

1.1 Senator ..... moves to amend S.F. No. 2995 as follows:

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

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

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

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

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

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

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

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

1.19 Page 32, delete section 21

1.20 Page 32, line 17, delete everything after "(a)" and insert "Medical assistance must cover  
1.21 medical treatment or services provided by a licensed pharmacist, to the extent the medical  
1.22 treatment or services are within the pharmacist's scope of practice, if medical assistance  
1.23 covers the same medical treatment or services provided by a licensed physician."

1.24 Page 32, delete lines 18 and 19

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

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

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

1.29 (1) for brand name drugs or multisource brand name drugs prescribed in accordance  
1.30 with Code of Federal Regulations, title 42, section 447.512(c), a dispensing fee equal to  
1.31 one-half of the fee-for-service dispensing fee in section 256B.0625, subdivision 13e,

2.1 paragraph (a), plus the lesser of the National Average Drug Acquisition Cost for brand  
2.2 drugs; the Wholesale Acquisition Cost minus two percent; the maximum allowable cost as  
2.3 defined in chapter 62W; or submitted charges;

2.4 (2) for generic drugs or multisource brand name drugs, unless the multisource brand  
2.5 name drug is prescribed in accordance with Code of Federal Regulations, title 42, section  
2.6 447.512(c), a dispensing fee equal to one-half of the fee-for-service dispensing fee in section  
2.7 256B.0625, subdivision 13e, paragraph (a), plus the lesser of the National Average Drug  
2.8 Acquisition Cost for brand drugs; the National Average Drug Acquisition Cost for generic  
2.9 drugs; the Wholesale Acquisition Cost minus two percent; the maximum allowable cost;  
2.10 or submitted charges;

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

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

2.20 Contracts between managed care plans and county-based purchasing plans and providers  
2.21 to whom this paragraph applies must allow recovery of payments from those providers if  
2.22 capitation rates are adjusted in accordance with this paragraph. Payment recoveries must  
2.23 not exceed an amount equal to any increase in rates that results from this provision. This  
2.24 paragraph shall not be implemented if federal approval is not received for this paragraph,  
2.25 or if federal approval is withdrawn at any time."

2.26 Page 46, after line 33, insert:

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

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

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

3.3 (b) If a plan does not have an established contractual payment under medical assistance  
3.4 with an out-of-network provider for a service provided in Minnesota related to the diagnosis,  
3.5 monitoring, and treatment of a rare disease or condition, then the provider must accept the  
3.6 provider's established rate for uninsured patients for that service as payment in full. If the  
3.7 provider does not have an established rate for uninsured patients for that service, then the  
3.8 provider must accept the fee-for-service rate.

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

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

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

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

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

3.25 Page 52, delete section 34 and insert:

3.26 "Sec. 34. Minnesota Statutes 2022, section 256B.76, as amended by Laws 2023, chapter  
3.27 25, section 145, is amended to read:

3.28 **256B.76 PHYSICIAN, PROFESSIONAL SERVICES, AND DENTAL**  
3.29 **REIMBURSEMENT.**

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

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

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

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

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

4.17 (c) Effective for services rendered on or after July 1, 2009, payment rates for physician  
4.18 and professional services shall be reduced by five percent, except that for the period July  
4.19 1, 2009, through June 30, 2010, payment rates shall be reduced by 6.5 percent for the medical  
4.20 assistance and general assistance medical care programs, over the rates in effect on June  
4.21 30, 2009. This reduction and the reductions in paragraph (d) do not apply to office or other  
4.22 outpatient visits, preventive medicine visits and family planning visits billed by physicians,  
4.23 advanced practice registered nurses, or physician assistants in a family planning agency or  
4.24 in one of the following primary care practices: general practice, general internal medicine,  
4.25 general pediatrics, general geriatrics, and family medicine. This reduction and the reductions  
4.26 in paragraph (d) do not apply to federally qualified health centers, rural health centers, and  
4.27 Indian health services. Effective October 1, 2009, payments made to managed care plans  
4.28 and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall  
4.29 reflect the payment reduction described in this paragraph.

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

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

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

5.9 (f) Effective for services rendered on or after September 1, 2014, payment rates for  
5.10 physician and professional services, including physical therapy, occupational therapy, speech  
5.11 pathology, and mental health services shall be increased by five percent from the rates in  
5.12 effect on August 31, 2014. In calculating this rate increase, the commissioner shall not  
5.13 include in the base rate for August 31, 2014, the rate increase provided under section  
5.14 256B.76, subdivision 7. This increase does not apply to federally qualified health centers,  
5.15 rural health centers, and Indian health services. Payments made to managed care plans and  
5.16 county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

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

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

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

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

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

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

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

6.6 (c) Effective for services rendered ~~on or after~~ from January 1, 2000, to December 31,  
6.7 2023, payment rates for dental services shall be increased by three percent over the rates in  
6.8 effect on December 31, 1999.

6.9 (d) Effective for services provided ~~on or after~~ from January 1, 2002, to December 31,  
6.10 2023, payment for diagnostic examinations and dental x-rays provided to children under  
6.11 age 21 shall be the lower of (1) the submitted charge, or (2) 85 percent of median 1999  
6.12 charges.

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

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

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

6.25 ~~(h) Effective for services rendered on or after January 1, 2014, through December 31,~~  
6.26 ~~2021, payment rates for dental services shall be increased by five percent from the rates in~~  
6.27 ~~effect on December 31, 2013. This increase does not apply to state-operated dental clinics~~  
6.28 ~~in paragraph (f), federally qualified health centers, rural health centers, and Indian health~~  
6.29 ~~services. Effective January 1, 2014, payments made to managed care plans and county-based~~  
6.30 ~~purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect the payment~~  
6.31 ~~increase described in this paragraph.~~

6.32 ~~(i) Effective for services provided on or after January 1, 2017, through December 31,~~  
6.33 ~~2021, the commissioner shall increase payment rates by 9.65 percent for dental services~~

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

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

7.12 ~~(k)~~ (h) Effective for services provided on or after January 1, 2022, the commissioner  
7.13 shall exclude from medical assistance and MinnesotaCare payments for dental services to  
7.14 public health and community health clinics the 20 percent increase authorized under Laws  
7.15 1989, chapter 327, section 5, subdivision 2, paragraph (b).

7.16 ~~(l)~~ (i) Effective for services provided ~~on or after~~ from January 1, 2022, to December 31,  
7.17 2023, the commissioner shall increase payment rates by 98 percent for all dental services.  
7.18 This rate increase does not apply to state-operated dental clinics, federally qualified health  
7.19 centers, rural health centers, or Indian health services.

7.20 ~~(m)~~ (j) Managed care plans and county-based purchasing plans shall reimburse providers  
7.21 at a level that is at least equal to the rate paid under fee-for-service for dental services. If,  
7.22 for any coverage year, federal approval is not received for this paragraph, the commissioner  
7.23 must adjust the capitation rates paid to managed care plans and county-based purchasing  
7.24 plans for that contract year to reflect the removal of this provision. Contracts between  
7.25 managed care plans and county-based purchasing plans and providers to whom this paragraph  
7.26 applies must allow recovery of payments from those providers if capitation rates are adjusted  
7.27 in accordance with this paragraph. Payment recoveries must not exceed an amount equal  
7.28 to any increase in rates that results from this provision. If, for any coverage year, federal  
7.29 approval is not received for this paragraph, the commissioner shall not implement this  
7.30 paragraph for subsequent coverage years.

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

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

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

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

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

8.25 (2) the ability to raise matching funds;

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

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

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

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



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

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

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

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

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

9.22 ~~(e)~~ (a) The commissioner shall increase reimbursement to dentists and dental clinics  
9.23 deemed by the commissioner to be critical access dental providers. For dental services  
9.24 provided on or after January 1, 2022, by a dental provider deemed to be a critical access  
9.25 dental provider under paragraph ~~(f)~~ (d), the commissioner shall increase reimbursement by  
9.26 20 percent above the reimbursement rate that would otherwise be paid to the critical access  
9.27 dental provider. This paragraph does not apply to federally qualified health centers, rural  
9.28 health centers, state-operated dental clinics, or Indian health centers.

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

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

10.6 ~~(e)~~ (c) Critical access dental payments made under this subdivision for dental services  
10.7 provided by a critical access dental provider to an enrollee of a managed care plan or  
10.8 county-based purchasing plan must not reflect any capitated payments or cost-based payments  
10.9 from the managed care plan or county-based purchasing plan. The managed care plan or  
10.10 county-based purchasing plan must base the additional critical access dental payment on  
10.11 the amount that would have been paid for that service had the dental provider been paid  
10.12 according to the managed care plan or county-based purchasing plan's fee schedule that  
10.13 applies to dental providers that are not paid under a capitated payment or cost-based payment.

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

10.16 (1) nonprofit community clinics that:

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

10.18 (ii) have tax exempt status in accordance with the Internal Revenue Code, section  
10.19 501(c)(3);

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

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

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

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

10.27 (vii) have free care available as needed;

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

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

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

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

11.6 (6) private practicing dentists if:

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

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

11.13 **Subd. 5. Outpatient rehabilitation facility.** An entity that operates both a Medicare  
11.14 certified comprehensive outpatient rehabilitation facility and a facility which was certified  
11.15 prior to January 1, 1993, that is licensed under Minnesota Rules, parts 9570.2000 to  
11.16 9570.3400, and for whom at least 33 percent of the clients receiving rehabilitation services  
11.17 in the most recent calendar year are medical assistance recipients, shall be reimbursed by  
11.18 the commissioner for rehabilitation services at rates that are 38 percent greater than the  
11.19 maximum reimbursement rate allowed under subdivision 1, paragraph (a), clause (2), when  
11.20 those services are (1) provided within the comprehensive outpatient rehabilitation facility  
11.21 and (2) provided to residents of nursing facilities owned by the entity.

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

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

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

- 12.1 Page 54, delete section 35
- 12.2 Page 56, delete section 36
- 12.3 Page 62, lines 1, 4, 7, and 10, after "Statutes" insert "2022"
- 12.4 Page 64, line 5, delete "purpose" and insert "purposes"
- 12.5 Page 66, line 33, delete everything after "All" and insert "policies or contracts referred
- 12.6 to in subdivision 1 must provide benefits relating to expenses incurred for medical treatment
- 12.7 or services provided by a licensed pharmacist, according to the requirements of section
- 12.8 151.01, to the extent the medical treatment or services are within the pharmacist's scope of
- 12.9 practice, if such a policy or contract provides the benefits relating to expenses incurred for
- 12.10 the same medical treatment or services provided by a licensed physician."
- 12.11 Page 66, delete line 34
- 12.12 Page 67, delete lines 1 to 3
- 12.13 Page 69, line 23, delete everything after "All" and insert "health maintenance contracts
- 12.14 must provide benefits relating to expenses incurred for medical treatment or services provided
- 12.15 by a licensed pharmacist, to the extent the medical treatment or services are within the
- 12.16 pharmacist's scope of practice, if the health maintenance contract provides benefits relating
- 12.17 to expenses incurred for the same medical treatment or services provided by a licensed
- 12.18 physician."
- 12.19 Page 69, delete lines 24 to 26
- 12.20 Page 72, after line 21, insert:
- 12.21 "Sec. 12. **[62J.811] PROVIDER BALANCE BILLING REQUIREMENTS.**
- 12.22 Subdivision 1. **Billing requirements.** (a) Each health care provider and health facility
- 12.23 shall comply with Consolidated Appropriations Act, 2021, Division BB also known as the
- 12.24 "No Surprises Act," including any federal regulations adopted under that act.
- 12.25 (b) For the purposes of this section, "provider" or "facility" means any health care
- 12.26 provider or facility pursuant to section 62A.63, subdivision 2, or 62J.03, subdivision 8, that
- 12.27 is subject to relevant provisions of the No Surprises Act.
- 12.28 Subd. 2. **Investigations and compliance.** (a) The commissioner shall, to the extent
- 12.29 practicable, seek the cooperation of health care providers and facilities, and may provide
- 12.30 any support and assistance as available, in obtaining compliance with this section.

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

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

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

13.9 (e) The commissioner may report violations under this section to other relevant federal  
13.10 and state departments and jurisdictions as appropriate, including the attorney general and  
13.11 relevant licensing boards, and may also coordinate on investigations and enforcement of  
13.12 this section with other relevant federal and state departments and jurisdictions as appropriate,  
13.13 including the attorney general and relevant licensing boards.

13.14 (f) A health care provider or facility may contest whether the finding of facts constitute  
13.15 a violation of this section according to the contested case proceeding in sections 14.57 to  
13.16 14.62, subject to appeal according to sections 14.63 to 14.68.

13.17 (g) Any data collected by the commissioner as part of an active investigation or active  
13.18 compliance review under this section are classified as protected nonpublic data pursuant to  
13.19 section 13.02, subdivision 13, in the case of data not on individuals and confidential pursuant  
13.20 to section 13.02, subdivision 3, in the case of data on individuals. Data describing the final  
13.21 disposition of an investigation or compliance review are classified as public.

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

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

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

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

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

13.31 Page 77, after line 11, insert:

14.1 "(k) "30-day supply" means the total daily dosage units of a prescription drug  
14.2 recommended by the prescribing label approved by the FDA for 30 days. If the  
14.3 FDA-approved prescribing label includes more than one recommended daily dosage, the  
14.4 30-day supply is based on the maximum recommended daily dosage on the FDA-approved  
14.5 prescribing label.

14.6 (l) "Course of treatment" means the total dosage of a single prescription for a prescription  
14.7 drug recommended by the FDA-approved prescribing label. If the FDA-approved prescribing  
14.8 label includes more than one recommended dosage for a single course of treatment, the  
14.9 course of treatment is the maximum recommended dosage on the FDA-approved prescribing  
14.10 label.

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

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

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

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

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

14.27 (r) "Reporting entity" means any manufacturer, pharmacy, pharmacy benefits manager,  
14.28 wholesale drug distributor, or any other entity required to submit data under section 62J.84.

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

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

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

15.1 Page 77, before line 12, insert:

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

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

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

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

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

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

15.17 (i) the national drug code;

15.18 (ii) the product name;

15.19 (iii) the dosage form;

15.20 (iv) the strength;

15.21 (v) the package size;

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

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

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

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

- 16.1 (i) to manufacture the prescription drug;
- 16.2 (ii) to market the prescription drug, including advertising costs; and
- 16.3 (iii) to distribute the prescription drug;
- 16.4 (6) the total sales revenue for the prescription drug during the previous 12-month period;
- 16.5 (7) the manufacturer's net profit attributable to the prescription drug during the previous
- 16.6 12-month period;
- 16.7 (8) the total amount of financial assistance the manufacturer has provided through patient
- 16.8 prescription assistance programs during the previous 12-month period, if applicable;
- 16.9 (9) any agreement between a manufacturer and another entity contingent upon any delay
- 16.10 in offering to market a generic version of the prescription drug;
- 16.11 (10) the patent expiration date of the prescription drug if it is under patent;
- 16.12 (11) the name and location of the company that manufactured the drug; ~~and~~
- 16.13 (12) if a brand name prescription drug, the ~~ten highest prices~~ price paid for the
- 16.14 prescription drug during the previous calendar year in ~~any country other than~~ the ten
- 16.15 countries, excluding the United States., that charged the highest single price for the
- 16.16 prescription drug; and
- 16.17 (13) if the prescription drug was acquired by the manufacturer during the previous
- 16.18 12-month period, all of the following information:
- 16.19 (i) price at acquisition;
- 16.20 (ii) price in the calendar year prior to acquisition;
- 16.21 (iii) name of the company from which the drug was acquired;
- 16.22 (iv) date of acquisition; and
- 16.23 (v) acquisition price.
- 16.24 (c) The manufacturer may submit any documentation necessary to support the information
- 16.25 reported under this subdivision.

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

16.27 Subd. 4. **New prescription drug price reporting.** (a) Beginning January 1, 2022, no

16.28 later than 60 days after a manufacturer introduces a new prescription drug for sale in the

16.29 United States that is a new brand name drug with a price that is greater than the tier threshold

16.30 established by the Centers for Medicare and Medicaid Services for specialty drugs in the



17.1 Medicare Part D program for a 30-day supply or for a course of treatment lasting less than  
17.2 30 days or a new generic or biosimilar drug with a price that is greater than the tier threshold  
17.3 established by the Centers for Medicare and Medicaid Services for specialty drugs in the  
17.4 Medicare Part D program for a 30-day supply or for a course of treatment lasting less than  
17.5 30 days and is not at least 15 percent lower than the referenced brand name drug when the  
17.6 generic or biosimilar drug is launched, the manufacturer must submit to the commissioner,  
17.7 in the form and manner prescribed by the commissioner, the following information, if  
17.8 applicable:

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

17.10 (i) the national drug code;

17.11 (ii) the product name;

17.12 (iii) the dosage form;

17.13 (iv) the strength;

17.14 (v) the package size;

17.15 ~~(1)~~ (2) the price of the prescription drug;

17.16 ~~(2)~~ (3) whether the Food and Drug Administration granted the new prescription drug a  
17.17 breakthrough therapy designation or a priority review;

17.18 ~~(3)~~ (4) the direct costs incurred by the manufacturer that are associated with the  
17.19 prescription drug, listed separately:

17.20 (i) to manufacture the prescription drug;

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

17.22 (iii) to distribute the prescription drug; and

17.23 ~~(4)~~ (5) the patent expiration date of the drug if it is under patent.

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

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

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

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

17.29 Page 79, after line 3, insert:

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

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

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

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

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

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

18.6 Page 80, after line 8, insert:

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

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

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

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

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

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

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

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

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

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

19.8 (2) which the manufacturer manufactures or repackages;

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

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

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

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

19.16 (i) the national drug code;

19.17 (ii) the product name;

19.18 (iii) the dosage form;

19.19 (iv) the strength; and

19.20 (v) the package size;

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

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

19.23 (ii) the introduced to market date; or

19.24 (iii) the acquisition date;

19.25 (3) the price of the drug product on the date of the notification to report;

19.26 (4) the introductory price of the prescription drug when it was introduced for sale in the  
19.27 United States and the price of the drug on the last day of each of the five calendar years  
19.28 preceding the date of the notification to report;

19.29 (5) the direct costs incurred during the 12-month period prior to the date of the notification  
19.30 to report by the manufacturers that are associated with the prescription drug, listed separately:

- 20.1 (i) to manufacture the prescription drug;
- 20.2 (ii) to market the prescription drug, including advertising costs; and
- 20.3 (iii) to distribute the prescription drug;
- 20.4 (6) the number of units of the prescription drug sold during the 12-month period prior  
20.5 to the date of the notification to report;
- 20.6 (7) the total sales revenue for the prescription drug during the 12-month period prior to  
20.7 the date of the notification to report;
- 20.8 (8) the total rebate payable amount accrued for the prescription drug during the 12-month  
20.9 period prior to the date of the notification to report;
- 20.10 (9) the manufacturer's net profit attributable to the prescription drug during the 12-month  
20.11 period prior to the date of the notification to report;
- 20.12 (10) the total amount of financial assistance the manufacturer has provided through  
20.13 patient prescription assistance programs during the 12-month period prior to the date of the  
20.14 notification to report, if applicable;
- 20.15 (11) any agreement between a manufacturer and another entity contingent upon any  
20.16 delay in offering to market a generic version of the prescription drug;
- 20.17 (12) the patent expiration date of the prescription drug if the prescription drug is under  
20.18 patent;
- 20.19 (13) the name and location of the company that manufactured the drug;
- 20.20 (14) if the prescription drug is a brand name prescription drug, the ten countries other  
20.21 than the United States that paid the highest prices for the prescription drug during the  
20.22 previous calendar year and their prices; and
- 20.23 (15) if the prescription drug was acquired by the manufacturer within a 12-month period  
20.24 prior to the date of the notification to report, all of the following information:
- 20.25 (i) the price at acquisition;
- 20.26 (ii) the price in the calendar year prior to acquisition;
- 20.27 (iii) the name of the company from which the drug was acquired;
- 20.28 (iv) the date of acquisition; and
- 20.29 (v) the acquisition price.

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

21.3 Sec. 24. Minnesota Statutes 2022, section 62J.84, is amended by adding a subdivision to  
21.4 read:

21.5 Subd. 12. **Pharmacy prescription drug substantial public interest reporting.** (a)  
21.6 Beginning January 1, 2024, a pharmacy must submit to the commissioner the information  
21.7 described in paragraph (b) for any prescription drug included in a notification to report  
21.8 issued to the pharmacy by the department under subdivision 9.

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

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

21.13 (i) the national drug code;

21.14 (ii) the product name;

21.15 (iii) the dosage form;

21.16 (iv) the strength; and

21.17 (v) the package size;

21.18 (2) the number of units of the drug acquired during the 12-month period prior to the date  
21.19 of the notification to report;

21.20 (3) the total spent before rebates by the pharmacy to acquire the drug during the 12-month  
21.21 period prior to the date of the notification to report;

21.22 (4) the total rebate receivable amount accrued by the pharmacy for the drug during the  
21.23 12-month period prior to the date of the notification to report;

21.24 (5) the number of pricing units of the drug dispensed by the pharmacy during the  
21.25 12-month period prior to the date of the notification to report;

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

21.29 (7) the total rebate payable amount accrued by the pharmacy for the drug during the  
21.30 12-month period prior to the date of the notification to report; and

22.1 (8) the average cash price paid by consumers per pricing unit for prescriptions dispensed  
22.2 where no claim was submitted to a health care service plan or health insurer during the  
22.3 12-month period prior to the date of the notification to report.

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

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

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

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

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

22.16 (i) the national drug code;

22.17 (ii) the product name;

22.18 (iii) the dosage form;

22.19 (iv) the strength; and

22.20 (v) the package size;

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

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

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

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

23.1 (6) the total rebate payable amount accrued by the PBM for the drug product during the  
23.2 12-month period prior to the date of the notification to report.

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

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

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

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

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

23.15 (i) the national drug code;

23.16 (ii) the product name;

23.17 (iii) the dosage form;

23.18 (iv) the strength; and

23.19 (v) the package size;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24.18 Page 94, line 4, delete the comma

24.19 Page 94, after line 6, insert:

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

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

24.23 Page 138, line 4, delete "settlement"

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

24.25 Pages 138 to 152, delete sections 4 to 18

24.26 Page 153, after line 10, insert:

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

24.28 Page 153, after line 22, insert:



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

25.2 Page 154, after line 2, insert:

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

25.4 Page 154, delete section 22 and insert:

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

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

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

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

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

25.10 or local unit of government that is unsealed under a maintenance permit. "Local unit of

25.11 government" means a statutory or home rule charter city, town, county, or soil and water

25.12 conservation district, watershed district, an organization formed for the joint exercise of

25.13 powers under section 471.59, a community health board, or other special purpose district

25.14 or authority with local jurisdiction in water and related land resources management;

25.15 (3) for environmental wells that are unsealed under a maintenance permit, \$175 annually

25.16 per site regardless of the number of environmental wells located on site;

25.17 (4) for a groundwater thermal exchange device, in addition to the notification fee for

25.18 water supply wells, \$275, which includes the state core function fee;

25.19 (5) for a bored geothermal heat exchanger with less than ten tons of heating/cooling

25.20 capacity, \$275;

25.21 (6) for a bored geothermal heat exchanger with ten to 50 tons of heating/cooling capacity,

25.22 \$515;

25.23 (7) for a bored geothermal heat exchanger with greater than 50 tons of heating/cooling

25.24 capacity, \$740;

25.25 (8) for a dewatering well that is unsealed under a maintenance permit, \$175 annually

25.26 for each dewatering well, except a dewatering project comprising more than five dewatering

25.27 wells shall be issued a single permit for \$875 annually for dewatering wells recorded on

25.28 the permit; ~~and~~

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

25.30 (10) for a submerged closed loop heat exchanger, in addition to the notification fee for

25.31 water supply wells, \$275, which includes the state core function fee.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

27.20 (5) the specifications for piping including the materials to be used for piping, the  
27.21 closed-loop water treatment protocol, and the provisions for pressure testing the system;  
27.22 and

27.23 (6) a diagram of the proposed system.

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

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

27.28 (d) If a permit application contains all of the information required in paragraph (a) and  
27.29 for which the technical specifications are consistent with the requirements of paragraph (a),  
27.30 the commissioner may only deny the permit if the commissioner determines that the proposed  
27.31 submerged closed loop heat exchanger system creates a new material risk to human health

28.1 and the environment by adversely affecting the migration of an existing groundwater  
28.2 contamination plume.

