

1.1 Senator moves to amend S.F. No. 3054 as follows:

1.2 Page 10, delete section 2

1.3 Page 13, delete section 3 and insert:

1.4 "Sec. 2. Minnesota Statutes 2024, section 144A.071, subdivision 4d, is amended to read:

1.5 Subd. 4d. **Consolidation of nursing facilities.** (a) The commissioner of health, in
1.6 consultation with the commissioner of human services, may approve a request for net savings
1.7 from a consolidation of nursing facilities which includes to be applied to reduce the costs
1.8 of a moratorium exception project application under section 144A.073, subdivision 2. For
1.9 the purposes of this subdivision, "consolidation" means the closure of one or more facilities
1.10 and the upgrading of the physical plant of the remaining nursing facility or facilities; ~~the~~
1.11 ~~costs of which exceed the threshold project limit under subdivision 2, clause (a). The~~
1.12 ~~commissioners shall consider the criteria in this section, section 144A.073, and section~~
1.13 ~~256R.40, in approving or rejecting a consolidation proposal. In the event the commissioners~~
1.14 ~~approve the request, the commissioner of human services shall calculate an external fixed~~
1.15 ~~costs rate adjustment according to clauses (1) to (3):~~.

1.16 ~~(1) the closure of beds shall not be eligible for a planned closure rate adjustment under~~
1.17 ~~section 256R.40, subdivision 5;~~

1.18 ~~(2) the construction project permitted in this clause shall not be eligible for a threshold~~
1.19 ~~project rate adjustment under section 256B.434, subdivision 4f, or a moratorium exception~~
1.20 ~~adjustment under section 144A.073; and~~

1.21 ~~(3) the payment rate for external fixed costs for a remaining facility or facilities shall~~
1.22 ~~be increased by an amount equal to 65 percent of the projected net cost savings to the state~~
1.23 ~~calculated in paragraph (b), divided by the state's medical assistance percentage of medical~~
1.24 ~~assistance dollars, and then divided by estimated medical assistance resident days, as~~
1.25 ~~determined in paragraph (c), of the remaining nursing facility or facilities in the request in~~
1.26 ~~this paragraph. The rate adjustment is effective on the first day of the month of January or~~
1.27 ~~July, whichever date occurs first following both the completion of the construction upgrades~~
1.28 ~~in the consolidation plan and the complete closure of the facility or facilities designated for~~
1.29 ~~closure in the consolidation plan. If more than one facility is receiving upgrades in the~~
1.30 ~~consolidation plan, each facility's date of construction completion must be evaluated~~
1.31 ~~separately.~~

1.32 (b) For purposes of calculating the net ~~cost~~ savings ~~to the state~~, the commissioner shall
1.33 consider clauses (1) to ~~(7)~~ (6):

(1) the annual savings from estimated medical assistance payments from the net number of beds closed taking into consideration only beds that are in active service on the date of the request and that have been in active service for at least three years;

(2) the estimated annual cost of increased case load of individuals receiving services under the elderly waiver;

(3) the estimated annual cost of elderly waiver recipients receiving support under housing support under chapter 256I;

(4) the estimated annual cost of increased case load of individuals receiving services under the alternative care program;

(5) the annual loss of license surcharge payments on closed beds; and

~~(6) the savings from not paying planned closure rate adjustments that the facilities would otherwise be eligible for under section 256R.40; and~~

~~(7) (6) the savings from not paying external fixed costs payment rate adjustments~~ providing a rate adjustment from submission of renovation costs that would otherwise be eligible as threshold projects under section 256B.434, subdivision 4f.

~~(e) For purposes of the calculation in paragraph (a), clause (3), the estimated medical assistance resident days of the remaining facility or facilities shall be computed assuming 95 percent occupancy multiplied by the historical percentage of medical assistance resident days of the remaining facility or facilities, as reported on the facility's or facilities' most recent nursing facility statistical and cost report filed before the plan of closure is submitted, multiplied by 365.~~

~~(d) (c)~~ For purposes of calculating net cost of savings ~~to the state~~ in paragraph (b), the average occupancy percentages will be those ~~reported~~ on the facility's or facilities' most recent nursing facility statistical and cost report filed before the plan of closure is submitted, and the average payment rates shall be calculated based on the approved payment rates in effect at the time the consolidation request is submitted.

