICLE 1
OMBUDSMAN FOR LONG-TERM CARE

Section 1. Minnesota Statutes 2014, section 256.974, is amended to read:

**256.974 OFFICE OF OMBUDSMAN FOR LONG-TERM CARE~~; LOCAL PROGRAMS~~.**

The ombudsman for long-term care serves in the classified service under section 256.01, subdivision 7, in an office within the Minnesota Board on Aging that incorporates the long-term care ombudsman program required by the Older Americans Act, as amended, United States Code, title 42, ~~section~~ sections 3027(a)(9) and 3058g(a), and ~~established within the Minnesota Board on Aging. The Minnesota Board on Aging may make grants to and designate local programs for the provision of ombudsman services to clients in county or multicounty areas. The local program~~ Code of Federal Regulations, title 45, parts 1321 and 1327. The office shall be a distinct entity, separately identifiable from other state agencies and may not be an agency engaged in the provision of nursing home care, hospital care, or home care services either directly or by contract, or have the responsibility for planning, coordinating, funding, or administering nursing home care, hospital care, or home care services.

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

Sec. 2. Minnesota Statutes 2014, section 256.9741, subdivision 5, is amended to read:

Subd. 5. **Office.** "Office" means the ~~office of ombudsman~~ organizational unit established within the Minnesota Board on Aging ~~or local ombudsman programs that the Board on Aging designates.~~ headed by the state long-term care ombudsman.

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

Sec. 3. Minnesota Statutes 2014, section 256.9741, is amended by adding a subdivision to read:

Subd. 7. **Representatives of the office.** "Representatives of the office" means employees of the office, as well as employees designated as regional ombudsman and volunteers designated as certified ombudsman volunteers by the state long-term care ombudsman.

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

Sec. 4. Minnesota Statutes 2014, section 256.9741, is amended by adding a subdivision to read:

Subd. 8. **State long-term care ombudsman.** "State long-term care ombudsman" or "ombudsman" means the individual serving on a full-time basis and who in the individual's official capacity, or through representatives of the office, is responsible to fulfill the functions, responsibilities, and duties set forth in section 256.9742.

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

Sec. 5. Minnesota Statutes 2014, section 256.9742, is amended to read:

**256.9742 DUTIES AND POWERS OF THE OFFICE.**

Subdivision 1. **Duties.** The ~~ombudsman's program~~ office shall:

(1) gather information and evaluate any act, practice, policy, procedure, or administrative action of a long-term care facility, acute care facility, home care service provider, or government agency that may adversely affect the health, safety, welfare, or rights of any client;

(2) mediate or advocate on behalf of clients;

(3) monitor the development and implementation of federal, state, or local laws, rules, regulations, and policies affecting the rights and benefits of clients;

(4) comment on and recommend to public and private agencies regarding laws, rules, regulations, and policies affecting clients;

(5) inform public agencies about the problems of clients;

(6) provide for training of volunteers and promote the development of citizen participation in the work of the office;

(7) conduct public forums to obtain information about and publicize issues affecting clients;

(8) provide public education regarding the health, safety, welfare, and rights of clients; and

(9) collect and analyze data relating to complaints, conditions, and services.

Subd. 1a. **Designation~~; local ombudsman staff and volunteers~~ of representatives of the office.** (a) In designating ~~an individual~~ a representative of the office to perform duties under this section, the ombudsman must determine that the individual is qualified to perform the duties required by this section.

(b) ~~An individual designated as ombudsman staff under this section~~ A representative of the office designated as a regional ombudsman must successfully complete an orientation training conducted under the direction of the ombudsman or approved by the ombudsman. Orientation training shall be at least 20 hours and will consist of training in: investigation, dispute resolution, health care regulation, confidentiality, resident and patients' rights, and health care reimbursement.

(c) The ombudsman shall develop and implement a continuing education program for ~~individuals~~ representatives of the office designated as ~~ombudsman staff~~ regional ombudsmen under this section~~. The continuing education program shall be~~, who shall complete at least 60 hours annually.

(d) ~~An individual~~ A representative of the office designated as ~~an ombudsman~~ a certified ombudsman volunteer under this section must successfully complete an approved orientation training course with a minimum curriculum including federal and state bills of rights for long-term care residents, acute hospital patients and home care clients, the Vulnerable Adults Act, confidentiality, and the role of the ombudsman.

(e) The ombudsman shall develop and implement a continuing education program for certified ombudsman volunteers ~~which will provide~~, who shall complete a minimum of 12 hours of continuing education per year.

(f) The ombudsman may withdraw ~~an individual's~~ a representative's designation if the ~~individual~~ representative fails to perform duties of this section or meet continuing education requirements. The ~~individual~~ representative may request a reconsideration of such action by the Board on Aging ~~whose decision~~, but any further decision of the state ombudsman about designation shall be final.

Subd. 2. **Immunity from liability.** The ombudsman ~~or designee including staff and volunteers under this section is~~ and representatives of the office are immune from civil liability that otherwise might result from the person's actions or omissions if the person's actions are in good faith, are within the scope of the person's responsibilities as an ombudsman or designee, and do not constitute willful or reckless misconduct.

Subd. 3. **Posting.** Every long-term care facility and acute care facility shall post in a conspicuous place the address and telephone number of the office. A home care service provider shall provide all recipients, including those in housing with services under chapter 144D, with the address and telephone number of the office. Counties shall provide clients receiving long-term care consultation services under section 256B.0911 or home and community-based services through a state or federally funded program with the name, address, and telephone number of the office. The posting or notice is subject to approval by the ombudsman.

Subd. 4. **Access to long-term care and acute care facilities and clients.** The ombudsman or designee may:

(1) enter any long-term care facility without notice at any time;

(2) enter any acute care facility without notice during normal business hours;

(3) enter any acute care facility without notice at any time to interview a patient or observe services being provided to the patient as part of an investigation of a matter that is within the scope of the ombudsman's authority, but only if the ombudsman's or designee's presence does not intrude upon the privacy of another patient or interfere with routine hospital services provided to any patient in the facility;

(4) communicate privately and without restriction with any client, as long as the ombudsman has the client's consent for such communication;

(5) inspect records of a long-term care facility, home care service provider, or acute care facility that pertain to the care of the client according to sections 144.291 to 144.298; and

(6) with the consent of a client or client's legal guardian, the ombudsman or designated staff shall have access to review records pertaining to the care of the client according to sections 144.291 to 144.298. If a client cannot consent and has no legal guardian, access to the records is authorized by this section.

A person who denies access to the ombudsman or designee in violation of this subdivision or aids, abets, invites, compels, or coerces another to do so is guilty of a misdemeanor.

Subd. 5. **Access to state records.** The ombudsman or designee, excluding volunteers, has access to data of a state agency necessary for the discharge of the ombudsman's duties, including records classified confidential or private under chapter 13, or any other law. The data requested must be related to a specific case and is subject to section 13.03, subdivision 4. If the data concerns an individual, the ombudsman or designee shall first obtain the individual's consent. If the individual cannot consent and has no legal guardian, then access to the data is authorized by this section.

Each state agency responsible for licensing, regulating, and enforcing state and federal laws and regulations concerning long-term care, home care service providers, and acute care facilities shall forward to the ombudsman on a quarterly basis, copies of all correction orders, penalty assessments, and complaint investigation reports, for all long-term care facilities, acute care facilities, and home care service providers.

Subd. 6. **Prohibition against discrimination or retaliation.** (a) No entity shall take discriminatory, disciplinary, or retaliatory action against ~~an employee or volunteer~~ the ombudsman, representative of the office, or a ~~patient, resident~~ client, or guardian or family member of a ~~patient, resident, or guardian~~ client, for filing in good faith a complaint with or providing information to the ombudsman or ~~designee including volunteers~~ representative of the office. A person who violates this subdivision or who aids, abets, invites, compels, or coerces another to do so is guilty of a misdemeanor.

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

(1) discharge or transfer from a facility;

(2) termination of service;

(3) restriction or prohibition of access to the facility or its residents;

(4) discharge from or termination of employment;

(5) demotion or reduction in remuneration for services; and

(6) any restriction of rights set forth in section 144.651, 144A.44, or 144A.751.

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

ARTICLE 2
CHEMICAL AND MENTAL HEALTH SERVICES

Section 1. Minnesota Statutes 2014, section 245.462, subdivision 18, is amended to read:

Subd. 18. **Mental health professional.** "Mental health professional" means a person providing clinical services in the treatment of mental illness who is qualified in at least one of the following ways:

(1) in psychiatric nursing: a registered nurse who is licensed under sections 148.171 to 148.285; and:

(i) who is certified as a clinical specialist or as a nurse practitioner in adult or family psychiatric and mental health nursing by a national nurse certification organization; or

(ii) who has a master's degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;

(2) in clinical social work: a person licensed as an independent clinical social worker under chapter 148D, or a person with a master's degree in social work from an accredited college or university, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;

(3) in psychology: an individual licensed by the Board of Psychology under sections 148.88 to 148.98 who has stated to the Board of Psychology competencies in the diagnosis and treatment of mental illness;

(4) in psychiatry: a physician licensed under chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry, or an osteopathic physician licensed under chapter 147 and certified by the American Osteopathic Board of Neurology and Psychiatry or eligible for board certification in psychiatry;

(5) in marriage and family therapy: the mental health professional must be a marriage and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;

(6) in licensed professional clinical counseling, the mental health professional shall be a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness; or

(7) in allied fields: a person with a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

Sec. 2. Minnesota Statutes 2014, section 245.4871, subdivision 27, is amended to read:

Subd. 27. **Mental health professional.** "Mental health professional" means a person providing clinical services in the diagnosis and treatment of children's emotional disorders. A mental health professional must have training and experience in working with children consistent with the age group to which the mental health professional is assigned. A mental health professional must be qualified in at least one of the following ways:

(1) in psychiatric nursing, the mental health professional must be a registered nurse who is licensed under sections 148.171 to 148.285 and who is certified as a clinical specialist in child and adolescent psychiatric or mental health nursing by a national nurse certification organization or who has a master's degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;

(2) in clinical social work, the mental health professional must be a person licensed as an independent clinical social worker under chapter 148D, or a person with a master's degree in social work from an accredited college or university, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental disorders;

(3) in psychology, the mental health professional must be an individual licensed by the board of psychology under sections 148.88 to 148.98 who has stated to the board of psychology competencies in the diagnosis and treatment of mental disorders;

(4) in psychiatry, the mental health professional must be a physician licensed under chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry or an osteopathic physician licensed under chapter 147 and certified by the American Osteopathic Board of Neurology and Psychiatry or eligible for board certification in psychiatry;

(5) in marriage and family therapy, the mental health professional must be a marriage and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of post-master's supervised experience in the delivery of clinical services in the treatment of mental disorders or emotional disturbances;

(6) in licensed professional clinical counseling, the mental health professional shall be a licensed professional clinical counselor under section 148B.5301 with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental disorders or emotional disturbances; or

(7) in allied fields, the mental health professional must be a person with a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of emotional disturbances.

Sec. 3. Minnesota Statutes 2014, section 256B.0615, subdivision 1, is amended to read:

Subdivision 1. **Scope.** Medical assistance covers mental health certified ~~peers specialists~~ peer specialist services, as established in subdivision 2, subject to federal approval, if provided to recipients who are eligible for services under sections 256B.0622, 256B.0623, and 256B.0624 and are provided by a certified peer specialist who has completed the training under subdivision 5.

Sec. 4. Minnesota Statutes 2014, section 256B.0615, subdivision 2, is amended to read:

Subd. 2. **Establishment.** The commissioner of human services shall establish a certified peer ~~specialists~~ specialist program model, which:

(1) provides nonclinical peer support counseling by certified peer specialists;

(2) provides a part of a wraparound continuum of services in conjunction with other community mental health services;

(3) is individualized to the consumer; and

(4) promotes socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

Sec. 5. Minnesota Statutes 2014, section 256B.0622, as amended by Laws 2015, chapter 71, article 2, sections 23 to 32, is amended to read:

**256B.0622 ~~INTENSIVE REHABILITATIVE MENTAL HEALTH SERVICES~~ ASSERTIVE COMMUNITY TREATMENT AND INTENSIVE RESIDENTIAL TREATMENT SERVICES.**

Subdivision 1. **Scope.** Subject to federal approval, medical assistance covers medically necessary, assertive community treatment for clients as defined in subdivision 2a and intensive residential treatment services ~~as defined in subdivision 2,~~ for ~~recipients~~ clients as defined in subdivision 3, when the services are provided by an entity meeting the standards in this section.

Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the meanings given them.

(b) "ACT team" means the group of interdisciplinary mental health staff who work as a team to provide assertive community treatment.

~~(a)~~ (c) "Assertive community treatment" means intensive nonresidential treatment and rehabilitative mental health services provided according to the ~~evidence-based practice of~~ assertive community treatment model. Assertive community treatment provides a single, fixed point of responsibility for treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per day, seven days per week, in a community-based setting. ~~Core elements of this service include, but are not limited to:~~

~~(1) a multidisciplinary staff who utilize a total team approach and who serve as a fixed point of responsibility for all service delivery;~~

~~(2) providing services 24 hours per day and seven days per week;~~

~~(3) providing the majority of services in a community setting;~~

~~(4) offering a low ratio of recipients to staff; and~~

~~(5) providing service that is not time-limited.~~

(d) "Individual treatment plan" means the document that results from a person-centered planning process of determining real-life outcomes with clients and developing strategies to achieve those outcomes.

(e) "Assertive engagement" means the use of collaborative strategies to engage clients to receive services.

(f) "Benefits and finance support" means assisting clients in capably managing financial affairs. Services include, but are not limited to, assisting clients in applying for benefits; assisting with redetermination of benefits; providing financial crisis management; teaching and supporting budgeting skills and asset development; and coordinating with a client's representative payee, if applicable.

(g) "Co-occurring disorder treatment" means the treatment of co-occurring mental illness and substance use disorders and is characterized by assertive outreach, stage-wise comprehensive treatment, treatment goal setting, and flexibility to work within each stage of treatment. Services include, but are not limited to, assessing and tracking clients' stages of change readiness and treatment; applying the appropriate treatment based on stages of change, such as outreach and motivational interviewing techniques to work with clients in earlier stages of change readiness and cognitive behavioral approaches and relapse prevention to work with clients in later stages of change; and facilitating access to community supports.

(h) "Crisis assessment and intervention" means mental health crisis response services as defined in section 256B.0624, subdivision 2, paragraphs (c) to (e).

(i) "Employment services" means assisting clients to work at jobs of their choosing. Services must follow the principles of the individual placement and support (IPS) employment model, including focusing on competitive employment; emphasizing individual client preferences and strengths; ensuring employment services are integrated with mental health services; conducting rapid job searches and systematic job development according to client preferences and choices; providing benefits counseling; and offering all services in an individualized and time-unlimited manner. Services shall also include educating clients about opportunities and benefits of work and school and assisting the client in learning job skills, navigating the work place, and managing work relationships.

(j) "Family psychoeducation and support" means services provided to the client's family and other natural supports to restore and strengthen the client's unique social and family relationships. Services include, but are not limited to, individualized psychoeducation about the client's illness and the role of the family and other significant people in the therapeutic process; family intervention to restore contact, resolve conflict, and maintain relationships with family and other significant people in the client's life; ongoing communication and collaboration between the ACT team and the family; introduction and referral to family self-help programs and advocacy organizations that promote recovery and family engagement, individual supportive counseling, parenting training, and service coordination to help clients fulfill parenting responsibilities; coordinating services for the child and restoring relationships with children who are not in the client's custody; and coordinating with child welfare and family agencies, if applicable. These services must be provided with the client's agreement and consent.

(k) "Housing access support" means assisting clients to find, obtain, retain, and move to safe and adequate housing of their choice. Housing access support includes, but is not limited to, locating housing options with a focus on integrated independent settings; applying for housing subsidies, programs, or resources; assisting the client in developing relationships with local landlords; providing tenancy support and advocacy for the individual's tenancy rights at the client's home; and assisting with relocation.

(l) "Individual treatment team" means a minimum of three members of the ACT team who are responsible for consistently carrying out most of a client's assertive community treatment services.

(m) "Intensive residential treatment services treatment team" means all staff who provide intensive residential treatment services under this section to clients. At a minimum, this includes the clinical supervisor, mental health professionals as defined in section 245.462, subdivision 18, clauses (1) to (6); mental health practitioners as defined in section 245.462, subdivision 17; mental health rehabilitation workers under section 256B.0623, subdivision 5, clause (4); and mental health certified peer specialists under section 256B.0615.

~~(b)~~ (n) "Intensive residential treatment services" means short-term, time-limited services provided in a residential setting to ~~recipients~~ clients who are in need of more restrictive settings and are at risk of significant functional deterioration if they do not receive these services. Services are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting. Services must be directed toward a targeted discharge date with specified client outcomes.

~~(c) "Evidence based practices" are nationally recognized mental health services that are proven by substantial research to be effective in helping individuals with serious mental illness obtain specific treatment goals.~~

(o) "Medication assistance and support" means assisting clients in accessing medication, developing the ability to take medications with greater independence, and providing medication setup. This includes the prescription, administration, and order of medication by appropriate medical staff.

(p) "Medication education" means educating clients on the role and effects of medications in treating symptoms of mental illness and the side effects of medications.

~~(d)~~ (q) "Overnight staff" means a member of the intensive residential ~~rehabilitative mental health~~ treatment services team who is responsible during hours when ~~recipients~~ clients are typically asleep.

~~(e) "Treatment team" means all staff who provide services under this section to recipients. At a minimum, this includes the clinical supervisor, mental health professionals as defined in section 245.462, subdivision 18, clauses (1) to (6); mental health practitioners as defined in section 245.462, subdivision 17; mental health rehabilitation workers under section 256B.0623, subdivision 5, clause (3); and certified peer specialists under section 256B.0615.~~

(r) "Mental health certified peer specialist services" has the meaning given in section 256B.0615.

(s) "Physical health services" means any service or treatment to meet the physical health needs of the client to support the client's mental health recovery. Services include, but are not limited to, education on primary health issues, including wellness education; medication administration and monitoring; providing and coordinating medical screening and follow-up; scheduling routine and acute medical and dental care visits; tobacco cessation strategies; assisting clients in attending appointments; communicating with other providers; and integrating all physical and mental health treatment.

(t) "Primary team member" means the person who leads and coordinates the activities of the individual treatment team and is the individual treatment team member who has primary responsibility for establishing and maintaining a therapeutic relationship with the client on a continuing basis.

(u) "Rehabilitative mental health services" means mental health services that are rehabilitative and enable the client to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, independent living, parenting skills, and community skills, when these abilities are impaired by the symptoms of mental illness.

(v) "Symptom management" means supporting clients in identifying and targeting the symptoms and occurrence patterns of their mental illness and developing strategies to reduce the impact of those symptoms.

(w) "Therapeutic interventions" means empirically supported techniques to address specific symptoms and behaviors such as anxiety, psychotic symptoms, emotional dysregulation, and trauma symptoms. Interventions include empirically supported psychotherapies including, but not limited to, cognitive behavioral therapy, exposure therapy, acceptance and commitment therapy, interpersonal therapy, and motivational interviewing.

(x) "Wellness self-management and prevention" means a combination of approaches to working with the client to build and apply skills related to recovery, and to support the client in participating in leisure and recreational activities, civic participation, and meaningful structure.

Subd. 2a. **Eligibility for assertive community treatment.** An eligible client for assertive community treatment is an individual who meets the following criteria as assessed by an ACT team:

(1) is age 18 or older. Individuals ages 16 and 17 may be eligible upon approval by the commissioner;

(2) has a primary diagnosis of schizophrenia, schizoaffective disorder, major depressive disorder with psychotic features, other psychotic disorders, or bipolar disorder. Individuals with other psychiatric illnesses may qualify for assertive community treatment if they have a serious mental illness and meet the criteria outlined in clauses (3) and (4), but no more than ten percent of an ACT team's clients may be eligible based on this criteria. Individuals with a primary diagnosis of a substance use disorder, intellectual developmental disabilities, borderline personality disorder, antisocial personality disorder, traumatic brain injury, or an autism spectrum disorder are not eligible for assertive community treatment;

(3) has significant functional impairment as demonstrated by at least one of the following conditions:

(i) significant difficulty consistently performing the range of routine tasks required for basic adult functioning in the community or persistent difficulty performing daily living tasks without significant support or assistance;

(ii) significant difficulty maintaining employment at a self-sustaining level or significant difficulty consistently carrying out the head-of-household responsibilities; or

(iii) significant difficulty maintaining a safe living situation;

(4) has a need for continuous high-intensity services as evidenced by at least two of the following:

(i) two or more psychiatric hospitalizations or residential crisis stabilization services in the previous 12 months;

(ii) frequent utilization of mental health crisis services in the previous six months;

(iii) 30 or more consecutive days of psychiatric hospitalization in the previous 24 months;

(iv) intractable, persistent, or prolonged severe psychiatric symptoms;

(v) coexisting mental health and substance use disorders lasting at least six months;

(vi) recent history of involvement with the criminal justice system or demonstrated risk of future involvement;

(vii) significant difficulty meeting basic survival needs;

(viii) residing in substandard housing, experiencing homelessness, or facing imminent risk of homelessness;

(ix) significant impairment with social and interpersonal functioning such that basic needs are in jeopardy;

(x) coexisting mental health and physical health disorders lasting at least six months;

(xi) residing in an inpatient or supervised community residence but clinically assessed to be able to live in a more independent living situation if intensive services are provided;

(xii) requiring a residential placement if more intensive services are not available; or

(xiii) difficulty effectively using traditional office-based outpatient services;

(5) there are no indications that other available community-based services would be equally or more effective as evidenced by consistent and extensive efforts to treat the individual; and

(6) in the written opinion of a licensed mental health professional, has the need for mental health services that cannot be met with other available community-based services, or is likely to experience a mental health crisis or require a more restrictive setting if assertive community treatment is not provided.

Subd. 2b. **Continuing stay and discharge criteria for assertive community treatment.** (a) A client receiving assertive community treatment is eligible to continue receiving services if:

(1) the client has not achieved the desired outcomes of their individual treatment plan;

(2) the client's level of functioning has not been restored, improved, or sustained over the time frame outlined in the individual treatment plan;

(3) the client continues to be at risk for relapse based on current clinical assessment, history, or the tenuous nature of the functional gains; or

(4) the client is functioning effectively with this service and discharge would otherwise be indicated but without continued services the client's functioning would decline; and

(5) one of the following must also apply:

(i) the client has achieved current individual treatment plan goals but additional goals are indicated as evidenced by documented symptoms;

(ii) the client is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service shall be effective in addressing the goals outlined in the individual treatment plan;

(iii) the client is making progress, but the specific interventions in the individual treatment plan need to be modified so that greater gains, which are consistent with the client's potential level of functioning, are possible; or

(iv) the client fails to make progress or demonstrates regression in meeting goals through the interventions outlined in the individual treatment plan.

(b) Clients receiving assertive community treatment are eligible to be discharged if they meet at least one of the following criteria:

(1) the client and the ACT team determine that assertive community treatment services are no longer needed based on the attainment of goals as identified in the individual treatment plan and a less intensive level of care would adequately address current goals;

(2) the client moves out of the ACT team's service area and the ACT team has facilitated the referral to either a new ACT team or other appropriate mental health service and has assisted the individual in the transition process;

(3) the client, or the client's legal guardian when applicable, chooses to withdraw from assertive community treatment services and documented attempts by the ACT team to re-engage the client with the service have not been successful;

(4) the client has a demonstrated need for a medical nursing home placement lasting more than three months, as determined by a physician;

(5) the client is hospitalized, in residential treatment, or in jail for a period of greater than three months. However, the ACT team must make provisions for the client to return to the ACT team upon their discharge or release from the hospital or jail if the client still meets eligibility criteria for assertive community treatment and the team is not at full capacity;

(6) the ACT team is unable to locate, contact, and engage the client for a period of greater than three months after persistent efforts by the ACT team to locate the client; or

(7) the client requests a discharge, despite repeated and proactive efforts by the ACT team to engage the client in service planning. The ACT team must develop a transition plan to arrange for alternate treatment for clients in this situation who have a history of suicide attempts, assault, or forensic involvement.