28.3 (e) Within 30 days of submission of a complete permit application, the commissioner  
28.4 must either issue the permit or notify the applicant that the commissioner has determined  
28.5 that the proposed submerged closed loop heat exchanger system may create a material risk  
28.6 to human health and the environment by adversely affecting the migration of an existing  
28.7 groundwater plume. If the commissioner determines the system may create a material risk,  
28.8 the commissioner must make a final determination as to whether the proposed system poses  
28.9 such material risk within 30 days after initial notice is provided to the applicant. The  
28.10 commissioner may extend this 30-day period with the consent of the applicant. An application  
28.11 is deemed to have been granted if the commissioner fails to notify the applicant that the  
28.12 commissioner has determined that the proposed submerged closed loop heat exchanger  
28.13 system may create a material risk to human health and the environment by adversely affecting  
28.14 the migration of an existing groundwater within 30 days of submission of a complete  
28.15 application or if the commissioner fails to make a final determination regarding such potential  
28.16 material risks within 30 days after notifying the applicant.

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

28.23 (g) Permit holders must comply with this section, chapter 103I, and Minnesota Rules,  
28.24 chapter 4725.

28.25 (h) A permit holder must inform the Minnesota Duty Officer of the failure or leak of a  
28.26 submerged closed loop heat exchanger.

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

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

28.31 (2) material and design specifications and standards;

28.32 (3) heat exchange fluid requirements;

28.33 (4) signage requirements;

- 29.1 (5) backflow prevention requirements;
- 29.2 (6) pressure tests of the system;
- 29.3 (7) documentation of the system construction;
- 29.4 (8) requirements for maintenance and repair of the system;
- 29.5 (9) removal of the system upon termination of use or failure;
- 29.6 (10) disclosure of the system at the time of property transfer; and
- 29.7 (11) requirement to obtain approval from the commissioner prior to deviation of the
- 29.8 approved plans and conditions of the permit.

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

29.10 Page 156, line 30, after the period, insert "The director shall serve in the unclassified

29.11 service."

29.12 Page 157, after line 17, insert:

29.13 "Subd. 3. **Annual report.** The commissioner of health shall report annually by January

29.14 15 to the chairs and ranking minority members of the committees in the house of

29.15 representatives and the senate with primary jurisdiction over health policy and finance on

29.16 the work accomplished by the commissioner and the collaborative toward in the previous

29.17 year and describing goals for the following year."

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

29.19 Page 159, line 3, delete "and" and insert ". The office"

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

29.21 Page 159, line 8, delete "AAHSAC" and insert "African American Health State Advisory

29.22 Council"

29.23 Page 159, after line 23, insert:

29.24 "The commissioner of health shall report annually by January 15 to the chairs and ranking

29.25 minority members of the committees in the house of representatives and the senate with

29.26 primary jurisdiction over health policy and finance on the work accomplished by the Office

29.27 of African American Health during the previous year and describing goals for the following

29.28 year."

29.29 Page 159, delete subdivision 1

29.30 Renumber the subdivisions in sequence

- 30.1 Page 159, line 30, delete "council" and insert "African American Health State Advisory  
30.2 Council"
- 30.3 Page 160, line 11, delete "committee" and insert "council"
- 30.4 Page 160, line 13, delete "committee" and insert "council" and delete "Committee" and  
30.5 insert "Council"
- 30.6 Page 161, line 9, after "commissioner" insert "and to the chairs and ranking minority  
30.7 members of the committees in the house of representatives and the senate with primary  
30.8 jurisdiction over health policy and finance"
- 30.9 Page 163, line 5, delete ", and" and insert ". The office"
- 30.10 Page 163, after line 27, insert:
- 30.11 "Subd. 3. Reporting. The person appointed to head the Office of American Indian Health  
30.12 must report annually by January 15 to the chairs and ranking minority members of the  
30.13 committees in the house of representatives and the senate with primary jurisdiction over  
30.14 health policy and finance on the work of the office during the previous year and the goals  
30.15 for the office for the year."
- 30.16 Page 168, line 4, delete "(CHW)" and delete "equipping" and insert "equip"
- 30.17 Page 168, line 5, delete "addresses" and insert "must address"
- 30.18 Page 168, line 9, delete "establish" and insert "award" and delete the first "and" and  
30.19 insert "or enter into"
- 30.20 Page 168, line 10, after "The" insert "grant" and after "recipients" insert "or contractor"
- 30.21 Page 168, line 14, delete "CHW" and insert "community health worker"
- 30.22 Page 173, line 29, delete "Priority shall be given" and insert "The commissioner shall  
30.23 give priority"
- 30.24 Page 178, line 22, after the second comma, insert "which occurs in part within the state  
30.25 of Minnesota or involves a health care entity formed or licensed in Minnesota,"
- 30.26 Page 189, line 25, delete "supporting" and insert "a grant program to support"
- 30.27 Page 189, line 26, delete "grant program" and insert ". Grant proceeds must be used"
- 30.28 Page 191, line 22, before "The" insert "(a)" and delete the colon
- 30.29 Page 191, line 23, delete "(1)"
- 30.30 Page 191, line 24, delete "populations" and insert "people"

- 31.1 Page 191, line 25, delete "Indian" and insert "Indians" and after "LGBTQIA+" insert
- 31.2 "people" and delete "those " and insert "people"
- 31.3 Page 191, line 28, delete "; and" and insert a period
- 31.4 Page 191, line 29, delete "(2)" and insert "(b) The commissioner of health shall"
- 31.5 Page 192, line 1, delete "(i)" and insert "(1)"
- 31.6 Page 192, line 3, delete "(ii)" and insert "(2)"
- 31.7 Page 194, line 9, after "COVID" insert "AND RELATED CONDITIONS;
- 31.8 "ASSESSMENT AND MONITORING"
- 31.9 Page 194, line 10, delete "purpose" and insert "purposes" and before "terms" insert
- 31.10 "following"
- 31.11 Page 194, line 16, after "COVID" insert a comma
- 31.12 Page 195, line 3, delete "Department" and insert "commissioner" and after the first
- 31.13 "health" insert "entities"
- 31.14 Page 195, line 12, after "award" insert "grants and enter into" and delete "and grants"
- 31.15 Page 195, line 17, after the first "and" insert "award"
- 31.16 Page 200, delete subdivision 1
- 31.17 Renumber the subdivisions in sequence
- 31.18 Page 200, line 21, delete "such as" and insert "including"
- 31.19 Page 200, line 22, delete the first comma and insert "and" delete ", as well as access to"
- 31.20 and insert a semicolon
- 31.21 Page 200, line 23, delete the first comma and insert a semicolon
- 31.22 Page 203, line 4, delete "must govern" and insert "governs"
- 31.23 Page 203, after line 15, insert:
- 31.24 "Subd. 5. **Expiration.** Notwithstanding any other law or policy to the contrary, the fetal
- 31.25 and infant mortality review committee must not expire."
- 31.26 Page 207, delete section 67, and insert:
- 31.27 "Sec. 54. **[145.9571] HEALTHY BEGINNINGS, HEALTHY FAMILIES ACT.**
- 31.28 Sections 145.9571 to 145.9576 are the Healthy Beginnings, Healthy Families Act.

32.1 **Sec. 55. [145.9572] MINNESOTA PERINATAL QUALITY COLLABORATIVE.**

32.2 Subdivision 1. **Duties.** The Minnesota perinatal quality collaborative is established to  
 32.3 improve pregnancy outcomes for pregnant people and newborns through efforts to:

32.4 (1) advance evidence-based and evidence-informed clinics and other health service  
 32.5 practices and processes through quality care review, chart audits, and continuous quality  
 32.6 improvement initiatives that enable equitable outcomes;

32.7 (2) review current data, trends, and research on best practices to inform and prioritize  
 32.8 quality improvement initiatives;

32.9 (3) identify methods that incorporate antiracism into individual practice and organizational  
 32.10 guidelines in the delivery of perinatal health services;

32.11 (4) support quality improvement initiatives to address substance use disorders in pregnant  
 32.12 people and infants with neonatal abstinence syndrome or other effects of substance use;

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

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

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

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

32.25 **Sec. 56. [145.9573] MINNESOTA PARTNERSHIP TO PREVENT INFANT**  
 32.26 **MORTALITY.**

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

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



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

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

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

33.11 **Sec. 57. [145.9574] GRANTS.**

33.12 Subdivision 1. **Improving pregnancy and infant outcomes grant.** The commissioner  
33.13 of health must make a grant to a nonprofit organization to create or sustain a multidisciplinary  
33.14 network of representatives of health care systems, health care providers, academic institutions,  
33.15 local and state agencies, and community partners that will collaboratively improve pregnancy  
33.16 and infant outcomes through evidence-based, population-level quality improvement  
33.17 initiatives.

33.18 Subd. 2. **Improving infant health grants.** (a) The commissioner of health must award  
33.19 grants to eligible applicants to convene, coordinate, and implement data-driven strategies  
33.20 and culturally relevant activities to improve infant health by reducing preterm birth,  
33.21 sleep-related infant deaths, and congenital malformations and address social and  
33.22 environmental determinants of health. Grants must be awarded to support community  
33.23 nonprofit organizations, Tribal governments, and community health boards. In accordance  
33.24 with available funding, grants must be noncompetitively awarded to the eleven sovereign  
33.25 Tribal governments if their respective proposals demonstrate the ability to implement  
33.26 programs designed to achieve the purposes in subdivision 1 and meet other requirements  
33.27 of this section. An eligible applicant must submit a complete application to the commissioner  
33.28 of health by the deadline established by the commissioner. The commissioner must award  
33.29 all other grants competitively to eligible applicants in metropolitan and rural areas of the  
33.30 state and may consider geographic representation in grant awards.

33.31 (b) Grantee activities must:

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

33.33 (2) be based on community input;

34.1 (3) focus on policy, systems, and environmental changes that support infant health; and  
34.2 (4) address the health disparities and inequities that are experienced in the grantee's  
34.3 community.

34.4 (c) The commissioner must review each application to determine whether the application  
34.5 is complete and whether the applicant and the project are eligible for a grant. In evaluating  
34.6 applications according to subdivision 2, the commissioner must establish criteria including  
34.7 but not limited to: the eligibility of the applicant's project under this section; the applicant's  
34.8 thoroughness and clarity in describing the infant health issues grant funds are intended to  
34.9 address; a description of the applicant's proposed project; the project's likelihood to achieve  
34.10 the grant's purposes as described in this section; a description of the population demographics  
34.11 and service area of the proposed project; and evidence of efficiencies and effectiveness  
34.12 gained through collaborative efforts.

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

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

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

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

34.23 (1) partnership development and capacity building;

34.24 (2) Tribal support;

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

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

34.27 (5) health equity.

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

34.30 Subdivision 1. **Developmental and social-emotional screening with follow-up.** The  
34.31 goal of the developmental and social-emotional screening is to identify young children at

35.1 risk for developmental and behavioral concerns and provide follow-up services to connect  
35.2 families and young children to appropriate community-based resources and programs. The  
35.3 commissioner of health must work with the commissioners of human services and education  
35.4 to implement this section and promote interagency coordination with other early childhood  
35.5 programs including those that provide screening and assessment.

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

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

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

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

35.13 (4) review and share the results of the screening with the parent or guardian. Support  
35.14 families in their role as caregivers by providing anticipatory guidance around typical growth  
35.15 and development;

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

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

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

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

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

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

36.11 **Subd. 2. Grants authorized; model jail practices.** (a) The commissioner of health must  
36.12 award grants to eligible county jails to implement model jail practices and separate grants  
36.13 to county governments, Tribal governments, or nonprofit organizations in corresponding  
36.14 geographic areas to build partnerships with county jails to support children of incarcerated  
36.15 parents and their caregivers.

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

36.17 (1) parenting classes or groups;

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

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

36.20 (4) correctional staff training;

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

36.22 (6) family-focused reentry planning.

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

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

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

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

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

37.4 (2) partnership building and community engagement;

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

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

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

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

37.10 Page 212, delete lines 18 and 19

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

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

37.16 Page 213, after line 17, insert:

37.17 "Subd. 5. **Annual report.** The advisory council must submit a report annually by January  
 37.18 15 to the chairs and ranking minority members of the committees in the house of  
 37.19 representatives and the senate with primary jurisdiction over health policy and finance  
 37.20 summarizing the work of the council over the previous year and setting goals for the  
 37.21 following year."

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

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

37.24 Page 226, delete section 94

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

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

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

38.1 Page 231, line 3, after "recommendations" insert "to the commissioner of health and to  
38.2 the chairs and ranking minority members of the committees in the house of representatives  
38.3 and the senate with primary jurisdiction over health policy and finance"

38.4 Page 231, after line 4, insert:

38.5 "Sec. 89. **RULEMAKING AUTHORITY.**

38.6 The commissioner of health must adopt rules using the expedited rulemaking process  
38.7 under Minnesota Statutes, section 14.389, to implement the installation of submerged closed  
38.8 loop heat exchanger systems according to Minnesota Statutes, sections 103I.209 and  
38.9 103I.210. The rules must incorporate, and are limited to, the provisions in those sections.

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

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

38.12 By December 31, 2024, the commissioner of health must submit a report to the chairs  
38.13 and ranking minority members of the legislative committees with jurisdiction over health  
38.14 finance and policy. The report must include a recommendation on whether additional  
38.15 requirements are necessary to ensure that the construction and operation of submerged  
38.16 closed loop heat exchangers do not create the risk of material adverse impacts on the state's  
38.17 groundwater caused by the chemical or biological composition of the circulating fluids by  
38.18 operation of the well as part of the submerged closed loop heat exchanger. Unless specifically  
38.19 authorized by subsequent act of the legislature, the commissioner must not adopt any rules  
38.20 or requirements to implement the recommendations included in the report.

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

38.22 Sec. 91. **CLOSED LOOP HEAT EXCHANGER SYSTEM MONITORING AND**  
38.23 **REPORTING.**

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

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

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

38.30 Subd. 2. **Monitoring and reporting requirements.** (a) The system owner is responsible  
38.31 for monitoring and reporting to the commissioner for permitted submerged closed loop heat

39.1 exchanger systems installed under the provisional program. The commissioner must identify  
39.2 projects subject to reporting by including a permit condition.

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

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

39.6 (1) aluminum;

39.7 (2) arsenic;

39.8 (3) copper;

39.9 (4) iron;

39.10 (5) lead;

39.11 (6) manganese;

39.12 (7) zinc;

39.13 (8) total coliform;

39.14 (9) escherichia coli (E. coli);

39.15 (10) heterotrophic plate count;

39.16 (11) legionella;

39.17 (12) pH;

39.18 (13) electrical conductivity;

39.19 (14) dissolved oxygen; and

39.20 (15) temperature.

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

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

40.1 (b) The information required by this section shall be collected from each submerged  
40.2 closed loop heat exchanger system installed after June 30, 2023, under this provisional  
40.3 program. The commissioner shall identify up to ten systems for which report submission  
40.4 is required, and this requirement shall be included in the permit conditions. The information  
40.5 shall be provided to the commissioner on a semiannual basis and the final semiannual  
40.6 submission shall include information from the period from January 1, 2024, through July  
40.7 1, 2024.

40.8 Subd. 4. **Report requirements.** (a) Every closed loop heat exchanger owner that holds  
40.9 a permit issued under this section must provide a report to the commissioner for each permit  
40.10 by September 30, 2024. The report must describe the status, operation, and performance of  
40.11 each submerged closed loop heat exchanger system. The report may be in a format  
40.12 determined by the system owner and must include:

40.13 (1) date of the report;

40.14 (2) a narrative description of system installation, operation, and status, including dates;

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

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

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

40.20 (6) any maintenance issues, material failures, leaks, and repairs, including dates and  
40.21 descriptions of the heat exchangers or components involved, issues, failures, leaks, and  
40.22 repairs.

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

40.25 Page 231, delete lines 9 and 10

40.26 Page 239, line 1, delete the semicolon

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

40.28 Page 253, delete section 6, and insert:

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

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



- 41.1 (1) application fee for national examination is ~~\$110~~ \$150;
- 41.2 (2) application fee for Licensed Marriage and Family Therapist (LMFT) state examination  
41.3 is ~~\$110~~ \$150;
- 41.4 (3) initial LMFT license fee is prorated, but cannot exceed ~~\$125~~ \$225;
- 41.5 (4) annual renewal fee for LMFT license is ~~\$125~~ \$225;
- 41.6 (5) late fee for LMFT license renewal is ~~\$50~~ \$100;
- 41.7 (6) application fee for LMFT licensure by reciprocity is ~~\$220~~ \$300;
- 41.8 (7) fee for initial Licensed Associate Marriage and Family Therapist (LAMFT) license  
41.9 is ~~\$75~~ \$100;
- 41.10 (8) annual renewal fee for LAMFT license is ~~\$75~~ \$100;
- 41.11 (9) late fee for LAMFT renewal is ~~\$25~~ \$50;
- 41.12 (10) fee for reinstatement of license is \$150;
- 41.13 (11) fee for emeritus status is ~~\$125~~ \$225; and
- 41.14 (12) fee for temporary license for members of the military is \$100."
- 41.15 Page 256, line 31, strike "\$50" and insert "\$75"
- 41.16 Page 257, line 1, strike "\$50" and insert "\$60"
- 41.17 Page 257, line 8, strike "\$260" and insert "\$300"
- 41.18 Page 257, line 18, strike "\$75" and insert "\$150"
- 41.19 Page 257, line 26, strike "\$50" and insert "\$60"
- 41.20 Page 258, line 6, strike "\$260" and insert "\$300"
- 41.21 Page 258, line 16, strike "\$75" and insert "\$150"
- 41.22 Page 258, line 17, strike "\$100" and insert "\$150"
- 41.23 Page 272, line 19, delete "timeframe" and insert "time frame"
- 41.24 Page 280, after line 2, insert:
- 41.25 "**EFFECTIVE DATE.** This section is effective the day following final enactment."
- 41.26 Page 283, after line 31, insert:

42.1 "Sec. 2. Minnesota Statutes 2022, section 245C.02, is amended by adding a subdivision  
42.2 to read:

42.3 Subd. 7a. **Conservator.** "Conservator" has the meaning given in section 524.1-201,  
42.4 clause (10), and includes proposed and current conservators.

42.5 Sec. 3. Minnesota Statutes 2022, section 245C.02, is amended by adding a subdivision to  
42.6 read:

42.7 Subd. 11f. **Guardian.** "Guardian" has the meaning given in section 524.1-201, clause  
42.8 (27), and includes proposed and current guardians."

42.9 Page 284, after line 16, insert:

42.10 "Sec. 5. Minnesota Statutes 2022, section 245C.03, subdivision 1, is amended to read:

42.11 Subdivision 1. **Licensed programs.** (a) The commissioner shall conduct a background  
42.12 study on:

42.13 (1) the person or persons applying for a license;

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

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

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

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

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

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

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

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

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

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

43.10 (1) adult foster care;

43.11 (2) child foster care;

43.12 (3) children's residential facilities;

43.13 (4) family child care;

43.14 (5) licensed child care centers;

43.15 (6) licensed home and community-based services under chapter 245D;

43.16 (7) residential mental health programs for adults;

43.17 (8) substance use disorder treatment programs under chapter 245G;

43.18 (9) withdrawal management programs under chapter 245F;

43.19 (10) adult day care centers;

43.20 (11) family adult day services;

43.21 (12) independent living assistance for youth;

43.22 (13) detoxification programs;

43.23 (14) community residential settings; ~~and~~

43.24 (15) intensive residential treatment services and residential crisis stabilization under  
43.25 chapter 245I; and

43.26 (16) treatment programs for persons with sexual psychopathic personality or sexually  
43.27 dangerous persons, licensed under chapter 245A and according to Minnesota Rules, parts  
43.28 9515.3000 to 9515.3110.

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

44.2 Subd. 1a. **Procedure.** (a) Individuals and organizations that are required under this  
44.3 section to have or initiate background studies shall comply with the requirements of this  
44.4 chapter.

44.5 (b) All studies conducted under this section shall be conducted according to sections  
44.6 299C.60 to 299C.64. This requirement does not apply to subdivisions 1, paragraph (c),  
44.7 clauses (2) to (5), and 6a.

44.8 (c) All data obtained by the commissioner for a background study completed under this  
44.9 section shall be classified as private data on individuals, as defined in section 13.02,  
44.10 subdivision 9.

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

44.12 Subdivision 1. **Alternative background studies.** (a) The commissioner shall conduct  
44.13 an alternative background study of individuals listed in this section.

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

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

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

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

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

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

44.27 (h) All data obtained by the commissioner for a background study completed under this  
44.28 section shall be classified as private data on individuals, as defined in section 13.02,  
44.29 subdivision 9.

45.1       Sec. 8. [245C.033] GUARDIANS AND CONSERVATORS; MALTREATMENT  
45.2 AND STATE LICENSING AGENCY CHECKS.

45.3       Subdivision 1. Maltreatment data. Requests for maltreatment data submitted pursuant  
45.4 to section 524.5-118 shall include information regarding whether the guardian or conservator  
45.5 has been a perpetrator of substantiated maltreatment of a vulnerable adult under section  
45.6 626.557 or a minor under chapter 260E. If the guardian or conservator has been the  
45.7 perpetrator of substantiated maltreatment of a vulnerable adult or a minor, the commissioner  
45.8 must include a copy of any available public portion of the investigation memorandum under  
45.9 section 626.557, subdivision 12b, or any available public portion of the investigation  
45.10 memorandum under section 260E.30.

45.11       Subd. 2. State licensing agency data. (a) Requests for state licensing agency data  
45.12 submitted pursuant to section 524.5-118 shall include information from a check of state  
45.13 licensing agency records.

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

45.17       (1) Lawyers Responsibility Board;

45.18       (2) State Board of Accountancy;

45.19       (3) Board of Social Work;

45.20       (4) Board of Psychology;

45.21       (5) Board of Nursing;

45.22       (6) Board of Medical Practice;

45.23       (7) Department of Education;

45.24       (8) Department of Commerce;

45.25       (9) Board of Chiropractic Examiners;

45.26       (10) Board of Dentistry;

45.27       (11) Board of Marriage and Family Therapy;

45.28       (12) Department of Human Services;

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

45.30       (14) Professional Educator Licensing and Standards Board.

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

46.6 Subd. 3. **Procedure; maltreatment and state licensing agency data.** Requests for  
46.7 maltreatment and state licensing agency data checks shall be submitted by the guardian or  
46.8 conservator to the commissioner on the form or in the manner prescribed by the  
46.9 commissioner. Upon receipt of a signed informed consent, and payment under 245C.10,  
46.10 the commissioner shall complete the maltreatment and state licensing agency checks. Upon  
46.11 completion of the checks, the commissioner shall provide the requested information to the  
46.12 courts on the form or in the manner prescribed by the commissioner.

46.13 Subd. 4. **Classification of maltreatment and state licensing agency data; access to**  
46.14 **information.** All data obtained by the commissioner for maltreatment and state licensing  
46.15 agency checks completed under this section shall be classified as private data on individuals,  
46.16 as defined in section 13.02, subdivision 9."

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

46.18 Page 290, after line 30, insert:

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

46.20 Subdivision 1. **Background studies conducted by Department of Human Services.** (a)  
46.21 For a background study conducted by the Department of Human Services, the commissioner  
46.22 shall review:

46.23 (1) information related to names of substantiated perpetrators of maltreatment of  
46.24 vulnerable adults that has been received by the commissioner as required under section  
46.25 626.557, subdivision 9c, paragraph (j);

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

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

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

47.4 (5) except as provided in clause (6), information received as a result of submission of  
47.5 fingerprints for a national criminal history record check, as defined in section 245C.02,  
47.6 subdivision 13c, when the commissioner has reasonable cause for a national criminal history  
47.7 record check as defined under section 245C.02, subdivision 15a, or as required under section  
47.8 144.057, subdivision 1, clause (2);

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

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

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

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

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

47.31 (8) for a background study required for treatment programs for sexual psychopathic  
47.32 personality or sexually dangerous persons, the background study shall only include a review  
47.33 of the information required under paragraph (a), clauses (1), (2), (3), and (4).

