

## STATE OF MINNESOTA

## EIGHTY-FIFTH SESSION — 2007

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 TWENTY-FOURTH DAY

SAINT PAUL, MINNESOTA, MONDAY, MARCH 5, 2007

The House of Representatives convened at 12:30 p.m. and was called to order by Margaret Anderson Kelliher, Speaker of the House.

Prayer was offered by the Reverend Bob Munneke, First United Presbyterian Church, Coleraine and Bovey, Minnesota.

The members of the House gave the pledge of allegiance to the flag of the United States of America.

The roll was called and the following members were present:

Abeler	Dittrich	Hilty	Lillie	Paulsen	Sviggum
Anderson, S.	Dominguez	Holberg	Loeffler	Paymar	Swails
Anzelc	Doty	Hoppe	Madore	Pelowski	Thao
Atkins	Eastlund	Hornstein	Magnus	Peppin	Thissen
Beard	Eken	Hortman	Mahoney	Peterson, A.	Tillberry
Benson	Emmer	Hosch	Mariani	Peterson, N.	Tingelstad
Berns	Erhardt	Howes	Marquart	Peterson, S.	Tschumper
Bigham	Erickson	Huntley	Masin	Poppe	Urdahl
Bly	Faust	Jaros	McFarlane	Rukavina	Wagenius
Brod	Finstad	Johnson	McNamara	Ruth	Walker
Brown	Fritz	Juhnke	Moe	Ruud	Ward
Brynaert	Gardner	Kahn	Morgan	Sailer	Wardlow
Buesgens	Garofalo	Kalin	Morrow	Scalze	Welti
Bunn	Gottwalt	Knuth	Mullery	Seifert	Westrom
Carlson	Greiling	Koenen	Murphy, E.	Sertich	Winkler
Clark	Gunther	Kohls	Murphy, M.	Severson	Wollschlager
Cornish	Hackbarth	Kranz	Nelson	Shimanski	Zellers
Davnie	Hamilton	Laine	Nornes	Simon	Spk. Kelliher
Dean	Hansen	Lanning	Norton	Simpson	
DeLaForest	Hausman	Lenczewski	Olin	Slawik	
Demmer	Haws	Lesch	Olson	Slocum	
Dettmer	Heidgerken	Liebling	Otremba	Smith	
Dill	Hilstrom	Lieder	Ozment	Solberg	

A quorum was present.

Anderson, B., was excused.

The Chief Clerk proceeded to read the Journal of the preceding day. Berns moved that further reading of the Journal be suspended and that the Journal be approved as corrected by the Chief Clerk. The motion prevailed.

**IN MEMORIAM**

The members of the House paused for a moment of silence in memory of former State Senator Dallas C. Sams of Staples, Minnesota, who passed away on Monday, March 5, 2007.

**REPORTS OF CHIEF CLERK**

S. F. No. 65 and H. F. No. 74, which had been referred to the Chief Clerk for comparison, were examined and found to be identical.

Hansen moved that S. F. No. 65 be substituted for H. F. No. 74 and that the House File be indefinitely postponed. The motion prevailed.

S. F. No. 226 and H. F. No. 340, which had been referred to the Chief Clerk for comparison, were examined and found to be identical with certain exceptions.

**SUSPENSION OF RULES**

Slawik moved that the rules be so far suspended that S. F. No. 226 be substituted for H. F. No. 340 and that the House File be indefinitely postponed. The motion prevailed.

S. F. No. 458 and H. F. No. 403, which had been referred to the Chief Clerk for comparison, were examined and found to be identical with certain exceptions.

**SUSPENSION OF RULES**

Peterson, S., moved that the rules be so far suspended that S. F. No. 458 be substituted for H. F. No. 403 and that the House File be indefinitely postponed. The motion prevailed.

**REPORTS OF STANDING COMMITTEES AND DIVISIONS**

Hilstrom from the Committee on Local Government and Metropolitan Affairs to which was referred:

H. F. No. 102, A bill for an act relating to bonds; authorizing the city of Winsted to issue bonds under Minnesota Statutes, chapter 475, to finance the acquisition and betterment of a facility consisting of a city hall, community center, and police station.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Taxes without further recommendation.

The report was adopted.

Thissen from the Committee on Health and Human Services to which was referred:

H. F. No. 196, A bill for an act relating to human services; changing mental health provisions; requiring mental health assessments for certain inmates; establishing children's mental health grants and training; requiring students of higher education to carry health insurance; creating a loan forgiveness program; establishing the Crisis Intervention Team State Council; making changes to mental health funding provisions; establishing pilot projects; authorizing grant funding; requiring reports; appropriating money; amending Minnesota Statutes 2006, sections 245.462, subdivision 20; 245.50, subdivision 5; 245.696, by adding a subdivision; 256B.038; 256B.0623, subdivisions 2, 8, 12; 256B.0625, subdivisions 38, 43, 46, by adding subdivisions; 256B.0943, subdivisions 1, 2, by adding subdivisions; 256B.69, subdivisions 5g, 5h; 256B.761; 256B.763; 256D.03, subdivisions 3, 4; 256D.44, subdivision 5; 256L.03, subdivisions 1, 5; 256L.035; 256L.07, subdivision 3; 256L.12, subdivision 9a; 609.115, by adding a subdivision; 609.135, by adding a subdivision; 641.15, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapters 135A; 243; 245; 245A; 256; 641.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

#### "ARTICLE 1

#### CRIMINAL JUSTICE

Section 1. Minnesota Statutes 2006, section 256D.03, subdivision 3, is amended to read:

Subd. 3. **General assistance medical care; eligibility.** (a) General assistance medical care may be paid for any person who is not eligible for medical assistance under chapter 256B, including eligibility for medical assistance based on a spenddown of excess income according to section 256B.056, subdivision 5, or MinnesotaCare as defined in paragraph (b), except as provided in paragraph (c), and:

(1) who is receiving assistance under section 256D.05, except for families with children who are eligible under Minnesota family investment program (MFIP), or who is having a payment made on the person's behalf under sections 256I.01 to 256I.06; or

(2) who is a resident of Minnesota; and

(i) who has gross countable income not in excess of 75 percent of the federal poverty guidelines for the family size, using a six-month budget period and whose equity in assets is not in excess of \$1,000 per assistance unit. General assistance medical care is not available for applicants or enrollees who are otherwise eligible for medical assistance but fail to verify their assets. Enrollees who become eligible for medical assistance shall be terminated and transferred to medical assistance. Exempt assets, the reduction of excess assets, and the waiver of excess assets must conform to the medical assistance program in section 256B.056, subdivision 3, with the following exception: the maximum amount of undistributed funds in a trust that could be distributed to or on behalf of the beneficiary by the trustee, assuming the full exercise of the trustee's discretion under the terms of the trust, must be applied toward the asset maximum;

(ii) who has gross countable income above 75 percent of the federal poverty guidelines but not in excess of 175 percent of the federal poverty guidelines for the family size, using a six-month budget period, whose equity in assets is not in excess of the limits in section 256B.056, subdivision 3c, and who applies during an inpatient hospitalization; or

(iii) the commissioner shall adjust the income standards under this section each July 1 by the annual update of the federal poverty guidelines following publication by the United States Department of Health and Human Services.

(b) Effective for applications and renewals processed on or after September 1, 2006, general assistance medical care may not be paid for applicants or recipients who are adults with dependent children under 21 whose gross family income is equal to or less than 275 percent of the federal poverty guidelines who are not described in paragraph (e).

(c) Effective for applications and renewals processed on or after September 1, 2006, general assistance medical care may be paid for applicants and recipients who meet all eligibility requirements of paragraph (a), clause (2), item (i), for a temporary period beginning the date of application. Immediately following approval of general assistance medical care, enrollees shall be enrolled in MinnesotaCare under section 256L.04, subdivision 7, with covered services as provided in section 256L.03 for the rest of the six-month eligibility period, until their six-month renewal.

(d) To be eligible for general assistance medical care following enrollment in MinnesotaCare as required by paragraph (c), an individual must complete a new application.

(e) Applicants and recipients eligible under paragraph (a), clause (1); who have applied for and are awaiting a determination of blindness or disability by the state medical review team or a determination of eligibility for Supplemental Security Income or Social Security Disability Insurance by the Social Security Administration; who fail to meet the requirements of section 256L.09, subdivision 2; who are classified as end-stage renal disease beneficiaries in the Medicare program; who are enrolled in private health care coverage as defined in section 256B.02, subdivision 9; who are eligible under paragraph (j); or who receive treatment funded pursuant to section 254B.02 are exempt from the MinnesotaCare enrollment requirements of this subdivision.

(f) For applications received on or after October 1, 2003, eligibility may begin no earlier than the date of application. For individuals eligible under paragraph (a), clause (2), item (i), a redetermination of eligibility must occur every 12 months. Individuals are eligible under paragraph (a), clause (2), item (ii), only during inpatient hospitalization but may reapply if there is a subsequent period of inpatient hospitalization.

(g) Beginning September 1, 2006, Minnesota health care program applications and renewals completed by recipients and applicants who are persons described in paragraph (c) and submitted to the county agency shall be determined for MinnesotaCare eligibility by the county agency. If all other eligibility requirements of this subdivision are met, eligibility for general assistance medical care shall be available in any month during which MinnesotaCare enrollment is pending. Upon notification of eligibility for MinnesotaCare, notice of termination for eligibility for general assistance medical care shall be sent to an applicant or recipient. If all other eligibility requirements of this subdivision are met, eligibility for general assistance medical care shall be available until enrollment in MinnesotaCare subject to the provisions of paragraphs (c), (e), and (f).

(h) The date of an initial Minnesota health care program application necessary to begin a determination of eligibility shall be the date the applicant has provided a name, address, and Social Security number, signed and dated, to the county agency or the Department of Human Services. If the applicant is unable to provide a name, address, Social Security number, and signature when health care is delivered due to a medical condition or disability, a health care provider may act on an applicant's behalf to establish the date of an initial Minnesota health care program application by providing the county agency or Department of Human Services with provider identification and a temporary unique identifier for the applicant. The applicant must complete the remainder of the application and provide necessary verification before eligibility can be determined. The county agency must assist the applicant in obtaining verification if necessary.

(i) County agencies are authorized to use all automated databases containing information regarding recipients' or applicants' income in order to determine eligibility for general assistance medical care or MinnesotaCare. Such use shall be considered sufficient in order to determine eligibility and premium payments by the county agency.

(j) General assistance medical care is not available for a person in a correctional facility unless the person is detained by law for less than one year in a county correctional or detention facility as a person accused or convicted of a crime, or admitted as an inpatient to a hospital on a criminal hold order, and the person is a recipient of general assistance medical care at the time the person is detained by law or admitted on a criminal hold order and as long as the person continues to meet other eligibility requirements of this subdivision.

(k) General assistance medical care is not available for applicants or recipients who do not cooperate with the county agency to meet the requirements of medical assistance.

(l) In determining the amount of assets of an individual eligible under paragraph (a), clause (2), item (i), there shall be included any asset or interest in an asset, including an asset excluded under paragraph (a), that was given away, sold, or disposed of for less than fair market value within the 60 months preceding application for general assistance medical care or during the period of eligibility. Any transfer described in this paragraph shall be presumed to have been for the purpose of establishing eligibility for general assistance medical care, unless the individual furnishes convincing evidence to establish that the transaction was exclusively for another purpose. For purposes of this paragraph, the value of the asset or interest shall be the fair market value at the time it was given away, sold, or disposed of, less the amount of compensation received. For any uncompensated transfer, the number of months of ineligibility, including partial months, shall be calculated by dividing the uncompensated transfer amount by the average monthly per person payment made by the medical assistance program to skilled nursing facilities for the previous calendar year. The individual shall remain ineligible until this fixed period has expired. The period of ineligibility may exceed 30 months, and a reapplication for benefits after 30 months from the date of the transfer shall not result in eligibility unless and until the period of ineligibility has expired. The period of ineligibility begins in the month the transfer was reported to the county agency, or if the transfer was not reported, the month in which the county agency discovered the transfer, whichever comes first. For applicants, the period of ineligibility begins on the date of the first approved application.

(m) When determining eligibility for any state benefits under this subdivision, the income and resources of all noncitizens shall be deemed to include their sponsor's income and resources as defined in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, title IV, Public Law 104-193, sections 421 and 422, and subsequently set out in federal rules.

(n) Undocumented noncitizens and nonimmigrants are ineligible for general assistance medical care. For purposes of this subdivision, a nonimmigrant is an individual in one or more of the classes listed in United States Code, title 8, section 1101(a)(15), and an undocumented noncitizen is an individual who resides in the United States without the approval or acquiescence of the Immigration and Naturalization Service.

(o) Notwithstanding any other provision of law, a noncitizen who is ineligible for medical assistance due to the deeming of a sponsor's income and resources, is ineligible for general assistance medical care.

(p) Effective July 1, 2003, general assistance medical care emergency services end.

(q) Effective July 1, 2007, individuals in a correctional facility who have been diagnosed with a mental illness as defined in section 245.462, subdivision 20, are eligible for general assistance medical care for three months from the date of release from confinement.

Sec. 2. Minnesota Statutes 2006, section 609.115, is amended by adding a subdivision to read:

Subd. 10. **Mental health assessment required.** If a person is convicted of a misdemeanor or gross misdemeanor and the court orders that a presentence investigation and written report be made to the court under subdivision 1, the probation officer shall determine whether or not mental illness may have been a contributing factor to the commission of the offense. If the probation officer has information indicating that mental illness was a contributing factor, the report shall contain the results of a mental health assessment conducted under sections 245.461 to 245.486, the Minnesota Comprehensive Adult Mental Health Act. The probation officer shall make an appointment for the defendant to undergo the mental health assessment if so indicated. The mental health assessment report must include a recommended plan for mental health treatment or counseling for the defendant. If the defendant has undergone a mental health assessment under this subdivision in the previous six months, the previous assessment satisfies the provisions of this subdivision.

Sec. 3. Minnesota Statutes 2006, section 609.135, is amended by adding a subdivision to read:

Subd. 5b. **Mental illness as a contributing factor.** If a person is convicted of a misdemeanor or gross misdemeanor and the results of a mental health assessment conducted under section 609.115, subdivision 10, recommend mental health treatment or counseling, a court staying imposition or execution of a sentence shall order a defendant to undergo mental health treatment or counseling as a condition of the stay. A court may waive this condition if the court makes written findings indicating why mental health treatment or counseling is not appropriate or practicable under the circumstances of the case. This subdivision applies to a stay of imposition or execution of a sentence that includes or does not include a term of incarceration as a condition of the stay.

Sec. 4. Minnesota Statutes 2006, section 641.15, is amended by adding a subdivision to read:

Subd. 3a. **Intake procedure; approved mental health screening.** As part of its intake procedure for new prisoners, the sheriff shall use a mental health screening tool approved by the commissioner of corrections in consultation with the commissioner of human services to identify persons who may have mental illness.

Sec. 5. **[641.156] COUNTY JAIL REENTRY PROJECTS; GRANTS.**

Subdivision 1. **Purpose.** The purpose of the reentry project is to promote public safety, prevent recidivism, and promote a successful reintegration into the community by providing services to individuals confined in jails and county regional jails who are identified as having mental illness, traumatic brain injury, chemical dependency, or being homeless.

Subd. 2. **Grants.** (a) The commissioner of corrections, in consultation with the commissioner of human services, shall award grants to county boards for two-year reentry pilot projects. At a minimum, one project must be located outside the seven-county metropolitan area. Projects will target prisoners in jails and county regional jails who are identified as having:

- (1) a mental illness, as defined in section 245.462, subdivision 20;
- (2) a traumatic brain injury, as defined in section 256B.093, subdivision 4;
- (3) chemical dependency, as defined in section 253B.02, subdivision 2; or
- (4) a history of homelessness, as defined in section 116L.361, subdivision 5.

(b) The projects shall provide a range of services including, but not limited to, screening and assessment, client-specific programming, discharge planning and reentry assistance, and follow-up for at least six months after the prisoner has reentered the community.

Subd. 3. **Applications.** A grant applicant shall prepare and submit to the commissioner of corrections a written proposal detailing the plan and strategies on how the applicant will implement the program components in subdivision 4. The application shall include a proposed evaluation component of outcome measures including, but not limited to, numbers of prisoners served, recidivism, restoration of public benefits, and status regarding housing, employment, and treatment needs after six months.

