

1.1 Senator moves to amend S.F. No. 2669 as follows:

1.2 Page 4, after line 18, insert:

1.3 "(b) "Control" has the meaning given in section 145D.01."

1.4 Page 4, after line 22, insert:

1.5 "(d) "Health care clearinghouse" has the meaning given in Code of Federal Regulations,
1.6 title 45, section 160.103."

1.7 Page 4, line 24, delete everything after "any" and insert "hospital that:"

1.8 Page 4, after line 24, insert:

1.9 "(1) is certified by the Centers for Medicare and Medicaid Services as a Medicare critical
1.10 access hospital; and

1.11 (2) is not affiliated, by governance or control, with a health system or other hospital.

1.12 (f) "NPI" means the standard, unique health identifier for health care providers that is
1.13 issued by the national provider system in accordance with Code of Federal Regulations,
1.14 title 45, section 162."

1.15 Reletter the paragraphs in sequence

1.16 Page 5, after line 16, insert:

1.17 "Subd. 4. **Unique NPI.** (a) Provider-based clinics must apply for, obtain, and use on all
1.18 claims for reimbursement or payment for health services provided at the provider-based
1.19 clinic, a unique NPI that is distinct from the hospital's NPI.

1.20 (b) The provider-based clinic's unique NPI must be included on any claim for
1.21 reimbursement or payment for health services provided at the provider-based clinic,
1.22 regardless of whether the claim is filed or submitted by or through a central office of the
1.23 hospital or a health care clearinghouse.

1.24 Subd. 5. **Notification.** (a) If a hospital or health system charges a facility fee utilizing
1.25 a CPT evaluation and management code or assessment and management code for outpatient
1.26 services provided at a provider-based clinic where a professional fee is also expected to be
1.27 charged, the hospital or health system must provide the patient with a written notice that
1.28 includes the following information:

1.29 (1) that the provider-based clinic is part of a hospital or health system and that the hospital
1.30 or health system charges a facility fee that is in addition to and separate from the professional
1.31 fee charged by the provider;

(2) the amount of the patient's potential financial liability, including any facility fee likely to be charged, and, where professional medical services are provided by an affiliated provider, any professional fee likely to be charged, or, if the exact type and extent of the professional medical services needed are not known or the terms of a patient's health insurance coverage are not known with reasonable certainty, an estimate of the patient's financial liability based on typical or average charges for visits to the provider-based clinic, including the facility fee;

(3) a statement that the patient's actual financial liability will depend on the professional medical services actually provided to the patient;

(4) an explanation that the patient may incur financial liability that is greater than the patient would incur if the professional medical services were not provided by a provider-based clinic;

(5) a telephone number the patient may call for additional information regarding such patient's potential financial liability, including an estimate of the facility fee likely to be charged based on the scheduled professional medical services; and

(6) that a patient covered by a health insurance policy should contact the health insurer for additional information regarding the hospital's or health system's charges and fees, including the patient's potential financial liability, if any, for such charges and fees.

(b) If a hospital or health system charges a facility fee without utilizing a CPT evaluation and management code for outpatient services provided at a provider-based clinic, the hospital or health system must provide the patient with a written notice that includes the following information:

(1) that the provider-based clinic is part of a hospital or health system and that the hospital or health system charges a facility fee that may be in addition to and separate from the professional fee charged by a provider;

(2) a statement that the patient's actual financial liability will depend on the professional medical services actually provided to the patient;

(3) an explanation that the patient may incur financial liability that is greater than the patient would incur if the provider-based clinic was not hospital-based;

(4) a telephone number the patient may call for additional information regarding such patient's potential financial liability, including an estimate of the facility fee likely to be charged based on the scheduled professional medical services; and

(5) that a patient covered by a health insurance policy should contact the health insurer for additional information regarding the hospital's or health system's charges and fees, including the patient's potential financial liability, if any, for such charges and fees.

(c) Each initial billing statement that includes a facility fee must:

(1) clearly identify the fee as a facility fee that is billed in addition to, or separately from, any professional fee billed by the provider;

(2) provide the corresponding Medicare facility fee reimbursement rate for the same service as a comparison or, if there is no corresponding Medicare facility fee for such service:

(i) the approximate amount Medicare would have paid the hospital for the facility fee on the billing statement; or

(ii) the percentage of the hospital's charges that Medicare would have paid the hospital for the facility fee;

(3) include a statement that the facility fee is intended to cover the hospital's or health system's operational expenses;

(4) inform the patient that the patient's financial liability may have been less if the services had been provided at a facility not owned or operated by the hospital or health system; and

(5) include written notice of the patient's right to request a reduction in the facility fee or any other portion of the bill and a telephone number that the patient may use to request such a reduction without regard to whether such patient qualifies for, or is likely to be granted, any reduction.

Not later than October 15, 2025, and annually thereafter, each hospital, health system and provider-based clinic must submit to the commissioner of health a sample of a billing statement issued by such hospital, health system, or provider-based clinic that complies with the provisions of this paragraph and which represents the format of billing statements received by patients. Such billing statement must not contain patient identifying information.

(d) The written notices described in paragraphs (a) to (c) and (g) to (i) must be in plain language and in a form that may be reasonably understood by a patient who does not possess special knowledge regarding hospital or health system facility fee charges. On and after October 1, 2025, such notices must include tag lines in at least the top 15 languages spoken in the state indicating that the notice is available in each of those top 15 languages. The 15 languages must be either the languages in the list published by the Department of Health and Human Services in connection with section 1557 of the Patient Protection and Affordable

Care Act, P.L. 111-148, or, as determined by the hospital or health system, the top 15 languages in the geographic area of the provider-based clinic.

(e) For nonemergency care, if a patient's appointment is scheduled to occur ten or more days after the appointment is made, such written notice must be sent to the patient by first class mail, encrypted electronic mail, or a secure patient Internet portal not more than three days after the appointment is made. If an appointment is scheduled to occur less than ten days after the appointment is made or if the patient arrives without an appointment, such notice must be hand-delivered to the patient when the patient arrives at the provider-based clinic. For emergency care, such written notice must be provided to the patient as soon as practicable after the patient is stabilized in accordance with the federal Emergency Medical Treatment and Active Labor Act, 42 USC 1395dd, as amended from time to time, or is determined not to have an emergency medical condition and before the patient leaves the provider-based clinic. If the patient is unconscious, under great duress or for any other reason unable to read the notice and understand and act on the patient's rights, the notice must be provided to the patient's representative as soon as practicable.

(f) Paragraphs (a) to (e) of this section do not apply if a patient is insured by Medicare or the medical assistance program under chapter 256B or is receiving services under a workers' compensation plan established to provide medical services.

(g) A provider-based clinic must prominently display written notice in locations that are readily accessible to and visible by patients, including patient waiting or appointment check-in areas, stating the following:

(1) that the provider-based clinic is part of a hospital or health system;

(2) the name of the hospital or health system; and

(3) that if the provider-based clinic charges a facility fee, the patient may incur a financial liability greater than the patient would incur if the provider-based clinic was not hospital-based.

On and after October 1, 2025, such notices must include tag lines in at least the top 15 languages spoken in the state indicating that the notice is available in each of those top 15 languages. The 15 languages must be either the languages in the list published by the Department of Health and Human Services in connection with section 1557 of the Patient Protection and Affordable Care Act, P.L. 111-148, or, as determined by the hospital or health system, the top 15 languages in the geographic area of the provider-based clinic. Not later than October 1, 2025, and annually thereafter, each provider-based clinic must submit a copy of the written notice required by this paragraph to the commissioner of health.

(h) A provider-based clinic must clearly hold itself out to the public and payers as being hospital-based, including, at a minimum, by stating the name of the hospital or health system in its signage, marketing materials, Internet websites and stationery.

(i) A provider-based clinic must, when scheduling services for which a facility fee may be charged, inform the patient:

(1) that the provider-based clinic is part of a hospital or health system;

(2) of the name of the hospital or health system;

(3) that the hospital or health system may charge a facility fee in addition to and separate from the professional fee charged by the provider; and

(4) of the telephone number the patient may call for additional information regarding such patient's potential financial liability.

(j) If any transaction described in section 145D.01, subdivision 2, results in the establishment of a provider-based clinic at which facility fees may be billed, the hospital or health system, that is the purchaser in such transaction must, not later than 30 days after such transaction, provide written notice, by first class mail, of the transaction to each patient served within the three years preceding the date of the transaction by the health care facility that has been purchased as part of such transaction. Such notice must include the following information:

(1) a statement that the health care facility is now a provider-based clinic and is part of a hospital or health system, the health care facility's full legal and business name, and the date of such facility's acquisition by a hospital or health system;

(2) the name, business address, and phone number of the hospital or health system that is the purchaser of the health care facility;

(3) a statement that the provider-based clinic bills, or is likely to bill, patients a facility fee that may be in addition to, and separate from, any professional fee billed by a health care provider at the provider-based clinic;

(4) a statement that the patient's actual financial liability will depend on the professional medical services actually provided to the patient and an explanation that the patient may incur financial liability that is greater than the patient would incur if the provider-based clinic were not a provider-based clinic;

(5) the estimated amount or range of amounts the provider-based clinic may bill for a facility fee or an example of the average facility fee billed at such provider-based clinic for the most common services provided at such provider-based clinic; and

(6) a statement that, prior to seeking services at such provider-based clinic, a patient covered by a health insurance policy should contact the patient's health insurer for additional information regarding the provider-based clinic fees, including the patient's potential financial liability, if any, for such fees.

A copy of the written notice provided to patients in accordance with this paragraph must be filed with the commissioner of health. The Department of Health must post a link to such notice on its website. A hospital, health system or provider-based clinic must not collect a facility fee for services provided at a provider-based clinic that is subject to the provisions of this paragraph from the date of the transaction until at least 30 days after the written notice required pursuant to this paragraph is mailed to the patient or a copy of such notice is filed with the commissioner of health, whichever is later. By July 1, 2026, and annually thereafter, each provider-based clinic that was the subject of a transaction, as described in section 145D.01, subdivision 2, during the preceding calendar year must report to the commissioner of health the number of patients served by such provider-based clinic in the preceding three years."

Page 6, after line 12, insert:

"Subd. 7. **Interaction with medical assistance.** The medical assistance program in chapter 256B is not required to comply with any provision of this section if compliance with the provision would:

(1) prevent the state from receiving federal financial participation for medical assistance coverage; or

(2) result in a lower level of coverage or reduced access to coverage for medical assistance enrollees."

Renumber the subdivisions in sequence

Page 6, line 18, delete "4" and insert "6"

Page 6, after line 25, insert:

"**EFFECTIVE DATE.** This section is effective January 1, 2026."

Page 6, before line 26, insert:

7.1 "Sec. 4. Minnesota Statutes 2024, section 62U.04, is amended by adding a subdivision to
7.2 read:

7.3 Subd. 14. **Unique NPI.** Data submitted under this section relating to a provider-based
7.4 clinic, as defined in section 62J.8241, and which includes an NPI, as defined in section
7.5 62J.8241, must include the provider-based clinic's unique NPI that is distinct from the
7.6 hospital's NPI.

7.7 **EFFECTIVE DATE.** This section is effective January 1, 2026."

7.8 Page 17, line 1, delete "collect and analyze" and insert "use and share"

7.9 Page 17, line 2, after "Minnesota" insert "to guide statewide action"

7.10 Page 28, after line 26, insert:

7.11 "Sec. 45. Minnesota Statutes 2024, section 144.125, subdivision 1, is amended to read:

7.12 Subdivision 1. **Duty to perform testing.** (a) It is the duty of (1) the administrative officer
7.13 or other person in charge of each institution caring for infants 28 days or less of age, (2) the
7.14 person required in pursuance of the provisions of section 144.215, to register the birth of a
7.15 child, or (3) the nurse midwife or midwife in attendance at the birth, to arrange to have
7.16 administered to every infant or child in its care tests for heritable and congenital disorders
7.17 according to subdivision 2 and rules prescribed by the state commissioner of health.

7.18 (b) Testing, recording of test results, reporting of test results, and follow-up of infants
7.19 with heritable congenital disorders, including hearing loss detected through the early hearing
7.20 detection and intervention program in section 144.966, shall be performed at the times and
7.21 in the manner prescribed by the commissioner of health.

7.22 (c) The fee to support the newborn screening program, including tests administered
7.23 under this section and section 144.966, shall be ~~\$177~~ \$184 per specimen. This fee amount
7.24 shall be deposited in the state treasury and credited to the state government special revenue
7.25 fund.

7.26 (d) The fee to offset the cost of the support services provided under section 144.966,
7.27 subdivision 3a, shall be \$15 per specimen. This fee shall be deposited in the state treasury
7.28 and credited to the general fund."

7.29 Page 37, line 12, delete "provide" and insert "report to each respective municipality in
7.30 the licensee's primary service area"

7.31 Page 37, line 13, after "each" insert "respective"

8.1 Page 37, line 14, delete everything before the period

8.2 Page 39, line 8, delete "De-identified" and insert "Deidentified"

8.3 Page 39, after line 15, insert:

8.4 "Sec. 58. Minnesota Statutes 2024, section 151.555, subdivision 6, is amended to read:

8.5 Subd. 6. **Standards and procedures for accepting donations of drugs and supplies**
8.6 **and purchasing drugs from licensed wholesalers.** (a) Notwithstanding any other law or
8.7 rule, a donor may donate drugs or medical supplies to the central repository or a local
8.8 repository if the drug or supply meets the requirements of this section as determined by a
8.9 pharmacist or practitioner who is employed by or under contract with the central repository
8.10 or a local repository.

8.11 (b) A drug is eligible for donation under the medication repository program if the
8.12 following requirements are met:

8.13 (1) the drug's expiration date is at least six months after the date the drug was donated.
8.14 If a donated drug bears an expiration date that is less than six months from the donation
8.15 date, the drug may be accepted and distributed if the drug is in high demand and can be
8.16 dispensed for use by a patient before the drug's expiration date;

8.17 (2) the drug is in its original, sealed, unopened, tamper-evident packaging that includes
8.18 the expiration date. Single-unit-dose drugs may be accepted if the single-unit-dose packaging
8.19 is unopened;

8.20 (3) the drug or the packaging does not have any physical signs of tampering, misbranding,
8.21 deterioration, compromised integrity, or adulteration;

8.22 (4) the drug does not require storage temperatures other than normal room temperature
8.23 as specified by the manufacturer or United States Pharmacopoeia, unless the drug is being
8.24 donated directly by its manufacturer, a wholesale drug distributor, or a pharmacy located
8.25 in Minnesota; and

8.26 (5) the drug is not a controlled substance.

8.27 (c) A medical supply is eligible for donation under the medication repository program
8.28 if the following requirements are met:

8.29 (1) the supply has no physical signs of tampering, misbranding, or alteration and there
8.30 is no reason to believe it has been adulterated, tampered with, or misbranded;

8.31 (2) the supply is in its original, unopened, sealed packaging; and

(3) if the supply bears an expiration date, the date is at least six months later than the date the supply was donated. If the donated supply bears an expiration date that is less than six months from the date the supply was donated, the supply may be accepted and distributed if the supply is in high demand and can be dispensed for use by a patient before the supply's expiration date.

(d) The board shall develop the medication repository donor form and make it available on the board's website. Prior to the first donation from a new donor, a central repository or local repository shall verify and record the following information on the donor form:

(1) the donor's name, address, phone number, and license number, if applicable;

(2) that the donor will only make donations in accordance with the program;

(3) to the best of the donor's knowledge, only drugs or supplies that have been properly stored under appropriate temperature and humidity conditions will be donated; and

(4) to the best of the donor's knowledge, only drugs or supplies that have never been opened, used, tampered with, adulterated, or misbranded will be donated.

(e) Notwithstanding any other law or rule, a central repository or a local repository may receive donated drugs from donors. Donated drugs and supplies may be shipped or delivered to the premises of the central repository or a local repository, and shall be inspected by a pharmacist or an authorized practitioner who is employed by or under contract with the repository and who has been designated by the repository prior to dispensing. A drop box must not be used to deliver or accept donations.

