

ARTICLE 1

FAMILY AND MEDICAL BENEFITS

Section 1. Minnesota Statutes 2022, section 13.719, is amended by adding a subdivision to read:

Subd. 7. **Family and medical insurance data.** (a) For the purposes of this subdivision, the terms used have the meanings given them in section 268B.01.

(b) Data on applicants, family members, or employers under chapter 268B are private or nonpublic data, provided that the department may share data collected from applicants with employers or health care providers to the extent necessary to meet the requirements of chapter 268B or other applicable law.

(c) The department and the Department of Labor and Industry may share data classified under paragraph (b) to the extent necessary to meet the requirements of chapter 268B or the Department of Labor and Industry's enforcement authority over chapter 268B, as provided in section 177.27.

**EFFECTIVE DATE.** This section is effective July 1, 2023.

Sec. 2. Minnesota Statutes 2022, section 62A.01, subdivision 1, is amended to read:

Subdivision 1. **Definition.** The term "policy of accident and sickness insurance" as used herein includes any policy covering the kind of insurance described in section 60A.06, subdivision 1, clause (5)(a), or the paid family and medical leave benefits as described in section 268B.10.

Sec. 3. Minnesota Statutes 2022, section 177.27, subdivision 4, is amended to read:

Subd. 4. **Compliance orders.** The commissioner may issue an order requiring an employer to comply with sections 177.21 to 177.435, 181.02, 181.03, 181.031, 181.032, 181.101, 181.11, 181.13, 181.14, 181.145, 181.15, 181.172, paragraph (a) or (d), 181.275, subdivision 2a, 181.722, 181.79, ~~and~~ 181.939 to 181.943, 268B.09, subdivisions 1 to 6, and 268B.14, subdivision 3, or with any rule promulgated under section 177.28. The commissioner shall issue an order requiring an employer to comply with sections 177.41 to 177.435 if the violation is repeated. For purposes of this subdivision only, a violation is repeated if at any time during the two years that preceded the date of violation, the commissioner issued an order to the employer for violation of sections 177.41 to 177.435 and the order is final or the commissioner and the employer have entered into a settlement agreement that required the employer to pay back wages that were required by sections 177.41 to 177.435. The department shall serve the order upon the employer or the employer's authorized representative in person or by certified mail at the employer's place of business. An employer who wishes to contest the order must file written notice of objection to the

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Section 1. Minnesota Statutes 2022, section 13.719, is amended by adding a subdivision to read:

Subd. 7. **Family and medical insurance data.** (a) For the purposes of this subdivision, the terms used have the meanings given them in section 268B.01.

(b) Data on applicants, family members, incapacitated persons, or employers under chapter 268B are private or nonpublic data, provided that the department may share data collected from applicants with employers or health care providers to the extent necessary to meet the requirements of chapter 268B or other applicable law.

(c) The data classified under paragraph (b) may be exchanged between the department and the Department of Labor and Industry and the Department of Commerce to the extent necessary to meet the requirements of chapter 268B or the Department of Labor and Industry's enforcement authority over chapter 268B, as provided in section 177.27, or to the extent necessary for the Department of Commerce to review or verify compliance for a private plan under section 268A.10.

**EFFECTIVE DATE.** This section is effective July 1, 2023.

Sec. 2. Minnesota Statutes 2022, section 177.27, subdivision 4, is amended to read:

Subd. 4. **Compliance orders.** The commissioner may issue an order requiring an employer to comply with sections 177.21 to 177.435, 181.02, 181.03, 181.031, 181.032, 181.101, 181.11, 181.13, 181.14, 181.145, 181.15, 181.172, paragraph (a) or (d), 181.275, subdivision 2a, 181.722, 181.79, ~~and~~ 181.939 to 181.943, 268B.09, subdivisions 1 to 8, and 268B.14, subdivision 3, or with any rule promulgated under section 177.28. The commissioner shall issue an order requiring an employer to comply with sections 177.41 to 177.435 if the violation is repeated. For purposes of this subdivision only, a violation is repeated if at any time during the two years that preceded the date of violation, the commissioner issued an order to the employer for violation of sections 177.41 to 177.435 and the order is final or the commissioner and the employer have entered into a settlement agreement that required the employer to pay back wages that were required by sections 177.41 to 177.435. The department shall serve the order upon the employer or the employer's authorized representative in person or by certified mail at the employer's place of business. An employer who wishes to contest the order must file written notice of objection to the

2.22 order with the commissioner within 15 calendar days after being served with the order. A  
 2.23 contested case proceeding must then be held in accordance with sections 14.57 to 14.69.  
 2.24 If, within 15 calendar days after being served with the order, the employer fails to file a  
 2.25 written notice of objection with the commissioner, the order becomes a final order of the  
 2.26 commissioner.

2.27 **EFFECTIVE DATE.** This section is effective July 1, 2023.

2.28 Sec. 4. Minnesota Statutes 2022, section 181.032, is amended to read:

2.29 **181.032 REQUIRED STATEMENT OF EARNINGS BY EMPLOYER; NOTICE**  
 2.30 **TO EMPLOYEE.**

2.31 (a) At the end of each pay period, the employer shall provide each employee an earnings  
 2.32 statement, either in writing or by electronic means, covering that pay period. An employer  
 3.1 who chooses to provide an earnings statement by electronic means must provide employee  
 3.2 access to an employer-owned computer during an employee's regular working hours to  
 3.3 review and print earnings statements, and must make statements available for review or  
 3.4 printing for a period of three years.

3.5 (b) The earnings statement may be in any form determined by the employer but must  
 3.6 include:

3.7 (1) the name of the employee;

3.8 (2) the rate or rates of pay and basis thereof, including whether the employee is paid by  
 3.9 hour, shift, day, week, salary, piece, commission, or other method;

3.10 (3) allowances, if any, claimed pursuant to permitted meals and lodging;

3.11 (4) the total number of hours worked by the employee unless exempt from chapter 177;

3.12 (5) the total amount of gross pay earned by the employee during that period;

3.13 (6) a list of deductions made from the employee's pay;

3.14 (7) any amount deducted by the employer under section 268B.14, subdivision 3, and  
 3.15 the amount paid by the employer based on the employee's wages under section 268B.14,  
 3.16 subdivision 1;

3.17 ~~(7)~~ (8) the net amount of pay after all deductions are made;

3.18 ~~(8)~~ (9) the date on which the pay period ends;

3.19 ~~(9)~~ (10) the legal name of the employer and the operating name of the employer if  
 3.20 different from the legal name;

3.21 ~~(10)~~ (11) the physical address of the employer's main office or principal place of business,  
 3.22 and a mailing address if different; and

3.23 ~~(11)~~ (12) the telephone number of the employer.

2.19 order with the commissioner within 15 calendar days after being served with the order. A  
 2.20 contested case proceeding must then be held in accordance with sections 14.57 to 14.69.  
 2.21 If, within 15 calendar days after being served with the order, the employer fails to file a  
 2.22 written notice of objection with the commissioner, the order becomes a final order of the  
 2.23 commissioner.

2.24 **EFFECTIVE DATE.** This section is effective July 1, 2023.

2.25 Sec. 3. Minnesota Statutes 2022, section 181.032, is amended to read:

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 2.27 **TO EMPLOYEE.**

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 2.29 statement, either in writing or by electronic means, covering that pay period. An employer  
 2.30 who chooses to provide an earnings statement by electronic means must provide employee  
 2.31 access to an employer-owned computer during an employee's regular working hours to  
 2.32 review and print earnings statements, and must make statements available for review or  
 2.33 printing for a period of three years.

3.1 (b) The earnings statement may be in any form determined by the employer but must  
 3.2 include:

3.3 (1) the name of the employee;

3.4 (2) the rate or rates of pay and basis thereof, including whether the employee is paid by  
 3.5 hour, shift, day, week, salary, piece, commission, or other method;

3.6 (3) allowances, if any, claimed pursuant to permitted meals and lodging;

3.7 (4) the total number of hours worked by the employee unless exempt from chapter 177;

3.8 (5) the total amount of gross pay earned by the employee during that period;

3.9 (6) a list of deductions made from the employee's pay;

3.10 (7) any amount deducted by the employer under section 268B.14, subdivision 3, and  
 3.11 the amount paid by the employer based on the employee's wages under section 268B.14,  
 3.12 subdivision 1;

3.13 ~~(7)~~ (8) the net amount of pay after all deductions are made;

3.14 ~~(8)~~ (9) the date on which the pay period ends;

3.15 ~~(9)~~ (10) the legal name of the employer and the operating name of the employer if  
 3.16 different from the legal name;

3.17 ~~(10)~~ (11) the physical address of the employer's main office or principal place of business,  
 3.18 and a mailing address if different; and

3.19 ~~(11)~~ (12) the telephone number of the employer.

3.24 (c) An employer must provide earnings statements to an employee in writing, rather  
3.25 than by electronic means, if the employer has received at least 24 hours notice from an  
3.26 employee that the employee would like to receive earnings statements in written form. Once  
3.27 an employer has received notice from an employee that the employee would like to receive  
3.28 earnings statements in written form, the employer must comply with that request on an  
3.29 ongoing basis.

3.30 (d) At the start of employment, an employer shall provide each employee a written notice  
3.31 containing the following information:

4.1 (1) the rate or rates of pay and basis thereof, including whether the employee is paid by  
4.2 the hour, shift, day, week, salary, piece, commission, or other method, and the specific  
4.3 application of any additional rates;

4.4 (2) allowances, if any, claimed pursuant to permitted meals and lodging;

4.5 (3) paid vacation, sick time, or other paid time-off accruals and terms of use;

4.6 (4) the employee's employment status and whether the employee is exempt from minimum  
4.7 wage, overtime, and other provisions of chapter 177, and on what basis;

4.8 (5) a list of deductions that may be made from the employee's pay;

4.9 (6) the number of days in the pay period, the regularly scheduled pay day, and the pay  
4.10 day on which the employee will receive the first payment of wages earned;

4.11 (7) the legal name of the employer and the operating name of the employer if different  
4.12 from the legal name;

4.13 (8) the physical address of the employer's main office or principal place of business, and  
4.14 a mailing address if different; and

4.15 (9) the telephone number of the employer.

4.16 (e) The employer must keep a copy of the notice under paragraph (d) signed by each  
4.17 employee acknowledging receipt of the notice. The notice must be provided to each employee  
4.18 in English. The English version of the notice must include text provided by the commissioner  
4.19 that informs employees that they may request, by indicating on the form, the notice be  
4.20 provided in a particular language. If requested, the employer shall provide the notice in the  
4.21 language requested by the employee. The commissioner shall make available to employers  
4.22 the text to be included in the English version of the notice required by this section and assist  
4.23 employers with translation of the notice in the languages requested by their employees.

4.24 (f) An employer must provide the employee any written changes to the information  
4.25 contained in the notice under paragraph (d) prior to the date the changes take effect.

4.26 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
4.27 2025.

3.20 (c) An employer must provide earnings statements to an employee in writing, rather  
3.21 than by electronic means, if the employer has received at least 24 hours notice from an  
3.22 employee that the employee would like to receive earnings statements in written form. Once  
3.23 an employer has received notice from an employee that the employee would like to receive  
3.24 earnings statements in written form, the employer must comply with that request on an  
3.25 ongoing basis.

3.26 (d) At the start of employment, an employer shall provide each employee a written notice  
3.27 containing the following information:

3.28 (1) the rate or rates of pay and basis thereof, including whether the employee is paid by  
3.29 the hour, shift, day, week, salary, piece, commission, or other method, and the specific  
3.30 application of any additional rates;

3.31 (2) allowances, if any, claimed pursuant to permitted meals and lodging;

4.1 (3) paid vacation, sick time, or other paid time-off accruals and terms of use;

4.2 (4) the employee's employment status and whether the employee is exempt from minimum  
4.3 wage, overtime, and other provisions of chapter 177, and on what basis;

4.4 (5) a list of deductions that may be made from the employee's pay;

4.5 (6) the number of days in the pay period, the regularly scheduled pay day, and the pay  
4.6 day on which the employee will receive the first payment of wages earned;

4.7 (7) the legal name of the employer and the operating name of the employer if different  
4.8 from the legal name;

4.9 (8) the physical address of the employer's main office or principal place of business, and  
4.10 a mailing address if different; and

4.11 (9) the telephone number of the employer.

4.12 (e) The employer must keep a copy of the notice under paragraph (d) signed by each  
4.13 employee acknowledging receipt of the notice. The notice must be provided to each employee  
4.14 in English. The English version of the notice must include text provided by the commissioner  
4.15 that informs employees that they may request, by indicating on the form, the notice be  
4.16 provided in a particular language. If requested, the employer shall provide the notice in the  
4.17 language requested by the employee. The commissioner shall make available to employers  
4.18 the text to be included in the English version of the notice required by this section and assist  
4.19 employers with translation of the notice in the languages requested by their employees.

4.20 (f) An employer must provide the employee any written changes to the information  
4.21 contained in the notice under paragraph (d) prior to the date the changes take effect.

4.22 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
4.23 2025.

- 68.15 Section 1. Minnesota Statutes 2022, section 256B.057, subdivision 9, is amended to read:
- 68.16 Subd. 9. **Employed persons with disabilities.** (a) Medical assistance may be paid for
- 68.17 a person who is employed and who:
- 68.18 (1) but for excess earnings or assets, meets the definition of disabled under the
- 68.19 Supplemental Security Income program;
- 68.20 (2) meets the asset limits in paragraph (d); and
- 68.21 (3) pays a premium and other obligations under paragraph (e).
- 68.22 (b) For purposes of eligibility, there is a \$65 earned income disregard. To be eligible
- 68.23 for medical assistance under this subdivision, a person must have more than \$65 of earned
- 68.24 income, be receiving an unemployment insurance benefit under chapter 268 that the person
- 68.25 began receiving while eligible under this subdivision, or be receiving family and medical
- 68.26 leave benefits under chapter 268B that the person began receiving while eligible under this
- 68.27 subdivision. Earned income must have Medicare, Social Security, and applicable state and
- 68.28 federal taxes withheld. The person must document earned income tax withholding. Any
- 68.29 spousal income or assets shall be disregarded for purposes of eligibility and premium
- 68.30 determinations.
- 69.1 (c) After the month of enrollment, a person enrolled in medical assistance under this
- 69.2 subdivision who would otherwise be ineligible and be disenrolled due to one of the following
- 69.3 circumstances may retain eligibility for up to four consecutive months after a month of job
- 69.4 loss if the person:
- 69.5 (1) is temporarily unable to work and without receipt of earned income due to a medical
- 69.6 condition, as verified by a physician, advanced practice registered nurse, or physician
- 69.7 assistant; or
- 69.8 (2) loses employment for reasons not attributable to the enrollee, and is without receipt
- 69.9 of earned income may retain eligibility for up to four consecutive months after the month
- 69.10 of job loss.
- 69.11 To receive a four-month extension of continued eligibility under this paragraph, enrollees
- 69.12 must verify the medical condition or provide notification of job loss, continue to meet all
- 69.13 other eligibility requirements must be met, and the enrollee must continue to pay all
- 69.14 calculated premium costs for continued eligibility.
- 69.15 (d) For purposes of determining eligibility under this subdivision, a person's assets must
- 69.16 not exceed \$20,000, excluding:
- 69.17 (1) all assets excluded under section 256B.056;
- 69.18 (2) retirement accounts, including individual accounts, 401(k) plans, 403(b) plans, Keogh
- 69.19 plans, and pension plans;
- 69.20 (3) medical expense accounts set up through the person's employer; and

- 69.21 (4) spousal assets, including spouse's share of jointly held assets.
- 69.22 (e) All enrollees must pay a premium to be eligible for medical assistance under this
- 69.23 subdivision, except as provided under clause (5).
- 69.24 (1) An enrollee must pay the greater of a \$35 premium or the premium calculated based
- 69.25 on the person's gross earned and unearned income and the applicable family size using a
- 69.26 sliding fee scale established by the commissioner, which begins at one percent of income
- 69.27 at 100 percent of the federal poverty guidelines and increases to 7.5 percent of income for
- 69.28 those with incomes at or above 300 percent of the federal poverty guidelines.
- 69.29 (2) Annual adjustments in the premium schedule based upon changes in the federal
- 69.30 poverty guidelines shall be effective for premiums due in July of each year.
- 69.31 (3) All enrollees who receive unearned income must pay one-half of one percent of
- 69.32 unearned income in addition to the premium amount, except as provided under clause (5).
- 70.1 (4) Increases in benefits under title II of the Social Security Act shall not be counted as
- 70.2 income for purposes of this subdivision until July 1 of each year.
- 70.3 (5) Effective July 1, 2009, American Indians are exempt from paying premiums as
- 70.4 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public
- 70.5 Law 111-5. For purposes of this clause, an American Indian is any person who meets the
- 70.6 definition of Indian according to Code of Federal Regulations, title 42, section 447.50.
- 70.7 (f) A person's eligibility and premium shall be determined by the local county agency.
- 70.8 Premiums must be paid to the commissioner. All premiums are dedicated to the
- 70.9 commissioner.
- 70.10 (g) Any required premium shall be determined at application and redetermined at the
- 70.11 enrollee's six-month income review or when a change in income or household size is reported.
- 70.12 Enrollees must report any change in income or household size within ten days of when the
- 70.13 change occurs. A decreased premium resulting from a reported change in income or
- 70.14 household size shall be effective the first day of the next available billing month after the
- 70.15 change is reported. Except for changes occurring from annual cost-of-living increases, a
- 70.16 change resulting in an increased premium shall not affect the premium amount until the
- 70.17 next six-month review.
- 70.18 (h) Premium payment is due upon notification from the commissioner of the premium
- 70.19 amount required. Premiums may be paid in installments at the discretion of the commissioner.
- 70.20 (i) Nonpayment of the premium shall result in denial or termination of medical assistance
- 70.21 unless the person demonstrates good cause for nonpayment. "Good cause" means an excuse
- 70.22 for the enrollee's failure to pay the required premium when due because the circumstances
- 70.23 were beyond the enrollee's control or not reasonably foreseeable. The commissioner shall
- 70.24 determine whether good cause exists based on the weight of the supporting evidence
- 70.25 submitted by the enrollee to demonstrate good cause. Except when an installment agreement
- 70.26 is accepted by the commissioner, all persons disenrolled for nonpayment of a premium must

4.28 Sec. 5. Minnesota Statutes 2022, section 256B.0659, subdivision 18, is amended to read:

4.29 Subd. 18. **Personal care assistance choice option; generally.** (a) The commissioner  
4.30 may allow a recipient of personal care assistance services to use a fiscal intermediary to  
4.31 assist the recipient in paying and accounting for medically necessary covered personal care  
5.1 assistance services. Unless otherwise provided in this section, all other statutory and  
5.2 regulatory provisions relating to personal care assistance services apply to a recipient using  
5.3 the personal care assistance choice option.

5.4 (b) Personal care assistance choice is an option of the personal care assistance program  
5.5 that allows the recipient who receives personal care assistance services to be responsible  
5.6 for the hiring, training, scheduling, and firing of personal care assistants according to the  
5.7 terms of the written agreement with the personal care assistance choice agency required  
5.8 under subdivision 20, paragraph (a). This program offers greater control and choice for the  
5.9 recipient in who provides the personal care assistance service and when the service is  
5.10 scheduled. The recipient or the recipient's responsible party must choose a personal care  
5.11 assistance choice provider agency as a fiscal intermediary. This personal care assistance  
5.12 choice provider agency manages payroll, invoices the state, is responsible for all  
5.13 payroll-related taxes and insurance, including premiums for family and medical benefit  
5.14 insurance, and is responsible for providing the consumer training and support in managing  
5.15 the recipient's personal care assistance services.

5.16 Sec. 6. Minnesota Statutes 2022, section 256B.85, subdivision 13, is amended to read:

5.17 Subd. 13. **Budget model.** (a) Under the budget model participants exercise responsibility  
5.18 and control over the services and supports described and budgeted within the CFSS service  
5.19 delivery plan. Participants must use services specified in subdivision 13a provided by an  
5.20 FMS provider. Under this model, participants may use their approved service budget  
5.21 allocation to:

5.22 (1) directly employ support workers, and pay wages, federal and state payroll taxes, and  
5.23 premiums for workers' compensation, liability, family and medical benefit insurance, and  
5.24 health insurance coverage; and

5.25 (2) obtain supports and goods as defined in subdivision 7.

70.27 pay any past due premiums as well as current premiums due prior to being reenrolled.  
70.28 Nonpayment shall include payment with a returned, refused, or dishonored instrument. The  
70.29 commissioner may require a guaranteed form of payment as the only means to replace a  
70.30 returned, refused, or dishonored instrument.

70.31 (j) For enrollees whose income does not exceed 200 percent of the federal poverty  
70.32 guidelines and who are also enrolled in Medicare, the commissioner shall reimburse the  
70.33 enrollee for Medicare part B premiums under section 256B.0625, subdivision 15, paragraph  
70.34 (a).

5.26 (b) Participants who are unable to fulfill any of the functions listed in paragraph (a) may  
5.27 authorize a legal representative or participant's representative to do so on their behalf.

5.28 (c) If two or more participants using the budget model live in the same household and  
5.29 have the same support worker, the participants must use the same FMS provider.

5.30 (d) If the FMS provider advises that there is a joint employer in the budget model, all  
5.31 participants associated with that joint employer must use the same FMS provider.

6.1 (e) The commissioner shall disenroll or exclude participants from the budget model and  
6.2 transfer them to the agency-provider model under, but not limited to, the following  
6.3 circumstances:

6.4 (1) when a participant has been restricted by the Minnesota restricted recipient program,  
6.5 in which case the participant may be excluded for a specified time period under Minnesota  
6.6 Rules, parts 9505.2160 to 9505.2245;

6.7 (2) when a participant exits the budget model during the participant's service plan year.  
6.8 Upon transfer, the participant shall not access the budget model for the remainder of that  
6.9 service plan year; or

6.10 (3) when the department determines that the participant or participant's representative  
6.11 or legal representative is unable to fulfill the responsibilities under the budget model, as  
6.12 specified in subdivision 14.

6.13 (f) A participant may appeal in writing to the department under section 256.045,  
6.14 subdivision 3, to contest the department's decision under paragraph (e), clause (3), to disenroll  
6.15 or exclude the participant from the budget model.

6.16 Sec. 7. Minnesota Statutes 2022, section 256B.85, subdivision 13a, is amended to read:

6.17 Subd. 13a. **Financial management services.** (a) Services provided by an FMS provider  
6.18 include but are not limited to: filing and payment of federal and state payroll taxes and  
6.19 premiums on behalf of the participant; initiating and complying with background study  
6.20 requirements under chapter 245C and maintaining documentation of background study  
6.21 requests and results; billing for approved CFSS services with authorized funds; monitoring  
6.22 expenditures; accounting for and disbursing CFSS funds; providing assistance in obtaining  
6.23 and filing for liability, workers' compensation, family and medical benefit insurance, and  
6.24 unemployment coverage; and providing participant instruction and technical assistance to  
6.25 the participant in fulfilling employer-related requirements in accordance with section 3504  
6.26 of the Internal Revenue Code and related regulations and interpretations, including Code  
6.27 of Federal Regulations, title 26, section 31.3504-1.

6.28 (b) Agency-provider services shall not be provided by the FMS provider.

6.29 (c) The FMS provider shall provide service functions as determined by the commissioner  
6.30 for budget model participants that include but are not limited to:

- 6.31 (1) assistance with the development of the detailed budget for expenditures portion of  
6.32 the CFSS service delivery plan as requested by the consultation services provider or  
6.33 participant;
- 7.1 (2) data recording and reporting of participant spending;
- 7.2 (3) other duties established by the department, including with respect to providing  
7.3 assistance to the participant, participant's representative, or legal representative in performing  
7.4 employer responsibilities regarding support workers. The support worker shall not be  
7.5 considered the employee of the FMS provider; and
- 7.6 (4) billing, payment, and accounting of approved expenditures for goods.
- 7.7 (d) The FMS provider shall obtain an assurance statement from the participant employer  
7.8 agreeing to follow state and federal regulations and CFSS policies regarding employment  
7.9 of support workers.
- 7.10 (e) The FMS provider shall:
- 7.11 (1) not limit or restrict the participant's choice of service or support providers or service  
7.12 delivery models consistent with any applicable state and federal requirements;
- 7.13 (2) provide the participant, consultation services provider, and case manager or care  
7.14 coordinator, if applicable, with a monthly written summary of the spending for services and  
7.15 supports that were billed against the spending budget;
- 7.16 (3) be knowledgeable of state and federal employment regulations, including those under  
7.17 the Fair Labor Standards Act of 1938, and comply with the requirements under chapter  
7.18 268B and section 3504 of the Internal Revenue Code and related regulations and  
7.19 interpretations, including Code of Federal Regulations, title 26, section 31.3504-1, regarding  
7.20 agency employer tax liability for vendor fiscal/employer agent, and any requirements  
7.21 necessary to process employer and employee deductions, provide appropriate and timely  
7.22 submission of employer tax liabilities, and maintain documentation to support medical  
7.23 assistance claims;
- 7.24 (4) have current and adequate liability insurance and bonding and sufficient cash flow  
7.25 as determined by the commissioner and have on staff or under contract a certified public  
7.26 accountant or an individual with a baccalaureate degree in accounting;
- 7.27 (5) assume fiscal accountability for state funds designated for the program and be held  
7.28 liable for any overpayments or violations of applicable statutes or rules, including but not  
7.29 limited to the Minnesota False Claims Act, chapter 15C;
- 7.30 (6) maintain documentation of receipts, invoices, and bills to track all services and  
7.31 supports expenditures for any goods purchased and maintain time records of support workers.  
7.32 The documentation and time records must be maintained for a minimum of five years from  
7.33 the claim date and be available for audit or review upon request by the commissioner. Claims  
8.1 submitted by the FMS provider to the commissioner for payment must correspond with



8.2 services, amounts, and time periods as authorized in the participant's service budget and  
8.3 service plan and must contain specific identifying information as determined by the  
8.4 commissioner; and

8.5 (7) provide written notice to the participant or the participant's representative at least 30  
8.6 calendar days before a proposed service termination becomes effective.

8.7 (f) The commissioner shall:

8.8 (1) establish rates and payment methodology for the FMS provider;

8.9 (2) identify a process to ensure quality and performance standards for the FMS provider  
8.10 and ensure statewide access to FMS providers; and

8.11 (3) establish a uniform protocol for delivering and administering CFSS services to be  
8.12 used by eligible FMS providers.

8.13 Sec. 8. Minnesota Statutes 2022, section 268.19, subdivision 1, is amended to read:

8.14 Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from  
8.15 any person under the administration of the Minnesota Unemployment Insurance Law are  
8.16 private data on individuals or nonpublic data not on individuals as defined in section 13.02,  
8.17 subdivisions 9 and 12, and may not be disclosed except according to a district court order  
8.18 or section 13.05. A subpoena is not considered a district court order. These data may be  
8.19 disseminated to and used by the following agencies without the consent of the subject of  
8.20 the data:

8.21 (1) state and federal agencies specifically authorized access to the data by state or federal  
8.22 law;

8.23 (2) any agency of any other state or any federal agency charged with the administration  
8.24 of an unemployment insurance program;

8.25 (3) any agency responsible for the maintenance of a system of public employment offices  
8.26 for the purpose of assisting individuals in obtaining employment;

8.27 (4) the public authority responsible for child support in Minnesota or any other state in  
8.28 accordance with section 256.978;

8.29 (5) human rights agencies within Minnesota that have enforcement powers;

8.30 (6) the Department of Revenue to the extent necessary for its duties under Minnesota  
8.31 laws;

9.1 (7) public and private agencies responsible for administering publicly financed assistance  
9.2 programs for the purpose of monitoring the eligibility of the program's recipients;

9.3 (8) the Department of Labor and Industry and the Commerce Fraud Bureau in the  
9.4 Department of Commerce for uses consistent with the administration of their duties under  
9.5 Minnesota law;

4.24 Sec. 4. Minnesota Statutes 2022, section 268.19, subdivision 1, is amended to read:

4.25 Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from  
4.26 any person under the administration of the Minnesota Unemployment Insurance Law are  
4.27 private data on individuals or nonpublic data not on individuals as defined in section 13.02,  
4.28 subdivisions 9 and 12, and may not be disclosed except according to a district court order  
4.29 or section 13.05. A subpoena is not considered a district court order. These data may be  
4.30 disseminated to and used by the following agencies without the consent of the subject of  
4.31 the data:

5.1 (1) state and federal agencies specifically authorized access to the data by state or federal  
5.2 law;

5.3 (2) any agency of any other state or any federal agency charged with the administration  
5.4 of an unemployment insurance program;

5.5 (3) any agency responsible for the maintenance of a system of public employment offices  
5.6 for the purpose of assisting individuals in obtaining employment;

5.7 (4) the public authority responsible for child support in Minnesota or any other state in  
5.8 accordance with section 256.978;

5.9 (5) human rights agencies within Minnesota that have enforcement powers;

5.10 (6) the Department of Revenue to the extent necessary for its duties under Minnesota  
5.11 laws;

5.12 (7) public and private agencies responsible for administering publicly financed assistance  
5.13 programs for the purpose of monitoring the eligibility of the program's recipients;

5.14 (8) the Department of Labor and Industry and the Commerce Fraud Bureau in the  
5.15 Department of Commerce for uses consistent with the administration of their duties under  
5.16 Minnesota law;

9.6 (9) the Department of Human Services and the Office of Inspector General and its agents  
 9.7 within the Department of Human Services, including county fraud investigators, for  
 9.8 investigations related to recipient or provider fraud and employees of providers when the  
 9.9 provider is suspected of committing public assistance fraud;

9.10 (10) local and state welfare agencies for monitoring the eligibility of the data subject  
 9.11 for assistance programs, or for any employment or training program administered by those  
 9.12 agencies, whether alone, in combination with another welfare agency, or in conjunction  
 9.13 with the department or to monitor and evaluate the statewide Minnesota family investment  
 9.14 program and other cash assistance programs, the Supplemental Nutrition Assistance Program,  
 9.15 and the Supplemental Nutrition Assistance Program Employment and Training program by  
 9.16 providing data on recipients and former recipients of Supplemental Nutrition Assistance  
 9.17 Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child  
 9.18 care assistance under chapter 119B, or medical programs under chapter 256B or 256L or  
 9.19 formerly codified under chapter 256D;

9.20 (11) local and state welfare agencies for the purpose of identifying employment, wages,  
 9.21 and other information to assist in the collection of an overpayment debt in an assistance  
 9.22 program;

9.23 (12) local, state, and federal law enforcement agencies for the purpose of ascertaining  
 9.24 the last known address and employment location of an individual who is the subject of a  
 9.25 criminal investigation;

9.26 (13) the United States Immigration and Customs Enforcement has access to data on  
 9.27 specific individuals and specific employers provided the specific individual or specific  
 9.28 employer is the subject of an investigation by that agency;

9.29 (14) the Department of Health for the purposes of epidemiologic investigations;

9.30 (15) the Department of Corrections for the purposes of case planning and internal research  
 9.31 for preprobation, probation, and postprobation employment tracking of offenders sentenced  
 9.32 to probation and preconfinement and postconfinement employment tracking of committed  
 9.33 offenders;

10.1 (16) the state auditor to the extent necessary to conduct audits of job opportunity building  
 10.2 zones as required under section 469.3201; ~~and~~

10.3 (17) the Office of Higher Education for purposes of supporting program improvement,  
 10.4 system evaluation, and research initiatives including the Statewide Longitudinal Education  
 10.5 Data System; and

10.6 (18) the Family and Medical Benefits Division of the Department of Employment and  
 10.7 Economic Development to be used as necessary to administer chapter 268B.

10.8 (b) Data on individuals and employers that are collected, maintained, or used by the  
 10.9 department in an investigation under section 268.182 are confidential as to data on individuals  
 10.10 and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3

5.17 (9) the Department of Human Services and the Office of Inspector General and its agents  
 5.18 within the Department of Human Services, including county fraud investigators, for  
 5.19 investigations related to recipient or provider fraud and employees of providers when the  
 5.20 provider is suspected of committing public assistance fraud;

5.21 (10) local and state welfare agencies for monitoring the eligibility of the data subject  
 5.22 for assistance programs, or for any employment or training program administered by those  
 5.23 agencies, whether alone, in combination with another welfare agency, or in conjunction  
 5.24 with the department or to monitor and evaluate the statewide Minnesota family investment  
 5.25 program and other cash assistance programs, the Supplemental Nutrition Assistance Program,  
 5.26 and the Supplemental Nutrition Assistance Program Employment and Training program by  
 5.27 providing data on recipients and former recipients of Supplemental Nutrition Assistance  
 5.28 Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child  
 5.29 care assistance under chapter 119B, or medical programs under chapter 256B or 256L or  
 5.30 formerly codified under chapter 256D;

5.31 (11) local and state welfare agencies for the purpose of identifying employment, wages,  
 5.32 and other information to assist in the collection of an overpayment debt in an assistance  
 5.33 program;

6.1 (12) local, state, and federal law enforcement agencies for the purpose of ascertaining  
 6.2 the last known address and employment location of an individual who is the subject of a  
 6.3 criminal investigation;

6.4 (13) the United States Immigration and Customs Enforcement has access to data on  
 6.5 specific individuals and specific employers provided the specific individual or specific  
 6.6 employer is the subject of an investigation by that agency;

6.7 (14) the Department of Health for the purposes of epidemiologic investigations;

6.8 (15) the Department of Corrections for the purposes of case planning and internal research  
 6.9 for preprobation, probation, and postprobation employment tracking of offenders sentenced  
 6.10 to probation and preconfinement and postconfinement employment tracking of committed  
 6.11 offenders;

6.12 (16) the state auditor to the extent necessary to conduct audits of job opportunity building  
 6.13 zones as required under section 469.3201; ~~and~~

6.14 (17) the Office of Higher Education for purposes of supporting program improvement,  
 6.15 system evaluation, and research initiatives including the Statewide Longitudinal Education  
 6.16 Data System; and

6.17 (18) the Family and Medical Benefits Division of the Department of Employment and  
 6.18 Economic Development to be used as necessary to administer chapter 268B.

6.19 (b) Data on individuals and employers that are collected, maintained, or used by the  
 6.20 department in an investigation under section 268.182 are confidential as to data on individuals  
 6.21 and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3

10.11 and 13, and must not be disclosed except under statute or district court order or to a party  
10.12 named in a criminal proceeding, administrative or judicial, for preparation of a defense.

10.13 (c) Data gathered by the department in the administration of the Minnesota unemployment  
10.14 insurance program must not be made the subject or the basis for any suit in any civil  
10.15 proceedings, administrative or judicial, unless the action is initiated by the department.

10.16 **EFFECTIVE DATE.** This section is effective July 1, 2023.

10.17 **Sec. 9. [268B.01] DEFINITIONS.**

10.18 Subdivision 1. **Scope.** For the purposes of this chapter, the terms defined in this section  
10.19 have the meanings given.

10.20 Subd. 2. **Applicant.** "Applicant" means an individual applying for leave with benefits  
10.21 under this chapter.

10.22 Subd. 3. **Applicant's average weekly wage.** "Applicant's average weekly wage" means  
10.23 an amount equal to the applicant's high quarter wage credits divided by 13.

10.24 Subd. 4. **Base period.** (a) "Base period," unless otherwise provided in this subdivision,  
10.25 means the most recent four completed calendar quarters before the effective date of an  
10.26 applicant's application for family or medical leave benefits if the application has an effective  
10.27 date occurring after the month following the most recent completed calendar quarter. The  
10.28 base period under this paragraph is as follows:

10.29 If the application for family or medical leave  
10.30 benefits is effective on or between these  
10.31 dates:

The base period is the prior:

10.32 February 1 to March 31

January 1 to December 31

10.33 May 1 to June 30

April 1 to March 31

11.1 August 1 to September 30

July 1 to June 30

11.2 November 1 to December 31

October 1 to September 30

11.3 (b) If an application for family or medical leave benefits has an effective date that is  
11.4 during the month following the most recent completed calendar quarter, then the base period  
11.5 is the first four of the most recent five completed calendar quarters before the effective date  
11.6 of an applicant's application for family or medical leave benefits. The base period under  
11.7 this paragraph is as follows:

6.22 and 13, and must not be disclosed except under statute or district court order or to a party  
6.23 named in a criminal proceeding, administrative or judicial, for preparation of a defense.

6.24 (c) Data gathered by the department in the administration of the Minnesota unemployment  
6.25 insurance program must not be made the subject or the basis for any suit in any civil  
6.26 proceedings, administrative or judicial, unless the action is initiated by the department.

6.27 **EFFECTIVE DATE.** This section is effective July 1, 2023.

6.28 **Sec. 5. [268B.01] DEFINITIONS.**

6.29 Subdivision 1. **Scope.** For the purposes of this chapter, the terms defined in this section  
6.30 have the meanings given.

6.31 Subd. 2. **Applicant.** "Applicant" means an individual applying for leave with benefits  
6.32 under this chapter.

7.1 Subd. 3. **Applicant's average weekly wage.** "Applicant's average weekly wage" means  
7.2 an amount equal to the applicant's high quarter wage credits divided by 13.

7.3 Subd. 4. **Base period.** (a) "Base period," unless otherwise provided in this subdivision,  
7.4 means the most recent four completed calendar quarters before the effective date of an  
7.5 applicant's application for family or medical leave benefits if the application has an effective  
7.6 date occurring after the month following the most recent completed calendar quarter. The  
7.7 base period under this paragraph is as follows:

7.8 If the application for family or medical leave  
7.9 benefits is effective on or between these  
7.10 dates:

The base period is the prior:

7.11 February 1 to March 31

January 1 to December 31

7.12 May 1 to June 30

April 1 to March 31

7.13 August 1 to September 30

July 1 to June 30

7.14 November 1 to December 31

October 1 to September 30

7.15 (b) If an application for family or medical leave benefits has an effective date that is  
7.16 during the month following the most recent completed calendar quarter, then the base period  
7.17 is the first four of the most recent five completed calendar quarters before the effective date  
7.18 of an applicant's application for family or medical leave benefits. The base period under  
7.19 this paragraph is as follows:

- 11.8 If the application for family or medical leave
- 11.9 benefits is effective on or between these
- 11.10 dates:                                    The base period is the prior:
- 11.11 January 1 to January 31                                    October 1 to September 30
- 11.12 April 1 to April 30                                    January 1 to December 31
- 11.13 July 1 to July 31                                    April 1 to March 31
- 11.14 October 1 to October 31                                    July 1 to June 30

11.15 (c) Regardless of paragraph (a), a base period of the first four of the most recent five  
 11.16 completed calendar quarters must be used if the applicant would have more wage credits  
 11.17 under that base period than under a base period of the four most recent completed calendar  
 11.18 quarters.

11.19 (d) If the applicant has insufficient wage credits to establish a benefit account under a  
 11.20 base period of the four most recent completed calendar quarters, or a base period of the first  
 11.21 four of the most recent five completed calendar quarters, but during either base period the  
 11.22 applicant received workers' compensation for temporary disability under chapter 176 or a  
 11.23 similar federal law or similar law of another state, or if the applicant whose own serious  
 11.24 illness caused a loss of work for which the applicant received compensation for loss of  
 11.25 wages from some other source, the applicant may request a base period as follows:

11.26 (1) if an applicant was compensated for a loss of work of seven to 13 weeks during a  
 11.27 base period referred to in paragraph (a) or (b), then the base period is the first four of the  
 11.28 most recent six completed calendar quarters before the effective date of the application for  
 11.29 family or medical leave benefits;

11.30 (2) if an applicant was compensated for a loss of work of 14 to 26 weeks during a base  
 11.31 period referred to in paragraph (a) or (b), then the base period is the first four of the most  
 11.32 recent seven completed calendar quarters before the effective date of the application for  
 11.33 family or medical leave benefits;

11.34 (3) if an applicant was compensated for a loss of work of 27 to 39 weeks during a base  
 11.35 period referred to in paragraph (a) or (b), then the base period is the first four of the most  
 12.1 recent eight completed calendar quarters before the effective date of the application for  
 12.2 family or medical leave benefits; and

12.3 (4) if an applicant was compensated for a loss of work of 40 to 52 weeks during a base  
 12.4 period referred to in paragraph (a) or (b), then the base period is the first four of the most  
 12.5 recent nine completed calendar quarters before the effective date of the application for  
 12.6 family or medical leave benefits.

