

1.1 **Senator Marty from the Committee on Finance, to which was re-referred**

1.2 **S.F. No. 2995:** A bill for an act relating to state government; modifying provisions
 1.3 governing child care, child safety and permanency, child support, economic assistance, deep
 1.4 poverty, housing and homelessness, behavioral health, the medical education and research
 1.5 cost account, MinnesotaCare, medical assistance, background studies, and human services
 1.6 licensing; establishing the Department of Children, Youth, and Families; making technical
 1.7 and conforming changes; establishing requirements for hospital nurse staffing committees
 1.8 and hospital nurse workload committees; modifying requirements of hospital core staffing
 1.9 plans; modifying requirements related to hospital preparedness and incident response action
 1.10 plans to acts of violence; modifying eligibility for the health professional education loan
 1.11 forgiveness program; establishing the Health Care Affordability Board and Health Care
 1.12 Affordability Advisory Council; establishing prescription contraceptive supply requirement;
 1.13 requiring health plan coverage of prescription contraceptives, certain services provided by
 1.14 a pharmacist, infertility treatment, treatment of rare diseases and conditions, and biomarker
 1.15 testing; modifying managed care withhold requirements; establishing filing requirements
 1.16 for a health plan's prescription drug formulary and for items and services provided by
 1.17 medical and dental practices; establishing notice and disclosure requirements for certain
 1.18 health care transactions; extending moratorium on certain conversion transactions; requiring
 1.19 disclosure of facility fees for telehealth; modifying provisions relating to the eligibility of
 1.20 undocumented children for MinnesotaCare and of children for medical assistance; prohibiting
 1.21 a medical assistance benefit plan from including cost-sharing provisions; authorizing a
 1.22 MinnesotaCare buy-in option; assessing alternative payment methods in rural health care;
 1.23 assessing feasibility for a health provider directory; requiring compliance with the No
 1.24 Surprises Act in billing; modifying prescription drug price provisions and continuity of care
 1.25 provisions; compiling health encounter data; modifying all-payer claims data provisions;
 1.26 establishing certain advisory councils, committees, public awareness campaigns,
 1.27 apprenticeship programs, and grant programs; modifying lead testing and remediation
 1.28 requirements; establishing Minnesota One Health Microbial Stewardship Collaborative and
 1.29 cultural communications program; providing for clinical health care training; establishing
 1.30 a climate resiliency program; changing assisted living provisions; establishing a program
 1.31 to monitor long COVID, a 988 suicide crisis lifeline, school-based health centers, Healthy
 1.32 Beginnings, Healthy Families Act, and Comprehensive and Collaborative Resource and
 1.33 Referral System for Children; establishing a moratorium on green burials; regulating
 1.34 submerged closed-loop exchanger systems; establishing a tobacco use prevention account;
 1.35 amending provisions relating to adoptee birth records access; establishing Office of African
 1.36 American Health; establishing Office of American Indian Health; changing certain health
 1.37 board fees; establishing easy enrollment health insurance outreach program; establishing a
 1.38 state-funded cost-sharing reduction program for eligible persons enrolled in certain qualified
 1.39 health plans; setting certain fees; requiring reports; authorizing attorney general and
 1.40 commissioner of health review and enforcement of certain health care transactions;
 1.41 authorizing rulemaking; transferring money; allocating funds for a specific purpose; making
 1.42 forecast adjustments; appropriating money for the Department of Human Services,
 1.43 Department of Health, health-related boards, emergency medical services regulatory board,
 1.44 ombudsperson for families, ombudsperson for American Indian families, Office of the
 1.45 Foster Youth Ombudsperson, Rare Disease Advisory Council, the Department of Revenue,
 1.46 the Department of Management and Budget, Department of Children, Youth and Families,
 1.47 Department of Commerce, and Health Care Affordability Board; amending Minnesota
 1.48 Statutes 2022, sections 4.045; 10.65, subdivision 2; 13.10, subdivision 5; 13.46, subdivision
 1.49 4; 13.465, subdivision 8; 15.01; 15.06, subdivision 1; 15A.0815, subdivision 2; 16A.151,
 1.50 subdivision 2; 43A.08, subdivision 1a; 62A.02, subdivision 1; 62A.045; 62A.15, subdivision
 1.51 4, by adding a subdivision; 62A.30, by adding subdivisions; 62A.673, subdivision 2; 62J.497,
 1.52 subdivisions 1, 3; 62J.692, subdivisions 1, 3, 4, 5, 8; 62J.824; 62J.84, subdivisions 2, 3, 4,
 1.53 6, 7, 8, 9, by adding subdivisions; 62K.10, subdivision 4; 62K.15; 62U.04, subdivisions 4,
 1.54 5, 5a, 11, by adding subdivisions; 62U.10, subdivision 7; 103I.005, subdivisions 17a, 20a,
 1.55 by adding a subdivision; 119B.011, subdivisions 2, 5, 13, 19a; 119B.025, subdivision 4;
 1.56 119B.03, subdivision 4a; 119B.125, subdivisions 1, 1a, 1b, 2, 3, 4, 6, 7; 119B.13, subdivisions
 1.57 1, 6; 119B.16, subdivisions 1c, 3; 119B.161, subdivisions 2, 3; 119B.19, subdivision 7;

2.1 121A.335, subdivisions 3, 5, by adding a subdivision; 144.05, by adding a subdivision;
 2.2 144.122; 144.1501, subdivisions 1, 2, 3, 4, 5; 144.1506, subdivision 4; 144.218, subdivisions
 2.3 1, 2; 144.225, subdivision 2; 144.2252; 144.226, subdivisions 3, 4; 144.566; 144.608,
 2.4 subdivision 1; 144.651, by adding a subdivision; 144.653, subdivision 5; 144.7055; 144.7067,
 2.5 subdivision 1; 144.9501, subdivision 9; 144E.001, subdivision 1, by adding a subdivision;
 2.6 144E.35; 145.4716, subdivision 3; 145.87, subdivision 4; 145.924; 145A.131, subdivisions
 2.7 1, 2, 5; 145A.14, by adding a subdivision; 147A.08; 148B.392, subdivision 2; 150A.08,
 2.8 subdivisions 1, 5; 150A.091, by adding a subdivision; 150A.13, subdivision 10; 151.065,
 2.9 subdivisions 1, 2, 3, 4, 6; 151.071, subdivision 2; 151.555; 151.74, subdivisions 3, 4; 152.126,
 2.10 subdivisions 4, 5, 6, 9; 245.095; 245.4663, subdivision 4; 245.4889, subdivision 1; 245A.02,
 2.11 subdivision 2c; 245A.04, subdivisions 1, 7a; 245A.05; 245A.055, subdivision 2; 245A.06,
 2.12 subdivisions 1, 2, 4; 245A.07, subdivision 3; 245A.16, by adding a subdivision; 245A.50,
 2.13 subdivisions 3, 4, 5, 6, 9; 245C.02, subdivision 13e; 245C.04, subdivision 1; 245C.05,
 2.14 subdivisions 1, 2c, 4; 245C.10, subdivisions 2, 3, 4, 5, 6, 8, 9, 9a, 10, 11, 12, 13, 14, 16, 17,
 2.15 20, 21, by adding a subdivision; 245C.17, subdivisions 2, 3, 6; 245C.22, subdivision 7;
 2.16 245C.23, subdivisions 1, 2; 245C.32, subdivision 2; 245G.03, subdivision 1; 245H.03,
 2.17 subdivisions 2, 4; 245H.06, subdivisions 1, 2; 245H.07, subdivisions 1, 2; 245I.011,
 2.18 subdivision 3; 245I.20, subdivisions 10, 13, 14, 16; 254B.02, subdivision 5; 256.01, by
 2.19 adding a subdivision; 256.014, subdivisions 1, 2; 256.046, subdivision 3; 256.0471,
 2.20 subdivision 1; 256.962, subdivision 5; 256.969, subdivisions 2b, 9, 25, by adding a
 2.21 subdivision; 256.983, subdivision 5; 256B.04, by adding a subdivision; 256B.055, subdivision
 2.22 17; 256B.056, subdivision 7; 256B.0625, subdivisions 9, 13, 13c, 13f, 13g, 28b, 30, 31, 34,
 2.23 49, by adding subdivisions; 256B.0631, subdivision 2, by adding a subdivision; 256B.0941,
 2.24 by adding a subdivision; 256B.196, subdivision 2; 256B.69, subdivisions 4, 5a, 6d, 28, 36;
 2.25 256B.692, subdivision 1; 256B.75; 256B.758; 256B.76, subdivisions 1, 2, 4; 256B.761;
 2.26 256B.764; 256D.01, subdivision 1a; 256D.024, subdivision 1; 256D.03, by adding a
 2.27 subdivision; 256D.06, subdivision 5; 256D.44, subdivision 5; 256D.63, subdivision 2;
 2.28 256E.34, subdivision 4; 256E.35, subdivisions 1, 2, 3, 4a, 6, 7; 256I.03, subdivisions 7, 13;
 2.29 256I.04, subdivision 1; 256I.06, subdivisions 6, 8, by adding a subdivision; 256J.08,
 2.30 subdivisions 71, 79; 256J.11, subdivision 1; 256J.21, subdivisions 3, 4; 256J.26, subdivision
 2.31 1; 256J.33, subdivisions 1, 2; 256J.35; 256J.37, subdivisions 3, 3a; 256J.425, subdivisions
 2.32 1, 4, 5, 7; 256J.46, subdivisions 1, 2, 2a; 256J.95, subdivision 19; 256L.03, subdivision 5;
 2.33 256L.04, subdivisions 7a, 10, by adding a subdivision; 256L.07, subdivision 1; 256L.15,
 2.34 subdivision 2; 256N.26, subdivision 12; 256P.01, by adding subdivisions; 256P.02,
 2.35 subdivision 2, by adding subdivisions; 256P.04, subdivisions 4, 8; 256P.06, subdivision 3,
 2.36 by adding a subdivision; 256P.07, subdivisions 1, 2, 3, 4, 6, 7, by adding subdivisions;
 2.37 259.83, subdivisions 1, 1a, 1b, by adding a subdivision; 260.761, subdivision 2; 260C.007,
 2.38 subdivisions 6, 14; 260C.317, subdivision 4; 260C.80, subdivision 1; 260E.01; 260E.02,
 2.39 subdivision 1; 260E.03, subdivision 22, by adding subdivisions; 260E.09; 260E.14,
 2.40 subdivisions 2, 5; 260E.17, subdivision 1; 260E.18; 260E.20, subdivision 2; 260E.24,
 2.41 subdivisions 2, 7; 260E.33, subdivision 1; 260E.35, subdivision 6; 270B.14, subdivision 1,
 2.42 by adding a subdivision; 297F.10, subdivision 1; 403.161, subdivisions 1, 3, 5, 6, 7; 403.162,
 2.43 subdivisions 1, 2, 5; 518A.31; 518A.32, subdivisions 3, 4; 518A.34; 518A.41; 518A.42,
 2.44 subdivisions 1, 3; 518A.65; 518A.77; 609B.425, subdivision 2; 609B.435, subdivision 2;
 2.45 Laws 2017, First Special Session chapter 6, article 5, section 11, as amended; Laws 2021,
 2.46 First Special Session chapter 7, article 6, section 26; article 17, section 5, subdivision 1;
 2.47 proposing coding for new law in Minnesota Statutes, chapters 62A; 62D; 62J; 62Q; 62V;
 2.48 103I; 119B; 144; 144E; 145; 148; 245; 256B; 256E; 256K; 256N; 256P; 260; 290; proposing
 2.49 coding for new law as Minnesota Statutes, chapters 143; 245J; repealing Minnesota Statutes
 2.50 2022, sections 62J.692, subdivisions 4a, 7, 7a; 119B.03, subdivision 4; 137.38, subdivision
 2.51 1; 144.059, subdivision 10; 144.212, subdivision 11; 245C.02, subdivision 14b; 245C.032;
 2.52 245C.11, subdivision 3; 245C.30, subdivision 1a; 256.8799; 256.9864; 256B.0631,
 2.53 subdivisions 1, 2, 3; 256B.69, subdivision 5c; 256J.08, subdivisions 10, 53, 61, 62, 81, 83;
 2.54 256J.30, subdivisions 5, 7, 8; 256J.33, subdivisions 3, 4, 5; 256J.34, subdivisions 1, 2, 3,
 2.55 4; 256J.37, subdivision 10; 259.83, subdivision 3; 259.89; 260C.637.

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

3.1 Page 17, line 12, after "following" insert "final"

3.2 Page 31, delete sections 19 and 20 and insert:

3.3 "Sec. 19. Minnesota Statutes 2022, section 256B.0625, is amended by adding a subdivision
3.4 to read:

3.5 Subd. 70. Coverage of services for the diagnosis, monitoring, and treatment of rare
3.6 diseases. (a) Medical assistance covers services related to the diagnosis, monitoring, and
3.7 treatment of a rare disease or condition. Medical assistance coverage for these services must
3.8 meet the requirements in section 62Q.451.

3.9 (b) Coverage for a service must not be denied solely on the basis that it was provided
3.10 by, referred for, or ordered by an out-of-network provider.

3.11 (c) Any prior authorization requirements for a service that is provided by, referred for,
3.12 or ordered by an out-of-network provider must be the same as any prior authorization
3.13 requirements for a service that is provided by, referred for, or ordered by an in-network
3.14 provider.

3.15 (d) Nothing in this subdivision requires a managed care or county-based purchasing plan
3.16 to provide coverage for a service that is not covered under medical assistance.

3.17 **EFFECTIVE DATE.** This section is effective January 1, 2024."

3.18 Page 32, delete section 21

3.19 Page 32, line 17, delete everything after "(a)" and insert "Medical assistance covers
3.20 medical treatment or services provided by a licensed pharmacist, to the extent the medical
3.21 treatment or services are within the pharmacist's scope of practice, if medical assistance
3.22 covers the same medical treatment or services provided by a licensed physician."

3.23 Page 32, delete lines 18 and 19

3.24 Page 32, line 20, delete everything before "This"

3.25 Page 46, delete lines 17 to 27 and insert:

3.26 "(b) Managed care plans and county-based purchasing plans must reimburse pharmacies
3.27 for outpatient drugs dispensed to enrollees as follows:

3.28 (1) for brand name drugs or multisource brand name drugs prescribed in accordance
3.29 with Code of Federal Regulations, title 42, section 447.512(c), a dispensing fee equal to
3.30 one-half of the fee-for-service dispensing fee in section 256B.0625, subdivision 13e,
3.31 paragraph (a), plus the lesser of the National Average Drug Acquisition Cost for brand name

4.1 drugs; the Wholesale Acquisition Cost minus two percent; the maximum allowable cost as
 4.2 defined in chapter 62W; or the submitted charges;

4.3 (2) for generic drugs or multisource brand name drugs, unless the multisource brand
 4.4 name drug is prescribed in accordance with Code of Federal Regulations, title 42, section
 4.5 447.512(c), a dispensing fee equal to one-half of the fee-for-service dispensing fee in section
 4.6 256B.0625, subdivision 13e, paragraph (a), plus the lesser of the National Average Drug
 4.7 Acquisition Cost for brand drugs; the National Average Drug Acquisition Cost for generic
 4.8 drugs; the Wholesale Acquisition Cost minus two percent; the maximum allowable cost;
 4.9 or the submitted charges;

4.10 (3) for drugs purchased through the 340B drug program, as allowed in section 62W.07,
 4.11 managed care plans and county-based purchasing plans may pay a rate less than the rate
 4.12 under clause (1) for brand name drugs or less than the rate under clause (2) for generic
 4.13 drugs, but are not required to apply the 340B drug ceiling price limit in section 256B.0625,
 4.14 subdivision 13e; and

4.15 (4) for charges submitted by a pharmacy that are less than the rate under clause (1) for
 4.16 brand name drugs or less than the rate under clause (2) for generic drugs, managed care
 4.17 plans and county-based purchasing plans may pay a lower rate equal to the submitted
 4.18 charges.

4.19 (c) Contracts between managed care plans and county-based purchasing plans and
 4.20 providers to whom paragraph (c) applies must allow recovery of payments from those
 4.21 providers if capitation rates are adjusted in accordance with paragraph (c). Payment recoveries
 4.22 must not exceed an amount equal to any increase in rates that results from paragraph (c).
 4.23 Paragraph (c) must not be implemented if federal approval is not received for paragraph
 4.24 (c), or if federal approval is withdrawn at any time."

4.25 Page 46, line 30, delete "Paragraph (b) is" and insert "Paragraphs (b) and (c) are"

4.26 Page 46, after line 33, insert:

4.27 "Sec. 27. Minnesota Statutes 2022, section 256B.69, is amended by adding a subdivision
 4.28 to read:

4.29 **Subd. 19a. Limitation on reimbursement; rare disease services provided in Minnesota**
 4.30 **by out-of-network providers.** (a) If a managed care or county-based purchasing plan has
 4.31 an established contractual payment under medical assistance with an out-of-network provider
 4.32 for a service provided in Minnesota related to the diagnosis, monitoring, and treatment of

5.1 a rare disease or condition, the provider must accept the established contractual payment
 5.2 for that service as payment in full.

5.3 (b) If a plan does not have an established contractual payment under medical assistance
 5.4 with an out-of-network provider for a service provided in Minnesota related to the diagnosis,
 5.5 monitoring, and treatment of a rare disease or condition, the provider must accept the
 5.6 provider's established rate for uninsured patients for that service as payment in full. If the
 5.7 provider does not have an established rate for uninsured patients for that service, the provider
 5.8 must accept the fee-for-service rate.

5.9 **EFFECTIVE DATE.** This section is effective January 1, 2024.

5.10 Sec. 28. Minnesota Statutes 2022, section 256B.69, is amended by adding a subdivision
 5.11 to read:

5.12 **Subd. 19b. Limitation on reimbursement; rare disease services provided outside of**
 5.13 **Minnesota by an out-of-network provider.** (a) If a managed care or county-based
 5.14 purchasing plan has an established contractual payment under medical assistance with an
 5.15 out-of-network provider for a service provided in another state related to diagnosis,
 5.16 monitoring, and treatment of a rare disease or condition, the plan must pay the established
 5.17 contractual payment for that service.

5.18 (b) If a plan does not have an established contractual payment under medical assistance
 5.19 with an out-of-network provider for a service provided in another state related to diagnosis,
 5.20 monitoring, and treatment of a rare disease or condition, the plan must pay the provider's
 5.21 established rate for uninsured patients for that service. If the provider does not have an
 5.22 established rate for uninsured patients for that service, the plan must pay the provider the
 5.23 fee-for-service rate in that state.

5.24 **EFFECTIVE DATE.** This section is effective January 1, 2024."

5.25 Page 52, delete section 34 and insert:

5.26 "Sec. 34. Minnesota Statutes 2022, section 256B.76, as amended by Laws 2023, chapter
 5.27 25, section 145, is amended to read:

5.28 **256B.76 PHYSICIAN, PROFESSIONAL SERVICES, AND DENTAL**
 5.29 **REIMBURSEMENT.**

5.30 Subdivision 1. **Physician and professional services reimbursement.** (a) Effective for
 5.31 services rendered on or after October 1, 1992, the commissioner shall make payments for
 5.32 physician services as follows:

6.1 (1) payment for level one Centers for Medicare and Medicaid Services' common
6.2 procedural coding system codes titled "office and other outpatient services," "preventive
6.3 medicine new and established patient," "delivery, antepartum, and postpartum care," "critical
6.4 care," cesarean delivery and pharmacologic management provided to psychiatric patients,
6.5 and level three codes for enhanced services for prenatal high risk, shall be paid at the lower
6.6 of (i) submitted charges, or (ii) 25 percent above the rate in effect on June 30, 1992;

6.7 (2) payments for all other services shall be paid at the lower of (i) submitted charges,
6.8 or (ii) 15.4 percent above the rate in effect on June 30, 1992; and

6.9 (3) all physician rates shall be converted from the 50th percentile of 1982 to the 50th
6.10 percentile of 1989, less the percent in aggregate necessary to equal the above increases
6.11 except that payment rates for home health agency services shall be the rates in effect on
6.12 September 30, 1992.

6.13 (b) Effective for services rendered on or after January 1, 2000, payment rates for physician
6.14 and professional services shall be increased by three percent over the rates in effect on
6.15 December 31, 1999, except for home health agency and family planning agency services.
6.16 The increases in this paragraph shall be implemented January 1, 2000, for managed care.

6.17 (c) Effective for services rendered on or after July 1, 2009, payment rates for physician
6.18 and professional services shall be reduced by five percent, except that for the period July
6.19 1, 2009, through June 30, 2010, payment rates shall be reduced by 6.5 percent for the medical
6.20 assistance and general assistance medical care programs, over the rates in effect on June
6.21 30, 2009. This reduction and the reductions in paragraph (d) do not apply to office or other
6.22 outpatient visits, preventive medicine visits and family planning visits billed by physicians,
6.23 advanced practice registered nurses, or physician assistants in a family planning agency or
6.24 in one of the following primary care practices: general practice, general internal medicine,
6.25 general pediatrics, general geriatrics, and family medicine. This reduction and the reductions
6.26 in paragraph (d) do not apply to federally qualified health centers, rural health centers, and
6.27 Indian health services. Effective October 1, 2009, payments made to managed care plans
6.28 and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall
6.29 reflect the payment reduction described in this paragraph.

6.30 (d) Effective for services rendered on or after July 1, 2010, payment rates for physician
6.31 and professional services shall be reduced an additional seven percent over the five percent
6.32 reduction in rates described in paragraph (c). This additional reduction does not apply to
6.33 physical therapy services, occupational therapy services, and speech pathology and related
6.34 services provided on or after July 1, 2010. This additional reduction does not apply to

7.1 physician services billed by a psychiatrist or an advanced practice registered nurse with a
7.2 specialty in mental health. Effective October 1, 2010, payments made to managed care plans
7.3 and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall
7.4 reflect the payment reduction described in this paragraph.

7.5 (e) Effective for services rendered on or after September 1, 2011, through June 30, 2013,
7.6 payment rates for physician and professional services shall be reduced three percent from
7.7 the rates in effect on August 31, 2011. This reduction does not apply to physical therapy
7.8 services, occupational therapy services, and speech pathology and related services.

7.9 (f) Effective for services rendered on or after September 1, 2014, payment rates for
7.10 physician and professional services, including physical therapy, occupational therapy, speech
7.11 pathology, and mental health services shall be increased by five percent from the rates in
7.12 effect on August 31, 2014. In calculating this rate increase, the commissioner shall not
7.13 include in the base rate for August 31, 2014, the rate increase provided under section
7.14 256B.76, subdivision 7. This increase does not apply to federally qualified health centers,
7.15 rural health centers, and Indian health services. Payments made to managed care plans and
7.16 county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

7.17 (g) Effective for services rendered on or after July 1, 2015, payment rates for physical
7.18 therapy, occupational therapy, and speech pathology and related services provided by a
7.19 hospital meeting the criteria specified in section 62Q.19, subdivision 1, paragraph (a), clause
7.20 (4), shall be increased by 90 percent from the rates in effect on June 30, 2015. Payments
7.21 made to managed care plans and county-based purchasing plans shall not be adjusted to
7.22 reflect payments under this paragraph.

7.23 (h) Any rates effective before July 1, 2015, do not apply to early intensive
7.24 developmental and behavioral intervention (EIDBI) benefits described in section 256B.0949.

7.25 (i) The commissioner may reimburse physicians and other licensed professionals for
7.26 costs incurred to pay the fee for testing newborns who are medical assistance enrollees for
7.27 heritable and congenital disorders under section 144.125, subdivision 1, paragraph (c), when
7.28 the sample is collected outside of an inpatient hospital or freestanding birth center and the
7.29 cost is not recognized by another payment source.

7.30 Subd. 2. **Dental reimbursement.** (a) Effective for services rendered ~~on or after~~ from
7.31 October 1, 1992, to December 31, 2023, the commissioner shall make payments for dental
7.32 services as follows:

7.33 (1) dental services shall be paid at the lower of (i) submitted charges, or (ii) 25 percent
7.34 above the rate in effect on June 30, 1992; and

8.1 (2) dental rates shall be converted from the 50th percentile of 1982 to the 50th percentile
8.2 of 1989, less the percent in aggregate necessary to equal the above increases.

8.3 (b) ~~Beginning~~ From October 1, 1999, to December 31, 2023, the payment for tooth
8.4 sealants and fluoride treatments shall be the lower of (1) submitted charge, or (2) 80 percent
8.5 of median 1997 charges.

8.6 (c) Effective for services rendered ~~on or after~~ from January 1, 2000, to December 31,
8.7 2023, payment rates for dental services shall be increased by three percent over the rates in
8.8 effect on December 31, 1999.

8.9 (d) Effective for services provided ~~on or after~~ from January 1, 2002, to December 31,
8.10 2023, payment for diagnostic examinations and dental x-rays provided to children under
8.11 age 21 shall be the lower of (1) the submitted charge, or (2) 85 percent of median 1999
8.12 charges.

8.13 (e) The increases listed in paragraphs (b) and (c) shall be implemented January 1, 2000,
8.14 for managed care.

8.15 (f) Effective for dental services rendered on or after October 1, 2010, by a state-operated
8.16 dental clinic, payment shall be paid on a reasonable cost basis that is based on the Medicare
8.17 principles of reimbursement. This payment shall be effective for services rendered on or
8.18 after January 1, 2011, to recipients enrolled in managed care plans or county-based
8.19 purchasing plans.

8.20 (g) Beginning in fiscal year 2011, if the payments to state-operated dental clinics in
8.21 paragraph (f), including state and federal shares, are less than \$1,850,000 per fiscal year, a
8.22 supplemental state payment equal to the difference between the total payments in paragraph
8.23 (f) and \$1,850,000 shall be paid from the general fund to state-operated services for the
8.24 operation of the dental clinics.

8.25 ~~(h) Effective for services rendered on or after January 1, 2014, through December 31,~~
8.26 ~~2021, payment rates for dental services shall be increased by five percent from the rates in~~
8.27 ~~effect on December 31, 2013. This increase does not apply to state-operated dental clinics~~
8.28 ~~in paragraph (f), federally qualified health centers, rural health centers, and Indian health~~
8.29 ~~services. Effective January 1, 2014, payments made to managed care plans and county-based~~
8.30 ~~purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect the payment~~
8.31 ~~increase described in this paragraph.~~

8.32 ~~(i) Effective for services provided on or after January 1, 2017, through December 31,~~
8.33 ~~2021, the commissioner shall increase payment rates by 9.65 percent for dental services~~

9.1 ~~provided outside of the seven-county metropolitan area. This increase does not apply to~~
 9.2 ~~state-operated dental clinics in paragraph (f), federally qualified health centers, rural health~~
 9.3 ~~centers, or Indian health services. Effective January 1, 2017, payments to managed care~~
 9.4 ~~plans and county-based purchasing plans under sections 256B.69 and 256B.692 shall reflect~~
 9.5 ~~the payment increase described in this paragraph.~~

9.6 ~~(j) Effective for services provided on or after July 1, 2017, through December 31, 2021,~~
 9.7 ~~the commissioner shall increase payment rates by 23.8 percent for dental services provided~~
 9.8 ~~to enrollees under the age of 21. This rate increase does not apply to state-operated dental~~
 9.9 ~~clinics in paragraph (f), federally qualified health centers, rural health centers, or Indian~~
 9.10 ~~health centers. This rate increase does not apply to managed care plans and county-based~~
 9.11 ~~purchasing plans.~~

9.12 ~~(k)~~ (h) Effective for services provided on or after January 1, 2022, the commissioner
 9.13 shall exclude from medical assistance and MinnesotaCare payments for dental services to
 9.14 public health and community health clinics the 20 percent increase authorized under Laws
 9.15 1989, chapter 327, section 5, subdivision 2, paragraph (b).

9.16 ~~(l)~~ (i) Effective for services provided ~~on or after~~ from January 1, 2022, to December 31,
 9.17 2023, the commissioner shall increase payment rates by 98 percent for all dental services.
 9.18 This rate increase does not apply to state-operated dental clinics, federally qualified health
 9.19 centers, rural health centers, or Indian health services.

9.20 ~~(m)~~ (j) Managed care plans and county-based purchasing plans shall reimburse providers
 9.21 at a level that is at least equal to the rate paid under fee-for-service for dental services. If,
 9.22 for any coverage year, federal approval is not received for this paragraph, the commissioner
 9.23 must adjust the capitation rates paid to managed care plans and county-based purchasing
 9.24 plans for that contract year to reflect the removal of this provision. Contracts between
 9.25 managed care plans and county-based purchasing plans and providers to whom this paragraph
 9.26 applies must allow recovery of payments from those providers if capitation rates are adjusted
 9.27 in accordance with this paragraph. Payment recoveries must not exceed an amount equal
 9.28 to any increase in rates that results from this provision. If, for any coverage year, federal
 9.29 approval is not received for this paragraph, the commissioner shall not implement this
 9.30 paragraph for subsequent coverage years.

9.31 (k) Effective for services provided on or after January 1, 2024, payment for dental
 9.32 services must be the lower of submitted charges or the percentile of 2018-submitted charges
 9.33 from claims paid by the commissioner so that the total aggregate expenditures does not
 9.34 exceed the total spend as outlined in the applicable paragraphs (a) to (k). This paragraph

10.1 does not apply to federally qualified health centers, rural health centers, state-operated dental
10.2 clinics, or Indian health centers.

10.3 (l) Beginning January 1, 2027, and every three years thereafter, the commissioner shall
10.4 rebase payment rates for dental services to a percentile of submitted charges for the applicable
10.5 base year using charge data from claims paid by the commissioner so that the total aggregate
10.6 expenditures does not exceed the total spend as outlined in paragraph (k) plus the change
10.7 in the Medicare Economic Index (MEI). In 2027, the change in the MEI must be measured
10.8 from midyear of 2024 and 2026. For each subsequent rebasing, the change in the MEI must
10.9 be measured between the years that are one year after the rebasing years. The base year
10.10 used for each rebasing must be the calendar year that is two years prior to the effective date
10.11 of the rebasing. This paragraph does not apply to federally qualified health centers, rural
10.12 health centers, state-operated dental clinics, or Indian health centers.

10.13 **Subd. 3. Dental services grants.** (a) The commissioner shall award grants to community
10.14 clinics or other nonprofit community organizations, political subdivisions, professional
10.15 associations, or other organizations that demonstrate the ability to provide dental services
10.16 effectively to public program recipients. Grants may be used to fund the costs related to
10.17 coordinating access for recipients, developing and implementing patient care criteria,
10.18 upgrading or establishing new facilities, acquiring furnishings or equipment, recruiting new
10.19 providers, or other development costs that will improve access to dental care in a region.
10.20 In awarding grants, the commissioner shall give priority to applicants that plan to serve
10.21 areas of the state in which the number of dental providers is not currently sufficient to meet
10.22 the needs of recipients of public programs or uninsured individuals. The commissioner shall
10.23 consider the following in awarding the grants:

10.24 (1) potential to successfully increase access to an underserved population;

10.25 (2) the ability to raise matching funds;

10.26 (3) the long-term viability of the project to improve access beyond the period of initial
10.27 funding;

10.28 (4) the efficiency in the use of the funding; and

10.29 (5) the experience of the proposers in providing services to the target population.

10.30 (b) The commissioner shall monitor the grants and may terminate a grant if the grantee
10.31 does not increase dental access for public program recipients. The commissioner shall
10.32 consider grants for the following:

11.1 (1) implementation of new programs or continued expansion of current access programs
11.2 that have demonstrated success in providing dental services in underserved areas;

11.3 (2) a pilot program for utilizing hygienists outside of a traditional dental office to provide
11.4 dental hygiene services; and

11.5 (3) a program that organizes a network of volunteer dentists, establishes a system to
11.6 refer eligible individuals to volunteer dentists, and through that network provides donated
11.7 dental care services to public program recipients or uninsured individuals.

11.8 Subd. 4. **Critical access dental providers.** ~~(a) The commissioner shall increase~~
11.9 ~~reimbursements to dentists and dental clinics deemed by the commissioner to be critical~~
11.10 ~~access dental providers. For dental services rendered on or after July 1, 2016, through~~
11.11 ~~December 31, 2021, the commissioner shall increase reimbursement by 37.5 percent above~~
11.12 ~~the reimbursement rate that would otherwise be paid to the critical access dental provider,~~
11.13 ~~except as specified under paragraph (b). The commissioner shall pay the managed care~~
11.14 ~~plans and county-based purchasing plans in amounts sufficient to reflect increased~~
11.15 ~~reimbursements to critical access dental providers as approved by the commissioner.~~

11.16 ~~(b) For dental services rendered on or after July 1, 2016, through December 31, 2021,~~
11.17 ~~by a dental clinic or dental group that meets the critical access dental provider designation~~
11.18 ~~under paragraph (f), clause (4), and is owned and operated by a health maintenance~~
11.19 ~~organization licensed under chapter 62D, the commissioner shall increase reimbursement~~
11.20 ~~by 35 percent above the reimbursement rate that would otherwise be paid to the critical~~
11.21 ~~access provider.~~

11.22 ~~(e)~~ (a) The commissioner shall increase reimbursement to dentists and dental clinics
11.23 deemed by the commissioner to be critical access dental providers. For dental services
11.24 provided on or after January 1, 2022, by a dental provider deemed to be a critical access
11.25 dental provider under paragraph ~~(f)~~ (d), the commissioner shall increase reimbursement by
11.26 20 percent above the reimbursement rate that would otherwise be paid to the critical access
11.27 dental provider. This paragraph does not apply to federally qualified health centers, rural
11.28 health centers, state-operated dental clinics, or Indian health centers.

11.29 ~~(d)~~ (b) Managed care plans and county-based purchasing plans shall increase
11.30 reimbursement to critical access dental providers by at least the amount specified in paragraph
11.31 ~~(e)~~ (c). If, for any coverage year, federal approval is not received for this paragraph, the
11.32 commissioner must adjust the capitation rates paid to managed care plans and county-based
11.33 purchasing plans for that contract year to reflect the removal of this provision. Contracts
11.34 between managed care plans and county-based purchasing plans and providers to whom

12.1 this paragraph applies must allow recovery of payments from those providers if capitation
12.2 rates are adjusted in accordance with this paragraph. Payment recoveries must not exceed
12.3 an amount equal to any increase in rates that results from this provision. If, for any coverage
12.4 year, federal approval is not received for this paragraph, the commissioner shall not
12.5 implement this paragraph for subsequent coverage years.

12.6 ~~(e)~~ (c) Critical access dental payments made under this subdivision for dental services
12.7 provided by a critical access dental provider to an enrollee of a managed care plan or
12.8 county-based purchasing plan must not reflect any capitated payments or cost-based payments
12.9 from the managed care plan or county-based purchasing plan. The managed care plan or
12.10 county-based purchasing plan must base the additional critical access dental payment on
12.11 the amount that would have been paid for that service had the dental provider been paid
12.12 according to the managed care plan or county-based purchasing plan's fee schedule that
12.13 applies to dental providers that are not paid under a capitated payment or cost-based payment.

12.14 ~~(f)~~ (d) The commissioner shall designate the following dentists and dental clinics as
12.15 critical access dental providers:

12.16 (1) nonprofit community clinics that:

12.17 (i) have nonprofit status in accordance with chapter 317A;

12.18 (ii) have tax exempt status in accordance with the Internal Revenue Code, section
12.19 501(c)(3);

12.20 (iii) are established to provide oral health services to patients who are low income,
12.21 uninsured, have special needs, and are underserved;

12.22 (iv) have professional staff familiar with the cultural background of the clinic's patients;

12.23 (v) charge for services on a sliding fee scale designed to provide assistance to low-income
12.24 patients based on current poverty income guidelines and family size;

12.25 (vi) do not restrict access or services because of a patient's financial limitations or public
12.26 assistance status; and

12.27 (vii) have free care available as needed;

12.28 (2) federally qualified health centers, rural health clinics, and public health clinics;

12.29 (3) hospital-based dental clinics owned and operated by a city, county, or former state
12.30 hospital as defined in section 62Q.19, subdivision 1, paragraph (a), clause (4);

13.1 (4) a dental clinic or dental group owned and operated by a nonprofit corporation in
 13.2 accordance with chapter 317A with more than 10,000 patient encounters per year with
 13.3 patients who are uninsured or covered by medical assistance or MinnesotaCare;

13.4 (5) a dental clinic owned and operated by the University of Minnesota or the Minnesota
 13.5 State Colleges and Universities system; and

13.6 (6) private practicing dentists if:

13.7 (i) the dentist's office is located within the seven-county metropolitan area and more
 13.8 than 50 percent of the dentist's patient encounters per year are with patients who are uninsured
 13.9 or covered by medical assistance or MinnesotaCare; or

13.10 (ii) the dentist's office is located outside the seven-county metropolitan area and more
 13.11 than 25 percent of the dentist's patient encounters per year are with patients who are uninsured
 13.12 or covered by medical assistance or MinnesotaCare.

13.13 **Subd. 5. Outpatient rehabilitation facility.** An entity that operates both a Medicare
 13.14 certified comprehensive outpatient rehabilitation facility and a facility which was certified
 13.15 prior to January 1, 1993, that is licensed under Minnesota Rules, parts 9570.2000 to
 13.16 9570.3400, and for whom at least 33 percent of the clients receiving rehabilitation services
 13.17 in the most recent calendar year are medical assistance recipients, shall be reimbursed by
 13.18 the commissioner for rehabilitation services at rates that are 38 percent greater than the
 13.19 maximum reimbursement rate allowed under subdivision 1, paragraph (a), clause (2), when
 13.20 those services are (1) provided within the comprehensive outpatient rehabilitation facility
 13.21 and (2) provided to residents of nursing facilities owned by the entity.