(f) The central repository and local repository shall maintain a written or electronic inventory of all drugs and supplies donated to the repository upon acceptance of each drug or supply. For each drug, the inventory must include the drug's name, strength, quantity, manufacturer, expiration date, and the date the drug was donated. For each medical supply, the inventory must include a description of the supply, its manufacturer, the date the supply was donated, and, if applicable, the supply's brand name and expiration date. The board may waive the requirement under this paragraph if an entity is under common ownership or control with a central repository or local repository and either the entity or the repository maintains an inventory containing all the information required under this paragraph.

(g) The central repository may purchase a drug from a wholesaler licensed by the Board of Pharmacy to fill prescriptions for eligible patients when the repository does not have a sufficient supply of donated drugs to fill the prescription. The central repository may use any purchased drugs remaining after filling the prescriptions for which the drugs were

10.1 initially purchased to fill other prescriptions. Whenever possible, the repository must use
10.2 donated drugs to fill prescriptions.

10.3 Sec. 59. Minnesota Statutes 2024, section 151.555, subdivision 10, is amended to read:

10.4 Subd. 10. **Distribution of donated drugs and supplies.** (a) The central repository and
10.5 local repositories may distribute drugs and supplies donated under the medication repository
10.6 program to other participating repositories for use pursuant to this program.

10.7 (b) A local repository that elects not to dispense donated drugs or supplies that are
10.8 suitable for donation and dispensing must transfer ~~all~~ those donated drugs and supplies to
10.9 the central repository. A copy of the donor form that was completed by the original donor
10.10 under subdivision 6 must be provided to the central repository at the time of transfer. A
10.11 local repository must dispose of drugs and supplies in its possession that are not suitable
10.12 for donation or dispensing pursuant to subdivision 7."

10.13 Page 46, after line 25, insert:

10.14 "Sec. 67. Minnesota Statutes 2024, section 256B.692, subdivision 2, is amended to read:

10.15 Subd. 2. **Duties of commissioner of health.** (a) Notwithstanding chapters 62D and 62N,
10.16 a county that elects to purchase medical assistance in return for a fixed sum without regard
10.17 to the frequency or extent of services furnished to any particular enrollee is not required to
10.18 obtain a certificate of authority under chapter 62D or 62N. The county board of
10.19 commissioners is the governing body of a county-based purchasing program. In a multicounty
10.20 arrangement, the governing body is a joint powers board established under section 471.59.

10.21 (b) A county that elects to purchase medical assistance services under this section must
10.22 satisfy the commissioner of health that the requirements for assurance of consumer protection,
10.23 provider protection, and fiscal solvency of chapter 62D, applicable to health maintenance
10.24 organizations will be met according to the following schedule:

10.25 (1) for a county-based purchasing plan approved on or before June 30, 2008, the plan
10.26 must have in reserve:

10.27 (i) at least 50 percent of the minimum amount required under chapter 62D as of January
10.28 1, 2010;

10.29 (ii) at least 75 percent of the minimum amount required under chapter 62D as of January
10.30 1, 2011;

11.1 (iii) at least 87.5 percent of the minimum amount required under chapter 62D as of
11.2 January 1, 2012; and

11.3 (iv) at least 100 percent of the minimum amount required under chapter 62D as of January
11.4 1, 2013; and

11.5 (2) for a county-based purchasing plan first approved after June 30, 2008, the plan must
11.6 have in reserve:

11.7 (i) at least 50 percent of the minimum amount required under chapter 62D at the time
11.8 the plan begins enrolling enrollees;

11.9 (ii) at least 75 percent of the minimum amount required under chapter 62D after the first
11.10 full calendar year;

11.11 (iii) at least 87.5 percent of the minimum amount required under chapter 62D after the
11.12 second full calendar year; and

11.13 (iv) at least 100 percent of the minimum amount required under chapter 62D after the
11.14 third full calendar year.

11.15 (c) Until a plan is required to have reserves equaling at least 100 percent of the minimum
11.16 amount required under chapter 62D, the plan may demonstrate its ability to cover any losses
11.17 by satisfying the requirements of chapter 62N. A county-based purchasing plan must also
11.18 assure the commissioner of health that the requirements of sections 62J.041; 62J.48; 62J.71
11.19 to 62J.73; all applicable provisions of chapter 62Q, including sections 62Q.075; 62Q.1055;
11.20 62Q.106; 62Q.12; 62Q.135; 62Q.14; 62Q.19; 62Q.23, paragraph (c); 62Q.43; 62Q.47;
11.21 62Q.50; 62Q.52 to 62Q.56; 62Q.58; 62Q.68 to 62Q.72; and 72A.201 will be met.

11.22 (d) All enforcement and rulemaking powers available under chapters 62D, 62J, 62N,
11.23 and 62Q are hereby granted to the commissioner of health with respect to counties that
11.24 purchase medical assistance services under this section.

11.25 (e) The commissioner, in consultation with county government, shall develop
11.26 administrative and financial reporting requirements for county-based purchasing programs
11.27 relating to sections 62D.041, 62D.042, 62D.045, 62D.08, 62N.28, 62N.29, and 62N.31,
11.28 and other sections as necessary, that are specific to county administrative, accounting, and
11.29 reporting systems and consistent with other statutory requirements of counties.

11.30 (f) The commissioner shall collect from a county-based purchasing plan under this
11.31 section the following fees:

12.1 (1) fees attributable to the costs of audits and other examinations of plan financial
12.2 operations. These fees are subject to the provisions of Minnesota Rules, part 4685.2800,
12.3 subpart 1, item F; and

12.4 (2) an annual fee of ~~\$21,500~~ \$30,000, to be paid by June 15 of each calendar year.

12.5 All fees collected under this paragraph shall be deposited in the state government special
12.6 revenue fund."

12.7 Page 47, after line 30, insert:

12.8 "Sec. 72. Minnesota Statutes 2024, section 327.15, subdivision 2, is amended to read:

12.9 Subd. 2. **License renewal.** Initial and renewal licenses for all manufactured home parks
12.10 and recreational camping areas shall be issued annually and shall have an expiration date
12.11 included on the license. Any person who operates a manufactured home park or recreational
12.12 camping area after the expiration date of a license or without having submitted an application
12.13 and paid the fee shall be deemed to have violated the provisions of this chapter and shall
12.14 be subject to enforcement action, as provided in the Health Enforcement Consolidation Act,
12.15 sections 144.989 to 144.993. In addition, a penalty of ~~\$120~~ \$200 shall be added to the total
12.16 of the license fee for any manufactured home park or recreational camping area operating
12.17 without a license for a period of up to 30 days. A late fee of ~~\$360~~ \$450 shall be added to
12.18 the license fee for any manufactured home park or recreational camping area operating
12.19 more than 30 days without a license."

12.20 Page 52, line 15, after "receive" insert "previously conducted" and after "and" insert
12.21 "gather"

12.22 Page 52, line 17, delete everything before "consult" and insert "may"

12.23 Page 80, line 29, delete "revenue from"

12.24 Page 81, line 5, delete everything after the period

12.25 Page 81, line 6, delete everything before "Earnings"

12.26 Page 81, line 12, delete "whose" and insert "with an" and delete "areas" and insert "area
12.27 that is more than 50 percent"

12.28 Page 81, line 13, delete "are located mostly" and delete "a" and insert "the" and delete
12.29 "county" and insert "counties"

12.30 Page 81, line 14, delete "within"

12.31 Page 81, line 23, after "awarded" insert "to an applicant"

- 13.1 Page 81, line 24, after "grant" insert "to the applicant"
- 13.2 Page 134, line 18, delete "graduate level" and insert "graduate-level"
- 13.3 Page 197, line 31, delete "(k) to (n)" and insert "(m) to (o)"
- 13.4 Page 205, line 4, after "increase" insert "by an annual aggregate amount of \$10,000,000"
- 13.5 Page 218, line 5, delete "Minnesota"
- 13.6 Page 218, line 6, delete "mandated" and insert "Minnesota-mandated"
- 13.7 Page 218, after line 19, insert:
- 13.8 "EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal
- 13.9 approval, whichever is later. The commissioner of human services shall notify the revisor
- 13.10 of statutes when federal approval is obtained."
- 13.11 Page 237, line 2, after "provided" insert "to newborns"
- 13.12 Page 241, line 15, delete "equals" and insert "does not exceed"
- 13.13 Page 243, line 23, delete "and"
- 13.14 Page 243, line 25, delete the period and insert "under section 256.969, subdivision 2b,
- 13.15 paragraph (l); and"
- 13.16 Page 243, after line 25, insert:
- 13.17 "(6) mental health services provided by masters-prepared mental health professionals
- 13.18 and physician assistants resulting from the repeal of section 256B.0625, subdivision 38."
- 13.19 Page 245, lines 23 and 32, delete "(5)" and insert "(6)"
- 13.20 Page 246, lines 5 and 7, delete "(5)" and insert "(6)"
- 13.21 Page 246, delete section 33
- 13.22 Page 250, after line 10, insert:
- 13.23 "Section 1. Minnesota Statutes 2024, section 245.462, subdivision 20, is amended to read:
- 13.24 Subd. 20. **Mental illness.** (a) "Mental illness" means an organic disorder of the brain or
- 13.25 a clinically significant disorder of thought, mood, perception, orientation, memory, or
- 13.26 behavior that is detailed in a diagnostic codes list published by the commissioner, and that
- 13.27 seriously limits a person's capacity to function in primary aspects of daily living such as
- 13.28 personal relations, living arrangements, work, and recreation.

14.1 (b) An "adult with acute mental illness" means an adult who has a mental illness that is
14.2 serious enough to require prompt intervention.

14.3 (c) For purposes of enrolling in case management and community support services, a
14.4 "person with serious and persistent mental illness" means an adult who has a mental illness
14.5 and meets at least one of the following criteria:

14.6 (1) the adult has undergone ~~two~~ one or more episodes of inpatient, residential, or crisis
14.7 residential care for a mental illness within the preceding ~~24~~ 12 months;

14.8 (2) the adult has experienced a continuous psychiatric hospitalization or residential
14.9 treatment exceeding six months' duration within the preceding 12 months;

14.10 (3) the adult has been treated by a crisis team two or more times within the preceding
14.11 24 months;

14.12 (4) the adult:

14.13 (i) has a diagnosis of schizophrenia, bipolar disorder, major depression, schizoaffective
14.14 disorder, post-traumatic stress disorder, generalized anxiety disorder, panic disorder, eating
14.15 disorder, or borderline personality disorder;

14.16 (ii) indicates a significant impairment in functioning; and

14.17 (iii) has a written opinion from a mental health professional, in the last three years,
14.18 stating that the adult is reasonably likely to have future episodes requiring inpatient or
14.19 residential treatment, of a frequency described in clause (1) or (2), or the need for in-home
14.20 services to remain in one's home, unless ongoing case management or community support
14.21 services are provided;

14.22 (5) the adult has, in the last ~~three~~ five years, been committed by a court as a person ~~who~~
14.23 ~~is mentally ill~~ with a mental illness under chapter 253B, or the adult's commitment has been
14.24 stayed or continued; or

14.25 ~~(6) the adult (i) was eligible under clauses (1) to (5), but the specified time period has~~
14.26 ~~expired or the adult was eligible as a child under section 245.4871, subdivision 6; and (ii)~~
14.27 ~~has a written opinion from a mental health professional, in the last three years, stating that~~
14.28 ~~the adult is reasonably likely to have future episodes requiring inpatient or residential~~
14.29 ~~treatment, of a frequency described in clause (1) or (2), unless ongoing case management~~
14.30 ~~or community support services are provided; or~~

14.31 ~~(7)~~ (6) the adult was eligible as a child under section 245.4871, subdivision 6, and is
14.32 age 21 or younger.

(d) For purposes of enrolling in case management and community support services, a "person with a complex post-traumatic stress disorder" or "C-PTSD" means an adult who has a mental illness and meets the following criteria:

(1) the adult has post-traumatic stress disorder (PTSD) symptoms that significantly interfere with daily functioning related to intergenerational trauma, racial trauma, or unresolved historical grief; and

(2) the adult has a written opinion from a mental health professional that includes documentation of:

(i) culturally sensitive assessments or screenings and identification of intergenerational trauma, racial trauma, or unresolved historical grief;

(ii) significant impairment in functioning due to the PTSD symptoms that meet C-PTSD condition eligibility; and

(iii) increasing concerns within the last three years that indicates the adult is at a reasonable likelihood of experiencing significant episodes of PTSD with increased frequency, impacting daily functioning unless mitigated by targeted case management or community support services.

(e) Adults may continue to receive case management or community support services if, in the written opinion of a mental health professional, the person needs case management or community support services to maintain the person's recovery.

EFFECTIVE DATE. Paragraph (d) is effective upon federal approval. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained."

Page 252, after line 19, insert:

"Sec. 5. Minnesota Statutes 2024, section 245.467, subdivision 4, is amended to read:

Subd. 4. **Referral for case management.** Each provider of emergency services, day treatment services, outpatient treatment, community support services, residential treatment, acute care hospital inpatient treatment, or regional treatment center inpatient treatment must inform each of its clients with serious and persistent mental illness or a complex post-traumatic stress disorder of the availability and potential benefits to the client of case management. If the client consents, the provider must refer the client by notifying the county employee designated by the county board to coordinate case management activities of the client's name and address and by informing the client of whom to contact to request case

16.1 management. The provider must document compliance with this subdivision in the client's
16.2 record.

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

16.5 Sec. 6. Minnesota Statutes 2024, section 245.4711, subdivision 1, is amended to read:

16.6 Subdivision 1. **Availability of case management services.** (a) ~~By January 1, 1989,~~ The
16.7 county board shall provide case management services for all adults with serious and persistent
16.8 mental illness or a complex post-traumatic stress disorder who are residents of the county
16.9 and who request or consent to the services and to each adult for whom the court appoints a
16.10 case manager. Staffing ratios must be sufficient to serve the needs of the clients. The case
16.11 manager must meet the requirements in section 245.462, subdivision 4.

16.12 (b) Case management services provided to adults with serious and persistent mental
16.13 illness or a complex post-traumatic stress disorder eligible for medical assistance must be
16.14 billed to the medical assistance program under sections 256B.02, subdivision 8, and
16.15 256B.0625.

16.16 (c) Case management services are eligible for reimbursement under the medical assistance
16.17 program. Costs associated with mentoring, supervision, and continuing education may be
16.18 included in the reimbursement rate methodology used for case management services under
16.19 the medical assistance program.

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

16.22 Sec. 7. Minnesota Statutes 2024, section 245.4711, subdivision 4, is amended to read:

16.23 Subd. 4. **Individual community support plan.** (a) The case manager must develop an
16.24 individual community support plan for each adult that incorporates the client's individual
16.25 treatment plan. The individual treatment plan may not be a substitute for the development
16.26 of an individual community support plan. The individual community support plan must be
16.27 developed within 30 days of client intake and reviewed at least every 180 days after it is
16.28 developed, unless the case manager receives a written request from the client or the client's
16.29 family for a review of the plan every 90 days after it is developed. The case manager is
16.30 responsible for developing the individual community support plan based on a diagnostic
16.31 assessment and a functional assessment and for implementing and monitoring the delivery
16.32 of services according to the individual community support plan. To the extent possible, the

17.1 adult with serious and persistent mental illness or a complex post-traumatic stress disorder,
17.2 the person's family, advocates, service providers, and significant others must be involved
17.3 in all phases of development and implementation of the individual community support plan.

17.4 (b) The client's individual community support plan must state:

17.5 (1) the goals of each service;

17.6 (2) the activities for accomplishing each goal;

17.7 (3) a schedule for each activity; and

17.8 (4) the frequency of face-to-face contacts by the case manager, as appropriate to client
17.9 need and the implementation of the individual community support plan.

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

17.12 Sec. 8. Minnesota Statutes 2024, section 245.4712, subdivision 1, is amended to read:

17.13 Subdivision 1. **Availability of community support services.** (a) County boards must
17.14 provide or contract for sufficient community support services within the county to meet the
17.15 needs of adults with serious and persistent mental illness or a complex post-traumatic stress
17.16 disorder who are residents of the county. Adults may be required to pay a fee according to
17.17 section 245.481. The community support services program must be designed to improve
17.18 the ability of adults with serious and persistent mental illness or a complex post-traumatic
17.19 stress disorder to:

17.20 (1) find and maintain competitive employment;

17.21 (2) handle basic activities of daily living;

17.22 (3) participate in leisure time activities;

17.23 (4) set goals and plans; and

17.24 (5) obtain and maintain appropriate living arrangements.