~~(e) To qualify for the external fixed costs payment rate adjustment under this subdivision, the closing facilities shall:~~

~~(1) submit an application for closure according to section 256R.40, subdivision 2; and~~

~~(2) follow the resident relocation provisions of section 144A.161.~~

~~(f) (d)~~ The county or counties in which a facility or facilities are closed under this subdivision shall not be eligible for designation as a hardship area under subdivision 3 for

five years from the date of the approval of the proposed consolidation. The applicant shall notify the county of this limitation and the county shall acknowledge this in a letter of support.

~~(g) Projects approved on or after March 1, 2020, are not subject to paragraph (a), clauses (2) and (3), and paragraph (c). The 65~~ (e) Sixty-five percent of the projected net cost savings to the state calculated in paragraph (b) must be applied to the moratorium cost of the project and the remainder must be added to the moratorium funding under section 144A.073, subdivision 11.

~~(h) (f) Consolidation project applications not approved by the commissioner prior to March 1, 2020, are subject to the moratorium process under section 144A.073, subdivision 2. Upon request by the applicant, the commissioner may extend this deadline to August 1, 2020, so long as the facilities, bed numbers, and counties specified in the original application are not altered. Proposals from facilities seeking approval for a consolidation project prior to March 1, 2020, must be received by the commissioner no later than January 1, 2020. This paragraph expires August 1, 2020.~~

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

Page 22, line 27, delete "increase" and insert "adjust"

Page 23, line 7, delete the new language

Page 23, line 21, strike everything after "means"

Page 23, lines 22 to 31, delete the new language and strike the old language

Page 23, line 31, before the period, insert "the items described in section 256R.25"

Page 26, line 17, delete "13" and insert "14"

Page 27, line 3, delete "Consultations" and insert "Consolidation" and strike "shall"

Page 27, line 4, delete the new language and strike the old language

Page 27, line 5, delete the new language and strike the old language and reinstate the period and before the period, insert "is the amount specified in section 256R.405"

Page 27, after line 30, insert:

"Subd. 14. **Workforce standards.** The portion related to implementation of the rules implemented by the Nursing Home Workforce Standards Board is the amount determined under section 256R.532."

Page 30, after line 21, insert:

4.1 "Sec. 24. **[256R.405] CONSOLIDATION RATES.**

4.2 Subdivision 1. **Consolidation rates; generally.** The external fixed costs payment rate
4.3 for nursing facilities that have completed a state approved consolidation project must include
4.4 a consolidation rate adjustment. A facility's consolidation rate adjustment expires upon
4.5 transition to a fair rental value property payment rate under section 256R.26, subdivision
4.6 9. The commissioner must inform the revisor of statutes when a facility's consolidation rate
4.7 adjustment specified under this section expires. This subdivision expires upon the expiration
4.8 of all other subdivisions of this section.

4.9 Subd. 2. **Owatonna.** The consolidation rate for the nursing facility located at 2255 30th
4.10 Street Northwest in Owatonna is \$33.88.

4.11 Subd. 3. **Red Wing.** The consolidation rate for the nursing facility located at 213 Pioneer
4.12 Road in Red Wing is \$73.69.

4.13 Subd. 4. **White Bear Lake.** The consolidation rate for the nursing facility located at
4.14 1891 Florence Street in White Bear Lake is \$25.56.

4.15 Subd. 5. **St. Paul.** The consolidation rate for the nursing facility located at 200 Earl
4.16 Street in St. Paul is \$68.01.

4.17 Subd. 6. **Cambridge.** The consolidation rate for the nursing facility located at 135 Fern
4.18 Street North in Cambridge is \$24.30.

4.19 Subd. 7. **Maple Plain.** The consolidation rate for the nursing facility located at 4848
4.20 Gateway Boulevard in Maple Plain is \$38.76.

4.21 Subd. 8. **Maplewood.** The consolidation rate for the nursing facility located at 1438
4.22 County Road C East in Maplewood is \$55.63.

4.23 Subd. 9. **Apple Valley.** The consolidation rate for the nursing facility located at 14650
4.24 Garrett Avenue in Apple Valley is \$26.99."

4.25 Page 31, delete section 26, and insert:

4.26 "Sec. 26. **[256R.531] PATIENT DRIVEN PAYMENT MODEL PHASE-IN.**

4.27 Subdivision 1. **PDPM phase-in.** Effective October 1, 2025, through December 31, 2028,
4.28 for each facility, the commissioner shall determine an adjustment to its total payment rate
4.29 as determined under sections 256R.21 and 256R.27 to phase in the transition from the
4.30 RUG-IV case mix classification system to the patient driven payment model (PDPM) case
4.31 mix classification system.