- 7.20 If the application for family or medical leave
- 7.21 benefits is effective on or between these
- 7.22 dates:                                    The base period is the prior:
- 7.23 January 1 to January 31                                    October 1 to September 30
- 7.24 April 1 to April 30                                    January 1 to December 31
- 7.25 July 1 to July 31                                    April 1 to March 31
- 7.26 October 1 to October 31                                    July 1 to June 30

7.27 (c) Regardless of paragraph (a), a base period of the first four of the most recent five  
 7.28 completed calendar quarters must be used if the applicant would have more wage credits  
 7.29 under that base period than under a base period of the four most recent completed calendar  
 7.30 quarters.

7.31 (d) If the applicant has insufficient wage credits to establish a benefit account under a  
 7.32 base period of the four most recent completed calendar quarters, or a base period of the first  
 7.33 four of the most recent five completed calendar quarters, but during either base period the  
 7.34 applicant received workers' compensation for temporary disability under chapter 176 or a  
 7.35 similar federal law or similar law of another state, or if the applicant whose own serious  
 8.1 illness caused a loss of work for which the applicant received compensation for loss of  
 8.2 wages from some other source, the applicant may request a base period as follows:

8.3 (1) if an applicant was compensated for a loss of work of seven to 13 weeks during a  
 8.4 base period referred to in paragraph (a) or (b), then the base period is the first four of the  
 8.5 most recent six completed calendar quarters before the effective date of the application for  
 8.6 family or medical leave benefits;

8.7 (2) if an applicant was compensated for a loss of work of 14 to 26 weeks during a base  
 8.8 period referred to in paragraph (a) or (b), then the base period is the first four of the most  
 8.9 recent seven completed calendar quarters before the effective date of the application for  
 8.10 family or medical leave benefits;

8.11 (3) if an applicant was compensated for a loss of work of 27 to 39 weeks during a base  
 8.12 period referred to in paragraph (a) or (b), then the base period is the first four of the most  
 8.13 recent eight completed calendar quarters before the effective date of the application for  
 8.14 family or medical leave benefits; and

8.15 (4) if an applicant was compensated for a loss of work of 40 to 52 weeks during a base  
 8.16 period referred to in paragraph (a) or (b), then the base period is the first four of the most  
 8.17 recent nine completed calendar quarters before the effective date of the application for  
 8.18 family or medical leave benefits.

12.7 (e) For an applicant under a private plan as provided in section 268B.10, the base period  
 12.8 is those most recent four quarters in which wage credits were earned with the current  
 12.9 employer as provided by the current employer. If an employer does not have four quarters  
 12.10 of wage detail information, the employer must accept an employee's certification of wage  
 12.11 credits, based on the employee's records. If the employee does not provide certification of  
 12.12 additional wage credits, the employer may use a base period that consists of all available  
 12.13 quarters.

12.14 Subd. 5. **Benefit.** "Benefit" or "benefits" means monetary payments under this chapter  
 12.15 associated with qualifying bonding, family care, pregnancy, serious health condition,  
 12.16 qualifying exigency, or safety leave events, unless otherwise indicated by context.

12.17 Subd. 6. **Benefit account.** "Benefit account" means a benefit account established under  
 12.18 section 268B.04.

12.19 Subd. 7. **Benefit year.** (a) Except as provided in paragraph (b), "benefit year" means  
 12.20 the period of 52 calendar weeks beginning the date a benefit account under section 268B.04  
 12.21 is effective. For a benefit account established effective any January 1, April 1, July 1, or  
 12.22 October 1, the benefit year will be a period of 53 calendar weeks.

12.23 (b) For a private plan under section 268B.10, "benefit year" means:

12.24 (1) a calendar year;

12.25 (2) any fixed 12-month period, such as a fiscal year or a 12-month period measured  
 12.26 forward from an employee's first date of employment;

12.27 (3) a 12-month period measured forward from an employee's first day of leave taken;  
 12.28 or

12.29 (4) a rolling 12-month period measured backward from an employee's first day of leave  
 12.30 taken.

12.31 Employers are required to notify employees of their benefit year within 30 days of the  
 12.32 private plan approval and first day of employment.

13.1 Subd. 8. **Bonding.** "Bonding" means time spent by an applicant who is a biological,  
 13.2 adoptive, or foster parent with a biological, adopted, or foster child in conjunction with the  
 13.3 child's birth, adoption, or placement.

13.4 Subd. 9. **Calendar day.** "Calendar day" or "day" means a fixed 24-hour period  
 13.5 corresponding to a single calendar date.

13.6 Subd. 10. **Calendar quarter.** "Calendar quarter" means the period of three consecutive  
 13.7 calendar months ending on March 31, June 30, September 30, or December 31.

13.8 Subd. 11. **Calendar week.** "Calendar week" has the same meaning as "week" under  
 13.9 subdivision 46.

8.19 (e) For an applicant under a private plan as provided in section 268B.10, the base period  
 8.20 shall be those most recent four quarters or fewer, as applicable, in which wage credits were  
 8.21 earned with the current employer as provided by the current employer. If an employer does  
 8.22 not have complete base period wage detail information, the employer may accept an  
 8.23 employee's certification of wage credits, based on the employee's records.

8.24 Subd. 5. **Benefit.** "Benefit" or "benefits" means monetary payments under this chapter  
 8.25 associated with qualifying bonding, family care, serious health condition, qualifying exigency,  
 8.26 or safety leave events, unless otherwise indicated by context.

8.27 Subd. 6. **Benefit account.** "Benefit account" means a benefit account established under  
 8.28 section 268B.04.

8.29 Subd. 7. **Benefit year.** (a) Except as provided in paragraph (b), "benefit year" means  
 8.30 the period of 52 calendar weeks beginning the date a benefit account under section 268B.04  
 8.31 is effective. For a benefit account established effective any January 1, April 1, July 1, or  
 8.32 October 1, the benefit year will be a period of 53 calendar weeks.

8.33 (b) For a private plan under section 268B.10, "benefit year" means:

9.1 (1) a calendar year;

9.2 (2) any fixed 12-month period, such as a fiscal year or a 12-month period measured  
 9.3 forward from an employee's first date of employment;

9.4 (3) a 12-month period measured forward from an employee's first day of leave taken;  
 9.5 or

9.6 (4) a rolling period measured backward from an employee's first day of leave taken.

9.7 Subd. 8. **Bonding.** "Bonding" means time spent by an applicant who is a biological,  
 9.8 adoptive, or foster parent with a biological, adopted, or foster child in conjunction with the  
 9.9 child's birth, adoption, or placement.

9.10 Subd. 9. **Calendar day.** "Calendar day" or "day" means a fixed 24-hour period  
 9.11 corresponding to a single calendar date.

9.12 Subd. 10. **Calendar quarter.** "Calendar quarter" means the period of three consecutive  
 9.13 calendar months ending on March 31, June 30, September 30, or December 31.

9.14 Subd. 11. **Calendar week.** "Calendar week" has the same meaning as "week" under  
 9.15 subdivision 48.

13.10 Subd. 12. **Commissioner.** "Commissioner" means the commissioner of employment  
13.11 and economic development, unless otherwise indicated by context.

13.12 Subd. 13. **Construction industry.** "Construction industry" means any construction,  
13.13 reconstruction, building erection, alteration, remodel, repair, renovation, rehabilitation,  
13.14 excavation, or demolition of any building, structure, facility utility, power plant, sewer,  
13.15 dam, highway, road, street, airport, bridge, or other improvement.

13.16 Subd. 14. **Covered active duty.** "Covered active duty" has the meaning given in United  
13.17 States Code, title 29, section 2611(14).

13.18 Subd. 15. **Covered employment.** (a) "Covered employment" means performing services  
13.19 of whatever nature, unlimited by the relationship of master and servant as known to the  
13.20 common law, or any other legal relationship performed for wages or under any contract  
13.21 calling for the performance of services, written or oral, express or implied.

13.22 (b) For the purposes of this chapter, covered employment means an employee's entire  
13.23 employment during a calendar quarter if:

13.24 (1) 50 percent or more of the employment during the calendar quarter is performed in  
13.25 Minnesota;

13.26 (2) 50 percent or more of the employment during the calendar quarter is not performed  
13.27 in Minnesota or any other state, or Canada, but some of the employment is performed in  
13.28 Minnesota and the employee's residence is in Minnesota during 50 percent or more of the  
13.29 calendar quarter; or

13.30 (3) 50 percent or more of the employment during the calendar quarter is not performed  
13.31 in Minnesota or any other state, or Canada, but the place from where the employee's  
13.32 employment is controlled and directed is based in Minnesota.

14.1 (c) "Covered employment" does not include:

14.2 (1) a self-employed individual; or

14.3 (2) an independent contractor.

14.4 Subd. 16. **Department.** "Department" means the Department of Employment and  
14.5 Economic Development, unless otherwise indicated by context.

14.6 Subd. 17. **Employee.** (a) "Employee" means an individual who performs services of  
14.7 whatever nature for an employer.

14.8 (b) Employee does not include employees of the United States of America, self-employed  
14.9 individuals, or independent contractors.

9.20 Subd. 13. **Commissioner.** "Commissioner" means the commissioner of employment  
9.21 and economic development, unless otherwise indicated by context.

9.16 Subd. 12. **Construction industry.** "Construction industry" means any construction,  
9.17 reconstruction, building erection, alteration, remodeling, repairing, renovation, rehabilitation,  
9.18 excavation, or demolition of any building, structure, facility utility, power plant, sewer,  
9.19 dam, highway, road, street, airport, bridge, or other improvement.

9.22 Subd. 14. **Covered employment.** (a) "Covered employment" means an employee of a  
9.23 covered employer:

9.24 (1) who spends more than 50 percent of his or her work time for that employer working  
9.25 in this state; or

9.26 (2) whose employment for the covered employer is based in this state and who regularly  
9.27 spends a substantial amount of his or her work time for that covered employer in this state  
9.28 and not more than 50 percent of his or her work time for that covered employer in another  
9.29 jurisdiction.

9.30 (b) "Covered employment" does not include:

9.31 (1) a self-employed individual;

10.1 (2) an independent contractor; or

10.2 (3) employment covered under the federal Railroad Unemployment Insurance Act.

10.3 Subd. 15. **Department.** "Department" means the Department of Employment and  
10.4 Economic Development, unless otherwise indicated by context.

10.5 Subd. 16. **Employee.** (a) "Employee" means an individual who performs services of  
10.6 whatever nature for an employer.

10.7 (b) Employee does not include employees of the United States of America, self-employed  
10.8 individuals, or independent contractors.

10.9 (c) Employee does not include seasonal employees who are employed for no more than  
10.10 150 days during any consecutive 52-week period. A seasonal employee whose employment

14.10 Subd. 18. **Employer.** (a) "Employer" means:

14.11 (1) any person, type of organization, or entity, including any partnership, association,

14.12 trust, estate, joint stock company, insurance company, limited liability company, or

14.13 corporation, whether domestic or foreign, or the receiver, trustee in bankruptcy, trustee, or

14.14 the legal representative of a deceased person, having any individual in covered employment;

14.15 (2) the state, state agencies, Minnesota State Colleges and Universities, University of

14.16 Minnesota, and other statewide public systems; **and**

14.17 (3) any municipality or local government entity, including but not limited to a county,

14.18 city, town, school district, Metropolitan Council, Metropolitan Airports Commission, housing

14.19 and redevelopment authority, port authority, economic development authority, sports facilities

14.20 authority, joint powers board or organization created under section 471.59, destination

14.21 medical center corporation, municipal corporation, quasimunicipal corporation, or other

14.22 political subdivision. An employer also includes charter schools.

14.23 (b) Employer does not include:

14.24 (1) the United States of America; or

14.25 (2) a self-employed individual who has elected and been approved for coverage under

14.26 section 268B.11 with regard to the self-employed individual's own coverage and benefits.

14.27 Subd. 19. **Estimated self-employment income.** "Estimated self-employment income"

14.28 means a self-employed individual's average net earnings from self-employment in the two

14.29 most recent taxable years. For a self-employed individual who had net earnings from

14.30 self-employment in only one of the years, the individual's estimated self-employment income

14.31 equals the individual's net earnings from self-employment in the year in which the individual

14.32 had net earnings from self-employment.

15.1 Subd. 20. **Family and medical benefit insurance account.** "Family and medical benefit

15.2 insurance account" means the family and medical benefit insurance account in the special

15.3 revenue fund in the state treasury under section 268B.02.

10.11 extends beyond 150 days during any consecutive 52-week period shall be considered an

10.12 employee for the purposes of this chapter retroactively to the first day of employment. For

10.13 purposes of this chapter, an employee who is working in the construction industry under a

10.14 bona fide collective agreement that requires employer contribution to a multiemployer health

10.15 plan pursuant to United States Code, title 29, section 186(c)(5), but only if the waiver is set

10.16 forth in clear and unambiguous terms in such collective bargaining agreement, is not

10.17 considered a seasonal employee.

10.18 Subd. 17. **Employer.** (a) "Employer" means:

10.19 (1) any person, type of organization, or entity, including any partnership, association,

10.20 trust, estate, joint stock company, insurance company, limited liability company, or

10.21 corporation, whether domestic or foreign, or the receiver, trustee in bankruptcy, trustee, or

10.22 the legal representative of a deceased person, having any individual in covered employment;

10.23 (2) the state, state agencies, Minnesota State Colleges and Universities, University of

10.24 Minnesota, and other statewide public systems;

10.25 (3) any municipality or local government entity, including but not limited to a county,

10.26 city, town, school district, Metropolitan Council, Metropolitan Airports Commission, housing

10.27 and redevelopment authority, port authority, economic development authority, sports facilities

10.28 authority, board or commission, joint powers board or organization created under section

10.29 471.59, destination medical center corporation, municipal corporation, quasimunicipal

10.30 corporation, or other political subdivision. An employer also includes charter schools; **and**

10.31 (4) the taxpaying employer as described in section 268.046, subdivision 1.

10.32 (b) Employer does not include:

11.1 (1) the United States of America; or

11.2 (2) a self-employed individual who has elected and been approved for coverage under

11.3 section 268B.11 with regard to the self-employed individual's own coverage and benefits.

11.4 Subd. 18. **Estimated self-employment income.** "Estimated self-employment income"

11.5 means a self-employed individual's net earnings from self-employment in the most recent

11.6 taxable year.

11.7 Subd. 19. **Family and medical benefit insurance account.** "Family and medical benefit

11.8 insurance account" means the family and medical benefit insurance account in the special

11.9 revenue fund in the state treasury under section 268B.02.

15.4 Subd. 21. **Family and medical benefit insurance enforcement account.** "Family and  
15.5 medical benefit insurance enforcement account" means the family and medical benefit  
15.6 insurance enforcement account in the state treasury under section 268B.185.

15.7 Subd. 22. **Family benefit program.** "Family benefit program" means the program  
15.8 administered under this chapter for the collection of premiums and payment of benefits  
15.9 related to family care, bonding, safety leave, and leave related to a qualifying exigency.

15.10 Subd. 23. **Family care.** "Family care" means an applicant caring for a family member  
15.11 with a serious health condition or caring for a family member who is a covered service  
15.12 member.

15.13 Subd. 24. **Family member.** (a) "Family member" means, with respect to an applicant:

15.14 (1) a spouse or domestic partner;

15.15 (2) a child, including a biological, adopted, or foster child, a stepchild, or a child to  
15.16 whom the applicant stands in loco parentis, is a legal guardian, or is a de facto parent;

15.17 (3) a parent or legal guardian of the applicant;

15.18 (4) a sibling;

15.19 (5) a grandchild;

15.20 (6) a grandparent or spouse's grandparent;

15.21 (7) a son-in-law or daughter-in-law; and

15.22 (8) an individual who has a relationship with the applicant that creates an expectation  
15.23 and reliance that the applicant care for the individual, whether or not the applicant and the  
15.24 individual reside together.

15.25 (b) For the purposes of this chapter, "grandchild" means a child of the applicant's child.

15.26 (c) For the purposes of this chapter, "grandparent" means a parent of the applicant's  
15.27 parent.

11.10 Subd. 20. **Family benefit program.** "Family benefit program" means the program  
11.11 administered under this chapter for the collection of premiums and payment of benefits  
11.12 related to family care, bonding, safety leave, and leave related to a qualifying exigency.

11.13 Subd. 21. **Family care.** "Family care" means an applicant caring for a family member  
11.14 with a serious health condition, caring for a family member who is a covered service member,  
11.15 or caring for a family member who is taking safety leave.

11.16 Subd. 22. **Family member.** (a) "Family member" means, with respect to an applicant:

11.17 (1) a spouse, including a domestic partner in a civil union or other registered domestic  
11.18 partnership recognized by the state, and a spouse's parent;

11.19 (2) a child and a child's spouse;

11.20 (3) a parent and a parent's spouse;

11.21 (4) a sibling and a sibling's spouse;

11.22 (5) a grandparent, a grandchild, or a spouse of a grandparent or grandchild; and

11.23 (6) an individual selected by the incapacitated person.

11.24 (b) For the purposes of this chapter, a child includes a stepchild; biological, adopted, or  
11.25 foster child of the applicant; or a child for whom the applicant is standing or stood in loco  
11.26 parentis.

11.27 (c) For the purposes of this chapter, a grandchild includes a stepgrandchild or biological,  
11.28 adopted, or foster grandchild of the applicant.

12.1 (e) For purposes of this chapter, a grandparent includes a stepgrandparent or biological,  
12.2 adoptive, or foster grandparent of the applicant.



15.28 (d) For the purposes of this chapter, "parent" means the biological, adoptive, de facto,  
 15.29 or foster parent, stepparent, or legal guardian of an applicant or the applicant's spouse, or  
 15.30 an individual who stood in loco parentis to an applicant when the applicant was a child.

15.31 Subd. 25. **Health care provider.** "Health care provider" means:

16.1 (1) an individual who is licensed, certified, or otherwise authorized under law to practice  
 16.2 in the individual's scope of practice as a physician, physician assistant, osteopath, surgeon,  
 16.3 podiatrist, advanced practice registered nurse, alcohol and drug counselor, as defined in  
 16.4 section 148F.01, subdivision 5, or mental health professional, as defined in section 245I.02,  
 16.5 subdivision 27; or

16.6 (2) any other individual determined by the commissioner by rule, in accordance with  
 16.7 the rulemaking procedures in the Administrative Procedure Act, to be capable of providing  
 16.8 health care services.

16.9 Subd. 26. **High quarter.** "High quarter" means the calendar quarter in an applicant's  
 16.10 base period with the highest amount of wage credits.

16.11 Subd. 27. **Incapacity.** "Incapacity" means inability to perform regular work, attend  
 16.12 school, or fully perform other regular daily activities due to a serious health condition,  
 16.13 treatment therefore, or recovery therefrom.

16.14 Subd. 28. **Independent contractor.** If there is an existing specific test or definition for  
 16.15 independent contractor in Minnesota statute or rule applicable to an occupation or sector  
 16.16 as of the date of enactment of this chapter, that test or definition shall apply to that occupation  
 16.17 or sector for purposes of this chapter. If there is not an existing test or definition as described,  
 16.18 the definition for independent contractor shall be as provided in Minnesota Rules, part  
 16.19 5200.0221.

16.20 Subd. 29. **Inpatient care.** "Inpatient care" means an overnight stay in a hospital, hospice,  
 16.21 or residential medical care facility, including any period of incapacity, or any subsequent  
 16.22 treatment in connection with such inpatient care.

16.23 Subd. 30. **Maximum weekly benefit amount.** "Maximum weekly benefit amount"  
 16.24 means the state's average weekly wage as calculated under section 268.035, subdivision 23.

16.25 Subd. 31. **Medical benefit program.** "Medical benefit program" means the program  
 16.26 administered under this chapter for the collection of premiums and payment of benefits  
 16.27 related to an applicant's serious health condition or pregnancy.

11.29 (d) For purposes of this chapter, a parent includes a stepparent; biological, adoptive, or  
 11.30 foster parent of the applicant; a legal guardian; or an individual who stood in loco parentis  
 11.31 to the applicant.

12.3 Subd. 23. **Health care provider.** "Health care provider" means:

12.4 (1) an individual who is licensed, certified, or otherwise authorized under law to practice  
 12.5 in the individual's scope of practice as a physician; physician assistant; podiatrist; osteopath;  
 12.6 surgeon; advanced practice registered nurse; an alcohol and drug counselor as defined in  
 12.7 section 148F.01, subdivision 5; or a mental health professional as defined in section 245I.02,  
 12.8 subdivision 27; or

12.9 (2) any other individual determined by the commissioner by rule, in accordance with  
 12.10 the rulemaking procedures in the Administrative Procedure Act, to be capable of providing  
 12.11 health care services.

12.12 Subd. 24. **High quarter.** "High quarter" means the calendar quarter in an applicant's  
 12.13 base period with the highest amount of wage credits.

12.14 Subd. 25. **Incapacity.** "Incapacity" means inability to perform regular work, attend  
 12.15 school, or perform regular daily activities due to a serious health condition, treatment  
 12.16 therefore, or recovery therefrom.

12.17 Subd. 26. **Incapacitated person.** "Incapacitated person" means the individual who needs  
 12.18 leave or is the reason for another individual to need leave due to their incapacity, domestic  
 12.19 abuse, sexual assault, stalking, or qualifying exigency.

12.20 Subd. 27. **Independent contractor.** If there is an existing specific test or definition for  
 12.21 independent contractor in Minnesota statute or rule applicable to an occupation or sector  
 12.22 as of the date of enactment of this chapter, that test or definition shall apply to that occupation  
 12.23 or sector for purposes of this chapter. If there is not an existing test or definition as described,  
 12.24 the definition for independent contractor shall be as provided in Minnesota Rules, part  
 12.25 5200.0221.

12.26 Subd. 28. **Inpatient care.** "Inpatient care" means an overnight stay in a hospital, hospice,  
 12.27 or residential medical care facility, including any period of incapacity, or any subsequent  
 12.28 treatment in connection with such inpatient care.

12.29 Subd. 29. **Maximum weekly benefit amount.** "Maximum weekly benefit amount"  
 12.30 means the state's average weekly wage as calculated under section 268.035, subdivision 23.

12.31 Subd. 30. **Medical benefit program.** "Medical benefit program" means the program  
 12.32 administered under this chapter for the collection of premiums and payment of benefits  
 12.33 related to an applicant's serious health condition.

16.28 Subd. 32. **Net earnings from self-employment.** "Net earnings from self-employment"  
 16.29 has the meaning given in section 1402 of the Internal Revenue Code, as defined in section  
 16.30 290.01, subdivision 31.

16.31 Subd. 33. **Pregnancy.** "Pregnancy" includes prenatal care or incapacity due to pregnancy  
 16.32 or recovery from childbirth, stillbirth, miscarriage, or related health conditions.

17.1 Subd. 34. **Qualifying exigency.** (a) "Qualifying exigency" means a need arising out of  
 17.2 a military member's covered active duty service or notice of an impending call or order to  
 17.3 covered active duty in the United States armed forces, including providing for the care or  
 17.4 other needs of the family member's child or other dependent, making financial or legal  
 17.5 arrangements for the family member, attending counseling, attending military events or  
 17.6 ceremonies, spending time with the family member during a rest and recuperation leave or  
 17.7 following return from deployment, or making arrangements following the death of the  
 17.8 military member.

17.9 (b) For the purposes of this chapter, a "military member" means a current or former  
 17.10 member of the United States armed forces, including a member of the National Guard or  
 17.11 reserves, who, except for a deceased military member, is a resident of the state and is a  
 17.12 family member of the applicant taking leave related to the qualifying exigency.

17.13 Subd. 35. **Safety leave.** "Safety leave" means leave from work because of domestic  
 17.14 abuse, sexual assault, or stalking of the applicant or applicant's family member, provided  
 17.15 the leave is to:

17.16 (1) seek medical attention related to the physical or psychological injury or disability  
 17.17 caused by domestic abuse, sexual assault, or stalking;

17.18 (2) obtain services from a victim services organization;

17.19 (3) obtain psychological or other counseling;

17.20 (4) seek relocation due to the domestic abuse, sexual assault, or stalking; or

17.21 (5) seek legal advice or take legal action, including preparing for or participating in any  
 17.22 civil or criminal legal proceeding related to, or resulting from, the domestic abuse, sexual  
 17.23 assault, or stalking.

17.24 Subd. 36. **Self-employed individual.** "Self-employed individual" means a resident of  
 17.25 the state who, in one of the two taxable years preceding the current calendar year, derived  
 17.26 at least 5.3 percent of the state's average annual wage in net earnings from self-employment  
 17.27 from an entity other than an S corporation for the performance of services in this state.

17.28 Subd. 37. **Self-employment premium base.** "Self-employment premium base" means  
 17.29 the lesser of:

13.1 Subd. 31. **Net earnings from self-employment.** "Net earnings from self-employment"  
 13.2 has the meaning given in section 1402 of the Internal Revenue Code, as defined in section  
 13.3 290.01, subdivision 31.

13.4 Subd. 32. **Pregnancy.** "Pregnancy" includes prenatal care or incapacity due to pregnancy  
 13.5 or recovery from childbirth, still birth, miscarriage, or related health conditions.

13.6 Subd. 33. **Qualifying exigency.** (a) "Qualifying exigency" means a need arising out of  
 13.7 a military member's active duty service or notice of an impending call or order to active  
 13.8 duty in the United States armed forces, including providing for the care or other needs of  
 13.9 the family member's child or other dependent, making financial or legal arrangements for  
 13.10 the family member, attending counseling, attending military events or ceremonies, spending  
 13.11 time with the family member during a rest and recuperation leave or following return from  
 13.12 deployment, or making arrangements following the death of the military member.

13.13 (b) For the purposes of this chapter, a "military member" means a current or former  
 13.14 member of the United States armed forces, including a member of the National Guard or  
 13.15 reserves, who, except for a deceased military member, is a resident of the state and is a  
 13.16 family member of the applicant taking leave related to the qualifying exigency.

13.17 Subd. 34. **Safety leave.** "Safety leave" means leave from work because of domestic  
 13.18 abuse, sexual assault, or stalking of the applicant or applicant's family member, provided  
 13.19 the leave is to:

13.20 (1) seek medical attention related to the physical or psychological injury or disability  
 13.21 caused by domestic abuse, sexual assault, or stalking;

13.22 (2) obtain services from a victim services organization;

13.23 (3) obtain psychological or other counseling;

13.24 (4) seek relocation due to the domestic abuse, sexual assault, or stalking; or

13.25 (5) seek legal advice or take legal action, including preparing for or participating in any  
 13.26 civil or criminal legal proceeding related to, or resulting from, the domestic abuse, sexual  
 13.27 assault, or stalking.

13.28 Subd. 35. **Self-employed individual.** "Self-employed individual" means a resident of  
 13.29 the state who, in one taxable year preceding the current calendar year, derived at least 5.3  
 13.30 percent of the state's average annual wage in net earnings from self-employment.

13.31 Subd. 36. **Self-employment premium base.** "Self-employment premium base" means  
 13.32 the lesser of:

17.30 (1) a self-employed individual's estimated self-employment income for the calendar year  
17.31 plus the individual's self-employment wages in the calendar year; or

18.1 (2) the maximum earnings subject to the FICA Old-Age, Survivors, and Disability  
18.2 Insurance tax in the taxable year.

18.3 Subd. 38. **Self-employment wages.** "Self-employment wages" means the amount of  
18.4 wages that a self-employed individual earned in the calendar year from an entity from which  
18.5 the individual also received net earnings from self-employment.

18.6 Subd. 39. **Serious health condition.** (a) "Serious health condition" means a physical or  
18.7 mental illness, injury, impairment, condition, or substance use disorder that involves:

18.8 (1) inpatient care in a hospital, hospice, or residential medical care facility, including  
18.9 any period of incapacity; or

18.10 (2) continuing treatment or supervision by a health care provider which includes any  
18.11 one or more of the following:

18.12 (i) a period of incapacity of more than three consecutive, full calendar days, and any  
18.13 subsequent treatment or period of incapacity relating to the same condition, that also involves:

18.14 (A) treatment two or more times, within 30 days of the first day of incapacity, unless  
18.15 extenuating circumstances beyond the applicant's control prevent a follow-up visit from  
18.16 occurring as planned, by a health care provider or by a provider of health care services under  
18.17 orders of, or on referral by, a health care provider; or

18.18 (B) treatment by a health care provider on at least one occasion that results in a regimen  
18.19 of continuing treatment under the supervision of the health care provider;

18.20 (ii) a period of incapacity due to pregnancy;

18.21 (iii) a period of incapacity or treatment for a chronic health condition that:

18.22 (A) requires periodic visits, defined as at least twice a year, for treatment by a health  
18.23 care provider or under orders of, or on referral by, a health care provider;

18.24 (B) continues over an extended period of time, including recurring episodes of a single  
18.25 underlying condition; and

18.26 (C) may cause episodic rather than continuing periods of incapacity;

18.27 (iv) a period of incapacity which is permanent or long term due to a condition for which  
18.28 treatment may not be effective. The applicant or family member must be under the continuing  
18.29 supervision of, but need not be receiving active treatment by, a health care provider; or

19.1 (v) a period of absence to receive multiple treatments, including any period of recovery  
19.2 from the treatments, by a health care provider or by a provider of health care services under  
19.3 orders of, or on referral by, a health care provider, for:

14.1 (1) a self-employed individual's estimated self-employment income for the calendar year  
14.2 plus the individual's self-employment wages in the calendar year; or

14.3 (2) the maximum earnings subject to the FICA Old-Age, Survivors, and Disability  
14.4 Insurance tax in the taxable year.

14.5 Subd. 37. **Self-employment wages.** "Self-employment wages" means the amount of  
14.6 wages that a self-employed individual earned in the calendar year from an entity from which  
14.7 the individual also received net earnings from self-employment.

14.8 Subd. 38. **Serious health condition.** (a) "Serious health condition" means a physical or  
14.9 mental illness, injury, impairment, condition, or substance use disorder that involves:

14.10 (1) inpatient care in a hospital, hospice, or residential medical care facility, including  
14.11 any period of incapacity; or

14.12 (2) continuing treatment or supervision by a health care provider which includes any  
14.13 one or more of the following:

14.14 (i) a period of incapacity of seven or more days, and any subsequent treatment or period  
14.15 of incapacity relating to the same condition, that also involves:

14.16 (A) treatment two or more times, within 30 days of the first day of incapacity, unless  
14.17 extenuating circumstances beyond the employee's control prevent a follow-up visit from  
14.18 occurring as planned, by a health care provider or by a provider of health care services under  
14.19 orders of, or on referral by, a health care provider; or

14.20 (B) treatment by a health care provider on at least one occasion that results in a regimen  
14.21 of continuing treatment under the supervision of the health care provider;

14.22 (ii) a period of incapacity due to pregnancy;

14.23 (iii) a period of incapacity or treatment for a chronic health condition that:

14.24 (A) requires periodic visits, defined as at least twice a year, for treatment by a health  
14.25 care provider or under orders of, or on referral by, a health care provider;

14.26 (B) continues over an extended period of time, including recurring episodes of a single  
14.27 underlying condition; and

14.28 (C) may cause episodic rather than continuing periods of incapacity;

14.29 (iv) a period of incapacity which is permanent or long term due to a condition for which  
14.30 treatment may not be effective. The applicant or family member must be under the continuing  
14.31 supervision of, but need not be receiving active treatment by, a health care provider; or

15.1 (v) a period of absence to receive multiple treatments, including any period of recovery  
15.2 from the treatments, by a health care provider or by a provider of health care services under  
15.3 orders of, or on referral by, a health care provider, for:

19.4 (A) restorative surgery after an accident or other injury; or

19.5 (B) a condition that would likely result in a period of incapacity of more than three

19.6 consecutive, full calendar days in the absence of medical intervention or treatment.

19.7 (b) For the purposes of paragraph (a), clauses (1) and (2), treatment by a health care

19.8 provider means an in-person visit or telemedicine visit with a health care provider, or by a

19.9 provider of health care services under orders of, or on referral by, a health care provider.

19.10 (c) For the purposes of paragraph (a), treatment includes but is not limited to examinations

19.11 to determine if a serious health condition exists and evaluations of the condition.

19.12 (d) Absences attributable to incapacity under paragraph (a), clause (2), item (ii) or (iii),

19.13 qualify for leave under this chapter even if the applicant or the family member does not

19.14 receive treatment from a health care provider during the absence, and even if the absence

19.15 does not last more than three consecutive, full calendar days.

19.16 Subd. 40. **State's average weekly wage.** "State's average weekly wage" means the

19.17 weekly wage calculated under section 268.035, subdivision 23.

19.18 Subd. 41. **Supplemental benefit payment.** (a) "Supplemental benefit payment" means:

19.19 (1) a payment made by an employer to an employee as salary continuation or as paid

19.20 time off. Such a payment must be in addition to any family or medical leave benefits the

19.21 employee is receiving under this chapter; and

19.22 (2) a payment offered by an employer to an employee who is taking leave under this

19.23 chapter to supplement the family or medical leave benefits the employee is receiving.

19.24 (b) Employers may, but are not required to, designate certain benefits including but not

19.25 limited to salary continuation, vacation leave, sick leave, or other paid time off as a

19.26 supplemental benefit payment.

19.27 (c) Nothing in this chapter requires an employee to receive supplemental benefit

19.28 payments.

19.29 Subd. 42. **Taxable year.** "Taxable year" has the meaning given in section 290.01,

19.30 subdivision 9.

19.31 Subd. 43. **Taxable wages.** "Taxable wages" means those wages paid to an employee in

19.32 covered employment each calendar year up to an amount equal to the maximum wages

20.1 subject to premium in a calendar year, which is equal to the maximum earnings in that year

20.2 subject to the FICA Old-Age, Survivors, and Disability Insurance tax rounded to the nearest

20.3 \$1,000.

15.4 (A) restorative surgery after an accident or other injury; or

15.5 (B) a condition that would likely result in a period of incapacity of more than seven

15.6 consecutive, full calendar days in the absence of medical intervention or treatment.

15.7 (b) For the purposes of paragraph (a), clauses (1) and (2), treatment by a health care

15.8 provider means an in-person visit or telemedicine visit with a health care provider, or by a

15.9 provider of health care services under orders of, or on referral by, a health care provider.

15.10 (c) For the purposes of paragraph (a), treatment includes but is not limited to examinations

15.11 to determine if a serious health condition exists and evaluations of the condition.

15.12 (d) Absences attributable to incapacity under paragraph (a), clause (2), item (ii) or (iii),

15.13 qualify for leave under this chapter even if the applicant or the family member does not

15.14 receive treatment from a health care provider during the absence, and even if the absence

15.15 does not last more than seven consecutive, full calendar days.

15.16 Subd. 39. **State's average weekly wage.** "State's average weekly wage" means the

15.17 weekly wage calculated under section 268.035, subdivision 23.

15.18 Subd. 40. **Supplemental benefit payment.** (a) "Supplemental benefit payment" means:

15.19 (1) a payment made by an employer to an employee as salary continuation or as paid

15.20 time off. Such a payment must be in addition to any family or medical leave benefits the

15.21 employee is receiving under this chapter; and

15.22 (2) a payment offered by an employer to an employee who is taking leave under this

15.23 chapter to supplement the family or medical leave benefits the employee is receiving.

15.24 (b) Employers may, but are not required to, designate certain benefits including but not

15.25 limited to salary continuation, vacation leave, sick leave, or other paid time off as a

15.26 supplemental benefit payment.

15.27 (c) Nothing in this chapter requires an employee to receive supplemental benefit

15.28 payments.

15.29 (d) At no time shall a supplemental benefit payment combined with any leave benefit

15.30 received under this chapter exceed the regular wage or salary of the applicant.

15.31 Subd. 41. **Taxable year.** "Taxable year" has the meaning given in section 290.01,

15.32 subdivision 9.

16.1 Subd. 42. **Taxable wages.** "Taxable wages" means those wages paid to an employee in

16.2 covered employment each calendar year up to an amount equal to the maximum wages

16.3 subject to premium in a calendar year, which is equal to the maximum earnings in that year

16.4 subject to the FICA Old-Age, Survivors, and Disability Insurance tax rounded to the nearest

16.5 \$1,000.

20.4 Subd. 44. **Typical workweek.** "Typical workweek" means:

20.5 (1) for an hourly employee, the average number of hours worked per week by an

20.6 employee within the high quarter during the base year; or

20.7 (2) 40 hours for a salaried employee, regardless of the number of hours the salaried

20.8 employee typically works.

20.9 Subd. 45. **Wage credits.** "Wage credits" means the amount of wages paid within an

20.10 applicant's base period for covered employment, as defined in subdivision 13.

20.11 Subd. 46. **Wage detail report.** "Wage detail report" means the report on each employee

20.12 in covered employment required from an employer on a calendar quarter basis under section

20.13 268B.12.

20.14 Subd. 47. **Wages.** (a) "Wages" means all compensation for employment, including

20.15 commissions; bonuses, awards, and prizes; severance payments; standby pay; vacation and

20.16 holiday pay; back pay as of the date of payment; tips and gratuities paid to an employee by

20.17 a customer of an employer and accounted for by the employee to the employer; sickness

20.18 and accident disability payments, except as otherwise provided in this subdivision; and the

20.19 cash value of housing, utilities, meals, exchanges of services, and any other goods and

20.20 services provided to compensate an employee, except:

20.21 (1) the amount of any payment made to, or on behalf of, an employee under a plan

20.22 established by an employer that makes provision for employees generally or for a class or

20.23 classes of employees, including any amount paid by an employer for insurance or annuities,

20.24 or into a plan, to provide for a payment, on account of (i) retirement, (ii) medical and

20.25 hospitalization expenses in connection with sickness or accident disability, or (iii) death;

20.26 (2) the payment by an employer of the tax imposed upon an employee under United

20.27 States Code, title 26, section 3101 of the Federal Insurance Contribution Act, with respect

20.28 to compensation paid to an employee for domestic employment in a private household of

20.29 the employer or for agricultural employment;

20.30 (3) any payment made to, or on behalf of, an employee or beneficiary (i) from or to a

20.31 trust described in United States Code, title 26, section 401(a) of the federal Internal Revenue

20.32 Code, that is exempt from tax under section 501(a) at the time of the payment unless the

20.33 payment is made to an employee of the trust as compensation for services as an employee

21.1 and not as a beneficiary of the trust, or (ii) under or to an annuity plan that, at the time of

21.2 the payment, is a plan described in section 403(a);

21.3 (4) the value of any special discount or markdown allowed to an employee on goods

21.4 purchased from or services supplied by the employer where the purchases are optional and

21.5 do not constitute regular or systematic payment for services;

21.6 (5) customary and reasonable directors' fees paid to individuals who are not otherwise

21.7 employed by the corporation of which they are directors;

16.6 Subd. 43. **Typical workweek.** "Typical workweek" means:

16.7 (1) for an hourly employee, the average number of hours worked per week by an

16.8 employee within the high quarter during the base year; or

16.9 (2) 40 hours for a salaried employee, regardless of the number of hours the salaried

16.10 employee typically works.

16.11 Subd. 44. **Wage credits.** "Wage credits" means the amount of wages paid within an

16.12 applicant's base period for covered employment, as defined in subdivision 14.

16.13 Subd. 45. **Wage detail report.** "Wage detail report" means the report on each employee

16.14 and all seasonal employees in covered employment required from an employer on a calendar

16.15 quarter basis under section 268B.12.