17.25 The community support services program must also be designed to reduce the need for
17.26 and use of more intensive, costly, or restrictive placements both in number of admissions
17.27 and length of stay.

17.28 (b) Community support services are those services that are supportive in nature and not
17.29 necessarily treatment oriented, and include:

18.1 (1) conducting outreach activities such as home visits, health and wellness checks, and
18.2 problem solving;

18.3 (2) connecting people to resources to meet their basic needs;

18.4 (3) finding, securing, and supporting people in their housing;

18.5 (4) attaining and maintaining health insurance benefits;

18.6 (5) assisting with job applications, finding and maintaining employment, and securing
18.7 a stable financial situation;

18.8 (6) fostering social support, including support groups, mentoring, peer support, and other
18.9 efforts to prevent isolation and promote recovery; and

18.10 (7) educating about mental illness, treatment, and recovery.

18.11 (c) Community support services shall use all available funding streams. The county shall
18.12 maintain the level of expenditures for this program, as required under section 245.4835.

18.13 County boards must continue to provide funds for those services not covered by other
18.14 funding streams and to maintain an infrastructure to carry out these services. The county is
18.15 encouraged to fund evidence-based practices such as Individual Placement and Supported
18.16 Employment and Illness Management and Recovery.

18.17 (d) The commissioner shall collect data on community support services programs,
18.18 including, but not limited to, demographic information such as age, sex, race, the number
18.19 of people served, and information related to housing, employment, hospitalization, symptoms,
18.20 and satisfaction with services.

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

18.23 Sec. 9. Minnesota Statutes 2024, section 245.4712, subdivision 3, is amended to read:

18.24 Subd. 3. **Benefits assistance.** The county board must offer to help adults with serious
18.25 and persistent mental illness or a complex post-traumatic stress disorder in applying for
18.26 state and federal benefits, including Supplemental Security Income, medical assistance,
18.27 Medicare, general assistance, and Minnesota supplemental aid. The help must be offered
18.28 as part of the community support program available to adults with serious and persistent
18.29 mental illness or a complex post-traumatic stress disorder for whom the county is financially
18.30 responsible and who may qualify for these benefits."

18.31 Page 252, line 23, delete "245.2875" and insert "245.4875"

19.1 Page 256, after line 7, insert:

19.2 "Sec. 13. Minnesota Statutes 2024, section 256B.0625, subdivision 20, is amended to
19.3 read:

19.4 Subd. 20. **Mental health case management.** (a) To the extent authorized by rule of the
19.5 state agency, medical assistance covers case management services to persons with serious
19.6 and persistent mental illness, persons with a complex post-traumatic stress disorder, and
19.7 children with severe emotional disturbance. Services provided under this section must meet
19.8 the relevant standards in sections 245.461 to 245.4887, the Comprehensive Adult and
19.9 Children's Mental Health Acts, Minnesota Rules, parts 9520.0900 to 9520.0926, and
19.10 9505.0322, excluding subpart 10.

19.11 (b) Entities meeting program standards set out in rules governing family community
19.12 support services as defined in section 245.4871, subdivision 17, are eligible for medical
19.13 assistance reimbursement for case management services for children with severe emotional
19.14 disturbance when these services meet the program standards in Minnesota Rules, parts
19.15 9520.0900 to 9520.0926 and 9505.0322, excluding subparts 6 and 10.

19.16 (c) Medical assistance and MinnesotaCare payment for mental health case management
19.17 shall be made on a monthly basis. In order to receive payment for an eligible child, the
19.18 provider must document at least a face-to-face contact either in person or by interactive
19.19 video that meets the requirements of subdivision 20b with the child, the child's parents, or
19.20 the child's legal representative. To receive payment for an eligible adult, the provider must
19.21 document:

19.22 (1) at least a face-to-face contact with the adult or the adult's legal representative either
19.23 in person or by interactive video that meets the requirements of subdivision 20b; or

19.24 (2) at least a telephone contact with the adult or the adult's legal representative and
19.25 document a face-to-face contact either in person or by interactive video that meets the
19.26 requirements of subdivision 20b with the adult or the adult's legal representative within the
19.27 preceding two months.

19.28 (d) Payment for mental health case management provided by county or state staff shall
19.29 be based on the monthly rate methodology under section 256B.094, subdivision 6, paragraph
19.30 (b), with separate rates calculated for child welfare and mental health, and within mental
19.31 health, separate rates for children and adults.

20.1 (e) Payment for mental health case management provided by Indian health services or
20.2 by agencies operated by Indian tribes may be made according to this section or other relevant
20.3 federally approved rate setting methodology.

20.4 (f) Payment for mental health case management provided by vendors who contract with
20.5 a county must be calculated in accordance with section 256B.076, subdivision 2. Payment
20.6 for mental health case management provided by vendors who contract with a Tribe must
20.7 be based on a monthly rate negotiated by the Tribe. The rate must not exceed the rate charged
20.8 by the vendor for the same service to other payers. If the service is provided by a team of
20.9 contracted vendors, the team shall determine how to distribute the rate among its members.
20.10 No reimbursement received by contracted vendors shall be returned to the county or tribe,
20.11 except to reimburse the county or tribe for advance funding provided by the county or tribe
20.12 to the vendor.

20.13 (g) If the service is provided by a team which includes contracted vendors, tribal staff,
20.14 and county or state staff, the costs for county or state staff participation in the team shall be
20.15 included in the rate for county-provided services. In this case, the contracted vendor, the
20.16 tribal agency, and the county may each receive separate payment for services provided by
20.17 each entity in the same month. In order to prevent duplication of services, each entity must
20.18 document, in the recipient's file, the need for team case management and a description of
20.19 the roles of the team members.

20.20 (h) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of costs for
20.21 mental health case management shall be provided by the recipient's county of responsibility,
20.22 as defined in sections 256G.01 to 256G.12, from sources other than federal funds or funds
20.23 used to match other federal funds. If the service is provided by a tribal agency, the nonfederal
20.24 share, if any, shall be provided by the recipient's tribe. When this service is paid by the state
20.25 without a federal share through fee-for-service, 50 percent of the cost shall be provided by
20.26 the recipient's county of responsibility.

20.27 (i) Notwithstanding any administrative rule to the contrary, prepaid medical assistance
20.28 and MinnesotaCare include mental health case management. When the service is provided
20.29 through prepaid capitation, the nonfederal share is paid by the state and the county pays no
20.30 share.

20.31 (j) The commissioner may suspend, reduce, or terminate the reimbursement to a provider
20.32 that does not meet the reporting or other requirements of this section. The county of
20.33 responsibility, as defined in sections 256G.01 to 256G.12, or, if applicable, the tribal agency,

21.1 is responsible for any federal disallowances. The county or tribe may share this responsibility
21.2 with its contracted vendors.

21.3 (k) The commissioner shall set aside a portion of the federal funds earned for county
21.4 expenditures under this section to repay the special revenue maximization account under
21.5 section 256.01, subdivision 2, paragraph (n). The repayment is limited to:

21.6 (1) the costs of developing and implementing this section; and

21.7 (2) programming the information systems.

21.8 (l) Payments to counties and tribal agencies for case management expenditures under
21.9 this section shall only be made from federal earnings from services provided under this
21.10 section. When this service is paid by the state without a federal share through fee-for-service,
21.11 50 percent of the cost shall be provided by the state. Payments to county-contracted vendors
21.12 shall include the federal earnings, the state share, and the county share.

21.13 (m) Case management services under this subdivision do not include therapy, treatment,
21.14 legal, or outreach services.

21.15 (n) If the recipient is a resident of a nursing facility, intermediate care facility, or hospital,
21.16 and the recipient's institutional care is paid by medical assistance, payment for case
21.17 management services under this subdivision is limited to the lesser of:

21.18 (1) the last 180 days of the recipient's residency in that facility and may not exceed more
21.19 than six months in a calendar year; or

21.20 (2) the limits and conditions which apply to federal Medicaid funding for this service.

21.21 (o) Payment for case management services under this subdivision shall not duplicate
21.22 payments made under other program authorities for the same purpose.

21.23 (p) If the recipient is receiving care in a hospital, nursing facility, or residential setting
21.24 licensed under chapter 245A or 245D that is staffed 24 hours a day, seven days a week,
21.25 mental health targeted case management services must actively support identification of
21.26 community alternatives for the recipient and discharge planning.

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

21.29 Page 256, line 13, delete "data sharing" and insert "data-sharing"

21.30 Page 256, line 22, delete "funds were" and insert "money was"

21.31 Page 257, line 6, delete the second "(b)" and insert "(a)"

- 22.1 Page 261, delete section 3
- 22.2 Page 264, delete section 5
- 22.3 Page 267, delete sections 7 and 8
- 22.4 Page 268, delete section 9
- 22.5 Page 269, delete section 10
- 22.6 Page 270, line 20, strike "without a bachelor's degree" and delete the new language
- 22.7 Page 270, line 21, delete everything before "who"
- 22.8 Page 270, line 22, after "degree" insert "or who has a bachelor's degree that is not in one
- 22.9 of the behavioral sciences or related fields"
- 22.10 Page 288, delete section 29
- 22.11 Page 292, delete section 31
- 22.12 Page 358, line 24, strike "means" and delete the new language and strike "as described"
- 22.13 and insert "has the meaning given"
- 22.14 Page 372, line 14, strike "means" and delete the new language and strike "as described"
- 22.15 and insert "has the meaning given"
- 22.16 Page 398, delete section 2
- 22.17 Page 398, after line 16, insert:
- 22.18 "Sec. 3. Minnesota Statutes 2024, section 245C.15, is amended by adding a subdivision
- 22.19 to read:
- 22.20 Subd. 4c. **Two-year disqualification.** An individual is disqualified under section
- 22.21 245C.14, subdivision 6, if less than two years has passed since a determination that the
- 22.22 individual violated section 142A.12, 245.095, or 256B.064.
- 22.23 **EFFECTIVE DATE.** This section is effective July 1, 2025."
- 22.24 Page 399, line 26, strike "Minnesota"
- 22.25 Page 399, line 29, delete "Minnesota"
- 22.26 Page 400, line 1, delete "Minnesota"
- 22.27 Page 409, line 2, after "subdivision" insert "once every three years"
- 22.28 Page 432, line 21, before "agency" insert "county"

- 23.1 Page 435, line 18, delete "federally"
- 23.2 Page 435, line 19, delete everything before the comma and insert "Minnesota Tribal
- 23.3 governments"
- 23.4 Page 435, line 20, after "meals" insert "that are"
- 23.5 Page 435, line 21, delete "they serve" and insert "the organization or Tribal government
- 23.6 serves" and delete the third "the"
- 23.7 Page 435, line 22, delete everything after "needs" and insert a period
- 23.8 Page 435, delete line 23
- 23.9 Page 435, line 26, delete "Applicants" and insert "Eligible grantees applying"
- 23.10 Page 435, line 28, before "Eligible" insert "(a)"
- 23.11 Page 436, after line 2, insert:
- 23.12 "(b) Grantees must prepare meals in a licensed commercial kitchen and distribute meals
- 23.13 according to ServSafe guidelines."
- 23.14 Page 436, line 7, after "populations" insert "who are"
- 23.15 Page 436, line 9, delete "reaching" and insert "to reach"
- 23.16 Page 436, line 15, after "and" insert "must"
- 23.17 Page 436, delete lines 23 to 25 and insert:
- 23.18 "Subd. 7. **Ineligible expenditures.** If the commissioner determines that ineligible
- 23.19 expenditures are made by a grantee under this section, the ineligible amount must be repaid
- 23.20 by the grantee to the commissioner and deposited in the general fund."
- 23.21 Page 436, line 31, delete everything after "and" and insert "Minnesota Tribal
- 23.22 governments"
- 23.23 Page 437, line 1, delete everything before the comma
- 23.24 Page 437, line 3, after "and" insert "the"
- 23.25 Page 437, line 6, delete "American Indian" and insert "Minnesota Tribal governments"
- 23.26 Page 437, line 7, delete "Tribes or Bands"
- 23.27 Page 437, lines 12, 17, and 21, delete "American Indian Tribes or Bands" and insert
- 23.28 "Minnesota Tribal governments"
- 23.29 Page 437, line 16, after "including" insert a comma and after "to" insert a comma

- 24.1 Page 437, line 18, delete "expenditure" and insert "expenditures"
- 24.2 Page 437, delete lines 24 to 26 and insert:
- 24.3 "Subd. 5. **Ineligible expenditures.** If the commissioner determines that ineligible
- 24.4 expenditures are made by a food bank or Minnesota Tribal government under this section,
- 24.5 the ineligible amount must be repaid by the food bank or Tribal government to the
- 24.6 commissioner and deposited in the general fund."
- 24.7 Page 438, line 14, after "or" insert "a Minnesota"
- 24.8 Page 450, line 13, after the first "has" insert "previously"
- 24.9 Page 450, delete lines 20 to 24
- 24.10 Page 450, line 25, delete "(c)" and insert "(b)"
- 24.11 Page 450, after line 29, insert:
- 24.12 "Sec. 3. Minnesota Statutes 2024, section 142B.30, is amended by adding a subdivision
- 24.13 to read:
- 24.14 Subd. 13. **Individual who is related; agency choice.** An individual who is related to
- 24.15 the child may seek foster care licensure through the county agency or a private agency,
- 24.16 licensed and authorized by the commissioner. The child-placing agency, depending on
- 24.17 funding available, must provide information to all potential relative foster care providers
- 24.18 about this choice, including information about available private agencies for foster care
- 24.19 licensure."
- 24.20 Page 451, line 10, after the first "child" insert a comma and after the second "child"
- 24.21 insert a comma
- 24.22 Page 451, after line 27, insert:
- 24.23 "**EFFECTIVE DATE.** This section is effective January 1, 2026."
- 24.24 Page 452, after line 30, insert:
- 24.25 "**EFFECTIVE DATE.** This section is effective January 1, 2026."
- 24.26 Page 453, after line 16, insert:
- 24.27 "**EFFECTIVE DATE.** This section is effective January 1, 2026."
- 24.28 Page 453, after line 25, insert:
- 24.29 "**EFFECTIVE DATE.** This section is effective January 1, 2026."

- 25.1 Page 464, line 9, delete "their" and insert "the child's"
- 25.2 Page 465, line 4, delete "their" and insert "the child's"
- 25.3 Page 467, after line 9, insert:
- 25.4 "Sec. 18. Minnesota Statutes 2024, section 260C.202, is amended by adding a subdivision
- 25.5 to read:
- 25.6 Subd. 4. Court reviews for a child over age 18 in foster care. When a child remains
- 25.7 in or returns to foster care pursuant to section 260C.451, and the court has jurisdiction
- 25.8 pursuant to section 260C.193, subdivision 6, paragraph (c), the court must at least annually
- 25.9 conduct the review required under section 260C.203."
- 25.10 Page 469, delete section 18
- 25.11 Page 469, line 8, delete "their" and insert "the child's"
- 25.12 Page 476, delete section 19
- 25.13 Page 478, after line 24, insert:
- 25.14 "EFFECTIVE DATE. This section is effective January 1, 2026."
- 25.15 Page 479, line 26, delete "their" and insert "the child's"
- 25.16 Page 480, delete section 23
- 25.17 Page 483, line 17, delete "child or family" and insert "child's"
- 25.18 Page 483, line 18, delete "their" and insert "the child's"
- 25.19 Page 484, line 26, delete "assessment" and insert "family assessment, noncaregiver
- 25.20 human trafficking assessment,"
- 25.21 Page 484, line 27, delete the second "family"
- 25.22 Page 487, after line 12, insert:
- 25.23 "Sec. 3. Minnesota Statutes 2024, section 142B.16, subdivision 2, is amended to read:
- 25.24 Subd. 2. **Reconsideration of correction orders.** (a) If the applicant or license holder
- 25.25 believes that the contents of the commissioner's correction order are in error, the applicant
- 25.26 or license holder may ask the Department of Children, Youth, and Families to reconsider
- 25.27 the parts of the correction order that are alleged to be in error. The request for reconsideration
- 25.28 must be made in writing and must be postmarked and sent to the commissioner within 20
- 25.29 calendar days after receipt of the correction order by the applicant or license holder or

26.1 submitted in the provider licensing and reporting hub within 20 calendar days from the date
26.2 the commissioner issued the order through the hub, and:

26.3 (1) specify the parts of the correction order that are alleged to be in error;

26.4 (2) explain why they are in error; and

26.5 (3) include documentation to support the allegation of error.