Subd. 4. **Program components.** Each participating county shall:

(a) develop a written collaborative plan between the county jail or county regional jail and the county social services agency;

(b) assess each prisoner upon entry into the jail or county regional jail using a screening tool approved by the commissioner of corrections in consultation with the commissioner of human services to identify prisoners with the characteristics listed in subdivision 2, paragraph (a);

(c) ensure prisoners who are identified with a positive screening and who will be incarcerated for less than 30 days are offered follow-up care and referred to appropriate professionals;

(d) ensure prisoners who are identified as having a characteristic listed in subdivision 2, paragraph (a), and who will be incarcerated 30 days or longer, are provided with appropriate treatment and programming including, but not limited to, mental health treatment, counseling, living and employment skills development, substance abuse treatment, GED and literacy training, and referrals to aftercare treatment and skills training;

(e) offer to develop a discharge plan for prisoners identified as having a characteristic listed in subdivision 2, paragraph (a), who will be incarcerated for 90 days or longer. Discharge planning components must include:

(1) at least 60 days prior to the prisoner's release, the person responsible for discharge planning authorized by this section shall begin assisting the prisoner to establish, or reestablish, benefits such as medical assistance, veterans' benefits, MinnesotaCare, general assistance medical care, Social Security insurance, housing assistance, and submitting in a timely manner a prisoner's application for any benefits for which the prisoner may be eligible upon release;

(2) obtaining informed consent and releases of information from the prisoner that are needed for transition services, identifying treatment needs, referring the prisoner to appropriate services in the community, and arranging for basic needs such as food, housing, transportation, employment, and GED services;

(3) securing appointments for a prisoner to be treated by a psychiatrist within 30 days of release, if appropriate;

(4) securing appointments for a prisoner with a community mental health provider and a chemical dependency provider within 30 days of release, if appropriate;

(5) ensuring that the prisoner, when released from custody, has at least a 14-day supply of all necessary medications, and a prescription for at least a 30-day supply of all necessary medication that can be refilled once for an additional 30-day supply;

(6) arranging for the prisoner to have a state photo identification card when released. The identification card must not disclose the prisoner's incarceration or criminal record and must list an address other than the address of the jail or county regional jail. The identification card expires on the date of birth of the holder four years after the date of issue; and

(7) identifying prisoners who had a case manager prior to incarceration, and maintaining contact with that case manager to provide service coordination for the prisoner upon release. For prisoners without a case manager, making appropriate referrals for case management services or offering to provide follow-up services to assist the prisoner in obtaining stable housing, public benefits, and community services for up to six months after release;

(f) recording the number of prisoners identified under subdivision 2, paragraph (a), and the number of prisoners who received federal benefits upon entry into the jail or county regional jail; and

(g) maintaining accurate records to complete the program evaluation.

Sec. 6. **DISCIPLINARY CONFINEMENT; PROTOCOL.**

The commissioner of corrections shall develop a protocol that is fair, firm, and consistent so that inmates have an opportunity to be released from disciplinary confinement in a timely manner. For those inmates in disciplinary confinement who are nearing their release date, the commissioner of corrections shall, when possible, develop a reentry plan.

Sec. 7. **APPROPRIATIONS.**

Subdivision 1. **Grant program.** \$..... is appropriated from the general fund to the commissioner of corrections for fiscal year 2008 and \$..... for fiscal year 2009 to administer the grant program established in section 5.

Subd. 2. **Discharge planning.** \$..... is appropriated from the general fund to the commissioner of human services for fiscal year 2008 to fund discharge planning for offenders with serious and persistent mental illness as defined in Minnesota Statutes, section 245.462, subdivision 20, paragraph (c), who are pending release from correctional facilities.

Subd. 3. **Mental health courts.** \$..... for fiscal year 2008 and \$..... for fiscal year 2009 are appropriated from the general fund to the Supreme Court to develop and implement standards for mental health courts.

ARTICLE 2

CHILDREN'S MENTAL HEALTH

Section 1. **[245.4889] CHILDREN'S MENTAL HEALTH GRANTS.**

Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to make grants from available appropriations to assist:

(1) counties;

(2) Indian tribes;

(3) children's collaboratives under section 124D.23 or 245.493; or

(4) mental health service providers



in providing services to children with emotional disturbances as defined in section 245.4871, subdivision 15, and their families. The commissioner may also authorize grants to assist young adults meeting the criteria for transition services in section 245.4875, subdivision 8, and their families.

(b) Services under paragraph (a) must be designed to help each child to function and remain with the child's family in the community and must be delivered consistent with the child's treatment plan. Transition services under paragraph (a) to eligible young adults must be designed to foster independent living in the community.

Subd. 2. **Grant application and reporting requirements.** To apply for a grant an applicant organization shall submit an application and budget for the use of the money in the form specified by the commissioner. The commissioner shall make grants only to entities whose applications and budgets are approved by the commissioner. In awarding grants, the commissioner shall give priority to those counties whose applications indicate plans to collaborate in the development, funding, and delivery of services with other agencies in the local system of care. The commissioner shall specify requirements for reports, including quarterly fiscal reports under section 256.01, subdivision 2, paragraph (q). The commissioner shall require collection of data and periodic reports that the commissioner deems necessary to demonstrate the effectiveness of each service.

Sec. 2. **[245A.175] MENTAL HEALTH TRAINING REQUIREMENT.**

Child foster care providers licensed by the commissioner of human services must complete two hours of training before admitting a foster care child that addresses the causes, symptoms, and key warning signs of mental health disorders; cultural considerations; and effective approaches for dealing with a child's behaviors. At least one hour of the annual 12-hour training requirement for foster parents must be completed each year on children's mental health issues and treatment. Training curriculum shall be approved by the commissioner of human services.

Sec. 3. **[256.9961] COLLABORATIVE SERVICES FOR HIGH-RISK CHILDREN.**

To provide early intervention collaborative services to children who are at high risk for child maltreatment, substance use, mental illness, and serious and violent offending, but not subject to the delinquency provisions of chapter 260B, the commissioner of human services shall fund one or more projects that identify and serve these children. The projects shall include the following program components:

- (1) multidimensional screening instruments;
- (2) multidisciplinary and multijurisdictional collaborative services;
- (3) integrated information systems;
- (4) intensive in-home and community casework;
- (5) continuous tracking of outcomes; and
- (6) multidimensional evaluations and cost benefit analysis.

Projects must use all available funding streams.

Sec. 4. Minnesota Statutes 2006, section 256B.0943, is amended by adding a subdivision to read:

Subd. 14. **Rate increase for children's therapeutic services and supports.** For services defined in clauses (1) and (2) rendered on or after July 1, 2007, payment rates shall be increased by 33.7 percent over the rates in effect on January 1, 2006, for:

(1) services when provided as a component of children's therapeutic services and support including, but not limited to, individual and group skills training, individual and group psychotherapy, and provider travel; and

(2) diagnostic assessments of children and adolescents.

The commissioner shall adjust rates paid to prepaid health plans under contract with the commissioner to reflect the rate increases provided in clauses (1) and (2). The prepaid health plans must pass this rate increase to the providers of the services identified in clauses (1) and (2).

Sec. 5. **COLUMBIA TEENSCREEN GRANTS.**

The commissioner of education shall develop a request for proposals for grants to implement the Columbia TeenScreen program. The request for proposals shall require the grant applicant to specify how the applicant will follow, implement, and conduct the essential components of the Columbia TeenScreen program. Applicants for grants shall be limited to public schools, family service collaboratives, and children's mental health collaboratives.

Sec. 6. **CHILDREN'S MENTAL HEALTH WORK GROUP; REPORT.**

The commissioner of human services shall convene a work group to study the unmet need for funding of wraparound services to address the needs of children diagnosed with an emotional disturbance or a severe emotional disturbance. The work group shall consist of representatives from the Department of Health, the Department of Education, organizations that provide or advocate for children's mental health services, and Minnesota counties. The commissioner shall report the results of the work group's findings and recommendations to the chairs of the house and senate committees with jurisdiction over children's mental health no later than January 1, 2008.

Sec. 7. **TRAUMA-FOCUSED EVIDENCE-BASED PRACTICES TO CHILDREN.**

Organizations that are certified to provide children's therapeutic services and supports under Minnesota Statutes, section 256B.0943, are eligible to apply for a grant. Grants are to be used to provide trauma-focused evidence-based practices to children who are living in a battered women's shelter, homeless shelter, transitional housing, or supported housing. Children served must have been exposed to or witnessed domestic violence, have been exposed to or witnessed community violence, or be a refugee. Priority shall be given to organizations that demonstrate collaboration with battered women's shelters, homeless shelters, or providers of transitional housing or supported housing. The commissioner shall specify which constitutes evidence-based practice. Organizations shall use all available funding streams.

Sec. 8. **RESPITE CARE.**

(a) The commissioner of human services shall allocate amounts for respite care funding to counties based on population. Counties shall be reimbursed for the costs of respite care for families with a child who has a severe emotional disturbance. Total reimbursement shall not exceed the county's allocation. Any funds not used by a county may be reallocated to other counties.

(b) Funds allocated under paragraph (a) may be used for day, night, overnight, and summer or vacation respite care. Funds may be used for in-home or out-of-home respite care.

(c) Up to 25 percent of the funds allocated under paragraph (a) in the first year may be used to recruit, train, and support respite care providers.

(d) The commissioner shall convene a work group composed of stakeholders to determine:

(1) how funds in subsequent years may be used;

(2) how funds shall be disbursed to counties;

(3) who is eligible to provide respite care;

(4) how families access respite care;

(5) how respite care rates will be established; and

(6) what outcome data will be collected.

The work group shall also examine how to use existing tools to determine difficulty of care rates.

Sec. 9. **APPROPRIATIONS.**

Subdivision 1. **Evidence-based practice.** \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the commissioner of human services to develop and implement evidence-based practice in children's mental health care and treatment.

Subd. 2. **Columbia TeenScreen grants.** \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the commissioner of education to administer five Columbia TeenScreen grant programs in section 5.

Subd. 3. **Early intervention collaborative programs.** \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the commissioner of human services to fund the early intervention collaborative programs in section 3.

Subd. 4. **Childhood trauma; grants.** \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the commissioner of human services to make grants for the purpose of maintaining and expanding evidence-based practices under section 7 that support children and youth who have been exposed to violence or who are refugees.

Subd. 5. **Respite care.** \$..... in fiscal year 2008 is appropriated from general fund to the commissioner of human services to fund respite care for children under section 8 who have a diagnosis of emotional disturbance or severe emotional disturbance.

ARTICLE 3

MISCELLANEOUS

Section 1. **[135A.141] QUALIFYING STUDENT HEALTH INSURANCE PROGRAM.**

Subdivision 1. **Health insurance required.** (a) Every full-time and part-time student enrolled in a public or private institution of higher education located in the state shall participate in a qualifying student health insurance program. For the purposes of this section, "part-time student" means a student participating in at least 50 percent of the full-time curriculum. An institution may elect to allow students to waive participation in its student health insurance program or any part of it if the institution permitting such waivers requires students waiving participation to certify in writing, prior to any academic year in which they do not participate in the institution's plan, that they are participating in a health insurance plan having comparable coverage.

(b) An individual shall be exempt from this section if the individual files a sworn affidavit with the individual's public or private institution of higher education that the individual does not have creditable coverage and that the individual's sincerely held religious beliefs are the basis of the individual's refusal to obtain and maintain creditable coverage.

Subd. 2. **Report.** Each public and private institution of higher education shall submit an annual report to the commissioner of health detailing its procedures for complying with the provisions of this section. Prior to the implementation of this section, the commissioner of health shall submit a report to the house and senate committees on health policy and finance that includes, but is not limited to, an analysis of the number of students lacking health insurance, the costs of the requirements of this section to the students and the institutions of higher education, and a proposed method for meeting the costs.

Subd. 3. **Rules.** The commissioner of health shall issue regulations to define qualifying student health insurance programs, to establish procedures to monitor compliance, and to implement the provisions of this section.

**Sec. 2. [144.206] LOAN FORGIVENESS PROGRAM.**

(a) For the purposes of this section, "qualified educational loan" means a government, commercial, or foundation loan for actual costs paid for tuition, reasonable education expenses, and reasonable living expenses related to the graduate education of a mental health professional.

(b) (1) A loan forgiveness program account is established. The commissioner of health shall use money from the account to establish a loan forgiveness program for individuals who are employed by a nonprofit agency that provides mental health services for cultural or ethnic minority clients.

(2) Appropriations made to the account do not cancel and are available until expended, except that at the end of the biennium, any remaining balance in the account that is not committed by contract and is not needed to fulfill existing commitments shall cancel to the fund.

(c) To be eligible to participate in the loan forgiveness program, an individual must be employed by a nonprofit agency that provides mental health services for cultural or ethnic minority clients and must be of the same culture or ethnicity as the clients. An applicant selected to participate must sign a contract agreeing to remain employed with the nonprofit agency for a three-year full-time term, which shall begin no later than 30 days following completion of the required training.

(d) The commissioner may select applicants each year for participation in the loan forgiveness program, within the limits of available funding. Applicants are responsible for securing their own qualified educational loans. The commissioner shall select participants based on their suitability for practice serving the required cultural or ethnic minority population. The commissioner shall give preference to applicants closest to completing their education.

(e) For each year that a participant meets the service obligation required under paragraph (c), the commissioner shall make annual disbursements directly to the participant equivalent to 25 percent of the participant's loan indebtedness, not to exceed the balance of the participant's qualifying educational loans. Before receiving loan repayment disbursements, and as requested, the participant and the employer must complete and return to the commissioner an affidavit of practice form provided by the commissioner verifying that the participant is practicing as required under paragraph (c). The participant must provide the commissioner with verification that the full amount of the loan repayment disbursement received by the participant has been applied toward the designated loans. After each disbursement, verification must be received by the commissioner and approved before the next loan repayment disbursement is made.

(f) If a participant does not fulfill the minimum commitment of service under paragraph (c), the commissioner shall collect from the participant the full amount paid to the participant under the loan forgiveness program plus interest at the rate established under section 270C.40. The commissioner shall deposit the money collected in the general fund. The commissioner shall allow waivers of all or part of the money owed the commissioner as a result of nonfulfillment if emergency circumstances prevented fulfillment of the minimum service commitment.

Sec. 3. Minnesota Statutes 2006, section 245.462, subdivision 20, is amended to read:

Subd. 20. **Mental illness.** (a) "Mental illness" means an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the clinical manual of the International Classification of Diseases (ICD-9-CM), current edition, code range 290.0 to 302.99 or 306.0 to 316.0 or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-MD), current edition, Axes I, II, or III, and that seriously limits a person's capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.

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

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

(1) the adult has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months;

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

(3) the adult has been an inmate at a jail or county regional jail or a prisoner at a correctional facility two or more times within the preceding 24 months;

(4) the adult has experienced continuous confinement in a jail, county regional jail, or correctional facility for more than six months' duration within the preceding 12 months;

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

(6) the adult:

(i) has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder;

(ii) indicates a significant impairment in functioning; and

(iii) has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) or (2), unless ongoing case management or community support services are provided;

~~(4)~~ (7) the adult has, in the last three years, been committed by a court as a person who is mentally ill under chapter 253B, or the adult's commitment has been stayed or continued; or

~~(5)~~ (8) the adult (i) was eligible under clauses (1) to ~~(4)~~ (7), but the specified time period has expired or the adult was eligible as a child under section 245.4871, subdivision 6; and (ii) has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) or (2), unless ongoing case management or community support services are provided.

Sec. 4. Minnesota Statutes 2006, section 245.50, subdivision 5, is amended to read:

Subd. 5. **Special contracts; bordering states.** (a) An individual who is detained, committed, or placed on an involuntary basis under chapter 253B may be confined or treated in a bordering state pursuant to a contract under this section. An individual who is detained, committed, or placed on an involuntary basis under the civil law of a bordering state may be confined or treated in Minnesota pursuant to a contract under this section. A peace or health officer who is acting under the authority of the sending state may transport an individual to a receiving agency that provides services pursuant to a contract under this section and may transport the individual back to the sending state under the laws of the sending state. Court orders valid under the law of the sending state are granted recognition and reciprocity in the receiving state for individuals covered by a contract under this section to the extent that the court orders relate to confinement for treatment or care of mental illness or chemical dependency. Such treatment or care may address other conditions that may be co-occurring with the mental illness or chemical dependency. These court orders are not subject to legal challenge in the courts of the receiving state. Individuals who are detained, committed, or placed under the law of a sending state and who are transferred to a receiving state under this section continue to be in the legal custody of the authority responsible for them under the law of the sending state. Except in emergencies, those individuals may not be transferred, removed, or furloughed from a receiving agency without the specific approval of the authority responsible for them under the law of the sending state.

(b) While in the receiving state pursuant to a contract under this section, an individual shall be subject to the sending state's laws and rules relating to length of confinement, reexaminations, and extensions of confinement. No individual may be sent to another state pursuant to a contract under this section until the receiving state has enacted a law recognizing the validity and applicability of this section.

(c) If an individual receiving services pursuant to a contract under this section leaves the receiving agency without permission and the individual is subject to involuntary confinement under the law of the sending state, the receiving agency shall use all reasonable means to return the individual to the receiving agency. The receiving agency shall immediately report the absence to the sending agency. The receiving state has the primary responsibility for, and the authority to direct, the return of these individuals within its borders and is liable for the cost of the action to the extent that it would be liable for costs of its own resident.