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

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

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

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

48.17 Page 291, after line 6, insert:

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

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

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

48.27 Page 293, after line 27, insert:

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

48.29 Subd. 15. **Guardians and conservators.** The commissioner shall recover the cost of  
48.30 conducting ~~background studies~~ maltreatment and state licensing agency checks for guardians  
48.31 and conservators under section ~~524.5-118~~ 245C.033 through a fee of no more than \$110  
48.32 ~~per study~~ \$50. The fees collected under this subdivision are appropriated to the commissioner



49.1 for the purpose of conducting ~~background studies~~ maltreatment and state licensing agency  
 49.2 checks. The fee for conducting an alternative background study for appointment of a  
 49.3 professional guardian or conservator must be paid by the guardian or conservator. In other  
 49.4 cases, the fee must be paid as follows:

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

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

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

49.14 Page 294, delete section 24 and insert:

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

49.16 Subd. 2. **15-year disqualification.** (a) An individual is disqualified under section 245C.14  
 49.17 if: (1) less than 15 years have passed since the discharge of the sentence imposed, if any,  
 49.18 for the offense; and (2) the individual has committed a felony-level violation of any of the  
 49.19 following offenses: sections 152.021, subdivision 1 or 2b, (aggravated controlled substance  
 49.20 crime in the first degree; sale crimes); 152.022, subdivision 1 (controlled substance crime  
 49.21 in the second degree; sale crimes); 152.023, subdivision 1 (controlled substance crime in  
 49.22 the third degree; sale crimes); 152.024, subdivision 1 (controlled substance crime in the  
 49.23 fourth degree; sale crimes); 256.98 (wrongfully obtaining assistance); 268.182 (fraud);  
 49.24 393.07, subdivision 10, paragraph (c) (federal SNAP fraud); 609.165 (felon ineligible to  
 49.25 possess firearm); 609.2112, 609.2113, or 609.2114 (criminal vehicular homicide or injury);  
 49.26 609.215 (suicide); 609.223 or 609.2231 (assault in the third or fourth degree); repeat offenses  
 49.27 under 609.224 (assault in the fifth degree); 609.229 (crimes committed for benefit of a  
 49.28 gang); 609.2325 (criminal abuse of a vulnerable adult); 609.2335 (financial exploitation of  
 49.29 a vulnerable adult); 609.235 (use of drugs to injure or facilitate crime); 609.24 (simple  
 49.30 robbery); 609.255 (false imprisonment); 609.2664 (manslaughter of an unborn child in the  
 49.31 first degree); 609.2665 (manslaughter of an unborn child in the second degree); 609.267  
 49.32 (assault of an unborn child in the first degree); 609.2671 (assault of an unborn child in the  
 49.33 second degree); 609.268 (injury or death of an unborn child in the commission of a crime);  
 49.34 609.27 (coercion); 609.275 (attempt to coerce); 609.466 (medical assistance fraud); 609.495

50.1 (aiding an offender); 609.498, subdivision 1 or 1b (aggravated first-degree or first-degree  
50.2 tampering with a witness); 609.52 (theft); 609.521 (possession of shoplifting gear); 609.525  
50.3 (bringing stolen goods into Minnesota); 609.527 (identity theft); 609.53 (receiving stolen  
50.4 property); 609.535 (issuance of dishonored checks); 609.562 (arson in the second degree);  
50.5 609.563 (arson in the third degree); 609.582 (burglary); 609.59 (possession of burglary  
50.6 tools); 609.611 (insurance fraud); 609.625 (aggravated forgery); 609.63 (forgery); 609.631  
50.7 (check forgery; offering a forged check); 609.635 (obtaining signature by false pretense);  
50.8 609.66 (dangerous weapons); 609.67 (machine guns and short-barreled shotguns); 609.687  
50.9 (adulteration); 609.71 (riot); 609.713 (terroristic threats); 609.82 (fraud in obtaining credit);  
50.10 609.821 (financial transaction card fraud); 617.23 (indecent exposure), not involving a  
50.11 minor; repeat offenses under 617.241 (obscene materials and performances; distribution  
50.12 and exhibition prohibited; penalty); or 624.713 (certain persons not to possess firearms);  
50.13 ~~chapter 152 (drugs; controlled substance); or Minnesota Statutes 2012, section 609.21; or~~  
50.14 ~~a felony-level conviction involving alcohol or drug use.~~

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

50.18 (c) An individual is disqualified under section 245C.14 if less than 15 years has passed  
50.19 since the termination of the individual's parental rights under section 260C.301, subdivision  
50.20 1, paragraph (b), or subdivision 3.

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

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

50.29 (f) When a disqualification is based on a judicial determination other than a conviction,  
50.30 the disqualification period begins from the date of the court order. When a disqualification  
50.31 is based on an admission, the disqualification period begins from the date of an admission  
50.32 in court. When a disqualification is based on an Alford Plea, the disqualification period  
50.33 begins from the date the Alford Plea is entered in court. When a disqualification is based  
50.34 on a preponderance of evidence of a disqualifying act, the disqualification date begins from

51.1 the date of the dismissal, the date of discharge of the sentence imposed for a conviction for  
51.2 a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

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

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

51.7 Subd. 4b. **Five-year disqualification.** (a) An individual is disqualified under section  
51.8 245C.14 if: (1) less than five years have passed since the discharge of the sentence imposed,  
51.9 if any, for the offense; and (2) the individual has committed a felony, gross misdemeanor,  
51.10 or misdemeanor-level violation of any of the following offenses: 152.021, subdivision 2 or  
51.11 2a (controlled substance possession crime in the first degree; methamphetamine manufacture  
51.12 crime); 152.022, subdivision 2 (controlled substance possession crime in the second degree);  
51.13 152.023, subdivision 2 (controlled substance possession crime in the third degree); 152.024,  
51.14 subdivision 2 (controlled substance possession crime in the fourth degree); 152.025  
51.15 (controlled substance crime in the fifth degree); 152.0261 (importing controlled substances  
51.16 across state borders); 152.0262 (possession of substances with intent to manufacture  
51.17 methamphetamine); 152.027, subdivision 6, paragraph (c) (sale of synthetic cannabinoids);  
51.18 152.096 (conspiracy to commit controlled substance crime); or 152.097 (simulated controlled  
51.19 substances).

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

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

51.27 (d) When a disqualification is based on a judicial determination other than a conviction,  
51.28 the disqualification period begins from the date of the court order. When a disqualification  
51.29 is based on an admission, the disqualification period begins from the date of an admission  
51.30 in court. When a disqualification is based on an Alford Plea, the disqualification period  
51.31 begins from the date the Alford Plea is entered in court. When a disqualification is based  
51.32 on a preponderance of evidence of a disqualifying act, the disqualification date begins from  
51.33 the date of the dismissal, the date of discharge of the sentence imposed for a conviction for  
51.34 a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

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

52.3 Page 298, after line 1, insert:

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

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

52.11 (b) For disqualifications related to studies conducted by the commissioner for child  
52.12 foster care providers monitored by private licensing agencies under section 245A.16, the  
52.13 individual shall submit the request for reconsideration to the private agency that initiated  
52.14 the background study.

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

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

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

52.22 Subd. 2. **Time frame for requesting reconsideration.** (a) When the commissioner  
52.23 sends an individual a notice of disqualification based on a finding under section 245C.16,  
52.24 subdivision 2, paragraph (a), clause (1) or (2), the disqualified individual must submit the  
52.25 request for a reconsideration within 30 calendar days of the individual's receipt of the notice  
52.26 of disqualification. If mailed, the request for reconsideration must be postmarked and sent  
52.27 to the commissioner within 30 calendar days of the individual's receipt of the notice of  
52.28 disqualification. If a request for reconsideration is made by personal service, it must be  
52.29 received by the commissioner within 30 calendar days after the individual's receipt of the  
52.30 notice of disqualification. Upon showing that the information under subdivision 3 cannot  
52.31 be obtained within 30 days, the disqualified individual may request additional time, not to  
52.32 exceed 30 days, to obtain the information.

53.1 (b) When the commissioner sends an individual a notice of disqualification based on a  
53.2 finding under section 245C.16, subdivision 2, paragraph (a), clause (3), the disqualified  
53.3 individual must submit the request for reconsideration within ~~15~~ 30 calendar days of the  
53.4 individual's receipt of the notice of disqualification. If mailed, the request for reconsideration  
53.5 must be postmarked and sent to the commissioner within ~~15~~ 30 calendar days of the  
53.6 individual's receipt of the notice of disqualification. If a request for reconsideration is made  
53.7 by personal service, it must be received by the commissioner within ~~15~~ 30 calendar days  
53.8 after the individual's receipt of the notice of disqualification.

53.9 (c) An individual who was determined to have maltreated a child under chapter 260E  
53.10 or a vulnerable adult under section 626.557, and who is disqualified on the basis of serious  
53.11 or recurring maltreatment, may request a reconsideration of both the maltreatment and the  
53.12 disqualification determinations. The request must be submitted within 30 calendar days of  
53.13 the individual's receipt of the notice of disqualification. If mailed, the request for  
53.14 reconsideration must be postmarked and sent to the commissioner within 30 calendar days  
53.15 of the individual's receipt of the notice of disqualification. If a request for reconsideration  
53.16 is made by personal service, it must be received by the commissioner within 30 calendar  
53.17 days after the individual's receipt of the notice of disqualification.

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

53.21 (1) a denial of a license under section 245A.05, or a licensing sanction under section  
53.22 245A.07, is based on a determination that the license holder is responsible for maltreatment  
53.23 or the disqualification of a license holder based on serious or recurring maltreatment;

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

53.26 (3) the license holder appeals the maltreatment determination, disqualification, and  
53.27 denial of a license or licensing sanction. In such cases, a fair hearing under section 256.045  
53.28 must not be conducted under sections 245C.27, 260E.33, and 626.557, subdivision 9d.  
53.29 Under section 245A.08, subdivision 2a, the scope of the consolidated contested case hearing  
53.30 must include the maltreatment determination, disqualification, and denial of a license or  
53.31 licensing sanction.

53.32 Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment  
53.33 determination or disqualification, but does not appeal the denial of a license or a licensing  
53.34 sanction, reconsideration of the maltreatment determination shall be conducted under sections

54.1 260E.33 and 626.557, subdivision 9d, and reconsideration of the disqualification shall be  
54.2 conducted under section 245C.22. In such cases, a fair hearing shall also be conducted as  
54.3 provided under sections 245C.27, 260E.33, and 626.557, subdivision 9d."

54.4 Page 298, lines 6 and 16, before the period, insert "on individuals, as defined in section  
54.5 13.02, subdivision 12"

54.6 Page 301, after line 24, insert:

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

54.8 Subd. 2. **Permanent bar to set aside a disqualification.** (a) Except as provided in  
54.9 paragraphs (b) to ~~(f)~~ (g), the commissioner may not set aside the disqualification of any  
54.10 individual disqualified pursuant to this chapter, regardless of how much time has passed,  
54.11 if the individual was disqualified for a crime or conduct listed in section 245C.15, subdivision  
54.12 1.

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

54.21 (c) If an individual who requires a background study for nonemergency medical  
54.22 transportation services under section 245C.03, subdivision 12, was disqualified for a crime  
54.23 or conduct listed under section 245C.15, subdivision 1, and if more than 40 years have  
54.24 passed since the discharge of the sentence imposed, the commissioner may consider granting  
54.25 a set-aside pursuant to section 245C.22. A request for reconsideration evaluated under this  
54.26 paragraph must include a letter of recommendation from the employer. This paragraph does  
54.27 not apply to a person disqualified based on a violation of sections 243.166; 609.185 to  
54.28 609.205; 609.25; 609.342 to 609.3453; 609.352; 617.23, subdivision 2, clause (1), or 3,  
54.29 clause (1); 617.246; or 617.247.

54.30 (d) When a licensed foster care provider adopts an individual who had received foster  
54.31 care services from the provider for over six months, and the adopted individual is required  
54.32 to receive a background study under section 245C.03, subdivision 1, paragraph (a), clause  
54.33 (2) or (6), the commissioner may grant a variance to the license holder under section 245C.30

55.1 to permit the adopted individual with a permanent disqualification to remain affiliated with  
55.2 the license holder under the conditions of the variance when the variance is recommended  
55.3 by the county of responsibility for each of the remaining individuals in placement in the  
55.4 home and the licensing agency for the home.

55.5 (e) For an individual 18 years of age or older affiliated with a licensed family foster  
55.6 setting, the commissioner must not set aside or grant a variance for the disqualification of  
55.7 any individual disqualified pursuant to this chapter, regardless of how much time has passed,  
55.8 if the individual was disqualified for a crime or conduct listed in section 245C.15, subdivision  
55.9 4a, paragraphs (a) and (b).

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

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

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

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

55.21 (b) This subdivision does not apply to programs licensed to provide family child care  
55.22 for children, foster care for children in the provider's own home, or foster care or day care  
55.23 services for adults in the provider's own home. ~~When the commissioner grants a variance~~  
55.24 ~~for a disqualified individual in connection with a license to provide the services specified~~  
55.25 ~~in this paragraph, the disqualified individual's consent is not required to disclose the reason~~  
55.26 ~~for the disqualification to the license holder in the variance issued under subdivision 1,~~  
55.27 ~~provided that the commissioner may not disclose the reason for the disqualification if the~~  
55.28 ~~disqualification is based on a felony-level conviction for a drug-related offense within the~~  
55.29 ~~past five years."~~

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

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

56.2 **524.5-118 BACKGROUND STUDY MALTREATMENT AND STATE LICENSING**  
56.3 **AGENCY CHECKS; CRIMINAL HISTORY CHECK.**

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

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

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

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

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

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

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

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

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

56.30 (d) Notwithstanding paragraph (a), if the court determines that it would be in the best  
56.31 interests of the person subject to guardianship or conservatorship to appoint a guardian or  
56.32 conservator before the ~~background study~~ maltreatment and state licensing agency checks



57.1 and the criminal history check can be completed, the court may make the appointment  
 57.2 pending the results of the study, however, the ~~background study~~ maltreatment and state  
 57.3 licensing agency checks and the criminal history check must then be completed as soon as  
 57.4 reasonably possible after appointment, ~~no later than 30 days after appointment.~~

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

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

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

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

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

57.19 (1) a state agency or county;

57.20 (2) a parent or guardian of a person proposed to be subject to guardianship or  
 57.21 conservatorship who has a developmental disability, if the parent or guardian has raised the  
 57.22 person proposed to be subject to guardianship or conservatorship in the family home until  
 57.23 the time the petition is filed, unless counsel appointed for the person proposed to be subject  
 57.24 to guardianship or conservatorship under section 524.5-205, paragraph (e); 524.5-304,  
 57.25 paragraph (b); 524.5-405, paragraph (a); or 524.5-406, paragraph (b), recommends a  
 57.26 background ~~study~~ check; or

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

57.30 Subd. 2. **Procedure; ~~criminal history and maltreatment records background~~**  
 57.31 **maltreatment and state licensing agency checks and criminal history check.** (a) The  
 57.32 ~~court~~ guardian or conservator shall request the ~~commissioner of human services to~~ Bureau  
 57.33 of Criminal Apprehension complete a ~~background study under section 245C.32~~ criminal

58.1 history check. The request must be accompanied by the applicable fee and acknowledgment  
58.2 that the ~~study subject~~ guardian or conservator received a privacy notice ~~required under~~  
58.3 ~~subdivision 3~~. The ~~commissioner of human services~~ Bureau of Criminal Apprehension shall  
58.4 conduct a national criminal history record check. The ~~study subject~~ guardian or conservator  
58.5 shall submit a set of classifiable fingerprints. The fingerprints must be recorded on a  
58.6 fingerprint card provided by the ~~commissioner of human services~~ Bureau of Criminal  
58.7 Apprehension.

58.8 (b) The ~~commissioner of human services~~ Bureau of Criminal Apprehension shall provide  
58.9 the court with criminal history data as defined in section 13.87 ~~from the Bureau of Criminal~~  
58.10 ~~Apprehension in the Department of Public Safety, other criminal history data held by the~~  
58.11 ~~commissioner of human services, data regarding substantiated maltreatment of vulnerable~~  
58.12 ~~adults under section 626.557, and substantiated maltreatment of minors under chapter 260E,~~  
58.13 and criminal history information from other states or jurisdictions as indicated from a national  
58.14 criminal history record check within 20 working days of receipt of a request. ~~If the subject~~  
58.15 ~~of the study has been the perpetrator of substantiated maltreatment of a vulnerable adult or~~  
58.16 ~~minor, the response must include a copy of the public portion of the investigation~~  
58.17 ~~memorandum under section 626.557, subdivision 12b, or the public portion of the~~  
58.18 ~~investigation memorandum under section 260E.30. The commissioner shall provide the~~  
58.19 ~~court with information from a review of information according to subdivision 2a if the study~~  
58.20 ~~subject provided information indicating current or prior affiliation with a state licensing~~  
58.21 ~~agency.~~

58.22 (c) In accordance with section 245C.033, the commissioner of human services shall  
58.23 provide the court with data regarding substantiated maltreatment of vulnerable adults under  
58.24 section 626.557 and substantiated maltreatment of minors under chapter 260E within 25  
58.25 working days of receipt of a request. If the guardian or conservator have been the perpetrator  
58.26 of substantiated maltreatment of a vulnerable adult or minor, the response must include a  
58.27 copy of any available public portion of the investigation memorandum under section 626.557,  
58.28 subdivision 12b, or any available public portion of the investigation memorandum under  
58.29 section 260E.30.

58.30 (d) Notwithstanding section 260E.30 or 626.557, subdivision 12b, if the commissioner  
58.31 of human services or a county lead agency or lead investigative agency has information that  
58.32 a person on whom a background study was previously done under this section has been  
58.33 determined to be a perpetrator of maltreatment of a vulnerable adult or minor, the  
58.34 commissioner or the county may provide this information to the court that requested the  
58.35 background study. The commissioner may also provide the court with additional criminal

59.1 ~~history or substantiated maltreatment information that becomes available after the background~~  
 59.2 ~~study is done~~ is determining eligibility for the guardian or conservator.

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

59.9 (1) Lawyers Responsibility Board;

59.10 (2) State Board of Accountancy;

59.11 (3) Board of Social Work;

59.12 (4) Board of Psychology;

59.13 (5) Board of Nursing;

59.14 (6) Board of Medical Practice;

59.15 (7) Department of Education;

59.16 (8) Department of Commerce;

59.17 (9) Board of Chiropractic Examiners;

59.18 (10) Board of Dentistry;

59.19 (11) Board of Marriage and Family Therapy;

59.20 (12) Department of Human Services;

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

59.22 (14) Professional Educator Licensing and Standards Board.

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

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

60.1 ~~(d) If the proposed guardian or conservator has resided in a state other than Minnesota~~  
60.2 ~~in the previous ten years, licensing agency data under this section shall also include the~~  
60.3 ~~licensing agency data from any other state where the proposed guardian or conservator~~  
60.4 ~~reported to have resided during the previous ten years if the study subject indicates current~~  
60.5 ~~or prior affiliation. If the proposed guardian or conservator has or has had a professional~~  
60.6 ~~license in another state that is directly related to the responsibilities of a professional fiduciary~~  
60.7 ~~from one of the agencies listed under paragraph (a), state licensing agency data shall also~~  
60.8 ~~include data from the relevant licensing agency of that state.~~

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

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

60.15 ~~(1) has new disciplinary action or sanction against the individual's license; or~~

60.16 ~~(2) did not disclose a prior or current affiliation with a Minnesota licensing agency.~~

60.17 ~~(g) If the commissioner's review in paragraph (f) identifies new information, the~~  
60.18 ~~commissioner shall provide any new information to the court.~~

60.19 ~~Subd. 3. **Forms and systems.** The court~~ In accordance with section 245C.033, the  
60.20 commissioner must provide the study subject guardian or conservator with a privacy notice  
60.21 for maltreatment and state licensing agency checks that ~~complies~~ comply with section  
60.22 245C.05, subdivision 2c. The commissioner of human services shall use the NETStudy 2.0  
60.23 system to conduct a background study under this section 13.04, subdivision 2. The Bureau  
60.24 of Criminal Apprehension must provide the guardian or conservator with a privacy notice  
60.25 for a criminal history check.

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

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

60.32 ~~(2) the right to be informed of the results of the study checks and to obtain from the~~  
60.33 court a copy of the results; and

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

61.4 Page 345, after line 15, insert:

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

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

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

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

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

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

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

61.16 (3) establishes an overpayment for failure to comply with section 119B.125, subdivision  
61.17 6;

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

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

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

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

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

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

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

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

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

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

62.7 Page 346, delete line 27

62.8 Page 348, after line 20, insert:

62.9 "(d) If the commissioner withholds payments under this subdivision, the provider, vendor,  
62.10 individual, associated individual, or associated entity has a right to request administrative  
62.11 reconsideration. A request for administrative reconsideration must be made in writing, must  
62.12 state with specificity the reasons the payment withhold is in error, and must include  
62.13 documentation to support the request. Within 60 days from receipt of the request, the  
62.14 commissioner must judiciously review allegations, facts, evidence available to the  
62.15 commissioner, and information submitted by the provider, vendor, individual, associated  
62.16 individual, or associated entity to determine whether the payment withhold should remain  
62.17 in place. The commissioner's decision on reconsideration regarding the payment withhold  
62.18 is a final decision."

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

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

62.21 Page 378, after line 9, insert:

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

62.23 Subd. 3. **Appeal of department action.** A provider's rights related to the department's  
62.24 action taken under this chapter against a provider are established in sections 119B.16 ~~and~~,  
62.25 119B.161, and 245.095, subdivision 4."

62.26 Page 378, after line 20, insert:

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

62.29 Subd. 2a. **Authorized agent.** "Authorized agent" means the individual designated by  
62.30 the certification holder who is responsible for communicating with the commissioner of  
62.31 human services regarding all items pursuant to chapter 245H.

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

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

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

63.7 Page 387, delete section 38 and insert:

63.8 "Sec. 42. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**  
63.9 **TRANSITION TO LICENSURE.**

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

63.13 (1) certified community behavioral health clinics;

63.14 (2) adult rehabilitative mental health services;

63.15 (3) mobile mental health crisis response services;

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

63.17 (5) community mental health centers.

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

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

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

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

63.27 Page 392, line 21, after "budget" insert "or stated in paragraph (b) of this subdivision"

63.28 Page 392, after line 25, insert:

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

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

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

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

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

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

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

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

64.20 (8) other measures identified from consultation in paragraph (a) of this subdivision."

64.21 Page 393, after line 32, insert:

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

64.23 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner ~~shall~~  
64.24 must establish a state certification and recertification process for certified community  
64.25 behavioral health clinics (CCBHCs) that satisfy all federal requirements necessary for  
64.26 CCBHCs certified under this section to be eligible for reimbursement under medical  
64.27 assistance, without service area limits based on geographic area or region. The commissioner  
64.28 shall consult with CCBHC stakeholders before establishing and implementing changes in  
64.29 the certification or recertification process and requirements. Any changes to the certification  
64.30 or recertification process or requirements must be consistent with the most recently issued  
64.31 CCBHC criteria published by the Substance Abuse and Mental Health Services  
64.32 Administration (SAMHSA). The commissioner must allow a transition period for CCBHCs



65.1 to meet the revised SAMHSA criteria prior to July 1, 2024. The commissioner is authorized  
65.2 to amend Minnesota's Medicaid state plan or the terms of the demonstration to comply with  
65.3 federal requirements. Entities that choose to be CCBHCs must:

65.4 (1) comply with state licensing requirements and other requirements issued by the  
65.5 commissioner;

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

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

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

65.15 (5) comply with quality assurance reporting requirements and other reporting  
65.16 requirements, including any required reporting of encounter data, clinical outcomes data,  
65.17 and quality data;

65.18 (6) provide crisis mental health and substance use services, withdrawal management  
65.19 services, emergency crisis intervention services, and stabilization services through existing  
65.20 mobile crisis services; screening, assessment, and diagnosis services, including risk  
65.21 assessments and level of care determinations; person- and family-centered treatment planning;  
65.22 outpatient mental health and substance use services; targeted case management; psychiatric  
65.23 rehabilitation services; peer support and counselor services and family support services;  
65.24 and intensive community-based mental health services, including mental health services  
65.25 for members of the armed forces and veterans. CCBHCs must directly provide the majority  
65.26 of these services to enrollees, but may coordinate some services with another entity through  
65.27 a collaboration or agreement, pursuant to paragraph (b);

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

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

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

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

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

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

66.13 (11) be certified to provide children's therapeutic services and supports under section  
66.14 256B.0943;

66.15 (12) be certified to provide adult rehabilitative mental health services under section  
66.16 256B.0623;

66.17 (13) be enrolled to provide mental health crisis response services under section  
66.18 256B.0624;

66.19 (14) be enrolled to provide mental health targeted case management under section  
66.20 256B.0625, subdivision 20;

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

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

66.25 (17) comply with standards relating to peer services under sections 256B.0615,  
66.26 256B.0616, and 245G.07, subdivision 2, clause (8), as applicable when peer services are  
66.27 provided.

66.28 (b) As part of the state CCBHC certification and recertification process, the commissioner  
66.29 must provide to entities applying for certification or requesting recertification (1) the standard  
66.30 requirements of the community needs assessment and (2) the staffing plan. The standard  
66.31 requirements and the staffing plan must be consistent with the most recently issued CCBHC  
66.32 criteria published by the Substance Abuse and Mental Health Services Administration.

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

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

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

67.9 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical  
67.10 and financial responsibility for the services that the entity provides under the agreement;  
67.11 and

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

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

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

67.31 ~~(e)~~ (f) The commissioner shall issue a list of required evidence-based practices to be  
67.32 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.  
67.33 The commissioner may update the list to reflect advances in outcomes research and medical  
67.34 services for persons living with mental illnesses or substance use disorders. The commissioner

68.1 shall take into consideration the adequacy of evidence to support the efficacy of the practice,  
68.2 the quality of workforce available, and the current availability of the practice in the state.  
68.3 At least 30 days before issuing the initial list and any revisions, the commissioner shall  
68.4 provide stakeholders with an opportunity to comment.