16.16 Subd. 46. **Wages.** "Wages" has the meaning given in section 268.035, subdivision 29.

21.8 (6) the payment to employees for reimbursement of meal expenses when employees are  
21.9 required to perform work after their regular hours;

21.10 (7) the payment into a trust or plan for purposes of providing legal or dental services if  
21.11 provided for all employees generally or for a class or classes of employees;

21.12 (8) the value of parking facilities provided or paid for by an employer, in whole or in  
21.13 part, if provided for all employees generally or for a class or classes of employees;

21.14 (9) royalties to an owner of a franchise, license, copyright, patent, oil, mineral, or other  
21.15 right;

21.16 (10) advances or reimbursements for traveling or other ordinary and necessary expenses  
21.17 incurred or reasonably expected to be incurred in the business of the employer. Traveling  
21.18 and other reimbursed expenses must be identified either by making separate payments or  
21.19 by specifically indicating the separate amounts where both wages and expense allowances  
21.20 are combined in a single payment;

21.21 (11) residual payments to radio, television, and similar artists that accrue after the  
21.22 production of television commercials, musical jingles, spot announcements, radio  
21.23 transcriptions, film soundtracks, and similar activities;

21.24 (12) the income to a former employee resulting from the exercise of a nonqualified stock  
21.25 option;

21.26 (13) supplemental unemployment benefit payments under a plan established by an  
21.27 employer, if the payment is not wages under the Federal Unemployment Tax Act. The  
21.28 payments are wages unless made solely for the supplementing of weekly state or federal  
21.29 unemployment benefits. Supplemental unemployment benefit payments may not be assigned,  
21.30 nor may any consideration be required from the applicant, other than a release of claims in  
21.31 order to be excluded from wages;

22.1 (14) sickness or accident disability payments made by the employer after the expiration  
22.2 of six calendar months following the last calendar month that the individual worked for the  
22.3 employer;

22.4 (15) disability payments made under the provisions of any workers' compensation law;

22.5 (16) sickness or accident disability payments made by a third-party payer such as an  
22.6 insurance company; or

22.7 (17) payments made into a trust fund, or for the purchase of insurance or an annuity, to  
22.8 provide for sickness or accident disability payments to employees under a plan or system  
22.9 established by the employer that provides for the employer's employees generally or for a  
22.10 class or classes of employees.

22.11 (b) Nothing in this subdivision excludes from the term "wages" any payment made under  
22.12 any type of salary reduction agreement, including payments made under a cash or deferred

22.13 arrangement and cafeteria plan, as defined in United States Code, title 26, sections 401(k)  
22.14 and 125 of the federal Internal Revenue Code, to the extent that the employee has the option  
22.15 to receive the payment in cash.

22.16 (c) Wages includes the total payment to the operator and supplier of a vehicle or other  
22.17 equipment where the payment combines compensation for personal services as well as  
22.18 compensation for the cost of operating and hiring the equipment in a single payment. This  
22.19 paragraph does not apply if:

22.20 (1) there is a preexisting written agreement providing for allocation of specific amounts;  
22.21 or

22.22 (2) at the time of each payment there is a written acknowledgment indicating the separate  
22.23 allocated amounts.

22.24 (d) Wages includes payments made for services as a caretaker. Unless there is a contract  
22.25 or other proof to the contrary, compensation is considered as being equally received by a  
22.26 married couple where the employer makes payment to only one spouse, or by all tenants of  
22.27 a household who perform services where two or more individuals share the same dwelling  
22.28 and the employer makes payment to only one individual.

22.29 (e) Wages includes payments made for services by a migrant family. Where services  
22.30 are performed by a married couple or a family and an employer makes payment to only one  
22.31 individual, each worker is considered as having received an equal share of the compensation  
22.32 unless there is a contract or other proof to the contrary.

23.1 (f) Wages includes advances or draws against future earnings, when paid, unless the  
23.2 payments are designated as a loan or return of capital on the books and records of the  
23.3 employer at the time of payment.

23.4 (g) Wages includes payments made by a subchapter "S" corporation, as organized under  
23.5 the Internal Revenue Code, to or on behalf of officers and shareholders that are reasonable  
23.6 compensation for services performed for the corporation.

23.7 For a subchapter "S" corporation, wages does not include:

23.8 (1) a loan for business purposes to an officer or shareholder evidenced by a promissory  
23.9 note signed by an officer before the payment of the loan proceeds and recorded on the books  
23.10 and records of the corporation as a loan to an officer or shareholder;

23.11 (2) a repayment of a loan or payment of interest on a loan made by an officer to the  
23.12 corporation and recorded on the books and records of the corporation as a liability;

23.13 (3) a reimbursement of reasonable corporation expenses incurred by an officer and  
23.14 documented by a written expense voucher and recorded on the books and records of the  
23.15 corporation as corporate expenses; and

23.16 (4) a reasonable lease or rental payment to an officer who owns property that is leased  
 23.17 or rented to the corporation.

23.18 Subd. 48. **Wages paid.** (a) "Wages paid" means the amount of wages:  
 23.19 (1) that have been actually paid; or  
 23.20 (2) that have been credited to or set apart so that payment and disposition is under the  
 23.21 control of the employee.

23.22 (b) Wage payments delayed beyond the regularly scheduled pay date are wages paid on  
 23.23 the missed pay date. Back pay is wages paid on the date of actual payment. Any wages  
 23.24 earned but not paid with no scheduled date of payment are wages paid on the last day of  
 23.25 employment.

23.26 (c) Wages paid does not include wages earned but not paid except as provided for in  
 23.27 this subdivision.

23.28 Subd. 49. **Week.** "Week" means calendar week ending at midnight Saturday.

23.29 Subd. 50. **Weekly benefit amount.** "Weekly benefit amount" means the amount of  
 23.30 family and medical leave benefits computed under section 268B.04.

23.31 **EFFECTIVE DATE.** This section is effective July 1, 2023.

24.1 Sec. 10. **[268B.02] FAMILY AND MEDICAL BENEFIT INSURANCE PROGRAM**  
 24.2 **CREATION.**

24.3 Subdivision 1. **Creation.** A family and medical benefit insurance program is created to  
 24.4 be administered by the commissioner according to the terms of this chapter.

24.5 Subd. 2. **Creation of division.** A Family and Medical Benefit Insurance Division is  
 24.6 created within the department under the authority of the commissioner. The commissioner  
 24.7 shall appoint a director of the division. The division shall administer and operate the benefit  
 24.8 program under this chapter.

24.9 Subd. 3. **Rulemaking.** The commissioner shall adopt rules to implement the provisions  
 24.10 of this chapter. For the purposes of this chapter, the commissioner may use the expedited  
 24.11 rulemaking process under section 14.389.

24.12 Subd. 4. **Account creation; appropriation.** The family and medical benefit insurance  
 24.13 account is created in the special revenue fund in the state treasury. **Money** in this account  
 24.14 is appropriated to the commissioner to pay benefits under and to administer this chapter,  
 24.15 including outreach required under section 268B.18. Appropriations and transfers to the  
 24.16 account are credited to the account. Earnings, such as interest, dividends, and any other  
 24.17 earnings arising from assets of the account, are credited to the account. Money remaining

16.17 Subd. 47. **Wages paid.** (a) "Wages paid" means the amount of wages:  
 16.18 (1) that have been actually paid; or  
 16.19 (2) that have been credited to or set apart so that payment and disposition is under the  
 16.20 control of the employee.

16.21 (b) Wage payments delayed beyond the regularly scheduled pay date are wages paid on  
 16.22 the missed pay date. Back pay is wages paid on the date of actual payment. Any wages  
 16.23 earned but not paid with no scheduled date of payment are wages paid on the last day of  
 16.24 employment.

16.25 (c) Wages paid does not include wages earned but not paid except as provided for in  
 16.26 this subdivision.

16.27 Subd. 48. **Week.** "Week" means calendar week ending at midnight Saturday.

16.28 Subd. 49. **Weekly benefit amount.** "Weekly benefit amount" means the amount of  
 16.29 family and medical leave benefits computed under section 268B.04.

16.30 **EFFECTIVE DATE.** This section is effective July 1, 2023.

17.1 Sec. 6. **[268B.02] FAMILY AND MEDICAL BENEFIT INSURANCE PROGRAM**  
 17.2 **CREATION.**

17.3 Subdivision 1. **Creation.** A family and medical benefit insurance program is created to  
 17.4 be administered by the commissioner according to the terms of this chapter.

17.5 Subd. 2. **Creation of division.** A Family and Medical Benefit Insurance Division is  
 17.6 created within the department under the authority of the commissioner. The commissioner  
 17.7 shall appoint a director of the division. **Employees of the division shall serve in the classified**  
 17.8 **civil service of the state.** The division shall administer and operate the benefit program  
 17.9 under this chapter.

17.10 Subd. 3. **Rulemaking.** The commissioner shall adopt rules to implement the provisions  
 17.11 of this chapter. For the purposes of this chapter, the commissioner may use the expedited  
 17.12 rulemaking process under section 14.389.

17.13 Subd. 4. **Account creation; appropriation.** The family and medical benefit insurance  
 17.14 account is created in the special revenue fund in the state treasury. **Unless otherwise**  
 17.15 **appropriated, money** in this account is appropriated to the commissioner to pay benefits  
 17.16 under and to administer this chapter, including outreach required under section 268B.18.  
 17.17 Appropriations and transfers to the account are credited to the account. Earnings, such as  
 17.18 interest, dividends, and any other earnings arising from assets of the account, are credited



24.18 in the account at the end of a fiscal year are not canceled to the general fund but remain in  
 24.19 the account until expended.

24.20 Subd. 5. **Information technology services and equipment.** The department is exempt  
 24.21 from the provisions of section 16E.016 for the purposes of this chapter.

24.22 **EFFECTIVE DATE.** This section is effective July 1, 2023.

24.23 Sec. 11. **[268B.03] PAYMENT OF BENEFITS.**

24.24 Subdivision 1. **Requirements.** The commissioner must pay benefits from the family  
 24.25 and medical benefit insurance account as provided under this chapter to an applicant who  
 24.26 has met each of the following requirements:

24.27 (1) the applicant has filed an application for benefits and established a benefit account  
 24.28 in accordance with section 268B.04;

24.29 (2) the applicant has met all of the ongoing eligibility requirements under section  
 24.30 268B.06;

24.31 (3) the applicant does not have an outstanding overpayment of family or medical leave  
 24.32 benefits, including any penalties or interest;

25.1 (4) the applicant has not been held ineligible for benefits under section 268.07, subdivision  
 25.2 2; and

25.3 (5) the applicant is not employed exclusively by a private plan employer and has wage  
 25.4 credits during the base year attributable to employers covered under the state family and  
 25.5 medical leave program.

25.6 Subd. 2. **Benefits paid from state funds.** Benefits are paid from state funds and are not  
 25.7 considered paid from any special insurance plan, nor as paid by an employer. An application  
 25.8 for family or medical leave benefits is not considered a claim against an employer but is  
 25.9 considered a request for benefits from the family and medical benefit insurance account.  
 25.10 The commissioner has the responsibility for the proper payment of benefits regardless of  
 25.11 the level of interest or participation by an applicant or an employer in any determination or  
 25.12 appeal. An applicant's entitlement to benefits must be determined based upon that information  
 25.13 available without regard to a burden of proof. Any agreement between an applicant and an  
 25.14 employer is not binding on the commissioner in determining an applicant's entitlement.  
 25.15 There is no presumption of entitlement or nonentitlement to benefits.

17.19 to the account. Money remaining in the account at the end of a fiscal year is not canceled  
 17.20 to the general fund but **remains** in the account until expended.

17.21 Subd. 5. **Information technology services and equipment.** The department is exempt  
 17.22 from the provisions of section 16E.016 for the purposes of this chapter.

17.23 Subd. 6. **Procurement.** For purposes of administering this chapter, until July 1, 2025,  
 17.24 the department is exempt from the requirements of sections 16A.15, subdivision 3; 16B.97;  
 17.25 and 16B.98, subdivisions 5, 7, and 8; chapter 16C; and any other state procurement laws  
 17.26 and procedures.

17.27 **EFFECTIVE DATE.** This section is effective July 1, 2023.

17.28 Sec. 7. **[268B.03] PAYMENT OF BENEFITS.**

17.29 The commissioner must pay benefits from the family and medical benefit insurance  
 17.30 account as provided under this chapter to an applicant who has met each of the following  
 17.31 requirements:

18.1 (1) the applicant has filed an application for benefits and established a benefit account  
 18.2 in accordance with section 268B.04;

18.3 (2) the applicant has met all of the ongoing eligibility requirements under section  
 18.4 268B.06;

18.5 (3) the applicant does not have an outstanding overpayment of family or medical leave  
 18.6 benefits due to misrepresentation, including any penalties or interest;

18.7 (4) the applicant has not been held ineligible for benefits under section 268B.07,  
 18.8 subdivision 2; and

18.9 (5) the applicant is not employed exclusively by a private plan employer and has wage  
 18.10 credits during the base year attributable to employers covered under the state family and  
 18.11 medical leave program.

25.16 EFFECTIVE DATE. Except as provided in section 41, this section is effective July 1,  
25.17 2025.

25.18 Sec. 12. [268B.04] BENEFIT ACCOUNT; BENEFITS.

25.19 Subdivision 1. Application for benefits; determination of benefit account. (a) An  
25.20 application for benefits may be filed up to 60 days before leave taken under section 268B.085  
25.21 in person, by mail, or by electronic transmission as the commissioner may require. The  
25.22 applicant must include certification supporting a request for leave under this chapter. The  
25.23 applicant must meet eligibility requirements and must provide all requested information in  
25.24 the manner required. If the applicant fails to provide all requested information, the  
25.25 communication is not an application for family and medical leave benefits.

25.26 (b) The commissioner must examine each application for benefits to determine the base  
25.27 period and the benefit year, and based upon all the covered employment in the base period  
25.28 the commissioner must determine the weekly benefit amount available, if any, and the  
25.29 maximum amount of benefits available, if any. The determination, which is a document  
25.30 separate and distinct from a document titled a determination of eligibility or determination  
25.31 of ineligibility, must be titled determination of benefit account. A determination of benefit  
25.32 account must be sent to the applicant and all base period employers, by mail or electronic  
25.33 transmission.

26.1 (c) If a base period employer did not provide wage detail information for the applicant  
26.2 as required under section 268B.12, the commissioner may accept an applicant certification  
26.3 of wage credits, based upon the applicant's records, and issue a determination of benefit  
26.4 account.

26.5 (d) The commissioner may, at any time within 24 months from the establishment of a  
26.6 benefit account, reconsider any determination of benefit account and make an amended  
26.7 determination if the commissioner finds that the wage credits listed in the determination  
26.8 were incorrect for any reason. An amended determination of benefit account must be  
26.9 promptly sent to the applicant and all base period employers, by mail or electronic  
26.10 transmission. This paragraph does not apply to documents titled determinations of eligibility  
26.11 or determinations of ineligibility issued.

26.12 (e) If an amended determination of benefit account reduces the weekly benefit amount  
26.13 or maximum amount of benefits available, any benefits that have been paid greater than the  
26.14 applicant was entitled is an overpayment of benefits. A determination or amended  
26.15 determination issued under this section that results in an overpayment of benefits must set  
26.16 out the amount of the overpayment and the requirement that the overpaid benefits must be  
26.17 repaid according to section 268B.185.

26.18 Subd. 2. Benefit account requirements. To establish a benefit account, an applicant  
26.19 must have wage credits of at least 5.3 percent of the state's average annual wage rounded  
26.20 down to the next lower \$100.

18.12 EFFECTIVE DATE. Except as provided in section 40, this section is effective July 1,  
18.13 2025.

18.14 Sec. 8. [268B.04] BENEFIT ACCOUNT; BENEFITS.

18.15 Subdivision 1. Application for benefits; determination of benefit account. (a) An  
18.16 application for benefits may be filed up to 60 days before leave taken under chapter 268B  
18.17 in person, by mail, or by electronic transmission as the commissioner may require. The  
18.18 applicant must include certification supporting a request for leave under this chapter. The  
18.19 applicant must meet eligibility requirements and must provide all requested information in  
18.20 the manner required. If the applicant fails to provide all requested information, the  
18.21 communication is not an application for family and medical leave benefits.

18.22 (b) The commissioner must examine each application for benefits to determine the base  
18.23 period and the benefit year, and based upon all the covered employment in the base period  
18.24 the commissioner must determine the weekly benefit amount available, if any, and the  
18.25 maximum amount of benefits available, if any. The determination, which is a document  
18.26 separate and distinct from a document titled a determination of eligibility or determination  
18.27 of ineligibility, must be titled determination of benefit account. A determination of benefit  
18.28 account must be sent to the applicant and all base period employers, by mail or electronic  
18.29 transmission.

18.30 (c) If a base period employer did not provide wage detail information for the applicant  
18.31 as required under section 268B.12, the commissioner may accept an applicant certification  
18.32 of wage credits, based upon the applicant's records, and issue a determination of benefit  
18.33 account.

19.1 (d) The commissioner may, at any time within 12 months from the establishment of a  
19.2 benefit account, reconsider any determination of benefit account and make an amended  
19.3 determination if the commissioner finds that the wage credits listed in the determination  
19.4 were incorrect for any reason. An amended determination of benefit account must be  
19.5 promptly sent to the applicant and all base period employers, by mail or electronic  
19.6 transmission. This paragraph does not apply to documents titled determinations of eligibility  
19.7 or determinations of ineligibility issued.

19.8 (e) If an amended determination of benefit account reduces the weekly benefit amount  
19.9 or maximum amount of benefits available, any benefits that have been paid greater than the  
19.10 applicant was entitled is an overpayment of benefits. A determination or amended  
19.11 determination issued under this section that results in an overpayment of benefits must set  
19.12 out the amount of the overpayment and the requirement that the overpaid benefits must be  
19.13 repaid according to section 268B.185.

19.14 Subd. 2. Benefit account requirements. To establish a benefit account, an applicant  
19.15 must have wage credits of at least 5.3 percent of the state's average annual wage rounded  
19.16 down to the next lower \$100.

26.21 Subd. 3. **Weekly benefit amount; maximum amount of benefits available; prorated**  
 26.22 **amount.** (a) Subject to the maximum weekly benefit amount, an applicant's weekly benefit  
 26.23 is calculated by adding the amounts obtained by applying the following percentage to an  
 26.24 applicant's average typical workweek and weekly wage during the high quarter of the base  
 26.25 period:

26.26 (1) 90 percent of wages that do not exceed 50 percent of the state's average weekly wage;  
 26.27 plus

26.28 (2) 66 percent of wages that exceed 50 percent of the state's average weekly wage but  
 26.29 not 100 percent; plus

26.30 (3) 55 percent of wages that exceed 100 percent of the state's average weekly wage.

26.31 (b) The state's average weekly wage is the average wage as calculated under section  
 26.32 268.035, subdivision 23, at the time a benefit amount is first determined.

27.1 (c) The maximum weekly benefit amount is the state's average weekly wage as calculated  
 27.2 under section 268.035, subdivision 23.

27.3 (d) The state's maximum weekly benefit amount, computed in accordance with section  
 27.4 268.035, subdivision 23, applies to a benefit account established effective on or after the  
 27.5 last Sunday in October. Once established, an applicant's weekly benefit amount is not  
 27.6 affected by the last Sunday in October change in the state's maximum weekly benefit amount.

27.7 (e) For an employee receiving family or medical leave, a weekly benefit amount is  
 27.8 prorated when:

27.9 (1) the employee works hours for wages; or

27.10 (2) the employee uses paid sick leave, paid vacation leave, or other paid time off that is  
 27.11 not considered a supplemental benefit payment as defined in section 268B.01, subdivision  
 27.12 41.

27.13 Subd. 4. **Timing of payment.** Except as otherwise provided for in this chapter, benefits  
 27.14 must be paid weekly.

27.15 Subd. 5. **Maximum length of benefits.** (a) Except as provided in paragraph (b), in a  
 27.16 single benefit year, an applicant may receive benefits under this chapter as follows:

19.17 Subd. 3. **Weekly benefit amount; maximum amount of benefits available; prorated**  
 19.18 **amount.** (a) Subject to the maximum weekly benefit amount, an applicant's weekly benefit  
 19.19 is calculated by adding the amounts obtained by applying the following percentage to an  
 19.20 applicant's average typical workweek and weekly wage during the high quarter of the base  
 19.21 period:

19.22 (1) 90 percent of wages that do not exceed 50 percent of the state's average weekly wage;  
 19.23 plus

19.24 (2) 66 percent of wages that exceed 50 percent of the state's average weekly wage but  
 19.25 not 100 percent; plus

19.26 (3) 55 percent of wages that exceed 100 percent of the state's average weekly wage.

19.27 (b) The state's average weekly wage is the average wage as calculated under section  
 19.28 268.035, subdivision 23, at the time a benefit amount is first determined.

19.29 (c) The maximum weekly benefit amount is the state's average weekly wage as calculated  
 19.30 under section 268.035, subdivision 23.

19.31 (d) The state's maximum weekly benefit amount, computed in accordance with section  
 19.32 268.035, subdivision 23, applies to a benefit account established effective on or after the  
 20.1 last Sunday in October. Once established, an applicant's weekly benefit amount is not  
 20.2 affected by the last Sunday in October change in the state's maximum weekly benefit amount.

20.3 (e) For an employee receiving family or medical leave, a weekly benefit amount is  
 20.4 prorated when:

20.5 (1) the employee works hours for wages;

20.6 (2) the employee uses paid sick leave, paid vacation leave, or other paid time off that is  
 20.7 not considered a supplemental benefit payment as defined in section 268B.01, subdivision  
 20.8 40; or

20.9 (3) leave is taken intermittently.

20.10 Subd. 4. **Timing of payment.** Except as otherwise provided for in this chapter, benefits  
 20.11 must be paid weekly.

20.12 Subd. 5. **Maximum length of benefits.** (a) The total number of weeks that an applicant  
 20.13 may take benefits in a single benefit year for a serious health condition is the lesser of 12  
 20.14 weeks, or 12 weeks minus the number of weeks within the same benefit year that the  
 20.15 applicant received benefits for bonding, safety leave, or family care plus eight weeks.

20.16 (b) The total number of weeks that an applicant may take benefits in a single benefit  
 20.17 year for bonding, safety leave, family care, or qualifying exigency is the lesser of 12 weeks,  
 20.18 or 12 weeks minus the number of weeks within the same benefit year that the applicant  
 20.19 received benefits for a serious health condition plus eight weeks.

27.17 (1) for an applicant's serious health condition or pregnancy, up to 12 weeks of benefits;  
27.18 or

27.19 (2) for bonding, safety leave, family care, or leave related to a qualifying exigency, up  
27.20 to 12 weeks of benefits; and

27.21 (3) if an applicant is eligible for benefits under clauses (1) and (2) in the same benefit  
27.22 year, up to an additional six weeks of benefits; provided that, the maximum length of benefits  
27.23 an applicant may receive in a single benefit year under this chapter shall not exceed 18  
27.24 weeks total, unless paragraph (b) applies.

27.25 (b) In addition to the benefits received under paragraph (a), an applicant may receive  
27.26 up to an additional six weeks of benefits for leave related to pregnancy recovery or  
27.27 complications; provided that, the maximum length of benefits an applicant may receive in  
27.28 a single benefit year under this chapter shall not exceed 24 weeks total.

27.29 Subd. 6. **Minimum period for which benefits payable.** Except for a claim for benefits  
27.30 for bonding leave, any claim for benefits must be based on a single qualifying event of at  
27.31 least seven calendar days. Benefits may be paid for a minimum duration of eight consecutive  
28.1 hours in a week. If an applicant on leave claims eight hours at any point during a week, the  
28.2 minimum duration is satisfied.

28.3 Subd. 7. **Right of appeal.** (a) A determination or amended determination of benefit  
28.4 account is final unless an appeal is filed by the applicant within 60 calendar days after the  
28.5 sending of the determination or amended determination.

28.6 (b) Any applicant may appeal from a determination or amended determination of benefit  
28.7 account on the issue of whether services performed constitute employment, whether the  
28.8 employment is covered employment, and whether money paid constitutes wages.

28.9 Subd. 8. **Limitations on applications and benefit accounts.** (a) An application for  
28.10 family or medical leave benefits is effective the Sunday of the calendar week that the  
28.11 application was filed. An application for benefits may be backdated one calendar week  
28.12 before the Sunday of the week the application was actually filed if the applicant requests  
28.13 the backdating within seven calendar days of the date the application is filed. An application  
28.14 may be backdated only if the applicant was eligible for the benefit during the period of the  
28.15 backdating. If an individual attempted to file an application for benefits, but was prevented  
28.16 from filing an application by the department, the application is effective the Sunday of the  
28.17 calendar week the individual first attempted to file an application.

28.18 (b) A benefit account established under subdivision 2 is effective the date the application  
28.19 for benefits was effective.

28.20 (c) A benefit account, once established, may later be withdrawn if:

28.21 (1) the applicant has not been paid any benefits on that benefit account; and

20.20 Subd. 6. **Minimum period for which benefits payable.** Except for a claim for benefits  
20.21 for bonding leave, any claim for benefits must be based on a single qualifying event of at  
20.22 least seven calendar days. The minimum duration to receive benefits under this chapter is  
20.23 one work day in a work week.

20.24 Subd. 7. **Right of appeal.** (a) A determination or amended determination of benefit  
20.25 account is final unless an appeal is filed by the applicant within 60 calendar days after the  
20.26 sending of the determination or amended determination.

20.27 (b) Any applicant may appeal from a determination or amended determination of benefit  
20.28 account on the issue of whether services performed constitute employment, whether the  
20.29 employment is covered employment, and whether money paid constitutes wages.

20.30 Subd. 8. **Limitations on applications and benefit accounts.** An application for family  
20.31 or medical leave benefits is effective the Sunday of the calendar week that the application  
20.32 was filed. An application for benefits may be backdated one calendar week before the  
21.1 Sunday of the week the application was actually filed if the applicant requests the backdating  
21.2 within seven calendar days of the date the application is filed. An application may be  
21.3 backdated only if the applicant was eligible for the benefit during the period of the  
21.4 backdating. If an individual attempted to file an application for benefits, but was prevented  
21.5 from filing an application by the department, the application is effective the Sunday of the  
21.6 calendar week the individual first attempted to file an application.

28.22 (2) a new application for benefits is filed and a new benefit account is established at the  
28.23 time of the withdrawal.

28.24 (d) A benefit account may be withdrawn after the expiration of the benefit year if the  
28.25 applicant was not paid any benefits on the benefit account that is being withdrawn.

28.26 (e) A determination or amended determination of eligibility or ineligibility issued under  
28.27 section 268B.07 that was sent before the withdrawal of the benefit account, remains in effect  
28.28 and is not voided by the withdrawal of the benefit account.

28.29 EFFECTIVE DATE. Except as provided in section 41, this section is effective July 1,  
28.30 2025.

29.1 Sec. 13. **[268B.05] NOTIFICATION OF CHANGED CIRCUMSTANCES.**

29.2 An applicant shall promptly notify the department of changes that may affect eligibility  
29.3 under section 268B.06.

29.4 EFFECTIVE DATE. Except as provided in section 41, this section is effective July 1,  
29.5 2025.

29.6 Sec. 14. **[268B.06] ELIGIBILITY REQUIREMENTS; PAYMENTS THAT AFFECT**  
29.7 **BENEFITS.**

29.8 Subdivision 1. Eligibility conditions. (a) An applicant may be eligible to receive family  
29.9 or medical leave benefits for any week if:

29.10 (1) the week for which benefits are requested is in the applicant's benefit year;

29.11 (2) the applicant was unable to perform regular work due to a serious health condition,  
29.12 a qualifying exigency, safety leave, family care, bonding, pregnancy, or recovery from  
29.13 pregnancy for the period required under subdivision 2. For bonding leave, eligibility ends  
29.14 12 months after birth or placement;

29.15 (3) the applicant has sufficient wage credits from an employer or employers as defined  
29.16 in section 268B.01, subdivision 41, to establish a benefit account under section 268B.04;  
29.17 and

29.18 (4) an applicant requesting benefits under this chapter must fulfill certification  
29.19 requirements under subdivision 3.

29.20 (b) A self-employed individual or independent contractor who has elected and been  
29.21 approved for coverage under section 268B.11 need not fulfill the requirement of paragraph  
29.22 (a), clause (3) or (4).

29.23 Subd. 2. Seven-day qualifying event. (a) The period for which an applicant is seeking  
29.24 benefits must be or have been based on a single event of at least seven calendar days' duration

21.7 EFFECTIVE DATE. Except as provided in section 40, this section is effective July 1,  
21.8 2025.

21.9 Sec. 9. **[268B.05] NOTIFICATION OF CHANGED CIRCUMSTANCES.**

21.10 An applicant shall promptly notify the department of changes that may affect eligibility  
21.11 under section 268B.06.

21.12 EFFECTIVE DATE. Except as provided in section 40, this section is effective July 1,  
21.13 2025.

21.14 Sec. 10. **[268B.06] ELIGIBILITY REQUIREMENTS; PAYMENTS THAT AFFECT**  
21.15 **BENEFITS.**

21.16 Subdivision 1. Eligibility conditions. (a) An applicant may be eligible to receive family  
21.17 or medical leave benefits for any week if:

21.18 (1) the week for which benefits are requested is in the applicant's benefit year;

21.19 (2) the applicant was unable to perform regular work due to a serious health condition,  
21.20 a qualifying exigency, safety leave, family care, or bonding. For bonding leave, eligibility  
21.21 ends 12 months after birth or placement;

21.22 (3) the applicant has sufficient wage credits from an employer or employers as defined  
21.23 in section 268B.01, subdivision 42, to establish a benefit account under section 268B.04;  
21.24 and

21.25 (4) an applicant requesting benefits under this chapter must fulfill certification  
21.26 requirements under subdivision 3.

21.27 (b) A self-employed individual or independent contractor who has elected and been  
21.28 approved for coverage under section 268B.11 need not fulfill the requirement of paragraph  
21.29 (a), clause (3).

21.30 Subd. 2. Seven-day qualifying event. (a) The period for which an applicant is seeking  
21.31 benefits must be or have been based on a single event of at least seven calendar days' duration

29.25 related to pregnancy, recovery from pregnancy, family care, a qualifying exigency, safety  
 29.26 leave, or the applicant's serious health condition. The days must be consecutive, unless the  
 29.27 leave is intermittent.

29.28 (b) Benefits related to bonding need not meet the seven-day qualifying event requirement.

29.29 (c) The commissioner shall use the rulemaking authority under section 268B.02,  
 29.30 subdivision 3, to adopt rules regarding what serious health conditions and other events are  
 29.31 prospectively presumed to constitute seven-day qualifying events under this chapter.

30.1 Subd. 3. **Certification.** (a) Certification for an applicant taking leave related to the  
 30.2 applicant's serious health condition shall be sufficient if the certification states the date on  
 30.3 which the serious health condition began, the probable duration of the condition, and the  
 30.4 appropriate medical facts within the knowledge of the health care provider as required by  
 30.5 the commissioner.

30.6 (b) Certification for an applicant taking leave to care for a family member with a serious  
 30.7 health condition shall be sufficient if the certification states the date on which the serious  
 30.8 health condition commenced, the probable duration of the condition, the appropriate medical  
 30.9 facts within the knowledge of the health care provider as required by the commissioner, a  
 30.10 statement that the family member requires care, and an estimate of the amount of time that  
 30.11 the family member will require care.

30.12 (c) Certification for an applicant taking leave related to pregnancy shall be sufficient if  
 30.13 the certification states the applicant is experiencing a pregnancy and recovery period based  
 30.14 on appropriate medical facts within the knowledge of the health care provider.

30.15 (d) Certification for an applicant taking bonding leave because of the birth of the  
 30.16 applicant's child shall be sufficient if the certification includes either the child's birth  
 30.17 certificate or a document issued by the health care provider of the child or the health care  
 30.18 provider of the person who gave birth, stating the child's birth date or estimated due date.

30.19 (e) Certification for an applicant taking bonding leave because of the placement of a  
 30.20 child with the applicant for adoption or foster care shall be sufficient if the applicant provides  
 30.21 a document issued by the health care provider of the child, an adoption or foster care agency  
 30.22 involved in the placement, or by other individuals as determined by the commissioner that  
 30.23 confirms the placement and the date of placement. To the extent that the status of an applicant  
 30.24 as an adoptive or foster parent changes while an application for benefits is pending, or while  
 30.25 the covered individual is receiving benefits, the applicant must notify the department of  
 30.26 such change in status in writing.

22.1 related to family care, a qualifying exigency, safety leave, or the applicant's serious health  
 22.2 condition. The days need to be consecutive unless the leave is intermittent.

22.3 (b) Benefits related to bonding need not meet the seven-day qualifying event requirement.

22.4 (c) The commissioner shall use the rulemaking authority under section 268B.02,  
 22.5 subdivision 3, to adopt rules regarding what serious health conditions and other events are  
 22.6 prospectively presumed to constitute seven-day qualifying events under this chapter.

22.7 Subd. 3. **Certification.** (a) Certification for an applicant taking leave related to the  
 22.8 applicant's serious health condition shall be sufficient if the certification states the date on  
 22.9 which the serious health condition began, the probable duration of the condition, and the  
 22.10 appropriate medical facts within the knowledge of the health care provider as required by  
 22.11 the commissioner. The health care provider must also certify that the applicant is  
 22.12 incapacitated as defined in section 268B.01, subdivision 25, due to their serious health  
 22.13 condition. If the applicant requests intermittent leave, the certification must include the  
 22.14 health care provider's reasonable estimate of the frequency and duration and estimated  
 22.15 treatment schedule, if applicable.

22.16 (b) Certification for an applicant taking leave to care for a family member with a serious  
 22.17 health condition shall be sufficient if the certification states the date on which the serious  
 22.18 health condition commenced, the probable duration of the condition, the appropriate medical  
 22.19 facts within the knowledge of the health care provider as required by the commissioner, a  
 22.20 statement that the family member requires care, and an estimate of the amount of time that  
 22.21 the family member will require care.

22.22 (c) Certification for an applicant taking bonding leave because of the birth of the  
 22.23 applicant's child shall be sufficient if the certification includes either the child's birth  
 22.24 certificate or a document issued by the health care provider of the child or the health care  
 22.25 provider of the person who gave birth, stating the child's birth date or estimated due date.

22.26 (d) Certification for an applicant taking bonding leave because of the placement of a  
 22.27 child with the applicant for adoption or foster care shall be sufficient if the applicant provides  
 22.28 a document issued by the health care provider of the child, an adoption or foster care agency  
 22.29 involved in the placement, or by other individuals as determined by the commissioner that  
 22.30 confirms the placement and the date of placement. To the extent that the status of an applicant  
 22.31 as an adoptive or foster parent changes while an application for benefits is pending, or while  
 22.32 the covered individual is receiving benefits, the applicant must notify the department of  
 22.33 such change in status in writing.

30.27 (f) Certification for an applicant taking leave because of a qualifying exigency shall be  
 30.28 sufficient if the certification includes:

30.29 (1) a copy of the family member's active-duty orders;  
 30.30 (2) other documentation issued by the United States armed forces; or  
 30.31 (3) other documentation permitted by the commissioner.

30.32 (g) Certification for an applicant taking safety leave is sufficient if the certification  
 30.33 includes a court record or documentation signed by a volunteer or employee of a victim's  
 31.1 services organization, an attorney, a police officer, or an antiviolence counselor. The  
 31.2 commissioner must not require disclosure of details relating to an applicant's or applicant's  
 31.3 family member's domestic abuse, sexual assault, or stalking.

31.4 (h) Certifications under paragraphs (a) to (e) must be reviewed and signed by a health  
 31.5 care provider with knowledge of the qualifying event associated with the leave.

31.6 (i) For a leave taken on an intermittent or reduced-schedule basis, based on a serious  
 31.7 health condition of an applicant or applicant's family member, the certification under this  
 31.8 subdivision must include an explanation of how such leave would be medically beneficial  
 31.9 to the individual with the serious health condition.

31.10 Subd. 4. **Not eligible.** An applicant is ineligible for family or medical leave benefits for  
 31.11 any portion of a typical workweek:

31.12 (1) that occurs before the effective date of a benefit account;  
 31.13 (2) that the applicant fails or refuses to provide information on an issue of ineligibility  
 31.14 required under section 268B.07, subdivision 2; or  
 31.15 (3) for which the applicant worked for pay from the employer from whom the applicant  
 31.16 is taking leave under this chapter.

31.17 Subd. 5. **Vacation, sick leave, paid time off, and disability insurance payments.** (a)  
 31.18 An employee may use vacation pay, sick pay, paid time off pay, or disability insurance  
 31.19 payments, in lieu of family or medical leave program benefits under this chapter, provided  
 31.20 the employee is concurrently eligible. Subject to the limitations of section 268B.09,  
 31.21 subdivision 1, an employee is entitled to the employment protections under section 268B.09  
 31.22 for those workdays during which this option is exercised. This subdivision applies to private  
 31.23 plans under section 268B.10.

31.24 (b) An employer may offer a supplemental benefit payment, as defined in section  
 31.25 268B.01, subdivision 41, to an employee on family or medical leave in addition to any paid  
 31.26 family or medical leave benefits the employee is receiving. The choice to receive a  
 31.27 supplemental benefit payment lies with the employee. Nothing in this section shall be

23.1 (e) Certification for an applicant taking leave because of a qualifying exigency shall be  
 23.2 sufficient if the certification includes:

23.3 (1) a copy of the family member's active-duty orders;  
 23.4 (2) other documentation issued by the United States armed forces; or  
 23.5 (3) other documentation permitted by the commissioner.

23.6 (f) Certification for an applicant taking safety leave is sufficient if the certification  
 23.7 includes a court record or documentation signed by an employee of a victim's services  
 23.8 organization, an attorney, a police officer, or an antiviolence counselor. The commissioner  
 23.9 must not require disclosure of details relating to an applicant's or applicant's family member's  
 23.10 domestic abuse, sexual assault, or stalking.

23.11 (g) For a leave taken on an intermittent basis, based on a serious health condition of an  
 23.12 applicant or applicant's family member, the certification under this subdivision must include  
 23.13 an explanation of how such leave would be medically beneficial to the individual with the  
 23.14 serious health condition.

23.15 Subd. 4. **Not eligible.** An applicant is ineligible for family or medical leave benefits for  
 23.16 any portion of a typical workweek:

23.17 (1) that occurs before the effective date of a benefit account;  
 23.18 (2) that the applicant fails or refuses to provide information on an issue of ineligibility  
 23.19 required under section 268B.07, subdivision 2; or  
 23.20 (3) for which the applicant worked for pay.

23.21 Subd. 5. **Vacation, sick leave, and disability insurance benefits.** (a) An employee may  
 23.22 use vacation pay, sick pay, paid time off pay, or disability insurance payments, in lieu of  
 23.23 family or medical leave program benefits under this chapter, provided the employee is  
 23.24 concurrently eligible. Subject to the limitations of section 268B.09, subdivision 1, an  
 23.25 employee is entitled to the employment protections under section 268B.09 for those workdays  
 23.26 during which this option is exercised. This subdivision applies to private plans under section  
 23.27 268B.10.

23.28 (b) An employer may offer supplemental benefit payments, as defined in section 268B.01,  
 23.29 subdivision 40, to an employee taking leave under this chapter. The choice to receive  
 23.30 supplemental benefits lies with the employee. Nothing in this section shall be construed as  
 23.31 requiring an employee to receive or an employer to provide supplemental benefits payments.

31.28 construed as requiring an employee to receive, or an employer to provide, a supplemental  
31.29 benefit payment.

31.30 Subd. 6. **Workers' compensation offset.** (a) An applicant is not eligible to receive  
31.31 benefits for any portion of a week in which the applicant is receiving or has received  
31.32 compensation for loss of wages equal to or in excess of the applicant's weekly family or  
31.33 medical leave benefit amount under:

32.1 (1) the workers' compensation law of this state; or

32.2 (2) the workers' compensation law of any other state or similar federal law.

32.3 (b) This subdivision does not apply to an applicant who has a claim pending for loss of  
32.4 wages under paragraph (a). If the applicant later receives compensation as a result of the  
32.5 pending claim, the applicant is subject to paragraph (a) and the family or medical leave  
32.6 benefits paid are overpaid benefits under section 268B.185.

32.7 (c) If the amount of compensation described under paragraph (a) for any week is less  
32.8 than the applicant's weekly family or medical leave benefit amount, benefits requested for  
32.9 that week are reduced by the amount of that compensation payment.

32.10 Subd. 7. **Separation, severance, or bonus payments.** (a) An applicant is not eligible  
32.11 to receive benefits for any week the applicant is receiving, has received, or will receive  
32.12 separation pay, severance pay, bonus pay, or any other payments paid by an employer  
32.13 because of, upon, or after separation from employment. This subdivision applies if the  
32.14 payment is:

32.15 (1) considered wages under section 268B.01, subdivision 43; or

32.16 (2) subject to the Federal Insurance Contributions Act (FICA) tax imposed to fund Social  
32.17 Security and Medicare.

32.18 (b) Payments under this subdivision are applied to the period immediately following the  
32.19 later of the date of separation from employment or the date the applicant first becomes  
32.20 aware that the employer will be making a payment. The date the payment is actually made  
32.21 or received, or that an applicant must agree to a release of claims, does not affect the  
32.22 application of this paragraph.

32.23 (c) This subdivision does not apply to vacation pay, sick pay, personal time off pay, or  
32.24 supplemental benefit payment under subdivision 4.

