1.1 Senator .... moves to amend S.F. No. 2505 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 **"ARTICLE 1**

1.4 **HEALTH CARE**

1.5 Section 1. Minnesota Statutes 2016, section 3.3005, subdivision 8, is amended to read:

1.6 Subd. 8. **Request contents.** A request to spend federal funds submitted under this section
1.7 must include the name of the federal grant, the federal agency from which the funds are
1.8 available, a federal identification number, a brief description of the purpose of the grant,
1.9 the amounts expected by fiscal year, an indication if any state match is required, an indication
1.10 if there is a maintenance of effort requirement, and the number of full-time equivalent
1.11 positions needed to implement the grant. For new grants, the request must provide a narrative
1.12 description of the short- and long-term commitments required, including whether continuation
1.13 of any full-time equivalent positions will be a condition of receiving the federal award.

1.14 Sec. 2. **[62J.90] MINNESOTA HEALTH POLICY COMMISSION.**

1.15 Subdivision 1. **Definition.** For purposes of this section, "commission" means the
1.16 Minnesota Health Policy Commission.

1.17 Subd. 2. **Commission membership.** The commission shall consist of 15 voting members,
1.18 appointed by the Legislative Coordinating Commission as provided in subdivision 9, as
1.19 follows:

1.20 (1) one member with demonstrated expertise in health care finance;

1.21 (2) one member with demonstrated expertise in health economics;

1.22 (3) one member with demonstrated expertise in actuarial science;

1.23 (4) one member with demonstrated expertise in health plan management and finance;

1.24 (5) one member with demonstrated expertise in health care system management;

1.25 (6) one member with demonstrated expertise as a purchaser, or a representative of a
1.26 purchaser, of employer-sponsored health care services or employer-sponsored health
1.27 insurance;

1.28 (7) one member with demonstrated expertise in the development and utilization of
1.29 innovative medical technologies;

1.30 (8) one member with demonstrated expertise as a health care consumer advocate;

2.1 (9) one member who is a primary care physician;

2.2 (10) one member who provides long-term care services through medical assistance;

2.3 (11) one member with direct experience as an enrollee, or parent or caregiver of an
2.4 enrollee, in MinnesotaCare or medical assistance;

2.5 (12) two members of the senate, including one member appointed by the majority leader
2.6 and one member from the minority party appointed by the minority leader; and

2.7 (13) two members of the house of representatives, including one member appointed by
2.8 the speaker of the house of representatives and one member from the minority party appointed
2.9 by the minority leader.

2.10 Subd. 3. **Duties.** (a) The commission shall:

2.11 (1) compare Minnesota's private market health care costs and public health care program
2.12 spending to that of the other states;

2.13 (2) compare Minnesota's private market health care costs and public health care program
2.14 spending in any given year to its costs and spending in previous years;

2.15 (3) identify factors that influence and contribute to Minnesota's ranking for private
2.16 market health care costs and public health care program spending, including the year over
2.17 year and trend line change in total costs and spending in the state;

2.18 (4) continually monitor efforts to reform the health care delivery and payment system
2.19 in Minnesota to understand emerging trends in the health insurance market, including the
2.20 private health care market, large self-insured employers, and the state's public health care
2.21 programs in order to identify opportunities for state action to achieve:

2.22 (i) improved patient experience of care, including quality and satisfaction;

2.23 (ii) improved health of all populations; and

2.24 (iii) reduced per capita cost of health care;

2.25 (5) make recommendations for legislative policy, the health care market, or any other
2.26 reforms to:

2.27 (i) lower the rate of growth in private market health care costs and public health care
2.28 program spending in the state;

2.29 (ii) positively impact the state's ranking in the areas listed in this subdivision; and

2.30 (iii) improve the quality and value of care for all Minnesotans; and

3.1 (6) conduct any additional reviews requested by the legislature.

3.2 (b) In making recommendations to the legislature, the commission shall consider:

3.3 (i) how the recommendations might positively impact the cost-shifting interplay between
3.4 public payer reimbursement rates and health insurance premiums; and

3.5 (ii) how public health care programs, where appropriate, may be utilized as a means to
3.6 help prepare enrollees for an eventual transition to the private health care market.

3.7 Subd. 4. **Report.** The commission shall submit recommendations for changes in health
3.8 care policy and financing by June 15 each year to the chairs and ranking minority members
3.9 of the legislative committees with primary jurisdiction over health care. The report shall
3.10 include any draft legislation to implement the commission's recommendations.

3.11 Subd. 5. **Staff.** The commission shall hire a director who may employ or contract for
3.12 professional and technical assistance as the commission determines necessary to perform
3.13 its duties. The commission may also contract with private entities with expertise in health
3.14 economics, health finance, and actuarial science to secure additional information, data,
3.15 research, or modeling that may be necessary for the commission to carry out its duties.

3.16 Subd. 6. **Access to information.** The commission may secure directly from a state
3.17 department or agency information and data that is necessary for the commission to carry
3.18 out its duties. All private data on individuals, and all nonpublic data on health plan companies
3.19 and employer-sponsored health insurance plans collected by the commission may not be
3.20 disclosed to any person or agency unless it is de-identified. For purposes of this section,
3.21 "de-identified" means the process used to prevent the identity of a person or business from
3.22 being connected with information and ensuring all identifiable information has been removed.

3.23 Subd. 7. **Terms; vacancies; compensation.** (a) Public members of the commission shall
3.24 serve four-year terms. The public members may not serve for more than two consecutive
3.25 terms.

3.26 (b) The legislative members shall serve on the commission as long as the member or
3.27 the appointing authority holds office.

3.28 (c) The removal of members and filling of vacancies on the commission are as provided
3.29 in section 15.059.

3.30 (d) Public members may receive compensation and expenses as provided in section
3.31 15.059, subdivision 3.

4.1 Subd. 8. **Chairs; officers.** The commission shall elect a chair annually. The commission
4.2 may elect other officers necessary for the performance of its duties.

4.3 Subd. 9. **Selection of members; advisory council.** The Legislative Coordinating
4.4 Commission shall take applications from members of the public who are qualified and
4.5 interested to serve in one of the listed positions. The applications must be reviewed by a
4.6 health policy commission advisory council comprised of four members as follows: the state
4.7 economist, legislative auditor, state demographer, and the president of the Federal Reserve
4.8 Bank of Minneapolis or a designee of the president. The advisory council shall recommend
4.9 two applicants for each of the specified positions by September 30 in the calendar year
4.10 preceding the end of the members' terms. The Legislative Coordinating Commission shall
4.11 appoint one of the two recommended applicants to the commission.

4.12 Subd. 10. **Meetings.** The commission shall meet at least four times each year.
4.13 Commission meetings are subject to chapter 13D except when the meetings pertain to
4.14 matters relating to data that must be de-identified.

4.15 Subd. 11. **Conflict of interest.** A member of the commission may not participate in or
4.16 vote on a decision of the commission relating to an organization in which the member has
4.17 either a direct or indirect financial interest.

4.18 Subd. 12. **Expiration.** The commission shall expire on June 15, 2034.

4.19 Sec. 3. Minnesota Statutes 2016, section 256.01, is amended by adding a subdivision to
4.20 read:

4.21 Subd. 17a. **Transfers for routine administrative operations.** (a) Unless specifically
4.22 authorized by law, the commissioner may only transfer money from the general fund to any
4.23 other fund for routine administrative operations and may not transfer money from the general
4.24 fund to any other fund without approval from the commissioner of management and budget.
4.25 If the commissioner of management and budget determines that a transfer proposed by the
4.26 commissioner is necessary for routine administrative operations of the Department of Human
4.27 Services, the commissioner may approve the transfer. If the commissioner of management
4.28 and budget determines that the transfer proposed by the commissioner is not necessary for
4.29 routine administrative operations of the Department of Human Services, the commissioner
4.30 may not approve the transfer unless the requirements of paragraph (b) are met.

4.31 (b) If the commissioner of management and budget determines that a transfer under
4.32 paragraph (a) is not necessary for routine administrative operations of the Department of
4.33 Human Services, the commissioner may request approval of the transfer from the Legislative

5.1 Advisory Commission under section 3.30. To request approval of a transfer from the
5.2 Legislative Advisory Commission, the commissioner must submit a request that includes
5.3 the amount of the transfer, the budget activity and fund from which money would be
5.4 transferred and the budget activity and fund to which money would be transferred, an
5.5 explanation of the administrative necessity of the transfer, and a statement from the
5.6 commissioner of management and budget explaining why the transfer is not necessary for
5.7 routine administrative operations of the Department of Human Services. The Legislative
5.8 Advisory Commission shall review the proposed transfer and make a recommendation
5.9 within 20 days of the request from the commissioner. If the Legislative Advisory Commission
5.10 makes a positive recommendation or no recommendation, the commissioner may approve
5.11 the transfer. If the Legislative Advisory Commission makes a negative recommendation or
5.12 a request for more information, the commissioner may not approve the transfer. A
5.13 recommendation of the Legislative Advisory Commission must be made by a majority of
5.14 the commission and must be made at a meeting of the commission unless a written
5.15 recommendation is signed by a majority of the commission members required to vote on
5.16 the question. If the commission makes a negative recommendation or a request for more
5.17 information, the commission may withdraw or change its recommendation.

5.18 Sec. 4. Minnesota Statutes 2016, section 256B.04, subdivision 14, is amended to read:

5.19 Subd. 14. **Competitive bidding.** (a) When determined to be effective, economical, and
5.20 feasible, the commissioner may utilize volume purchase through competitive bidding and
5.21 negotiation under the provisions of chapter 16C, to provide items under the medical assistance
5.22 program including but not limited to the following:

5.23 (1) eyeglasses;

5.24 (2) oxygen. The commissioner shall provide for oxygen needed in an emergency situation
5.25 on a short-term basis, until the vendor can obtain the necessary supply from the contract
5.26 dealer;

5.27 (3) hearing aids and supplies; and

5.28 (4) durable medical equipment, including but not limited to:

5.29 (i) hospital beds;

5.30 (ii) commodes;

5.31 (iii) glide-about chairs;

5.32 (iv) patient lift apparatus;

(v) wheelchairs and accessories;

(vi) oxygen administration equipment;

(vii) respiratory therapy equipment;

(viii) electronic diagnostic, therapeutic and life-support systems;

(5) nonemergency medical transportation level of need determinations, disbursement of public transportation passes and tokens, and volunteer and recipient mileage and parking reimbursements; and

(6) drugs.

(b) Rate changes and recipient cost-sharing under this chapter and chapter 256L do not affect contract payments under this subdivision unless specifically identified.

(c) The commissioner may not utilize volume purchase through competitive bidding and negotiation ~~for special transportation services~~ under the provisions of chapter 16C, for special transportation services or incontinence products and related supplies.

Sec. 5. Minnesota Statutes 2017 Supplement, section 256B.0625, subdivision 3b, is amended to read:

Subd. 3b. **Telemedicine services.** (a) Medical assistance covers medically necessary services and consultations delivered by a licensed health care provider via telemedicine in the same manner as if the service or consultation was delivered in person. Coverage is limited to three telemedicine services per enrollee per calendar week, except as provided in paragraph (f). Telemedicine services shall be paid at the full allowable rate.

(b) The commissioner shall establish criteria that a health care provider must attest to in order to demonstrate the safety or efficacy of delivering a particular service via telemedicine. The attestation may include that the health care provider:

(1) has identified the categories or types of services the health care provider will provide via telemedicine;

(2) has written policies and procedures specific to telemedicine services that are regularly reviewed and updated;

(3) has policies and procedures that adequately address patient safety before, during, and after the telemedicine service is rendered;

(4) has established protocols addressing how and when to discontinue telemedicine services; and

(5) has an established quality assurance process related to telemedicine services.

(c) As a condition of payment, a licensed health care provider must document each occurrence of a health service provided by telemedicine to a medical assistance enrollee. Health care service records for services provided by telemedicine must meet the requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must document:

(1) the type of service provided by telemedicine;

(2) the time the service began and the time the service ended, including an a.m. and p.m. designation;

(3) the licensed health care provider's basis for determining that telemedicine is an appropriate and effective means for delivering the service to the enrollee;

(4) the mode of transmission of the telemedicine service and records evidencing that a particular mode of transmission was utilized;

(5) the location of the originating site and the distant site;

(6) if the claim for payment is based on a physician's telemedicine consultation with another physician, the written opinion from the consulting physician providing the telemedicine consultation; and

(7) compliance with the criteria attested to by the health care provider in accordance with paragraph (b).

(d) For purposes of this subdivision, unless otherwise covered under this chapter, "telemedicine" is defined as the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between licensed health care providers, or a licensed health care provider and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.