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

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

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

68.13 Subd. 6. ~~**Demonstration**~~ **Section 223 Protecting Access to Medicare Act entities.** (a)  
68.14 The commissioner ~~may operate~~ must request federal approval to participate in the  
68.15 demonstration program established by section 223 of the Protecting Access to Medicare  
68.16 Act, and, if approved, must continue to participate in the demonstration program for as long  
68.17 as federal funding for the demonstration program remains available from the United States  
68.18 Department of Health and Human Services. To the extent practicable, the commissioner  
68.19 shall align the requirements of the demonstration program with the requirements under this  
68.20 section for CCBHCs receiving medical assistance reimbursement under the authority of the  
68.21 state's Medicaid state plan. A CCBHC may not apply to participate as a billing provider in  
68.22 both the CCBHC federal demonstration and the benefit for CCBHCs under the medical  
68.23 assistance program.

68.24 (b) The commissioner must follow the payment guidance issued by the federal  
68.25 government, including the payment of the CCBHC daily bundled rate for services rendered  
68.26 by CCBHCs to individuals who are dually eligible for Medicare and medical assistance  
68.27 when Medicare is the primary payer for the service. An entity that receives a CCBHC daily  
68.28 bundled rate that overlaps with another federal Medicaid methodology is not eligible for  
68.29 the CCBHC rate. Services provided by a CCBHC operating under authority of the state's  
68.30 Medicaid state plan will not receive the prospective payment system rate for services rendered  
68.31 by CCBHCs to individuals who are dually eligible for Medicare and medical assistance  
68.32 when Medicare is the primary payer for the service. Payment for services rendered by  
68.33 CCBHCs to individuals who have commercial insurance as primary and medical assistance  
68.34 as secondary is subject to section 256B.37. Services provided by a CCBHC operating under

69.1 authority of the 223 demonstration or the state's Medicaid state plan will not receive the  
69.2 prospective payment system rate for services rendered by CCBHCs to individuals who have  
69.3 commercial insurance as primary and medical assistance as secondary.

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

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

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

69.12 (b) Prior to participating in the demonstration, a clinic must meet the demonstration  
69.13 certification criteria and prospective payment system guidance in effect at that time and be  
69.14 certified as a CCBHC in Minnesota. The SAMHSA attestation process for the CCBHC  
69.15 expansion grants is not sufficient to constitute state certification. CCBHCs newly added to  
69.16 the demonstration must participate in all aspects of the state demonstration program, including  
69.17 but not limited to quality measurement and reporting, evaluation activities, and state CCBHC  
69.18 demonstration program requirements such as use of state-specified evidence-based practices.  
69.19 A newly added CCBHC must report on quality measures before its first full demonstration  
69.20 year if it joined the demonstration program in the 2023 calendar year out of alignment with  
69.21 the state's demonstration year cycle. A CCBHC may provide services in multiple locations  
69.22 and in community-based settings subject to federal rules of the 223 demonstration authority  
69.23 or Medicaid state plan authority. If a facility meets the definition of a satellite facility as  
69.24 defined by the Substance Abuse and Mental Health Services Administration and was  
69.25 established after April 1, 2014, the facility cannot receive payment as a part of the  
69.26 demonstration program.

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

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

69.33 Page 396, delete article 10

70.1 Page 406, after line 26, insert:

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

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

70.8 (b) ~~The commissioner shall set the standard of assistance for an assistance unit consisting~~  
70.9 ~~of an adult~~ a recipient who is childless and unmarried or living apart from children and  
70.10 spouse and who does not live with a parent or parents or a legal custodian is the cash portion  
70.11 of the MFIP transitional standard for a single adult under section 256J.24, subdivision 5.  
70.12 ~~When the other standards specified in this subdivision increase, this standard must also be~~  
70.13 ~~increased by the same percentage.~~

70.14 (c) For an assistance unit consisting of a single adult who lives with a parent or parents,  
70.15 the general assistance standard of assistance ~~is the amount that the aid to families with~~  
70.16 ~~dependent children standard of assistance, in effect on July 16, 1996, would increase if the~~  
70.17 ~~recipient were added as an additional minor child to an assistance unit consisting of the~~  
70.18 ~~recipient's parent and all of that parent's family members, except that the standard may not~~  
70.19 ~~exceed the standard for a general assistance recipient living alone~~ is the cash portion of the  
70.20 MFIP transitional standard for a single adult under section 256J.24, subdivision 5. Benefits  
70.21 received by a responsible relative of the assistance unit under the Supplemental Security  
70.22 Income program, a workers' compensation program, the Minnesota supplemental aid program,  
70.23 or any other program based on the responsible relative's disability, and any benefits received  
70.24 by a responsible relative of the assistance unit under the Social Security retirement program,  
70.25 may not be counted in the determination of eligibility or benefit level for the assistance unit.  
70.26 Except as provided below, the assistance unit is ineligible for general assistance if the  
70.27 available resources or the countable income of the assistance unit and the parent or parents  
70.28 with whom the assistance unit lives are such that a family consisting of the assistance unit's  
70.29 parent or parents, the parent or parents' other family members and the assistance unit as the  
70.30 only or additional minor child would be financially ineligible for general assistance. For  
70.31 the purposes of calculating the countable income of the assistance unit's parent or parents,  
70.32 the calculation methods must follow the provisions under section 256P.06.

70.33 (d) For an assistance unit consisting of a childless couple, the standards of assistance  
70.34 are the same as the first and second adult standards of the aid to families with dependent

71.1 children program in effect on July 16, 1996. If one member of the couple is not included in  
 71.2 the general assistance grant, the standard of assistance for the other is the second adult  
 71.3 standard of the aid to families with dependent children program as of July 16, 1996.

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

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

71.6 Subdivision 1. **Person convicted of drug offenses.** (a) ~~If An applicant or recipient~~  
 71.7 ~~individual who~~ has been convicted of a felony-level drug offense ~~after July 1, 1997, the~~  
 71.8 ~~assistance unit is ineligible for benefits under this chapter until five years after the applicant~~  
 71.9 ~~has completed terms of the court-ordered sentence, unless the person is participating in a~~  
 71.10 ~~drug treatment program, has successfully completed a drug treatment program, or has been~~  
 71.11 ~~assessed by the county and determined not to be in need of a drug treatment program. Persons~~  
 71.12 ~~subject to the limitations of this subdivision who become eligible for assistance under this~~  
 71.13 ~~chapter shall~~ during the previous ten years from the date of application or recertification  
 71.14 may be subject to random drug testing as a condition of continued eligibility and shall lose  
 71.15 eligibility for benefits for five years beginning the month following. The county must  
 71.16 provide information about substance use disorder treatment programs to a person who tests  
 71.17 positive for an illegal controlled substance.

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

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

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

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

71.29 Page 406, after line 31, insert:

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

71.31 Subd. 5. **Eligibility; requirements.** (a) Any applicant, otherwise eligible for general  
 71.32 assistance and possibly eligible for maintenance benefits from any other source shall (1)

72.1 make application for those benefits within ~~30~~ 90 days of the general assistance application;  
72.2 and (2) execute an interim assistance agreement on a form as directed by the commissioner.

72.3 (b) The commissioner shall review a denial of an application for other maintenance  
72.4 benefits and may require a recipient of general assistance to file an appeal of the denial if  
72.5 appropriate. If found eligible for benefits from other sources, and a payment received from  
72.6 another source relates to the period during which general assistance was also being received,  
72.7 the recipient shall be required to reimburse the county agency for the interim assistance  
72.8 paid. Reimbursement shall not exceed the amount of general assistance paid during the time  
72.9 period to which the other maintenance benefits apply and shall not exceed the state standard  
72.10 applicable to that time period.

72.11 (c) The commissioner may contract with the county agencies, qualified agencies,  
72.12 organizations, or persons to provide advocacy and support services to process claims for  
72.13 federal disability benefits for applicants or recipients of services or benefits supervised by  
72.14 the commissioner using money retained under this section.

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

74.6 (i) relocating from an institution, a setting authorized to receive housing support under  
74.7 chapter 256I, or an adult mental health residential treatment program under section  
74.8 256B.0622;

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

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

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

74.16 (3) "Housing assistance" means that the assistance unit incurs monthly shelter costs that  
74.17 exceed 40 percent of the assistance unit's gross income before the application of this special  
74.18 needs standard. "Gross income" for the purposes of this section is the applicant's or recipient's  
74.19 income as defined in section 256D.35, subdivision 10, or the standard specified in subdivision  
74.20 3, paragraph (a) or (b), whichever is greater. A recipient of a federal or state housing subsidy,  
74.21 that limits shelter costs to a percentage of gross income, shall not be considered in need of  
74.22 housing assistance for purposes of this paragraph.

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

74.24 Page 411, after line 32, insert:

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

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

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

75.7 (c) For a recipient of any cash benefit from the SSI program who lives in a setting as  
75.8 described in section 256I.04, subdivision 2a, paragraph (b), clause (2), countable income  
75.9 equals 30 percent of the SSI benefit limit in effect at the time a person is a recipient of  
75.10 housing support. If the SSI limit or benefit is reduced for a person due to events other than  
75.11 receipt of additional income, countable income equals 30 percent of the actual income less  
75.12 any applicable exclusions and disregards. For recipients under this paragraph, the personal  
75.13 needs allowance described in section 256B.35 does not apply.

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

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

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

75.26 Page 416, after line 9, insert:

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

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

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

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

76.5 (i) ~~for failing a drug test the first time, the residual amount of the participant's grant after~~  
76.6 ~~making vendor payments for shelter and utility costs, if any, must be reduced by an amount~~  
76.7 ~~equal to 30 percent of the MFIP standard of need for an assistance unit of the same size.~~  
76.8 ~~When a sanction under this subdivision is in effect, the job counselor must attempt to meet~~  
76.9 ~~with the person face-to-face. During the face-to-face meeting, the job counselor must explain~~  
76.10 ~~the consequences of a subsequent drug test failure and inform the participant of the right to~~  
76.11 ~~appeal the sanction under section 256J.40. If a face-to-face meeting is not possible, the~~  
76.12 ~~county agency must send the participant a notice of adverse action as provided in section~~  
76.13 ~~256J.31, subdivisions 4 and 5, and must include the information required in the face-to-face~~  
76.14 ~~meeting; or~~

76.15 (ii) ~~for failing a drug test two times, the participant is permanently disqualified from~~  
76.16 ~~receiving MFIP assistance, both the cash and food portions. The assistance unit's MFIP~~  
76.17 ~~grant must be reduced by the amount which would have otherwise been made available to~~  
76.18 ~~the disqualified participant. Disqualification under this item does not make a participant~~  
76.19 ~~ineligible for the Supplemental Nutrition Assistance Program (SNAP). Before a~~  
76.20 ~~disqualification under this provision is imposed, the job counselor must attempt to meet~~  
76.21 ~~with the participant face-to-face. During the face-to-face meeting, the job counselor must~~  
76.22 ~~identify other resources that may be available to the participant to meet the needs of the~~  
76.23 ~~family and inform the participant of the right to appeal the disqualification under section~~  
76.24 ~~256J.40. If a face-to-face meeting is not possible, the county agency must send the participant~~  
76.25 ~~a notice of adverse action as provided in section 256J.31, subdivisions 4 and 5, and must~~  
76.26 ~~include the information required in the face-to-face meeting.~~

76.27 (3) ~~A participant who fails a drug test the first time and is under a sanction due to other~~  
76.28 ~~MFIP program requirements is considered to have more than one occurrence of~~  
76.29 ~~noncompliance and is subject to the applicable level of sanction as specified under section~~  
76.30 ~~256J.46, subdivision 1, paragraph (d).~~

76.31 (b) Applicants requesting only SNAP benefits or participants receiving only SNAP  
76.32 benefits, who have been convicted of a felony-level drug offense that occurred after July  
76.33 1, 1997, during the previous ten years from the date of application or recertification may,  
76.34 if otherwise eligible, receive SNAP benefits if. The convicted applicant or participant is  
76.35 may be subject to random drug testing as a condition of continued eligibility. Following a

77.1 positive test for an illegal controlled substance, the ~~applicant is subject to the following~~  
77.2 ~~sanctions:~~ county must provide information about substance use disorder treatment programs  
77.3 to the applicant or participant.

77.4 ~~(1) for failing a drug test the first time, SNAP benefits shall be reduced by an amount~~  
77.5 ~~equal to 30 percent of the applicable SNAP benefit allotment. When a sanction under this~~  
77.6 ~~clause is in effect, a job counselor must attempt to meet with the person face-to-face. During~~  
77.7 ~~the face-to-face meeting, a job counselor must explain the consequences of a subsequent~~  
77.8 ~~drug test failure and inform the participant of the right to appeal the sanction under section~~  
77.9 ~~256J.40. If a face-to-face meeting is not possible, a county agency must send the participant~~  
77.10 ~~a notice of adverse action as provided in section 256J.31, subdivisions 4 and 5, and must~~  
77.11 ~~include the information required in the face-to-face meeting; and~~

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

77.20 (c) For the purposes of this subdivision, "drug offense" means ~~an offense~~ a conviction  
77.21 that occurred during the previous ten years from the date of application or recertification  
77.22 of sections 152.021 to 152.025, 152.0261, 152.0262, 152.096, or 152.137. Drug offense  
77.23 also means a conviction in another jurisdiction of the possession, use, or distribution of a  
77.24 controlled substance, or conspiracy to commit any of these offenses, if the ~~offense~~ conviction  
77.25 occurred during the previous ten years from the date of application or recertification and  
77.26 the conviction is a felony offense in that jurisdiction, or in the case of New Jersey, a high  
77.27 misdemeanor.

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

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

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

77.31 Page 428, after line 14, insert:

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

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

78.8 Page 428, after line 28, insert:

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

78.11 Subd. 4. **Health and human services recipient engagement income.** Income received  
78.12 from lived-experience engagement, as defined in section 256P.01, subdivision 6, shall be  
78.13 excluded when determining the equity value of personal property."

78.14 Page 431, after line 19, insert:

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

78.19 Page 431, before line 20, insert:

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

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

78.25 Page 438, after line 15, insert:

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

78.27 Subd. 2. **Benefit eligibility.** (a) For general assistance benefits and Minnesota  
78.28 supplemental aid under chapter 256D, a person convicted of a felony-level drug offense  
78.29 after July 1, 1997, is ineligible for general assistance benefits and Supplemental Security  
78.30 Income under chapter 256D until: during the previous ten years from the date of application  
78.31 or recertification may be subject to random drug testing. The county must provide information

79.1 about substance use disorder treatment programs to a person who tests positive for an illegal  
79.2 controlled substance.

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

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

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

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

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

79.11 ~~(e)~~ (b) Parole violators and fleeing felons are ineligible for benefits and persons  
79.12 fraudulently misrepresenting eligibility are also ineligible to receive benefits for ten years.

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

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

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

79.22 ~~(1) a first time drug test failure results in a reduction of benefits in an amount equal to~~  
79.23 ~~30 percent of the MFIP standard of need; and~~

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

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

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

79.29 Page 439, delete section 52 and insert:

80.1 "Sec. 63. **REPEALER.**

80.2 (a) Minnesota Statutes 2022, sections 256.9864; 256J.08, subdivisions 10, 53, 61, 62,  
 80.3 81, and 83; 256J.30, subdivisions 5, 7, and 8; 256J.33, subdivisions 3, 4, and 5; 256J.34,  
 80.4 subdivisions 1, 2, 3, and 4; and 256J.37, subdivision 10, are repealed.

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

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

80.7 **EFFECTIVE DATE.** Paragraph (a) is effective March 1, 2025, except the repeal of  
 80.8 Minnesota Statutes 2022, sections 256J.08, subdivisions 53 and 62, and 256J.37, subdivision  
 80.9 10, is effective July 1, 2024. Paragraph (c) is effective May 1, 2026."

80.10 Page 472, delete section 26

80.11 Page 474, delete section 27

80.12 Page 479, line 25, delete "through" and insert "to"

80.13 Page 493, line 30, delete "are" and insert "is"

80.14 Page 494, line 21, delete "25" and insert "ten"

80.15 Page 501, line 6, after "scale" insert ", make recommendations for implementing a  
 80.16 process for recognizing comparable competencies,"

80.17 Page 501, delete subdivision 1

80.18 Renumber the subdivisions in sequence

80.19 Page 501, line 26, delete "task force" and insert "Recognizing Comparable Competencies  
 80.20 to Achieve Comparable Compensation Task Force" and after "following" insert "16"

80.21 Page 503, line 2, after "5" insert ", or January 30, 2025, whichever is earlier"

80.22 Page 509, delete section 5 and insert:

80.23 "**Sec. 5. [260.0141] FAMILY FIRST PREVENTION SERVICES ACT KINSHIP**  
 80.24 **NAVIGATOR GRANT PROGRAM.**

80.25 Subdivision 1. Establishment. The commissioner of human services must establish a  
 80.26 kinship navigator grant program as outlined by the federal Family First Prevention Services  
 80.27 Act.

80.28 Subd. 2. Uses. Eligible grantees must use grant funds to assess and provide support to  
 80.29 meet kinship caregiver needs, provide connection to local and statewide resources, and  
 80.30 provide case management to assist with complex cases.



81.1 Sec. 6. Minnesota Statutes 2022, section 260.761, subdivision 2, as amended by Laws  
81.2 2023, chapter 16, section 16, is amended to read:

81.3 Subd. 2. **Notice to Tribes of services or court proceedings involving an Indian**  
81.4 **child.** (a) When a child-placing agency has information that a family assessment ~~or~~<sub>2</sub>  
81.5 investigation, or noncaregiver sex trafficking assessment being conducted may involve an  
81.6 Indian child, the child-placing agency shall notify the Indian child's Tribe of the family  
81.7 assessment or investigation, or noncaregiver sex trafficking assessment according to section  
81.8 260E.18. The child-placing agency shall provide initial notice ~~shall be provided~~ by telephone  
81.9 and by email or facsimile and shall include the child's full name and date of birth; the full  
81.10 names and dates of birth of the child's biological parents; and if known the full names and  
81.11 dates of birth of the child's grandparents and of the child's Indian custodian. If information  
81.12 regarding the child's grandparents or Indian custodian is not immediately available, the  
81.13 child-placing agency shall continue to request this information and shall notify the Tribe  
81.14 when it is received. Notice shall be provided to all Tribes to which the child may have any  
81.15 Tribal lineage. The child-placing agency shall request that the Tribe or a designated Tribal  
81.16 representative participate in evaluating the family circumstances, identifying family and  
81.17 Tribal community resources, and developing case plans. The child-placing agency shall  
81.18 continue to include the Tribe in service planning and updates as to the progress of the case.

81.19 (b) When a child-placing agency has information that a child receiving services may be  
81.20 an Indian child, the child-placing agency shall notify the Tribe by telephone and by email  
81.21 or facsimile of the child's full name and date of birth, the full names and dates of birth of  
81.22 the child's biological parents, and, if known, the full names and dates of birth of the child's  
81.23 grandparents and of the child's Indian custodian. This notification must be provided ~~so~~ for  
81.24 the Tribe ~~can~~ to determine if the child is a member or eligible for Tribal membership in the  
81.25 Tribe, and ~~must be provided~~ the agency must provide the notification to the Tribe within  
81.26 seven days of receiving information that the child may be an Indian child. If information  
81.27 regarding the child's grandparents or Indian custodian is not available within the seven-day  
81.28 period, the child-placing agency shall continue to request this information and shall notify  
81.29 the Tribe when it is received. Notice shall be provided to all Tribes to which the child may  
81.30 have any Tribal lineage.

81.31 (c) In all child placement proceedings, when a court has reason to believe that a child  
81.32 placed in emergency protective care is an Indian child, the court administrator or a designee  
81.33 shall, as soon as possible and before a hearing takes place, notify the Tribal social services  
81.34 agency by telephone and by email or facsimile of the date, time, and location of the  
81.35 emergency protective care or other initial hearing. The court shall make efforts to allow

82.1 appearances by telephone or video conference for Tribal representatives, parents, and Indian  
82.2 custodians.

82.3 (d) The child-placing agency or individual petitioner shall effect service of any petition  
82.4 governed by sections 260.751 to 260.835 by certified mail or registered mail, return receipt  
82.5 requested upon the Indian child's parents, Indian custodian, and Indian child's Tribe at least  
82.6 10 days before the admit-deny hearing is held. If the identity or location of the Indian child's  
82.7 parents or Indian custodian and Tribe cannot be determined, the child-placing agency shall  
82.8 provide the notice required in this paragraph to the United States Secretary of the Interior,  
82.9 Bureau of Indian Affairs by certified mail, return receipt requested.

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

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

82.24 Page 510, delete section 6

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

82.26 Page 549, delete section 2 and insert:

82.27 "Sec. 2. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; CHILD  
82.28 CARE AND DEVELOPMENT BLOCK GRANT ALLOCATIONS.

82.29 (a) The commissioner of human services shall allocate \$22,000,000 in fiscal year 2024,  
82.30 \$8,000,000 in fiscal year 2025, \$8,000,000 in fiscal year 2026, and \$8,000,000 in fiscal  
82.31 year 2027 from the child care and development block grant for the child care assistance  
82.32 program rates under Minnesota Statutes, section 119B.13.

83.1 (b) The commissioner of human services shall allocate \$7,824,000 in fiscal year 2025,  
83.2 \$8,406,000 in fiscal year 2026, and \$8,960,000 in fiscal year 2027 from the child care and  
83.3 development block grant for the basic sliding fee program under Minnesota Statutes, section  
83.4 119B.03.

83.5 (c) The commissioner of human services shall allocate \$2,920,000 in fiscal year 2026  
83.6 and \$2,920,000 in fiscal year 2027 from the child care and development block grant for the  
83.7 child care one-stop shop regional assistance network under Minnesota Statutes, section  
83.8 119B.19, subdivision 7, clause (9).

83.9 (d) The commissioner of human services shall allocate \$500,000 in fiscal year 2026 and  
83.10 \$500,000 in fiscal year 2027 from the child care and development block grant for the shared  
83.11 services grants under Minnesota Statutes, section 119B.28.

83.12 (e) The commissioner of human services shall allocate \$300,000 in fiscal year 2026 and  
83.13 \$300,000 in fiscal year 2027 from the child care and development block grant for child care  
83.14 provider access to technology grants under Minnesota Statutes, section 119B.29.

83.15 Sec. 3. **INFORMATION TECHNOLOGY PROJECTS FOR SERVICE DELIVERY**  
83.16 **TRANSFORMATION.**

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

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

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

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

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

83.30 (b) To the extent practicable, the metrics and performance indicators required under  
83.31 paragraph (a) must be specific and expressed in easily understood terms, measurable,  
83.32 achievable, relevant, and time bound. Any changes to the reporting requirements under this

84.1 subdivision must be developed in consultation with the commissioner of information  
84.2 technology services and reported to the chairs and ranking minority members of the  
84.3 legislative committees with jurisdiction over health and human services policy and finance  
84.4 in the report submitted under paragraph (c).

84.5 (c) By October 1, 2024, and each October 1 thereafter, the commissioner must submit  
84.6 a report to the chairs and ranking minority members of the legislative committees with  
84.7 jurisdiction over health and human services policy and finance that identifies the actual  
84.8 amounts expended for each project in subdivisions 3 to 7, including a description of the  
84.9 types and purposes of expenditures. The report must also describe progress toward achieving  
84.10 the outcomes for each project based on the baseline metrics and performance indicators  
84.11 established in the report required under paragraph (a) during the previous fiscal year.

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

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

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

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

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

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

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

84.30 (1) reducing unscheduled downtime on Social Services Information System by at least  
84.31 50 percent;

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

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

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

85.6 (b) The commissioner must contract with an independent consultant to perform a thorough  
85.7 evaluation of the SSIS, which supports the child protection system in Minnesota. The  
85.8 consultant must make recommendations for improving the current system for usability,  
85.9 system performance, and federal Comprehensive Child Welfare Information System  
85.10 compliance, and must address technical problems and identify any unnecessary or unduly  
85.11 burdensome data entry requirements that have contributed to system capacity issues. The  
85.12 consultant must assist the commissioner with selecting a platform for future development  
85.13 of an information technology system for child protection.

85.14 (c) The commissioner of human services must conduct a study and develop  
85.15 recommendations to streamline and reduce SSIS data entry requirements for child protection  
85.16 cases. The study must be completed in partnership with local social services agencies and  
85.17 others, as determined by the commissioner. The study must review all input fields required  
85.18 on current reporting forms and determine which input fields and information are required  
85.19 under state or federal law. By June 30, 2024, the commissioner must provide a status report  
85.20 and an implementation timeline to the chairs and ranking minority members of the legislative  
85.21 committees with jurisdiction over child protection. The status report must include information  
85.22 about procedures for soliciting ongoing user input from stakeholders, progress on solicitation  
85.23 and hiring of a consultant to conduct the system evaluation required under paragraph (a),  
85.24 and a report on progress and completed efforts to streamline data entry requirements and  
85.25 improve user experience.