(d) Responsibility for payment for the cost of care remains with the sending agency.

(e) This subdivision also applies to county contracts under subdivision 2 which include emergency care and treatment provided to a county resident in a bordering state.

(f) If a Minnesota resident is admitted to a facility in a bordering state under this chapter, a physician, licensed psychologist who has a doctoral degree in psychology, or an advance practice registered nurse certified in mental health, who is licensed in the bordering state, may act as an examiner under sections 253B.07, 253B.08, 253B.092, 253B.12, and 253B.17 subject to the same requirements and limitations in section 253B.02, subdivision 7.

Sec. 5. **[245.6961] CULTURALLY COMPETENT MENTAL HEALTH SERVICES.**

Subdivision 1. **Services; grants.** The commissioner is authorized to make grants to nonprofit organizations to ensure that culturally competent mental health services are provided to individuals throughout the state. The grants are intended to provide direct services and to serve as a bridge to existing mental health providers and organizations that reflect the community they serve. The grants may be used to:

(1) provide services and supports to low-income families from different cultures;

(2) provide technical assistance to mental health and health care providers who have clients in need of culturally appropriate services;

(3) translate information for patients and their families;

(4) colocate services at clinics, schools, and other locations;

(5) provide services and supports using telemedicine to reach families in need of information and support in communities where there are no culturally specific providers; and

(6) provide culturally specific support services.

Subd. 2. **Task force.** The commissioner shall appoint a task force to develop criteria for eligibility, services, and outcome measurement. Meeting children's therapeutic services and support standards cannot be one of the criteria for receiving funding through this program.

Sec. 6. **[245.6962] CRISIS INTERVENTION TEAM STATE COUNCIL.**

Subdivision 1. **Purpose.** (a) The purpose of the Crisis Intervention Team (CIT) State Council is to encourage and support the statewide development of law enforcement CIT's. The council shall serve as the governing body on the finance, curriculum, and programs for CIT training.

(b) The council shall promote the development of local collaboratives between public safety professionals, community providers, and citizens.

(c) The council shall maintain a mailing list of all CIT trained officers in Minnesota, sponsor an annual Minnesota CIT conference, and develop systems to promote and support CIT officers and stakeholders.

Subd. 2. **Membership.** The commissioner of public safety shall appoint members to the CIT State Council. Members must include, but not be limited to:

(1) a representative of the Barbara Schneider Foundation;

(2) a representative of the National Alliance on Mental Illness;

(3) a representative of the Minnesota Mental Health Association;

(4) a representative from a mental health court;

(5) a representative from a hospital with emergency and inpatient psychiatric services;

(6) a representative of the Minnesota Chiefs of Police Association from a police department of a city of the third or fourth class;

(7) a representative from the Minnesota Sheriffs Association;

(8) a representative of the CIT Officers Association;

(9) a training director or CIT coordinator from an operational CIT unit; and

(10) a representative from the Police Officers Standards and Training Board.

Subd. 3. **Crisis intervention team training.** (a) The council shall have at least one employee who shall be responsible for coordination of the statewide CIT training for public safety officers. Components of the training must include, but not be limited to:

- (1) an overview of mental illnesses and the mental health system;
- (2) site visits to psychiatric receiving facilities;
- (3) mental health courts;
- (4) specific psychiatric conditions, their manifestations, and treatment; and
- (5) CIT reporting and data collection.

(b) Training under paragraph (a) shall be a minimum of 40 hours.

**Sec. 7. MINNESOTA FAMILY INVESTMENT PROGRAM AND CHILDREN'S MENTAL HEALTH PILOT PROJECT.**

Subdivision 1. **Pilot project authorized.** The commissioner of human services shall fund a two-year pilot project to measure the impact of children's identified mental health needs, including social and emotional needs, on Minnesota family investment program (MFIP) participants' ability to obtain and retain employment. The project shall also measure the impact on work activity of MFIP participants' needs to address their children's identified mental health needs.

Subd. 2. **Provider and agency proposals.** (a) Interested MFIP providers and agencies shall:

(1) submit proposals defining how they will identify participants whose children have mental health needs that hinder the employment process;

(2) connect families with appropriate developmental, social, and emotional screenings and services; and

(3) incorporate those services into the participant's employment plan.

Each proposal under this paragraph must include an evaluation component.

(b) Interested MFIP providers and agencies shall develop a protocol to inform MFIP participants of the following:

(1) the availability of developmental, social, and emotional screening tools for children and youth;

(2) the purpose of the screenings;

(3) how the information will be used to assist the participants in identifying and addressing potential barriers to employment; and

(4) that their employment plan may be modified based on the screening results.

Subd. 3. **Program components.** (a) MFIP providers shall obtain the participant's written consent for participation in the pilot project, including consent for developmental, social, and emotional screening.



(b) MFIP providers shall coordinate with county social service agencies and health plans to assist recipients in arranging referrals indicated by the screening results.

(c) Tools used for developmental, social, and emotional screenings shall be approved by the commissioner of human services.

Subd. 4. **Program evaluation.** The commissioner of human services shall conduct an evaluation of the pilot project to determine:

(1) the number of participants who took part in the screening;

(2) the number of children who were screened and what screening tools were used;

(3) the number of children who were identified in the screening who needed referral or follow-up services;

(4) the number of children who received services, what agency provided the services, and what type of services were provided;

(5) the number of employment plans that were adjusted to include the activities recommended in the screenings;

(6) the changes in work participation rates;

(7) the changes in earned income;

(8) the changes in sanction rates; and

(9) the participants' report of program effectiveness.

Subd. 5. **Work activity.** Participant involvement in screenings and subsequent referral and follow-up services shall count as work activity under Minnesota Statutes, section 256J.49, subdivision 13.

#### Sec. 8. **MENTAL HEALTH FATALITY REVIEW TEAM.**

Subdivision 1. **Pilot project authorized; purpose.** The Hennepin County Criminal Justice Coordinating Committee shall establish a Mental Health Fatality Review Team as a 30-month pilot project to review adult mental health fatalities that have occurred in the fourth judicial district during or after contact with law enforcement, courts, or corrections systems. Cases will be selected for review only after they are no longer subject to any possible further legal activity including opportunities for appeal. The purpose of the review team is to analyze adult mental health-related fatalities, review public policies and procedures, and try to prevent future fatalities.

Subd. 2. **Definition of mental health fatality.** "Mental health fatality" means the unexpected death of a person with a diagnosed mental illness or committed by a person with a diagnosed mental illness, where mental illness was a significant contributing factor in the death.

Subd. 3. **Selection of cases for review.** Cases for review will be selected by the Mental Health Fatality Advisory Board. The Mental Health Fatality Advisory Board shall be composed of individuals who reflect a commitment to diversity and relevant professional experience. The board must include:

(1) a county attorney;

(2) a city attorney;

(3) a public defender;

(4) a representative from the Hennepin County District Court;

(5) a representative from the Office of the Ombudsman for Mental Health and Developmental Disabilities;

(6) a representative from the Bureau of Criminal Apprehension;

(7) a practicing mental health professional;

(8) a practicing psychiatrist;

(9) a practicing substance abuse treatment professional;

(10) a representative from Hennepin County Medical Center knowledgeable about emergency mental health treatment; and

(11) a representative from a mental health advocacy organization.

Subd. 4. **Membership.** (a) The Hennepin County Criminal Justice Coordinating Committee, in consultation with the board, shall appoint members of the Mental Health Fatality Review Team. The review team members must include:

(1) a representative from the Department of Human Services, Mental Health Division;

(2) a representative from the county mental health authority;

(3) the medical examiner;

(4) an emergency medicine physician from Hennepin County Medical Center;

(5) an emergency room nurse;

(6) a representative from the Hennepin County Mental Health Court;

(7) a practicing forensic psychiatrist;

(8) a practicing private mental health practitioner;

(9) a suicide prevention specialist;

(10) a domestic violence specialist;

(11) a program staff member providing long-term mental health support services;

(12) at least one member from each of two mental health consumer advocacy organizations with at least one member representing an organization whose board is made up of a majority of mental health consumers;

(13) a corrections employee from the Hennepin County jail;

(14) a licensed peace officer;

(15) at least four culturally competent mental health providers from communities of color and immigrant communities; and

(16) a member of the medical review unit from the Office of the Ombudsman for Mental Health and Developmental Disabilities.

(b) Members of the board are members of the review team.

(c) The review team may also invite other relevant persons to serve on an ad hoc basis and participate as full members of the review team for a particular review. These persons may include, but are not limited to:

(1) individuals with particular expertise that would be helpful to the review team; or

(2) representatives of organizations or agencies that had contact with or provided services to the individual who is the subject of the review.

Subd. 5. **Disclosure of records.** Notwithstanding the data's classification in the possession of any agency, data shall be disclosed to the Mental Health Fatality Review Team as necessary to carry out the purpose of the team, but data shall retain its data classification and will under no circumstances be disclosed to anyone not a part of the review. No data used or findings arrived at shall be used in a court proceeding and are not discoverable. Findings will only be used to recommend institutional reforms to prevent future fatalities.

Subd. 6. **Immunity.** Except for the unauthorized disclosure of data, members of the Mental Health Fatality Review Team, when acting within the scope of their duties, are immune from civil and criminal liability.

Subd. 7. **Evaluation and report.** (a) The Mental Health Fatality Advisory Board shall be convened by the Hennepin County Criminal Justice Coordinating Committee by December 31, 2007, and shall develop a system for evaluating the effectiveness of this pilot project and shall focus on identifiable goals and outcomes. An evaluation must contain data components as well as input from individuals involved in the review process.

(b) The Mental Health Advisory Review Team shall be convened by July 1, 2008, and shall issue two annual reports to the legislature during the pilot project, one on or before December 31, 2008, and one on or before December 31, 2009. The reports must consist of the written aggregate recommendations of the review team without reference to specific cases. The December 31, 2009, report must include recommendations for legislation. The reports must be made available upon request. Reports must be distributed to the governor, attorney general, Supreme Court, county board, Hennepin County Criminal Justice Coordinating Committee, and district court.

#### Sec. 9. **EVIDENCE-BASED PRACTICE.**

The commissioner of human services shall make a onetime consultation with stakeholder groups and make budget-neutral changes to medical assistance coverage and benefits to implement evidence-based practices as defined by the Agency for Healthcare Research and Quality Practice Guidelines or Substance Abuse and Mental Health Services Administration.

#### Sec. 10. **EMPLOYMENT SUPPORT.**

(a) The commissioner of the Department of Employment and Economic Development shall fund special projects providing employment support to:

(1) young people with mental illness who are transitioning from school to work;

(2) people with a serious mental illness who are receiving services through a mental health court; and

(3) people with serious mental illness who are receiving services through a civil commitment court.

(b) Special projects shall include incentive payments to providers that place individuals in jobs that allow them to leave SSI and SSDI dependency and become economically self-sufficient.

(c) Projects under paragraph (a) must demonstrate interagency collaboration.

Sec. 11. **TELEHEALTH.**

(a) The Office of Enterprise Technology in consultation with the commissioner of human services shall provide interconnectivity, bridging, or gateway for televideo conferencing at no cost to the providers between:

(1) state and county agency sites; and

(2) community provider sites or association of community providers sites.

(b) Community providers eligible for the televideo conferencing interconnectivity are those enrolled as medical assistance providers under Minnesota Statutes, section 256B.0625, subdivision 5, or under contract with counties to provide services under Minnesota Statutes, sections 245.461 to 245.486, the Minnesota Comprehensive Adult Mental Health Act; Minnesota Statutes, sections 245.4712 to 245.4861, community support and day treatment services; or Minnesota Statutes, sections 245.487 to 245.4887, the Minnesota Comprehensive Children's Mental Health Act.

Sec. 12. **DUAL DIAGNOSIS; DEMONSTRATION PROJECT.**

(a) The commissioner of human services shall fund demonstration projects for high risk adults with serious mental illness and co-occurring substance abuse problems. The projects must include, but not be limited to, the following:

(1) housing services, including rent or housing subsidies, housing with clinical staff, or housing support;

(2) assertive outreach services; and

(3) intensive direct therapeutic, rehabilitative, and care management services oriented to harm reduction.

(b) The commissioner shall work with providers to ensure proper licensure or certification to meet medical assistance or third-party payor reimbursement requirements.

Sec. 13. **INPATIENT PSYCHIATRIC BEDS; STUDY.**

(a) The commissioner of health shall study the status of inpatient psychiatric beds in Minnesota and provide recommendations to the legislature on improving access to inpatient care, especially for children and adolescents. In conducting the study, the commissioner shall consult with the commissioner of human services and representatives from psychiatry, hospitals, emergency medicine, and mental health advocacy.

(b) The study shall consider the following:

(1) the number and frequency of patients, both adults and children, diverted to other hospitals because of the unavailability of an appropriate psychiatric bed in the hospital for which they sought care;

(2) the effect on emergency rooms due to the inability to place a patient in a psychiatric hospital bed;

(3) the difference in health plan reimbursement for psychiatric beds compared to beds devoted to general medical care and the effect this reimbursement has on the availability of inpatient psychiatric beds;

(4) the number of psychiatric beds per capita in Minnesota compared to the number of psychiatric beds per capita in the United States, and the appropriate number of psychiatric beds per capita in Minnesota; and

(5) the number of practicing child and adolescent psychiatrists and the number necessary per capita to meet the needs of Minnesota children.

(c) The commissioner shall report recommendations to the legislature by January 15, 2008.

Sec. 14. **INCENTIVE PAYMENTS; RULES.**

(a) The commissioner of employment and economic development under rulemaking authority granted in Minnesota Statutes, section 116J.035, shall develop rules to implement incentive payments to providers that place individuals in jobs that allow them to leave SSI and SSDI dependency and become economically self-sufficient.

(b) The commissioner of employment and economic development under rulemaking authority granted in Minnesota Statutes, section 116J.035, shall develop rules to implement incentive payments for providers that place individuals in jobs that provide benefits.

Sec. 15. **APPROPRIATIONS.**

Subdivision 1. **Employment support.** (a) \$..... is appropriated in fiscal year 2008 from the general fund to the commissioner of employment and economic development to fund special projects focused on providing employment support under section 10.

(b) \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated to the commissioner of employment and economic development for the extended employment-serious mental illness program under section 10.

(c) \$1,000,000 in fiscal year 2008 and \$1,000,000 in fiscal year 2009 are appropriated to the commissioner of employment and economic development to supplement funds paid for wage incentive for the community support fund established in Minnesota Rules, part 3300.2045.

Subd. 2. **Community mental health programs.** \$..... is appropriated in fiscal year 2008 from the general fund to the commissioner of human services to contract for training and consultation for clinical supervisors and staff of community mental health centers who provide services to children and adults. The purpose of the training and consultation is to improve clinical supervision of staff, strengthen compliance with federal and state rules and regulations, and to recommend strategies for standardization and simplification of administrative functions among community mental health centers.

Subd. 3. **Culturally competent mental health services grants.** \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the commissioner of human services for development and implementation of grants for culturally competent mental health services under section 5.

Subd. 4. **Bridges rental housing assistance program.** \$3,400,000 in fiscal year 2008 and \$3,400,000 in fiscal year 2009 are appropriated from the general fund to the Housing Finance Agency for the Bridges rental housing assistance program under Minnesota Statutes, section 462A.2097. These appropriations are in addition to any base appropriations for this purpose and shall become part of the agency's base.

Subd. 5. **MFIP and children's mental health pilot project.** \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the commissioner of human services to fund the pilot project under section 7.

Subd. 6. **Mental health fatality review team.** \$35,000 in fiscal year 2008 and \$35,000 in fiscal year 2009 are appropriated from the general fund to the Supreme Court to fund the mental health fatality review team under section 8.

Subd. 7. **Crisis intervention training.** \$144,000 is appropriated in fiscal year 2008 from the general fund to the commissioner of public safety to fund grants to local police departments to conduct crisis intervention training under section 6.

Subd. 8. **Televideo conferencing.** (b) \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the Office of Enterprise Technology to provide televideo conferencing under section 11.

Subd. 9. **Dual diagnosis; demonstration project.** \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the commissioner of human services to fund the demonstration projects under section 12.

#### ARTICLE 4

#### MENTAL HEALTH FUNDING

Section 1. Minnesota Statutes 2006, section 256B.038, is amended to read:

#### **256B.038 PROVIDER RATE INCREASES AFTER JUNE 30, 1999.**

(a) For fiscal years beginning on or after July 1, 1999, the commissioner of finance shall include an annual inflationary adjustment in payment rates for the services listed in paragraph (b) as a budget change request in each biennial detailed expenditure budget submitted to the legislature under section 16A.11. The adjustment shall be accomplished by indexing the rates in effect for inflation based on the change in the Consumer Price Index-All Items (United States city average)(CPI-U) as forecasted by Data Resources, Inc., in the fourth quarter of the prior year for the calendar year during which the rate increase occurs.