32.25 (d) This subdivision applies to all the weeks of payment.

32.26 (e) Under this subdivision, if the payment with respect to a week is equal to or more  
32.27 than the applicant's weekly benefit amount, the applicant is ineligible for benefits for that  
32.28 week. If the payment with respect to a week is less than the applicant's weekly benefit  
32.29 amount, benefits are reduced by the amount of the payment.

24.1 The total amount of paid benefits under this chapter and the supplemental benefits paid  
24.2 must not exceed the employee's usual salary.

24.3 Subd. 6. **Workers' compensation offset.** (a) An applicant is not eligible to receive  
24.4 benefits for any portion of a week in which the applicant is receiving or has received  
24.5 compensation for loss of wages equal to or in excess of the applicant's weekly family or  
24.6 medical leave benefit amount under:

24.7 (1) the workers' compensation law of this state; or

24.8 (2) the workers' compensation law of any other state or similar federal law.

24.9 (b) This subdivision does not apply to an applicant who has a claim pending for loss of  
24.10 wages under paragraph (a). If the applicant later receives compensation as a result of the  
24.11 pending claim, the applicant is subject to paragraph (a) and the family or medical leave  
24.12 benefits paid are overpaid benefits under section 268B.185.

24.13 (c) If the amount of compensation described under paragraph (a) for any week is less  
24.14 than the applicant's weekly family or medical leave benefit amount, benefits requested for  
24.15 that week are reduced by the amount of that compensation payment.

24.16 Subd. 7. **Separation, severance, or bonus payments.** (a) An applicant is not eligible  
24.17 to receive benefits for any week the applicant is receiving, has received, or will receive  
24.18 separation pay, severance pay, bonus pay, or any other payments paid by an employer  
24.19 because of, upon, or after separation from employment. This subdivision applies if the  
24.20 payment is:

24.21 (1) considered wages under section 268B.01, subdivision 46; or

24.22 (2) subject to the Federal Insurance Contributions Act (FICA) tax imposed to fund Social  
24.23 Security and Medicare.

24.24 (b) Payments under this subdivision are applied to the period immediately following the  
24.25 later of the date of separation from employment or the date the applicant first becomes  
24.26 aware that the employer will be making a payment. The date the payment is actually made  
24.27 or received, or that an applicant must agree to a release of claims, does not affect the  
24.28 application of this paragraph.

24.29 (c) This subdivision does not apply to vacation pay, sick pay, personal time off pay, or  
24.30 supplemental benefit payment under subdivision 4.

24.31 (d) This subdivision applies to all the weeks of payment.

25.1 (e) Under this subdivision, if the payment with respect to a week is equal to or more  
25.2 than the applicant's weekly benefit amount, the applicant is ineligible for benefits for that  
25.3 week. If the payment with respect to a week is less than the applicant's weekly benefit  
25.4 amount, benefits are reduced by the amount of the payment.



32.30 Subd. 8. Social Security disability benefits. (a) An applicant who is receiving, has  
 32.31 received, or has filed for primary Social Security disability benefits for any week is ineligible  
 32.32 for benefits for that week, unless:

33.1 (1) the Social Security Administration approved the collecting of primary Social Security  
 33.2 disability benefits each month the applicant was employed during the base period; or

33.3 (2) the applicant provides a statement from an appropriate health care professional who  
 33.4 is aware of the applicant's Social Security disability claim and the basis for that claim,  
 33.5 certifying that the applicant is able to perform the essential functions of their employment  
 33.6 with or without a reasonable accommodation.

33.7 (b) If an applicant meets the requirements of paragraph (a), clause (1) or (2), there is no  
 33.8 deduction from the applicant's weekly benefit amount for any Social Security disability  
 33.9 benefits.

33.10 (c) Information from the Social Security Administration is conclusive, absent specific  
 33.11 evidence showing that the information was erroneous.

33.12 EFFECTIVE DATE. Except as provided in section 41, this section is effective July 1,  
 33.13 2025.

33.14 Sec. 15. [268B.07] DETERMINATION ON ISSUES OF ELIGIBILITY.

33.15 Subdivision 1. Employer notification. (a) Upon a determination that an applicant is  
 33.16 entitled to benefits, the commissioner must promptly send a notification to each current  
 33.17 employer of the applicant, if any, in accordance with paragraph (b).

33.18 (b) The notification under paragraph (a) must include, at a minimum:

33.19 (1) the name of the applicant;

33.20 (2) that the applicant has applied for and received benefits;

33.21 (3) the week the benefits commence;

33.22 (4) the weekly benefit amount payable; and

33.23 (5) the maximum duration of benefits.

33.24 Subd. 2. Determination. (a) The commissioner must determine any issue of ineligibility  
 33.25 raised by information required from an applicant and send to the applicant and any current  
 33.26 base period employer, by mail or electronic transmission, a document titled a determination  
 33.27 of eligibility or a determination of ineligibility, as is appropriate, within two weeks, unless  
 33.28 the application is incomplete due to outstanding requests for information including clerical  
 33.29 or other errors. Nothing prohibits the commissioner from requesting additional information  
 33.30 or the applicant from supplementing their initial application before a determination of

25.5 Subd. 8. Social Security disability benefits. (a) An applicant who is receiving, has  
 25.6 received, or has filed for primary Social Security disability benefits for any week is ineligible  
 25.7 for benefits for that week, unless:

25.8 (1) the Social Security Administration approved the collecting of primary Social Security  
 25.9 disability benefits each month the applicant was employed during the base period; or

25.10 (2) the applicant provides a statement from an appropriate health care professional who  
 25.11 is aware of the applicant's Social Security disability claim and the basis for that claim,  
 25.12 certifying that the applicant is able to perform the essential functions of their employment  
 25.13 with or without a reasonable accommodation.

25.14 (b) If an applicant meets the requirements of paragraph (a), clause (1), there is no  
 25.15 deduction from the applicant's weekly benefit amount for any Social Security disability  
 25.16 benefits.

25.17 (c) Information from the Social Security Administration is conclusive, absent specific  
 25.18 evidence showing that the information was erroneous.

25.19 EFFECTIVE DATE. Except as provided in section 40, this section is effective July 1,  
 25.20 2025.

25.21 Sec. 11. [268B.07] DETERMINATION ON ISSUES OF ELIGIBILITY.

25.22 Subdivision 1. Employer notification. (a) Upon a determination that an applicant is  
 25.23 entitled to benefits, the commissioner must promptly send a notification to each current  
 25.24 employer of the applicant, if any, in accordance with paragraph (b).

25.25 (b) The notification under paragraph (a) must include, at a minimum:

25.26 (1) the name of the applicant;

25.27 (2) that the applicant has applied for and received benefits;

25.28 (3) the week the benefits commence;

25.29 (4) the weekly benefit amount payable; and

25.30 (5) the maximum duration of benefits.

26.1 Subd. 2. Determination. (a) The commissioner must determine any issue of ineligibility  
 26.2 raised by information required from an applicant and send to the applicant and any current  
 26.3 base period employer, by mail or electronic transmission, a document titled a determination  
 26.4 of eligibility or a determination of ineligibility, as is appropriate, within two weeks, unless  
 26.5 the application is incomplete due to outstanding requests for information including clerical  
 26.6 or other errors. Nothing shall prohibit the commissioner from requesting additional  
 26.7 information or the applicant from supplementing their initial application before a

34.1 eligibility. The commissioner may extend the deadline for a determination under this  
 34.2 subdivision due to extenuating circumstances.

34.3 (b) If an applicant obtained benefits through misrepresentation, the department is  
 34.4 authorized to issue a determination of ineligibility within 12 months of the establishment  
 34.5 of the benefit account.

34.6 (c) If the department has filed an intervention in a worker's compensation matter under  
 34.7 section 176.361, the department is authorized to issue a determination of ineligibility within  
 34.8 48 months of the establishment of the benefit account.

34.9 (d) A determination of eligibility or determination of ineligibility is final unless an appeal  
 34.10 is filed by the applicant within 60 calendar days after sending. The determination must  
 34.11 contain a prominent statement indicating the consequences of not appealing. Proceedings  
 34.12 on the appeal are conducted in accordance with section 268B.08.

34.13 (e) An issue of ineligibility required to be determined under this section includes any  
 34.14 question regarding the denial or allowing of benefits under this chapter.

34.15 Subd. 3. **Amended determination.** Unless an appeal has been filed, the commissioner,  
 34.16 on the commissioner's own motion, may reconsider a determination of eligibility or  
 34.17 determination of ineligibility that has not become final and issue an amended determination.  
 34.18 Any amended determination must be sent to the applicant and any employer in the current  
 34.19 base period by mail or electronic transmission. Any amended determination is final unless  
 34.20 an appeal is filed by the applicant within 60 calendar days after sending.

34.21 Subd. 4. **Benefit payment.** If a determination or amended determination allows benefits  
 34.22 to an applicant, the family or medical leave benefits must be paid regardless of any appeal  
 34.23 period or any appeal having been filed.

34.24 Subd. 5. **Overpayment.** A determination or amended determination that holds an  
 34.25 applicant ineligible for benefits for periods an applicant has been paid benefits is an  
 34.26 overpayment of those family or medical leave benefits. A determination or amended  
 34.27 determination issued under this section that results in an overpayment of benefits must set  
 34.28 out the amount of the overpayment and the requirement that the overpaid benefits must be  
 34.29 repaid according to section 268B.185.

34.30 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
 34.31 2025.

26.8 determination of eligibility. The commissioner may extend the deadline for a determination  
 26.9 under this subdivision due to extenuating circumstances.

26.10 (b) If an applicant obtained benefits through misrepresentation, the department is  
 26.11 authorized to issue a determination of ineligibility within 12 months of the establishment  
 26.12 of the benefit account.

26.13 (c) If the department has filed an intervention in a worker's compensation matter under  
 26.14 section 176.361, the department is authorized to issue a determination of ineligibility within  
 26.15 48 months of the establishment of the benefit account.

26.16 (d) The commissioner must provide an opportunity for the employer to submit relevant  
 26.17 information.

26.18 (e) A determination of eligibility or determination of ineligibility is final unless an appeal  
 26.19 is filed by the applicant or employer within 60 calendar days after sending. The determination  
 26.20 must contain a prominent statement indicating the consequences of not appealing.  
 26.21 Proceedings on the appeal are conducted in accordance with section 268B.08.

26.22 (f) An issue of ineligibility required to be determined under this section includes any  
 26.23 question regarding the denial or allowing of benefits under this chapter.

26.24 (g) The commissioner must ensure a limit of one family member taking leave under this  
 26.25 chapter for an incapacitated person at a time, except when family care is taken by parents  
 26.26 for an incapacitated person under the age of 18.

26.27 Subd. 3. **Amended determination.** Unless an appeal has been filed, the commissioner,  
 26.28 on the commissioner's own motion, may reconsider a determination of eligibility or  
 26.29 determination of ineligibility that has not become final and issue an amended determination.  
 26.30 Any amended determination must be sent to the applicant and any employer in the current  
 26.31 base period by mail or electronic transmission. Any amended determination is final unless  
 26.32 an appeal is filed by the applicant or employer within 60 calendar days after sending.

27.1 Subd. 4. **Benefit payment.** If a determination or amended determination allows benefits  
 27.2 to an applicant, the family or medical leave benefits must be paid regardless of any appeal  
 27.3 period or any appeal having been filed.

27.4 Subd. 5. **Overpayment.** A determination or amended determination that holds an  
 27.5 applicant ineligible for benefits for periods an applicant has been paid benefits is an  
 27.6 overpayment of those family or medical leave benefits. A determination or amended  
 27.7 determination issued under this section that results in an overpayment of benefits must set  
 27.8 out the amount of the overpayment and the requirement that the overpaid benefits must be  
 27.9 repaid according to section 268B.185.

27.10 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 27.11 2025.

35.1 Sec. 16. **[268B.08] APPEAL PROCESS.**35.2 Subdivision 1. **Hearing.** (a) The commissioner shall designate a chief benefit judge.35.3 (b) Upon a timely appeal to a determination having been filed or upon a referral for  
35.4 direct hearing, the chief benefit judge must set a time and date for a de novo due-process  
35.5 hearing and send notice to an applicant and an employer, by mail or electronic transmission,  
35.6 not less than ten calendar days before the date of the hearing.35.7 (c) The commissioner may adopt rules on procedures for hearings. The rules need not  
35.8 conform to common law or statutory rules of evidence and other technical rules of procedure.35.9 (d) The chief benefit judge has discretion regarding the method by which the hearing is  
35.10 conducted.35.11 Subd. 2. **Decision.** (a) After the conclusion of the hearing, upon the evidence obtained,  
35.12 the benefit judge must serve by mail or electronic transmission to all parties the decision,  
35.13 reasons for the decision, and written findings of fact.35.14 (b) Decisions of a benefit judge are not precedential.35.15 Subd. 3. **Request for reconsideration.** Any party, or the commissioner, may, within  
35.16 30 calendar days after service of the benefit judge's decision, file a request for reconsideration  
35.17 asking the judge to reconsider that decision.35.18 Subd. 4. **Appeal to court of appeals.** Any final determination on a request for  
35.19 reconsideration may be appealed by any party directly to the Minnesota Court of Appeals.35.20 Subd. 5. **Benefit judges.** (a) Only employees of the department who are attorneys licensed  
35.21 to practice law in Minnesota may serve as a chief benefit judge, senior benefit judges who  
35.22 are supervisors, or benefit judges.35.23 (b) The chief benefit judge must assign a benefit judge to conduct a hearing and may  
35.24 transfer to another benefit judge any proceedings pending before another benefit judge.35.25 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
35.26 2025.35.27 Sec. 17. **[268B.085] LEAVE.**35.28 Subdivision 1. **Right to leave.** (a) Ninety calendar days from the date of hire, an employee  
35.29 has a right to leave from employment for any day, or portion of a day, for which:35.30 (1) the employee meets the eligibility criteria under section 268B.06, subdivision 1,  
35.31 clause (2); or36.1 (2) the employee has applied for benefits in good faith under this chapter. For the purposes  
36.2 of this subdivision, good faith is defined as anything that is not knowingly false or in reckless  
36.3 disregard of the truth.27.12 Sec. 12. **[268B.08] APPEAL PROCESS.**27.13 Subdivision 1. **Hearing.** (a) The commissioner shall designate a chief benefit judge.27.14 (b) Upon a timely appeal to a determination having been filed or upon a referral for  
27.15 direct hearing, the chief benefit judge must set a time and date for a de novo due-process  
27.16 hearing and send notice to an applicant and an employer, by mail or electronic transmission,  
27.17 not less than ten calendar days before the date of the hearing.27.18 (c) The commissioner may adopt rules on procedures for hearings. The rules need not  
27.19 conform to common law or statutory rules of evidence and other technical rules of procedure.27.20 (d) The chief benefit judge has discretion regarding the method by which the hearing is  
27.21 conducted.27.22 Subd. 2. **Decision.** (a) After the conclusion of the hearing, upon the evidence obtained,  
27.23 the benefit judge must serve by mail or electronic transmission to all parties the decision,  
27.24 reasons for the decision, and written findings of fact.27.25 (b) Decisions of a benefit judge are not precedential.27.26 Subd. 3. **Request for reconsideration.** Any party, or the commissioner, may, within  
27.27 30 calendar days after service of the benefit judge's decision, file a request for reconsideration  
27.28 asking the judge to reconsider that decision.27.29 Subd. 4. **Appeal to court of appeals.** Any final determination on a request for  
27.30 reconsideration may be appealed by any party directly to the Minnesota Court of Appeals.28.1 Subd. 5. **Benefit judges.** (a) Only employees of the department who are attorneys licensed  
28.2 to practice law in Minnesota may serve as a chief benefit judge, senior benefit judges who  
28.3 are supervisors, or benefit judges.28.4 (b) The chief benefit judge must assign a benefit judge to conduct a hearing and may  
28.5 transfer to another benefit judge any proceedings pending before another benefit judge.28.6 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
28.7 2025.28.8 Sec. 13. **[268B.085] NOTICE TO EMPLOYER; SCHEDULES.**

36.4 (b) Notwithstanding paragraph (a), an employee no longer has a right to leave following  
 36.5 a denial of benefits by a benefit judge. The employee's right to leave under this section is  
 36.6 not to exceed the maximum length of benefits under section 268B.04, subdivision 5.

36.7 Subd. 2. **Notice to employer.** (a) If the need for leave is foreseeable, an employee must  
 36.8 provide the employer at least 30 days' advance notice before leave under this chapter is to  
 36.9 begin. If 30 days' notice is not practicable because of a lack of knowledge of approximately  
 36.10 when leave will be required to begin, a change in circumstances, or a medical emergency,  
 36.11 notice must be given as soon as practicable. Whether leave is to be continuous or is to be  
 36.12 taken intermittently or on a reduced-schedule basis, notice need only be given one time, but  
 36.13 the employee must advise the employer as soon as practicable if dates of scheduled leave  
 36.14 change or are extended, or were initially unknown. In those cases where the employee is  
 36.15 required to provide at least 30 days' notice of foreseeable leave and does not do so, the  
 36.16 employee must explain the reasons why notice was not practicable upon request from the  
 36.17 employer.

36.18 (b) "As soon as practicable" means as soon as both possible and practical, taking into  
 36.19 account all of the facts and circumstances in the individual case. When an employee becomes  
 36.20 aware of a need for leave under this chapter less than 30 days in advance, it should be  
 36.21 practicable for the employee to provide notice of the need for leave either the same day or  
 36.22 the next day, unless the need for leave is based on a medical emergency. In all cases,  
 36.23 however, the determination of when an employee could practicably provide notice must  
 36.24 take into account the individual facts and circumstances.

36.25 (c) An employee shall provide at least oral, telephone, or text message notice sufficient  
 36.26 to make the employer aware that the employee needs leave allowed under this chapter and  
 36.27 the anticipated timing and duration of the leave.

36.28 (d) An employer may require an employee to comply with the employer's usual and  
 36.29 customary notice and procedural requirements for requesting leave, absent unusual  
 36.30 circumstances or other circumstances caused by the reason for the employee's need for  
 36.31 leave. Leave under this chapter must not be delayed or denied where an employer's usual  
 36.32 and customary notice or procedural requirements require notice to be given sooner than set  
 36.33 forth in this subdivision.

37.1 (e) An employer may require that an employee taking leave under this chapter provide  
 37.2 a copy of the certification under section 268B.06, subdivision 3. Upon a written request  
 37.3 from the employer, the employee shall provide a copy of the certification as soon as

28.9 Subdivision 1. **Notice to employer.** (a) If the need for leave is foreseeable, an employee  
 28.10 must provide the employer at least 30 days' advance notice before leave under this chapter  
 28.11 is to begin. If 30 days' notice is not practicable because of a lack of knowledge of  
 28.12 approximately when leave will be required to begin, a change in circumstances, or a medical  
 28.13 emergency, notice must be given as soon as practicable. Whether leave is to be continuous  
 28.14 or is to be taken intermittently, notice need only be given one time, but the employee must  
 28.15 advise the employer as soon as practicable if dates of scheduled leave change or are extended,  
 28.16 or were initially unknown. In those cases where the employee is required to provide at least  
 28.17 30 days' notice of foreseeable leave and does not do so, the employee must explain the  
 28.18 reasons why notice was not practicable upon request from the employer.

28.19 (b) "As soon as practicable" means as soon as both possible and practical, taking into  
 28.20 account all of the facts and circumstances in the individual case. When an employee becomes  
 28.21 aware of a need for leave under this chapter less than 30 days in advance, it should be  
 28.22 practicable for the employee to provide notice of the need for leave either the same day or  
 28.23 the next day, unless the need for leave is based on a medical emergency. In all cases,  
 28.24 however, the determination of when an employee could practicably provide notice must  
 28.25 take into account the individual facts and circumstances.

29.1 (d) In addition to any other prohibition imposed under this chapter, an employer must  
 29.2 not discharge, discipline, penalize, interfere with, threaten, restrain, coerce, or otherwise  
 29.3 retaliate or discriminate against an employee for providing this certification.

29.4 (e) An employer may require an employee to comply with the employer's usual and  
 29.5 customary notice and procedural requirements for requesting leave, including the employer's  
 29.6 attendance or call-out policies and procedures, absent unusual circumstances or other  
 29.7 circumstances caused by the reason for the employee's need for leave. An employee may  
 29.8 be required by an employer's or covered business entity's policy to contact a specific  
 29.9 individual or designated phone number to report this information. Leave under this chapter  
 29.10 must not be delayed or denied where an employer's usual and customary notice or procedural  
 29.11 requirements require notice to be given sooner than set forth in this subdivision.

28.26 (e) An employer may require that an employee taking leave under this chapter provide  
 28.27 a copy of the certification under section 268B.06, subdivision 3. Upon written request from  
 28.28 the employer, the employee shall provide a copy of the certification as soon as practicable

37.4 practicable given all of the facts and circumstances in the individual situation. Providing  
 37.5 certification at or around the time the employee provides a certification to the department  
 37.6 is considered practicable. In addition to any prohibition imposed under section 268B.09,  
 37.7 an employer must not discharge, discipline, penalize, interfere with, threaten, restrain,  
 37.8 coerce, or otherwise retaliate or discriminate against an employee for providing this  
 37.9 certification.

37.10 (f) If an employer has failed to provide notice to the employee as required under section  
 37.11 268B.26, paragraph (a), (b), or (e), the employee is not required to comply with the notice  
 37.12 requirements of this subdivision.

37.13 Subd. 3. **Bonding leave.** Bonding leave taken under this chapter begins at a time requested  
 37.14 by the employee. Bonding leave must end within 12 months of the birth, adoption, or  
 37.15 placement of a foster child, except that, in the case where the child must remain in the  
 37.16 hospital longer than the mother, the leave must end within 12 months after the child leaves  
 37.17 the hospital. Employees may also use bonding leave under this chapter before the actual  
 37.18 placement or adoption of a child in situations that include but are not limited to an employee's  
 37.19 requirement to: attend counseling sessions; appear in court; consult with any attorney or  
 37.20 doctor representing the birth parent; submit to a physical examination; or travel to another  
 37.21 country to complete an adoption.

37.22 Subd. 4. **Intermittent or reduced-leave schedule.** (a) Leave under this chapter, based  
 37.23 on a serious health condition, may be taken intermittently or on a reduced-leave schedule  
 37.24 if such leave is reasonable and appropriate to the needs of the individual with the serious  
 37.25 health condition. For all other leaves under this chapter, leave may be taken intermittently  
 37.26 or on a reduced-leave schedule. Intermittent leave is leave taken in separate blocks of time  
 37.27 due to a single, seven-day qualifying event. A reduced-leave schedule is a leave schedule  
 37.28 that reduces an employee's usual number of working hours per workweek or hours per  
 37.29 workday.

37.30 (b) Leave taken intermittently or on a reduced-schedule basis counts toward the  
 37.31 maximums described in section 268B.04, subdivision 5.

28.29 and possible given all of the facts and circumstances in the individual case. Providing  
 28.30 certification at or around the time the employee provides a certification to the department  
 28.31 shall be considered practicable.

29.12 (f) If an employer has failed to provide notice to the employee as required under section  
 29.13 268B.26, paragraph (a), (b), or (e), the employee is not required to comply with the notice  
 29.14 requirements of this subdivision.

29.15 (g) An employer may not require, as a condition of an employee taking leave under this  
 29.16 chapter, that the employee seek or find a replacement worker to cover the hours the employee  
 29.17 uses under this chapter.

29.18 Subd. 2. **Bonding leave.** Bonding leave taken under this chapter begins at a time requested  
 29.19 by the employee. Bonding leave must end within 12 months of the birth, adoption, or  
 29.20 placement of a foster child, except that, in the case where the child must remain in the  
 29.21 hospital longer than the mother, the leave must end within 12 months after the child leaves  
 29.22 the hospital. Employees may also use bonding leave before the actual placement or adoption  
 29.23 of a child in situations that include but are not limited to where the employee may be required  
 29.24 to:

29.25 (1) attend counseling sessions;

29.26 (2) appear in court;

29.27 (3) consult with the attorney or doctors representing the birth parent;

29.28 (4) submit to a physical examination; or

29.29 (5) travel to another country to complete an adoption.

29.30 Subd. 3. **Intermittent schedule.** (a) Leave under this chapter, based on a serious health  
 29.31 condition, may be taken intermittently if such leave is reasonable and appropriate to the  
 29.32 needs of the individual with the serious health condition. For all other leaves under this  
 30.1 chapter, leave may be taken intermittently. Intermittent leave is leave taken in separate  
 30.2 blocks of time due to a single, seven-day qualifying event.

37.32 (c) For applicants who take leave on an intermittent or reduced leave schedule, the  
 37.33 weekly benefit amount is prorated.

38.1 EFFECTIVE DATE. Except as provided in section 41, this section is effective July 1,  
 38.2 2025.

38.3 Sec. 18. [268B.09] EMPLOYMENT PROTECTIONS.

38.4 Subdivision 1. Retaliation prohibited. An employer must not discharge, discipline,  
 38.5 penalize, interfere with, threaten, restrain, coerce, or otherwise retaliate or discriminate  
 38.6 against an employee for requesting or obtaining benefits or leave, or for exercising any  
 38.7 other right under this chapter. In addition to the remedies provided in subdivision 8, the  
 38.8 commissioner of labor and industry may also issue a penalty to the employer of not less  
 38.9 than \$1,000 and not more than \$10,000 per violation, payable to the employee aggrieved.  
 38.10 In determining the amount of the penalty under this subdivision, the appropriateness of the  
 38.11 penalty to the size of the employer's business and the gravity of the violation shall be  
 38.12 considered.

38.13 Subd. 2. Interference prohibited. An employer must not obstruct or impede an  
 38.14 application for leave or benefits or the exercise of any other right under this chapter. In  
 38.15 addition to the remedies provided in subdivision 8, the commissioner of labor and industry  
 38.16 may also issue a penalty to the employer of not less than \$1,000 and not more than \$10,000  
 38.17 per violation, payable to the employee aggrieved. In determining the amount of the penalty  
 38.18 under this subdivision, the appropriateness of the penalty to the size of the employer's  
 38.19 business and the gravity of the violation shall be considered.

38.20 Subd. 3. Waiver of rights void. (a) Any agreement to waive, release, or commute rights  
 38.21 to benefits or any other right under this chapter is void, except for a voluntary settlement  
 38.22 agreement resolving disputed claims or a valid separation agreement releasing putative  
 38.23 claims.

38.24 (b) Any provision, whether oral or written, of a lease, contract, or other agreement or  
 38.25 instrument that purports to be a waiver by an individual of any right or remedy provided in

30.3 (b) For an applicant who takes leave on an intermittent schedule, the weekly benefit  
 30.4 amount shall be prorated.

30.5 (c) An employee requesting leave taken intermittently shall provide the employer with  
 30.6 a schedule of needed workdays off as soon as practicable and must make a reasonable effort  
 30.7 to schedule the intermittent leave so as not to disrupt unduly the operations of the employer.  
 30.8 If this cannot be done to the satisfaction of both employer and employee, the employer  
 30.9 cannot require the employee to change their leave schedule in order to accommodate the  
 30.10 employer.

30.11 (d) Notwithstanding the allowance for intermittent leave under this subdivision, an  
 30.12 employer shall not be required under this chapter to provide, but may elect to provide, more  
 30.13 than 480 hours of intermittent leave in any 12-month period. An employer may run  
 30.14 intermittent leave available under the Family and Medical Leave Act, United States Code,  
 30.15 title 29, sections 2601 to 2654, as amended, concurrent with an employee's entitlement to  
 30.16 intermittent leave under this chapter.

30.17 EFFECTIVE DATE. Except as provided in section 40, this section is effective July 1,  
 30.18 2025.

30.19 Sec. 14. [268B.09] EMPLOYMENT PROTECTIONS.

30.20 Subdivision 1. Retaliation prohibited. An employer must not discharge, discipline,  
 30.21 penalize, interfere with, threaten, restrain, coerce, or otherwise retaliate or discriminate  
 30.22 against an employee for requesting or obtaining benefits or leave, or for exercising any  
 30.23 other right under this chapter. In addition to the remedies provided in subdivision 8, the  
 30.24 commissioner of labor and industry may also issue a penalty to the employer of not less  
 30.25 than \$1,000 nor more than \$10,000 per violation, payable to the employee aggrieved. In  
 30.26 determining the amount of the penalty under this subdivision, the appropriateness of such  
 30.27 penalty to the size of the employer's business and the gravity of the violation shall be  
 30.28 considered.

30.29 Subd. 2. Interference prohibited. An employer must not obstruct or impede an  
 30.30 application for leave or benefits or the exercise of any other right under this chapter. In  
 30.31 addition to the remedies provided in subdivision 8, the commissioner of labor and industry  
 30.32 may also issue a penalty to the employer of not less than \$1,000 nor more than \$10,000 per  
 30.33 violation, payable to the employee aggrieved. In determining the amount of a civil penalty  
 31.1 under this subdivision, the appropriateness of such penalty to the size of the employer's  
 31.2 business and the gravity of the violation shall be considered.

31.3 Subd. 3. Waiver of rights as condition of employment prohibited. No employer may  
 31.4 require any employee or applicant to waive or limit any right or benefit under this chapter  
 31.5 as a condition of employment.

38.26 this chapter is contrary to public policy and void if the waiver or release purports to waive  
 38.27 claims arising out of acts or practices that occur after the execution of the waiver or release.

38.28 (c) A waiver or release of rights or remedies secured by this chapter that purports to  
 38.29 apply to claims arising out of acts or practices prior to, or concurrent with, the execution of  
 38.30 the waiver or release may be rescinded within 15 calendar days of its execution, except that  
 38.31 a waiver or release given in settlement of a claim filed with the department or with another  
 38.32 administrative agency or judicial body is valid and final upon execution. A waiving or  
 38.33 releasing party must be informed in writing of the right to rescind the waiver or release. To  
 38.34 be effective, the rescission must be in writing and delivered to the waived or released party  
 39.1 by hand, electronically with the receiving party's consent, or by mail within the 15-day  
 39.2 period. If delivered by mail, the rescission must be:

39.3 (1) postmarked within the 15-day period;

39.4 (2) properly addressed to the waived or released party; and

39.5 (3) sent by certified mail, return receipt requested.

39.6 Subd. 4. **No assignment of benefits.** Any assignment, pledge, or encumbrance of benefits  
 39.7 is void, except as provided under section 268B.10, subdivision 7. Benefits are exempt from  
 39.8 levy, execution, attachment, or any other remedy provided for the collection of debt. Any  
 39.9 waiver of this subdivision is void.

39.10 Subd. 5. **Continued insurance.** (a) During any leave for which an employee is entitled  
 39.11 to benefits or leave under this chapter, the employer must maintain coverage under any  
 39.12 group insurance policy, group subscriber contract, or health care plan for the employee and  
 39.13 any dependents as if the employee was not on leave, provided, however, that the employee  
 39.14 must continue to pay any employee share of the cost of such benefits.

39.15 (b) This subdivision may be waived for employees who are working in the construction  
 39.16 industry under a bona fide collective bargaining agreement that requires employer  
 39.17 contributions to a multiemployer health plan pursuant to United States Code, title 29, section  
 39.18 186(c)(5), but only if the waiver is set forth in clear and unambiguous terms in the collective  
 39.19 bargaining agreement and explicitly cites this subdivision.

39.20 Subd. 6. **Employee right to reinstatement.** (a) On return from leave under this chapter,  
 39.21 an employee is entitled to be returned to the same position the employee held when leave  
 39.22 commenced or to an equivalent position with equivalent benefits, pay, and other terms and  
 39.23 conditions of employment. An employee is entitled to reinstatement even if the employee  
 39.24 has been replaced or the employee's position has been restructured to accommodate the  
 39.25 employee's absence.

39.26 (b)(1) An equivalent position is one that is virtually identical to the employee's former  
 39.27 position in terms of pay, benefits, and working conditions, including privileges, prerequisites,

31.6 Subd. 4. **No assignment of benefits.** Any assignment, pledge, or encumbrance of benefits  
 31.7 is void, except as provided in section 268B.10 for payment of an employee. Benefits are  
 31.8 exempt from levy, execution, attachment, or any other remedy provided for the collection  
 31.9 of debt. Any waiver of this subdivision is void.

31.10 Subd. 5. **Continued insurance.** (a) During any leave for which an employee is entitled  
 31.11 to benefits or leave under this chapter, the employer must maintain coverage under any  
 31.12 group insurance policy, group subscriber contract, or health care plan for the employee and  
 31.13 any dependents as if the employee was not on leave, provided, however, that the employee  
 31.14 must continue to pay any employee share of the cost of such benefits.

31.15 (b) This subdivision may be waived for employees who are working in the construction  
 31.16 industry under a bona fide collective bargaining agreement that requires employer  
 31.17 contributions to a multi-employer health plan pursuant to United States Code, title 29,  
 31.18 section 186C5, but only if the waiver is set forth in clear and unambiguous terms in the  
 31.19 collective bargaining agreement and explicitly cites this subdivision.

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 31.21 an employee is entitled to be returned to the same position the employee held when leave  
 31.22 commenced or to an equivalent position with equivalent benefits, pay, and other terms and  
 31.23 conditions of employment. An employee is entitled to reinstatement even if the employee  
 31.24 has been replaced or the employee's position has been restructured to accommodate the  
 31.25 employee's absence.

31.26 (b)(1) An equivalent position is one that is virtually identical to the employee's former  
 31.27 position in terms of pay, benefits, and working conditions, including privileges, prerequisites,

39.28 and status. It must involve the same or substantially similar duties and responsibilities,  
 39.29 which must entail substantially equivalent skill, effort, responsibility, and authority.

39.30 (2) If an employee is no longer qualified for the position because of the employee's  
 39.31 inability to attend a necessary course, renew a license, fly a minimum number of hours, or  
 39.32 similar condition, as a result of the leave, the employee must be given a reasonable  
 39.33 opportunity to fulfill those conditions upon return from leave.

40.1 (c)(1) An employee is entitled to any unconditional pay increases which may have  
 40.2 occurred during the leave period, such as cost of living increases. Pay increases conditioned  
 40.3 upon seniority, length of service, or work performed must be granted in accordance with  
 40.4 the employer's policy or practice with respect to other employees on an equivalent leave  
 40.5 status for a reason that does not qualify for leave under this chapter. An employee is entitled  
 40.6 to be restored to a position with the same or equivalent pay premiums, such as a shift  
 40.7 differential. If an employee departed from a position averaging ten hours of overtime, and  
 40.8 corresponding overtime pay, each week an employee is ordinarily entitled to such a position  
 40.9 on return from leave under this chapter.

40.10 (2) Equivalent pay includes any bonus or payment, whether it is discretionary or  
 40.11 nondiscretionary, made to employees consistent with clause (1). If a bonus or other payment  
 40.12 is based on the achievement of a specified goal such as hours worked, products sold, or  
 40.13 perfect attendance, and the employee has not met the goal due to leave under this chapter,  
 40.14 the payment may be denied, unless otherwise paid to employees on an equivalent leave  
 40.15 status for a reason that does not qualify for leave under this chapter.

40.16 (d) Benefits under this section include all benefits provided or made available to  
 40.17 employees by an employer, including group life insurance, health insurance, disability  
 40.18 insurance, sick leave, annual leave, educational benefits, and pensions, regardless of whether  
 40.19 benefits are provided by a practice or written policy of an employer through an employee  
 40.20 benefit plan as defined in section 3(3) of United States Code, title 29, section 1002(3).

40.21 (1) At the end of an employee's leave under this chapter, benefits must be resumed in  
 40.22 the same manner and at the same levels as provided when the leave began, and subject to  
 40.23 any changes in benefit levels that may have taken place during the period of leave affecting  
 40.24 the entire workforce, unless otherwise elected by the employee. Upon return from a leave  
 40.25 under this chapter, an employee must not be required to requalify for any benefits the  
 40.26 employee enjoyed before leave began, including family or dependent coverages.

40.27 (2) An employee may, but is not entitled to, accrue any additional benefits or seniority  
 40.28 during a leave under this chapter. Benefits accrued at the time leave began must be available  
 40.29 to an employee upon return from leave.

40.30 (3) With respect to pension and other retirement plans, leave under this chapter must  
 40.31 not be treated as or counted toward a break in service for purposes of vesting and eligibility  
 40.32 to participate. If the plan requires an employee to be employed on a specific date in order  
 40.33 to be credited with a year of service for vesting, contributions, or participation purposes,

31.28 and status. It must involve the same or substantially similar duties and responsibilities,  
 31.29 which must entail substantially equivalent skill, effort, responsibility, and authority.

31.30 (2) If an employee is no longer qualified for the position because of the employee's  
 31.31 inability to attend a necessary course, renew a license, fly a minimum number of hours, or  
 31.32 similar condition, as a result of the leave, the employee must be given a reasonable  
 31.33 opportunity to fulfill those conditions upon return from leave.

32.1 (c)(1) An employee is entitled to any unconditional pay increases which may have  
 32.2 occurred during the leave period, such as cost of living increases. Pay increases conditioned  
 32.3 upon seniority, length of service, or work performed must be granted in accordance with  
 32.4 the employer's policy or practice with respect to other employees on an equivalent leave  
 32.5 status for a reason that does not qualify for leave under this chapter. An employee is entitled  
 32.6 to be restored to a position with the same or equivalent pay premiums, such as a shift  
 32.7 differential. If an employee departed from a position averaging ten hours of overtime, and  
 32.8 corresponding overtime pay, each week an employee is ordinarily entitled to such a position  
 32.9 on return from leave under this chapter.

32.10 (2) Equivalent pay includes any bonus or payment, whether it is discretionary or  
 32.11 nondiscretionary, made to employees consistent with clause (1). If a bonus or other payment  
 32.12 is based on the achievement of a specified goal such as hours worked, products sold, or  
 32.13 perfect attendance, and the employee has not met the goal due to leave under this chapter,  
 32.14 the payment may be denied, unless otherwise paid to employees on an equivalent leave  
 32.15 status for a reason that does not qualify for leave under this chapter.

32.16 (d) Benefits under this section include all benefits provided or made available to  
 32.17 employees by an employer, including group life insurance, health insurance, disability  
 32.18 insurance, sick leave, annual leave, educational benefits, and pensions, regardless of whether  
 32.19 benefits are provided by a practice or written policy of an employer through an employee  
 32.20 benefit plan as defined in section 3(3) of United States Code, title 29, section 1002(3).

32.21 (1) At the end of an employee's leave under this chapter, benefits must be resumed in  
 32.22 the same manner and at the same levels as provided when the leave began, and subject to  
 32.23 any changes in benefit levels that may have taken place during the period of leave affecting  
 32.24 the entire workforce, unless otherwise elected by the employee. Upon return from a leave  
 32.25 under this chapter, an employee must not be required to requalify for any benefits the  
 32.26 employee enjoyed before leave began, including family or dependent coverages.

32.27 (2) An employee may, but is not entitled to, accrue any additional benefits or seniority  
 32.28 during a leave under this chapter. Benefits accrued at the time leave began must be available  
 32.29 to an employee upon return from leave.

32.30 (3) With respect to pension and other retirement plans, leave under this chapter must  
 32.31 not be treated as or counted toward a break in service for purposes of vesting and eligibility  
 32.32 to participate. If the plan requires an employee to be employed on a specific date in order  
 32.33 to be credited with a year of service for vesting, contributions, or participation purposes,



40.34 an employee on leave under this chapter must be treated as employed on that date. Periods  
 41.1 of leave under this chapter need not be treated as credited service for purposes of benefit  
 41.2 accrual, vesting, and eligibility to participate.

41.3 (4) Employees on leave under this chapter must be treated as if they continued to work  
 41.4 for purposes of changes to benefit plans. Employees on leave under this chapter are entitled  
 41.5 to changes in benefit plans, except those which may be dependent upon seniority or accrual  
 41.6 during the leave period, immediately upon return from leave or to the same extent they  
 41.7 would have qualified if no leave had been taken.

41.8 (e) An equivalent position must have substantially similar duties, conditions,  
 41.9 responsibilities, privileges, and status as the employee's original position.

41.10 (1) The employee must be reinstated to the same or a geographically proximate worksite  
 41.11 from where the employee had previously been employed. If the employee's original worksite  
 41.12 has been closed, the employee is entitled to the same rights as if the employee had not been  
 41.13 on leave when the worksite closed.

41.14 (2) The employee is ordinarily entitled to return to the same shift or the same or an  
 41.15 equivalent work schedule.