(e) For purposes of this section, "licensed health care provider" means a licensed health care provider under section 62A.671, subdivision 6~~, and~~<u>; a community paramedic as defined under section 144E.001, subdivision 5f; or</u> a mental health practitioner defined under section 245.462, subdivision 17, or 245.4871, subdivision 26, working under the general supervision

8.1 of a mental health professional; "health care provider" is defined under section 62A.671,
8.2 subdivision 3; and "originating site" is defined under section 62A.671, subdivision 7.

8.3 (f) The limit on coverage of three telemedicine services per enrollee per calendar week
8.4 does not apply if:

8.5 (1) the telemedicine services provided by the licensed health care provider are for the
8.6 treatment and control of tuberculosis; and

8.7 (2) the services are provided in a manner consistent with the recommendations and best
8.8 practices specified by the Centers for Disease Control and Prevention.

8.9 Sec. 6. Minnesota Statutes 2016, section 256B.0625, subdivision 58, is amended to read:

8.10 Subd. 58. **Early and periodic screening, diagnosis, and treatment services.** (a) Medical
8.11 assistance covers early and periodic screening, diagnosis, and treatment services (EPSDT).
8.12 The payment amount for a complete EPSDT screening shall not include charges for health
8.13 care services and products that are available at no cost to the provider and shall not exceed
8.14 the rate established per Minnesota Rules, part 9505.0445, item M, effective October 1, 2010.

8.15 (b) A provider is not required to perform as part of an EPSDT screening any of the
8.16 recommendations that were added on or after January 1, 2017, to the child and teen checkup
8.17 program periodicity schedule, in order to receive the full payment amount for a complete
8.18 EPSDT screening. This paragraph expires January 1, 2021.

8.19 (c) The commissioner shall inform the chairs and ranking minority members of the
8.20 legislative committees with jurisdiction over health and human services of any new
8.21 recommendations added to an EPSDT screening after January 1, 2018, that the provider is
8.22 required to perform as part of an EPSDT screening to receive the full payment amount.

8.23 Sec. 7. **[256B.758] REIMBURSEMENT FOR DOULA SERVICES.**

8.24 Effective for services provided on or after July 1, 2018, payments for doula services
8.25 provided by a certified doula shall be $47 per prenatal or postpartum visit, up to a total of
8.26 six visits; and $488 for attending and providing doula services at a birth.

8.27 Sec. 8. Laws 2017, First Special Session chapter 6, article 4, section 61, is amended to
8.28 read:

8.29 Sec. 61. **CAPITATION PAYMENT DELAY.**

8.30 (a) The commissioner of human services shall delay the medical assistance capitation
8.31 payment to managed care plans and county-based purchasing plans due in May 2019 until

9.1 July 1, 2019. The payment shall be made no earlier than July 1, 2019, and no later than July
9.2 31, 2019.

9.3 (b) The commissioner of human services shall delay the medical assistance capitation
9.4 payment to managed care plans and county-based purchasing plans due in May 2021 until
9.5 July 1, 2021. The payment shall be made no earlier than July 1, 2021, and no later than July
9.6 31, 2021. This paragraph does not apply to the capitation payment for adults without
9.7 dependent children.

9.8 Sec. 9. **FIRST APPOINTMENTS; FIRST MEETING.**

9.9 The Health Policy Commission Advisory Council shall make its recommendations under
9.10 Minnesota Statutes, section 62J.90, subdivision 9, for candidates to serve on the Minnesota
9.11 Health Policy Commission, to the Legislative Coordinating Commission by September 30,
9.12 2018. The Legislative Coordinating Commission shall make the first appointments of public
9.13 members to the Minnesota Health Policy Commission, under Minnesota Statutes, section
9.14 62J.90, by January 15, 2019. The Legislative Coordinating Commission shall designate five
9.15 members to serve terms that are coterminous with the governor and six members to serve
9.16 terms that end on the first Monday in January one year after the terms of the other members
9.17 conclude. The director of the Legislative Coordinating Commission shall convene the first
9.18 meeting of the Minnesota Health Policy Commission by June 15, 2019, and shall act as the
9.19 chair until the commission elects a chair at its first meeting.

9.20 Sec. 10. **REPEALER.**

9.21 Minnesota Statutes 2017 Supplement, section 256B.0625, subdivision 31c, is repealed.

9.22 **ARTICLE 2**

9.23 **HEALTH DEPARTMENT**

9.24 Section 1. Minnesota Statutes 2017 Supplement, section 103I.005, subdivision 2, is
9.25 amended to read:

9.26 Subd. 2. **Boring.** "Boring" means a hole or excavation that ~~is not used to extract water~~
9.27 ~~and~~ includes exploratory borings, bored geothermal heat exchangers, temporary borings,
9.28 and elevator borings.

Sec. 2. Minnesota Statutes 2017 Supplement, section 103I.005, subdivision 8a, is amended to read:

Subd. 8a. **Environmental well.** "Environmental well" means an excavation 15 or more feet in depth that is drilled, cored, bored, washed, driven, dug, jetted, or otherwise constructed to:

(1) conduct physical, chemical, or biological testing of groundwater, and includes a groundwater quality monitoring or sampling well;

(2) lower a groundwater level to control or remove contamination in groundwater, and includes a remedial well and excludes horizontal trenches; or

(3) monitor or measure physical, chemical, radiological, or biological parameters of the earth and earth fluids, or for vapor recovery or venting systems. An environmental well includes an excavation used to:

(i) measure groundwater levels, including a piezometer;

(ii) determine groundwater flow direction or velocity;

(iii) measure earth properties such as hydraulic conductivity, bearing capacity, or resistance;

(iv) obtain samples of geologic materials for testing or classification; or

(v) remove or remediate pollution or contamination from groundwater or soil through the use of a vent, vapor recovery system, or sparge point.

An environmental well does not include an exploratory boring.

Sec. 3. Minnesota Statutes 2017 Supplement, section 103I.005, subdivision 17a, is amended to read:

Subd. 17a. **Temporary ~~environmental well~~ boring.** ~~"Temporary environmental well" means an environmental well as defined in section 103I.005, subdivision 8a, that is sealed within 72 hours of the time construction on the well begins.~~ "Temporary boring" means an excavation that is 15 feet or more in depth that is sealed within 72 hours of the start of construction and is drilled, cored, washed, driven, dug, jetted, or otherwise constructed to:

(1) conduct physical, chemical, or biological testing of groundwater, including groundwater quality monitoring;

11.1 (2) monitor or measure physical, chemical, radiological, or biological parameters of
11.2 earth materials or earth fluids, including hydraulic conductivity, bearing capacity, or
11.3 resistance;

11.4 (3) measure groundwater levels, including use of a piezometer;

11.5 (4) determine groundwater flow direction or velocity; or

11.6 (5) collect samples of geologic materials for testing or classification, or soil vapors for
11.7 testing or extraction.

11.8 Sec. 4. Minnesota Statutes 2017 Supplement, section 103I.205, subdivision 1, is amended
11.9 to read:

11.10 Subdivision 1. **Notification required.** (a) Except as provided in paragraph (d), a person
11.11 may not construct a water-supply, dewatering, or environmental well until a notification of
11.12 the proposed well on a form prescribed by the commissioner is filed with the commissioner
11.13 with the filing fee in section 103I.208, and, when applicable, the person has met the
11.14 requirements of paragraph (e). If after filing the well notification an attempt to construct a
11.15 well is unsuccessful, a new notification is not required unless the information relating to
11.16 the successful well has substantially changed. A notification is not required prior to
11.17 construction of a temporary ~~environmental well~~ boring.

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

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

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

12.1 (e) When the operation of a well will require an appropriation permit from the
12.2 commissioner of natural resources, a person may not begin construction of the well until
12.3 the person submits the following information to the commissioner of natural resources:

12.4 (1) the location of the well;

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

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

12.8 (4) other information requested by the commissioner of natural resources that is necessary
12.9 to conduct the preliminary assessment required under section 103G.287, subdivision 1,
12.10 paragraph (c).

12.11 The person may begin construction after receiving preliminary approval from the
12.12 commissioner of natural resources.

12.13 Sec. 5. Minnesota Statutes 2017 Supplement, section 103I.205, subdivision 4, is amended
12.14 to read:

12.15 Subd. 4. **License required.** (a) Except as provided in paragraph (b), (c), (d), or (e),
12.16 section 103I.401, subdivision 2, or 103I.601, subdivision 2, a person may not drill, construct,
12.17 repair, or seal a well or boring unless the person has a well contractor's license in possession.

12.18 (b) A person may construct, repair, and seal an environmental well or temporary boring
12.19 if the person:

12.20 (1) is a professional engineer licensed under sections 326.02 to 326.15 in the branches
12.21 of civil or geological engineering;

12.22 (2) is a hydrologist or hydrogeologist certified by the American Institute of Hydrology;

12.23 (3) is a professional geoscientist licensed under sections 326.02 to 326.15;

12.24 (4) is a geologist certified by the American Institute of Professional Geologists; or

12.25 (5) meets the qualifications established by the commissioner in rule.

12.26 A person must be licensed by the commissioner as an environmental well contractor on
12.27 forms provided by the commissioner.

12.28 (c) A person may do the following work with a limited well/boring contractor's license
12.29 in possession. A separate license is required for each of the four activities:

(1) installing, repairing, and modifying well screens, pitless units and pitless adaptors, well pumps and pumping equipment, and well casings from the pitless adaptor or pitless unit to the upper termination of the well casing;

(2) sealing wells and borings;

(3) constructing, repairing, and sealing dewatering wells; or

(4) constructing, repairing, and sealing bored geothermal heat exchangers.

(d) A person may construct, repair, and seal an elevator boring with an elevator boring contractor's license.

(e) Notwithstanding other provisions of this chapter requiring a license, a license is not required for a person who complies with the other provisions of this chapter if the person is:

(1) an individual who constructs a water-supply well on land that is owned or leased by the individual and is used by the individual for farming or agricultural purposes or as the individual's place of abode;

(2) an individual who performs labor or services for a contractor licensed under the provisions of this chapter in connection with the construction, sealing, or repair of a well or boring at the direction and under the personal supervision of a contractor licensed under the provisions of this chapter; or

(3) a licensed plumber who is repairing submersible pumps or water pipes associated with well water systems if: (i) the repair location is within an area where there is no licensed well contractor within 50 miles, and (ii) the licensed plumber complies with all relevant sections of the plumbing code.

Sec. 6. Minnesota Statutes 2017 Supplement, section 103I.208, subdivision 1, is amended to read:

Subdivision 1. **Well notification fee.** The well notification fee to be paid by a property owner is:

(1) for construction of a water supply well, $275, which includes the state core function fee;

(2) for a well sealing, $75 for each well or boring, which includes the state core function fee, except that a single fee of $75 is required for all temporary ~~environmental wells~~ borings recorded on the sealing notification for a single property~~, having depths within a 25 foot range, and~~ sealed within 72 hours of start of construction, except that temporary borings

14.1 less than 25 feet in depth are exempt from the notification and fee requirements in this
14.2 chapter;

14.3 (3) for construction of a dewatering well, $275, which includes the state core function
14.4 fee, for each dewatering well except a dewatering project comprising five or more dewatering
14.5 wells shall be assessed a single fee of $1,375 for the dewatering wells recorded on the
14.6 notification; and

14.7 (4) for construction of an environmental well, $275, which includes the state core function
14.8 fee, except that a single fee of $275 is required for all environmental wells recorded on the
14.9 notification that are located on a single property, and except that no fee is required for
14.10 construction of a temporary ~~environmental well~~ boring.

14.11 Sec. 7. Minnesota Statutes 2017 Supplement, section 103I.235, subdivision 3, is amended
14.12 to read:

14.13 Subd. 3. **Temporary ~~environmental well~~ boring and unsuccessful well exemption.**
14.14 This section does not apply to temporary ~~environmental wells~~ borings or unsuccessful wells
14.15 that have been sealed by a licensed contractor in compliance with this chapter.

14.16 Sec. 8. Minnesota Statutes 2016, section 103I.301, subdivision 6, is amended to read:

14.17 Subd. 6. **Notification required.** A person may not seal a well or boring until a notification
14.18 of the proposed sealing is filed as prescribed by the commissioner. Temporary borings less
14.19 than 25 feet in depth are exempt from the notification requirements in this chapter.