(b) Within the limits of appropriations specifically for this purpose, the commissioner shall apply the rate increases in paragraph (a) to home and community-based waiver services for persons with developmental disabilities under section 256B.501; home and community-based waiver services for the elderly under section 256B.0915; waived services under community alternatives for disabled individuals under section 256B.49; community alternative care waived services under section 256B.49; traumatic brain injury waived services under section 256B.49; nursing services and home health services under section 256B.0625, subdivision 6a; personal care services and nursing supervision of personal care services under section 256B.0625, subdivision 19a; private duty nursing services under section 256B.0625, subdivision 7; day training and habilitation services for adults with developmental disabilities under sections 252.40 to 252.46; physical therapy services under sections 256B.0625, subdivision 8, and 256D.03, subdivision 4; occupational therapy services under sections 256B.0625, subdivision 8a, and 256D.03, subdivision 4; speech-language therapy services under section 256D.03, subdivision 4, and Minnesota Rules, part 9505.0390; respiratory therapy services under section 256D.03, subdivision 4, and Minnesota Rules, part 9505.0295; physician services under section 256B.0625, subdivision 3; dental services under sections 256B.0625, subdivision 9, and 256D.03, subdivision 4; alternative care services under section 256B.0913; adult residential program grants under Minnesota Rules, parts 9535.2000 to 9535.3000; adult and family community support grants under Minnesota Rules, parts 9535.1700 to 9535.1760; ~~and~~ semi-independent living services under section 252.275, including SILS funding under county social services grants formerly funded under chapter 256I; children's therapeutic services and support services under section 256B.0943; and adult rehabilitative mental health services under section 256B.0623.

(c) The commissioner shall increase prepaid medical assistance program capitation rates as appropriate to reflect the rate increases in this section.

(d) In implementing this section, the commissioner shall consider proposing a schedule to equalize rates paid by different programs for the same service.

Sec. 2. **[256B.0615] MENTAL HEALTH CERTIFIED PEER SPECIALIST.**

Subdivision 1. **Scope.** Medical assistance covers mental health certified peers specialists services, as established in subdivision 2, subject to federal approval, if provided to recipients who are eligible for services under sections 256B.0622 and 256B.0623, and are provided by a certified peer specialist who has completed the training under subdivision 5.

Subd. 2. **Establishment.** The commissioner of human services shall establish a certified peer specialists program model, which:

(1) provides nonclinical peer support counseling by certified peer specialists;

(2) provides a part of a wraparound continuum of services in conjunction with other community mental health services;

(3) is individualized to the consumer; and

(4) promotes socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

Subd. 3. **Eligibility.** Peer support services may be made available to consumers of the intensive rehabilitative mental health services under section 256B.0622 and adult rehabilitative mental health services under section 256B.0623.

Subd. 4. **Peer support specialist program providers.** The commissioner shall develop a process to certify peer support specialist programs, in accordance with the federal guidelines, in order for the program to bill for reimbursable services. Peer support programs may be freestanding or within existing mental health community provider centers.

Subd. 5. **Certified peer specialist training and certification.** The commissioner of human services shall develop a training and certification process for certified peer specialists who must be at least 21 years of age and have a high school diploma or its equivalent. The candidates must have had a primary diagnosis of mental illness and be a current or former consumer of mental health services, must demonstrate leadership and advocacy skills, and must have a strong dedication to recovery. The training curriculum must teach participating consumers specific skills relevant to providing peer support to other consumers. In addition to initial training and certification, the commissioner shall develop ongoing continuing educational workshops on pertinent issues related to peer support counseling.

Sec. 3. Minnesota Statutes 2006, section 256B.0622, subdivision 2, is amended to read:

Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings given them.

(a) "Intensive nonresidential rehabilitative mental health services" means adult rehabilitative mental health services as defined in section 256B.0623, subdivision 2, paragraph (a), except that these services are provided by a multidisciplinary staff using a total team approach consistent with assertive community treatment, the Fairweather

Lodge treatment model, as defined by the standards established by the National Coalition for Community Living, and other evidence-based practices, and directed to recipients with a serious mental illness who require intensive services.

(b) "Intensive residential rehabilitative mental health services" means short-term, time-limited services provided in a residential setting to recipients who are in need of more restrictive settings and are at risk of significant functional deterioration if they do not receive these services. Services are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting. Services must be directed toward a targeted discharge date with specified client outcomes and must be consistent with the Fairweather Lodge treatment model as defined in paragraph (a), and other evidence-based practices.

(c) "Evidence-based practices" are nationally recognized mental health services that are proven by substantial research to be effective in helping individuals with serious mental illness obtain specific treatment goals.

(d) "Overnight staff" means a member of the intensive residential rehabilitative mental health treatment team who is responsible during hours when recipients are typically asleep.

(e) "Treatment team" means all staff who provide services under this section to recipients. At a minimum, this includes the clinical supervisor, mental health professionals, as defined in section 245.462, subdivision 18, clauses (1) to (5); mental health practitioners, and as defined in section 245.462, subdivision 17; mental health rehabilitation workers under section 256B.0623, subdivision 5, clause (3); and certified peer specialists under section 256B.0615.

Sec. 4. Minnesota Statutes 2006, section 256B.0623, subdivision 2, is amended to read:

Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings given them.

(a) "Adult rehabilitative mental health services" means mental health services which are rehabilitative and enable the recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills, when these abilities are impaired by the symptoms of mental illness. Adult rehabilitative mental health services are also appropriate when provided to enable a recipient to retain stability and functioning, if the recipient would be at risk of significant functional decompensation or more restrictive service settings without these services.

(1) Adult rehabilitative mental health services instruct, assist, and support the recipient in areas such as: interpersonal communication skills, community resource utilization and integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills, transportation skills, medication education and monitoring, mental illness symptom management skills, household management skills, employment-related skills, and transition to community living services.

(2) These services shall be provided to the recipient on a one-to-one basis in the recipient's home or another community setting or in groups.

(b) "Medication education services" means services provided individually or in groups which focus on educating the recipient about mental illness and symptoms; the role and effects of medications in treating symptoms of mental illness; and the side effects of medications. Medication education is coordinated with medication management services and does not duplicate it. Medication education services are provided by physicians, pharmacists, physician's assistants, or registered nurses.



(c) "Transition to community living services" means services which maintain continuity of contact between the rehabilitation services provider and the recipient and which facilitate discharge from a hospital, residential treatment program under Minnesota Rules, chapter 9505, board and lodging facility, or nursing home. Transition to community living services are not intended to provide other areas of adult rehabilitative mental health services.

(d) "Family psychoeducation" is a multimodal outpatient therapy and rehabilitative service that involves parents, families, and others as resources in the treatment, recovery, and improved functioning of a person with mental illness or emotional disturbance, in which families learn about the illness, family reactions, and types of treatment and supports. Families learn to develop skills to handle problems posed by mental illness including coping, managing stress, ensuring safety, creating social support, identifying resources, and supporting treatment and recovery goals. Services include family counseling, family treatment planning, and family support using cognitive, behavioral, problem-solving, and communication strategies, and may involve individual, family, and group intervention activities for consumers and families together, families only, or brief intermittent consultations at critical times in an episode of care. Eligible providers must be certified to provide both outpatient mental health services and rehabilitative services under this section.

Sec. 5. Minnesota Statutes 2006, section 256B.0623, subdivision 5, is amended to read:

Subd. 5. **Qualifications of provider staff.** Adult rehabilitative mental health services must be provided by qualified individual provider staff of a certified provider entity. Individual provider staff must be qualified under one of the following criteria:

(1) a mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (5). If the recipient has a current diagnostic assessment by a licensed mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (5), recommending receipt of adult mental health rehabilitative services, the definition of mental health professional for purposes of this section includes a person who is qualified under section 245.462, subdivision 18, clause (6), and who holds a current and valid national certification as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner;

(2) a mental health practitioner as defined in section 245.462, subdivision 17. The mental health practitioner must work under the clinical supervision of a mental health professional; ~~or~~

(3) a certified peer specialist under section 256B.0615. The certified peer specialist must work under the clinical supervision of a mental health professional; or

~~(3)~~ (4) a mental health rehabilitation worker. A mental health rehabilitation worker means a staff person working under the direction of a mental health practitioner or mental health professional and under the clinical supervision of a mental health professional in the implementation of rehabilitative mental health services as identified in the recipient's individual treatment plan who:

(i) is at least 21 years of age;

(ii) has a high school diploma or equivalent;

(iii) has successfully completed 30 hours of training during the past two years in all of the following areas: recipient rights, recipient-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, recipient confidentiality; and

(iv) meets the qualifications in subitem (A) or (B):

(A) has an associate of arts degree in one of the behavioral sciences or human services, or is a registered nurse without a bachelor's degree, or who within the previous ten years has:

(1) three years of personal life experience with serious and persistent mental illness;

(2) three years of life experience as a primary caregiver to an adult with a serious mental illness or traumatic brain injury; or

(3) 4,000 hours of supervised paid work experience in the delivery of mental health services to adults with a serious mental illness or traumatic brain injury; or

(B)(1) is fluent in the non-English language or competent in the culture of the ethnic group to which at least 20 percent of the mental health rehabilitation worker's clients belong;

(2) receives during the first 2,000 hours of work, monthly documented individual clinical supervision by a mental health professional;

(3) has 18 hours of documented field supervision by a mental health professional or practitioner during the first 160 hours of contact work with recipients, and at least six hours of field supervision quarterly during the following year;

(4) has review and cosignature of charting of recipient contacts during field supervision by a mental health professional or practitioner; and

(5) has 40 hours of additional continuing education on mental health topics during the first year of employment.

Sec. 6. Minnesota Statutes 2006, section 256B.0623, subdivision 8, is amended to read:

Subd. 8. **Diagnostic assessment.** Providers of adult rehabilitative mental health services must complete a diagnostic assessment as defined in section 245.462, subdivision 9, within five days after the recipient's second visit or within 30 days after intake, whichever occurs first. A diagnostic assessment must be reimbursed at the same rate as an assessment under section 256B.0655, subdivision 8. In cases where a diagnostic assessment is available that reflects the recipient's current status, and has been completed within 180 days preceding admission, an update must be completed. An update shall include a written summary by a mental health professional of the recipient's current mental health status and service needs. If the recipient's mental health status has changed significantly since the adult's most recent diagnostic assessment, a new diagnostic assessment is required. For initial implementation of adult rehabilitative mental health services, until June 30, 2005, a diagnostic assessment that reflects the recipient's current status and has been completed within the past three years preceding admission is acceptable.

Sec. 7. Minnesota Statutes 2006, section 256B.0623, subdivision 12, is amended to read:

Subd. 12. **Additional requirements.** (a) Providers of adult rehabilitative mental health services must comply with the requirements relating to referrals for case management in section 245.467, subdivision 4.

(b) Adult rehabilitative mental health services are provided for most recipients in the recipient's home and community. Services may also be provided at the home of a relative or significant other, job site, psychosocial clubhouse, drop-in center, social setting, classroom, or other places in the community. Except for "transition to community services," the place of service does not include a regional treatment center, nursing home, residential treatment facility licensed under Minnesota Rules, parts 9520.0500 to 9520.0670 (Rule 36), or an acute care hospital.

(c) Adult rehabilitative mental health services may be provided in group settings if appropriate to each participating recipient's needs and treatment plan. A group is defined as two to ten clients, at least one of whom is a recipient, who is concurrently receiving a service which is identified in this section. The service and group must be specified in the recipient's treatment plan. No more than two qualified staff may bill Medicaid for services provided to the same group of recipients. If two adult rehabilitative mental health workers bill for recipients in the same group session, they must each bill for different recipients.

(d) Subject to federal approval, adult rehabilitative mental health services include family psychoeducation, coordination and care management, and collateral contacts.

Sec. 8. Minnesota Statutes 2006, section 256B.0625, subdivision 38, is amended to read:

Subd. 38. **Payments for mental health services.** (a) Payments for mental health services covered under the medical assistance program that are provided by masters-prepared mental health professionals shall be 80 percent of the rate paid to doctoral-prepared professionals. Payments for mental health services covered under the medical assistance program that are provided by masters-prepared mental health professionals employed by community mental health centers shall be 100 percent of the rate paid to doctoral-prepared professionals. For purposes of reimbursement of mental health professionals under the medical assistance program, all

(b) Payments for mental health services covered under the medical assistance program that are provided by social workers who:

(1) have received a master's degree in social work from a program accredited by the Council on Social Work Education;

(2) are licensed at the level of graduate social worker or independent social worker; and

(3) are practicing clinical social work under appropriate supervision, as defined by chapter 148D; and

(4) meet all requirements under Minnesota Rules, part 9505.0323, subpart 24, and. Payments under this paragraph shall be paid accordingly according to Minnesota Rules, part 9505.0323, subpart 24, unless paragraph (c) is applicable.

(c) Payments for mental health services covered under the medical assistance program that are provided by an individual who:

(1) is employed by a community mental health center and who has completed all requirements for licensure or board certification as a mental health professional except for the requirements for supervised experience in the delivery of mental health services; and

(2) who is a student in a bona fide field placement or internship under a program leading to completion of the requirements for licensure as a mental health professional

shall be reimbursed at 100 percent of the rate paid to the supervising professional. The individual providing the service under this paragraph must be under the clinical supervision of a fully qualified mental health professional.

(d) Subject to federal approval, medical assistance covers clinical supervision of mental health practitioners by a mental health professional when clinical supervision is required as part of other medical assistance services.

Sec. 9. Minnesota Statutes 2006, section 256B.0625, subdivision 43, is amended to read:

Subd. 43. **Mental health provider travel time.** Medical assistance covers provider travel time. The per-minute rate is to be calculated at two times the IRS mileage rate if a recipient's individual treatment plan requires the provision of mental health services outside of the provider's normal place of business. This Reimbursement under this subdivision does not include any travel time which is included in other billable services, and is only covered when the mental health service being provided to a recipient is covered under medical assistance.

Sec. 10. Minnesota Statutes 2006, section 256B.0625, subdivision 46, is amended to read:

Subd. 46. **Mental health telemedicine.** Effective January 1, 2006, and subject to federal approval, mental health services that are otherwise covered by medical assistance as direct face-to-face services may be provided via two-way interactive video. Use of two-way interactive video must be medically appropriate to the condition and needs of the person being served. Reimbursement is at the same rates and under the same conditions that would otherwise apply to the service and shall include payment for the originating facility fee and the cost of broadband connections. The interactive video equipment and connection must comply with Medicare standards in effect at the time the service is provided.

Sec. 11. Minnesota Statutes 2006, section 256B.0625, is amended by adding a subdivision to read:

Subd. 50. **Intensive mental health outpatient treatment.** (a) Effective January 1, 2008, and subject to federal approval, medical assistance covers intensive mental health outpatient treatment. Intensive mental health outpatient treatment is a multimodal, therapeutic, and rehabilitative service that is provided for at least two hours per day and at least nine to 20 hours per week. The service provides an opportunity to combine existing covered services to deliver the necessary intensity and frequency of services identified in the individual treatment plan. Components of intensive mental health outpatient treatment include, but are not limited to:

(1) individual, family, or multifamily group psychotherapy or psychoeducational services;

(2) adjunctive services such as medical monitoring, family psychoeducation, behavioral parent training, rehabilitative services, medication education, relapse prevention, illness management and recovery services, and care coordination; and

(3) service coordination and referral for medical care or social services.

(b) During transition into or from services, intensive outpatient treatment under paragraph (a) may include time-limited services in multiple settings as clinically necessary. The service must be paid as a per diem based on 90 percent of the rate paid for partial hospitalization. Eligible providers must be licensed or certified to provide all aspects of the service.

Sec. 12. Minnesota Statutes 2006, section 256B.0625, is amended by adding a subdivision to read:

Subd. 51. **Care management.** Effective January 1, 2008, and subject to federal approval, medical assistance covers up to six hours of service per client per year, without authorization, of coordination and care management as a component of children's therapeutic services and supports, adult rehabilitative mental health services, or community mental health services. These services must be directed by an individual treatment plan and are solely for the purpose of improving continuity and access to appropriate and necessary services.

Sec. 13. Minnesota Statutes 2006, section 256B.0625, is amended by adding a subdivision to read:

Subd. 52. **Collateral contacts.** Effective January 1, 2008, and subject to federal approval, medical assistance covers up to six hours of service per client per year of collateral contacts as a component of children's therapeutic services and supports, adult rehabilitative mental health services, and community mental health services. These services must be directed by an individual treatment plan, and are solely for the purpose of assisting parents and others toward understanding, accommodating, and better caregiving of the person with mental illness or emotional disturbance.