26.6 (b) Upon implementation of the provider licensing and reporting hub, the provider must
26.7 use the hub to request reconsideration. A request for reconsideration does not stay any
26.8 provisions or requirements of the correction order. The commissioner's disposition of a
26.9 request for reconsideration is final and not subject to appeal under chapter 14.

26.10 ~~(b)~~ (c) This paragraph applies only to licensed family child care providers. A licensed
26.11 family child care provider who requests reconsideration of a correction order under paragraph
26.12 (a) may also request, on a form and in the manner prescribed by the commissioner, that the
26.13 commissioner expedite the review if:

26.14 (1) the provider is challenging a violation and provides a description of how complying
26.15 with the corrective action for that violation would require the substantial expenditure of
26.16 funds or a significant change to their program; and

26.17 (2) describes what actions the provider will take in lieu of the corrective action ordered
26.18 to ensure the health and safety of children in care pending the commissioner's review of the
26.19 correction order.

26.20 (d) The commissioner must not publicly post the correction order for licensed child care
26.21 centers or licensed family child care providers on the department's website until:

26.22 (1) after the 20-calendar-day period for requesting reconsideration; or

26.23 (2) if the applicant or license holder requested reconsideration, after the commissioner's
26.24 disposition of a request for reconsideration is provided to the applicant or license holder.

26.25 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
26.26 whichever is later. The commissioner of children, youth, and families must notify the revisor
26.27 of statutes when federal approval is obtained.

26.28 **Sec. 4. [142B.181] POSTING LICENSING ACTIONS ON DEPARTMENT**
26.29 **WEBSITE.**

26.30 (a) The commissioner must post a summary document for each licensing action issued
26.31 to a licensed child care center and family child care provider on the Licensing Information

27.1 Lookup public website maintained by the Department of Children, Youth, and Families.
27.2 The commissioner must not post any communication, including letters, from the
27.3 commissioner to the center or provider.

27.4 (b) The commissioner must remove a summary document from the Licensing Information
27.5 Lookup public website within ten days of the length of time that the document is required
27.6 to be posted under Code of Federal Regulations, title 45, section 98.33.

27.7 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,
27.8 whichever is later. The commissioner of children, youth, and families must notify the revisor
27.9 of statutes when federal approval is obtained."

27.10 Page 490, line 19, after the period, insert "Notwithstanding Minnesota Rules, part
27.11 3400.0010,"

27.12 Page 493, after line 30, insert:

27.13 "Sec. 13. Minnesota Statutes 2024, section 245.0962, subdivision 1, is amended to read:

27.14 Subdivision 1. **Establishment.** The commissioner of ~~human services~~ children, youth,
27.15 and families must establish a quality parenting initiative grant program to implement quality
27.16 parenting initiative principles and practices to support children and families experiencing
27.17 foster care placements."

27.18 Page 494, after line 8, insert:

27.19 "Sec. 15. Laws 2021, First Special Session chapter 7, article 2, section 81, is amended to
27.20 read:

27.21 **Sec. 81. FAMILY CHILD CARE REGULATION MODERNIZATION.**

27.22 (a) The commissioner of ~~human services~~ shall children, youth, and families must contract
27.23 with an experienced and independent organization or individual consultant to conduct the
27.24 work outlined in this section. If practicable, the commissioner must contract with the National
27.25 Association for Regulatory Administration.

27.26 (b) The consultant must develop a proposal for updated family child care licensing
27.27 standards and solicit input from stakeholders as described in paragraph (d). The proposed
27.28 new standards must protect the health and safety of children in family child care programs
27.29 and be child centered, family friendly, and fair to providers.

27.30 (c) The consultant must work with stakeholders and the Department of Children, Youth,
27.31 and Families, as described in paragraph (d), to develop a proposal for a risk-based model

for monitoring compliance with family child care licensing standards, ~~grounded in national regulatory best practices~~. Violations in the new model must be weighted to reflect the potential risk they pose to children's health and safety, and licensing sanctions must be tied to the potential risk. ~~The proposed new model must protect the health and safety of children in family child care programs and be child-centered, family-friendly, and fair to providers.~~

(d) The consultant ~~shall~~ must develop and implement a stakeholder engagement process that solicits input from parents, licensed family child care providers, county licensors, staff of the Department of ~~Human Services~~ Children, Youth, and Families, and experts in child development about licensing standards, tiers for violations of the standards based on the potential risk of harm that each violation poses, and licensing sanctions for each tier. The consultant and commissioner must engage with working groups of licensed family child care providers at least five times throughout the stakeholder engagement process, and include both daytime and evening engagement opportunities as needed.

(e) The consultant shall solicit input from parents, licensed family child care providers, county licensors, and staff of the Department of ~~Human Services~~ Children, Youth, and Families about which family child care providers should be eligible for abbreviated inspections that predict compliance with other licensing standards for licensed family child care providers using key indicators previously identified by an empirically based statistical methodology developed by the National Association for Regulatory Administration and the Research Institute for Key Indicators.

(f) No later than ~~February~~ December 1, 2024 2025, the commissioner ~~shall~~ must submit a report and proposed legislation required to implement the new licensing model and the new licensing standards to the chairs and ranking minority members of the legislative committees with jurisdiction over child care regulation. Throughout the drafting of the report and proposed legislation required under this paragraph, the commissioner must engage providers whose primary language is not English to have those providers review translated drafts of the report and written materials provided at engagement sessions to provide feedback on the draft standards. This engagement must occur within focus groups or meetings that are held at convenient times for the providers, including both daytime and evening sessions.

(g) The proposals developed under paragraphs (b) and (c); any presentations, summary documents, engagement invitations, surveys, and drafts of the report used in the stakeholder engagement process under paragraph (d) or when soliciting input under paragraph (e); and the report required under paragraph (f) must also be made available in Hmong, Somali, and Spanish.

29.1 (h) The updated family child care licensing standards proposed under paragraph (b) and
29.2 the risk-based model for monitoring compliance with family child care licensing standards
29.3 proposed under paragraph (c) must not be implemented any earlier than January 1, 2027."

29.4 Page 497, delete section 2

29.5 Page 499, delete section 4

29.6 Page 510, delete section 18

29.7 Page 586, line 4, delete everything after "must" and insert "meet the following criteria:"

29.8 Page 586, delete line 5

29.9 Page 586, after line 18, insert:

29.10 "Subd. 4. **Exception.** A property with green burial plots in a designated location on or
29.11 before July 1, 2025, does not need to comply with the requirement of subdivision 3, paragraph
29.12 (a), clause (1)."

29.13 Renumber the subdivisions in sequence

29.14 Page 587, line 17, delete everything after "must" and insert "meet the following criteria:"

29.15 Page 587, delete line 18

29.16 Page 588, after line 1, insert:

29.17 "Subd. 4. **Exception.** A property with green burial plots in a designated location on or
29.18 before July 1, 2025, does not need to comply with the requirement of subdivision 3, paragraph
29.19 (a), clause (1)."

29.20 Renumber the subdivisions in sequence

29.21 Page 590, after line 30, insert:

29.22 "Sec. 17. **DIRECTION TO THE COMMISSIONERS OF HEALTH; HUMAN**
29.23 **SERVICES; AND CHILDREN, YOUTH, AND FAMILIES; REPORTS ON GRANT**
29.24 **FUNDING.**

29.25 (a) Beginning January 15, 2026, and then each odd-numbered year thereafter, the
29.26 commissioners of health; human services; and children, youth, and families must each
29.27 submit a report that contains an accurate list of all grants with funds appropriated in the
29.28 preceding fiscal year and appropriated for the current biennium and the following biennium
29.29 that are administered by each commissioner and must include for each grant:

29.30 (1) the name of the grant;

(2) a description of the grant, including the eligibility criteria of grantees and the purpose of the grant;

(3) the amount appropriated in each fiscal year that supports the total appropriation for each grant budget activity for the November forecast in each even-numbered year; and

(4) the accurate and complete statutory or Minnesota Laws citation for the authority for the grant.

(b) The commissioner of health must submit the report in paragraph (a) to the chairs and ranking minority members of the legislative committees with jurisdiction over health, and to the director of the House Research Department, the chief fiscal analyst of the House Fiscal Analysis Department, and the director of Senate Counsel, Research and Fiscal Analysis.

(c) The commissioner of human services must submit the report in paragraph (a) to the chairs and ranking minority members of the legislative committees with jurisdiction over human services, and to the director of the House Research Department, the chief fiscal analyst of the House Fiscal Analysis Department, and the director of Senate Counsel, Research and Fiscal Analysis.

(d) The commissioner of children, youth, and families must submit the report in paragraph (a) to the chairs and ranking minority members of the legislative committees with jurisdiction over children, youth, and families, and to the director of the House Research Department, the chief fiscal analyst of the House Fiscal Analysis Department, and the director of Senate Counsel, Research and Fiscal Analysis."

Pages 592 to 654, delete articles 24 to 27 and insert:

"ARTICLE 24

DEPARTMENT OF HUMAN SERVICES APPROPRIATIONS

Section 1. HUMAN SERVICES APPROPRIATIONS.

The sums shown in the columns marked "Appropriations" are appropriated to the commissioner of human services 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 "2026" and "2027" used in this article mean that the appropriations listed under them are available for the fiscal year ending June 30, 2026, or June 30, 2027, respectively. "The first year" is fiscal year 2026. "The second year" is fiscal year 2027. "The biennium" is fiscal years 2026 and 2027.

31.1	<u>APPROPRIATIONS</u>		
31.2	<u>Available for the Year</u>		
31.3	<u>Ending June 30</u>		
31.4		<u>2026</u>	<u>2027</u>
31.5	Sec. 2. <u>COMMISSIONER OF HUMAN</u>		
31.6	<u>SERVICES</u>	\$ <u>3,270,735,000</u>	\$ <u>3,436,450,000</u>
31.7	<u>Subdivision 1. Total Appropriation</u>		
31.8	<u>Appropriations by Fund</u>		
31.9		<u>2026</u>	<u>2027</u>
31.10	<u>General</u>	<u>1,954,922,000</u>	<u>2,172,448,000</u>
31.11	<u>State Government</u>		
31.12	<u>Special Revenue</u>	<u>4,273,000</u>	<u>4,273,000</u>
31.13	<u>Health Care Access</u>	<u>1,311,183,000</u>	<u>1,259,372,000</u>
31.14	<u>Lottery Prize</u>	<u>163,000</u>	<u>163,000</u>
31.15	<u>Family and Medical</u>		
31.16	<u>Benefit Insurance</u>	<u>194,000</u>	<u>194,000</u>
31.17	<u>The amounts that may be spent for each</u>		
31.18	<u>purpose are specified in this article.</u>		
31.19	<u>Subd. 2. Information Technology Appropriations</u>		
31.20	<u>(a) IT appropriations generally. This</u>		
31.21	<u>appropriation includes money for information</u>		
31.22	<u>technology projects, services, and support.</u>		
31.23	<u>Funding for information technology project</u>		
31.24	<u>costs must be incorporated into the</u>		
31.25	<u>service-level agreement and paid to Minnesota</u>		
31.26	<u>IT Services by the Department of Human</u>		
31.27	<u>Services under the rates and mechanism</u>		
31.28	<u>specified in that agreement.</u>		
31.29	<u>(b) Receipts for systems project.</u>		
31.30	<u>Appropriations and federal receipts for</u>		
31.31	<u>information technology systems projects for</u>		
31.32	<u>MMIS and METS must be deposited in the</u>		
31.33	<u>state systems account authorized in Minnesota</u>		
31.34	<u>Statutes, section 256.014. Money appropriated</u>		

32.1 for information technology projects approved
32.2 by the commissioner of Minnesota IT
32.3 Services, funded by the legislature, and
32.4 approved by the commissioner of management
32.5 and budget may be transferred from one
32.6 project to another and from development to
32.7 operations as the commissioner of human
32.8 services deems necessary. Any unexpended
32.9 balance in the appropriation for these projects
32.10 does not cancel and is available for ongoing
32.11 development and operations.

32.12 **Sec. 3. CENTRAL OFFICE; OPERATIONS**

32.13	<u>Subdivision 1. Total Appropriation</u>	\$	167,050,000	\$	172,312,000
-------	--	-----------	--------------------	-----------	--------------------

32.14 Appropriations by Fund

32.15	General	145,200,000	148,935,000
-------	---------	-------------	-------------

32.16 State Government

32.17	<u>Special Revenue</u>	248,000	248,000
-------	------------------------	---------	---------

32.18	Health Care Access	21,408,000	22,935,000
-------	--------------------	------------	------------

32.19 Family and Medical

32.20	Benefits Insurance	194,000	194,000
-------	---------------------------	---------	---------

32.21 Subd. 2. **Administrative Recovery; Set-Aside**

32.22 The commissioner may invoice local entities
32.23 through the SWIFT accounting system as an
32.24 alternative means to recover the actual cost of
32.25 administering the following provisions:

32.26 (1) the statewide data management system
32.27 authorized in Minnesota Statutes, section
32.28 125A.744, subdivision 3;

32.29 (2) repayment of the special revenue
32.30 maximization account as provided under
32.31 Minnesota Statutes, section 245.495,
32.32 paragraph (b);

32.33 (3) repayment of the special revenue

32.34 maximization account as provided under

33.1 Minnesota Statutes, section 256B.0625,

33.2 subdivision 20, paragraph (k);

33.3 (4) targeted case management under

33.4 Minnesota Statutes, section 256B.0924,

33.5 subdivision 6, paragraph (g);

33.6 (5) residential services for children with severe

33.7 emotional disturbance under Minnesota

33.8 Statutes, section 256B.0945, subdivision 4,

33.9 paragraph (d); and

33.10 (6) repayment of the special revenue

33.11 maximization account as provided under

33.12 Minnesota Statutes, section 256F.10,

33.13 subdivision 6, paragraph (b).

33.14 Subd. 3. **Family and Medical Benefit Insurance**

33.15 \$194,000 in fiscal year 2026 and \$194,000 in

33.16 fiscal year 2027 are from the family and

33.17 medical benefit insurance fund for systems

33.18 costs to administer Minnesota Statutes, chapter

33.19 268B.

33.20 Subd. 4. **Base Level Adjustment**

33.21 The general fund base for this section is

33.22 \$149,621,000 in fiscal year 2028 and

33.23 \$150,581,000 in fiscal year 2029.

33.24 Sec. 4. **CENTRAL OFFICE; HEALTH CARE**

33.25 Subdivision 1. **Total Appropriation** \$ 66,827,000 \$ 62,780,000

33.26 Appropriations by Fund

33.27 <u>General</u>	<u>38,659,000</u>	<u>34,612,000</u>
33.28 <u>Health Care Access</u>	<u>28,168,000</u>	<u>28,168,000</u>

33.29 Subd. 2. **Base Level Adjustment**

33.30 The general fund base for this section is

33.31 \$34,639,000 in fiscal year 2028 and

33.32 \$34,639,000 in fiscal year 2029.