41.16 (3) The employee must have the same or an equivalent opportunity for bonuses,  
 41.17 profit-sharing, and other similar discretionary and nondiscretionary payments.

41.18 (4) This chapter does not prohibit an employer from accommodating an employee's  
 41.19 request to be restored to a different shift, schedule, or position which better suits the  
 41.20 employee's personal needs on return from leave, or to offer a promotion to a better position.  
 41.21 However, an employee must not be induced by the employer to accept a different position  
 41.22 against the employee's wishes.

41.23 (f) The requirement that an employee be restored to the same or equivalent job with the  
 41.24 same or equivalent pay, benefits, and terms and conditions of employment does not extend  
 41.25 to de minimis, intangible, or unmeasurable aspects of the job.

41.26 (g) Nothing in this section shall be deemed to affect the Americans with Disabilities  
 41.27 Act, United States Code, title 42, chapter 126.

41.28 (h) This subdivision and subdivision 7 may be waived for employees who are working  
 41.29 in the construction industry under a bona fide collective bargaining agreement with a  
 41.30 construction trade union that maintains a referral-to-work procedure for employees to obtain  
 41.31 employment with multiple signatory employers, but only if the waiver is set forth in clear

32.34 an employee on leave under this chapter must be treated as employed on that date. Periods  
 33.1 of leave under this chapter need not be treated as credited service for purposes of benefit  
 33.2 accrual, vesting, and eligibility to participate.

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 33.4 for purposes of changes to benefit plans. Employees on leave under this chapter are entitled  
 33.5 to changes in benefit plans, except those which may be dependent upon seniority or accrual  
 33.6 during the leave period, immediately upon return from leave or to the same extent they  
 33.7 would have qualified if no leave had been taken.

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 33.9 responsibilities, privileges, and status as the employee's original position.

33.10 (1) The employee must be reinstated to the same or a geographically proximate worksite  
 33.11 from where the employee had previously been employed. If the employee's original worksite  
 33.12 has been closed, the employee is entitled to the same rights as if the employee had not been  
 33.13 on leave when the worksite closed.

33.14 (2) The employee is ordinarily entitled to return to the same shift or the same or an  
 33.15 equivalent work schedule.

33.16 (3) The employee must have the same or an equivalent opportunity for bonuses,  
 33.17 profit-sharing, and other similar discretionary and nondiscretionary payments, excluding  
 33.18 any bonus paid to another employee or employees for covering the work of the employee  
 33.19 while the employee was on leave.

33.20 (4) This chapter does not prohibit an employer from accommodating an employee's  
 33.21 request to be restored to a different shift, schedule, or position which better suits the  
 33.22 employee's personal needs on return from leave, or to offer a promotion to a better position.  
 33.23 However, an employee must not be induced by the employer to accept a different position  
 33.24 against the employee's wishes.

33.25 (f) The requirement that an employee be restored to the same or equivalent job with the  
 33.26 same or equivalent pay, benefits, and terms and conditions of employment does not extend  
 33.27 to de minimis, intangible, or unmeasurable aspects of the job.

34.4 (i) Nothing in this section shall be deemed to affect the Americans with Disabilities Act,  
 34.5 United States Code, title 42, chapter 126.

33.28 (g) Ninety calendar days from the date of hire, an employee has a right and is entitled  
 33.29 to reinstatement as provided under this subdivision for any day for which the employee has  
 33.30 been deemed eligible for benefits under this chapter.

33.31 (h) This subdivision and subdivision 7 may be waived for employees who are working  
 33.32 in the construction industry under a bona fide collective bargaining agreement with a  
 33.33 construction trade union that maintains a referral-to-work procedure for employees to obtain  
 34.1 employment with multiple signatory employers, but only if the waiver is set forth in clear

41.32 and unambiguous terms in the collective bargaining agreement and explicitly cites this  
 41.33 subdivision and subdivision 7.

42.1 Subd. 7. **Limitations on an employee's right to reinstatement.** An employee has no  
 42.2 greater right to reinstatement or to other benefits and conditions of employment than if the  
 42.3 employee had been continuously employed during the period of leave under this chapter.  
 42.4 An employer must be able to show that an employee would not otherwise have been  
 42.5 employed at the time reinstatement is requested in order to deny restoration to employment.

42.6 (1) If an employee is laid off during the course of taking a leave under this chapter and  
 42.7 employment is terminated, the employer's responsibility to continue the leave, maintain  
 42.8 group health plan benefits, and restore the employee cease at the time the employee is laid  
 42.9 off, provided the employer has no continuing obligations under a collective bargaining  
 42.10 agreement or otherwise. An employer has the burden of proving that an employee would  
 42.11 have been laid off during the period of leave under this chapter and, therefore, would not  
 42.12 be entitled to restoration to a job slated for layoff when the employee's original position  
 42.13 would not meet the requirements of an equivalent position.

42.14 (2) If a shift has been eliminated or overtime has been decreased, an employee would  
 42.15 not be entitled to return to work that shift or the original overtime hours upon restoration.  
 42.16 However, if a position on, for example, a night shift has been filled by another employee,  
 42.17 the employee is entitled to return to the same shift on which employed before taking leave  
 42.18 under this chapter.

42.19 (3) If an employee was hired for a specific term or only to perform work on a discrete  
 42.20 project, the employer has no obligation to restore the employee if the employment term or  
 42.21 project is over and the employer would not otherwise have continued to employ the employee.

42.22 Subd. 8. **Remedies.** (a) In addition to any other remedies available to an employee in  
 42.23 law or equity, an employer who violates the provisions of this section is liable to any  
 42.24 employee affected for:

42.25 (1) damages equal to the amount of:

42.26 (i) any and all damages recoverable by law;

42.27 (ii) reasonable interest on the amount of damages awarded; and

42.28 (iii) an additional amount as liquidated damages equal to the sum of the amount described  
 42.29 in item (i) and the interest described in item (ii), except that if an employer who has violated  
 42.30 the provisions of this section proves to the satisfaction of the court that the act or omission  
 42.31 which violated the provisions of this section was in good faith and that the employer had

34.2 and unambiguous terms in the collective bargaining agreement and explicitly cites this  
 34.3 subdivision and subdivision 7.

34.6 Subd. 7. **Limitations on an employee's right to reinstatement.** An employee has no  
 34.7 greater right to reinstatement or to other benefits and conditions of employment than if the  
 34.8 employee had been continuously employed during the period of leave under this chapter.  
 34.9 An employer must be able to show that an employee would not otherwise have been  
 34.10 employed at the time reinstatement is requested in order to deny restoration to employment.

34.11 (1) If an employee is laid off during the course of taking a leave under this chapter and  
 34.12 employment is terminated, the employer's responsibility to continue the leave, maintain  
 34.13 group health plan benefits, and restore the employee cease at the time the employee is laid  
 34.14 off, provided the employer has no continuing obligations under a collective bargaining  
 34.15 agreement or otherwise. An employer has the burden of proving that an employee would  
 34.16 have been laid off during the period of leave under this chapter and, therefore, would not  
 34.17 be entitled to restoration to a job slated for layoff when the employee's original position  
 34.18 would not meet the requirements of an equivalent position.

34.19 (2) If a shift has been eliminated or overtime has been decreased, an employee would  
 34.20 not be entitled to return to work that shift or the original overtime hours upon restoration.  
 34.21 However, if a position on, for example, a night shift has been filled by another employee,  
 34.22 the employee is entitled to return to the same shift on which employed before taking leave  
 34.23 under this chapter.

34.24 (3) If an employee was hired for a specific term or only to perform work on a discrete  
 34.25 project, the employer has no obligation to restore the employee if the employment term or  
 34.26 project is over and the employer would not otherwise have continued to employ the employee.

34.27 (4) If, during a leave under this chapter, the employer experiences other similar  
 34.28 extenuating circumstances, the employee does not need to be reinstated in the same or a  
 34.29 virtually identical equivalent position. In such circumstances, the employee shall be placed  
 34.30 in a position of like pay, benefits, and working conditions, including privileges, prerequisites,  
 34.31 and status.

34.32 Subd. 8. **Remedies.** (a) In addition to any other remedies available to an employee in  
 34.33 law or equity, an employee injured by a violation of this section may bring a civil action to  
 34.34 recover:

35.1 (1) any and all damages recoverable at law;

35.2 (2) reasonable interest on the amount of damages awarded;

35.3 (3) an additional amount as liquidated damages equal to the sum of the amount described  
 35.4 in clause (1), except that if an employer who has violated the provisions of this section  
 35.5 proves by a preponderance of the evidence that the act or omission which violated the  
 35.6 provisions of this section was in good faith or that the employer had reasonable grounds

42.32 reasonable grounds for believing that the act or omission was not a violation of the provisions  
 43.1 of this section, the court may, in the discretion of the court, reduce the amount of the liability  
 43.2 to the amount and interest determined under items (i) and (ii), respectively; and

43.3 (2) such injunctive and other equitable relief as determined by a court or jury, including  
 43.4 employment, reinstatement, and promotion.

43.5 (b) An action to recover damages or equitable relief prescribed in paragraph (a) may be  
 43.6 maintained against any employer in any federal or state court of competent jurisdiction by  
 43.7 any one or more employees for and on behalf of:

43.8 (1) the employees; or

43.9 (2) the employees and other employees similarly situated.

43.10 Rule 23 of the Rules of Civil Procedure applies to this section.

43.11 (c) The court in an action under this section must, in addition to any judgment awarded  
 43.12 to the plaintiff or plaintiffs, allow reasonable attorney fees, reasonable expert witness fees,  
 43.13 and other costs of the action to be paid by the defendant.

43.14 (d) Nothing in this section shall be construed to allow an employee to recover damages  
 43.15 from an employer for the denial of benefits under this chapter by the department, unless the  
 43.16 employer unlawfully interfered with the application for benefits under subdivision 2.

43.17 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
 43.18 2025.

43.19 Sec. 19. [268B.10] SUBSTITUTION OF A PRIVATE PLAN.

43.20 Subdivision 1. **Application for substitution.** Employers may apply to the commissioner  
 43.21 for approval to meet their obligations under this chapter through the substitution of a private  
 43.22 plan that provides paid family, paid medical, or paid family and medical benefits. In order  
 43.23 to be approved as meeting an employer's obligations under this chapter, a private plan must  
 43.24 confer all of the same rights, protections, and benefits provided to employees under this  
 43.25 chapter, including but not limited to benefits under section 268B.04 and employment  
 43.26 protections under section 268B.09. Employers may apply for approval of private plans that  
 43.27 exceed the benefits provided to employees under this chapter. An employee covered by a  
 43.28 private plan under this section retains all applicable rights and remedies under section  
 43.29 268B.09.

35.7 for believing that the act or omission was not a violation of the provisions of this section,  
 35.8 the court may, in the discretion of the court, reduce the amount of the liability to the amount  
 35.9 determined under clause (1); and

35.10 (4) such injunctive and other equitable relief as determined by a court or jury, including  
 35.11 employment, reinstatement, and promotion.

35.12 (b) An action to recover damages or equitable relief prescribed in paragraph (a) may be  
 35.13 maintained against any employer in any federal or state court of competent jurisdiction by  
 35.14 any one or more employees. Rule 23 of the Rules of Civil Procedure applies to this section.

35.15 (c) The court in an action under this section may, in addition to any judgment awarded  
 35.16 to the plaintiff or plaintiffs, allow a prevailing plaintiff reasonable attorney fees, reasonable  
 35.17 expert witness fees, and other costs of the action incurred by the plaintiff to be paid by the  
 35.18 defendant.

35.19 (d) Nothing in this section shall be construed to allow an employee to recover damages  
 35.20 from an employer for the denial of benefits under this chapter by the department, unless the  
 35.21 employer unlawfully interfered with the application for benefits under subdivision 2.

35.22 (e) An employee bringing a civil action under this section is entitled to a jury trial. An  
 35.23 employee cannot waive their right to a jury trial under this section including, but not limited  
 35.24 to, by signing an agreement to submit claims to arbitration.

35.25 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 35.26 2025.

35.27 Sec. 15. [268B.10] SUBSTITUTION OF A PRIVATE PLAN.

35.28 Subdivision 1. **Application for substitution.** Employers may apply to the commissioner  
 35.29 for approval to meet their obligations under this chapter through the substitution of a private  
 35.30 plan that provides paid family, paid medical, or paid family and medical benefits. In order  
 35.31 to be approved as meeting an employer's obligations under this chapter, a private plan must  
 35.32 confer all of the same rights, protections, and benefits provided to employees under this  
 36.1 chapter, including but not limited to benefits under section 268B.04 and employment  
 36.2 protections under section 268B.09. Employers may apply for approval of private plans that  
 36.3 exceed the benefits provided to employees under this chapter. An employee covered by a  
 36.4 private plan under this section retains all applicable rights and remedies under section  
 36.5 268B.09.

43.30 Subd. 2. Private plan requirements; medical benefit program. The commissioner,  
 43.31 in consultation with the commissioner of commerce, must approve an application for private  
 43.32 provision of the medical benefit program if the commissioner determines:

44.1 (1) all of the employees of the employer are to be covered under the provisions of the  
 44.2 employer plan;

44.3 (2) eligibility requirements for benefits and leave are no more restrictive than as provided  
 44.4 under this chapter;

44.5 (3) the weekly benefits payable under the private plan for any week are at least equal to  
 44.6 the weekly benefit amount payable under this chapter, taking into consideration any coverage  
 44.7 with respect to concurrent employment by another employer;

44.8 (4) the total number of weeks for which benefits are payable under the private plan is  
 44.9 at least equal to the total number of weeks for which benefits would have been payable  
 44.10 under this chapter;

44.11 (5) no greater amount is required to be paid by employees toward the cost of benefits  
 44.12 under the employer plan than by this chapter;

44.13 (6) wage replacement benefits are stated in the plan separately and distinctly from other  
 44.14 benefits;

44.15 (7) the private plan will provide benefits and leave for any serious health condition or  
 44.16 pregnancy for which benefits are payable, and leave provided, under this chapter;

44.17 (8) the private plan will impose no additional condition or restriction on the use of  
 44.18 medical benefits beyond those explicitly authorized by this chapter or regulations  
 44.19 promulgated pursuant to this chapter;

44.20 (9) the private plan will allow any employee covered under the private plan who is  
 44.21 eligible to receive medical benefits under this chapter to receive medical benefits under the  
 44.22 employer plan; and

44.23 (10) coverage will continue under the private plan while an employee remains employed  
 44.24 by the employer.

44.25 Subd. 3. Private plan requirements; family benefit program. The commissioner, in  
 44.26 consultation with the commissioner of commerce, must approve an application for private  
 44.27 provision of the family benefit program if the commissioner determines:

44.28 (1) all of the employees of the employer are to be covered under the provisions of the  
 44.29 employer plan;

44.30 (2) eligibility requirements for benefits and leave are no more restrictive than as provided  
 44.31 under this chapter;

36.21 Subd. 5. Private plan requirements; medical benefit program. The commissioner,  
 36.22 in consultation with the commissioner of commerce, must approve an application for private  
 36.23 provision of the medical benefit program if the commissioner determines:

36.24 (1) all of the employees of the employer are to be covered under the provisions of the  
 36.25 employer plan;

36.26 (2) eligibility requirements for benefits and leave are no more restrictive than as provided  
 36.27 under this chapter;

36.28 (3) the weekly benefits payable under the private plan for any week are at least equal to  
 36.29 the weekly benefit amount payable under this chapter;

36.30 (4) the total number of weeks for which benefits are payable under the private plan is  
 36.31 at least equal to the total number of weeks for which benefits would have been payable  
 36.32 under this chapter;

37.1 (5) no greater amount is required to be paid by employees toward the cost of benefits  
 37.2 under the employer plan than by this chapter;

37.3 (6) wage replacement benefits are stated in the plan separately and distinctly from other  
 37.4 benefits;

37.5 (7) the private plan will provide benefits and leave for any serious health condition for  
 37.6 which benefits are payable, and leave provided, under this chapter;

37.7 (8) the private plan will impose no additional condition or restriction on the use of  
 37.8 medical benefits beyond those explicitly authorized by this chapter or regulations  
 37.9 promulgated pursuant to this chapter;

37.10 (9) the private plan will allow any employee covered under the private plan who is  
 37.11 eligible to receive medical benefits under this chapter to receive medical benefits under the  
 37.12 employer plan; and

37.13 (10) coverage will continue under the private plan while an employee remains employed  
 37.14 by the employer.

37.15 Subd. 6. Private plan requirements; family benefit program. The commissioner, in  
 37.16 consultation with the commissioner of commerce, must approve an application for private  
 37.17 provision of the family benefit program if the commissioner determines:

37.18 (1) all of the employees of the employer are to be covered under the provisions of the  
 37.19 employer plan;

37.20 (2) eligibility requirements for benefits and leave are no more restrictive than as provided  
 37.21 under this chapter;

45.1 (3) the weekly benefits payable under the private plan for any week are at least equal to  
 45.2 the weekly benefit amount payable under this chapter, taking into consideration any coverage  
 45.3 with respect to concurrent employment by another employer;

45.4 (4) the total number of weeks for which benefits are payable under the private plan is  
 45.5 at least equal to the total number of weeks for which benefits would have been payable  
 45.6 under this chapter;

45.7 (5) no greater amount is required to be paid by employees toward the cost of benefits  
 45.8 under the employer plan than by this chapter;

45.9 (6) wage replacement benefits are stated in the plan separately and distinctly from other  
 45.10 benefits;

45.11 (7) the private plan will provide benefits and leave for any care for a family member  
 45.12 with a serious health condition, bonding with a child, qualifying exigency, or safety leave  
 45.13 event for which benefits are payable, and leave provided, under this chapter;

45.14 (8) the private plan will impose no additional condition or restriction on the use of family  
 45.15 benefits beyond those explicitly authorized by this chapter or regulations promulgated  
 45.16 pursuant to this chapter;

45.17 (9) the private plan will allow any employee covered under the private plan who is  
 45.18 eligible to receive family benefits under this chapter to receive family benefits under the  
 45.19 employer plan; and

45.20 (10) coverage will continue under the private plan while an employee remains employed  
 45.21 by the employer.

45.22 Subd. 4. **Surety bond requirement.** If the private plan is in the form of self-insurance,  
 45.23 the employer shall file with its application for private provision of the medical benefit or  
 45.24 family benefit program a surety bond in an amount equal to the employer's annual premium  
 45.25 that it would otherwise be required to pay to the family and medical benefit insurance  
 45.26 account. The surety bond must be in a form approved by the commissioner and issued by  
 45.27 a surety company authorized to transact business in Minnesota.

45.28 Subd. 5. **Private plan requirements; timing of payment; intermittent leave**  
 45.29 **increments; and weekly benefit determination.** (a) Private plan benefits under this section  
 45.30 may be paid to align with the employer's payroll cycle or according to the terms of the  
 45.31 approved private plan.

46.1 (b) Intermittent leave under a private plan may be taken in the minimum increment the  
 46.2 employer offers to employees for other types of leave, not to exceed the eight-hour minimum  
 46.3 increment under section 268B.04, subdivision 6.

46.4 (c) For purposes of determining the family and medical benefit amount and duration  
 46.5 under a private plan, the weekly benefit amount and duration must be based on the employee's  
 46.6 typical workweek and wages earned with the employer at the time of an application for

37.22 (3) the weekly benefits payable under the private plan for any week are at least equal to  
 37.23 the weekly benefit amount payable under this chapter;

37.24 (4) the total number of weeks for which benefits are payable under the private plan is  
 37.25 at least equal to the total number of weeks for which benefits would have been payable  
 37.26 under this chapter;

37.27 (5) no greater amount is required to be paid by employees toward the cost of benefits  
 37.28 under the employer plan than by this chapter;

37.29 (6) wage replacement benefits are stated in the plan separately and distinctly from other  
 37.30 benefits;

38.1 (7) the private plan will provide benefits and leave for any care for a family member  
 38.2 with a serious health condition, bonding with a child, qualifying exigency, or safety leave  
 38.3 event for which benefits are payable, and leave provided, under this chapter;

38.4 (8) the private plan will impose no additional condition or restriction on the use of family  
 38.5 benefits beyond those explicitly authorized by this chapter or regulations promulgated  
 38.6 pursuant to this chapter;

38.7 (9) the private plan will allow any employee covered under the private plan who is  
 38.8 eligible to receive family benefits under this chapter to receive family benefits under the  
 38.9 employer plan; and

38.10 (10) coverage will continue under the private plan while an employee remains employed  
 38.11 by the employer.

36.15 Subd. 4. **Surety bond requirement.** If the private plan is in the form of self-insurance,  
 36.16 the employer shall file with its application for private provision of the medical benefit or  
 36.17 family benefit program a surety bond in an amount equal to the employer's annual premium  
 36.18 that it would otherwise be required to pay to the family and medical benefit insurance  
 36.19 account. The surety bond shall be in a form approved by the commissioner and issued by  
 36.20 a surety company authorized to transact business in Minnesota.

36.12 Subd. 3. **Private plan requirements; timing of payment.** Private plan benefits may be  
 36.13 paid to align with the employer's payroll cycle or according to the terms of the approved  
 36.14 private plan.

36.6 Subd. 2. **Private plan requirements; weekly benefit determination.** For purposes of  
 36.7 determining the family and medical benefit amount and duration under a private plan, the  
 36.8 weekly benefit amount and duration shall be based on the employee's typical work week

46.7 benefits over the past 52-week calendar year, whichever calculation results in the highest  
 46.8 benefit amount for the employee. If an employer does not have complete wage information  
 46.9 for the full calendar year, the employer must accept an employee's certification of wage  
 46.10 credits, based upon the employee's records.

46.11 Subd. 6. **Use of private insurance products.** Nothing in this section prohibits an  
 46.12 employer from meeting the requirements of a private plan through a private insurance  
 46.13 product. If the employer plan involves a private insurance product, that insurance product's  
 46.14 policy form must be approved by the commissioner of commerce and issued by an insurance  
 46.15 company authorized to transact insurance in this state.

46.16 Subd. 7. **Private plan approval and oversight fee.** An employer with an approved  
 46.17 private plan is not required to pay premiums established under section 268B.14. An employer  
 46.18 with an approved private plan is responsible for a private plan approval and oversight fee  
 46.19 equal to \$250 for employers with fewer than 50 employees, \$500 for employers with 50 to  
 46.20 499 employees, and \$1,000 for employers with 500 or more employees. The employer must  
 46.21 pay this fee (1) upon initial application for private plan approval, and (2) any time the  
 46.22 employer applies to amend the private plan. The commissioner must review and report on  
 46.23 the adequacy of this fee to cover private plan administrative costs annually beginning July  
 46.24 1, 2025, as part of the annual report established in section 268B.24.

46.25 Subd. 8. **Plan duration.** A private plan under this section must be in effect for a period  
 46.26 of at least one year and, thereafter, continuously unless the commissioner finds that the  
 46.27 employer has given notice of withdrawal from the plan in a manner specified by the  
 46.28 commissioner in this section or rule. The plan may be withdrawn by the employer within  
 46.29 30 days of the effective date of any law increasing the benefit amounts or within 30 days  
 46.30 of the date of any change in the rate of premiums. If the plan is not withdrawn, it must be  
 46.31 administered to provide the increased benefit amount or change in the rate of the employee's  
 46.32 premium on the date of the increase or change.

46.33 Subd. 9. **Employer reimbursement.** If an employer meeting the requirements of a  
 46.34 private plan through an insurance product under subdivision 6 has made advance payments  
 47.1 of benefits due under this chapter or has made payments to an employee in like manner as  
 47.2 wages during any period of family or medical leave for which the employee is entitled to  
 47.3 the benefits provided by this chapter, the employer is entitled to be reimbursed by the carrier  
 47.4 or third party administrator out of any benefits due or to become due for the family or  
 47.5 medical leave, if the claim for reimbursement is filed with the carrier prior to payment of  
 47.6 the benefits by the carrier.

47.7 Subd. 10. **Appeals.** (a) An employer may appeal any adverse action regarding that  
 47.8 employer's application for private provision of the medical benefit or family benefit program,  
 47.9 in a manner specified by the commissioner.

47.10 (b) An employee covered under a private plan has the same right to appeal to the state  
 47.11 under section 268B.04, subdivision 7, as any other employee. An employee covered under

36.9 and wages earned with the employer at the time of an application for benefits. If an employer  
 36.10 does not have complete base period wage detail information, the employer may accept an  
 36.11 employee's certification of wage credits, based on the employee's records.

38.19 Subd. 8. **Use of private insurance products.** Nothing in this section prohibits an  
 38.20 employer from meeting the requirements of a private plan through a private insurance  
 38.21 product. If the employer plan involves a private insurance product, that insurance product  
 38.22 must be approved by the commissioner of commerce and be issued by an insurance company  
 38.23 authorized to transact insurance in this state.

38.24 Subd. 9. **Private plan approval and oversight fee.** An employer with an approved  
 38.25 private plan is not required to pay premiums established under section 268B.14. An employer  
 38.26 with an approved private plan is responsible for a private plan approval and oversight fee  
 38.27 equal to \$250 for employers with fewer than 50 employees, \$500 for employers with 50 to  
 38.28 499 employees, and \$1,000 for employers with 500 or more employees. The employer must  
 38.29 pay this fee (1) upon initial application for private plan approval, and (2) any time the  
 38.30 employer applies to amend the private plan. The commissioner must review and report on  
 38.31 the adequacy of this fee to cover private plan administrative costs annually beginning July  
 38.32 1, 2025, as part of the annual report established in section 268B.25.

38.33 Subd. 10. **Plan duration.** A private plan under this section must be in effect for a period  
 38.34 of at least one year and, thereafter, continuously unless the commissioner finds that the  
 39.1 employer has given notice of withdrawal from the plan in a manner specified by the  
 39.2 commissioner in this section or rule. The plan may be withdrawn by the employer within  
 39.3 30 days of the effective date of any law increasing the benefit amounts or within 30 days  
 39.4 of the date of any change in the rate of premiums. If the plan is not withdrawn, it must be  
 39.5 administered to provide the increased benefit amount or change in the rate of the employee's  
 39.6 premium on the date of the increase or change.

38.12 Subd. 7. **Employer reimbursement.** If an employer has made advance payments of  
 38.13 benefits due under this chapter or has made payments to an employee in like manner as  
 38.14 wages during any period of family or medical leave for which the employee is entitled to  
 38.15 the benefits provided by this chapter, the employer shall be entitled to reimbursement by  
 38.16 the carrier or third-party administrator out of any benefits due or to become due for the  
 38.17 family or medical leave, if the claim for reimbursement is filed with the carrier prior to  
 38.18 payment of the benefit of the carrier.

39.7 Subd. 11. **Appeals.** An employer may appeal any adverse action regarding that employer's  
 39.8 application for private provision of the medical benefit or family benefit program, in a  
 39.9 manner specified by the commissioner. An employee covered under a private plan has the  
 39.10 same right to appeal to the state under section 268B.04, subdivision 7, as any other employee.  
 39.11 An employee covered under a private plan has the right to request reconsideration of a

47.12 a private plan has the right to request reconsideration of a decision under a private plan  
 47.13 made by an insurer, private plan administrator, or employer prior to exercising appeal rights  
 47.14 under section 268B.04.

47.15 Subd. 11. **Employees no longer covered.** (a) An employee is no longer covered by an  
 47.16 approved private plan if a leave under this chapter occurs after the employment relationship  
 47.17 with the private plan employer ends, or if the commissioner revokes the approval of the  
 47.18 private plan.

47.19 (b) An employee no longer covered by an approved private plan is, if otherwise eligible,  
 47.20 immediately entitled to benefits under this chapter to the same extent as though there had  
 47.21 been no approval of the private plan.

47.22 Subd. 12. **Posting of notice regarding private plan.** An employer with a private plan  
 47.23 must provide a notice prepared by or approved by the commissioner regarding the private  
 47.24 plan consistent with section 268B.26.

47.25 Subd. 13. **Amendment.** (a) The commissioner must approve any amendment to a private  
 47.26 plan adjusting the provisions thereof, if the commissioner determines:

47.27 (1) that the plan, as amended, will conform to the standards set forth in this chapter; and

47.28 (2) that notice of the amendment has been delivered to all affected employees at least  
 47.29 ten days before the submission of the amendment.

47.30 (b) Any amendments approved under this subdivision are effective on the date of the  
 47.31 commissioner's approval, unless the commissioner and the employer agree on a later date.

47.32 Subd. 14. **Successor employer.** A private plan in effect at the time a successor acquires  
 47.33 the employer organization, trade, or business, or substantially all the assets thereof, or a  
 48.1 distinct and severable portion of the organization, trade, or business, and continues its  
 48.2 operation without substantial reduction of personnel resulting from the acquisition, must  
 48.3 continue the approved private plan and must not withdraw the plan without a specific request  
 48.4 for withdrawal in a manner and at a time specified by the commissioner. A successor may  
 48.5 terminate a private plan with notice to the commissioner and within 90 days from the date  
 48.6 of the acquisition.

48.7 Subd. 15. **Revocation of approval by commissioner.** (a) The commissioner may  
 48.8 terminate any private plan if the commissioner determines the employer:

48.9 (1) failed to pay benefits;

48.10 (2) failed to pay benefits in a timely manner, consistent with the requirements of this  
 48.11 chapter;

39.12 decision under a private plan made by an insurer, private plan administrator, or employer  
 39.13 prior to exercising ~~the~~ appeal rights ~~in~~ section 268B.04.

39.14 Subd. 12. **Employees no longer covered.** (a) An employee is no longer covered by an  
 39.15 approved private plan if a leave under this chapter occurs after the employment relationship  
 39.16 with the private plan employer ends, or if the commissioner revokes the approval of the  
 39.17 private plan.

39.18 (b) An employee no longer covered by an approved private plan is, if otherwise eligible,  
 39.19 immediately entitled to benefits under this chapter to the same extent as though there had  
 39.20 been no approval of the private plan.

39.21 Subd. 13. **Posting of notice regarding private plan.** An employer with a private plan  
 39.22 must provide a notice prepared by or approved by the commissioner regarding the private  
 39.23 plan consistent with section 268B.26.

39.24 Subd. 14. **Amendment.** (a) The commissioner must approve any amendment, ~~other than~~  
 39.25 ~~those required by this chapter,~~ to a private plan adjusting the provisions thereof, if the  
 39.26 commissioner determines:

39.27 (1) that the plan, as amended, will conform to the standards set forth in this chapter; and

39.28 (2) that notice of the amendment has been delivered to all affected employees at least  
 39.29 ten days before the submission of the amendment.

39.30 (b) Any amendments approved under this subdivision are effective on the date of the  
 39.31 commissioner's approval, unless the commissioner and the employer agree on a later date.

39.32 Subd. 15. **Successor employer.** A private plan in effect at the time a successor acquires  
 39.33 the employer organization, trade, or business, or substantially all the assets thereof, or a  
 40.1 distinct and severable portion of the organization, trade, or business, and continues its  
 40.2 operation without substantial reduction of personnel resulting from the acquisition, must  
 40.3 continue the approved private plan and must not withdraw the plan without a specific request  
 40.4 for withdrawal in a manner and at a time specified by the commissioner. A successor may  
 40.5 terminate a private plan with notice to the commissioner and within 90 days from the date  
 40.6 of the acquisition.

40.7 Subd. 16. **Revocation of approval by commissioner.** (a) The commissioner may  
 40.8 terminate any private plan if the commissioner determines the employer:

40.9 (1) failed to pay benefits;

40.10 (2) failed to pay benefits in a timely manner, consistent with the requirements of this  
 40.11 chapter;

48.12 (3) failed to submit reports as required by this chapter or rule adopted under this chapter;  
 48.13 or  
 48.14 (4) otherwise failed to comply with this chapter or rule adopted under this chapter.  
 48.15 (b) The commissioner must give notice of the intention to terminate a plan to the employer  
 48.16 at least ten days before taking any final action. The notice must state the effective date and  
 48.17 the reason for the termination.  
 48.18 (c) The employer may, within ten days from mailing or personal service of the notice,  
 48.19 file an appeal to the commissioner in the time, manner, method, and procedure provided by  
 48.20 the commissioner under subdivision 7.  
 48.21 (d) The payment of benefits must not be delayed during an employer's appeal of the  
 48.22 revocation of approval of a private plan.  
 48.23 (e) If the commissioner revokes approval of an employer's private plan, that employer  
 48.24 is ineligible to apply for approval of another private plan for a period of three years, beginning  
 48.25 on the date of revocation.  
 48.26 Subd. 16. **Employer penalties.** (a) The commissioner may assess the following monetary  
 48.27 penalties against an employer with an approved private plan found to have violated this  
 48.28 chapter:  
 48.29 (1) \$1,000 for the first violation; and  
 48.30 (2) \$2,000 for the second, and each successive violation.  
 49.1 (b) The commissioner must waive collection of any penalty if the employer corrects the  
 49.2 violation within 30 days of receiving a notice of the violation and the notice is for a first  
 49.3 violation.  
 49.4 (c) The commissioner may waive collection of any penalty if the commissioner determines  
 49.5 the violation to be an inadvertent error by the employer.  
 49.6 (d) Monetary penalties collected under this section shall be deposited in the family and  
 49.7 medical benefit insurance account.  
 49.8 (e) Assessment of penalties under this subdivision may be appealed as provided by the  
 49.9 commissioner under subdivision 7.  
 49.10 Subd. 17. **Reports, information, and records.** Employers with an approved private  
 49.11 plan must maintain all reports, information, and records as relating to the private plan and  
 49.12 claims for a period of six years from creation and provide to the commissioner upon request.  
 49.13 Subd. 18. **Audit and investigation.** The commissioner may investigate and audit plans  
 49.14 approved under this section both before and after the plans are approved.  
 49.15 **EFFECTIVE DATE.** This section is effective January 1, 2024.

40.12 (3) failed to submit reports as required by this chapter or rule adopted under this chapter;  
 40.13 or  
 40.14 (4) otherwise failed to comply with this chapter or rule adopted under this chapter.  
 40.15 (b) The commissioner must give notice of the intention to terminate a plan to the employer  
 40.16 at least ten days before taking any final action. The notice must state the effective date and  
 40.17 the reason for the termination.  
 40.18 (c) The employer may, within ten days from mailing or personal service of the notice,  
 40.19 file an appeal to the commissioner in the time, manner, method, and procedure provided by  
 40.20 the commissioner under subdivision 11.  
 40.21 (d) The payment of benefits must not be delayed during an employer's appeal of the  
 40.22 revocation of approval of a private plan.  
 40.23 (e) If the commissioner revokes approval of an employer's private plan, that employer  
 40.24 is ineligible to apply for approval of another private plan for a period of three years, beginning  
 40.25 on the date of revocation.  
 40.26 Subd. 17. **Employer penalties.** (a) The commissioner may assess the following monetary  
 40.27 penalties against an employer with an approved private plan found to have violated this  
 40.28 chapter:  
 40.29 (1) \$1,000 for the first violation; and  
 40.30 (2) \$2,000 for the second, and each successive violation.  
 41.1 (b) The commissioner must waive collection of any penalty if the employer corrects the  
 41.2 violation within 30 days of receiving a notice of the violation and the notice is for a first  
 41.3 violation.  
 41.4 (c) The commissioner may waive collection of any penalty if the commissioner determines  
 41.5 the violation to be an inadvertent error by the employer.  
 41.6 (d) Monetary penalties collected under this section shall be deposited in the family and  
 41.7 medical benefit insurance account.  
 41.8 (e) Assessment of penalties under this subdivision may be appealed as provided by the  
 41.9 commissioner under subdivision 11.  
 41.10 Subd. 18. **Reports, information, and records.** Employers with an approved private  
 41.11 plan must maintain all reports, information, and records as relating to the private plan and  
 41.12 claims for a period of six years from creation and provide to the commissioner upon request.  
 41.13 Subd. 19. **Audit and investigation.** The commissioner may investigate and audit plans  
 41.14 approved under this section both before and after the plans are approved.  
 41.15 **EFFECTIVE DATE.** This section is effective January 1, 2024.



49.16 Sec. 20. [268B.11] SELF-EMPLOYED AND INDEPENDENT CONTRACTOR  
 49.17 ELECTION OF COVERAGE.

49.18 Subdivision 1. Election of coverage. (a) A self-employed individual or independent  
 49.19 contractor may file with the commissioner by electronic transmission in a format prescribed  
 49.20 by the commissioner an application to be entitled to benefits under this chapter for a period  
 49.21 not less than 104 consecutive calendar weeks. Upon the approval of the commissioner, sent  
 49.22 by United States mail or electronic transmission, the individual is entitled to benefits under  
 49.23 this chapter beginning the calendar quarter after the date of approval or beginning in a later  
 49.24 calendar quarter if requested by the self-employed individual or independent contractor.  
 49.25 The individual ceases to be entitled to benefits as of the first day of January of any calendar  
 49.26 year only if, at least 30 calendar days before the first day of January, the individual has filed  
 49.27 with the commissioner by electronic transmission in a format prescribed by the commissioner  
 49.28 a notice to that effect.

49.29 (b) The commissioner may terminate any application approved under this section with  
 49.30 30 calendar days' notice sent by United States mail or electronic transmission if the  
 49.31 self-employed individual is delinquent on any premiums due under this chapter. If an  
 49.32 approved application is terminated in this manner during the first 104 consecutive calendar  
 50.1 weeks of election, the self-employed individual remains obligated to pay the premium under  
 50.2 subdivision 3 for the remainder of that 104-week period.

50.3 Subd. 2. Application. A self-employed individual who applies for coverage under this  
 50.4 section must provide the commissioner with (1) the amount of the individual's net earnings  
 50.5 from self-employment, if any, from the two most recent taxable years and all tax documents  
 50.6 necessary to prove the accuracy of the amounts reported, and (2) any other documentation  
 50.7 the commissioner requires. A self-employed individual who is covered under this chapter  
 50.8 must annually provide the commissioner with the amount of the individual's net earnings  
 50.9 from self-employment within 30 days of filing a federal income tax return.

50.10 Subd. 3. Premium. A self-employed individual who elects to receive coverage under  
 50.11 this chapter must annually pay a premium equal to one-half the percentage in section  
 50.12 268B.14, subdivision 6, clause (1), times the lesser of:

50.13 (1) the individual's self-employment premium base; or

50.14 (2) the maximum earnings subject to the FICA Old-Age, Survivors, and Disability  
 50.15 Insurance tax.

50.16 Subd. 4. Benefits. Notwithstanding anything to the contrary, a self-employed individual  
 50.17 who has applied to and been approved for coverage by the commissioner under this section  
 50.18 is entitled to benefits on the same basis as an employee under this chapter, except that a  
 50.19 self-employed individual's weekly benefit amount under section 268B.04, subdivision 1,  
 50.20 must be calculated as a percentage of the self-employed individual's self-employment  
 50.21 premium base, rather than wages.

41.16 Sec. 16. [268B.11] SELF-EMPLOYED AND INDEPENDENT CONTRACTOR  
 41.17 ELECTION OF COVERAGE.

41.18 Subdivision 1. Election of coverage. (a) A self-employed individual or independent  
 41.19 contractor may file with the commissioner by electronic transmission in a format prescribed  
 41.20 by the commissioner an application to be entitled to benefits under this chapter for a period  
 41.21 not less than 104 consecutive calendar weeks. Upon the approval of the commissioner, sent  
 41.22 by United States mail or electronic transmission, the individual is entitled to benefits under  
 41.23 this chapter beginning the calendar quarter after the date of approval or beginning in a later  
 41.24 calendar quarter if requested by the self-employed individual or independent contractor.  
 41.25 The individual ceases to be entitled to benefits as of the first day of January of any calendar  
 41.26 year only if, at least 30 calendar days before the first day of January, the individual has filed  
 41.27 with the commissioner by electronic transmission in a format prescribed by the commissioner  
 41.28 a notice to that effect.

41.29 (b) The commissioner may terminate any application approved under this section with  
 41.30 30 calendar days' notice sent by United States mail or electronic transmission if the  
 41.31 self-employed individual is delinquent on any premiums due under this chapter. If an  
 41.32 approved application is terminated in this manner during the first 104 consecutive calendar  
 42.1 weeks of election, the self-employed individual remains obligated to pay the premium under  
 42.2 subdivision 3 for the remainder of that 104-week period.