(c) For all clients who are discharged from assertive community treatment to another service provider within the ACT team's service area there is a three-month transfer period, from the date of discharge, during which a client who does not adjust well to the new service, may voluntarily return to the ACT team. During this period, the ACT team must maintain contact with the client's new service provider.

Subd. 3. **Eligibility for intensive residential treatment services.** An eligible ~~recipient~~ client for intensive residential treatment services is an individual who:

(1) is age 18 or older;

(2) is eligible for medical assistance;

(3) is diagnosed with a mental illness;

(4) because of a mental illness, has substantial disability and functional impairment in three or more of the areas listed in section 245.462, subdivision 11a, so that self-sufficiency is markedly reduced;

(5) has one or more of the following: a history of recurring or prolonged inpatient hospitalizations in the past year, significant independent living instability, homelessness, or very frequent use of mental health and related services yielding poor outcomes; and

(6) in the written opinion of a licensed mental health professional, has the need for mental health services that cannot be met with other available community-based services, or is likely to experience a mental health crisis or require a more restrictive setting if intensive rehabilitative mental health services are not provided.

Subd. 3a. **Provider certification and contract requirements for assertive community treatment.** (a) The assertive community treatment provider must:

(1) have a contract with the host county to provide assertive community treatment services; and

(2) have each ACT team be certified by the state following the certification process and procedures developed by the commissioner. The certification process determines whether the ACT team meets the standards for assertive community treatment under this section as well as minimum program fidelity standards as measured by a nationally recognized fidelity tool approved by the commissioner. Recertification must occur at least every three years.

(b) An ACT team certified under this subdivision must meet the following standards:

(1) have capacity to recruit, hire, manage, and train required ACT team members;

(2) have adequate administrative ability to ensure availability of services;

(3) ensure adequate preservice and ongoing training for staff;

(4) ensure that staff is capable of implementing culturally specific services that are culturally responsive and appropriate as determined by the client's culture, beliefs, values, and language as identified in the individual treatment plan;

(5) ensure flexibility in service delivery to respond to the changing and intermittent care needs of a client as identified by the client and the individual treatment plan;

(6) develop and maintain client files, individual treatment plans, and contact charting;

(7) develop and maintain staff training and personnel files;

(8) submit information as required by the state;

(9) keep all necessary records required by law;

(10) comply with all applicable laws;

(11) be an enrolled Medicaid provider;

(12) establish and maintain a quality assurance plan to determine specific service outcomes and the client's satisfaction with services; and

(13) develop and maintain written policies and procedures regarding service provision and administration of the provider entity.

(c) The commissioner may intervene at any time and decertify an ACT team with cause. The commissioner shall establish a process for decertification of an ACT team and shall require corrective action, medical assistance repayment, or decertification of an ACT team that no longer meets the requirements in this section or that fails to meet the clinical quality standards or administrative standards provided by the commissioner in the application and certification process. The decertification is subject to appeal to the state.

Subd. 4. **Provider ~~certification~~ licensure and contract requirements for intensive residential treatment services.** ~~(a) The assertive community treatment provider must:~~

~~(1) have a contract with the host county to provide intensive adult rehabilitative mental health services; and~~

~~(2) be certified by the commissioner as being in compliance with this section and section 256B.0623.~~

~~(b)~~ (a) The intensive residential treatment services provider must:

(1) be licensed under Minnesota Rules, parts 9520.0500 to 9520.0670;

(2) not exceed 16 beds per site;

(3) comply with the additional standards in this section; and

(4) have a contract with the host county to provide these services.

~~(c)~~ (b) The commissioner shall develop procedures for counties and providers to submit contracts and other documentation as needed to allow the commissioner to determine whether the standards in this section are met.

~~Subd. 5. **Standards applicable to both assertive community treatment and residential providers.** (a) Services must be provided by qualified staff as defined in section 256B.0623, subdivision 5, who are trained and supervised according to section 256B.0623, subdivision 6, except that mental health rehabilitation workers acting as overnight staff are not required to comply with section 256B.0623, subdivision 5, clause (4), item (iv).~~

~~(b) The clinical supervisor must be an active member of the treatment team. The treatment team must meet with the clinical supervisor at least weekly to discuss recipients' progress and make rapid adjustments to meet recipients' needs. The team meeting shall include recipient specific case reviews and general treatment discussions among team members. Recipient specific case reviews and planning must be documented in the individual recipient's treatment record.~~

~~(c) Treatment staff must have prompt access in person or by telephone to a mental health practitioner or mental health professional. The provider must have the capacity to promptly and appropriately respond to emergent needs and make any necessary staffing adjustments to assure the health and safety of recipients.~~

~~(d) The initial functional assessment must be completed within ten days of intake and updated at least every 30 days for intensive residential treatment services and every six months for assertive community treatment, or prior to discharge from the service, whichever comes first.~~

~~(c) The initial individual treatment plan must be completed within ten days of intake for assertive community treatment and within 24 hours of admission for intensive residential treatment services. Within ten days of admission, the initial treatment plan must be refined and further developed for intensive residential treatment services, except for providers certified according to Minnesota Rules, parts 9533.0010 to 9533.0180. The individual treatment plan must be reviewed with the recipient and updated at least monthly for intensive residential treatment services and at least every six months for assertive community treatment.~~

~~Subd. 6. **Standards for intensive residential rehabilitative mental health services.** (a) The provider of intensive residential services must have sufficient staff to provide 24 hour per day coverage to deliver the rehabilitative services described in the treatment plan and to safely supervise and direct the activities of recipients given the recipient's level of behavioral and psychiatric stability, cultural needs, and vulnerability. The provider must have the capacity within the facility to provide integrated services for chemical dependency, illness management services, and family education when appropriate.~~

~~(b) At a minimum:~~

~~(1) staff must be available and provide direction and supervision whenever recipients are present in the facility;~~

~~(2) staff must remain awake during all work hours;~~

~~(3) there must be a staffing ratio of at least one to nine recipients for each day and evening shift. If more than nine recipients are present at the residential site, there must be a minimum of two staff during day and evening shifts, one of whom must be a mental health practitioner or mental health professional;~~

~~(4) if services are provided to recipients who need the services of a medical professional, the provider shall assure that these services are provided either by the provider's own medical staff or through referral to a medical professional; and~~

~~(5) the provider must assure the timely availability of a licensed registered nurse, either directly employed or under contract, who is responsible for ensuring the effectiveness and safety of medication administration in the facility and assessing patients for medication side effects and drug interactions.~~

Subd. 5a. **Standards for intensive residential rehabilitative mental health services.** (a) The standards in this subdivision apply to intensive residential mental health services.

(b) The provider of intensive residential treatment services must have sufficient staff to provide 24-hour-per-day coverage to deliver the rehabilitative services described in the treatment plan and to safely supervise and direct the activities of clients, given the client's level of behavioral and psychiatric stability, cultural needs, and vulnerability. The provider must have the capacity within the facility to provide integrated services for chemical dependency, illness management services, and family education, when appropriate.

(c) At a minimum:

(1) staff must provide direction and supervision whenever clients are present in the facility;

(2) staff must remain awake during all work hours;

(3) there must be a staffing ratio of at least one to nine clients for each day and evening shift. If more than nine clients are present at the residential site, there must be a minimum of two staff during day and evening shifts, one of whom must be a mental health practitioner or mental health professional;

(4) if services are provided to clients who need the services of a medical professional, the provider shall ensure that these services are provided either by the provider's own medical staff or through referral to a medical professional; and

(5) the provider must ensure the timely availability of a licensed registered nurse, either directly employed or under contract, who is responsible for ensuring the effectiveness and safety of medication administration in the facility and assessing clients for medication side effects and drug interactions.

(d) Services must be provided by qualified staff as defined in section 256B.0623, subdivision 5, who are trained and supervised according to section 256B.0623, subdivision 6, except that mental health rehabilitation workers acting as overnight staff are not required to comply with section 256B.0623, subdivision 5, clause (4), item (iv).

(e) The clinical supervisor must be an active member of the intensive residential services treatment team. The team must meet with the clinical supervisor at least weekly to discuss clients' progress and make rapid adjustments to meet clients' needs. The team meeting shall include client-specific case reviews and general treatment discussions among team members. Client-specific case reviews and planning must be documented in the client's treatment record.

(f) Treatment staff must have prompt access in person or by telephone to a mental health practitioner or mental health professional. The provider must have the capacity to promptly and appropriately respond to emergent needs and make any necessary staffing adjustments to ensure the health and safety of clients.

(g) The initial functional assessment must be completed within ten days of intake and updated at least every 30 days, or prior to discharge from the service, whichever comes first.

(h) The initial individual treatment plan must be completed within 24 hours of admission. Within ten days of admission, the initial treatment plan must be refined and further developed, except for providers certified according to Minnesota Rules, parts 9533.0010 to 9533.0180. The individual treatment plan must be reviewed with the client and updated at least monthly.

Subd. 7. **~~Additional standards for~~ Assertive community treatment service standards.** ~~The standards in this subdivision apply to assertive community treatment services.~~

~~(1) The treatment team must use team treatment, not an individual treatment model.~~

~~(2) The clinical supervisor must function as a practicing clinician at least on a part-time basis.~~

~~(3) The staffing ratio must not exceed ten recipients to one full-time equivalent treatment team position.~~

~~(4) Services must be available at times that meet client needs.~~

~~(5) The treatment team must actively and assertively engage and reach out to the recipient's family members and significant others, after obtaining the recipient's permission.~~

~~(6) The treatment team must establish ongoing communication and collaboration between the team, family, and significant others and educate the family and significant others about mental illness, symptom management, and the family's role in treatment.~~

~~(7) The treatment team must provide interventions to promote positive interpersonal relationships.~~

(a) ACT teams must offer and have the capacity to directly provide the following services:

(1) assertive engagement;

(2) benefits and finance support;

(3) co-occurring disorder treatment;

(4) crisis assessment and intervention;

(5) employment services;

(6) family psychoeducation and support;

(7) housing access support;

(8) medication assistance and support;

(9) medication education;

(10) mental health certified peer specialists services;

(11) physical health services;

(12) rehabilitative mental health services;

(13) symptom management;

(14) therapeutic interventions;

(15) wellness self-management and prevention; and

(16) other services based on client needs as identified in a client's assertive community treatment individual treatment plan.

(b) ACT teams must ensure the provision of all services necessary to meet a client's needs as identified in the client's individual treatment plan.

Subd. 7b. **Assertive community treatment team staff requirements and roles.** (a) The required treatment staff qualifications and roles for an ACT team are:

(1) the team leader:

(i) shall be a licensed mental health professional who is qualified under Minnesota Rules, part 9505.0371, subpart 5, item A. Individuals who are not licensed but who are eligible for licensure and are otherwise qualified may also fulfill this role but must obtain full licensure within 24 months of assuming the role of team leader;

(ii) must be an active member of the ACT team and provide some direct services to clients;

(iii) must be a single full-time staff member, dedicated to the ACT team, who is responsible for overseeing the administrative operations of the team, providing clinical oversight of services in conjunction with the psychiatrist or psychiatric care provider, and supervising team members to ensure delivery of best and ethical practices; and

(iv) must be available to provide overall clinical oversight to the ACT team after regular business hours and on weekends and holidays. The team leader may delegate this duty to another qualified member of the ACT team;

(2) the psychiatric care provider:

(i) must be a licensed psychiatrist certified by the American Board of Psychiatry and Neurology or eligible for board certification or certified by the American Osteopathic Board of Neurology and Psychiatry or eligible for board certification, or a psychiatric nurse who is qualified under Minnesota Rules, part 9505.0371, subpart 5, item A. The psychiatric care provider must have demonstrated clinical experience working with individuals with serious and persistent mental illness;

(ii) shall collaborate with the team leader in sharing overall clinical responsibility for screening and admitting clients; monitoring clients' treatment and team member service delivery; educating staff on psychiatric and nonpsychiatric medications, their side effects, and health-related conditions; actively collaborating with nurses; and helping provide clinical supervision to the team;

(iii) shall fulfill the following functions for assertive community treatment clients: provide assessment and treatment of clients' symptoms and response to medications, including side effects; provide brief therapy to clients; provide diagnostic and medication education to clients, with medication decisions based on shared decision making; monitor clients' nonpsychiatric medical conditions and nonpsychiatric medications; and conduct home and community visits;

(iv) shall serve as the point of contact for psychiatric treatment if a client is hospitalized for mental health treatment and shall communicate directly with the client's inpatient psychiatric care providers to ensure continuity of care;

(v) shall have a minimum full-time equivalency that is prorated at a rate of 16 hours per 50 clients. Part-time psychiatric care providers shall have designated hours to work on the team, with sufficient blocks of time on consistent days to carry out the provider's clinical, supervisory, and administrative responsibilities. No more than two psychiatric care providers may share this role;

(vi) may not provide specific roles and responsibilities by telemedicine unless approved by the commissioner; and

(vii) shall provide psychiatric backup to the program after regular business hours and on weekends and holidays. The psychiatric care provider may delegate this duty to another qualified psychiatric provider;

(3) the nursing staff:

(i) shall consist of one to three registered nurses or advanced practice registered nurses, of whom at least one has a minimum of one-year experience working with adults with serious mental illness and a working knowledge of psychiatric medications. No more than two individuals can share a full-time equivalent position;

(ii) are responsible for managing medication, administering and documenting medication treatment, and managing a secure medication room; and

(iii) shall develop strategies, in collaboration with clients, to maximize taking medications as prescribed; screen and monitor clients' mental and physical health conditions and medication side effects; engage in health promotion, prevention, and education activities; communicate and coordinate services with other medical providers; facilitate the development of the individual treatment plan for clients assigned; and educate the ACT team in monitoring psychiatric and physical health symptoms and medication side effects;

(4) the co-occurring disorder specialist:

(i) shall be a full-time equivalent co-occurring disorder specialist who has received specific training on co-occurring disorders that is consistent with national evidence-based practices. The training must include practical knowledge of common substances and how they affect mental illnesses, the ability to assess substance use disorders and the client's stage of treatment, motivational interviewing, and skills necessary to provide counseling to clients at all different stages of change and treatment. The co-occurring disorder specialist may also be an individual who is a licensed alcohol and drug counselor as described in section 148F.01, subdivision 5, or a counselor who otherwise meets the training, experience, and other requirements in Minnesota Rules, part 9530.6450, subpart 5. No more than two co-occurring disorder specialists may occupy this role; and

(ii) shall provide or facilitate the provision of co-occurring disorder treatment to clients. The co-occurring disorder specialist shall serve as a consultant and educator to fellow ACT team members on co-occurring disorders;

(5) the vocational specialist:

(i) shall be a full-time vocational specialist who has at least one-year experience providing employment services or advanced education that involved field training in vocational services to individuals with mental illness. An individual who does not meet these qualifications may also serve as the vocational specialist upon completing a training plan approved by the commissioner;

(ii) shall provide or facilitate the provision of vocational services to clients. The vocational specialist serves as a consultant and educator to fellow ACT team members on these services; and

(iii) should not refer individuals to receive any type of vocational services or linkage by providers outside of the ACT team;

(6) the mental health certified peer specialist:

(i) shall be a full-time equivalent mental health certified peer specialist as defined in section 256B.0615. No more than two individuals can share this position. The mental health certified peer specialist is a fully integrated team member who provides highly individualized services in the community and promotes the self-determination and shared decision-making abilities of clients. This requirement may be waived due to workforce shortages upon approval of the commissioner;

(ii) must provide coaching, mentoring, and consultation to the clients to promote recovery, self-advocacy, and self-direction, promote wellness management strategies, and assist clients in developing advance directives; and

(iii) must model recovery values, attitudes, beliefs, and personal action to encourage wellness and resilience, provide consultation to team members, promote a culture where the clients' points of view and preferences are recognized, understood, respected, and integrated into treatment, and serve in a manner equivalent to other team members;

(7) the program administrative assistant shall be a full-time office-based program administrative assistant position assigned to solely work with the ACT team, providing a range of supports to the team, clients, and families; and

(8) additional staff:

(i) shall be based on team size. Additional treatment team staff may include licensed mental health professionals as defined in Minnesota Rules, part 9505.0371, subpart 5, item A; mental health practitioners as defined in Minnesota Rules, part 9505.0370, subpart 17; or mental health rehabilitation workers as defined in section 256B.0623, subdivision 5, clause (4). These individuals shall have the knowledge, skills, and abilities required by the population served to carry out rehabilitation and support functions; and

(ii) shall be selected based on specific program needs or the population served.

(b) Each ACT team must clearly document schedules for all ACT team members.

(c) Each ACT team member must serve as a primary team member for clients assigned by the team leader and are responsible for facilitating the individual treatment plan process for those clients. The primary team member for a client is the responsible team member knowledgeable about the client's life and circumstances and writes the individual treatment plan. The primary team member provides individual supportive therapy or counseling, and provides primary support and education to the client's family and support system.

(d) Members of the ACT team must have strong clinical skills, professional qualifications, experience, and competency to provide a full breadth of rehabilitation services. Each staff member shall be proficient in their respective discipline and be able to work collaboratively as a member of a multidisciplinary team to deliver the majority of the treatment, rehabilitation, and support services clients require to fully benefit from receiving assertive community treatment.

(e) Each ACT team member must fulfill training requirements established by the commissioner.

Subd. 7c. **Assertive community treatment program size and opportunities.** (a) Each ACT team shall maintain an annual average caseload that does not exceed 100 clients. Staff-to-client ratios shall be based on team size as follows:

(1) a small ACT team must:

(i) employ at least six but no more than seven full-time treatment team staff, excluding the program assistant and the psychiatric care provider;

(ii) serve an annual average maximum of no more than 50 clients;

(iii) ensure at least one full-time equivalent position for every eight clients served;

(iv) schedule ACT team staff for at least eight-hour shift coverage on weekdays and on-call duty to provide crisis services and deliver services after hours when staff are not working;

(v) provide crisis services during business hours if the small ACT team does not have sufficient staff numbers to operate an after-hours on-call system. During all other hours, the ACT team may arrange for coverage for crisis assessment and intervention services through a reliable crisis-intervention provider as long as there is a mechanism by which the ACT team communicates routinely with the crisis-intervention provider and the on-call ACT team staff are available to see clients face-to-face when necessary or if requested by the crisis-intervention services provider;

(vi) adjust schedules and provide staff to carry out the needed service activities in the evenings or on weekend days or holidays, when necessary;

(vii) arrange for and provide psychiatric backup during all hours the psychiatric care provider is not regularly scheduled to work. If availability of the ACT team's psychiatric care provider during all hours is not feasible, alternative psychiatric prescriber backup must be arranged and a mechanism of timely communication and coordination established in writing;

(viii) be composed of, at minimum, one full-time team leader, at least 16 hours each week per 50 clients of psychiatric provider time, or equivalent if fewer clients, one full-time equivalent nursing, one full-time substance abuse specialist, one full-time equivalent mental health certified peer specialist, one full-time vocational specialist, one full-time program assistant, and at least one additional full-time ACT team member who has mental health professional or practitioner status; and

(2) a midsize ACT team shall:

(i) be composed of, at minimum, one full-time team leader, at least 16 hours of psychiatry time for 51 clients, with an additional two hours for every six clients added to the team, 1.5 to two full-time equivalent nursing staff, one full-time substance abuse specialist, one full-time equivalent mental health certified peer specialist, one full-time vocational specialist, one full-time program assistant, and at least 1.5 to two additional full-time equivalent ACT members, with at least one dedicated full-time staff member with mental health professional status. Remaining team members may have mental health professional or practitioner status;

(ii) employ seven or more treatment team full-time equivalents, excluding the program assistant and the psychiatric care provider;

(iii) serve an annual average maximum caseload of 51 to 74 clients;

(iv) ensure at least one full-time equivalent position for every nine clients served;

(v) schedule ACT team staff for a minimum of ten-hour shift coverage on weekdays and six- to eight-hour shift coverage on weekends and holidays. In addition to these minimum specifications, staff are regularly scheduled to provide the necessary services on a client-by-client basis in the evenings and on weekends and holidays;

(vi) schedule ACT team staff on-call duty to provide crisis services and deliver services when staff are not working;

(vii) have the authority to arrange for coverage for crisis assessment and intervention services through a reliable crisis-intervention provider as long as there is a mechanism by which the ACT team communicates routinely with the crisis-intervention provider and the on-call ACT team staff are available to see clients face-to-face when necessary or if requested by the crisis-intervention services provider; and

(viii) arrange for and provide psychiatric backup during all hours the psychiatric care provider is not regularly scheduled to work. If availability of the psychiatric care provider during all hours is not feasible, alternative psychiatric prescriber backup must be arranged and a mechanism of timely communication and coordination established in writing;

(3) a large ACT team must:

(i) be composed of, at minimum, one full-time team leader, at least 32 hours each week per 100 clients, or equivalent of psychiatry time, three full-time equivalent nursing staff, one full-time substance abuse specialist, one full-time equivalent mental health certified peer specialist, one full-time vocational specialist, one full-time program assistant, and at least two additional full-time equivalent ACT team members, with at least one dedicated full-time staff member with mental health professional status. Remaining team members may have mental health professional or mental health practitioner status;

(ii) employ nine or more treatment team full-time equivalents, excluding the program assistant and psychiatric care provider;

(iii) serve an annual average maximum caseload of 75 to 100 clients;

(iv) ensure at least one full-time equivalent position for every nine individuals served;

(v) schedule staff to work two eight-hour shifts, with a minimum of two staff on the second shift providing services at least 12 hours per day weekdays. For weekends and holidays, the team must operate and schedule ACT team staff to work one eight-hour shift, with a minimum of two staff each weekend day and every holiday;

(vi) schedule ACT team staff on-call duty to provide crisis services and deliver services when staff are not working; and

(vii) arrange for and provide psychiatric backup during all hours the psychiatric care provider is not regularly scheduled to work. If availability of the ACT team psychiatric care provider during all hours is not feasible, alternative psychiatric backup must be arranged and a mechanism of timely communication and coordination established in writing.

(b) An ACT team of any size may have a staff-to-client ratio that is lower than the requirements described in paragraph (a) upon approval by the commissioner, but may not exceed a one-to-ten staff-to-client ratio.

Subd. 7d. **Assertive community treatment program organization and communication requirements.** (a) An ACT team shall provide at least 75 percent of all services in the community in nonoffice- or nonfacility-based settings.

(b) ACT team members must know all clients receiving services, and interventions must be carried out with consistency and follow empirically supported practice.

(c) Each ACT team client shall be assigned an individual treatment team that is determined by a variety of factors, including team members' expertise and skills, rapport, and other factors specific to the individual's preferences. The majority of clients shall see at least three ACT team members in a given month.

(d) The ACT team shall have the capacity to rapidly increase service intensity to a client when the client's status requires it, regardless of geography, provide flexible service in an individualized manner, and see clients on average three times per week for at least 120 minutes per week. Services must be available at times that meet client needs.

(e) ACT teams shall make deliberate efforts to assertively engage clients in services. Input of family members, natural supports, and previous and subsequent treatment providers is required in developing engagement strategies. ACT teams shall include the client, identified family, and other support persons in the admission, initial assessment, and planning process as primary stakeholders, meet with the client in the client's environment at times of the day and week that honor the client's preferences, and meet clients at home and in jails or prisons, streets, homeless shelters, or hospitals.

(f) ACT teams shall ensure that a process is in place for identifying individuals in need of more or less assertive engagement. Interventions are monitored to determine the success of these techniques and the need to adapt the techniques or approach accordingly.

(g) ACT teams shall conduct daily team meetings to systematically update clinically relevant information, briefly discuss the status of assertive community treatment clients over the past 24 hours, problem solve emerging issues, plan approaches to address and prevent crises, and plan the service contacts for the following 24-hour period or weekend. All team members scheduled to work shall attend this meeting.

(h) ACT teams shall maintain a clinical log that succinctly documents important clinical information and develop a daily team schedule for the day's contacts based on a central file of the clients' weekly or monthly schedules, which are derived from interventions specified within the individual treatment plan. The team leader must have a record to ensure that all assigned contacts are completed.

Subd. 7e. **Assertive community treatment assessment and individual treatment plan.** (a) An initial assessment, including a diagnostic assessment that meets the requirements of Minnesota Rules, part 9505.0372, subpart 1, and a 30-day treatment plan shall be completed the day of the client's admission to assertive community treatment by the ACT team leader or the psychiatric care provider, with participation by designated ACT team members and the client. The team leader, psychiatric care provider, or other mental health professional designated by the team leader or psychiatric care provider, must update the client's diagnostic assessment at least annually.