34.1	<u>Sec. 5. CENTRAL OFFICE; AGING AND</u>		
34.2	<u>DISABILITY SERVICES</u>	<u>\$ 49,290,000</u>	<u>\$ 49,194,000</u>
34.3	<u>Appropriations by Fund</u>		
34.4	<u>General</u>	<u>49,165,000</u>	<u>49,069,000</u>
34.5	<u>State Government</u>		
34.6	<u>Special Revenue</u>	<u>125,000</u>	<u>125,000</u>
34.7	<u>Sec. 6. CENTRAL OFFICE; BEHAVIORAL</u>		
34.8	<u>HEALTH</u>		
34.9	<u>Subdivision 1. Total Appropriation</u>	<u>\$ 22,563,000</u>	<u>\$ 22,159,000</u>
34.10	<u>Appropriations by Fund</u>		
34.11	<u>General</u>	<u>22,400,000</u>	<u>21,996,000</u>
34.12	<u>Lottery Prize</u>	<u>163,000</u>	<u>163,000</u>
34.13	<u>Subd. 2. Psychiatric Residential Treatment</u>		
34.14	<u>Facility Report</u>		
34.15	<u>\$288,000 in fiscal year 2026 is from the</u>		
34.16	<u>general fund for the development of the</u>		
34.17	<u>psychiatric residential treatment facility report</u>		
34.18	<u>and proposed legislation. This is a onetime</u>		
34.19	<u>appropriation and is available until June 30,</u>		
34.20	<u>2027.</u>		
34.21	<u>Subd. 3. Online Behavioral Health Program</u>		
34.22	<u>Locator</u>		
34.23	<u>(a) \$959,000 in fiscal year 2026 and \$959,000</u>		
34.24	<u>in fiscal year 2027 are from the general fund</u>		
34.25	<u>for an online behavioral health program</u>		
34.26	<u>locator.</u>		
34.27	<u>(b) Any vendor selected to administer the</u>		
34.28	<u>online behavioral health program locator under</u>		
34.29	<u>paragraph (a) must be based in Minnesota.</u>		
34.30	<u>Notwithstanding section 25, this paragraph</u>		
34.31	<u>does not expire.</u>		
34.32	<u>Sec. 7. CENTRAL OFFICE; HOMELESSNESS,</u>		
34.33	<u>HOUSING, AND SUPPORT SERVICES</u>	<u>\$ 7,065,000</u>	<u>\$ 6,421,000</u>
34.34	<u>Sec. 8. CENTRAL OFFICE; OFFICE OF</u>		
34.35	<u>INSPECTOR GENERAL</u>		

35.1	<u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>36,262,000</u>	<u>\$</u>	<u>37,456,000</u>
35.2	<u>Appropriations by Fund</u>				
35.3	<u>General</u>	<u>31,421,000</u>	<u>32,615,000</u>		
35.4	<u>State Government</u>				
35.5	<u>Special Revenue</u>	<u>3,900,000</u>	<u>3,900,000</u>		
35.6	<u>Health Care Access</u>	<u>941,000</u>	<u>941,000</u>		
35.7	<u>Subd. 2. Base Level Adjustment</u>				
35.8	<u>The general fund base for this section is</u>				
35.9	<u>\$32,671,000 in fiscal year 2028 and</u>				
35.10	<u>\$32,617,000 in fiscal year 2029.</u>				
35.11	<u>Sec. 9. FORECASTED PROGRAMS;</u>				
35.12	<u>GENERAL ASSISTANCE</u>	<u>\$</u>	<u>84,138,000</u>	<u>\$</u>	<u>86,462,000</u>
35.13	<u>Emergency General Assistance</u>				
35.14	<u>(a) The amount appropriated for emergency</u>				
35.15	<u>general assistance is up to \$6,729,812 in fiscal</u>				
35.16	<u>year 2026 and up to \$6,729,812 in fiscal year</u>				
35.17	<u>2027.</u>				
35.18	<u>(b) Money to counties for emergency general</u>				
35.19	<u>assistance shall be allocated by the</u>				
35.20	<u>commissioner using the allocation method</u>				
35.21	<u>under Minnesota Statutes, section 256D.06,</u>				
35.22	<u>subdivision 2, paragraph (c).</u>				
35.23	<u>Sec. 10. FORECASTED PROGRAMS;</u>				
35.24	<u>MINNESOTA SUPPLEMENTAL</u>				
35.25	<u>ASSISTANCE</u>	<u>\$</u>	<u>67,113,000</u>	<u>\$</u>	<u>69,089,000</u>
35.26	<u>Sec. 11. FORECASTED PROGRAMS;</u>				
35.27	<u>HOUSING SUPPORT</u>	<u>\$</u>	<u>269,258,000</u>	<u>\$</u>	<u>279,703,000</u>
35.28	<u>Sec. 12. FORECASTED PROGRAMS;</u>				
35.29	<u>MINNESOTACARE</u>	<u>\$</u>	<u>106,426,000</u>	<u>\$</u>	<u>170,050,000</u>
35.30	<u>This appropriation is from the health care</u>				
35.31	<u>access fund.</u>				
35.32	<u>Sec. 13. FORECASTED PROGRAMS;</u>				
35.33	<u>MEDICAL ASSISTANCE</u>	<u>\$</u>	<u>2,138,140,000</u>	<u>\$</u>	<u>2,222,830,000</u>

36.1	<u>Appropriations by Fund</u>			
36.2	<u>General</u>	<u>987,365,000</u>	<u>1,189,017,000</u>	
36.3	<u>Health Care Access</u>	<u>1,150,775,000</u>	<u>1,033,813,000</u>	
36.4	<u>The health care access fund base for this</u>			
36.5	<u>section is \$1,005,182,000 in fiscal year 2028</u>			
36.6	<u>and \$1,007,298,000 in fiscal year 2029.</u>			
36.7	<u>Sec. 14. GRANT PROGRAMS; CHILD AND</u>			
36.8	<u>COMMUNITY SERVICES GRANTS</u>	<u>\$</u>	<u>5,655,000</u>	<u>\$ 5,655,000</u>
36.9	<u>Sec. 15. GRANT PROGRAMS; REFUGEE</u>			
36.10	<u>SERVICES GRANTS</u>	<u>\$</u>	<u>100,000</u>	<u>\$ 100,000</u>
36.11	<u>Sec. 16. GRANT PROGRAMS; HEALTH</u>			
36.12	<u>CARE GRANTS</u>	<u>\$</u>	<u>8,176,000</u>	<u>\$ 8,176,000</u>
36.13	<u>Appropriations by Fund</u>			
36.14	<u>General</u>	<u>4,711,000</u>	<u>4,711,000</u>	
36.15	<u>Health Care Access</u>	<u>3,465,000</u>	<u>3,465,000</u>	
36.16	<u>Sec. 17. GRANT PROGRAMS; DISABILITIES</u>			
36.17	<u>GRANTS</u>	<u>\$</u>	<u>(2,220,000)</u>	<u>\$ (2,220,000)</u>
36.18	<u>Sec. 18. GRANT PROGRAMS; HOUSING AND</u>			
36.19	<u>SUPPORT SERVICES GRANTS</u>	<u>\$</u>	<u>89,570,000</u>	<u>\$ 92,911,000</u>
36.20	<u>Subdivision 1. Family Supportive Housing Grant</u>			
36.21	<u>Program</u>			
36.22	<u>\$700,000 in fiscal year 2026 is for the family</u>			
36.23	<u>supportive housing grant program. This is a</u>			
36.24	<u>onetime appropriation and is available until</u>			
36.25	<u>June 30, 2027.</u>			
36.26	<u>Subd. 2. Grant for Catholic Charities Homeless</u>			
36.27	<u>Elders Program</u>			
36.28	<u>\$959,000 in fiscal year 2026 is for a grant to</u>			
36.29	<u>Catholic Charities of St. Paul and Minneapolis</u>			
36.30	<u>for the homeless elders program that helps</u>			
36.31	<u>homeless, isolated, and low-income older</u>			
36.32	<u>adults to move into stable housing. This is a</u>			
36.33	<u>onetime appropriation and is available until</u>			
36.34	<u>June 30, 2027.</u>			
36.35	<u>Sec. 19. GRANT PROGRAMS; ADULT</u>			
36.36	<u>MENTAL HEALTH GRANTS</u>	<u>\$</u>	<u>110,977,000</u>	<u>\$ 110,977,000</u>

37.1 **Early Episode of Bipolar Disorder Grants.**

37.2 \$125,000 in fiscal year 2026 and \$125,000 in
37.3 fiscal year 2027 are for early episode of
37.4 bipolar disorder grants under Minnesota
37.5 Statutes, section 245.4905.

37.6 **Sec. 20. GRANT PROGRAMS; CHILD**
37.7 **MENTAL HEALTH GRANTS**

\$ 37,625,000 \$ 35,675,000

37.8 **Subdivision 1. Grant to Mental Health**
37.9 **Collaboration Hub Innovation Pilot Program**

37.10 \$750,000 in fiscal year 2026 is for a grant to
37.11 the Mental Health Collaboration Hub for the
37.12 Mental Health Collaboration Hub innovation
37.13 pilot program. This is a onetime appropriation
37.14 and is available until June 30, 2027.

37.15 **Subd. 2. Psychiatric Residential Treatment**
37.16 **Start-Up and Capacity-Building Grants**

37.17 \$200,000 in fiscal year 2026 is for a grant to
37.18 Clay County under Minnesota Statutes, section
37.19 256B.0941, subdivision 5, for a new 18-bed
37.20 psychiatric residential treatment facility in
37.21 Clay County. This is a onetime appropriation
37.22 and is available until June 30, 2029.

37.23 **Subd. 3. Grant to Clay County for Psychiatric**
37.24 **Residential Treatment Facility**

37.25 \$1,000,000 in fiscal year 2026 is for a grant
37.26 to Clay County for the purchase of equipment
37.27 and final redesign and remodeling for the
37.28 conversion of the West Central Regional
37.29 Juvenile Center nonsecure unit into an 18-bed
37.30 psychiatric residential treatment facility for
37.31 persons younger than 21 years of age, under
37.32 Minnesota Statutes, section 256B.0941. This
37.33 is a onetime appropriation.

38.1 Subd. 4. **School-Linked Behavioral Health**
38.2 **Grants**

38.3 \$22,576,000 in fiscal year 2026 and
38.4 \$22,576,000 in fiscal year 2027 are from the
38.5 general fund for school-linked behavioral
38.6 health grants under Minnesota Statutes, section
38.7 245.4901.

38.8 Sec. 21. **GRANT PROGRAMS; HIV GRANTS** \$ 6,720,000 \$ 6,720,000

38.9 **Grants to Community-Based HIV/AIDS**
38.10 **Support Services Providers.** \$4,500,000 in
38.11 fiscal year 2026 and \$4,500,000 in fiscal year
38.12 2027 are for grants to community-based
38.13 HIV/AIDS support services providers.

38.14 Sec. 22. **TRANSFERS.**

38.15 Subdivision 1. **Grants.** The commissioner of human services, with the advance approval
38.16 of the commissioner of management and budget, may transfer unencumbered appropriation
38.17 balances for the biennium ending June 30, 2027, within fiscal years among general assistance,
38.18 medical assistance, MinnesotaCare, the Minnesota supplemental aid program, the housing
38.19 support program, and the entitlement portion of the behavioral health fund between fiscal
38.20 years of the biennium. The commissioner shall report to the chairs and ranking minority
38.21 members of the legislative committees with jurisdiction over health and human services
38.22 quarterly about transfers made under this subdivision.

38.23 Subd. 2. **Administration.** Positions, salary money, and nonsalary administrative money
38.24 may be transferred within the Department of Human Services as the commissioner deems
38.25 necessary, with the advance approval of the commissioner of management and budget. The
38.26 commissioner shall report to the chairs and ranking minority members of the legislative
38.27 committees with jurisdiction over health and human services finance quarterly about transfers
38.28 made under this section.

38.29 Subd. 3. **Temporary authority for interagency transfers with Department of**
38.30 **Children, Youth, and Families.** Beginning July 1, 2025, and until September 30, 2025,
38.31 administrative money may be transferred between the Department of Human Services and
38.32 Department of Children, Youth, and Families as the commissioners deem necessary, with
38.33 the advance approval of the commissioner of management and budget. The commissioners

39.1 shall report to the chairs and ranking minority members of the legislative committees with
39.2 jurisdiction over children and families quarterly about transfers made under this section.

39.3 Sec. 23. **CANCELLATIONS.**

39.4 Subdivision 1. **School-linked behavioral health grants.** \$3,000,000 of the fiscal year
39.5 2025 general fund appropriation in Laws 2024, chapter 127, article 67, section 2, subdivision
39.6 9, paragraph (a), is canceled to the general fund.

39.7 Subd. 2. **New American legal, social services, and long-term care workforce grant**
39.8 **program.** \$7,000,000 of the fiscal year 2024 general fund appropriation in Laws 2023,
39.9 chapter 70, article 20, section 2, subdivision 25, is canceled to the general fund.

39.10 Subd. 3. **Mobile crisis grants.** \$1,672,000 of the fiscal year 2025 general fund
39.11 appropriation in Laws 2023, chapter 70, article 20, section 2, subdivision 29, paragraph (e),
39.12 is canceled to the general fund.

39.13 Subd. 4. **Child mental health grants.** \$250,000 of the fiscal year 2025 general fund
39.14 appropriation in Laws 2023, chapter 70, article 20, section 2, subdivision 30, is canceled to
39.15 the general fund.

39.16 Subd. 5. **Emergency medical assistance legal referral costs.** \$100,000 of the 2025
39.17 general fund appropriation in Laws 2023, chapter 70, article 20, section 2, subdivision 26,
39.18 is canceled to the general fund.

39.19 Subd. 6. **Grants to navigators.** \$800,000 of the fiscal year 2024 health care access fund
39.20 appropriation in Laws 2023, chapter 22, section 4, subdivision 2, is canceled to the health
39.21 care access fund.

39.22 Subd. 7. **Mille Lacs Band of Ojibwe American Indian child welfare**
39.23 **initiative.** \$5,294,000 of the fiscal year 2025 general fund appropriation in Laws 2023,
39.24 chapter 70, article 20, section 2, subdivision 22, paragraph (b), is canceled to the general
39.25 fund.

39.26 Subd. 8. **Transition grant program.** \$293,000 of the fiscal year 2024 general fund
39.27 appropriation in Laws 2023, chapter 70, article 20, section 2, subdivision 20, paragraph (b),
39.28 is canceled to the general fund.

39.29 Subd. 9. **Grant to administer pool of qualified individuals for assessments.** \$250,000
39.30 of the fiscal year 2025 general fund appropriation in Laws 2023, chapter 70, article 20,
39.31 section 2, subdivision 22, paragraph (k), is canceled to the general fund.

Subd. 10. **IT systems improvements for children and families.** \$10,000,000 of the fiscal year 2024 general fund appropriation in Laws 2023, chapter 70, article 20, section 2, subdivision 4, paragraph (g), is canceled to the general fund.

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

Sec. 24. **GRANT ADMINISTRATION COSTS.**

The administrative costs retention requirement under Minnesota Statutes, section 16B.98, subdivision 14, is inapplicable to any appropriation in this article for a grant.

Sec. 25. **EXPIRATION OF UNCODIFIED LANGUAGE.**

All uncodified language contained in this article expires June 30, 2027, unless a different expiration date is explicit or an appropriation is made available beyond June 30, 2027.

Sec. 26. Laws 2023, chapter 70, article 20, section 2, subdivision 30, is amended to read:

Subd. 30. Grant Programs; Child Mental Health		37,934,000
Grants	44,487,000	<u>37,734,000</u>

(a) **Psychiatric residential treatment facility start-up grants.** \$1,000,000 in fiscal year 2024 and ~~\$1,000,000~~ \$800,000 in fiscal year 2025 are for psychiatric residential treatment facility start-up grants under Minnesota Statutes, section 256B.0941, subdivision 5. This is a onetime appropriation and is available until June 30, 2027.

(b) **African American Child Wellness Institute.** \$2,000,000 in fiscal year 2024 is for a grant to the African American Child Wellness Institute to provide culturally specific mental health and substance use disorder services under Minnesota Statutes, section 245.0961. This is a onetime appropriation and is available until June 30, 2027.

41.1 (c) **Base level adjustment.** The general fund
41.2 base is \$34,648,000 in fiscal year 2026 and
41.3 \$34,648,000 in fiscal year 2027.

