

1.1 Senator ..... moves to amend S.F. No. 4699 as follows:

1.2 Page 4, line 8, delete "433.63" and insert "433.68"

1.3 Page 15, line 13, delete "July 1, 2024" and insert "January 1, 2025"

1.4 Page 66, line 17, reinstate the stricken "shall be jointly and severally liable for" and  
1.5 before "shall" insert "Spouses"

1.6 Page 66, line 18, reinstate the stricken "any claims arising under section"

1.7 Page 66, line 19, reinstate the stricken "256B.15,"

1.8 Page 77, after line 18, insert:

1.9 "Subd. 4. **Reimbursement.** (a) The commissioner of commerce must reimburse health  
1.10 plans for coverage under this section. Reimbursement is available only for coverage that  
1.11 would not have been provided by the health plan without the requirements of this section.  
1.12 Treatments and services covered by the health plan as of January 1, 2024, are ineligible for  
1.13 payment under this subdivision by the commissioner of commerce.

1.14 (b) Health plan companies must report to the commissioner of commerce quantified  
1.15 costs attributable to the additional benefit under this section in a format developed by the  
1.16 commissioner. A health plan's coverage as of January 1, 2024, must be used by the health  
1.17 plan company as the basis for determining whether coverage would not have been provided  
1.18 by the health plan for purposes of this subdivision.

1.19 (c) The commissioner of commerce must evaluate submissions and make payments to  
1.20 health plans as provided in Code of Federal Regulations, title 45, section 155.170.

1.21 Subd. 5. **Appropriation.** Each fiscal year, an amount necessary to make payments to  
1.22 health plans to defray the cost of providing coverage under this section is appropriated to  
1.23 the commissioner of commerce."

1.24 Page 81, after line 13, insert:

1.25 "Subd. 4. **Reimbursement.** (a) The commissioner of commerce must reimburse health  
1.26 plans for coverage under this section. This subdivision does not apply to coverage provided  
1.27 by health plans to public health care program enrollees under chapters 256B and 256L.  
1.28 Reimbursement is available only for coverage that would not have been provided by the  
1.29 health plan without the requirements of this section. Treatments and services covered by  
1.30 the health plan as of January 1, 2024, are ineligible for payment under this subdivision by  
1.31 the commissioner of commerce.

(b) Health plan companies must report to the commissioner of commerce quantified costs attributable to the additional benefit under this section in a format developed by the commissioner. A health plan's coverage as of January 1, 2024, must be used by the health plan company as the basis for determining whether coverage would not have been provided by the health plan for purposes of this subdivision.

(c) The commissioner of commerce must evaluate submissions and make payments to health plans as provided in Code of Federal Regulations, title 45, section 155.170.

Subd. 5. **Appropriation.** Each fiscal year, an amount necessary to make payments to health plans to defray the cost of providing coverage under this section is appropriated to the commissioner of commerce."

Page 86, lines 7 and 8, delete the new language and strike "dentures"

Page 87, line 15, delete "62Q.665" and insert "62Q.666"

Page 90, after line 29, insert:

"Sec. 36. Laws 2023, chapter 70, article 2, section 26, is amended by adding a subdivision to read:

Subd. 3. **Reimbursement.** (a) The commissioner of commerce must reimburse health plans for coverage under this section. This subdivision does not apply to coverage provided by health plans to public health care program enrollees under chapters 256B and 256L. Reimbursement is available only for coverage that would not have been provided by the health plan without the requirements of this section. Treatments and services covered by the health plan as of January 1, 2023, are ineligible for payment under this subdivision by the commissioner of commerce.

(b) Health plan companies must report to the commissioner of commerce quantified costs attributable to the additional benefit under this section in a format developed by the commissioner. A health plan's coverage as of January 1, 2023, must be used by the health plan company as the basis for determining whether coverage would not have been provided by the health plan for purposes of this subdivision.

(c) The commissioner of commerce must evaluate submissions and make payments to health plans as provided in Code of Federal Regulations, title 45, section 155.170.

**EFFECTIVE DATE.** This section is effective January 1, 2025, and applies to health plans offered, issued, or renewed on or after that date.

3.1 Sec. 37. Laws 2023, chapter 70, article 2, section 26, is amended by adding a subdivision  
3.2 to read:

3.3 Subd. 4. **Appropriation.** Each fiscal year, an amount necessary to make payments to  
3.4 health plans to defray the cost of providing coverage under this section is appropriated to  
3.5 the commissioner of commerce.

3.6 **EFFECTIVE DATE.** This section is effective January 1, 2025, and applies to health  
3.7 plans offered, issued, or renewed on or after that date."

3.8 Page 91, line 4, delete "21 to 23" and insert "2, 3, and 11"

3.9 Page 95, delete section 4 and insert:

3.10 "Sec. 4. Minnesota Statutes 2023 Supplement, section 144.1501, subdivision 2, is amended  
3.11 to read:

3.12 Subd. 2. ~~Creation of account~~ Availability. (a) ~~A health professional education loan~~  
3.13 ~~forgiveness program account is established.~~ The commissioner of health shall use money  
3.14 ~~from the account to establish a~~ appropriated for health professional education loan forgiveness  
3.15 ~~program~~ in this section:

3.16 (1) for medical residents, mental health professionals, and alcohol and drug counselors  
3.17 agreeing to practice in designated rural areas or underserved urban communities or  
3.18 specializing in the area of pediatric psychiatry;

3.19 (2) for midlevel practitioners agreeing to practice in designated rural areas or to teach  
3.20 at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program  
3.21 at the undergraduate level or the equivalent at the graduate level;

3.22 (3) for nurses who agree to practice in a Minnesota nursing home; in an intermediate  
3.23 care facility for persons with developmental disability; in a hospital if the hospital owns  
3.24 and operates a Minnesota nursing home and a minimum of 50 percent of the hours worked  
3.25 by the nurse is in the nursing home; in an assisted living facility as defined in section  
3.26 144G.08, subdivision 7; or for a home care provider as defined in section 144A.43,  
3.27 subdivision 4; or agree to teach at least 12 credit hours, or 720 hours per year in the nursing  
3.28 field in a postsecondary program at the undergraduate level or the equivalent at the graduate  
3.29 level;