5.1 Subd. 1a. **Definitions.** "Medical assistance facility average case mix index" means the
5.2 facility average case mix index for the subset of a facility's residents that includes only
5.3 medical assistance recipients.

5.4 Subd. 2. **PDPM phase-in rate adjustment.** A facility's PDPM phase-in rate adjustment
5.5 to its total payment rate is equal to:

5.6 (1) the blended medical assistance case mix adjusted direct care payment rate determined
5.7 in subdivision 6; minus

5.8 (2) the PDPM medical assistance case mix adjusted direct care payment rate determined
5.9 in section 256R.23, subdivision 7.

5.10 Subd. 3. **RUG-IV standardized days and RUG-IV facility case mix index.** (a) Effective
5.11 October 1, 2025, through December 31, 2027, for each facility the commissioner must
5.12 determine the RUG-IV standardized days and RUG-IV medical assistance facility average
5.13 case mix index.

5.14 (b) For the rate year beginning January 1, 2028, only:

5.15 (1) for each facility, the commissioner must determine both the RUG-IV facility average
5.16 case mix index and the RUG-IV medical assistance facility average case mix index using
5.17 resident days by the case mix classification on the facility's September 30, 2025, Minnesota
5.18 Statistical and Cost Report; and

5.19 (2) for each facility, the commissioner must determine the RUG-IV standardized days
5.20 by multiplying the facility's resident days on the facility's September 30, 2026, Minnesota
5.21 Statistical and Cost Report by the facility's RUG-IV facility average case mix index
5.22 determined under clause (1).

5.23 Subd. 4. **RUG-IV medical assistance case mix adjusted direct care payment rate.** The
5.24 commissioner must determine a facility's RUG-IV medical assistance case mix adjusted
5.25 direct care payment rate as the product of:

5.26 (1) the facility's RUG-IV direct care payment rate determined in section 256R.23,
5.27 subdivision 7, using the RUG-IV standardized days determined in subdivision 3; and

5.28 (2) the corresponding RUG-IV medical assistance facility average case mix index
5.29 determined in subdivision 3.

5.30 Subd. 5. **PDPM medical assistance case mix adjusted direct care payment rate.** The
5.31 commissioner must determine a facility's PDPM case mix adjusted direct care payment rate
5.32 as the product of:

6.1 (1) the facility's direct care payment rate determined in section 256R.23, subdivision 7;
6.2 and

6.3 (2) the corresponding medical assistance facility average case mix index.

6.4 Subd. 6. **Blended medical assistance case mix adjusted direct care payment rate.** The
6.5 commissioner must determine a facility's blended medical assistance case mix adjusted
6.6 direct care payment rate as the sum of:

6.7 (1) the RUG-IV medical assistance case mix adjusted direct care payment rate determined
6.8 in subdivision 4 multiplied by the following percentages:

6.9 (i) after September 30, 2025, through December 31, 2026, 75 percent;

6.10 (ii) after December 31, 2026, through December 31, 2027, 50 percent; and

6.11 (iii) after December 31, 2027, through December 31, 2028, 25 percent; and

6.12 (2) the PDPM medical assistance case mix adjusted direct care payment rate determined
6.13 in subdivision 5 multiplied by the following percentages:

6.14 (i) after September 30, 2025, through December 31, 2026, 25 percent;

6.15 (ii) after December 31, 2026, through December 31, 2027, 50 percent; and

6.16 (iii) after December 31, 2027, through December 31, 2028, 75 percent.

6.17 Subd. 7. **Expiration.** This section expires January 1, 2029.

6.18 **EFFECTIVE DATE.** This section is effective October 1, 2025."

6.19 Page 32, line 27, before the semicolon, insert "through December 31, 2028"

6.20 Page 34, delete section 31, and insert:

6.21 "Sec. 31. **REPEALER.**

6.22 (a) Minnesota Statutes 2024, sections 144A.071, subdivision 4c; 256R.02, subdivision
6.23 38; 256R.40; 256R.41; and 256R.481, are repealed.

6.24 (b) Minnesota Statutes 2024, sections 256R.12, subdivision 10; and 256R.36, are repealed.

6.25 (c) Minnesota Statutes 2024, section 256R.23, subdivision 6, is repealed.