(b) An initial functional assessment must be completed within ten days of intake and updated every six months for assertive community treatment, or prior to discharge from the service, whichever comes first.

(c) Within 30 days of the client's assertive community treatment admission, the ACT team shall complete an in-depth assessment of the domains listed under section 245.462, subdivision 11a.

(d) Each part of the in-depth assessment areas shall be completed by each respective team specialist or an ACT team member with skill and knowledge in the area being assessed. The assessments are based upon all available information, including that from client interview family and identified natural supports, and written summaries from other agencies, including police, courts, county social service agencies, outpatient facilities, and inpatient facilities, where applicable.

(e) Between 30 and 45 days after the client's admission to assertive community treatment, the entire ACT team must hold a comprehensive case conference, where all team members, including the psychiatric provider, present information discovered from the completed in-depth assessments and provide treatment recommendations. The conference must serve as the basis for the first six-month treatment plan, which must be written by the primary team member.

(f) The client's psychiatric care provider, primary team member, and individual treatment team members shall assume responsibility for preparing the written narrative of the results from the psychiatric and social functioning history timeline and the comprehensive assessment.

(g) The primary team member and individual treatment team members shall be assigned by the team leader in collaboration with the psychiatric care provider by the time of the first treatment planning meeting or 30 days after admission, whichever occurs first.

(h) Individual treatment plans must be developed through the following treatment planning process:

(1) The individual treatment plan shall be developed in collaboration with the client and the client's preferred natural supports, and guardian, if applicable and appropriate. The ACT team shall evaluate, together with each client, the client's needs, strengths, and preferences and develop the individual treatment plan collaboratively. The ACT team shall make every effort to ensure that the client and the client's family and natural supports, with the client's consent, are in attendance at the treatment planning meeting, are involved in ongoing meetings related to treatment, and have the necessary supports to fully participate. The client's participation in the development of the individual treatment plan shall be documented.

(2) The client and the ACT team shall work together to formulate and prioritize the issues, set goals, research approaches and interventions, and establish the plan. The plan is individually tailored so that the treatment, rehabilitation, and support approaches and interventions achieve optimum symptom reduction, help fulfill the

personal needs and aspirations of the client, take into account the cultural beliefs and realities of the individual, and improve all the aspects of psychosocial functioning that are important to the client. The process supports strengths, rehabilitation, and recovery.

(3) Each client's individual treatment plan shall identify service needs, strengths and capacities, and barriers, and set specific and measurable short- and long-term goals for each service need. The individual treatment plan must clearly specify the approaches and interventions necessary for the client to achieve the individual goals, when the interventions shall happen, and identify which ACT team member shall carry out the approaches and interventions.

(4) The primary team member and the individual treatment team, together with the client and the client's family and natural supports with the client's consent, are responsible for reviewing and rewriting the treatment goals and individual treatment plan whenever there is a major decision point in the client's course of treatment or at least every six months.

(5) The primary team member shall prepare a summary that thoroughly describes in writing the client's and the individual treatment team's evaluation of the client's progress and goal attainment, the effectiveness of the interventions, and the satisfaction with services since the last individual treatment plan. The client's most recent diagnostic assessment must be included with the treatment plan summary.

(6) The individual treatment plan and review must be signed or acknowledged by the client, the primary team member, individual treatment team members, the team leader, the psychiatric care provider, and all individual treatment team members. A copy of the signed individual treatment plan is made available to the client.

Subd. 7f. **ACT team variances.** The commissioner may grant a variance to specific requirements under subdivision 2a, 7b, 7c, or 7d for an ACT team when the ACT team demonstrates an inability to meet the specific requirement and how the team shall ensure the variance shall not negatively impact outcomes for clients. The commissioner may require a plan of action for the ACT team to come into compliance with the specific requirement being varied and establish specific time limits for the variance. A decision to grant or deny a variance request is final and not subject to appeal.

Subd. 8. **Medical assistance payment for ~~intensive rehabilitative mental health services~~ assertive community treatment and intensive residential treatment services.** (a) Payment for intensive residential treatment services and assertive community treatment in this section shall be based on one daily rate per provider inclusive of the following services received by an eligible ~~recipient~~ client in a given calendar day: all rehabilitative services under this section, staff travel time to provide rehabilitative services under this section, and nonresidential crisis stabilization services under section 256B.0624.

(b) Except as indicated in paragraph (c), payment will not be made to more than one entity for each ~~recipient~~ client for services provided under this section on a given day. If services under this section are provided by a team that includes staff from more than one entity, the team must determine how to distribute the payment among the members.

(c) The commissioner shall determine one rate for each provider that will bill medical assistance for residential services under this section and one rate for each assertive community treatment provider. If a single entity provides both services, one rate is established for the entity's residential services and another rate for the entity's nonresidential services under this section. A provider is not eligible for payment under this section without authorization from the commissioner. The commissioner shall develop rates using the following criteria:

(1) the provider's cost for services shall include direct services costs, other program costs, and other costs determined as follows:

(i) the direct services costs must be determined using actual costs of salaries, benefits, payroll taxes, and training of direct service staff and service-related transportation;

(ii) other program costs not included in item (i) must be determined as a specified percentage of the direct services costs as determined by item (i). The percentage used shall be determined by the commissioner based upon the average of percentages that represent the relationship of other program costs to direct services costs among the entities that provide similar services;

(iii) physical plant costs calculated based on the percentage of space within the program that is entirely devoted to treatment and programming. This does not include administrative or residential space;

(iv) assertive community treatment physical plant costs must be reimbursed as part of the costs described in item (ii); and

(v) subject to federal approval, up to an additional five percent of the total rate may be added to the program rate as a quality incentive based upon the entity meeting performance criteria specified by the commissioner;

(2) actual cost is defined as costs which are allowable, allocable, and reasonable, and consistent with federal reimbursement requirements under Code of Federal Regulations, title 48, chapter 1, part 31, relating to for-profit entities, and Office of Management and Budget Circular Number A-122, relating to nonprofit entities;

(3) the number of service units;

(4) the degree to which ~~recipients~~ clients will receive services other than services under this section; and

(5) the costs of other services that will be separately reimbursed.

(d) The rate for intensive residential treatment services and assertive community treatment must exclude room and board, as defined in section 256I.03, subdivision 6, and services not covered under this section, such as partial hospitalization, home care, and inpatient services.

(e) Physician services that are not separately billed may be included in the rate to the extent that a psychiatrist, or other health care professional providing physician services within their scope of practice, is a member of the intensive residential treatment services treatment team. Physician services, whether billed separately or included in the rate, may be delivered by telemedicine. For purposes of this paragraph, "telemedicine" has the meaning given to "mental health telemedicine" in section 256B.0625, subdivision 46, when telemedicine is used to provide intensive residential treatment services.

(f) When services under this section are provided by an assertive community treatment provider, case management functions must be an integral part of the team.

(g) The rate for a provider must not exceed the rate charged by that provider for the same service to other payors.

(h) The rates for existing programs must be established prospectively based upon the expenditures and utilization over a prior 12-month period using the criteria established in paragraph (c). The rates for new programs must be established based upon estimated expenditures and estimated utilization using the criteria established in paragraph (c).

(i) Entities who discontinue providing services must be subject to a settle-up process whereby actual costs and reimbursement for the previous 12 months are compared. In the event that the entity was paid more than the entity's actual costs plus any applicable performance-related funding due the provider, the excess payment must be reimbursed to the department. If a provider's revenue is less than actual allowed costs due to lower utilization than projected, the commissioner may reimburse the provider to recover its actual allowable costs. The resulting adjustments by the commissioner must be proportional to the percent of total units of service reimbursed by the commissioner and must reflect a difference of greater than five percent.

(j) A provider may request of the commissioner a review of any rate-setting decision made under this subdivision.

Subd. 9. **Provider enrollment; rate setting for county-operated entities.** Counties that employ their own staff to provide services under this section shall apply directly to the commissioner for enrollment and rate setting. In this case, a county contract is not required.

Subd. 10. **Provider enrollment; rate setting for specialized program.** A county contract is not required for a provider proposing to serve a subpopulation of eligible ~~recipients~~ clients under the following circumstances:

(1) the provider demonstrates that the subpopulation to be served requires a specialized program which is not available from county-approved entities; and

(2) the subpopulation to be served is of such a low incidence that it is not feasible to develop a program serving a single county or regional group of counties.

Subd. 11. **Sustainability grants.** The commissioner may disburse grant funds directly to intensive residential treatment services providers and assertive community treatment providers to maintain access to these services.

**EFFECTIVE DATE.** This section is effective July 1, 2016, for ACT teams certified after January 1, 2016. For ACT teams certified before January 1, 2016, this section is effective January 1, 2017.

Sec. 6. Minnesota Statutes 2014, section 256B.0947, subdivision 2, is amended to read:

Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings given them.

(a) "Intensive nonresidential rehabilitative mental health services" means child rehabilitative mental health services as defined in section 256B.0943, except that these services are provided by a multidisciplinary staff using a total team approach consistent with assertive community treatment, as adapted for youth, and are directed to recipients ages 16 ~~to 21~~, 17, 18, 19, or 20 with a serious mental illness or co-occurring mental illness and substance abuse addiction who require intensive services to prevent admission to an inpatient psychiatric hospital or placement in a residential treatment facility or who require intensive services to step down from inpatient or residential care to community-based care.

(b) "Co-occurring mental illness and substance abuse addiction" means a dual diagnosis of at least one form of mental illness and at least one substance use disorder. Substance use disorders include alcohol or drug abuse or dependence, excluding nicotine use.

(c) "Diagnostic assessment" has the meaning given to it in Minnesota Rules, part 9505.0370, subpart 11. A diagnostic assessment must be provided according to Minnesota Rules, part 9505.0372, subpart 1, and for this section must incorporate a determination of the youth's necessary level of care using a standardized functional assessment instrument approved and periodically updated by the commissioner.

(d) "Education specialist" means an individual with knowledge and experience working with youth regarding special education requirements and goals, special education plans, and coordination of educational activities with health care activities.

(e) "Housing access support" means an ancillary activity to help an individual find, obtain, retain, and move to safe and adequate housing. Housing access support does not provide monetary assistance for rent, damage deposits, or application fees.

(f) "Integrated dual disorders treatment" means the integrated treatment of co-occurring mental illness and substance use disorders by a team of cross-trained clinicians within the same program, and is characterized by assertive outreach, stage-wise comprehensive treatment, treatment goal setting, and flexibility to work within each stage of treatment.

(g) "Medication education services" means services provided individually or in groups, which focus on:

(1) educating the client and client's family or significant nonfamilial supporters about mental illness and symptoms;

(2) the role and effects of medications in treating symptoms of mental illness; and

(3) the side effects of medications.

Medication education is coordinated with medication management services and does not duplicate it. Medication education services are provided by physicians, pharmacists, or registered nurses with certification in psychiatric and mental health care.

(h) "Peer specialist" means an employed team member who is a mental health certified peer specialist according to section 256B.0615 and also a former children's mental health consumer who:

(1) provides direct services to clients including social, emotional, and instrumental support and outreach;

(2) assists younger peers to identify and achieve specific life goals;

(3) works directly with clients to promote the client's self-determination, personal responsibility, and empowerment;

(4) assists youth with mental illness to regain control over their lives and their developmental process in order to move effectively into adulthood;

(5) provides training and education to other team members, consumer advocacy organizations, and clients on resiliency and peer support; and

(6) meets the following criteria:

(i) is at least 22 years of age;

(ii) has had a diagnosis of mental illness, as defined in Minnesota Rules, part 9505.0370, subpart 20, or co-occurring mental illness and substance abuse addiction;

(iii) is a former consumer of child and adolescent mental health services, or a former or current consumer of adult mental health services for a period of at least two years;

(iv) has at least a high school diploma or equivalent;

(v) has successfully completed training requirements determined and periodically updated by the commissioner;

(vi) is willing to disclose the individual's own mental health history to team members and clients; and

(vii) must be free of substance use problems for at least one year.

(i) "Provider agency" means a for-profit or nonprofit organization established to administer an assertive community treatment for youth team.

(j) "Substance use disorders" means one or more of the disorders defined in the diagnostic and statistical manual of mental disorders, current edition.

(k) "Transition services" means:

(1) activities, materials, consultation, and coordination that ensures continuity of the client's care in advance of and in preparation for the client's move from one stage of care or life to another by maintaining contact with the client and assisting the client to establish provider relationships;

(2) providing the client with knowledge and skills needed posttransition;

(3) establishing communication between sending and receiving entities;

(4) supporting a client's request for service authorization and enrollment; and

(5) establishing and enforcing procedures and schedules.

A youth's transition from the children's mental health system and services to the adult mental health system and services and return to the client's home and entry or re-entry into community-based mental health services following discharge from an out-of-home placement or inpatient hospital stay.

(l) "Treatment team" means all staff who provide services to recipients under this section.

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

Sec. 7. **SUBSTANCE USE DISORDER SYSTEM REFORM.**

Subdivision 1. **Authorization of substance use disorder treatment system reform.** The commissioner shall design a reform of Minnesota's substance use disorder treatment system to ensure a full continuum of care for individuals with substance use disorders.

Subd. 2. **Goals.** The proposal outlined in subdivision 3 shall support the following goals:

(1) improve and promote strategies to identify individuals with substance use issues and disorders;

(2) ensure timely access to treatment and improve access to treatment;

(3) enhance clinical practices and promote clinical guidelines and decision-making tools for serving people with substance use disorders;

(4) build aftercare and recovery support services;

(5) coordinate and consolidate funding streams, including local, state, and federal funds, to maximize efficiency;

(6) increase use of quality and outcome measures to inform benefit design and payment models; and

(7) coordinate treatment of substance use disorders with primary care, long-term care, and the mental health delivery system when appropriate.

Subd. 3. **Reform proposal.** (a) The commissioner shall develop a reform proposal that includes both systemic and practice reforms to develop a robust continuum of care to effectively treat the physical, behavioral, and mental dimensions of substance use disorders. The reform proposal shall include, but is not limited to:

(1) an assessment and access process that permits clients to present directly to a service provider for a substance use disorder assessment and authorization of services;

(2) mechanisms for direct reimbursement of credentialed professionals;

(3) care coordination models to connect individuals with substance use disorder to appropriate providers;

(4) peer support services for people in recovery from substance use disorders;

(5) implementation of withdrawal management services pursuant to Minnesota Statutes, section 245F.21;

(6) primary prevention services to delay onset of substance use and avoid the development of addiction;

(7) development or modification of services to meet the needs of youth and adolescents and increase student access to substance use disorder services in educational settings;

(8) development of other new services and supports that are responsive to the chronic nature of substance use disorders; and

(9) available options to allow for exceptions to the federal Institution for Mental Disease (IMD) exclusion for medically necessary, rehabilitative, substance use disorder treatment provided in the most integrated and least restrictive setting.

(b) The commissioner shall seek all federal authority necessary to implement the proposal. The commissioner shall seek any federal waivers, state plan amendments, requests for new funding, realignment of existing funding, and other authority necessary to implement elements of the reform proposal outlined in this section.

(c) Implementation is contingent upon legislative approval of the proposal under this subdivision.

Subd. 4. **Legislative update.** By February 1, 2017, the commissioner shall present an update on the progress of the proposal to members of the legislative committees of the house of representatives and senate with jurisdiction over health and human services policy and finance on the progress of the proposal and shall make recommendations on legislative changes and state appropriations necessary to implement the proposal.

Subd. 5. **Stakeholder input.** In developing the proposal, the commissioner shall consult with stakeholders, including consumers, providers, counties, tribes, and health plans.

ARTICLE 3
MISCELLANEOUS

Section 1. Minnesota Statutes 2014, section 245A.11, subdivision 2a, is amended to read:

Subd. 2a. **Adult foster care and community residential setting license capacity.** (a) The commissioner shall issue adult foster care and community residential setting licenses with a maximum licensed capacity of four beds, including nonstaff roomers and boarders, except that the commissioner may issue a license with a capacity of five beds, including roomers and boarders, according to paragraphs (b) to (f).

(b) The license holder may have a maximum license capacity of five if all persons in care are age 55 or over and do not have a serious and persistent mental illness or a developmental disability.

(c) The commissioner may grant variances to paragraph (b) to allow a facility with a licensed capacity of up to five persons to admit an individual under the age of 55 if the variance complies with section 245A.04, subdivision 9, and approval of the variance is recommended by the county in which the licensed facility is located.

(d) The commissioner may grant variances to paragraph (b) to allow the use of ~~a fifth~~ an additional bed, up to five, for emergency crisis services for a person with serious and persistent mental illness or a developmental disability, regardless of age, if the variance complies with section 245A.04, subdivision 9, and approval of the variance is recommended by the county in which the licensed facility is located.

(e) The commissioner may grant a variance to paragraph (b) to allow for the use of ~~a fifth~~ an additional bed, up to five, for respite services, as defined in section 245A.02, for persons with disabilities, regardless of age, if the variance complies with sections 245A.03, subdivision 7, and 245A.04, subdivision 9, and approval of the variance is recommended by the county in which the licensed facility is located. Respite care may be provided under the following conditions:

(1) staffing ratios cannot be reduced below the approved level for the individuals being served in the home on a permanent basis;

(2) no more than two different individuals can be accepted for respite services in any calendar month and the total respite days may not exceed 120 days per program in any calendar year;

(3) the person receiving respite services must have his or her own bedroom, which could be used for alternative purposes when not used as a respite bedroom, and cannot be the room of another person who lives in the facility; and

(4) individuals living in the facility must be notified when the variance is approved. The provider must give 60 days' notice in writing to the residents and their legal representatives prior to accepting the first respite placement. Notice must be given to residents at least two days prior to service initiation, or as soon as the license holder is able if they receive notice of the need for respite less than two days prior to initiation, each time a respite client will be served, unless the requirement for this notice is waived by the resident or legal guardian.

(f) The commissioner may issue an adult foster care or community residential setting license with a capacity of five adults if the fifth bed does not increase the overall statewide capacity of licensed adult foster care or community residential setting beds in homes that are not the primary residence of the license holder, as identified in a plan submitted to the commissioner by the county, when the capacity is recommended by the county licensing agency of the county in which the facility is located and if the recommendation verifies that:

(1) the facility meets the physical environment requirements in the adult foster care licensing rule;

(2) the five-bed living arrangement is specified for each resident in the resident's:

(i) individualized plan of care;

(ii) individual service plan under section 256B.092, subdivision 1b, if required; or

(iii) individual resident placement agreement under Minnesota Rules, part 9555.5105, subpart 19, if required;

(3) the license holder obtains written and signed informed consent from each resident or resident's legal representative documenting the resident's informed choice to remain living in the home and that the resident's refusal to consent would not have resulted in service termination; and

(4) the facility was licensed for adult foster care before March 1, 2011.

(g) The commissioner shall not issue a new adult foster care license under paragraph (f) after June 30, 2016. The commissioner shall allow a facility with an adult foster care license issued under paragraph (f) before June 30, 2016, to continue with a capacity of five adults if the license holder continues to comply with the requirements in paragraph (f).

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

Sec. 2. Minnesota Statutes 2015 Supplement, section 256.01, subdivision 12a, is amended to read:

Subd. 12a. **Department of Human Services child fatality and near fatality review team.** (a) The commissioner shall establish a Department of Human Services child fatality and near fatality review team to review child fatalities and near fatalities due to child maltreatment and child fatalities and near fatalities that occur in licensed facilities and are not due to natural causes. The review team shall assess the entire child protection services process from the point of a mandated reporter reporting the alleged maltreatment through the ongoing case management process. Department staff shall lead and conduct on-site local reviews and utilize supervisors from local county and tribal child welfare agencies as peer reviewers. The review process must focus on critical elements of the case and on the involvement of the child and family with the county or tribal child welfare agency. The review team shall identify necessary program improvement planning to address any practice issues identified and training and technical assistance needs of the local agency. Summary reports of each review shall be provided to the state child mortality review panel when completed.

(b) A member of the child fatality and near fatality review team shall not disclose what transpired during the review, except to carry out the duties of the child fatality and near fatality review team. The proceedings and records of the child fatality and near fatality review team are protected nonpublic data as defined in section 13.02, subdivision 13, and are not subject to discovery or introduction into evidence in a civil or criminal action against a professional, the state, or a county agency arising out of the matters the team is reviewing. Information, documents, and records otherwise available from other sources are not immune from discovery or use in a civil or criminal action solely because they were assessed or presented during proceedings of the review team. A person who presented information before the review team or who is a member of the team shall not be prevented from testifying about matters within the person's knowledge. In a civil or criminal proceeding a person shall not be questioned about the person's presentation of information to the review team or opinions formed by the person as a result of the review.

Sec. 3. Minnesota Statutes 2015 Supplement, section 256B.0911, subdivision 3a, is amended to read:

Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services planning, or other assistance intended to support community-based living, including persons who need assessment in order to determine waiver or alternative care program eligibility, must be visited by a long-term care consultation team

within 20 calendar days after the date on which an assessment was requested or recommended. Upon statewide implementation of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person requesting personal care assistance services and home care nursing. The commissioner shall provide at least a 90-day notice to lead agencies prior to the effective date of this requirement. Face-to-face assessments must be conducted according to paragraphs (b) to (i).

(b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified assessors to conduct the assessment. For a person with complex health care needs, a public health or registered nurse from the team must be consulted.

(c) The MnCHOICES assessment provided by the commissioner to lead agencies must be used to complete a comprehensive, person-centered assessment. The assessment must include the health, psychological, functional, environmental, and social needs of the individual necessary to develop a community support plan that meets the individual's needs and preferences.

(d) The assessment must be conducted in a face-to-face interview with the person being assessed and the person's legal representative~~, and other individuals as requested by the person, who can provide information on the needs, strengths, and preferences of the person necessary to develop a community support plan that ensures the person's health and safety, but who is not a provider of service or has any financial interest in the provision of services~~. At the request of the person, other individuals may participate in the assessment to provide information on the needs, strengths, and preferences of the person necessary to develop a community support plan that ensures the person's health and safety. Except for legal representatives or family members invited by the person, persons participating in the assessment may not be a provider of service or have any financial interest in the provision of services. For persons who are to be assessed for elderly waiver customized living services under section 256B.0915, with the permission of the person being assessed or the person's designated or legal representative, the client's current or proposed provider of services may submit a copy of the provider's nursing assessment or written report outlining its recommendations regarding the client's care needs. The person conducting the assessment must notify the provider of the date by which this information is to be submitted. This information shall be provided to the person conducting the assessment prior to the assessment. For a person who is to be assessed for waiver services under section 256B.092 or 256B.49, with the permission of the person being assessed or the person's designated legal representative, the person's current provider of services may submit a written report outlining recommendations regarding the person's care needs prepared by a direct service employee with at least 20 hours of service to that client. The person conducting the assessment or reassessment must notify the provider of the date by which this information is to be submitted. This information shall be provided to the person conducting the assessment and the person or the person's legal representative, and must be considered prior to the finalization of the assessment or reassessment.

(e) The person or the person's legal representative must be provided with a written community support plan within 40 calendar days of the assessment visit, regardless of whether the individual is eligible for Minnesota health care programs. The written community support plan must include:

(1) a summary of assessed needs as defined in paragraphs (c) and (d);

(2) the individual's options and choices to meet identified needs, including all available options for case management services and providers;

(3) identification of health and safety risks and how those risks will be addressed, including personal risk management strategies;

(4) referral information; and

(5) informal caregiver supports, if applicable.

For a person determined eligible for state plan home care under subdivision 1a, paragraph (b), clause (1), the person or person's representative must also receive a copy of the home care service plan developed by the certified assessor.

(f) A person may request assistance in identifying community supports without participating in a complete assessment. Upon a request for assistance identifying community support, the person must be transferred or referred to long-term care options counseling services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for telephone assistance and follow up.

(g) The person has the right to make the final decision between institutional placement and community placement after the recommendations have been provided, except as provided in section 256.975, subdivision 7a, paragraph (d).