3.30 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720  
3.31 hours per year in their designated field in a postsecondary program at the undergraduate  
3.32 level or the equivalent at the graduate level. The commissioner, in consultation with the

Healthcare Education-Industry Partnership, shall determine the health care fields where the need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory technology, radiologic technology, and surgical technology;

(5) for pharmacists, advanced dental therapists, dental therapists, and public health nurses who agree to practice in designated rural areas; and

(6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient encounters to state public program enrollees or patients receiving sliding fee schedule discounts through a formal sliding fee schedule meeting the standards established by the United States Department of Health and Human Services under Code of Federal Regulations, title 42, section 51, chapter 303; ~~and.~~

~~(7) for nurses employed as a hospital nurse by a nonprofit hospital and providing direct care to patients at the nonprofit hospital.~~

(b) Appropriations made ~~to the account~~ for health professional education loan forgiveness in this section do not cancel and are available until expended, except that at the end of each biennium, any remaining balance in the account that is not committed by contract and not needed to fulfill existing commitments shall cancel to the fund."

Page 96, delete section 5

Page 113, line 6, after "facility" insert ", except that the commissioner may not adopt rules relating to the activities under this item"

Page 156, delete section 28 and insert:

"Sec. 28. Minnesota Statutes 2022, section 144.551, subdivision 1, is amended to read:

Subdivision 1. **Restricted construction or modification.** (a) The following construction or modification may not be commenced:

(1) any erection, building, alteration, reconstruction, modernization, improvement, extension, lease, or other acquisition by or on behalf of a hospital that increases the bed capacity of a hospital, relocates hospital beds from one physical facility, complex, or site to another, or otherwise results in an increase or redistribution of hospital beds within the state; and

(2) the establishment of a new hospital.

(b) This section does not apply to:

(1) construction or relocation within a county by a hospital, clinic, or other health care facility that is a national referral center engaged in substantial programs of patient care, medical research, and medical education meeting state and national needs that receives more than 40 percent of its patients from outside the state of Minnesota;

(2) a project for construction or modification for which a health care facility held an approved certificate of need on May 1, 1984, regardless of the date of expiration of the certificate;

(3) a project for which a certificate of need was denied before July 1, 1990, if a timely appeal results in an order reversing the denial;

(4) a project exempted from certificate of need requirements by Laws 1981, chapter 200, section 2;

(5) a project involving consolidation of pediatric specialty hospital services within the Minneapolis-St. Paul metropolitan area that would not result in a net increase in the number of pediatric specialty hospital beds among the hospitals being consolidated;

(6) a project involving the temporary relocation of pediatric-orthopedic hospital beds to an existing licensed hospital that will allow for the reconstruction of a new philanthropic, pediatric-orthopedic hospital on an existing site and that will not result in a net increase in the number of hospital beds. Upon completion of the reconstruction, the licenses of both hospitals must be reinstated at the capacity that existed on each site before the relocation;

(7) the relocation or redistribution of hospital beds within a hospital building or identifiable complex of buildings provided the relocation or redistribution does not result in: (i) an increase in the overall bed capacity at that site; (ii) relocation of hospital beds from one physical site or complex to another; or (iii) redistribution of hospital beds within the state or a region of the state;

(8) relocation or redistribution of hospital beds within a hospital corporate system that involves the transfer of beds from a closed facility site or complex to an existing site or complex provided that: (i) no more than 50 percent of the capacity of the closed facility is transferred; (ii) the capacity of the site or complex to which the beds are transferred does not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal health systems agency boundary in place on July 1, 1983; (iv) the relocation or redistribution does not involve the construction of a new hospital building; and (v) the transferred beds are used first to replace within the hospital corporate system the total number of beds previously used in the closed facility site or complex for mental health services and substance use disorder services. Only after the hospital corporate system has fulfilled the requirements

of this item may the remainder of the available capacity of the closed facility site or complex be transferred for any other purpose;

(9) a construction project involving up to 35 new beds in a psychiatric hospital in Rice County that primarily serves adolescents and that receives more than 70 percent of its patients from outside the state of Minnesota;

(10) a project to replace a hospital or hospitals with a combined licensed capacity of 130 beds or less if: (i) the new hospital site is located within five miles of the current site; and (ii) the total licensed capacity of the replacement hospital, either at the time of construction of the initial building or as the result of future expansion, will not exceed ~~70~~ 100 licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;

(11) the relocation of licensed hospital beds from an existing state facility operated by the commissioner of human services to a new or existing facility, building, or complex operated by the commissioner of human services; from one regional treatment center site to another; or from one building or site to a new or existing building or site on the same campus;

(12) the construction or relocation of hospital beds operated by a hospital having a statutory obligation to provide hospital and medical services for the indigent that does not result in a net increase in the number of hospital beds, notwithstanding section 144.552, 27 beds, of which 12 serve mental health needs, may be transferred from Hennepin County Medical Center to Regions Hospital under this clause;

(13) a construction project involving the addition of up to 31 new beds in an existing nonfederal hospital in Beltrami County;

(14) a construction project involving the addition of up to eight new beds in an existing nonfederal hospital in Otter Tail County with 100 licensed acute care beds;

(15) a construction project involving the addition of 20 new hospital beds in an existing hospital in Carver County serving the southwest suburban metropolitan area;

(16) a project for the construction or relocation of up to 20 hospital beds for the operation of up to two psychiatric facilities or units for children provided that the operation of the facilities or units have received the approval of the commissioner of human services;

(17) a project involving the addition of 14 new hospital beds to be used for rehabilitation services in an existing hospital in Itasca County;