14.20 Sec. 9. Minnesota Statutes 2017 Supplement, section 103I.601, subdivision 4, is amended
14.21 to read:

14.22 Subd. 4. **Notification and map of borings.** (a) By ten days before beginning exploratory
14.23 boring, an explorer must submit to the commissioner of health a notification of the proposed
14.24 boring ~~on a form prescribed by the commissioner,~~ map and a fee of $275 ~~for each exploratory~~
14.25 ~~boring~~.

14.26 (b) By ten days before beginning exploratory boring, an explorer must submit to the
14.27 commissioners of health and natural resources a county road map on a single sheet of paper
14.28 that is eight and one-half by 11 inches in size and having a scale of one-half inch equal to
14.29 one mile, as prepared by the Department of Transportation, or a 7.5 minute series topographic
14.30 map (1:24,000 scale), as prepared by the United States Geological Survey, showing the
14.31 location of each proposed exploratory boring to the nearest estimated 40 acre parcel.

15.1 Exploratory boring that is proposed on the map may not be commenced later than 180 days
15.2 after submission of the map, unless a new map is submitted.

15.3 Sec. 10. Minnesota Statutes 2016, section 144.121, subdivision 1a, is amended to read:

15.4 Subd. 1a. **Fees for ionizing radiation-producing equipment.** (a) A facility with ionizing
15.5 radiation-producing equipment must pay an annual initial or annual renewal registration
15.6 fee consisting of a base facility fee of $100 and an additional fee for each radiation source,
15.7 as follows:

15.8	(1) medical or veterinary equipment	$ 100
15.9	(2) dental x-ray equipment	$ 40
15.10 15.11	(3) x-ray equipment not used on humans or animals	$ 100
15.12 15.13 15.14	(4) devices with sources of ionizing radiation not used on humans or animals	$ 100
15.15	(5) security screening system	$ 100

15.16 (b) A facility with radiation therapy and accelerator equipment must pay an annual
15.17 registration fee of $500. A facility with an industrial accelerator must pay an annual
15.18 registration fee of $150.

15.19 (c) Electron microscopy equipment is exempt from the registration fee requirements of
15.20 this section.

15.21 (d) For purposes of this section, a security screening system means radiation-producing
15.22 equipment designed and used for security screening of humans who are in custody of a
15.23 correctional or detention facility, and is used by the facility to image and identify contraband
15.24 items concealed within or on all sides of a human body. For purposes of this section, a
15.25 correctional or detention facility is a facility licensed by the commissioner of corrections
15.26 under section 241.021, and operated by a state agency or political subdivision charged with
15.27 detection, enforcement, or incarceration in respect to state criminal and traffic laws.

15.28 Sec. 11. Minnesota Statutes 2016, section 144.121, is amended by adding a subdivision
15.29 to read:

15.30 Subd. 9. **Exemption from examination requirements; operators of security screening**
15.31 **systems.** (a) An employee of a correctional or detention facility who operates a security
15.32 screening system and the facility in which the system is being operated are exempt from
15.33 the requirements of subdivisions 5 and 6.

16.1 (b) An employee of a correctional or detention facility who operates a security screening
16.2 system and the facility in which the system is being operated must meet the requirements
16.3 of a variance to Minnesota Rules, parts 4732.0305 and 4732.0565, issued under Minnesota
16.4 Rules, parts 4717.7000 to 4717.7050. This paragraph expires on December 31 of the year
16.5 that the permanent rules adopted by the commissioner governing security screening systems
16.6 are published in the State Register.

16.7 **EFFECTIVE DATE.** This section is effective 30 days following final enactment.

16.8 Sec. 12. **[144.397] STATEWIDE TOBACCO CESSATION SERVICES.**

16.9 (a) The commissioner of health shall administer, or contract for the administration of,
16.10 statewide tobacco cessation services to assist Minnesotans who are seeking advice or services
16.11 to help them quit using tobacco products. The commissioner shall establish statewide public
16.12 awareness activities to inform the public of the availability of the services and encourage
16.13 the public to utilize the services because of the dangers and harm of tobacco use and
16.14 dependence.

16.15 (b) Services to be provided may include, but are not limited to:

16.16 (1) telephone-based coaching and counseling;

16.17 (2) referrals;

16.18 (3) written materials mailed upon request;

16.19 (4) Web-based texting or e-mail services; and

16.20 (5) free Food and Drug Administration-approved tobacco cessation medications.

16.21 (c) Services provided must be consistent with evidence-based best practices in tobacco
16.22 cessation services. Services provided must be coordinated with employer, health plan
16.23 company, and private sector tobacco prevention and cessation services that may be available
16.24 to individuals depending on their employment or health coverage.

16.25 Sec. 13. Laws 2017, First Special Session chapter 6, article 10, section 144, is amended
16.26 to read:

16.27 Sec. 144. **OPIOID ABUSE PREVENTION PILOT PROJECTS.**

16.28 (a) The commissioner of health shall establish opioid abuse prevention pilot projects in
16.29 geographic areas throughout the state based on the most recently available data on opioid
16.30 overdose and abuse rates, to reduce opioid abuse through the use of controlled substance
16.31 care teams and community-wide coordination of abuse-prevention initiatives. The

17.1 commissioner shall award grants to health care providers, health plan companies, local units
17.2 of government, tribal governments, or other entities to establish pilot projects.

17.3 (b) Each pilot project must:

17.4 (1) be designed to reduce emergency room and other health care provider visits resulting
17.5 from opioid use or abuse, and reduce rates of opioid addiction in the community;

17.6 (2) establish multidisciplinary controlled substance care teams, that may consist of
17.7 physicians, pharmacists, social workers, nurse care coordinators, and mental health
17.8 professionals;

17.9 (3) deliver health care services and care coordination, through controlled substance care
17.10 teams, to reduce the inappropriate use of opioids by patients and rates of opioid addiction;

17.11 (4) address any unmet social service needs that create barriers to managing pain
17.12 effectively and obtaining optimal health outcomes;

17.13 (5) provide prescriber and dispenser education and assistance to reduce the inappropriate
17.14 prescribing and dispensing of opioids;

17.15 (6) promote the adoption of best practices related to opioid disposal and reducing
17.16 opportunities for illegal access to opioids; and

17.17 (7) engage partners outside of the health care system, including schools, law enforcement,
17.18 and social services, to address root causes of opioid abuse and addiction at the community
17.19 level.

17.20 (c) The commissioner shall contract with an accountable community for health that
17.21 operates an opioid abuse prevention project, and can document success in reducing opioid
17.22 use through the use of controlled substance care teams, to assist the commissioner in
17.23 administering this section, and to provide technical assistance to the commissioner and to
17.24 entities selected to operate a pilot project.

17.25 (d) The contract under paragraph (c) shall require the accountable community for health
17.26 to evaluate the extent to which the pilot projects were successful in reducing the inappropriate
17.27 use of opioids. The evaluation must analyze changes in the number of opioid prescriptions,
17.28 the number of emergency room visits related to opioid use, and other relevant measures.
17.29 The accountable community for health shall report evaluation results to the chairs and
17.30 ranking minority members of the legislative committees with jurisdiction over health and
17.31 human services policy and finance and public safety by December 15, 2019, for projects
17.32 that received funding in fiscal year 2018, and by December 15, 2021, for projects that
17.33 received funding in fiscal year 2019.

18.1 (e) The commissioner may award one grant that, in addition to the other requirements
18.2 of this section, allows a root cause approach to reduce opioid abuse in an American Indian
18.3 community.

18.4 Sec. 14. **LOW-VALUE HEALTH SERVICES STUDY.**

18.5 (a) The commissioner of health shall examine and analyze:

18.6 (1) the alignment in health care delivery with specific best practices guidelines or
18.7 recommendations; and

18.8 (2) health care services and procedures for purposes of identifying, measuring, and
18.9 potentially eliminating those services or procedures with low value and little benefit to
18.10 patients. The commissioner shall update and expand on previous work completed by the
18.11 Department of Health on the prevalence and costs of low-value health care services in
18.12 Minnesota.

18.13 (b) Notwithstanding Minnesota Statutes, section 62U.04, subdivision 11, the
18.14 commissioner may use the Minnesota All Payer Claims Database (MN APCD) to conduct
18.15 the analysis using the most recent data available and may limit the claims research to the
18.16 Minnesota All Payer Claims Database.

18.17 (c) The commissioner may convene a work group of no more than eight members with
18.18 demonstrated knowledge and expertise in health care delivery systems, clinical experience,
18.19 or research experience to make recommendations on services and procedures for the
18.20 commissioner to analyze under paragraph (a).

18.21 (d) The commissioner shall submit a preliminary report to the chairs and ranking minority
18.22 members of the legislative committees with jurisdiction over health care by February 1,
18.23 2019, outlining the work group's recommendations and any early findings from the analysis.
18.24 The commissioner shall submit a final report containing the completed analysis by January
18.25 15, 2020. The commissioner may release select research findings as a result of this study
18.26 throughout the study and analytic process and shall provide the public an opportunity to
18.27 comment on any research findings before the release of any finding.

18.28 Sec. 15. **OPIOID OVERDOSE REDUCTION PILOT PROGRAM.**

18.29 Subdivision 1. **Establishment.** The commissioner of health shall provide grants to
18.30 ambulance services to fund activities by community paramedic teams to reduce opioid
18.31 overdoses in the state. Under this pilot program, ambulance services shall develop and
18.32 implement projects in which community paramedics connect with patients who are discharged

19.1 from a hospital or emergency department following an opioid overdose episode, develop
19.2 personalized care plans for those patients, in consultation with the ambulance service medical
19.3 director, and provide follow-up services to those patients.

19.4 Subd. 2. **Priority areas; services.** (a) In a project developed under this section, an
19.5 ambulance service must target community paramedic team services to portions of the service
19.6 area with high levels of opioid use, high death rates from opioid overdoses, and urgent needs
19.7 for interventions.

19.8 (b) In a project developed under this section, a community paramedic team shall:

19.9 (1) provide services to patients released from a hospital or emergency department
19.10 following an opioid overdose episode and place priority on serving patients who were
19.11 administered the opiate antagonist naloxone hydrochloride by emergency medical services
19.12 personnel in response to a 911 call during the opioid overdose episode;

19.13 (2) provide the following evaluations during an initial home visit: a home safety
19.14 assessment including whether there is a need to dispose of prescription drugs that are expired
19.15 or no longer needed; medication compliance; an HIV risk assessment; instruction on the
19.16 use of naloxone hydrochloride; and a basic needs assessment;

19.17 (3) provide patients with health assessments, chronic disease monitoring and education,
19.18 and assistance in following hospital discharge orders; and

19.19 (4) work with a multidisciplinary team to address the overall physical and mental health
19.20 needs of patients and health needs related to substance use disorder treatment.

19.21 (c) An ambulance service receiving a grant under this section may use grant funds to
19.22 cover the cost of evidence-based training in opioid addiction and recovery treatment.

19.23 Subd. 3. **Evaluation.** An ambulance service that receives a grant under this section shall
19.24 evaluate the extent to which the project was successful in reducing the number of opioid
19.25 overdoses and opioid overdose deaths among patients who received services and in reducing
19.26 the inappropriate use of opioids by patients who received services. The commissioner of
19.27 health shall develop specific evaluation measures and reporting timelines for ambulance
19.28 services receiving grants. Ambulance services shall submit the information required by the
19.29 commissioner to the commissioner and the commissioner shall submit a summary of the
19.30 information reported by the ambulance services to the chairs and ranking minority members
19.31 of the legislative committees with jurisdiction over health and human services by December
19.32 1, 2019.

20.1 Sec. 16. **RULEMAKING.**

20.2 The commissioner of health may adopt permanent rules to implement Minnesota Statutes,
20.3 section 144.121, subdivision 9, by December 31, 2020. If the commissioner of health does
20.4 not adopt rules by December 31, 2020, rulemaking authority under this section is repealed.
20.5 Rulemaking authority under this section is not continuing authority to amend or repeal the
20.6 rule. Any additional action on rules once adopted must be pursuant to specific statutory
20.7 authority to take the additional action.

20.8 **ARTICLE 3**

20.9 **HEALTH COVERAGE**

20.10 Section 1. Minnesota Statutes 2016, section 62A.30, is amended by adding a subdivision
20.11 to read:

20.12 Subd. 4. **Mammograms.** (a) For purposes of subdivision 2, coverage for a preventive
20.13 mammogram screening shall include digital breast tomosynthesis for enrollees at risk for
20.14 breast cancer, and shall be covered as a preventive item or service, as described under section
20.15 62Q.46.