(h) The lead agency must give the person receiving assessment or support planning, or the person's legal representative, materials, and forms supplied by the commissioner containing the following information:

(1) written recommendations for community-based services and consumer-directed options;

(2) documentation that the most cost-effective alternatives available were offered to the individual. For purposes of this clause, "cost-effective" means community services and living arrangements that cost the same as or less than institutional care. For an individual found to meet eligibility criteria for home and community-based service programs under section 256B.0915 or 256B.49, "cost-effectiveness" has the meaning found in the federally approved waiver plan for each program;

(3) the need for and purpose of preadmission screening conducted by long-term care options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects nursing facility placement. If the individual selects nursing facility placement, the lead agency shall forward information needed to complete the level of care determinations and screening for developmental disability and mental illness collected during the assessment to the long-term care options counselor using forms provided by the commissioner;

(4) the role of long-term care consultation assessment and support planning in eligibility determination for waiver and alternative care programs, and state plan home care, case management, and other services as defined in subdivision 1a, paragraphs (a), clause (6), and (b);

(5) information about Minnesota health care programs;

(6) the person's freedom to accept or reject the recommendations of the team;

(7) the person's right to confidentiality under the Minnesota Government Data Practices Act, chapter 13;

(8) the certified assessor's decision regarding the person's need for institutional level of care as determined under criteria established in subdivision 4e and the certified assessor's decision regarding eligibility for all services and programs as defined in subdivision 1a, paragraphs (a), clause (6), and (b); and

(9) the person's right to appeal the certified assessor's decision regarding eligibility for all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and (8), and (b), and incorporating the decision regarding the need for institutional level of care or the lead agency's final decisions regarding public programs eligibility according to section 256.045, subdivision 3.

(i) Face-to-face assessment completed as part of eligibility determination for the alternative care, elderly waiver, community access for disability inclusion, community alternative care, and brain injury waiver programs under sections 256B.0913, 256B.0915, and 256B.49 is valid to establish service eligibility for no more than 60 calendar days after the date of assessment.

(j) The effective eligibility start date for programs in paragraph (i) can never be prior to the date of assessment. If an assessment was completed more than 60 days before the effective waiver or alternative care program eligibility start date, assessment and support plan information must be updated and documented in the department's Medicaid Management Information System (MMIS). Notwithstanding retroactive medical assistance coverage of state plan services, the effective date of eligibility for programs included in paragraph (i) cannot be prior to the date the most recent updated assessment is completed.

Sec. 4. Minnesota Statutes 2015 Supplement, section 256I.04, subdivision 2a, is amended to read:

Subd. 2a. **License required; staffing qualifications.** (a) Except as provided in paragraph (b), an agency may not enter into an agreement with an establishment to provide group residential housing unless:

(1) the establishment is licensed by the Department of Health as a hotel and restaurant; a board and lodging establishment; a boarding care home before March 1, 1985; or a supervised living facility, and the service provider for residents of the facility is licensed under chapter 245A. However, an establishment licensed by the Department of Health to provide lodging need not also be licensed to provide board if meals are being supplied to residents under a contract with a food vendor who is licensed by the Department of Health;

(2) the residence is: (i) licensed by the commissioner of human services under Minnesota Rules, parts 9555.5050 to 9555.6265; (ii) certified by a county human services agency prior to July 1, 1992, using the standards under Minnesota Rules, parts 9555.5050 to 9555.6265; (iii) licensed by the commissioner under Minnesota Rules, parts 2960.0010 to 2960.0120, with a variance under section 245A.04, subdivision 9; or (iv) licensed under section 245D.02, subdivision 4a, as a community residential setting by the commissioner of human services; or

(3) the establishment is registered under chapter 144D and provides three meals a day.

(b) The requirements under paragraph (a) do not apply to establishments exempt from state licensure because they are:

(1) located on Indian reservations and subject to tribal health and safety requirements; or

(2) a supportive housing establishment that has an approved habitability inspection and an individual lease agreement and that serves people who have experienced long-term homelessness and were referred through a coordinated assessment in section 256I.03, subdivision 15.

(c) Supportive housing establishments and emergency shelters must participate in the homeless management information system.

(d) Effective July 1, 2016, an agency shall not have an agreement with a provider of group residential housing or supplementary services unless all staff members who have direct contact with recipients:

(1) have skills and knowledge acquired through one or more of the following:

(i) a course of study in a health- or human services-related field leading to a bachelor of arts, bachelor of science, or associate's degree;

(ii) one year of experience with the target population served;

(iii) experience as a <u>mental health</u> certified peer specialist according to section 256B.0615; or

(iv) meeting the requirements for unlicensed personnel under sections 144A.43 to 144A.483;

(2) hold a current ~~Minnesota~~ driver's license appropriate to the vehicle driven if transporting recipients;

(3) complete training on vulnerable adults mandated reporting and child maltreatment mandated reporting, where applicable; and

(4) complete group residential housing orientation training offered by the commissioner.

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

Sec. 5. Minnesota Statutes 2015 Supplement, section 402A.18, subdivision 3, is amended to read:

Subd. 3. **Conditions prior to imposing remedies.** (a) The commissioner shall notify a county or service delivery authority that it must submit a performance improvement plan if:

(1) the county or service delivery authority does not meet the minimum performance threshold for a measure; or

(2) the county or service delivery authority ~~does not meet the minimum performance threshold for one or more racial or ethnic subgroup for which there is a statistically valid population size for three or more measures,~~ has a performance disparity for a racial or ethnic subgroup, even if the county or service delivery authority met the threshold for the overall population. The council shall make recommendations on performance disparities, and the commissioner shall make the final determination.

~~The commissioner must approve the performance improvement plan. The county or service delivery authority may negotiate the terms of the performance improvement plan with the commissioner.~~

(b) When the department determines that a county or service delivery authority does not meet the minimum performance threshold for a given measure, the commissioner must advise the county or service delivery authority that fiscal penalties may result if the performance does not improve. The department must offer technical assistance to the county or service delivery authority. Within 30 days of the initial advisement from the department, the county or service delivery authority may claim and the department may approve an extenuating circumstance that relieves the county or service delivery authority of any further remedy. If a county or service delivery authority has a small number of participants in an essential human services program such that reliable measurement is not possible, the commissioner may approve extenuating circumstances ~~or may average performance over three years~~.

(c) If there are no extenuating circumstances, the county or service delivery authority must submit a performance improvement plan to the commissioner within 60 days of the initial advisement from the department. The term of the performance improvement plan must be two years, starting with the date the plan is approved by the commissioner. This plan must include a target level for improvement for each measure that did not meet the minimum performance threshold. The commissioner must approve the performance improvement plan within 60 days of submittal.

(d) The department must monitor the performance improvement plan for two years. After two years, if the county or service delivery authority meets the minimum performance threshold, there is no further remedy. If the county or service delivery authority fails to meet the minimum performance threshold, but meets the improvement target in the performance improvement plan, the county or service delivery authority shall modify the performance improvement plan for further improvement and the department shall continue to monitor the plan.

(e) If, after two years of monitoring, the county or service delivery authority fails to meet both the minimum performance threshold and the improvement target identified in the performance improvement plan, the next step of the remedies process shall be invoked by the commissioner. This phase of the remedies process may include:

(1) fiscal penalties for the county or service delivery authority that do not exceed one percent of the county's human services expenditures and that are negotiated in the performance improvement plan, based on what is needed to improve outcomes. Counties or service delivery authorities must reinvest the amount of the fiscal penalty into the essential human services program that was underperforming. A county or service delivery authority shall not be required to pay more than three fiscal penalties in a year; and

(2) the department's provision of technical assistance to the county or service delivery authority that is targeted to address the specific performance issues.

The commissioner shall continue monitoring the performance improvement plan for a third year.

(f) If, after the third year of monitoring, the county or service delivery authority meets the minimum performance threshold, there is no further remedy. If the county or service delivery authority fails to meet the minimum performance threshold, but meets the improvement target for the performance improvement plan, the county or service delivery authority shall modify the performance improvement plan for further improvement and the department shall continue to monitor the plan.

(g) If, after the third year of monitoring, the county or service delivery authority fails to meet the minimum performance threshold and the improvement target identified in the performance improvement plan, the Human Services Performance Council shall review the situation and recommend a course of action to the commissioner.

(h) If the commissioner has determined that a program has a balanced set of program measures and a county or service delivery authority is subject to fiscal penalties for more than one-half of the measures for that program, the commissioner may apply further remedies as described in subdivisions 1 and 2.

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

Sec. 6. **ACTION PLAN TO INCREASE COMMUNITY INTEGRATION OF PEOPLE WITH DISABILITIES.**

The commissioners of human services, education, employment and economic development, and information technology shall develop a collaborative action plan in alignment with the state's Olmsted Plan to increase the community integration of people with disabilities, including housing, community living, and competitive employment. Priority must be given to actions that align policies and funding, streamline access to services, and increase efficiencies in interagency collaboration. Recommendations must include a proposed method to allow people with disabilities who access services from the state agencies identified in this section to access a unified record of the services they receive. This method must also allow people with disabilities to efficiently provide information to multiple agencies regarding service choices and preferences. Recommendations must be provided to the legislature by January 1, 2017, and include proposed statutory changes, including any changes necessary to the data practices act to allow for data sharing, and information technology solutions required to implement the actions.

Sec. 7. **HOUSING SUPPORT SERVICES.**

Subdivision 1. **Comprehensive housing support services.** The commissioner shall design comprehensive housing services to support an individual's ability to obtain or maintain stable housing.

Subd. 2. **Goals.** The proposal required in subdivision 3 shall support the following goals:

(1) improve housing stability;

(2) increase opportunities for integrated community living;

(3) prevent and reduce homelessness

(4) increase overall health and well-being of people with housing instability; and

(5) reduce inefficient use of health care that may result from housing instability.

Subd. 3. **Housing support services benefit set proposal.** (a) The commissioner shall develop a proposal for housing support services, including, but not limited to, the following components:

(1) housing transition services that include, but are not limited to, tenant screening and housing assessment; developing an individualized housing support plan; assisting with housing search and application process; identifying resources to cover onetime moving expenses; ensuring new living environment is safe and ready for move-in; assisting in arranging for and supporting details of the move; developing a housing support crisis plan; and payment for accessibility modifications to new housing; and

(2) housing and tenancy sustaining services that include, but are not limited to, prevention and early identification of behaviors that may jeopardize continued housing; training on the roles, rights, and responsibilities of tenant and landlord; coaching to develop and maintain key relationships with landlords and property managers; advocacy and linkage with community resources to prevent eviction when housing is at risk; assistance with housing recertification processes; coordination with tenant to review; update and modify housing support and crisis plan on a regular basis; and continuing training on tenant responsibilities, lease compliance, or household management.

(b) The commissioner shall seek all federal authority and funding necessary to implement the proposal.

(c) Implementation is contingent upon legislative approval of the proposal under this subdivision.

Subd. 4. **Legislative update.** By February 1, 2017, the commissioner shall present an update on the progress of the proposal to members of the legislative committees in the house of representatives and senate with jurisdiction over health and human services policy and finance on the progress of the proposal and shall make recommendations on statutory changes and state appropriations necessary to implement the proposal.

Subd. 5. **Stakeholder input.** In developing the proposal, the commissioner shall consult with stakeholders, including people who may utilize the service, advocates, providers, counties, tribes, health plans, and landlords.

ARTICLE 4
MINNESOTA ELIGIBILITY SYSTEM EXECUTIVE STEERING COMMITTEE

Section 1. Minnesota Statutes 2015 Supplement, section 62V.03, subdivision 2, is amended to read:

Subd. 2. **Application of other law.** (a) MNsure must be reviewed by the legislative auditor under section 3.971. The legislative auditor shall audit the books, accounts, and affairs of MNsure once each year or less frequently as the legislative auditor's funds and personnel permit. Upon the audit of the financial accounts and affairs of MNsure, MNsure is liable to the state for the total cost and expenses of the audit, including the salaries paid to the examiners while actually engaged in making the examination. The legislative auditor may bill MNsure either monthly or at the completion of the audit. All collections received for the audits must be deposited in the general fund and are appropriated to the legislative auditor. Pursuant to section 3.97, subdivision 3a, the Legislative Audit Commission is requested to direct the legislative auditor to report by March 1, 2014, to the legislature on any duplication of services that occurs within state government as a result of the creation of MNsure. The legislative auditor may make recommendations on consolidating or eliminating any services deemed duplicative. The board shall reimburse the legislative auditor for any costs incurred in the creation of this report.

(b) Board members of MNsure are subject to sections 10A.07 and 10A.09. Board members and the personnel of MNsure are subject to section 10A.071.

(c) All meetings of the board and of the Minnesota Eligibility System Executive Steering Committee established under section 62V.055 shall comply with the open meeting law in chapter 13D.

(d) The board and the Web site are exempt from chapter 60K. Any employee of MNsure who sells, solicits, or negotiates insurance to individuals or small employers must be licensed as an insurance producer under chapter 60K.

(e) Section 3.3005 applies to any federal funds received by MNsure.

(f) A MNsure decision that requires a vote of the board, other than a decision that applies only to hiring of employees or other internal management of MNsure, is an "administrative action" under section 10A.01, subdivision 2.

Sec. 2. Minnesota Statutes 2014, section 62V.04, subdivision 2, is amended to read:

Subd. 2. **Appointment.** (a) Board membership of MNsure consists of the following:

(1) three members appointed by the governor with the advice and consent of both the senate and the house of representatives acting separately in accordance with paragraph (d), with one member representing the interests of individual consumers eligible for individual market coverage, one member representing individual consumers eligible for public health care program coverage, and one member representing small employers. Members are appointed to serve four-year terms following the initial staggered-term lot determination;

(2) three members appointed by the governor with the advice and consent of both the senate and the house of representatives acting separately in accordance with paragraph (d) who have demonstrated expertise, leadership, and innovation in the following areas: one member representing the areas of health administration, health care finance, health plan purchasing, and health care delivery systems; one member representing the areas of public health, health disparities, public health care programs, and the uninsured; and one member representing health policy issues related to the small group and individual markets. Members are appointed to serve four-year terms following the initial staggered-term lot determination; and

(3) ~~the commissioner of human services or a designee~~ one member representing the interests of the general public, appointed by the governor with the advice and consent of both the senate and the house of representatives acting in accordance with paragraph (d). A member appointed under this clause shall serve a four-year term.

(b) Section 15.0597 shall apply to all appointments~~, except for the commissioner~~.

(c) The governor shall make appointments to the board that are consistent with federal law and regulations regarding its composition and structure. All board members appointed by the governor must be legal residents of Minnesota.

(d) Upon appointment by the governor, a board member shall exercise duties of office immediately. If both the house of representatives and the senate vote not to confirm an appointment, the appointment terminates on the day following the vote not to confirm in the second body to vote.

(e) Initial appointments shall be made by April 30, 2013.

(f) One of the six members appointed under paragraph (a), clause (1) or (2), must have experience in representing the needs of vulnerable populations and persons with disabilities.

(g) Membership on the board must include representation from outside the seven-county metropolitan area, as defined in section 473.121, subdivision 2.

Sec. 3. Minnesota Statutes 2014, section 62V.04, subdivision 3, is amended to read:

Subd. 3. **Terms.** (a) Board members may serve no more than two consecutive terms~~, except for the commissioner or the commissioner's designee, who shall serve until replaced by the governor~~.

(b) A board member may resign at any time by giving written notice to the board.

(c) The appointed members under subdivision 2, paragraph (a), clauses (1) and (2), shall have an initial term of two, three, or four years, determined by lot by the secretary of state.

Sec. 4. Minnesota Statutes 2014, section 62V.04, subdivision 4, is amended to read:

Subd. 4. **Conflicts of interest.** (a) Within one year prior to or at any time during their appointed term, board members appointed under subdivision 2, paragraph (a), ~~clauses (1) and (2),~~ shall not be employed by, be a member of the board of directors of, or otherwise be a representative of a health carrier, institutional health care provider or other entity providing health care, navigator, insurance producer, or other entity in the business of selling items or services of significant value to or through MNsure. For purposes of this paragraph, "health care provider or entity" does not include an academic institution.

(b) Board members must recuse themselves from discussion of and voting on an official matter if the board member has a conflict of interest. A conflict of interest means an association including a financial or personal association that has the potential to bias or have the appearance of biasing a board member's decisions in matters related to MNsure or the conduct of activities under this chapter.

(c) No board member shall have a spouse who is an executive of a health carrier.

(d) No member of the board may currently serve as a lobbyist, as defined under section 10A.01, subdivision 21.

Sec. 5. **[62V.055] MINNESOTA ELIGIBILITY SYSTEM EXECUTIVE STEERING COMMITTEE.**

Subdivision 1. **Definition; Minnesota eligibility system.** For purposes of this section, "Minnesota eligibility system" means the system that supports eligibility determinations using a modified adjusted gross income methodology for medical assistance under section 256B.056, subdivision 1a, paragraph (b), clause (1); MinnesotaCare under chapter 256L; and qualified health plan enrollment under section 62V.05, subdivision 5, paragraph (c).

Subd. 2. **Establishment; committee membership.** A Minnesota Eligibility System Executive Steering Committee is established to govern and administer the Minnesota eligibility system. The steering committee shall be composed of one member appointed by the commissioner of human services, one member appointed by the board, one member appointed jointly by the Association of Minnesota Counties and the Minnesota Inter-County Association, and one nonvoting member appointed by the commissioner of MN.IT services who shall serve as the committee chairperson. Steering committee costs must be paid from the budgets of the Department of Human Services, the Office of MN.IT Services, and MNsure.

Subd. 3. **Duties.** (a) The Minnesota Eligibility System Executive Steering Committee shall establish an overall governance structure for the Minnesota eligibility system and shall be responsible for the overall governance of the system, including setting system goals and priorities, allocating the system's resources, making major system decisions, and tracking total funding and expenditures for the system from all sources. The steering committee shall

also report to the Legislative Oversight Committee on a quarterly basis on Minnesota eligibility system funding and expenditures, including amounts received in the most recent quarter by funding source and expenditures made in the most recent quarter by funding source.

(b) The steering committee shall adopt bylaws, policies, and interagency agreements necessary to administer the Minnesota eligibility system.

(c) In making decisions, the steering committee shall give particular attention to the parts of the system with the largest enrollments and the greatest risks.

Subd. 4. **Meetings.** (a) All meetings of the steering committee must:

(1) be held in the State Office Building; and

(2) whenever possible, be available on the legislature's Web site for live streaming and downloading over the Internet.

(b) The steering committee must:

(1) as part of every steering committee meeting, provide the opportunity for oral and written public testimony and comments on steering committee governance of the Minnesota eligibility system; and

(2) provide documents under discussion or review by the steering committee to be electronically posted on the legislature's Web site. Documents must be provided and posted prior to the meeting at which the documents are scheduled for review or discussion.

(c) All votes of the steering committee must be recorded, with each member's vote identified.

Subd. 5. **Administrative structure.** The Office of MN.IT Services shall be responsible for the design, build, maintenance, operation, and upgrade of the information technology for the Minnesota eligibility system. The office shall carry out its responsibilities under the governance of the steering committee, this section, and chapter 16E.

Sec. 6. Minnesota Statutes 2014, section 62V.11, is amended by adding a subdivision to read:

Subd. 5. **Review of Minnesota eligibility system funding and expenditures.** The committee shall review quarterly reports submitted by the Minnesota Eligibility System Executive Steering Committee under section 62V.055, subdivision 3, regarding Minnesota eligibility system funding and expenditures."

Delete the title and insert:

"A bill for an act relating to human services; modifying the office of ombudsman for long-term care, mental health treatment services, and miscellaneous policy provisions; amending Minnesota Statutes 2014, sections 62V.04, subdivisions 2, 3, 4; 62V.11, by adding a subdivision; 245.462, subdivision 18; 245.4871, subdivision 27; 245A.11, subdivision 2a; 256.974; 256.9741, subdivision 5, by adding subdivisions; 256.9742; 256B.0615, subdivisions 1, 2; 256B.0622, as amended; 256B.0947, subdivision 2; Minnesota Statutes 2015 Supplement, sections 62V.03, subdivision 2; 256.01, subdivision 12a; 256B.0911, subdivision 3a; 256I.04, subdivision 2a; 402A.18, subdivision 3; proposing coding for new law in Minnesota Statutes, chapter 62V."

The motion prevailed and the amendment was adopted.

Albright moved to amend S. F. No. 2414, the second engrossment, as amended, as follows:

Page 36, before line 15, insert:

"Section 1. Minnesota Statutes 2015 Supplement, section 125A.08, is amended to read:

**125A.08 INDIVIDUALIZED EDUCATION PROGRAMS.**

(a) At the beginning of each school year, each school district shall have in effect, for each child with a disability, an individualized education program.

(b) As defined in this section, every district must ensure the following:

(1) all students with disabilities are provided the special instruction and services which are appropriate to their needs. Where the individualized education program team has determined appropriate goals and objectives based on the student's needs, including the extent to which the student can be included in the least restrictive environment, and where there are essentially equivalent and effective instruction, related services, or assistive technology devices available to meet the student's needs, cost to the district may be among the factors considered by the team in choosing how to provide the appropriate services, instruction, or devices that are to be made part of the student's individualized education program. The individualized education program team shall consider and may authorize services covered by medical assistance according to section 256B.0625, subdivision 26. Before a school district evaluation team makes a determination of other health disability under Minnesota Rules, part 3525.1335, subparts 1 and 2, item A, subitem (1), the evaluation team must seek written documentation of the student's medically diagnosed chronic or acute health condition signed by a licensed physician or a licensed health care provider acting within the scope of the provider's practice. The student's needs and the special education instruction and services to be provided must be agreed upon through the development of an individualized education program. The program must address the student's need to develop skills to live and work as independently as possible within the community. The individualized education program team must consider positive behavioral interventions, strategies, and supports that address behavior needs for children. During grade 9, the program must address the student's needs for transition from secondary services to postsecondary education and training, employment, community participation, recreation, and leisure and home living. In developing the program, districts must inform parents of the full range of transitional goals and related services that should be considered. The program must include a statement of the needed transition services, including a statement of the interagency responsibilities or linkages or both before secondary services are concluded;

(2) children with a disability under age five and their families are provided special instruction and services appropriate to the child's level of functioning and needs;

(3) children with a disability and their parents or guardians are guaranteed procedural safeguards and the right to participate in decisions involving identification, assessment including assistive technology assessment, and educational placement of children with a disability;

(4) eligibility and needs of children with a disability are determined by an initial evaluation or reevaluation, which may be completed using existing data under United States Code, title 20, section 33, et seq.;

(5) to the maximum extent appropriate, children with a disability, including those in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with a disability from the regular educational environment occurs only when and to the extent that the nature or severity of the disability is such that education in regular classes with the use of supplementary services cannot be achieved satisfactorily;

(6) in accordance with recognized professional standards, testing and evaluation materials, and procedures used for the purposes of classification and placement of children with a disability are selected and administered so as not to be racially or culturally discriminatory; and

(7) the rights of the child are protected when the parents or guardians are not known or not available, or the child is a ward of the state.

(c) For all paraprofessionals employed to work in programs whose role in part is to provide direct support to students with disabilities, the school board in each district shall ensure that:

(1) before or beginning at the time of employment, each paraprofessional must develop sufficient knowledge and skills in emergency procedures, building orientation, roles and responsibilities, confidentiality, vulnerability, and reportability, among other things, to begin meeting the needs, especially disability-specific and behavioral needs, of the students with whom the paraprofessional works;

(2) annual training opportunities are required to enable the paraprofessional to continue to further develop the knowledge and skills that are specific to the students with whom the paraprofessional works, including understanding disabilities, the unique and individual needs of each student according to the student's disability and how the disability affects the student's education and behavior, following lesson plans, and implementing follow-up instructional procedures and activities; and

(3) a districtwide process obligates each paraprofessional to work under the ongoing direction of a licensed teacher and, where appropriate and possible, the supervision of a school nurse.

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

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed and the amendment was adopted.

Zerwas moved to amend S. F. No. 2414, the second engrossment, as amended, as follows:

Page 42, after line 7, insert:

"Sec. 4. Minnesota Statutes 2015 Supplement, section 256B.766, is amended to read:

**256B.766 REIMBURSEMENT FOR BASIC CARE SERVICES.**

(a) Effective for services provided on or after July 1, 2009, total payments for basic care services, shall be reduced by three percent, except that for the period July 1, 2009, through June 30, 2011, total payments shall be reduced by 4.5 percent for the medical assistance and general assistance medical care programs, prior to third-party liability and spenddown calculation. Effective July 1, 2010, the commissioner shall classify physical therapy services, occupational therapy services, and speech-language pathology and related services as basic care services. The reduction in this paragraph shall apply to physical therapy services, occupational therapy services, and speech-language pathology and related services provided on or after July 1, 2010.