(18) a project to add 20 licensed beds in existing space at a hospital in Hennepin County that closed 20 rehabilitation beds in 2002, provided that the beds are used only for rehabilitation in the hospital's current rehabilitation building. If the beds are used for another purpose or moved to another location, the hospital's licensed capacity is reduced by 20 beds;

(19) a critical access hospital established under section 144.1483, clause (9), and section 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, that delicensed beds since enactment of the Balanced Budget Act of 1997, Public Law 105-33, to the extent that the critical access hospital does not seek to exceed the maximum number of beds permitted such hospital under federal law;

(20) notwithstanding section 144.552, a project for the construction of a new hospital in the city of Maple Grove with a licensed capacity of up to 300 beds provided that:

(i) the project, including each hospital or health system that will own or control the entity that will hold the new hospital license, is approved by a resolution of the Maple Grove City Council as of March 1, 2006;

(ii) the entity that will hold the new hospital license will be owned or controlled by one or more not-for-profit hospitals or health systems that have previously submitted a plan or plans for a project in Maple Grove as required under section 144.552, and the plan or plans have been found to be in the public interest by the commissioner of health as of April 1, 2005;

(iii) the new hospital's initial inpatient services must include, but are not limited to, medical and surgical services, obstetrical and gynecological services, intensive care services, orthopedic services, pediatric services, noninvasive cardiac diagnostics, behavioral health services, and emergency room services;

(iv) the new hospital:

(A) will have the ability to provide and staff sufficient new beds to meet the growing needs of the Maple Grove service area and the surrounding communities currently being served by the hospital or health system that will own or control the entity that will hold the new hospital license;

(B) will provide uncompensated care;

(C) will provide mental health services, including inpatient beds;

(D) will be a site for workforce development for a broad spectrum of health-care-related occupations and have a commitment to providing clinical training programs for physicians and other health care providers;

- 8.1 (E) will demonstrate a commitment to quality care and patient safety;
- 8.2 (F) will have an electronic medical records system, including physician order entry;
- 8.3 (G) will provide a broad range of senior services;
- 8.4 (H) will provide emergency medical services that will coordinate care with regional
- 8.5 providers of trauma services and licensed emergency ambulance services in order to enhance
- 8.6 the continuity of care for emergency medical patients; and
- 8.7 (I) will be completed by December 31, 2009, unless delayed by circumstances beyond
- 8.8 the control of the entity holding the new hospital license; and
- 8.9 (v) as of 30 days following submission of a written plan, the commissioner of health
- 8.10 has not determined that the hospitals or health systems that will own or control the entity
- 8.11 that will hold the new hospital license are unable to meet the criteria of this clause;
- 8.12 (21) a project approved under section 144.553;
- 8.13 (22) a project for the construction of a hospital with up to 25 beds in Cass County within
- 8.14 a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder
- 8.15 is approved by the Cass County Board;
- 8.16 (23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity
- 8.17 from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing
- 8.18 a separately licensed 13-bed skilled nursing facility;
- 8.19 (24) notwithstanding section 144.552, a project for the construction and expansion of a
- 8.20 specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients
- 8.21 who are under 21 years of age on the date of admission. The commissioner conducted a
- 8.22 public interest review of the mental health needs of Minnesota and the Twin Cities
- 8.23 metropolitan area in 2008. No further public interest review shall be conducted for the
- 8.24 construction or expansion project under this clause;
- 8.25 (25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the
- 8.26 commissioner finds the project is in the public interest after the public interest review
- 8.27 conducted under section 144.552 is complete;
- 8.28 (26)(i) a project for a 20-bed psychiatric hospital, within an existing facility in the city
- 8.29 of Maple Grove, exclusively for patients who are under 21 years of age on the date of
- 8.30 admission, if the commissioner finds the project is in the public interest after the public
- 8.31 interest review conducted under section 144.552 is complete;



9.1 (ii) this project shall serve patients in the continuing care benefit program under section  
9.2 256.9693. The project may also serve patients not in the continuing care benefit program;  
9.3 and

9.4 (iii) if the project ceases to participate in the continuing care benefit program, the  
9.5 commissioner must complete a subsequent public interest review under section 144.552. If  
9.6 the project is found not to be in the public interest, the license must be terminated six months  
9.7 from the date of that finding. If the commissioner of human services terminates the contract  
9.8 without cause or reduces per diem payment rates for patients under the continuing care  
9.9 benefit program below the rates in effect for services provided on December 31, 2015, the  
9.10 project may cease to participate in the continuing care benefit program and continue to  
9.11 operate without a subsequent public interest review;

9.12 (27) a project involving the addition of 21 new beds in an existing psychiatric hospital  
9.13 in Hennepin County that is exclusively for patients who are under 21 years of age on the  
9.14 date of admission;

9.15 (28) a project to add 55 licensed beds in an existing safety net, level I trauma center  
9.16 hospital in Ramsey County as designated under section 383A.91, subdivision 5, of which  
9.17 15 beds are to be used for inpatient mental health and 40 are to be used for other services.  
9.18 In addition, five unlicensed observation mental health beds shall be added;

9.19 (29) upon submission of a plan to the commissioner for public interest review under  
9.20 section 144.552 and the addition of the 15 inpatient mental health beds specified in clause  
9.21 (28), to its bed capacity, a project to add 45 licensed beds in an existing safety net, level I  
9.22 trauma center hospital in Ramsey County as designated under section 383A.91, subdivision  
9.23 5. Five of the 45 additional beds authorized under this clause must be designated for use  
9.24 for inpatient mental health and must be added to the hospital's bed capacity before the  
9.25 remaining 40 beds are added. Notwithstanding section 144.552, the hospital may add licensed  
9.26 beds under this clause prior to completion of the public interest review, provided the hospital  
9.27 submits its plan by the 2021 deadline and adheres to the timelines for the public interest  
9.28 review described in section 144.552;