Sec. 14. Minnesota Statutes 2006, section 256B.0625, is amended by adding a subdivision to read:

Subd. 53. **Mental health services; dual eligible clients.** Effective for services rendered on or after January 1, 2008, and subject to federal approval, medical assistance payments for community mental health and psychiatry services provided to dual eligible clients shall be paid at the Medicare reimbursement rate or at the medical assistance payment rate in effect on January 1, 2008, whichever is greater.

Sec. 15. Minnesota Statutes 2006, section 256B.0943, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** For purposes of this section, the following terms have the meanings given them.

(a) "Children's therapeutic services and supports" means the flexible package of mental health services for children who require varying therapeutic and rehabilitative levels of intervention. The services are time-limited interventions that are delivered using various treatment modalities and combinations of services designed to reach treatment outcomes identified in the individual treatment plan.

(b) "Clinical supervision" means the overall responsibility of the mental health professional for the control and direction of individualized treatment planning, service delivery, and treatment review for each client. A mental health professional who is an enrolled Minnesota health care program provider accepts full professional responsibility for a supervisee's actions and decisions, instructs the supervisee in the supervisee's work, and oversees or directs the supervisee's work.

(c) "County board" means the county board of commissioners or board established under sections 402.01 to 402.10 or 471.59.

(d) "Crisis assistance" has the meaning given in section 245.4871, subdivision 9a.

(e) "Culturally competent provider" means a provider who understands and can utilize to a client's benefit the client's culture when providing services to the client. A provider may be culturally competent because the provider is of the same cultural or ethnic group as the client or the provider has developed the knowledge and skills through training and experience to provide services to culturally diverse clients.

(f) "Day treatment program" for children means a site-based structured program consisting of group psychotherapy for more than three individuals and other intensive therapeutic services provided by a multidisciplinary team, under the clinical supervision of a mental health professional.

(g) "Diagnostic assessment" has the meaning given in section 245.4871, subdivision 11.

(h) "Direct service time" means the time that a mental health professional, mental health practitioner, or mental health behavioral aide spends face-to-face with a client and the client's family. Direct service time includes time in which the provider obtains a client's history or provides service components of children's therapeutic services and supports. Direct service time does not include time doing work before and after providing direct services, including

scheduling, maintaining clinical records, consulting with others about the client's mental health status, preparing reports, receiving clinical supervision directly related to the client's psychotherapy session, and revising the client's individual treatment plan.

(i) "Direction of mental health behavioral aide" means the activities of a mental health professional or mental health practitioner in guiding the mental health behavioral aide in providing services to a client. The direction of a mental health behavioral aide must be based on the client's individualized treatment plan and meet the requirements in subdivision 6, paragraph (b), clause (5).

(j) "Emotional disturbance" has the meaning given in section 245.4871, subdivision 15. For persons at least age 18 but under age 21, mental illness has the meaning given in section 245.462, subdivision 20, paragraph (a).

(k) "Family psychoeducation" is a multimodal outpatient therapy and rehabilitative service that involves parents, families, and others as resources in the treatment, recovery, and improved functioning of a person with mental illness or emotional disturbance, in which families learn about the illness, family reactions, and types of treatment and supports. Families learn to develop skills to handle problems posed by mental illness including coping, managing stress, ensuring safety, creating social support, identifying resources, and supporting treatment and recovery goals. Services include family counseling, family treatment planning, and family support using cognitive, behavioral, problem-solving, and communication strategies, and may involve individual, family, and group intervention activities for consumers and families together, families only, or brief intermittent consultations at critical times in an episode of care. Eligible providers must be certified to provide both outpatient mental health services and rehabilitative services under section 256B.0943.

(l) "Individual behavioral plan" means a plan of intervention, treatment, and services for a child written by a mental health professional or mental health practitioner, under the clinical supervision of a mental health professional, to guide the work of the mental health behavioral aide.

~~(m)~~ (m) "Individual treatment plan" has the meaning given in section 245.4871, subdivision 21.

~~(n)~~ (n) "Mental health professional" means an individual as defined in section 245.4871, subdivision 27, clauses (1) to (5), or tribal vendor as defined in section 256B.02, subdivision 7, paragraph (b).

~~(o)~~ (o) "Preschool program" means a day program licensed under Minnesota Rules, parts 9503.0005 to 9503.0175, and enrolled as a children's therapeutic services and supports provider to provide a structured treatment program to a child who is at least 33 months old but who has not yet attended the first day of kindergarten.

~~(p)~~ (p) "Skills training" means individual, family, or group training designed to improve the basic functioning of the child with emotional disturbance and the child's family in the activities of daily living and community living, and to improve the social functioning of the child and the child's family in areas important to the child's maintaining or reestablishing residency in the community. Individual, family, and group skills training must:

(1) consist of activities designed to promote skill development of the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational services;

(2) consist of activities that will assist the family's understanding of normal child development and to use parenting skills that will help the child with emotional disturbance achieve the goals outlined in the child's individual treatment plan; and

(3) promote family preservation and unification, promote the family's integration with the community, and reduce the use of unnecessary out-of-home placement or institutionalization of children with emotional disturbance.

Sec. 16. Minnesota Statutes 2006, section 256B.0943, subdivision 2, is amended to read:

Subd. 2. **Covered service components of children's therapeutic services and supports.** (a) Subject to federal approval, medical assistance covers medically necessary children's therapeutic services and supports as defined in this section that an eligible provider entity under subdivisions 4 and 5 provides to a client eligible under subdivision 3.

(b) The service components of children's therapeutic services and supports are:

(1) individual, family, ~~and~~ group psychotherapy, and family psychoeducation;

(2) individual, family, or group skills training provided by a mental health professional or mental health practitioner;

(3) crisis assistance;

(4) mental health behavioral aide services; ~~and~~

(5) direction of a mental health behavioral aide;

(6) coordination and care management; and

(7) collateral contacts.

(c) Service components may be combined to constitute therapeutic programs, including day treatment programs and preschool programs. Although day treatment and preschool programs have specific client and provider eligibility requirements, medical assistance only pays for the service components listed in paragraph (b).

Sec. 17. Minnesota Statutes 2006, section 256B.0943, is amended by adding a subdivision to read:

Subd. 11a. **Reimbursement of diagnostic assessments.** A diagnostic assessment under this section must be reimbursed at the same rate as an assessment under section 256B.0655, subdivision 8.

Sec. 18. Minnesota Statutes 2006, section 256B.69, subdivision 5g, is amended to read:

Subd. 5g. **Payment for covered services.** For services rendered on or after January 1, 2003, the total payment made to managed care plans for providing covered services under the medical assistance and general assistance medical care programs is reduced by .5 percent from their current statutory rates. This provision excludes payments for nursing home services, home and community-based waivers, and payments to demonstration projects for persons with disabilities, and mental health services added as covered benefits after December 31, 2007.

Sec. 19. Minnesota Statutes 2006, section 256B.69, subdivision 5h, is amended to read:

Subd. 5h. **Payment reduction.** In addition to the reduction in subdivision 5g, the total payment made to managed care plans under the medical assistance program is reduced 1.0 percent for services provided on or after October 1, 2003, and an additional 1.0 percent for services provided on or after January 1, 2004. This provision excludes payments for nursing home services, home and community-based waivers, ~~and~~ payments to demonstration projects for persons with disabilities, and mental health services added as covered benefits after December 1, 2007.

Sec. 20. Minnesota Statutes 2006, section 256B.763, is amended to read:

**256B.763 CRITICAL ACCESS MENTAL HEALTH RATE INCREASE.**

(a) For services defined in paragraph (b) and rendered on or after July 1, 2007, payment rates shall be increased by 23.7 percent over the rates in effect on January 1, 2006, for:

(1) psychiatrists and advanced practice registered nurses with a psychiatric specialty;

(2) community mental health centers under section 256B.0625, subdivision 5; and

(3) mental health clinics and centers certified under Minnesota Rules, parts 9520.0750 to 9520.0870, or hospital outpatient psychiatric departments that are designated as essential community providers under section 62Q.19.

(b) This increase applies to group skills training when provided as a component of children's therapeutic services and support, psychotherapy, medication management, evaluation and management, diagnostic assessment, explanation of findings, psychological testing, neuropsychological services, direction of behavioral aides, and inpatient consultation.

(c) This increase does not apply to rates that are governed by section 256B.0625, subdivision 30, or 256B.761, paragraph (b), other cost-based rates, rates that are negotiated with the county, rates that are established by the federal government, or rates that increased between January 1, 2004, and January 1, 2005.

(d) Effective January 1, 2008, this increase applies to providers of individual and group skills training, individual and group psychotherapy, diagnostic assessments, travel, and other services when provided as a component of children's therapeutic services and support.

(e) Effective January 1, 2008, payment rates for all services not included in paragraph (b) shall increase by 23.7 percent over rates in effect on January 1, 2006, for all services provided by community mental health centers under 256B.0625, subdivision 5.

(f) The commissioner shall adjust rates paid to prepaid health plans under contract with the commissioner to reflect the rate increases provided in paragraph paragraphs (a), (d), and (e). The prepaid health plan must pass this rate increase to the providers identified in paragraph paragraphs (a), (d), and (e).

Sec. 21. Minnesota Statutes 2006, section 256D.03, subdivision 4, is amended to read:

Subd. 4. **General assistance medical care; services.** (a)(i) For a person who is eligible under subdivision 3, paragraph (a), clause (2), item (i), general assistance medical care covers, except as provided in paragraph (c):

(1) inpatient hospital services;

(2) outpatient hospital services;

(3) services provided by Medicare certified rehabilitation agencies;

(4) prescription drugs and other products recommended through the process established in section 256B.0625, subdivision 13;

(5) equipment necessary to administer insulin and diagnostic supplies and equipment for diabetics to monitor blood sugar level;



- (6) eyeglasses and eye examinations provided by a physician or optometrist;
- (7) hearing aids;
- (8) prosthetic devices;
- (9) laboratory and X-ray services;
- (10) physician's services;
- (11) medical transportation except special transportation;
- (12) chiropractic services as covered under the medical assistance program;
- (13) podiatric services;
- (14) dental services as covered under the medical assistance program;
- (15) ~~outpatient services provided by a mental health center or clinic that is under contract with the county board and is established under section 245.62~~ mental health services covered under chapter 256B;
- (16) ~~day treatment services for mental illness provided under contract with the county board;~~
- (17) ~~prescribed medications for persons who have been diagnosed as mentally ill as necessary to prevent more restrictive institutionalization;~~
- (18) ~~psychological services;~~ (17) medical supplies and equipment, and Medicare premiums, coinsurance and deductible payments;
- (19) ~~(18)~~ medical equipment not specifically listed in this paragraph when the use of the equipment will prevent the need for costlier services that are reimbursable under this subdivision;
- (20) ~~(19)~~ services performed by a certified pediatric nurse practitioner, a certified family nurse practitioner, a certified adult nurse practitioner, a certified obstetric/gynecological nurse practitioner, a certified neonatal nurse practitioner, or a certified geriatric nurse practitioner in independent practice, if (1) the service is otherwise covered under this chapter as a physician service, (2) the service provided on an inpatient basis is not included as part of the cost for inpatient services included in the operating payment rate, and (3) the service is within the scope of practice of the nurse practitioner's license as a registered nurse, as defined in section 148.171;
- (21) ~~(20)~~ services of a certified public health nurse or a registered nurse practicing in a public health nursing clinic that is a department of, or that operates under the direct authority of, a unit of government, if the service is within the scope of practice of the public health nurse's license as a registered nurse, as defined in section 148.171;
- (22) ~~(21)~~ telemedicine consultations, to the extent they are covered under section 256B.0625, subdivision 3b; and
- (23) ~~mental health telemedicine and psychiatric consultation as covered under section 256B.0625, subdivisions 46 and 48~~

(22) up to six hours of service per client per year, without authorization, of consultation and care coordination as directed by an individual treatment plan, and as a component of children's therapeutic services and supports, adult rehabilitative mental health services, or community mental health services; and

(23) up to six hours of service per client per year for collateral contacts as a component of children's therapeutic services and supports, adult rehabilitative mental health services, or community mental health services. These services must be directed by an individual treatment plan and are solely for the purpose of assisting parents and others toward understanding, accommodating, and better caregiving of the person with mental illness or emotional disturbance.

(ii) Effective October 1, 2003, for a person who is eligible under subdivision 3, paragraph (a), clause (2), item (ii), general assistance medical care coverage is limited to inpatient hospital services, including physician services provided during the inpatient hospital stay. A \$1,000 deductible is required for each inpatient hospitalization.

(b) Effective August 1, 2005, sex reassignment surgery is not covered under this subdivision.

(c) In order to contain costs, the commissioner of human services shall select vendors of medical care who can provide the most economical care consistent with high medical standards and shall where possible contract with organizations on a prepaid capitation basis to provide these services. The commissioner shall consider proposals by counties and vendors for prepaid health plans, competitive bidding programs, block grants, or other vendor payment mechanisms designed to provide services in an economical manner or to control utilization, with safeguards to ensure that necessary services are provided. Before implementing prepaid programs in counties with a county operated or affiliated public teaching hospital or a hospital or clinic operated by the University of Minnesota, the commissioner shall consider the risks the prepaid program creates for the hospital and allow the county or hospital the opportunity to participate in the program in a manner that reflects the risk of adverse selection and the nature of the patients served by the hospital, provided the terms of participation in the program are competitive with the terms of other participants considering the nature of the population served. Payment for services provided pursuant to this subdivision shall be as provided to medical assistance vendors of these services under sections 256B.02, subdivision 8, and 256B.0625. For payments made during fiscal year 1990 and later years, the commissioner shall consult with an independent actuary in establishing prepayment rates, but shall retain final control over the rate methodology.

(d) Recipients eligible under subdivision 3, paragraph (a), shall pay the following co-payments for services provided on or after October 1, 2003:

(1) \$25 for eyeglasses;

(2) \$25 for nonemergency visits to a hospital-based emergency room;

(3) \$3 per brand-name drug prescription and \$1 per generic drug prescription, subject to a \$12 per month maximum for prescription drug co-payments. No co-payments shall apply to antipsychotic drugs when used for the treatment of mental illness; and

(4) 50 percent coinsurance on restorative dental services.

(e) Co-payments shall be limited to one per day per provider for nonpreventive visits, eyeglasses, and nonemergency visits to a hospital-based emergency room. Recipients of general assistance medical care are responsible for all co-payments in this subdivision. The general assistance medical care reimbursement to the provider shall be reduced by the amount of the co-payment, except that reimbursement for prescription drugs shall not be reduced once a recipient has reached the \$12 per month maximum for prescription drug co-payments. The provider collects the co-payment from the recipient. Providers may not deny services to recipients who are unable to pay the co-payment, except as provided in paragraph (f).

(f) If it is the routine business practice of a provider to refuse service to an individual with uncollected debt, the provider may include uncollected co-payments under this section. A provider must give advance notice to a recipient with uncollected debt before services can be denied.

(g) Any county may, from its own resources, provide medical payments for which state payments are not made.

(h) Chemical dependency services that are reimbursed under chapter 254B must not be reimbursed under general assistance medical care.

(i) The maximum payment for new vendors enrolled in the general assistance medical care program after the base year shall be determined from the average usual and customary charge of the same vendor type enrolled in the base year.

(j) The conditions of payment for services under this subdivision are the same as the conditions specified in rules adopted under chapter 256B governing the medical assistance program, unless otherwise provided by statute or rule.

(k) Inpatient and outpatient payments shall be reduced by five percent, effective July 1, 2003. This reduction is in addition to the five percent reduction effective July 1, 2003, and incorporated by reference in paragraph (i).

(l) Payments for all other health services except inpatient, outpatient, and pharmacy services shall be reduced by five percent, effective July 1, 2003.

(m) Payments to managed care plans shall be reduced by five percent for services provided on or after October 1, 2003.

(n) A hospital receiving a reduced payment as a result of this section may apply the unpaid balance toward satisfaction of the hospital's bad debts.

(o) Fee-for-service payments for nonpreventive visits shall be reduced by \$3 for services provided on or after January 1, 2006. For purposes of this subdivision, a visit means an episode of service which is required because of a recipient's symptoms, diagnosis, or established illness, and which is delivered in an ambulatory setting by a physician or physician ancillary, chiropractor, podiatrist, advance practice nurse, audiologist, optician, or optometrist.

(p) Payments to managed care plans shall not be increased as a result of the removal of the \$3 nonpreventive visit co-payment effective January 1, 2006.

(q) Payments for mental health services added as covered benefits after December 1, 2007, are not subject to the reductions in paragraphs (i), (k), (l), and (m).

Sec. 22. Minnesota Statutes 2006, section 256D.44, subdivision 5, is amended to read:

Subd. 5. **Special needs.** In addition to the state standards of assistance established in subdivisions 1 to 4, payments are allowed for the following special needs of recipients of Minnesota supplemental aid who are not residents of a nursing home, a regional treatment center, or a group residential housing facility.