(b) Payments made to managed care plans and county-based purchasing plans shall be reduced for services provided on or after October 1, 2009, to reflect the reduction effective July 1, 2009, and payments made to the plans shall be reduced effective October 1, 2010, to reflect the reduction effective July 1, 2010.

(c) Effective for services provided on or after September 1, 2011, through June 30, 2013, total payments for outpatient hospital facility fees shall be reduced by five percent from the rates in effect on August 31, 2011.

(d) Effective for services provided on or after September 1, 2011, through June 30, 2013, total payments for ambulatory surgery centers facility fees, medical supplies and durable medical equipment not subject to a volume purchase contract, prosthetics and orthotics, renal dialysis services, laboratory services, public health nursing services, physical therapy services, occupational therapy services, speech therapy services, eyeglasses not subject to a volume purchase contract, hearing aids not subject to a volume purchase contract, and anesthesia services shall be reduced by three percent from the rates in effect on August 31, 2011.

(e) Effective for services provided on or after September 1, 2014, payments for ambulatory surgery centers facility fees, hospice services, renal dialysis services, laboratory services, public health nursing services, eyeglasses not subject to a volume purchase contract, and hearing aids not subject to a volume purchase contract shall be increased by three percent and payments for outpatient hospital facility fees shall be increased by three percent. Payments made to managed care plans and county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

(f) Payments for medical supplies and durable medical equipment not subject to a volume purchase contract, and prosthetics and orthotics, provided on or after July 1, 2014, through June 30, 2015, shall be decreased by .33 percent. Payments for medical supplies and durable medical equipment not subject to a volume purchase contract, and prosthetics and orthotics, provided on or after July 1, 2015, shall be increased by three percent from the rates as determined under ~~paragraph (i)~~ paragraphs (i) and (j).

(g) Effective for services provided on or after July 1, 2015, payments for outpatient hospital facility fees, medical supplies and durable medical equipment not subject to a volume purchase contract, prosthetics and orthotics, and laboratory services to a hospital meeting the criteria specified in section 62Q.19, subdivision 1, paragraph (a), clause (4), shall be increased by 90 percent from the rates in effect on June 30, 2015. Payments made to managed care plans and county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

(h) This section does not apply to physician and professional services, inpatient hospital services, family planning services, mental health services, dental services, prescription drugs, medical transportation, federally qualified health centers, rural health centers, Indian health services, and Medicare cost-sharing.

(i) Effective for services provided on or after July 1, 2015, the ~~medical assistance payment rate for durable medical equipment, prosthetics, orthotics, or supplies shall be restored to the January 1, 2008, medical assistance fee schedule, updated to include subsequent rate increases in the Medicare and medical assistance fee schedules, and including~~ following categories of durable medical equipment shall be individually priced items ~~for the following categories~~: enteral nutrition and supplies, customized and other specialized tracheostomy tubes and supplies, electric patient lifts, and durable medical equipment repair and service. This paragraph does not apply to medical supplies and durable medical equipment subject to a volume purchase contract, products subject to the preferred diabetic testing supply program, and items provided to dually eligible recipients when Medicare is the primary payer for the item. The commissioner shall not apply any medical assistance rate reductions to durable medical equipment as a result of Medicare competitive bidding.

(j) Effective for services provided on or after July 1, 2015, medical assistance payment rates for durable medical equipment, prosthetics, orthotics, or supplies shall be increased as follows:

(1) payment rates for durable medical equipment, prosthetics, orthotics, or supplies that were subject to the Medicare competitive bid that took effect in January of 2009 shall be increased by 9.5 percent; and

(2) payment rates for durable medical equipment, prosthetics, orthotics, or supplies on the medical assistance fee schedule, whether or not subject to the Medicare competitive bid that took effect in January of 2009, shall be increased by 2.94 percent, with this increase being applied after calculation of any increased payment rate under clause (1).

This paragraph does not apply to medical supplies and durable medical equipment subject to a volume purchase contract, products subject to the preferred diabetic testing supply program, items provided to dually eligible recipients when Medicare is the primary payer for the item, and individually priced items identified in paragraph (i). Payments made to managed care plans and county-based purchasing plans shall not be adjusted to reflect the rate increases in this paragraph.

**EFFECTIVE DATE.** This section is effective retroactively from July 1, 2015."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed and the amendment was adopted.

Albright moved to amend S. F. No. 2414, the second engrossment, as amended, as follows:

Page 45, line 24, after the second comma, insert "the Minnesota Housing Finance Agency,"

Page 45, line 25, after "technology" insert ", in consultation with stakeholders, including lead agencies,"

Page 45, line 31, after "receive" insert ", using existing methods for unified records, where appropriate"

The motion prevailed and the amendment was adopted.

Albright moved to amend S. F. No. 2414, the second engrossment, as amended, as follows:

Page 38, lines 3 and 4, strike "2016" and insert "2019"

The motion prevailed and the amendment was adopted.

Zerwas moved to amend S. F. No. 2414, the second engrossment, as amended, as follows:

Page 48, delete section 2

Page 49, delete sections 3 to 5 and insert:

"Sec. 2. **[62V.055] MINNESOTA ELIGIBILITY SYSTEM EXECUTIVE STEERING COMMITTEE.**

Subdivision 1. **Definition; Minnesota eligibility system.** For purposes of this section, "Minnesota eligibility system" means the system that supports eligibility determinations using a modified adjusted gross income methodology for medical assistance under section 256B.056, subdivision 1a, paragraph (b), clause (1); MinnesotaCare under chapter 256L; and qualified health plan enrollment under section 62V.05, subdivision 5, paragraph (c).

Subd. 2. **Establishment; committee membership; costs.** (a) The Minnesota Eligibility System Executive Steering Committee is established to provide recommendations to the MNsure board, the commissioner of human services, and the commissioner of MN.IT services on the governance, administration, and business operations of the Minnesota eligibility system. The steering committee shall be composed of:

(1) two members appointed by the commissioner of human services;

(2) two members appointed by the board;

(3) two members appointed jointly by the Association of Minnesota Counties, the Minnesota Inter-County Association, and the Minnesota Association of County Social Service Administrators. One member appointed under this clause shall represent counties within the seven-county metropolitan area, and one member shall represent counties outside the seven-county metropolitan area; and

(4) two nonvoting members appointed by the commissioner of MN.IT services.

(b) One member appointed by the commissioner of human services and one member appointed by the commissioner of MN.IT services shall serve as co-chairpersons for the steering committee.

(c) Steering committee costs must be paid from the budgets of the Department of Human Services, the Office of MN.IT Services, and MNsure.

Subd. 3. **Duties.** The Minnesota Eligibility System Executive Steering Committee shall provide recommendations on an overall governance structure for the Minnesota eligibility system and the ongoing administration and business operations of the Minnesota eligibility system. The steering committee shall make recommendations on setting system goals and priorities, allocating the system's resources, making major system decisions, and tracking total funding and expenditures for the system from all sources. The steering committee shall also report to the Legislative Oversight Committee on a quarterly basis on Minnesota eligibility system funding and expenditures, including amounts received in the most recent quarter by funding source and expenditures made in the most recent quarter by funding source.

Subd. 4. **Meetings.** (a) All meetings of the steering committee must:

(1) be held in the State Office Building, the Minnesota Senate Building, or when approved by the Legislative Oversight Committee, another public location with the capacity to live stream steering committee meetings; and

(2) whenever possible, be made available on a Web site for live audio or video streaming and be archived on a Web site for playback at a later time.

(b) The steering committee must:

(1) as part of every steering committee meeting, provide the opportunity for oral and written public testimony and comments on steering committee recommendations for the governance, administration, and business operations of the Minnesota eligibility system; and

(2) provide documents under discussion or review by the steering committee to be electronically posted on MNsure's Web site. Documents must be provided and posted prior to the meeting at which the documents are scheduled for review or discussion.

(c) All votes of the steering committee must be recorded, with each member's vote identified.

Subd. 5. **Administrative structure.** The Office of MN.IT Services shall be responsible for the design, build, maintenance, operation, and upgrade of the information technology for the Minnesota eligibility system. In carrying out its duties, the office shall consider recommendations made by the steering committee."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed and the amendment was adopted.

Murphy, E., moved to amend S. F. No. 2414, the second engrossment, as amended, as follows:

Page 38, after line 35, insert:

"Sec. 3. Minnesota Statutes 2014, section 256B.0751, subdivision 3, is amended to read:

Subd. 3. **Requirements for clinicians certified as health care homes.** (a) A personal clinician or a primary care clinic may be certified as a health care home. If a primary care clinic is certified, all of the primary care clinic's clinicians must meet the criteria of a health care home. In order to be certified as a health care home, a clinician or clinic must meet the standards set by the commissioners in accordance with this section. Certification as a health care home is voluntary. In order to maintain their status as health care homes, clinicians or clinics must renew their certification ~~annually~~ every three years.

(b) Clinicians or clinics certified as health care homes must offer their health care home services to all their patients with complex or chronic health conditions who are interested in participation.

(c) Health care homes must participate in the health care home collaborative established under subdivision 5."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed and the amendment was adopted.

Zerwas moved to amend S. F. No. 2414, the second engrossment, as amended, as follows:

Page 51, after line 16, insert:

"ARTICLE 5
REGULATION OF HEALTH PROFESSIONS

Section 1. **[147F.01] DEFINITIONS.**

Subdivision 1. **Applicability.** For purposes of this chapter, the terms defined in this section have the meanings given them.

Subd. 2. **ABGC.** "ABGC" means the American Board of Genetic Counseling, a national agency for certification and recertification of genetic counselors, or its successor organization or equivalent.

Subd. 3. **ABMG.** "ABMG" means the American Board of Medical Genetics, a national agency for certification and recertification of genetic counselors, medical geneticists, and Ph.D. geneticists, or its successor organization.

Subd. 4. **ACGC.** "ACGC" means the Accreditation Council for Genetic Counseling, a specialized program accreditation board for educational training programs granting master's degrees or higher in genetic counseling, or its successor organization.

Subd. 5. **Board.** "Board" means the Board of Medical Practice.

Subd. 6. **Eligible status.** "Eligible status" means an applicant who has met the requirements and received approval from the ABGC to sit for the certification examination.

Subd. 7. **Genetic counseling.** "Genetic counseling" means the provision of services described in section 147F.03 to help clients and their families understand the medical, psychological, and familial implications of genetic contributions to a disease or medical condition.

Subd. 8. **Genetic counselor.** "Genetic counselor" means an individual licensed under this chapter to engage in the practice of genetic counseling.

Subd. 9. **Licensed physician.** "Licensed physician" means an individual who is licensed to practice medicine under chapter 147.

Subd. 10. **NSGC.** "NSGC" means the National Society of Genetic Counselors, a professional membership association for genetic counselors that approves continuing education programs.

Subd. 11. **Qualified supervisor.** "Qualified supervisor" means any person who is licensed under this chapter as a genetic counselor or a physician licensed under chapter 147 to practice medicine in Minnesota.

Subd. 12. **Supervisee.** "Supervisee" means a genetic counselor with a provisional license.

Subd. 13. **Supervision.** "Supervision" means an assessment of the work of the supervisee, including regular meetings and file review, by a qualified supervisor according to the supervision contract. Supervision does not require the qualified supervisor to be present while the supervisee provides services.

Sec. 2. **[147F.03] SCOPE OF PRACTICE.**

The practice of genetic counseling by a licensed genetic counselor includes the following services:

(1) obtaining and interpreting individual and family medical and developmental histories;

(2) determining the mode of inheritance and the risk of transmitting genetic conditions and birth defects;

(3) discussing the inheritance, features, natural history, means of diagnosis, and management of conditions with clients;

(4) identifying, coordinating, ordering, and explaining the clinical implications of genetic laboratory tests and other laboratory studies;

(5) assessing psychosocial factors, including social, educational, and cultural issues;

(6) providing client-centered counseling and anticipatory guidance to the client or family based on their responses to the condition, risk of occurrence, or risk of recurrence;

(7) facilitating informed decision-making about testing and management;

(8) identifying and using community resources that provide medical, educational, financial, and psychosocial support and advocacy; and

(9) providing accurate written medical, genetic, and counseling information for families and health care professionals.

Sec. 3. **[147F.05] UNLICENSED PRACTICE PROHIBITED; PROTECTED TITLES AND RESTRICTIONS ON USE.**

Subdivision 1. **Protected titles.** No individual may use the title "genetic counselor," "licensed genetic counselor," "gene counselor," "genetic consultant," "genetic assistant," "genetic associate," or any words, letters, abbreviations, or insignia indicating or implying that the individual is eligible for licensure by the state as a genetic counselor unless the individual has been licensed as a genetic counselor according to this chapter.

Subd. 2. **Unlicensed practice prohibited.** No individual may practice genetic counseling unless the individual is licensed as a genetic counselor under this chapter except as otherwise provided under this chapter.

Subd. 3. **Other practitioners.** (a) Nothing in this chapter shall be construed to prohibit or restrict the practice of any profession or occupation licensed or registered by the state by an individual duly licensed or registered to practice the profession or occupation or to perform any act that falls within the scope of practice of the profession or occupation.

(b) Nothing in this chapter shall be construed to require a license under this chapter for:

(1) an individual employed as a genetic counselor by the federal government or a federal agency if the individual is providing services under the direction and control of the employer;

(2) a student or intern, having graduated within the past six months, or currently enrolled in an ACGC-accredited genetic counseling educational program providing genetic counseling services that are an integral part of the student's or intern's course of study, are performed under the direct supervision of a licensed genetic counselor or physician who is on duty in the assigned patient care area, and the student is identified by the title "genetic counseling intern";

(3) a visiting ABGC- or ABMG-certified genetic counselor working as a consultant in this state who permanently resides outside of the state, or the occasional use of services from organizations from outside of the state that employ ABGC- or ABMG-certified genetic counselors. This is limited to practicing for 30 days total within one calendar year. Certified genetic counselors from outside of the state working as a consultant in this state must be licensed in their state of residence if that credential is available; or

(4) an individual who is licensed to practice medicine under chapter 147.

Subd. 4. **Sanctions.** An individual who violates this section is guilty of a misdemeanor and shall be subject to sanctions or actions according to section 214.11.

Sec. 4. **[147F.07] LICENSURE REQUIREMENTS.**

Subdivision 1. **General requirements for licensure.** To be eligible for licensure, an applicant, with the exception of those seeking licensure by reciprocity under subdivision 2, must submit to the board:

(1) a completed application on forms provided by the board along with all fees required under section 147F.17. The applicant must include:

(i) the applicant's name, Social Security number, home address and telephone number, and business address and telephone number if currently employed;

(ii) the name and location of the genetic counseling or medical program the applicant completed;

(iii) a list of degrees received from other educational institutions;

(iv) a description of the applicant's professional training;

(v) a list of registrations, certifications, and licenses held in other jurisdictions;

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

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

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

(2) evidence of graduation from an education program accredited by the ACGC or its predecessor or successor organization;

(3) a verified copy of a valid and current certification issued by the ABGC or ABMG as a certified genetic counselor, or by the ABMG as a certified medical geneticist;

(4) additional information as requested by the board, including any additional information necessary to ensure that the applicant is able to practice with reasonable skill and safety to the public;

(5) a signed statement verifying that the information in the application is true and correct to the best of the applicant's knowledge and belief; and

(6) a signed waiver authorizing the board to obtain access to the applicant's records in this or any other state in which the applicant completed an educational program or engaged in the practice of genetic counseling.

Subd. 2. **Licensure by reciprocity.** To be eligible for licensure by reciprocity, the applicant must hold a current genetic counselor or medical geneticist registration or license in another state, the District of Columbia, or a territory of the United States, whose standards for registration or licensure are at least equivalent to those of Minnesota, and must:

(1) submit the application materials and fees as required by subdivision 1, clauses (1), (2), and (4) to (6);

(2) provide a verified copy from the appropriate government body of a current registration or license for the practice of genetic counseling in another jurisdiction that has initial registration or licensing requirements equivalent to or higher than the requirements in subdivision 1; and

(3) provide letters of verification from the appropriate government body in each jurisdiction in which the applicant holds a registration or license. Each letter must state the applicant's name, date of birth, registration or license number, date of issuance, a statement regarding disciplinary actions, if any, taken against the applicant, and the terms under which the registration or license was issued.

Subd. 3. **Licensure by equivalency.** (a) The board may grant a license to an individual who does not meet the certification requirements in subdivision 1 but who has been employed as a genetic counselor for a minimum of ten years and provides the following documentation to the board:

(1) proof of a master's or higher degree in genetics or related field of study from an accredited educational institution;

(2) proof that the individual has never failed the ABGC or ABMG certification examination;

(3) three letters of recommendation, with at least one from an individual eligible for licensure under this chapter, and at least one from an individual certified as a genetic counselor by the ABGC or ABMG or an individual certified as a medical geneticist by the ABMG. An individual who submits a letter of recommendation must have worked with the applicant in an employment setting during the past ten years and must attest to the applicant's competency; and

(4) documentation of the completion of 100 hours of NSGC-approved continuing education credits within the past five years.

(b) This subdivision expires February 1, 2017.

Subd. 4. **License expiration.** A genetic counselor license shall be valid for one year from the date of issuance.

Subd. 5. **License renewal.** To be eligible for license renewal, a licensed genetic counselor must submit to the board:

(1) a renewal application on a form provided by the board;

(2) the renewal fee required under section 147F.17;

(3) evidence of compliance with the continuing education requirements in section 147F.11; and

(4) any additional information requested by the board.

Sec. 5. **[147F.09] BOARD ACTION ON APPLICATIONS FOR LICENSURE.**

(a) The board shall act on each application for licensure according to paragraphs (b) to (d).

(b) The board shall determine if the applicant meets the requirements for licensure under section 147F.07. The board may investigate information provided by an applicant to determine whether the information is accurate and complete.

(c) The board shall notify each applicant in writing of action taken on the application, the grounds for denying licensure if a license is denied, and the applicant's right to review the board's decision under paragraph (d).

(d) Applicants denied licensure may make a written request to the board, within 30 days of the board's notice, to appear before the advisory council and for the advisory council to review the board's decision to deny the applicant's license. After reviewing the denial, the advisory council shall make a recommendation to the board as to whether the denial shall be affirmed. Each applicant is allowed only one request for review per licensure period.

Sec. 6. **[147F.11] CONTINUING EDUCATION REQUIREMENTS.**

(a) A licensed genetic counselor must complete a minimum of 25 hours of NSGC- or ABMG-approved continuing education units every two years. If a licensee's renewal term is prorated to be more or less than one year, the required number of continuing education units is prorated proportionately.

(b) The board may grant a variance to the continuing education requirements specified in this section if a licensee demonstrates to the satisfaction of the board that the licensee is unable to complete the required number of educational units during the renewal term. The board may allow the licensee to complete the required number of continuing education units within a time frame specified by the board. In no case shall the board allow the licensee to complete less than the required number of continuing education units.

Sec. 7. **[147F.13] DISCIPLINE; REPORTING.**

For purposes of this chapter, licensed genetic counselors and applicants are subject to sections 147.091 to 147.162.

Sec. 8. **[147F.15] LICENSED GENETIC COUNSELOR ADVISORY COUNCIL.**

Subdivision 1. **Membership.** The board shall appoint a five-member Licensed Genetic Counselor Advisory Council. One member must be a licensed physician with experience in genetics, three members must be licensed genetic counselors, and one member must be a public member.

Subd. 2. **Organization.** The advisory council shall be organized and administered as provided in section 15.059.

Subd. 3. **Duties.** The advisory council shall:

(1) advise the board regarding standards for licensed genetic counselors;

(2) provide for distribution of information regarding licensed genetic counselor practice standards;

(3) advise the board on enforcement of this chapter;

(4) review applications and recommend granting or denying licensure or license renewal;

(5) advise the board on issues related to receiving and investigating complaints, conducting hearings, and imposing disciplinary action in relation to complaints against licensed genetic counselors; and

(6) perform other duties authorized for advisory councils under chapter 214, as directed by the board.

Subd. 4. **Expiration.** Notwithstanding section 15.059, the advisory council does not expire.

Sec. 9. **[147F.17] FEES.**

Subdivision 1. **Fees.** Fees are as follows:

(1) license application fee, $200;

(2) initial licensure and annual renewal, $150; and

(3) late fee, $75.

Subd. 2. **Proration of fees.** The board may prorate the initial license fee. All licensees are required to pay the full fee upon license renewal.

Subd. 3. **Penalty for late renewals.** An application for registration renewal submitted after the deadline must be accompanied by a late fee in addition to the required fees.

Subd. 4. **Nonrefundable fees.** All fees are nonrefundable.

Subd. 5. **Deposit.** Fees collected by the board under this section shall be deposited in the state government special revenue fund.

Sec. 10. **[148.9801] SCOPE AND APPLICATION.**

Subdivision 1. **Scope.** Sections 148.9801 to 148.9812 apply to persons who are applicants for licensure, who are licensed, who use protected titles, or who represent that they are licensed under sections 148.9801 to 148.9812.

Subd. 2. **Application.** Nothing in sections 148.9801 to 148.9812 shall prohibit any person from providing breastfeeding education and support services, whether or not that person is licensed under sections 148.9801 to 148.9812.

Sec. 11. **[148.9802] DEFINITIONS.**

Subdivision 1. **Application.** For purposes of sections 148.9801 to 148.9812, the following terms have the meanings given.

Subd. 2. **Biennial licensure period.** "Biennial licensure period" means the two-year period for which licensure is effective.

Subd. 3. **Breastfeeding education and support services.** "Breastfeeding education and support services" refers to services such as educating women, families, health professionals, and the community about the impact of breastfeeding and human lactation on health and what to expect in the normal course of breastfeeding; facilitating the development of policies that protect, promote, and support breastfeeding; acting as an advocate for breastfeeding as the child-feeding norm; providing holistic breastfeeding support, encouragement, and care from preconception to weaning in order to help women and their families meet their breastfeeding goals; using principles of adult education when teaching clients, health care providers, and others in the community; and identifying and referring high-risk mothers and babies and those requiring clinical treatment to licensed providers. Any individual, with or without a license, may provide breastfeeding education and support services.

Subd. 4. **Certified lactation counselor, advanced lactation consultant, or advanced nurse lactation consultant.** "Certified lactation counselor, advanced lactation consultant, or advanced nurse lactation consultant" means an individual who possesses certification from the Academy of Lactation Policy and Practice of the Healthy Children Project, Inc.

Subd. 5. **Clinical lactation services.** "Clinical lactation services" refers to the clinical application of evidence-based practices for evaluation, problem identification, treatment, education, and consultation in providing lactation care and services to childbearing families. Clinical lactation services involves one or more of the following activities: lactation assessment through the systematic collection of data; analysis of data; creation of lactation care

plans; implementation of lactation care plans, including but not limited to providing demonstration and instruction to parents and communicating with the primary health care provider; evaluation of outcomes; and recommending the use of assistive devices when appropriate. Individuals who provide one or more of the services listed in this subdivision are providing clinical lactation services.

Subd. 6. **Commissioner.** "Commissioner" means the commissioner of health or a designee.

Subd. 7. **Credential.** "Credential" means a license, permit, certification, registration, or other evidence of qualification or authorization to engage in the practice of clinical lactation care services issued by any authority.

Subd. 8. **International Board-Certified Lactation Consultant.** "International Board-Certified Lactation Consultant" means an individual who possesses certification from the International Board of Lactation Consultant Examiners as accredited by the National Commission for Certifying Agencies.

Subd. 9. **License or licensed.** "License" or "licensed" means the act or status of a natural person who meets the requirements of sections 148.9801 to 148.9812.

Subd. 10. **Licensed lactation care provider.** "Licensed lactation care provider" means an individual who meets the requirements of sections 148.9801 to 148.9812, is licensed by the commissioner, and is permitted to provide clinical lactation services and use the titles authorized in this section and section 148.9803.

Subd. 11. **Licensee.** "Licensee" means a person who meets the requirements of sections 148.9801 to 148.9812.