9.29 (30) upon submission of a plan to the commissioner for public interest review under  
9.30 section 144.552, a project to add up to 30 licensed beds in an existing psychiatric hospital  
9.31 in Hennepin County that exclusively provides care to patients who are under 21 years of  
9.32 age on the date of admission. Notwithstanding section 144.552, the psychiatric hospital  
9.33 may add licensed beds under this clause prior to completion of the public interest review,

10.1 provided the hospital submits its plan by the 2021 deadline and adheres to the timelines for  
10.2 the public interest review described in section 144.552;

10.3 (31) any project to add licensed beds in a hospital located in Cook County or Mahanomen  
10.4 County that: (i) is designated as a critical access hospital under section 144.1483, clause  
10.5 (9), and United States Code, title 42, section 1395i-4; (ii) has a licensed bed capacity of  
10.6 fewer than 25 beds; and (iii) has an attached nursing home, so long as the total number of  
10.7 licensed beds in the hospital after the bed addition does not exceed 25 beds. Notwithstanding  
10.8 section 144.552, a public interest review is not required for a project authorized under this  
10.9 clause;

10.10 (32) upon submission of a plan to the commissioner for public interest review under  
10.11 section 144.552, a project to add 22 licensed beds at a Minnesota freestanding children's  
10.12 hospital in St. Paul that is part of an independent pediatric health system with freestanding  
10.13 inpatient hospitals located in Minneapolis and St. Paul. The beds shall be utilized for pediatric  
10.14 inpatient behavioral health services. Notwithstanding section 144.552, the hospital may add  
10.15 licensed beds under this clause prior to completion of the public interest review, provided  
10.16 the hospital submits its plan by the 2022 deadline and adheres to the timelines for the public  
10.17 interest review described in section 144.552; ~~or~~

10.18 (33) a project for a 144-bed psychiatric hospital on the site of the former Bethesda  
10.19 hospital in the city of Saint Paul, Ramsey County, if the commissioner finds the project is  
10.20 in the public interest after the public interest review conducted under section 144.552 is  
10.21 complete. Following the completion of the construction project, the commissioner of health  
10.22 shall monitor the hospital, including by assessing the hospital's case mix and payer mix,  
10.23 patient transfers, and patient diversions. The hospital must have an intake and assessment  
10.24 area. The hospital must accommodate patients with acute mental health needs, whether they  
10.25 walk up to the facility, are delivered by ambulances or law enforcement, or are transferred  
10.26 from other facilities. The hospital must comply with subdivision 1a, paragraph (b). The  
10.27 hospital must annually submit de-identified data to the department in the format and manner  
10.28 defined by the commissioner; or

10.29 (34) a project involving the relocation of up to 26 licensed long-term acute care hospital  
10.30 beds from an existing long-term care hospital located in Hennepin County with a licensed  
10.31 capacity prior to the relocation of 92 beds to dedicated space on the campus of an existing  
10.32 safety net, level I trauma center hospital in Ramsey County as designated under section  
10.33 383A.91, subdivision 5, provided both the commissioner finds the project is in the public  
10.34 interest after the public interest review conducted under section 144.552 is complete and

- 11.1 the relocated beds continue to be used as long-term acute care hospital beds after the  
11.2 relocation."
- 11.3 Page 162, delete section 29
- 11.4 Page 172, delete section 34
- 11.5 Page 182, delete sections 53 and 54
- 11.6 Page 205, lines 28 and 30, strike "board" and insert "director"
- 11.7 Page 206, lines 2, 28, 29, and 30, strike "board" and insert "director"
- 11.8 Page 206, line 27, strike "or"
- 11.9 Page 206, line 29, strike the period and insert "; or"
- 11.10 Page 206, after line 29, insert:
- 11.11 "(13) fails to engage with the health professionals services program or diversion program  
11.12 required under section 144E.287 after being referred to the program, violates the terms of  
11.13 the program participation agreement, or leaves the program except upon fulfilling the terms  
11.14 for successful completion of the program as set forth in the participation agreement."
- 11.15 Page 207, lines 1, 4, 6, and 8, strike "board" and insert "director"
- 11.16 Page 207, after line 8, insert:
- 11.17 "**EFFECTIVE DATE.** This section is effective July 1, 2024, except the addition of  
11.18 clause (13) is effective January 1, 2025."
- 11.19 Page 207, delete section 22
- 11.20 Page 254, line 11, after "drug" insert "if the patient-specific indications are indicated on  
11.21 the prescription"
- 11.22 Page 263, line 12, delete everything after "2025" and insert a period
- 11.23 Page 263, delete lines 13 and 14
- 11.24 Page 282, line 6, strike "up to" and insert "under"
- 11.25 Page 282, line 7, after "members" insert a comma
- 11.26 Page 282, line 11, delete the comma and insert "; a mental health practitioner who is  
11.27 qualified under section 245I.04, subdivision 4, and practicing within the scope of practice  
11.28 under section 245I.04, subdivision 5;"
- 11.29 Page 283, after line 2, insert:

12.1 "**EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal  
12.2 approval, whichever is later. The commissioner of human services shall notify the revisor  
12.3 of statutes when federal approval is obtained."

12.4 Page 283, before line 3, insert:

12.5 "Sec. 22. Minnesota Statutes 2022, section 256B.0757, is amended by adding a subdivision  
12.6 to read:

12.7 Subd. 5a. **Payments for behavioral health home services.** The commissioner must  
12.8 implement a single statewide reimbursement rate for behavioral health home services under  
12.9 this section. The rate must be no less than \$335.18 per member per month. The commissioner  
12.10 must adjust the statewide reimbursement rate annually according to the change from the  
12.11 midpoint of the previous rate year to the midpoint of the rate year for which the rate is being  
12.12 determined using the Centers for Medicare and Medicaid Services Medicare Economic  
12.13 Index as forecasted in the fourth quarter of the calendar year before the rate year.