13.22 **Subd. 6. Medicare relative value units.** Effective for services rendered on or after
 13.23 January 1, 2007, the commissioner shall make payments for physician and professional
 13.24 services based on the Medicare relative value units (RVU's). This change shall be budget
 13.25 neutral and the cost of implementing RVU's will be incorporated in the established conversion
 13.26 factor.

13.27 **Subd. 7. Payment for certain primary care services and immunization**
 13.28 **administration.** Payment for certain primary care services and immunization administration
 13.29 services rendered on or after January 1, 2013, through December 31, 2014, shall be made
 13.30 in accordance with section 1902(a)(13) of the Social Security Act.

13.31 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
 13.32 whichever is later. The commissioner of human services shall notify the revisor of statutes
 13.33 when federal approval is obtained."

14.1 Page 54, delete section 35

14.2 Page 56, delete section 36

14.3 Page 59, line 21, delete "35" and insert "eight"

14.4 Page 59, line 25, after the period, insert "For payments made in accordance with this
14.5 paragraph, if and to the extent that the commissioner identifies that the state has received
14.6 federal financial participation for behavioral health services in excess of the amount allowed
14.7 under United States Code, title 42, section 447.321, the state shall repay the excess amount
14.8 to the Centers for Medicare and Medicaid Services with state money and maintain the full
14.9 payment rate under this paragraph."

14.10 Page 62, lines 1, 4, 7, and 10, after "Statutes" insert "2022"

14.11 Page 64, line 5, delete "purpose" and insert "purposes"

14.12 Page 66, line 33, delete everything after "All" and insert "policies or contracts referred
14.13 to in subdivision 1 must provide benefits relating to expenses incurred for medical treatment
14.14 or services provided by a licensed pharmacist, according to the requirements of section
14.15 151.01, to the extent the medical treatment or services are within the pharmacist's scope of
14.16 practice, if such a policy or contract provides the benefits relating to expenses incurred for
14.17 the same medical treatment or services provided by a licensed physician."

14.18 Page 66, delete line 34

14.19 Page 67, delete lines 1 to 3

14.20 Page 69, line 23, delete everything after "All" and insert "health maintenance contracts
14.21 must provide benefits relating to expenses incurred for medical treatment or services provided
14.22 by a licensed pharmacist, to the extent the medical treatment or services are within the
14.23 pharmacist's scope of practice, if the health maintenance contract provides benefits relating
14.24 to expenses incurred for the same medical treatment or services provided by a licensed
14.25 physician."

14.26 Page 69, delete lines 24 to 26

14.27 Page 72, after line 21, insert:

14.28 "Sec. 12. **[62J.811] PROVIDER BALANCE BILLING REQUIREMENTS.**

14.29 Subdivision 1. **Billing requirements.** (a) Each health care provider and health facility
14.30 shall comply with the federal Consolidated Appropriations Act, 2021, Division BB also
14.31 known as the "No Surprises Act," including any federal regulations adopted under that act.

15.1 (b) For the purposes of this section, "provider" or "facility" means any health care
15.2 provider or facility pursuant to section 62A.63, subdivision 2, or 62J.03, subdivision 8, that
15.3 is subject to relevant provisions of the No Surprises Act.

15.4 Subd. 2. **Investigations and compliance.** (a) The commissioner shall, to the extent
15.5 practicable, seek the cooperation of health care providers and facilities, and may provide
15.6 any support and assistance as available, in obtaining compliance with this section.

15.7 (b) The commissioner shall determine the manner and processes for fulfilling any
15.8 responsibilities and taking any of the actions in paragraphs (c) to (f).

15.9 (c) A person who believes a health care provider or facility has not complied with the
15.10 requirements of the No Surprises Act or this section may file a complaint with the
15.11 commissioner in the manner determined by the commissioner.

15.12 (d) The commissioner shall conduct compliance reviews and investigate complaints
15.13 filed under this section in the manner determined by the commissioner to ascertain whether
15.14 health care providers and facilities are complying with this section.

15.15 (e) The commissioner may report violations under this section to other relevant federal
15.16 and state departments and jurisdictions as appropriate, including the attorney general and
15.17 relevant licensing boards, and may also coordinate on investigations and enforcement of
15.18 this section with other relevant federal and state departments and jurisdictions as appropriate,
15.19 including the attorney general and relevant licensing boards.

15.20 (f) A health care provider or facility may contest whether the finding of facts constitute
15.21 a violation of this section according to the contested case proceeding in sections 14.57 to
15.22 14.62, subject to appeal according to sections 14.63 to 14.68.

15.23 (g) Any data collected by the commissioner as part of an active investigation or active
15.24 compliance review under this section are classified (1) if the data is not on individuals, it
15.25 is classified as protected nonpublic data pursuant to section 13.02 subdivision 13; or (2) if
15.26 the data is on individuals, it is classified as confidential pursuant to sections 13.02,
15.27 subdivision 3. Data describing the final disposition of an investigative or compliance review
15.28 are classified as public.

15.29 Subd. 3. **Civil penalty.** (a) The commissioner, in monitoring and enforcing this section,
15.30 may levy a civil monetary penalty against each health care provider or facility found to be
15.31 in violation of up to \$100 for each violation, but may not exceed \$25,000 for identical
15.32 violations during a calendar year.

16.1 (b) No civil monetary penalty shall be imposed under this section for violations that
16.2 occur prior to January 1, 2024."

16.3 Page 76, line 12, strike "an original," and insert "a"

16.4 Page 76, lines 15 and 21, strike "45" and insert "42"

16.5 Page 77, line 2, after "Administration" insert "(FDA)"

16.6 Page 77, after line 11, insert:

16.7 "(k) "30-day supply" means the total daily dosage units of a prescription drug
16.8 recommended by the prescribing label approved by the FDA for 30 days. If the
16.9 FDA-approved prescribing label includes more than one recommended daily dosage, the
16.10 30-day supply is based on the maximum recommended daily dosage on the FDA-approved
16.11 prescribing label.

16.12 (l) "Course of treatment" means the total dosage of a single prescription for a prescription
16.13 drug recommended by the FDA-approved prescribing label. If the FDA-approved prescribing
16.14 label includes more than one recommended dosage for a single course of treatment, the
16.15 course of treatment is the maximum recommended dosage on the FDA-approved prescribing
16.16 label.

16.17 (m) "Drug product family" means a group of one or more prescription drugs that share
16.18 a unique generic drug description or nontrade name and dosage form.

16.19 (n) "National drug code" means the three-segment code maintained by the federal Food
16.20 and Drug Administration that includes a labeler code, a product code, and a package code
16.21 for a drug product and that has been converted to an 11-digit format consisting of five digits
16.22 in the first segment, four digits in the second segment, and two digits in the third segment.
16.23 A three-segment code shall be considered converted to an 11-digit format when, as necessary,
16.24 at least one "0" has been added to the front of each segment containing less than the specified
16.25 number of digits such that each segment contains the specified number of digits.

16.26 (o) "Pharmacy" or "pharmacy provider" means a place of business licensed by the Board
16.27 of Pharmacy under section 151.19 in which prescription drugs are prepared, compounded,
16.28 or dispensed under the supervision of a pharmacist.

16.29 (p) "Pharmacy benefits manager" or "PBM" means an entity licensed to act as a pharmacy
16.30 benefits manager under section 62W.03.

16.31 (q) "Pricing unit" means the smallest dispensable amount of a prescription drug product
16.32 that could be dispensed.

17.1 (r) "Reporting entity" means any manufacturer, pharmacy, pharmacy benefits manager,
17.2 wholesale drug distributor, or any other entity required to submit data under this section.

17.3 (s) "Wholesale drug distributor" or "wholesaler" means an entity that:

17.4 (1) is licensed to act as a wholesale drug distributor under section 151.47; and

17.5 (2) distributes prescription drugs, for which it is not the manufacturer, to persons or
17.6 entities, or both, other than a consumer or patient in the state."

17.7 Page 77, before line 12, insert:

17.8 "Sec. 16. Minnesota Statutes 2022, section 62J.84, subdivision 3, is amended to read:

17.9 Subd. 3. **Prescription drug price increases reporting.** (a) Beginning January 1, 2022,
17.10 a drug manufacturer must submit to the commissioner the information described in paragraph
17.11 (b) for each prescription drug for which the price was \$100 or greater for a 30-day supply
17.12 or for a course of treatment lasting less than 30 days and:

17.13 (1) for brand name drugs where there is an increase of ten percent or greater in the price
17.14 over the previous 12-month period or an increase of 16 percent or greater in the price over
17.15 the previous 24-month period; and

17.16 (2) for generic or biosimilar drugs where there is an increase of 50 percent or greater in
17.17 the price over the previous 12-month period.

17.18 (b) For each of the drugs described in paragraph (a), the manufacturer shall submit to
17.19 the commissioner no later than 60 days after the price increase goes into effect, in the form
17.20 and manner prescribed by the commissioner, the following information, if applicable:

17.21 (1) the ~~name~~ description and price of the drug and the net increase, expressed as a
17.22 percentage; with the following listed separately:

17.23 (i) the national drug code;

17.24 (ii) the product name;

17.25 (iii) the dosage form;

17.26 (iv) the strength;

17.27 (v) the package size;

17.28 (2) the factors that contributed to the price increase;

17.29 (3) the name of any generic version of the prescription drug available on the market;

18.1 (4) the introductory price of the prescription drug when it was ~~approved for marketing~~
18.2 ~~by the Food and Drug Administration and the net yearly increase, by calendar year, in the~~
18.3 ~~price of the prescription drug during the previous five years~~ introduced for sale in the United
18.4 States and the price of the drug on the last day of each of the five calendar years preceding
18.5 the price increase;

18.6 (5) the direct costs incurred during the previous 12-month period by the manufacturer
18.7 that are associated with the prescription drug, listed separately:

18.8 (i) to manufacture the prescription drug;

18.9 (ii) to market the prescription drug, including advertising costs; and

18.10 (iii) to distribute the prescription drug;

18.11 (6) the total sales revenue for the prescription drug during the previous 12-month period;

18.12 (7) the manufacturer's net profit attributable to the prescription drug during the previous
18.13 12-month period;

18.14 (8) the total amount of financial assistance the manufacturer has provided through patient
18.15 prescription assistance programs during the previous 12-month period, if applicable;

18.16 (9) any agreement between a manufacturer and another entity contingent upon any delay
18.17 in offering to market a generic version of the prescription drug;

18.18 (10) the patent expiration date of the prescription drug if it is under patent;

18.19 (11) the name and location of the company that manufactured the drug; ~~and~~

18.20 (12) if a brand name prescription drug, the ~~ten highest prices~~ price paid for the
18.21 prescription drug during the previous calendar year in any country other than the ten
18.22 countries, excluding the United States-, that charged the highest single price for the
18.23 prescription drug; and

18.24 (13) if the prescription drug was acquired by the manufacturer during the previous
18.25 12-month period, all of the following information:

18.26 (i) price at acquisition;

18.27 (ii) price in the calendar year prior to acquisition;

18.28 (iii) name of the company from which the drug was acquired;

18.29 (iv) date of acquisition; and

18.30 (v) acquisition price.

19.1 (c) The manufacturer may submit any documentation necessary to support the information
19.2 reported under this subdivision.

19.3 Sec. 17. Minnesota Statutes 2022, section 62J.84, subdivision 4, is amended to read:

19.4 Subd. 4. **New prescription drug price reporting.** (a) Beginning January 1, 2022, no
19.5 later than 60 days after a manufacturer introduces a new prescription drug for sale in the
19.6 United States that is a new brand name drug with a price that is greater than the tier threshold
19.7 established by the Centers for Medicare and Medicaid Services for specialty drugs in the
19.8 Medicare Part D program for a 30-day supply or for a course of treatment lasting less than
19.9 30 days or a new generic or biosimilar drug with a price that is greater than the tier threshold
19.10 established by the Centers for Medicare and Medicaid Services for specialty drugs in the
19.11 Medicare Part D program for a 30-day supply or for a course of treatment lasting less than
19.12 30 days and is not at least 15 percent lower than the referenced brand name drug when the
19.13 generic or biosimilar drug is launched, the manufacturer must submit to the commissioner,
19.14 in the form and manner prescribed by the commissioner, the following information, if
19.15 applicable:

19.16 (1) the description of the drug, with the following listed separately:

19.17 (i) the national drug code;

19.18 (ii) the product name;

19.19 (iii) the dosage form;

19.20 (iv) the strength;

19.21 (v) the package size;

19.22 ~~(1)~~ (2) the price of the prescription drug;

19.23 ~~(2)~~ (3) whether the Food and Drug Administration granted the new prescription drug a
19.24 breakthrough therapy designation or a priority review;

19.25 ~~(3)~~ (4) the direct costs incurred by the manufacturer that are associated with the
19.26 prescription drug, listed separately:

19.27 (i) to manufacture the prescription drug;

19.28 (ii) to market the prescription drug, including advertising costs; and

19.29 (iii) to distribute the prescription drug; and

19.30 ~~(4)~~ (5) the patent expiration date of the drug if it is under patent.

20.1 (b) The manufacturer may submit documentation necessary to support the information
20.2 reported under this subdivision."

20.3 Page 77, lines 17 and 19, strike ", 4, and 5" and insert "to 6 and 9 to 14"

20.4 Page 78, lines 25 and 28, strike "manufacturers" and insert "reporting entities"

20.5 Page 79, line 2, strike "manufacturer" and insert "reporting entity"

20.6 Page 79, after line 3, insert:

20.7 "(1) failing to register under subdivision 15;"

20.8 Page 79, line 4, strike "(1)" and insert "(2)"

20.9 Page 79, line 6, strike "(2)" and insert "(3)"

20.10 Page 79, line 7, strike "(3)" and insert "(4)"

20.11 Page 79, line 9, delete "(4)" and insert "(5)"

20.12 Page 80, line 5, strike ", 4, and 5" and insert "to 6 and 9 to 14"

20.13 Page 80, after line 8, insert:

20.14 "Sec. 22. Minnesota Statutes 2022, section 62J.84, is amended by adding a subdivision
20.15 to read:

20.16 Subd. 10. Notice of prescription drugs of substantial public interest. (a) No later than
20.17 January 31, 2024, and quarterly thereafter, the commissioner shall produce and post on the
20.18 department's website a list of prescription drugs that the commissioner determines to represent
20.19 a substantial public interest and for which the department intends to request data under
20.20 subdivisions 9 to 14, subject to paragraph (c). The commissioner shall base its inclusion of
20.21 prescription drugs on any information the commissioner determines is relevant to providing
20.22 greater consumer awareness of the factors contributing to the cost of prescription drugs in
20.23 the state, and the department shall consider drug product families that include prescription
20.24 drugs:

20.25 (1) that triggered reporting under subdivisions 3, 4, or 6 during the previous calendar
20.26 quarter;

20.27 (2) for which average claims paid amounts exceeded 125 percent of the price as of the
20.28 claim incurred date during the most recent calendar quarter for which claims paid amounts
20.29 are available; or

20.30 (3) that are identified by members of the public during a public comment period process.

21.1 (b) Not sooner than 30 days after publicly posting the list of prescription drugs under
21.2 paragraph (a), the department shall notify, via email, reporting entities registered with the
21.3 department of the requirement to report under subdivisions 9 to 14.

21.4 (c) The commissioner must not designate more than 500 prescription drugs as having a
21.5 substantial public interest in any one notice.

21.6 Sec. 23. Minnesota Statutes 2022, section 62J.84, is amended by adding a subdivision to
21.7 read:

21.8 Subd. 11. **Manufacturer prescription drug substantial public interest reporting.** (a)
21.9 Beginning January 1, 2024, a manufacturer must submit to the commissioner the information
21.10 described in paragraph (b) for any prescription drug:

21.11 (1) included in a notification to report issued to the manufacturer by the department
21.12 under subdivision 10;

21.13 (2) which the manufacturer manufactures or repackages;

21.14 (3) for which the manufacturer sets the wholesale acquisition cost; and

21.15 (4) for which the manufacturer has not submitted data under subdivision 3 or 6 during
21.16 the 120-day period prior to the date of the notification to report.

21.17 (b) For each of the drugs described in paragraph (a), the manufacturer shall submit to
21.18 the commissioner no later than 60 days after the date of the notification to report, in the
21.19 form and manner prescribed by the commissioner, the following information, if applicable:

21.20 (1) a description of the drug with the following listed separately:

21.21 (i) the national drug code;

21.22 (ii) the product name;

21.23 (iii) the dosage form;

21.24 (iv) the strength; and

21.25 (v) the package size;

21.26 (2) the price of the drug product on the later of:

21.27 (i) the day one year prior to the date of the notification to report;

21.28 (ii) the introduced to market date; or

21.29 (iii) the acquisition date;

- 22.1 (3) the price of the drug product on the date of the notification to report;
- 22.2 (4) the introductory price of the prescription drug when it was introduced for sale in the
- 22.3 United States and the price of the drug on the last day of each of the five calendar years
- 22.4 preceding the date of the notification to report;
- 22.5 (5) the direct costs incurred during the 12-month period prior to the date of the notification
- 22.6 to report by the manufacturers that are associated with the prescription drug, listed separately:
- 22.7 (i) to manufacture the prescription drug;
- 22.8 (ii) to market the prescription drug, including advertising costs; and
- 22.9 (iii) to distribute the prescription drug;
- 22.10 (6) the number of units of the prescription drug sold during the 12-month period prior
- 22.11 to the date of the notification to report;
- 22.12 (7) the total sales revenue for the prescription drug during the 12-month period prior to
- 22.13 the date of the notification to report;
- 22.14 (8) the total rebate payable amount accrued for the prescription drug during the 12-month
- 22.15 period prior to the date of the notification to report;
- 22.16 (9) the manufacturer's net profit attributable to the prescription drug during the 12-month
- 22.17 period prior to the date of the notification to report;
- 22.18 (10) the total amount of financial assistance the manufacturer has provided through
- 22.19 patient prescription assistance programs during the 12-month period prior to the date of the
- 22.20 notification to report, if applicable;
- 22.21 (11) any agreement between a manufacturer and another entity contingent upon any
- 22.22 delay in offering to market a generic version of the prescription drug;
- 22.23 (12) the patent expiration date of the prescription drug if the prescription drug is under
- 22.24 patent;
- 22.25 (13) the name and location of the company that manufactured the drug;
- 22.26 (14) if the prescription drug is a brand name prescription drug, the ten countries other
- 22.27 than the United States that paid the highest prices for the prescription drug during the
- 22.28 previous calendar year and their prices; and
- 22.29 (15) if the prescription drug was acquired by the manufacturer within a 12-month period
- 22.30 prior to the date of the notification to report, all of the following information:
- 22.31 (i) the price at acquisition;

- 23.1 (ii) the price in the calendar year prior to acquisition;
- 23.2 (iii) the name of the company from which the drug was acquired;
- 23.3 (iv) the date of acquisition; and
- 23.4 (v) the acquisition price.
- 23.5 (c) The manufacturer may submit any documentation necessary to support the information
- 23.6 reported under this subdivision.

23.7 Sec. 24. Minnesota Statutes 2022, section 62J.84, is amended by adding a subdivision to

23.8 read:

23.9 Subd. 12. Pharmacy prescription drug substantial public interest reporting. (a)

23.10 Beginning January 1, 2024, a pharmacy must submit to the commissioner the information

23.11 described in paragraph (b) for any prescription drug included in a notification to report

23.12 issued to the pharmacy by the department under subdivision 9.

23.13 (b) For each of the drugs described in paragraph (a), the pharmacy shall submit to the

23.14 commissioner no later than 60 days after the date of the notification to report, in the form

23.15 and manner prescribed by the commissioner, the following information, if applicable:

23.16 (1) a description of the drug with the following listed separately:

23.17 (i) the national drug code;

23.18 (ii) the product name;

23.19 (iii) the dosage form;

23.20 (iv) the strength; and

23.21 (v) the package size;

23.22 (2) the number of units of the drug acquired during the 12-month period prior to the date

23.23 of the notification to report;

23.24 (3) the total spent before rebates by the pharmacy to acquire the drug during the 12-month

23.25 period prior to the date of the notification to report;

23.26 (4) the total rebate receivable amount accrued by the pharmacy for the drug during the

23.27 12-month period prior to the date of the notification to report;

23.28 (5) the number of pricing units of the drug dispensed by the pharmacy during the

23.29 12-month period prior to the date of the notification to report;

24.1 (6) the total payment receivable by the pharmacy for dispensing the drug including
24.2 ingredient cost, dispensing fee, and administrative fees during the 12-month period prior
24.3 to the date of the notification to report;

24.4 (7) the total rebate payable amount accrued by the pharmacy for the drug during the
24.5 12-month period prior to the date of the notification to report; and

24.6 (8) the average cash price paid by consumers per pricing unit for prescriptions dispensed
24.7 where no claim was submitted to a health care service plan or health insurer during the
24.8 12-month period prior to the date of the notification to report.

24.9 (c) The pharmacy may submit any documentation necessary to support the information
24.10 reported under this subdivision.

24.11 Sec. 25. Minnesota Statutes 2022, section 62J.84, is amended by adding a subdivision to
24.12 read:

24.13 Subd. 13. **PBM prescription drug substantial public interest reporting.** (a) Beginning
24.14 January 1, 2024, a PBM must submit to the commissioner the information described in
24.15 paragraph (b) for any prescription drug included in a notification to report issued to the
24.16 PBM by the department under subdivision 9.

24.17 (b) For each of the drugs described in paragraph (a), the PBM shall submit to the
24.18 commissioner no later than 60 days after the date of the notification to report, in the form
24.19 and manner prescribed by the commissioner, the following information, if applicable:

24.20 (1) a description of the drug with the following listed separately:

24.21 (i) the national drug code;

24.22 (ii) the product name;

24.23 (iii) the dosage form;

24.24 (iv) the strength; and

24.25 (v) the package size;

24.26 (2) the number of pricing units of the drug product filled for which the PBM administered
24.27 claims during the 12-month period prior to the date of the notification to report;

24.28 (3) the total reimbursement amount accrued and payable to pharmacies for pricing units
24.29 of the drug product filled for which the PBM administered claims during the 12-month
24.30 period prior to the date of the notification to report;

25.1 (4) the total reimbursement or administrative fee amount, or both, accrued and receivable
25.2 from payers for pricing units of the drug product filled for which the PBM administered
25.3 claims during the 12-month period prior to the date of the notification to report;

25.4 (5) the total rebate receivable amount accrued by the PBM for the drug product during
25.5 the 12-month period prior to the date of the notification to report; and

25.6 (6) the total rebate payable amount accrued by the PBM for the drug product during the
25.7 12-month period prior to the date of the notification to report.

25.8 (c) The PBM may submit any documentation necessary to support the information
25.9 reported under this subdivision.

25.10 Sec. 26. Minnesota Statutes 2022, section 62J.84, is amended by adding a subdivision to
25.11 read:

25.12 Subd. 14. **Wholesaler prescription drug substantial public interest reporting.** (a)
25.13 Beginning January 1, 2024, a wholesaler must submit to the commissioner the information
25.14 described in paragraph (b) for any prescription drug included in a notification to report
25.15 issued to the wholesaler by the department under subdivision 10.

25.16 (b) For each of the drugs described in paragraph (a), the wholesaler shall submit to the
25.17 commissioner no later than 60 days after the date of the notification to report, in the form
25.18 and manner prescribed by the commissioner, the following information, if applicable:

25.19 (1) a description of the drug with the following listed separately:

25.20 (i) the national drug code;

25.21 (ii) the product name;

25.22 (iii) the dosage form;

25.23 (iv) the strength; and

25.24 (v) the package size;

25.25 (2) the number of units of the drug product acquired by the wholesale drug distributor
25.26 during the 12-month period prior to the date of the notification to report;

25.27 (3) the total spent before rebates by the wholesale drug distributor to acquire the drug
25.28 product during the 12-month period prior to the date of the notification to report;

25.29 (4) the total rebate receivable amount accrued by the wholesale drug distributor for the
25.30 drug product during the 12-month period prior to the date of the notification to report;

26.1 (5) the number of units of the drug product sold by the wholesale drug distributor during
 26.2 the 12-month period prior to the date of the notification to report;

26.3 (6) gross revenue from sales in the United States generated by the wholesale drug
 26.4 distributor for this drug product during the 12-month period prior to the date of the
 26.5 notification to report; and

26.6 (7) total rebate payable amount accrued by the wholesale drug distributor for the drug
 26.7 product during the 12-month period prior to the date of the notification to report.

26.8 (c) The wholesaler may submit any documentation necessary to support the information
 26.9 reported under this subdivision.

26.10 Sec. 27. Minnesota Statutes 2022, section 62J.84, is amended by adding a subdivision to
 26.11 read:

26.12 Subd. 15. **Registration requirements.** Beginning January 1, 2024, a reporting entity
 26.13 subject to this chapter shall register with the department in a form and manner prescribed
 26.14 by the commissioner.

26.15 Sec. 28. Minnesota Statutes 2022, section 62J.84, is amended by adding a subdivision to
 26.16 read:

26.17 Subd. 16. **Rulemaking.** For the purposes of this section, the commissioner may use the
 26.18 expedited rulemaking process under section 14.389."

26.19 Page 82, line 17, delete "includes" and insert "include" and delete "is" and insert "are"

26.20 Page 84, lines 3, 11, 14, and 25, after "provided" insert "by"

26.21 Page 90, line 1, delete "copays" and insert "co-pays"

26.22 Page 91, line 23, delete "copays" and insert "co-pays"

26.23 Page 94, line 4, delete the comma

26.24 Page 94, after line 6, insert:

26.25 "Subd. 4. **Exclusion.** This section does not apply to health plans offered under the state
 26.26 employee group insurance program."

26.27 Page 129, line 2, delete "to any"

26.28 Page 135, after line 12, insert:

27.1 "Sec. 22. **DIRECTION TO COMMISSIONER OF HEALTH; KEEPING NURSES**
 27.2 **AT THE BEDSIDE ACT IMPACT EVALUATION.**

27.3 By October 1, 2023, the commissioner of health must contract with the commissioner
 27.4 of management and budget for the services of the Impact Evaluation Unit to design and
 27.5 implement a rigorous causal impact evaluation using time-series data or other evaluation
 27.6 methods as determined by the Impact Evaluation Unit to estimate the causal impact of the
 27.7 implementation of Minnesota Statutes, sections 144.7051 to 144.7059, on patient care, nurse
 27.8 job satisfaction, nurse retention, and other outcomes as determined by the commissioner
 27.9 and the Impact Evaluation Unit. The Impact Evaluation Unit may subcontract with other
 27.10 research organizations to assist with the design or implementation of the impact evaluation.
 27.11 By February 15, 2024, the commissioner of health must submit to the chairs and ranking
 27.12 minority members of the legislative committees with jurisdiction over health finance and
 27.13 policy draft legislation specifying any additional authorities the commissioner and the Impact
 27.14 Evaluation Unit may require to collect the data required to conduct a successful impact
 27.15 evaluation of the implementation of Minnesota Statutes, sections 144.7051 to 144.7059.
 27.16 By October 1, 2024, the Impact Evaluation Unit must begin collecting baseline data. By
 27.17 June 30, 2027, the Impact Evaluation Unit must submit to the commissioner of health a
 27.18 public initial report on the status of the evaluation project and any preliminary results."

27.19 Page 138, line 4, delete "settlement"

27.20 Page 138, line 5, delete "account established in the"

27.21 Pages 138 to 152, delete sections 4 to 18

27.22 Page 153, after line 10, insert:

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

27.24 Page 153, after line 22, insert:

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

27.26 Page 154, delete section 22 and insert:

27.27 "Sec. 7. Minnesota Statutes 2022, section 103I.208, subdivision 2, is amended to read:

27.28 Subd. 2. **Permit fee.** The permit fee to be paid by a property owner is:

27.29 (1) for a water supply well that is not in use under a maintenance permit, \$175 annually;

27.30 (2) for an environmental well that is unsealed under a maintenance permit, \$175 annually

27.31 except no fee is required for an environmental well owned by a federal agency, state agency,

28.1 or local unit of government that is unsealed under a maintenance permit. "Local unit of
 28.2 government" means a statutory or home rule charter city, town, county, or soil and water
 28.3 conservation district, watershed district, an organization formed for the joint exercise of
 28.4 powers under section 471.59, a community health board, or other special purpose district
 28.5 or authority with local jurisdiction in water and related land resources management;

28.6 (3) for environmental wells that are unsealed under a maintenance permit, \$175 annually
 28.7 per site regardless of the number of environmental wells located on site;

28.8 (4) for a groundwater thermal exchange device, in addition to the notification fee for
 28.9 water supply wells, \$275, which includes the state core function fee;

28.10 (5) for a bored geothermal heat exchanger with less than ten tons of heating/cooling
 28.11 capacity, \$275;

28.12 (6) for a bored geothermal heat exchanger with ten to 50 tons of heating/cooling capacity,
 28.13 \$515;

28.14 (7) for a bored geothermal heat exchanger with greater than 50 tons of heating/cooling
 28.15 capacity, \$740;

28.16 (8) for a dewatering well that is unsealed under a maintenance permit, \$175 annually
 28.17 for each dewatering well, except a dewatering project comprising more than five dewatering
 28.18 wells shall be issued a single permit for \$875 annually for dewatering wells recorded on
 28.19 the permit; ~~and~~

28.20 (9) for an elevator boring, \$275 for each boring; and

28.21 (10) for a submerged closed loop heat exchanger, in addition to the notification fee for
 28.22 water supply wells, \$275, which includes the state core function fee.

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

28.24 **Sec. 8. [103I.209] SUBMERGED CLOSED LOOP HEAT EXCHANGER SYSTEM;**
 28.25 **REQUIREMENTS.**

28.26 **Subdivision 1. Permit required.** After the effective date of this act, a person must not
 28.27 install a submerged closed loop heat exchanger in a water supply well without a permit
 28.28 granted by the commissioner as provided in section 103I.210. A submerged closed loop
 28.29 heat exchanger system approved by a variance granted by the commissioner prior to the
 28.30 effective date of this act may continue to operate without obtaining a permit under this
 28.31 section or section 103I.210.

29.1 Subd. 2. **Setbacks.** A water supply well containing a submerged closed-loop heat
 29.2 exchanger that is used for the sole purpose of heating and cooling and does not remove
 29.3 water from an aquifer is exempt from the isolation distance requirements of Minnesota
 29.4 Rules, part 4725.4450, or a successor rule on the same topic, and in no instance will the
 29.5 setback distance be greater than ten feet. A watersupply well that does not comply with the
 29.6 isolation distance requirements of Minnesota Rules, part 4725.4450, must not be used for
 29.7 any other water supply well purpose.

29.8 Subd. 3. **Construction.** (a) A water supply well constructed to house a submerged closed
 29.9 loop heat exchanger must be constructed by a licensed well contractor, and the submerged
 29.10 closed loop heat exchanger must be installed by a licensed well contractor.

29.11 (b) The screened interval of a water supply well constructed to contain a submerged
 29.12 closed loop heat exchanger completed within a single aquifer may be designed and
 29.13 constructed using any combination of screen, casing, leader, riser, sump, or other piping
 29.14 combinations, so long as the screen configuration does not interconnect aquifers.

29.15 (c) A water supply well used for a submerged closed loop heat exchanger must comply
 29.16 with the requirements of chapter 103I and Minnesota Rules, chapter 4725.

29.17 Subd. 4. **Heat transfer fluid.** Water used as heat transfer fluid must be sourced from a
 29.18 potable supply. The heat transfer fluid may be amended with additives to inhibit corrosion
 29.19 or microbial activity. Any additive used must be ANSI/NSF-60 certified.

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

29.21 Sec. 9. **[103I.210] SUBMERGED CLOSED LOOP HEAT EXCHANGER SYSTEM;**
 29.22 **PERMITS.**

29.23 Subdivision 1. **Definition.** For purposes of this section, "permit holder" means persons
 29.24 who receive a permit under this section and includes the property owner and licensed well
 29.25 contractor.

29.26 Subd. 2. **Permit; limitations.** (a) The commissioner must issue a permit for the
 29.27 installation of a submerged closed loop heat exchanger system as provided in this section.
 29.28 The property owner or the property owner's agent must submit to the commissioner a permit
 29.29 application on a form provided by the commissioner, or in a format approved by the
 29.30 commissioner. The application must be legible and must contain:

29.31 (1) the name, license number, and signature of the well contractor installing the closed
 29.32 loop heat exchangers;

30.1 (2) the name, address, and signature of the owner of the property on which the device
30.2 will be installed;

30.3 (3) the township number, range number, section, and one quartile, and the property street
30.4 address if assigned, of the proposed device location;

30.5 (4) a description of existing wells to be utilized or any wells proposed to be constructed
30.6 including, the unique well numbers, locations, well depth, diameters of bore holes and
30.7 casing, depth of casing, grouting methods and materials, and dates of construction;

30.8 (5) the specifications for piping including the materials to be used for piping, the
30.9 closedloop water treatment protocol, and the provisions for pressure testing the system; and

30.10 (6) a diagram of the proposed system.

30.11 (b) The fees collected under this subdivision must be deposited in the state government
30.12 special revenue fund.

30.13 (c) Permit holders must allow for the inspection of the submerged closed loop heat
30.14 exchanger system by the commissioner during working hours.

30.15 (d) If a permit application contains all of the information required in paragraph (a) and
30.16 for which the technical specifications are consistent with the requirements of paragraph (a),
30.17 the commissioner may only deny the permit if the commissioner determines that the proposed
30.18 submerged closed loop heat exchanger system creates a new material risk to human health
30.19 and the environment by adversely affecting the migration of an existing groundwater
30.20 contamination plume.

30.21 (e) Within 30 days of submission of a complete permit application, the commissioner
30.22 must either issue the permit or notify the applicant that the commissioner has determined
30.23 that the proposed submerged closed loop heat exchanger system may create a material risk
30.24 to human health and the environment by adversely affecting the migration of an existing
30.25 groundwater plume. If the commissioner determines the system may create a material risk,
30.26 the commissioner must make a final determination as to whether the proposed system poses
30.27 such material risk within 30 days after initial notice is provided to the applicant. The
30.28 commissioner may extend this 30-day period with the consent of the applicant. An application
30.29 is deemed to have been granted if the commissioner fails to notify the applicant that the
30.30 commissioner has determined that the proposed submerged closed loop heat exchanger
30.31 system may create a material risk to human health and the environment by adversely affecting
30.32 the migration of an existing groundwater within 30 days of submission of a complete

31.1 application or if the commissioner fails to make a final determination regarding such potential
 31.2 material risks within 30 days after notifying the applicant.

31.3 (f) The commissioner must not limit the number of permits available or the size of
 31.4 systems. A project may consist of more than one submerged closed loop heat exchanger.
 31.5 Installing a submerged closed loop heat exchanger must not be subject to additional review
 31.6 or requirements with regards to the construction of a water supply well, beyond the
 31.7 requirements promulgated in chapter 103I, and Minnesota Rules, chapter 4725. A variance
 31.8 is not required to install or operate a submerged closed loop heat exchanger.

31.9 (g) Permit holders must comply with this chapter, and Minnesota Rules, chapter 4725.

31.10 (h) A permit holder must inform the Minnesota duty officer of the failure or leak of a
 31.11 submerged closed loop heat exchanger.

31.12 Subd. 3. **Permit conditions.** Permit holders must construct, install, operate, maintain,
 31.13 and report on the submerged closed loop heat exchanger system to comply with permit
 31.14 conditions identified by the commissioner, which will address:

31.15 (1) notification to the commissioner at intervals specified in the permit conditions;

31.16 (2) material and design specifications and standards;

31.17 (3) heat exchange fluid requirements;

31.18 (4) signage requirements;

31.19 (5) backflow prevention requirements;

31.20 (6) pressure tests of the system;

31.21 (7) documentation of the system construction;

31.22 (8) requirements for maintenance and repair of the system;

31.23 (9) removal of the system upon termination of use or failure;

31.24 (10) disclosure of the system at the time of property transfer; and

31.25 (11) requirement to obtain approval from the commissioner prior to deviation of the
 31.26 approved plans and conditions of the permit.

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

31.28 Page 154, after line 2, insert:

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

32.1 Page 156, line 30, after the period, insert "The director shall serve in the unclassified
32.2 service."

32.3 Page 157, after line 17, insert:

32.4 "Subd. 3. **Annual report.** The commissioner of health shall report annually by January
32.5 15 to the chairs and ranking minority members of the legislative committees with primary
32.6 jurisdiction over health policy and finance on the work accomplished by the commissioner
32.7 and the collaborative researcj in the previous year and describe goals for the following year."

32.8 Page 158, line 30, before "The" insert "(a)"

32.9 Page 158, line 31, delete "and" and insert ". The office must"

32.10 Page 159, line 3, delete the second "and" and insert ". The office"

32.11 Page 159, line 4, delete "(AAHSAC)"

32.12 Page 159, line 8, delete "AAHSAC" and insert "African American Health State Advisory
32.13 Council"

32.14 Page 159, after line 23, insert:

32.15 "(b) The commissioner of health shall report annually by January 15 to the chairs and
32.16 ranking minority members of the legislative committees with primary jurisdiction over
32.17 health policy and finance on the work accomplished by the Office of African American
32.18 Health during the previous year and describe goals for the following year."