20.16 (b) For purposes of this subdivision, "digital breast tomosynthesis" means a radiologic
20.17 procedure that involves the acquisition of projection images over the stationary breast to
20.18 produce cross-sectional digital three-dimensional images of the breast. "At risk for breast
20.19 cancer" means:

20.20 (1) having a family history with one or more first or second degree relatives with breast
20.21 cancer;

20.22 (2) testing positive for BRCA1 or BRCA2 mutations;

20.23 (3) having heterogeneously dense breasts or extremely dense breasts based on the Breast
20.24 Imaging Reporting and Data System established by the American College of Radiology; or

20.25 (4) having a previous diagnosis of breast cancer.

20.26 (c) This subdivision does not apply to coverage provided through a public health care
20.27 program under chapter 256B or 256L.

20.28 **EFFECTIVE DATE.** This section is effective January 1, 2019, and applies to health
20.29 plans issued, sold, or renewed on or after that date.

21.1 Sec. 2. **[62J.824] FACILITY FEE DISCLOSURE.**

21.2 (a) Prior to the delivery of nonemergency services, a provider-based clinic that charges
21.3 a facility fee shall provide notice to any patient stating that the clinic is part of a hospital
21.4 and the patient may receive a separate charge or billing for the facility component, which
21.5 may result in a higher out-of-pocket expense.

21.6 (b) Each health care facility must post prominently in locations easily accessible to and
21.7 visible by patients, including its Web site, a statement that the provider-based clinic is part
21.8 of a hospital and the patient may receive a separate charge or billing for the facility, which
21.9 may result in a higher out-of-pocket expense.

21.10 (c) This section does not apply to laboratory services, imaging services, or other ancillary
21.11 health services that are provided by staff who are not employed by the health care facility
21.12 or clinic.

21.13 (d) For purposes of this section:

21.14 (1) "facility fee" means any separate charge or billing by a provider-based clinic in
21.15 addition to a professional fee for physicians' services that is intended to cover building,
21.16 electronic medical records systems, billing, and other administrative and operational
21.17 expenses; and

21.18 (2) "provider-based clinic" means the site of an off-campus clinic or provider office
21.19 located at least 250 yards from the main hospital buildings or as determined by the Centers
21.20 for Medicare and Medicaid Services, that is owned by a hospital licensed under chapter 144
21.21 or a health system that operates one or more hospitals licensed under chapter 144, and is
21.22 primarily engaged in providing diagnostic and therapeutic care, including medical history,
21.23 physical examinations, assessment of health status, and treatment monitoring. This definition
21.24 does not include clinics that are exclusively providing laboratory, x-ray, testing, therapy,
21.25 pharmacy, or educational services and does not include facilities designated as rural health
21.26 clinics.

21.27 Sec. 3. **[62Q.184] STEP THERAPY OVERRIDE.**

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

21.30 (b) "Clinical practice guideline" means a systematically developed statement to assist
21.31 health care providers and enrollees in making decisions about appropriate health care services
21.32 for specific clinical circumstances and conditions developed independently of a health plan
21.33 company, pharmaceutical manufacturer, or any entity with a conflict of interest.

22.1 (c) "Clinical review criteria" means the written screening procedures, decision abstracts,
22.2 clinical protocols, and clinical practice guidelines used by a health plan company to determine
22.3 the medical necessity and appropriateness of health care services.

22.4 (d) "Health plan company" has the meaning given in section 62Q.01, subdivision 4, but
22.5 does not include a managed care organization or county-based purchasing plan participating
22.6 in a public program under chapters 256B or 256L, or an integrated health partnership under
22.7 section 256B.0755.

22.8 (e) "Step therapy protocol" means a protocol or program that establishes the specific
22.9 sequence in which prescription drugs for a specified medical condition, including
22.10 self-administered and physician-administered drugs, are medically appropriate for a particular
22.11 enrollee and are covered under a health plan.

22.12 (f) "Step therapy override" means that the step therapy protocol is overridden in favor
22.13 of coverage of the selected prescription drug of the prescribing health care provider because
22.14 at least one of the conditions of subdivision 3, paragraph (a), exists.

22.15 Subd. 2. **Establishment of a step therapy protocol.** A health plan company shall
22.16 consider available recognized evidence-based and peer-reviewed clinical practice guidelines
22.17 when establishing a step therapy protocol. Upon written request of an enrollee, a health plan
22.18 company shall provide any clinical review criteria applicable to a specific prescription drug
22.19 covered by the health plan.

22.20 Subd. 3. **Step therapy override process; transparency.** (a) When coverage of a
22.21 prescription drug for the treatment of a medical condition is restricted for use by a health
22.22 plan company through the use of a step therapy protocol, enrollees and prescribing health
22.23 care providers shall have access to a clear, readily accessible, and convenient process to
22.24 request a step therapy override. The process shall be made easily accessible on the health
22.25 plan company's Web site. A health plan company may use its existing medical exceptions
22.26 process to satisfy this requirement. A health plan company shall grant an override to the
22.27 step therapy protocol if at least one of the following conditions exist:

22.28 (1) the prescription drug required under the step therapy protocol is contraindicated
22.29 pursuant to the pharmaceutical manufacturer's prescribing information for the drug or, due
22.30 to a documented adverse event with a previous use or a documented medical condition,
22.31 including a comorbid condition, is likely to do any of the following:

22.32 (i) cause an adverse reaction to the enrollee;

23.1 (ii) decrease the ability of the enrollee to achieve or maintain reasonable functional
23.2 ability in performing daily activities; or

23.3 (iii) cause physical or mental harm to the enrollee;

23.4 (2) the enrollee has had a trial of the required prescription drug covered by their current
23.5 or previous health plan, or another prescription drug in the same pharmacologic class or
23.6 with the same mechanism of action, and was adherent during such trial for a period of time
23.7 sufficient to allow for a positive treatment outcome, and the prescription drug was
23.8 discontinued by the enrollee's health care provider due to lack of effectiveness, or an adverse
23.9 event. This clause does not prohibit a health plan company from requiring an enrollee to
23.10 try another drug in the same pharmacologic class or with the same mechanism of action if
23.11 that therapy sequence is supported by the evidence-based and peer-reviewed clinical practice
23.12 guideline, Food and Drug Administration label, or pharmaceutical manufacturer's prescribing
23.13 information; or

23.14 (3) the enrollee is currently receiving a positive therapeutic outcome on a prescription
23.15 drug for the medical condition under consideration if, while on their current health plan or
23.16 the immediately preceding health plan, the enrollee received coverage for the prescription
23.17 drug and the enrollee's prescribing health care provider gives documentation to the health
23.18 plan company that the change in prescription drug required by the step therapy protocol is
23.19 expected to be ineffective or cause harm to the enrollee based on the known characteristics
23.20 of the specific enrollee and the known characteristics of the required prescription drug.

23.21 (b) Upon granting a step therapy override, a health plan company shall authorize coverage
23.22 for the prescription drug if the prescription drug is a covered prescription drug under the
23.23 enrollee's health plan.

23.24 (c) The enrollee, or the prescribing health care provider if designated by the enrollee,
23.25 may appeal the denial of a step therapy override by a health plan company using the
23.26 complaint procedure under sections 62Q.68 to 62Q.73.

23.27 (d) In a denial of an override request and any subsequent appeal, a health plan company's
23.28 decision must specifically state why the step therapy override request did not meet the
23.29 condition under paragraph (a) cited by the prescribing health care provider in requesting
23.30 the step therapy override and information regarding the procedure to request external review
23.31 of the denial pursuant to section 62Q.73. A denial of a request for a step therapy override
23.32 that is upheld on appeal is a final adverse determination for purposes of section 62Q.73 and
23.33 is eligible for a request for external review by an enrollee pursuant to section 62Q.73.

24.1 (e) A health plan company shall respond to a step therapy override request or an appeal
24.2 within five days of receipt of a complete request. In cases where exigent circumstances
24.3 exist, a health plan company shall respond within 72 hours of receipt of a complete request.
24.4 If a health plan company does not send a response to the enrollee or prescribing health care
24.5 provider if designated by the enrollee within the time allotted, the override request or appeal
24.6 is granted and binding on the health plan company.

24.7 (f) Step therapy override requests must be accessible to and submitted by health care
24.8 providers, and accepted by group purchasers electronically through secure electronic
24.9 transmission, as described under section 62J.497, subdivision 5.

24.10 (g) Nothing in this section prohibits a health plan company from:

24.11 (1) requesting relevant documentation from an enrollee's medical record in support of
24.12 a step therapy override request; or

24.13 (2) requiring an enrollee to try a generic equivalent drug pursuant to section 151.21, or
24.14 a biosimilar, as defined under United States Code, chapter 42, section 262(i)(2), prior to
24.15 providing coverage for the equivalent branded prescription drug.

24.16 (h) This section shall not be construed to allow the use of a pharmaceutical sample for
24.17 the primary purpose of meeting the requirements for a step therapy override.

24.18 **EFFECTIVE DATE.** This section is effective January 1, 2019, and applies to health
24.19 plans offered, issued, or sold on or after that date.

24.20 Sec. 4. Minnesota Statutes 2016, section 151.214, is amended to read:

24.21 **151.214 PAYMENT DISCLOSURE.**

24.22 Subdivision 1. **Explanation of pharmacy benefits.** A pharmacist licensed under this
24.23 chapter must provide to a patient, for each prescription dispensed where part or all of the
24.24 cost of the prescription is being paid or reimbursed by an employer-sponsored plan or health
24.25 plan company, or its contracted pharmacy benefit manager, the patient's co-payment amount
24.26 ~~and~~, the pharmacy's own usual and customary price of the prescription ~~or~~, and the net amount
24.27 the pharmacy will ~~be paid for the prescription drug~~ receive from all sources for dispensing
24.28 the prescription drug, once the claim has been completed by the patient's employer-sponsored
24.29 plan or health plan company, or its contracted pharmacy benefit manager.

24.30 Subd. 2. **No prohibition on disclosure.** No contracting agreement between an
24.31 employer-sponsored health plan or health plan company, or its contracted pharmacy benefit

25.1 manager, and a resident or nonresident pharmacy ~~registered~~ licensed under this chapter,
25.2 may prohibit ~~the~~:

25.3 (1) a pharmacy from disclosing to patients information a pharmacy is required or given
25.4 the option to provide under subdivision 1; or

25.5 (2) a pharmacist from informing a patient when the amount the patient is required to
25.6 pay under the patient's health plan for a particular drug is greater than the amount the patient
25.7 would be required to pay for the same drug if purchased out-of-pocket at the pharmacy's
25.8 usual and customary price.

25.9 Sec. 5. Minnesota Statutes 2016, section 151.71, is amended by adding a subdivision to
25.10 read:

25.11 Subd. 3. **Synchronization of refills.** (a) For purposes of this subdivision,
25.12 "synchronization" means the coordination of prescription drug refills for a patient taking
25.13 two or more medications for one or more chronic conditions, to allow the patient's
25.14 medications to be refilled on the same schedule for a given period of time.

25.15 (b) A contract between a pharmacy benefit manager and a pharmacy must allow for
25.16 synchronization of prescription drug refills for a patient on at least one occasion per year,
25.17 if the following criteria are met:

25.18 (1) the prescription drugs are covered under the patient's health plan or have been
25.19 approved by a formulary exceptions process;

25.20 (2) the prescription drugs are maintenance medications as defined by the health plan
25.21 and have one or more refills available at the time of synchronization;

25.22 (3) the prescription drugs are not Schedule II, III, or IV controlled substances;

25.23 (4) the patient meets all utilization management criteria relevant to the prescription drug
25.24 at the time of synchronization;

25.25 (5) the prescription drugs are of a formulation that can be safely split into short-fill
25.26 periods to achieve synchronization; and

25.27 (6) the prescription drugs do not have special handling or sourcing needs that require a
25.28 single, designated pharmacy to fill or refill the prescription.

25.29 (c) When necessary to permit synchronization, the pharmacy benefit manager shall apply
25.30 a prorated, daily patient cost-sharing rate to any prescription drug dispensed by a pharmacy
25.31 under this subdivision. The dispensing fee shall not be prorated, and all dispensing fees
25.32 shall be based on the number of prescriptions filled or refilled.

ARTICLE 4

HEALTH-RELATED LICENSING BOARDS

Section 1. Minnesota Statutes 2017 Supplement, section 147.01, subdivision 7, is amended to read:

Subd. 7. **Physician application and license fees.** (a) The board may charge the following nonrefundable application and license fees processed pursuant to sections 147.02, 147.03, 147.037, 147.0375, and 147.38:

(1) physician application fee, $200;

(2) physician annual registration renewal fee, $192;

(3) physician endorsement to other states, $40;

(4) physician emeritus license, $50;

(5) physician temporary license, $60;

(6) physician late fee, $60;

(7) duplicate license fee, $20;

(8) certification letter fee, $25;

(9) education or training program approval fee, $100;

(10) report creation and generation fee, $60 per hour;

(11) examination administration fee (half day), $50;

(12) examination administration fee (full day), $80; ~~and~~

(13) fees developed by the Interstate Commission for determining physician qualification to register and participate in the interstate medical licensure compact, as established in rules authorized in and pursuant to section 147.38, not to exceed $1,000~~.~~;

(14) verification fee, $25; and

(15) criminal background check fee, $32.