12.14 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,  
12.15 whichever is later. The commissioner of human services shall notify the revisor of statutes  
12.16 when federal approval is obtained."

12.17 Page 286, after line 16, insert:

12.18 "Sec. 25. Minnesota Statutes 2022, section 256B.76, subdivision 6, is amended to read:

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

12.24 (b) The commissioner shall revise fee-for-service payment methodologies under this  
12.25 section upon the issuance of a Medicare Physician Fee Schedule final rule by the Centers  
12.26 for Medicare and Medicaid Services to ensure the payment rates under this subdivision are  
12.27 at least equal to the corresponding rates in such final rule.

12.28 (c) Before or at the same time the commissioner revises and implements payment rates  
12.29 for other services under paragraph (a), the commissioner must revise and implement payment  
12.30 rates for mental health services based on RVUs and rendered on or after January 1, 2025,  
12.31 such that the payment rates are at least equal to 83 percent of the Medicare Physician Fee  
12.32 Schedule.

13.1 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,  
 13.2 whichever is later. The commissioner of human services shall notify the revisor of statutes  
 13.3 when federal approval is obtained."

13.4 Page 288, delete section 25

13.5 Page 293, delete section 31

13.6 Page 296, line 21, delete "next of kin" and insert "parent, guardian, or custodian, or if  
 13.7 there is no legal parent or custodian, the child's relative selected by the agency"

13.8 Page 297, line 32, delete "next of kin" and insert "parent, guardian, or custodian, or if  
 13.9 there is no legal parent or custodian, the child's relative selected by the agency"

13.10 Page 299, line 2, delete "next of kin" and insert "parent, guardian, or custodian, or if  
 13.11 there is no legal parent or custodian, the child's relative selected by the agency"

13.12 Page 301, line 24, delete everything after "(1)" and insert "review annual reports prepared  
 13.13 by the child mortality review panel under section 260E.39;"

13.14 Page 301, delete line 25

13.15 Page 307, line 15, delete "Supplement" and insert "Supplemental"

13.16 Page 307, line 16, delete "Assistances" and insert "Assistance"

13.17 Page 308, line 16, after "15.0575" insert ", except that a public member may be  
 13.18 compensated at the rate of up to \$125 per day"

13.19 Page 308, after line 16, insert:

13.20 "(e) A vacancy on the council may be filled by the appointing authority for the reminder  
 13.21 of the unexpired term."

13.22 Page 308, line 21, delete "August 1" and insert "September 30"

13.23 Page 308, line 30, delete "human services" and insert "children, youth, and families"

13.24 Page 309, line 1, delete "September 15" and insert "October 31"

13.25 Page 309, after line 2, insert:

13.26 "Subd. 4. **Expiration.** This section expires June 30, 2027."

13.27 Page 313, line 16, delete everything after the period

13.28 Page 313, delete line 17

13.29 Page 313, line 18, delete everything before "Any"

- 14.1 Page 390, line 26, delete "By September 1, 2024," and delete "human" and insert  
14.2 "children, youth, and families"
- 14.3 Page 390, line 27, delete "services"
- 14.4 Page 391, line 3, delete "goal is to determine" and insert "consultant must develop"
- 14.5 Page 391, line 5, delete everything after "timelines" and insert "allow a child's parents  
14.6 to best engage in necessary services and treatment before reunification, including but not  
14.7 limited to substance use disorder or mental health treatment."
- 14.8 Page 391, delete lines 6 and 7
- 14.9 Page 391, line 11, before "The" insert "(a)"
- 14.10 Page 392, after line 11, insert:  
14.11 "(b) Membership terms, compensation, and removal of members appointed under  
14.12 paragraph (a) are governed by Minnesota Statutes, section 15.059."
- 14.13 Page 423, line 4, delete everything after "effective" and insert "July 1, 2024."
- 14.14 Page 423, line 13, delete the new language and after "assessment" insert "or investigation"
- 14.15 Page 436, line 31, delete everything after "section" and insert "260C.141, subdivision  
14.16 1a."
- 14.17 Page 441, after line 19, insert:  
14.18 "Sec. 32. Minnesota Statutes 2022, section 260C.141, is amended by adding a subdivision  
14.19 to read:
- 14.20 Subd. 1a. **Supportive parenting services.** (a) A person or agency shall not file a petition  
14.21 alleging that a child is in need of protection or services on the basis of a parent's disability.  
14.22 To make a prima facie showing that a child protection matter exists, the petitioner must  
14.23 demonstrate in the petition that the child is in need of protection or services due to specific  
14.24 behaviors of a parent or household member. The local agency or court must offer a parent  
14.25 with a disability the opportunity to use supportive parenting services to assist the parent if  
14.26 the petitioner makes a prima facie showing that through specific behaviors, a parent with a  
14.27 disability cannot provide for the child's safety, health, or welfare. If a court removes a child  
14.28 from a parent's home, the court shall make specific written findings stating the basis for  
14.29 removing the child and why providing supportive parenting services is not a reasonable  
14.30 accommodation that could prevent the child's out-of-home placement.

15.1 (b) For purposes of this subdivision, "supportive parenting services" means services that  
15.2 may assist a parent with a disability in the effective use of techniques and methods to enable  
15.3 the parent to discharge the parent's responsibilities to a child as successfully as a parent who  
15.4 does not have a disability, including nonvisual techniques for a parent who is blind.

15.5 (c) For purposes of this subdivision, "disability" means:

15.6 (1) physical or mental impairment that substantially limits one or more of a parent's  
15.7 major life activities;

15.8 (2) a record of having a physical or mental impairment that substantially limits one or  
15.9 more of a parent's major life activities; or

15.10 (3) being regarded as having a physical or mental impairment that substantially limits  
15.11 one or more of a parent's major life activities.

15.12 (d) The term "disability" must be construed in accordance with the ADA Amendments  
15.13 Act of 2008, Public Law 110-325.