32.19 Page 159, delete subdivision 1

32.20 Page 159, line 30, delete "council" and insert "African American Health State Advisory
32.21 Council"

32.22 Page 160, line 11, delete "committee" and insert "council"

32.23 Page 160, line 13, delete "committee" and insert "council" and delete "Committee" and
32.24 insert "Council"

32.25 Page 161, line 9, after "commissioner" insert "and to the chairs and ranking minority
32.26 members of the legislative committees with primary jurisdiction over health policy and
32.27 finance"

32.28 Page 163, line 5, delete ", and" and insert ". The office"

32.29 Page 163, after line 27, insert:

33.1 "Subd. 3. **Reporting.** The person appointed to head the Office of American Indian Health
 33.2 must report annually by January 15 to the chairs and ranking minority members of the
 33.3 legislative committees with primary jurisdiction over health policy and finance on the work
 33.4 of the office during the previous year and the goals for the office for the following year."

33.5 Page 168, line 4, delete "(CHW)" and delete "equipping" and insert "equip"

33.6 Page 168, line 5, delete "addresses" and insert "must address"

33.7 Page 168, line 9, delete "establish" and insert "award" and delete the first "and" and
 33.8 insert "or enter into"

33.9 Page 168, line 10, after "The" insert "grant" and after "recipients" insert "or contractor"

33.10 Page 168, line 14, delete "CHW" and insert "community health worker"

33.11 Page 173, line 29, delete "Priority shall be given" and insert "The commissioner shall
 33.12 give priority"

33.13 Page 178, line 22, after the second comma, insert "which occurs in part within the state
 33.14 of Minnesota or involves a health care entity formed or licensed in Minnesota,"

33.15 Page 189, line 25, delete "supporting" and insert "grant program to support"

33.16 Page 189, line 26, delete "grant program" and insert ". Grant proceeds must be used"

33.17 Page 191, line 22, before "The" insert "(a)" and delete the colon

33.18 Page 191, line 23, delete "(1)"

33.19 Page 191, line 24, delete "populations" and insert "people"

33.20 Page 191, line 25, delete "Indian" and insert "Indians" and after "LGBTQIA+" insert
 33.21 "people" and delete "those" and insert "people"

33.22 Page 191, line 28, delete "; and" and insert a period

33.23 Page 191, line 29, delete "(2)" and insert "(b) The commissioner of health shall"

33.24 Page 192, line 1, delete "(i)" and insert "(1)"

33.25 Page 192, line 3, delete "(ii)" and insert "(2)"

33.26 Page 194, line 9, after "COVID" insert "AND RELATED CONDITIONS;
 33.27 ASSESSMENT AND MONITORING"

33.28 Page 194, line 10, delete "purpose" and insert "purposes" and before "terms" insert
 33.29 "following"

- 34.1 Page 194, line 16, after "COVID" insert a comma
- 34.2 Page 195, line 3, delete "Department of Human Services" and insert "commissioner of
34.3 human services" and after the first "health" insert "entities"
- 34.4 Page 195, line 12, after "award" insert "grants and enter into" and delete "and grants"
- 34.5 Page 195, line 17, after the first "and" insert "award"
- 34.6 Page 200, delete subdivision 1
- 34.7 Page 200, line 21, delete "such as," and insert "including" and delete the second comma
- 34.8 Page 200, line 22, delete the first comma and insert "and" delete ", as well as access to"
34.9 and insert a semicolon
- 34.10 Page 200, line 23, delete the first comma and insert a semicolon
- 34.11 Page 203, line 4, delete "must govern" and insert "governs"
- 34.12 Page 203, after line 15, insert:
- 34.13 "Subd. 5. **Expiration.** Notwithstanding any other law or policy to the contrary, the fetal
34.14 and infant mortality review committee must not expire."
- 34.15 Page 207, delete section 67, and insert:
- 34.16 "Sec. 54. **[145.9571] HEALTHY BEGINNINGS, HEALTHY FAMILIES ACT.**
34.17 Sections 145.9571 to 145.9576 are the Healthy Beginnings, Healthy Families Act.
- 34.18 Sec. 55. **[145.9572] MINNESOTA PERINATAL QUALITY COLLABORATIVE.**
- 34.19 Subdivision 1. **Duties.** The Minnesota perinatal quality collaborative is established to
34.20 improve pregnancy outcomes for pregnant people and newborns through efforts to:
- 34.21 (1) advance evidence-based and evidence-informed clinics and other health service
34.22 practices and processes through quality care review, chart audits, and continuous quality
34.23 improvement initiatives that enable equitable outcomes;
- 34.24 (2) review current data, trends, and research on best practices to inform and prioritize
34.25 quality improvement initiatives;
- 34.26 (3) identify methods that incorporate antiracism into individual practice and organizational
34.27 guidelines in the delivery of perinatal health services;
- 34.28 (4) support quality improvement initiatives to address substance use disorders in pregnant
34.29 people and infants with neonatal abstinence syndrome or other effects of substance use;

35.1 (5) provide a forum to discuss state-specific system and policy issues to guide quality
 35.2 improvement efforts that improve population-level perinatal outcomes;

35.3 (6) reach providers and institutions in a multidisciplinary, collaborative, and coordinated
 35.4 effort across system organizations to reinforce a continuum of care model; and

35.5 (7) support health care facilities in monitoring interventions through rapid data collection
 35.6 and applying system changes to provide improved care in perinatal health.

35.7 Subd. 2. **Grants authorized.** The commissioner must award one grant to a nonprofit
 35.8 organization to support efforts that improve maternal and infant health outcomes aligned
 35.9 with the purpose outlined in subdivision 1. The commissioner must give preference to a
 35.10 nonprofit organization that has the ability to provide these services throughout the state.
 35.11 The commissioner must provide content expertise to the grant recipient to further the
 35.12 accomplishment of the purpose.

35.13 Sec. 56. **[145.9573] MINNESOTA PARTNERSHIP TO PREVENT INFANT**
 35.14 **MORTALITY.**

35.15 (a) The commissioner of health must establish the Minnesota partnership to prevent
 35.16 infant mortality program that is a statewide partnership program to engage communities,
 35.17 exchange best practices, share summary data on infant health, and promote policies to
 35.18 improve birth outcomes and eliminate preventable infant mortality.

35.19 (b) The goal of the Minnesota partnership to prevent infant mortality program is to:

35.20 (1) build a statewide multisectoral partnership including the state government, local
 35.21 public health agencies, Tribes, private sector, and community nonprofit organizations with
 35.22 the shared goal of decreasing infant mortality rates among populations with significant
 35.23 disparities, including among Black, American Indian, other nonwhite communities, and
 35.24 rural populations;

35.25 (2) address the leading causes of poor infant health outcomes such as premature birth,
 35.26 infant sleep-related deaths, and congenital anomalies through strategies to change social
 35.27 and environmental determinants of health; and

35.28 (3) promote the development, availability, and use of data-informed, community-driven
 35.29 strategies to improve infant health outcomes.

36.1 Sec. 57. [145.9574] GRANTS.

36.2 Subdivision 1. Improving pregnancy and infant outcomes grant. The commissioner
36.3 of health must make a grant to a nonprofit organization to create or sustain a multidisciplinary
36.4 network of representatives of health care systems, health care providers, academic institutions,
36.5 local and state agencies, and community partners that will collaboratively improve pregnancy
36.6 and infant outcomes through evidence-based, population-level quality improvement
36.7 initiatives.

36.8 Subd. 2. Improving infant health grants. (a) The commissioner of health must award
36.9 grants to eligible applicants to convene, coordinate, and implement data-driven strategies
36.10 and culturally relevant activities to improve infant health by reducing preterm birth,
36.11 sleep-related infant deaths, and congenital malformations and address social and
36.12 environmental determinants of health. Grants must be awarded to support community
36.13 nonprofit organizations, Tribal governments, and community health boards. In accordance
36.14 with available funding, grants must be noncompetitively awarded to the eleven sovereign
36.15 Tribal governments if their respective proposals demonstrate the ability to implement
36.16 programs designed to achieve the purposes in subdivision 1 and meet other requirements
36.17 of this section. An eligible applicant must submit a complete application to the commissioner
36.18 of health by the deadline established by the commissioner. The commissioner must award
36.19 all other grants competitively to eligible applicants in metropolitan and rural areas of the
36.20 state and may consider geographic representation in grant awards.

36.21 (b) Grantee activities must:

36.22 (1) address the leading cause or causes of infant mortality;

36.23 (2) be based on community input;

36.24 (3) focus on policy, systems, and environmental changes that support infant health; and

36.25 (4) address the health disparities and inequities that are experienced in the grantee's
36.26 community.

36.27 (c) The commissioner must review each application to determine whether the application
36.28 is complete and whether the applicant and the project are eligible for a grant. In evaluating
36.29 applications according to this subdivision, the commissioner must establish criteria including
36.30 but not limited to: the eligibility of the applicant's project under this section; the applicant's
36.31 thoroughness and clarity in describing the infant health issues grant funds are intended to
36.32 address; a description of the applicant's proposed project; the project's likelihood to achieve
36.33 the grant's purposes as described in this section; a description of the population demographics

37.1 and service area of the proposed project; and evidence of efficiencies and effectiveness
 37.2 gained through collaborative efforts.

37.3 (d) Grant recipients must report their activities to the commissioner in a format and at
 37.4 a time specified by the commissioner.

37.5 Subd. 3. **Technical assistance.** (a) The commissioner must provide grant recipients
 37.6 receiving a grant under sections 145.9572 to 145.9576 with content expertise, technical
 37.7 expertise, training, and advice on data-driven strategies.

37.8 (b) For the purposes of carrying out the grant program under section 145.9573, including
 37.9 for administrative purposes, the commissioner must award contracts to appropriate entities
 37.10 to assist in training and provide technical assistance to grantees.

37.11 (c) Contracts awarded under paragraph (b) may be used to provide technical assistance
 37.12 and training in the areas of:

37.13 (1) partnership development and capacity building;

37.14 (2) Tribal support;

37.15 (3) implementation support for specific infant health strategies;

37.16 (4) communications by convening and sharing lessons learned; and

37.17 (5) health equity.

37.18 Sec. 58. **[145.9575] DEVELOPMENTAL AND SOCIAL-EMOTIONAL SCREENING**
 37.19 **WITH FOLLOW-UP.**

37.20 Subdivision 1. **Developmental and social-emotional screening with follow-up.** The
 37.21 goal of the developmental and social-emotional screening is to identify young children at
 37.22 risk for developmental and behavioral concerns and provide follow-up services to connect
 37.23 families and young children to appropriate community-based resources and programs. The
 37.24 commissioner of health must work with the commissioners of human services and education
 37.25 to implement this section and promote interagency coordination with other early childhood
 37.26 programs including those that provide screening and assessment.

37.27 Subd. 2. **Duties.** The commissioner must:

37.28 (1) increase the awareness of developmental and social-emotional screening with
 37.29 follow-up in coordination with community and state partners;

37.30 (2) expand existing electronic screening systems to administer developmental and
 37.31 social-emotional screening to children from birth to kindergarten entrance;

38.1 (3) provide screening for developmental and social-emotional delays based on current
38.2 recommended best practices;

38.3 (4) review and share the results of the screening with the parent or guardian and support
38.4 families in their role as caregivers by providing anticipatory guidance around typical growth
38.5 and development;

38.6 (5) ensure children and families are referred to and linked with appropriate
38.7 community-based services and resources when any developmental or social-emotional
38.8 concerns are identified through screening; and

38.9 (6) establish performance measures and collect, analyze, and share program data regarding
38.10 population-level outcomes of developmental and social-emotional screening, referrals to
38.11 community-based services, and follow-up services.

38.12 Subd. 3. **Grants.** The commissioner must award grants to community-based
38.13 organizations, community health boards, and Tribal Nations to support follow-up services
38.14 for children with developmental or social-emotional concerns identified through screening
38.15 in order to link children and their families to appropriate community-based services and
38.16 resources. Grants must also be awarded to community-based organizations to train and
38.17 utilize cultural liaisons to help families navigate the screening and follow-up process in a
38.18 culturally and linguistically responsive manner. The commissioner must provide technical
38.19 assistance, content expertise, and training to grant recipients to ensure that follow-up services
38.20 are effectively provided.

38.21 **Sec. 59. [145.9576] MODEL JAIL PRACTICES.**

38.22 Subdivision 1. **Model jail practices for incarcerated parents.** (a) The commissioner
38.23 of health may make special grants to counties and groups of counties to implement model
38.24 jail practices and to county governments, Tribal governments, or nonprofit organizations
38.25 in corresponding geographic areas to build partnerships with county jails to support children
38.26 of incarcerated parents and their caregivers.

38.27 (b) "Model jail practices" means a set of practices that correctional administrators can
38.28 implement to remove barriers that may prevent children from cultivating or maintaining
38.29 relationships with their incarcerated parents during and immediately after incarceration
38.30 without compromising the safety or security of the correctional facility.

38.31 Subd. 2. **Grants authorized; model jail practices.** (a) The commissioner of health must
38.32 award grants to eligible county jails to implement model jail practices and separate grants
38.33 to county governments, Tribal governments, or nonprofit organizations in corresponding

39.1 geographic areas to build partnerships with county jails to support children of incarcerated
 39.2 parents and their caregivers.

39.3 (b) Grantee activities include but are not limited to:

39.4 (1) parenting classes or groups;

39.5 (2) family-centered intake and assessment of inmate programs;

39.6 (3) family notification, information, and communication strategies;

39.7 (4) correctional staff training;

39.8 (5) policies and practices for family visits; and

39.9 (6) family-focused reentry planning.

39.10 (c) Grant recipients must report their activities to the commissioner in a format and at
 39.11 a time specified by the commissioner.

39.12 Subd. 3. Technical assistance and oversight; model jail practices. (a) The
 39.13 commissioner must provide content expertise, training to grant recipients, and advice on
 39.14 evidence-based strategies, including evidence-based training to support incarcerated parents.

39.15 (b) For the purposes of carrying out the grant program under subdivision 2, including
 39.16 for administrative purposes, the commissioner must award contracts to appropriate entities
 39.17 to assist in training and provide technical assistance to grantees.

39.18 (c) Contracts awarded under paragraph (b) may be used to provide technical assistance
 39.19 and training in the areas of:

39.20 (1) evidence-based training for incarcerated parents;

39.21 (2) partnership building and community engagement;

39.22 (3) evaluation of process and outcomes of model jail practices; and

39.23 (4) expert guidance on reducing the harm caused to children of incarcerated parents and
 39.24 application of model jail practices."

39.25 Page 212, line 16, delete everything after "The"

39.26 Page 212, line 17, delete everything before "health" and delete "to"

39.27 Page 212, delete lines 18 and 19

39.28 Page 212, line 20, delete "consist" and insert "consists" and after "members" insert
 39.29 "appointed by the commissioner of health"

40.1 Page 212, line 29, delete everything after "15.059" and insert ", except that the council
 40.2 shall not expire under subdivision 6. The commissioner of health must convene meetings
 40.3 at least quarterly and must provide meeting space and administrative support to the council."

40.4 Page 213, line 1, delete everything before "Subcommittees"

40.5 Page 213, after line 17, insert:

40.6 "Subd. 5. **Annual report.** The advisory council must submit a report annually by January
 40.7 15 to the chairs and ranking minority members of the legislative committees with primary
 40.8 jurisdiction over health policy and finance summarizing the work of the council over the
 40.9 previous year and setting goals for the following year."

40.10 Page 215, line 28, after "(e)" insert a comma

40.11 Page 226, delete section 94

40.12 Page 226, lines 8 and 12, delete "act" and insert "article"

40.13 Page 230, line 4, delete everything after "The"

40.14 Page 230, line 5, delete everything before "equitable" and delete "consisting" and insert
 40.15 "consists" and after "members" insert "appointed by the commissioner of health"

40.16 Page 230, line 18, delete everything after the period and insert "The commissioner of
 40.17 health must convene meetings of the task force at least quarterly."

40.18 Page 231, line 3, after "recommendations" insert "to the commissioner of health and to
 40.19 the chairs and ranking minority members of the legislative with primary jurisdiction over
 40.20 health policy and finance"

40.21 Page 231, after line 4, insert:

40.22 "Sec. 89. **RULEMAKING AUTHORITY.**

40.23 The commissioner of health must adopt rules using the expedited rulemaking process
 40.24 under Minnesota Statutes, section 14.389, to implement the installation of submerged closed
 40.25 loop heat exchanger systems according to Minnesota Statutes, sections 103I.209 and
 40.26 103I.210. The rules must incorporate, and are limited to, the provisions in those sections.

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

40.28 Sec. 90. **REPORT; CLOSED LOOP HEAT EXCHANGER SYSTEM.**

40.29 By December 31, 2024, the commissioner of health must submit a report to the chairs
 40.30 and ranking minority members of the legislative committees with jurisdiction over health

41.1 finance and policy. The report must include a recommendation on whether additional
41.2 requirements are necessary to ensure that the construction and operation of submerged
41.3 closed loop heat exchangers do not create the risk of material adverse impacts on the state's
41.4 groundwater caused by the chemical or biological composition of the circulating fluids by
41.5 operation of the well as part of the submerged closed loop heat exchanger. Unless specifically
41.6 authorized by subsequent act of the legislature, the commissioner must not adopt any rules
41.7 or requirements to implement the recommendations included in the report.

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

41.9 Sec. 91. **CLOSED LOOP HEAT EXCHANGER SYSTEM MONITORING AND**
41.10 **REPORTING.**

41.11 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have
41.12 the meanings given to them.

41.13 (b) "Accredited laboratory" means a laboratory that is certified under Minnesota Rules,
41.14 chapter 4740.

41.15 (c) "Permit holder" means persons who receive a permit under this section and includes
41.16 the property owner and licensed well contractor.

41.17 Subd. 2. **Monitoring and reporting requirements.** (a) The system owner is responsible
41.18 for monitoring and reporting to the commissioner for permitted submerged closed loop heat
41.19 exchanger systems installed under the provisional program. The commissioner must identify
41.20 projects subject to reporting by including a permit condition.

41.21 (b) The closed loop heat exchanger owner must implement a closed loop water monitoring
41.22 plan.

41.23 (c) The system owner must analyze the closed loop water for:

41.24 (1) aluminum;

41.25 (2) arsenic;

41.26 (3) copper;

41.27 (4) iron;

41.28 (5) lead;

41.29 (6) manganese;

41.30 (7) zinc;

- 42.1 (8) total coliform;
- 42.2 (9) escherichia coli (E. coli);
- 42.3 (10) heterotrophic plate count;
- 42.4 (11) legionella;
- 42.5 (12) pH;
- 42.6 (13) electrical conductivity;
- 42.7 (14) dissolved oxygen; and
- 42.8 (15) temperature.

42.9 (d) The system owner must provide the results for the sampling event, including the
42.10 parameters in paragraph (c), clauses (1) to (11), to the commissioner within 30 days of the
42.11 date of the report provided by an accredited laboratory. Paragraph (c), clauses (12) to (15),
42.12 may be measured in the field and reported along with the laboratory results.

42.13 Subd. 3. Evaluation of permit conditions. (a) In order to determine whether additional
42.14 permit conditions are necessary and appropriate to ensure that the construction and operation
42.15 of a submerged closed loop heat exchanger does not create the risk of material adverse
42.16 impacts on the state's groundwater, the commissioner shall require semiannual sampling of
42.17 the circulating fluids in accordance with subdivision 2 to determine whether there have been
42.18 any material changes in the chemical or biological composition of the circulating fluids.

42.19 (b) The information required by this section shall be collected from each submerged
42.20 closed loop heat exchanger system installed after June 30, 2023, under this provisional
42.21 program. The commissioner shall identify up to ten systems for which report submission
42.22 is required, and this requirement shall be included in the permit conditions. The information
42.23 shall be provided to the commissioner on a semiannual basis and the final semiannual
42.24 submission shall include information from the period from January 1, 2024, through July
42.25 1, 2024.

42.26 Subd. 4. Report requirements. Every closed loop heat exchanger owner that holds a
42.27 permit issued under this section must provide a report to the commissioner for each permit
42.28 by September 30, 2024. The report must describe the status, operation, and performance of
42.29 each submerged closed loop heat exchanger system. The report may be in a format
42.30 determined by the system owner and must include:

- 42.31 (1) date of the report;
- 42.32 (2) a narrative description of system installation, operation, and status, including dates;

43.1 (3) mean monthly temperature of the water entering the building;

43.2 (4) mean monthly temperature of the water leaving the building;

43.3 (5) maintenance performed on the system, including dates, identification of heat
 43.4 exchangers or components that were addressed, and descriptions of actions that occurred;

43.5 and

43.6 (6) any maintenance issues, material failures, leaks, and repairs, including dates and
 43.7 descriptions of the heat exchangers or components involved, issues, failures, leaks, and
 43.8 repairs.

43.9 **EFFECTIVE DATE.** This section is effective the day following final enactment and
 43.10 expires on December 31, 2024."

43.11 Page 231, delete lines 9 and 10

43.12 Page 239, line 1, delete the semicolon

43.13 Page 240, line 22, after "commissioner" insert "of health"

43.14 Page 253, delete section 6, and insert:

43.15 "Sec. 6. Minnesota Statutes 2022, section 148B.392, subdivision 2, is amended to read:

43.16 Subd. 2. **Licensure and application fees.** Licensure and application fees established
 43.17 by the board shall not exceed the following amounts:

43.18 (1) application fee for national examination is ~~\$110~~ \$150;

43.19 (2) application fee for Licensed Marriage and Family Therapist (LMFT) state examination
 43.20 is ~~\$110~~ \$150;

43.21 (3) initial LMFT license fee is prorated, but cannot exceed ~~\$125~~ \$225;

43.22 (4) annual renewal fee for LMFT license is ~~\$125~~ \$225;

43.23 (5) late fee for LMFT license renewal is ~~\$50~~ \$100;

43.24 (6) application fee for LMFT licensure by reciprocity is ~~\$220~~ \$300;

43.25 (7) fee for initial Licensed Associate Marriage and Family Therapist (LAMFT) license
 43.26 is ~~\$75~~ \$100;

43.27 (8) annual renewal fee for LAMFT license is ~~\$75~~ \$100;

43.28 (9) late fee for LAMFT renewal is ~~\$25~~ \$50;

43.29 (10) fee for reinstatement of license is \$150;

- 44.1 (11) fee for emeritus status is ~~\$125~~ \$225; and
- 44.2 (12) fee for temporary license for members of the military is \$100."
- 44.3 Page 256, line 31, strike "\$50" and insert "\$75"
- 44.4 Page 257, line 1, strike "\$50" and insert "\$60"
- 44.5 Page 257, line 8, strike "\$260" and insert "\$300"
- 44.6 Page 257, line 18, strike "\$75" and insert "\$150"
- 44.7 Page 257, line 26, strike "\$50" and insert "\$60"
- 44.8 Page 258, line 6, strike "\$260" and insert "\$300"
- 44.9 Page 258, line 16, strike "\$75" and insert "\$150"
- 44.10 Page 258, line 17, strike "\$100" and insert "\$150"
- 44.11 Page 272, line 19, delete "timeframe" and insert "time frame"
- 44.12 Page 280, after line 2, insert:
- 44.13 "EFFECTIVE DATE. This section is effective the day following final enactment."
- 44.14 Page 283, after line 31, insert:
- 44.15 "Sec. 2. Minnesota Statutes 2022, section 245C.02, is amended by adding a subdivision
- 44.16 to read:
- 44.17 Subd. 7a. **Conservator.** "Conservator" has the meaning given in section 524.1-201,
- 44.18 clause (10), and includes proposed and current conservators.
- 44.19 Sec. 3. Minnesota Statutes 2022, section 245C.02, is amended by adding a subdivision to
- 44.20 read:
- 44.21 Subd. 11f. **Guardian.** "Guardian" has the meaning given in section 524.1-201, clause
- 44.22 (27), and includes proposed and current guardians."
- 44.23 Page 284, after line 16, insert:
- 44.24 "Sec. 5. Minnesota Statutes 2022, section 245C.03, subdivision 1, is amended to read:
- 44.25 Subdivision 1. **Licensed programs.** (a) The commissioner shall conduct a background
- 44.26 study on:
- 44.27 (1) the person or persons applying for a license;

45.1 (2) an individual age 13 and over living in the household where the licensed program
45.2 will be provided who is not receiving licensed services from the program;

45.3 (3) current or prospective employees ~~or contractors~~ of the applicant or license holder
45.4 who will have direct contact with persons served by the facility, agency, or program;

45.5 (4) volunteers or student volunteers who will have direct contact with persons served
45.6 by the program to provide program services if the contact is not under the continuous, direct
45.7 supervision by an individual listed in clause (1) or (3);

45.8 (5) an individual age ten to 12 living in the household where the licensed services will
45.9 be provided when the commissioner has reasonable cause as defined in section 245C.02,
45.10 subdivision 15;

45.11 (6) an individual who, without providing direct contact services at a licensed program,
45.12 may have unsupervised access to children or vulnerable adults receiving services from a
45.13 program, when the commissioner has reasonable cause as defined in section 245C.02,
45.14 subdivision 15;

45.15 (7) all controlling individuals as defined in section 245A.02, subdivision 5a;

45.16 (8) notwithstanding the other requirements in this subdivision, child care background
45.17 study subjects as defined in section 245C.02, subdivision 6a; and

45.18 (9) notwithstanding clause (3), for children's residential facilities and foster residence
45.19 settings, any adult working in the facility, whether or not the individual will have direct
45.20 contact with persons served by the facility.

45.21 (b) For child foster care when the license holder resides in the home where foster care
45.22 services are provided, a short-term substitute caregiver providing direct contact services for
45.23 a child for less than 72 hours of continuous care is not required to receive a background
45.24 study under this chapter.

45.25 (c) This subdivision applies to the following programs that must be licensed under
45.26 chapter 245A:

45.27 (1) adult foster care;

45.28 (2) child foster care;

45.29 (3) children's residential facilities;

45.30 (4) family child care;

45.31 (5) licensed child care centers;

- 46.1 (6) licensed home and community-based services under chapter 245D;
- 46.2 (7) residential mental health programs for adults;
- 46.3 (8) substance use disorder treatment programs under chapter 245G;
- 46.4 (9) withdrawal management programs under chapter 245F;
- 46.5 (10) adult day care centers;
- 46.6 (11) family adult day services;
- 46.7 (12) independent living assistance for youth;
- 46.8 (13) detoxification programs;
- 46.9 (14) community residential settings; ~~and~~
- 46.10 (15) intensive residential treatment services and residential crisis stabilization under
- 46.11 chapter 245I; and
- 46.12 (16) treatment programs for persons with sexual psychopathic personality or sexually
- 46.13 dangerous persons, licensed under chapter 245A and according to Minnesota Rules, parts
- 46.14 9515.3000 to 9515.3110.

46.15 Sec. 6. Minnesota Statutes 2022, section 245C.03, subdivision 1a, is amended to read:

46.16 Subd. 1a. **Procedure.** (a) Individuals and organizations that are required under this

46.17 section to have or initiate background studies shall comply with the requirements of this

46.18 chapter.

46.19 (b) All studies conducted under this section shall be conducted according to sections

46.20 299C.60 to 299C.64. This requirement does not apply to subdivisions 1, paragraph (c),

46.21 clauses (2) to (5), and 6a.

46.22 (c) All data obtained by the commissioner for a background study completed under this

46.23 section is classified as private data on individuals, as defined in section 13.02, subdivision

46.24 9.

46.25 Sec. 7. Minnesota Statutes 2022, section 245C.031, subdivision 1, is amended to read:

46.26 Subdivision 1. **Alternative background studies.** (a) The commissioner shall conduct

46.27 an alternative background study of individuals listed in this section.

47.1 (b) Notwithstanding other sections of this chapter, all alternative background studies
47.2 except subdivision 12 shall be conducted according to this section and with sections 299C.60
47.3 to 299C.64.

47.4 (c) All terms in this section shall have the definitions provided in section 245C.02.

47.5 (d) The entity that submits an alternative background study request under this section
47.6 shall submit the request to the commissioner according to section 245C.05.

47.7 (e) The commissioner shall comply with the destruction requirements in section 245C.051.

47.8 (f) Background studies conducted under this section are subject to the provisions of
47.9 section 245C.32.

47.10 (g) The commissioner shall forward all information that the commissioner receives under
47.11 section 245C.08 to the entity that submitted the alternative background study request under
47.12 subdivision 2. The commissioner shall not make any eligibility determinations regarding
47.13 background studies conducted under this section.

47.14 (h) All data obtained by the commissioner for a background study completed under this
47.15 section is classified as private data on individuals, as defined in section 13.02, subdivision
47.16 9.

47.17 Sec. 8. **[245C.033] GUARDIANS AND CONSERVATORS; MALTREATMENT**
47.18 **AND STATE LICENSING AGENCY CHECKS.**

47.19 Subdivision 1. **Maltreatment data.** Requests for maltreatment data submitted pursuant
47.20 to section 524.5-118 must include information regarding whether the guardian or conservator
47.21 has been a perpetrator of substantiated maltreatment of a vulnerable adult under section
47.22 626.557 or a minor under chapter 260E. If the guardian or conservator has been the
47.23 perpetrator of substantiated maltreatment of a vulnerable adult or a minor, the commissioner
47.24 must include a copy of any available public portion of the investigation memorandum under
47.25 section 626.557, subdivision 12b, or any available public portion of the investigation
47.26 memorandum under section 260E.30.

47.27 Subd. 2. **State licensing agency data.** (a) Requests for state licensing agency data
47.28 submitted pursuant to section 524.5-118 must include information from a check of state
47.29 licensing agency records.

47.30 (b) The commissioner shall provide the court with licensing agency data for licenses
47.31 directly related to the responsibilities of a guardian or conservator if the guardian or
47.32 conservator has a current or prior affiliation with the:

- 48.1 (1) Lawyers Responsibility Board;
 48.2 (2) State Board of Accountancy;
 48.3 (3) Board of Social Work;
 48.4 (4) Board of Psychology;
 48.5 (5) Board of Nursing;
 48.6 (6) Board of Medical Practice;
 48.7 (7) Department of Education;
 48.8 (8) Department of Commerce;
 48.9 (9) Board of Chiropractic Examiners;
 48.10 (10) Board of Dentistry;
 48.11 (11) Board of Marriage and Family Therapy;
 48.12 (12) Department of Human Services;
 48.13 (13) Peace Officer Standards and Training (POST) Board; and
 48.14 (14) Professional Educator Licensing and Standards Board.

48.15 (c) The commissioner shall provide to the court the electronically available data
 48.16 maintained in the agency's database, including whether the guardian or conservator is or
 48.17 has been licensed by the agency and whether a disciplinary action or a sanction against the
 48.18 individual's license, including a condition, suspension, revocation, or cancellation, is in the
 48.19 licensing agency's database.

48.20 Subd. 3. **Procedure; maltreatment and state licensing agency data.** Requests for
 48.21 maltreatment and state licensing agency data checks must be submitted by the guardian or
 48.22 conservator to the commissioner on the form or in the manner prescribed by the
 48.23 commissioner. Upon receipt of a signed informed consent and payment under section
 48.24 245C.10, the commissioner shall complete the maltreatment and state licensing agency
 48.25 checks. Upon completion of the checks, the commissioner shall provide the requested
 48.26 information to the courts on the form or in the manner prescribed by the commissioner.

48.27 Subd. 4. **Classification of maltreatment and state licensing agency data; access to**
 48.28 **information.** All data obtained by the commissioner for maltreatment and state licensing
 48.29 agency checks completed under this section is classified as private data on individuals, as
 48.30 defined in section 13.02, subdivision 9."

49.1 Page 288, line 9, after "form" insert "and criminal history disclosure form"

49.2 Page 290, after line 30, insert:

49.3 "Sec. 13. Minnesota Statutes 2022, section 245C.08, subdivision 1, is amended to read:

49.4 Subdivision 1. **Background studies conducted by Department of Human Services.** (a)

49.5 For a background study conducted by the Department of Human Services, the commissioner
49.6 shall review:

49.7 (1) information related to names of substantiated perpetrators of maltreatment of
49.8 vulnerable adults that has been received by the commissioner as required under section
49.9 626.557, subdivision 9c, paragraph (j);

49.10 (2) the commissioner's records relating to the maltreatment of minors in licensed
49.11 programs, and from findings of maltreatment of minors as indicated through the social
49.12 service information system;

49.13 (3) information from juvenile courts as required in subdivision 4 for individuals listed
49.14 in section 245C.03, subdivision 1, paragraph (a), when there is reasonable cause;

49.15 (4) information from the Bureau of Criminal Apprehension, including information
49.16 regarding a background study subject's registration in Minnesota as a predatory offender
49.17 under section 243.166;

49.18 (5) except as provided in clause (6), information received as a result of submission of
49.19 fingerprints for a national criminal history record check, as defined in section 245C.02,
49.20 subdivision 13c, when the commissioner has reasonable cause for a national criminal history
49.21 record check as defined under section 245C.02, subdivision 15a, or as required under section
49.22 144.057, subdivision 1, clause (2);

49.23 (6) for a background study related to a child foster family setting application for licensure,
49.24 foster residence settings, children's residential facilities, a transfer of permanent legal and
49.25 physical custody of a child under sections 260C.503 to 260C.515, or adoptions, and for a
49.26 background study required for family child care, certified license-exempt child care, child
49.27 care centers, and legal nonlicensed child care authorized under chapter 119B, the
49.28 commissioner shall also review:

49.29 (i) information from the child abuse and neglect registry for any state in which the
49.30 background study subject has resided for the past five years;

50.1 (ii) when the background study subject is 18 years of age or older, or a minor under
50.2 section 245C.05, subdivision 5a, paragraph (c), information received following submission
50.3 of fingerprints for a national criminal history record check; and

50.4 (iii) when the background study subject is 18 years of age or older or a minor under
50.5 section 245C.05, subdivision 5a, paragraph (d), for licensed family child care, certified
50.6 license-exempt child care, licensed child care centers, and legal nonlicensed child care
50.7 authorized under chapter 119B, information obtained using non-fingerprint-based data
50.8 including information from the criminal and sex offender registries for any state in which
50.9 the background study subject resided for the past five years and information from the national
50.10 crime information database and the national sex offender registry; ~~and~~

50.11 (7) for a background study required for family child care, certified license-exempt child
50.12 care centers, licensed child care centers, and legal nonlicensed child care authorized under
50.13 chapter 119B, the background study shall also include, to the extent practicable, a name
50.14 and date-of-birth search of the National Sex Offender Public website; and

50.15 (8) for a background study required for treatment programs for sexual psychopathic
50.16 personalities or sexually dangerous persons, the background study shall only include a
50.17 review of the information required under paragraph (a), clauses (1) to (4).

50.18 (b) Notwithstanding expungement by a court, the commissioner may consider information
50.19 obtained under paragraph (a), clauses (3) and (4), unless the commissioner received notice
50.20 of the petition for expungement and the court order for expungement is directed specifically
50.21 to the commissioner.

50.22 (c) The commissioner shall also review criminal case information received according
50.23 to section 245C.04, subdivision 4a, from the Minnesota court information system that relates
50.24 to individuals who have already been studied under this chapter and who remain affiliated
50.25 with the agency that initiated the background study.

50.26 (d) When the commissioner has reasonable cause to believe that the identity of a
50.27 background study subject is uncertain, the commissioner may require the subject to provide
50.28 a set of classifiable fingerprints for purposes of completing a fingerprint-based record check
50.29 with the Bureau of Criminal Apprehension. Fingerprints collected under this paragraph
50.30 shall not be saved by the commissioner after they have been used to verify the identity of
50.31 the background study subject against the particular criminal record in question.

50.32 (e) The commissioner may inform the entity that initiated a background study under
50.33 NETStudy 2.0 of the status of processing of the subject's fingerprints."

51.1 Page 291, after line 6, insert:

51.2 "Sec. 15. Minnesota Statutes 2022, section 245C.10, subdivision 2a, is amended to read:

51.3 Subd. 2a. **Occupations regulated by commissioner of health.** The commissioner shall
 51.4 set fees to recover the cost of combined background studies and criminal background checks
 51.5 initiated by applicants, licensees, and certified practitioners regulated under sections 148.511
 51.6 to 148.5198 and chapter 153A through a fee of no more than \$44 per study charged to the
 51.7 entity. The fees collected under this subdivision shall be deposited in the special revenue
 51.8 fund and are appropriated to the commissioner for the purpose of conducting background
 51.9 studies and criminal background checks."

51.10 Page 291, lines 15 and 17, after the first comma, insert "personnel pool agencies,"

51.11 Page 293, after line 27, insert:

51.12 "Sec. 28. Minnesota Statutes 2022, section 245C.10, subdivision 15, is amended to read:

51.13 Subd. 15. **Guardians and conservators.** The commissioner shall recover the cost of
 51.14 conducting ~~background studies~~ maltreatment and state licensing agency checks for guardians
 51.15 and conservators under section ~~524.5-118~~ 245C.033 through a fee of no more than \$110
 51.16 ~~per study~~ \$50. The fees collected under this subdivision are appropriated to the commissioner
 51.17 for the purpose of conducting ~~background studies~~ maltreatment and state licensing agency
 51.18 checks. The fee for conducting an alternative background study for appointment of a
 51.19 professional guardian or conservator must be paid by the guardian or conservator. In other
 51.20 cases, the fee must be paid as follows:

51.21 (1) ~~if the matter is proceeding in forma pauperis, the fee must be paid as an expense for~~
 51.22 ~~purposes of section 524.5-502, paragraph (a);~~

51.23 (2) ~~if there is an estate of the ward or protected person, the fee must be paid from the~~
 51.24 ~~estate; or~~

51.25 (3) ~~in the case of a guardianship or conservatorship of a person that is not proceeding~~
 51.26 ~~in forma pauperis, the fee must be paid by the guardian, conservator, or the court~~ must be
 51.27 paid directly to the commissioner and in the manner prescribed by the commissioner before
 51.28 any maltreatment and state licensing agency checks under section 245C.033 may be
 51.29 conducted."