41.4 **ARTICLE 25**
41.5 **DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES APPROPRIATIONS**
41.6 Section 1. **CHILDREN, YOUTH, AND FAMILIES APPROPRIATIONS.**
41.7 The sums shown in the columns marked "Appropriations" are appropriated to the agencies
41.8 and for the purposes specified in this article. The appropriations are from the general fund,
41.9 or another named fund, and are available for the fiscal years indicated for each purpose.
41.10 The figures "2026" and "2027" used in this article mean that the appropriations listed under
41.11 them are available for the fiscal year ending June 30, 2026, or June 30, 2027, respectively.
41.12 "The first year" is fiscal year 2026. "The second year" is fiscal year 2027. "The biennium"
41.13 is fiscal years 2026 and 2027.

41.14	<u>APPROPRIATIONS</u>			
41.15	<u>Available for the Year</u>			
41.16	<u>Ending June 30</u>			
41.17		<u>2026</u>		<u>2027</u>
41.18	Sec. 2. <u>COMMISSIONER OF CHILDREN,</u>			
41.19	<u>YOUTH, AND FAMILIES</u>	<u>\$ 1,353,351,000</u>	<u>\$</u>	<u>1,419,413,000</u>

41.20	<u>Appropriations by Fund</u>		
41.21		<u>2026</u>	<u>2027</u>
41.22	<u>General</u>	<u>1,049,362,000</u>	<u>1,094,962,000</u>
41.23	<u>State Government</u>		
41.24	<u>Special Revenue</u>	<u>732,000</u>	<u>732,000</u>
41.25	<u>Federal TANF</u>	<u>302,921,000</u>	<u>323,383,000</u>
41.26	<u>Family and Medical</u>		
41.27	<u>Benefit Insurance</u>	<u>336,000</u>	<u>336,000</u>

41.28 The amounts that may be spent for each
41.29 purpose are specified in the following sections.

41.30 Sec. 3. **TANF MAINTENANCE OF EFFORT**
41.31 **Subdivision 1. Nonfederal Expenditures**
41.32 The commissioner shall ensure that sufficient
41.33 qualified nonfederal expenditures are made

42.1 each year to meet the state's maintenance of
42.2 effort requirements of the TANF block grant
42.3 specified under Code of Federal Regulations,
42.4 title 45, section 263.1. In order to meet these
42.5 basic TANF maintenance of effort
42.6 requirements, the commissioner may report
42.7 as TANF maintenance of effort expenditures
42.8 only nonfederal money expended for allowable
42.9 activities listed in the following clauses:

42.10 (1) MFIP cash, diversionary work program,
42.11 and food assistance benefits under Minnesota
42.12 Statutes, chapter 142G;

42.13 (2) the child care assistance programs under
42.14 Minnesota Statutes, sections 142E.04 and
42.15 142E.08, and county child care administrative
42.16 costs under Minnesota Statutes, section
42.17 142E.02, subdivision 9;

42.18 (3) state and county MFIP administrative costs
42.19 under Minnesota Statutes, chapters 142G and
42.20 256K;

42.21 (4) state, county, and Tribal MFIP
42.22 employment services under Minnesota
42.23 Statutes, chapters 142G and 256K;

42.24 (5) expenditures made on behalf of legal
42.25 noncitizen MFIP recipients who qualify for
42.26 the MinnesotaCare program under Minnesota
42.27 Statutes, chapter 256L;

42.28 (6) qualifying working family credit
42.29 expenditures under Minnesota Statutes, section
42.30 290.0671, and child tax credit expenditures
42.31 under Minnesota Statutes, section 290.0661;

42.32 (7) qualifying Minnesota education credit
42.33 expenditures under Minnesota Statutes, section
42.34 290.0674; and

43.1 (8) qualifying Head Start expenditures under
43.2 Minnesota Statutes, section 142D.12.

43.3 **Subd. 2. Nonfederal Expenditures; Reporting**

43.4 For the activities listed in subdivision 1,
43.5 clauses (2) to (8), the commissioner may
43.6 report only expenditures that are excluded
43.7 from the definition of assistance under Code
43.8 of Federal Regulations, title 45, section
43.9 260.31.

43.10 **Subd. 3. Supplemental Expenditures**

43.11 The commissioner may supplement the
43.12 maintenance of effort claim with working
43.13 family credit expenditures or other qualified
43.14 expenditures to the extent such expenditures
43.15 are otherwise available after considering the
43.16 expenditures allowed in this section.

43.17 **Subd. 4. Reduction of Appropriations; Exception**

43.18 The requirement in Minnesota Statutes, section
43.19 142A.06, subdivision 3, that federal grants or
43.20 aids secured or obtained under that subdivision
43.21 be used to reduce any direct appropriations
43.22 provided by law does not apply if the grants
43.23 or aids are federal TANF funds.

43.24 **Subd. 5. IT Appropriations Generally**

43.25 This appropriation includes funds for
43.26 information technology projects, services, and
43.27 support. Funding for information technology
43.28 project costs must be incorporated into the
43.29 service level agreement and paid to Minnesota
43.30 IT Services by the Department of Children,
43.31 Youth, and Families under the rates and
43.32 mechanism specified in that agreement.

Subd. 6. **Receipts for Systems Project**

Appropriations and federal receipts for
information technology systems projects for
MAXIS, PRISM, ISDS, and SSIS must be
deposited in the state systems account
authorized in Minnesota Statutes, section
142A.04. Money appropriated for information
technology projects approved by the
commissioner of Minnesota IT Services,
funded by the legislature, and approved by the
commissioner of management and budget may
be transferred from one project to another and
from development to operations as the
commissioner of children, youth, and families
considers necessary. Any unexpended balance
in the appropriation for these projects does not
cancel and is available for ongoing
development and operations.

Subd. 7. **Federal SNAP Education and Training Grants**

Federal funds available during fiscal years
2026 and 2027 for Supplemental Nutrition
Assistance Program Education and Training
and SNAP Quality Control Performance
Bonus grants are appropriated to the
commissioner of human services for the
purposes allowable under the terms of the
federal award. This subdivision is effective
the day following final enactment.

Sec. 4. OPERATIONS AND
ADMINISTRATION; AGENCY-WIDE
SUPPORTS

Subdivision 1. <u>Total Appropriation</u>	<u>\$</u>	<u>110,319,000</u>	<u>\$</u>	<u>103,807,000</u>
<u>Appropriations by Fund</u>				
	<u>2026</u>	<u>2027</u>		

45.1	<u>General</u>	<u>109,151,000</u>	<u>102,639,000</u>
45.2	<u>State Government</u>		
45.3	<u>Special Revenue</u>	<u>732,000</u>	<u>732,000</u>
45.4	<u>Federal TANF</u>	<u>100,000</u>	<u>100,000</u>
45.5	<u>Family and Medical</u>		
45.6	<u>Benefit Insurance</u>	<u>336,000</u>	<u>336,000</u>
45.7	<u>Subd. 2. Information Technology</u>		
45.8	<u>\$10,000,000 in fiscal year 2026 is from the</u>		
45.9	<u>general fund for information technology</u>		
45.10	<u>improvements to SSIS. This is a onetime</u>		
45.11	<u>appropriation.</u>		
45.12	<u>Subd. 3. Child Welfare Fiscal Analysis</u>		
45.13	<u>\$250,000 in fiscal year 2026 is from the</u>		
45.14	<u>general fund to contract with a third-party</u>		
45.15	<u>consultant to conduct an independent fiscal</u>		
45.16	<u>analysis of the child welfare system in</u>		
45.17	<u>Minnesota. This is a onetime appropriation</u>		
45.18	<u>and is available until June 30, 2029.</u>		
45.19	<u>Subd. 4. Family and Medical Benefit Insurance</u>		
45.20	<u>\$336,000 in fiscal year 2026 and \$336,000 in</u>		
45.21	<u>fiscal year 2027 are from the family and</u>		
45.22	<u>medical benefit insurance fund for systems</u>		
45.23	<u>costs to administer Minnesota Statutes, chapter</u>		
45.24	<u>268B.</u>		
45.25	<u>Subd. 5. Base Level Adjustment</u>		
45.26	<u>The general fund base for this section is</u>		
45.27	<u>\$102,534,000 in fiscal year 2028 and</u>		
45.28	<u>\$102,172,000 in fiscal year 2029.</u>		
45.29	<u>Sec. 5. OPERATIONS AND</u>		
45.30	<u>ADMINISTRATION; CHILD SAFETY AND</u>		
45.31	<u>PERMANENCY</u>	<u>\$ 17,232,000</u>	<u>\$ 16,945,000</u>
45.32	<u>Sec. 6. OPERATIONS AND</u>		
45.33	<u>ADMINISTRATION; EARLY CHILDHOOD</u>	<u>\$ 17,166,000</u>	<u>\$ 12,698,000</u>

46.1 Subdivision 1. Child Care Attendance and

46.2 Record-Keeping System

46.3 \$5,500,000 in fiscal year 2026 and \$1,000,000

46.4 in fiscal year 2027 are to develop a statewide

46.5 electronic attendance and record-keeping

46.6 system for the child care assistance program.

46.7 This is a onetime appropriation.

46.8 Subd. 2. Base Level Adjustment

46.9 The general fund base for this section is

46.10 \$11,698,000 in fiscal year 2028 and

46.11 \$11,698,000 in fiscal year 2029.

46.12 Sec. 7. OPERATIONS AND

46.13 ADMINISTRATION; ECONOMIC

46.14 OPPORTUNITY AND YOUTH SERVICES \$ 4,182,000 \$ 3,646,000

46.15 Subdivision 1. Scan of and Report on

46.16 Out-of-School and Youth Programming

46.17 \$402,000 in fiscal year 2026 is to conduct the

46.18 scan of and prepare the out-of-school and

46.19 youth programming report. This is a onetime

46.20 appropriation.

46.21 Subd. 2. Youth Intervention Programs

46.22 Association Grant

46.23 Notwithstanding the percentage requirement

46.24 under Minnesota Statutes, section 142A.43,

46.25 subdivision 3, \$355,000 in fiscal year 2026

46.26 and \$355,000 in fiscal year 2027 are for a

46.27 grant to the Minnesota Youth Intervention

46.28 Programs Association for collaboration,

46.29 program development, professional

46.30 development training, technical assistance,

46.31 tracking, and analyzing and reporting outcome

46.32 data for the community-based grantees of the

46.33 program.

47.1	<u>Subd. 3. Base Level Adjustment</u>			
47.2	<u>The general fund base for this section is</u>			
47.3	<u>\$3,562,000 in fiscal year 2028 and \$3,562,000</u>			
47.4	<u>in fiscal year 2029.</u>			
47.5	<u>Sec. 8. OPERATIONS AND</u>			
47.6	<u>ADMINISTRATION; FAMILY WELL-BEING</u>	\$	<u>14,147,000</u>	\$ <u>14,147,000</u>
47.7	<u>Appropriations by Fund</u>			
47.8		<u>2026</u>	<u>2027</u>	
47.9	<u>General</u>	<u>10,471,000</u>	<u>10,471,000</u>	
47.10	<u>Federal TANF</u>	<u>3,676,000</u>	<u>3,676,000</u>	
47.11	<u>Sec. 9. FORECASTED PROGRAMS;</u>			
47.12	<u>MFIP/DWP</u>	\$	<u>230,473,000</u>	\$ <u>268,167,000</u>
47.13	<u>Appropriations by Fund</u>			
47.14		<u>2026</u>	<u>2027</u>	
47.15	<u>General</u>	<u>99,272,000</u>	<u>116,504,000</u>	
47.16	<u>Federal TANF</u>	<u>131,201,000</u>	<u>151,663,000</u>	
47.17	<u>Sec. 10. FORECASTED PROGRAMS; MFIP</u>			
47.18	<u>CHILD CARE ASSISTANCE</u>	\$	<u>100,244,000</u>	\$ <u>137,333,000</u>
47.19	<u>Sec. 11. FORECASTED PROGRAMS;</u>			
47.20	<u>NORTHSTAR CARE FOR CHILDREN</u>	\$	<u>110,214,000</u>	\$ <u>116,160,000</u>
47.21	<u>Sec. 12. GRANT PROGRAMS; SUPPORT</u>			
47.22	<u>SERVICES GRANTS</u>	\$	<u>111,359,000</u>	\$ <u>111,359,000</u>
47.23	<u>Appropriations by Fund</u>			
47.24		<u>2026</u>	<u>2027</u>	
47.25	<u>General</u>	<u>14,908,000</u>	<u>14,908,000</u>	
47.26	<u>Federal TANF</u>	<u>96,451,000</u>	<u>96,451,000</u>	
47.27	<u>Sec. 13. GRANT PROGRAMS; BASIC</u>			
47.28	<u>SLIDING FEE CHILD ASSISTANCE CARE</u>			
47.29	<u>GRANTS</u>	\$	<u>137,768,000</u>	\$ <u>135,212,000</u>
47.30	<u>Sec. 14. GRANT PROGRAMS; CHILD CARE</u>			
47.31	<u>DEVELOPMENT GRANTS</u>	\$	<u>139,120,000</u>	\$ <u>138,819,000</u>
47.32	<u>Subdivision 1. St. Cloud Area School District</u>			
47.33	<u>Preschool Programs Grant</u>			
47.34	<u>\$301,000 in fiscal year 2026 is for a grant to</u>			
47.35	<u>Independent School District No. 742 for the</u>			
47.36	<u>Preschool 4 Success program operated with</u>			

48.1 the Rotary Club of St. Cloud. This is a onetime
48.2 appropriation and is available until June 30,
48.3 2027.

48.4 Subd. 2. **Great Start Compensation Support**
48.5 **Payments**

48.6 \$129,887,000 in fiscal year 2026 and
48.7 \$129,887,000 in fiscal year 2027 are for the
48.8 great start compensation support payments
48.9 under Minnesota Statutes, section 142D.21.

48.10	<u>Sec. 15. GRANT PROGRAMS; CHILD</u>			
48.11	<u>SUPPORT ENFORCEMENT GRANTS</u>	<u>\$</u>	<u>50,000</u>	<u>\$ 50,000</u>

48.12	<u>Sec. 16. GRANT PROGRAMS; CHILDREN'S</u>			
48.13	<u>SERVICES GRANTS</u>	<u>\$</u>	<u>41,704,000</u>	<u>\$ 41,705,000</u>

48.14 Subdivision 1. **Restorative Practices Initiatives**
48.15 **Grants**

48.16 The base funding for restorative practices
48.17 initiatives grants under Minnesota Statutes,
48.18 section 142A.76, subdivision 5, is reduced by
48.19 \$1,500,000 in fiscal year 2026 and \$1,500,000
48.20 in fiscal year 2027.