6.26 **EFFECTIVE DATE.** Paragraph (a) is effective January 1, 2026. Paragraph (b) is
6.27 effective the day following final enactment. Paragraph (c) is effective October 1, 2025."

6.28 Page 54, line 17, delete "Medicaid-only" and insert "medical assistance"

6.29 Page 59, line 28, delete "22 to 64" and insert "older than 21 years of age, under 65"

- 7.1 Page 59, line 29, after "age" insert a comma
- 7.2 Page 60, line 1, delete the first "and" and insert "or"
- 7.3 Page 60, line 2, delete "they have" and insert "the person has"
- 7.4 Page 114, strike lines 3 to 9
- 7.5 Reletter the paragraphs in sequence
- 7.6 Page 114, line 30, after "component" insert "under subdivision 5b or 5c"
- 7.7 Page 116, line 4, delete "for purposes of implementation,"
- 7.8 Page 116, line 5, delete "implementation" and insert "worker retention"
- 7.9 Page 119, line 18, after the second comma, insert "EIDBI agencies,"
- 7.10 Page 119, lines 21 to 22, delete the new language
- 7.11 Page 126, line 27, before ""Guest", insert "(a)"
- 7.12 Page 126, lines 29 and 30, delete the new language
- 7.13 Page 127, line 1, before "Tribally" insert "(b)"
- 7.14 Page 137, line 4, after "the" insert "mental health practitioner"
- 7.15 Page 154, delete section 35
- 7.16 Page 156, delete section 36, and insert:
- 7.17 "Sec. 35. Minnesota Statutes 2024, section 256.042, subdivision 4, is amended to read:
- 7.18 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the
- 7.19 grants proposed by the advisory council to be awarded for the upcoming calendar year to
- 7.20 the chairs and ranking minority members of the legislative committees with jurisdiction
- 7.21 over health and human services policy and finance, by December 1 of each year, beginning
- 7.22 December 1, 2022. This paragraph expires upon the expiration of the advisory council.
- 7.23 (b) The grants shall be awarded to proposals selected by the advisory council that address
- 7.24 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated
- 7.25 by the legislature. The advisory council shall determine grant awards and funding amounts
- 7.26 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,
- 7.27 paragraph ~~(n)~~ (m), and subdivision 3a, paragraph (d). The commissioner shall award the
- 7.28 grants from the opiate epidemic response fund and administer the grants in compliance with
- 7.29 section 16B.97. No more than ten percent of the grant amount may be used by a grantee for
- 7.30 administration.

8.1 **EFFECTIVE DATE.** This section is effective the day following final enactment or
8.2 retroactively to June 30, 2025, whichever is earlier.

8.3 Sec. 36. Minnesota Statutes 2024, section 256.043, subdivision 3, is amended to read:

8.4 Subd. 3. **Appropriations from registration and license fee account.** (a) The
8.5 appropriations in paragraphs (b) to ~~(n)~~ (m) shall be made from the registration and license
8.6 fee account on a fiscal year basis in the order specified.

8.7 (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, paragraphs
8.8 (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be
8.9 made accordingly.

8.10 (c) \$100,000 is appropriated to the commissioner of human services for grants for opiate
8.11 antagonist distribution. Grantees may utilize funds for opioid overdose prevention,
8.12 community asset mapping, education, and opiate antagonist distribution.

8.13 (d) \$2,000,000 is appropriated to the commissioner of human services for grants to Tribal
8.14 nations and five urban Indian communities for traditional healing practices for American
8.15 Indians and to increase the capacity of culturally specific providers in the behavioral health
8.16 workforce.

8.17 (e) \$400,000 is appropriated to the commissioner of human services for competitive
8.18 grants for opioid-focused Project ECHO programs.

8.19 (f) \$277,000 in fiscal year 2024 and \$321,000 each year thereafter is appropriated to the
8.20 commissioner of human services to administer the funding distribution and reporting
8.21 requirements in paragraph ~~(o)~~ (n).

8.22 ~~(g) \$3,000,000 in fiscal year 2025 and \$3,000,000 each year thereafter is appropriated~~
8.23 ~~to the commissioner of human services for safe recovery sites start-up and capacity building~~
8.24 ~~grants under section 254B.18.~~

8.25 ~~(h)~~ (g) \$395,000 in fiscal year 2024 and \$415,000 each year thereafter is appropriated
8.26 to the commissioner of human services for the opioid overdose surge alert system under
8.27 section 245.891.