51.30 Page 294, delete section 24 and insert:

52.1 "Sec. 33. Minnesota Statutes 2022, section 245C.15, subdivision 2, is amended to read:

52.2 Subd. 2. **15-year disqualification.** (a) An individual is disqualified under section 245C.14
 52.3 if: (1) less than 15 years have passed since the discharge of the sentence imposed, if any,
 52.4 for the offense; and (2) the individual has committed a felony-level violation of any of the
 52.5 following offenses: sections 152.021, subdivision 1 or 2b, (aggravated controlled substance
 52.6 crime in the first degree; sale crimes); 152.022, subdivision 1 (controlled substance crime
 52.7 in the second degree; sale crimes); 152.023, subdivision 1 (controlled substance crime in
 52.8 the third degree; sale crimes); 152.024, subdivision 1 (controlled substance crime in the
 52.9 fourth degree; sale crimes); 256.98 (wrongfully obtaining assistance); 268.182 (fraud);
 52.10 393.07, subdivision 10, paragraph (c) (federal SNAP fraud); 609.165 (felon ineligible to
 52.11 possess firearm); 609.2112, 609.2113, or 609.2114 (criminal vehicular homicide or injury);
 52.12 609.215 (suicide); 609.223 or 609.2231 (assault in the third or fourth degree); repeat offenses
 52.13 under 609.224 (assault in the fifth degree); 609.229 (crimes committed for benefit of a
 52.14 gang); 609.2325 (criminal abuse of a vulnerable adult); 609.2335 (financial exploitation of
 52.15 a vulnerable adult); 609.235 (use of drugs to injure or facilitate crime); 609.24 (simple
 52.16 robbery); 609.255 (false imprisonment); 609.2664 (manslaughter of an unborn child in the
 52.17 first degree); 609.2665 (manslaughter of an unborn child in the second degree); 609.267
 52.18 (assault of an unborn child in the first degree); 609.2671 (assault of an unborn child in the
 52.19 second degree); 609.268 (injury or death of an unborn child in the commission of a crime);
 52.20 609.27 (coercion); 609.275 (attempt to coerce); 609.466 (medical assistance fraud); 609.495
 52.21 (aiding an offender); 609.498, subdivision 1 or 1b (aggravated first-degree or first-degree
 52.22 tampering with a witness); 609.52 (theft); 609.521 (possession of shoplifting gear); 609.525
 52.23 (bringing stolen goods into Minnesota); 609.527 (identity theft); 609.53 (receiving stolen
 52.24 property); 609.535 (issuance of dishonored checks); 609.562 (arson in the second degree);
 52.25 609.563 (arson in the third degree); 609.582 (burglary); 609.59 (possession of burglary
 52.26 tools); 609.611 (insurance fraud); 609.625 (aggravated forgery); 609.63 (forgery); 609.631
 52.27 (check forgery; offering a forged check); 609.635 (obtaining signature by false pretense);
 52.28 609.66 (dangerous weapons); 609.67 (machine guns and short-barreled shotguns); 609.687
 52.29 (adulteration); 609.71 (riot); 609.713 (terroristic threats); 609.82 (fraud in obtaining credit);
 52.30 609.821 (financial transaction card fraud); 617.23 (indecent exposure), not involving a
 52.31 minor; repeat offenses under 617.241 (obscene materials and performances; distribution
 52.32 and exhibition prohibited; penalty); or 624.713 (certain persons not to possess firearms);
 52.33 ~~chapter 152 (drugs; controlled substance); or Minnesota Statutes 2012, section 609.21; or~~
 52.34 ~~a felony-level conviction involving alcohol or drug use.~~

53.1 (b) An individual is disqualified under section 245C.14 if less than 15 years has passed
 53.2 since the individual's aiding and abetting, attempt, or conspiracy to commit any of the
 53.3 offenses listed in paragraph (a), as each of these offenses is defined in Minnesota Statutes.

53.4 (c) An individual is disqualified under section 245C.14 if less than 15 years has passed
 53.5 since the termination of the individual's parental rights under section 260C.301, subdivision
 53.6 1, paragraph (b), or subdivision 3.

53.7 (d) An individual is disqualified under section 245C.14 if less than 15 years has passed
 53.8 since the discharge of the sentence imposed for an offense in any other state or country, the
 53.9 elements of which are substantially similar to the elements of the offenses listed in paragraph
 53.10 (a).

53.11 (e) If the individual studied commits one of the offenses listed in paragraph (a), but the
 53.12 sentence or level of offense is a gross misdemeanor or misdemeanor, the individual is
 53.13 disqualified but the disqualification look-back period for the offense is the period applicable
 53.14 to the gross misdemeanor or misdemeanor disposition.

53.15 (f) When a disqualification is based on a judicial determination other than a conviction,
 53.16 the disqualification period begins from the date of the court order. When a disqualification
 53.17 is based on an admission, the disqualification period begins from the date of an admission
 53.18 in court. When a disqualification is based on an Alford Plea, the disqualification period
 53.19 begins from the date the Alford Plea is entered in court. When a disqualification is based
 53.20 on a preponderance of evidence of a disqualifying act, the disqualification date begins from
 53.21 the date of the dismissal, the date of discharge of the sentence imposed for a conviction for
 53.22 a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

53.23 **EFFECTIVE DATE.** This section is effective for background studies requested on or
 53.24 after August 1, 2024.

53.25 Sec. 34. Minnesota Statutes 2022, section 245C.15, is amended by adding a subdivision
 53.26 to read:

53.27 **Subd. 4b. Five-year disqualification.** (a) An individual is disqualified under section
 53.28 245C.14 if: (1) less than five years have passed since the discharge of the sentence imposed,
 53.29 if any, for the offense; and (2) the individual has committed a felony, gross misdemeanor,
 53.30 or misdemeanor-level violation of any of the following offenses: section 152.021, subdivision
 53.31 2 or 2a (controlled substance possession crime in the first degree; methamphetamine
 53.32 manufacture crime); 152.022, subdivision 2 (controlled substance possession crime in the
 53.33 second degree); 152.023, subdivision 2 (controlled substance possession crime in the third

54.1 degree); 152.024, subdivision 2 (controlled substance possession crime in the fourth degree);
 54.2 152.025 (controlled substance crime in the fifth degree); 152.0261 (importing controlled
 54.3 substances across state borders); 152.0262 (possession of substances with intent to
 54.4 manufacture methamphetamine); 152.027, subdivision 6, paragraph (c) (sale of synthetic
 54.5 cannabinoids); 152.096 (conspiracy to commit controlled substance crime); or 152.097
 54.6 (simulated controlled substances).

54.7 (b) An individual is disqualified under section 245C.14 if less than five years have passed
 54.8 since the individual's aiding and abetting, attempt, or conspiracy to commit any of the
 54.9 offenses listed in paragraph (a), as each of these offenses is defined in Minnesota Statutes.

54.10 (c) An individual is disqualified under section 245C.14 if less than five years have passed
 54.11 since the discharge of the sentence imposed for an offense in any other state or country, the
 54.12 elements of which are substantially similar to the elements of any of the offenses listed in
 54.13 paragraph (a).

54.14 (d) When a disqualification is based on a judicial determination other than a conviction,
 54.15 the disqualification period begins from the date of the court order. When a disqualification
 54.16 is based on an admission, the disqualification period begins from the date of an admission
 54.17 in court. When a disqualification is based on an Alford plea, the disqualification period
 54.18 begins from the date the Alford plea is entered in court. When a disqualification is based
 54.19 on a preponderance of evidence of a disqualifying act, the disqualification date begins from
 54.20 the date of the dismissal, the date of discharge of the sentence imposed for a conviction for
 54.21 a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

54.22 **EFFECTIVE DATE.** This section is effective for background studies requested on or
 54.23 after August 1, 2024."

54.24 Page 298, after line 1, insert:

54.25 "Sec. 38. Minnesota Statutes 2022, section 245C.21, subdivision 1a, is amended to read:

54.26 Subd. 1a. **Submission of reconsideration request.** (a) For disqualifications related to
 54.27 studies conducted by county agencies for family child care, and for disqualifications related
 54.28 to studies conducted by the commissioner for child foster care, adult foster care, and family
 54.29 adult day services when the applicant or license holder resides in the home where services
 54.30 are provided, the individual shall submit the request for reconsideration to the county agency
 54.31 that initiated the background study.

54.32 (b) For disqualifications related to studies conducted by the commissioner for child
 54.33 foster care providers monitored by private licensing agencies under section 245A.16, the

55.1 individual shall submit the request for reconsideration to the private agency that initiated
55.2 the background study.

55.3 (c) A reconsideration request shall be submitted within 30 days of the individual's receipt
55.4 of the disqualification notice ~~or the time frames specified in subdivision 2, whichever time~~
55.5 ~~frame is shorter.~~

55.6 (d) The county or private agency shall forward the individual's request for reconsideration
55.7 and provide the commissioner with a recommendation whether to set aside the individual's
55.8 disqualification.

55.9 Sec. 39. Minnesota Statutes 2022, section 245C.21, subdivision 2, is amended to read:

55.10 Subd. 2. **Time frame for requesting reconsideration.** (a) When the commissioner
55.11 sends an individual a notice of disqualification based on a finding under section 245C.16,
55.12 subdivision 2, paragraph (a), clause (1) or (2), the disqualified individual must submit the
55.13 request for a reconsideration within 30 calendar days of the individual's receipt of the notice
55.14 of disqualification. If mailed, the request for reconsideration must be postmarked and sent
55.15 to the commissioner within 30 calendar days of the individual's receipt of the notice of
55.16 disqualification. If a request for reconsideration is made by personal service, it must be
55.17 received by the commissioner within 30 calendar days after the individual's receipt of the
55.18 notice of disqualification. Upon showing that the information under subdivision 3 cannot
55.19 be obtained within 30 days, the disqualified individual may request additional time, not to
55.20 exceed 30 days, to obtain the information.

55.21 (b) When the commissioner sends an individual a notice of disqualification based on a
55.22 finding under section 245C.16, subdivision 2, paragraph (a), clause (3), the disqualified
55.23 individual must submit the request for reconsideration within ~~15~~ 30 calendar days of the
55.24 individual's receipt of the notice of disqualification. If mailed, the request for reconsideration
55.25 must be postmarked and sent to the commissioner within ~~15~~ 30 calendar days of the
55.26 individual's receipt of the notice of disqualification. If a request for reconsideration is made
55.27 by personal service, it must be received by the commissioner within ~~15~~ 30 calendar days
55.28 after the individual's receipt of the notice of disqualification.

55.29 (c) An individual who was determined to have maltreated a child under chapter 260E
55.30 or a vulnerable adult under section 626.557, and who is disqualified on the basis of serious
55.31 or recurring maltreatment, may request a reconsideration of both the maltreatment and the
55.32 disqualification determinations. The request must be submitted within 30 calendar days of
55.33 the individual's receipt of the notice of disqualification. If mailed, the request for
55.34 reconsideration must be postmarked and sent to the commissioner within 30 calendar days

56.1 of the individual's receipt of the notice of disqualification. If a request for reconsideration
 56.2 is made by personal service, it must be received by the commissioner within 30 calendar
 56.3 days after the individual's receipt of the notice of disqualification.

56.4 (d) Except for family child care and child foster care, reconsideration of a maltreatment
 56.5 determination under sections 260E.33 and 626.557, subdivision 9d, and reconsideration of
 56.6 a disqualification under section 245C.22, shall not be conducted when:

56.7 (1) a denial of a license under section 245A.05, or a licensing sanction under section
 56.8 245A.07, is based on a determination that the license holder is responsible for maltreatment
 56.9 or the disqualification of a license holder based on serious or recurring maltreatment;

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

56.12 (3) the license holder appeals the maltreatment determination, disqualification, and
 56.13 denial of a license or licensing sanction. In such cases, a fair hearing under section 256.045
 56.14 must not be conducted under sections 245C.27, 260E.33, and 626.557, subdivision 9d.

56.15 Under section 245A.08, subdivision 2a, the scope of the consolidated contested case hearing
 56.16 must include the maltreatment determination, disqualification, and denial of a license or
 56.17 licensing sanction.

56.18 Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment
 56.19 determination or disqualification, but does not appeal the denial of a license or a licensing
 56.20 sanction, reconsideration of the maltreatment determination shall be conducted under sections
 56.21 260E.33 and 626.557, subdivision 9d, and reconsideration of the disqualification shall be
 56.22 conducted under section 245C.22. In such cases, a fair hearing shall also be conducted as
 56.23 provided under sections 245C.27, 260E.33, and 626.557, subdivision 9d."

56.24 Page 298, lines 6 and 16, before the period, insert "on individuals, as defined in section
 56.25 13.02, subdivision 12"

56.26 Page 301, after line 24, insert:

56.27 "Sec. 43. Minnesota Statutes 2022, section 245C.24, subdivision 2, is amended to read:

56.28 Subd. 2. **Permanent bar to set aside a disqualification.** (a) Except as provided in
 56.29 paragraphs (b) to ~~(f)~~ (g), the commissioner may not set aside the disqualification of any
 56.30 individual disqualified pursuant to this chapter, regardless of how much time has passed,
 56.31 if the individual was disqualified for a crime or conduct listed in section 245C.15, subdivision
 56.32 1.

57.1 (b) For an individual in the substance use disorder or corrections field who was
57.2 disqualified for a crime or conduct listed under section 245C.15, subdivision 1, and whose
57.3 disqualification was set aside prior to July 1, 2005, the commissioner must consider granting
57.4 a variance pursuant to section 245C.30 for the license holder for a program dealing primarily
57.5 with adults. A request for reconsideration evaluated under this paragraph must include a
57.6 letter of recommendation from the license holder that was subject to the prior set-aside
57.7 decision addressing the individual's quality of care to children or vulnerable adults and the
57.8 circumstances of the individual's departure from that service.

57.9 (c) If an individual who requires a background study for nonemergency medical
57.10 transportation services under section 245C.03, subdivision 12, was disqualified for a crime
57.11 or conduct listed under section 245C.15, subdivision 1, and if more than 40 years have
57.12 passed since the discharge of the sentence imposed, the commissioner may consider granting
57.13 a set-aside pursuant to section 245C.22. A request for reconsideration evaluated under this
57.14 paragraph must include a letter of recommendation from the employer. This paragraph does
57.15 not apply to a person disqualified based on a violation of sections 243.166; 609.185 to
57.16 609.205; 609.25; 609.342 to 609.3453; 609.352; 617.23, subdivision 2, clause (1), or 3,
57.17 clause (1); 617.246; or 617.247.

57.18 (d) When a licensed foster care provider adopts an individual who had received foster
57.19 care services from the provider for over six months, and the adopted individual is required
57.20 to receive a background study under section 245C.03, subdivision 1, paragraph (a), clause
57.21 (2) or (6), the commissioner may grant a variance to the license holder under section 245C.30
57.22 to permit the adopted individual with a permanent disqualification to remain affiliated with
57.23 the license holder under the conditions of the variance when the variance is recommended
57.24 by the county of responsibility for each of the remaining individuals in placement in the
57.25 home and the licensing agency for the home.

57.26 (e) For an individual 18 years of age or older affiliated with a licensed family foster
57.27 setting, the commissioner must not set aside or grant a variance for the disqualification of
57.28 any individual disqualified pursuant to this chapter, regardless of how much time has passed,
57.29 if the individual was disqualified for a crime or conduct listed in section 245C.15, subdivision
57.30 4a, paragraphs (a) and (b).

57.31 (f) In connection with a family foster setting license, the commissioner may grant a
57.32 variance to the disqualification for an individual who is under 18 years of age at the time
57.33 the background study is submitted.

58.1 (g) The commissioner may set aside or grant a variance for any disqualification that is
 58.2 based on conduct or a conviction in an individual's juvenile record.

58.3 Sec. 44. Minnesota Statutes 2022, section 245C.30, subdivision 2, is amended to read:

58.4 Subd. 2. **Disclosure of reason for disqualification.** (a) The commissioner may not grant
 58.5 a variance for a disqualified individual unless the applicant, license-exempt child care center
 58.6 certification holder, or license holder requests the variance and the disqualified individual
 58.7 provides written consent for the commissioner to disclose to the applicant, license-exempt
 58.8 child care center certification holder, or license holder the reason for the disqualification.

58.9 (b) This subdivision does not apply to programs licensed to provide family child care
 58.10 for children, foster care for children in the provider's own home, or foster care or day care
 58.11 services for adults in the provider's own home. ~~When the commissioner grants a variancee~~
 58.12 ~~for a disqualified individual in connection with a license to provide the services specified~~
 58.13 ~~in this paragraph, the disqualified individual's consent is not required to disclose the reason~~
 58.14 ~~for the disqualification to the license holder in the variance issued under subdivision 1,~~
 58.15 ~~provided that the commissioner may not disclose the reason for the disqualification if the~~
 58.16 ~~disqualification is based on a felony-level conviction for a drug-related offense within the~~
 58.17 ~~past five years."~~

58.18 Pages 302 to 344, delete sections 32 to 60 and insert:

58.19 "Sec. 46. Minnesota Statutes 2022, section 524.5-118, is amended to read:

58.20 **524.5-118 BACKGROUND STUDY MALTREATMENT AND STATE LICENSING**
 58.21 **AGENCY CHECKS; CRIMINAL HISTORY CHECK.**

58.22 Subdivision 1. **When required; exception.** (a) The court shall require ~~a background~~
 58.23 ~~study~~ maltreatment and state licensing agency checks and a criminal history check under
 58.24 this section:

58.25 (1) before the appointment of a guardian or conservator, unless ~~a background study has~~
 58.26 maltreatment and state licensing agency checks and a criminal history check have been
 58.27 done on the person under this section within the previous five years; and

58.28 (2) once every five years after the appointment, if the person continues to serve as a
 58.29 guardian or conservator.

58.30 (b) The ~~background study~~ maltreatment and state licensing agency checks and the
 58.31 criminal history check must include:

59.1 (1) criminal history data from the Bureau of Criminal Apprehension, ~~other criminal~~
 59.2 ~~history data held by the commissioner of human services, and data regarding whether the~~
 59.3 ~~person has been a perpetrator of substantiated maltreatment of a vulnerable adult or minor;~~

59.4 (2) criminal history data from a national criminal history record check ~~as defined in~~
 59.5 ~~section 245C.02, subdivision 13e; and~~

59.6 (3) state licensing agency data if a search of the database or databases of the agencies
 59.7 listed in subdivision 2a shows that the proposed guardian or conservator has ever held a
 59.8 professional license directly related to the responsibilities of a professional fiduciary from
 59.9 an agency listed in subdivision 2a that was conditioned, suspended, revoked, or canceled;
 59.10 and

59.11 (4) data on whether the person has been a perpetrator of substantiated maltreatment of
 59.12 a vulnerable adult or a minor.

59.13 (c) If the guardian or conservator is not an individual, the ~~background study~~ maltreatment
 59.14 and state licensing agency checks and the criminal history check must be done on all
 59.15 individuals currently employed by the proposed guardian or conservator who will be
 59.16 responsible for exercising powers and duties under the guardianship or conservatorship.

59.17 (d) Notwithstanding paragraph (a), if the court determines that it would be in the best
 59.18 interests of the person subject to guardianship or conservatorship to appoint a guardian or
 59.19 conservator before the ~~background study~~ maltreatment and state licensing agency checks
 59.20 and the criminal history check can be completed, the court may make the appointment
 59.21 pending the results of the study, however, the ~~background study~~ maltreatment and state
 59.22 licensing agency checks and the criminal history check must then be completed as soon as
 59.23 reasonably possible after appointment, ~~no later than 30 days after appointment.~~

59.24 (e) The ~~fee fees~~ for ~~background studies~~ the maltreatment and state licensing agency
 59.25 checks and the criminal history check conducted under this section ~~is~~ are specified in ~~section~~
 59.26 sections 245C.10, subdivision 14 15, and 299C.10, subdivisions 4 and 5. The ~~fee fees~~ for
 59.27 ~~conducting a background study~~ maltreatment and state licensing agency checks and the
 59.28 criminal history check for the appointment of a professional guardian or conservator must
 59.29 be paid by the guardian or conservator. In other cases, the fee must be paid as follows:

59.30 (1) if the matter is proceeding in forma pauperis, the fee is an expense for purposes of
 59.31 section 524.5-502, paragraph (a);

59.32 (2) if there is an estate of the person subject to guardianship or conservatorship, the fee
 59.33 must be paid from the estate; or

60.1 (3) in the case of a guardianship or conservatorship of the person that is not proceeding
 60.2 in forma pauperis, the court may order that the fee be paid by the guardian or conservator
 60.3 or by the court.

60.4 (f) The requirements of this subdivision do not apply if the guardian or conservator is:

60.5 (1) a state agency or county;

60.6 (2) a parent or guardian of a person proposed to be subject to guardianship or
 60.7 conservatorship who has a developmental disability, if the parent or guardian has raised the
 60.8 person proposed to be subject to guardianship or conservatorship in the family home until
 60.9 the time the petition is filed, unless counsel appointed for the person proposed to be subject
 60.10 to guardianship or conservatorship under section 524.5-205, paragraph (e); 524.5-304,
 60.11 paragraph (b); 524.5-405, paragraph (a); or 524.5-406, paragraph (b), recommends a
 60.12 background ~~study~~ check; or

60.13 (3) a bank with trust powers, bank and trust company, or trust company, organized under
 60.14 the laws of any state or of the United States and which is regulated by the commissioner of
 60.15 commerce or a federal regulator.

60.16 Subd. 2. **Procedure; ~~criminal history and maltreatment records background~~**
 60.17 **maltreatment and state licensing agency checks and criminal history check.** (a) The
 60.18 ~~court~~ guardian or conservator shall request the ~~commissioner of human services to~~ Bureau
 60.19 of Criminal Apprehension complete a ~~background study under section 245C.32~~ criminal
 60.20 history check. The request must be accompanied by the applicable fee and acknowledgment
 60.21 that the ~~study subject~~ guardian or conservator received a privacy notice ~~required under~~
 60.22 ~~subdivision 3.~~ The ~~commissioner of human services~~ Bureau of Criminal Apprehension shall
 60.23 conduct a national criminal history record check. The ~~study subject~~ guardian or conservator
 60.24 shall submit a set of classifiable fingerprints. The fingerprints must be recorded on a
 60.25 fingerprint card provided by the ~~commissioner of human services~~ Bureau of Criminal
 60.26 Apprehension.

60.27 (b) The ~~commissioner of human services~~ Bureau of Criminal Apprehension shall provide
 60.28 the court with criminal history data as defined in section 13.87 ~~from the Bureau of Criminal~~
 60.29 ~~Apprehension in the Department of Public Safety, other criminal history data held by the~~
 60.30 ~~commissioner of human services, data regarding substantiated maltreatment of vulnerable~~
 60.31 ~~adults under section 626.557, and substantiated maltreatment of minors under chapter 260E,~~
 60.32 and criminal history information from other states or jurisdictions as indicated from a national
 60.33 criminal history record check within 20 working days of receipt of a request. ~~If the subject~~
 60.34 ~~of the study has been the perpetrator of substantiated maltreatment of a vulnerable adult or~~

61.1 ~~minor, the response must include a copy of the public portion of the investigation~~
 61.2 ~~memorandum under section 626.557, subdivision 12b, or the public portion of the~~
 61.3 ~~investigation memorandum under section 260E.30. The commissioner shall provide the~~
 61.4 ~~court with information from a review of information according to subdivision 2a if the study~~
 61.5 ~~subject provided information indicating current or prior affiliation with a state licensing~~
 61.6 ~~agency.~~

61.7 (c) In accordance with section 245C.033, the commissioner of human services shall
 61.8 provide the court with data regarding substantiated maltreatment of vulnerable adults under
 61.9 section 626.557 and substantiated maltreatment of minors under chapter 260E within 25
 61.10 working days of receipt of a request. If the guardian or conservator has been the perpetrator
 61.11 of substantiated maltreatment of a vulnerable adult or minor, the response must include a
 61.12 copy of any available public portion of the investigation memorandum under section 626.557,
 61.13 subdivision 12b, or any available public portion of the investigation memorandum under
 61.14 section 260E.30.

61.15 (d) Notwithstanding section 260E.30 or 626.557, subdivision 12b, if the commissioner
 61.16 of human services or a county lead agency or lead investigative agency has information that
 61.17 a person on whom a background study was previously done under this section has been
 61.18 determined to be a perpetrator of maltreatment of a vulnerable adult or minor, the
 61.19 commissioner or the county may provide this information to the court that requested the
 61.20 background study. The commissioner may also provide the court with additional criminal
 61.21 history or substantiated maltreatment information that becomes available after the background
 61.22 study is done is determining eligibility for the guardian or conservator.

61.23 Subd. 2a. **Procedure; state licensing agency data.** (a) ~~The court shall request~~ In response
 61.24 to a request submitted under section 245C.033, the commissioner of human services shall
 61.25 provide the court within 25 working days of receipt of the request with licensing agency
 61.26 data for licenses directly related to the responsibilities of a professional fiduciary if the study
 61.27 subject indicates guardian or conservator has a current or prior affiliation from the following
 61.28 agencies in Minnesota:

61.29 (1) Lawyers Responsibility Board;

61.30 (2) State Board of Accountancy;

61.31 (3) Board of Social Work;

61.32 (4) Board of Psychology;

61.33 (5) Board of Nursing;

62.1 (6) Board of Medical Practice;

62.2 (7) Department of Education;

62.3 (8) Department of Commerce;

62.4 (9) Board of Chiropractic Examiners;

62.5 (10) Board of Dentistry;

62.6 (11) Board of Marriage and Family Therapy;

62.7 (12) Department of Human Services;

62.8 (13) Peace Officer Standards and Training (POST) Board; and

62.9 (14) Professional Educator Licensing and Standards Board.

62.10 ~~(b) The commissioner shall enter into agreements with these agencies to provide the~~
62.11 ~~commissioner with electronic access to the relevant licensing data, and to provide the~~
62.12 ~~commissioner with a quarterly list of new sanctions issued by the agency.~~

62.13 ~~(e) The commissioner shall provide information to the court the electronically available~~
62.14 ~~data maintained in the agency's database, including whether the proposed guardian or~~
62.15 ~~conservator is or has been licensed by the agency, and if the licensing agency database~~
62.16 ~~indicates a disciplinary action or a sanction against the individual's license, including a~~
62.17 ~~condition, suspension, revocation, or cancellation in accordance with section 245C.033.~~

62.18 ~~(d) If the proposed guardian or conservator has resided in a state other than Minnesota~~
62.19 ~~in the previous ten years, licensing agency data under this section shall also include the~~
62.20 ~~licensing agency data from any other state where the proposed guardian or conservator~~
62.21 ~~reported to have resided during the previous ten years if the study subject indicates current~~
62.22 ~~or prior affiliation. If the proposed guardian or conservator has or has had a professional~~
62.23 ~~license in another state that is directly related to the responsibilities of a professional fiduciary~~
62.24 ~~from one of the agencies listed under paragraph (a), state licensing agency data shall also~~
62.25 ~~include data from the relevant licensing agency of that state.~~

62.26 ~~(e) The commissioner is not required to repeat a search for Minnesota or out-of-state~~
62.27 ~~licensing data on an individual if the commissioner has provided this information to the~~
62.28 ~~court within the prior five years.~~

62.29 ~~(f) The commissioner shall review the information in paragraph (e) at least once every~~
62.30 ~~four months to determine if an individual who has been studied within the previous five~~
62.31 ~~years:~~

- 63.1 ~~(1) has new disciplinary action or sanction against the individual's license; or~~
 63.2 ~~(2) did not disclose a prior or current affiliation with a Minnesota licensing agency.~~
 63.3 ~~(g) If the commissioner's review in paragraph (f) identifies new information, the~~
 63.4 ~~commissioner shall provide any new information to the court.~~

63.5 Subd. 3. **Forms and systems.** ~~The court~~ In accordance with section 245C.033, the
 63.6 commissioner must provide the study subject guardian or conservator with a privacy notice
 63.7 for maltreatment and state licensing agency checks that complies with section 245C.05,
 63.8 subdivision 2e. The commissioner of human services shall use the NETStudy 2.0 system
 63.9 to conduct a background study under this section 13.04, subdivision 2. The Bureau of
 63.10 Criminal Apprehension must provide the guardian or conservator with a privacy notice for
 63.11 a criminal history check.

63.12 Subd. 4. **Rights.** The court shall notify the ~~subject of a background study~~ guardian or
 63.13 conservator that the subject guardian or conservator has the following rights:

63.14 (1) the right to be informed that the court will request ~~a background study on the subject~~
 63.15 maltreatment and state licensing checks and a criminal history check on the guardian or
 63.16 conservator for the purpose of determining whether the person's appointment or continued
 63.17 appointment is in the best interests of the person subject to guardianship or conservatorship;

63.18 (2) the right to be informed of the results of the study checks and to obtain from the
 63.19 court a copy of the results; and

63.20 (3) the right to challenge the accuracy and completeness of information contained in the
 63.21 results under section 13.04, subdivision 4, except to the extent precluded by section 256.045,
 63.22 subdivision 3."

63.23 Page 345, after line 15, insert:

63.24 "Section 1. Minnesota Statutes 2022, section 119B.16, subdivision 1a, is amended to read:

63.25 Subd. 1a. **Fair hearing allowed for providers.** (a) This subdivision applies to providers
 63.26 caring for children receiving child care assistance.

63.27 (b) A provider may request a fair hearing according to sections 256.045 and 256.046
 63.28 only if a county agency or the commissioner:

63.29 (1) denies or revokes a provider's authorization, unless the action entitles the provider
 63.30 to:

63.31 (i) an administrative review under section 119B.161; or

64.1 (ii) a contested case hearing under section 245.095, subdivision 4;

64.2 (2) assigns responsibility for an overpayment to a provider under section 119B.11,
64.3 subdivision 2a;

64.4 (3) establishes an overpayment for failure to comply with section 119B.125, subdivision
64.5 6;

64.6 (4) seeks monetary recovery or recoupment under section 245E.02, subdivision 4,
64.7 paragraph (c), clause (2);

64.8 (5) initiates an administrative fraud disqualification hearing; or

64.9 (6) issues a payment and the provider disagrees with the amount of the payment.

64.10 (c) A provider may request a fair hearing by submitting a written request to the
64.11 Department of Human Services, Appeals Division. A provider's request must be received
64.12 by the Appeals Division no later than 30 days after the date a county or the commissioner
64.13 mails the notice.

64.14 (d) The provider's appeal request must contain the following:

64.15 (1) each disputed item, the reason for the dispute, and, if applicable, an estimate of the
64.16 dollar amount involved for each disputed item;

64.17 (2) the computation the provider believes to be correct, if applicable;

64.18 (3) the statute or rule relied on for each disputed item; and

64.19 (4) the name, address, and telephone number of the person at the provider's place of
64.20 business with whom contact may be made regarding the appeal."

64.21 Page 346, line 26, delete everything after the second "individual" and insert "or an entity
64.22 that has a relationship with an excluded provider or vendor, its owners, or controlling
64.23 individuals, such that the individual or entity would have knowledge of the excluded provider
64.24 or vendor's business practices, including but not limited to financial practices."

64.25 Page 346, delete line 27

64.26 Page 348, after line 20, insert:

64.27 "(d) If the commissioner withholds payments under this subdivision, the provider, vendor,
64.28 individual, associated individual, or associated entity has a right to request administrative
64.29 reconsideration. A request for administrative reconsideration must be made in writing, must
64.30 state with specificity the reasons the payment withhold is in error, and must include
64.31 documentation to support the request. Within 60 days from receipt of the request, the

65.1 commissioner must judiciously review allegations, facts, evidence available to the
 65.2 commissioner as well as information submitted by the provider, vendor, individual, associated
 65.3 individual, or associated entity to determine whether the payment withhold should remain
 65.4 in place. The commissioner's decision on reconsideration regarding the payment withhold
 65.5 is a final decision."

65.6 Page 348, line 21, delete "(d)" and insert "(e)"

65.7 Page 348, line 26, delete "(e)" and insert "(f)"

65.8 Page 378, after line 9, insert:

65.9 "Sec. 25. Minnesota Statutes 2022, section 245E.06, subdivision 3, is amended to read:

65.10 Subd. 3. **Appeal of department action.** A provider's rights related to the department's
 65.11 action taken under this chapter against a provider are established in sections 119B.16 ~~and~~,
 65.12 119B.161, and 245.095, subdivision 4."

65.13 Page 378, after line 20, insert:

65.14 "Sec. 27. Minnesota Statutes 2022, section 245H.01, is amended by adding a subdivision
 65.15 to read:

65.16 Subd. 2a. **Authorized agent.** "Authorized agent" means the individual designated by
 65.17 the certification holder who is responsible for communicating with the commissioner of
 65.18 human services regarding all items pursuant to this chapter.

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

65.20 Sec. 28. Minnesota Statutes 2022, section 245H.01, subdivision 3, is amended to read:

65.21 Subd. 3. **Center operator or program operator.** "Center operator" or "program operator"
 65.22 means the person exercising supervision or control over the center's or program's operations,
 65.23 planning, and functioning. ~~There may be more than one designated center operator or~~
 65.24 ~~program operator."~~

65.25 Page 387, delete section 38 and insert:

66.1 "Sec. 42. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;
 66.2 TRANSITION TO LICENSURE.

66.3 (a) The commissioner of human services must transition the following mental health
 66.4 services from certification under Minnesota Statutes, chapters 245 and 256B, to licensure
 66.5 under Minnesota Statutes, chapter 245A, on or before January 1, 2026:

66.6 (1) certified community behavioral health clinics;

66.7 (2) adult rehabilitative mental health services;

66.8 (3) mobile mental health crisis response services;

66.9 (4) children's therapeutic services and supports; and

66.10 (5) community mental health centers.

66.11 (b) The transition to licensure under this section must be according to the Mental Health
 66.12 Uniform Service Standards in Minnesota Statutes, chapter 245I.

66.13 (c) No later than January 1, 2025, the commissioner must submit the proposed legislation
 66.14 necessary to implement the transition in paragraphs (a) and (b) to the chairs and ranking
 66.15 minority members of the legislative committees with jurisdiction over behavioral health
 66.16 services.

66.17 (d) The commissioner must consult with stakeholders to develop the legislation described
 66.18 in paragraph (c)."

66.19 Page 392, line 16, before "The" insert "(a)"

66.20 Page 392, line 21, after "budget" insert "or stated in paragraph (b)"

66.21 Page 392, after line 25, insert:

66.22 "(b) Grantees must provide regular data summaries to the commissioner for purposes
 66.23 of evaluating the effectiveness of the grant program. The commissioner must use identified
 66.24 culturally appropriate outcome measures to evaluate outcomes and must evaluate program
 66.25 activities by analyzing whether the program:

66.26 (1) increased access to culturally specific services for individuals from cultural and
 66.27 ethnic minority communities across the state;

66.28 (2) increased the number of individuals from cultural and ethnic minority communities
 66.29 served by grantees;

66.30 (3) increased the cultural responsiveness and cultural competency of mental health and
 66.31 substance use disorder treatment providers;

67.1 (4) increased the number of mental health and substance use disorder treatment providers
 67.2 and clinical supervisors from cultural and ethnic minority communities;

67.3 (5) increased the number of mental health and substance use disorder treatment
 67.4 organizations owned, managed, or led by individuals who are Black, Indigenous, or people
 67.5 of color;

67.6 (6) reduced health disparities through improved clinical and functional outcomes for
 67.7 those accessing services;

67.8 (7) led to an overall increase in culturally specific mental health and substance use
 67.9 disorder service availability; and

67.10 (8) led to changes indicated by other measures identified from consultation pursuant to
 67.11 paragraph (a)."