48.21 Subd. 2. **Fostering Connections to Success and**
48.22 **Increasing Adoptions Act**

48.23 The commissioner shall allocate funds from
48.24 the state's savings from the Fostering
48.25 Connections to Success and Increasing
48.26 Adoptions Act's expanded eligibility for Title
48.27 IV-E adoption assistance as required in
48.28 Minnesota Statutes, section 142A.61, and as
48.29 allowable under federal law. Additional
48.30 savings to the state as a result of the Fostering
48.31 Connections to Success and Increasing
48.32 Adoptions Act's expanded eligibility for Title
48.33 IV-E adoption assistance is for postadoption,
48.34 foster care, adoption, and kinship services,

49.1	<u>including a parent-to-parent support network</u>			
49.2	<u>and as allowable under federal law.</u>			
49.3	Sec. 17. <u>GRANT PROGRAMS; CHILD AND</u>			
49.4	<u>COMMUNITY SERVICE GRANTS</u>	\$	<u>87,984,000</u>	\$ <u>87,984,000</u>
49.5	Sec. 18. <u>GRANT PROGRAMS; CHILD AND</u>			
49.6	<u>ECONOMIC SUPPORT GRANTS</u>	\$	<u>18,167,000</u>	\$ <u>18,159,000</u>
49.7	<u>Subdivision 1. Regional Food Bank Grants</u>			
49.8	<u>\$2,980,000 in fiscal year 2026 and \$2,977,000</u>			
49.9	<u>in fiscal year 2027 are for regional food bank</u>			
49.10	<u>grants under Minnesota Statutes, section</u>			
49.11	<u>142F.16. This is a onetime appropriation and</u>			
49.12	<u>is available until June 30, 2027.</u>			
49.13	<u>Subd. 2. Minnesota Food Shelf Program</u>			
49.14	<u>\$2,000,000 in fiscal year 2026 and \$2,000,000</u>			
49.15	<u>in fiscal year 2027 are for food shelf programs</u>			
49.16	<u>grants under Minnesota Statutes, section</u>			
49.17	<u>142F.14. This is a onetime appropriation and</u>			
49.18	<u>is available until June 30, 2027.</u>			
49.19	<u>Subd. 3. Prepared Meals Food Relief Grants</u>			
49.20	<u>\$971,000 in fiscal year 2026 and \$966,000 in</u>			
49.21	<u>fiscal year 2027 are for prepared meals food</u>			
49.22	<u>relief grants under Minnesota Statutes, section</u>			
49.23	<u>142F.141. This is a onetime appropriation and</u>			
49.24	<u>is available until June 30, 2027.</u>			
49.25	<u>Subd. 4. Base Level Adjustment</u>			
49.26	<u>The general fund base for this section is</u>			
49.27	<u>\$12,216,000 in fiscal year 2028 and</u>			
49.28	<u>\$12,216,000 in fiscal year 2029.</u>			
49.29	Sec. 19. <u>GRANT PROGRAMS; EARLY</u>			
49.30	<u>LEARNING GRANTS</u>	\$	<u>132,838,000</u>	\$ <u>132,838,000</u>
49.31	<u>Subdivision 1. Early Childhood Literacy</u>			
49.32	<u>Programs</u>			
49.33	<u>The base funding for early childhood literacy</u>			
49.34	<u>programs under Minnesota Statutes, section</u>			

50.1

142D.12, subdivision 3, is reduced by

50.2

\$7,950,000 in fiscal year 2026 and \$7,950,000

50.3

in fiscal year 2027.

50.4

Subd. 2. Grants for Early Learning Scholarships

50.5

\$97,290,000 in fiscal year 2026 and

50.6

\$97,290,000 in fiscal year 2027 are from the

50.7

general fund for early learning scholarships

50.8

grants under Minnesota Statutes, section

50.9

142D.25.

50.10

Subd. 3. Head Start Program Grants

50.11

\$34,398,000 in fiscal year 2026 and

50.12

\$34,398,000 in fiscal year 2027 are from the

50.13

general fund for head start program grants

50.14

under Minnesota Statutes, section 142D.12.

50.15

Subd. 4. School Readiness Plus Program Grants

50.16

\$900,000 in fiscal year 2026 and \$900,000 in

50.17

fiscal year 2027 are from the general fund for

50.18

school readiness plus program grants under

50.19

Minnesota Statutes, section 142D.07.

50.20

Subd. 5. Reach Out and Read Minnesota Grant

50.21

\$250,000 in fiscal year 2026 and \$250,000 in

50.22

fiscal year 2027 are for a grant to Reach Out

50.23

and Read Minnesota to establish a statewide

50.24

plan that encourages early childhood

50.25

development through a network of health care

50.26

clinics under Laws 2023, chapter 54, section

50.27

20, subdivision 20.

50.28

Sec. 20. GRANT PROGRAMS; YOUTH

50.29

SERVICES GRANTS

\$

8,891,000

\$

8,891,000

50.30

Subdivision 1. Grants-in-Aid to Youth

50.31

Intervention Programs

50.32

\$6,391,000 in fiscal year 2026 and \$6,391,000

50.33

in fiscal year 2027 are from the general fund

51.1 for grants to youth intervention programs
 51.2 under Minnesota Statutes, section 142A.43.
 51.3 Notwithstanding Minnesota Statutes, section
 51.4 142A.43, subdivision 5, this amount is only
 51.5 for grants under Minnesota Statutes, section
 51.6 142A.43, subdivision 1.

51.7 Subd. 2. **Office of Restorative Practices**
 51.8 \$2,500,000 in fiscal year 2026 and \$2,500,000
 51.9 in fiscal year 2027 are from the general fund
 51.10 for the Office of Restorative Practices under
 51.11 Minnesota Statutes, section 142A.76.

51.12 Sec. 21. **TECHNICAL ACTIVITIES** \$ **71,493,000** \$ **71,493,000**
 51.13 This appropriation is from the federal TANF
 51.14 fund.

51.15 Sec. 22. **TRANSFERS.**

51.16 Subdivision 1. **Programs and grants.** The commissioner of children, youth, and families,
 51.17 with the advance approval of the commissioner of management and budget, may transfer
 51.18 unencumbered appropriation balances for the biennium ending June 30, 2027, within fiscal
 51.19 years among MFIP; MFIP child care assistance under Minnesota Statutes, section 142E.08;
 51.20 the entitlement portion of Northstar Care for Children under Minnesota Statutes, sections
 51.21 142A.60 to 142A.612; and early childhood family education under Minnesota Statutes,
 51.22 section 142D.11, between fiscal years of the biennium. The commissioner shall inform the
 51.23 chairs and ranking minority members of the legislative committees with jurisdiction over
 51.24 children and families finance and policy quarterly about transfers made under this
 51.25 subdivision.

51.26 Subd. 2. **Administration.** Positions, salary money, and nonsalary administrative money
 51.27 may be transferred within the Department of Children, Youth, and Families as the
 51.28 commissioner deems necessary, with the advance approval of the commissioner of
 51.29 management and budget. The commissioner shall report to the chairs and ranking minority
 51.30 members of the legislative committees with jurisdiction over children and families finance
 51.31 quarterly about transfers made under this subdivision.

51.32 Subd. 3. **Temporary authority for interagency transfers with Department of Human**
 51.33 **Services.** Beginning July 1, 2025, and until September 30, 2025, administrative money may

be transferred between the Department of Children, Youth, and Families and Department of Human Services or the Department of Education as the commissioners deem necessary, with the advance approval of the commissioner of management and budget. The commissioners shall report to the chairs and ranking minority members of the legislative committees with jurisdiction over children and families finance and policy quarterly about transfers made under this subdivision.

Sec. 23. **CANCELLATION; ESTABLISHING THE DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES.**

\$8,500,000 of the fiscal year 2024 general fund appropriation in Laws 2023, chapter 70, article 20, section 12, paragraph (b), is canceled to the general fund.

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

Sec. 24. **GRANT ADMINISTRATION COSTS.**

The administrative costs retention requirement under Minnesota Statutes, section 16B.98, subdivision 14, is inapplicable to any appropriation in this article for a grant.

Sec. 25. **EXPIRATION OF UNCODIFIED LANGUAGE.**

All uncodified language contained in this article expires June 30, 2027, unless a different expiration date is explicit or an appropriation is made available beyond June 30, 2027.

ARTICLE 26

DEPARTMENT OF HEALTH APPROPRIATIONS

Section 1. **HEALTH APPROPRIATIONS.**

The sums shown in the columns marked "Appropriations" are appropriated to the commissioner of health 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 "2026" and "2027" used in this article mean that the appropriations listed under them are available for the fiscal year ending June 30, 2026, or June 30, 2027, respectively. "The first year" is fiscal year 2026. "The second year" is fiscal year 2027. "The biennium" is fiscal years 2026 and 2027.

APPROPRIATIONS

Available for the Year

53.1	<u>Ending June 30</u>		
53.2		<u>2026</u>	<u>2027</u>
53.3	Sec. 2. <u>COMMISSIONER OF HEALTH</u>	<u>\$ 434,610,000</u>	<u>\$ 430,946,000</u>
53.4	<u>Appropriations by Fund</u>		
53.5		<u>2026</u>	<u>2027</u>
53.6	<u>General</u>	<u>271,895,000</u>	<u>269,645,000</u>
53.7	<u>State Government</u>		
53.8	<u>Special Revenue</u>	<u>96,237,000</u>	<u>95,769,000</u>
53.9	<u>Health Care Access</u>	<u>54,765,000</u>	<u>53,819,000</u>
53.10	<u>Federal TANF</u>	<u>11,713,000</u>	<u>11,713,000</u>
53.11	<u>The amounts that may be spent for each</u>		
53.12	<u>purpose are specified in this article.</u>		
53.13	Sec. 3. <u>HEALTH IMPROVEMENT</u>		
53.14	<u>Subdivision 1. Total Appropriation</u>	<u>\$ 291,627,000</u>	<u>\$ 286,428,000</u>
53.15	<u>Appropriations by Fund</u>		
53.16	<u>General</u>	<u>217,302,000</u>	<u>214,495,000</u>
53.17	<u>State Government</u>		
53.18	<u>Special Revenue</u>	<u>9,258,000</u>	<u>9,258,000</u>
53.19	<u>Health Care Access</u>	<u>53,354,000</u>	<u>50,962,000</u>
53.20	<u>Federal TANF</u>	<u>11,713,000</u>	<u>11,713,000</u>
53.21	<u>Subd. 2. Substance Use Treatment, Recovery,</u>		
53.22	<u>and Prevention Grants</u>		
53.23	<u>\$3,000,000 in fiscal year 2026 and \$3,000,000</u>		
53.24	<u>in fiscal year 2027 are from the general fund</u>		
53.25	<u>for substance use treatment, recovery, and</u>		
53.26	<u>prevention grants under Minnesota Statutes,</u>		
53.27	<u>section 342.72.</u>		
53.28	<u>Subd. 3. Local and Tribal Public Health</u>		
53.29	<u>Cannabis Grants</u>		
53.30	<u>\$6,256,000 in fiscal year 2026 and \$6,256,000</u>		
53.31	<u>in fiscal year 2027 are from the general fund</u>		
53.32	<u>for grants under Minnesota Statutes, section</u>		
53.33	<u>144.197, subdivision 4.</u>		

54.1 **Subd. 4. Cannabis and Substance Misuse**
54.2 **Prevention and Education Programs; Youth**
54.3 **Prevention and Education Program**

54.4 \$5,000,000 in fiscal year 2026 and \$5,000,000
54.5 in fiscal year 2027 are from the general fund
54.6 for the youth prevention and education
54.7 program under the cannabis and substance
54.8 misuse prevention and education programs
54.9 under Minnesota Statutes, section 144.197,
54.10 subdivision 1.

54.11 **Subd. 5. Cannabis and Substance Misuse**
54.12 **Prevention and Education Programs; Prevention**
54.13 **and Education Program for Pregnant and**
54.14 **Breastfeeding Individuals and Individuals Who**
54.15 **May Become Pregnant**

54.16 \$2,000,000 in fiscal year 2026 and \$2,000,000
54.17 in fiscal year 2027 are from the general fund
54.18 for the prevention and education program for
54.19 pregnant and breastfeeding individuals and
54.20 individuals who may become pregnant under
54.21 the cannabis and substance misuse prevention
54.22 and education programs under Minnesota
54.23 Statutes, section 144.197, subdivision 2.

54.24 **Subd. 6. Cannabis and Substance Misuse**
54.25 **Prevention and Education Programs; Local and**
54.26 **Tribal Health Departments**

54.27 \$10,000,000 in fiscal year 2026 and
54.28 \$10,000,000 in fiscal year 2027 are from the
54.29 general fund for the local and Tribal health
54.30 departments under the cannabis and substance
54.31 misuse prevention and education programs
54.32 under Minnesota Statutes, section 144.197,
54.33 subdivision 4.

54.34 **Subd. 7. Cannabis Data Collection and Biennial**
54.35 **Reports**

54.36 \$493,000 in fiscal year 2026 and \$493,000 in
54.37 fiscal year 2027 are from the general fund for

55.1 cannabis data collection and biennial reports
55.2 under Minnesota Statutes, section 144.196.

55.3 **Subd. 8. Administration of Expungement Orders**

55.4 \$71,000 in fiscal year 2026 and \$71,000 in
55.5 fiscal year 2027 are from the general fund for
55.6 the administration of expungement orders
55.7 under Laws 2023, chapter 63, article 9, section
55.8 10, subdivision 6.

55.9 **Subd. 9. Testing of Edible Cannabinoid Products**

55.10 \$690,000 in fiscal year 2026 and \$690,000 in
55.11 fiscal year 2027 are from the general fund for
55.12 testing under Laws 2023, chapter 63, article
55.13 9, section 10, subdivision 9.

55.14 **Subd. 10. Grant for "Treat Yourself First"**
55.15 **Campaign**

55.16 \$237,000 is from the general fund for a grant
55.17 to the Minnesota Medical Association for the
55.18 "Treat Yourself First" campaign. The
55.19 campaign must be an awareness and education
55.20 campaign focused on burnout and well-being
55.21 of health care workers designed to:

55.22 (1) reduce the stigma of receiving mental
55.23 health services;

55.24 (2) encourage health care workers who are
55.25 experiencing workplace-related fatigue to
55.26 receive the care they need; and

55.27 (3) normalize the process for seeking help.

55.28 The campaign must be targeted to health care
55.29 professionals, including but not limited to
55.30 physicians, nurses, dentists, pharmacists, and
55.31 other members of the health care team. The
55.32 campaign must include resources for health
55.33 care professionals seeking help to address

56.1 burnout and well-being. This is a onetime
56.2 appropriation and is available until June 30,
56.3 2029.

56.4 **Subd. 11. Grant for African American-Focused**
56.5 **Homeplace Program**

56.6 \$475,000 in fiscal year 2026 is from the
56.7 general fund for a grant to the Birth Justice
56.8 Collaborative to strengthen and implement the
56.9 current model of the African
56.10 American-focused Homeplace in Hennepin
56.11 County. This is a onetime appropriation and
56.12 is available until June 30, 2029.

56.13 **Subd. 12. TANF Appropriations**

56.14 TANF funds must be used as follows:

56.15 (1) \$3,579,000 in fiscal year 2026 and
56.16 \$3,579,000 in fiscal year 2027 are from the
56.17 TANF fund for home visiting and nutritional
56.18 services listed under Minnesota Statutes,
56.19 section 145.882, subdivision 7, clauses (6) and
56.20 (7). Funds must be distributed to community
56.21 health boards according to Minnesota Statutes,
56.22 section 145A.131, subdivision 1;

56.23 (2) \$2,000,000 in fiscal year 2026 and
56.24 \$2,000,000 in fiscal year 2027 are from the
56.25 TANF fund for decreasing racial and ethnic
56.26 disparities in infant mortality rates under
56.27 Minnesota Statutes, section 145.928,
56.28 subdivision 7;

56.29 (3) \$4,978,000 in fiscal year 2026 and
56.30 \$4,978,000 in fiscal year 2027 are from the
56.31 TANF fund for the family home visiting grant
56.32 program under Minnesota Statutes, section
56.33 145A.17. Of these amounts, \$4,000,000 in
56.34 fiscal year 2026 and \$4,000,000 in fiscal year

57.1 2027 must be distributed to community health

57.2 boards under Minnesota Statutes, section

57.3 145A.131, subdivision 1; and \$978,000 in

57.4 fiscal year 2026 and \$978,000 in fiscal year

57.5 2027 must be distributed to Tribal

57.6 governments under Minnesota Statutes, section

57.7 145A.14, subdivision 2a;

57.8 (4) \$1,156,000 in fiscal year 2026 and

57.9 \$1,156,000 in fiscal year 2027 are from the

57.10 TANF fund for sexual and reproductive health

57.11 services grants under Minnesota Statutes,

57.12 section 145.925; and

57.13 (5) the commissioner may use up to 6.23

57.14 percent of the funds appropriated from the

57.15 TANF fund each fiscal year to conduct the

57.16 ongoing evaluations required under Minnesota

57.17 Statutes, section 145A.17, subdivision 7, and

57.18 training and technical assistance required

57.19 under Minnesota Statutes, section 145A.17,

57.20 subdivisions 4 and 5.

57.21 Subd. 13. TANF Carryforward

57.22 Any unexpended balance of the TANF

57.23 appropriation in the first year does not cancel

57.24 but is available in the second year.

57.25 Subd. 14. Base Level Adjustment

57.26 The general fund base for this section is

57.27 \$213,562,000 in fiscal year 2028 and

57.28 \$213,562,000 in fiscal year 2029.