42.3 Subd. 2. Application. A self-employed individual who applies for coverage under this  
 42.4 section must provide the commissioner with (1) the amount of the individual's net earnings  
 42.5 from self-employment, if any, from the most recent taxable year and all tax documents  
 42.6 necessary to prove the accuracy of the amounts reported, and (2) any other documentation  
 42.7 the commissioner requires. A self-employed individual who is covered under this chapter  
 42.8 must annually provide the commissioner with the amount of the individual's net earnings  
 42.9 from self-employment within 30 days of filing a federal income tax return.

42.10 Subd. 3. Premium. A self-employed individual who elects to receive coverage under  
 42.11 this chapter must annually pay a premium as provided in section 268B.14, subdivision 6,  
 42.12 clause (1), times the lesser of:

42.13 (1) the individual's self-employment premium base; or

42.14 (2) the maximum earnings subject to the FICA Old-Age, Survivors, and Disability  
 42.15 Insurance tax.

42.16 Subd. 4. Benefits. Notwithstanding anything to the contrary, a self-employed individual  
 42.17 who has applied to and been approved for coverage by the commissioner under this section  
 42.18 is entitled to benefits on the same basis as an employee under this chapter, except that a  
 42.19 self-employed individual's weekly benefit amount under section 268B.04, subdivision 1,  
 42.20 must be calculated as a percentage of the self-employed individual's self-employment  
 42.21 premium base, rather than wages.

50.22 EFFECTIVE DATE. Except as provided in section 41, this section is effective July 1,  
50.23 2025.

50.24 Sec. 21. **[268B.12] WAGE REPORTING.**

50.25 Subdivision 1. **Wage detail report.** (a) Each employer must submit, under the employer  
50.26 premium account described in section 268B.13, a quarterly wage detail report by electronic  
50.27 transmission, in a format prescribed by the commissioner. The report must include for each  
50.28 employee in covered employment during the calendar quarter, the employee's name, the  
50.29 total wages paid to the employee, and total number of paid hours worked. For employees  
50.30 exempt from the definition of employee in section 177.23, subdivision 7, clause (6), the  
50.31 employer must report 40 hours worked for each week any duties were performed by a  
50.32 full-time employee and must report a reasonable estimate of the hours worked for each  
50.33 week duties were performed by a part-time employee. In addition, the wage detail report  
51.1 must include the number of employees employed during the payroll period that includes  
51.2 the 12th day of each calendar month and, if required by the commissioner, the report must  
51.3 be broken down by business location and separate business unit. The report is due and must  
51.4 be received by the commissioner on or before the last day of the month following the end  
51.5 of the calendar quarter. The commissioner may delay the due date on a specific calendar  
51.6 quarter in the event the department is unable to accept wage detail reports electronically.

51.7 (b) The employer may report the wages paid to the next lower whole dollar amount.

51.8 (c) An employer need not include the name of the employee or other required information  
51.9 on the wage detail report if disclosure is specifically exempted from being reported by  
51.10 federal law.

51.11 (d) A wage detail report must be submitted for each calendar quarter even though no  
51.12 wages were paid, unless the business has been terminated.

51.13 Subd. 2. **Electronic transmission of report required.** Each employer must submit the  
51.14 quarterly wage detail report by electronic transmission in a format prescribed by the  
51.15 commissioner. The commissioner has the discretion to accept wage detail reports that are  
51.16 submitted by any other means or the commissioner may return the report submitted by other  
51.17 than electronic transmission to the employer, and reports returned are considered as not  
51.18 submitted and the late fees under subdivision 3 may be imposed.

51.19 Subd. 3. **Failure to timely file report; late fees.** (a) Any employer that fails to submit  
51.20 the quarterly wage detail report when due must pay a late fee of \$10 per employee, computed  
51.21 based upon the highest of:

51.22 (1) the number of employees reported on the last wage detail report submitted;

51.23 (2) the number of employees reported in the corresponding quarter of the prior calendar  
51.24 year; or

42.22 EFFECTIVE DATE. Except as provided in section 40, this section is effective July 1,  
42.23 2025.

42.24 Sec. 17. **[268B.12] WAGE REPORTING.**

42.25 Subdivision 1. **Wage detail report.** (a) Each employer must submit, under the employer  
42.26 premium account described in section 268B.13, a quarterly wage detail report by electronic  
42.27 transmission, in a format prescribed by the commissioner. The report must include for each  
42.28 employee in covered employment during the calendar quarter, the employee's name, the  
42.29 total wages paid to the employee, and total number of paid hours worked. For employees  
42.30 exempt from the definition of employee in section 177.23, subdivision 7, clause (6), the  
42.31 employer must report 40 hours worked for each week any duties were performed by a  
42.32 full-time employee and must report a reasonable estimate of the hours worked for each  
42.33 week duties were performed by a part-time employee. In addition, the wage detail report  
43.1 must include the number of employees employed during the payroll period that includes  
43.2 the 12th day of each calendar month and, if required by the commissioner, the report must  
43.3 be broken down by business location and separate business unit. The report is due and must  
43.4 be received by the commissioner on or before the last day of the month following the end  
43.5 of the calendar quarter. The commissioner may delay the due date on a specific calendar  
43.6 quarter in the event the department is unable to accept wage detail reports electronically.

43.7 (b) The employer may report the wages paid to the next lower whole dollar amount.

43.8 (c) An employer need not include the name of the employee or other required information  
43.9 on the wage detail report if disclosure is specifically exempted from being reported by  
43.10 federal law.

43.11 (d) A wage detail report must be submitted for each calendar quarter even though no  
43.12 wages were paid, unless the business has been terminated.

43.13 Subd. 2. **Electronic transmission of report required.** Each employer must submit the  
43.14 quarterly wage detail report by electronic transmission in a format prescribed by the  
43.15 commissioner. The commissioner has the discretion to accept wage detail reports that are  
43.16 submitted by any other means or the commissioner may return the report submitted by other  
43.17 than electronic transmission to the employer, and reports returned are considered as not  
43.18 submitted and the late fees under subdivision 3 may be imposed.

43.19 Subd. 3. **Failure to timely file report; late fees.** (a) Any employer that fails to submit  
43.20 the quarterly wage detail report when due must pay a late fee of \$10 per employee, computed  
43.21 based upon the highest of:

43.22 (1) the number of employees reported on the last wage detail report submitted;

43.23 (2) the number of employees reported in the corresponding quarter of the prior calendar  
43.24 year; or

51.25 (3) if no wage detail report has ever been submitted, the number of employees listed at  
51.26 the time of employer registration.

51.27 The late fee is canceled if the wage detail report is received within 30 calendar days after  
51.28 a demand for the report is sent to the employer by mail or electronic transmission. A late  
51.29 fee assessed an employer may not be canceled more than twice each 12 months. The amount  
51.30 of the late fee assessed may not be less than \$250.

51.31 (b) If the wage detail report is not received in a manner and format prescribed by the  
51.32 commissioner within 30 calendar days after demand is sent under paragraph (a), the late  
52.1 fee assessed under paragraph (a) doubles and a renewed demand notice and notice of the  
52.2 increased late fee will be sent to the employer by mail or electronic transmission.

52.3 (c) Late fees due under this subdivision may be canceled, in whole or in part, under  
52.4 section 268B.16.

52.5 Subd. 4. **Missing or erroneous information.** (a) Any employer that submits the wage  
52.6 detail report, but fails to include all required employee information or enters erroneous  
52.7 information, may be subject to an administrative service fee of \$25 for each employee for  
52.8 whom the information is partially missing or erroneous.

52.9 (b) Any employer that submits the wage detail report, but fails to include an employee,  
52.10 may be subject to an administrative service fee equal to two percent of the total wages for  
52.11 each employee for whom the information is completely missing.

52.12 (c) An employer shall not be subject to any penalty under this section upon a reasonable  
52.13 showing that the employer's act or omission that violated this section was in good faith or  
52.14 that the employer had reasonable grounds for believing that the act was not a violation of  
52.15 this section.

52.16 Subd. 5. **Fees.** The fees provided for in subdivisions 3 and 4 are in addition to interest  
52.17 and other penalties imposed by this chapter and are collected in the same manner as  
52.18 delinquent taxes and credited to the family and medical benefit insurance account.

52.19 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
52.20 2025.

52.21 Sec. 22. **[268B.13] EMPLOYER PREMIUM ACCOUNTS.**

52.22 The commissioner must maintain a premium account for each employer, except for an  
52.23 employer with an approved private plan under section 268B.10. The commissioner must  
52.24 assess the premium account for all the premiums due under section 268B.14, and credit the  
52.25 family and medical benefit insurance account with all premiums paid.

52.26 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
52.27 2025.

43.25 (3) if no wage detail report has ever been submitted, the number of employees listed at  
43.26 the time of employer registration.

43.27 The late fee is canceled if the wage detail report is received within 30 calendar days after  
43.28 a demand for the report is sent to the employer by mail or electronic transmission. A late  
43.29 fee assessed to an employer may not be canceled more than twice each 12 months. The  
43.30 amount of the late fee assessed may not be less than \$250.

43.31 (b) If the wage detail report is not received in a manner and format prescribed by the  
43.32 commissioner within 30 calendar days after demand is sent under paragraph (a), the late  
44.1 fee assessed under paragraph (a) doubles and a renewed demand notice and notice of the  
44.2 increased late fee will be sent to the employer by mail or electronic transmission.

44.3 (c) Late fees due under this subdivision may be canceled, in whole or in part, under  
44.4 section 268B.16.

44.5 Subd. 4. **Missing or erroneous information.** (a) Any employer that submits the wage  
44.6 detail report, but fails to include all required employee information or enters erroneous  
44.7 information, may be subject to an administrative service fee of \$25 for each employee for  
44.8 whom the information is partially missing or erroneous.

44.9 (b) Any employer that submits the wage detail report, but fails to include an employee,  
44.10 may be subject to an administrative service fee equal to two percent of the total wages for  
44.11 each employee for whom the information is completely missing.

44.12 (c) An employer shall not be subject to any penalty under this section upon a reasonable  
44.13 showing that the employer's act or omission which violated the provisions of this chapter  
44.14 was in good faith or that the employer had reasonable grounds for believing that the act or  
44.15 omission was not a violation of the provisions of this section.

44.16 Subd. 5. **Fees.** The fees provided for in subdivisions 3 and 4 are in addition to interest  
44.17 and other penalties imposed by this chapter and are collected in the same manner as  
44.18 delinquent taxes and credited to the family and medical benefit insurance account.

44.19 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
44.20 2025.

44.21 Sec. 18. **[268B.13] EMPLOYER PREMIUM ACCOUNTS.**

44.22 The commissioner must maintain a premium account for each employer. The  
44.23 commissioner must assess the premium account for all the premiums due under section  
44.24 268B.14, and credit the family and medical benefit insurance account with all premiums  
44.25 paid.

44.26 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
44.27 2025.

52.28 Sec. 23. [268B.14] PREMIUMS.

52.29 Subdivision 1. **Payments.** (a) Family and medical leave premiums accrue and become  
 52.30 payable by each employer, except for an employer with an approved private plan under  
 53.1 section 268B.10, for each calendar year on the taxable wages that the employer paid to  
 53.2 employees in covered employment.

53.3 Each employer must pay premiums quarterly, at the premium rate defined under this  
 53.4 section, on the taxable wages paid to each employee. The commissioner must compute the  
 53.5 premium due from the wage detail report required under section 268B.12 and notify the  
 53.6 employer of the premium due. The premiums must be paid to the family and medical benefit  
 53.7 insurance account and must be received by the department on or before the last day of the  
 53.8 month following the end of the calendar quarter.

53.9 (b) If for any reason the wages on the wage detail report under section 268B.12 are  
 53.10 adjusted for any quarter, the commissioner must recompute the premiums due for that quarter  
 53.11 and assess the employer for any amount due or credit the employer as appropriate.

53.12 Subd. 2. **Payments by electronic payment required.** (a) Every employer must make  
 53.13 any payments due under this chapter by electronic payment.

53.14 (b) All third-party processors, paying on behalf of a client company, must make any  
 53.15 payments due under this chapter by electronic payment.

53.16 (c) Regardless of paragraph (a) or (b), the commissioner has the discretion to accept  
 53.17 payment by other means.

53.18 Subd. 3. **Employee charge back.** Notwithstanding section 177.24, subdivision 4, or  
 53.19 181.06, subdivision 1, employers must pay a minimum of 50 percent of the annual premiums  
 53.20 paid under this section. Employees, through a deduction in their wages to the employer,  
 53.21 must pay the remaining portion, if any, of the premium not paid by the employer. Such  
 53.22 deductions for any given employee must be in equal proportion to the premiums paid based  
 53.23 on the wages of that employee, and all employees of an employer must be subject to the  
 53.24 same percentage deduction. Deductions under this section must not cause an employee's  
 53.25 wage, after the deduction, to fall below the rate required to be paid to the worker by law,  
 53.26 including any applicable statute, regulation, rule, ordinance, government resolution or policy,  
 53.27 contract, or other legal authority, whichever rate of pay is greater.

53.28 Subd. 4. **Wages and payments subject to premium.** The maximum wages subject to  
 53.29 premium in a calendar year is equal to the maximum earnings in that year subject to the  
 53.30 FICA Old-Age, Survivors, and Disability Insurance tax.

53.31 Subd. 5. **Small business wage exclusion.** (a) For employers with fewer than 30  
 53.32 employees, the amount of wages on which the employer half of the quarterly premium is  
 53.33 required is reduced by the lesser of:

54.1 (1) \$12,500 multiplied by the number of employees; or

44.28 Sec. 19. [268B.14] PREMIUMS.

44.29 Subdivision 1. **Payments.** (a) Family and medical leave premiums accrue and become  
 44.30 payable by each employer for each calendar year on the taxable wages that the employer  
 44.31 paid to employees in covered employment.

45.1 Each employer must pay premiums quarterly, at the premium rate defined under this  
 45.2 section, on the taxable wages paid to each employee. The commissioner must compute the  
 45.3 premium due from the wage detail report required under section 268B.12 and notify the  
 45.4 employer of the premium due. The premiums must be paid to the family and medical benefit  
 45.5 insurance account and must be received by the department on or before the last day of the  
 45.6 month following the end of the calendar quarter.

45.7 (b) If for any reason the wages on the wage detail report under section 268B.12 are  
 45.8 adjusted for any quarter, the commissioner must recompute the premiums due for that quarter  
 45.9 and assess the employer for any amount due or credit the employer as appropriate.

45.10 Subd. 2. **Payments by electronic payment required.** (a) Every employer must make  
 45.11 any payments due under this chapter by electronic payment.

45.12 (b) All third-party processors, paying on behalf of a client company, must make any  
 45.13 payments due under this chapter by electronic payment.

45.14 (c) Regardless of paragraph (a) or (b), the commissioner has the discretion to accept  
 45.15 payment by other means.

45.16 Subd. 3. **Employee charge back.** Notwithstanding section 177.24, subdivision 4, or  
 45.17 181.06, subdivision 1, employers must pay 50 percent of the annual premiums paid under  
 45.18 this section. An employer may elect to pay more than 50 percent of the annual premium  
 45.19 under this section. Employees, through a deduction in their wages to the employer, must  
 45.20 pay the remaining portion, if any, of the premium not paid by the employer. Such deductions  
 45.21 for any given employee must be in equal proportion to the premiums paid based on the  
 45.22 wages of that employee. Deductions under this section must not cause an employee's wage,  
 45.23 after the deduction, to fall below the rate required to be paid to the worker by law, including  
 45.24 any applicable statute, regulation, rule, ordinance, government resolution or policy, or other  
 45.25 legal authority, whichever rate of pay is greater.

45.26 Subd. 4. **Wages and payments subject to premium.** The maximum wages subject to  
 45.27 premium in a calendar year is equal to the maximum earnings in that year subject to the  
 45.28 FICA Old-Age, Survivors, and Disability Insurance tax.

45.29 Subd. 5. **Small business wage exclusion.** (a) For employers with fewer than 30  
 45.30 employees, the amount of wages upon which quarterly employer premium is required is  
 45.31 reduced by the premium rate to be paid by the employer multiplied by the lesser of:

45.32 (1) \$12,500 multiplied by the number of employees; or

54.2 (2) \$120,000.

54.3 (b) For each employee over 20 employees, the exclusion is reduced by \$12,000.

54.4 (c) The premium paid by the employer as a result of the reduction allowed under this  
54.5 subdivision must not be less than zero.

54.6 (d) The reduction in premiums paid by the employer is for the sole benefit of the employer  
54.7 and does not relieve the employer from deducting the employee portion of the premium.

54.8 Subd. 6. **Annual premium rates.** The premium rates beginning July 1, 2025, shall be  
54.9 as follows:

54.10 (1) for both family and medical benefit programs, 0.7 percent;

54.11 (2) for only the medical benefit program and with an approved private plan for the family  
54.12 benefit program, 0.57 percent; and

54.13 (3) for only the family benefit program and with an approved private plan for the medical  
54.14 benefit program, 0.13 percent.

54.15 Subd. 7. **Premium rate adjustments.** (a) Beginning July 1, 2026, and by July 31 of  
54.16 each year thereafter, the commissioner must adjust the annual premium rates using the  
54.17 formula in paragraph (b).

54.18 (b) To calculate the employer rates for a calendar year, the commissioner must:

54.19 (1) multiply 1.45 times the amount disbursed from the family and medical benefit  
54.20 insurance account for the 52-week period ending September 30 of the prior year;

54.21 (2) subtract the amount in the family and medical benefit insurance account on that  
54.22 September 30 from the resulting figure;

54.23 (3) divide the resulting figure by the total wages in covered employment of employees  
54.24 of employers without approved private plans under section 268B.10 for either the family  
54.25 or medical benefit program. For employers with an approved private plan for either the  
54.26 medical benefit program or the family benefit program, but not both, count only the  
54.27 proportion of wages in covered employment associated with the program for which the  
54.28 employer does not have an approved private plan; and

54.29 (4) round the resulting figure down to the nearest one-hundredth of one percent.

55.1 (c) The commissioner must apportion the premium rate between the family and medical  
55.2 benefit programs based on the relative proportion of expenditures for each program during  
55.3 the preceding year.

55.4 Subd. 8. **Deposit of premiums.** All premiums collected under this section must be  
55.5 deposited into the family and medical benefit insurance account.

45.33 (2) \$120,000.

46.1 (b) For each employee over 20 employees, the exclusion is reduced by \$12,000.

46.2 (c) The premium paid by the employer as a result of the reduction allowed under this  
46.3 subdivision must not be less than zero.

46.4 (d) The reduction in premiums paid by the employer is for the sole benefit of the employer  
46.5 and does not relieve the employer from deducting the employee portion of the premium.

46.6 Subd. 6. **Annual premium rates.** The **employer** premium rates beginning July 1, 2025,  
46.7 shall be as follows:

46.8 (1) for **employers participating in** both family and medical benefit programs, 0.7 percent;

46.9 (2) for **an employer participating in** only the medical benefit program and with an  
46.10 approved private plan for the family benefit program, 0.57 percent; and

46.11 (3) for **an employer participating in** only the family benefit program and with an approved  
46.12 private plan for the medical benefit program, 0.13 percent.

46.13 Subd. 7. **Premium rate adjustments.** (a) Beginning July 1, 2026, and by July 31 of  
46.14 each year thereafter, the commissioner must adjust the annual premium rates using the  
46.15 formula in paragraph (b). **In no year shall the annual premium rate exceed one percent of**  
46.16 **taxable wages paid to each employee.**

46.17 (b) To calculate the employer rates for a calendar year, the commissioner must:

46.18 (1) multiply 1.45 times the amount disbursed from the family and medical benefit  
46.19 insurance account for the 52-week period ending September 30 of the prior year;

46.20 (2) subtract the amount in the family and medical benefit insurance account on that  
46.21 September 30 from the resulting figure;

46.22 (3) divide the resulting figure by the total wages in covered employment of employees  
46.23 of employers without approved private plans under section 268B.10 for either the family  
46.24 or medical benefit program. For employers with an approved private plan for either the  
46.25 medical benefit program or the family benefit program, but not both, count only the  
46.26 proportion of wages in covered employment associated with the program for which the  
46.27 employer does not have an approved private plan; and

46.28 (4) round the resulting figure down to the nearest one-hundredth of one percent.

46.29 (c) The commissioner must apportion the premium rate between the family and medical  
46.30 benefit programs based on the relative proportion of expenditures for each program during  
46.31 the preceding year.

47.1 Subd. 8. **Deposit of premiums.** All premiums collected under this section must be  
47.2 deposited into the family and medical benefit insurance account.

55.6 Subd. 9. **Nonpayment of premiums by employer.** The failure of an employer to pay  
 55.7 premiums does not impact the right of an employee to benefits, or any other right, under  
 55.8 this chapter.

55.9 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
 55.10 2025.

55.11 Sec. 24. **[268B.145] INCOME TAX WITHHOLDING.**

55.12 If the Internal Revenue Service determines that benefits are subject to federal income  
 55.13 tax, and an applicant elects to have federal income tax deducted and withheld from the  
 55.14 applicant's benefits, the commissioner must deduct and withhold the amount specified in  
 55.15 the Internal Revenue Code in a manner consistent with state law.

55.16 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
 55.17 2025.

55.18 Sec. 25. **[268B.15] COLLECTION OF PREMIUMS.**

55.19 Subdivision 1. **Amount computed presumed correct.** Any amount due from an  
 55.20 employer, as computed by the commissioner, is presumed to be correctly determined and  
 55.21 assessed, and the burden is upon the employer to show its incorrectness. A statement by the  
 55.22 commissioner of the amount due is admissible in evidence in any court or administrative  
 55.23 proceeding and is prima facie evidence of the facts in the statement.

55.24 Subd. 2. **Priority of payments.** (a) Any payment received from an employer must be  
 55.25 applied in the following order:

55.26 (1) family and medical leave premiums under this chapter; then

55.27 (2) interest on past due premiums; then

55.28 (3) penalties, late fees, administrative service fees, and costs.

55.29 (b) Paragraph (a) is the priority used for all payments received from an employer,  
 55.30 regardless of how the employer may designate the payment to be applied, except when:

56.1 (1) there is an outstanding lien and the employer designates that the payment made  
 56.2 should be applied to satisfy the lien;

56.3 (2) the payment is specifically designated by the employer to be applied to an outstanding  
 56.4 overpayment of benefits of an applicant;

56.5 (3) a court or administrative order directs that the payment be applied to a specific  
 56.6 obligation;

56.7 (4) a preexisting payment plan provides for the application of payment; or

47.3 Subd. 9. **Nonpayment of premiums by employer.** The failure of an employer to pay  
 47.4 premiums does not impact the right of an employee to benefits, or any other right, under  
 47.5 this chapter.

47.6 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 47.7 2025.

47.8 Sec. 20. **[268B.145] INCOME TAX WITHHOLDING.**

47.9 If the Internal Revenue Service determines that benefits are subject to federal income  
 47.10 tax, and an applicant elects to have federal income tax deducted and withheld from the  
 47.11 applicant's benefits, the commissioner must deduct and withhold the amount specified in  
 47.12 the Internal Revenue Code in a manner consistent with state law.

47.13 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 47.14 2025.

47.15 Sec. 21. **[268B.15] COLLECTION OF PREMIUMS.**

47.16 Subdivision 1. **Amount computed presumed correct.** Any amount due from an  
 47.17 employer, as computed by the commissioner, is presumed to be correctly determined and  
 47.18 assessed, and the burden is upon the employer to show its incorrectness. A statement by the  
 47.19 commissioner of the amount due is admissible in evidence in any court or administrative  
 47.20 proceeding and is prima facie evidence of the facts in the statement.

47.21 Subd. 2. **Priority of payments.** (a) Any payment received from an employer must be  
 47.22 applied in the following order:

47.23 (1) family and medical leave premiums under this chapter; then

47.24 (2) interest on past due premiums; then

47.25 (3) penalties, late fees, administrative service fees, and costs.

47.26 (b) Paragraph (a) is the priority used for all payments received from an employer,  
 47.27 regardless of how the employer may designate the payment to be applied, except when:

47.28 (1) there is an outstanding lien and the employer designates that the payment made  
 47.29 should be applied to satisfy the lien;

48.1 (2) the payment is specifically designated by the employer to be applied to an outstanding  
 48.2 overpayment of benefits of an applicant;

48.3 (3) a court or administrative order directs that the payment be applied to a specific  
 48.4 obligation;

48.5 (4) a preexisting payment plan provides for the application of payment; or

56.8 (5) the commissioner, under the compromise authority of section 268B.16, agrees to  
56.9 apply the payment to a different priority.

56.10 **Subd. 3. Estimating the premium due.** Only if an employer fails to make all necessary  
56.11 records available for an audit under section 268B.21 and the commissioner has reason to  
56.12 believe the employer has not reported all the required wages on the quarterly wage detail  
56.13 reports, may the commissioner then estimate the amount of premium due and assess the  
56.14 employer the estimated amount due.

56.15 **Subd. 4. Costs.** (a) Any employer and any applicant subject to section 268B.185,  
56.16 subdivision 2, that fails to pay any amount when due under this chapter is liable for any  
56.17 filing fees, recording fees, sheriff fees, costs incurred by referral to any public or private  
56.18 collection agency, or litigation costs, including attorney fees, incurred in the collection of  
56.19 the amounts due.

56.20 (b) If any tendered payment of any amount due is not honored when presented to a  
56.21 financial institution for payment, any costs assessed the department by the financial institution  
56.22 and a fee of \$25 must be assessed to the person.

56.23 (c) Costs and fees collected under this subdivision are credited to the enforcement account  
56.24 under section 268B.185, subdivision 3.

56.25 **Subd. 5. Interest on amounts past due.** If any amounts due from an employer under  
56.26 this chapter are not received on the date due, the commissioner must assess interest on any  
56.27 amount that remains unpaid. Interest is assessed at the rate of one percent per month or any  
56.28 part of a month. Interest is not assessed on unpaid interest. Interest collected under this  
56.29 subdivision is credited to the account.

56.30 **Subd. 6. Interest on judgments.** Regardless of section 549.09, if a judgment is entered  
56.31 upon any past due amounts from an employer under this chapter, the unpaid judgment bears  
56.32 interest at the rate specified in subdivision 5 until the date of payment.

57.1 **Subd. 7. Credit adjustments; refunds.** (a) If an employer makes an application for a  
57.2 credit adjustment of any amount paid under this chapter within four years of the date that  
57.3 the payment was due, in a manner and format prescribed by the commissioner, and the  
57.4 commissioner determines that the payment or any portion thereof was erroneous, the  
57.5 commissioner must make an adjustment and issue a credit without interest. If a credit cannot  
57.6 be used, the commissioner must refund, without interest, the amount erroneously paid. The  
57.7 commissioner, on the commissioner's own motion, may make a credit adjustment or refund  
57.8 under this subdivision.

57.9 (b) Any refund returned to the commissioner is considered unclaimed property under  
57.10 chapter 345.

57.11 (c) If a credit adjustment or refund is denied in whole or in part, a determination of denial  
57.12 must be sent to the employer by mail or electronic transmission. The determination of denial

48.6 (5) the commissioner, under the compromise authority of section 268B.16, agrees to  
48.7 apply the payment to a different priority.

48.8 **Subd. 3. Estimating the premium due.** Only if an employer fails to make all necessary  
48.9 records available for an audit under section 268B.21 and the commissioner has reason to  
48.10 believe the employer has not reported all the required wages on the quarterly wage detail  
48.11 reports, may the commissioner then estimate the amount of premium due and assess the  
48.12 employer the estimated amount due.

48.13 **Subd. 4. Costs.** (a) Any employer and any applicant subject to section 268B.185,  
48.14 subdivision 2, that fails to pay any amount when due under this chapter is liable for any  
48.15 filing fees, recording fees, sheriff fees, costs incurred by referral to any public or private  
48.16 collection agency, or litigation costs, including attorney fees, incurred in the collection of  
48.17 the amounts due.

48.18 (b) If any tendered payment of any amount due is not honored when presented to a  
48.19 financial institution for payment, any costs assessed the department by the financial institution  
48.20 and a fee of \$25 must be assessed to the person.

48.21 **Subd. 5. Interest on amounts past due.** If any amounts due from an employer under  
48.22 this chapter are not received on the date due, the commissioner must assess interest on any  
48.23 amount that remains unpaid. Interest is assessed at the rate of one percent per month or any  
48.24 part of a month. Interest is not assessed on unpaid interest. Interest collected under this  
48.25 subdivision is credited to the account.

48.26 **Subd. 6. Interest on judgments.** Regardless of section 549.09, if a judgment is entered  
48.27 upon any past due amounts from an employer under this chapter, the unpaid judgment bears  
48.28 interest at the rate specified in subdivision 5 until the date of payment.

48.29 **Subd. 7. Credit adjustments; refunds.** (a) If an employer makes an application for a  
48.30 credit adjustment of any amount paid under this chapter within four years of the date that  
48.31 the payment was due, in a manner and format prescribed by the commissioner, and the  
48.32 commissioner determines that the payment or any portion thereof was erroneous, the  
48.33 commissioner must make an adjustment and issue a credit without interest. If a credit cannot  
49.1 be used, the commissioner must refund, without interest, the amount erroneously paid. The  
49.2 commissioner, on the commissioner's own motion, may make a credit adjustment or refund  
49.3 under this subdivision.

49.4 (b) Any refund returned to the commissioner is considered unclaimed property under  
49.5 chapter 345.

49.6 (c) If a credit adjustment or refund is denied in whole or in part, a determination of denial  
49.7 must be sent to the employer by mail or electronic transmission. The determination of denial

57.13 is final unless an employer files an appeal within 20 calendar days after sending. Proceedings  
57.14 on the appeal are conducted in accordance with section 268B.08.

57.15 (d) If an employer receives a credit adjustment or refund under this section, the employer  
57.16 must determine the amount of any overpayment attributable to a deduction from employee  
57.17 wages under section 268B.14, subdivision 3, and return any amount erroneously deducted  
57.18 to each affected employee.

57.19 Subd. 8. **Priorities under legal dissolutions or distributions.** In the event of any  
57.20 distribution of an employer's assets according to an order of any court, including any  
57.21 receivership, assignment for benefit of creditors, adjudicated insolvency, or similar  
57.22 proceeding, premiums then or thereafter due must be paid in full before all other claims  
57.23 except claims for wages of not more than \$1,000 per former employee, earned within six  
57.24 months of the commencement of the proceedings. In the event of an employer's adjudication  
57.25 in bankruptcy under federal law, premiums then or thereafter due are entitled to the priority  
57.26 provided in that law for taxes due in any state.

57.27 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
57.28 2025.

57.29 Sec. 26. **[268B.155] CHILD SUPPORT DEDUCTION FROM BENEFITS.**

57.30 Subdivision 1. **Definitions.** As used in this section:

57.31 (1) "child support agency" means the public agency responsible for child support  
57.32 enforcement, including federally approved comprehensive Tribal IV-D programs; and

58.1 (2) "child support obligations" means obligations that are being enforced by a child  
58.2 support agency in accordance with a plan described in United States Code, title 42, sections  
58.3 454 and 455 of the Social Security Act that has been approved by the secretary of health  
58.4 and human services under part D of title IV of the Social Security Act. This does not include  
58.5 any type of spousal maintenance or foster care payments.

58.6 Subd. 2. **Notice upon application.** In an application for family or medical leave benefits,  
58.7 the applicant must disclose if child support obligations are owed and, if so, in what state  
58.8 and county. If child support obligations are owed, the commissioner must, if the applicant  
58.9 establishes a benefit account, notify the child support agency.

58.10 Subd. 3. **Withholding of benefit.** The commissioner must deduct and withhold from  
58.11 any family or medical leave benefits payable to an applicant who owes child support  
58.12 obligations:

58.13 (1) the amount required under a proper order of a court or administrative agency; or

58.14 (2) if clause (1) is not applicable, the amount determined under an agreement under  
58.15 United States Code, title 42, section 454 (20)(B)(i), of the Social Security Act; or

49.8 is final unless an employer files an appeal within 20 calendar days after sending. Proceedings  
49.9 on the appeal are conducted in accordance with section 268B.08.

49.10 (d) If an employer receives a credit adjustment or refund under this section, the employer  
49.11 must determine the amount of any overpayment attributable to a deduction from employee  
49.12 wages under section 268B.14, subdivision 3, and return any amount erroneously deducted  
49.13 to each affected employee.

49.14 Subd. 8. **Priorities under legal dissolutions or distributions.** In the event of any  
49.15 distribution of an employer's assets according to an order of any court, including any  
49.16 receivership, assignment for benefit of creditors, adjudicated insolvency, or similar  
49.17 proceeding, premiums then or thereafter due must be paid in full before all other claims  
49.18 except claims for wages of not more than \$1,000 per former employee, earned within six  
49.19 months of the commencement of the proceedings. In the event of an employer's adjudication  
49.20 in bankruptcy under federal law, premiums then or thereafter due are entitled to the priority  
49.21 provided in that law for taxes due in any state.

49.22 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
49.23 2025.

49.24 Sec. 22. **[268B.155] CHILD SUPPORT DEDUCTION FROM BENEFITS.**

49.25 Subdivision 1. **Definitions.** As used in this section:

49.26 (1) "child support agency" means the public agency responsible for child support  
49.27 enforcement, including federally approved comprehensive Tribal IV-D programs; and

49.28 (2) "child support obligations" means obligations that are being enforced by a child  
49.29 support agency in accordance with a plan described in United States Code, title 42, sections  
49.30 454 and 455 of the Social Security Act that has been approved by the secretary of health  
49.31 and human services under part D of title IV of the Social Security Act. This does not include  
49.32 any type of spousal maintenance or foster care payments.

50.1 Subd. 2. **Notice upon application.** In an application for family or medical leave benefits,  
50.2 the applicant must disclose if child support obligations are owed and, if so, in what state  
50.3 and county. If child support obligations are owed, the commissioner must, if the applicant  
50.4 establishes a benefit account, notify the child support agency.

50.5 Subd. 3. **Withholding of benefit.** The commissioner must deduct and withhold from  
50.6 any family or medical leave benefits payable to an applicant who owes child support  
50.7 obligations:

50.8 (1) the amount required under a proper order of a court or administrative agency; or

50.9 (2) if clause (1) is not applicable, the amount determined under an agreement under  
50.10 United States Code, title 42, section 454 (20)(B)(i), of the Social Security Act; or



58.16 (3) if clause (1) or (2) is not applicable, the amount specified by the applicant.

58.17 Subd. 4. **Payment.** Any amount deducted and withheld must be paid to the child support  
58.18 agency, must for all purposes be treated as if it were paid to the applicant as family or  
58.19 medical leave benefits and paid by the applicant to the child support agency in satisfaction  
58.20 of the applicant's child support obligations.

58.21 Subd. 5. **Payment of costs.** The child support agency must pay the costs incurred by  
58.22 the commissioner in the implementation and administration of this section and sections  
58.23 518A.50 and 518A.53.

58.24 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
58.25 2025.

58.26 Sec. 27. **[268B.16] COMPROMISE.**

58.27 (a) The commissioner may compromise in whole or in part any action, determination,  
58.28 or decision that affects only an employer and not an applicant. This paragraph applies if it  
58.29 is determined by a court of law, or a confession of judgment, that an applicant, while  
58.30 employed, wrongfully took from the employer \$500 or more in money or property.

58.31 (b) The commissioner may at any time compromise any premium or reimbursement due  
58.32 from an employer under this chapter.

59.1 (c) Any compromise involving an amount over \$10,000 must be authorized by an attorney  
59.2 licensed to practice law in Minnesota who is an employee of the department designated by  
59.3 the commissioner for that purpose.

59.4 (d) Any compromise must be in the best interest of the state of Minnesota.

59.5 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
59.6 2025.

59.7 Sec. 28. **[268B.17] ADMINISTRATIVE COSTS.**

59.8 From July 1, 2025, through December 31, 2025, the commissioner may spend up to  
59.9 seven percent of projected benefit payments during the period for the administration of this  
59.10 chapter. Beginning January 1, 2026, and each calendar year thereafter, the commissioner  
59.11 may spend up to seven percent of projected benefit payments for that calendar year for the  
59.12 administration of this chapter. The department may enter into interagency agreements with  
59.13 the Department of Labor and Industry, including agreements to transfer funds, subject to  
59.14 the limit in this section, for the Department of Labor and Industry to fulfill its enforcement  
59.15 authority of this chapter.

59.16 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
59.17 2025.

50.11 (3) if clause (1) or (2) is not applicable, the amount specified by the applicant.

50.12 Subd. 4. **Payment.** Any amount deducted and withheld must be paid to the child support  
50.13 agency, must for all purposes be treated as if it were paid to the applicant as family or  
50.14 medical leave benefits and paid by the applicant to the child support agency in satisfaction  
50.15 of the applicant's child support obligations.

50.16 Subd. 5. **Payment of costs.** The child support agency must pay the costs incurred by  
50.17 the commissioner in the implementation and administration of this section and sections  
50.18 518A.50 and 518A.53.

50.19 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
50.20 2025.

50.21 Sec. 23. **[268B.16] COMPROMISE.**

50.22 (a) The commissioner may compromise in whole or in part any action, determination,  
50.23 or decision that affects only an employer and not an applicant. This paragraph applies if it  
50.24 is determined by a court of law, or a confession of judgment, that an applicant, while  
50.25 employed, wrongfully took from the employer \$500 or more in money or property.

50.26 (b) The commissioner may at any time compromise any premium or reimbursement due  
50.27 from an employer under this chapter.

50.28 (c) Any compromise involving an amount over \$10,000 must be authorized by an attorney  
50.29 licensed to practice law in Minnesota who is an employee of the department designated by  
50.30 the commissioner for that purpose.

50.31 (d) Any compromise must be in the best interest of the state of Minnesota.

51.1 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
51.2 2025.

51.3 Sec. 24. **[268B.17] ADMINISTRATIVE COSTS.**

51.4 From July 1, 2025, through December 31, 2025, the commissioner may spend up to  
51.5 seven percent of projected benefit payments during the period for the administration of this  
51.6 chapter. Beginning January 1, 2026, and each calendar year thereafter, the commissioner  
51.7 may spend up to seven percent of projected benefit payments for that calendar year for the  
51.8 administration of this chapter. The department may enter into interagency agreements with  
51.9 the Department of Labor and Industry and the Department of Commerce, including  
51.10 agreements to transfer funds, subject to the limit in this section, for the Department of Labor  
51.11 and Industry to fulfill its enforcement authority of this chapter and for the Department of  
51.12 Commerce to fulfill the requirements of this chapter.

51.13 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
51.14 2025.

59.18 Sec. 29. **[268B.18] PUBLIC OUTREACH.**

59.19 Beginning in fiscal year 2025, the commissioner must use at least 0.5 percent of projected  
 59.20 benefit payments under section 268B.17 for the purpose of outreach, education, and technical  
 59.21 assistance for employees, employers, and self-employed individuals eligible to elect coverage  
 59.22 under section 268B.11. The department may enter into interagency agreements with the  
 59.23 Department of Labor and Industry, including agreements to transfer funds, subject to the  
 59.24 limit in section 268B.17, to accomplish the requirements of this section. At least one-half  
 59.25 of the amount spent under this section must be used for grants to community-based groups.

59.26 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
 59.27 2025.

59.28 Sec. 30. **[268B.185] BENEFIT OVERPAYMENTS.**

59.29 **Subdivision 1. Repaying an overpayment.** (a) Any applicant who (1) because of a  
 59.30 determination or amended determination issued under this chapter, or (2) because of a  
 59.31 benefit law judge's decision under section 268B.08, has received any family or medical  
 60.1 leave benefits that the applicant was held not entitled to, is overpaid the benefits and must  
 60.2 promptly repay the benefits to the family and medical benefit insurance account.

60.3 (b) If the applicant fails to repay the benefits overpaid, including any penalty and interest  
 60.4 assessed under subdivisions 2 and 4, the total due may be collected by the methods allowed  
 60.5 under state and federal law.

60.6 **Subd. 2. Overpayment because of misrepresentation.** (a) An applicant has committed  
 60.7 misrepresentation if the applicant is overpaid benefits by making an intentional false  
 60.8 statement or representation in an effort to fraudulently collect benefits. Overpayment because  
 60.9 of misrepresentation does not occur where there is unintentional mistake ~~with~~ a good faith  
 60.10 belief as to the eligibility or correctness of the statement or representation.

60.11 (b) A determination of overpayment penalty must state the methods of collection the  
 60.12 commissioner may use to recover the overpayment, penalty, and interest assessed. Money  
 60.13 received in repayment of overpaid benefits, penalties, and interest is first applied to the  
 60.14 benefits overpaid, second to the penalty amount due, and third to any interest due.