67.12 Page 393, after line 32, insert:

67.13 "Sec. 5. Minnesota Statutes 2022, section 245.735, subdivision 3, is amended to read:

67.14 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner ~~shall~~
 67.15 must establish a state certification and recertification process for certified community
 67.16 behavioral health clinics (CCBHCs) that satisfy all federal requirements necessary for
 67.17 CCBHCs certified under this section to be eligible for reimbursement under medical
 67.18 assistance, without service area limits based on geographic area or region. The commissioner
 67.19 shall consult with CCBHC stakeholders before establishing and implementing changes in
 67.20 the certification or recertification process and requirements. Any changes to the certification
 67.21 or recertification process or requirements must be consistent with the most recently issued
 67.22 CCBHC criteria published by the Substance Abuse and Mental Health Services
 67.23 Administration (SAMHSA). The commissioner must allow a transition period for CCBHCs
 67.24 to meet the revised SAMHSA criteria prior to July 1, 2024. The commissioner is authorized
 67.25 to amend Minnesota's Medicaid state plan or the terms of the demonstration to comply with
 67.26 federal requirements. Entities that choose to be CCBHCs must:

67.27 (1) comply with state licensing requirements and other requirements issued by the
 67.28 commissioner;

67.29 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,
 67.30 including licensed mental health professionals and licensed alcohol and drug counselors,
 67.31 and staff who are culturally and linguistically trained to meet the needs of the population
 67.32 the clinic serves;

68.1 (3) ensure that clinic services are available and accessible to individuals and families of
68.2 all ages and genders and that crisis management services are available 24 hours per day;

68.3 (4) establish fees for clinic services for individuals who are not enrolled in medical
68.4 assistance using a sliding fee scale that ensures that services to patients are not denied or
68.5 limited due to an individual's inability to pay for services;

68.6 (5) comply with quality assurance reporting requirements and other reporting
68.7 requirements, including any required reporting of encounter data, clinical outcomes data,
68.8 and quality data;

68.9 (6) provide crisis mental health and substance use services, withdrawal management
68.10 services, emergency crisis intervention services, and stabilization services through existing
68.11 mobile crisis services; screening, assessment, and diagnosis services, including risk
68.12 assessments and level of care determinations; person- and family-centered treatment planning;
68.13 outpatient mental health and substance use services; targeted case management; psychiatric
68.14 rehabilitation services; peer support and counselor services and family support services;
68.15 and intensive community-based mental health services, including mental health services
68.16 for members of the armed forces and veterans. CCBHCs must directly provide the majority
68.17 of these services to enrollees, but may coordinate some services with another entity through
68.18 a collaboration or agreement, pursuant to paragraph (b);

68.19 (7) provide coordination of care across settings and providers to ensure seamless
68.20 transitions for individuals being served across the full spectrum of health services, including
68.21 acute, chronic, and behavioral needs. Care coordination may be accomplished through
68.22 partnerships or formal contracts with:

68.23 (i) counties, health plans, pharmacists, pharmacies, rural health clinics, federally qualified
68.24 health centers, inpatient psychiatric facilities, substance use and detoxification facilities, or
68.25 community-based mental health providers; and

68.26 (ii) other community services, supports, and providers, including schools, child welfare
68.27 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally
68.28 licensed health care and mental health facilities, urban Indian health clinics, Department of
68.29 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,
68.30 and hospital outpatient clinics;

68.31 (8) be certified as a mental health clinic under section 245I.20;

68.32 (9) comply with standards established by the commissioner relating to CCBHC
68.33 screenings, assessments, and evaluations;

69.1 (10) be licensed to provide substance use disorder treatment under chapter 245G;

69.2 (11) be certified to provide children's therapeutic services and supports under section
69.3 256B.0943;

69.4 (12) be certified to provide adult rehabilitative mental health services under section
69.5 256B.0623;

69.6 (13) be enrolled to provide mental health crisis response services under section
69.7 256B.0624;

69.8 (14) be enrolled to provide mental health targeted case management under section
69.9 256B.0625, subdivision 20;

69.10 (15) comply with standards relating to mental health case management in Minnesota
69.11 Rules, parts 9520.0900 to 9520.0926;

69.12 (16) provide services that comply with the evidence-based practices described in
69.13 paragraph (e); and

69.14 (17) comply with standards relating to peer services under sections 256B.0615,
69.15 256B.0616, and 245G.07, subdivision 2, clause (8), as applicable when peer services are
69.16 provided.

69.17 (b) As part of the state CCBHC certification and recertification process, the commissioner
69.18 must provide to entities applying for certification or requesting recertification (1) the standard
69.19 requirements of the community needs assessment, and (2) the staffing plan. The standard
69.20 requirements and the staffing plan must be consistent with the most recently issued CCBHC
69.21 criteria published by the SAMHSA.

69.22 (c) If a certified CCBHC is unable to provide one or more of the services listed in
69.23 paragraph (a), clauses (6) to (17), the CCBHC may contract with another entity that has the
69.24 required authority to provide that service and that meets the following criteria as a designated
69.25 collaborating organization:

69.26 (1) the entity has a formal agreement with the CCBHC to furnish one or more of the
69.27 services under paragraph (a), clause (6);

69.28 (2) the entity provides assurances that it will provide services according to CCBHC
69.29 service standards and provider requirements;

69.30 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical
69.31 and financial responsibility for the services that the entity provides under the agreement;
69.32 and

70.1 (4) the entity meets any additional requirements issued by the commissioner.

70.2 ~~(e)~~ (d) Notwithstanding any other law that requires a county contract or other form of
70.3 county approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise
70.4 meets CCBHC requirements may receive the prospective payment under section 256B.0625,
70.5 subdivision 5m, for those services without a county contract or county approval. As part of
70.6 the certification process in paragraph (a), the commissioner shall require a letter of support
70.7 from the CCBHC's host county confirming that the CCBHC and the county or counties it
70.8 serves have an ongoing relationship to facilitate access and continuity of care, especially
70.9 for individuals who are uninsured or who may go on and off medical assistance.

70.10 ~~(d)~~ (e) When the standards listed in paragraph (a) or other applicable standards conflict
70.11 or address similar issues in duplicative or incompatible ways, the commissioner may grant
70.12 variances to state requirements if the variances do not conflict with federal requirements
70.13 for services reimbursed under medical assistance. If standards overlap, the commissioner
70.14 may substitute all or a part of a licensure or certification that is substantially the same as
70.15 another licensure or certification. The commissioner shall consult with stakeholders, as
70.16 described in subdivision 4, before granting variances under this provision. For the CCBHC
70.17 that is certified but not approved for prospective payment under section 256B.0625,
70.18 subdivision 5m, the commissioner may grant a variance under this paragraph if the variance
70.19 does not increase the state share of costs.

70.20 ~~(e)~~ (f) The commissioner shall issue a list of required evidence-based practices to be
70.21 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.
70.22 The commissioner may update the list to reflect advances in outcomes research and medical
70.23 services for persons living with mental illnesses or substance use disorders. The commissioner
70.24 shall take into consideration the adequacy of evidence to support the efficacy of the practice,
70.25 the quality of workforce available, and the current availability of the practice in the state.
70.26 At least 30 days before issuing the initial list and any revisions, the commissioner shall
70.27 provide stakeholders with an opportunity to comment.

70.28 ~~(f)~~ (g) The commissioner shall recertify CCBHCs at least every three years. The
70.29 commissioner shall establish a process for decertification and shall require corrective action,
70.30 medical assistance repayment, or decertification of a CCBHC that no longer meets the
70.31 requirements in this section or that fails to meet the standards provided by the commissioner
70.32 in the application and certification process.

70.33 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
70.34 of human services shall notify the revisor of statutes when federal approval is obtained.

71.1 Sec. 6. Minnesota Statutes 2022, section 245.735, subdivision 6, is amended to read:

71.2 Subd. 6. **Demonstration Section 223 Protecting Access to Medicare Act entities.** (a)

71.3 The commissioner ~~may operate~~ must request federal approval to participate in the
 71.4 demonstration program established by section 223 of the Protecting Access to Medicare
 71.5 Act and, if approved, must continue to participate in the demonstration program for as long
 71.6 as federal funding for the demonstration program remains available from the United States
 71.7 Department of Health and Human Services. To the extent practicable, the commissioner
 71.8 shall align the requirements of the demonstration program with the requirements under this
 71.9 section for CCBHCs receiving medical assistance reimbursement under the authority of the
 71.10 state's Medicaid state plan. A CCBHC may not apply to participate as a billing provider in
 71.11 both the CCBHC federal demonstration and the benefit for CCBHCs under the medical
 71.12 assistance program.

71.13 (b) The commissioner must follow the payment guidance issued by the federal
 71.14 government, including the payment of the CCBHC daily bundled rate for services rendered
 71.15 by CCBHCs to individuals who are dually eligible for Medicare and medical assistance
 71.16 when Medicare is the primary payer for the service. An entity that receives a CCBHC daily
 71.17 bundled rate that overlaps with another federal Medicaid methodology is not eligible for
 71.18 the CCBHC rate. Services provided by a CCBHC operating under authority of the state's
 71.19 Medicaid state plan will not receive the prospective payment system rate for services rendered
 71.20 by CCBHCs to individuals who are dually eligible for Medicare and medical assistance
 71.21 when Medicare is the primary payer for the service. Payment for services rendered by
 71.22 CCBHCs to individuals who have commercial insurance as primary and medical assistance
 71.23 as secondary is subject to section 256B.37. Services provided by a CCBHC operating under
 71.24 authority of the 223 demonstration or the state's Medicaid state plan will not receive the
 71.25 prospective payment system rate for services rendered by CCBHCs to individuals who have
 71.26 commercial insurance as primary and medical assistance as secondary.

71.27 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
 71.28 of human services shall notify the revisor of statutes when federal approval is obtained.

71.29 Sec. 7. Minnesota Statutes 2022, section 245.735, is amended by adding a subdivision to
 71.30 read:

71.31 **Subd. 7. Addition of CCBHCs to section 223 state demonstration programs.** (a) If
 71.32 the commissioner's request to reenter the demonstration program under subdivision 6 is
 71.33 approved, the commissioner must follow all federal guidance for the addition of CCBHCs
 71.34 to section 223 state demonstration programs.

72.1 (b) Prior to participating in the demonstration, a clinic must meet the demonstration
 72.2 certification criteria and prospective payment system guidance in effect at that time and be
 72.3 certified as a CCBHC in Minnesota. The SAMHSA attestation process for the CCBHC
 72.4 expansion grants is not sufficient to constitute state certification. CCBHCs newly added to
 72.5 the demonstration must participate in all aspects of the state demonstration program, including
 72.6 but not limited to quality measurement and reporting, evaluation activities, and state CCBHC
 72.7 demonstration program requirements such as use of state-specified evidence-based practices.
 72.8 A newly added CCBHC must report on quality measures before its first full demonstration
 72.9 year if it joined the demonstration program in the 2023 calendar year out of alignment with
 72.10 the state's demonstration year cycle. A CCBHC may provide services in multiple locations
 72.11 and in community-based settings subject to federal rules of the 223 demonstration authority
 72.12 or Medicaid state plan authority. If a facility meets the definition of a satellite facility as
 72.13 defined by the SAMHSA n and was established after April 1, 2014, the facility cannot
 72.14 receive payment as a part of the demonstration program.

72.15 **EFFECTIVE DATE.** This section is effective upon federal approval. The commissioner
 72.16 of human services shall notify the revisor of statutes when federal approval is obtained."

72.17 Page 396, delete article 10

72.18 Page 396, line 2, after the period, insert "The pilot must include four sites, must include
 72.19 at least one rural site and one urban site, and may include one or more Tribal behavioral
 72.20 health crisis providers. To qualify for the pilot, a grantee must have a current mobile crisis
 72.21 certification in good standing under Minnesota Statutes, section 256B.0624."

72.22 Page 406, after line 26, insert:

72.23 "Sec. 2. Minnesota Statutes 2022, section 256D.01, subdivision 1a, is amended to read:

72.24 Subd. 1a. **Standards.** (a) A principal objective in providing general assistance is to
 72.25 provide for single adults, childless couples, or children as defined in section 256D.02,
 72.26 subdivision 6, ineligible for federal programs who are unable to provide for themselves.
 72.27 The minimum standard of assistance determines the total amount of the general assistance
 72.28 grant without separate standards for shelter, utilities, or other needs.

72.29 (b) ~~The commissioner shall set the~~ standard of assistance for an assistance unit consisting
 72.30 of ~~an adult~~ a recipient who is childless and unmarried or living apart from children and
 72.31 spouse and who does not live with a parent or parents or a legal custodian is the cash portion
 72.32 of the MFIP transitional standard for a single adult under section 256J.24, subdivision 5.

73.1 ~~When the other standards specified in this subdivision increase, this standard must also be~~
 73.2 ~~increased by the same percentage.~~

73.3 (c) For an assistance unit consisting of a single adult who lives with a parent or parents,
 73.4 the general assistance standard of assistance is ~~the amount that the aid to families with~~
 73.5 ~~dependent children standard of assistance, in effect on July 16, 1996, would increase if the~~
 73.6 ~~recipient were added as an additional minor child to an assistance unit consisting of the~~
 73.7 ~~recipient's parent and all of that parent's family members, except that the standard may not~~
 73.8 ~~exceed the standard for a general assistance recipient living alone~~ is the cash portion of the
 73.9 MFIP transitional standard for a single adult under section 256J.24, subdivision 5. Benefits
 73.10 received by a responsible relative of the assistance unit under the Supplemental Security
 73.11 Income program, a workers' compensation program, the Minnesota supplemental aid program,
 73.12 or any other program based on the responsible relative's disability, and any benefits received
 73.13 by a responsible relative of the assistance unit under the Social Security retirement program,
 73.14 may not be counted in the determination of eligibility or benefit level for the assistance unit.
 73.15 Except as provided below, the assistance unit is ineligible for general assistance if the
 73.16 available resources or the countable income of the assistance unit and the parent or parents
 73.17 with whom the assistance unit lives are such that a family consisting of the assistance unit's
 73.18 parent or parents, the parent or parents' other family members and the assistance unit as the
 73.19 only or additional minor child would be financially ineligible for general assistance. For
 73.20 the purposes of calculating the countable income of the assistance unit's parent or parents,
 73.21 the calculation methods must follow the provisions under section 256P.06.

73.22 (d) For an assistance unit consisting of a childless couple, the standards of assistance
 73.23 are the same as the first and second adult standards of the aid to families with dependent
 73.24 children program in effect on July 16, 1996. If one member of the couple is not included in
 73.25 the general assistance grant, the standard of assistance for the other is the second adult
 73.26 standard of the aid to families with dependent children program as of July 16, 1996.

73.27 **EFFECTIVE DATE.** This section is effective October 1, 2024.

73.28 Sec. 3. Minnesota Statutes 2022, section 256D.024, subdivision 1, is amended to read:

73.29 Subdivision 1. **Person convicted of drug offenses.** (a) ~~If An applicant or recipient~~
 73.30 individual who has been convicted of a felony-level drug offense ~~after July 1, 1997, the~~
 73.31 ~~assistance unit is ineligible for benefits under this chapter until five years after the applicant~~
 73.32 ~~has completed terms of the court-ordered sentence, unless the person is participating in a~~
 73.33 ~~drug treatment program, has successfully completed a drug treatment program, or has been~~
 73.34 ~~assessed by the county and determined not to be in need of a drug treatment program. Persons~~

74.1 ~~subject to the limitations of this subdivision who become eligible for assistance under this~~
 74.2 ~~chapter shall~~ during the previous ten years from the date of application or recertification
 74.3 may be subject to random drug testing as a condition of continued eligibility and shall lose
 74.4 eligibility for benefits for five years beginning the month following. The county must
 74.5 provide information about substance use disorder treatment programs to a person who tests
 74.6 positive for an illegal controlled substance.

74.7 ~~(1) Any positive test result for an illegal controlled substance; or~~

74.8 ~~(2) discharge of sentence after conviction for another drug felony.~~

74.9 (b) For the purposes of this subdivision, "drug offense" means a conviction that occurred
 74.10 after July 1, 1997, during the previous ten years from the date of application or recertification
 74.11 of sections 152.021 to 152.025, 152.0261, 152.0262, or 152.096. Drug offense also means
 74.12 a conviction in another jurisdiction of the possession, use, or distribution of a controlled
 74.13 substance, or conspiracy to commit any of these offenses, if the ~~offense~~ conviction occurred
 74.14 after July 1, 1997, during the previous ten years from the date of application or recertification
 74.15 and the conviction is a felony offense in that jurisdiction, or in the case of New Jersey, a
 74.16 high misdemeanor.

74.17 **EFFECTIVE DATE.** This section is effective August 1, 2023.

74.18 Page 406, after line 31, insert:

74.19 "Sec. 5. Minnesota Statutes 2022, section 256D.06, subdivision 5, is amended to read:

74.20 Subd. 5. **Eligibility; requirements.** (a) Any applicant, otherwise eligible for general
 74.21 assistance and possibly eligible for maintenance benefits from any other source shall (1)
 74.22 make application for those benefits within ~~30~~ 90 days of the general assistance application;
 74.23 and (2) execute an interim assistance agreement on a form as directed by the commissioner.

74.24 (b) The commissioner shall review a denial of an application for other maintenance
 74.25 benefits and may require a recipient of general assistance to file an appeal of the denial if
 74.26 appropriate. If found eligible for benefits from other sources, and a payment received from
 74.27 another source relates to the period during which general assistance was also being received,
 74.28 the recipient shall be required to reimburse the county agency for the interim assistance
 74.29 paid. Reimbursement shall not exceed the amount of general assistance paid during the time
 74.30 period to which the other maintenance benefits apply and shall not exceed the state standard
 74.31 applicable to that time period.

74.32 (c) The commissioner may contract with the county agencies, qualified agencies,
 74.33 organizations, or persons to provide advocacy and support services to process claims for

75.1 federal disability benefits for applicants or recipients of services or benefits supervised by
75.2 the commissioner using money retained under this section.

75.3 (d) The commissioner may provide methods by which county agencies shall identify,
75.4 refer, and assist recipients who may be eligible for benefits under federal programs for
75.5 people with a disability.

75.6 (e) The total amount of interim assistance recoveries retained under this section for
75.7 advocacy, support, and claim processing services shall not exceed 35 percent of the interim
75.8 assistance recoveries in the prior fiscal year.

75.9 Sec. 6. Minnesota Statutes 2022, section 256D.44, subdivision 5, is amended to read:

75.10 Subd. 5. **Special needs.** (a) In addition to the state standards of assistance established
75.11 in subdivisions 1 to 4, payments are allowed for the following special needs of recipients
75.12 of Minnesota supplemental aid who are not residents of a nursing home, a regional treatment
75.13 center, or a setting authorized to receive housing support payments under chapter 256I.

75.14 (b) The county agency shall pay a monthly allowance for medically prescribed diets if
75.15 the cost of those additional dietary needs cannot be met through some other maintenance
75.16 benefit. The need for special diets or dietary items must be prescribed by a licensed physician,
75.17 advanced practice registered nurse, or physician assistant. Costs for special diets shall be
75.18 determined as percentages of the allotment for a one-person household under the thrifty
75.19 food plan as defined by the United States Department of Agriculture. The types of diets and
75.20 the percentages of the thrifty food plan that are covered are as follows:

75.21 (1) high protein diet, at least 80 grams daily, 25 percent of thrifty food plan;

75.22 (2) controlled protein diet, 40 to 60 grams and requires special products, 100 percent of
75.23 thrifty food plan;

75.24 (3) controlled protein diet, less than 40 grams and requires special products, 125 percent
75.25 of thrifty food plan;

75.26 (4) low cholesterol diet, 25 percent of thrifty food plan;

75.27 (5) high residue diet, 20 percent of thrifty food plan;

75.28 (6) pregnancy and lactation diet, 35 percent of thrifty food plan;

75.29 (7) gluten-free diet, 25 percent of thrifty food plan;

75.30 (8) lactose-free diet, 25 percent of thrifty food plan;

75.31 (9) antidumping diet, 15 percent of thrifty food plan;

76.1 (10) hypoglycemic diet, 15 percent of thrifty food plan; or

76.2 (11) ketogenic diet, 25 percent of thrifty food plan.

76.3 (c) Payment for nonrecurring special needs must be allowed for necessary home repairs
76.4 or necessary repairs or replacement of household furniture and appliances using the payment
76.5 standard of the AFDC program in effect on July 16, 1996, for these expenses, as long as
76.6 other funding sources are not available.

76.7 (d) A fee for guardian or conservator service is allowed at a reasonable rate negotiated
76.8 by the county or approved by the court. This rate shall not exceed five percent of the
76.9 assistance unit's gross monthly income up to a maximum of \$100 per month. If the guardian
76.10 or conservator is a member of the county agency staff, no fee is allowed.

76.11 (e) The county agency shall continue to pay a monthly allowance of \$68 for restaurant
76.12 meals for a person who was receiving a restaurant meal allowance on June 1, 1990, and
76.13 who eats two or more meals in a restaurant daily. The allowance must continue until the
76.14 person has not received Minnesota supplemental aid for one full calendar month or until
76.15 the person's living arrangement changes and the person no longer meets the criteria for the
76.16 restaurant meal allowance, whichever occurs first.

76.17 (f) ~~A fee of ten percent of the recipient's gross income or \$25, whichever is less, equal~~
76.18 to the maximum monthly amount allowed by the Social Security Administration is allowed
76.19 for representative payee services provided by an agency that meets the requirements under
76.20 SSI regulations to charge a fee for representative payee services. This special need is available
76.21 to all recipients of Minnesota supplemental aid regardless of their living arrangement.

76.22 (g)(1) Notwithstanding the language in this subdivision, an amount equal to one-half of
76.23 the maximum federal Supplemental Security Income payment amount for a single individual
76.24 which is in effect on the first day of July of each year will be added to the standards of
76.25 assistance established in subdivisions 1 to 4 for adults under the age of 65 who qualify as
76.26 in need of housing assistance and are:

76.27 (i) relocating from an institution, a setting authorized to receive housing support under
76.28 chapter 256I, or an adult mental health residential treatment program under section
76.29 256B.0622;

76.30 (ii) eligible for personal care assistance under section 256B.0659; or

76.31 (iii) home and community-based waiver recipients living in their own home or rented
76.32 or leased apartment.

77.1 (2) Notwithstanding subdivision 3, paragraph (c), an individual eligible for the shelter
 77.2 needy benefit under this paragraph is considered a household of one. An eligible individual
 77.3 who receives this benefit prior to age 65 may continue to receive the benefit after the age
 77.4 of 65.

77.5 (3) "Housing assistance" means that the assistance unit incurs monthly shelter costs that
 77.6 exceed 40 percent of the assistance unit's gross income before the application of this special
 77.7 needs standard. "Gross income" for the purposes of this section is the applicant's or recipient's
 77.8 income as defined in section 256D.35, subdivision 10, or the standard specified in subdivision
 77.9 3, paragraph (a) or (b), whichever is greater. A recipient of a federal or state housing subsidy,
 77.10 that limits shelter costs to a percentage of gross income, shall not be considered in need of
 77.11 housing assistance for purposes of this paragraph.

77.12 **EFFECTIVE DATE.** This section is effective January 1, 2024."

77.13 Page 411, after line 32, insert:

77.14 "Sec. 16. Minnesota Statutes 2022, section 256I.03, subdivision 7, is amended to read:

77.15 Subd. 7. **Countable income.** (a) "Countable income" means all income received by an
 77.16 applicant or recipient as described under section 256P.06, less any applicable exclusions or
 77.17 disregards. ~~For a recipient of any cash benefit from the SSI program, countable income~~
 77.18 ~~means the SSI benefit limit in effect at the time the person is a recipient of housing support,~~
 77.19 ~~less the medical assistance personal needs allowance under section 256B.35. If the SSI limit~~
 77.20 ~~or benefit is reduced for a person due to events other than receipt of additional income,~~
 77.21 ~~countable income means actual income less any applicable exclusions and disregards.~~

77.22 (b) For a recipient of any cash benefit from the SSI program who does not live in a
 77.23 setting described in section 256I.04, subdivision 2a, paragraph (b), clause (2), countable
 77.24 income equals the SSI benefit limit in effect at the time the person is a recipient of housing
 77.25 support, less the personal needs allowance under section 256B.35. If the SSI limit or benefit
 77.26 is reduced for a person due to events other than receipt of additional income, countable
 77.27 income equals actual income less any applicable exclusions and disregards.

77.28 (c) For a recipient of any cash benefit from the SSI program who lives in a setting as
 77.29 described in section 256I.04, subdivision 2a, paragraph (b), clause (2), countable income
 77.30 equals 30 percent of the SSI benefit limit in effect at the time a person is a recipient of
 77.31 housing support. If the SSI limit or benefit is reduced for a person due to events other than
 77.32 receipt of additional income, countable income equals 30 percent of the actual income less

78.1 any applicable exclusions and disregards. For recipients under this paragraph, the personal
 78.2 needs allowance described in section 256B.35 does not apply.

78.3 (d) Notwithstanding the earned income disregard described in section 256P.03, for a
 78.4 recipient of unearned income as defined in section 256P.06, subdivision 3, clause (2), other
 78.5 than SSI and the general assistance personal needs allowance, who lives in a setting described
 78.6 in section 256I.04, subdivision 2a, paragraph (b), clause (2), countable income equals 30
 78.7 percent of the recipient's total income after applicable exclusions and disregards. Total
 78.8 income includes any unearned income as defined in section 256P.06 and any earned income
 78.9 in the month the person is a recipient of housing support. For recipients under this paragraph,
 78.10 the personal needs allowance described in section 256B.35 does not apply.

78.11 (e) For a recipient who lives in a setting as described in section 256I.04, subdivision 2a,
 78.12 paragraph (b), clause (2), and receives general assistance, the personal needs allowance
 78.13 described in section 256B.35 is not countable unearned income.

78.14 **EFFECTIVE DATE.** This section is effective October 1, 2024."

78.15 Page 416, after line 9, insert:

78.16 "Sec. 26. Minnesota Statutes 2022, section 256J.26, subdivision 1, is amended to read:

78.17 Subdivision 1. **Person convicted of drug offenses.** (a) An individual who has been
 78.18 convicted of a felony level drug offense ~~committed~~ during the previous ten years from the
 78.19 date of application or recertification is subject to the following:

78.20 (1) Benefits for the entire assistance unit must be paid in vendor form for shelter and
 78.21 utilities during any time the applicant is part of the assistance unit.

78.22 (2) The convicted applicant or participant ~~shall~~ may be subject to random drug testing
 78.23 ~~as a condition of continued eligibility and~~. Following any positive test for an illegal controlled
 78.24 ~~substance is subject to the following sanctions~~, the county must provide information about
 78.25 substance use disorder treatment programs to the applicant or participant.

78.26 ~~(i) for failing a drug test the first time, the residual amount of the participant's grant after~~
 78.27 ~~making vendor payments for shelter and utility costs, if any, must be reduced by an amount~~
 78.28 ~~equal to 30 percent of the MFIP standard of need for an assistance unit of the same size.~~
 78.29 ~~When a sanction under this subdivision is in effect, the job counselor must attempt to meet~~
 78.30 ~~with the person face-to-face. During the face-to-face meeting, the job counselor must explain~~
 78.31 ~~the consequences of a subsequent drug test failure and inform the participant of the right to~~
 78.32 ~~appeal the sanction under section 256J.40. If a face-to-face meeting is not possible, the~~
 78.33 ~~county agency must send the participant a notice of adverse action as provided in section~~

79.1 ~~256J.31, subdivisions 4 and 5, and must include the information required in the face-to-face~~
 79.2 ~~meeting; or~~

79.3 ~~(ii) for failing a drug test two times, the participant is permanently disqualified from~~
 79.4 ~~receiving MFIP assistance, both the cash and food portions. The assistance unit's MFIP~~
 79.5 ~~grant must be reduced by the amount which would have otherwise been made available to~~
 79.6 ~~the disqualified participant. Disqualification under this item does not make a participant~~
 79.7 ~~ineligible for the Supplemental Nutrition Assistance Program (SNAP). Before a~~
 79.8 ~~disqualification under this provision is imposed, the job counselor must attempt to meet~~
 79.9 ~~with the participant face-to-face. During the face-to-face meeting, the job counselor must~~
 79.10 ~~identify other resources that may be available to the participant to meet the needs of the~~
 79.11 ~~family and inform the participant of the right to appeal the disqualification under section~~
 79.12 ~~256J.40. If a face-to-face meeting is not possible, the county agency must send the participant~~
 79.13 ~~a notice of adverse action as provided in section 256J.31, subdivisions 4 and 5, and must~~
 79.14 ~~include the information required in the face-to-face meeting.~~

79.15 ~~(3) A participant who fails a drug test the first time and is under a sanction due to other~~
 79.16 ~~MFIP program requirements is considered to have more than one occurrence of~~
 79.17 ~~noncompliance and is subject to the applicable level of sanction as specified under section~~
 79.18 ~~256J.46, subdivision 1, paragraph (d).~~

79.19 (b) Applicants requesting only SNAP benefits or participants receiving only SNAP
 79.20 benefits, who have been convicted of a felony-level drug offense that occurred after July
 79.21 1, 1997, during the previous ten years from the date of application or recertification may,
 79.22 if otherwise eligible, receive SNAP benefits if the convicted applicant or participant is
 79.23 may be subject to random drug testing as a condition of continued eligibility. Following a
 79.24 positive test for an illegal controlled substance, the applicant is subject to the following
 79.25 sanctions: county must provide information about substance use disorder treatment programs
 79.26 to the applicant or participant.

79.27 ~~(1) for failing a drug test the first time, SNAP benefits shall be reduced by an amount~~
 79.28 ~~equal to 30 percent of the applicable SNAP benefit allotment. When a sanction under this~~
 79.29 ~~clause is in effect, a job counselor must attempt to meet with the person face-to-face. During~~
 79.30 ~~the face-to-face meeting, a job counselor must explain the consequences of a subsequent~~
 79.31 ~~drug test failure and inform the participant of the right to appeal the sanction under section~~
 79.32 ~~256J.40. If a face-to-face meeting is not possible, a county agency must send the participant~~
 79.33 ~~a notice of adverse action as provided in section 256J.31, subdivisions 4 and 5, and must~~
 79.34 ~~include the information required in the face-to-face meeting; and~~

80.1 ~~(2) for failing a drug test two times, the participant is permanently disqualified from~~
 80.2 ~~receiving SNAP benefits. Before a disqualification under this provision is imposed, a job~~
 80.3 ~~counselor must attempt to meet with the participant face-to-face. During the face-to-face~~
 80.4 ~~meeting, the job counselor must identify other resources that may be available to the~~
 80.5 ~~participant to meet the needs of the family and inform the participant of the right to appeal~~
 80.6 ~~the disqualification under section 256J.40. If a face-to-face meeting is not possible, a county~~
 80.7 ~~agency must send the participant a notice of adverse action as provided in section 256J.31,~~
 80.8 ~~subdivisions 4 and 5, and must include the information required in the face-to-face meeting.~~

80.9 (c) For the purposes of this subdivision, "drug offense" means ~~an offense~~ a conviction
 80.10 that occurred during the previous ten years from the date of application or recertification
 80.11 of sections 152.021 to 152.025, 152.0261, 152.0262, 152.096, or 152.137. Drug offense
 80.12 also means a conviction in another jurisdiction of the possession, use, or distribution of a
 80.13 controlled substance, or conspiracy to commit any of these offenses, if the ~~offense~~ conviction
 80.14 occurred during the previous ten years from the date of application or recertification and
 80.15 the conviction is a felony offense in that jurisdiction, or in the case of New Jersey, a high
 80.16 misdemeanor.

80.17 **EFFECTIVE DATE.** This section is effective August 1, 2023."

80.18 Page 427, line 26, strike "1" and insert "2"

80.19 Page 428, line 2, strike "(e)" and insert "(d)"

80.20 Page 428, after line 14, insert:

80.21 "Sec. 40. Minnesota Statutes 2022, section 256P.01, is amended by adding a subdivision
 80.22 to read:

80.23 **Subd. 5a. Lived-experience engagement.** "Lived-experience engagement" means an
 80.24 intentional engagement of people with lived experience by a federal, Tribal, state, county,
 80.25 municipal, or nonprofit human services agency funded in part or in whole by federal, state,
 80.26 local government, Tribal Nation, public, private, or philanthropic money to gather and share
 80.27 feedback on the impact of human services programs."

80.28 Page 428, after line 28, insert:

81.1 "Sec. 43. Minnesota Statutes 2022, section 256P.02, is amended by adding a subdivision
81.2 to read:

81.3 Subd. 4. **Health and human services recipient engagement income.** Income received
81.4 from lived-experience engagement, as defined in section 256P.01, subdivision 5a, shall be
81.5 excluded when determining the equity value of personal property."

81.6 Page 431, after line 19, insert:

81.7 "**EFFECTIVE DATE.** This section is effective September 1, 2024, except the removal
81.8 of item (ix) related to nonrecurring income is effective July 1, 2024, and the removal of
81.9 item (xii) related to Tribal per capita payments and the addition of item (xvi) related to
81.10 retirement, survivors, and disability insurance payments is effective August 1, 2023."

81.11 Page 431, before line 20, insert:

81.12 "Sec. 48. Minnesota Statutes 2022, section 256P.06, is amended by adding a subdivision
81.13 to read:

81.14 Subd. 4. **Recipient engagement income.** Income received from lived-experience
81.15 engagement, as defined in section 256P.01, subdivision 5a, must not be counted as income
81.16 for purposes of determining or redetermining eligibility or benefits."

81.17 Page 438, after line 15, insert:

81.18 "Sec. 60. Minnesota Statutes 2022, section 609B.425, subdivision 2, is amended to read:

81.19 Subd. 2. **Benefit eligibility.** (a) For general assistance benefits and Minnesota
81.20 supplemental aid under chapter 256D, a person convicted of a felony-level drug offense
81.21 after July 1, 1997, is ineligible for general assistance benefits and Supplemental Security
81.22 Income under chapter 256D until: during the previous ten years from the date of application
81.23 or recertification may be subject to random drug testing. The county must provide information
81.24 about substance use disorder treatment programs to a person who tests positive for an illegal
81.25 controlled substance.

81.26 ~~(1) five years after completing the terms of a court-ordered sentence; or~~

81.27 ~~(2) unless the person is participating in a drug treatment program, has successfully~~
81.28 ~~completed a program, or has been determined not to be in need of a drug treatment program.~~

81.29 ~~(b) A person who becomes eligible for assistance under chapter 256D is subject to~~
81.30 ~~random drug testing and shall lose eligibility for benefits for five years beginning the month~~
81.31 ~~following:~~

82.1 ~~(1) any positive test for an illegal controlled substance; or~~

82.2 ~~(2) discharge of sentence for conviction of another drug felony.~~

82.3 ~~(e) (b) Parole violators and fleeing felons are ineligible for benefits and persons~~

82.4 ~~fraudulently misrepresenting eligibility are also ineligible to receive benefits for ten years.~~

82.5 **EFFECTIVE DATE.** This section is effective August 1, 2023.

82.6 Sec. 61. Minnesota Statutes 2022, section 609B.435, subdivision 2, is amended to read:

82.7 Subd. 2. **Drug offenders; random testing; sanctions.** A person who is an applicant for
 82.8 benefits from the Minnesota family investment program or MFIP, the vehicle for temporary
 82.9 assistance for needy families or TANF, and who has been convicted of a felony-level drug
 82.10 offense shall may be subject to certain conditions, including random drug testing, in order
 82.11 to receive MFIP benefits. Following any positive test for a controlled substance, the ~~convicted~~
 82.12 ~~applicant or participant is subject to the following sanctions:~~ county must provide information
 82.13 about substance use disorder treatment programs to the applicant or participant.

82.14 ~~(1) a first time drug test failure results in a reduction of benefits in an amount equal to~~
 82.15 ~~30 percent of the MFIP standard of need; and~~

82.16 ~~(2) a second time drug test failure results in permanent disqualification from receiving~~
 82.17 ~~MFIP assistance.~~

82.18 ~~A similar disqualification sequence occurs if the applicant is receiving Supplemental Nutrition~~
 82.19 ~~Assistance Program (SNAP) benefits.~~

82.20 **EFFECTIVE DATE.** This section is effective August 1, 2023."

82.21 Page 439, delete section 52 and insert:

82.22 "Sec. 63. **REPEALER.**

82.23 (a) Minnesota Statutes 2022, sections 256.9864; 256J.08, subdivisions 10, 53, 61, 62,
 82.24 81, and 83; 256J.30, subdivisions 5, 7, and 8; 256J.33, subdivisions 3, 4, and 5; 256J.34,
 82.25 subdivisions 1, 2, 3, and 4; and 256J.37, subdivision 10, are repealed.

82.26 (b) Minnesota Statutes 2022, section 256.8799, is repealed.

82.27 (c) Minnesota Statutes 2022, section 256J.425, subdivision 6, is repealed.

82.28 **EFFECTIVE DATE.** Paragraph (a) is effective March 1, 2025, except the repeal of
 82.29 Minnesota Statutes 2022, sections 256J.08, subdivisions 53 and 62, and 256J.37, subdivision
 82.30 10, is effective July 1, 2024. Paragraph (c) is effective May 1, 2026."

- 83.1 Page 472, delete section 26
- 83.2 Page 474, delete section 27
- 83.3 Page 479, line 25, delete "through" and insert "to"
- 83.4 Page 493, line 30, delete "are" and insert "is"
- 83.5 Page 494, line 21, delete "25" and insert "ten"
- 83.6 Page 501, delete subdivision 1
- 83.7 Page 501, line 6, after the first "scale" insert ", make recommendations for implementing
- 83.8 a process for recognizing comparable competencies,"
- 83.9 Page 501, line 26, delete "task force" and insert "Recognizing Comparable Competencies
- 83.10 to Achieve Comparable Compensation Task Force" and after "following" insert "16"
- 83.11 Page 503, line 2, after "5" insert ", or January 30, 2025, whichever is earlier"
- 83.12 Page 509, delete section 5 and insert:
- 83.13 "Sec. 5. [260.0141] FAMILY FIRST PREVENTION SERVICES ACT KINSHIP
- 83.14 NAVIGATOR GRANT PROGRAM.
- 83.15 Subdivision 1. Establishment. The commissioner of human services must establish a
- 83.16 kinship navigator grant program as outlined by the federal Family First Prevention Services
- 83.17 Act.
- 83.18 Subd. 2. Uses. Eligible grantees must use grant funds to assess and provide support to
- 83.19 meet kinship caregiver needs, provide connection to local and statewide resources, and
- 83.20 provide case management to assist with complex cases.
- 83.21 Sec. 6. Minnesota Statutes 2022, section 260.761, subdivision 2, as amended by Laws
- 83.22 2023, chapter 16, section 16, is amended to read:
- 83.23 Subd. 2. **Notice to Tribes of services or court proceedings involving an Indian**
- 83.24 **child.** (a) When a child-placing agency has information that a family assessment ~~or~~,
- 83.25 investigation, or noncaregiver sex trafficking assessment being conducted may involve an
- 83.26 Indian child, the child-placing agency shall notify the Indian child's Tribe of the family
- 83.27 assessment or investigation, or noncaregiver sex trafficking assessment according to section
- 83.28 260E.18. The child-placing agency shall provide initial notice ~~shall be provided~~ by telephone
- 83.29 and by email or facsimile and shall include the child's full name and date of birth; the full
- 83.30 names and dates of birth of the child's biological parents; and if known the full names and

84.1 dates of birth of the child's grandparents and of the child's Indian custodian. If information
84.2 regarding the child's grandparents or Indian custodian is not immediately available, the
84.3 child-placing agency shall continue to request this information and shall notify the Tribe
84.4 when it is received. Notice shall be provided to all Tribes to which the child may have any
84.5 Tribal lineage. The child-placing agency shall request that the Tribe or a designated Tribal
84.6 representative participate in evaluating the family circumstances, identifying family and
84.7 Tribal community resources, and developing case plans. The child-placing agency shall
84.8 continue to include the Tribe in service planning and updates as to the progress of the case.