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

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

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

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

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

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

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

86.12 (3) creating a persistent, cross-functional product team of business and technology  
86.13 resources to support the ongoing iterative development of the provider licensing and reporting  
86.14 hub.

86.15 Subd. 7. **Improving the Minnesota Eligibility Technology System functionality.** Any  
86.16 amount appropriated for this subdivision is to meet federal compliance requirements and  
86.17 for necessary repairs to improve the core functionality of the Minnesota Eligibility  
86.18 Technology System to improve the speed and accuracy of eligibility determinations and  
86.19 reduce the administrative burden for state, county, and Tribal workers. Outcomes to be  
86.20 achieved include:

86.21 (1) implementing the capability for medical assistance and MinnesotaCare enrollees to  
86.22 apply, renew, and make changes to their eligibility and select health plans online;

86.23 (2) reducing manual data entry and other steps taken by county and Tribal eligibility  
86.24 workers to improve the accuracy and timeliness of eligibility determinations; and

86.25 (3) completing necessary changes to comply with federal requirements."

86.26 Page 550, delete section 3

86.27 Page 551, delete lines 13 to 17

86.28 Renumber the subdivisions in sequence

86.29 Page 552, line 11, delete everything after the third period

86.30 Page 552, delete line 12

86.31 Page 552, line 13, delete "(b)" and insert "(a)" and delete everything after "chair"

- 87.1 Page 552, line 14, delete "board"
- 87.2 Page 552, line 15, delete "(c)" and insert "(b)"
- 87.3 Page 554, line 5, after "board" insert "and the chairs and ranking minority members of
- 87.4 the committees in the house of representatives and the senate with primary jurisdiction over
- 87.5 health care policy and finance"
- 87.6 Page 554, line 7, delete everything after "(a)"
- 87.7 Page 554, delete line 8
- 87.8 Page 554, line 9, delete everything before "advisory"
- 87.9 Page 554, line 16, delete "Exemption" and insert "Expiration"
- 87.10 Page 579, after line 6, insert:
- 87.11 "Sec. 31. **APPOINTMENTS AND INITIAL MEETING OF THE HEALTH CARE**
- 87.12 **AFFORDABILITY BOARD.**
- 87.13 Appointing authorities must make first appointments to the Health Care Affordability
- 87.14 Board under Minnesota Statutes, section 62J.87, by October 1, 2023. The governor must
- 87.15 designate one member to serve as an acting chair until the council selects a chair at its first
- 87.16 meeting. The acting chair must convene the first meeting by January 1, 2024.
- 87.17 Sec. 32. **TERMS OF INITIAL APPOINTEES OF THE HEALTH CARE**
- 87.18 **AFFORDABILITY ADVISORY COUNCIL.**
- 87.19 Notwithstanding Minnesota Statutes, section 62J.88, subdivision 3, the initial appointed
- 87.20 members of the Health Care Affordability Advisory Council under Minnesota Statutes,
- 87.21 section 62J.88, shall serve staggered terms of two, three, and four years determined by lot
- 87.22 by the secretary of state."
- 87.23 Page 579, line 27, delete "disproportionally" and insert "disproportionately"
- 87.24 Page 580, line 2, delete "disproportionally" and insert "disproportionately"
- 87.25 Page 581, delete lines 11 to 15 and insert:
- 87.26 "(h) **Medical Assistance** (1,172,921,000)"
- 87.27 Page 581, delete article 19 and insert:

88.1  
88.2  
88.3  
88.4  
88.5  
88.6  
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**"ARTICLE 19  
APPROPRIATIONS**

**Section 1. HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

The sums shown in the columns marked "Appropriations" are appropriated to the agencies and for the purposes specified in this article. The appropriations are from the general fund, or another named fund, and are available for the fiscal years indicated for each purpose. The figures "2024" and "2025" used in this article mean that the appropriations listed under them are available for the fiscal year ending June 30, 2024, or June 30, 2025, respectively. "The first year" is fiscal year 2024. "The second year" is fiscal year 2025. "The biennium" is fiscal years 2024 and 2025.

**APPROPRIATIONS**

**Available for the Year**

**Ending June 30**

**2024                      2025**

**Sec. 2. COMMISSIONER OF HUMAN SERVICES**

**Subdivision 1. Total Appropriation                      \$   3,937,170,000   \$   4,182,045,000**

**Appropriations by Fund**

	<u>2024</u>	<u>2025</u>
<u>General</u>	<u>2,777,291,000</u>	<u>2,710,181,000</u>
<u>State Government</u>		
<u>Special Revenue</u>	<u>4,901,000</u>	<u>5,409,000</u>
<u>Health Care Access</u>	<u>877,862,000</u>	<u>1,184,598,000</u>
<u>Federal TANF</u>	<u>276,953,000</u>	<u>281,694,000</u>
<u>Lottery Prize</u>	<u>163,000</u>	<u>163,000</u>

The amounts that may be spent for each purpose are specified in the following subdivisions.

**Subd. 2. TANF Maintenance of Effort**

**(a) Nonfederal expenditures. The commissioner shall ensure that sufficient qualified nonfederal expenditures are made each year to meet the state's maintenance of**



89.1 effort requirements of the TANF block grant  
89.2 specified under Code of Federal Regulations,  
89.3 title 45, section 263.1. In order to meet these  
89.4 basic TANF maintenance of effort  
89.5 requirements, the commissioner may report  
89.6 as TANF maintenance of effort expenditures  
89.7 only nonfederal money expended for allowable  
89.8 activities listed in the following clauses:

89.9 (1) MFIP cash, diversionary work program,  
89.10 and food assistance benefits under Minnesota  
89.11 Statutes, chapter 256J;

89.12 (2) the child care assistance programs under  
89.13 Minnesota Statutes, sections 119B.03 and  
89.14 119B.05, and county child care administrative  
89.15 costs under Minnesota Statutes, section  
89.16 119B.15;

89.17 (3) state and county MFIP administrative costs  
89.18 under Minnesota Statutes, chapters 256J and  
89.19 256K;

89.20 (4) state, county, and Tribal MFIP  
89.21 employment services under Minnesota  
89.22 Statutes, chapters 256J and 256K;

89.23 (5) expenditures made on behalf of legal  
89.24 noncitizen MFIP recipients who qualify for  
89.25 the MinnesotaCare program under Minnesota  
89.26 Statutes, chapter 256L;

89.27 (6) qualifying working family credit  
89.28 expenditures under Minnesota Statutes, section  
89.29 290.0671;

89.30 (7) qualifying Minnesota education credit  
89.31 expenditures under Minnesota Statutes, section  
89.32 290.0674; and

90.1 (8) qualifying Head Start expenditures under  
90.2 Minnesota Statutes, section 119A.50.

90.3 **(b) Nonfederal expenditures; reporting.** For  
90.4 the activities listed in paragraph (a), clauses  
90.5 (2) to (8), the commissioner must report only  
90.6 expenditures that are excluded from the  
90.7 definition of assistance under Code of Federal  
90.8 Regulations, title 45, section 260.31.

90.9 **(c) Limitations; exceptions.** The  
90.10 commissioner must not claim an amount of  
90.11 TANF maintenance of effort in excess of the  
90.12 75 percent standard in Code of Federal  
90.13 Regulations, title 45, section 263.1(a)(2),  
90.14 except:

90.15 (1) to the extent necessary to meet the 80  
90.16 percent standard under Code of Federal  
90.17 Regulations, title 45, section 263.1(a)(1), if it  
90.18 is determined by the commissioner that the  
90.19 state will not meet the TANF work  
90.20 participation target rate for the current year;

90.21 (2) to provide any additional amounts under  
90.22 Code of Federal Regulations, title 45, section  
90.23 264.5, that relate to replacement of TANF  
90.24 funds due to the operation of TANF penalties;  
90.25 and

90.26 (3) to provide any additional amounts that may  
90.27 contribute to avoiding or reducing TANF work  
90.28 participation penalties through the operation  
90.29 of the excess maintenance of effort provisions  
90.30 of Code of Federal Regulations, title 45,  
90.31 section 261.43(a)(2).

90.32 **(d) Supplemental expenditures.** For the  
90.33 purposes of paragraph (c), the commissioner  
90.34 may supplement the maintenance of effort

91.1 claim with working family credit expenditures  
91.2 or other qualified expenditures to the extent  
91.3 such expenditures are otherwise available after  
91.4 considering the expenditures allowed in this  
91.5 subdivision.

91.6 **(e) Reduction of appropriations; exception.**

91.7 The requirement in Minnesota Statutes, section  
91.8 256.011, subdivision 3, that federal grants or  
91.9 aids secured or obtained under that subdivision  
91.10 be used to reduce any direct appropriations  
91.11 provided by law does not apply if the grants  
91.12 or aids are federal TANF funds.

91.13 **(f) IT appropriations generally. This**

91.14 appropriation includes funds for information  
91.15 technology projects, services, and support.  
91.16 Notwithstanding Minnesota Statutes, section  
91.17 16E.0466, funding for information technology  
91.18 project costs must be incorporated into the  
91.19 service level agreement and paid to Minnesota  
91.20 IT Services by the Department of Human  
91.21 Services under the rates and mechanism  
91.22 specified in that agreement.

91.23 **(g) Receipts for systems project.**

91.24 Appropriations and federal receipts for  
91.25 information technology systems projects for  
91.26 MAXIS, PRISM, MMIS, ISDS, METS, and  
91.27 SSIS must be deposited in the state systems  
91.28 account authorized in Minnesota Statutes,  
91.29 section 256.014. Money appropriated for  
91.30 information technology projects approved by  
91.31 the chief information officer funded by the  
91.32 legislature, and approved by the commissioner  
91.33 of management and budget may be transferred  
91.34 from one project to another and from  
91.35 development to operations as the

92.1 commissioner of human services considers  
 92.2 necessary. Any unexpended balance in the  
 92.3 appropriation for these projects does not  
 92.4 cancel and is available for ongoing  
 92.5 development and operations.

92.6 **(h) Federal SNAP education and training**  
 92.7 **grants. Federal funds available during fiscal**  
 92.8 **years 2024 and 2025 for Supplemental**  
 92.9 **Nutrition Assistance Program Education and**  
 92.10 **Training and SNAP Quality Control**  
 92.11 **Performance Bonus grants are appropriated**  
 92.12 **to the commissioner of human services for the**  
 92.13 **purposes allowable under the terms of the**  
 92.14 **federal award. This paragraph is effective the**  
 92.15 **day following final enactment.**

92.16 **Subd. 3. Central Office; Operations**

	<u>Appropriations by Fund</u>	
92.18 <u>General</u>	<u>255,556,000</u>	<u>242,971,000</u>
92.19 <u>State Government</u>		
92.20 <u>Special Revenue</u>	<u>4,776,000</u>	<u>5,284,000</u>
92.21 <u>Health Care Access</u>	<u>9,347,000</u>	<u>11,244,000</u>
92.22 <u>Federal TANF</u>	<u>1,090,000</u>	<u>1,194,000</u>

92.23 **(a) Administrative recovery; set-aside. The**  
 92.24 **commissioner may invoice local entities**  
 92.25 **through the SWIFT accounting system as an**  
 92.26 **alternative means to recover the actual cost of**  
 92.27 **administering the following provisions:**

92.28 **(1) the statewide data management system**  
 92.29 **authorized in Minnesota Statutes, section**  
 92.30 **125A.744, subdivision 3;**

92.31 **(2) repayment of the special revenue**  
 92.32 **maximization account as provided under**  
 92.33 **Minnesota Statutes, section 245.495,**  
 92.34 **paragraph (b);**

- 93.1 (3) repayment of the special revenue  
93.2 maximization account as provided under  
93.3 Minnesota Statutes, section 256B.0625,  
93.4 subdivision 20, paragraph (k);
- 93.5 (4) targeted case management under  
93.6 Minnesota Statutes, section 256B.0924,  
93.7 subdivision 6, paragraph (g);
- 93.8 (5) residential services for children with severe  
93.9 emotional disturbance under Minnesota  
93.10 Statutes, section 256B.0945, subdivision 4,  
93.11 paragraph (d); and
- 93.12 (6) repayment of the special revenue  
93.13 maximization account as provided under  
93.14 Minnesota Statutes, section 256F.10,  
93.15 subdivision 6, paragraph (b).
- 93.16 **(b) Transforming service delivery.**  
93.17 \$8,225,000 in fiscal year 2024 and \$7,411,000  
93.18 in fiscal year 2025 are from the general fund  
93.19 for transforming service delivery projects. The  
93.20 base for this appropriation is \$5,614,000 in  
93.21 fiscal year 2026 and \$5,614,000 in fiscal year  
93.22 2027.
- 93.23 **(c) Integrated services for children and**  
93.24 **families.** \$6,691,000 in fiscal year 2024 and  
93.25 \$4,053,000 in fiscal year 2025 are from the  
93.26 general fund for integrated services for  
93.27 children and families projects. The base for  
93.28 this appropriation is \$3,246,000 in fiscal year  
93.29 2026 and \$2,082,000 in fiscal year 2027.
- 93.30 **(d) Medicaid management information**  
93.31 **system modernization.** \$7,636,000 in fiscal  
93.32 year 2024 is for Medicaid management  
93.33 information system modernization projects.  
93.34 This is a onetime appropriation.

94.1 **(e) Provider licensing and reporting hub.**  
 94.2 \$5,986,000 in fiscal year 2024 and \$2,834,000  
 94.3 in fiscal year 2025 are from the general fund  
 94.4 for provider licensing and reporting hub  
 94.5 projects. The base for this appropriation is  
 94.6 \$2,607,000 in fiscal year 2026 and \$2,249,000  
 94.7 in fiscal year 2027.

94.8 **(f) Improving the Minnesota eligibility**  
 94.9 **technology system functionality. \$8,888,000**  
 94.10 in fiscal year 2024 is from the general fund  
 94.11 for projects to improve the Minnesota  
 94.12 eligibility technology system functionality.  
 94.13 The base for this appropriation is \$384,000 in  
 94.14 fiscal year 2026 and \$384,000 in fiscal year  
 94.15 2027.

94.16 **(g) Base level adjustment.** The general fund  
 94.17 base is \$234,129,000 in fiscal year 2026 and  
 94.18 \$233,067,000 in fiscal year 2027. The state  
 94.19 government special revenue base is \$4,880,000  
 94.20 in fiscal year 2026 and \$4,710,000 in fiscal  
 94.21 year 2027.

94.22 **Subd. 4. Central Office; Children and Families**

94.23	<u>Appropriations by Fund</u>	
94.24	<u>General</u>	<u>38,943,000</u> <u>36,803,000</u>
94.25	<u>Federal TANF</u>	<u>2,582,000</u> <u>2,582,000</u>

94.26 **(a) Quadrennial review of child support**  
 94.27 **guidelines.** \$64,000 in fiscal year 2024 and  
 94.28 \$32,000 in fiscal year 2025 are from the  
 94.29 general fund for a quadrennial review of child  
 94.30 support guidelines.

94.31 **(b) Transfer.** The commissioner must transfer  
 94.32 \$64,000 in fiscal year 2024 and \$32,000 in  
 94.33 fiscal year 2025 from the general fund to the

- 95.1 special revenue fund to be used for the  
95.2 quadrennial review of child support guidelines.
- 95.3 **(c) Recognizing comparable competencies**  
95.4 **to achieve comparable compensation task**  
95.5 **force. \$141,000 in fiscal year 2024 and**  
95.6 **\$165,000 in fiscal year 2025 are from the**  
95.7 **general fund for the Recognizing Comparable**  
95.8 **Competencies to Achieve Comparable**  
95.9 **Compensation Task Force. This is a onetime**  
95.10 **appropriation.**
- 95.11 **(d) Child care and early education**  
95.12 **professional wage scale. \$637,000 in fiscal**  
95.13 **year 2024 and \$565,000 in fiscal year 2025**  
95.14 **are from the general fund for developing a**  
95.15 **wage scale for child care and early education**  
95.16 **professionals. This is a onetime appropriation.**
- 95.17 **(e) Cost estimation model for early care and**  
95.18 **learning programs. \$100,000 in fiscal year**  
95.19 **2024 is from the general fund for developing**  
95.20 **a cost estimation model for providing early**  
95.21 **care and learning.**
- 95.22 **(f) Integrated services for children and**  
95.23 **families. \$2,259,000 in fiscal year 2024 and**  
95.24 **\$2,542,000 in fiscal year 2025 are from the**  
95.25 **general fund for integrated services for**  
95.26 **children and families projects. The base for**  
95.27 **this appropriation is \$2,002,000 in fiscal year**  
95.28 **2026 and \$1,830,000 in fiscal year 2027.**
- 95.29 **(g) Base level adjustment. The general fund**  
95.30 **base is \$35,606,000 in fiscal year 2026 and**  
95.31 **\$35,470,000 in fiscal year 2027.**
- 95.32 **Subd. 5. Central Office; Health Care**

96.1	<u>Appropriations by Fund</u>		
96.2	<u>General</u>	<u>30,477,000</u>	<u>32,949,000</u>
96.3	<u>Health Care Access</u>	<u>28,168,000</u>	<u>28,168,000</u>

96.4 **(a) Medical assistance and MinnesotaCare**  
 96.5 **accessibility improvements. \$1,350,000 in**  
 96.6 **fiscal year 2024 is from the general fund to**  
 96.7 **improve the accessibility of applications,**  
 96.8 **forms, and other consumer support resources**  
 96.9 **and services for medical assistance and**  
 96.10 **MinnesotaCare enrollees with limited English**  
 96.11 **proficiency.**

96.12 **(b) Palliative care benefit study. \$150,000**  
 96.13 **in fiscal year 2024 is from the general fund**  
 96.14 **for a study of the fiscal, medical, and social**  
 96.15 **impacts of implementing a palliative care**  
 96.16 **benefit in medical assistance and**  
 96.17 **MinnesotaCare. This is a onetime**  
 96.18 **appropriation. The commissioner must report**  
 96.19 **the results of the study to the chairs and**  
 96.20 **ranking minority members of the legislative**  
 96.21 **committees with jurisdiction over health care**  
 96.22 **by January 15, 2024.**

96.23 **(c) Transforming service delivery. \$155,000**  
 96.24 **in fiscal year 2024 and \$180,000 in fiscal year**  
 96.25 **2025 are from the general fund for**  
 96.26 **transforming service delivery projects.**

96.27 **(d) Improving the Minnesota eligibility**  
 96.28 **technology system functionality. \$866,000**  
 96.29 **in fiscal year 2025 and \$384,000 in fiscal year**  
 96.30 **2025 are from the general fund for improving**  
 96.31 **the Minnesota eligibility technology system**  
 96.32 **functionality.**

96.33 **(e) Base level adjustment. The general fund**  
 96.34 **base is \$42,202,000 in fiscal year 2026 and**  
 96.35 **\$42,527,000 in fiscal year 2027.**



97.1 **Subd. 6. Central Office; Aging and Disabilities**  
 97.2 **Services**

97.3	<u>Appropriations by Fund</u>		
97.4	<u>General</u>	<u>39,454,000</u>	<u>35,416,000</u>
97.5	<u>State Government</u>		
97.6	<u>Special Revenue</u>	<u>125,000</u>	<u>125,000</u>

97.7 **(a) Catholic Charities homeless elders**  
 97.8 **program.** \$728,000 in fiscal year 2024 and  
 97.9 \$728,000 in fiscal year 2025 are for a grant to  
 97.10 Catholic Charities of St. Paul and Minneapolis  
 97.11 to operate its homeless elders program. This  
 97.12 is a onetime appropriation.

97.13 **(b) Integrated services for children and**  
 97.14 **families.** \$143,000 in fiscal year 2024 and  
 97.15 \$165,000 in fiscal year 2025 are from the  
 97.16 general fund for integrated services for  
 97.17 children and families projects.

97.18 **(b) Base level adjustment.** The general fund  
 97.19 base is \$34,688,000 in fiscal year 2026 and  
 97.20 \$34,688,000 in fiscal year 2027.

97.21 **Subd. 7. Central Office; Behavioral Health, Deaf**  
 97.22 **and Hard of Hearing, and Housing Services**

97.23	<u>Appropriations by Fund</u>		
97.24	<u>General</u>	<u>25,902,000</u>	<u>25,095,000</u>
97.25	<u>Lottery Prize</u>	<u>163,000</u>	<u>163,000</u>

97.26 **(a) Homeless management system.** \$250,000  
 97.27 in fiscal year 2024 and \$1,000,000 in fiscal  
 97.28 year 2025 are from the general fund for a  
 97.29 homeless management information system.  
 97.30 The base for this appropriation is \$1,140,000  
 97.31 in fiscal year 2026 and \$1,140,000 in fiscal  
 97.32 year 2027.

97.33 **(b) Base level adjustment.** The general fund  
 97.34 base is \$24,484,000 in fiscal year 2026 and  
 97.35 \$24,085,000 in fiscal year 2027.

98.1 **Subd. 8. Forecasted Programs; MFIP/DWP**98.2 Appropriations by Fund98.3 General 82,652,000 91,628,00098.4 Federal TANF 105,337,000 109,974,00098.5 **Subd. 9. Forecasted Programs; MFIP Child Care**98.6 **Assistance** 38,743,000 143,055,00098.7 **Subd. 10. Forecasted Programs; General**98.8 **Assistance** 52,026,000 74,776,00098.9 **Emergency general assistance. The amount**98.10 **appropriated for emergency general assistance**98.11 **is limited to no more than \$6,729,812 in fiscal**98.12 **year 2024 and \$6,729,812 in fiscal year 2025.**98.13 **Funds to counties shall be allocated by the**98.14 **commissioner using the allocation method**98.15 **under Minnesota Statutes, section 256D.06.**98.16 **Subd. 11. Forecasted Programs; Minnesota**98.17 **Supplemental Aid** 58,548,000 60,357,00098.18 **Subd. 12. Forecasted Programs; Housing**98.19 **Support** 211,692,000 224,231,00098.20 **Subd. 13. Forecasted Programs; Northstar Care**98.21 **for Children** 113,912,000 124,546,00098.22 **Subd. 14. Forecasted Programs; MinnesotaCare**89,323,000 57,124,00098.23 **This appropriation is from the health care**98.24 **access fund.**98.25 **Subd. 15. Forecasted Programs; Medical**98.26 **Assistance**98.27 Appropriations by Fund98.28 General 1,220,215,000 944,121,00098.29 Health Care Access 747,559,000 1,084,597,00098.30 **The health care access fund base is**98.31 **\$878,419,000 in fiscal year 2026 and**98.32 **\$1,197,599,000 in fiscal year 2027.**

99.1	<b><u>Subd. 16. Forecasted Programs; Alternative</u></b>			
99.2	<b><u>Care</u></b>		<u>158,000</u>	<u>460,000</u>
99.3	<b><u>Subd. 17. Forecasted Programs; Behavioral</u></b>			
99.4	<b><u>Health Fund</u></b>		<u>1,344,000</u>	<u>3,181,000</u>
99.5	<b><u>Subd. 18. Grant Programs; Support Services</u></b>			
99.6	<b><u>Grants</u></b>			
99.7	<u>Appropriations by Fund</u>			
99.8	<u>General</u>	<u>8,715,000</u>	<u>8,715,000</u>	
99.9	<u>Federal TANF</u>	<u>96,311,000</u>	<u>96,311,000</u>	
99.10	<b><u>Subd. 19. Grant Programs; Basic Sliding Fee</u></b>			
99.11	<b><u>Child Assistance Care Grants</u></b>		<u>64,203,000</u>	<u>113,974,000</u>
99.12	<u>The general fund base is \$144,560,000 in</u>			
99.13	<u>fiscal year 2026 and \$142,007,000 in fiscal</u>			
99.14	<u>year 2027.</u>			
99.15	<b><u>Subd. 20. Grant Programs; Child Care</u></b>			
99.16	<b><u>Development Grants</u></b>		<u>150,248,000</u>	<u>156,729,000</u>
99.17	<b><u>(a) Child care provider retention payments.</u></b>			
99.18	<u>\$101,566,000 in fiscal year 2024 and</u>			
99.19	<u>\$141,598,000 in fiscal year 2025 are for the</u>			
99.20	<u>child care provider retention program</u>			
99.21	<u>payments under Minnesota Statutes, section</u>			
99.22	<u>119B.27. The base for this appropriation is</u>			
99.23	<u>\$144,202,000 in fiscal year 2026 and</u>			
99.24	<u>\$144,202,000 in fiscal year 2027.</u>			
99.25	<b><u>(b) Transition grant program. \$41,895,000</u></b>			
99.26	<u>in fiscal year 2024 is for transition grants for</u>			
99.27	<u>child care providers that intend to participate</u>			
99.28	<u>in the child care retention program. This is a</u>			
99.29	<u>onetime appropriation and is available until</u>			
99.30	<u>June 30, 2025.</u>			
99.31	<b><u>(c) REETAIN grant program. \$1,000,000</u></b>			
99.32	<u>in fiscal year 2024 and \$1,000,000 in fiscal</u>			
99.33	<u>year 2025 are for the REETAIN grant program</u>			
99.34	<u>under Minnesota Statutes, section 119B.195.</u>			
99.35	<u>The general fund base for this appropriation</u>			

100.1 is \$1,500,000 in fiscal year 2026 and  
100.2 \$1,500,000 in fiscal year 2027.