(b) The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fee must be deposited in an account in the state government special revenue fund.

Sec. 2. Minnesota Statutes 2016, section 147.012, is amended to read:

147.012 OVERSIGHT OF ALLIED HEALTH PROFESSIONS.

The board has responsibility for the oversight of the following allied health professions: physician assistants under chapter 147A~~;~~, acupuncture practitioners under chapter 147B~~;~~, respiratory care practitioners under chapter 147C~~;~~, traditional midwives under chapter 147D~~;~~, registered naturopathic doctors under chapter 147E~~;~~, genetic counselors under chapter 147F, and athletic trainers under sections 148.7801 to 148.7815.

Sec. 3. Minnesota Statutes 2016, section 147.02, is amended by adding a subdivision to read:

Subd. 7. **Additional renewal requirements.** (a) The licensee must maintain a correct mailing address with the board for receiving board communications, notices, and licensure renewal documents. Placing the license renewal application in first class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a license holder of the obligation to comply with this section.

(b) The names of licensees who do not return a complete license renewal application, the annual license fee, or the late application fee within 30 days shall be removed from the list of individuals authorized to practice medicine and surgery during the current renewal period. Upon reinstatement of licensure, the licensee's name will be placed on the list of individuals authorized to practice medicine and surgery.

Sec. 4. Minnesota Statutes 2016, section 147A.06, is amended to read:

147A.06 CANCELLATION OF LICENSE FOR NONRENEWAL.

Subdivision 1. **Cancellation of license.** The board shall not renew, reissue, reinstate, or restore a license that has lapsed on or after July 1, 1996, and has not been renewed within two annual renewal cycles starting July 1, 1997. A licensee whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements then in existence for an initial license to practice as a physician assistant.

Subd. 2. **Licensure following lapse of licensed status; transition.** (a) A licensee whose license has lapsed under subdivision 1 before January 1, 2019, and who seeks to regain licensed status after January 1, 2019, shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147A.29.

28.1 (b) This subdivision expires July 1, 2021.

28.2 Sec. 5. Minnesota Statutes 2016, section 147A.07, is amended to read:

28.3 **147A.07 RENEWAL.**

28.4 (a) A person who holds a license as a physician assistant shall annually, upon notification
28.5 from the board, renew the license by:

28.6 (1) submitting the appropriate fee as determined by the board;

28.7 (2) completing the appropriate forms; and

28.8 (3) meeting any other requirements of the board.

28.9 (b) A licensee must maintain a correct mailing address with the board for receiving board
28.10 communications, notices, and license renewal documents. Placing the license renewal
28.11 application in first class United States mail, addressed to the licensee at the licensee's last
28.12 known address with postage prepaid, constitutes valid service. Failure to receive the renewal
28.13 documents does not relieve a licensee of the obligation to comply with this section.

28.14 (c) The name of a licensee who does not return a complete license renewal application,
28.15 annual license fee, or late application fee, as applicable, within the time period required by
28.16 this section shall be removed from the list of individuals authorized to practice during the
28.17 current renewal period. If the licensee's license is reinstated, the licensee's name shall be
28.18 placed on the list of individuals authorized to practice.

28.19 Sec. 6. Minnesota Statutes 2017 Supplement, section 147A.28, is amended to read:

28.20 **147A.28 PHYSICIAN ASSISTANT APPLICATION AND LICENSE FEES.**

28.21 (a) The board may charge the following nonrefundable fees:

28.22 (1) physician assistant application fee, $120;

28.23 (2) physician assistant annual registration renewal fee (prescribing authority), $135;

28.24 (3) physician assistant annual registration renewal fee (no prescribing authority), $115;

28.25 (4) physician assistant temporary registration, $115;

28.26 (5) physician assistant temporary permit, $60;

28.27 (6) physician assistant locum tenens permit, $25;

28.28 (7) physician assistant late fee, $50;

28.29 (8) duplicate license fee, $20;

29.1 (9) certification letter fee, $25;

29.2 (10) education or training program approval fee, $100; ~~and~~

29.3 (11) report creation and generation fee, $60~~.~~ per hour;

29.4 (12) verification fee, $25; and

29.5 (13) criminal background check fee, $32.

29.6 (b) The board may prorate the initial annual license fee. All licensees are required to
29.7 pay the full fee upon license renewal. The revenue generated from the fees must be deposited
29.8 in an account in the state government special revenue fund.

29.9 Sec. 7. **[147A.29] LICENSE RENEWAL CYCLE CONVERSION.**

29.10 Subdivision 1. **Generally.** The license renewal cycle for physician assistant licensees
29.11 is converted to an annual cycle where renewal is due on the last day of the licensee's month
29.12 of birth. Conversion pursuant to this section begins January 1, 2019. This section governs
29.13 license renewal procedures for licensees who were licensed before December 31, 2018. The
29.14 conversion renewal cycle is the renewal cycle following the first license renewal after
29.15 January 1, 2019. The conversion license period is the license period for the conversion
29.16 renewal cycle. The conversion license period is between six and 17 months and ends the
29.17 last day of the licensee's month of birth in either 2019 or 2020, as described in subdivision
29.18 2.

29.19 Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee
29.20 whose license is current as of December 31, 2018, the licensee's conversion license period
29.21 begins on January 1, 2019, and ends on the last day of the licensee's month of birth in 2019,
29.22 except that for licensees whose month of birth is January, February, March, April, May, or
29.23 June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in
29.24 2020.

29.25 Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision
29.26 applies to an individual who was licensed before December 31, 2018, but whose license is
29.27 not current as of December 31, 2018. When the individual first renews the license after
29.28 January 1, 2019, the conversion renewal cycle begins on the date the individual applies for
29.29 renewal and ends on the last day of the licensee's month of birth in the same year, except
29.30 that if the last day of the individual's month of birth is less than six months after the date
29.31 the individual applies for renewal, then the renewal period ends on the last day of the
29.32 individual's month of birth in the following year.

30.1 Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle
30.2 under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day
30.3 of the month of the licensee's birth.

30.4 Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before
30.5 January 1, 2019, and who renews that license pursuant to subdivision 2 or 3, shall pay a
30.6 renewal fee as required in this subdivision.

30.7 (b) A licensee shall be charged the annual license fee listed in section 147A.28 for the
30.8 conversion license period.

30.9 (c) For a licensee whose conversion license period is six to 11 months, the first annual
30.10 license fee charged after the conversion license period shall be adjusted to credit the excess
30.11 fee payment made during the conversion license period. The credit is calculated by: (1)
30.12 subtracting the number of months of the licensee's conversion license period from 12; and
30.13 (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next
30.14 dollar.

30.15 (d) For a licensee whose conversion license period is 12 months, the first annual license
30.16 fee charged after the conversion license period shall not be adjusted.

30.17 (e) For a licensee whose conversion license period is 13 to 17 months, the first annual
30.18 license fee charged after the conversion license period shall be adjusted to add the annual
30.19 license fee payment for the months that were not included in the annual license fee paid for
30.20 the conversion license period. The added payment is calculated by: (1) subtracting 12 from
30.21 the number of months of the licensee's conversion license period; and (2) multiplying the
30.22 result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

30.23 (f) For the second and all subsequent license renewals made after the conversion license
30.24 period, the licensee's annual license fee is as listed in section 147A.28.

30.25 Subd. 6. **Expiration.** This section expires July 1, 2021.

30.26 Sec. 8. Minnesota Statutes 2016, section 147B.02, subdivision 9, is amended to read:

30.27 Subd. 9. **Renewal.** (a) To renew a license an applicant must:

30.28 (1) annually, or as determined by the board, complete a renewal application on a form
30.29 provided by the board;

30.30 (2) submit the renewal fee;

30.31 (3) provide documentation of current and active NCCAOM certification; or

31.1 (4) if licensed under subdivision 5 or 6, meet the same NCCAOM professional
31.2 development activity requirements as those licensed under subdivision 7.

31.3 (b) An applicant shall submit any additional information requested by the board to clarify
31.4 information presented in the renewal application. The information must be submitted within
31.5 30 days after the board's request, or the renewal request is nullified.

31.6 (c) An applicant must maintain a correct mailing address with the board for receiving
31.7 board communications, notices, and license renewal documents. Placing the license renewal
31.8 application in first class United States mail, addressed to the applicant at the applicant's last
31.9 known address with postage prepaid, constitutes valid service. Failure to receive the renewal
31.10 documents does not relieve an applicant of the obligation to comply with this section.

31.11 (d) The name of an applicant who does not return a complete license renewal application,
31.12 annual license fee, or late application fee, as applicable, within the time period required by
31.13 this section shall be removed from the list of individuals authorized to practice during the
31.14 current renewal period. If the applicant's license is reinstated, the applicant's name shall be
31.15 placed on the list of individuals authorized to practice.

31.16 Sec. 9. Minnesota Statutes 2016, section 147B.02, is amended by adding a subdivision to
31.17 read:

31.18 Subd. 12a. **Licensure following lapse of licensed status; transition.** (a) A licensee
31.19 whose license has lapsed under subdivision 4 before January 1, 2019, and who seeks to
31.20 regain licensed status after January 1, 2019, shall be treated as a first-time licensee only for
31.21 purposes of establishing a license renewal schedule, and shall not be subject to the license
31.22 cycle conversion provisions in section 147B.09.

31.23 (b) This subdivision expires July 1, 2021.

31.24 Sec. 10. Minnesota Statutes 2017 Supplement, section 147B.08, is amended to read:

31.25 **147B.08 FEES.**

31.26 Subd. 4. **Acupuncturist application and license fees.** (a) The board may charge the
31.27 following nonrefundable fees:

31.28 (1) acupuncturist application fee, $150;

31.29 (2) acupuncturist annual registration renewal fee, $150;

31.30 (3) acupuncturist temporary registration fee, $60;

31.31 (4) acupuncturist inactive status fee, $50;

32.1 (5) acupuncturist late fee, $50;

32.2 (6) duplicate license fee, $20;

32.3 (7) certification letter fee, $25;

32.4 (8) education or training program approval fee, $100; ~~and~~

32.5 (9) report creation and generation fee, $60~~.~~ per hour;

32.6 (10) verification fee, $25; and

32.7 (11) criminal background check fee, $32.

32.8 (b) The board may prorate the initial annual license fee. All licensees are required to
32.9 pay the full fee upon license renewal. The revenue generated from the fees must be deposited
32.10 in an account in the state government special revenue fund.

32.11 Sec. 11. **[147B.09] LICENSE RENEWAL CYCLE CONVERSION.**

32.12 Subdivision 1. **Generally.** The license renewal cycle for acupuncture practitioner licensees
32.13 is converted to an annual cycle where renewal is due on the last day of the licensee's month
32.14 of birth. Conversion pursuant to this section begins January 1, 2019. This section governs
32.15 license renewal procedures for licensees who were licensed before December 31, 2018. The
32.16 conversion renewal cycle is the renewal cycle following the first license renewal after
32.17 January 1, 2019. The conversion license period is the license period for the conversion
32.18 renewal cycle. The conversion license period is between six and 17 months and ends the
32.19 last day of the licensee's month of birth in either 2019 or 2020, as described in subdivision
32.20 2.

32.21 Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee
32.22 whose license is current as of December 31, 2018, the licensee's conversion license period
32.23 begins on January 1, 2019, and ends on the last day of the licensee's month of birth in 2019,
32.24 except that for licensees whose month of birth is January, February, March, April, May, or
32.25 June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in
32.26 2020.

32.27 Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision
32.28 applies to an individual who was licensed before December 31, 2018, but whose license is
32.29 not current as of December 31, 2018. When the individual first renews the license after
32.30 January 1, 2019, the conversion renewal cycle begins on the date the individual applies for
32.31 renewal and ends on the last day of the licensee's month of birth in the same year, except
32.32 that if the last day of the individual's month of birth is less than six months after the date

33.1 the individual applies for renewal, then the renewal period ends on the last day of the
33.2 individual's month of birth in the following year.

33.3 Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle
33.4 under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day
33.5 of the month of the licensee's birth.