Subd. 12. **Licensure by equivalency.** "Licensure by equivalency" means a method of licensure described in section 148.9806, subdivision 2, by which an individual who possesses a credential from the International Board of Lactation Consultant Examiners as accredited by the National Commission for Certifying Agencies, from the Academy of Lactation Policy and Practice of the Healthy Children Project, Inc., or from another nationally recognized credentialing agency may qualify for licensure.

Subd. 13. **Licensure by reciprocity.** "Licensure by reciprocity" means a method of licensure described in section 148.9806, subdivision 3, by which an individual who possesses a credential from another jurisdiction may qualify for Minnesota licensure.

Subd. 14. **Protected title.** "Protected title" means the title of licensed lactation consultant, licensed certified lactation counselor, licensed advanced lactation consultant, licensed advanced nurse lactation consultant, or licensed International Board-Certified Lactation Consultant.

Sec. 12. **[148.9803] LICENSURE; PROTECTED TITLES AND RESTRICTIONS ON USE; EXEMPT PERSONS; SANCTIONS.**

Subdivision 1. **Unlicensed practice prohibited.** No person shall engage in the practice of clinical lactation services unless the person is licensed as a lactation care provider in accordance with sections 148.9801 to 148.9812.

Subd. 2. **Protected titles and restrictions on use.** (a) The terms or phrases "licensed International Board-Certified Lactation Consultant" or "licensed lactation consultant" alone or in combination can only be used by an individual licensed under sections 148.9801 to 148.9812 and who possesses a credential from the International Board of Lactation Consultant Examiners as accredited by the National Commission for Certifying Agencies.

(b) The terms or phrases "licensed certified lactation counselor," "certified lactation counselor," "licensed advanced lactation consultant," "advanced lactation consultant," "licensed advanced nurse lactation consultant," "advanced nurse lactation consultant," "licensed lactation counselor," or "licensed lactation consultant" alone or in combination can only be used by an individual licensed under sections 148.9801 to 148.9812 and who possesses a credential from the Academy of Lactation Policy and Practice of the Healthy Children Project, Inc.

Subd. 3. **Exempt persons.** This section does not apply to:

(1) a person employed as a lactation consultant or lactation counselor by the government of the United States or any agency of it. However, use of the protected titles under those circumstances is allowed only in connection with performance of official duties for the federal government;

(2) a student participating in supervised fieldwork or supervised coursework that is necessary to meet the requirements of sections 148.9801 to 148.9812 if the student is designated by a title which clearly indicates the student's status as a student trainee. Any use of the protected titles under these circumstances is allowed only while the person is performing the duties of the supervised fieldwork or supervised coursework;

(3) a person visiting and then leaving the state and performing clinical lactation services while in the state if the services are performed no more than 30 days in a calendar year as part of a professional activity that is limited in scope and duration and is in association with a licensed lactation care provider licensed under sections 148.9801 to 148.9812, and:

(i) the person is credentialed under the law of another state which has credentialing requirements at least as stringent as the requirements of sections 148.9801 to 148.9812;

(ii) the person meets the requirements for certification as an International Board-Certified Lactation Consultant established by the International Board of Lactation Consultant Examiners as accredited by the National Commission for Certifying Agencies; or

(iii) the person is certified as a certified lactation counselor, advanced lactation consultant, or advanced nurse lactation consultant by the Academy of Lactation Policy and Practice of the Healthy Children Project, Inc.;

(4) a person licensed to practice as a dentist under chapter 150A, physician or osteopath under chapter 147, nurse under sections 148.171 to 148.285, physician assistant under chapter 147A, dietitian under sections 148.621 to 148.634, or midwife under chapter 147D, when providing clinical lactation services incidental to the practice of the person's profession, except the person shall not use the protected titles;

(5) an employee of a department, agency, or division of state, county, or local government, when providing clinical lactation services within the discharge of the employee's official duties including, but not limited to, peer counselors in the Special Supplemental Nutrition Program for Women, Infants, and Children; or

(6) a volunteer providing clinical lactation services, if:

(i) the volunteer does not use the protected titles or represent that the volunteer is licensed or has the clinical skills and abilities associated with licensure;

(ii) the volunteer service is performed for free, with no fee charged to or payment, monetary or otherwise, provided by the individual or group served; and

(iii) the volunteer receives no compensation, monetary or otherwise, except for administrative expenses including, but not limited to, mileage.

Subd. 4. **Sanctions.** A person who practices clinical lactation services or represents that they are a licensed lactation care provider by or through the use of any title described in subdivision 2 without prior licensure according to sections 148.9801 to 148.9812 is subject to sanctions or action against continuing the activity according to section 148.9804, chapter 214, or other statutory authority.

Subd. 5. **Exemption.** Nothing in sections 148.9801 to 148.9812 shall prohibit the practice of any profession or occupation, licensed or registered by the state, by any person duly licensed or registered to practice the profession or occupation or to perform any act that falls within the scope of practice of the profession or occupation.

Sec. 13. **[148.9804] PENALTY.**

If the commissioner finds that a licensed lactation care provider has violated the provisions of sections 148.9801 to 148.9812 or rules adopted under those sections, the commissioner may impose a civil penalty not exceeding $10,000 for each separate violation. The amount of the civil penalty shall be fixed so as to deprive the licensed lactation care provider of any economic advantage gained by reason of the violation charged, to discourage similar violations, and to reimburse the commissioner for the cost of the investigation and proceeding, including, but not limited to: fees paid for services provided by the Office of Administrative Hearings; legal and investigative services provided by the Office of the Attorney General; services of court reporters; witnesses; and reproduction of records.

Sec. 14. **[148.9806] APPLICATION REQUIREMENTS; PROCEDURE.**

Subdivision 1. **Application for licensure.** An applicant for licensure must:

(1) have a current certification from the International Board of Lactation Consultant Examiners as accredited by the National Commission for Certifying Agencies, the Academy of Lactation Policy and Practice of the Healthy Children Project, Inc., or another jurisdiction whose standards for credentialing are determined by the commissioner to be equivalent to or exceed the requirements for licensure under subdivision 2;

(2) submit a completed application for licensure on forms provided by the commissioner and supply the information requested on the application, including:

(i) the applicant's name, business address, business telephone number, business setting, and daytime telephone number;

(ii) a description of the applicant's education and training, including a list of degrees received from educational institutions;

(iii) the applicant's work history for the six years preceding the application, including the number of hours worked;

(iv) a list of all lactation consulting credentials currently and previously held in Minnesota and other jurisdictions;

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

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

(vii) information on any physical or mental condition or chemical dependency that impairs the applicant's ability to provide clinical lactation services with reasonable judgment or safety;

(viii) a description of any misdemeanor, gross misdemeanor, or felony conviction that is reasonably related to the practice of clinical lactation services; and

(ix) a description of any state or federal court order, including a conciliation court order or a disciplinary order, related to the individual's clinical lactation services practice;

(3) submit with the application all fees required by section 148.9811;

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

(5) sign a waiver authorizing the commissioner to obtain access to the applicant's records in this or any other state in which the applicant holds or previously held a credential for the practice of an occupation, completed a clinical lactation services education program, or engaged in the practice of clinical lactation services;

(6) within 30 days of a request, submit additional information as requested by the commissioner to clarify information in the application, including information to determine whether the individual has engaged in conduct warranting disciplinary action under section 148.9812; and

(7) submit the additional information required for licensure by equivalency or licensure by reciprocity.

Subd. 2. **Credentialed applicants.** An applicant who is credentialed by the International Board of Lactation Consultant Examiners as accredited by the National Commission for Certifying Agencies as an International Board-Certified Lactation Consultant or an applicant who is credentialed by the Academy of Lactation Policy and Practice of the Healthy Children Project, Inc. may be eligible for licensure by equivalency as a licensed lactation care provider. Nothing in this section limits the commissioner's authority to deny licensure based upon the grounds for discipline in section 148.9812. Applicants under this subdivision must provide the materials required in subdivision 1 and must also provide:

(1) verified documentation from the International Board of Lactation Consultant Examiners stating that the applicant is credentialed as an International Board-Certified Lactation Consultant, or verified documentation from the Academy of Lactation Policy and Practice of the Healthy Children Project, Inc., that the applicant is credentialed as a certified lactation counselor, advanced lactation consultant, or advanced nurse lactation consultant. The applicant is responsible for obtaining this documentation; and

(2) a waiver authorizing the commissioner to obtain access to the applicant's records maintained by the International Board of Lactation Consultant Examiners or the Academy of Lactation Policy and Practice of the Healthy Children Project, Inc.

Subd. 3. **Applicants credentialed in another jurisdiction.** (a) An applicant who holds a current credential as a licensed lactation consultant, licensed lactation care provider, or licensed lactation counselor in the District of Columbia or a state or territory of the United States whose standards for credentialing are determined by the commissioner to be equivalent to or exceed the requirements for licensure under subdivision 2, may be eligible for licensure by reciprocity as a licensed lactation care provider. Nothing in this section limits the commissioner's authority to deny licensure based upon the grounds for discipline in section 148.9812.

(b) Applicants under this subdivision must provide the materials required in subdivision 1 and must also request that the appropriate government body in each jurisdiction in which the applicant holds or held credentials as a licensed lactation care provider or substantially similar title send a letter to the commissioner verifying the applicant's credentials. A license shall not be issued until the commissioner receives a letter verifying each of the applicant's credentials. Each letter must include the applicant's name and date of birth, credential number and date of issuance, a statement regarding investigations pending and disciplinary actions taken or pending against the applicant, current status of the credential, and the terms under which the credential was issued.

Subd. 4. **Action on applications for licensure.** (a) The commissioner shall approve, approve with conditions, or deny licensure. The commissioner shall act on an application for licensure according to paragraphs (b) to (d).

(b) The commissioner shall determine if the applicant meets the requirements for licensure. The commissioner may investigate information provided by an applicant to determine whether the information is accurate and complete.

(c) The commissioner shall notify an applicant of action taken on the application and, if licensure is denied or approved with conditions, the grounds for the commissioner's determination.

(d) An applicant denied licensure or granted licensure with conditions may make a written request to the commissioner, within 30 days of the date of the commissioner's determination, for reconsideration of the commissioner's determination. Individuals requesting reconsideration may submit information which the applicant wants considered in the reconsideration. After reconsideration of the commissioner's determination to deny licensure or grant licensure with conditions, the commissioner shall determine whether the original determination should be affirmed or modified. An applicant is allowed no more than one request in any one biennial licensure period for reconsideration of the commissioner's determination to deny licensure or approve licensure with conditions.

Sec. 15. **[148.9807] LICENSURE RENEWAL.**

Subdivision 1. **Renewal requirements.** To be eligible for licensure renewal, a licensee must:

(1) submit a completed and signed application for licensure renewal on forms provided by the commissioner;

(2) submit the renewal fee required under section 148.9811;

(3) submit proof that the licensee is currently credentialed by the International Board of Lactation Consultant Examiners as accredited by the National Commission for Certifying Agencies, the Academy of Lactation Policy and Practice of the Healthy Children Project, Inc., or another jurisdiction as described in section 148.9806; and

(4) submit additional information as requested by the commissioner to clarify information presented in the renewal application. The information must be submitted within 30 days after the commissioner's request.

Subd. 2. **Renewal deadline.** (a) Except as provided in paragraph (c), licenses must be renewed every two years. Licensees must comply with the procedures in paragraphs (b) to (e).

(b) Each license must state an expiration date. An application for licensure renewal must be received by the Department of Health at least 30 calendar days before the expiration date.

(c) If the commissioner changes the renewal schedule and the new expiration date is less than two years in the future, the fee to be reported at the next renewal must be prorated.

(d) An application for licensure renewal not received within the time required under paragraph (b), but received on or before the expiration date, must be accompanied by a late fee in addition to the renewal fee specified in section 148.9811.

(e) Licensure renewals received after the expiration date shall not be accepted and persons seeking licensed status must comply with the requirements of section 148.9808.

Subd. 3. **Licensure renewal notice.** At least 60 calendar days before the expiration date in subdivision 2, the commissioner shall notify the licensee. The notice must include an application for licensure renewal and notice of fees required for renewal. The licensee's failure to receive notice does not relieve the licensee of the obligation to meet the renewal deadline and other requirements for licensure renewal.

Sec. 16. **[148.9808] LICENSURE RENEWAL; AFTER EXPIRATION DATE.**

An individual whose application for licensure renewal is received after the licensure expiration date must submit the following:

(1) a completed and signed application for licensure following lapse in licensed status on forms provided by the commissioner;

(2) the renewal fee and the late fee required under section 148.9811;

(3) proof that the licensee is currently credentialed by the International Board of Lactation Consultant Examiners, the Academy of Lactation Policy and Practice of the Healthy Children Project, Inc., or another jurisdiction as described in section 148.9806; and

(4) additional information as requested by the commissioner to clarify information in the application, including information to determine whether the individual has engaged in conduct warranting disciplinary action as set forth in section 148.9812. This information must be submitted within 30 days after the commissioner's request.

Sec. 17. **[148.9809] CHANGE OF NAME, ADDRESS, OR EMPLOYMENT.**

A licensee who changes a name, address, or employment must inform the commissioner, in writing, of the change of name, address, employment, business address, or business telephone number within 30 days. A change in name must be accompanied by a copy of a marriage certificate or court order. All notices or other correspondence mailed to or served on a licensee by the commissioner at the licensee's address on file with the commissioner shall be considered as having been received by the licensee.

Sec. 18. **[148.9810] RECIPIENT NOTIFICATION.**

Subdivision 1. **Required notification.** In the absence of a physician referral or prior authorization, and before providing clinical lactation services for remuneration or expectation of payment from the client, a licensed lactation care provider must provide the following written notification in all capital letters of 12-point or larger boldface type to the client, parent, or guardian: "Your health care provider, insurer, or plan may require a physician referral or prior authorization and you may be obligated for partial or full payment for clinical lactation services rendered." Information other than this notification may be included as long as the notification remains conspicuous on the face of the document. A nonwritten disclosure format may be used to satisfy the recipient notification requirement when necessary to accommodate the physical condition of a client or client's guardian.

Subd. 2. **Evidence of recipient notification.** The licensed lactation care provider is responsible for providing evidence of compliance with the recipient notification requirement of this section.

Sec. 19. **[148.9811] FEES.**

Subdivision 1. **Initial licensure fee.** The initial licensure fee for licensed lactation care providers is $80. The commissioner shall prorate fees based on the number of quarters remaining in the biennial licensure period.

Subd. 2. **Licensure renewal fee.** The biennial licensure renewal fee for licensed lactation care providers is $80.

Subd. 3. **Duplicate license fee.** The fee for a duplicate license is $25.

Subd. 4. **Late fee.** The fee for late submission of a renewal application is $25.

Subd. 5. **Verification to other states.** The fee for verification of licensure to other states is $25.

Subd. 6. **Use of fees.** All fees are nonrefundable. Fees collected under this section shall be deposited in the state treasury and credited to the state government special revenue fund for the purposes of administering sections 148.9801 to 148.9812.

Subd. 7. **Penalty fee.** (a) The penalty for using one of the protected titles without a current license after the credential has expired and before it is renewed is the amount of the license renewal fee for any part of the first month, plus the license renewal fee for any part of any subsequent month up to 36 months.

(b) The penalty for applicants who use the protected title of licensed lactation care provider before being issued a license is the amount of the license application fee for any part of the first month, plus the license application fee for any part of any subsequent month up to 36 months.

(c) For conduct described in paragraph (a) or (b) exceeding six months, payment of a penalty does not preclude any disciplinary action reasonably justified by the individual case.

Sec. 20. **[148.9812] GROUNDS FOR DISCIPLINE OR DENIAL OF LICENSURE; INVESTIGATION PROCEDURES; DISCIPLINARY ACTIONS.**

Subdivision 1. **Grounds for discipline or denial of licensure.** The commissioner may deny an application for licensure, may approve licensure with conditions, or may discipline a licensee using any disciplinary action listed in subdivision 3 on proof that the individual has:

(1) intentionally submitted false or misleading information to the commissioner;

(2) failed, within 30 days, to provide information in response to a written request by the commissioner;

(3) performed services of a licensed lactation care provider in an incompetent manner, in a manner that is outside of the provider's scope of practice, or in a manner that falls below the community standard of care;

(4) violated a provision of sections 148.9801 to 148.9812;

(5) aided or abetted another person in violating a provision of sections 148.9801 to 148.9812;

(6) failed to perform services with reasonable judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental impairment;

(7) been convicted of violating any state or federal law, rule, or regulation which directly relates to the practice of clinical lactation services;

(8) been disciplined for conduct in the practice of an occupation by the state of Minnesota, another jurisdiction, or a national professional association, if any of the grounds for discipline are the same or substantially equivalent to those in sections 148.9801 to 148.9812;

(9) not cooperated with the commissioner in an investigation conducted according to subdivision 2;

(10) advertised in a manner that is false or misleading;

(11) engaged in dishonest, unethical, or unprofessional conduct in connection with the practice of clinical lactation services that is likely to deceive, defraud, or harm the public;

(12) demonstrated a willful or careless disregard for the health, welfare, or safety of a client;

(13) performed medical diagnosis or provided treatment without being licensed to do so under the laws of this state;

(14) paid or promised to pay a commission or part of a fee to any person who contacts the licensed lactation care provider for consultation or sends patients to the licensed lactation care provider for treatment;

(15) engaged in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical assistance laws;

(16) obtained money, property, or services from a consumer through the use of undue influence, high-pressure sales tactics, harassment, duress, deception, or fraud;

(17) performed services for a client who had no possibility of benefiting from the services;

(18) failed to refer a client for medical evaluation when appropriate or when a client indicated symptoms associated with diseases that could be medically or surgically treated;

(19) engaged in conduct with a client that is sexual, or may reasonably be interpreted by the client as sexual, or in any verbal behavior that is seductive or sexually demeaning to a client;

(20) violated a federal or state court order, including a conciliation court judgment, or a disciplinary order issued by the commissioner, related to the person's clinical lactation services practice; or

(21) any other just cause related to the practice of clinical lactation services.

Subd. 2. **Investigation of complaints.** The commissioner may initiate an investigation upon receiving a complaint or other oral or written communication that alleges or implies that a person has violated sections 148.9801 to 148.9812. In the receipt, investigation, and hearing of a complaint that alleges or implies that a person has violated sections 148.9801 to 148.9812, the commissioner shall follow the procedures in section 214.10.

Subd. 3. **Disciplinary action.** If the commissioner finds that a licensed lactation care provider should be disciplined according to subdivision 1, the commissioner may take any one or more of the following actions:

(1) refuse to grant or renew licensure;

(2) approve licensure with conditions;

(3) revoke licensure;

(4) suspend licensure;

(5) any reasonable lesser action including, but not limited to, reprimand or restriction on licensure; or

(6) any action authorized by statute.

Subd. 4. **Effect of specific disciplinary action on use of title.** Upon notice from the commissioner denying licensure renewal or upon notice that disciplinary actions have been imposed and the person is no longer entitled to provide clinical lactation services and use one of the protected titles, the person shall cease to provide clinical lactation services, to use the title protected by sections 148.9801 to 148.9812, and to represent to the public that the person is licensed by the commissioner.

Subd. 5. **Reinstatement requirements after disciplinary action.** A person who has had licensure suspended may request and provide justification for reinstatement following the period of suspension specified by the commissioner. The requirements of section 148.9808 for renewing licensure and any other conditions imposed with the suspension must be met before licensure may be reinstated.

Subd. 6. **Authority to contract.** The commissioner shall contract with the health professionals services program as authorized by sections 214.31 to 214.37 to provide these services to practitioners under sections 148.9801 to 148.9812. The health professionals services program does not affect the commissioner's authority to discipline violations of sections 148.9801 to 148.9812.

Sec. 21. **[153B.10] SHORT TITLE.**

Chapter 153B may be cited as the "Minnesota Orthotist, Prosthetist, and Pedorthist Practice Act."

Sec. 22. **[153B.15] DEFINITIONS.**

Subdivision 1. **Application.** For purposes of this act, the following words have the meanings given.

Subd. 2. **Advisory council.** "Advisory council" means the Orthotics, Prosthetics, and Pedorthics Advisory Council established under section 153B.25.

Subd. 3. **Board.** "Board" means the Board of Podiatric Medicine.

Subd. 4. **Custom-fabricated device.** "Custom-fabricated device" means an orthosis, prosthesis, or pedorthic device for use by a patient that is fabricated to comprehensive measurements or a mold or patient model in accordance with a prescription and which requires on-site or in-person clinical and technical judgment in its design, fabrication, and fitting.

Subd. 5. **Licensed orthotic-prosthetic assistant.** "Licensed orthotic-prosthetic assistant" or "assistant" means a person, licensed by the board, who is educated and trained to participate in comprehensive orthotic and prosthetic care while under the supervision of a licensed orthotist or licensed prosthetist. Assistants may perform orthotic and prosthetic procedures and related tasks in the management of patient care. The assistant may fabricate, repair, and maintain orthoses and prostheses. The use of the title "orthotic-prosthetic assistant" or representations to the public is limited to a person who is licensed under this chapter as an orthotic-prosthetic assistant.

Subd. 6. **Licensed orthotic fitter.** "Licensed orthotic fitter" or "fitter" means a person licensed by the board who is educated and trained in providing certain orthoses, and is trained to conduct patient assessments, formulate treatment plans, implement treatment plans, perform follow-up, and practice management pursuant to a prescription. An orthotic fitter must be competent to fit certain custom-fitted, prefabricated, and off-the-shelf orthoses as follows:

(1) cervical orthoses, except those used to treat an unstable cervical condition;

(2) prefabricated orthoses for the upper and lower extremities, except those used in:

(i) the initial or acute treatment of long bone fractures and dislocations;

(ii) therapeutic shoes and inserts needed as a result of diabetes; and

(iii) functional electrical stimulation orthoses;

(3) prefabricated spinal orthoses, except those used in the treatment of scoliosis or unstable spinal conditions, including halo cervical orthoses; and

(4) trusses.

The use of the title "orthotic fitter" or representations to the public is limited to a person who is licensed under this chapter as an orthotic fitter.

Subd. 7. **Licensed orthotist.** "Licensed orthotist" means a person licensed by the board who is educated and trained to practice orthotics, which includes managing comprehensive orthotic patient care pursuant to a prescription. The use of the title "orthotist" or representations to the public is limited to a person who is licensed under this chapter as an orthotist.

Subd. 8. **Licensed pedorthist.** "Licensed pedorthist" means a person licensed by the board who is educated and trained to manage comprehensive pedorthic patient care and who performs patient assessments, formulates and implements treatment plans, and performs follow-up and practice management pursuant to a prescription. A pedorthist may fit, fabricate, adjust, or modify devices within the scope of the pedorthist's education and training. Use of the title "pedorthist" or representations to the public is limited to a person who is licensed under this chapter as a pedorthist.

Subd. 9. **Licensed prosthetist.** "Licensed prosthetist" means a person licensed by the board who is educated and trained to manage comprehensive prosthetic patient care, and who performs patient assessments, formulates and implements treatment plans, and performs follow-up and practice management pursuant to a prescription. Use of the title "prosthetist" or representations to the public is limited to a person who is licensed under this chapter as a prosthetist.

Subd. 10. **Licensed prosthetist orthotist.** "Licensed prosthetist orthotist" means a person licensed by the board who is educated and trained to manage comprehensive prosthetic and orthotic patient care, and who performs patient assessments, formulates and implements treatment plans, and performs follow-up and practice management pursuant to a prescription. Use of the title "prosthetist orthotist" or representations to the public is limited to a person who is licensed under this chapter as a prosthetist orthotist.

Subd. 11. **NCOPE.** "NCOPE" means National Commission on Orthotic and Prosthetic Education, an accreditation program that ensures educational institutions and residency programs meet the minimum standards of quality to prepare individuals to enter the orthotic, prosthetic, and pedorthic professions.

Subd. 12. **Orthosis.** "Orthosis" means an external device that is custom-fabricated or custom-fitted to a specific patient based on the patient's unique physical condition and is applied to a part of the body to help correct a deformity, provide support and protection, restrict motion, improve function, or relieve symptoms of a disease, syndrome, injury, or postoperative condition.

Subd. 13. **Orthotics.** "Orthotics" means the science and practice of evaluating, measuring, designing, fabricating, assembling, fitting, adjusting, or servicing an orthosis pursuant to a prescription. The practice of orthotics includes providing the initial training necessary for fitting an orthotic device for the support, correction, or alleviation of neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity.