84.9 (b) When a child-placing agency has information that a child receiving services may be
84.10 an Indian child, the child-placing agency shall notify the Tribe by telephone and by email
84.11 or facsimile of the child's full name and date of birth, the full names and dates of birth of
84.12 the child's biological parents, and, if known, the full names and dates of birth of the child's
84.13 grandparents and of the child's Indian custodian. This notification must be provided ~~so~~ for
84.14 the Tribe ~~can~~ to determine if the child is a member or eligible for Tribal membership in the
84.15 Tribe, and ~~must be provided~~ the agency must provide the notification to the Tribe within
84.16 seven days of receiving information that the child may be an Indian child. If information
84.17 regarding the child's grandparents or Indian custodian is not available within the seven-day
84.18 period, the child-placing agency shall continue to request this information and shall notify
84.19 the Tribe when it is received. Notice shall be provided to all Tribes to which the child may
84.20 have any Tribal lineage.

84.21 (c) In all child placement proceedings, when a court has reason to believe that a child
84.22 placed in emergency protective care is an Indian child, the court administrator or a designee
84.23 shall, as soon as possible and before a hearing takes place, notify the Tribal social services
84.24 agency by telephone and by email or facsimile of the date, time, and location of the
84.25 emergency protective care or other initial hearing. The court shall make efforts to allow
84.26 appearances by telephone or video conference for Tribal representatives, parents, and Indian
84.27 custodians.

84.28 (d) The child-placing agency or individual petitioner shall effect service of any petition
84.29 governed by sections 260.751 to 260.835 by certified mail or registered mail, return receipt
84.30 requested upon the Indian child's parents, Indian custodian, and Indian child's Tribe at least
84.31 10 days before the admit-deny hearing is held. If the identity or location of the Indian child's
84.32 parents or Indian custodian and Tribe cannot be determined, the child-placing agency shall
84.33 provide the notice required in this paragraph to the United States Secretary of the Interior,
84.34 Bureau of Indian Affairs by certified mail, return receipt requested.

85.1 (e) A Tribe, the Indian child's parents, or the Indian custodian may request up to 20
 85.2 additional days to prepare for the admit-deny hearing. The court shall allow appearances
 85.3 by telephone, video conference, or other electronic medium for Tribal representatives, the
 85.4 Indian child's parents, or the Indian custodian.

85.5 (f) A child-placing agency or individual petitioner must provide the notices required
 85.6 under this subdivision at the earliest possible time to facilitate involvement of the Indian
 85.7 child's Tribe. Nothing in this subdivision is intended to hinder the ability of the child-placing
 85.8 agency, individual petitioner, and the court to respond to an emergency situation. Lack of
 85.9 participation by a Tribe shall not prevent the Tribe from intervening in services and
 85.10 proceedings at a later date. A Tribe may participate in a case at any time. At any stage of
 85.11 the child-placing agency's involvement with an Indian child, the agency shall provide full
 85.12 cooperation to the Tribal social services agency, including disclosure of all data concerning
 85.13 the Indian child. Nothing in this subdivision relieves the child-placing agency of satisfying
 85.14 the notice requirements in state or federal law."

85.15 Page 510, delete section 6

85.16 Page 548, line 31, before "human" insert "health and"

85.17 Page 549, delete section 2 and insert:

85.18 "Sec. 2. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; CHILD**
 85.19 **CARE AND DEVELOPMENT BLOCK GRANT ALLOCATIONS.**

85.20 (a) The commissioner of human services shall allocate \$22,000,000 in fiscal year 2024,
 85.21 \$8,000,000 in fiscal year 2025, \$8,000,000 in fiscal year 2026, and \$8,000,000 in fiscal
 85.22 year 2027 from the child care and development block grant for the child care assistance
 85.23 program rates under Minnesota Statutes, section 119B.13.

85.24 (b) The commissioner of human services shall allocate \$7,824,000 in fiscal year 2025,
 85.25 \$8,406,000 in fiscal year 2026, and \$8,960,000 in fiscal year 2027 from the child care and
 85.26 development block grant for the basic sliding fee program under Minnesota Statutes, section
 85.27 119B.03.

85.28 (c) The commissioner of human services shall allocate \$2,920,000 in fiscal year 2026
 85.29 and \$2,920,000 in fiscal year 2027 from the child care and development block grant for the
 85.30 child care one-stop shop regional assistance network under Minnesota Statutes, section
 85.31 119B.19, subdivision 7, clause (9).

86.1 (d) The commissioner of human services shall allocate \$500,000 in fiscal year 2026 and
 86.2 \$500,000 in fiscal year 2027 from the child care and development block grant for the shared
 86.3 services grants under Minnesota Statutes, section 119B.28.

86.4 (e) The commissioner of human services shall allocate \$300,000 in fiscal year 2026 and
 86.5 \$300,000 in fiscal year 2027 from the child care and development block grant for child care
 86.6 provider access to technology grants under Minnesota Statutes, section 119B.29.

86.7 **Sec. 3. INFORMATION TECHNOLOGY PROJECTS FOR SERVICE DELIVERY**
 86.8 **TRANSFORMATION.**

86.9 Subdivision 1. **Uses of appropriations.** Amounts appropriated to the commissioner of
 86.10 human services for subdivisions 3 to 7 must be expended only to achieve the outcomes
 86.11 identified in each subdivision. The commissioner must allocate available appropriations to
 86.12 maximize federal funding and achieve the outcomes specified in subdivisions 3 to 7.

86.13 Subd. 2. **Reports required.** (a) The commissioner of human services, in consultation
 86.14 with the commissioner of information technology services, must submit a report to the chairs
 86.15 and ranking minority members of the legislative committees with jurisdiction over health
 86.16 and human services policy and finance by October 1, 2023, that identifies:

86.17 (1) a schedule of planned completion dates for the projects included in subdivisions 3
 86.18 to 7;

86.19 (2) the projected budget amount for each project included in subdivisions 3 to 7; and

86.20 (3) baseline metrics and other performance indicators against which progress will be
 86.21 measured so the outcomes identified in subdivisions 3 to 7 are achieved.

86.22 (b) To the extent practicable, the metrics and performance indicators required under
 86.23 paragraph (a) must be specific and expressed in easily understood terms, measurable,
 86.24 achievable, relevant, and time bound. Any changes to the reporting requirements under this
 86.25 subdivision must be developed in consultation with the commissioner of information
 86.26 technology services and reported to the chairs and ranking minority members of the
 86.27 legislative committees with jurisdiction over health and human services policy and finance
 86.28 in the report submitted under paragraph (c).

86.29 (c) By October 1, 2024, and each October 1 thereafter, the commissioner must submit
 86.30 a report to the chairs and ranking minority members of the legislative committees with
 86.31 jurisdiction over health and human services policy and finance that identifies the actual
 86.32 amounts expended for each project in subdivisions 3 to 7, including a description of the
 86.33 types and purposes of expenditures. The report must also describe progress toward achieving

87.1 the outcomes for each project based on the baseline metrics and performance indicators
87.2 established in the report required under paragraph (a) during the previous fiscal year.

87.3 Subd. 3. **Transforming service delivery.** Any amount appropriated for this subdivision
87.4 is to advance efforts to develop and maintain a person-centered human services system by
87.5 increasing the ease, speed, and simplicity of accessing human services for Minnesotans,
87.6 and for county, Tribal, and state human services workers. Outcomes to be achieved include:

87.7 (1) funding foundational work and persistent cross-functional product teams of business
87.8 and technology resources to support ongoing iterative development that:

87.9 (i) improves the experience of Minnesotans interacting with the human services system,
87.10 including reducing the overall time from an application to the determination of eligibility
87.11 and receiving of benefits;

87.12 (ii) improves information technology delivery times and efficiency of software
87.13 development by increasing business agility to respond to new or shifting needs; and

87.14 (iii) improves the experience of county and Tribal human services workers; and

87.15 (2) developing and hosting dashboards, visualizations, or analytics that can be shared
87.16 with external partners and the public to foster data-driven decision making.

87.17 Subd. 4. **Integrated services for children and families.** (a) Any amount appropriated
87.18 for this subdivision is to stabilize and update legacy information technology systems,
87.19 modernize systems, and develop a plan for the future of information technology systems
87.20 for the programs that serve children and families. Outcomes to be achieved include:

87.21 (1) reducing unscheduled downtime on Social Services Information System by at least
87.22 50 percent;

87.23 (2) completing the transition of automated child support systems from mainframe
87.24 technology to a web-based environment;

87.25 (3) making information received regarding an individual's eligibility for benefits easier
87.26 to understand; and

87.27 (4) enhancing the child support participant portal to provide additional options for
87.28 uploading and updating information, making payments, exchanging data securely, and
87.29 providing other features requested by users of the portal.

87.30 (b) The commissioner must contract with an independent consultant to perform a thorough
87.31 evaluation of the SSIS, which supports the child protection system in Minnesota. The
87.32 consultant must make recommendations for improving the current system for usability,

88.1 system performance, and federal Comprehensive Child Welfare Information System
88.2 compliance and must address technical problems and identify any unnecessary or unduly
88.3 burdensome data entry requirements that have contributed to system capacity issues. The
88.4 consultant must assist the commissioner with selecting a platform for future development
88.5 of an information technology system for child protection.

88.6 (c) The commissioner of human services must conduct a study and develop
88.7 recommendations to streamline and reduce SSIS data entry requirements for child protection
88.8 cases. The study must be completed in partnership with local social services agencies and
88.9 others, as determined by the commissioner. The study must review all input fields required
88.10 on current reporting forms and determine which input fields and information are required
88.11 under state or federal law. By June 30, 2024, the commissioner must provide a status report
88.12 and an implementation timeline to the chairs and ranking minority members of the legislative
88.13 committees with jurisdiction over child protection. The status report must include information
88.14 about procedures for soliciting ongoing user input from stakeholders, progress on solicitation
88.15 and hiring of a consultant to conduct the system evaluation required under paragraph (a),
88.16 and a report on progress and completed efforts to streamline data entry requirements and
88.17 improve user experience.

88.18 Subd. 5. **Medicaid Management Information System modernization.** Any amount
88.19 appropriated for this subdivision is to meet federal compliance requirements and enhance,
88.20 modernize, and stabilize the functionality of Minnesota's Medicaid Management Information
88.21 System. Outcomes to be achieved include:

88.22 (1) reducing disruptions and delays in filling prescriptions for medical assistance and
88.23 MinnesotaCare enrollees, and improving call center support for pharmacies and enrollees
88.24 to ensure prompt resolution of issues;

88.25 (2) improving the timeliness and accuracy of claims processing and approval of prior
88.26 authorization requests; and

88.27 (3) advancing the exchange of health information between providers and trusted partners
88.28 so that enrollee care is timely, coordinated, proactive, and reflects the preferences and culture
88.29 of the enrollee and their family.

88.30 Subd. 6. **Provider licensing and reporting hub.** Any amount appropriated for this
88.31 subdivision is to develop, implement, and support ongoing maintenance and operations of
88.32 an integrated human services provider licensing and reporting hub. Outcomes to be achieved
88.33 include:

89.1 (1) creating and maintaining user personas for all provider licensing and reporting hub
 89.2 users that document the unique requirements for each user;

89.3 (2) creating an electronic licensing application within the provider licensing and reporting
 89.4 hub to ensure efficient data collection and analysis; and

89.5 (3) creating a persistent, cross-functional product team of business and technology
 89.6 resources to support the ongoing iterative development of the provider licensing and reporting
 89.7 hub.

89.8 Subd. 7. **Improving the Minnesota Eligibility Technology System functionality.** Any
 89.9 amount appropriated for this subdivision is to meet federal compliance requirements and
 89.10 for necessary repairs to improve the core functionality of the Minnesota Eligibility
 89.11 Technology System to improve the speed and accuracy of eligibility determinations and
 89.12 reduce the administrative burden for state, county, and Tribal workers. Outcomes to be
 89.13 achieved include:

89.14 (1) implementing the capability for medical assistance and MinnesotaCare enrollees to
 89.15 apply, renew, and make changes to their eligibility and select health plans online;

89.16 (2) reducing manual data entry and other steps taken by county and Tribal eligibility
 89.17 workers to improve the accuracy and timeliness of eligibility determinations; and

89.18 (3) completing necessary changes to comply with federal requirements."

89.19 Page 550, delete section 3

89.20 Page 551, after line 2, insert:

89.21 "Sec. 5. **FINANCIAL REVIEW OF GRANT AND BUSINESS SUBSIDY**
 89.22 **RECIPIENTS.**

89.23 Subdivision 1. **Definitions.** (a) As used in this section, the following terms have the
 89.24 meanings given.

89.25 (b) "Grant" means a grant or business subsidy funded by an appropriation in this act.

89.26 (c) "Grantee" means a business entity as defined in Minnesota Statutes, section 5.001.

89.27 Subd. 2. **Financial information required; determination of ability to perform.** Before
 89.28 an agency awards a competitive, legislatively-named, single source, or sole source grant,
 89.29 the agency must assess the risk that a grantee cannot or would not perform the required
 89.30 duties. In making this assessment, the agency must review the following information:

90.1 (1) the grantee's history of performing duties similar to those required by the grant,
90.2 whether the size of the grant requires the grantee to perform services at a significantly
90.3 increased scale, and whether the size of the grant will require significant changes to the
90.4 operation of the grantee's organization;

90.5 (2) for a grantee that is a nonprofit organization, the grantee's Form 990 or Form 990-EZ
90.6 filed with the Internal Revenue Service in each of the prior three years. If the grantee has
90.7 not been in existence long enough or is not required to file Form 990 or Form 990-EZ, the
90.8 grantee must demonstrate to the grantor's satisfaction that the grantee is exempt and must
90.9 instead submit the grantee's most recent board-reviewed financial statements and
90.10 documentation of internal controls;

90.11 (3) for a for-profit business, three years of federal and state tax returns, current financial
90.12 statements, certification that the business is not under bankruptcy proceedings, and disclosure
90.13 of any liens on its assets. If a business has not been in business long enough to have three
90.14 years of tax returns, the grantee must demonstrate to the grantor's satisfaction that the grantee
90.15 has appropriate internal financial controls;

90.16 (4) evidence of registration and good standing with the secretary of state under Minnesota
90.17 Statutes, chapter 317A, or other applicable law;

90.18 (5) if the grantee's total annual revenue exceeds \$750,000, the grantee's most recent
90.19 financial audit performed by an independent third party in accordance with generally accepted
90.20 accounting principles; and

90.21 (6) certification, provided by the grantee, that none of its principals have been convicted
90.22 of a financial crime.

90.23 Subd. 3. **Additional measures for some grantees.** The agency may require additional
90.24 information and must provide enhanced oversight for grants that have not previously received
90.25 state or federal grants for similar amounts or similar duties and so have not yet demonstrated
90.26 the ability to perform the duties required under the grant on the scale required.

90.27 Subd. 4. **Assistance from administration.** An agency without adequate resources or
90.28 experience to perform obligations under this section may contract with the commissioner
90.29 of administration to perform the agency's duties under this section.

90.30 Subd. 5. **Agency authority to not award grant.** If an agency determines that there is
90.31 an appreciable risk that a grantee receiving a competitive, single source, or sole source grant
90.32 cannot or would not perform the required duties under the grant agreement, the agency must
90.33 notify the grantee and the commissioner of administration and give the grantee an opportunity

91.1 to respond to the agency's concerns. If the grantee does not satisfy the agency's concerns
 91.2 within 45 days, the agency must not award the grant.

91.3 Subd. 6. **Legislatively-named grantees.** If an agency determines that there is an
 91.4 appreciable risk that a grantee receiving a legislatively-named grant cannot or would not
 91.5 perform the required duties under the grant agreement, the agency must notify the grantee,
 91.6 the commissioner of administration, and the chair and ranking minority members of Ways
 91.7 and Means Committee in the house of representatives, the chairs and ranking minority
 91.8 members of the Finance Committee in the senate, and the chairs and ranking minority
 91.9 members of the committees in the house of representatives and the senate with primary
 91.10 jurisdiction over the bill in which the money for the grant was appropriated. The agency
 91.11 must give the grantee an opportunity to respond to the agency's concerns. If the grantee
 91.12 does not satisfy the agency's concerns within 45 days, the agency must delay award of the
 91.13 grant until adjournment of the next regular or special legislative session.

91.14 Subd. 7. **Subgrants.** If a grantee will disburse the money received from the grant to
 91.15 other organizations to perform duties required under the grant agreement, the agency must
 91.16 be a party to agreements between the grantee and a subgrantee. Before entering agreements
 91.17 for subgrants, the agency must perform the financial review required under this section with
 91.18 respect to the subgrantees.

91.19 Subd. 8. **Effect.** The requirements of this section are in addition to other requirements
 91.20 imposed by law, the commissioner of administration under Minnesota Statutes, sections
 91.21 16B.97 to 16B.98, or agency grant policy."

91.22 Page 551, delete lines 13 to 17

91.23 Page 552, line 11, delete everything after the third period

91.24 Page 552, delete line 12

91.25 Page 552, line 13, delete "(b)" and insert "(a)" and delete everything after "chair"

91.26 Page 552, line 14, delete "board"

91.27 Page 552, line 15, delete "(c)" and insert "(b)"

91.28 Page 554, line 5, after "board" insert "and the chairs and ranking minority members of
 91.29 the legislative committees with primary jurisdiction over health care policy and finance"

91.30 Page 554, line 7, delete everything after "(a)"

91.31 Page 554, delete line 8

91.32 Page 554, line 9, delete everything before "advisory"

92.1 Page 554, line 16, delete "Exemption" and insert "Expiration"

92.2 Page 579, after line 6, insert:

92.3 "Sec. 29. **APPOINTMENTS AND INITIAL MEETING OF THE HEALTH CARE**
92.4 **AFFORDABILITY BOARD.**

92.5 Appointing authorities must make first appointments to the Health Care Affordability
92.6 Board under Minnesota Statutes, section 62J.87, by October 1, 2023. The governor must
92.7 designate one member to serve as an acting chair until the council selects a chair at its first
92.8 meeting. The acting chair must convene the first meeting by January 1, 2024.

92.9 Sec. 30. **TERMS OF INITIAL APPOINTEES OF THE HEALTH CARE**
92.10 **AFFORDABILITY ADVISORY COUNCIL.**

92.11 Notwithstanding Minnesota Statutes, section 62J.88, subdivision 3, the initial appointed
92.12 members of the Health Care Affordability Advisory Council under Minnesota Statutes,
92.13 section 62J.88, shall serve staggered terms of two, three, and four years determined by lot
92.14 by the secretary of state."

92.15 Page 579, line 27, delete "disproportionally" and insert "disproportionately"

92.16 Page 580, line 2, delete "disproportionally" and insert "disproportionately"

92.17 Page 581, delete article 19 and insert:

92.18 **"ARTICLE 18**
92.19 **APPROPRIATIONS**

92.20 Section 1. **HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

92.21 The sums shown in the columns marked "Appropriations" are appropriated to the agencies
92.22 and for the purposes specified in this article. The appropriations are from the general fund,
92.23 or another named fund, and are available for the fiscal years indicated for each purpose.
92.24 The figures "2024" and "2025" used in this article mean that the appropriations listed under
92.25 them are available for the fiscal year ending June 30, 2024, or June 30, 2025, respectively.
92.26 "The first year" is fiscal year 2024. "The second year" is fiscal year 2025. "The biennium"
92.27 is fiscal years 2024 and 2025.

92.28 **APPROPRIATIONS**

92.29 **Available for the Year**

93.1			<u>Ending June 30</u>
93.2			<u>2024</u> <u>2025</u>
93.3	<u>Sec. 2. COMMISSIONER OF HUMAN</u>		
93.4	<u>SERVICES</u>		
93.5	<u>Subdivision 1. Total Appropriation</u>	\$	<u>3,937,170,000</u> \$ <u>4,182,045,000</u>
93.6	<u>Appropriations by Fund</u>		
93.7		<u>2024</u>	<u>2025</u>
93.8	<u>General</u>	<u>2,777,291,000</u>	<u>2,710,181,000</u>
93.9	<u>State Government</u>		
93.10	<u>Special Revenue</u>	<u>4,901,000</u>	<u>5,409,000</u>
93.11	<u>Health Care Access</u>	<u>877,862,000</u>	<u>1,184,598,000</u>
93.12	<u>Federal TANF</u>	<u>276,953,000</u>	<u>281,694,000</u>
93.13	<u>Lottery Prize</u>	<u>163,000</u>	<u>163,000</u>
93.14	<u>The amounts that may be spent for each</u>		
93.15	<u>purpose are specified in the following</u>		
93.16	<u>subdivisions.</u>		
93.17	<u>Subd. 2. TANF Maintenance of Effort</u>		
93.18	<u>(a) Nonfederal expenditures. The</u>		
93.19	<u>commissioner shall ensure that sufficient</u>		
93.20	<u>qualified nonfederal expenditures are made</u>		
93.21	<u>each year to meet the state's maintenance of</u>		
93.22	<u>effort requirements of the TANF block grant</u>		
93.23	<u>specified under Code of Federal Regulations,</u>		
93.24	<u>title 45, section 263.1. In order to meet these</u>		
93.25	<u>basic TANF maintenance of effort</u>		
93.26	<u>requirements, the commissioner may report</u>		
93.27	<u>as TANF maintenance of effort expenditures</u>		
93.28	<u>only nonfederal money expended for allowable</u>		
93.29	<u>activities listed in the following clauses:</u>		
93.30	<u>(1) MFIP cash, diversionary work program,</u>		
93.31	<u>and food assistance benefits under Minnesota</u>		
93.32	<u>Statutes, chapter 256J;</u>		
93.33	<u>(2) the child care assistance programs under</u>		
93.34	<u>Minnesota Statutes, sections 119B.03 and</u>		

- 94.1 119B.05, and county child care administrative
94.2 costs under Minnesota Statutes, section
94.3 119B.15;
- 94.4 (3) state and county MFIP administrative costs
94.5 under Minnesota Statutes, chapters 256J and
94.6 256K;
- 94.7 (4) state, county, and Tribal MFIP
94.8 employment services under Minnesota
94.9 Statutes, chapters 256J and 256K;
- 94.10 (5) expenditures made on behalf of legal
94.11 noncitizen MFIP recipients who qualify for
94.12 the MinnesotaCare program under Minnesota
94.13 Statutes, chapter 256L;
- 94.14 (6) qualifying working family credit
94.15 expenditures under Minnesota Statutes, section
94.16 290.0671;
- 94.17 (7) qualifying Minnesota education credit
94.18 expenditures under Minnesota Statutes, section
94.19 290.0674; and
- 94.20 (8) qualifying Head Start expenditures under
94.21 Minnesota Statutes, section 119A.50.
- 94.22 **(b) Nonfederal expenditures; reporting.** For
94.23 the activities listed in paragraph (a), clauses
94.24 (2) to (8), the commissioner must report only
94.25 expenditures that are excluded from the
94.26 definition of assistance under Code of Federal
94.27 Regulations, title 45, section 260.31.
- 94.28 **(c) Limitations; exceptions.** The
94.29 commissioner must not claim an amount of
94.30 TANF maintenance of effort in excess of the
94.31 75 percent standard in Code of Federal
94.32 Regulations, title 45, section 263.1(a)(2),
94.33 except:

95.1 (1) to the extent necessary to meet the 80
95.2 percent standard under Code of Federal
95.3 Regulations, title 45, section 263.1(a)(1), if it
95.4 is determined by the commissioner that the
95.5 state will not meet the TANF work
95.6 participation target rate for the current year;
95.7 (2) to provide any additional amounts under
95.8 Code of Federal Regulations, title 45, section
95.9 264.5, that relate to replacement of TANF
95.10 funds due to the operation of TANF penalties;
95.11 and
95.12 (3) to provide any additional amounts that may
95.13 contribute to avoiding or reducing TANF work
95.14 participation penalties through the operation
95.15 of the excess maintenance of effort provisions
95.16 of Code of Federal Regulations, title 45,
95.17 section 261.43(a)(2).
95.18 **(d) Supplemental expenditures.** For the
95.19 purposes of paragraph (c), the commissioner
95.20 may supplement the maintenance of effort
95.21 claim with working family credit expenditures
95.22 or other qualified expenditures to the extent
95.23 such expenditures are otherwise available after
95.24 considering the expenditures allowed in this
95.25 subdivision.
95.26 **(e) Reduction of appropriations; exception.**
95.27 The requirement in Minnesota Statutes, section
95.28 256.011, subdivision 3, that federal grants or
95.29 aids secured or obtained under that subdivision
95.30 be used to reduce any direct appropriations
95.31 provided by law does not apply if the grants
95.32 or aids are federal TANF funds.
95.33 **(f) IT appropriations generally.** This
95.34 appropriation includes funds for information

96.1 technology projects, services, and support.

96.2 Notwithstanding Minnesota Statutes, section

96.3 16E.0466, funding for information technology

96.4 project costs must be incorporated into the

96.5 service level agreement and paid to Minnesota

96.6 IT Services by the Department of Human

96.7 Services under the rates and mechanism

96.8 specified in that agreement.

96.9 **(g) Receipts for systems project.**

96.10 Appropriations and federal receipts for

96.11 information technology systems projects for

96.12 MAXIS, PRISM, MMIS, ISDS, METS, and

96.13 SSIS must be deposited in the state systems

96.14 account authorized in Minnesota Statutes,

96.15 section 256.014. Money appropriated for

96.16 information technology projects approved by

96.17 the chief information officer funded by the

96.18 legislature, and approved by the commissioner

96.19 of management and budget may be transferred

96.20 from one project to another and from

96.21 development to operations as the

96.22 commissioner of human services considers

96.23 necessary. Any unexpended balance in the

96.24 appropriation for these projects does not

96.25 cancel and is available for ongoing

96.26 development and operations.

96.27 **(h) Federal SNAP education and training**

96.28 **grants.** Federal funds available during fiscal

96.29 years 2024 and 2025 for Supplemental

96.30 Nutrition Assistance Program Education and

96.31 Training and SNAP Quality Control

96.32 Performance Bonus grants are appropriated

96.33 to the commissioner of human services for the

96.34 purposes allowable under the terms of the

97.1 federal award. This paragraph is effective the
 97.2 day following final enactment.

97.3 **Subd. 3. Central Office; Operations**

97.4 Appropriations by Fund

97.5	<u>General</u>	<u>255,556,000</u>	<u>242,971,000</u>
97.6	<u>State Government</u>		
97.7	<u>Special Revenue</u>	<u>4,776,000</u>	<u>5,284,000</u>
97.8	<u>Health Care Access</u>	<u>9,347,000</u>	<u>11,244,000</u>
97.9	<u>Federal TANF</u>	<u>1,090,000</u>	<u>1,194,000</u>

97.10 **(a) Administrative recovery; set-aside.** The
 97.11 commissioner may invoice local entities
 97.12 through the SWIFT accounting system as an
 97.13 alternative means to recover the actual cost of
 97.14 administering the following provisions:

97.15 (1) the statewide data management system
 97.16 authorized in Minnesota Statutes, section
 97.17 125A.744, subdivision 3;

97.18 (2) repayment of the special revenue
 97.19 maximization account as provided under
 97.20 Minnesota Statutes, section 245.495,
 97.21 paragraph (b);

97.22 (3) repayment of the special revenue
 97.23 maximization account as provided under
 97.24 Minnesota Statutes, section 256B.0625,
 97.25 subdivision 20, paragraph (k);

97.26 (4) targeted case management under
 97.27 Minnesota Statutes, section 256B.0924,
 97.28 subdivision 6, paragraph (g);

97.29 (5) residential services for children with severe
 97.30 emotional disturbance under Minnesota
 97.31 Statutes, section 256B.0945, subdivision 4,
 97.32 paragraph (d); and

97.33 (6) repayment of the special revenue
 97.34 maximization account as provided under

- 98.1 Minnesota Statutes, section 256F.10,
98.2 subdivision 6, paragraph (b).
- 98.3 **(b) Transforming service delivery.**
98.4 \$8,225,000 in fiscal year 2024 and \$7,411,000
98.5 in fiscal year 2025 are from the general fund
98.6 for transforming service delivery projects. The
98.7 base for this appropriation is \$5,614,000 in
98.8 fiscal year 2026 and \$5,614,000 in fiscal year
98.9 2027.
- 98.10 **(c) Integrated services for children and**
98.11 **families.** \$6,691,000 in fiscal year 2024 and
98.12 \$4,053,000 in fiscal year 2025 are from the
98.13 general fund for integrated services for
98.14 children and families projects. The base for
98.15 this appropriation is \$3,246,000 in fiscal year
98.16 2026 and \$2,082,000 in fiscal year 2027.
- 98.17 **(d) Medicaid management information**
98.18 **system modernization.** \$7,636,000 in fiscal
98.19 year 2024 is for Medicaid management
98.20 information system modernization projects.
98.21 This is a onetime appropriation.
- 98.22 **(e) Provider licensing and reporting hub.**
98.23 \$5,986,000 in fiscal year 2024 and \$2,834,000
98.24 in fiscal year 2025 are from the general fund
98.25 for provider licensing and reporting hub
98.26 projects. The base for this appropriation is
98.27 \$2,607,000 in fiscal year 2026 and \$2,249,000
98.28 in fiscal year 2027.
- 98.29 **(f) Improving the Minnesota eligibility**
98.30 **technology system functionality.** \$8,888,000
98.31 in fiscal year 2024 is from the general fund
98.32 for projects to improve the Minnesota
98.33 eligibility technology system functionality.
98.34 The base for this appropriation is \$384,000 in

99.1 fiscal year 2026 and \$384,000 in fiscal year
 99.2 2027.

99.3 **(g) Base level adjustment.** The general fund
 99.4 base is \$234,129,000 in fiscal year 2026 and
 99.5 \$233,067,000 in fiscal year 2027. The state
 99.6 government special revenue base is \$4,880,000
 99.7 in fiscal year 2026 and \$4,710,000 in fiscal
 99.8 year 2027.

99.9 **Subd. 4. Central Office; Children and Families**

	<u>Appropriations by Fund</u>	
99.10		
99.11	<u>General</u>	<u>38,943,000</u> <u>36,803,000</u>
99.12	<u>Federal TANF</u>	<u>2,582,000</u> <u>2,582,000</u>

99.13 **(a) Quadrennial review of child support**
 99.14 **guidelines.** \$64,000 in fiscal year 2024 and
 99.15 \$32,000 in fiscal year 2025 are from the
 99.16 general fund for a quadrennial review of child
 99.17 support guidelines.

99.18 **(b) Transfer.** The commissioner must transfer
 99.19 \$64,000 in fiscal year 2024 and \$32,000 in
 99.20 fiscal year 2025 from the general fund to the
 99.21 special revenue fund to be used for the
 99.22 quadrennial review of child support guidelines.

99.23 **(c) Recognizing comparable competencies**
 99.24 **to achieve comparable compensation task**
 99.25 **force.** \$141,000 in fiscal year 2024 and
 99.26 \$165,000 in fiscal year 2025 are from the
 99.27 general fund for the Recognizing Comparable
 99.28 Competencies to Achieve Comparable
 99.29 Compensation Task Force. This is a onetime
 99.30 appropriation.

99.31 **(d) Child care and early education**
 99.32 **professional wage scale.** \$637,000 in fiscal
 99.33 year 2024 and \$565,000 in fiscal year 2025
 99.34 are from the general fund for developing a

100.1 wage scale for child care and early education

100.2 professionals. This is a onetime appropriation.

100.3 **(e) Cost estimation model for early care and**

100.4 **learning programs. \$100,000 in fiscal year**

100.5 **2024 is from the general fund for developing**

100.6 **a cost estimation model for providing early**

100.7 **care and learning.**

100.8 **(f) Integrated services for children and**

100.9 **families. \$2,259,000 in fiscal year 2024 and**

100.10 **\$2,542,000 in fiscal year 2025 are from the**

100.11 **general fund for integrated services for**

100.12 **children and families projects. The base for**

100.13 **this appropriation is \$2,002,000 in fiscal year**

100.14 **2026 and \$1,830,000 in fiscal year 2027.**

100.15 **(g) Base level adjustment. The general fund**

100.16 **base is \$35,606,000 in fiscal year 2026 and**

100.17 **\$35,470,000 in fiscal year 2027.**

100.18 **Subd. 5. Central Office; Health Care**

100.19 Appropriations by Fund

100.20 General 30,477,000 32,949,000

100.21 Health Care Access 28,168,000 28,168,000

100.22 **(a) Medical assistance and MinnesotaCare**

100.23 **accessibility improvements. \$1,350,000 in**

100.24 **fiscal year 2024 is from the general fund to**

100.25 **improve the accessibility of applications,**

100.26 **forms, and other consumer support resources**

100.27 **and services for medical assistance and**

100.28 **MinnesotaCare enrollees with limited English**

100.29 **proficiency.**

100.30 **(b) Palliative care benefit study. \$150,000**

100.31 **in fiscal year 2024 is from the general fund**

100.32 **for a study of the fiscal, medical, and social**

100.33 **impacts of implementing a palliative care**

100.34 **benefit in medical assistance and**

101.1 MinnesotaCare. This is a onetime
 101.2 appropriation. The commissioner must report
 101.3 the results of the study to the chairs and
 101.4 ranking minority members of the legislative
 101.5 committees with jurisdiction over health care
 101.6 by January 15, 2024.

101.7 **(c) Transforming service delivery. \$155,000**
 101.8 **in fiscal year 2024 and \$180,000 in fiscal year**
 101.9 **2025 are from the general fund for**
 101.10 **transforming service delivery projects.**

101.11 **(d) Improving the Minnesota eligibility**
 101.12 **technology system functionality. \$866,000**
 101.13 **in fiscal year 2024 and \$384,000 in fiscal year**
 101.14 **2025 are from the general fund for improving**
 101.15 **the Minnesota eligibility technology system**
 101.16 **functionality.**

101.17 **(e) Base level adjustment. The general fund**
 101.18 **base is \$42,202,000 in fiscal year 2026 and**
 101.19 **\$42,527,000 in fiscal year 2027.**

101.20 **Subd. 6. Central Office; Aging and Disabilities**
 101.21 **Services**

101.22	<u>Appropriations by Fund</u>		
101.23	<u>General</u>	<u>39,454,000</u>	<u>35,416,000</u>
101.24	<u>State Government</u>		
101.25	<u>Special Revenue</u>	<u>125,000</u>	<u>125,000</u>

101.26 **(a) Catholic Charities homeless elders**
 101.27 **program. \$728,000 in fiscal year 2024 and**
 101.28 **\$728,000 in fiscal year 2025 are for a grant to**
 101.29 **Catholic Charities of St. Paul and Minneapolis**
 101.30 **to operate its homeless elders program. This**
 101.31 **is a onetime appropriation.**

101.32 **(b) Integrated services for children and**
 101.33 **families. \$143,000 in fiscal year 2024 and**
 101.34 **\$165,000 in fiscal year 2025 are from the**

102.1 general fund for integrated services for
 102.2 children and families projects.

102.3 **(b) Base level adjustment.** The general fund
 102.4 base is \$34,688,000 in fiscal year 2026 and
 102.5 \$34,688,000 in fiscal year 2027.

102.6 **Subd. 7. Central Office; Behavioral Health, Deaf**
 102.7 **and Hard of Hearing, and Housing Services**

102.8	<u>Appropriations by Fund</u>		
102.9	<u>General</u>	<u>25,902,000</u>	<u>25,095,000</u>
102.10	<u>Lottery Prize</u>	<u>163,000</u>	<u>163,000</u>

102.11 **(a) Homeless management system.** \$250,000
 102.12 in fiscal year 2024 and \$1,000,000 in fiscal
 102.13 year 2025 are from the general fund for a
 102.14 homeless management information system.
 102.15 The base for this appropriation is \$1,140,000
 102.16 in fiscal year 2026 and \$1,140,000 in fiscal
 102.17 year 2027.

102.18 **(b) Base level adjustment.** The general fund
 102.19 base is \$24,484,000 in fiscal year 2026 and
 102.20 \$24,085,000 in fiscal year 2027.