33.6 Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before
33.7 January 1, 2019, and who renews that license pursuant to subdivision 2 or 3, shall pay a
33.8 renewal fee as required in this subdivision.

33.9 (b) A licensee shall be charged the annual license fee listed in section 147B.08 for the
33.10 conversion license period.

33.11 (c) For a licensee whose conversion license period is six to 11 months, the first annual
33.12 license fee charged after the conversion license period shall be adjusted to credit the excess
33.13 fee payment made during the conversion license period. The credit is calculated by: (1)
33.14 subtracting the number of months of the licensee's conversion license period from 12; and
33.15 (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next
33.16 dollar.

33.17 (d) For a licensee whose conversion license period is 12 months, the first annual license
33.18 fee charged after the conversion license period shall not be adjusted.

33.19 (e) For a licensee whose conversion license period is 13 to 17 months, the first annual
33.20 license fee charged after the conversion license period shall be adjusted to add the annual
33.21 license fee payment for the months that were not included in the annual license fee paid for
33.22 the conversion license period. The added payment is calculated by: (1) subtracting 12 from
33.23 the number of months of the licensee's conversion license period; and (2) multiplying the
33.24 result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

33.25 (f) For the second and all subsequent license renewals made after the conversion license
33.26 period, the licensee's annual license fee is as listed in section 147B.08.

33.27 Subd. 6. **Expiration.** This section expires July 1, 2021.

33.28 Sec. 12. Minnesota Statutes 2016, section 147C.15, subdivision 7, is amended to read:

33.29 Subd. 7. **Renewal.** (a) To be eligible for license renewal a licensee must:

33.30 (1) annually, or as determined by the board, complete a renewal application on a form
33.31 provided by the board;

33.32 (2) submit the renewal fee;

34.1 (3) provide evidence every two years of a total of 24 hours of continuing education
34.2 approved by the board as described in section 147C.25; and

34.3 (4) submit any additional information requested by the board to clarify information
34.4 presented in the renewal application. The information must be submitted within 30 days
34.5 after the board's request, or the renewal request is nullified.

34.6 (b) Applicants for renewal who have not practiced the equivalent of eight full weeks
34.7 during the past five years must achieve a passing score on retaking the credentialing
34.8 examination.

34.9 (c) A licensee must maintain a correct mailing address with the board for receiving board
34.10 communications, notices, and license renewal documents. Placing the license renewal
34.11 application in first class United States mail, addressed to the licensee at the licensee's last
34.12 known address with postage prepaid, constitutes valid service. Failure to receive the renewal
34.13 documents does not relieve a licensee of the obligation to comply with this section.

34.14 (d) The name of a licensee who does not return a complete license renewal application,
34.15 annual license fee, or late application fee, as applicable, within the time period required by
34.16 this section shall be removed from the list of individuals authorized to practice during the
34.17 current renewal period. If the licensee's license is reinstated, the licensee's name shall be
34.18 placed on the list of individuals authorized to practice.

34.19 Sec. 13. Minnesota Statutes 2016, section 147C.15, is amended by adding a subdivision
34.20 to read:

34.21 Subd. 12a. **Licensure following lapse of licensed status; transition.** (a) A licensee
34.22 whose license has lapsed under subdivision 12 before January 1, 2019, and who seeks to
34.23 regain licensed status after January 1, 2019, shall be treated as a first-time licensee only for
34.24 purposes of establishing a license renewal schedule, and shall not be subject to the license
34.25 cycle conversion provisions in Minnesota Statutes 2018, section 147C.45.

34.26 (b) This subdivision expires July 1, 2021.

34.27 Sec. 14. Minnesota Statutes 2017 Supplement, section 147C.40, is amended to read:

34.28 **147C.40 FEES.**

34.29 Subd. 5. **Respiratory therapist application and license fees.** (a) The board may charge
34.30 the following nonrefundable fees:

34.31 (1) respiratory therapist application fee, $100;

35.1 (2) respiratory therapist annual registration renewal fee, $90;

35.2 (3) respiratory therapist inactive status fee, $50;

35.3 (4) respiratory therapist temporary registration fee, $90;

35.4 (5) respiratory therapist temporary permit, $60;

35.5 (6) respiratory therapist late fee, $50;

35.6 (7) duplicate license fee, $20;

35.7 (8) certification letter fee, $25;

35.8 (9) education or training program approval fee, $100; ~~and~~

35.9 (10) report creation and generation fee, $60~~.~~ per hour;

35.10 (11) verification fee, $25; and

35.11 (12) criminal background check fee, $32.

35.12 (b) The board may prorate the initial annual license fee. All licensees are required to
35.13 pay the full fee upon license renewal. The revenue generated from the fees must be deposited
35.14 in an account in the state government special revenue fund.

35.15 Sec. 15. **[147C.45] LICENSE RENEWAL CYCLE CONVERSION.**

35.16 Subdivision 1. **Generally.** The license renewal cycle for respiratory care practitioner
35.17 licensees is converted to an annual cycle where renewal is due on the last day of the licensee's
35.18 month of birth. Conversion pursuant to this section begins January 1, 2019. This section
35.19 governs license renewal procedures for licensees who were licensed before December 31,
35.20 2018. The conversion renewal cycle is the renewal cycle following the first license renewal
35.21 after January 1, 2019. The conversion license period is the license period for the conversion
35.22 renewal cycle. The conversion license period is between six and 17 months and ends the
35.23 last day of the licensee's month of birth in either 2019 or 2020, as described in subdivision
35.24 2.

35.25 Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee
35.26 whose license is current as of December 31, 2018, the licensee's conversion license period
35.27 begins on January 1, 2019, and ends on the last day of the licensee's month of birth in 2019,
35.28 except that for licensees whose month of birth is January, February, March, April, May, or
35.29 June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in
35.30 2020.

36.1 Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision
36.2 applies to an individual who was licensed before December 31, 2018, but whose license is
36.3 not current as of December 31, 2018. When the individual first renews the license after
36.4 January 1, 2019, the conversion renewal cycle begins on the date the individual applies for
36.5 renewal and ends on the last day of the licensee's month of birth in the same year, except
36.6 that if the last day of the individual's month of birth is less than six months after the date
36.7 the individual applies for renewal, then the renewal period ends on the last day of the
36.8 individual's month of birth in the following year.

36.9 Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle
36.10 under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day
36.11 of the month of the licensee's birth.

36.12 Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before
36.13 January 1, 2019, and who renews that license pursuant to subdivision 2 or 3, shall pay a
36.14 renewal fee as required in this subdivision.

36.15 (b) A licensee shall be charged the annual license fee listed in section 147C.40 for the
36.16 conversion license period.

36.17 (c) For a licensee whose conversion license period is six to 11 months, the first annual
36.18 license fee charged after the conversion license period shall be adjusted to credit the excess
36.19 fee payment made during the conversion license period. The credit is calculated by: (1)
36.20 subtracting the number of months of the licensee's conversion license period from 12; and
36.21 (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next
36.22 dollar.

36.23 (d) For a licensee whose conversion license period is 12 months, the first annual license
36.24 fee charged after the conversion license period shall not be adjusted.

36.25 (e) For a licensee whose conversion license period is 13 to 17 months, the first annual
36.26 license fee charged after the conversion license period shall be adjusted to add the annual
36.27 license fee payment for the months that were not included in the annual license fee paid for
36.28 the conversion license period. The added payment is calculated by: (1) subtracting 12 from
36.29 the number of months of the licensee's conversion license period; and (2) multiplying the
36.30 result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

36.31 (f) For the second and all subsequent license renewals made after the conversion license
36.32 period, the licensee's annual license fee is as listed in section 147C.40.

36.33 Subd. 6. **Expiration.** This section expires July 1, 2021.

37.1 Sec. 16. Minnesota Statutes 2016, section 147D.17, subdivision 6, is amended to read:

37.2 Subd. 6. **Renewal.** (a) To be eligible for license renewal, a licensed traditional midwife
37.3 must:

37.4 (1) complete a renewal application on a form provided by the board;

37.5 (2) submit the renewal fee;

37.6 (3) provide evidence every three years of a total of 30 hours of continuing education
37.7 approved by the board as described in section 147D.21;

37.8 (4) submit evidence of an annual peer review and update of the licensed traditional
37.9 midwife's medical consultation plan; and

37.10 (5) submit any additional information requested by the board. The information must be
37.11 submitted within 30 days after the board's request, or the renewal request is nullified.

37.12 (b) An licensee must maintain a correct mailing address with the board for receiving
37.13 board communications, notices, and license renewal documents. Placing the license renewal
37.14 application in first class United States mail, addressed to the licensee at the licensee's last
37.15 known address with postage prepaid, constitutes valid service. Failure to receive the renewal
37.16 documents does not relieve a licensee of the obligation to comply with this section.

37.17 (c) The name of a licensee who does not return a complete license renewal application,
37.18 annual license fee, or late application fee, as applicable, within the time period required by
37.19 this section shall be removed from the list of individuals authorized to practice during the
37.20 current renewal period. If the licensee's license is reinstated, the licensee's name shall be
37.21 placed on the list of individuals authorized to practice.

37.22 Sec. 17. Minnesota Statutes 2016, section 147D.17, is amended by adding a subdivision
37.23 to read:

37.24 Subd. 11a. **Licensure following lapse of licensed status; transition.** (a) A licensee
37.25 whose license has lapsed under subdivision 11 before January 1, 2019, and who seeks to
37.26 regain licensed status after January 1, 2019, shall be treated as a first-time licensee only for
37.27 purposes of establishing a license renewal schedule, and shall not be subject to the license
37.28 cycle conversion provisions in section 147D.29.

37.29 (b) This subdivision expires July 1, 2021.

38.1 Sec. 18. Minnesota Statutes 2016, section 147D.27, is amended by adding a subdivision
38.2 to read:

38.3 Subd. 5. **Additional fees.** The board may also charge the following nonrefundable fees:

38.4 (1) verification fee, $25;

38.5 (2) certification letter fee, $25;

38.6 (3) education or training program approval fee, $100;

38.7 (4) report creation and generation fee, $60 per hour;

38.8 (5) duplicate license fee, $20; and

38.9 (6) criminal background check fee, $32.

38.10 Sec. 19. **[147D.29] LICENSE RENEWAL CYCLE CONVERSION.**

38.11 Subdivision 1. **Generally.** The license renewal cycle for traditional midwife licensees
38.12 is converted to an annual cycle where renewal is due on the last day of the licensee's month
38.13 of birth. Conversion pursuant to this section begins January 1, 2019. This section governs
38.14 license renewal procedures for licensees who were licensed before December 31, 2018. The
38.15 conversion renewal cycle is the renewal cycle following the first license renewal after
38.16 January 1, 2019. The conversion license period is the license period for the conversion
38.17 renewal cycle. The conversion license period is between six and 17 months and ends the
38.18 last day of the licensee's month of birth in either 2019 or 2020, as described in subdivision
38.19 2.

38.20 Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee
38.21 whose license is current as of December 31, 2018, the licensee's conversion license period
38.22 begins on January 1, 2019, and ends on the last day of the licensee's month of birth in 2019,
38.23 except that for licensees whose month of birth is January, February, March, April, May, or
38.24 June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in
38.25 2020.

38.26 Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision
38.27 applies to an individual who was licensed before December 31, 2018, but whose license is
38.28 not current as of December 31, 2018. When the individual first renews the license after
38.29 January 1, 2019, the conversion renewal cycle begins on the date the individual applies for
38.30 renewal and ends on the last day of the licensee's month of birth in the same year, except
38.31 that if the last day of the individual's month of birth is less than six months after the date

39.1 the individual applies for renewal, then the renewal period ends on the last day of the
39.2 individual's month of birth in the following year.

39.3 Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle
39.4 under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day
39.5 of the month of the licensee's birth.

39.6 Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before
39.7 January 1, 2019, and who renews that license pursuant to subdivision 2 or 3, shall pay a
39.8 renewal fee as required in this subdivision.

39.9 (b) A licensee shall be charged the annual license fee listed in section 147D.27 for the
39.10 conversion license period.

39.11 (c) For a licensee whose conversion license period is six to 11 months, the first annual
39.12 license fee charged after the conversion license period shall be adjusted to credit the excess
39.13 fee payment made during the conversion license period. The credit is calculated by: (1)
39.14 subtracting the number of months of the licensee's conversion license period from 12; and
39.15 (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next
39.16 dollar.

39.17 (d) For a licensee whose conversion license period is 12 months, the first annual license
39.18 fee charged after the conversion license period shall not be adjusted.