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

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

- (2) controlled protein diet, 40 to 60 grams and requires special products, 100 percent of thrifty food plan;
- (3) controlled protein diet, less than 40 grams and requires special products, 125 percent of thrifty food plan;
- (4) low cholesterol diet, 25 percent of thrifty food plan;
- (5) high residue diet, 20 percent of thrifty food plan;
- (6) pregnancy and lactation diet, 35 percent of thrifty food plan;
- (7) gluten-free diet, 25 percent of thrifty food plan;
- (8) lactose-free diet, 25 percent of thrifty food plan;
- (9) antidumping diet, 15 percent of thrifty food plan;
- (10) hypoglycemic diet, 15 percent of thrifty food plan; or
- (11) ketogenic diet, 25 percent of thrifty food plan.

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

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

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

(e) A fee of ten percent of the recipient's gross income or \$25, whichever is less, is allowed for representative payee services provided by an agency that meets the requirements under SSI regulations to charge a fee for representative payee services. This special need is available to all recipients of Minnesota supplemental aid regardless of their living arrangement.

(f) Notwithstanding the language in this subdivision, an amount equal to the maximum allotment authorized by the federal Food Stamp Program for a single individual which is in effect on the first day of ~~January~~ July of the ~~previous~~ current state fiscal year will be added to the standards of assistance established in subdivisions 1 to 4 for individuals under the age of 65 who are relocating from an institution, ~~or~~ an adult mental health residential treatment program under section 256B.0622, or an adult eligible for the community alternatives for disabled individuals waiver, and who are shelter needy. An eligible individual who receives this benefit prior to age 65 may continue to receive the benefit after the age of 65.

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

Sec. 23. Minnesota Statutes 2006, section 256L.03, subdivision 1, is amended to read:

Subdivision 1. **Covered health services.** For individuals under section 256L.04, subdivision 7, with income no greater than 75 percent of the federal poverty guidelines or for families with children under section 256L.04, subdivision 1, all subdivisions of this section apply. "Covered health services" means the health services reimbursed under chapter 256B, with the exception of inpatient hospital services, special education services, private duty nursing services, adult dental care services other than services covered under section 256B.0625, subdivision 9, orthodontic services, nonemergency medical transportation services, personal care assistant and case management services, nursing home or intermediate care facilities services, inpatient mental health services, and chemical dependency services. ~~Outpatient mental health services covered under the MinnesotaCare program are limited to diagnostic assessments, psychological testing, explanation of findings, mental health telemedicine, psychiatric consultation, medication management by a physician, day treatment, partial hospitalization, and individual, family, and group psychotherapy.~~

No public funds shall be used for coverage of abortion under MinnesotaCare except where the life of the female would be endangered or substantial and irreversible impairment of a major bodily function would result if the fetus were carried to term; or where the pregnancy is the result of rape or incest.

Covered health services shall be expanded as provided in this section.

Sec. 24. Minnesota Statutes 2006, section 256L.03, subdivision 5, is amended to read:

Subd. 5. **Co-payments and coinsurance.** (a) Except as provided in paragraphs (b) and (c), the MinnesotaCare benefit plan shall include the following co-payments and coinsurance requirements for all enrollees:

(1) ten percent of the paid charges for inpatient hospital services for adult enrollees, subject to an annual inpatient out-of-pocket maximum of \$1,000 per individual and \$3,000 per family;

(2) \$3 per prescription for adult enrollees;

(3) \$25 for eyeglasses for adult enrollees;

(4) \$3 per nonpreventive visit. For purposes of this subdivision, a "visit" means an episode of service which is required because of a recipient's symptoms, diagnosis, or established illness, and which is delivered in an ambulatory setting by a physician or physician ancillary, chiropractor, podiatrist, nurse midwife, advanced practice nurse, audiologist, optician, or optometrist; and

(5) \$6 for nonemergency visits to a hospital-based emergency room.

(b) Paragraph (a), clause (1), does not apply to parents and relative caretakers of children under the age of 21 in households with family income equal to or less than 175 percent of the federal poverty guidelines. Paragraph (a), clause (1), does not apply to parents and relative caretakers of children under the age of 21 in households with family income greater than 175 percent of the federal poverty guidelines for inpatient hospital admissions occurring on or after January 1, 2001.

(c) Paragraph (a), clauses (1) to (4), do not apply to pregnant women and children under the age of 21.

(d) Paragraph (a), clause (4), does not apply to mental health services.

(e) Adult enrollees with family gross income that exceeds 175 percent of the federal poverty guidelines and who are not pregnant shall be financially responsible for the coinsurance amount, if applicable, and amounts which exceed the \$10,000 inpatient hospital benefit limit.

(f) When a MinnesotaCare enrollee becomes a member of a prepaid health plan, or changes from one prepaid health plan to another during a calendar year, any charges submitted towards the \$10,000 annual inpatient benefit limit, and any out-of-pocket expenses incurred by the enrollee for inpatient services, that were submitted or incurred prior to enrollment, or prior to the change in health plans, shall be disregarded.

Sec. 25. Minnesota Statutes 2006, section 256L.035, is amended to read:

**256L.035 LIMITED BENEFITS COVERAGE FOR CERTAIN SINGLE ADULTS AND HOUSEHOLDS WITHOUT CHILDREN.**

(a) "Covered health services" for individuals under section 256L.04, subdivision 7, with income above 75 percent, but not exceeding 175 percent, of the federal poverty guideline means:

(1) inpatient hospitalization benefits with a ten percent co-payment up to \$1,000 and subject to an annual limitation of \$10,000;

(2) physician services provided during an inpatient stay; and

(3) physician services not provided during an inpatient stay; outpatient hospital services; freestanding ambulatory surgical center services; chiropractic services; lab and diagnostic services; diabetic supplies and equipment; mental health services as covered under chapter 256B; and prescription drugs; subject to the following co-payments:

(i) \$50 co-pay per emergency room visit;

(ii) \$3 co-pay per prescription drug; and

(iii) \$5 co-pay per nonpreventive visit; except this co-pay does not apply to mental health services or community mental health services.

The services covered under this section may be provided by a physician, physician ancillary, chiropractor, psychologist, ~~or~~ licensed independent clinical social worker, or other mental health providers covered under chapter 256B if the services are within the scope of practice of that health care professional.

For purposes of this section, "a visit" means an episode of service which is required because of a recipient's symptoms, diagnosis, or established illness, and which is delivered in an ambulatory setting by any health care provider identified in this paragraph.

Enrollees are responsible for all co-payments in this section.

(b) Reimbursement to the providers shall be reduced by the amount of the co-payment, except that reimbursement for prescription drugs shall not be reduced once a recipient has reached the \$20 per month maximum for prescription drug co-payments. The provider collects the co-payment from the recipient. Providers may not deny services to recipients who are unable to pay the co-payment, except as provided in paragraph (c).

(c) If it is the routine business practice of a provider to refuse service to an individual with uncollected debt, the provider may include uncollected co-payments under this section. A provider must give advance notice to a recipient with uncollected debt before services can be denied.

Sec. 26. Minnesota Statutes 2006, section 256L.07, subdivision 3, is amended to read:

Subd. 3. **Other health coverage.** (a) Families and individuals enrolled in the MinnesotaCare program must have no health coverage while enrolled ~~or for at least four months prior to application and renewal~~. Children enrolled in the original children's health plan and children in families with income equal to or less than 150 percent of the federal poverty guidelines, who have other health insurance, are eligible if the coverage:

(1) lacks two or more of the following:

(i) basic hospital insurance;

(ii) medical-surgical insurance;

(iii) prescription drug coverage;

(iv) dental coverage; ~~or~~

(v) vision coverage; or

(vi) mental health coverage;

(2) requires a deductible of \$100 or more per person per year; or

(3) lacks coverage because the child has exceeded the maximum coverage for a particular diagnosis or the policy excludes a particular diagnosis.

The commissioner may change this eligibility criterion for sliding scale premiums in order to remain within the limits of available appropriations. The requirement of no health coverage does not apply to newborns.

(b) Medical assistance, general assistance medical care, and the Civilian Health and Medical Program of the Uniformed Service, CHAMPUS, or other coverage provided under United States Code, title 10, subtitle A, part II, chapter 55, are not considered insurance or health coverage for purposes of the four-month requirement described in this subdivision.

(c) For purposes of this subdivision, an applicant or enrollee who is entitled to Medicare Part A or enrolled in Medicare Part B coverage under title XVIII of the Social Security Act, United States Code, title 42, sections 1395c to 1395w-152, is considered to have health coverage. An applicant or enrollee who is entitled to premium-free Medicare Part A may not refuse to apply for or enroll in Medicare coverage to establish eligibility for MinnesotaCare.

(d) Applicants who were recipients of medical assistance or general assistance medical care within one month of application must meet the provisions of this subdivision and subdivision 2.

(e) Cost-effective health insurance that was paid for by medical assistance is not considered health coverage for purposes of the four-month requirement under this section, except if the insurance continued after medical assistance no longer considered it cost-effective or after medical assistance closed.

Sec. 27. Minnesota Statutes 2006, section 256L.12, subdivision 9a, is amended to read:

Subd. 9a. **Rate setting; ratable reduction.** For services rendered on or after October 1, 2003, the total payment made to managed care plans under the MinnesotaCare program is reduced 1.0 percent. This provision excludes payments for mental health services added as covered benefits after December 31, 2007.

Sec. 28. **MENTAL HEALTH SERVICES PROVIDER RATE INCREASES.**

(a) The commissioner of human services shall increase reimbursement rates or rate limits, as applicable, by ... percent for the rate period beginning October 1, 2007, and the rate period beginning October 1, 2008, effective for services rendered on or after those dates.

(b) The ... percent annual rate increase described in this section must be provided to:

(1) children's therapeutic services and supports under Minnesota Statutes, section 256B.0943; and

(2) adult rehabilitative mental health services under Minnesota Statutes, section 256B.0623.

(c) Providers that receive a rate increase under this section shall use 75 percent of the additional revenue to increase wages and benefits and pay associated costs for all employees, except for management fees, the administrator, and central office staffs.

(d) For public employees, the increase for wages and benefits for certain staff is available and pay rates shall be increased only to the extent that they comply with laws governing public employees collective bargaining. Money received by a provider for pay increases under this section may be used only for increases implemented on or after the first day of the rate period in which the increase is available and must not be used for increases implemented prior to that date.

(e) A copy of the provider's plan for complying with paragraph (c) must be made available to all employees by giving each employee a copy or by posting a copy in an area of the provider's operation to which all employees have access. If an employee does not receive the adjustment, if any, described in the plan and is unable to resolve the problem with the provider, the employee may contact the employee's union representative. If the employee is not covered by a collective bargaining agreement, the employee may contact the commissioner at a telephone number provided by the commissioner and included in the provider's plan.

Sec. 29. **APPROPRIATIONS.**

Subdivision 1. **Mobile mental health crisis services.** (a) \$5,000,000 in fiscal year 2008 and \$7,250,000 in fiscal year 2009 are appropriated from the general fund to the commissioner of human services for statewide funding of mobile mental health crisis services.

(b) Providers must utilize all available funding streams.

Subd. 2. **Mental health tracking system.** \$448,000 in fiscal year 2008 and \$324,000 in fiscal year 2009 are appropriated from the general fund to the commissioner of human services to fund implementation of the mental health services outcomes and tracking system.

Subd. 3. **Suicide prevention programs.** \$..... in fiscal year 2008 and \$..... in fiscal year 2009 are appropriated from the general fund to the commissioner of health to fund the suicide prevention program and to administer grants for institutions of higher education in the state of Minnesota to coordinate implementation of youth suicide early intervention and prevention strategies."



Delete the title and insert:

"A bill for an act relating to human services; changing mental health provisions; requiring mental health assessments for certain inmates; establishing children's mental health grants and training; requiring students of higher education to carry health insurance; creating a loan forgiveness program; establishing the Crisis Intervention Team State Council; making changes to mental health funding provisions; modifying medical assistance covered services; increasing provider reimbursement rates; establishing pilot projects and work groups; authorizing grant funding; requiring reports; appropriating money; amending Minnesota Statutes 2006, sections 245.462, subdivision 20; 245.50, subdivision 5; 256B.038; 256B.0622, subdivision 2; 256B.0623, subdivisions 2, 5, 8, 12; 256B.0625, subdivisions 38, 43, 46, by adding subdivisions; 256B.0943, subdivisions 1, 2, by adding subdivisions; 256B.69, subdivisions 5g, 5h; 256B.763; 256D.03, subdivisions 3, 4; 256D.44, subdivision 5; 256L.03, subdivisions 1, 5; 256L.035; 256L.07, subdivision 3; 256L.12, subdivision 9a; 609.115, by adding a subdivision; 609.135, by adding a subdivision; 641.15, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapters 135A; 144; 245; 245A; 256; 256B; 641."

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Public Safety and Civil Justice.

The report was adopted.

Otremba from the Committee on Agriculture, Rural Economies and Veterans Affairs to which was referred:

H. F. No. 300, A bill for an act relating to military and veterans; income taxation; broadening the deduction for military pay; creating a subtraction military pensions, including survivor benefit payments; amending Minnesota Statutes 2006, section 290.01, subdivision 19b; proposing coding for new law in Minnesota Statutes, chapter 197.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. **[197.783] TAX POLICY FOR MILITARY PERSONNEL AND RETIREES.**

(a) It shall be the policy of the state of Minnesota to attract and welcome to this state all past, present, and future members of the United States armed forces and their families who may wish to make their homes within this state. This policy is in recognition of the fact that the strong military training, demonstrated attitude of selfless public service, and high moral character of such soldiers and veterans benefits Minnesota's businesses and economy, as well as its public and private institutions and communities.

(b) The state of Minnesota recognizes that military service entails many sacrifices, including significant personal and family financial sacrifices. One common financial sacrifice for career service members involves foregoing the opportunity for significant financial gain that typically accrues from long-term homeownership. By comparison, homeownership is often the primary investment tool for many Minnesotans employed in stable civilian occupations.

(c) Thus, in recognition of the varied and valuable benefits that veterans constitute for Minnesota's economy, its public and private institutions, and its communities, and in recognition of the enduring financial and other sacrifices of military personnel and their families throughout their lives as a result of their military service to our state and nation, it is the policy of the state of Minnesota to exempt from state taxation all military pay, military retirement pay, and survivor benefit payments.