102.21 **Subd. 8. Forecasted Programs; MFIP/DWP**

102.22	<u>Appropriations by Fund</u>		
102.23	<u>General</u>	<u>82,652,000</u>	<u>91,628,000</u>
102.24	<u>Federal TANF</u>	<u>105,337,000</u>	<u>109,974,000</u>

102.25	<u>Subd. 9. Forecasted Programs; MFIP Child Care</u>		
102.26	<u>Assistance</u>	<u>38,743,000</u>	<u>143,055,000</u>

102.27	<u>Subd. 10. Forecasted Programs; General</u>		
102.28	<u>Assistance</u>	<u>52,026,000</u>	<u>74,776,000</u>

102.29 **Emergency general assistance.** The amount
 102.30 appropriated for emergency general assistance
 102.31 is limited to no more than \$6,729,812 in fiscal
 102.32 year 2024 and \$6,729,812 in fiscal year 2025.
 102.33 Funds to counties shall be allocated by the

103.1	<u>commissioner using the allocation method</u>		
103.2	<u>under Minnesota Statutes, section 256D.06.</u>		
103.3	<u>Subd. 11. Forecasted Programs; Minnesota</u>		
103.4	<u>Supplemental Aid</u>	<u>58,548,000</u>	<u>60,357,000</u>
103.5	<u>Subd. 12. Forecasted Programs; Housing</u>		
103.6	<u>Support</u>	<u>211,692,000</u>	<u>224,231,000</u>
103.7	<u>Subd. 13. Forecasted Programs; Northstar Care</u>		
103.8	<u>for Children</u>	<u>113,912,000</u>	<u>124,546,000</u>
103.9	<u>Subd. 14. Forecasted Programs; MinnesotaCare</u>		
		<u>89,323,000</u>	<u>57,124,000</u>
103.10	<u>This appropriation is from the health care</u>		
103.11	<u>access fund.</u>		
103.12	<u>Subd. 15. Forecasted Programs; Medical</u>		
103.13	<u>Assistance</u>		
103.14	<u>Appropriations by Fund</u>		
103.15	<u>General</u>	<u>1,220,215,000</u>	<u>944,121,000</u>
103.16	<u>Health Care Access</u>	<u>747,559,000</u>	<u>1,084,597,000</u>
103.17	<u>The health care access fund base is</u>		
103.18	<u>\$878,419,000 in fiscal year 2026 and</u>		
103.19	<u>\$1,197,599,000 in fiscal year 2027.</u>		
103.20	<u>Subd. 16. Forecasted Programs; Alternative</u>		
103.21	<u>Care</u>	<u>158,000</u>	<u>460,000</u>
103.22	<u>Subd. 17. Forecasted Programs; Behavioral</u>		
103.23	<u>Health Fund</u>	<u>1,344,000</u>	<u>3,181,000</u>
103.24	<u>Subd. 18. Grant Programs; Support Services</u>		
103.25	<u>Grants</u>		
103.26	<u>Appropriations by Fund</u>		
103.27	<u>General</u>	<u>8,715,000</u>	<u>8,715,000</u>
103.28	<u>Federal TANF</u>	<u>96,311,000</u>	<u>96,311,000</u>
103.29	<u>Subd. 19. Grant Programs; Basic Sliding Fee</u>		
103.30	<u>Child Assistance Care Grants</u>	<u>64,203,000</u>	<u>113,974,000</u>
103.31	<u>The general fund base is \$144,560,000 in</u>		
103.32	<u>fiscal year 2026 and \$142,007,000 in fiscal</u>		
103.33	<u>year 2027.</u>		

104.1	<u>Subd. 20. Grant Programs; Child Care</u>		
104.2	<u>Development Grants</u>	<u>150,248,000</u>	<u>156,729,000</u>
104.3	<u>(a) Child care provider retention payments.</u>		
104.4	<u>\$101,566,000 in fiscal year 2024 and</u>		
104.5	<u>\$141,598,000 in fiscal year 2025 are for the</u>		
104.6	<u>child care provider retention program</u>		
104.7	<u>payments under Minnesota Statutes, section</u>		
104.8	<u>119B.27. The base for this appropriation is</u>		
104.9	<u>\$144,202,000 in fiscal year 2026 and</u>		
104.10	<u>\$144,202,000 in fiscal year 2027.</u>		
104.11	<u>(b) Transition grant program. \$41,895,000</u>		
104.12	<u>in fiscal year 2024 is for transition grants for</u>		
104.13	<u>child care providers that intend to participate</u>		
104.14	<u>in the child care retention program. This is a</u>		
104.15	<u>onetime appropriation and is available until</u>		
104.16	<u>June 30, 2025.</u>		
104.17	<u>(c) REETAIN grant program. \$1,000,000</u>		
104.18	<u>in fiscal year 2024 and \$1,000,000 in fiscal</u>		
104.19	<u>year 2025 are for the REETAIN grant program</u>		
104.20	<u>under Minnesota Statutes, section 119B.195.</u>		
104.21	<u>The general fund base for this appropriation</u>		
104.22	<u>is \$1,500,000 in fiscal year 2026 and</u>		
104.23	<u>\$1,500,000 in fiscal year 2027.</u>		
104.24	<u>(d) Child care workforce development</u>		
104.25	<u>grants administration. \$1,300,000 in fiscal</u>		
104.26	<u>year 2025 is for a grant to the statewide child</u>		
104.27	<u>care resource and referral network to</u>		
104.28	<u>administer child care workforce development</u>		
104.29	<u>grants under Minnesota Statutes, section</u>		
104.30	<u>119B.19, subdivision 7, clause (10).</u>		
104.31	<u>(e) Scholarship program. \$695,000 in fiscal</u>		
104.32	<u>year 2025 is for a scholarship program for</u>		
104.33	<u>early childhood and school-age educators</u>		
104.34	<u>under Minnesota Statutes, section 119B.251.</u>		

- 105.1 (f) **Child care one-stop shop.** \$2,920,000 in
105.2 fiscal year 2025 is for a grant to the statewide
105.3 child care resource and referral network to
105.4 administer the child care one-stop shop
105.5 regional assistance network under Minnesota
105.6 Statutes, section 119B.19, subdivision 7,
105.7 clause (9). The base for this appropriation is
105.8 \$0 in fiscal year 2026 and \$0 in fiscal year
105.9 2027.
- 105.10 (g) **Shared services grants.** \$500,000 in fiscal
105.11 year 2024 and \$500,000 in fiscal year 2025
105.12 are for shared services grants under Minnesota
105.13 Statutes, section 119B.28. The base for this
105.14 appropriation is \$0 in fiscal year 2026 and \$0
105.15 in fiscal year 2027.
- 105.16 (h) **Access to technology grants.** \$300,000
105.17 in fiscal year 2024 and \$300,000 in fiscal year
105.18 2025 are for child care provider access to
105.19 technology grants under Minnesota Statutes,
105.20 section 119B.29. The base for this
105.21 appropriation is \$0 in fiscal year 2026 and \$0
105.22 in fiscal year 2027.
- 105.23 (i) **Business training and consultation.**
105.24 \$1,250,000 in fiscal year 2024 and \$1,500,000
105.25 in fiscal year 2025 are for business training
105.26 and consultation under Minnesota Statutes,
105.27 section 119B.25, subdivision 3, paragraph (a),
105.28 clause (6).
- 105.29 (j) **Early childhood registered**
105.30 **apprenticeship grant program.** \$2,000,000
105.31 in fiscal year 2024 and \$2,000,000 in fiscal
105.32 year 2025 are for the early childhood
105.33 registered apprenticeship grant program under
105.34 Minnesota Statutes, section 119B.252.

106.1 **(k) Family, friend, and neighbor grant**
 106.2 **program.** \$3,179,000 in fiscal year 2024 and
 106.3 \$3,179,000 in fiscal year 2025 are for the
 106.4 family, friend, and neighbor grant program
 106.5 under Minnesota Statutes, section 119B.196.

106.6 **(l) Base level adjustment.** The general fund
 106.7 base is \$156,113,000 in fiscal year 2026 and
 106.8 \$156,113,000 in fiscal year 2027.

106.9 **Subd. 21. Grant Programs; Child Support**
 106.10 **Enforcement Grants** 50,000 50,000

106.11 **Subd. 22. Grant Programs; Children's Services**
 106.12 **Grants**

106.13	<u>Appropriations by Fund</u>		
106.14	<u>General</u>	<u>75,524,000</u>	<u>85,181,000</u>
106.15	<u>Federal TANF</u>	<u>140,000</u>	<u>140,000</u>

106.16 **(a) Mille Lacs Band of Ojibwe American**
 106.17 **Indian child welfare initiative.** \$3,337,000
 106.18 in fiscal year 2024 and \$5,294,000 in fiscal
 106.19 year 2025 are from the general fund for the
 106.20 Mille Lacs Band of Ojibwe to join the
 106.21 American Indian child welfare initiative. The
 106.22 base for this appropriation is \$7,893,000 in
 106.23 fiscal year 2026 and \$7,893,000 in fiscal year
 106.24 2027.

106.25 **(b) Grants for kinship navigator services.**
 106.26 \$764,000 in fiscal year 2024 and \$764,000 in
 106.27 fiscal year 2025 are from the general fund for
 106.28 grants for kinship navigator services and
 106.29 grants to Tribal Nations for kinship navigator
 106.30 services. The base for this appropriation is
 106.31 \$750,000 in fiscal year 2026 and \$750,000 in
 106.32 fiscal year 2027.

106.33 **(c) Family First Prevention and Early**
 106.34 **Intervention assessment response grants.**
 106.35 \$6,100,000 in fiscal year 2024 and \$9,800,000

107.1 in fiscal year 2025 are from the general fund
107.2 for family assessment response grants under
107.3 Minnesota Statutes, section 260.014.

107.4 **(d) Grants for evidence-based prevention**
107.5 **and early intervention services. \$3,000,000**
107.6 in fiscal year 2024 and \$7,000,000 in fiscal
107.7 year 2025 are from the general fund for grants
107.8 to support evidence-based prevention and early
107.9 intervention services under Minnesota
107.10 Statutes, section 260.014. The base for this
107.11 appropriation is \$10,000,000 in fiscal year
107.12 2026 and \$10,000,000 in fiscal year 2027.

107.13 **(e) Grant to administer pool of qualified**
107.14 **individuals for assessments. \$450,000 in**
107.15 fiscal year 2024 and \$450,000 in fiscal year
107.16 2025 are from the general fund for grants to
107.17 establish and manage a pool of state-funded
107.18 qualified individuals to conduct assessments
107.19 for out-of-home placement of a child in a
107.20 qualified residential treatment program.

107.21 **(f) Grants to counties to reduce foster care**
107.22 **caseloads. \$3,000,000 in fiscal year 2024 and**
107.23 **\$3,000,000 in fiscal year 2025 are from the**
107.24 general fund for grants to counties and
107.25 American Indian child welfare initiative Tribes
107.26 to reduce extended foster care caseload sizes.

107.27 **(g) Quality parenting initiative grant**
107.28 **program. \$100,000 in fiscal year 2024 and**
107.29 **\$100,000 in fiscal year 2025 are from the**
107.30 general fund for a grant to Quality Parenting
107.31 Initiative Minnesota under Minnesota Statutes,
107.32 section 245.0962.

107.33 **(h) Payments to counties to reimburse**
107.34 **revenue loss. \$2,000,000 in fiscal year 2024**

108.1 and \$2,000,000 in fiscal year 2025 are for
 108.2 payments to counties to reimburse the revenue
 108.3 loss attributable to prohibiting counties, as the
 108.4 financially responsible agency for a child
 108.5 placed in foster care, from receiving
 108.6 Supplemental Security Income on behalf of
 108.7 the child placed in foster care during the time
 108.8 the child is in foster care under Minnesota
 108.9 Statutes, section 256N.26, subdivision 12.

108.10 (h) **Base level adjustment.** The general fund
 108.11 base is \$91,001,000 in fiscal year 2026 and
 108.12 \$91,001,000 in fiscal year 2027.

108.13 Subd. 23. **Grant Programs; Children and**
 108.14 **Community Service Grants**

62,356,000

62,356,000

108.15 Subd. 24. **Grant Programs; Children and**
 108.16 **Economic Support Grants**

70,823,000

74,829,000

108.17 (a) **Fraud prevention initiative start-up**
 108.18 **grants.** \$400,000 in fiscal year 2024 is for
 108.19 start-up grants to the Red Lake Nation, White
 108.20 Earth Nation, and Mille Lacs Band of Ojibwe
 108.21 to develop a fraud prevention program. This
 108.22 is a onetime appropriation and is available
 108.23 until June 30, 2025.

108.24 (b) **Grants to promote food security among**
 108.25 **Tribal Nations and American Indian**
 108.26 **communities.** \$1,851,000 in fiscal year 2024
 108.27 and \$1,851,000 in fiscal year 2025 are for
 108.28 grants to support food security among Tribal
 108.29 Nations and American Indian communities
 108.30 under Minnesota Statutes, section 256E.341.

108.31 (c) **Minnesota food shelf program grants.**
 108.32 \$2,827,000 in fiscal year 2024 and \$2,827,000
 108.33 in fiscal year 2025 are for the Minnesota food
 108.34 shelf program under Minnesota Statutes,
 108.35 section 256E.34.

109.1 **(d) Grant to CornerHouse children's**
109.2 **advocacy center.** \$315,000 in fiscal year 2024
109.3 and \$315,000 in fiscal year 2025 are for a
109.4 grant to CornerHouse children's advocacy
109.5 center. The grant must be used to establish a
109.6 child maltreatment prevention program serving
109.7 rural, urban, and suburban communities across
109.8 the state and to expand response services in
109.9 Hennepin and Anoka Counties for children
109.10 who have experienced maltreatment. This
109.11 paragraph does not expire.

109.12 **(e) Hennepin County homelessness grant**
109.13 **program.** \$5,095,000 in fiscal year 2025 is
109.14 for a grant to Hennepin County under
109.15 Minnesota Statutes, section 245.0966. The
109.16 base for this appropriation is \$10,191,000 in
109.17 fiscal year 2026 and \$10,191,000 in fiscal year
109.18 2027.

109.19 **(f) Diaper distribution grant program.**
109.20 \$500,000 in fiscal year 2024 and \$500,000 in
109.21 fiscal year 2025 are for the diaper distribution
109.22 grant program under Minnesota Statutes,
109.23 section 256E.38.

109.24 **(g) Prepared meals food relief.** \$1,250,000
109.25 in fiscal year 2024 and \$1,250,000 in fiscal
109.26 year 2025 are for prepared meals food relief
109.27 grants under Minnesota Statutes, section
109.28 256E.341.

109.29 **(h) Family supportive housing.** \$4,000,000
109.30 in fiscal year 2024 and \$4,000,000 in fiscal
109.31 year 2025 are for the grants under Minnesota
109.32 Statutes, section 256K.50.

109.33 **(i) Chosen family grants.** \$1,939,000 in fiscal
109.34 year 2024 is for grants to providers serving

110.1 homeless youth and youth at risk of
110.2 homelessness in Minnesota to establish or
110.3 expand services that formalize situations
110.4 where a caring adult whom a youth considers
110.5 chosen family allows the youth to stay at the
110.6 adult's residence to avoid being homeless. This
110.7 is a onetime appropriation and is available
110.8 until June 30, 2025.

110.9 **(j) Homeless youth cash stipend pilot**
110.10 **project. \$3,000,000 in fiscal year 2024 and**
110.11 **\$3,000,000 in fiscal year 2025 are for a grant**
110.12 **to Youthprise for the homeless youth cash**
110.13 **stipend pilot project. The grant must be used**
110.14 **to provide cash stipends to homeless youth,**
110.15 **provide cash incentives for stipend recipients**
110.16 **to participate in periodic surveys, provide**
110.17 **youth-designed optional services, and**
110.18 **complete a legislative report. The general fund**
110.19 **base for this appropriation is \$3,000,000 in**
110.20 **fiscal year 2026, \$3,000,000 in fiscal year**
110.21 **2027, and \$0 in fiscal year 2028 and thereafter.**

110.22 **(k) Olmsted County homelessness grant**
110.23 **program. \$1,164,000 in fiscal year 2024 and**
110.24 **\$1,164,000 in fiscal year 2025 are for a grant**
110.25 **to Olmsted County under Minnesota Statutes,**
110.26 **section 245.0965.**

110.27 **(l) Continuum of care grant program.**
110.28 **\$6,595,000 in fiscal year 2024 and \$6,595,000**
110.29 **in fiscal year 2025 are for a grant to Ramsey**
110.30 **County for the Heading Home Ramsey**
110.31 **Continuum of Care under Minnesota Statutes,**
110.32 **section 245.0963. Of these amounts, ten**
110.33 **percent in fiscal year 2024 and ten percent in**
110.34 **fiscal year 2025 may be used by the grantee**
110.35 **for administrative expenses.**

111.1 (m) Base level adjustment. The general fund
 111.2 base is \$79,925,000 in fiscal year 2026 and
 111.3 \$79,925,000 in fiscal year 2027.

111.4 Subd. 25. Grant Programs; Health Care Grants

111.5	<u>Appropriations by Fund</u>		
111.6	<u>General</u>	<u>7,311,000</u>	<u>7,311,000</u>
111.7	<u>Health Care Access</u>	<u>3,465,000</u>	<u>3,465,000</u>

111.8 (a) Grant to Indian Health Board of
 111.9 Minneapolis. \$2,500,000 in fiscal year 2024
 111.10 and \$2,500,000 in fiscal year 2025 are from
 111.11 the general fund for a grant to the Indian
 111.12 Health Board of Minneapolis to support
 111.13 continued access to health care coverage
 111.14 through medical assistance and
 111.15 MinnesotaCare, improve access to quality
 111.16 care, and increase vaccination rates among
 111.17 urban American Indians. The general fund
 111.18 base for this appropriation is \$2,500,000 in
 111.19 fiscal year 2026 and \$0 in fiscal year 2027.

111.20 (b) Base level adjustment. The general fund
 111.21 base is \$7,311,000 in fiscal year 2026 and
 111.22 \$4,811,000 in fiscal year 2027.

111.23	<u>Subd. 26. Grant Programs; Housing Support</u>		
111.24	<u>Grants</u>	<u>18,364,000</u>	<u>10,364,000</u>

111.25	<u>Subd. 27. Grant Programs; Adult Mental Health</u>		
111.26	<u>Grants</u>	<u>108,545,000</u>	<u>114,407,000</u>

111.27 (a) Mobile crisis grants to Tribal Nations.
 111.28 \$1,000,000 in fiscal year 2024 and \$1,000,000
 111.29 in fiscal year 2025 are for mobile crisis grants
 111.30 under Minnesota Statutes section 245.4661,
 111.31 subdivision 9, paragraph (b), clause (15), to
 111.32 Tribal Nations.

111.33 (b) Mental health provider supervision
 111.34 grant program. \$1,500,000 in fiscal year

112.1 2024 and \$1,500,000 in fiscal year 2025 are
112.2 for the mental health provider supervision
112.3 grant program under Minnesota Statutes,
112.4 section 245.4663.

112.5 **(c) Mental health professional scholarship**
112.6 **grant program. \$750,000 in fiscal year 2024**
112.7 **and \$750,000 in fiscal year 2025 are for the**
112.8 **mental health professional scholarship grant**
112.9 **program under Minnesota Statutes, section**
112.10 **245.4664.**

112.11 **(d) Minnesota State University, Mankato**
112.12 **community behavioral health center.**

112.13 \$750,000 in fiscal year 2024 and \$750,000 in
112.14 fiscal year 2025 are for a grant to the Center
112.15 for Rural Behavioral Health at Minnesota State
112.16 University, Mankato to establish a community
112.17 behavioral health center and training clinic.

112.18 The community behavioral health center must
112.19 provide comprehensive, culturally specific,
112.20 trauma-informed, practice- and
112.21 evidence-based, person- and family-centered
112.22 mental health and substance use disorder
112.23 treatment services in Blue Earth County and
112.24 the surrounding region to individuals of all
112.25 ages, regardless of an individual's ability to
112.26 pay or place of residence. The community
112.27 behavioral health center and training clinic
112.28 must also provide training and workforce
112.29 development opportunities to students enrolled
112.30 in the university's training programs in the
112.31 fields of social work, counseling and student
112.32 personnel, alcohol and drug studies,
112.33 psychology, and nursing. Upon request, the
112.34 commissioner must make information
112.35 regarding the use of this grant funding

- 113.1 available to the chairs and ranking minority
 113.2 members of the legislative committees with
 113.3 jurisdiction over behavioral health. This is a
 113.4 onetime appropriation.
- 113.5 (e) **Base level adjustment.** The general fund
 113.6 base is \$123,797,000 in fiscal year 2026 and
 113.7 \$123,797,000 in fiscal year 2027.
- 113.8 Subd. 28. **Grant Programs; Child Mental Health**
 113.9 **Grants** 39,180,000 35,326,000
- 113.10 (a) **Psychiatric residential treatment facility**
 113.11 **start-up grants.** \$1,000,000 in fiscal year
 113.12 2024 and \$1,000,000 in fiscal year 2025 are
 113.13 for psychiatric residential treatment facility
 113.14 start-up grants under Minnesota Statutes,
 113.15 section 256B.0941, subdivision 5.
- 113.16 (b) **Psychiatric residential treatment**
 113.17 **facilities specialization grants.** \$1,050,000
 113.18 in fiscal year 2024 and \$1,050,000 in fiscal
 113.19 year 2025 are for psychiatric residential
 113.20 treatment facilities specialization grants under
 113.21 Minnesota Statutes, section 256B.0941,
 113.22 subdivision 5.
- 113.23 (c) **Emerging mood disorder grants.**
 113.24 \$1,250,000 in fiscal year 2024 and \$1,250,000
 113.25 in fiscal year 2025 are for emerging mood
 113.26 disorder grants under Minnesota Statutes,
 113.27 section 245.4904, for evidence-informed
 113.28 interventions for youth and young adults who
 113.29 are at higher risk of developing a mood
 113.30 disorder or are already experiencing an
 113.31 emerging mood disorder.
- 113.32 (d) **Implementation grants for mobile**
 113.33 **response and stabilization services.**
 113.34 \$1,000,000 in fiscal year 2024 and \$1,000,000

114.1 in fiscal year 2025 are for grants to implement
114.2 the mobile response and stabilization services
114.3 model to promote access to crisis response
114.4 services, reduce admissions to psychiatric
114.5 hospitals, and reduce out-of-home placement
114.6 services.

114.7 **(e) Grants for infant and early childhood**
114.8 **mental health consultations.** \$1,000,000 in
114.9 fiscal year 2024 and \$1,000,000 in fiscal year
114.10 2025 are for grants under Minnesota Statutes,
114.11 section 245.4889, subdivision 1, paragraph
114.12 (b), clause (14), for infant and early childhood
114.13 mental health consultations throughout the
114.14 state, including Tribal Nations for expertise
114.15 in young children's development and early
114.16 childhood services.

114.17 **(f) African American Child Wellness**
114.18 **Institute.** \$1,000,000 in fiscal year 2024 and
114.19 \$1,000,000 in fiscal year 2025 are for a grant
114.20 to the African American Child Wellness
114.21 Institute to provide culturally specific mental
114.22 health and substance use disorder services
114.23 under Minnesota Statutes, section 245.0961.

114.24 **(g) Headway Emotional Health Services.**
114.25 \$300,000 in fiscal year 2024 and \$300,000 in
114.26 fiscal year 2025 are for a grant to Headway
114.27 Emotional Health Services for day treatment
114.28 transportation costs on nonschool days, student
114.29 nutrition, and student learning experiences
114.30 such as technology, arts, and outdoor activity.
114.31 This is a onetime appropriation.

114.32 **(h) Base level adjustment.** The general fund
114.33 base is \$35,026,000 in fiscal year 2026 and
114.34 \$35,026,000 in fiscal year 2027.

115.1	Subd. 29. <u>Grant Programs; Chemical</u>		
115.2	<u>Dependency Treatment Support Grants</u>	<u>2,350,000</u>	<u>1,350,000</u>
115.3	<u>Overdose prevention grants. \$1,000,000 in</u>		
115.4	<u>fiscal year 2024 is for a grant to the Steve</u>		
115.5	<u>Rummler Hope Network for statewide</u>		
115.6	<u>outreach, education, training, and distribution</u>		
115.7	<u>of naloxone kits. Of this amount, 50 percent</u>		
115.8	<u>of the money appropriated must be provided</u>		
115.9	<u>to the Ka Joog nonprofit organization for</u>		
115.10	<u>collaborative outreach in East African and</u>		
115.11	<u>Somali communities in Minnesota. This is a</u>		
115.12	<u>onetime appropriation and is available until</u>		
115.13	<u>June 30, 2025.</u>		
115.14	Subd. 30. <u>Technical Activities</u>	<u>71,493,000</u>	<u>71,493,000</u>
115.15	<u>This appropriation is from the federal TANF</u>		
115.16	<u>fund.</u>		
115.17	Sec. 3. <u>COMMISSIONER OF HEALTH</u>		
115.18	Subdivision 1. <u>Total Appropriation</u>	<u>\$ 442,138,000</u>	<u>\$ 423,582,000</u>
115.19	<u>Appropriations by Fund</u>		
115.20		<u>2024</u>	<u>2025</u>
115.21	<u>General</u>	<u>295,036,000</u>	<u>269,339,000</u>
115.22	<u>State Government</u>		
115.23	<u>Special Revenue</u>	<u>83,674,000</u>	<u>86,204,000</u>
115.24	<u>Health Care Access</u>	<u>51,715,000</u>	<u>56,326,000</u>
115.25	<u>Federal TANF</u>	<u>11,713,000</u>	<u>11,713,000</u>
115.26	<u>The amounts that may be spent for each</u>		
115.27	<u>purpose are specified in the following</u>		
115.28	<u>subdivisions.</u>		
115.29	Subd. 2. <u>Health Improvement</u>		
115.30	<u>Appropriations by Fund</u>		
115.31	<u>General</u>	<u>232,717,000</u>	<u>206,576,000</u>
115.32	<u>State Government</u>		
115.33	<u>Special Revenue</u>	<u>12,693,000</u>	<u>12,984,000</u>
115.34	<u>Health Care Access</u>	<u>51,715,000</u>	<u>56,326,000</u>
115.35	<u>Federal TANF</u>	<u>11,713,000</u>	<u>11,713,000</u>

- 116.1 **(a) Studies of telehealth expansion and**
116.2 **payment parity. \$1,200,000 in fiscal year**
116.3 **2024 is from the general fund for studies of**
116.4 **telehealth expansion and payment parity. This**
116.5 **is a onetime appropriation and is available**
116.6 **until June 30, 2025.**
- 116.7 **(b) Advancing equity through capacity**
116.8 **building and resource allocation grant**
116.9 **program. \$500,000 in fiscal year 2024 and**
116.10 **\$500,000 in fiscal year 2025 are from the**
116.11 **general fund for grants under Minnesota**
116.12 **Statutes, section 144.9821.**
- 116.13 **(c) Community health workers. \$971,000**
116.14 **in fiscal year 2024 and \$971,000 in fiscal year**
116.15 **2025 are from the general fund for grants**
116.16 **under Minnesota Statutes, section 144.1462.**
- 116.17 **(d) Community solutions for healthy child**
116.18 **development grants. \$3,678,000 in fiscal year**
116.19 **2024 and \$3,698,000 in fiscal year 2025 are**
116.20 **from the general fund for grants under**
116.21 **Minnesota Statutes, section 145.9257.**
- 116.22 **(e) Cultural communications program.**
116.23 **\$1,724,000 in fiscal year 2024 and \$1,724,000**
116.24 **in fiscal year 2025 are from the general fund**
116.25 **for the cultural communications program**
116.26 **established in Minnesota Statutes, section**
116.27 **144.0752.**
- 116.28 **(f) Emergency preparedness and response.**
116.29 **\$16,825,000 in fiscal year 2024 and**
116.30 **\$16,662,000 in fiscal year 2025 are from the**
116.31 **general fund for public health emergency**
116.32 **preparedness and response, the sustainability**
116.33 **of the strategic stockpile, and COVID-19**
116.34 **pandemic response transition.**

117.1 (g) Family planning grants. \$7,900,000 in
117.2 fiscal year 2024 and \$7,900,000 in fiscal year
117.3 2025 are from the general fund for grants
117.4 under Minnesota Statutes, section 145.925.

117.5 (h) Healthy Beginnings, Healthy Families.
117.6 \$5,250,000 in fiscal year 2024 and \$5,250,000
117.7 in fiscal year 2025 are from the general fund
117.8 for grants under Minnesota Statutes, section
117.9 145.9571.

117.10 (i) Help Me Connect. \$463,000 in fiscal year
117.11 2024 and \$921,000 in fiscal year 2025 are
117.12 from the general fund for the Help Me
117.13 Connect program under Minnesota Statutes,
117.14 section 145.988.

117.15 (j) Home visiting. \$9,250,000 in fiscal year
117.16 2024 and \$9,250,000 in fiscal year 2025 are
117.17 from the general fund to start up or expand
117.18 home visiting programs for priority
117.19 populations under Minnesota Statutes, section
117.20 145.87.

117.21 (k) No Surprises Act enforcement.
117.22 \$1,210,000 in fiscal year 2024 and \$1,090,000
117.23 in fiscal year 2025 are from the general fund
117.24 for implementation of the federal No Surprises
117.25 Act under Minnesota Statutes, section
117.26 62Q.021, and a statewide provider directory.
117.27 The general fund base for this appropriation
117.28 is \$855,000 in fiscal year 2026 and \$855,000
117.29 in fiscal year 2027.

117.30 (l) Office of African American Health.
117.31 \$1,000,000 in fiscal year 2024 and \$1,000,000
117.32 in fiscal year 2025 are from the general fund
117.33 for grants under the authority of the Office of

- 118.1 African American Health under Minnesota
118.2 Statutes, section 144.0756.
- 118.3 **(m) Office of American Indian Health.**
118.4 \$1,000,000 in fiscal year 2024 and \$1,000,000
118.5 in fiscal year 2025 are from the general fund
118.6 for grants under the authority of the Office of
118.7 American Indian Health under Minnesota
118.8 Statutes, section 144.0757.
- 118.9 **(n) Public health system transformation**
118.10 **grants. (1) \$9,844,000 in fiscal year 2024 and**
118.11 **\$9,844,000 in fiscal year 2025 are from the**
118.12 **general fund for grants under Minnesota**
118.13 **Statutes, section 145A.131, subdivision 1,**
118.14 **paragraph (f).**
- 118.15 (2) \$535,000 in fiscal year 2024 and \$535,000
118.16 in fiscal year 2025 are from the general fund
118.17 for grants under Minnesota Statutes, section
118.18 145A.14, subdivision 2, paragraph (b).
- 118.19 (3) \$321,000 in fiscal year 2024 and \$321,000
118.20 in fiscal year 2025 are from the general fund
118.21 for grants under Minnesota Statutes, section
118.22 144.0759.
- 118.23 **(o) Health care workforce. (1) \$1,154,000**
118.24 **in fiscal year 2024 and \$3,117,000 in fiscal**
118.25 **year 2025 are from the health care access fund**
118.26 **for rural training tracks and rural clinicals**
118.27 **grants under Minnesota Statutes, section**
118.28 **144.1508. The base for this appropriation is**
118.29 **\$4,502,000 in fiscal year 2026 and \$4,502,000**
118.30 **in fiscal year 2027.**
- 118.31 (2) \$323,000 in fiscal year 2024 and \$323,000
118.32 in fiscal year 2025 are from the health care
118.33 access fund for immigrant international

119.1 medical graduate training grants under
119.2 Minnesota Statutes, section 144.1911.
119.3 (3) \$5,771,000 in fiscal year 2024 and
119.4 \$5,147,000 in fiscal year 2025 are from the
119.5 health care access fund for site-based clinical
119.6 training grants under Minnesota Statutes,
119.7 section 144.1505. The base for this
119.8 appropriation is \$4,426,000 in fiscal year 2026
119.9 and \$4,426,000 in fiscal year 2027.
119.10 (4) \$1,000,000 in fiscal year 2024 and
119.11 \$1,000,000 in fiscal year 2025 are from the
119.12 health care access fund for mental health
119.13 grants for health care professional grants. This
119.14 is a onetime appropriation and is available
119.15 until June 30, 2027.
119.16 (5) \$2,500,000 in fiscal year 2024 and
119.17 \$2,500,000 in fiscal year 2025 are from the
119.18 health care access fund for health professionals
119.19 loan forgiveness under Minnesota Statutes,
119.20 section 144.1501, subdivision 1, paragraph
119.21 (h).
119.22 (6) \$708,000 in fiscal year 2024 and \$708,000
119.23 in fiscal year 2025 are from the health care
119.24 access fund for primary care employee
119.25 recruitment education loan forgiveness under
119.26 Minnesota Statutes, section 144.1504.
119.27 (7) \$350,000 in fiscal year 2024 and \$350,000
119.28 in fiscal year 2025 are from the health care
119.29 access fund for workforce research and data
119.30 analysis of shortages, maldistribution of health
119.31 care providers in Minnesota, and the factors
119.32 that influence decisions of health care
119.33 providers to practice in rural areas of
119.34 Minnesota.

- 120.1 (p) **School health.** \$800,000 in fiscal year
120.2 2024 and \$800,000 in fiscal year 2025 are
120.3 from the general fund for grants under
120.4 Minnesota Statutes, section 145.903.
- 120.5 (q) **Long COVID.** \$3,146,000 in fiscal year
120.6 2024 and \$3,146,000 in fiscal year 2025 are
120.7 from the general fund for grants and to
120.8 implement Minnesota Statutes, section
120.9 145.361.
- 120.10 (r) **Workplace violence prevention grants**
120.11 **for health care entities.** \$4,400,000 in fiscal
120.12 year 2024 is from the general fund for grants
120.13 to health care entities to improve employee
120.14 safety or security. This is a onetime
120.15 appropriation and is available until June 30,
120.16 2025.
- 120.17 (s) **Clinical dental education innovation**
120.18 **grants.** \$1,122,000 in fiscal year 2024 and
120.19 \$1,122,000 in fiscal year 2025 are from the
120.20 general fund for clinical dental education
120.21 innovation grants under Minnesota Statutes,
120.22 section 144.1913.
- 120.23 (t) **Skin-lightening products public**
120.24 **awareness and education grant program.**
120.25 \$200,000 in fiscal year 2024 is from the
120.26 general fund for a grant to the Beautywell
120.27 Project under Minnesota Statutes, section
120.28 145.9275. This is a onetime appropriation.
- 120.29 (u) **Emmett Louis Till Victims Recovery**
120.30 **Program.** \$500,000 in fiscal year 2024 is from
120.31 the general fund for a grant to the Emmett
120.32 Louis Till Victims Recovery Program. The
120.33 commissioner must not use any of this
120.34 appropriation for administration. This is a

- 121.1 onetime appropriation and is available until
121.2 June 30, 2025.
- 121.3 **(v) Federally qualified health centers**
121.4 **apprenticeship program. \$750,000 in fiscal**
121.5 **year 2024 and \$750,000 in fiscal year 2025**
121.6 **are from the general fund for grants under**
121.7 **Minnesota Statutes, section 145.9272, and for**
121.8 **the study of the feasibility of establishing**
121.9 **additional federally qualified health centers**
121.10 **apprenticeship programs.**
- 121.11 **(w) Alzheimer's public information**
121.12 **program. \$80,000 in fiscal year 2024 and**
121.13 **\$80,000 in fiscal year 2025 are from the**
121.14 **general fund for grants to community-based**
121.15 **organizations to co-create culturally specific**
121.16 **messages to targeted communities and to**
121.17 **promote public awareness materials online**
121.18 **through diverse media channels. This is a**
121.19 **onetime appropriation and is available until**
121.20 **June 30, 2027.**
- 121.21 **(x) African American Babies Coalition**
121.22 **grant. \$260,000 in fiscal year 2024 and**
121.23 **\$260,000 in fiscal year 2025 are from the**
121.24 **general fund for a grant to the Amherst H.**
121.25 **Wilder Foundation for a grant under**
121.26 **Minnesota Statutes, section 144.645, for the**
121.27 **African American Babies Coalition initiative.**
- 121.28 **(y) (1) Health professional loan forgiveness**
121.29 **account. \$9,661,000 in fiscal year 2024 is**
121.30 **from the general fund for eligible mental**
121.31 **health professional loan forgiveness under**
121.32 **Minnesota Statutes, section 144.1501. This is**
121.33 **a onetime appropriation.**

- 122.1 (2) **Transfer.** The commissioner must transfer
122.2 \$9,661,000 in fiscal year 2024 from the
122.3 general fund to the health professional loan
122.4 forgiveness account under Minnesota Statutes,
122.5 section 144.1501, subdivision 2.
- 122.6 (z) **Primary care residency expansion grant**
122.7 **program.** \$400,000 in fiscal year 2024 and
122.8 \$400,000 in fiscal year 2025 are from the
122.9 general fund for a psychiatry resident under
122.10 Minnesota Statutes, section 144.1506.
- 122.11 (aa) **Pediatric primary care mental health**
122.12 **training grant program.** \$1,000,000 in fiscal
122.13 year 2024 and \$1,000,000 in fiscal year 2025
122.14 are from the general fund for grants under
122.15 Minnesota Statutes, section 144.1507.
- 122.16 (bb) **Mental health cultural community**
122.17 **continuing education grant program.**
122.18 \$500,000 in fiscal year 2024 and \$500,000 in
122.19 fiscal year 2025 are from the general fund for
122.20 grants under Minnesota Statutes, section
122.21 144.1511.
- 122.22 (cc) **Labor trafficking services grant**
122.23 **program.** \$500,000 in fiscal year 2024 and
122.24 \$500,000 in fiscal year 2025 are from the
122.25 general fund for grants under Minnesota
122.26 Statutes, section 144.3885.
- 122.27 (dd) **Alzheimer's disease and dementia care**
122.28 **training program.** \$449,000 in fiscal year
122.29 2025 and \$449,000 in fiscal year 2026 are to
122.30 implement the Alzheimer's disease and
122.31 dementia care training program under
122.32 Minnesota Statutes, section 144.6504.
- 122.33 (ee) **Grant to Minnesota Alliance for**
122.34 **Volunteer Advancement.** \$138,000 in fiscal

123.1 year 2024 is from the general fund for a grant
123.2 to the Minnesota Alliance for Volunteer
123.3 Advancement to administer needs-based
123.4 volunteerism subgrants targeting
123.5 underresourced nonprofit organizations in
123.6 greater Minnesota to support selected
123.7 organizations' ongoing efforts to address and
123.8 minimize disparities in access to human
123.9 services through increased volunteerism.
123.10 Subgrant applicants must demonstrate that the
123.11 populations to be served by the subgrantee are
123.12 underserved or suffer from or are at risk of
123.13 homelessness, hunger, poverty, lack of access
123.14 to health care, or deficits in education. The
123.15 Minnesota Alliance for Volunteer
123.16 Advancement must give priority to
123.17 organizations that are serving the needs of
123.18 vulnerable populations. This is a onetime
123.19 appropriation and is available until June 30,
123.20 2025.