100.3 **(d) Child care workforce development**  
100.4 **grants administration. \$1,300,000 in fiscal**  
100.5 **year 2025 is for a grant to the statewide child**  
100.6 **care resource and referral network to**  
100.7 **administer child care workforce development**  
100.8 **grants under Minnesota Statutes, section**  
100.9 **119B.19, subdivision 7, clause (10).**

100.10 **(e) Scholarship program. \$695,000 in fiscal**  
100.11 **year 2025 is for a scholarship program for**  
100.12 **early childhood and school-age educators**  
100.13 **under Minnesota Statutes, section 119B.251.**

100.14 **(f) Child care one-stop shop. \$2,920,000 in**  
100.15 **fiscal year 2025 is for a grant to the statewide**  
100.16 **child care resource and referral network to**  
100.17 **administer the child care one-stop shop**  
100.18 **regional assistance network under Minnesota**  
100.19 **Statutes, section 119B.19, subdivision 7,**  
100.20 **clause (9). The base for this appropriation is**  
100.21 **\$0 in fiscal year 2026 and \$0 in fiscal year**  
100.22 **2027.**

100.23 **(g) Shared services grants. \$500,000 in fiscal**  
100.24 **year 2024 and \$500,000 in fiscal year 2025**  
100.25 **are for shared services grants under Minnesota**  
100.26 **Statutes, section 119B.28. The base for this**  
100.27 **appropriation is \$0 in fiscal year 2026 and \$0**  
100.28 **in fiscal year 2027.**

100.29 **(h) Access to technology grants. \$300,000**  
100.30 **in fiscal year 2024 and \$300,000 in fiscal year**  
100.31 **2025 are for child care provider access to**  
100.32 **technology grants under Minnesota Statutes,**  
100.33 **section 119B.29. The base for this**

101.1 appropriation is \$0 in fiscal year 2026 and \$0  
101.2 in fiscal year 2027.

101.3 **(i) Business training and consultation.**  
101.4 \$1,250,000 in fiscal year 2024 and \$1,500,000  
101.5 in fiscal year 2025 are for business training  
101.6 and consultation under Minnesota Statutes,  
101.7 section 119B.25, subdivision 3, paragraph (a),  
101.8 clause (6).

101.9 **(j) Early childhood registered**  
101.10 **apprenticeship grant program. \$2,000,000**  
101.11 in fiscal year 2024 and \$2,000,000 in fiscal  
101.12 year 2025 are for the early childhood  
101.13 registered apprenticeship grant program under  
101.14 Minnesota Statutes, section 119B.252.

101.15 **(k) Family, friend, and neighbor grant**  
101.16 **program. \$3,179,000 in fiscal year 2024 and**  
101.17 **\$3,179,000 in fiscal year 2025 are for the**  
101.18 **family, friend, and neighbor grant program**  
101.19 **under Minnesota Statutes, section 119B.196.**

101.20 **(l) Base level adjustment.** The general fund  
101.21 base is \$156,113,000 in fiscal year 2026 and  
101.22 \$156,113,000 in fiscal year 2027.

101.23 **Subd. 21. Grant Programs; Child Support**  
101.24 **Enforcement Grants** 50,000 50,000

101.25 **Subd. 22. Grant Programs; Children's Services**  
101.26 **Grants**

101.27	<u>Appropriations by Fund</u>		
101.28	<u>General</u>	<u>75,524,000</u>	<u>85,181,000</u>
101.29	<u>Federal TANF</u>	<u>140,000</u>	<u>140,000</u>

101.30 **(a) Mille Lacs Band of Ojibwe American**  
101.31 **Indian child welfare initiative. \$3,337,000**  
101.32 in fiscal year 2024 and \$5,294,000 in fiscal  
101.33 year 2025 are from the general fund for the  
101.34 Mille Lacs Band of Ojibwe to join the

102.1 American Indian child welfare initiative. The  
102.2 base for this appropriation is \$7,893,000 in  
102.3 fiscal year 2026 and \$7,893,000 in fiscal year  
102.4 2027.

102.5 **(b) Grants for kinship navigator services.**  
102.6 \$764,000 in fiscal year 2024 and \$764,000 in  
102.7 fiscal year 2025 are from the general fund for  
102.8 grants for kinship navigator services and  
102.9 grants to Tribal Nations for kinship navigator  
102.10 services. The base for this appropriation is  
102.11 \$750,000 in fiscal year 2026 and \$750,000 in  
102.12 fiscal year 2027.

102.13 **(c) Family First Prevention and Early**  
102.14 **Intervention assessment response grants.**  
102.15 \$6,100,000 in fiscal year 2024 and \$9,800,000  
102.16 in fiscal year 2025 are from the general fund  
102.17 for family assessment response grants under  
102.18 Minnesota Statutes, section 260.014.

102.19 **(d) Grants for evidence-based prevention**  
102.20 **and early intervention services. \$3,000,000**  
102.21 in fiscal year 2024 and \$7,000,000 in fiscal  
102.22 year 2025 are from the general fund for grants  
102.23 to support evidence-based prevention and early  
102.24 intervention services under Minnesota  
102.25 Statutes, section 260.014. The base for this  
102.26 appropriation is \$10,000,000 in fiscal year  
102.27 2026 and \$10,000,000 in fiscal year 2027.

102.28 **(e) Grant to administer pool of qualified**  
102.29 **individuals for assessments. \$450,000 in**  
102.30 fiscal year 2024 and \$450,000 in fiscal year  
102.31 2025 are from the general fund for grants to  
102.32 establish and manage a pool of state-funded  
102.33 qualified individuals to conduct assessments  
102.34 for out-of-home placement of a child in a  
102.35 qualified residential treatment program.

103.1 **(f) Grants to counties to reduce foster care**  
 103.2 **caseloads. \$3,000,000 in fiscal year 2024 and**  
 103.3 **\$3,000,000 in fiscal year 2025 are from the**  
 103.4 **general fund for grants to counties and**  
 103.5 **American Indian child welfare initiative Tribes**  
 103.6 **to reduce extended foster care caseload sizes.**

103.7 **(g) Quality parenting initiative grant**  
 103.8 **program. \$100,000 in fiscal year 2024 and**  
 103.9 **\$100,000 in fiscal year 2025 are from the**  
 103.10 **general fund for a grant to Quality Parenting**  
 103.11 **Initiative Minnesota under Minnesota Statutes,**  
 103.12 **section 245.0962.**

103.13 **(h) Payments to counties to reimburse**  
 103.14 **revenue loss. \$2,000,000 in fiscal year 2024**  
 103.15 **and \$2,000,000 in fiscal year 2025 are for**  
 103.16 **payments to counties to reimburse the revenue**  
 103.17 **loss attributable to prohibiting counties, as the**  
 103.18 **financially responsible agency for a child**  
 103.19 **placed in foster care, from receiving**  
 103.20 **Supplemental Security Income on behalf of**  
 103.21 **the child placed in foster care during the time**  
 103.22 **the child is in foster care under Minnesota**  
 103.23 **Statutes, section 256N.26, subdivision 12.**

103.24 **(h) Base level adjustment. The general fund**  
 103.25 **base is \$91,001,000 in fiscal year 2026 and**  
 103.26 **\$91,001,000 in fiscal year 2027.**

103.27 **Subd. 23. Grant Programs; Children and**  
 103.28 **Community Service Grants**

62,356,000

62,356,000

103.29 **Subd. 24. Grant Programs; Children and**  
 103.30 **Economic Support Grants**

70,823,000

74,829,000

103.31 **(a) Fraud prevention initiative start-up**  
 103.32 **grants. \$400,000 in fiscal year 2024 is for**  
 103.33 **start-up grants to the Red Lake Nation, White**  
 103.34 **Earth Nation, and Mille Lacs Band of Ojibwe**  
 103.35 **to develop a fraud prevention program. This**

104.1 is a onetime appropriation and is available  
104.2 until June 30, 2025.

104.3 **(b) Grants to promote food security among**  
104.4 **Tribal Nations and American Indian**  
104.5 **communities. \$1,851,000 in fiscal year 2024**  
104.6 **and \$1,851,000 in fiscal year 2025 are for**  
104.7 **grants to support food security among Tribal**  
104.8 **Nations and American Indian communities**  
104.9 **under Minnesota Statutes, section 256E.341.**

104.10 **(c) Minnesota food shelf program grants.**  
104.11 **\$2,827,000 in fiscal year 2024 and \$2,827,000**  
104.12 **in fiscal year 2025 are for the Minnesota food**  
104.13 **shelf program under Minnesota Statutes,**  
104.14 **section 256E.34.**

104.15 **(d) Grant to CornerHouse children's**  
104.16 **advocacy center. \$315,000 in fiscal year 2024**  
104.17 **and \$315,000 in fiscal year 2025 are for a**  
104.18 **grant to CornerHouse children's advocacy**  
104.19 **center. The grant must be used to establish a**  
104.20 **child maltreatment prevention program serving**  
104.21 **rural, urban, and suburban communities across**  
104.22 **the state and to expand response services in**  
104.23 **Hennepin and Anoka Counties for children**  
104.24 **who have experienced maltreatment. This**  
104.25 **paragraph does not expire.**

104.26 **(e) Hennepin County homelessness grant**  
104.27 **program. \$5,095,000 in fiscal year 2025 is**  
104.28 **for a grant to Hennepin County under**  
104.29 **Minnesota Statutes, section 245.0966. The**  
104.30 **base for this appropriation is \$10,191,000 in**  
104.31 **fiscal year 2026 and \$10,191,000 in fiscal year**  
104.32 **2027.**

104.33 **(f) Diaper distribution grant program.**  
104.34 **\$500,000 in fiscal year 2024 and \$500,000 in**



105.1 fiscal year 2025 are for the diaper distribution  
105.2 grant program under Minnesota Statutes,  
105.3 section 256E.38.

105.4 **(g) Prepared meals food relief. \$1,250,000**  
105.5 in fiscal year 2024 and \$1,250,000 in fiscal  
105.6 year 2025 are for prepared meals food relief  
105.7 grants under Minnesota Statutes, section  
105.8 256E.341.

105.9 **(h) Family supportive housing. \$4,000,000**  
105.10 in fiscal year 2024 and \$4,000,000 in fiscal  
105.11 year 2025 are for the grants under Minnesota  
105.12 Statutes, section 256K.50.

105.13 **(i) Chosen family grants. \$1,939,000 in fiscal**  
105.14 year 2024 is for grants to providers serving  
105.15 homeless youth and youth at risk of  
105.16 homelessness in Minnesota to establish or  
105.17 expand services that formalize situations  
105.18 where a caring adult whom a youth considers  
105.19 chosen family allows the youth to stay at the  
105.20 adult's residence to avoid being homeless. This  
105.21 is a onetime appropriation and is available  
105.22 until June 30, 2025.

105.23 **(j) Homeless youth cash stipend pilot**  
105.24 **project. \$3,000,000 in fiscal year 2024 and**  
105.25 **\$3,000,000 in fiscal year 2025 are for a grant**  
105.26 **to Youthprise for the homeless youth cash**  
105.27 **stipend pilot project. The grant must be used**  
105.28 **to provide cash stipends to homeless youth,**  
105.29 **provide cash incentives for stipend recipients**  
105.30 **to participate in periodic surveys, provide**  
105.31 **youth-designed optional services, and**  
105.32 **complete a legislative report. The general fund**  
105.33 **base for this appropriation is \$3,000,000 in**  
105.34 **fiscal year 2026, \$3,000,000 in fiscal year**  
105.35 **2027, and \$0 in fiscal year 2028 and thereafter.**

106.1 **(k) Olmsted County homelessness grant**  
 106.2 **program. \$1,164,000 in fiscal year 2024 and**  
 106.3 **\$1,164,000 in fiscal year 2025 are for a grant**  
 106.4 **to Olmsted County under Minnesota Statutes,**  
 106.5 **section 245.0965.**

106.6 **(l) Continuum of care grant program.**  
 106.7 **\$6,595,000 in fiscal year 2024 and \$6,595,000**  
 106.8 **in fiscal year 2025 are for a grant to Ramsey**  
 106.9 **County for the Heading Home Ramsey**  
 106.10 **Continuum of Care under Minnesota Statutes,**  
 106.11 **section 245.0963. Of these amounts, ten**  
 106.12 **percent in fiscal year 2024 and ten percent in**  
 106.13 **fiscal year 2025 may be used by the grantee**  
 106.14 **for administrative expenses.**

106.15 **(m) Base level adjustment. The general fund**  
 106.16 **base is \$79,925,000 in fiscal year 2026 and**  
 106.17 **\$79,925,000 in fiscal year 2027.**

106.18 **Subd. 25. Grant Programs; Health Care Grants**

106.19	<u>Appropriations by Fund</u>		
106.20	<u>General</u>	<u>7,311,000</u>	<u>7,311,000</u>
106.21	<u>Health Care Access</u>	<u>3,465,000</u>	<u>3,465,000</u>

106.22 **(a) Grant to Indian Health Board of**  
 106.23 **Minneapolis. \$2,500,000 in fiscal year 2024**  
 106.24 **and \$2,500,000 in fiscal year 2025 are from**  
 106.25 **the general fund for a grant to the Indian**  
 106.26 **Health Board of Minneapolis to support**  
 106.27 **continued access to health care coverage**  
 106.28 **through medical assistance and**  
 106.29 **MinnesotaCare, improve access to quality**  
 106.30 **care, and increase vaccination rates among**  
 106.31 **urban American Indians. The general fund**  
 106.32 **base for this appropriation is \$2,500,000 in**  
 106.33 **fiscal year 2026 and \$0 in fiscal year 2027.**

107.1 (b) Base level adjustment. The general fund  
 107.2 base is \$7,311,000 in fiscal year 2026 and  
 107.3 \$4,811,000 in fiscal year 2027.

107.4	<u>Subd. 26. Grant Programs; Housing Support</u>		
107.5	<u>Grants</u>	<u>18,364,000</u>	<u>10,364,000</u>

107.6	<u>Subd. 27. Grant Programs; Adult Mental Health</u>		
107.7	<u>Grants</u>	<u>108,545,000</u>	<u>114,407,000</u>

107.8 (a) Mobile crisis grants to Tribal Nations.  
 107.9 \$1,000,000 in fiscal year 2024 and \$1,000,000  
 107.10 in fiscal year 2025 are for mobile crisis grants  
 107.11 under Minnesota Statutes section 245.4661,  
 107.12 subdivision 9, paragraph (b), clause (15), to  
 107.13 Tribal Nations.

107.14 (b) Mental health provider supervision  
 107.15 grant program. \$1,500,000 in fiscal year  
 107.16 2024 and \$1,500,000 in fiscal year 2025 are  
 107.17 for the mental health provider supervision  
 107.18 grant program under Minnesota Statutes,  
 107.19 section 245.4663.

107.20 (c) Mental health professional scholarship  
 107.21 grant program. \$750,000 in fiscal year 2024  
 107.22 and \$750,000 in fiscal year 2025 are for the  
 107.23 mental health professional scholarship grant  
 107.24 program under Minnesota Statutes, section  
 107.25 245.4664.

107.26 (d) Minnesota State University, Mankato  
 107.27 community behavioral health center.  
 107.28 \$750,000 in fiscal year 2024 and \$750,000 in  
 107.29 fiscal year 2025 are for a grant to the Center  
 107.30 for Rural Behavioral Health at Minnesota State  
 107.31 University, Mankato to establish a community  
 107.32 behavioral health center and training clinic.  
 107.33 The community behavioral health center must  
 107.34 provide comprehensive, culturally specific,  
 107.35 trauma-informed, practice- and

108.1 evidence-based, person- and family-centered  
 108.2 mental health and substance use disorder  
 108.3 treatment services in Blue Earth County and  
 108.4 the surrounding region to individuals of all  
 108.5 ages, regardless of an individual's ability to  
 108.6 pay or place of residence. The community  
 108.7 behavioral health center and training clinic  
 108.8 must also provide training and workforce  
 108.9 development opportunities to students enrolled  
 108.10 in the university's training programs in the  
 108.11 fields of social work, counseling and student  
 108.12 personnel, alcohol and drug studies,  
 108.13 psychology, and nursing. Upon request, the  
 108.14 commissioner must make information  
 108.15 regarding the use of this grant funding  
 108.16 available to the chairs and ranking minority  
 108.17 members of the legislative committees with  
 108.18 jurisdiction over behavioral health. This is a  
 108.19 onetime appropriation.

108.20 **(e) Base level adjustment.** The general fund  
 108.21 base is \$123,797,000 in fiscal year 2026 and  
 108.22 \$123,797,000 in fiscal year 2027.

108.23 **Subd. 28. Grant Programs; Child Mental Health**  
 108.24 **Grants**

39,180,000

35,326,000

108.25 **(a) Psychiatric residential treatment facility**  
 108.26 **start-up grants.** \$1,000,000 in fiscal year  
 108.27 2024 and \$1,000,000 in fiscal year 2025 are  
 108.28 for psychiatric residential treatment facility  
 108.29 start-up grants under Minnesota Statutes,  
 108.30 section 256B.0941, subdivision 5.

108.31 **(b) Psychiatric residential treatment**  
 108.32 **facilities specialization grants.** \$1,050,000  
 108.33 in fiscal year 2024 and \$1,050,000 in fiscal  
 108.34 year 2025 are for psychiatric residential  
 108.35 treatment facilities specialization grants under

- 109.1 Minnesota Statutes, section 256B.0941,  
109.2 subdivision 5.
- 109.3 **(c) Emerging mood disorder grants.**  
109.4 \$1,250,000 in fiscal year 2024 and \$1,250,000  
109.5 in fiscal year 2025 are for emerging mood  
109.6 disorder grants under Minnesota Statutes,  
109.7 section 245.4904, for evidence-informed  
109.8 interventions for youth and young adults who  
109.9 are at higher risk of developing a mood  
109.10 disorder or are already experiencing an  
109.11 emerging mood disorder.
- 109.12 **(d) Implementation grants for mobile**  
109.13 **response and stabilization services.**  
109.14 \$1,000,000 in fiscal year 2024 and \$1,000,000  
109.15 in fiscal year 2025 are for grants to implement  
109.16 the mobile response and stabilization services  
109.17 model to promote access to crisis response  
109.18 services, reduce admissions to psychiatric  
109.19 hospitals, and reduce out-of-home placement  
109.20 services.
- 109.21 **(e) Grants for infant and early childhood**  
109.22 **mental health consultations. \$1,000,000 in**  
109.23 **fiscal year 2024 and \$1,000,000 in fiscal year**  
109.24 **2025 are for grants under Minnesota Statutes,**  
109.25 **section 245.4889, subdivision 1, paragraph**  
109.26 **(b), clause (14), for infant and early childhood**  
109.27 **mental health consultations throughout the**  
109.28 **state, including Tribal Nations for expertise**  
109.29 **in young children's development and early**  
109.30 **childhood services.**
- 109.31 **(f) African American Child Wellness**  
109.32 **Institute. \$1,000,000 in fiscal year 2024 and**  
109.33 **\$1,000,000 in fiscal year 2025 are for a grant**  
109.34 **to the African American Child Wellness**  
109.35 **Institute to provide culturally specific mental**

110.1 health and substance use disorder services  
110.2 under Minnesota Statutes, section 245.0961.

110.3 **(g) Headway Emotional Health Services.**  
110.4 \$300,000 in fiscal year 2024 and \$300,000 in  
110.5 fiscal year 2025 are for a grant to Headway  
110.6 Emotional Health Services for day treatment  
110.7 transportation costs on nonschool days, student  
110.8 nutrition, and student learning experiences  
110.9 such as technology, arts, and outdoor activity.  
110.10 This is a onetime appropriation.

110.11 **(h) Base level adjustment.** The general fund  
110.12 base is \$35,026,000 in fiscal year 2026 and  
110.13 \$35,026,000 in fiscal year 2027.

110.14 **Subd. 29. Grant Programs; Chemical**  
110.15 **Dependency Treatment Support Grants** 2,350,000 1,350,000

110.16 **Overdose prevention grants.** \$1,000,000 in  
110.17 fiscal year 2024 is for a grant to the Steve  
110.18 Rummler Hope Network for statewide  
110.19 outreach, education, training, and distribution  
110.20 of naloxone kits. Of this amount, 50 percent  
110.21 of the money appropriated must be provided  
110.22 to the Ka Joog nonprofit organization for  
110.23 collaborative outreach in East African and  
110.24 Somali communities in Minnesota. This is a  
110.25 onetime appropriation and is available until  
110.26 June 30, 2025.

110.27 **Subd. 30. Technical Activities** 71,493,000 71,493,000

110.28 This appropriation is from the federal TANF  
110.29 fund.

110.30 **Sec. 3. COMMISSIONER OF HEALTH**

110.31 **Subdivision 1. Total Appropriation** **\$ 442,138,000** **\$ 423,582,000**

110.32 **Appropriations by Fund**

110.33 2024 2025  
110.34 **General** 295,036,000 269,339,000

111.1	<u>State Government</u>		
111.2	<u>Special Revenue</u>	<u>83,674,000</u>	<u>86,204,000</u>
111.3	<u>Health Care Access</u>	<u>51,715,000</u>	<u>56,326,000</u>
111.4	<u>Federal TANF</u>	<u>11,713,000</u>	<u>11,713,000</u>

111.5 The amounts that may be spent for each  
 111.6 purpose are specified in the following  
 111.7 subdivisions.

111.8 **Subd. 2. Health Improvement**

111.9	<u>Appropriations by Fund</u>		
111.10	<u>General</u>	<u>232,717,000</u>	<u>206,576,000</u>
111.11	<u>State Government</u>		
111.12	<u>Special Revenue</u>	<u>12,693,000</u>	<u>12,984,000</u>
111.13	<u>Health Care Access</u>	<u>51,715,000</u>	<u>56,326,000</u>
111.14	<u>Federal TANF</u>	<u>11,713,000</u>	<u>11,713,000</u>

111.15 **(a) Studies of telehealth expansion and**  
 111.16 **payment parity. \$1,200,000 in fiscal year**  
 111.17 **2024 is from the general fund for studies of**  
 111.18 **telehealth expansion and payment parity. This**  
 111.19 **is a onetime appropriation and is available**  
 111.20 **until June 30, 2025.**

111.21 **(b) Advancing equity through capacity**  
 111.22 **building and resource allocation grant**  
 111.23 **program. \$500,000 in fiscal year 2024 and**  
 111.24 **\$500,000 in fiscal year 2025 are from the**  
 111.25 **general fund for grants under Minnesota**  
 111.26 **Statutes, section 144.9821.**

111.27 **(c) Community health workers. \$971,000**  
 111.28 **in fiscal year 2024 and \$971,000 in fiscal year**  
 111.29 **2025 are from the general fund for grants**  
 111.30 **under Minnesota Statutes, section 144.1462.**

111.31 **(d) Community solutions for healthy child**  
 111.32 **development grants. \$3,678,000 in fiscal year**  
 111.33 **2024 and \$3,698,000 in fiscal year 2025 are**  
 111.34 **from the general fund for grants under**  
 111.35 **Minnesota Statutes, section 145.9257.**

- 112.1 **(e) Cultural communications program.**  
112.2 \$1,724,000 in fiscal year 2024 and \$1,724,000  
112.3 in fiscal year 2025 are from the general fund  
112.4 for the cultural communications program  
112.5 established in Minnesota Statutes, section  
112.6 144.0752.
- 112.7 **(f) Emergency preparedness and response.**  
112.8 \$16,825,000 in fiscal year 2024 and  
112.9 \$16,662,000 in fiscal year 2025 are from the  
112.10 general fund for public health emergency  
112.11 preparedness and response, the sustainability  
112.12 of the strategic stockpile, and COVID-19  
112.13 pandemic response transition.
- 112.14 **(g) Family planning grants. \$7,900,000 in**  
112.15 fiscal year 2024 and \$7,900,000 in fiscal year  
112.16 2025 are from the general fund for grants  
112.17 under Minnesota Statutes, section 145.925.
- 112.18 **(h) Healthy Beginnings, Healthy Families.**  
112.19 \$5,250,000 in fiscal year 2024 and \$5,250,000  
112.20 in fiscal year 2025 are from the general fund  
112.21 for grants under Minnesota Statutes, section  
112.22 145.9571.
- 112.23 **(i) Help Me Connect. \$463,000 in fiscal year**  
112.24 2024 and \$921,000 in fiscal year 2025 are  
112.25 from the general fund for the Help Me  
112.26 Connect program under Minnesota Statutes,  
112.27 section 145.988.
- 112.28 **(j) Home visiting. \$9,250,000 in fiscal year**  
112.29 2024 and \$9,250,000 in fiscal year 2025 are  
112.30 from the general fund to start up or expand  
112.31 home visiting programs for priority  
112.32 populations under Minnesota Statutes, section  
112.33 145.87.