**EFFECTIVE DATE.** This section is effective for taxable years beginning after December 31, 2006.

Sec. 2. Minnesota Statutes 2006, section 290.01, subdivision 19b, is amended to read:

Subd. 19b. **Subtractions from federal taxable income.** For individuals, estates, and trusts, there shall be subtracted from federal taxable income:

(1) net interest income on obligations of any authority, commission, or instrumentality of the United States to the extent includable in taxable income for federal income tax purposes but exempt from state income tax under the laws of the United States;

(2) if included in federal taxable income, the amount of any overpayment of income tax to Minnesota or to any other state, for any previous taxable year, whether the amount is received as a refund or as a credit to another taxable year's income tax liability;

(3) the amount paid to others, less the amount used to claim the credit allowed under section 290.0674, not to exceed \$1,625 for each qualifying child in grades kindergarten to 6 and \$2,500 for each qualifying child in grades 7 to 12, for tuition, textbooks, and transportation of each qualifying child in attending an elementary or secondary school situated in Minnesota, North Dakota, South Dakota, Iowa, or Wisconsin, wherein a resident of this state may legally fulfill the state's compulsory attendance laws, which is not operated for profit, and which adheres to the provisions of the Civil Rights Act of 1964 and chapter 363A. For the purposes of this clause, "tuition" includes fees or tuition as defined in section 290.0674, subdivision 1, clause (1). As used in this clause, "textbooks" includes books and other instructional materials and equipment purchased or leased for use in elementary and secondary schools in teaching only those subjects legally and commonly taught in public elementary and secondary schools in this state. Equipment expenses qualifying for deduction includes expenses as defined and limited in section 290.0674, subdivision 1, clause (3). "Textbooks" does not include instructional books and materials used in the teaching of religious tenets, doctrines, or worship, the purpose of which is to instill such tenets, doctrines, or worship, nor does it include books or materials for, or transportation to, extracurricular activities including sporting events, musical or dramatic events, speech activities, driver's education, or similar programs. For purposes of the subtraction provided by this clause, "qualifying child" has the meaning given in section 32(c)(3) of the Internal Revenue Code;

(4) income as provided under section 290.0802;

(5) to the extent included in federal adjusted gross income, income realized on disposition of property exempt from tax under section 290.491;

(6) to the extent not deducted in determining federal taxable income by an individual who does not itemize deductions for federal income tax purposes for the taxable year, an amount equal to 50 percent of the excess of charitable contributions over \$500 allowable as a deduction for the taxable year under section 170(a) of the Internal Revenue Code and under the provisions of Public Law 109-1;

(7) for taxable years beginning before January 1, 2008, the amount of the federal small ethanol producer credit allowed under section 40(a)(3) of the Internal Revenue Code which is included in gross income under section 87 of the Internal Revenue Code;

(8) for individuals who are allowed a federal foreign tax credit for taxes that do not qualify for a credit under section 290.06, subdivision 22, an amount equal to the carryover of subnational foreign taxes for the taxable year, but not to exceed the total subnational foreign taxes reported in claiming the foreign tax credit. For purposes of this clause, "federal foreign tax credit" means the credit allowed under section 27 of the Internal Revenue Code, and "carryover of subnational foreign taxes" equals the carryover allowed under section 904(c) of the Internal Revenue Code minus national level foreign taxes to the extent they exceed the federal foreign tax credit;

(9) in each of the five tax years immediately following the tax year in which an addition is required under subdivision 19a, clause (7), or 19c, clause (15), in the case of a shareholder of a corporation that is an S corporation, an amount equal to one-fifth of the delayed depreciation. For purposes of this clause, "delayed depreciation" means the amount of the addition made by the taxpayer under subdivision 19a, clause (7), or subdivision 19c, clause (15), in the case of a shareholder of an S corporation, minus the positive value of any net operating loss under section 172 of the Internal Revenue Code generated for the tax year of the addition. The resulting delayed depreciation cannot be less than zero;

(10) job opportunity building zone income as provided under section 469.316;

(11) to the extent included in federal adjusted gross income, the amount of compensation paid to members of the ~~Minnesota National Guard or other active and~~ reserve components of the United States ~~military armed forces, including the Minnesota National Guard~~, for active service performed in Minnesota, ~~excluding compensation for services performed under the Active Guard Reserve (AGR) program~~. For purposes of this clause, "active service" means (i) state active service as defined in section 190.05, subdivision 5a, clause (1); (ii) federally funded state active service as defined in section 190.05, subdivision 5b; or (iii) federal active service as defined in section 190.05, subdivision 5c, ~~but "active service" excludes services performed exclusively for purposes of basic combat training, advanced individual training, annual training, and periodic inactive duty training; special training periodically made available to reserve members; and service performed in accordance with section 190.08, subdivision 3. The maximum subtraction allowed under this clause is the maximum basic pay allowed during the taxable year for an individual at the rank of E9 with ten years of qualifying military experience;~~

(12) the amount of compensation paid to Minnesota residents who are members of the armed forces of the United States, including members of the Minnesota National Guard, or United Nations for active duty performed outside Minnesota under United States Code, title 10, section 101(d); United States Code, title 32, section 101(12); or the authority of the United Nations;

(13) an amount, not to exceed \$10,000, equal to qualified expenses related to a qualified donor's donation, while living, of one or more of the qualified donor's organs to another person for human organ transplantation. For purposes of this clause, "organ" means all or part of an individual's liver, pancreas, kidney, intestine, lung, or bone marrow; "human organ transplantation" means the medical procedure by which transfer of a human organ is made from the body of one person to the body of another person; "qualified expenses" means unreimbursed expenses for both the individual and the qualified donor for (i) travel, (ii) lodging, and (iii) lost wages net of sick pay, except that such expenses may be subtracted under this clause only once; and "qualified donor" means the individual or the individual's dependent, as defined in section 152 of the Internal Revenue Code. An individual may claim the subtraction in this clause for each instance of organ donation for transplantation during the taxable year in which the qualified expenses occur;

(14) in each of the five tax years immediately following the tax year in which an addition is required under subdivision 19a, clause (8), or 19c, clause (16), in the case of a shareholder of a corporation that is an S corporation, an amount equal to one-fifth of the addition made by the taxpayer under subdivision 19a, clause (8), or 19c, clause (16), in the case of a shareholder of a corporation that is an S corporation, minus the positive value of any net operating loss under section 172 of the Internal Revenue Code generated for the tax year of the addition. If the net operating loss exceeds the addition for the tax year, a subtraction is not allowed under this clause;

(15) to the extent included in federal taxable income, compensation paid to a nonresident who is a service member as defined in United States Code, title 10, section 101(a)(5), for military service as defined in the Service Member Civil Relief Act, Public Law 108-189, section 101(2); ~~and~~

(16) international economic development zone income as provided under section 469.325; and

(17) to the extent included in federal taxable income, a percentage of compensation, up to a maximum amount, received from a pension or other retirement pay from the federal government for service in the military, as computed under United States Code, title 10, sections 1401 to 1412, 1447 to 1455, and 12733, as follows: (i) for taxable years beginning after December 31, 2006, and before January 1, 2008, the percentage is 25 percent, and the maximum amount is \$7,500; (ii) for taxable years beginning after December 31, 2007, and before January 1, 2009, the percentage is 50 percent, and the maximum amount is \$15,000; (iii) for taxable years beginning after December 31, 2008, and before January 1, 2010, the percentage is 75 percent, and the maximum amount is \$22,500; and (iv) for taxable years beginning after December 31, 2009, the percentage is 100 percent, and there is no maximum amount.

**EFFECTIVE DATE.** This section is effective for taxable years beginning after December 31, 2006, except that: (1) the changes in clause (12) are retroactive to taxable years beginning after December 31, 2004, and (2) the changes in clause (11) are phased in as follows: for tax years beginning after December 31, 2006, and before January 1, 2008, 25 percent of the compensation affected by the changes is an allowable subtraction; for tax years beginning after December 31, 2007, and before January 1, 2009, 50 percent is allowed; for tax years beginning after December 31, 2008, and before January 1, 2010, 75 percent is allowed; and for tax years beginning after December 31, 2009, 100 percent is allowed.

Sec. 3. Minnesota Statutes 2006, section 290.091, subdivision 2, is amended to read:

Subd. 2. **Definitions.** For purposes of the tax imposed by this section, the following terms have the meanings given:

(a) "Alternative minimum taxable income" means the sum of the following for the taxable year:

(1) the taxpayer's federal alternative minimum taxable income as defined in section 55(b)(2) of the Internal Revenue Code;

(2) the taxpayer's itemized deductions allowed in computing federal alternative minimum taxable income, but excluding:

(i) the charitable contribution deduction under section 170 of the Internal Revenue Code:

(A) for taxable years beginning before January 1, 2006, to the extent that the deduction exceeds 1.0 percent of adjusted gross income;

(B) for taxable years beginning after December 31, 2005, to the full extent of the deduction.

For purposes of this clause, "adjusted gross income" has the meaning given in section 62 of the Internal Revenue Code;

(ii) the medical expense deduction;

(iii) the casualty, theft, and disaster loss deduction; and

(iv) the impairment-related work expenses of a disabled person;

(3) for depletion allowances computed under section 613A(c) of the Internal Revenue Code, with respect to each property (as defined in section 614 of the Internal Revenue Code), to the extent not included in federal alternative minimum taxable income, the excess of the deduction for depletion allowable under section 611 of the Internal Revenue Code for the taxable year over the adjusted basis of the property at the end of the taxable year (determined without regard to the depletion deduction for the taxable year);

(4) to the extent not included in federal alternative minimum taxable income, the amount of the tax preference for intangible drilling cost under section 57(a)(2) of the Internal Revenue Code determined without regard to subparagraph (E);

(5) to the extent not included in federal alternative minimum taxable income, the amount of interest income as provided by section 290.01, subdivision 19a, clause (1); and

(6) the amount of addition required by section 290.01, subdivision 19a, clauses (7), (8), and (9);

less the sum of the amounts determined under the following:

(1) interest income as defined in section 290.01, subdivision 19b, clause (1);

(2) an overpayment of state income tax as provided by section 290.01, subdivision 19b, clause (2), to the extent included in federal alternative minimum taxable income;

(3) the amount of investment interest paid or accrued within the taxable year on indebtedness to the extent that the amount does not exceed net investment income, as defined in section 163(d)(4) of the Internal Revenue Code. Interest does not include amounts deducted in computing federal adjusted gross income; and

(4) amounts subtracted from federal taxable income as provided by section 290.01, subdivision 19b, clauses (9) to ~~(16)~~ (17).

In the case of an estate or trust, alternative minimum taxable income must be computed as provided in section 59(c) of the Internal Revenue Code.

(b) "Investment interest" means investment interest as defined in section 163(d)(3) of the Internal Revenue Code.

(c) "Tentative minimum tax" equals 6.4 percent of alternative minimum taxable income after subtracting the exemption amount determined under subdivision 3.

(d) "Regular tax" means the tax that would be imposed under this chapter (without regard to this section and section 290.032), reduced by the sum of the nonrefundable credits allowed under this chapter.

(e) "Net minimum tax" means the minimum tax imposed by this section.

**EFFECTIVE DATE.** This section is effective for tax years beginning after December 31, 2006."

Delete the title and insert:

"A bill for an act relating to military and veterans; income taxation; broadening the deduction for military pay; creating a subtraction for military pensions, including survivor benefit payments; amending Minnesota Statutes 2006, sections 290.01, subdivision 19b; 290.091, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 197."

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Taxes.

The report was adopted.

Thissen from the Committee on Health and Human Services to which was referred:

H. F. No. 309, A bill for an act relating to taxation; adjusting long-term care insurance credit; amending Minnesota Statutes 2006, section 290.0672, subdivision 2.

Reported the same back with the recommendation that the bill pass and be re-referred to the Committee on Taxes.

The report was adopted.

Thissen from the Committee on Health and Human Services to which was referred:

H. F. No. 313, A bill for an act relating to human services; establishing a home care tax credit; appropriating money; amending Minnesota Statutes 2006, sections 256B.0911, subdivision 3; 256B.0917, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 290.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2006, section 256B.0911, subdivision 3, is amended to read:

Subd. 3. **Long-term care consultation team.** (a) A long-term care consultation team shall be established by the county board of commissioners. Each local consultation team shall consist of at least one social worker and at least one public health nurse from their respective county agencies. The board may designate public health or social services as the lead agency for long-term care consultation services. If a county does not have a public health nurse available, it may request approval from the commissioner to assign a county registered nurse with at least one year experience in home care to participate on the team. Two or more counties may collaborate to establish a joint local consultation team or teams.

(b) The team is responsible for providing long-term care consultation services to all persons located in the county who request the services, regardless of eligibility for Minnesota health care programs.

(c) For applicants for a credit under section 290.0678, the team must certify in accordance with procedures established by the commissioner that the care provided by the caregiver:

(1) qualifies as personal care assistant services under section 256B.0655, subdivision 2;

(2) is needed and provided in person on a daily basis; and

(3) is appropriate based on the service recipient's needs and is likely to delay or avoid transferring the person to an out-of-home placement.

Sec. 2. **[290.0678] MINNESOTA HOME CARE CREDIT.**

Subdivision 1. **Definitions.** The terms used in this section have the following meanings unless otherwise provided for by text.

Subd. 2. **Caregiver.** "Caregiver" means an individual who provides unpaid assistance on a daily basis that qualifies as personal care assistant services under section 256B.0655, subdivision 2, to a service recipient in either the individual's principal residence or the service recipient's principal residence.

Subd. 3. **Service recipient.** "Service recipient" means an individual who:

(1) is the spouse, parent, stepparent, sibling, stepsibling, child, stepchild, grandparent, or stepgrandparent of the taxpayer;

(2) does not reside in a setting licensed or registered by the commissioner of health or human services; and

(3) has been screened by a county long-term care consultation team and determined by that team to be eligible for placement in a nursing home or other long-term care facility.

Subd. 4. **Credit allowed.** (a) An individual is allowed a credit against the tax imposed by this chapter equal to \$200 for each month during the tax year that the individual is a caregiver for a service recipient. The maximum credit in a tax year shall be \$2,400.

(b) The commissioner shall require individuals claiming the credit to certify that the individual and the service recipient satisfy all the requirements of this section.

(c) Only one credit may be claimed for each service recipient in any tax year.

(d) For a nonresident or part-year resident, the credit must be allocated based on the percentage calculated under section 290.06, subdivision 2c, paragraph (e).

Subd. 5. **Credit limitations.** (a) Eligibility for the credit in subdivision 4 is limited to persons with total household income, as defined in section 290A.03, subdivision 5, that does not exceed the maximum household income level eligible for a refund under section 290A.04, subdivision 2.

(b) Eligibility for the credit in subdivision 4 is limited to persons who have been certified by a long-term care consultation team under section 256B.0911, subdivision 3, paragraph (c).

(c) The credit in subdivision 4 is reduced to \$100 for any month in which a service recipient receives more than four hours per day on average of federal, state, or county-funded home care services as specified in section 256B.0651, subdivision 2.

Subd. 6. **Credit refundable.** If the amount of the credit under this section exceeds the individual's tax liability under this chapter, the commissioner shall refund the excess amount to the claimant.

Subd. 7. **Caregiver training.** For each year in which a credit is claimed under this section, the caregiver must participate in at least eight hours of (1) caregiver training, education, or counseling, or (2) caregiver support group sessions.

**EFFECTIVE DATE.** This section is effective for taxable years beginning after December 31, 2007."

Amend the title as follows:

Page 1, line 2, delete "appropriating"

Page 1, line 3, delete "money;"

Correct the title numbers accordingly

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Taxes.

The report was adopted.

Hilstrom from the Committee on Local Government and Metropolitan Affairs to which was referred:

H. F. No. 406, A bill for an act relating to tax increment financing; modifying the definition of small city; amending Minnesota Statutes 2006, section 469.174, subdivision 27.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Taxes without further recommendation.

The report was adopted.

Mariani from the Committee on E-12 Education to which was referred:

H. F. No. 412, A bill for an act relating to education; establishing a grant program to promote professional teaching standards; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 122A.

Reported the same back with the recommendation that the bill pass and be re-referred to the Committee on Finance.

The report was adopted.

Mariani from the Committee on E-12 Education to which was referred:

H. F. No. 489, A bill for an act relating to education finance; authorizing funding for staff development for school districts with schools not making adequate yearly progress; appropriating money; amending Minnesota Statutes 2006, section 122A.61, by adding a subdivision.

Reported the same back with the recommendation that the bill pass and be re-referred to the Committee on Finance.

The report was adopted.

Hilstrom from the Committee on Local Government and Metropolitan Affairs to which was referred:

H. F. No. 571, A bill for an act relating to state government; defining best value; changing provisions for acquisition and competitive bidding; amending Minnesota Statutes 2006, sections 16C.02, by adding subdivisions; 16C.03, subdivisions 3, 4, 16, by adding a subdivision; 16C.26, subdivisions 1, 3, 4, 5; 16C.27, subdivision 1; 16C.28, subdivisions 1, 3, 4; 103D.811, subdivision 3; 103E.505, subdivision 5; 116A.13, subdivision 5; 123B.52, subdivision 1, by adding a subdivision; 160.17, by adding a subdivision; 160.262, by adding a subdivision; 161.32,



by adding a subdivision; 161.3412, subdivision 1; 161.38, subdivision 4; 365.37, by adding a subdivision; 374.13; 375.21, by adding a subdivision; 383C.094, by adding a subdivision; 412.311; 429.041, subdivision 2, by adding a subdivision; 458D.21, by adding a subdivision; 469.015, by adding a subdivision; 469.068, subdivision 1, by adding a subdivision; 471.345, subdivision 5, by adding subdivisions; 473.523, by adding a subdivision; 473.756, subdivision 12.

Reported the same back with the following amendments:

Page 1, line 19, delete "obtained" and insert "determined"

Page 1, line 20, delete "method of procurement" and insert "procurement method" and after "price" insert ", the vendor's or contractor's ability to assess and minimize foreseeable and unforeseeable risks," and delete "including" and insert "which may include, but are not limited to"

Page 1, line 24, delete "and"

Page 1, delete lines 25 and 26 and insert:

"(4) the vendor's or contractor's record of performing previous projects on budget and ability to minimize cost overruns;

(5) the vendor's or contractor's ability to minimize change orders;

(6) the vendor's or contractor's ability to prepare appropriate project plans;

(7) the vendor's or contractor's technical capacities; and

(8) the individual qualifications of the contractor's key personnel.

This subdivision does not apply to sections 16C.32, 16C.33, 16C.34, and 16C.35."

Page 3, lines 1 and 23, delete "(b)" and insert "(a), clause (2)"

Page 4, lines 2, 11, and 16 delete "(b)" and insert "(a), clause (2)"

Page 8, line 10, after "construction," insert "building," and after "alteration," insert "improvement, or" and delete ", or maintenance"

Page 8, line 11, delete "work"

Page 8, line 22, delete "design-built" and insert "design-build"

Page 9, line 24, after "construction," insert "building," and after "alteration," insert "improvement, or" and delete ", or maintenance"

Page 9, line 25, delete "work"

Page 10, line 14, delete "commissioner" and insert "commission"

Page 10, line 20, after "construction," insert "building,"

Page 10, line 21, after "alteration," insert "improvement, or" and delete ", or maintenance work"

Page 11, line 9, after "construction," insert "building," and after "alteration," insert "improvement, or" and delete ", or maintenance"

Page 11, line 10, delete "work"

Page 11, delete section 30

Page 12, line 28, reinstate the stricken "shall"

Page 12, line 29, delete "may"

ReNUMBER the sections in sequence and correct the internal references

Correct the title numbers accordingly

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Commerce and Labor.