8.28 ~~(i)~~ (h) \$300,000 is appropriated to the commissioner of management and budget for
8.29 evaluation activities under section 256.042, subdivision 1, paragraph (c).

8.30 ~~(j)~~ (i) \$261,000 is appropriated to the commissioner of human services for the provision
8.31 of administrative services to the Opiate Epidemic Response Advisory Council and for the
8.32 administration of the grants awarded under paragraph ~~(n)~~ (m).

9.1 ~~(k)~~ (j) \$126,000 is appropriated to the Board of Pharmacy for the collection of the
9.2 registration fees under section 151.066.

9.3 ~~(H)~~ (k) \$672,000 is appropriated to the commissioner of public safety for the Bureau of
9.4 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies
9.5 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

9.6 ~~(m)~~ (l) After the appropriations in paragraphs (b) to ~~(H)~~ (k) are made, 50 percent of the
9.7 remaining amount is appropriated to the commissioner of children, youth, and families for
9.8 distribution to county social service agencies and Tribal social service agency initiative
9.9 projects authorized under section 256.01, subdivision 14b, to provide prevention and child
9.10 protection services to children and families who are affected by addiction. The commissioner
9.11 shall distribute this money proportionally to county social service agencies and Tribal social
9.12 service agency initiative projects through a formula based on intake data from the previous
9.13 three calendar years related to substance use and out-of-home placement episodes where
9.14 parental drug abuse is a reason for the out-of-home placement. County social service agencies
9.15 and Tribal social service agency initiative projects receiving funds from the opiate epidemic
9.16 response fund must annually report to the commissioner on how the funds were used to
9.17 provide prevention and child protection services, including measurable outcomes, as
9.18 determined by the commissioner. County social service agencies and Tribal social service
9.19 agency initiative projects must not use funds received under this paragraph to supplant
9.20 current state or local funding received for child protection services for children and families
9.21 who are affected by addiction.

9.22 ~~(n)~~ (m) After the appropriations in paragraphs (b) to ~~(m)~~ (l) are made, the remaining
9.23 amount in the account is appropriated to the commissioner of human services to award
9.24 grants as specified by the Opiate Epidemic Response Advisory Council in accordance with
9.25 section 256.042, unless otherwise appropriated by the legislature.

9.26 ~~(o)~~ (n) Beginning in fiscal year 2022 and each year thereafter, funds for county social
9.27 service agencies and Tribal social service agency initiative projects under paragraph ~~(m)~~
9.28 (l) and grant funds specified by the Opiate Epidemic Response Advisory Council under
9.29 paragraph ~~(n)~~ (m) may be distributed on a calendar year basis.

9.30 ~~(p)~~ (o) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs
9.31 (c), (d), (e), ~~(g)~~ (h), ~~(m)~~ (l), and ~~(n)~~ (m) are available for three years after the funds are
9.32 appropriated.

9.33 **EFFECTIVE DATE.** This section is effective the day following final enactment or
9.34 retroactively to June 30, 2025, whichever is earlier.

10.1 Sec. 37. Minnesota Statutes 2024, section 256.043, subdivision 3a, is amended to read:

10.2 Subd. 3a. **Appropriations from settlement account.** (a) The appropriations in paragraphs
10.3 (b) to (e) shall be made from the settlement account on a fiscal year basis in the order
10.4 specified.

10.5 (b) If the balance in the registration and license fee account is not sufficient to fully fund
10.6 the appropriations specified in subdivision 3, paragraphs (b) to ~~(h)~~ (k), an amount necessary
10.7 to meet any insufficiency shall be transferred from the settlement account to the registration
10.8 and license fee account to fully fund the required appropriations.

10.9 (c) \$209,000 in fiscal year 2023 and \$239,000 in fiscal year 2024 and subsequent fiscal
10.10 years are appropriated to the commissioner of human services for the administration of
10.11 grants awarded under paragraph (e). \$276,000 in fiscal year 2023 and \$151,000 in fiscal
10.12 year 2024 and subsequent fiscal years are appropriated to the commissioner of human
10.13 services to collect, collate, and report data submitted and to monitor compliance with
10.14 reporting and settlement expenditure requirements by grantees awarded grants under this
10.15 section and municipalities receiving direct payments from a statewide opioid settlement
10.16 agreement as defined in section 256.042, subdivision 6.