123.21 **(ff) Palliative Care Advisory Council.**
123.22 \$40,000 in fiscal year 2024 and \$40,000 in
123.23 fiscal year 2025 are from the general fund for
123.24 grants under Minnesota Statutes, section
123.25 144.059.

123.26 **(gg) Universal health care system study.**
123.27 \$1,815,000 in fiscal year 2024 and \$580,000
123.28 in fiscal year 2025 are from the general fund
123.29 for an economic analysis of benefits and costs
123.30 of a universal health care system. The base for
123.31 this appropriation is \$580,000 in fiscal year
123.32 2026 and \$0 in fiscal year 2027.

123.33 **(hh) Study of the development of a statewide**
123.34 **registry for provider orders for**
123.35 **life-sustaining treatment. \$365,000 in fiscal**

- 124.1 year 2024 and \$365,000 in fiscal year 2025
124.2 are from the general fund for a study of the
124.3 development of a statewide registry for
124.4 provider orders for life-sustaining treatment.
124.5 This is a onetime appropriation.
- 124.6 **(ii) 988 Suicide and crisis lifeline. \$4,000,000**
124.7 in fiscal year 2024 is from the general fund
124.8 for 988 national suicide prevention lifeline
124.9 grants under Minnesota Statutes, section
124.10 145.561. This is a onetime appropriation.
- 124.11 **(jj) Fetal and infant mortality case review**
124.12 **committee. \$664,000 in fiscal year 2024 and**
124.13 **\$875,000 in fiscal year 2025 are from the**
124.14 **general fund for grants under Minnesota**
124.15 **Statutes, section 145.9011.**
- 124.16 **(kk) Equitable Health Care Task Force.**
124.17 **\$779,000 in fiscal year 2024 and \$749,000 in**
124.18 **fiscal year 2025 are from the general fund for**
124.19 **the Equitable Health Care Task Force. This is**
124.20 **a onetime appropriation.**
- 124.21 **(ll) Medical education and research costs.**
124.22 **\$300,000 in fiscal year 2024 and \$300,000 in**
124.23 **fiscal year 2025 are from the general fund for**
124.24 **the medical education and research costs**
124.25 **program under Minnesota Statutes, section**
124.26 **62J.692.**
- 124.27 **(mm) Special Guerilla Unit Veterans grant**
124.28 **program. \$250,000 in fiscal year 2024 and**
124.29 **\$250,000 in fiscal year 2025 are from the**
124.30 **general fund for a grant to the Special**
124.31 **Guerrilla Units Veterans and Families of the**
124.32 **United States of America under Minnesota**
124.33 **Statutes, section 144.0701.**

- 125.1 (nn) TANF Appropriations. (1) TANF funds
125.2 must be used as follows:
- 125.3 (i) \$3,579,000 in fiscal year 2024 and
125.4 \$3,579,000 in fiscal year 2025 are from the
125.5 TANF fund for home visiting and nutritional
125.6 services listed under Minnesota Statutes,
125.7 section 145.882, subdivision 7, clauses (6) and
125.8 (7). Funds must be distributed to community
125.9 health boards according to Minnesota Statutes,
125.10 section 145A.131, subdivision 1;
- 125.11 (ii) \$2,000,000 in fiscal year 2024 and
125.12 \$2,000,000 in fiscal year 2025 are from the
125.13 TANF fund for decreasing racial and ethnic
125.14 disparities in infant mortality rates under
125.15 Minnesota Statutes, section 145.928,
125.16 subdivision 7;
- 125.17 (iii) \$4,978,000 in fiscal year 2024 and
125.18 \$4,978,000 in fiscal year 2025 are from the
125.19 TANF fund for the family home visiting grant
125.20 program under Minnesota Statutes, section
125.21 145A.17. \$4,000,000 of the funding in fiscal
125.22 year 2024 and \$4,000,000 in fiscal year 2025
125.23 must be distributed to community health
125.24 boards under Minnesota Statutes, section
125.25 145A.131, subdivision 1. \$978,000 of the
125.26 funding in fiscal year 2024 and \$978,000 in
125.27 fiscal year 2025 must be distributed to Tribal
125.28 governments under Minnesota Statutes, section
125.29 145A.14, subdivision 2a;
- 125.30 (iv) \$1,156,000 in fiscal year 2024 and
125.31 \$1,156,000 in fiscal year 2025 are from the
125.32 TANF fund for family planning grants under
125.33 Minnesota Statutes, section 145.925; and

126.1 (v) the commissioner may use up to 6.23
 126.2 percent of the funds appropriated from the
 126.3 TANF fund each fiscal year to conduct the
 126.4 ongoing evaluations required under Minnesota
 126.5 Statutes, section 145A.17, subdivision 7, and
 126.6 training and technical assistance as required
 126.7 under Minnesota Statutes, section 145A.17,
 126.8 subdivisions 4 and 5.

126.9 (2) TANF Carryforward. Any unexpended
 126.10 balance of the TANF appropriation in the first
 126.11 year does not cancel but is available in the
 126.12 second year.

126.13 (oo) Base level adjustments. The general
 126.14 fund base is \$204,079,000 in fiscal year 2026
 126.15 and \$203,440,000 in fiscal year 2027. The
 126.16 state government special revenue fund base is
 126.17 \$12,853,000 in fiscal year 2026 and
 126.18 \$12,853,000 in fiscal year 2027. The health
 126.19 care access fund base is \$56,361,000 in fiscal
 126.20 year 2026 and \$55,761,000 in fiscal year 2027.

126.21 Subd. 3. Health Protection

126.22	<u>Appropriations by Fund</u>	
126.23	<u>General</u>	<u>43,827,000</u> <u>44,358,000</u>
126.24	<u>State Government</u>	
126.25	<u>Special Revenue</u>	<u>70,981,000</u> <u>73,220,000</u>

126.26 (a) Climate resiliency. \$6,000,000 in fiscal
 126.27 year 2024 and \$6,000,000 in fiscal year 2025
 126.28 are from the general fund for grants under
 126.29 Minnesota Statutes, section 144.9981. The
 126.30 base for this appropriation is \$1,500,000 in
 126.31 fiscal year 2026 and \$1,500,000 in fiscal year
 126.32 2027.

126.33 (b) Homeless mortality study. \$134,000 in
 126.34 fiscal year 2024 and \$149,000 in fiscal year
 126.35 2025 are from the general fund for a homeless

127.1 mortality study. The general fund base for this
127.2 appropriation is \$104,000 in fiscal year 2026
127.3 and \$0 in fiscal year 2027.

127.4 **(c) Lead remediation in schools and child**
127.5 **care settings. \$146,000 in fiscal year 2024**
127.6 **and \$239,000 in fiscal year 2025 are from the**
127.7 **general fund for grants under Minnesota**
127.8 **Statutes, section 145.9272.**

127.9 **(d) MinnesotaOne Health Antimicrobial**
127.10 **Stewardship Collaborative. \$312,000 in**
127.11 **fiscal year 2024 and \$312,000 in fiscal year**
127.12 **2025 are from the general fund for the**
127.13 **Minnesota One Health Antibiotic Stewardship**
127.14 **Collaborative under Minnesota Statutes,**
127.15 **section 144.0526.**

127.16 **(e) Strengthening public drinking water**
127.17 **systems infrastructure. \$4,420,000 in fiscal**
127.18 **year 2024 and \$4,420,000 in fiscal year 2025**
127.19 **are from the general fund for grants under**
127.20 **Minnesota Statutes, section 144.3832. The**
127.21 **base for this appropriation is \$1,580,000 in**
127.22 **fiscal year 2026 and \$1,580,000 in fiscal year**
127.23 **2027.**

127.24 **(f) HIV prevention health equity. \$1,264,000**
127.25 **in fiscal year 2024 and \$1,264,000 in fiscal**
127.26 **year 2025 are from the general fund for equity**
127.27 **in HIV prevention. This is a onetime**
127.28 **appropriation.**

127.29 **(g) Green burials study and report. \$79,000**
127.30 **in fiscal year 2024 is from the general fund**
127.31 **for a study and report on green burials. This**
127.32 **is a onetime appropriation.**

128.1	<u>(h) Base level adjustments. The general fund</u>		
128.2	<u>base is \$34,020,000 in fiscal year 2026 and</u>		
128.3	<u>\$33,916,000 in fiscal year 2027.</u>		
128.4	<u>Subd. 4. Health Operations</u>	<u>18,492,000</u>	<u>18,405,000</u>
128.5	<u>Notwithstanding Minnesota Statutes, section</u>		
128.6	<u>16E.21, subdivision 4, the amount transferred</u>		
128.7	<u>to the information and telecommunications</u>		
128.8	<u>account under Minnesota Statutes, section</u>		
128.9	<u>16E.21, subdivision 2, for the business process</u>		
128.10	<u>automation and external website</u>		
128.11	<u>modernization projects approved by the</u>		
128.12	<u>Legislative Advisory Commission on June 24,</u>		
128.13	<u>2019, is available until June 30, 2024.</u>		
128.14	<u>Sec. 4. HEALTH-RELATED BOARDS</u>		
128.15	<u>Subdivision 1. Total Appropriation</u>	<u>\$ 32,160,000</u>	<u>\$ 32,166,000</u>
128.16	<u>Appropriations by Fund</u>		
128.17	<u>General</u>	<u>1,222,000</u>	<u>468,000</u>
128.18	<u>State Government</u>		
128.19	<u>Special Revenue</u>	<u>30,862,000</u>	<u>31,660,000</u>
128.20	<u>Health Care Access</u>	<u>76,000</u>	<u>38,000</u>
128.21	<u>The amounts that may be spent for each</u>		
128.22	<u>purpose are specified in the following</u>		
128.23	<u>subdivisions.</u>		
128.24	<u>Subd. 2. Board of Behavioral Health and</u>		
128.25	<u>Therapy</u>	<u>1,022,000</u>	<u>1,044,000</u>
128.26	<u>Subd. 3. Board of Chiropractic Examiners</u>	<u>773,000</u>	<u>790,000</u>
128.27	<u>Subd. 4. Board of Dentistry</u>	<u>4,100,000</u>	<u>4,163,000</u>
128.28	<u>(a) Administrative services unit; operating</u>		
128.29	<u>costs. Of this appropriation, \$1,936,000 in</u>		
128.30	<u>fiscal year 2024 and \$1,960,000 in fiscal year</u>		
128.31	<u>2025 are for operating costs of the</u>		
128.32	<u>administrative services unit. The</u>		
128.33	<u>administrative services unit may receive and</u>		

129.1 expend reimbursements for services it
129.2 performs for other agencies.

129.3 **(b) Administrative services unit; volunteer**
129.4 **health care provider program. Of this**
129.5 **appropriation, \$150,000 in fiscal year 2024**
129.6 **and \$150,000 in fiscal year 2025 are to pay**
129.7 **for medical professional liability coverage**
129.8 **required under Minnesota Statutes, section**
129.9 **214.40.**

129.10 **(c) Administrative services unit; retirement**
129.11 **costs. Of this appropriation, \$237,000 in fiscal**
129.12 **year 2024 and \$237,000 in fiscal year 2025**
129.13 **are for the administrative services unit to pay**
129.14 **for the retirement costs of health-related board**
129.15 **employees. This funding may be transferred**
129.16 **to the health board incurring retirement costs.**
129.17 **Any board that has an unexpended balance for**
129.18 **an amount transferred under this paragraph**
129.19 **shall transfer the unexpended amount to the**
129.20 **administrative services unit. If the amount**
129.21 **appropriated in the first year of the biennium**
129.22 **is not sufficient, the amount from the second**
129.23 **year of the biennium is available.**

129.24 **(d) Administrative services unit; contested**
129.25 **cases and other legal proceedings. Of this**
129.26 **appropriation, \$200,000 in fiscal year 2024**
129.27 **and \$200,000 in fiscal year 2025 are for costs**
129.28 **of contested case hearings and other**
129.29 **unanticipated costs of legal proceedings**
129.30 **involving health-related boards under this**
129.31 **section. Upon certification by a health-related**
129.32 **board to the administrative services unit that**
129.33 **unanticipated costs for legal proceedings will**
129.34 **be incurred and that available appropriations**
129.35 **are insufficient to pay for the unanticipated**

130.1	<u>costs for that board, the administrative services</u>		
130.2	<u>unit is authorized to transfer money from this</u>		
130.3	<u>appropriation to the board for payment of costs</u>		
130.4	<u>for contested case hearings and other</u>		
130.5	<u>unanticipated costs of legal proceedings with</u>		
130.6	<u>the approval of the commissioner of</u>		
130.7	<u>management and budget. The commissioner</u>		
130.8	<u>of management and budget must require any</u>		
130.9	<u>board that has an unexpended balance or an</u>		
130.10	<u>amount transferred under this paragraph to</u>		
130.11	<u>transfer the unexpended amount to the</u>		
130.12	<u>administrative services unit to be deposited in</u>		
130.13	<u>the state government special revenue fund.</u>		
130.14	<u>Subd. 5. Board of Dietetics and Nutrition</u>		
130.15	<u>Practice</u>	<u>213,000</u>	<u>217,000</u>
130.16	<u>Subd. 6. Board of Executives for Long-term</u>		
130.17	<u>Services and Supports</u>	<u>705,000</u>	<u>736,000</u>
130.18	<u>Subd. 7. Board of Marriage and Family Therapy</u>	<u>443,000</u>	<u>456,000</u>
130.19	<u>Subd. 8. Board of Medical Practice</u>	<u>5,779,000</u>	<u>5,971,000</u>
130.20	<u>Subd. 9. Board of Nursing</u>	<u>6,039,000</u>	<u>6,275,000</u>
130.21	<u>Subd. 10. Board of Occupational Therapy</u>		
130.22	<u>Practice</u>	<u>480,000</u>	<u>480,000</u>
130.23	<u>Subd. 11. Board of Optometry</u>	<u>270,000</u>	<u>280,000</u>
130.24	<u>Subd. 12. Board of Pharmacy</u>		
130.25	<u>Appropriations by Fund</u>		
130.26	<u>General</u>	<u>1,222,000</u>	<u>468,000</u>
130.27	<u>State Government</u>		
130.28	<u>Special Revenue</u>	<u>5,328,000</u>	<u>5,309,000</u>
130.29	<u>Health Care Access</u>	<u>76,000</u>	<u>38,000</u>
130.30	<u>(a) Prescription monitoring program.</u>		
130.31	<u>\$754,000 in fiscal year 2024 is from the</u>		
130.32	<u>general fund for the Minnesota prescription</u>		
130.33	<u>monitoring program under Minnesota Statutes,</u>		
130.34	<u>section 152.126. This is a onetime</u>		

131.1 appropriation and is available until June 30,
 131.2 2025.

131.3 **(b) Medication repository program.**
 131.4 \$450,000 in fiscal year 2024 and \$450,000 in
 131.5 fiscal year 2025 are from the general fund for
 131.6 a contract under Minnesota Statutes, section
 131.7 151.555.

131.8 **(c) Base level adjustment.** The state
 131.9 government special revenue fund base is
 131.10 \$5,159,000 in fiscal year 2026 and \$5,159,000
 131.11 in fiscal year 2027. The health care access
 131.12 fund base is \$0 in fiscal year 2026 and \$0 in
 131.13 fiscal year 2027.

131.14 <u>Subd. 13. Board of Physical Therapy</u>	<u>678,000</u>	<u>694,000</u>
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131.15 <u>Subd. 14. Board of Podiatric Medicine</u>	<u>253,000</u>	<u>257,000</u>
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131.16 <u>Subd. 15. Board of Psychology</u>	<u>2,618,000</u>	<u>2,734,000</u>
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131.17 **Health professionals service program.** This
 131.18 appropriation includes \$1,234,000 in fiscal
 131.19 year 2024 and \$1,324,000 in fiscal year 2025
 131.20 for the health professional services program.

131.21 <u>Subd. 16. Board of Social Work</u>	<u>1,779,000</u>	<u>1,839,000</u>
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131.22 <u>Subd. 17. Board of Veterinary Medicine</u>	<u>382,000</u>	<u>415,000</u>
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131.23 **Base adjustment.** The state government
 131.24 special revenue fund base is \$461,000 in fiscal
 131.25 year 2026 and \$461,000 in fiscal year 2027.

131.26 <u>Sec. 5. EMERGENCY MEDICAL SERVICES</u>		
131.27 <u>REGULATORY BOARD</u>	<u>\$ 6,800,000</u>	<u>\$ 6,176,000</u>

131.28 **(a) Cooper/Sams volunteer ambulance**
 131.29 **program.** \$950,000 in fiscal year 2024 and
 131.30 \$950,000 in fiscal year 2025 are for the
 131.31 Cooper/Sams volunteer ambulance program
 131.32 under Minnesota Statutes, section 144E.40.

132.1 (1) Of this amount, \$861,000 in fiscal year
 132.2 2024 and \$861,000 in fiscal year 2025 are for
 132.3 the ambulance service personnel longevity
 132.4 award and incentive program under Minnesota
 132.5 Statutes, section 144E.40.

132.6 (2) Of this amount, \$89,000 in fiscal year 2024
 132.7 and \$89,000 in fiscal year 2025 are for
 132.8 operations of the ambulance service personnel
 132.9 longevity award and incentive program under
 132.10 Minnesota Statutes, section 144E.40.

132.11 **(b) Operations.** \$2,421,000 in fiscal year 2024
 132.12 and \$2,480,000 in fiscal year 2025 are for
 132.13 board operations.

132.14 **(c) Emergency medical services fund.**
 132.15 \$1,385,000 in fiscal year 2024 and \$1,385,000
 132.16 in fiscal year 2025 are for distribution to
 132.17 regional emergency medical services systems
 132.18 for the purposes specified in Minnesota
 132.19 Statutes, section 144E.50. Notwithstanding
 132.20 Minnesota Statutes, section 144E.50,
 132.21 subdivision 5, in each year the board must
 132.22 distribute this appropriation equally among
 132.23 the eight emergency medical services systems
 132.24 designated by the board.

132.25 **(d) Ambulance training grants.** \$361,000 in
 132.26 fiscal year 2024 and \$361,000 in fiscal year
 132.27 2025 are for training grants under Minnesota
 132.28 Statutes, section 144E.35.

132.29 **(e) Medical resource communication center**
 132.30 **grants.** \$1,633,000 in fiscal year 2024 and
 132.31 \$970,000 in fiscal year 2025 are for medical
 132.32 resource communication center grants under
 132.33 Minnesota Statutes, section 144E.53.

132.34 Sec. 6. **OMBUDSPERSON FOR FAMILIES** \$ **759,000** \$ **776,000**

133.1 **Sec. 7. OMBUDSPERSON FOR AMERICAN**
 133.2 **INDIAN FAMILIES** \$ 336,000 \$ 340,000

133.3 **Sec. 8. OFFICE OF THE FOSTER YOUTH**
 133.4 **OMBUDSPERSON** \$ 742,000 \$ 759,000

133.5 **Sec. 9. MNSURE**

133.6 Appropriations by Fund

133.7 General 27,447,000 45,526,000

133.8 Health Care Access 2,270,000 1,470,000

133.9 **(a) Technology Modernization.** \$11,025,000

133.10 in fiscal year 2024 and \$10,726,000 in fiscal

133.11 year 2025 are from the general fund to

133.12 establish a single end-to-end information

133.13 technology system with seamless, real-time

133.14 interoperability between qualified health plan

133.15 eligibility and enrollment services. The base

133.16 for this appropriation is \$3,521,000 in fiscal

133.17 year 2026 and \$0 in fiscal year 2027.

133.18 **(b) Easy Enrollment.** \$70,000 in fiscal year

133.19 2024 and \$70,000 in fiscal year 2025 are from

133.20 the general fund to implement easy enrollment.

133.21 **(c) Transfer.** The Board of Directors of

133.22 MNsure must transfer \$11,095,000 in fiscal

133.23 year 2024 and \$14,996,000 in fiscal year 2025

133.24 from the general fund to the enterprise account

133.25 under Minnesota Statutes, section 62V.07. The

133.26 base for this transfer is \$3,591,000 in fiscal

133.27 year 2026 and \$70,000 in fiscal year 2027.

133.28 **(d) Minnesota insulin safety net public**

133.29 **awareness campaign.** \$800,000 in fiscal year

133.30 2024 is from the health care access fund for a

133.31 public awareness campaign for the insulin

133.32 safety net program under Minnesota Statutes,

133.33 section 151.74. This is a onetime appropriation

133.34 and is available until June 30, 2025.

134.1 **(e) Cost-sharing reduction program.**

134.2 \$15,000,000 in fiscal year 2024 and
 134.3 \$30,000,000 in fiscal year 2025 are from the
 134.4 general fund to implement the cost-sharing
 134.5 reduction program under Minnesota Statutes,
 134.6 section 62V.12.

134.7 **(f) Base level adjustment.** The general fund
 134.8 base is \$34,121,000 in fiscal year 2026 and
 134.9 \$30,600,000 in fiscal year 2027.

134.10 **Sec. 10. RARE DISEASE ADVISORY**

134.11 **COUNCIL** **\$** **654,000** **\$** **602,000**

134.12 **Sec. 11. COMMISSIONER OF REVENUE** **\$** **40,000** **\$** **4,000**

134.13 **Easy enrollment.** \$40,000 in fiscal year 2024
 134.14 and \$4,000 in fiscal year 2025 are for the
 134.15 administrative costs associated with the easy
 134.16 enrollment program.

134.17 **Sec. 12. COMMISSIONER OF**

134.18 **MANAGEMENT AND BUDGET** **\$** **12,613,000** **\$** **2,516,000**

134.19 **(a) Outcomes and evaluation consultation.**

134.20 \$450,000 in fiscal year 2024 and \$450,000 in
 134.21 fiscal year 2025 are for outcomes and
 134.22 evaluation consultation requirements.

134.23 **(b) Department of Children, Youth, and**

134.24 **Families.** \$11,931,000 in fiscal year 2024 and
 134.25 \$2,066,000 in fiscal year 2025 are to establish
 134.26 the Department of Children, Youth, and
 134.27 Families. This is a onetime appropriation.

134.28 **(c) Impact evaluation.** \$232,000 in fiscal year

134.29 2024 is for the Keeping Nurses at the Bedside
 134.30 Act impact evaluation. This is a onetime
 134.31 appropriation.

134.32 **(d) Base adjustment.** The general fund base

134.33 is \$450,000 in fiscal year 2026 and \$450,000
 134.34 in fiscal year 2027.

135.1	Sec. 13. <u>COMMISSIONER OF CHILDREN,</u>			
135.2	<u>YOUTH, AND FAMILIES</u>	\$	<u>823,000</u>	\$ <u>3,521,000</u>
135.3	Sec. 14. <u>COMMISSIONER OF COMMERCE</u>	\$	<u>42,000</u>	\$ <u>51,000</u>
135.4	<u>(a) Heath Care Affordability Board</u>			
135.5	<u>Requirements.</u> \$42,000 in fiscal year 2024			
135.6	<u>and \$17,000 in fiscal year 2025 are for</u>			
135.7	<u>responsibilities related to the Health Care</u>			
135.8	<u>Affordability Board.</u>			
135.9	<u>(b) Defrayal of costs for mandated coverage</u>			
135.10	<u>of biomarker testing.</u> \$17,000 in fiscal year			
135.11	<u>2025 is for administrative costs to implement</u>			
135.12	<u>mandated coverage of biomarker testing to</u>			
135.13	<u>diagnose, treat, manage, and monitor illness</u>			
135.14	<u>or disease. The base for this appropriation is</u>			
135.15	<u>\$2,611,000 in fiscal year 2026 and \$2,611,000</u>			
135.16	<u>in fiscal year 2027. The base includes</u>			
135.17	<u>\$2,594,000 in fiscal year 2026 and \$2,594,000</u>			
135.18	<u>in fiscal year 2027 for defrayal of costs for</u>			
135.19	<u>mandated coverage of biomarker testing to</u>			
135.20	<u>diagnose, treat, manage, and monitor illness</u>			
135.21	<u>or disease.</u>			
135.22	<u>(c) Consultation for coverage of services</u>			
135.23	<u>provided by pharmacists.</u> \$17,000 in fiscal			
135.24	<u>year 2025 is for consultation with health plan</u>			
135.25	<u>companies, pharmacies, and pharmacy benefit</u>			
135.26	<u>managers to develop guidance and implement</u>			
135.27	<u>equal coverage for services provided by</u>			
135.28	<u>pharmacists. This is a onetime appropriation.</u>			
135.29	<u>(d) Base adjustment.</u> The general fund base			
135.30	<u>is \$2,628,000 in fiscal year 2026 and</u>			
135.31	<u>\$2,628,000 in fiscal year 2027.</u>			
135.32	Sec. 15. <u>HEALTH CARE AFFORDABILITY</u>			
135.33	<u>BOARD</u>	\$	<u>1,336,000</u>	\$ <u>1,727,000</u>

136.1 **Base adjustment.** The general fund base is
 136.2 \$1,793,000 in fiscal year 2026 and \$1,790,000
 136.3 in fiscal year 2027.

136.4 Sec. 16. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 32,
 136.5 as amended by Laws 2022, chapter 98, article 15, section 7, subdivision 32, is amended to
 136.6 read:

136.7 Subd. 32. **Grant Programs; Child Mental Health**
 136.8 **Grants** 30,167,000 30,182,000

136.9 (a) **Children's Residential Facilities.**
 136.10 \$1,964,000 in fiscal year 2022 and \$1,979,000
 136.11 in fiscal year 2023 are to reimburse counties
 136.12 and Tribal governments for a portion of the
 136.13 costs of treatment in children's residential
 136.14 facilities. The commissioner shall distribute
 136.15 the appropriation to counties and Tribal
 136.16 governments proportionally based on a
 136.17 methodology developed by the commissioner.
 136.18 ~~The fiscal year 2022 appropriation is available~~
 136.19 ~~until June 30, 2023~~ base for this appropriation
 136.20 is \$0 in fiscal year 2025.

136.21 (b) **Base Level Adjustment.** The general fund
 136.22 base is \$29,580,000 in fiscal year 2024 and
 136.23 ~~\$27,705,000~~ \$25,726,000 in fiscal year 2025.

136.24 Sec. 17. Laws 2021, First Special Session chapter 7, article 16, section 3, subdivision 2,
 136.25 as amended by Laws 2022, chapter 98, article 1, section 68, is amended to read:

136.26 Subd. 2. **Health Improvement**

136.27	Appropriations by Fund		
136.28			124,000,000
136.29	General	123,714,000	<u>122,800,000</u>
136.30	State Government		
136.31	Special Revenue	11,967,000	11,290,000
136.32	Health Care Access	37,512,000	36,832,000
136.33	Federal TANF	11,713,000	11,713,000

137.1 (a) **TANF Appropriations.** (1) \$3,579,000 in
137.2 fiscal year 2022 and \$3,579,000 in fiscal year
137.3 2023 are from the TANF fund for home
137.4 visiting and nutritional services listed under
137.5 Minnesota Statutes, section 145.882,
137.6 subdivision 7, clauses (6) and (7). Funds must
137.7 be distributed to community health boards
137.8 according to Minnesota Statutes, section
137.9 145A.131, subdivision 1;

137.10 (2) \$2,000,000 in fiscal year 2022 and
137.11 \$2,000,000 in fiscal year 2023 are from the
137.12 TANF fund for decreasing racial and ethnic
137.13 disparities in infant mortality rates under
137.14 Minnesota Statutes, section 145.928,
137.15 subdivision 7;

137.16 (3) \$4,978,000 in fiscal year 2022 and
137.17 \$4,978,000 in fiscal year 2023 are from the
137.18 TANF fund for the family home visiting grant
137.19 program according to Minnesota Statutes,
137.20 section 145A.17. \$4,000,000 of the funding
137.21 in each fiscal year must be distributed to
137.22 community health boards according to
137.23 Minnesota Statutes, section 145A.131,
137.24 subdivision 1. \$978,000 of the funding in each
137.25 fiscal year must be distributed to tribal
137.26 governments according to Minnesota Statutes,
137.27 section 145A.14, subdivision 2a;

137.28 (4) \$1,156,000 in fiscal year 2022 and
137.29 \$1,156,000 in fiscal year 2023 are from the
137.30 TANF fund for family planning grants under
137.31 Minnesota Statutes, section 145.925; and

137.32 (5) the commissioner may use up to 6.23
137.33 percent of the funds appropriated from the
137.34 TANF fund each fiscal year to conduct the
137.35 ongoing evaluations required under Minnesota

138.1 Statutes, section 145A.17, subdivision 7, and
138.2 training and technical assistance as required
138.3 under Minnesota Statutes, section 145A.17,
138.4 subdivisions 4 and 5.

138.5 **(b) TANF Carryforward.** Any unexpended
138.6 balance of the TANF appropriation in the first
138.7 year of the biennium does not cancel but is
138.8 available for the second year.

138.9 **(c) Tribal Public Health Grants.** \$500,000
138.10 in fiscal year 2022 and \$500,000 in fiscal year
138.11 2023 are from the general fund for Tribal
138.12 public health grants under Minnesota Statutes,
138.13 section 145A.14, for public health
138.14 infrastructure projects as defined by the Tribal
138.15 government.

138.16 **(d) Public Health Infrastructure Funds.**
138.17 \$6,000,000 in fiscal year 2022 and \$6,000,000
138.18 in fiscal year 2023 are from the general fund
138.19 for public health infrastructure funds to
138.20 distribute to community health boards and
138.21 Tribal governments to support their ability to
138.22 meet national public health standards.

138.23 **(e) Public Health System Assessment and**
138.24 **Oversight.** \$1,500,000 in fiscal year 2022 and
138.25 \$1,500,000 in fiscal year 2023 are from the
138.26 general fund for the commissioner to assess
138.27 the capacity of the public health system to
138.28 meet national public health standards and
138.29 oversee public health system improvement
138.30 efforts.

138.31 **(f) Health Professional Education Loan**
138.32 **Forgiveness.** Notwithstanding the priorities
138.33 and distribution requirements under Minnesota
138.34 Statutes, section 144.1501, \$3,000,000 in

139.1 fiscal year 2022 and \$3,000,000 in fiscal year
139.2 2023 are from the general fund for loan
139.3 forgiveness under article 3, section 43, for
139.4 individuals who are eligible alcohol and drug
139.5 counselors, eligible medical residents, or
139.6 eligible mental health professionals, as defined
139.7 in article 3, section 43. The general fund base
139.8 for this appropriation is \$2,625,000 in fiscal
139.9 year 2024 and \$0 in fiscal year 2025. The
139.10 health care access fund base for this
139.11 appropriation is \$875,000 in fiscal year 2024,
139.12 \$3,500,000 in fiscal year 2025, and \$0 in fiscal
139.13 year 2026. The general fund amounts in this
139.14 paragraph are available until March 31, 2024.
139.15 This paragraph expires on April 1, 2024.

139.16 **(g) Mental Health Cultural Community**
139.17 **Continuing Education Grant Program.**
139.18 \$500,000 in fiscal year 2022 and \$500,000 in
139.19 fiscal year 2023 are from the general fund for
139.20 the mental health cultural community
139.21 continuing education grant program. This is
139.22 a onetime appropriation

139.23 **(h) Birth Records; Homeless Youth.** \$72,000
139.24 in fiscal year 2022 and \$32,000 in fiscal year
139.25 2023 are from the state government special
139.26 revenue fund for administration and issuance
139.27 of certified birth records and statements of no
139.28 vital record found to homeless youth under
139.29 Minnesota Statutes, section 144.2255.

139.30 **(i) Supporting Healthy Development of**
139.31 **Babies During Pregnancy and Postpartum.**
139.32 \$260,000 in fiscal year 2022 and \$260,000 in
139.33 fiscal year 2023 are from the general fund for
139.34 a grant to the Amherst H. Wilder Foundation
139.35 for the African American Babies Coalition

140.1 initiative for community-driven training and
140.2 education on best practices to support healthy
140.3 development of babies during pregnancy and
140.4 postpartum. Grant funds must be used to build
140.5 capacity in, train, educate, or improve
140.6 practices among individuals, from youth to
140.7 elders, serving families with members who
140.8 are Black, indigenous, or people of color,
140.9 during pregnancy and postpartum. This is a
140.10 onetime appropriation and is available until
140.11 June 30, 2023.

140.12 **(j) Dignity in Pregnancy and Childbirth.**
140.13 \$494,000 in fiscal year 2022 and \$200,000 in
140.14 fiscal year 2023 are from the general fund for
140.15 purposes of Minnesota Statutes, section
140.16 144.1461. Of this appropriation: (1) \$294,000
140.17 in fiscal year 2022 is for a grant to the
140.18 University of Minnesota School of Public
140.19 Health's Center for Antiracism Research for
140.20 Health Equity, to develop a model curriculum
140.21 on anti-racism and implicit bias for use by
140.22 hospitals with obstetric care and birth centers
140.23 to provide continuing education to staff caring
140.24 for pregnant or postpartum women. The model
140.25 curriculum must be evidence-based and must
140.26 meet the criteria in Minnesota Statutes, section
140.27 144.1461, subdivision 2, paragraph (a); and
140.28 (2) \$200,000 in fiscal year 2022 and \$200,000
140.29 in fiscal year 2023 are for purposes of
140.30 Minnesota Statutes, section 144.1461,
140.31 subdivision 3.

140.32 **(k) Congenital Cytomegalovirus (CMV).** (1)
140.33 \$196,000 in fiscal year 2022 and \$196,000 in
140.34 fiscal year 2023 are from the general fund for
140.35 outreach and education on congenital

141.1 cytomegalovirus (CMV) under Minnesota
 141.2 Statutes, section 144.064.
 141.3 (2) Contingent on the Advisory Committee on
 141.4 Heritable and Congenital Disorders
 141.5 recommending and the commissioner of health
 141.6 approving inclusion of CMV in the newborn
 141.7 screening panel in accordance with Minnesota
 141.8 Statutes, section 144.065, subdivision 3,
 141.9 paragraph (d), \$656,000 in fiscal year 2023 is
 141.10 from the state government special revenue
 141.11 fund for follow-up services.

141.12 **(l) Nonnarcotic Pain Management and**
 141.13 **Wellness.** \$649,000 in fiscal year 2022 is from
 141.14 the general fund for nonnarcotic pain
 141.15 management and wellness in accordance with
 141.16 Laws 2019, chapter 63, article 3, section 1,
 141.17 paragraph (n).

141.18 **(m) Base Level Adjustments.** The general
 141.19 fund base is \$121,201,000 in fiscal year 2024
 141.20 and \$116,344,000 in fiscal year 2025, of which
 141.21 \$750,000 in fiscal year 2024 and \$750,000 in
 141.22 fiscal year 2025 are for fetal alcohol spectrum
 141.23 disorders prevention grants under Minnesota
 141.24 Statutes, section 145.267. The health care
 141.25 access fund base is \$38,385,000 in fiscal year
 141.26 2024 and \$40,644,000 in fiscal year 2025.

141.27 Sec. 18. **TRANSFERS.**

141.28 Subdivision 1. **Grants.** The commissioner of human services, with the approval of the
 141.29 commissioner of management and budget, may transfer unencumbered appropriation balances
 141.30 for the biennium ending June 30, 2025, within fiscal years among the MFIP; general
 141.31 assistance; medical assistance; MinnesotaCare; MFIP child care assistance under Minnesota
 141.32 Statutes, section 119B.05; Minnesota supplemental aid program; group residential housing
 141.33 program; the entitlement portion of Northstar Care for Children under Minnesota Statutes,
 141.34 chapter 256N; and the entitlement portion of the behavioral health fund between fiscal years

142.1 of the biennium. The commissioner shall inform the chairs and ranking minority members
 142.2 of the legislative committees with jurisdiction over health and human services quarterly
 142.3 about transfers made under this subdivision.

142.4 Subd. 2. Administration. Positions, salary money, and nonsalary administrative money
 142.5 may be transferred within the Department of Human Services and the Department of Health
 142.6 as the commissioners consider necessary, with the advance approval of the commissioner
 142.7 of management and budget. The commissioners shall inform the chairs and ranking minority
 142.8 members of the legislative committees with jurisdiction over health and human services
 142.9 finance quarterly about transfers made under this section.

142.10 Sec. 19. INDIRECT COSTS NOT TO FUND PROGRAMS.

142.11 The commissioner of health shall not use indirect cost allocations to pay for the
 142.12 operational costs of any program for which they are responsible.

142.13 Sec. 20. EXPIRATION OF UNCODIFIED LANGUAGE.

142.14 All uncodified language contained in this article expires on June 30, 2025, unless a
 142.15 different expiration date is explicit."

142.16 Page 581, delete lines 11 to 15 and insert:

142.17 "(h) Medical Assistance (1,172,921,000)"

142.18 Renumber the subdivisions and sections in sequence

142.19 Amend the title as follows:

142.20 Page 1, line 25, after the second "health" insert "care"

142.21 Page 2, line 12, delete "the" and delete "the"

142.22 Amend the title numbers accordingly

142.23 And when so amended the bill do pass. Amendments adopted. Report adopted.

142.24 
 142.25 (Committee Chair)

142.26 April 18, 2023.....
 142.27 (Date of Committee recommendation)