- 113.1 **(k) No Surprises Act enforcement.**
- 113.2 \$1,210,000 in fiscal year 2024 and \$1,090,000
- 113.3 in fiscal year 2025 are from the general fund
- 113.4 for implementation of the federal No Surprises
- 113.5 Act under Minnesota Statutes, section
- 113.6 62Q.021, and a statewide provider directory.
- 113.7 The general fund base for this appropriation
- 113.8 is \$855,000 in fiscal year 2026 and \$855,000
- 113.9 in fiscal year 2027.
- 113.10 **(l) Office of African American Health.**
- 113.11 \$1,000,000 in fiscal year 2024 and \$1,000,000
- 113.12 in fiscal year 2025 are from the general fund
- 113.13 for grants under the authority of the Office of
- 113.14 African American Health under Minnesota
- 113.15 Statutes, section 144.0756.
- 113.16 **(m) Office of American Indian Health.**
- 113.17 \$1,000,000 in fiscal year 2024 and \$1,000,000
- 113.18 in fiscal year 2025 are from the general fund
- 113.19 for grants under the authority of the Office of
- 113.20 American Indian Health under Minnesota
- 113.21 Statutes, section 144.0757.
- 113.22 **(n) Public health system transformation**
- 113.23 **grants. (1) \$9,844,000 in fiscal year 2024 and**
- 113.24 **\$9,844,000 in fiscal year 2025 are from the**
- 113.25 **general fund for grants under Minnesota**
- 113.26 **Statutes, section 145A.131, subdivision 1,**
- 113.27 **paragraph (f).**
- 113.28 **(2) \$535,000 in fiscal year 2024 and \$535,000**
- 113.29 **in fiscal year 2025 are from the general fund**
- 113.30 **for grants under Minnesota Statutes, section**
- 113.31 **145A.14, subdivision 2, paragraph (b).**
- 113.32 **(3) \$321,000 in fiscal year 2024 and \$321,000**
- 113.33 **in fiscal year 2025 are from the general fund**

114.1 for grants under Minnesota Statutes, section  
114.2 144.0759.

114.3 (o) **Health care workforce.** (1) \$1,154,000  
114.4 in fiscal year 2024 and \$3,117,000 in fiscal  
114.5 year 2025 are from the health care access fund  
114.6 for rural training tracks and rural clinicals  
114.7 grants under Minnesota Statutes, section  
114.8 144.1508. The base for this appropriation is  
114.9 \$4,502,000 in fiscal year 2026 and \$4,502,000  
114.10 in fiscal year 2027.

114.11 (2) \$323,000 in fiscal year 2024 and \$323,000  
114.12 in fiscal year 2025 are from the health care  
114.13 access fund for immigrant international  
114.14 medical graduate training grants under  
114.15 Minnesota Statutes, section 144.1911.

114.16 (3) \$5,771,000 in fiscal year 2024 and  
114.17 \$5,147,000 in fiscal year 2025 are from the  
114.18 health care access fund for site-based clinical  
114.19 training grants under Minnesota Statutes,  
114.20 section 144.1505. The base for this  
114.21 appropriation is \$4,426,000 in fiscal year 2026  
114.22 and \$4,426,000 in fiscal year 2027.

114.23 (4) \$1,000,000 in fiscal year 2024 and  
114.24 \$1,000,000 in fiscal year 2025 are from the  
114.25 health care access fund for mental health  
114.26 grants for health care professional grants. This  
114.27 is a onetime appropriation and is available  
114.28 until June 30, 2027.

114.29 (5) \$2,500,000 in fiscal year 2024 and  
114.30 \$2,500,000 in fiscal year 2025 are from the  
114.31 health care access fund for health professionals  
114.32 loan forgiveness under Minnesota Statutes,  
114.33 section 144.1501, subdivision 1, paragraph  
114.34 (h).

- 115.1 (6) \$708,000 in fiscal year 2024 and \$708,000  
115.2 in fiscal year 2025 are from the health care  
115.3 access fund for primary care employee  
115.4 recruitment education loan forgiveness under  
115.5 Minnesota Statutes, section 144.1504.
- 115.6 (7) \$350,000 in fiscal year 2024 and \$350,000  
115.7 in fiscal year 2025 are from the health care  
115.8 access fund for workforce research and data  
115.9 analysis of shortages, maldistribution of health  
115.10 care providers in Minnesota, and the factors  
115.11 that influence decisions of health care  
115.12 providers to practice in rural areas of  
115.13 Minnesota.
- 115.14 (p) **School health.** \$800,000 in fiscal year  
115.15 2024 and \$800,000 in fiscal year 2025 are  
115.16 from the general fund for grants under  
115.17 Minnesota Statutes, section 145.903.
- 115.18 (q) **Long COVID.** \$3,146,000 in fiscal year  
115.19 2024 and \$3,146,000 in fiscal year 2025 are  
115.20 from the general fund for grants and to  
115.21 implement Minnesota Statutes, section  
115.22 145.361.
- 115.23 (r) **Workplace violence prevention grants**  
115.24 **for health care entities.** \$4,400,000 in fiscal  
115.25 year 2024 is from the general fund for grants  
115.26 to health care entities to improve employee  
115.27 safety or security. This is a onetime  
115.28 appropriation and is available until June 30,  
115.29 2025.
- 115.30 (s) **Clinical dental education innovation**  
115.31 **grants.** \$1,122,000 in fiscal year 2024 and  
115.32 \$1,122,000 in fiscal year 2025 are from the  
115.33 general fund for clinical dental education

116.1 innovation grants under Minnesota Statutes,  
116.2 section 144.1913.

116.3 **(t) Skin-lightening products public**  
116.4 **awareness and education grant program.**  
116.5 \$200,000 in fiscal year 2024 is from the  
116.6 general fund for a grant to the Beautywell  
116.7 Project under Minnesota Statutes, section  
116.8 145.9275. This is a onetime appropriation.

116.9 **(u) Emmett Louis Till Victims Recovery**  
116.10 **Program. \$500,000 in fiscal year 2024 is from**  
116.11 **the general fund for a grant to the Emmett**  
116.12 **Louis Till Victims Recovery Program. The**  
116.13 **commissioner must not use any of this**  
116.14 **appropriation for administration. This is a**  
116.15 **onetime appropriation and is available until**  
116.16 **June 30, 2025.**

116.17 **(v) Federally qualified health centers**  
116.18 **apprenticeship program. \$750,000 in fiscal**  
116.19 **year 2024 and \$750,000 in fiscal year 2025**  
116.20 **are from the general fund for grants under**  
116.21 **Minnesota Statutes, section 145.9272, and for**  
116.22 **the study of the feasibility of establishing**  
116.23 **additional federally qualified health centers**  
116.24 **apprenticeship programs.**

116.25 **(w) Alzheimer's public information**  
116.26 **program. \$80,000 in fiscal year 2024 and**  
116.27 **\$80,000 in fiscal year 2025 are from the**  
116.28 **general fund for grants to community-based**  
116.29 **organizations to co-create culturally specific**  
116.30 **messages to targeted communities and to**  
116.31 **promote public awareness materials online**  
116.32 **through diverse media channels. This is a**  
116.33 **onetime appropriation and is available until**  
116.34 **June 30, 2027.**

- 117.1 **(x) African American Babies Coalition**  
117.2 **grant.** \$260,000 in fiscal year 2024 and  
117.3 **\$260,000 in fiscal year 2025 are from the**  
117.4 **general fund for a grant to the Amherst H.**  
117.5 **Wilder Foundation for a grant under**  
117.6 **Minnesota Statutes, section 144.645, for the**  
117.7 **African American Babies Coalition initiative.**
- 117.8 **(y) (1) Health professional loan forgiveness**  
117.9 **account.** \$9,661,000 in fiscal year 2024 is  
117.10 **from the general fund for eligible mental**  
117.11 **health professional loan forgiveness under**  
117.12 **Minnesota Statutes, section 144.1501. This is**  
117.13 **a onetime appropriation.**
- 117.14 **(2) Transfer.** The commissioner must transfer  
117.15 **\$9,661,000 in fiscal year 2024 from the**  
117.16 **general fund to the health professional loan**  
117.17 **forgiveness account under Minnesota Statutes,**  
117.18 **section 144.1501, subdivision 2.**
- 117.19 **(z) Primary care residency expansion grant**  
117.20 **program.** \$400,000 in fiscal year 2024 and  
117.21 **\$400,000 in fiscal year 2025 are from the**  
117.22 **general fund for a psychiatry resident under**  
117.23 **Minnesota Statutes, section 144.1506.**
- 117.24 **(aa) Pediatric primary care mental health**  
117.25 **training grant program.** \$1,000,000 in fiscal  
117.26 **year 2024 and \$1,000,000 in fiscal year 2025**  
117.27 **are from the general fund for grants under**  
117.28 **Minnesota Statutes, section 144.1507.**
- 117.29 **(bb) Mental health cultural community**  
117.30 **continuing education grant program.**  
117.31 **\$500,000 in fiscal year 2024 and \$500,000 in**  
117.32 **fiscal year 2025 are from the general fund for**  
117.33 **grants under Minnesota Statutes, section**  
117.34 **144.1511.**

118.1 (cc) Labor trafficking services grant  
118.2 program. \$500,000 in fiscal year 2024 and  
118.3 \$500,000 in fiscal year 2025 are from the  
118.4 general fund for grants under Minnesota  
118.5 Statutes, section 144.3885.

118.6 (dd) Alzheimer's disease and dementia care  
118.7 training program. \$449,000 in fiscal year  
118.8 2025 and \$449,000 in fiscal year 2026 are to  
118.9 implement the Alzheimer's disease and  
118.10 dementia care training program under  
118.11 Minnesota Statutes, section 144.6504.

118.12 (ee) Grant to Minnesota Alliance for  
118.13 Volunteer Advancement. \$138,000 in fiscal  
118.14 year 2024 is from the general fund for a grant  
118.15 to the Minnesota Alliance for Volunteer  
118.16 Advancement to administer needs-based  
118.17 volunteerism subgrants targeting  
118.18 underresourced nonprofit organizations in  
118.19 greater Minnesota to support selected  
118.20 organizations' ongoing efforts to address and  
118.21 minimize disparities in access to human  
118.22 services through increased volunteerism.  
118.23 Subgrant applicants must demonstrate that the  
118.24 populations to be served by the subgrantee are  
118.25 underserved or suffer from or are at risk of  
118.26 homelessness, hunger, poverty, lack of access  
118.27 to health care, or deficits in education. The  
118.28 Minnesota Alliance for Volunteer  
118.29 Advancement must give priority to  
118.30 organizations that are serving the needs of  
118.31 vulnerable populations. This is a onetime  
118.32 appropriation and is available until June 30,  
118.33 2025.

118.34 (ff) Palliative Care Advisory Council.  
118.35 \$40,000 in fiscal year 2024 and \$40,000 in

119.1 fiscal year 2025 are from the general fund for  
119.2 grants under Minnesota Statutes, section  
119.3 144.059.

119.4 **(gg) Universal health care system study.**  
119.5 \$1,815,000 in fiscal year 2024 and \$580,000  
119.6 in fiscal year 2025 are from the general fund  
119.7 for an economic analysis of benefits and costs  
119.8 of a universal health care system. The base for  
119.9 this appropriation is \$580,000 in fiscal year  
119.10 2026 and \$0 in fiscal year 2027.

119.11 **(hh) Study of the development of a statewide**  
119.12 **registry for provider orders for**  
119.13 **life-sustaining treatment. \$365,000 in fiscal**  
119.14 **year 2024 and \$365,000 in fiscal year 2025**  
119.15 **are from the general fund for a study of the**  
119.16 **development of a statewide registry for**  
119.17 **provider orders for life-sustaining treatment.**  
119.18 **This is a onetime appropriation.**

119.19 **(ii) 988 Suicide and crisis lifeline. \$4,000,000**  
119.20 **in fiscal year 2024 is from the general fund**  
119.21 **for 988 national suicide prevention lifeline**  
119.22 **grants under Minnesota Statutes, section**  
119.23 **145.561. This is a onetime appropriation.**

119.24 **(jj) Fetal and infant mortality case review**  
119.25 **committee. \$664,000 in fiscal year 2024 and**  
119.26 **\$875,000 in fiscal year 2025 are from the**  
119.27 **general fund for grants under Minnesota**  
119.28 **Statutes, section 145.9011.**

119.29 **(kk) Equitable Health Care Task Force.**  
119.30 **\$779,000 in fiscal year 2024 and \$749,000 in**  
119.31 **fiscal year 2025 are from the general fund for**  
119.32 **the Equitable Health Care Task Force. This is**  
119.33 **a onetime appropriation.**

- 120.1 (ll) Medical education and research costs.  
120.2 \$300,000 in fiscal year 2024 and \$300,000 in  
120.3 fiscal year 2025 are from the general fund for  
120.4 the medical education and research costs  
120.5 program under Minnesota Statutes, section  
120.6 62J.692.
- 120.7 (mm) Special Guerilla Unit Veterans grant  
120.8 program. \$250,000 in fiscal year 2024 and  
120.9 \$250,000 in fiscal year 2025 are from the  
120.10 general fund for a grant to the Special  
120.11 Guerrilla Units Veterans and Families of the  
120.12 United States of America under Minnesota  
120.13 Statutes, section 144.0701.
- 120.14 (nn) TANF Appropriations. (1) TANF funds  
120.15 must be used as follows:
- 120.16 (i) \$3,579,000 in fiscal year 2024 and  
120.17 \$3,579,000 in fiscal year 2025 are from the  
120.18 TANF fund for home visiting and nutritional  
120.19 services listed under Minnesota Statutes,  
120.20 section 145.882, subdivision 7, clauses (6) and  
120.21 (7). Funds must be distributed to community  
120.22 health boards according to Minnesota Statutes,  
120.23 section 145A.131, subdivision 1;
- 120.24 (ii) \$2,000,000 in fiscal year 2024 and  
120.25 \$2,000,000 in fiscal year 2025 are from the  
120.26 TANF fund for decreasing racial and ethnic  
120.27 disparities in infant mortality rates under  
120.28 Minnesota Statutes, section 145.928,  
120.29 subdivision 7;
- 120.30 (iii) \$4,978,000 in fiscal year 2024 and  
120.31 \$4,978,000 in fiscal year 2025 are from the  
120.32 TANF fund for the family home visiting grant  
120.33 program under Minnesota Statutes, section  
120.34 145A.17. \$4,000,000 of the funding in fiscal



121.1 year 2024 and \$4,000,000 in fiscal year 2025  
121.2 must be distributed to community health  
121.3 boards under Minnesota Statutes, section  
121.4 145A.131, subdivision 1. \$978,000 of the  
121.5 funding in fiscal year 2024 and \$978,000 in  
121.6 fiscal year 2025 must be distributed to Tribal  
121.7 governments under Minnesota Statutes, section  
121.8 145A.14, subdivision 2a;  
121.9 (iv) \$1,156,000 in fiscal year 2024 and  
121.10 \$1,156,000 in fiscal year 2025 are from the  
121.11 TANF fund for family planning grants under  
121.12 Minnesota Statutes, section 145.925; and  
121.13 (v) the commissioner may use up to 6.23  
121.14 percent of the funds appropriated from the  
121.15 TANF fund each fiscal year to conduct the  
121.16 ongoing evaluations required under Minnesota  
121.17 Statutes, section 145A.17, subdivision 7, and  
121.18 training and technical assistance as required  
121.19 under Minnesota Statutes, section 145A.17,  
121.20 subdivisions 4 and 5.  
121.21 (2) **TANF Carryforward.** Any unexpended  
121.22 balance of the TANF appropriation in the first  
121.23 year does not cancel but is available in the  
121.24 second year.  
121.25 (oo) **Base level adjustments.** The general  
121.26 fund base is \$204,079,000 in fiscal year 2026  
121.27 and \$203,440,000 in fiscal year 2027. The  
121.28 state government special revenue fund base is  
121.29 \$12,853,000 in fiscal year 2026 and  
121.30 \$12,853,000 in fiscal year 2027. The health  
121.31 care access fund base is \$56,361,000 in fiscal  
121.32 year 2026 and \$55,761,000 in fiscal year 2027.  
121.33 Subd. 3. **Health Protection**

122.1	<u>Appropriations by Fund</u>	
122.2	<u>General</u>	<u>43,827,000</u> <u>44,358,000</u>
122.3	<u>State Government</u>	
122.4	<u>Special Revenue</u>	<u>70,981,000</u> <u>73,220,000</u>
122.5	<u>(a) <b>Climate resiliency.</b> \$6,000,000 in fiscal</u>	
122.6	<u>year 2024 and \$6,000,000 in fiscal year 2025</u>	
122.7	<u>are from the general fund for grants under</u>	
122.8	<u>Minnesota Statutes, section 144.9981. The</u>	
122.9	<u>base for this appropriation is \$1,500,000 in</u>	
122.10	<u>fiscal year 2026 and \$1,500,000 in fiscal year</u>	
122.11	<u>2027.</u>	
122.12	<u>(b) <b>Homeless mortality study.</b> \$134,000 in</u>	
122.13	<u>fiscal year 2024 and \$149,000 in fiscal year</u>	
122.14	<u>2025 are from the general fund for a homeless</u>	
122.15	<u>mortality study. The general fund base for this</u>	
122.16	<u>appropriation is \$104,000 in fiscal year 2026</u>	
122.17	<u>and \$0 in fiscal year 2027.</u>	
122.18	<u>(c) <b>Lead remediation in schools and child</b></u>	
122.19	<u>care settings.</u> \$146,000 in fiscal year 2024	
122.20	<u>and \$239,000 in fiscal year 2025 are from the</u>	
122.21	<u>general fund for grants under Minnesota</u>	
122.22	<u>Statutes, section 145.9272.</u>	
122.23	<u>(d) <b>MinnesotaOne Health Antimicrobial</b></u>	
122.24	<u>Stewardship Collaborative.</u> \$312,000 in	
122.25	<u>fiscal year 2024 and \$312,000 in fiscal year</u>	
122.26	<u>2025 are from the general fund for the</u>	
122.27	<u>Minnesota One Health Antibiotic Stewardship</u>	
122.28	<u>Collaborative under Minnesota Statutes,</u>	
122.29	<u>section 144.0526.</u>	
122.30	<u>(e) <b>Strengthening public drinking water</b></u>	
122.31	<u>systems infrastructure.</u> \$4,420,000 in fiscal	
122.32	<u>year 2024 and \$4,420,000 in fiscal year 2025</u>	
122.33	<u>are from the general fund for grants under</u>	
122.34	<u>Minnesota Statutes, section 144.3832. The</u>	
122.35	<u>base for this appropriation is \$1,580,000 in</u>	

123.1 fiscal year 2026 and \$1,580,000 in fiscal year  
 123.2 2027.

123.3 **(f) HIV prevention health equity. \$1,264,000**  
 123.4 in fiscal year 2024 and \$1,264,000 in fiscal  
 123.5 year 2025 are from the general fund for equity  
 123.6 in HIV prevention. This is a onetime  
 123.7 appropriation.

123.8 **(g) Green burials study and report. \$79,000**  
 123.9 in fiscal year 2024 is from the general fund  
 123.10 for a study and report on green burials. This  
 123.11 is a onetime appropriation.

123.12 **(h) Base level adjustments. The general fund**  
 123.13 base is \$34,020,000 in fiscal year 2026 and  
 123.14 \$33,916,000 in fiscal year 2027.

123.15 **Subd. 4. Health Operations** 18,492,000 18,405,000

123.16 Notwithstanding Minnesota Statutes, section  
 123.17 16E.21, subdivision 4, the amount transferred  
 123.18 to the information and telecommunications  
 123.19 account under Minnesota Statutes, section  
 123.20 16E.21, subdivision 2, for the business process  
 123.21 automation and external website  
 123.22 modernization projects approved by the  
 123.23 Legislative Advisory Commission on June 24,  
 123.24 2019, is available until June 30, 2024.

123.25 **Sec. 4. HEALTH-RELATED BOARDS**

123.26 **Subdivision 1. Total Appropriation** **\$ 32,160,000** **\$ 32,166,000**

123.27 Appropriations by Fund

123.28 <u>General</u>	<u>1,222,000</u>	<u>468,000</u>
123.29 <u>State Government</u>		
123.30 <u>Special Revenue</u>	<u>30,862,000</u>	<u>31,660,000</u>
123.31 <u>Health Care Access</u>	<u>76,000</u>	<u>38,000</u>

123.32 The amounts that may be spent for each  
 123.33 purpose are specified in the following  
 123.34 subdivisions.

124.1	<b><u>Subd. 2. Board of Behavioral Health and</u></b>		
124.2	<b><u>Therapy</u></b>	<u>1,022,000</u>	<u>1,044,000</u>
124.3	<b><u>Subd. 3. Board of Chiropractic Examiners</u></b>	<u>773,000</u>	<u>790,000</u>
124.4	<b><u>Subd. 4. Board of Dentistry</u></b>	<u>4,100,000</u>	<u>4,163,000</u>
124.5	<b><u>(a) Administrative services unit; operating</u></b>		
124.6	<b><u>costs. Of this appropriation, \$1,936,000 in</u></b>		
124.7	<b><u>fiscal year 2024 and \$1,960,000 in fiscal year</u></b>		
124.8	<b><u>2025 are for operating costs of the</u></b>		
124.9	<b><u>administrative services unit. The</u></b>		
124.10	<b><u>administrative services unit may receive and</u></b>		
124.11	<b><u>expend reimbursements for services it</u></b>		
124.12	<b><u>performs for other agencies.</u></b>		
124.13	<b><u>(b) Administrative services unit; volunteer</u></b>		
124.14	<b><u>health care provider program. Of this</u></b>		
124.15	<b><u>appropriation, \$150,000 in fiscal year 2024</u></b>		
124.16	<b><u>and \$150,000 in fiscal year 2025 are to pay</u></b>		
124.17	<b><u>for medical professional liability coverage</u></b>		
124.18	<b><u>required under Minnesota Statutes, section</u></b>		
124.19	<b><u>214.40.</u></b>		
124.20	<b><u>(c) Administrative services unit; retirement</u></b>		
124.21	<b><u>costs. Of this appropriation, \$237,000 in fiscal</u></b>		
124.22	<b><u>year 2024 and \$237,000 in fiscal year 2025</u></b>		
124.23	<b><u>are for the administrative services unit to pay</u></b>		
124.24	<b><u>for the retirement costs of health-related board</u></b>		
124.25	<b><u>employees. This funding may be transferred</u></b>		
124.26	<b><u>to the health board incurring retirement costs.</u></b>		
124.27	<b><u>Any board that has an unexpended balance for</u></b>		
124.28	<b><u>an amount transferred under this paragraph</u></b>		
124.29	<b><u>shall transfer the unexpended amount to the</u></b>		
124.30	<b><u>administrative services unit. If the amount</u></b>		
124.31	<b><u>appropriated in the first year of the biennium</u></b>		
124.32	<b><u>is not sufficient, the amount from the second</u></b>		
124.33	<b><u>year of the biennium is available.</u></b>		
124.34	<b><u>(d) Administrative services unit; contested</u></b>		
124.35	<b><u>cases and other legal proceedings. Of this</u></b>		

125.1	<u>appropriation, \$200,000 in fiscal year 2024</u>		
125.2	<u>and \$200,000 in fiscal year 2025 are for costs</u>		
125.3	<u>of contested case hearings and other</u>		
125.4	<u>unanticipated costs of legal proceedings</u>		
125.5	<u>involving health-related boards under this</u>		
125.6	<u>section. Upon certification by a health-related</u>		
125.7	<u>board to the administrative services unit that</u>		
125.8	<u>unanticipated costs for legal proceedings will</u>		
125.9	<u>be incurred and that available appropriations</u>		
125.10	<u>are insufficient to pay for the unanticipated</u>		
125.11	<u>costs for that board, the administrative services</u>		
125.12	<u>unit is authorized to transfer money from this</u>		
125.13	<u>appropriation to the board for payment of costs</u>		
125.14	<u>for contested case hearings and other</u>		
125.15	<u>unanticipated costs of legal proceedings with</u>		
125.16	<u>the approval of the commissioner of</u>		
125.17	<u>management and budget. The commissioner</u>		
125.18	<u>of management and budget must require any</u>		
125.19	<u>board that has an unexpended balance or an</u>		
125.20	<u>amount transferred under this paragraph to</u>		
125.21	<u>transfer the unexpended amount to the</u>		
125.22	<u>administrative services unit to be deposited in</u>		
125.23	<u>the state government special revenue fund.</u>		
125.24	<b><u>Subd. 5. Board of Dietetics and Nutrition</u></b>		
125.25	<b><u>Practice</u></b>	<u>213,000</u>	<u>217,000</u>
125.26	<b><u>Subd. 6. Board of Executives for Long-term</u></b>		
125.27	<b><u>Services and Supports</u></b>	<u>705,000</u>	<u>736,000</u>
125.28	<b><u>Subd. 7. Board of Marriage and Family Therapy</u></b>	<u>443,000</u>	<u>456,000</u>
125.29	<b><u>Subd. 8. Board of Medical Practice</u></b>	<u>5,779,000</u>	<u>5,971,000</u>
125.30	<b><u>Subd. 9. Board of Nursing</u></b>	<u>6,039,000</u>	<u>6,275,000</u>
125.31	<b><u>Subd. 10. Board of Occupational Therapy</u></b>		
125.32	<b><u>Practice</u></b>	<u>480,000</u>	<u>480,000</u>
125.33	<b><u>Subd. 11. Board of Optometry</u></b>	<u>270,000</u>	<u>280,000</u>
125.34	<b><u>Subd. 12. Board of Pharmacy</u></b>		

126.1	<u>Appropriations by Fund</u>		
126.2	<u>General</u>	<u>1,222,000</u>	<u>468,000</u>
126.3	<u>State Government</u>		
126.4	<u>Special Revenue</u>	<u>5,328,000</u>	<u>5,309,000</u>
126.5	<u>Health Care Access</u>	<u>76,000</u>	<u>38,000</u>
126.6	<b><u>(a) Prescription monitoring program.</u></b>		
126.7	<u>\$754,000 in fiscal year 2024 is from the</u>		
126.8	<u>general fund for the Minnesota prescription</u>		
126.9	<u>monitoring program under Minnesota Statutes,</u>		
126.10	<u>section 152.126. This is a onetime</u>		
126.11	<u>appropriation and is available until June 30,</u>		
126.12	<u>2025.</u>		
126.13	<b><u>(b) Medication repository program.</u></b>		
126.14	<u>\$450,000 in fiscal year 2024 and \$450,000 in</u>		
126.15	<u>fiscal year 2025 are from the general fund for</u>		
126.16	<u>a contract under Minnesota Statutes, section</u>		
126.17	<u>151.555.</u>		
126.18	<b><u>(c) Base level adjustment.</u></b> The state		
126.19	<u>government special revenue fund base is</u>		
126.20	<u>\$5,159,000 in fiscal year 2026 and \$5,159,000</u>		
126.21	<u>in fiscal year 2027. The health care access</u>		
126.22	<u>fund base is \$0 in fiscal year 2026 and \$0 in</u>		
126.23	<u>fiscal year 2027.</u>		
126.24	<u>Subd. 13. Board of Physical Therapy</u>	<u>678,000</u>	<u>694,000</u>
126.25	<u>Subd. 14. Board of Podiatric Medicine</u>	<u>253,000</u>	<u>257,000</u>
126.26	<u>Subd. 15. Board of Psychology</u>	<u>2,618,000</u>	<u>2,734,000</u>
126.27	<b><u>Health professionals service program.</u></b> This		
126.28	<u>appropriation includes \$1,234,000 in fiscal</u>		
126.29	<u>year 2024 and \$1,324,000 in fiscal year 2025</u>		
126.30	<u>for the health professional services program.</u>		
126.31	<u>Subd. 16. Board of Social Work</u>	<u>1,779,000</u>	<u>1,839,000</u>
126.32	<u>Subd. 17. Board of Veterinary Medicine</u>	<u>382,000</u>	<u>415,000</u>

127.1 **Base adjustment.** The state government  
 127.2 special revenue fund base is \$461,000 in fiscal  
 127.3 year 2026 and \$461,000 in fiscal year 2027.