57.29 Sec. 4. HEALTH PROTECTION

57.30 Subdivision 1. Total Appropriation \$ 121,207,000 \$ 120,269,000

57.31 Appropriations by Fund

57.32 General 34,228,000 33,758,000

57.33 State Government

57.34 Special Revenue 86,979,000 86,511,000

58.1 **Subd. 2. Speech Language Pathology Assistants**
58.2 **Fee Adjustment**

58.3 \$95,000 in fiscal year 2026 is from the general
58.4 fund for onetime costs incurred in fiscal year
58.5 2025 to implement Minnesota Statutes,
58.6 sections 148.511 to 148.5198.

58.7 **Subd. 3. Infectious Disease Prevention, Early**
58.8 **Detection, and Outbreak Response**

58.9 \$1,300,000 in fiscal year 2026 and \$1,300,000
58.10 in fiscal year 2027 are from the general fund
58.11 for infectious disease prevention, early
58.12 detection, and outbreak response activities
58.13 under Minnesota Statutes, section 144.05,
58.14 subdivision 1.

58.15 **Subd. 4. Asbestos Abatement**

58.16 \$176,000 in fiscal year 2026 and \$176,000 in
58.17 fiscal year 2027 are from the state government
58.18 special revenue fund for asbestos abatement
58.19 under Minnesota Statutes, section 326.75.

58.20 **Subd. 5. Food, Pools, and Lodging Services**

58.21 \$5,483,000 in fiscal year 2026 and \$5,483,000
58.22 in fiscal year 2027 are from the state
58.23 government special revenue fund for food,
58.24 pools, and lodging services program activities
58.25 under Minnesota Statutes, chapters 144, 157,
58.26 and 327.

58.27 **Subd. 6. Public Water Supply**

58.28 \$7,827,000 in fiscal year 2026 and \$7,827,000
58.29 in fiscal year 2027 are from the state
58.30 government special revenue fund to administer
58.31 the drinking water protection program,
58.32 including implementing the Safe Drinking
58.33 Water Act and providing services to regulated
58.34 parties, partners, and the public under

59.1 Minnesota Statutes, sections 144.381 to
59.2 144.383.

59.3 **Subd. 7. Radioactive Materials**

59.4 \$200,000 in fiscal year 2026 and \$200,000 in
59.5 fiscal year 2027 are from the state government
59.6 special revenue fund for radioactive materials
59.7 program activities under Minnesota Statutes,
59.8 section 144.1205.

59.9 **Subd. 8. Ionizing Radiation**

59.10 \$993,000 in fiscal year 2026 and \$828,000 in
59.11 fiscal year 2027 are from the state government
59.12 special revenue fund to administer new
59.13 regulatory activities for x-ray service
59.14 providers, ongoing inspections of licensed
59.15 facilities, and data analysis for program
59.16 planning and implementation under Minnesota
59.17 Statutes, section 144.121.

59.18 **Subd. 9. Engineering Plan Reviews**

59.19 \$224,000 in fiscal year 2026 and \$224,000 in
59.20 fiscal year 2027 are from the state government
59.21 special revenue fund to conduct engineering
59.22 plan reviews under Minnesota Statutes, section
59.23 144.554.

59.24 **Subd. 10. Spoken Language Health Care**
59.25 **Interpreter Workgroup**

59.26 \$186,000 in fiscal year 2026 and \$49,000 in
59.27 fiscal year 2027 are from the state government
59.28 special revenue fund for a request for
59.29 proposals for the spoken language health care
59.30 interpreter work group. This is a onetime
59.31 appropriation and is available until June 30,
59.32 2029.

Subd. 11. **Base Level Adjustments**

The state government special revenue fund
base is \$86,794,000 in fiscal year 2028 and
\$86,806,000 in fiscal year 2029.

Sec. 5. <u>HEALTH OPERATIONS</u>	\$	<u>21,776,000</u>	\$	<u>24,249,000</u>
---	----	--------------------------	----	--------------------------

Appropriations by Fund

<u>General</u>	<u>20,365,000</u>	<u>21,392,000</u>
<u>Health Care Access</u>	<u>1,411,000</u>	<u>2,857,000</u>

Sec. 6. **TRANSFERS.**

Positions, salary money, and nonsalary administrative money may be transferred within
the Department of Health as the commissioner deems necessary with the advance approval
of the commissioner of management and budget. The commissioner shall report to the chairs
and ranking minority members of the legislative committees with jurisdiction over health
finance quarterly about transfers made under this section.

Sec. 7. **INDIRECT COSTS NOT TO FUND PROGRAMS.**

The commissioner of health shall not use indirect cost allocations to pay for the
operational costs of any program for which the commissioner is responsible.

Sec. 8. **GRANT ADMINISTRATION COSTS.**

The administrative costs retention requirement under Minnesota Statutes, section 16B.98,
subdivision 14, is inapplicable to any appropriation in this article for a grant.

Sec. 9. **EXPIRATION OF UNCODIFIED LANGUAGE.**

All uncoded language contained in this article expires on June 30, 2027, unless a
different expiration date is explicit or an appropriation is made available after June 30, 2027.

ARTICLE 27

OTHER AGENCY APPROPRIATIONS

Section 1. **OTHER AGENCY 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 "2026" and "2027" used in this article mean that the appropriations listed under

61.1

61.2

61.3

them are available for the fiscal year ending June 30, 2026, or June 30, 2027, respectively.

"The first year" is fiscal year 2026. "The second year" is fiscal year 2027. "The biennium"

is fiscal years 2026 and 2027.

61.4

61.5

61.6

61.7

APPROPRIATIONS

Available for the Year

Ending June 30

2026 **2027**

61.8

Sec. 2. HEALTH-RELATED BOARDS

61.9

<u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>35,374,000</u>	<u>\$</u>	<u>35,255,000</u>
--	------------------	--------------------------	------------------	--------------------------

61.10

Appropriations by Fund

61.11

	<u>2026</u>	<u>2027</u>
61.12 <u>General</u>	<u>1,387,000</u>	<u>1,387,000</u>
61.13 <u>State Government</u>		
61.14 <u>Special Revenue</u>	<u>33,987,000</u>	<u>33,868,000</u>

61.15

61.16

61.17

61.18

These amounts are appropriated from the state

government special revenue fund, unless

specified otherwise, for the purposes specified

in the following subdivisions.

61.19

61.20

61.21

61.22

<u>Subd. 2. Board of Behavioral Health and Therapy</u>	<u>1,289,000</u>	<u>1,289,000</u>
<u>Subd. 3. Board of Chiropractic Examiners</u>	<u>890,000</u>	<u>890,000</u>
<u>Subd. 4. Board of Dentistry</u>	<u>4,308,000</u>	<u>4,310,000</u>

61.23

61.24

61.25

61.26

61.27

61.28

61.29

61.30

(a) Administrative services unit; operating costs. Of this appropriation, \$1,936,000 in

fiscal year 2026 and \$1,936,000 in fiscal year

2027 are for operating costs of the

administrative services unit. The

administrative services unit may receive and

expend reimbursements for services it

performs for other agencies.

61.31

61.32

(b) Administrative services unit; volunteer health care provider program. Of this

62.1 appropriation, \$150,000 in fiscal year 2026
62.2 and \$150,000 in fiscal year 2027 are to pay
62.3 for medical professional liability coverage
62.4 required under Minnesota Statutes, section
62.5 214.40.

62.6 **(c) Administrative services unit; retirement**
62.7 **costs.** Of this appropriation, \$237,000 in fiscal
62.8 year 2026 and \$237,000 in fiscal year 2027
62.9 are for the administrative services unit to pay
62.10 for the retirement costs of health-related board
62.11 employees. This funding may be transferred
62.12 to the health board incurring retirement costs.
62.13 Any board that has an unexpended balance for
62.14 an amount transferred under this paragraph
62.15 shall transfer the unexpended amount to the
62.16 administrative services unit. If the amount
62.17 appropriated in the first year of the biennium
62.18 is not sufficient, the amount from the second
62.19 year of the biennium is available.

62.20 **(d) Administrative services unit; contested**
62.21 **cases and other legal proceedings.** Of this
62.22 appropriation, \$200,000 in fiscal year 2026
62.23 and \$200,000 in fiscal year 2027 are for costs
62.24 of contested case hearings and other
62.25 unanticipated costs of legal proceedings
62.26 involving health-related boards under this
62.27 section. Upon certification by a health-related
62.28 board to the administrative services unit that
62.29 unanticipated costs for legal proceedings will
62.30 be incurred and that available appropriations
62.31 are insufficient to pay for the unanticipated
62.32 costs for that board, the administrative services
62.33 unit is authorized to transfer money from this
62.34 appropriation to the board for payment of costs
62.35 for contested case hearings and other

63.1	<u>unanticipated costs of legal proceedings with</u>		
63.2	<u>the approval of the commissioner of</u>		
63.3	<u>management and budget. The commissioner</u>		
63.4	<u>of management and budget must require any</u>		
63.5	<u>board that has an unexpended balance or an</u>		
63.6	<u>amount transferred under this paragraph to</u>		
63.7	<u>transfer the unexpended amount to the</u>		
63.8	<u>administrative services unit to be deposited in</u>		
63.9	<u>the state government special revenue fund.</u>		
63.10	<u>Subd. 5. Board of Dietetics and Nutrition</u>		
63.11	<u>Practice</u>	<u>277,000</u>	<u>277,000</u>
63.12	<u>Subd. 6. Board of Executives for Long-term</u>		
63.13	<u>Services and Supports</u>	<u>736,000</u>	<u>736,000</u>
63.14	<u>Subd. 7. Board of Marriage and Family Therapy</u>		
63.15	<u>Subd. 8. Board of Medical Practice</u>	<u>6,196,000</u>	<u>6,141,000</u>
63.16	<u>Base Level Adjustment. The state</u>		
63.17	<u>government special revenue fund base for this</u>		
63.18	<u>subdivision is \$6,121,000 in fiscal year 2028</u>		
63.19	<u>and \$6,121,000 in fiscal year 2029.</u>		
63.20	<u>Subd. 9. Board of Nursing</u>	<u>6,275,000</u>	<u>6,275,000</u>
63.21	<u>Subd. 10. Board of Occupational Therapy</u>		
63.22	<u>Practice</u>	<u>560,000</u>	<u>560,000</u>
63.23	<u>Subd. 11. Board of Optometry</u>		
63.24	<u>Subd. 12. Board of Pharmacy</u>		
63.25	<u>Appropriations by Fund</u>		
63.26	<u>General</u>	<u>1,387,000</u>	<u>1,387,000</u>
63.27	<u>State Government</u>		
63.28	<u>Special Revenue</u>	<u>6,280,000</u>	<u>6,280,000</u>
63.29	<u>Medication Repository Program. \$900,000</u>		
63.30	<u>in fiscal year 2026 and \$900,000 in fiscal year</u>		
63.31	<u>2027 are from the general fund for the</u>		
63.32	<u>medication repository program to purchase</u>		
63.33	<u>prescription drugs under Minnesota Statutes,</u>		
63.34	<u>section 151.555, subdivision 6, paragraph (g).</u>		

64.1	<u>Subd. 13. Board of Physical Therapy</u>		<u>789,000</u>		<u>789,000</u>
64.2	<u>Subd. 14. Board of Podiatric Medicine</u>		<u>257,000</u>		<u>257,000</u>
64.3	<u>Subd. 15. Board of Psychology</u>		<u>2,781,000</u>		<u>2,781,000</u>
64.4	<u>Health Professional Service Program.</u>				
64.5	<u>\$1,324,000 in fiscal year 2026 and \$1,324,000</u>				
64.6	<u>in fiscal year 2027 are for the health</u>				
64.7	<u>professionals services program.</u>				
64.8	<u>Subd. 16. Board of Social Work</u>		<u>2,068,000</u>		<u>2,002,000</u>
64.9	<u>Subd. 17. Board of Veterinary Medicine</u>		<u>544,000</u>		<u>544,000</u>
64.10	<u>Sec. 3. OFFICE OF EMERGENCY MEDICAL</u>				
64.11	<u>SERVICES</u>	<u>\$</u>	<u>25,613,000</u>	<u>\$</u>	<u>6,048,000</u>
64.12	<u>Subdivision 1. Ambulance Service Training and</u>				
64.13	<u>Staffing Grant Program</u>				
64.14	<u>\$500,000 in fiscal year 2026 and \$500,000 in</u>				
64.15	<u>fiscal year 2027 are for the ambulance service</u>				
64.16	<u>training and staffing grant program under</u>				
64.17	<u>Minnesota Statutes, section 144E.38.</u>				
64.18	<u>Subd. 2. EMR/EMT Education Reimbursement</u>				
64.19	<u>\$100,000 in fiscal year 2026 and \$100,000 in</u>				
64.20	<u>fiscal year 2027 are for EMR/EMT education</u>				
64.21	<u>reimbursements under Minnesota Statutes,</u>				
64.22	<u>section 144E.35.</u>				
64.23	<u>Subd. 3. Ambulance Operating Deficit Grant</u>				
64.24	<u>Program</u>				
64.25	<u>\$18,000,000 in fiscal year 2026 is for</u>				
64.26	<u>ambulance operating deficit grants under</u>				
64.27	<u>Minnesota Statutes, section 144E.54. This is</u>				
64.28	<u>a onetime appropriation and is available until</u>				
64.29	<u>June 30, 2029.</u>				
64.30	<u>Sec. 4. OMBUDSPERSON FOR FAMILIES</u>	<u>\$</u>	<u>792,000</u>	<u>\$</u>	<u>808,000</u>
64.31	<u>Sec. 5. OMBUDSPERSON FOR AMERICAN</u>				
64.32	<u>INDIAN FAMILIES</u>	<u>\$</u>	<u>344,000</u>	<u>\$</u>	<u>347,000</u>

65.1	Sec. 6. <u>RARE DISEASE ADVISORY</u>		
65.2	<u>COUNCIL</u>	<u>\$</u>	<u>674,000</u> <u>\$</u> <u>679,000</u>

65.3	Sec. 7. <u>OFFICE OF THE FOSTER YOUTH</u>		
65.4	<u>OMBUDSPERSON</u>	\$ 1,012,000	\$ 1,025,000

65.5	Sec. 8. <u>BOARD OF DIRECTORS OF MNSURE</u>	\$	<u>70,000</u>	\$	<u>70,000</u>
------	---	----	---------------	----	---------------

65.6	Sec. 9. <u>COMMISSIONER OF EDUCATION</u>	\$	7,950,000	\$	7,950,000
------	--	----	-----------	----	-----------

65.7 Early Childhood Literacy Programs.

65.8 \$7,950,000 in fiscal year 2026 and \$7,950,000

65.9 in fiscal year 2027 are for early childhood

65.10 literacy grants under Minnesota Statutes,

65.11 section 142D.12, subdivision 3.

65.12 **Sec. 10. GRANT ADMINISTRATION COSTS.**

65.13 The administrative costs retention requirement under Minnesota Statutes, section 16B.98,
65.14 subdivision 14, is inapplicable to any appropriation in this article for a grant.

65.15 **Sec. 11. EXPIRATION OF UNCODIFIED LANGUAGE.**

65.16 All uncodified language contained in this article expires June 30, 2027, unless a different
65.17 expiration date is explicit or an appropriation is made available after June 30, 2027.

65.18 Sec. 12. Laws 2024, chapter 127, article 67, section 4, is amended to read:

65.19 Sec. 4. BOARD OF PHARMACY

65.20 Appropriations by Fund

65.21	General	1,500,000	-0-
-------	---------	-----------	-----

65.22 State Government

65.23	Special Revenue	-0-	27,000
-------	-----------------	-----	--------

65.24 (a) **Legal Costs.** \$1,500,000 in fiscal year

65.25 2024 is from the general fund for legal costs.

65.26 This is a onetime appropriation and is

65.27 available until June 30, 2027.

65.28 (b) **Base Level Adjustment.** The state

65.29 government special revenue fund base is

65.30 increased by \$27,000 in fiscal year 2026 and

65.31 increased by \$27,000 in fiscal year 2027.

- 66.1 **EFFECTIVE DATE.** This section is effective June 30, 2025."
- 66.2 Renumber the sections in sequence and correct the internal references
- 66.3 Amend the title accordingly