15.14 **EFFECTIVE DATE.** This section is effective August 1, 2024, and applies to pleadings  
15.15 and motions pending on or after that date."

15.16 Page 442, delete section 33

15.17 Page 465, line 4, delete everything after "section" and insert "260C.141, subdivision  
15.18 1a."

15.19 Page 471, line 28, delete "or vacancy"

15.20 Page 471, line 29, after the period, insert "The license holder must notify the licensor  
15.21 for the program of a vacancy to discuss how the duties of the key position will be fulfilled  
15.22 during the vacancy."

15.23 Page 479, line 29, after "home" insert "each day the water bottle or cup is used to be  
15.24 cleaned and sanitized"

15.25 Page 487, delete section 24

15.26 Page 494, lines 31 to 33, delete the new language

15.27 Page 508, line 29, delete "or"

15.28 Page 508, line 30, delete "vacancy"

15.29 Page 508, line 31, after the period, insert "The license holder must notify the licensor  
15.30 for the program of a vacancy to discuss how the duties of the key position will be fulfilled  
15.31 during the vacancy."

16.1 Page 510, line 13, after "person" insert ", unless allowed under clause (7)"

16.2 Page 510, line 19, after the period, insert "If weather conditions prohibit a qualified  
16.3 professional from traveling to the residential program and another qualified professional is  
16.4 not available to provide the service, a qualified professional may provide a residential group  
16.5 treatment service by telehealth from a location away from the licensed residential location."

16.6 Page 510, line 21, delete "(5)" and insert "(6)"

16.7 Page 513, line 24, delete "or vacancy"

16.8 Page 513, line 26, after the period, insert "The license holder must notify the licensor  
16.9 for the program of a vacancy to discuss how the duties of the key position will be fulfilled  
16.10 during the vacancy."

16.11 Page 537, delete section 81

16.12 Page 539, after line 32, insert:

16.13 "Sec. 3. Minnesota Statutes 2022, section 16A.103, is amended by adding a subdivision  
16.14 to read:

16.15 Subd. 1j. **Federal reimbursement for administrative costs.** In preparing the forecast  
16.16 of state revenues and expenditures under subdivision 1, the commissioner must include  
16.17 estimates of the amount of federal reimbursement for administrative costs for the Department  
16.18 of Human Services and the Department of Children, Youth, and Families in the forecast as  
16.19 an expenditure reduction. The amount included under this subdivision must conform with  
16.20 generally accepted accounting principles.

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

16.22 Page 550, line 5, delete "July 1" and insert "October 31" and after the second comma,  
16.23 insert "and annually thereafter," and strike "quarterly reports" and insert "a report"

16.24 Page 550, delete section 20 and insert:

16.25 "Sec. 21. Minnesota Statutes 2022, section 256B.795, is amended to read:

16.26 **256B.795 MATERNAL AND INFANT HEALTH REPORT.**

16.27 (a) The commissioner of human services, in consultation with the commissioner of  
16.28 health, shall submit a biennial report beginning April 15, 2022, to the chairs and ranking  
16.29 minority members of the legislative committees with jurisdiction over health policy and  
16.30 finance on the effectiveness of state maternal and infant health policies and programs



17.1 addressing health disparities in prenatal and postpartum health outcomes. For each reporting  
17.2 period, the commissioner shall determine the number of women enrolled in the medical  
17.3 assistance program who are pregnant or are in the 12-month postpartum period of eligibility  
17.4 and the percentage of women in that group who, during each reporting period:

17.5 (1) received prenatal services;

17.6 (2) received doula services;

17.7 (3) gave birth by primary cesarean section;

17.8 (4) gave birth to an infant who received care in the neonatal intensive care unit;

17.9 (5) gave birth to an infant who was premature or who had a low birth weight;

17.10 (6) experienced postpartum hemorrhage;

17.11 (7) received postpartum care within six weeks of giving birth; and

17.12 (8) received a prenatal and postpartum follow-up home visit from a public health nurse.

17.13 (b) These measurements must be determined through an analysis of the utilization data  
17.14 from claims submitted during each reporting period and by any other appropriate means.

17.15 The measurements for each metric must be determined in the aggregate stratified by race  
17.16 and ethnicity.

17.17 (c) The commissioner shall establish a baseline for the metrics described in paragraph  
17.18 (a) using calendar year 2017. The initial report due April 15, 2022, must contain the baseline  
17.19 metrics and the metrics data for calendar years 2019 and 2020. The following reports due  
17.20 biennially thereafter must contain the metrics for the preceding two calendar years.

17.21 (d) This section expires December 31, 2034."

17.22 Page 557, after line 5, insert:

17.23 "Sec. 30. **REPEALER.**

17.24 Minnesota Statutes 2022, section 256B.79, subdivision 6, is repealed."

17.25 Page 558, line 33, delete "43,057,000" and insert "50,707,000"

17.26 Page 559, line 3, delete "41,682,000" and insert "49,332,000"

17.27 Page 559, line 10, delete "8,039,000" and insert "8,985,000"

17.28 Page 559, line 11, delete "572,000" and insert "21,176,000"

17.29 Page 559, line 14, delete "\$10,084,000" and insert "\$10,854,000"

18.1 Page 559, after line 16, insert:

18.2 **"(b) MinnesotaCare Public Option**

18.3 **Implementation. \$10,500,000 in fiscal year**  
18.4 **2025 is from the health care access fund for**  
18.5 **systems costs to implement the MinnesotaCare**  
18.6 **public option. This is a onetime appropriation**  
18.7 **and is available until June 30, 2027.**

18.8 **(c) MinnesotaCare Public Option**

18.9 **Implementation for Commerce and**  
18.10 **MNsure. \$10,104,000 in fiscal year 2025 is**  
18.11 **from the health care access fund for**  
18.12 **implementation costs for the Department of**  
18.13 **Commerce and MNsure. This is a onetime**  
18.14 **appropriation and is available until June 30,**  
18.15 **2027.**