60.15 (c) The department is authorized to issue a determination of overpayment penalty under  
 60.16 this subdivision within 12 months of the establishment of the benefit account upon which  
 60.17 the benefits were obtained through misrepresentation.

60.18 **Subd. 3. Family and medical benefit insurance enforcement account created.** The  
 60.19 family and medical benefit insurance enforcement account is created in the state treasury.  
 60.20 Any penalties and interest collected under this section shall be deposited into the account  
 60.21 under this subdivision and shall be used only for the purposes of administering and enforcing

51.15 Sec. 25. **[268B.18] PUBLIC OUTREACH.**

51.16 Beginning in fiscal year 2025, the commissioner must use at least 0.5 percent of projected  
 51.17 benefit payments under section 268B.17 for the purpose of outreach, education, and technical  
 51.18 assistance for employees, employers, and self-employed individuals eligible to elect coverage  
 51.19 under section 268B.11. The department may enter into interagency agreements with the  
 51.20 Department of Labor and Industry and the Department of Commerce, including agreements  
 51.21 to transfer funds, subject to the limit in section 268B.17, to accomplish the requirements of  
 51.22 this section. At least one-half of the amount spent under this section must be used for grants  
 51.23 to community-based groups.

51.24 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 51.25 2025.

51.26 Sec. 26. **[268B.185] BENEFIT OVERPAYMENTS.**

51.27 **Subdivision 1. Repaying an overpayment.** (a) Any applicant who (1) because of a  
 51.28 determination or amended determination issued under this chapter, or (2) because of a  
 51.29 benefit law judge's decision under section 268B.08, has received any family or medical  
 51.30 leave benefits that the applicant was held not entitled to, is overpaid the benefits and must  
 51.31 promptly repay the benefits to the family and medical benefit insurance account.

52.1 (b) If the applicant fails to repay the benefits overpaid, including any penalty and interest  
 52.2 assessed under subdivisions 2 and 4, the total due may be collected by the methods allowed  
 52.3 under state and federal law.

52.4 **Subd. 2. Overpayment because of misrepresentation.** (a) An applicant has committed  
 52.5 misrepresentation if the applicant is overpaid benefits by making an intentional false  
 52.6 statement or representation in an effort to fraudulently collect benefits. Overpayment because  
 52.7 of misrepresentation does not occur where there is ~~an~~ unintentional mistake ~~or~~ a good faith  
 52.8 belief as to the eligibility or correctness of the statement or representation.

52.9 (b) A determination of overpayment penalty must state the methods of collection the  
 52.10 commissioner may use to recover the overpayment, penalty, and interest assessed. Money  
 52.11 received in repayment of overpaid benefits, penalties, and interest is first applied to the  
 52.12 benefits overpaid, second to the penalty amount due, and third to any interest due.

52.13 (c) The department is authorized to issue a determination of overpayment penalty under  
 52.14 this subdivision within 12 months of the establishment of the benefit account upon which  
 52.15 the benefits were obtained through misrepresentation.

60.22 this chapter. Only the commissioner may authorize expenditures from the account under  
60.23 this subdivision.

60.24 Subd. 4. **Interest.** For any family and medical leave benefits obtained by  
60.25 misrepresentation, and any penalty amounts assessed under subdivision 2, the commissioner  
60.26 must assess interest on any amount that remains unpaid beginning 30 calendar days after  
60.27 the date of a determination of overpayment penalty. Interest is assessed at the rate of six  
60.28 percent per year. A determination of overpayment penalty must state that interest will be  
60.29 assessed. Interest is not assessed on unpaid interest. Interest collected under this subdivision  
60.30 is credited to the family and medical benefit insurance enforcement account.

60.31 Subd. 5. **Offset of benefits.** An employee may offset from any future family and medical  
60.32 leave benefits otherwise payable the amount of an overpayment. No single offset may exceed  
60.33 20 percent of the amount of the payment from which the offset is made.

61.1 Subd. 6. **Cancellation of overpayments.** (a) If family and medical leave benefits  
61.2 overpayments are not repaid or offset from subsequent benefits within three years after the  
61.3 date of the determination or decision holding the applicant overpaid, the commissioner must  
61.4 cancel the overpayment balance, and no administrative or legal proceedings may be used  
61.5 to enforce collection of those amounts.

61.6 (b) The commissioner may cancel at any time any overpayment, including penalties and  
61.7 interest that the commissioner determines is uncollectible because of death or bankruptcy.

61.8 Subd. 7. **Collection of overpayments.** (a) The commissioner has discretion regarding  
61.9 the recovery of any overpayment for reasons other than misrepresentation. Regardless of  
61.10 any law to the contrary, the commissioner is not required to refer any overpayment for  
61.11 reasons other than misrepresentation to a public or private collection agency, including  
61.12 agencies of this state.

61.13 (b) Amounts overpaid for reasons other than misrepresentation are not considered a  
61.14 "debt" to the state of Minnesota for purposes of any reporting requirements to the  
61.15 commissioner of management and budget.

61.16 (c) A pending appeal under section 268B.08 does not suspend the assessment of interest,  
61.17 penalties, or collection of an overpayment.

61.18 (d) Section 16A.626 applies to the repayment by an applicant of any overpayment,  
61.19 penalty, or interest.

61.20 (e) In any case where the commissioner or the department has probable cause that any  
61.21 applicant, employer, or other person has fraudulently obtained benefits, the commissioner  
61.22 or the department must report the matter to the county attorney of jurisdiction for prosecution.

52.16 Subd. 3. **Interest.** For any family and medical leave benefits obtained by  
52.17 misrepresentation, and any penalty amounts assessed under subdivision 2, the commissioner  
52.18 must assess interest on any amount that remains unpaid beginning 30 calendar days after  
52.19 the date of a determination of overpayment penalty. Interest is assessed at the rate of six  
52.20 percent per year. A determination of overpayment penalty must state that interest will be  
52.21 assessed. Interest is not assessed on unpaid interest. Interest collected under this subdivision  
52.22 is credited to the family and medical benefit insurance account.

52.23 Subd. 4. **Offset of benefits.** An employee may offset from any future family and medical  
52.24 leave benefits otherwise payable the amount of an overpayment. No single offset may exceed  
52.25 20 percent of the amount of the payment from which the offset is made.

52.26 Subd. 5. **Cancellation of overpayments.** (a) If family and medical leave benefits  
52.27 overpayments are not repaid or offset from subsequent benefits within three years after the  
52.28 date of the determination or decision holding the applicant overpaid, the commissioner must  
52.29 cancel the overpayment balance, and no administrative or legal proceedings may be used  
52.30 to enforce collection of those amounts.

52.31 (b) The commissioner may cancel at any time any overpayment, including penalties and  
52.32 interest that the commissioner determines is uncollectible because of death or bankruptcy.

53.1 Subd. 6. **Collection of overpayments.** (a) The commissioner has discretion regarding  
53.2 the recovery of any overpayment for reasons other than misrepresentation. Regardless of  
53.3 any law to the contrary, the commissioner is not required to refer any overpayment for  
53.4 reasons other than misrepresentation to a public or private collection agency, including  
53.5 agencies of this state.

53.6 (b) Amounts overpaid for reasons other than misrepresentation are not considered a  
53.7 "debt" to the state of Minnesota for purposes of any reporting requirements to the  
53.8 commissioner of management and budget.

53.9 (c) A pending appeal under section 268B.08 does not suspend the assessment of interest,  
53.10 penalties, or collection of an overpayment.

53.11 (d) Section 16A.626 applies to the repayment by an applicant of any overpayment,  
53.12 penalty, or interest.

53.13 (e) In any case where the commissioner or the department has probable cause that any  
53.14 applicant, employer, or other person has fraudulently obtained benefits, they must report  
53.15 the matter to the county attorney of jurisdiction for prosecution.

53.16 Subd. 7. **Termination for misrepresentation.** It is not a violation of this section to  
53.17 terminate an employee for obtaining benefits through intentional misrepresentation.

61.23 EFFECTIVE DATE. Except as provided in section 41, this section is effective July 1,  
61.24 2025.

61.25 Sec. 31. **[268B.19] EMPLOYER MISCONDUCT; PENALTY.**

61.26 (a) The commissioner must penalize an employer if that employer or any employee,  
61.27 officer, or agent of that employer is in collusion with any applicant for the purpose of  
61.28 assisting the applicant in receiving benefits fraudulently. The penalty is \$500 or the amount  
61.29 of benefits determined to be overpaid, whichever is greater.

61.30 (b) The commissioner must penalize an employer if that employer or any employee,  
61.31 officer, or agent of that employer:

61.32 (1) made a false statement or representation knowing it to be false;

62.1 (2) made a false statement or representation without a good-faith belief as to the  
62.2 correctness of the statement or representation; or

62.3 (3) knowingly failed to disclose a material fact.

62.4 (c) The penalty is the greater of \$500 or 50 percent of the following resulting from the  
62.5 employer's action:

62.6 (1) the amount of any overpaid benefits to an applicant;

62.7 (2) the amount of benefits not paid to an applicant that would otherwise have been paid;  
62.8 or

62.9 (3) the amount of any payment required from the employer under this chapter that was  
62.10 not paid.

62.11 (d) Penalties must be paid within 30 calendar days of issuance of the determination of  
62.12 penalty and credited to the family and medical benefit insurance account.

62.13 (e) The determination of penalty is final unless the employer files an appeal within 30  
62.14 calendar days after the sending of the determination of penalty to the employer by United  
62.15 States mail or electronic transmission.

62.16 EFFECTIVE DATE. Except as provided in section 41, this section is effective July 1,  
62.17 2025.

62.18 Sec. 32. **[268B.21] RECORDS; AUDITS.**

62.19 Subdivision 1. Employer records; audits. (a) Each employer must keep true and accurate  
62.20 records on individuals performing services for the employer, containing the information  
62.21 the commissioner may require under this chapter. The records must be kept for a period of  
62.22 not less than four years in addition to the current calendar year.

62.23 (b) For the purpose of administering this chapter, the commissioner has the power to  
62.24 audit, examine, or cause to be supplied or copied, any books, correspondence, papers,

53.18 EFFECTIVE DATE. Except as provided in section 40, this section is effective July 1,  
53.19 2025.

53.20 Sec. 27. **[268B.19] EMPLOYER MISCONDUCT; PENALTY.**

53.21 (a) The commissioner must penalize an employer if that employer or any employee,  
53.22 officer, or agent of that employer is in collusion with any applicant for the purpose of  
53.23 assisting the applicant in receiving benefits fraudulently. The penalty is \$500 or the amount  
53.24 of benefits determined to be overpaid, whichever is greater.

53.25 (b) The commissioner must penalize an employer if that employer or any employee,  
53.26 officer, or agent of that employer:

53.27 (1) made a false statement or representation knowing it to be false;

53.28 (2) made a false statement or representation without a good-faith belief as to the  
53.29 correctness of the statement or representation; or

53.30 (3) knowingly failed to disclose a material fact.

54.1 (c) The penalty is the greater of \$500 or 50 percent of the following resulting from the  
54.2 employer's action:

54.3 (1) the amount of any overpaid benefits to an applicant;

54.4 (2) the amount of benefits not paid to an applicant that would otherwise have been paid;  
54.5 or

54.6 (3) the amount of any payment required from the employer under this chapter that was  
54.7 not paid.

54.8 (d) Penalties must be paid within 30 calendar days of issuance of the determination of  
54.9 penalty and credited to the family and medical benefit insurance account.

54.10 (e) The determination of penalty is final unless the employer files an appeal within 30  
54.11 calendar days after the sending of the determination of penalty to the employer by United  
54.12 States mail or electronic transmission.

54.13 EFFECTIVE DATE. Except as provided in section 40, this section is effective July 1,  
54.14 2025.

54.15 Sec. 28. **[268B.21] RECORDS; AUDITS.**

54.16 Subdivision 1. Employer records; audits. (a) Each employer must keep true and accurate  
54.17 records on individuals performing services for the employer, containing the information  
54.18 the commissioner may require under this chapter. The records must be kept for a period of  
54.19 not less than four years in addition to the current calendar year.

54.20 (b) For the purpose of administering this chapter, the commissioner has the power to  
54.21 audit, examine, or cause to be supplied or copied, any books, correspondence, papers,

62.25 records, or memoranda that are the property of, or in the possession of, an employer or any  
 62.26 other person at any reasonable time and as often as may be necessary. Subpoenas may be  
 62.27 issued under section 268B.22 as necessary, for an audit.

62.28 (c) An employer or other person that refuses to allow an audit of its records by the  
 62.29 department or that fails to make all necessary records available for audit in the state upon  
 62.30 request of the commissioner may be assessed an administrative penalty of \$500. The penalty  
 62.31 collected is credited to the family and medical benefit insurance account.

63.1 (d) An employer, or other person, that fails to provide a weekly breakdown of money  
 63.2 earned by an applicant upon request of the commissioner, information necessary for the  
 63.3 detection of applicant misrepresentation under section 268B.185, subdivision 2, may be  
 63.4 assessed an administrative penalty of \$100. Any notice requesting a weekly breakdown  
 63.5 must clearly state that a \$100 penalty may be assessed for failure to provide the information.  
 63.6 The penalty collected is credited to the family and medical benefit insurance account.

63.7 Subd. 2. **Department records; destruction.** (a) The commissioner may make summaries,  
 63.8 compilations, duplications, or reproductions of any records pertaining to this chapter that  
 63.9 the commissioner considers advisable for the preservation of the information.

63.10 (b) Regardless of any law to the contrary, the commissioner may destroy any records  
 63.11 that are no longer necessary for the administration of this chapter. In addition, the  
 63.12 commissioner may destroy any record from which the information has been electronically  
 63.13 captured and stored.

63.14 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
 63.15 2025.

63.16 Sec. 33. **[268B.22] SUBPOENAS; OATHS.**

63.17 (a) The commissioner or benefit judge has authority to administer oaths and affirmations,  
 63.18 take depositions, certify to official acts, and issue subpoenas to compel the attendance of  
 63.19 individuals and the production of documents and other personal property necessary in  
 63.20 connection with the administration of this chapter.

63.21 (b) Individuals subpoenaed, other than applicants or officers and employees of an  
 63.22 employer that is the subject of the inquiry, are paid witness fees the same as witness fees  
 63.23 in civil actions in district court. The fees need not be paid in advance.

63.24 (c) The subpoena is enforceable through the district court in Ramsey County.

63.25 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
 63.26 2025.

63.27 Sec. 34. **[268B.23] LIEN; LEVY; SETOFF; AND CIVIL ACTION.**

63.28 Subdivision 1. **Lien.** (a) Any amount due under this chapter, from an applicant or an  
 63.29 employer, becomes a lien upon all the property, within this state, both real and personal, of

54.22 records, or memoranda that are the property of, or in the possession of, an employer or any  
 54.23 other person at any reasonable time and as often as may be necessary. Subpoenas may be  
 54.24 issued under section 268B.22 as necessary, for an audit.

54.25 (c) An employer or other person that refuses to allow an audit of its records by the  
 54.26 department or that fails to make all necessary records available for audit in the state upon  
 54.27 request of the commissioner may be assessed an administrative penalty of \$500. The penalty  
 54.28 collected is credited to the family and medical benefit insurance account.

54.29 (d) An employer, or other person, that fails to provide a weekly breakdown of money  
 54.30 earned by an applicant upon request of the commissioner, information necessary for the  
 54.31 detection of applicant misrepresentation under section 268B.185, subdivision 2, may be  
 54.32 assessed an administrative penalty of \$100. Any notice requesting a weekly breakdown  
 55.1 must clearly state that a \$100 penalty may be assessed for failure to provide the information.  
 55.2 The penalty collected is credited to the family and medical benefit insurance account.

55.3 Subd. 2. **Department records; destruction.** (a) The commissioner may make summaries,  
 55.4 compilations, duplications, or reproductions of any records pertaining to this chapter that  
 55.5 the commissioner considers advisable for the preservation of the information.

55.6 (b) Regardless of any law to the contrary, the commissioner may destroy any records  
 55.7 that are no longer necessary for the administration of this chapter. In addition, the  
 55.8 commissioner may destroy any record from which the information has been electronically  
 55.9 captured and stored.

55.10 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 55.11 2025.

55.12 Sec. 29. **[268B.22] SUBPOENAS; OATHS.**

55.13 (a) The commissioner or benefit judge has authority to administer oaths and affirmations,  
 55.14 take depositions, certify to official acts, and issue subpoenas to compel the attendance of  
 55.15 individuals and the production of documents and other personal property necessary in  
 55.16 connection with the administration of this chapter.

55.17 (b) Individuals subpoenaed, other than applicants or officers and employees of an  
 55.18 employer that is the subject of the inquiry, are paid witness fees the same as witness fees  
 55.19 in civil actions in district court. The fees need not be paid in advance.

55.20 (c) The subpoena is enforceable through the district court in Ramsey County.

55.21 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 55.22 2025.

55.23 Sec. 30. **[268B.23] LIEN; LEVY; SETOFF; AND CIVIL ACTION.**

55.24 Subdivision 1. **Lien.** (a) Any amount due under this chapter, from an applicant or an  
 55.25 employer, becomes a lien upon all the property, within this state, both real and personal, of

63.30 the person liable, from the date of assessment. For the purposes of this section, "date of  
63.31 assessment" means the date the obligation was due.

64.1 (b) The lien is not enforceable against any purchaser, mortgagee, pledgee, holder of a  
64.2 Uniform Commercial Code security interest, mechanic's lien, or judgment lien creditor,  
64.3 until a notice of lien has been filed with the county recorder of the county where the property  
64.4 is situated, or in the case of personal property belonging to a nonresident person in the Office  
64.5 of the Secretary of State. When the notice of lien is filed with the county recorder, the fee  
64.6 for filing and indexing is as provided in sections 272.483 and 272.484.

64.7 (c) Notices of liens, lien renewals, and lien releases, in a form prescribed by the  
64.8 commissioner, may be filed with the county recorder or the secretary of state by mail,  
64.9 personal delivery, or electronic transmission into the computerized filing system of the  
64.10 secretary of state. The secretary of state must, on any notice filed with that office, transmit  
64.11 the notice electronically to the appropriate county recorder. The filing officer, whether the  
64.12 county recorder or the secretary of state, must endorse and index a printout of the notice as  
64.13 if the notice had been mailed or delivered.

64.14 (d) County recorders and the secretary of state must enter information on lien notices,  
64.15 renewals, and releases into the central database of the secretary of state. For notices filed  
64.16 electronically with the county recorders, the date and time of receipt of the notice and county  
64.17 recorder's file number, and for notices filed electronically with the secretary of state, the  
64.18 secretary of state's recording information, must be entered into the central database before  
64.19 the close of the working day following the day of the original data entry by the commissioner.

64.20 (e) The lien imposed on personal property, even though properly filed, is not enforceable  
64.21 against a purchaser of tangible personal property purchased at retail or personal property  
64.22 listed as exempt in sections 550.37, 550.38, and 550.39.

64.23 (f) A notice of lien filed has priority over any security interest arising under chapter 336,  
64.24 article 9, that is perfected prior in time to the lien imposed by this subdivision, but only if:

64.25 (1) the perfected security interest secures property not in existence at the time the notice  
64.26 of lien is filed; and

64.27 (2) the property comes into existence after the 45th calendar day following the day the  
64.28 notice of lien is filed, or after the secured party has actual notice or knowledge of the lien  
64.29 filing, whichever is earlier.

64.30 (g) The lien is enforceable from the time the lien arises and for ten years from the date  
64.31 of filing the notice of lien. A notice of lien may be renewed before expiration for an additional  
64.32 ten years.

65.1 (h) The lien is enforceable by levy under subdivision 2 or by judgment lien foreclosure  
65.2 under chapter 550.

55.26 the person liable, from the date of assessment. For the purposes of this section, "date of  
55.27 assessment" means the date the obligation was due.

55.28 (b) The lien is not enforceable against any purchaser, mortgagee, pledgee, holder of a  
55.29 Uniform Commercial Code security interest, mechanic's lien, or judgment lien creditor,  
55.30 until a notice of lien has been filed with the county recorder of the county where the property  
55.31 is situated, or in the case of personal property belonging to a nonresident person in the Office  
56.1 of the Secretary of State. When the notice of lien is filed with the county recorder, the fee  
56.2 for filing and indexing is as provided in sections 272.483 and 272.484.

56.3 (c) Notices of liens, lien renewals, and lien releases, in a form prescribed by the  
56.4 commissioner, may be filed with the county recorder or the secretary of state by mail,  
56.5 personal delivery, or electronic transmission into the computerized filing system of the  
56.6 secretary of state. The secretary of state must, on any notice filed with that office, transmit  
56.7 the notice electronically to the appropriate county recorder. The filing officer, whether the  
56.8 county recorder or the secretary of state, must endorse and index a printout of the notice as  
56.9 if the notice had been mailed or delivered.

56.10 (d) County recorders and the secretary of state must enter information on lien notices,  
56.11 renewals, and releases into the central database of the secretary of state. For notices filed  
56.12 electronically with the county recorders, the date and time of receipt of the notice and county  
56.13 recorder's file number, and for notices filed electronically with the secretary of state, the  
56.14 secretary of state's recording information, must be entered into the central database before  
56.15 the close of the working day following the day of the original data entry by the commissioner.

56.16 (e) The lien imposed on personal property, even though properly filed, is not enforceable  
56.17 against a purchaser of tangible personal property purchased at retail or personal property  
56.18 listed as exempt in sections 550.37, 550.38, and 550.39.

56.19 (f) A notice of lien filed has priority over any security interest arising under chapter 336,  
56.20 article 9, that is perfected prior in time to the lien imposed by this subdivision, but only if:

56.21 (1) the perfected security interest secures property not in existence at the time the notice  
56.22 of lien is filed; and

56.23 (2) the property comes into existence after the 45th calendar day following the day the  
56.24 notice of lien is filed, or after the secured party has actual notice or knowledge of the lien  
56.25 filing, whichever is earlier.

56.26 (g) The lien is enforceable from the time the lien arises and for ten years from the date  
56.27 of filing the notice of lien. A notice of lien may be renewed before expiration for an additional  
56.28 ten years.

56.29 (h) The lien is enforceable by levy under subdivision 2 or by judgment lien foreclosure  
56.30 under chapter 550.

65.3 (i) The lien may be imposed upon property defined as homestead property in chapter  
65.4 510 but may be enforced only upon the sale, transfer, or conveyance of the homestead  
65.5 property.

65.6 (j) The commissioner may sell and assign to a third party the commissioner's right of  
65.7 redemption in specific real property for liens filed under this subdivision. The assignee is  
65.8 limited to the same rights of redemption as the commissioner, except that in a bankruptcy  
65.9 proceeding, the assignee does not obtain the commissioner's priority. Any proceeds from  
65.10 the sale of the right of redemption are credited to the family and medical benefit insurance  
65.11 account.

65.12 Subd. 2. Levy. (a) If any amount due under this chapter, from an applicant or an employer,  
65.13 is not paid when due, the amount may be collected by the commissioner by direct levy upon  
65.14 all property and rights of property of the person liable for the amount due except property  
65.15 exempt from execution under section 550.37. For the purposes of this section, "levy" includes  
65.16 the power of distraint and seizure by any means.

65.17 (b) In addition to a direct levy, the commissioner may issue a warrant to the sheriff of  
65.18 any county who must proceed within 60 calendar days to levy upon the property or rights  
65.19 to property of the delinquent person within the county, except property exempt under section  
65.20 550.37. The sheriff must sell that property necessary to satisfy the total amount due, together  
65.21 with the commissioner's and sheriff's costs. The sales are governed by the law applicable  
65.22 to sales of like property on execution of a judgment.

65.23 (c) Notice and demand for payment of the total amount due must be mailed to the  
65.24 delinquent person at least ten calendar days before action being taken under paragraphs (a)  
65.25 and (b).

65.26 (d) If the commissioner has reason to believe that collection of the amount due is in  
65.27 jeopardy, notice and demand for immediate payment may be made. If the total amount due  
65.28 is not paid, the commissioner may proceed to collect by direct levy or issue a warrant without  
65.29 regard to the ten calendar day period.

65.30 (e) In executing the levy, the commissioner must have all of the powers provided in  
65.31 chapter 550 or any other law that provides for execution against property in this state. The  
65.32 sale of property levied upon and the time and manner of redemption is as provided in chapter  
65.33 550. The seal of the court is not required. The levy may be made whether or not the  
65.34 commissioner has commenced a legal action for collection.

66.1 (f) Where any assessment has been made by the commissioner, the property seized for  
66.2 collection of the total amount due must not be sold until any determination of liability has  
66.3 become final. No sale may be made unless a portion of the amount due remains unpaid for  
66.4 a period of more than 30 calendar days after the determination of liability becomes final.  
66.5 Seized property may be sold at any time if:

66.6 (1) the delinquent person consents in writing to the sale; or

56.31 (i) The lien may be imposed upon property defined as homestead property in chapter  
56.32 510 but may be enforced only upon the sale, transfer, or conveyance of the homestead  
56.33 property.

57.1 (j) The commissioner may sell and assign to a third party the commissioner's right of  
57.2 redemption in specific real property for liens filed under this subdivision. The assignee is  
57.3 limited to the same rights of redemption as the commissioner, except that in a bankruptcy  
57.4 proceeding, the assignee does not obtain the commissioner's priority. Any proceeds from  
57.5 the sale of the right of redemption are credited to the family and medical benefit insurance  
57.6 account.

57.7 Subd. 2. Levy. (a) If any amount due under this chapter, from an applicant or an employer,  
57.8 is not paid when due, the amount may be collected by the commissioner by direct levy upon  
57.9 all property and rights of property of the person liable for the amount due except property  
57.10 exempt from execution under section 550.37. For the purposes of this section, "levy" includes  
57.11 the power of distraint and seizure by any means.

57.12 (b) In addition to a direct levy, the commissioner may issue a warrant to the sheriff of  
57.13 any county who must proceed within 60 calendar days to levy upon the property or rights  
57.14 to property of the delinquent person within the county, except property exempt under section  
57.15 550.37. The sheriff must sell that property necessary to satisfy the total amount due, together  
57.16 with the commissioner's and sheriff's costs. The sales are governed by the law applicable  
57.17 to sales of like property on execution of a judgment.

57.18 (c) Notice and demand for payment of the total amount due must be mailed to the  
57.19 delinquent person at least ten calendar days before action being taken under paragraphs (a)  
57.20 and (b).

57.21 (d) If the commissioner has reason to believe that collection of the amount due is in  
57.22 jeopardy, notice and demand for immediate payment may be made. If the total amount due  
57.23 is not paid, the commissioner may proceed to collect by direct levy or issue a warrant without  
57.24 regard to the ten calendar day period.

57.25 (e) In executing the levy, the commissioner must have all of the powers provided in  
57.26 chapter 550 or any other law that provides for execution against property in this state. The  
57.27 sale of property levied upon and the time and manner of redemption is as provided in chapter  
57.28 550. The seal of the court is not required. The levy may be made whether or not the  
57.29 commissioner has commenced a legal action for collection.

57.30 (f) Where any assessment has been made by the commissioner, the property seized for  
57.31 collection of the total amount due must not be sold until any determination of liability has  
57.32 become final. No sale may be made unless a portion of the amount due remains unpaid for  
57.33 a period of more than 30 calendar days after the determination of liability becomes final.  
57.34 Seized property may be sold at any time if:

58.1 (1) the delinquent person consents in writing to the sale; or

66.7 (2) the commissioner determines that the property is perishable or may become greatly  
66.8 reduced in price or value by keeping, or that the property cannot be kept without great  
66.9 expense.

66.10 (g) Where a levy has been made to collect the amount due and the property seized is  
66.11 properly included in a formal proceeding commenced under sections 524.3-401 to 524.3-505  
66.12 and maintained under full supervision of the court, the property may not be sold until the  
66.13 probate proceedings are completed or until the court orders.

66.14 (h) The property seized must be returned if the owner:

66.15 (1) gives a surety bond equal to the appraised value of the owner's interest in the property,  
66.16 as determined by the commissioner; or

66.17 (2) deposits with the commissioner security in a form and amount the commissioner  
66.18 considers necessary to insure payment of the liability.

66.19 (i) If a levy or sale would irreparably injure rights in property that the court determines  
66.20 superior to rights of the state, the court may grant an injunction to prohibit the enforcement  
66.21 of the levy or to prohibit the sale.

66.22 (j) Any person who fails or refuses to surrender without reasonable cause any property  
66.23 or rights to property subject to levy is personally liable in an amount equal to the value of  
66.24 the property or rights not so surrendered, but not exceeding the amount due.

66.25 (k) If the commissioner has seized the property of any individual, that individual may,  
66.26 upon giving 48 hours notice to the commissioner and to the court, bring a claim for equitable  
66.27 relief before the district court for the release of the property upon terms and conditions the  
66.28 court considers equitable.

66.29 (l) Any person in control or possession of property or rights to property upon which a  
66.30 levy has been made who surrenders the property or rights to property, or who pays the  
66.31 amount due is discharged from any obligation or liability to the person liable for the amount  
66.32 due with respect to the property or rights to property.

67.1 (m) The notice of any levy may be served personally or by mail.

67.2 (n) The commissioner may release the levy upon all or part of the property or rights to  
67.3 property levied upon if the commissioner determines that the release will facilitate the  
67.4 collection of the liability, but the release does not prevent any subsequent levy. If the  
67.5 commissioner determines that property has been wrongfully levied upon, the commissioner  
67.6 must return:

67.7 (1) the specific property levied upon, at any time; or

67.8 (2) an amount of money equal to the amount of money levied upon, at any time before  
67.9 the expiration of nine months from the date of levy.

58.2 (2) the commissioner determines that the property is perishable or may become greatly  
58.3 reduced in price or value by keeping, or that the property cannot be kept without great  
58.4 expense.

58.5 (g) Where a levy has been made to collect the amount due and the property seized is  
58.6 properly included in a formal proceeding commenced under sections 524.3-401 to 524.3-505  
58.7 and maintained under full supervision of the court, the property may not be sold until the  
58.8 probate proceedings are completed or until the court orders.

58.9 (h) The property seized must be returned if the owner:

58.10 (1) gives a surety bond equal to the appraised value of the owner's interest in the property,  
58.11 as determined by the commissioner; or

58.12 (2) deposits with the commissioner security in a form and amount the commissioner  
58.13 considers necessary to insure payment of the liability.

58.14 (i) If a levy or sale would irreparably injure rights in property that the court determines  
58.15 superior to rights of the state, the court may grant an injunction to prohibit the enforcement  
58.16 of the levy or to prohibit the sale.

58.17 (j) Any person who fails or refuses to surrender without reasonable cause any property  
58.18 or rights to property subject to levy is personally liable in an amount equal to the value of  
58.19 the property or rights not so surrendered, but not exceeding the amount due.

58.20 (k) If the commissioner has seized the property of any individual, that individual may,  
58.21 upon giving 48 hours notice to the commissioner and to the court, bring a claim for equitable  
58.22 relief before the district court for the release of the property upon terms and conditions the  
58.23 court considers equitable.

58.24 (l) Any person in control or possession of property or rights to property upon which a  
58.25 levy has been made who surrenders the property or rights to property, or who pays the  
58.26 amount due is discharged from any obligation or liability to the person liable for the amount  
58.27 due with respect to the property or rights to property.

58.28 (m) The notice of any levy may be served personally or by mail.

58.29 (n) The commissioner may release the levy upon all or part of the property or rights to  
58.30 property levied upon if the commissioner determines that the release will facilitate the  
58.31 collection of the liability, but the release does not prevent any subsequent levy. If the  
59.1 commissioner determines that property has been wrongfully levied upon, the commissioner  
59.2 must return:

59.3 (1) the specific property levied upon, at any time; or

59.4 (2) an amount of money equal to the amount of money levied upon, at any time before  
59.5 the expiration of nine months from the date of levy.



67.10 (o) Regardless of section 52.12, a levy upon a person's funds on deposit in a financial  
 67.11 institution located in this state, has priority over any unexercised right of setoff of the  
 67.12 financial institution to apply the levied funds toward the balance of an outstanding loan or  
 67.13 loans owed by the person to the financial institution. A claim by the financial institution  
 67.14 that it exercised its right to setoff before the levy must be substantiated by evidence of the  
 67.15 date of the setoff, and verified by an affidavit from a corporate officer of the financial  
 67.16 institution. For purposes of determining the priority of any levy under this subdivision, the  
 67.17 levy is treated as if it were an execution under chapter 550.

67.18 Subd. 3. **Right of setoff.** (a) Upon certification by the commissioner to the commissioner  
 67.19 of management and budget, or to any state agency that disburses its own funds, that a person,  
 67.20 applicant, or employer has a liability under this chapter, and that the state has purchased  
 67.21 personal services, supplies, contract services, or property from that person, the commissioner  
 67.22 of management and budget or the state agency must set off and pay to the commissioner an  
 67.23 amount sufficient to satisfy the unpaid liability from funds appropriated for payment of the  
 67.24 obligation of the state otherwise due the person. No amount may be set off from any funds  
 67.25 exempt under section 550.37 or funds due an individual who receives assistance under  
 67.26 chapter 256.

67.27 (b) All funds, whether general or dedicated, are subject to setoff.

67.28 (c) Regardless of any law to the contrary, the commissioner has first priority to setoff  
 67.29 from any funds otherwise due from the department to a delinquent person.

67.30 Subd. 4. **Collection by civil action.** (a) Any amount due under this chapter, from an  
 67.31 applicant or employer, may be collected by civil action in the name of the state of Minnesota.  
 67.32 Civil actions brought under this subdivision must be heard as provided under section 16D.14.  
 67.33 In any action, judgment must be entered in default for the relief demanded in the complaint  
 68.1 without proof, together with costs and disbursements, upon the filing of an affidavit of  
 68.2 default.

68.3 (b) Any person that is not a resident of this state and any resident person removed from  
 68.4 this state, is considered to appoint the secretary of state as its agent for the acceptance of  
 68.5 process in any civil action. The commissioner must file process with the secretary of state,  
 68.6 together with a payment of a fee of \$15 and that service is considered sufficient service and  
 68.7 has the same force and validity as if served personally within this state. Notice of the service  
 68.8 of process, together with a copy of the process, must be sent by certified mail to the person's  
 68.9 last known address. An affidavit of compliance with this subdivision, and a copy of the  
 68.10 notice of service must be appended to the original of the process and filed in the court.

68.11 (c) No court filing fees, docketing fees, or release of judgment fees may be assessed  
 68.12 against the state for actions under this subdivision.

59.6 (o) Regardless of section 52.12, a levy upon a person's funds on deposit in a financial  
 59.7 institution located in this state, has priority over any unexercised right of setoff of the  
 59.8 financial institution to apply the levied funds toward the balance of an outstanding loan or  
 59.9 loans owed by the person to the financial institution. A claim by the financial institution  
 59.10 that it exercised its right to setoff before the levy must be substantiated by evidence of the  
 59.11 date of the setoff, and verified by an affidavit from a corporate officer of the financial  
 59.12 institution. For purposes of determining the priority of any levy under this subdivision, the  
 59.13 levy is treated as if it were an execution under chapter 550.

59.14 Subd. 3. **Right of setoff.** (a) Upon certification by the commissioner to the commissioner  
 59.15 of management and budget, or to any state agency that disburses its own funds, that a person,  
 59.16 applicant, or employer has a liability under this chapter, and that the state has purchased  
 59.17 personal services, supplies, contract services, or property from that person, the commissioner  
 59.18 of management and budget or the state agency must set off and pay to the commissioner an  
 59.19 amount sufficient to satisfy the unpaid liability from funds appropriated for payment of the  
 59.20 obligation of the state otherwise due the person. No amount may be set off from any funds  
 59.21 exempt under section 550.37 or funds due an individual who receives assistance under  
 59.22 chapter 256.

59.23 (b) All funds, whether general or dedicated, are subject to setoff.

59.24 (c) Regardless of any law to the contrary, the commissioner has first priority to setoff  
 59.25 from any funds otherwise due from the department to a delinquent person.

59.26 Subd. 4. **Collection by civil action.** (a) Any amount due under this chapter, from an  
 59.27 applicant or employer, may be collected by civil action in the name of the state of Minnesota.  
 59.28 Civil actions brought under this subdivision must be heard as provided under section 16D.14.  
 59.29 In any action, judgment must be entered in default for the relief demanded in the complaint  
 59.30 without proof, together with costs and disbursements, upon the filing of an affidavit of  
 59.31 default.

59.32 (b) Any person that is not a resident of this state and any resident person removed from  
 59.33 this state, is considered to appoint the secretary of state as its agent for the acceptance of  
 60.1 process in any civil action. The commissioner must file process with the secretary of state,  
 60.2 together with a payment of a fee of \$15 and that service is considered sufficient service and  
 60.3 has the same force and validity as if served personally within this state. Notice of the service  
 60.4 of process, together with a copy of the process, must be sent by certified mail to the person's  
 60.5 last known address. An affidavit of compliance with this subdivision, and a copy of the  
 60.6 notice of service must be appended to the original of the process and filed in the court.

60.7 (c) No court filing fees, docketing fees, or release of judgment fees may be assessed  
 60.8 against the state for actions under this subdivision.

68.13 Subd. 5. **Injunction forbidden.** No injunction or other legal action to prevent the  
 68.14 determination, assessment, or collection of any amounts due under this chapter, from an  
 68.15 applicant or employer, are allowed.

68.16 **EFFECTIVE DATE.** Except as provided in section **41**, this section is effective July 1,  
 68.17 2025.

68.18 Sec. 35. **[268B.24] CONCILIATION SERVICES.**

68.19 The Department of Labor and Industry may offer conciliation services to employers and  
 68.20 employees to resolve disputes concerning alleged violations of employment protections  
 68.21 identified in section 268B.09.

68.22 **EFFECTIVE DATE.** Except as provided in section **41**, this section is effective July 1,  
 68.23 2025.

68.24 Sec. 36. **[268B.25] ANNUAL REPORTS.**

68.25 (a) Beginning on or before July 1, 2026, the commissioner must annually report to the  
 68.26 Department of Management and Budget and the house of representatives and senate  
 68.27 committee chairs with jurisdiction over this chapter on program administrative expenditures  
 68.28 and revenue collection for the prior fiscal year, including but not limited to:

68.29 (1) total revenue raised through premium collection;

68.30 (2) the number of self-employed individuals or independent contractors electing coverage  
 68.31 under section 268B.11 and amount of associated revenue;

69.1 (3) the number of covered business entities paying premiums under this chapter and  
 69.2 associated revenue;

69.3 (4) administrative expenditures including transfers to other state agencies expended in  
 69.4 the administration of the chapter;

69.5 (5) summary of contracted services expended in the administration of this chapter;

69.6 (6) grant amounts and recipients under sections 268B.18 and 268B.29;

69.7 (7) an accounting of required outreach expenditures;

69.8 (8) summary of private plan approvals including the number of employers and employees  
 69.9 covered under private plans; and

69.10 (9) adequacy and use of the private plan approval and oversight fee.

69.11 (b) Beginning on or before July 1, 2026, the commissioner must annually publish a  
 69.12 publicly available report providing the following information for the previous fiscal year:

69.13 (1) total eligible claims;

60.9 Subd. 5. **Injunction forbidden.** No injunction or other legal action to prevent the  
 60.10 determination, assessment, or collection of any amounts due under this chapter, from an  
 60.11 applicant or employer, are allowed.

60.12 **EFFECTIVE DATE.** Except as provided in section **40**, this section is effective July 1,  
 60.13 2025.

60.14 Sec. 31. **[268B.24] CONCILIATION SERVICES.**

60.15 The Department of Labor and Industry may offer conciliation services to employers and  
 60.16 employees to resolve disputes concerning alleged violations of employment protections  
 60.17 identified in section 268B.09.

60.18 **EFFECTIVE DATE.** Except as provided in section **40**, this section is effective July 1,  
 60.19 2025.