39.19 (e) For a licensee whose conversion license period is 13 to 17 months, the first annual
39.20 license fee charged after the conversion license period shall be adjusted to add the annual
39.21 license fee payment for the months that were not included in the annual license fee paid for
39.22 the conversion license period. The added payment is calculated by: (1) subtracting 12 from
39.23 the number of months of the licensee's conversion license period; and (2) multiplying the
39.24 result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

39.25 (f) For the second and all subsequent license renewals made after the conversion license
39.26 period, the licensee's annual license fee is as listed in section 147D.27.

39.27 Subd. 6. **Expiration.** This section expires July 1, 2021.

39.28 Sec. 20. Minnesota Statutes 2016, section 147E.15, subdivision 5, is amended to read:

39.29 Subd. 5. **Renewal.** (a) To be eligible for registration renewal a registrant must:

39.30 (1) annually, or as determined by the board, complete a renewal application on a form
39.31 provided by the board;

39.32 (2) submit the renewal fee;

40.1 (3) provide evidence of a total of 25 hours of continuing education approved by the
40.2 board as described in section 147E.25; and

40.3 (4) submit any additional information requested by the board to clarify information
40.4 presented in the renewal application. The information must be submitted within 30 days
40.5 after the board's request, or the renewal request is nullified.

40.6 (b) A registrant must maintain a correct mailing address with the board for receiving
40.7 board communications, notices, and registration renewal documents. Placing the registration
40.8 renewal application in first class United States mail, addressed to the registrant at the
40.9 registrant's last known address with postage prepaid, constitutes valid service. Failure to
40.10 receive the renewal documents does not relieve a registrant of the obligation to comply with
40.11 this section.

40.12 (c) The name of a registrant who does not return a complete registration renewal
40.13 application, annual registration fee, or late application fee, as applicable, within the time
40.14 period required by this section shall be removed from the list of individuals authorized to
40.15 practice during the current renewal period. If the registrant's registration is reinstated, the
40.16 registrant's name shall be placed on the list of individuals authorized to practice.

40.17 Sec. 21. Minnesota Statutes 2016, section 147E.15, is amended by adding a subdivision
40.18 to read:

40.19 Subd. 10a. **Registration following lapse of registered status; transition.** (a) A registrant
40.20 whose registration has lapsed under subdivision 10 before January 1, 2019, and who seeks
40.21 to regain registered status after January 1, 2019, shall be treated as a first-time registrant
40.22 only for purposes of establishing a registration renewal schedule, and shall not be subject
40.23 to the registration cycle conversion provisions in section 147E.45.

40.24 (b) This subdivision expires July 1, 2021.

40.25 Sec. 22. Minnesota Statutes 2016, section 147E.40, subdivision 1, is amended to read:

40.26 Subdivision 1. **Fees.** Fees are as follows:

40.27 (1) registration application fee, $200;

40.28 (2) renewal fee, $150;

40.29 (3) late fee, $75;

40.30 (4) inactive status fee, $50; ~~and~~

40.31 (5) temporary permit fee, $25~~.~~;

41.1 (6) emeritus registration fee, $50;

41.2 (7) duplicate license fee, $20;

41.3 (8) certification letter fee, $25;

41.4 (9) verification fee, $25;

41.5 (10) education or training program approval fee, $100; and

41.6 (11) report creation and generation fee, $60 per hour.

41.7 Sec. 23. **[147E.45] REGISTRATION RENEWAL CYCLE CONVERSION.**

41.8 Subdivision 1. **Generally.** The registration renewal cycle for registered naturopathic
41.9 doctors is converted to an annual cycle where renewal is due on the last day of the registrant's
41.10 month of birth. Conversion pursuant to this section begins January 1, 2019. This section
41.11 governs registration renewal procedures for registrants who were registered before December
41.12 31, 2018. The conversion renewal cycle is the renewal cycle following the first registration
41.13 renewal after January 1, 2019. The conversion registration period is the registration period
41.14 for the conversion renewal cycle. The conversion registration period is between six and 17
41.15 months and ends the last day of the registrant's month of birth in either 2019 or 2020, as
41.16 described in subdivision 2.

41.17 Subd. 2. **Conversion of registration renewal cycle for current registrants.** For a
41.18 registrant whose registration is current as of December 31, 2018, the registrant's conversion
41.19 registration period begins on January 1, 2019, and ends on the last day of the registrant's
41.20 month of birth in 2019, except that for registrants whose month of birth is January, February,
41.21 March, April, May, or June, the registrant's renewal cycle ends on the last day of the
41.22 registrant's month of birth in 2020.

41.23 Subd. 3. **Conversion of registration renewal cycle for noncurrent registrants.** This
41.24 subdivision applies to an individual who was registered before December 31, 2018, but
41.25 whose registration is not current as of December 31, 2018. When the individual first renews
41.26 the registration after January 1, 2019, the conversion renewal cycle begins on the date the
41.27 individual applies for renewal and ends on the last day of the registrant's month of birth in
41.28 the same year, except that if the last day of the individual's month of birth is less than six
41.29 months after the date the individual applies for renewal, then the renewal period ends on
41.30 the last day of the individual's month of birth in the following year.

42.1 Subd. 4. **Subsequent renewal cycles.** After the registrant's conversion renewal cycle
42.2 under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day
42.3 of the month of the registrant's birth.

42.4 Subd. 5. **Conversion period and fees.** (a) A registrant who holds a registration issued
42.5 before January 1, 2019, and who renews that registration pursuant to subdivision 2 or 3,
42.6 shall pay a renewal fee as required in this subdivision.

42.7 (b) A registrant shall be charged the annual registration fee listed in section 147E.40 for
42.8 the conversion registration period.

42.9 (c) For a registrant whose conversion registration period is six to 11 months, the first
42.10 annual registration fee charged after the conversion registration period shall be adjusted to
42.11 credit the excess fee payment made during the conversion registration period. The credit is
42.12 calculated by: (1) subtracting the number of months of the registrant's conversion registration
42.13 period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded
42.14 up to the next dollar.

42.15 (d) For a registrant whose conversion registration period is 12 months, the first annual
42.16 registration fee charged after the conversion registration period shall not be adjusted.

42.17 (e) For a registrant whose conversion registration period is 13 to 17 months, the first
42.18 annual registration fee charged after the conversion registration period shall be adjusted to
42.19 add the annual registration fee payment for the months that were not included in the annual
42.20 registration fee paid for the conversion registration period. The added payment is calculated
42.21 by: (1) subtracting 12 from the number of months of the registrant's conversion registration
42.22 period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to
42.23 the next dollar.

42.24 (f) For the second and all subsequent registration renewals made after the conversion
42.25 registration period, the registrant's annual registration fee is as listed in section 147E.40.

42.26 Subd. 6. **Expiration.** This section expires July 1, 2021.

42.27 Sec. 24. Minnesota Statutes 2016, section 147F.07, subdivision 5, is amended to read:

42.28 Subd. 5. **License renewal.** (a) To be eligible for license renewal, a licensed genetic
42.29 counselor must submit to the board:

42.30 (1) a renewal application on a form provided by the board;

42.31 (2) the renewal fee required under section 147F.17;

43.1 (3) evidence of compliance with the continuing education requirements in section
43.2 147F.11; and

43.3 (4) any additional information requested by the board.

43.4 (b) A licensee must maintain a correct mailing address with the board for receiving board
43.5 communications, notices, and license renewal documents. Placing the license renewal
43.6 application in first class United States mail, addressed to the licensee at the licensee's last
43.7 known address with postage prepaid, constitutes valid service. Failure to receive the renewal
43.8 documents does not relieve a licensee of the obligation to comply with this section.

43.9 (c) The name of a licensee who does not return a complete license renewal application,
43.10 annual license fee, or late application fee, as applicable, within the time period required by
43.11 this section shall be removed from the list of individuals authorized to practice during the
43.12 current renewal period. If the licensee's license is reinstated, the licensee's name shall be
43.13 placed on the list of individuals authorized to practice.

43.14 Sec. 25. Minnesota Statutes 2016, section 147F.07, is amended by adding a subdivision
43.15 to read:

43.16 Subd. 6. **Licensure following lapse of licensure status for two years or less.** For any
43.17 individual whose licensure status has lapsed for two years or less, to regain licensure status,
43.18 the individual must:

43.19 (1) apply for license renewal according to subdivision 5;

43.20 (2) document compliance with the continuing education requirements of section 147F.11
43.21 since the licensed genetic counselor's initial licensure or last renewal; and

43.22 (3) submit the fees required under section 147F.17 for the period not licensed, including
43.23 the fee for late renewal.

43.24 Sec. 26. Minnesota Statutes 2016, section 147F.07, is amended by adding a subdivision
43.25 to read:

43.26 Subd. 6a. **Licensure following lapse of licensed status; transition.** (a) A licensee whose
43.27 license has lapsed under subdivision 6 before January 1, 2019, and who seeks to regain
43.28 licensed status after January 1, 2019, shall be treated as a first-time licensee only for purposes
43.29 of establishing a license renewal schedule, and shall not be subject to the license cycle
43.30 conversion provisions in section 147F.19.

43.31 (b) This subdivision expires July 1, 2021.

44.1 Sec. 27. Minnesota Statutes 2016, section 147F.17, subdivision 1, is amended to read:

44.2 Subdivision 1. **Fees.** Fees are as follows:

44.3 (1) license application fee, $200;

44.4 (2) initial licensure and annual renewal, $150; ~~and~~

44.5 (3) late fee, $75~~.~~;

44.6 (4) temporary license fee, $60;

44.7 (5) duplicate license fee, $20;

44.8 (6) certification letter fee, $25;

44.9 (7) education or training program approval fee, $100;

44.10 (8) report creation and generation fee, $60 per hour; and

44.11 (9) criminal background check fee, $32.

44.12 Sec. 28. **[147F.19] LICENSE RENEWAL CYCLE CONVERSION.**

44.13 Subdivision 1. **Generally.** The license renewal cycle for genetic counselor licensees is
44.14 converted to an annual cycle where renewal is due on the last day of the licensee's month
44.15 of birth. Conversion pursuant to this section begins January 1, 2019. This section governs
44.16 license renewal procedures for licensees who were licensed before December 31, 2018. The
44.17 conversion renewal cycle is the renewal cycle following the first license renewal after
44.18 January 1, 2019. The conversion license period is the license period for the conversion
44.19 renewal cycle. The conversion license period is between six and 17 months and ends the
44.20 last day of the licensee's month of birth in either 2019 or 2020, as described in subdivision
44.21 2.

44.22 Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee
44.23 whose license is current as of December 31, 2018, the licensee's conversion license period
44.24 begins on January 1, 2019, and ends on the last day of the licensee's month of birth in 2019,
44.25 except that for licensees whose month of birth is January, February, March, April, May, or
44.26 June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in
44.27 2020.

44.28 Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision
44.29 applies to an individual who was licensed before December 31, 2018, but whose license is
44.30 not current as of December 31, 2018. When the individual first renews the license after
44.31 January 1, 2019, the conversion renewal cycle begins on the date the individual applies for

45.1 renewal and ends on the last day of the licensee's month of birth in the same year, except
45.2 that if the last day of the individual's month of birth is less than six months after the date
45.3 the individual applies for renewal, then the renewal period ends on the last day of the
45.4 individual's month of birth in the following year.

45.5 Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle
45.6 under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day
45.7 of the month of the licensee's birth.

45.8 Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before
45.9 January 1, 2019, and who renews that license pursuant to subdivision 2 or 3, shall pay a
45.10 renewal fee as required in this subdivision.

45.11 (b) A licensee shall be charged the annual license fee listed in section 147F.17 for the
45.12 conversion license period.

45.13 (c) For a licensee whose conversion license period is six to 11 months, the first annual
45.14 license fee charged after the conversion license period shall be adjusted to credit the excess
45.15 fee payment made during the conversion license period. The credit is calculated by: (1)
45.16 subtracting the number of months of the licensee's conversion license period from 12; and
45.17 (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next
45.18 dollar.

45.19 (d) For a licensee whose conversion license period is 12 months, the first annual license
45.20 fee charged after the conversion license period shall not be adjusted.

45.21 (e) For a licensee whose conversion license period is 13 to 17 months, the first annual
45.22 license fee charged after the conversion license period shall be adjusted to add the annual
45.23 license fee payment for the months that were not included in the annual license fee paid for
45.24 the conversion license period. The added payment is calculated by: (1) subtracting 12 from
45.25 the number of months of the licensee's conversion license period; and (2) multiplying the
45.26 result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

45.27 (f) For the second and all subsequent license renewals made after the conversion license
45.28 period, the licensee's annual license fee is as listed in section 147F.17.