18.16 **(d) Transfers for MinnesotaCare Public**

18.17 **Option Implementation. The commissioner**  
18.18 **must transfer \$619,000 in fiscal year 2025 to**  
18.19 **the commissioner of commerce for**  
18.20 **implementation of the MinnesotaCare public**  
18.21 **option. This is a onetime transfer and is**  
18.22 **available for the commissioner of commerce**  
18.23 **for implementation of the MinnesotaCare**  
18.24 **public option until June 30, 2027. The**  
18.25 **commissioner must transfer \$9,485,000 to the**  
18.26 **Board of Directors of MNsure for**  
18.27 **implementation of the MinnesotaCare public**  
18.28 **option. This is a onetime transfer and is**  
18.29 **available for the Board of Directors of MNsure**  
18.30 **for implementation of the MinnesotaCare**  
18.31 **public option until June 30, 2027."**

18.32 Page 559, line 17, delete "(b)" and insert "(e)"

18.33 Page 559, line 20, delete "(c)" and insert "(f)"

18.34 Page 559, line 21, delete "\$4,569,000" and insert "\$4,603,000"

- 19.1 Page 559, line 22, delete "\$4,511,000" and insert "\$4,545,000"
- 19.2 Page 559, line 25, after the period, insert "The federal TANF fund base is decreased by  
19.3 \$1,094,000 in fiscal year 2026 and \$1,094,000 in fiscal year 2027."
- 19.4 Page 559, line 28, delete "7,665,000" and insert "8,324,000"
- 19.5 Page 560, line 15, after "Disproportionality" insert "Act" and delete "\$1,132,000" and  
19.6 insert "\$1,791,000"
- 19.7 Page 560, line 16, delete "for the" and insert "from the general fund to implement the"  
19.8 and delete "Child" and insert "Family Preservation and Child Welfare Disproportionality  
19.9 Act. The general fund base for this appropriation is \$3,451,000 in fiscal year 2026 and  
19.10 \$3,310,000 in fiscal year 2027."
- 19.11 Page 560, delete lines 17 and 18
- 19.12 Page 560, line 20, delete "\$5,208,000" and insert "\$9,525,000"
- 19.13 Page 560, line 21, delete "\$5,208,000" and insert "\$9,384,000" and after the period,  
19.14 insert "The federal TANF fund base is increased by \$1,094,000 in fiscal year 2026 and  
19.15 \$1,094,000 in fiscal year 2027."
- 19.16 Page 560, line 24, delete "3,752,000" and insert "3,892,000"
- 19.17 Page 560, line 25, delete "1,675,000" and insert "(18,929,000)"
- 19.18 Page 560, after line 25, insert:
- 19.19 "(a) Rate Development for the  
19.20 MinnesotaCare Public Option. \$500,000 in  
19.21 fiscal year 2025 is from the health care access  
19.22 fund for rate development for the  
19.23 MinnesotaCare public option. This is a  
19.24 onetime appropriation and is available until  
19.25 June 30, 2027.
- 19.26 "(b) MinnesotaCare Public Option  
19.27 Administration. \$199,000 in fiscal year 2025  
19.28 is from the health care access fund for  
19.29 administration of the MinnesotaCare public  
19.30 option. This is a onetime appropriation and is  
19.31 available until June 30, 2027."
- 19.32 Page 560, line 26, before "Base" insert "(c)"

- 20.1 Page 560, line 27, delete "\$154,000" and insert "\$317,000"
- 20.2 Page 560, line 28, delete "\$96,000" and insert "\$259,000"
- 20.3 Page 561, line 34, delete "7,059,000" and insert "6,964,000"
- 20.4 Page 561, after line 35, insert:
- 20.5 "(a) Additional Payment for Behavioral
- 20.6 Health Services Provided by Hospitals.
- 20.7 \$3,724,000 in fiscal year 2025 is for
- 20.8 behavioral health services provided by
- 20.9 hospitals under Minnesota Statutes, section,
- 20.10 256.969, subdivision 2b, paragraph (a), clause
- 20.11 (4). The increase in payments shall be made
- 20.12 by increasing the adjustment under Minnesota
- 20.13 Statutes, section 256.969, subdivision 2b,
- 20.14 paragraph (e), clause (2). The base for this
- 20.15 appropriation is \$920,000 in fiscal year 2026
- 20.16 and \$0 in fiscal year 2027."
- 20.17 Page 562, line 1, before "Base" insert "(b)"
- 20.18 Page 563, line 3, delete everything before the period and insert "Preventing Nonrelative
- 20.19 Foster Care Placement Grants"
- 20.20 Page 563, line 4, delete "kinship" and insert "preventing nonrelative foster care
- 20.21 placement"
- 20.22 Page 563, line 5, delete "navigator" and delete everything after "program" and insert a
- 20.23 period
- 20.24 Page 563, line 6, delete everything before "This"
- 20.25 Page 563, line 12, delete "(1,704,000)" and insert "3,296,000"
- 20.26 Page 563, line 13, before "Minnesota" insert "(a)" and after "American" insert "and
- 20.27 Disproportionately Represented"
- 20.28 Page 563, line 14, delete everything after "Preservation" and insert "Grant Program."
- 20.29 Page 563, line 15, delete everything before "\$1,000,000"
- 20.30 Page 563, line 19, delete everything after the period
- 20.31 Page 563, line 20, delete "appropriation."

21.1 Page 563, after line 23, insert:

21.2 "(b) County Grants for Minnesota African  
21.3 American Family Preservation and Child  
21.4 Welfare Disproportionality Act. \$5,000,000  
21.5 in fiscal year 2025 is for grants to Hennepin  
21.6 and Ramsey Counties to implement the  
21.7 Minnesota African American Family  
21.8 Preservation and Child Welfare  
21.9 Disproportionality Act pilot programs. This  
21.10 is a onetime appropriation and is available  
21.11 until June 30, 2026.