Subd. 14. **Over-the-counter.** "Over-the-counter" means a prefabricated, mass-produced item that is prepackaged, requires no professional advice or judgment in size selection or use, and is currently available at retail stores without a prescription. Over-the-counter items are not regulated by this act.

Subd. 15. **Off-the-shelf.** "Off-the-shelf" means a prefabricated device sized or modified for the patient's use pursuant to a prescription and which requires changes to be made by a qualified practitioner to achieve an individual fit, such as requiring the item to be trimmed, bent, or molded with or without heat, or requiring any other alterations beyond self adjustment.

Subd. 16. **Pedorthic device.** "Pedorthic device" means below-the-ankle partial foot prostheses for transmetatarsal and more distal amputations, foot orthoses, and subtalar-control foot orthoses to control the range of motion of the subtalar joint. A prescription is required for any pedorthic device, modification, or prefabricated below-the-knee orthosis addressing a medical condition that originates at the ankle or below. Pedorthic devices do not include nontherapeutic inlays or footwear regardless of method of manufacture; unmodified, nontherapeutic over-the-counter shoes; or prefabricated foot care products.

Subd. 17. **Pedorthics.** "Pedorthics" means the science and practice of evaluating, measuring, designing, fabricating, assembling, fitting, adjusting, or servicing a pedorthic device pursuant to a prescription for the correction or alleviation of neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity. The practice of pedorthics includes providing patient care and services pursuant to a prescription to prevent or ameliorate painful or disabling conditions of the foot and ankle.

Subd. 18. **Prescription.** "Prescription" means an order deemed medically necessary by a physician, podiatric physician, osteopathic physician, or a licensed health care provider who has authority in this state to prescribe orthotic and prosthetic devices, supplies, and services.

Subd. 19. **Prosthesis.** "Prosthesis" means a custom-designed, fabricated, fitted, or modified device to treat partial or total limb loss for purposes of restoring physiological function or cosmesis. Prosthesis does not include artificial eyes, ears, fingers, or toes; dental appliances; external breast prosthesis; or cosmetic devices that do not have a significant impact on the musculoskeletal functions of the body.

Subd. 20. **Prosthetics.** "Prosthetics" means the science and practice of evaluating, measuring, designing, fabricating, assembling, fitting, adjusting, or servicing a prosthesis pursuant to a prescription. It includes providing the initial training necessary to fit a prosthesis in order to replace external parts of a human body lost due to amputation, congenital deformities, or absence.

Subd. 21. **Resident.** "Resident" means a person who has completed a NCOPE-approved education program in orthotics or prosthetics and is receiving clinical training in a residency accredited by NCOPE.

Subd. 22. **Residency.** "Residency" means a minimum of an NCOPE-approved program to acquire practical clinical training in orthotics and prosthetics in a patient care setting.

Subd. 23. **Supervisor.** "Supervisor" means the licensed orthotist, prosthetist, or pedorthist who oversees and is responsible for the delivery of appropriate, effective, ethical, and safe orthotic, prosthetic, or pedorthic patient care.

Sec. 23. **[153B.20] EXCEPTIONS.**

Nothing in this chapter shall prohibit:

(1) a physician, osteopathic physician, or podiatric physician licensed by the state of Minnesota from providing services within the physician's scope of practice;

(2) a professional regulated in this state, including but not limited to physical therapists and occupational therapists, from providing services within the professional's scope of practice;

(3) the practice of orthotics, prosthetics, or pedorthics by a person who is employed by the federal government or any bureau, division, or agency of the federal government while in the discharge of the employee's official duties;

(4) the practice of orthotics, prosthetics, or pedorthics by:

(i) a student enrolled in an accredited or approved orthotics, prosthetics, or pedorthics education program who is performing activities required by the program;

(ii) a resident enrolled in an NCOPE-accredited residency program; or

(iii) a person working in a qualified, supervised work experience or internship who is obtaining the clinical experience necessary for licensure under this chapter; or

(5) an orthotist, prosthetist, prosthetist orthotist, pedorthist, assistant, or fitter who is licensed in another state or territory of the United States or in another country that has equivalent licensure requirements as approved by the board from providing services within the professional's scope of practice subject to this paragraph, if the individual is qualified and has applied for licensure under this chapter. The individual shall be allowed to practice for no longer than six months following the filing of the application for licensure, unless the individual withdraws the application for licensure or the board denies the license.

Sec. 24. **[153B.25] ORTHOTICS, PROSTHETICS, AND PEDORTHICS ADVISORY COUNCIL.**

Subdivision 1. **Creation; membership.** (a) There is established an Orthotics, Prosthetics, and Pedorthics Advisory Council which shall consist of seven voting members appointed by the board. Five members shall be licensed and practicing orthotists, prosthetists, or pedorthists. Each profession shall be represented on the advisory council. One member shall be a Minnesota-licensed doctor of podiatric medicine who is also a member of the Board of Podiatric Medicine, and one member shall be a public member.

(b) The council shall be organized and administered under section 15.059.

Subd. 2. **Duties.** The advisory council shall:

(1) advise the board on enforcement of the provisions contained in this chapter;

(2) review reports of investigations or complaints relating to individuals and make recommendations to the board as to whether a license should be denied or disciplinary action taken against an individual;

(3) advise the board regarding standards for licensure of professionals under this chapter; and

(4) perform other duties authorized for advisory councils by chapter 214, as directed by the board.

Subd. 3. **Chair.** The council must elect a chair from among its members.

Subd. 4. **Administrative provisions.** The Board of Podiatric Medicine must provide meeting space and administrative services for the council.

Sec. 25. **[153B.30] LICENSURE.**

Subdivision 1. **Application.** An application for a license shall be submitted to the board in the format required by the board and shall be accompanied by the required fee, which is nonrefundable.

Subd. 2. **Qualifications.** (a) To be eligible for licensure as an orthotist, prosthetist, or prosthetist orthotist, an applicant shall meet orthotist, prosthetist, or prosthetist orthotist certification requirements of either the American Board for Certification in Orthotics, Prosthetics, and Pedorthics or the Board of Certification/Accreditation requirements in effect at the time of the individual's application for licensure and be in good standing with the certifying board.

(b) To be eligible for licensure as a pedorthist, an applicant shall meet the pedorthist certification requirements of either the American Board for Certification in Orthotics, Prosthetics, and Pedorthics or the Board of Certification/Accreditation that are in effect at the time of the individual's application for licensure and be in good standing with the certifying board.

(c) To be eligible for licensure as an orthotic or prosthetic assistant, an applicant shall meet the orthotic or prosthetic assistant certification requirements of the American Board for Certification in Orthotics, Prosthetics, and Pedorthics that are in effect at the time of the individual's application for licensure and be in good standing with the certifying board.

(d) To be eligible for licensure as an orthotic fitter, an applicant shall meet the orthotic fitter certification requirements of either the American Board for Certification in Orthotics, Prosthetics, and Pedorthics or the Board of Certification/Accreditation that are in effect at the time of the individual's application for licensure and be in good standing with the certifying board.

Subd. 3. **License term.** A license to practice is valid for a term of up to 24 months beginning on January 1 or commencing after initially fulfilling the license requirements and ending on December 31 of the following year.

Sec. 26. **[153B.35] EMPLOYMENT BY AN ACCREDITED FACILITY; SCOPE OF PRACTICE.**

A licensed orthotist, prosthetist, pedorthist, assistant, or orthotic fitter may provide limited, supervised patient care services beyond their licensed scope of practice if all of the following conditions are met:

(1) the licensee is employed by a patient care facility that is accredited by a national accrediting organization in orthotics, prosthetics, and pedorthics;

(2) written objective criteria are documented by the accredited facility to describe the knowledge and skills required by the licensee to demonstrate competency to provide additional specific and limited patient care services that are outside the licensee's scope of practice;

(3) the licensee provides patient care only at the direction of a supervisor who is licensed as an orthotist, pedorthist, or prosthetist who is employed by the facility to provide the specific patient care or services that are outside the licensee's scope of practice; and

(4) the supervised patient care occurs in compliance with facility accreditation standards.

Sec. 27. **[153B.40] CONTINUING EDUCATION.**

Subdivision 1. **Requirement.** Each licensee shall obtain the number of continuing education hours required by the certifying board to maintain certification status pursuant to the specific license category.

Subd. 2. **Proof of attendance.** A licensee must submit to the board proof of attendance at approved continuing education programs during the license renewal period in which it was attended in the form of a certificate, statement of continuing education credits from the American Board for Certification in Orthotics, Prosthetics, and Pedorthics or the Board of Certification/Accreditation, descriptive receipt, or affidavit. The board may conduct random audits.

Subd. 3. **Extension of continuing education requirements.** For good cause, a licensee may apply to the board for a six-month extension of the deadline for obtaining the required number of continuing education credits. No more than two consecutive extensions may be granted. For purposes of this subdivision, "good cause" includes unforeseen hardships such as illness, family emergency, or military call-up.

Sec. 28. **[153B.45] LICENSE RENEWAL.**

Subdivision 1. **Submission of license renewal application.** A licensee must submit to the board a license renewal application on a form provided by the board together with the license renewal fee. The completed form must be postmarked no later than January 1 in the year of renewal. The form must be signed by the licensee in the place provided for the renewal applicant's signature, include evidence of participation in approved continuing education programs, and any other information as the board may reasonably require.

Subd. 2. **Renewal application postmarked after January 1.** A renewal application postmarked after January 1 in the renewal year shall be returned to the licensee for addition of the late renewal fee. A license renewal application postmarked after January 1 in the renewal year is not complete until the late renewal fee has been received by the board.

Subd. 3. **Failure to submit renewal application.** (a) At any time after January 1 of the applicable renewal year, the board shall send notice to a licensee who has failed to apply for license renewal. The notice shall be mailed to the licensee at the last address on file with the board and shall include the following information:

(1) that the licensee has failed to submit application for license renewal;

(2) the amount of renewal and late fees;

(3) information about continuing education that must be submitted in order for the license to be renewed;

(4) that the licensee must respond within 30 calendar days after the notice was sent by the board; and

(5) that the licensee may voluntarily terminate the license by notifying the board or may apply for license renewal by sending the board a completed renewal application, license renewal and late fees, and evidence of compliance with continuing education requirements.

(b) Failure by the licensee to notify the board of the licensee's intent to voluntarily terminate the license or to submit a license renewal application shall result in expiration of the license and termination of the right to practice. The expiration of the license and termination of the right to practice shall not be considered disciplinary action against the licensee.

(c) A license that has been expired under this subdivision may be reinstated.

Sec. 29. **[153B.50] NAME AND ADDRESS CHANGE.**

(a) A licensee who has changed names must notify the board in writing within 90 days and request a revised license. The board may require official documentation of the legal name change.

(b) A licensee must maintain with the board a correct mailing address to receive board communications and notices. A licensee who has changed addresses must notify the board in writing within 90 days. Mailing a notice by United States mail to a licensee's last known mailing address constitutes valid mailing.

Sec. 30. **[153B.55] INACTIVE STATUS.**

(a) A licensee who notifies the board in the format required by the board may elect to place the licensee's credential on inactive status and shall be excused from payment of renewal fees until the licensee notifies the board in the format required by the board of the licensee's plan to return to practice.

(b) A person requesting restoration from inactive status shall be required to pay the current renewal fee and comply with section 153B.45.

(c) A person whose license has been placed on inactive status shall not practice in this state.

Sec. 31. **[153B.60] LICENSE LAPSE DUE TO MILITARY SERVICE.**

A licensee whose license has expired while on active duty in the armed forces of the United States, with the National Guard while called into service or training, or while in training or education preliminary to induction into military service may have the licensee's license renewed or restored without paying a late fee or license restoration fee if the licensee provides verification to the board within two years of the termination of service obligation.

Sec. 32. **[153B.65] ENDORSEMENT.**

The board may license, without examination and on payment of the required fee, an applicant who is an orthotist, prosthetist, prosthetist orthotist, pedorthist, assistant, or fitter who is certified by the American Board for Certification in Orthotics, Prosthetics, and Pedorthics or a national certification organization with educational, experiential, and testing standards equal to or higher than the licensing requirements in Minnesota.

Sec. 33. **[153B.70] GROUNDS FOR DISCIPLINARY ACTION.**

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

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

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

(3) conviction of a crime, including a finding or verdict of guilt, an admission of guilt, or a no-contest plea, in this state or elsewhere, reasonably related to the practice of the profession. Conviction, as used in this clause, includes a conviction of an offense which, if committed in this state, would be deemed a felony, gross misdemeanor, or misdemeanor, without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilty is made or returned but the adjudication of guilt is either withheld or not entered;

(4) making a misrepresentation in order to obtain or renew a license;

(5) displaying a pattern of practice or other behavior that demonstrates incapacity or incompetence to practice;

(6) aiding or assisting another person in violating the provisions of this chapter;

(7) failing to provide information within 60 days in response to a written request from the board, including documentation of completion of continuing education requirements;

(8) engaging in dishonorable, unethical, or unprofessional conduct;

(9) engaging in conduct of a character likely to deceive, defraud, or harm the public;

(10) inability to practice due to habitual intoxication, addiction to drugs, or mental or physical illness;

(11) being disciplined by another state or territory of the United States, the federal government, a national certification organization, or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to one of the grounds in this section;

(12) directly or indirectly giving to or receiving from a person, firm, corporation, partnership, or association a fee, commission, rebate, or other form of compensation for professional services not actually or personally rendered;

(13) incurring a finding by the board that the licensee, after the licensee has been placed on probationary status, has violated the conditions of the probation;

(14) abandoning a patient or client;

(15) willfully making or filing false records or reports in the course of the licensee's practice including, but not limited to, false records or reports filed with state or federal agencies;

(16) willfully failing to report child maltreatment as required under the Maltreatment of Minors Act, section 626.556; or

(17) soliciting professional services using false or misleading advertising.

(b) A license to practice is automatically suspended if (1) a guardian of a licensee is appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons other than the minority of the licensee, or (2) the licensee is committed by order of a court pursuant to chapter 253B. The license remains suspended until the licensee is restored to capacity by a court and, upon petition by the licensee, the suspension is terminated by the board after a hearing. The licensee may be reinstated to practice, either with or without restrictions, by demonstrating clear and convincing evidence of rehabilitation. The regulated person is not required to prove rehabilitation if the subsequent court decision overturns previous court findings of public risk.

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

(d) In addition to ordering a physical or mental examination, the board may, notwithstanding section 13.384 or 144.293, or any other law limiting access to medical or other health data, obtain medical data and health records relating to a licensee or applicant without the person's or applicant's consent if the board has probable cause to believe that a licensee is subject to paragraph (a), clause (10). The medical data may be requested from a provider as defined in section 144.291, subdivision 2, paragraph (i), an insurance company, or a government agency, including the Department of Human Services. A provider, insurance company, or government agency shall comply

with any written request of the board under this subdivision and is not liable in any action for damages for releasing the data requested by the board if the data are released pursuant to a written request under this subdivision, unless the information is false and the provider giving the information knew, or had reason to know, the information was false. Information obtained under this subdivision is private data on individuals as defined in section 13.02.

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

Sec. 34. **[153B.75] INVESTIGATION; NOTICE AND HEARINGS.**

The board has the authority to investigate alleged violations of this chapter, conduct hearings, and impose corrective or disciplinary action as provided in section 214.103.

Sec. 35. **[153B.80] UNLICENSED PRACTICE.**

Subdivision 1. **License required.** Effective January 1, 2018, no individual shall practice as an orthotist, prosthetist, prosthetist orthotist, pedorthist, orthotic or prosthetic assistant, or orthotic fitter, unless the individual holds a valid license issued by the board under this chapter, except as permitted under section 153B.20 or 153B.35.

Subd. 2. **Designation.** No individual shall represent themselves to the public as a licensed orthotist, prosthetist, prosthetist orthotist, pedorthist, orthotic or prosthetic assistant, or an orthotic fitter, unless the individual is licensed under this chapter.

Subd. 3. **Penalties.** Any individual who violates this section is guilty of a misdemeanor. The board shall have the authority to seek a cease and desist order against any individual who is engaged in the unlicensed practice of a profession regulated by the board under this chapter.

Sec. 36. **[153B.85] FEES.**

(a) The application fee for initial licensure shall not exceed $600.

(b) The biennial renewal fee for a license to practice as an orthotist, prosthetist, prosthetist orthotist, or pedorthist shall not exceed $600.

(c) The biennial renewal fee for a license to practice as an assistant or a fitter shall not exceed $300.

(d) For the first renewal period following initial licensure, the renewal fee is the fee specified in paragraph (b) or (c), prorated to the nearest dollar that is represented by the ratio of the number of days the license is held in the initial licensure period to 730 days.

(e) The fee for license restoration shall not exceed $600.

(f) The fee for late license renewal is the license renewal fee in effect at the time of renewal plus $100.

(g) The fee for license verification shall not exceed $30.

(h) The fee to obtain a list of licensees shall not exceed $25.

(i) No fee may be refunded for any reason.

Sec. 37. **INITIAL APPOINTMENTS; FIRST MEETING; AND FIRST CHAIR OF THE LICENSED GENETIC COUNSELOR ADVISORY COUNCIL.**

The Board of Medical Practice shall make its first appointments authorized under Minnesota Statutes, section 147F.15, to the Licensed Genetic Counselor Advisory Council by September 1, 2016. The chair of the Board of Medical Practice or the chair's designee shall convene the first meeting of the council by November 1, 2016. The council must elect a chair from its members at the first meeting of the council.

Sec. 38. **FIRST APPOINTMENTS, FIRST MEETING, AND FIRST CHAIR OF THE ORTHOTICS, PROSTHETICS, AND PEDORTHICS ADVISORY COUNCIL.**

The Board of Podiatric Medicine shall make its first appointments authorized under Minnesota Statutes, section 153B.25, to the Orthotics, Prosthetics, and Pedorthics Advisory Council, by September 1, 2016. The board shall designate four of its first appointees to serve terms that are coterminous with the governor. The chair of the Board of Podiatric Medicine or the chair's designee shall convene the first meeting of the council by November 1, 2016. The council must elect a chair from among its members at the first meeting of the council.

Sec. 39. **STAKEHOLDER ENGAGEMENT.**

The commissioner of health shall work with community stakeholders in Minnesota including, but not limited to, the Minnesota Breastfeeding Coalition; the women, infants, and children program; hospitals and clinics; local public health professionals and organizations; community-based organizations; and representatives of populations with low breastfeeding rates to carry out a study identifying barriers, challenges, and successes affecting initiation, duration, and exclusivity of breastfeeding. The study shall address policy, systemic, and environmental factors that both support and create barriers to breastfeeding. These factors include, but are not limited to, issues such as levels of practice and barriers such as education, clinical experience, and cost to those seeking certification as an International Board-Certified Lactation Consultant. The study shall identify and make recommendations regarding culturally appropriate practices that have been shown to increase breastfeeding rates in populations that have the greatest breastfeeding disparity rates. A report on the study must be completed and submitted to the chairs and ranking minority members of the legislative committees with jurisdiction over health care policy and finance on or before September 15, 2017.

Sec. 40. **APPROPRIATION.**

$22,000 in fiscal year 2017 is appropriated from the state government special revenue fund to the Board of Medical Practice for administrative costs to implement Minnesota Statutes, chapter 147F.

Sec. 41. **EFFECTIVE DATE.**

Sections 1 to 10 are effective July 1, 2017.

Sec. 42. **EFFECTIVE DATE.**

Sections 1 to 17 are effective July 1, 2016.

Sec. 43. **EFFECTIVE DATE.**

Sections 1 to 11 are effective July 1, 2017."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Zerwas moved to amend the Zerwas amendment to S. F. No. 2414, the second engrossment, as amended, as follows:

Page 23, delete lines 14 to 16 and insert:

"(2) a health care professional licensed by the state of Minnesota, including, but not limited to, chiropractors, physical therapists, and occupational therapy practitioners from providing services within the professional's scope of practice, or an individual working under the supervision of a licensed physician or podiatric physician;"

Page 25, lines 16, 22, 24, 26, and 27, before "patient" insert "orthotic or prosthetic"

Page 32, after line 9, insert:

"Sec. 41. **APPROPRIATION.**

$75,000 is appropriated in fiscal year 2017 from the state government special revenue fund to the Board of Podiatric Medicine for licensure activities under Minnesota Statutes, section 153B.10. The base for this appropriation is $112,000 in fiscal year 2018 and $112,000 in fiscal year 2019."

Page 32, line 11, delete "10" and insert "9"

Page 32, delete line 13 and insert:

"Sections 10 to 20 are effective July 1, 2017."

Page 32, delete line 15 and insert:

"Sections 21 to 36 are effective July 1, 2016."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed and the amendment to the amendment was adopted.

The question recurred on the Zerwas amendment, as amended, to S. F. No. 2414, the second engrossment, as amended. The motion did not prevail and the amendment, as amended, was not adopted.

Johnson, C., moved to amend S. F. No. 2414, the second engrossment, as amended, as follows:

Page 36, after line 14, insert:

"Section 1. Minnesota Statutes 2014, section 148.975, subdivision 1, is amended to read:

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

(b) "Other person" means an immediate family member or someone who personally knows the client and has reason to believe the client is capable of and will carry out the serious, specific threat of harm to a specific, clearly identified or identifiable victim.

(c) "Reasonable efforts" means communicating the serious, specific threat to the potential victim and if unable to make contact with the potential victim, communicating the serious, specific threat to the law enforcement agency closest to the potential victim or the client.

(d) For purposes of this section, "licensee" includes practicum psychology students, predoctoral psychology interns, and individuals who have earned a doctoral degree in psychology and are in the process of completing their postdoctoral supervised psychological employment in order to qualify for licensure.

Sec. 2. Minnesota Statutes 2014, section 148B.1751, is amended to read:

**148B.1751 DUTY TO WARN.**

(a) A licensee must comply with the duty to warn established in section 148.975.

(b) For purposes of this section, "licensee" includes students or interns practicing marriage and family therapy under qualified supervision as part of an accredited educational program or under a supervised postgraduate experience in marriage and family therapy required for licensure.

Sec. 3. Minnesota Statutes 2014, section 148F.13, subdivision 2, is amended to read:

Subd. 2. **Duty to warn; limitation on liability.** (a) Private information may be disclosed without the consent of the client when a duty to warn arises, or as otherwise provided by law or court order. The duty to warn of, or take reasonable precautions to provide protection from, violent behavior arises only when a client or other person has communicated to the provider a specific, serious threat of physical violence to self or a specific, clearly identified or identifiable potential victim. If a duty to warn arises, the duty is discharged by the provider if reasonable efforts are made to communicate the threat to law enforcement agencies, the potential victim, the family of the client, or appropriate third parties who are in a position to prevent or avert the harm. No monetary liability and no cause of action or disciplinary action by the board may arise against a provider for disclosure of confidences to third parties, for failure to disclose confidences to third parties, or for erroneous disclosure of confidences to third parties in a good faith effort to warn against or take precautions against a client's violent behavior or threat of suicide.

(b) For purposes of this subdivision, "provider" includes alcohol and drug counseling practicum students and individuals who are participating in a postdegree professional practice in alcohol and drug counseling."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed and the amendment was adopted.

Freiberg offered an amendment to S. F. No. 2414, the second engrossment, as amended.

## POINT OF ORDER

Dean, M., raised a point of order pursuant to rule 4.03, relating to Ways and Means Committee; Budget Resolution; Effect on Expenditure and Revenue Bills, that the Freiberg amendment was not in order. Speaker pro tempore Sanders ruled the point of order well taken and the Freiberg amendment out of order.

Poppe was excused for the remainder of today's session.