60.20 Sec. 32. **[268B.25] ANNUAL REPORTS.**

60.21 (a) Beginning on or before July 1, 2026, the commissioner must annually report to the  
 60.22 Department of Management and Budget and the house of representatives and senate  
 60.23 committee chairs with jurisdiction over this chapter on program administrative expenditures  
 60.24 and revenue collection for the prior fiscal year, including but not limited to:

60.25 (1) total revenue raised through premium collection;

60.26 (2) the number of self-employed individuals or independent contractors electing coverage  
 60.27 under section 268B.11 and amount of associated revenue;

60.28 (3) the number of covered business entities paying premiums under this chapter and  
 60.29 associated revenue;

60.30 (4) administrative expenditures including transfers to other state agencies expended in  
 60.31 the administration of the chapter;

61.1 (5) summary of contracted services expended in the administration of this chapter;

61.2 (6) grant amounts and recipients under sections 268B.18 and 268B.29;

61.3 (7) an accounting of required outreach expenditures;

61.4 (8) summary of private plan approvals including the number of employers and employees  
 61.5 covered under private plans; and

61.6 (9) adequacy and use of the private plan approval and oversight fee.

61.7 (b) Beginning on or before July 1, 2026, the commissioner must annually publish a  
 61.8 publicly available report providing the following information for the previous fiscal year:

61.9 (1) total eligible claims;

- 69.14 (2) the number and percentage of claims attributable to each category of benefit;
- 69.15 (3) claimant demographics by age, gender, average weekly wage, occupation, and the
- 69.16 type of leave taken;
- 69.17 (4) the percentage of claims denied and the reasons therefor, including but not limited
- 69.18 to insufficient information and ineligibility and the reason therefor;
- 69.19 (5) average weekly benefit amount paid for all claims and by category of benefit;
- 69.20 (6) changes in the benefits paid compared to previous fiscal years;
- 69.21 (7) processing times for initial claims processing, initial determinations, and final
- 69.22 decisions;
- 69.23 (8) average duration for cases completed; and
- 69.24 (9) the number of cases remaining open at the close of such year.
- 69.25 **EFFECTIVE DATE.** Except as provided in section **41**, this section is effective July 1,
- 69.26 **2025.**
- 69.27 Sec. 37. **[268B.26] NOTICE REQUIREMENTS.**
- 69.28 (a) Each employer must post in a conspicuous place on each of its premises a workplace
- 69.29 notice prepared by the commissioner providing notice of benefits available under this chapter.
- 70.1 The required workplace notice must be in English and each language other than English
- 70.2 which is the primary language of five or more employees or independent contractors of that
- 70.3 workplace, if such notice is available from the department.
- 70.4 (b) Each employer must issue to each employee not more than 30 days from the beginning
- 70.5 date of the employee's employment, or 30 days before premium collection begins, whichever
- 70.6 is later, the following written information provided by the department in the primary language
- 70.7 of the employee:
- 70.8 (1) an explanation of the availability of family and medical leave benefits provided under
- 70.9 this chapter, including rights to reinstatement and continuation of health insurance;
- 70.10 (2) the amount of premium deductions made by the employer under this chapter;
- 70.11 (3) the employer's premium amount and obligations under this chapter;
- 70.12 (4) the name and mailing address of the employer;
- 70.13 (5) the identification number assigned to the employer by the department;
- 70.14 (6) instructions on how to file a claim for family and medical leave benefits;
- 70.15 (7) the mailing address, e-mail address, and telephone number of the department; and

- 61.10 (2) the number and percentage of claims attributable to each category of benefit;
- 61.11 (3) claimant demographics by age, **race or ethnicity**, gender, average weekly wage,
- 61.12 occupation, and the type of leave taken;
- 61.13 (4) the percentage of claims denied and the reasons therefor, including but not limited
- 61.14 to insufficient information and ineligibility and the reason therefor;
- 61.15 (5) average weekly benefit amount paid for all claims and by category of benefit;
- 61.16 (6) changes in the benefits paid compared to previous fiscal years;
- 61.17 (7) processing times for initial claims processing, initial determinations, and final
- 61.18 decisions;
- 61.19 (8) average duration for cases completed; and
- 61.20 (9) the number of cases remaining open at the close of such year.
- 61.21 **EFFECTIVE DATE.** Except as provided in section **40**, this section is effective July 1,
- 61.22 **2025.**
- 61.23 Sec. 33. **[268B.26] NOTICE REQUIREMENTS.**
- 61.24 (a) Each employer must post in a conspicuous place on each of its premises a workplace
- 61.25 notice prepared **or approved** by the commissioner providing notice of benefits available
- 61.26 under this chapter. The required workplace notice must be in English and each language
- 61.27 other than English which is the primary language of five or more employees or independent
- 61.28 contractors of that workplace, if such notice is available from the department.
- 61.29 (b) Each employer must issue to each employee not more than 30 days from the beginning
- 61.30 date of the employee's employment, or 30 days before premium collection begins, whichever
- 62.1 is later, the following written information provided **or approved** by the department in the
- 62.2 primary language of the employee:
- 62.3 (1) an explanation of the availability of family and medical leave benefits provided under
- 62.4 this chapter, including rights to reinstatement and continuation of health insurance;
- 62.5 (2) the amount of premium deductions made by the employer under this chapter;
- 62.6 (3) the employer's premium amount and obligations under this chapter;
- 62.7 (4) the name and mailing address of the employer;
- 62.8 (5) the identification number assigned to the employer by the department;
- 62.9 (6) instructions on how to file a claim for family and medical leave benefits;
- 62.10 (7) the mailing address, e-mail address, and telephone number of the department; and

70.16 (8) any other information required by the department.

70.17 Delivery is made when an employee provides written acknowledgment of receipt of the

70.18 information, or signs a statement indicating the employee's refusal to sign such

70.19 acknowledgment.

70.20 (c) Each employer shall provide to each independent contractor with whom it contracts,

70.21 at the time such contract is made or, for existing contracts, within 30 days of the effective

70.22 date of this section, the following written information provided by the department in the

70.23 self-employed individual's primary language:

70.24 (1) the address and telephone number of the department;

70.25 (2) an explanation of the availability of family and medical leave benefits provided under

70.26 this chapter for independent contractors; and

70.27 (3) any other information required by the department.

70.28 (d) An employer that fails to comply with this subdivision may be issued, for a first

70.29 violation, a civil penalty of \$50 per employee and per independent contractor with whom

70.30 it has contracted, and for each subsequent violation, a civil penalty of \$300 per employee

71.1 or self-employed individual with whom it has contracted. The employer shall have the

71.2 burden of demonstrating compliance with this section.

71.3 (e) Employer notice to an employee under this section may be provided in paper or

71.4 electronic format. For notice provided in electronic format only, the employer must provide

71.5 employee access to an employer-owned computer during an employee's regular working

71.6 hours to review and print required notices.

71.7 (f) The department shall prepare a uniform employee notice form for employers to use

71.8 that provides the notice information required under this section. The commissioner shall

71.9 prepare the uniform employee notice in the five most common languages spoken in

71.10 Minnesota. Upon the written request of an employer who is subject to this section, the

71.11 commissioner shall provide a copy of the uniform employee notice in any primary language

71.12 spoken by an employee in the employer's place of business. If the commissioner does not

71.13 provide the copy of the uniform employee notice in response to a request under this

71.14 paragraph, the employer who makes the request is not subject to a penalty for failing to

71.15 provide the required notice under this section for violations that arise after the date of the

71.16 request. The commissioner shall pay for any costs associated with preparing the uniform

71.17 employee notice form or providing additional copies under this paragraph.

71.18 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,

71.19 2025.

71.20 **Sec. 38. [268B.27] RELATIONSHIP TO OTHER LEAVE; CONSTRUCTION.**

71.21 **Subdivision 1. Concurrent leave.** An employer may require leave taken under this

71.22 chapter to run concurrently with leave taken for the same purpose under section 181.941

62.11 (8) any other information required by the department.

62.12 Delivery is made when an employee provides written or electronic acknowledgment of

62.13 receipt of the information, or signs a statement indicating the employee's refusal to sign

62.14 such acknowledgment.

62.15 (c) An employer that fails to comply with this section may be issued, for a first violation,

62.16 a civil penalty of \$50 per employee, and for each subsequent violation, a civil penalty of

62.17 \$300 per employee. The employer shall have the burden of demonstrating compliance with

62.18 this section.

62.19 (d) Employer notice to an employee under this section may be provided in paper or

62.20 electronic format. For notice provided in electronic format only, the employer must provide

62.21 employee access to an employer-owned computer during an employee's regular working

62.22 hours to review and print required notices.

62.23 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,

62.24 2025.

62.25 **Sec. 34. [268B.27] RELATIONSHIP TO OTHER LEAVE; CONSTRUCTION.**

62.26 **Subdivision 1. Concurrent leave.** An employer may require leave taken under this

62.27 chapter to run concurrently with leave taken for the same purpose under section 181.941

71.23 or the Family and Medical Leave Act, United States Code, title 29, sections 2601 to 2654,  
 71.24 as amended.

71.25 Subd. 2. **Construction.** Nothing in this chapter shall be construed to:

71.26 (1) allow an employer to compel an employee to exhaust accumulated sick, vacation,  
 71.27 or personal time before or while taking leave under this chapter;

71.28 (2) prohibit an employer from providing additional benefits, including but not limited  
 71.29 to covering the portion of earnings not provided during periods of leave covered under this  
 71.30 chapter including through a supplemental benefit payment, as defined under section 268B.01,  
 71.31 subdivision 41;

71.32 (3) limit the parties to a collective bargaining agreement from bargaining and agreeing  
 71.33 with respect to leave benefits and related procedures and employee protections that meet  
 72.1 or exceed, and do not otherwise conflict with, the minimum standards and requirements in  
 72.2 this chapter;

72.3 (4) alter or amend the duty of parties to a collective bargaining agreement to meet and  
 72.4 negotiate or bargain collectively about the terms and conditions of employment, including  
 72.5 the amount or percentage of an employee charge back, pursuant to chapter 179A, and United  
 72.6 States Code, title 29, section 158(a)(5) and (b)(3). Nothing in this chapter requires parties  
 72.7 to a collective bargaining agreement to:

72.8 (i) renegotiate an existing collective bargaining agreement;

72.9 (ii) delay collective bargaining or negotiation about the amount or percentage of an  
 72.10 employee charge back until an existing collective bargaining agreement expires; or

72.11 (iii) bargain collectively or negotiate for a new employee charge back provision each  
 72.12 time annual premium rates are changed under this chapter; or

72.13 (5) applied so as to create any power or duty in conflict with federal law.

72.14 **EFFECTIVE DATE.** Except as provided in section 41, this section is effective July 1,  
 72.15 2025.

72.16 Sec. 39. **[268B.28] SEVERABLE.**

72.17 If the United States Department of Labor or a court of competent jurisdiction determines  
 72.18 that any provision of the family and medical benefit insurance program under this chapter  
 72.19 is not in conformity with, or is inconsistent with, the requirements of federal law, the  
 72.20 provision has no force or effect. If only a portion of the provision, or the application to any  
 72.21 person or circumstances, is determined not in conformity, or determined inconsistent, the  
 72.22 remainder of the provision and the application of the provision to other persons or  
 72.23 circumstances are not affected.

62.28 or the Family and Medical Leave Act, United States Code, title 29, sections 2601 to 2654,  
 62.29 as amended.

62.30 Subd. 2. **Construction.** Nothing in this chapter shall be construed to:

63.1 (1) allow an employer to compel an employee to exhaust accumulated sick, vacation,  
 63.2 or personal time before or while taking leave under this chapter;

63.3 (2) prohibit an employer from providing additional benefits, including but not limited  
 63.4 to covering the portion of earnings not provided during periods of leave covered under this  
 63.5 chapter, including through supplemental payments under section 268B.01, subdivision 40;  
 63.6 or

63.7 (3) limit the parties to a collective bargaining agreement from bargaining and agreeing  
 63.8 with respect to leave benefits and related procedures and employee protections that meet  
 63.9 or exceed, and do not otherwise conflict with, the minimum standards and requirements in  
 63.10 this chapter.

63.11 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 63.12 2025.

63.13 Sec. 35. **[268B.28] SEVERABLE.**

63.14 If the United States Department of Labor or a court of competent jurisdiction determines  
 63.15 that any provision of the family and medical benefit insurance program under this chapter  
 63.16 is not in conformity with, or is inconsistent with, the requirements of federal law, the  
 63.17 provision has no force or effect. If only a portion of the provision, or the application to any  
 63.18 person or circumstances, is determined not in conformity, or determined inconsistent, the  
 63.19 remainder of the provision and the application of the provision to other persons or  
 63.20 circumstances are not affected.

72.24 EFFECTIVE DATE. Except as provided in section 41, this section is effective July 1,  
72.25 2025.

72.26 Sec. 40. [268B.29] SMALL BUSINESS ASSISTANCE GRANTS.

72.27 (a) Employers with 50 or fewer employees may apply to the department for grants under  
72.28 this section.

72.29 (b) The commissioner may approve a grant of up to \$3,000 if the employer hires a  
72.30 temporary worker to replace an employee on family or medical leave for a period of seven  
72.31 days or more.

73.1 (c) For an employee's family or medical leave, the commissioner may approve a grant  
73.2 of up to \$1,000 as reimbursement for significant additional wage-related costs due to the  
73.3 employee's leave.

73.4 (d) To be eligible for consideration for a grant under this section, the employer must  
73.5 provide the department written documentation showing the temporary worker hired or  
73.6 significant wage-related costs incurred are due to an employee's use of leave under this  
73.7 chapter.

73.8 (e) The grants under this section may be funded from the family and medical benefit  
73.9 insurance account.

73.10 (f) For the purposes of this section, the commissioner shall average the number of  
73.11 employees reported by an employer over the last four completed calendar quarters to  
73.12 determine the size of the employer.

73.13 (g) An employer who has an approved private plan is not eligible to receive a grant under  
73.14 this section.

73.15 (h) The commissioner may award grants under this section only up to a maximum of  
73.16 \$5,000,000 per calendar year.

73.17 EFFECTIVE DATE. Except as provided in section 41, this section is effective July 1,  
73.18 2025.

63.21 EFFECTIVE DATE. Except as provided in section 40, this section is effective July 1,  
63.22 2025.

63.23 Sec. 36. [268B.29] SMALL BUSINESS ASSISTANCE GRANTS.

63.24 (a) Employers are eligible for a business assistance grant when more than 15 percent of  
63.25 their employees are receiving benefits in any given week under this chapter. A grant shall  
63.26 be equal to the lesser of:

63.27 (1) 25 percent of the wages earned by the employees on leave in the most recent  
63.28 completed quarter divided by 13; or

63.29 (2) \$300 per week per employee on leave.

64.1 (b) Grants must be used to hire temporary workers or to increase wages for current  
64.2 employees. The grant shall be paid weekly until the percentage of employees using benefits  
64.3 under this chapter is 15 percent or less for the applicable employer.

64.4 (c) The grants under this section may be funded from the family and medical benefit  
64.5 insurance account.

64.6 (d) For the purposes of this section, the commissioner shall average the number of  
64.7 employees reported by an employer over the last four completed calendar quarters to  
64.8 determine the size of the employer.

64.9 (e) An employer who has an approved private plan is not eligible to receive a grant under  
64.10 this section.

64.11 (f) The commissioner may award grants under this section only up to a maximum of  
64.12 \$5,000,000 per calendar year.

64.13 EFFECTIVE DATE. Except as provided in section 40, this section is effective July 1,  
64.14 2025.

73.19 Sec. 41. APPLICATION.

73.20 Family and medical benefits under Minnesota Statutes, chapter 268B, may be applied  
73.21 for and paid starting July 1, 2025.

73.22 **ARTICLE 2**

73.23 **FAMILY AND MEDICAL LEAVE BENEFIT AS EARNINGS**

73.24 Section 1. Minnesota Statutes 2022, section 256J.561, is amended by adding a subdivision  
73.25 to read:

73.26 Subd. 4. Parents receiving family and medical leave benefits. A parent who meets  
73.27 the criteria under subdivision 2 and who receives benefits under chapter 268B is not required  
73.28 to participate in employment services.

74.1 Sec. 2. Minnesota Statutes 2022, section 256J.95, subdivision 3, is amended to read:

74.2 Subd. 3. **Eligibility for diversionary work program.** (a) Except for the categories of  
74.3 family units listed in clauses (1) to ~~(8)~~ (9), all family units who apply for cash benefits and  
74.4 who meet MFIP eligibility as required in sections 256J.11 to 256J.15 are eligible and must  
74.5 participate in the diversionary work program. Family units or individuals that are not eligible  
74.6 for the diversionary work program include:

64.15 Sec. 37. [268B.30] DIRECT CARE PROVIDER ACCOUNT.

64.16 The direct care provider account is created in the special revenue fund in the state treasury.  
64.17 Money in this account is appropriated to the commissioner for that portion of a direct care  
64.18 worker's premium, not to exceed 50 percent of the annual premium, that would otherwise  
64.19 be required by a direct care worker for the paid family and medical leave program under  
64.20 this chapter. Money remaining in the account at the end of the fiscal year is not canceled  
64.21 to the general fund but remains until June 30, 2027.

64.22 Sec. 38. STAKEHOLDER GROUP.

64.23 (a) The commissioner of human services, in collaboration with the commissioner of  
64.24 employment and economic development, must convene a group of stakeholders including  
64.25 representatives of direct care workers, employers of direct care workers, and other interested  
64.26 parties, to examine and identify solutions to issues surrounding the impact of premium  
64.27 collection on direct care workers and employers of direct care workers required by the paid  
64.28 family and medical leave program created in this act.

64.29 (b) By January 1, 2025, the commissioner of human services must provide a report on  
64.30 the activities of the stakeholder group, including recommendations and draft legislation, to  
64.31 the chairs and ranking members of the house of representatives and senate committees with  
64.32 jurisdiction over human services and economic development.

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

65.22 Sec. 40. APPLICATION.

65.23 Family and medical benefits under Minnesota Statutes, chapter 268B, may be applied  
65.24 for and paid starting July 1, 2025.

68.13 **ARTICLE 3**

68.14 **FAMILY AND MEDICAL LEAVE BENEFIT AS EARNINGS**

71.1 Sec. 2. Minnesota Statutes 2022, section 256J.561, is amended by adding a subdivision  
71.2 to read:

71.3 Subd. 4. Parents receiving family and medical leave benefits. A parent who meets  
71.4 the criteria under subdivision 2 and who receives benefits under chapter 268B is not required  
71.5 to participate in employment services.

71.6 Sec. 3. Minnesota Statutes 2022, section 256J.95, subdivision 3, is amended to read:

71.7 Subd. 3. **Eligibility for diversionary work program.** (a) Except for the categories of  
71.8 family units listed in clauses (1) to (8), all family units who apply for cash benefits and who  
71.9 meet MFIP eligibility as required in sections 256J.11 to 256J.15 are eligible and must  
71.10 participate in the diversionary work program. Family units or individuals that are not eligible  
71.11 for the diversionary work program include:

74.7 (1) child only cases;

74.8 (2) single-parent family units that include a child under 12 months of age. A parent is  
74.9 eligible for this exception once in a parent's lifetime;

74.10 (3) family units with a minor parent without a high school diploma or its equivalent;

74.11 (4) family units with an 18- or 19-year-old caregiver without a high school diploma or  
74.12 its equivalent who chooses to have an employment plan with an education option;

74.13 (5) family units with a caregiver who received DWP benefits within the 12 months prior  
74.14 to the month the family applied for DWP, except as provided in paragraph (c);

74.15 (6) family units with a caregiver who received MFIP within the 12 months prior to the  
74.16 month the family applied for DWP;

74.17 (7) family units with a caregiver who received 60 or more months of TANF assistance;  
74.18 ~~and~~

74.19 (8) family units with a caregiver who is disqualified from the work participation cash  
74.20 benefit program, DWP, or MFIP due to fraud; ~~and~~

74.21 (9) single-parent family units where a parent is receiving family and medical leave  
74.22 benefits under chapter 268B.

74.23 (b) A two-parent family must participate in DWP unless both caregivers meet the criteria  
74.24 for an exception under paragraph (a), clauses (1) through (5), or the family unit includes a  
74.25 parent who meets the criteria in paragraph (a), clause (6), (7), or (8).

74.26 (c) Once DWP eligibility is determined, the four months run consecutively. If a participant  
74.27 leaves the program for any reason and reapplies during the four-month period, the county  
74.28 must redetermine eligibility for DWP.

74.29 Sec. 3. Minnesota Statutes 2022, section 256J.95, subdivision 11, is amended to read:

74.30 Subd. 11. **Universal participation required.** (a) All DWP caregivers, except caregivers  
74.31 who meet the criteria in paragraph (d), are required to participate in DWP employment  
75.1 services. Except as specified in paragraphs (b) and (c), employment plans under DWP must,  
75.2 at a minimum, meet the requirements in section 256J.55, subdivision 1.

75.3 (b) A caregiver who is a member of a two-parent family that is required to participate  
75.4 in DWP who would otherwise be ineligible for DWP under subdivision 3 may be allowed  
75.5 to develop an employment plan under section 256J.521, subdivision 2, that may contain  
75.6 alternate activities and reduced hours.

75.7 (c) A participant who is a victim of family violence shall be allowed to develop an  
75.8 employment plan under section 256J.521, subdivision 3. A claim of family violence must  
75.9 be documented by the applicant or participant by providing a sworn statement which is  
75.10 supported by collateral documentation in section 256J.545, paragraph (b).

71.12 (1) child only cases;

71.13 (2) single-parent family units that include a child under 12 months of age. A parent is  
71.14 eligible for this exception once in a parent's lifetime;

71.15 (3) family units with a minor parent without a high school diploma or its equivalent;

71.16 (4) family units with an 18- or 19-year-old caregiver without a high school diploma or  
71.17 its equivalent who chooses to have an employment plan with an education option;

71.18 (5) family units with a caregiver who received DWP benefits within the 12 months prior  
71.19 to the month the family applied for DWP, except as provided in paragraph (c);

71.20 (6) family units with a caregiver who received MFIP within the 12 months prior to the  
71.21 month the family applied for DWP;

71.22 (7) family units with a caregiver who received 60 or more months of TANF assistance;  
71.23 ~~and~~

71.24 (8) family units with a caregiver who is disqualified from the work participation cash  
71.25 benefit program, DWP, or MFIP due to fraud; ~~and~~

71.26 (9) single-parent family units where a parent is receiving family and medical leave  
71.27 benefits under chapter 268B.

71.28 (b) A two-parent family must participate in DWP unless both caregivers meet the criteria  
71.29 for an exception under paragraph (a), clauses (1) through (5), or the family unit includes a  
71.30 parent who meets the criteria in paragraph (a), clause (6), (7), or (8).

72.1 (c) Once DWP eligibility is determined, the four months run consecutively. If a participant  
72.2 leaves the program for any reason and reapplies during the four-month period, the county  
72.3 must redetermine eligibility for DWP.

72.4 Sec. 4. Minnesota Statutes 2022, section 256J.95, subdivision 11, is amended to read:

72.5 Subd. 11. **Universal participation required.** (a) All DWP caregivers, except caregivers  
72.6 who meet the criteria in paragraph (d), are required to participate in DWP employment  
72.7 services. Except as specified in paragraphs (b) and (c), employment plans under DWP must,  
72.8 at a minimum, meet the requirements in section 256J.55, subdivision 1.

72.9 (b) A caregiver who is a member of a two-parent family that is required to participate  
72.10 in DWP who would otherwise be ineligible for DWP under subdivision 3 may be allowed  
72.11 to develop an employment plan under section 256J.521, subdivision 2, that may contain  
72.12 alternate activities and reduced hours.

72.13 (c) A participant who is a victim of family violence shall be allowed to develop an  
72.14 employment plan under section 256J.521, subdivision 3. A claim of family violence must  
72.15 be documented by the applicant or participant by providing a sworn statement which is  
72.16 supported by collateral documentation in section 256J.545, paragraph (b).



75.11 (d) One parent in a two-parent family unit ~~that has a natural born child under 12 months~~  
 75.12 ~~of age~~ is not required to have an employment plan ~~until the child reaches 12 months of age~~  
 75.13 ~~unless the family unit has already used the exclusion under section 256J.561, subdivision~~  
 75.14 ~~3, or the previously allowed child under age one exemption under section 256J.56, paragraph~~  
 75.15 ~~(a), clause (5); if that parent:~~

75.16 (1) receives family and medical leave benefits under chapter 268B; or

75.17 (2) has a natural born child under 12 months of age until the child reaches 12 months  
 75.18 of age unless the family unit has already used the exclusion under section 256J.561,  
 75.19 subdivision 3, or the previously allowed child under age one exemption under section  
 75.20 256J.56, paragraph (a), clause (5).

75.21 (e) The provision in paragraph (d) ends the first full month after the child reaches 12  
 75.22 months of age. This provision is allowable only once in a caregiver's lifetime. In a two-parent  
 75.23 household, only one parent shall be allowed to use this category.

75.24 (f) The participant and job counselor must meet in the month after the month the child  
 75.25 reaches 12 months of age to revise the participant's employment plan. The employment plan  
 75.26 for a family unit that has a child under 12 months of age that has already used the exclusion  
 75.27 in section 256J.561 must be tailored to recognize the caregiving needs of the parent.

75.28 Sec. 4. Minnesota Statutes 2022, section 256P.01, subdivision 3, is amended to read:

75.29 Subd. 3. **Earned income.** "Earned income" means income earned through the receipt  
 75.30 of wages, salary, commissions, bonuses, tips, gratuities, profit from employment activities,  
 75.31 net profit from self-employment activities, payments made by an employer for regularly  
 75.32 accrued vacation or sick leave, severance pay based on accrued leave time, benefits paid  
 75.33 under chapter 268B, royalties, honoraria, or other profit from activity that results from the  
 76.1 client's work, effort, or labor for purposes other than student financial assistance,  
 76.2 rehabilitation programs, student training programs, or service programs such as AmeriCorps.  
 76.3 The income must be in return for, or as a result of, legal activity.

76.4 Sec. 5. **EFFECTIVE DATES.**

76.5 Sections 1 to 4 are effective July 1, 2025.

### 76.6 **ARTICLE 3**

#### 76.7 **FAMILY AND MEDICAL LEAVE ACTUARIAL STUDY**

76.8 Section 1. **ACTUARIAL STUDY REQUIREMENT.**

76.9 (a) The commissioner of employment and economic development must contract with a  
 76.10 qualified independent actuarial consultant to conduct an actuarial study of the family and  
 76.11 medical leave premium rate, premium structure, weekly benefit formula, duration of benefit  
 76.12 weeks, fund reserve, and other components as necessary to determine the financial soundness  
 76.13 of the family and medical benefit insurance program created in this act. A qualified

72.17 (d) One parent in a two-parent family unit ~~that has a natural born child under 12 months~~  
 72.18 ~~of age~~ is not required to have an employment plan ~~until the child reaches 12 months of age~~  
 72.19 ~~unless the family unit has already used the exclusion under section 256J.561, subdivision~~  
 72.20 ~~3, or the previously allowed child under age one exemption under section 256J.56, paragraph~~  
 72.21 ~~(a), clause (5); if that parent:~~

72.22 (1) receives family and medical leave benefits under chapter 268B; or

72.23 (2) has a natural born child under 12 months of age until the child reaches 12 months  
 72.24 of age unless the family unit has already used the exclusion under section 256J.561,  
 72.25 subdivision 3, or the previously allowed child under age one exemption under section  
 72.26 256J.56, paragraph (a), clause (5).

72.27 (e) The provision in paragraph (d) ends the first full month after the child reaches 12  
 72.28 months of age. This provision is allowable only once in a caregiver's lifetime. In a two-parent  
 72.29 household, only one parent shall be allowed to use this category.

72.30 (f) The participant and job counselor must meet in the month after the month the child  
 72.31 reaches 12 months of age to revise the participant's employment plan. The employment plan  
 72.32 for a family unit that has a child under 12 months of age that has already used the exclusion  
 72.33 in section 256J.561 must be tailored to recognize the caregiving needs of the parent.

73.1 Sec. 5. Minnesota Statutes 2022, section 256P.01, subdivision 3, is amended to read:

73.2 Subd. 3. **Earned income.** "Earned income" means income earned through the receipt  
 73.3 of wages, salary, commissions, bonuses, tips, gratuities, profit from employment activities,  
 73.4 net profit from self-employment activities, payments made by an employer for regularly  
 73.5 accrued vacation or sick leave, severance pay based on accrued leave time, benefits paid  
 73.6 under chapter 268B, royalties, honoraria, or other profit from activity that results from the  
 73.7 client's work, effort, or labor for purposes other than student financial assistance,  
 73.8 rehabilitation programs, student training programs, or service programs such as AmeriCorps.  
 73.9 The income must be in return for, or as a result of, legal activity.

73.10 Sec. 6. **EFFECTIVE DATES.**

73.11 Sections 1 to 5 are effective January 1, 2024.

65.2 Sec. 39. **ACTUARIAL STUDY.**

65.3 (a) The commissioner of employment and economic development must contract with a  
 65.4 qualified independent actuarial consultant to conduct an actuarial study of the family and  
 65.5 medical leave premium rate, premium rate structure, weekly benefit formula, duration of  
 65.6 benefits, fund reserve, and other components as necessary to determine an actuarially sound  
 65.7 rate and future rate-setting mechanism of the family and medical benefit insurance program

76.14 independent actuarial consultant is one who is a Fellow of the Society of Actuaries, Member  
76.15 of the American Academy of Actuaries (FSA MAAA), and who has experience directly  
76.16 relevant to the analysis required under this paragraph. The commissioner must issue a request  
76.17 for proposal to satisfy the requirements of this section no later than 30 days following  
76.18 enactment.

76.19 (b) A copy of the actuarial study must be provided to the majority and minority leaders  
76.20 in the senate and house of representatives no later than October 31, 2023.

ARTICLE 4

APPROPRIATIONS

76.21 Section 1. APPROPRIATIONS.

76.24 The sums shown in the columns marked "Appropriations" are appropriated to the agencies  
76.25 and for the purposes specified in this article. The appropriations are from the family and  
76.26 medical benefit insurance account under Minnesota Statutes, section 268B.02, subdivision  
76.27 4, and are available for the fiscal years indicated for each purpose. The figures "2024" and  
76.28 "2025" used in this article mean that the appropriations listed under them are available for  
76.29 the fiscal year ending June 30, 2024, or June 30, 2025, respectively. "The first year" is fiscal  
76.30 year 2024. "The second year" is fiscal year 2025. "The biennium" is fiscal years 2024 and  
76.31 2025.

	<u>APPROPRIATIONS</u>		
	<u>Available for the Year</u>		
	<u>Ending June 30</u>		
	<u>2024</u>		<u>2025</u>
77.5 Sec. 2. <u>DEPARTMENT OF EMPLOYMENT</u>			
77.6 <u>AND ECONOMIC DEVELOPMENT</u>	\$	<u>50,938,000</u>	\$ <u>71,357,000</u>

77.7 This amount is for the purposes of Minnesota  
77.8 Statutes, chapter 268B, including start-up and

65.8 created in this act. A qualified independent actuarial consultant is one who is a Fellow of  
65.9 the Society of Actuaries, Member of the American Academy of Actuaries (FSA MAAA),  
65.10 and who has experience directly relevant to the analysis required under this paragraph. The  
65.11 commissioner must issue a request for proposal to satisfy the requirements of this section  
65.12 no later than 30 days following enactment.

65.13 (b) If the actuarial study indicates that the premium rate in Minnesota Statutes, section  
65.14 268B.14, subdivision 7, is not actuarially sound, the commissioner must present options to  
65.15 the legislature to adjust the program to make the program actuarially sound.

65.16 (c) A copy of the actuarial study and the commissioner's recommendations based on  
65.17 that study must be provided to the majority and minority leaders in the senate and the house  
65.18 of representatives no later than October 31, 2023. The actuarial study and the commissioner's  
65.19 recommendations must also be filed with the Legislative Reference Library in compliance  
65.20 with Minnesota Statutes, section 3.195.

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

ARTICLE 2

APPROPRIATIONS

65.22 Section 1. APPROPRIATIONS.

65.28 The sums shown in the columns marked "Appropriations" are appropriated to the agencies  
65.29 and for the purposes specified in this article. The appropriations are from the family and  
65.30 medical benefit insurance account under Minnesota Statutes, section 268B.02, subdivision  
65.31 4, and are available for the fiscal years indicated for each purpose. The figures "2024" and  
65.32 "2025" used in this article mean that the appropriations listed under them are available for  
66.1 the fiscal year ending June 30, 2024, or June 30, 2025, respectively. "The first year" is fiscal  
66.2 year 2024. "The second year" is fiscal year 2025. "The biennium" is fiscal years 2024 and  
66.3 2025.

	<u>APPROPRIATIONS</u>		
	<u>Available for the Year</u>		
	<u>Ending June 30</u>		
	<u>2024</u>		<u>2025</u>
66.8 Sec. 2. <u>DEPARTMENT OF EMPLOYMENT</u>			
66.9 <u>AND ECONOMIC DEVELOPMENT</u>	\$	<u>50,939,000</u>	\$ <u>71,358,000</u>

66.10 This amount is for the purposes of Minnesota  
66.11 Statutes, chapter 268B, including start-up and

77.9 information technology costs, administration,  
77.10 and outreach.

77.11 The base from the family and medical benefit  
77.12 insurance account for fiscal year 2026 is  
77.13 \$76,088,000 and for fiscal year 2027 is  
77.14 \$73,641,000.

77.15 Sec. 3. **DEPARTMENT OF LABOR AND**  
77.16 **INDUSTRY** \$ 601,000 \$ 374,000

77.17 This amount is for the purposes of Minnesota  
77.18 Statutes, chapter 268B.

77.19 The base from the family and medical benefit  
77.20 insurance account for fiscal year 2026 and  
77.21 beyond is \$731,000.

77.22 Sec. 4. **DEPARTMENT OF COMMERCE** \$ 376,000 \$ 316,000

77.23 This amount is for the purposes of Minnesota  
77.24 Statutes, chapter 268B.

77.25 The base from the family and medical benefit  
77.26 insurance account for fiscal year 2026 and  
77.27 beyond is \$128,000.

77.28 Sec. 5. **MINNESOTA MANAGEMENT AND**  
77.29 **BUDGET** \$ -0- \$ 118,000

77.30 This amount is for the purposes of Minnesota  
77.31 Statutes, chapter 268B.

77.32 The base from the family and medical benefit  
77.33 insurance account for fiscal year 2026 and  
77.34 beyond is \$79,000.

78.1 Sec. 6. **DEPARTMENT OF HUMAN**  
78.2 **SERVICES** \$ 2,649,000 \$ -0-

78.3 This amount is for the purposes of Minnesota  
78.4 Statutes, chapter 268B.

66.12 information technology costs, administration,  
66.13 and outreach.

66.14 The base from the family and medical benefit  
66.15 insurance account for fiscal year 2026 is  
66.16 \$76,089,000 and for fiscal year 2027 is  
66.17 \$73,642,000.

66.28 Sec. 5. **DEPARTMENT OF LABOR AND**  
66.29 **INDUSTRY** \$ 601,000 \$ 374,000

66.30 This amount is for the purposes of Minnesota  
66.31 Statutes, chapter 268B.

66.32 The base from the family and medical benefit  
66.33 insurance account for fiscal year 2026 and  
66.34 beyond is \$731,000.

66.18 Sec. 3. **DEPARTMENT OF COMMERCE** \$ 376,000 \$ 316,000

66.19 This amount is for the purposes of Minnesota  
66.20 Statutes, chapter 268B.

66.21 The base from the family and medical benefit  
66.22 insurance account for fiscal year 2026 and  
66.23 beyond is \$128,000.

67.5 Sec. 7. **MINNESOTA MANAGEMENT AND**  
67.6 **BUDGET** \$ -0- \$ 118,000

67.7 This amount is for the purposes of Minnesota  
67.8 Statutes, chapter 268B.

67.9 The base from the family and medical benefit  
67.10 insurance account for fiscal year 2026 and  
67.11 beyond is \$31,000.

66.24 Sec. 4. **DEPARTMENT OF HUMAN**  
66.25 **SERVICES** \$ 2,649,000 \$ -0-

66.26 This amount is for the purposes of Minnesota  
66.27 Statutes, chapter 268B.

78.5 The base from the family and medical benefit  
 78.6 insurance account for fiscal year 2026 and  
 78.7 beyond is \$530,000.

78.8 Sec. 7. **SECRETARY OF STATE**                                 \$                 384,000 \$                 4,000

78.9 This amount is for the purposes of Minnesota  
 78.10 Statutes, chapter 268B.

78.11 The base from the family and medical benefit  
 78.12 insurance account for fiscal year 2026 and  
 78.13 beyond is \$77,000.

78.14 Sec. 8. **SUPREME COURT; APPROPRIATIONS.**

78.15 \$15,000 in fiscal year 2024 and \$15,000 in fiscal year 2025 are appropriated from the  
 78.16 family and medical benefit insurance account to the supreme court for the purposes of  
 78.17 Minnesota Statutes, chapter 268B. This is a onetime appropriation.

78.18 Sec. 9. **LEGISLATURE; APPROPRIATION.**

78.19 \$18,000 in fiscal year 2024 is appropriated from the family and medical benefit insurance  
 78.20 account to the house of representatives for the purposes of Minnesota Statutes, chapter  
 78.21 268B. This is a onetime appropriation.

78.22 Sec. 10. **UNIVERSITY OF MINNESOTA; APPROPRIATION.**

78.23 \$1,372,000 in fiscal year 2025 is appropriated from the family and medical benefit  
 78.24 insurance account to the Board of Regents of the University of Minnesota for the purposes  
 78.25 of Minnesota Statutes, chapter 268B. This is a onetime appropriation.

78.26 Sec. 11. **TRANSFER.**

78.27 The commissioner of management and budget shall transfer \$668,321,000 in fiscal year  
 78.28 2024 from the general fund to the family and medical benefit insurance account for the  
 78.29 purposes of Minnesota Statutes, chapter 268B.

67.12 Sec. 8. **SECRETARY OF STATE**                                 \$                 384,000 \$                 4,000

67.13 This amount is for the purposes of Minnesota  
 67.14 Statutes, chapter 268B. This is a onetime  
 67.15 appropriation.

67.16 Sec. 9. **SUPREME COURT.**   \$                 15,000 \$                 15,000

67.17 This amount is for the purposes of Minnesota  
 67.18 Statutes, chapter 268B. This is a onetime  
 67.19 appropriation.

67.1 Sec. 6. **LEGISLATURE.**   \$                 -0- \$                 18,000

67.2 This amount is for the purposes of Minnesota  
 67.3 Statutes, chapter 268B. This is a onetime  
 67.4 appropriation.

67.20 Sec. 10. **UNIVERSITY OF MINNESOTA.**                                 \$                 -0- \$                 1,372,000

67.21 This amount is for the purposes of Minnesota  
 67.22 Statutes, chapter 268B. This is a onetime  
 67.23 appropriation.

67.24 Sec. 11. **TRANSFER; FAMILY AND MEDICAL BENEFIT INSURANCE**  
 67.25 **ACCOUNT.**

67.26 The commissioner of management and budget shall transfer \$648,321,000 in fiscal year  
 67.27 2024 from the general fund to the family and medical benefit insurance account for the  
 67.28 purposes of Minnesota Statutes, chapter 268B.

79.1 Sec. 12. ENTERPRISE COSTS BASE ESTABLISHMENT.

79.2 A general fund base of \$3,049,000 in fiscal year 2026 and \$3,049,000 in fiscal year 2027  
79.3 are established to fund enterprise requirements under Minnesota Statutes, chapter 268B,  
79.4 employee notification, and the costs incurred by state agencies due to employer-paid  
79.5 premiums established under Minnesota Statutes, chapter 268B. The commissioner of  
79.6 management and budget shall allocate these amounts to agency base budgets based on the  
79.7 expected costs incurred by those agencies.

68.5 Sec. 13. ENTERPRISE COSTS BASE ESTABLISHMENT.

68.6 A general fund base of \$3,049,000 in fiscal year 2026 and \$3,049,000 in fiscal year 2027  
68.7 are established. Of this amount, \$35,000 each year is to fund enterprise requirements under  
68.8 Minnesota Statutes, chapter 268B, employee notification, and \$3,014,000 each year is to  
68.9 fund the costs incurred by state agencies due to employer-paid premiums established under  
68.10 Minnesota Statutes, chapter 268B. The commissioner of management and budget shall  
68.11 allocate these amounts to agency base budgets based on the expected costs incurred by those  
68.12 agencies.

68.1 Sec. 12. TRANSFER; DIRECT CARE PROVIDER ACCOUNT.

68.2 The commissioner of management and budget shall transfer \$20,000,000 in fiscal year  
68.3 2024 from the general fund to the direct care provider account under Minnesota Statutes,  
68.4 section 268B.30.