10.17 (d) After any appropriations necessary under paragraphs (b) and (c) are made, an amount
10.18 equal to the calendar year allocation to Tribal social service agency initiative projects under
10.19 subdivision 3, paragraph (m), is appropriated from the settlement account to the commissioner
10.20 of children, youth, and families for distribution to Tribal social service agency initiative
10.21 projects to provide child protection services to children and families who are affected by
10.22 addiction. The requirements related to proportional distribution, annual reporting, and
10.23 maintenance of effort specified in subdivision 3, paragraph ~~(m)~~ (l), also apply to the
10.24 appropriations made under this paragraph.

10.25 (e) After making the appropriations in paragraphs (b), (c), and (d), the remaining amount
10.26 in the account is appropriated to the commissioner of human services to award grants as
10.27 specified by the Opiate Epidemic Response Advisory Council in accordance with section
10.28 256.042.

10.29 (f) Funds for Tribal social service agency initiative projects under paragraph (d) and
10.30 grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph
10.31 (e) may be distributed on a calendar year basis.

10.32 (g) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs
10.33 (d) and (e) are available for three years after the funds are appropriated.

11.1 **EFFECTIVE DATE.** This section is effective the day following final enactment or
11.2 retroactively to June 30, 2025, whichever is earlier."

11.3 Page 166, delete section 46, and insert:

11.4 "Sec. 47. **REPEALER.**

11.5 Minnesota Statutes 2024, sections 245G.01, subdivision 20d; 245G.07, subdivision 2;
11.6 254B.01, subdivision 5; and 254B.18, are repealed.

11.7 **EFFECTIVE DATE.** This section is effective July 1, 2025."

11.8 Page 176, delete lines 10 to 14

11.9 Page 178, line 9, delete "residing in the county from which" and insert "issuing"

11.10 Page 178, line 10, delete "was issued"

11.11 Page 188, line 22, strike everything after the period

11.12 Page 188, strike line 23

11.13 Page 189, after line 9, insert:

11.14 **"EFFECTIVE DATE.** This section is effective July 1, 2025, except the amendment to
11.15 subdivision 1, paragraph (b) is effective retroactive to July 1, 2024."

11.16 Page 190, line 25, strike everything after "(b)"

11.17 Page 190, lines 26 to 32, strike the old language

11.18 Page 190, line 33, strike "in its April 1, 2025, report, the" and insert "The initial"

11.19 Page 191, after line 2, insert:

11.20 **"EFFECTIVE DATE.** This section is effective July 1, 2025, except the amendment to
11.21 paragraph (b) is effective retroactive to July 1, 2024."

11.22 Page 191, line 16, delete "chief executive officer of direct care and treatment" and insert
11.23 "commissioner of human services"

11.24 Page 194, after line 20, insert:

11.25 **"EFFECTIVE DATE.** This section is effective July 1, 2025, except the amendment
11.26 deleting "Chief Executive Officer, Direct Care and Treatment;" is effective retroactive to
11.27 July 1, 2024."

11.28 Page 227, delete lines 22 to 26

11.29 Page 230, after line 21, insert:

12.1 "(d) When a facility used good faith efforts to substantially comply with the content or
12.2 timing requirements of section 144G.52, subdivision 8, or corresponding rules, and the
12.3 noncompliance did not prejudice the resident, a failure to comply does not invalidate the
12.4 termination process and is not permissible grounds for appeal of a termination."

12.5 Page 233, line 26, delete everything after the semicolon

12.6 Page 233, line 27, delete everything before the period and insert "COMPLIANCE COSTS
12.7 AND REIMBURSEMENT RATES"

12.8 Page 274, after line 20, insert:

12.9 "Subd. 12. **Transfer from the opiate epidemic response fund to the general fund.** The
12.10 commissioner of management and budget must transfer \$1,000,000 in fiscal year 2026 and
12.11 \$1,000,000 in fiscal year 2027 from the registration and license fee account in the opiate
12.12 epidemic response fund under Minnesota Statutes, section 256.043, subdivision 3, to the
12.13 general fund. For fiscal years 2028 to 2031, the commissioner of management and budget
12.14 must include a transfer of \$1,000,000 each year from the registration and license fee account
12.15 in the opiate epidemic response fund to the general fund, when preparing each forecast
12.16 under Minnesota Statutes, section 16A.103, from the effective date of this subdivision
12.17 through the February 2027 forecast."

12.18 Renumber the sections in sequence and correct the internal references

12.19 Amend the title accordingly