127.4 **Sec. 5. EMERGENCY MEDICAL SERVICES**

127.5 **REGULATORY BOARD** \$ 6,800,000 \$ 6,176,000

127.6 **(a) Cooper/Sams volunteer ambulance**

127.7 **program.** \$950,000 in fiscal year 2024 and

127.8 \$950,000 in fiscal year 2025 are for the

127.9 Cooper/Sams volunteer ambulance program

127.10 under Minnesota Statutes, section 144E.40.

127.11 (1) Of this amount, \$861,000 in fiscal year

127.12 2024 and \$861,000 in fiscal year 2025 are for

127.13 the ambulance service personnel longevity

127.14 award and incentive program under Minnesota

127.15 Statutes, section 144E.40.

127.16 (2) Of this amount, \$89,000 in fiscal year 2024

127.17 and \$89,000 in fiscal year 2025 are for

127.18 operations of the ambulance service personnel

127.19 longevity award and incentive program under

127.20 Minnesota Statutes, section 144E.40.

127.21 **(b) Operations.** \$2,421,000 in fiscal year 2024

127.22 and \$2,480,000 in fiscal year 2025 are for

127.23 board operations.

127.24 **(c) Emergency medical services fund.**

127.25 \$1,385,000 in fiscal year 2024 and \$1,385,000

127.26 in fiscal year 2025 are for distribution to

127.27 regional emergency medical services systems

127.28 for the purposes specified in Minnesota

127.29 Statutes, section 144E.50. Notwithstanding

127.30 Minnesota Statutes, section 144E.50,

127.31 subdivision 5, in each year the board must

127.32 distribute this appropriation equally among

127.33 the eight emergency medical services systems

127.34 designated by the board.

128.1 (d) Ambulance training grants. \$361,000 in  
 128.2 fiscal year 2024 and \$361,000 in fiscal year  
 128.3 2025 are for training grants under Minnesota  
 128.4 Statutes, section 144E.35.

128.5 (e) Medical resource communication center  
 128.6 grants. \$1,633,000 in fiscal year 2024 and  
 128.7 \$970,000 in fiscal year 2025 are for medical  
 128.8 resource communication center grants under  
 128.9 Minnesota Statutes, section 144E.53.

128.10 Sec. 6. OMBUDSPERSON FOR FAMILIES     \$            759,000 \$            776,000

128.11 Sec. 7. OMBUDSPERSON FOR AMERICAN  
 128.12 INDIAN FAMILIES                                     \$            336,000 \$            340,000

128.13 Sec. 8. OFFICE OF THE FOSTER YOUTH  
 128.14 OMBUDSPERSON                                     \$            742,000 \$            759,000

128.15 Sec. 9. MNSURE

128.16                                     Appropriations by Fund

128.17 <u>General</u>	<u>27,447,000</u>	<u>45,526,000</u>
128.18 <u>Health Care Access</u>	<u>2,270,000</u>	<u>1,470,000</u>

128.19 (a) Technology Modernization. \$11,025,000  
 128.20 in fiscal year 2024 and \$10,726,000 in fiscal  
 128.21 year 2025 are from the general fund to  
 128.22 establish a single end-to-end information  
 128.23 technology system with seamless, real-time  
 128.24 interoperability between qualified health plan  
 128.25 eligibility and enrollment services. The base  
 128.26 for this appropriation is \$3,521,000 in fiscal  
 128.27 year 2026 and \$0 in fiscal year 2027.

128.28 (b) Easy Enrollment. \$70,000 in fiscal year  
 128.29 2024 and \$70,000 in fiscal year 2025 are from  
 128.30 the general fund to implement easy enrollment.

128.31 (c) Transfer. The Board of Directors of  
 128.32 MNsure must transfer \$11,095,000 in fiscal  
 128.33 year 2024 and \$14,996,000 in fiscal year 2025  
 128.34 from the general fund to the enterprise account



129.1 under Minnesota Statutes, section 62V.07. The  
 129.2 base for this transfer is \$3,591,000 in fiscal  
 129.3 year 2026 and \$70,000 in fiscal year 2027.

129.4 **(d) Minnesota insulin safety net public**  
 129.5 **awareness campaign.** \$800,000 in fiscal year  
 129.6 2024 is from the health care access fund for a  
 129.7 public awareness campaign for the insulin  
 129.8 safety net program under Minnesota Statutes,  
 129.9 section 151.74. This is a onetime appropriation  
 129.10 and is available until June 30, 2025.

129.11 **(e) Cost-sharing reduction program.**  
 129.12 \$15,000,000 in fiscal year 2024 and  
 129.13 \$30,000,000 in fiscal year 2025 are from the  
 129.14 general fund to implement the cost-sharing  
 129.15 reduction program under Minnesota Statutes,  
 129.16 section 62V.12.

129.17 **(f) Base level adjustment.** The general fund  
 129.18 base is \$34,121,000 in fiscal year 2026 and  
 129.19 \$30,600,000 in fiscal year 2027.

129.20	Sec. 10. <b><u>RARE DISEASE ADVISORY</u></b>			
129.21	<b><u>COUNCIL</u></b>	<b><u>\$</u></b>	<b><u>654,000</u></b>	<b><u>\$</u></b> <b><u>602,000</u></b>

129.22	Sec. 11. <b><u>COMMISSIONER OF REVENUE</u></b>	<b><u>\$</u></b>	<b><u>40,000</u></b>	<b><u>\$</u></b> <b><u>4,000</u></b>
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129.23 **Easy enrollment.** \$40,000 in fiscal year 2024  
 129.24 and \$4,000 in fiscal year 2025 are for the  
 129.25 administrative costs associated with the easy  
 129.26 enrollment program.

129.27	Sec. 12. <b><u>COMMISSIONER OF</u></b>			
129.28	<b><u>MANAGEMENT AND BUDGET</u></b>	<b><u>\$</u></b>	<b><u>12,613,000</u></b>	<b><u>\$</u></b> <b><u>2,516,000</u></b>

129.29 **(a) Outcomes and evaluation consultation.**  
 129.30 \$450,000 in fiscal year 2024 and \$450,000 in  
 129.31 fiscal year 2025 are for outcomes and  
 129.32 evaluation consultation requirements.

129.33 **(b) Department of Children, Youth, and**  
 129.34 **Families.** \$11,931,000 in fiscal year 2024 and

130.1 \$2,066,000 in fiscal year 2025 are to establish  
 130.2 the Department of Children, Youth, and  
 130.3 Families. This is a onetime appropriation.

130.4 (c) **Impact evaluation.** \$232,000 in fiscal year  
 130.5 2024 is for the Keeping Nurses at the Bedside  
 130.6 Act impact evaluation. This is a onetime  
 130.7 appropriation.

130.8 (d) **Base adjustment.** The general fund base  
 130.9 is \$450,000 in fiscal year 2026 and \$450,000  
 130.10 in fiscal year 2027.

130.11	<u>Sec. 13. <b>COMMISSIONER OF CHILDREN,</b></u>			
130.12	<u><b>YOUTH, AND FAMILIES</b></u>	<u>\$</u>	<u>823,000</u>	<u>\$ 3,521,000</u>

130.13	<u>Sec. 14. <b>COMMISSIONER OF COMMERCE</b></u>	<u>\$</u>	<u>42,000</u>	<u>\$ 51,000</u>
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130.14 (a) **Heath Care Affordability Board**  
 130.15 **Requirements.** \$42,000 in fiscal year 2024  
 130.16 and \$17,000 in fiscal year 2025 are for  
 130.17 responsibilities related to the Health Care  
 130.18 Affordability Board.

130.19 (b) **Defrayal of costs for mandated coverage**  
 130.20 **of biomarker testing.** \$17,000 in fiscal year  
 130.21 2025 is for administrative costs to implement  
 130.22 mandated coverage of biomarker testing to  
 130.23 diagnose, treat, manage, and monitor illness  
 130.24 or disease. The base for this appropriation is  
 130.25 \$2,611,000 in fiscal year 2026 and \$2,611,000  
 130.26 in fiscal year 2027. The base includes  
 130.27 \$2,594,000 in fiscal year 2026 and \$2,594,000  
 130.28 in fiscal year 2027 for defrayal of costs for  
 130.29 mandated coverage of biomarker testing to  
 130.30 diagnose, treat, manage, and monitor illness  
 130.31 or disease.

130.32 (c) **Consultation for coverage of services**  
 130.33 **provided by pharmacists.** \$17,000 in fiscal  
 130.34 year 2025 is for consultation with health plan

131.1 companies, pharmacies, and pharmacy benefit  
 131.2 managers to develop guidance and implement  
 131.3 equal coverage for services provided by  
 131.4 pharmacists. This is a onetime appropriation.

131.5 (d) **Base adjustment.** The general fund base  
 131.6 is \$2,628,000 in fiscal year 2026 and  
 131.7 \$2,628,000 in fiscal year 2027.

131.8 **Sec. 15. HEALTH CARE AFFORDABILITY**  
 131.9 **BOARD** **\$** **1,336,000** **\$** **1,727,000**

131.10 **Base adjustment.** The general fund base is  
 131.11 \$1,793,000 in fiscal year 2026 and \$1,790,000  
 131.12 in fiscal year 2027.

131.13 Sec. 16. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 32,  
 131.14 as amended by Laws 2022, chapter 98, article 15, section 7, subdivision 32, is amended to  
 131.15 read:

131.16 **Subd. 32. Grant Programs; Child Mental Health**  
 131.17 **Grants** **30,167,000** **30,182,000**

131.18 **(a) Children's Residential Facilities.**  
 131.19 \$1,964,000 in fiscal year 2022 and \$1,979,000  
 131.20 in fiscal year 2023 are to reimburse counties  
 131.21 and Tribal governments for a portion of the  
 131.22 costs of treatment in children's residential  
 131.23 facilities. The commissioner shall distribute  
 131.24 the appropriation to counties and Tribal  
 131.25 governments proportionally based on a  
 131.26 methodology developed by the commissioner.  
 131.27 The ~~fiscal year 2022 appropriation is available~~  
 131.28 ~~until June 30, 2023~~ base for this appropriation  
 131.29 is \$0 in fiscal year 2025.

131.30 **(b) Base Level Adjustment.** The general fund  
 131.31 base is \$29,580,000 in fiscal year 2024 and  
 131.32 ~~\$27,705,000~~ \$25,726,000 in fiscal year 2025.

132.1 Sec. 17. Laws 2021, First Special Session chapter 7, article 16, section 3, subdivision 2,  
132.2 as amended by Laws 2022, chapter 98, article 1, section 68, is amended to read:

132.3 **Subd. 2. Health Improvement**

132.4 Appropriations by Fund

132.5			<del>124,000,000</del>
132.6	General	123,714,000	<u>122,800,000</u>
132.7	State Government		
132.8	Special Revenue	11,967,000	11,290,000
132.9	Health Care Access	37,512,000	36,832,000
132.10	Federal TANF	11,713,000	11,713,000

132.11 **(a) TANF Appropriations.** (1) \$3,579,000 in  
132.12 fiscal year 2022 and \$3,579,000 in fiscal year  
132.13 2023 are from the TANF fund for home  
132.14 visiting and nutritional services listed under  
132.15 Minnesota Statutes, section 145.882,  
132.16 subdivision 7, clauses (6) and (7). Funds must  
132.17 be distributed to community health boards  
132.18 according to Minnesota Statutes, section  
132.19 145A.131, subdivision 1;

132.20 (2) \$2,000,000 in fiscal year 2022 and  
132.21 \$2,000,000 in fiscal year 2023 are from the  
132.22 TANF fund for decreasing racial and ethnic  
132.23 disparities in infant mortality rates under  
132.24 Minnesota Statutes, section 145.928,  
132.25 subdivision 7;

132.26 (3) \$4,978,000 in fiscal year 2022 and  
132.27 \$4,978,000 in fiscal year 2023 are from the  
132.28 TANF fund for the family home visiting grant  
132.29 program according to Minnesota Statutes,  
132.30 section 145A.17. \$4,000,000 of the funding  
132.31 in each fiscal year must be distributed to  
132.32 community health boards according to  
132.33 Minnesota Statutes, section 145A.131,  
132.34 subdivision 1. \$978,000 of the funding in each  
132.35 fiscal year must be distributed to tribal

133.1 governments according to Minnesota Statutes,  
133.2 section 145A.14, subdivision 2a;

133.3 (4) \$1,156,000 in fiscal year 2022 and  
133.4 \$1,156,000 in fiscal year 2023 are from the  
133.5 TANF fund for family planning grants under  
133.6 Minnesota Statutes, section 145.925; and

133.7 (5) the commissioner may use up to 6.23  
133.8 percent of the funds appropriated from the  
133.9 TANF fund each fiscal year to conduct the  
133.10 ongoing evaluations required under Minnesota  
133.11 Statutes, section 145A.17, subdivision 7, and  
133.12 training and technical assistance as required  
133.13 under Minnesota Statutes, section 145A.17,  
133.14 subdivisions 4 and 5.

133.15 **(b) TANF Carryforward.** Any unexpended  
133.16 balance of the TANF appropriation in the first  
133.17 year of the biennium does not cancel but is  
133.18 available for the second year.

133.19 **(c) Tribal Public Health Grants.** \$500,000  
133.20 in fiscal year 2022 and \$500,000 in fiscal year  
133.21 2023 are from the general fund for Tribal  
133.22 public health grants under Minnesota Statutes,  
133.23 section 145A.14, for public health  
133.24 infrastructure projects as defined by the Tribal  
133.25 government.

133.26 **(d) Public Health Infrastructure Funds.**  
133.27 \$6,000,000 in fiscal year 2022 and \$6,000,000  
133.28 in fiscal year 2023 are from the general fund  
133.29 for public health infrastructure funds to  
133.30 distribute to community health boards and  
133.31 Tribal governments to support their ability to  
133.32 meet national public health standards.

133.33 **(e) Public Health System Assessment and**  
133.34 **Oversight.** \$1,500,000 in fiscal year 2022 and

134.1 \$1,500,000 in fiscal year 2023 are from the  
134.2 general fund for the commissioner to assess  
134.3 the capacity of the public health system to  
134.4 meet national public health standards and  
134.5 oversee public health system improvement  
134.6 efforts.

134.7 **(f) Health Professional Education Loan**  
134.8 **Forgiveness.** Notwithstanding the priorities  
134.9 and distribution requirements under Minnesota  
134.10 Statutes, section 144.1501, \$3,000,000 in  
134.11 fiscal year 2022 and \$3,000,000 in fiscal year  
134.12 2023 are from the general fund for loan  
134.13 forgiveness under article 3, section 43, for  
134.14 individuals who are eligible alcohol and drug  
134.15 counselors, eligible medical residents, or  
134.16 eligible mental health professionals, as defined  
134.17 in article 3, section 43. The general fund base  
134.18 for this appropriation is \$2,625,000 in fiscal  
134.19 year 2024 and \$0 in fiscal year 2025. The  
134.20 health care access fund base for this  
134.21 appropriation is \$875,000 in fiscal year 2024,  
134.22 \$3,500,000 in fiscal year 2025, and \$0 in fiscal  
134.23 year 2026. The general fund amounts in this  
134.24 paragraph are available until March 31, 2024.  
134.25 This paragraph expires on April 1, 2024.

134.26 **(g) Mental Health Cultural Community**  
134.27 **Continuing Education Grant Program.**  
134.28 \$500,000 in fiscal year 2022 and \$500,000 in  
134.29 fiscal year 2023 are from the general fund for  
134.30 the mental health cultural community  
134.31 continuing education grant program. This is  
134.32 a onetime appropriation

134.33 **(h) Birth Records; Homeless Youth.** \$72,000  
134.34 in fiscal year 2022 and \$32,000 in fiscal year  
134.35 2023 are from the state government special

135.1 revenue fund for administration and issuance  
135.2 of certified birth records and statements of no  
135.3 vital record found to homeless youth under  
135.4 Minnesota Statutes, section 144.2255.

135.5 **(i) Supporting Healthy Development of**  
135.6 **Babies During Pregnancy and Postpartum.**  
135.7 \$260,000 in fiscal year 2022 and \$260,000 in  
135.8 fiscal year 2023 are from the general fund for  
135.9 a grant to the Amherst H. Wilder Foundation  
135.10 for the African American Babies Coalition  
135.11 initiative for community-driven training and  
135.12 education on best practices to support healthy  
135.13 development of babies during pregnancy and  
135.14 postpartum. Grant funds must be used to build  
135.15 capacity in, train, educate, or improve  
135.16 practices among individuals, from youth to  
135.17 elders, serving families with members who  
135.18 are Black, indigenous, or people of color,  
135.19 during pregnancy and postpartum. This is a  
135.20 onetime appropriation and is available until  
135.21 June 30, 2023.

135.22 **(j) Dignity in Pregnancy and Childbirth.**  
135.23 \$494,000 in fiscal year 2022 and \$200,000 in  
135.24 fiscal year 2023 are from the general fund for  
135.25 purposes of Minnesota Statutes, section  
135.26 144.1461. Of this appropriation: (1) \$294,000  
135.27 in fiscal year 2022 is for a grant to the  
135.28 University of Minnesota School of Public  
135.29 Health's Center for Antiracism Research for  
135.30 Health Equity, to develop a model curriculum  
135.31 on anti-racism and implicit bias for use by  
135.32 hospitals with obstetric care and birth centers  
135.33 to provide continuing education to staff caring  
135.34 for pregnant or postpartum women. The model  
135.35 curriculum must be evidence-based and must

136.1 meet the criteria in Minnesota Statutes, section  
136.2 144.1461, subdivision 2, paragraph (a); and  
136.3 (2) \$200,000 in fiscal year 2022 and \$200,000  
136.4 in fiscal year 2023 are for purposes of  
136.5 Minnesota Statutes, section 144.1461,  
136.6 subdivision 3.

136.7 **(k) Congenital Cytomegalovirus (CMV).** (1)  
136.8 \$196,000 in fiscal year 2022 and \$196,000 in  
136.9 fiscal year 2023 are from the general fund for  
136.10 outreach and education on congenital  
136.11 cytomegalovirus (CMV) under Minnesota  
136.12 Statutes, section 144.064.

136.13 **(2) Contingent on the Advisory Committee on**  
136.14 **Heritable and Congenital Disorders**  
136.15 **recommending and the commissioner of health**  
136.16 **approving inclusion of CMV in the newborn**  
136.17 **screening panel in accordance with Minnesota**  
136.18 **Statutes, section 144.065, subdivision 3,**  
136.19 **paragraph (d), \$656,000 in fiscal year 2023 is**  
136.20 **from the state government special revenue**  
136.21 **fund for follow-up services.**

136.22 **(l) Nonnarcotic Pain Management and**  
136.23 **Wellness.** \$649,000 in fiscal year 2022 is from  
136.24 the general fund for nonnarcotic pain  
136.25 management and wellness in accordance with  
136.26 Laws 2019, chapter 63, article 3, section 1,  
136.27 paragraph (n).

136.28 **(m) Base Level Adjustments.** The general  
136.29 fund base is \$121,201,000 in fiscal year 2024  
136.30 and \$116,344,000 in fiscal year 2025, of which  
136.31 \$750,000 in fiscal year 2024 and \$750,000 in  
136.32 fiscal year 2025 are for fetal alcohol spectrum  
136.33 disorders prevention grants under Minnesota  
136.34 Statutes, section 145.267. The health care



137.1 access fund base is \$38,385,000 in fiscal year  
137.2 2024 and \$40,644,000 in fiscal year 2025.

137.3 Sec. 18. **TRANSFERS.**

137.4 Subdivision 1. **Grants.** The commissioner of human services, with the approval of the  
137.5 commissioner of management and budget, may transfer unencumbered appropriation balances  
137.6 for the biennium ending June 30, 2025, within fiscal years among the MFIP; general  
137.7 assistance; medical assistance; MinnesotaCare; MFIP child care assistance under Minnesota  
137.8 Statutes, section 119B.05; Minnesota supplemental aid program; group residential housing  
137.9 program; the entitlement portion of Northstar Care for Children under Minnesota Statutes,  
137.10 chapter 256N; and the entitlement portion of the behavioral health fund between fiscal years  
137.11 of the biennium. The commissioner shall inform the chairs and ranking minority members  
137.12 of the legislative committees with jurisdiction over health and human services quarterly  
137.13 about transfers made under this subdivision.

137.14 Subd. 2. **Administration.** Positions, salary money, and nonsalary administrative money  
137.15 may be transferred within the Department of Human Services and the Department of Health  
137.16 as the commissioners consider necessary, with the advance approval of the commissioner  
137.17 of management and budget. The commissioners shall inform the chairs and ranking minority  
137.18 members of the legislative committees with jurisdiction over health and human services  
137.19 finance quarterly about transfers made under this section.

137.20 Sec. 19. **INDIRECT COSTS NOT TO FUND PROGRAMS.**

137.21 The commissioner of health shall not use indirect cost allocations to pay for the  
137.22 operational costs of any program for which they are responsible.

137.23 Sec. 20. **EXPIRATION OF UNCODIFIED LANGUAGE.**

137.24 All uncodified language contained in this article expires on June 30, 2025, unless a  
137.25 different expiration date is explicit."

137.26 Renumber the sections in sequence and correct the internal references

137.27 Amend the title as follows:

137.28 Page 1, line 25, after the second "health" insert "care"

137.29 Page 2, line 12, delete "the" and delete "the"

137.30 Correct the title numbers accordingly