21.12 (c) Base Level Adjustment. The general fund  
21.13 base is increased by \$1,000,000 in fiscal year  
21.14 2026 and \$1,000,000 in fiscal year 2027."

21.15 Page 563, line 25, delete "6,111,000" and insert "7,111,000"

21.16 Page 564, line 4, delete "256D.66" and insert "142F.16"

21.17 Page 564, after line 8, insert:

21.18 "(c) Minnesota Food Shelf Program.  
21.19 \$1,000,000 in fiscal year 2025 is for the  
21.20 Minnesota food shelf program under  
21.21 Minnesota Statutes, section 256E.34. This is  
21.22 a onetime appropriation. Notwithstanding  
21.23 Minnesota Statutes, section 16B.98,  
21.24 subdivision 14, the amount for administrative  
21.25 costs under this paragraph is \$0."

21.26 Reletter the paragraphs in sequence

21.27 Page 565, after line 2, insert:

21.28 "Base Level Adjustment. The general fund  
21.29 base is increased by \$3,018,000 in fiscal year  
21.30 2026 and \$3,018,000 in fiscal year 2027."

21.31 Page 565 delete subdivision 14

21.32 Renumber the subdivisions in sequence

22.1 Page 565, line 29, delete "311,000" and insert "1,811,000"

22.2 Page 565, line 30, before "Youable" insert "(a)"

22.3 Page 566, after line 6, insert:

22.4 "(b) Comunidades Latinas Unidas En

22.5 Servicio Certified Community Behavioral

22.6 Health Clinic Services. \$1,500,000 in fiscal

22.7 year 2025 is for a payment to Comunidades

22.8 Latinas Unidas En Servicio (CLUES) to

22.9 provide comprehensive integrated health care

22.10 through the certified community behavioral

22.11 health clinic (CCBHC) model of service

22.12 delivery as required under Minnesota Statutes,

22.13 section 245.735. Funds must be used to

22.14 provide evidence-based services under the

22.15 CCBHC service model and must not be used

22.16 to supplant available medical assistance

22.17 funding. By June 30, 2026, CLUES must

22.18 report to the commissioner of human services

22.19 on:

22.20 (1) the number of people served;

22.21 (2) outcomes for people served; and

22.22 (3) whether the funding reduced behavioral

22.23 health racial and ethnic disparities.

22.24 This is a onetime appropriation and is

22.25 available until June 30, 2026. Notwithstanding

22.26 Minnesota Statutes, section 16B.98,

22.27 subdivision 14, the amount for administrative

22.28 costs under this paragraph is \$0."

22.29 Page 574, after line 23, insert:

22.30 "Section 1. Laws 1987, chapter 404, section 18, subdivision 1, is amended to read:

22.31 Subdivision 1. Total

22.32 Appropriation 8,009,500 7,585,900

23.1 Approved Complement - 124

23.2 General - 124 124

23.3 Rural Finance - 0 2

23.4 The amounts that may be spent from this  
23.5 appropriation for each activity are specified  
23.6 below.

23.7 \$141,000 the first year to cover costs  
23.8 associated with modifying the state's  
23.9 personnel/payroll systems. Any unencumbered  
23.10 balance remaining in the first year does not  
23.11 cancel but is available for the second year of  
23.12 the biennium.

23.13 ~~The department of finance shall reflect the~~  
23.14 ~~reimbursement of statewide indirect costs and~~  
23.15 ~~human services federal reimbursement costs~~  
23.16 ~~as expenditure reductions in the general fund~~  
23.17 ~~budgeted fund balance as they would be~~  
23.18 ~~reported in conformity with generally accepted~~  
23.19 ~~accounting principles.~~

23.20 Amounts paid to the department of finance  
23.21 pursuant to Minnesota Statutes, section 13.03,  
23.22 subdivision 3, for the costs of searching for  
23.23 and retrieving government data and for  
23.24 making, certifying and compiling the copies  
23.25 of the data, are appropriated to the department  
23.26 of finance to be added to the appropriations  
23.27 from which the costs were paid.

23.28 The governor's budget recommendations  
23.29 submitted to the legislature in January, 1989  
23.30 must include as general fund revenue and  
23.31 appropriations for fiscal years 1990 and 1991  
23.32 all revenues and expenditures previously  
23.33 accounted for in the statewide accounting  
23.34 system in other operating funds. This

24.1 requirement does not apply (1) to revenues  
24.2 and expenditures which, under the  
24.3 constitution, must be accounted for in funds  
24.4 other than the general fund; or (2) to revenues  
24.5 and expenditures which are related to specific  
24.6 user fees that provide a primary benefit to  
24.7 individual fee payers, as opposed to the  
24.8 general community.

24.9 Notwithstanding the provision of Minnesota  
24.10 Statutes, section 16A.11, the commissioner of  
24.11 finance shall consult with and seek the  
24.12 recommendations of the chair of the House  
24.13 Appropriations committee and the chair of the  
24.14 Senate Finance committee as well as their  
24.15 respective division and subcommittee chairs  
24.16 prior to adopting a format for the 1989-1991  
24.17 biennial budget document. The commissioner  
24.18 of finance shall not adopt a format for the  
24.19 1989-1991 biennial budget until the  
24.20 commissioner has received the  
24.21 recommendations of the chair of the house  
24.22 appropriations committee and the chair of the  
24.23 senate finance committee. Appropriations  
24.24 provided to the department of finance to  
24.25 upgrade the current biennial budget system  
24.26 shall only be expended upon receipt of the  
24.27 recommendations of the chair of the house  
24.28 appropriations committee and the chair of the  
24.29 senate finance committee. These  
24.30 recommendations are advisory only."

24.31 Page 577, line 2, strike "\$22,000,000" and insert "\$697,000"

24.32 Page 577, line 9, reinstate the stricken language

24.33 Page 577, line 10, delete the new language

24.34 Renumber the sections in sequence and correct the internal references



25.1        Amend the title accordingly