45.29 Subd. 6. **Expiration.** This section expires July 1, 2021.

45.30 Sec. 29. Minnesota Statutes 2016, section 148.7815, subdivision 1, is amended to read:

45.31 Subdivision 1. **Fees.** The board shall establish fees as follows:

45.32 (1) application fee, $50;

(2) annual registration fee, $100;

(3) temporary registration, $100; ~~and~~

(4) temporary permit, $50~~.~~;

(5) late fee, $15;

(6) duplicate license fee, $20;

(7) certification letter fee, $25;

(8) verification fee, $25;

(9) education or training program approval fee, $100; and

(10) report creation and generation fee, $60 per hour.

Sec. 30. Minnesota Statutes 2016, section 214.075, subdivision 1, is amended to read:

Subdivision 1. **Applications.** (a) ~~By January 1, 2018,~~ Each health-related licensing board, as defined in section 214.01, subdivision 2, shall require ~~applicants for initial licensure, licensure by endorsement, or reinstatement or other relicensure after a lapse in licensure, as defined by the individual health-related licensing boards,~~ the following individuals to submit to a criminal history records check of state data completed by the Bureau of Criminal Apprehension (BCA) and a national criminal history records check, including a search of the records of the Federal Bureau of Investigation (FBI)~~.~~:

(1) applicants for initial licensure or licensure by endorsement. An applicant is exempt from this paragraph if the applicant submitted to a state and national criminal history records check as described in this paragraph for a license issued by the same board;

(2) applicants seeking reinstatement or relicensure, as defined by the individual health-related licensing board, if more than one year has elapsed since the applicant's license or registration expiration date; or

(3) licensees applying for eligibility to participate in an interstate licensure compact.

(b) ~~An applicant must complete a criminal background check if more than one year has elapsed since the applicant last submitted a background check to the board.~~ An applicant's criminal background check results are valid for one year from the date the background check results were received by the board. If more than one year has elapsed since the results were received by the board, then an applicant who has not completed the licensure, reinstatement, or relicensure process must complete a new background check.

47.1 Sec. 31. Minnesota Statutes 2016, section 214.075, subdivision 4, is amended to read:

47.2 Subd. 4. **Refusal to consent.** (a) The health-related licensing boards shall not issue a
47.3 license to any applicant who refuses to consent to a criminal background check or fails to
47.4 submit fingerprints ~~within 90 days~~ after submission of an application for licensure. Any
47.5 fees paid by the applicant to the board shall be forfeited if the applicant refuses to consent
47.6 to the criminal background check or fails to submit the required fingerprints.

47.7 (b) The failure of a licensee to submit to a criminal background check as provided in
47.8 subdivision 3 is grounds for disciplinary action by the respective health-related licensing
47.9 board.

47.10 Sec. 32. Minnesota Statutes 2016, section 214.075, subdivision 5, is amended to read:

47.11 Subd. 5. **Submission of fingerprints to the Bureau of Criminal Apprehension.** The
47.12 health-related licensing board or designee shall submit applicant or licensee fingerprints to
47.13 the BCA. The BCA shall perform a check for state criminal justice information and shall
47.14 forward the applicant's or licensee's fingerprints to the FBI to perform a check for national
47.15 criminal justice information regarding the applicant or licensee. The BCA shall report to
47.16 the board the results of the state and national criminal ~~justice information~~ history records
47.17 checks.

47.18 Sec. 33. Minnesota Statutes 2016, section 214.075, subdivision 6, is amended to read:

47.19 Subd. 6. **Alternatives to fingerprint-based criminal background checks.** The
47.20 health-related licensing board may require an alternative method of criminal history checks
47.21 for an applicant or licensee who has submitted at least ~~three~~ two sets of fingerprints in
47.22 accordance with this section that have been unreadable by the BCA or the FBI.

47.23 Sec. 34. Minnesota Statutes 2016, section 214.077, is amended to read:

47.24 **214.077 TEMPORARY LICENSE SUSPENSION; IMMINENT RISK OF SERIOUS**
47.25 **HARM.**

47.26 (a) Notwithstanding any provision of a health-related professional practice act, when a
47.27 health-related licensing board receives a complaint regarding a regulated person and has
47.28 probable cause to believe that the regulated person has violated a statute or rule that the
47.29 health-related licensing board is empowered to enforce, and continued practice by the
47.30 regulated person presents an imminent risk of serious harm, the health-related licensing
47.31 board shall issue an order temporarily suspending the regulated person's authority to practice.
47.32 The temporary suspension order shall specify the reason for the suspension, including the

48.1 statute or rule alleged to have been violated. The temporary suspension order shall take
48.2 effect upon personal service on the regulated person or the regulated person's attorney, or
48.3 upon the third calendar day after the order is served by first class mail to the most recent
48.4 address provided to the health-related licensing board for the regulated person or the regulated
48.5 person's attorney.

48.6 (b) The temporary suspension shall remain in effect until the health-related licensing
48.7 board or the commissioner completes an investigation, holds a contested case hearing
48.8 pursuant to the Administrative Procedure Act, and issues a final order in the matter as
48.9 provided for in this section.

48.10 (c) At the time it issues the temporary suspension order, the health-related licensing
48.11 board shall schedule a contested case hearing, on the merits of whether discipline is
48.12 warranted, to be held pursuant to the Administrative Procedure Act. The regulated person
48.13 shall be provided with at least ten days' notice of any contested case hearing held pursuant
48.14 to this section. The contested case hearing shall be scheduled to begin no later than 30 days
48.15 after the effective service of the temporary suspension order.

48.16 (d) The administrative law judge presiding over the contested case hearing shall issue
48.17 a report and recommendation to the health-related licensing board no later than 30 days
48.18 after the final day of the contested case hearing. If the administrative law judge's report and
48.19 recommendations are for no action, the health-related licensing board shall issue a final
48.20 order pursuant to sections 14.61 and 14.62 within 30 days of receipt of the administrative
48.21 law judge's report and recommendations. If the administrative law judge's report and
48.22 recommendations are for action, the health-related licensing board shall issue a final order
48.23 pursuant to sections 14.61 and 14.62 within 60 days of receipt of the administrative law
48.24 judge's report and recommendations. Except as provided in paragraph (e), if the health-related
48.25 licensing board has not issued a final order pursuant to sections 14.61 and 14.62 within 30
48.26 days of receipt of the administrative law judge's report and recommendations for no action
48.27 or within 60 days of receipt of the administrative law judge's report and recommendations
48.28 for action, the temporary suspension shall be lifted.

48.29 (e) If the regulated person requests a delay in the contested case proceedings provided
48.30 for in paragraphs (c) and (d) for any reason, the temporary suspension shall remain in effect
48.31 until the health-related licensing board issues a final order pursuant to sections 14.61 and
48.32 14.62.

48.33 (f) This section shall not apply to the Office of Unlicensed Complementary and
48.34 Alternative Health Practice established under section 146A.02. The commissioner of health

49.1 shall conduct temporary suspensions for complementary and alternative health care
49.2 practitioners in accordance with section 146A.09.

49.3 Sec. 35. Minnesota Statutes 2016, section 214.10, subdivision 8, is amended to read:

49.4 Subd. 8. **Special requirements for health-related licensing boards.** In addition to the
49.5 provisions of this section that apply to all examining and licensing boards, the requirements
49.6 in this subdivision apply to all health-related licensing boards, except the Board of Veterinary
49.7 Medicine.

49.8 (a) If the executive director or consulted board member determines that a communication
49.9 received alleges a violation of statute or rule that involves sexual contact with a patient or
49.10 client, the communication shall be forwarded to the designee of the attorney general for an
49.11 investigation of the facts alleged in the communication. If, after an investigation it is the
49.12 opinion of the executive director or consulted board member that there is sufficient evidence
49.13 to justify disciplinary action, the board shall conduct a disciplinary conference or hearing.
49.14 If, after a hearing or disciplinary conference the board determines that misconduct involving
49.15 sexual contact with a patient or client occurred, the board shall take disciplinary action.
49.16 Notwithstanding subdivision 2, a board may not attempt to correct improper activities or
49.17 redress grievances through education, conciliation, and persuasion, unless in the opinion of
49.18 the executive director or consulted board member there is insufficient evidence to justify
49.19 disciplinary action. The board may settle a case by stipulation prior to, or during, a hearing
49.20 if the stipulation provides for disciplinary action.

49.21 (b) A board member who has a direct current or former financial connection or
49.22 professional relationship to a person who is the subject of board disciplinary activities must
49.23 not participate in board activities relating to that case.

49.24 (c) Each health-related licensing board shall establish procedures for exchanging
49.25 information with other Minnesota state boards, agencies, and departments responsible for
49.26 regulating health-related occupations, facilities, and programs, and for coordinating
49.27 investigations involving matters within the jurisdiction of more than one regulatory body.
49.28 The procedures must provide for the forwarding to other regulatory bodies of all information
49.29 and evidence, including the results of investigations, that are relevant to matters within that
49.30 licensing body's regulatory jurisdiction. Each health-related licensing board shall have access
49.31 to any data of the Department of Human Services relating to a person subject to the
49.32 jurisdiction of the licensing board. The data shall have the same classification under chapter
49.33 13, the Minnesota Government Data Practices Act, in the hands of the agency receiving the
49.34 data as it had in the hands of the Department of Human Services.

50.1 (d) Each health-related licensing board shall establish procedures for exchanging
50.2 information with other states regarding disciplinary actions against licensees. The procedures
50.3 must provide for the collection of information from other states about disciplinary actions
50.4 taken against persons who are licensed to practice in Minnesota or who have applied to be
50.5 licensed in this state and the dissemination of information to other states regarding
50.6 disciplinary actions taken in Minnesota. In addition to any authority in chapter 13 permitting
50.7 the dissemination of data, the board may, in its discretion, disseminate data to other states
50.8 regardless of its classification under chapter 13. Criminal history record information shall
50.9 not be exchanged. Before transferring any data that is not public, the board shall obtain
50.10 reasonable assurances from the receiving state that the data will not be made public.

50.11 Sec. 36. Minnesota Statutes 2017 Supplement, section 364.09, is amended to read:

50.12 **364.09 EXCEPTIONS.**

50.13 (a) This chapter does not apply to the licensing process for peace officers; to law
50.14 enforcement agencies as defined in section 626.84, subdivision 1, paragraph (f); to fire
50.15 protection agencies; to eligibility for a private detective or protective agent license; to the
50.16 licensing and background study process under chapters 245A and 245C; to the licensing
50.17 and background investigation process under chapter 240; to eligibility for school bus driver
50.18 endorsements; to eligibility for special transportation service endorsements; to eligibility
50.19 for a commercial driver training instructor license, which is governed by section 171.35
50.20 and rules adopted under that section; to emergency medical services personnel, or to the
50.21 licensing by political subdivisions of taxicab drivers, if the applicant for the license has
50.22 been discharged from sentence for a conviction within the ten years immediately preceding
50.23 application of a violation of any of the following:

50.24 (1) sections 609.185 to 609.2114, 609.221 to 609.223, 609.342 to 609.3451, or 617.23,
50.25 subdivision 2 or 3; or Minnesota Statutes 2012, section 609.21;

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

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

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

51.1 (b) This chapter does not apply to a school district or to eligibility for a license issued
51.2 or renewed by the Professional Educator Licensing and Standards Board or the commissioner
51.3 of education.

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

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

51.10 ~~(e) This chapter does not apply to any person who has been denied a license to practice~~
51.11 ~~chiropractic or whose license to practice chiropractic has been revoked by the board in~~
51.12 ~~accordance with section 148.10, subdivision 7.~~

51.13 ~~(f) This chapter does not apply to any license, registration, or permit that has been denied~~
51.14 ~~or revoked by the Board of Nursing in accordance with section 148.261, subdivision 1a.~~

51.15 ~~(g)~~ (d) This chapter does not apply to any license, registration, permit, or certificate that
51.16 has been denied or revoked by the commissioner of health according to section 148.5195,
51.17 subdivision 5; or 153A.15, subdivision 2.

51.18 ~~(h)~~ (e) This chapter does not supersede a requirement under law to conduct a criminal
51.19 history background investigation or consider criminal history records in hiring for particular
51.20 types of employment.

51.21 (f) This chapter does not apply to the licensing or registration process for, or to any
51.22 license, registration, or permit that has been denied or revoked by, a health-related licensing
51.23 board listed in section 214.01, subdivision 2.

51.24 Sec. 37. **REPEALER.**

51.25 (a) Minnesota Statutes 2016, section 214.075, subdivision 8, is repealed.

51.26 (b) Minnesota Rules, part 5600.0605, subparts 5 and 8, are repealed."

51.27 Amend the title accordingly