S. F. No. 2414, A bill for an act relating to human services; modifying the office of ombudsman for long-term care, mental health treatment services, and miscellaneous policy provisions; amending Minnesota Statutes 2014, sections 148.975, subdivision 1; 148B.1751; 148F.13, subdivision 2; 245.462, subdivision 18; 245.4871, subdivision 27; 245A.11, subdivision 2a; 256.974; 256.9741, subdivision 5, by adding subdivisions; 256.9742; 256B.0622, as amended; 256B.0947, subdivision 2; Minnesota Statutes 2015 Supplement, sections 256.01, subdivision 12a; 256B.0911, subdivision 3a; 256I.04, subdivision 2a; 402A.18, subdivision 3.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 130 yeas and 0 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Davnie | Hansen | Lillie | Nelson | Schultz |
| Allen | Dean, M. | Hausman | Loeffler | Newberger | Scott |
| Anderson, C. | Dehn, R. | Heintzeman | Lohmer | Newton | Selcer |
| Anderson, M. | Dettmer | Hertaus | Loon | Nornes | Simonson |
| Anderson, P. | Drazkowski | Hilstrom | Loonan | Norton | Slocum |
| Anderson, S. | Ecklund | Hoppe | Lucero | O'Driscoll | Smith |
| Anzelc | Erhardt | Hornstein | Lueck | O'Neill | Sundin |
| Applebaum | Erickson | Hortman | Mack | Pelowski | Swedzinski |
| Atkins | Fabian | Howe | Mahoney | Persell | Theis |
| Backer | Fenton | Isaacson | Mariani | Petersburg | Torkelson |
| Baker | Fischer | Johnson, B. | Marquart | Peterson | Uglem |
| Barrett | Flanagan | Johnson, C. | Masin | Pierson | Urdahl |
| Bennett | Franson | Johnson, S. | McDonald | Pinto | Vogel |
| Bernardy | Freiberg | Kahn | McNamara | Poppe | Wagenius |
| Bly | Garofalo | Kelly | Melin | Pugh | Ward |
| Carlson | Green | Kiel | Metsa | Quam | Whelan |
| Christensen | Gruenhagen | Koznick | Miller | Rarick | Wills |
| Clark | Gunther | Kresha | Moran | Rosenthal | Yarusso |
| Considine | Hackbarth | Laine | Mullery | Runbeck | Youakim |
| Cornish | Halverson | Lesch | Murphy, E. | Sanders | Zerwas |
| Daniels | Hamilton | Liebling | Murphy, M. | Schoen | |
| Davids | Hancock | Lien | Nash | Schomacker | |

The bill was passed, as amended, and its title agreed to.

S. F. No. 3131, A bill for an act relating to local government; listing reimbursable costs for purposes of a power purchase agreement; authorizing an increase in Hibbing's Public Utility Commission membership; abolishing and replacing existing council member wards of the city of Hibbing; changing form of government of the city of Hibbing; amending Minnesota Statutes 2014, section 216B.2424, subdivision 5a; Laws 1949, chapter 422, section 2, as amended.

The bill was read for the third time and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 89 yeas and 40 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Allen | Daniels | Heintzeman | Lillie | Nelson | Schoen |
| Anderson, C. | Davids | Hilstrom | Loeffler | Newberger | Schultz |
| Anderson, P. | Davnie | Hornstein | Lueck | Newton | Selcer |
| Anderson, S. | Dehn, R. | Hortman | Mack | Nornes | Simonson |
| Anzelc | Ecklund | Howe | Mahoney | Norton | Slocum |
| Applebaum | Erhardt | Isaacson | Mariani | O'Driscoll | Sundin |
| Atkins | Fischer | Johnson, B. | Marquart | Pelowski | Swedzinski |
| Backer | Flanagan | Johnson, C. | Masin | Persell | Theis |
| Bennett | Freiberg | Johnson, S. | McDonald | Petersburg | Torkelson |
| Bernardy | Garofalo | Kahn | Melin | Pierson | Urdahl |
| Bly | Gunther | Kiel | Metsa | Pinto | Wagenius |
| Carlson | Halverson | Laine | Moran | Rarick | Ward |
| Clark | Hamilton | Lesch | Mullery | Rosenthal | Yarusso |
| Considine | Hansen | Liebling | Murphy, E. | Runbeck | Youakim |
| Cornish | Hausman | Lien | Murphy, M. | Sanders | |

Those who voted in the negative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Drazkowski | Hackbarth | Lohmer | O'Neill | Uglem |
| Anderson, M. | Erickson | Hancock | Loon | Peterson | Vogel |
| Baker | Fabian | Hertaus | Loonan | Pugh | Whelan |
| Barrett | Fenton | Hoppe | Lucero | Quam | Wills |
| Christensen | Franson | Kelly | McNamara | Schomacker | Zerwas |
| Dean, M. | Green | Koznick | Miller | Scott | |
| Dettmer | Gruenhagen | Kresha | Nash | Smith | |

The bill was passed and its title agreed to.

S. F. No. 3113, A bill for an act relating to legislative enactments; correcting erroneous, ambiguous, and omitted text and obsolete references; removing redundant, conflicting, and superseded provisions; making miscellaneous corrections to laws, statutes, and rules; amending Minnesota Statutes 2014, sections 3.739, subdivision 2a; 3.7394, subdivision 3; 3.855, subdivision 4; 3.8851, subdivision 1; 3A.02, subdivision 1; 10A.09, subdivision 5; 12.38; 13.08, subdivision 4; 13.321, subdivision 7; 13.3806, by adding a subdivision; 13.46, subdivision 1; 13.461, subdivision 16, by adding a subdivision; 13.6435, by adding a subdivision; 14.03, subdivision 1; 15.06, subdivision 8; 16A.124, subdivisions 4a, 4b; 16A.131, subdivision 2; 16B.58, subdivision 5; 40A.04, subdivision 1; 41A.12, subdivision 2; 43A.01, subdivision 2; 45.011, subdivision 1; 62A.046, subdivision 4; 62A.095, subdivision 1; 62D.04, subdivisions 3, 5; 62D.09, subdivision 8; 62E.02, subdivision 13; 62E.11, subdivision 5; 62E.14, subdivision 4e; 62J.497, subdivision 2; 62J.60, subdivisions 2a, 3; 62J.70, subdivision 2; 62J.701; 62J.81,

subdivision 2; 62L.03, subdivision 3; 62M.07; 62N.40; 62Q.03, subdivision 5a; 62Q.18, subdivision 1; 62Q.19, subdivision 2a; 62Q.22, subdivision 8; 62Q.37, subdivision 1; 62Q.47; 62Q.73, subdivision 2; 62Q.80, subdivision 5; 62U.01, subdivision 12; 62U.10, subdivision 5; 85A.05, subdivisions 4, 5, 6; 115A.551, subdivisions 3, 4, 5; 116.07, subdivision 5; 116.42; 116.43; 116.77; 116A.24, subdivision 2; 119A.04, subdivision 2; 122A.09, subdivision 10; 122A.21, subdivision 1; 123B.57, subdivision 3; 124D.50, subdivision 4; 124D.895, subdivision 3; 125A.51; 127A.45, subdivision 11; 134.32, subdivision 8; 136A.128, subdivision 2; 144.1222, subdivision 2a; 144.225, subdivisions 2, 2a; 144.414, subdivision 2; 144.4812; 144.608, subdivision 1; 144.651, subdivision 2; 144A.04, subdivision 7; 144A.10, subdivision 4; 144A.105, subdivision 1; 144A.43, subdivision 22; 144A.442; 144A.4792, subdivision 13; 144D.01, subdivision 4; 144E.285, subdivision 2; 144G.03, subdivision 2; 145.4133; 145.61, subdivision 5; 146A.11, subdivision 1; 147A.08; 147B.03, subdivision 1; 148.519, subdivision 1; 148.741; 150A.06, subdivision 2d; 151.55, subdivision 6; 153A.15, subdivision 1; 155A.23, subdivision 5a; 155A.355, subdivisions 1, 2; 168B.07, subdivision 3; 174.06, subdivision 2; 176.105, subdivision 4; 196.05, subdivision 1; 201.225, subdivision 2; 216B.1636, subdivision 1; 221.025; 239.7911, subdivision 2; 241.021, subdivision 4a; 244.05, subdivision 8; 244.054, subdivision 2; 245.466, subdivision 7; 245.467, subdivision 2; 245.4682, subdivision 3; 245.4712, subdivision 3; 245.4871, subdivision 32; 245.4876, subdivision 2; 245.826; 245.94, subdivision 1; 245A.03, subdivisions 2a, 2b, 4, 5, 6; 245A.14, subdivision 10; 245D.06, subdivisions 6, 8; 252.28, subdivision 3; 252.451, subdivision 1; 253B.03, subdivision 10; 253B.064, subdivision 1; 253B.18, subdivision 5a; 253C.01, subdivision 1; 254B.03, subdivision 4; 254B.04, subdivision 1; 256.01, subdivisions 2, 2b, 18, 18a, 39; 256.014, subdivision 1; 256.015, subdivisions 1, 3; 256.019, subdivision 1; 256.029; 256.045, subdivisions 3a, 3b, 10; 256.046, subdivision 1; 256.9365, subdivision 3; 256.962, subdivisions 1, 5; 256.9655, subdivision 1; 256.9686, subdivision 7; 256.98, subdivisions 3, 8; 256.99; 256.991; 256.997, subdivision 4; 256B.02, subdivision 9; 256B.03, subdivision 3; 256B.035; 256B.037, subdivisions 1, 5; 256B.04, subdivision 14; 256B.042, subdivisions 1, 3; 256B.043, subdivision 1; 256B.056, subdivision 6; 256B.0625, subdivisions 3, 3c, 5, 25a, 34; 256B.0636; 256B.0653, subdivision 2; 256B.0659, subdivision 22; 256B.075, subdivisions 2, 3; 256B.0751, subdivision 1; 256B.092, subdivision 4a; 256B.093, subdivision 3; 256B.0947, subdivision 3a; 256B.15, subdivisions 1, 1a, 2; 256B.19, subdivision 2c; 256B.25, subdivision 3; 256B.37, subdivision 2; 256B.438, subdivision 4; 256B.47, subdivisions 1, 3, 4; 256B.4914, subdivision 9; 256B.50, subdivision 1a; 256B.501, subdivision 11; 256B.5013, subdivision 1; 256B.69, subdivision 5; 256B.691; 256B.71, subdivision 4; 256B.73, subdivisions 4, 8; 256B.76, subdivision 5; 256B.77, subdivisions 10, 26; 256C.30; 256G.01, subdivision 4; 256G.02, subdivisions 4, 6; 256G.03, subdivision 2; 256I.05, subdivision 1a; 256J.01, subdivision 5; 256J.08, subdivision 73; 256J.24, subdivision 7; 256J.396, subdivision 1; 256J.68, subdivision 6; 256L.03, subdivision 3; 256L.09, subdivision 1; 256L.12, subdivisions 4, 5; 256M.10, subdivision 2; 257C.03, subdivision 7; 260.785, subdivision 3; 260.795, subdivision 2; 260B.188, subdivision 1; 260C.188, subdivision 1; 268.19, subdivision 1; 268A.01, subdivision 14; 270C.721; 271.06, subdivision 7; 271.07; 272.02, subdivision 10; 273.032; 287.29, subdivision 1; 289A.08, subdivisions 1, 7; 289A.12, subdivision 14; 289A.50, subdivision 10; 290.01, subdivisions 22, 29a; 290.06, subdivisions 2c, 22; 290.067, subdivision 1; 290.0674, subdivision 1; 290.0675, subdivision 1; 290.0802, subdivisions 1, 2; 290.091, subdivisions 2, 3, 6; 290.0921, subdivision 3; 290.311, subdivision 1; 290.9727, subdivision 3; 290.9728, subdivision 2; 290.9729, subdivision 2; 291.031; 297A.70, subdivision 11; 297B.01, subdivision 14; 297E.01, subdivision 8; 298.01, subdivisions 3b, 4b, 4c; 298.223, subdivision 1; 298.28, subdivision 4; 298.294; 298.2961, subdivision 4; 303.16, subdivision 2; 319B.02, subdivision 19; 325E.34, subdivision 1; 326B.31, subdivision 15; 326B.42, subdivision 6; 326B.91, subdivision 8; 326B.92, subdivision 2; 327C.02, subdivision 5; 349.12, subdivision 25; 355.01, subdivision 3e; 383B.213; 383D.65, subdivision 3; 389.03; 412.191, subdivision 1; 412.581; 414.0325, subdivision 5; 446A.072, subdivision 14; 469.056, subdivision 1; 469.1734, subdivisions 5, 6, 7; 469.1735, subdivision 1; 469.1763, subdivision 2; 473.388, subdivision 4; 473.39, subdivision 1; 473.8441, subdivision 1; 480.35, subdivision 2; 484.87, subdivision 5; 517.08, subdivision 4; 524.2-215; 525.313; 550.37, subdivision 14; 557.021; 609.232, subdivisions 3, 11; 609.495, subdivision 1; 609B.127; 609B.132; 609B.425, subdivision 2; 611A.52, subdivision 8; 641.15, subdivision 2; 641.155; Minnesota Statutes 2015 Supplement, sections 13.46, subdivision 2; 41A.15, subdivision 10; 41A.17, subdivision 1; 62A.045; 62J.692, subdivision 4; 62Q.37, subdivision 2; 116D.04, subdivision 2a; 116J.549, subdivision 2; 119B.011, subdivision 15; 120B.301; 123B.595, subdivision 11; 125A.11, subdivision 1; 125A.76, subdivision 2c; 125A.79, subdivision 1;

144.551, subdivision 1; 151.37, subdivision 2; 200.02, subdivision 23; 245.4661, subdivisions 6, 9; 245A.02, subdivision 21; 245D.06, subdivision 7; 245D.061, subdivision 1; 246.18, subdivision 8; 256B.038; 256B.0622, subdivision 2; 256B.0625, subdivision 20; 256B.0915, subdivisions 3a, 3e, 3h; 256B.431, subdivision 2b; 256B.50, subdivision 1; 256B.765; 256B.85, subdivisions 17, 18a; 256I.04, subdivisions 3, 4; 256I.05, subdivision 1c; 260C.221; 261.23; 290.01, subdivision 19; 290.0671, subdivision 1; 501C.0103; 501C.0111; 604.175; 624.713, subdivision 1; 626.556, subdivision 3c; 626.5572, subdivisions 6, 21; Laws 2010, chapter 216, section 12; Laws 2015, chapter 77, article 1, section 11, subdivision 4; proposing coding for new law in Minnesota Statutes, chapter 290; repealing Minnesota Statutes 2014, sections 13.319, subdivision 6; 13.3806, subdivision 18; 13.598, subdivision 4; 13.6905, subdivision 23; 40A.03; 93.223, subdivision 2; 127A.48, subdivision 9; 147.031; 148.232; 245.482, subdivision 5; 256.966, subdivision 1; 256B.0645; 259.24, subdivision 8; 290.01, subdivisions 19a, 19b, 19c, 19d; 297A.71, subdivisions 42, 46, 47; 298.2961, subdivisions 5, 6, 7; 383B.926; 386.23; 507.30; 507.37; 557.07; Laws 2014, chapter 286, article 6, section 2; Laws 2015, chapter 45, section 17; Laws 2015, chapter 68, article 14, section 8.

The bill was read for the third time and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 128 yeas and 1 nay as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Davnie | Hausman | Loeffler | Newberger | Selcer |
| Allen | Dehn, R. | Heintzeman | Lohmer | Newton | Simonson |
| Anderson, C. | Dettmer | Hertaus | Loon | Nornes | Slocum |
| Anderson, M. | Drazkowski | Hilstrom | Loonan | Norton | Smith |
| Anderson, P. | Ecklund | Hoppe | Lucero | O'Driscoll | Sundin |
| Anderson, S. | Erhardt | Hornstein | Lueck | O'Neill | Swedzinski |
| Anzelc | Erickson | Hortman | Mack | Pelowski | Theis |
| Applebaum | Fabian | Howe | Mahoney | Persell | Torkelson |
| Atkins | Fenton | Isaacson | Mariani | Petersburg | Uglem |
| Backer | Fischer | Johnson, B. | Marquart | Peterson | Urdahl |
| Baker | Flanagan | Johnson, C. | Masin | Pierson | Vogel |
| Barrett | Franson | Johnson, S. | McDonald | Pinto | Wagenius |
| Bennett | Freiberg | Kahn | McNamara | Pugh | Ward |
| Bernardy | Garofalo | Kelly | Melin | Quam | Whelan |
| Bly | Green | Kiel | Metsa | Rarick | Wills |
| Carlson | Gruenhagen | Koznick | Miller | Rosenthal | Yarusso |
| Christensen | Gunther | Kresha | Moran | Runbeck | Youakim |
| Clark | Hackbarth | Laine | Mullery | Sanders | Zerwas |
| Considine | Halverson | Lesch | Murphy, E. | Schoen | |
| Cornish | Hamilton | Liebling | Murphy, M. | Schomacker | |
| Daniels | Hancock | Lien | Nash | Schultz | |
| Davids | Hansen | Lillie | Nelson | Scott | |

Those who voted in the negative were:

Dean, M.

The bill was passed and its title agreed to.

REPORT FROM THE COMMITTEE ON RULES
AND LEGISLATIVE ADMINISTRATION

Peppin from the Committee on Rules and Legislative Administration, pursuant to rules 1.21 and 3.33, designated the following bills to be placed on the Calendar for the Day for Sunday, May 22, 2016 and established a prefiling requirement for amendments offered to the following bills:

S. F. Nos. 588, 877, 2752, 2791 and 3483.

There being no objection, the order of business reverted to Messages from the Senate.

## MESSAGES FROM THE SENATE

The following message was received from the Senate:

Mr. Speaker:

I hereby announce the passage by the Senate of the following House File, herewith returned, as amended by the Senate, in which amendments the concurrence of the House is respectfully requested:

H. F. No. 2955, A bill for an act relating to human rights; establishing requirement for demand letter involving architectural barriers limiting accessibility; providing for accessibility audits; amending Minnesota Statutes 2014, section 363A.28, subdivision 3; proposing coding for new law in Minnesota Statutes, chapter 363A.

JOANNE M. ZOFF, Secretary of the Senate

CONCURRENCE AND REPASSAGE

Smith moved that the House concur in the Senate amendments to H. F. No. 2955 and that the bill be repassed as amended by the Senate. The motion prevailed.

Melin was excused for the remainder of today's session.

H. F. No. 2955, A bill for an act relating to human rights; establishing requirements for disability discrimination claims related to architectural barriers; requiring certain notices in building inspection reports; amending Minnesota Statutes 2014, section 363A.28, subdivision 3; proposing coding for new law in Minnesota Statutes, chapter 363A.

The bill was read for the third time, as amended by the Senate, and placed upon its repassage.

The question was taken on the repassage of the bill and the roll was called. There were 129 yeas and 0 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Davnie | Hansen | Lillie | Newberger | Selcer |
| Allen | Dean, M. | Hausman | Loeffler | Newton | Simonson |
| Anderson, C. | Dehn, R. | Heintzeman | Lohmer | Nornes | Slocum |
| Anderson, M. | Dettmer | Hertaus | Loon | Norton | Smith |
| Anderson, P. | Drazkowski | Hilstrom | Loonan | O'Driscoll | Sundin |
| Anderson, S. | Ecklund | Hoppe | Lucero | O'Neill | Swedzinski |
| Anzelc | Erhardt | Hornstein | Lueck | Pelowski | Theis |
| Applebaum | Erickson | Hortman | Mack | Persell | Thissen |
| Atkins | Fabian | Howe | Mahoney | Petersburg | Torkelson |
| Backer | Fenton | Isaacson | Mariani | Peterson | Uglem |
| Baker | Fischer | Johnson, B. | Marquart | Pierson | Urdahl |
| Barrett | Flanagan | Johnson, C. | Masin | Pinto | Vogel |
| Bennett | Franson | Johnson, S. | McDonald | Pugh | Wagenius |
| Bernardy | Freiberg | Kahn | McNamara | Quam | Ward |
| Bly | Garofalo | Kelly | Metsa | Rarick | Whelan |
| Carlson | Green | Kiel | Miller | Rosenthal | Wills |
| Christensen | Gruenhagen | Koznick | Moran | Runbeck | Yarusso |
| Clark | Gunther | Kresha | Mullery | Sanders | Youakim |
| Considine | Hackbarth | Laine | Murphy, E. | Schoen | Zerwas |
| Cornish | Halverson | Lesch | Murphy, M. | Schomacker | |
| Daniels | Hamilton | Liebling | Nash | Schultz | |
| Davids | Hancock | Lien | Nelson | Scott | |

The bill was repassed, as amended by the Senate, and its title agreed to.

## MOTIONS AND RESOLUTIONS

Kiel moved that the name of Johnson, C., be added as an author on H. F. No. 963. The motion prevailed.

Miller moved that the name of Moran be added as an author on H. F. No. 3191. The motion prevailed.

Hansen moved that the name of Laine be added as an author on H. F. No. 4017. The motion prevailed.

### SUSPENSION OF RULES

Pursuant to rule 4.30, Cornish moved that the rules be so far suspended so that S. F. No. 3481 be recalled from the Committee on Public Safety and Crime Prevention Policy and Finance, be given its second reading and be placed on the General Register. The motion prevailed.

S. F. No. 3481 was read for the second time.

## DECLARATION OF URGENCY

Pursuant to Article IV, Section 19, of the Constitution of the state of Minnesota, Cornish moved that the rule therein be suspended and an urgency be declared and that the rules of the House be so far suspended so that S. F. No. 3481 be given its third reading and be placed upon its final passage. The motion prevailed.

S. F. No. 3481, A bill for an act relating to criminal justice; modifying the thresholds for certain controlled substance crimes; creating new offenses specific to the possession of marijuana plants; creating a new offense for possessing trace amounts of certain controlled substances; eliminating mandatory minimum sentences for lower level controlled substance crimes; establishing a new account in the state treasury; appropriating money while reducing other appropriations; amending Minnesota Statutes 2014, sections 152.01, subdivision 16a, by adding a subdivision; 152.021; 152.022; 152.023; 152.024; 152.025; 152.026; 152.092; 152.18, subdivision 1; 244.0513, subdivisions 2, 5; 244.09, subdivision 6; 388.051; 609.11, subdivisions 5a, 8; proposing coding for new law in Minnesota Statutes, chapter 299A; repealing Minnesota Statutes 2014, section 244.0513, subdivision 6.

The bill was read for the third time and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 129 yeas and 0 nays as follows:

Those who voted in the affirmative were:

| | | | | | |
|---|---|---|---|---|---|
| Albright | Davnie | Hansen | Lillie | Newberger | Selcer |
| Allen | Dean, M. | Hausman | Loeffler | Newton | Simonson |
| Anderson, C. | Dehn, R. | Heintzeman | Lohmer | Nornes | Slocum |
| Anderson, M. | Dettmer | Hertaus | Loon | Norton | Smith |
| Anderson, P. | Drazkowski | Hilstrom | Loonan | O'Driscoll | Sundin |
| Anderson, S. | Ecklund | Hoppe | Lucero | O'Neill | Swedzinski |
| Anzelc | Erhardt | Hornstein | Lueck | Pelowski | Theis |
| Applebaum | Erickson | Hortman | Mack | Persell | Thissen |
| Atkins | Fabian | Howe | Mahoney | Petersburg | Torkelson |
| Backer | Fenton | Isaacson | Mariani | Peterson | Uglem |
| Baker | Fischer | Johnson, B. | Marquart | Pierson | Urdahl |
| Barrett | Flanagan | Johnson, C. | Masin | Pinto | Vogel |
| Bennett | Franson | Johnson, S. | McDonald | Pugh | Wagenius |
| Bernardy | Freiberg | Kahn | McNamara | Quam | Ward |
| Bly | Garofalo | Kelly | Metsa | Rarick | Whelan |
| Carlson | Green | Kiel | Miller | Rosenthal | Wills |
| Christensen | Gruenhagen | Koznick | Moran | Runbeck | Yarusso |
| Clark | Gunther | Kresha | Mullery | Sanders | Youakim |
| Considine | Hackbarth | Laine | Murphy, E. | Schoen | Zerwas |
| Cornish | Halverson | Lesch | Murphy, M. | Schomacker | |
| Daniels | Hamilton | Liebling | Nash | Schultz | |
| Davids | Hancock | Lien | Nelson | Scott | |

The bill was passed and its title agreed to.

## ADJOURNMENT

McNamara moved that when the House adjourns today it adjourn until 11:00 a.m., Saturday, May 21, 2016. The motion prevailed.

McNamara moved that the House adjourn. The motion prevailed, and Speaker pro tempore Sanders declared the House stands adjourned until 11:00 a.m., Saturday, May 21, 2016.

PATRICK D. MURPHY, Chief Clerk, House of Representatives