The report was adopted.

Thissen from the Committee on Health and Human Services to which was referred:

H. F. No. 712, A bill for an act relating to employee health; establishing the "Safe Patient Handling Act"; requiring safe patient handling programs and committees to be established; appropriating money for safe patient handling grants; transferring money from the workers compensation special fund to the assigned risk safety account; proposing coding for new law in Minnesota Statutes, chapter 182.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. **[182.6551] CITATION.**

Sections 182.6551 to 182.6553 may be cited as the "Safe Patient Handling Act."

Sec. 2. **[182.6552] DEFINITIONS.**

Subdivision 1. **Direct patient care worker.** "Direct patient care worker" means an individual doing the job of directly providing physical care to patients including nurses, as defined by section 148.171, who provide physical care to patients.

Subd. 2. **Health care facility.** "Health care facility" means a hospital as defined in section 144.50, subdivision 2, a medical facility as defined in section 144.561, subdivision 1, paragraph (b), a nursing home as defined in section 144A.01, subdivision 5, an outpatient clinic, or a physician's office.

Subd. 3. **Safe patient handling.** "Safe patient handling" means a process, based on scientific evidence on causes of injuries, that uses safe patient handling equipment rather than people to transfer, move, and reposition patients in all health care facilities to reduce workplace injuries. This process also reduces the risk of injury to patients.

Subd. 4. **Safe patient handling equipment.** "Safe patient handling equipment" means engineering controls, lifting and transfer aids, or mechanical assistive devices used by nurses and other direct patient care workers instead of manual lifting to perform the acts of lifting, transferring, and repositioning health care facility patients and residents.

Sec. 3. **[182.6553] SAFE PATIENT HANDLING PROGRAM.**

Subdivision 1. **Safe patient handling program required.** (a) By January 1, 2008, every licensed health care facility in the state shall adopt a written safe patient handling policy establishing the facility's plan to achieve by January 1, 2011, the goal of minimizing manual lifting of patients by nurses and other direct patient care workers by utilizing safe patient handling equipment.

(b) The program shall address:

(1) assessment of hazards with regard to patient handling;

(2) the acquisition of an adequate supply of appropriate safe patient handling equipment;

(3) initial and ongoing training of nurses and other direct patient care workers on the use of this equipment;

(4) procedures to ensure that physical plant modifications and major construction projects are consistent with program goals; and

(5) periodic evaluations of the safe patient handling program.

Subd. 2. **Safe patient handling committee.** (a) By July 1, 2008, every licensed health care facility in the state shall establish a safe patient handling committee either by creating a new committee or assigning the functions of a safe patient handling committee to an existing committee.

(b) Membership of a safe patient handling committee or an existing committee must meet the following requirements:

(1) at least half the members shall be nonmanagerial nurses and other direct patient care workers; and

(2) in a health care facility where nurses and other direct patient care workers are covered by a collective bargaining agreement, the union shall select the committee members proportionate to its representation of nonmanagement nurses and other direct patient care workers.

(c) A health care organization with more than one covered health care facility may establish a committee at each facility or one committee to serve this function for all the facilities. If the organization chooses to have one overall committee for multiple facilities, at least half of the members of the overall committee must be nonmanagerial nurses and other direct patient care workers and each facility must be represented on the committee.

(d) Employees who serve on a safe patient handling committee must be compensated by their employer for all hours spent on committee business.

Subd. 3. **Facilities with existing programs.** A facility that has already adopted a safe patient handling policy that satisfies the requirements of subdivision 1, and established a safe patient handling committee by January 1, 2008, is considered to be in compliance with those requirements. The committee must continue to satisfy the requirements of subdivision 2, paragraph (b), on an ongoing basis.

Subd. 4. **Committee duties.** A safe patient handling committee shall:

(1) complete a patient handling hazard assessment that:

(i) considers patient handling tasks, types of nursing units, patient populations, and the physical environment of patient care areas;

(ii) identifies problems and solutions;

(iii) identifies areas of highest risk for lifting injuries; and

(iv) recommends a mechanism to report, track, and analyze injury trends;

(2) make recommendations on the purchase, use, and maintenance of an adequate supply of appropriate safe patient handling equipment;

(3) make recommendations on training of nurses and other direct patient care workers on use of safe patient handling equipment, initially when the equipment arrives at the facility and periodically afterwards;

(4) conduct annual evaluations of the safe patient handling implementation plan and progress toward goals established in the safe patient handling plan; and

(5) recommend procedures to ensure that, when remodeling of patient care areas occurs, the plans incorporate safe patient handling equipment or the physical space and construction design needed to accommodate safe patient handling equipment at a later date.

Subd. 5. **Training materials.** The commissioner shall make training materials on implementation of this section available to all health care facilities at no cost as part of the training and education duties of the commissioner under section 182.673.

Sec. 4. **ENFORCEMENT.**

This section shall be enforced by the commissioner under Minnesota Statutes, section 182.661. A violation of this section is subject to the penalties provided under Minnesota Statutes, section 182.666.

Sec. 5. **RULES.**

Pursuant to Minnesota Statutes, section 14.388, subdivision 1, clause (3), the commissioner of labor and industry shall make the following changes in Minnesota Rules, chapter 5203:

(1) add projects at health care facilities, regardless of the number of employees or size of the facility, to acquire safe patient handling equipment for use by nurses and direct patient care workers in performing the acts of lifting, transferring, or repositioning of patients and health care facility residents to the list of proposal preferences under Minnesota Rules, part 5203.0060, subpart 4; and

(2) increase the maximum safety grant award to 50 percent of project costs up to a maximum grant award of \$40,000.

Sec. 6. **STUDY.**

The commissioner of labor and industry shall study ways to require workers' compensation insurers to recognize compliance with section 3 in the workers' compensation premiums of health care and long-term care facilities. The commissioner shall report by January 15, 2008, the results of the study to the chairs of the policy committees of the legislature with primary jurisdiction over workers' compensation issues.

Sec. 7. **APPROPRIATION FOR SAFE PATIENT HANDLING GRANTS.**

\$...... is appropriated in fiscal years 2008 and 2009 from the general fund to the commissioner of labor and industry for grants under Minnesota Statutes, section 79.253, to health care facilities, regardless of the number of employees or size of the facility, for the acquisition of safe patient handling equipment for use by nurses and direct patient care workers in performing the acts of lifting, transferring, or repositioning of patients and health care facility residents. Grants may also be used for the training of staff on safe patient handling and the use of safe patient handling equipment. Grants must be matched on a dollar-for-dollar basis by grantees. Grant awards cannot exceed 50 percent of the total project cost up to a maximum grant award of \$40,000."

Delete the title and insert:

"A bill for an act relating to employee health; establishing the "Safe Patient Handling Act;" requiring safe patient handling programs and committees to be established; requiring training programs on safe patient handling; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 182."

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Commerce and Labor.

The report was adopted.

Mariani from the Committee on E-12 Education to which was referred:

H. F. No. 810, A bill for an act relating to education; establishing licensure and continuing education requirements for teachers, program coordinators, specialists of gifted and talented students and programs, and school administrators of gifted and talented programs; amending Minnesota Statutes 2006, sections 122A.14, by adding a subdivision; 122A.18, by adding a subdivision.

Reported the same back with the following amendments:

Page 1, lines 12, 14, and 18, delete "administrators" and insert "principals and superintendents"

Page 1, line 16, delete "gifted and talented program administrators" and insert "principals and superintendents" and after the period, insert "All programs must incorporate a gifted and talented competency into the knowledge, skills, and abilities required for licensure."

Page 2, line 2, delete "administrators" and insert "principals and superintendents"

Page 2, line 7, delete "administrators" and insert "principals and superintendents" in both places

Page 2, line 14, delete "the equivalent of at least one semester credit" and insert "instruction"

Page 2, line 20, delete "the equivalent of 12 semester credits" and insert "instruction" and delete "focus" and insert "focuses"

Page 2, line 21, delete "offer" and insert "offers"

Page 2, line 24, delete "at least 12 clock hours" and insert "instruction"

Page 2, line 25, delete "focus" and insert "focuses" and delete "offer" and insert "offers"

Page 2, line 26, delete "supplement" and insert "supplements"

Amend the title as follows:

Page 1, line 4, delete "administrators" and insert "principals and superintendents"

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Finance.

The report was adopted.

Mariani from the Committee on E-12 Education to which was referred:

H. F. No. 811, A bill for an act relating to education; providing professional development programs in mathematics and science; appropriating money; amending Minnesota Statutes 2006, section 122A.72, subdivision 5.

Reported the same back with the recommendation that the bill pass and be re-referred to the Committee on Finance.

The report was adopted.

Hilstrom from the Committee on Local Government and Metropolitan Affairs to which was referred:

H. F. No. 919, A bill for an act relating to tax increment financing; authorizing certain cities to act as small cities for purposes of use of revenues from certain economic development districts.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Taxes without further recommendation.

The report was adopted.

Pelowski from the Committee on Governmental Operations, Reform, Technology and Elections to which was referred:

H. F. No. 1036, A bill for an act relating to elections; exempting lobbying activities related to a ballot question from campaign finance reporting requirements; amending Minnesota Statutes 2006, section 10A.01, subdivision 7.

Reported the same back with the recommendation that the bill pass.

The report was adopted.

Mariani from the Committee on E-12 Education to which was referred:

H. F. No. 1057, A bill for an act relating to education; providing support to newly licensed teachers teaching in high-need subject areas and schools; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 122A.

Reported the same back with the recommendation that the bill pass and be re-referred to the Committee on Finance.

The report was adopted.

Thissen from the Committee on Health and Human Services to which was referred:

H. F. No. 1073, A bill for an act relating to human services; requiring the commissioner of human services to provide notice when a prescription drug is removed from the formulary; amending Minnesota Statutes 2006, section 256B.0625, subdivision 13d.

Reported the same back with the recommendation that the bill pass and be re-referred to the Committee on Finance.

The report was adopted.

Clark from the Housing Policy and Finance and Public Health Finance Division to which was referred:

H. F. No. 1205, A bill for an act relating to manufactured homes; requiring relocation compensation for displaced residents; amending Minnesota Statutes 2006, section 327C.095, subdivision 4.

Reported the same back with the recommendation that the bill pass and be re-referred to the Committee on Local Government and Metropolitan Affairs.

The report was adopted.

Clark from the Housing Policy and Finance and Public Health Finance Division to which was referred:

H. F. No. 1301, A bill for an act relating to housing; establishing a resident right of refusal when a manufactured home park is being sold; amending Minnesota Statutes 2006, sections 327C.095, subdivisions 6, 7, 9; 327C.096; repealing Minnesota Statutes 2006, section 327C.095, subdivision 8.

Reported the same back with the recommendation that the bill pass and be re-referred to the Committee on Taxes.

The report was adopted.

Lieder from the Transportation Finance Division to which was referred:

S. F. No. 122, A bill for an act relating to traffic regulations; requiring passenger restraint for children under the age of eight in motor vehicles; amending Minnesota Statutes 2006, section 169.685, subdivisions 5, 6.

Reported the same back with the following amendments:

Page 2, after line 24, insert:

"Sec. 3. Minnesota Statutes 2006, section 169.686, subdivision 1, is amended to read:

Subdivision 1. **Seat belt requirement.** (a) A properly adjusted and fastened seat belt, including both the shoulder and lap belt when the vehicle is so equipped, shall be worn by:

(1) the driver of a passenger vehicle or commercial motor vehicle;

(2) a passenger riding in the front seat of a passenger vehicle or commercial motor vehicle; and

(3) a passenger riding in any seat of a passenger vehicle who is eight years of age or older ~~than three~~ but younger than 11 years of age.

(b) A person who is 15 years of age or older and who violates paragraph (a), clause (1) or (2), is subject to a fine of \$25. The driver of the passenger vehicle or commercial motor vehicle in which the violation occurred is subject to a \$25 fine for a violation of paragraph (a), clause (2) or (3), by a child of the driver under the age of 15 or any child under the age of 11. A peace officer may not issue a citation for a violation of this section unless the officer lawfully stopped or detained the driver of the motor vehicle for a moving violation other than a violation involving motor vehicle equipment. The Department of Public Safety shall not record a violation of this subdivision on a person's driving record."

Correct the title numbers accordingly

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Public Safety and Civil Justice.

The report was adopted.

Otremba from the Committee on Agriculture, Rural Economies and Veterans Affairs to which was referred:

S. F. No. 255, A bill for an act relating to state government; veterans; designating veteran-owned small businesses as targeted group businesses for purposes of awarding certain state and metro agency procurement contracts; amending Minnesota Statutes 2006, section 16C.16, subdivision 5.

Reported the same back with the recommendation that the bill pass and be re-referred to the Committee on Finance.

The report was adopted.

Pelowski from the Committee on Governmental Operations, Reform, Technology and Elections to which was referred:

S. F. No. 463, A bill for an act relating to notaries public; increasing maximum fees; amending Minnesota Statutes 2006, section 357.17.

Reported the same back with the following amendments:



Page 1, lines 9, 10, 12, 13, 15, and 19, delete "\$5" and insert "five percent of the fee established in section 357.021, subdivision 2, for recording a notary commission"

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Finance.

The report was adopted.

### **SECOND READING OF HOUSE BILLS**

H. F. No. 1036 was read for the second time.

### **SECOND READING OF SENATE BILLS**

S. F. Nos. 65, 226 and 458 were read for the second time.

### **INTRODUCTION AND FIRST READING OF HOUSE BILLS**

The following House Files were introduced:

Hausman, Johnson, Slocum, Gardner and Gunther introduced:

H. F. No. 1624, A bill for an act relating to public utilities; providing for recovery of costs to be incurred as result of a qualified emissions-reduction project; amending Minnesota Statutes 2006, section 216B.1692, by adding a subdivision.

The bill was read for the first time and referred to the Energy Finance and Policy Division.

Hosch, Paymar and Fritz introduced:

H. F. No. 1625, A bill for an act relating to public safety; authorizing permanent orders for protection and restraining orders after multiple violations or continued threats; amending Minnesota Statutes 2006, sections 518B.01, subdivisions 6, 6a, 11, 18; 609.748, subdivisions 3, 5, 8.

The bill was read for the first time and referred to the Committee on Public Safety and Civil Justice.

Ward introduced:

H. F. No. 1626, A bill for an act relating to sales tax; providing a sales tax exemption for construction materials used in wastewater and water treatment facilities in the cities of Brainerd and Baxter; amending Minnesota Statutes 2006, section 297A.71, by adding subdivisions.

The bill was read for the first time and referred to the Committee on Taxes.

Hilstrom, Kahn, Tingelstad and Lillie introduced:

H. F. No. 1627, A bill for an act relating to public safety; regulating international marriage brokers; proposing coding for new law in Minnesota Statutes, chapter 325E.

The bill was read for the first time and referred to the Committee on Public Safety and Civil Justice.

Lesch and Johnson introduced:

H. F. No. 1628, A bill for an act relating to public safety; reducing the surcharge on license tab violations from \$72 to \$4; amending Minnesota Statutes 2006, section 357.021, subdivisions 6, 7.

The bill was read for the first time and referred to the Committee on Public Safety and Civil Justice.

Hilstrom introduced:

H. F. No. 1629, A bill for an act relating to municipal planning and zoning; clarifying the determination of fair market value in certain dedication proceedings; amending Minnesota Statutes 2006, section 462.358, subdivision 2b.

The bill was read for the first time and referred to the Committee on Local Government and Metropolitan Affairs.

Hornstein, Lieder, Erhardt, Hausman and Madore introduced:

H. F. No. 1630, A bill for an act relating to highways; requiring the commissioner of transportation to perform life-cycle cost analysis to compare paving materials in certain contracts; proposing coding for new law in Minnesota Statutes, chapter 174.

The bill was read for the first time and referred to the Committee on Finance.

Haws, Hosch, Peppin, Severson and Gottwalt introduced:

H. F. No. 1631, A bill for an act relating to bioscience and technology; establishing a bioscience business promotion and marketing program in the Department of Employment and Economic Development; appropriating money.

The bill was read for the first time and referred to the Committee on Biosciences and Emerging Technology.

Tillberry, Thao, Davnie, Solberg, Walker, Ward and Morgan introduced:

H. F. No. 1632, A bill for an act relating to property taxation; property tax refund; increasing property tax refunds for homeowners; modifying household income for persons age 65 or older; amending Minnesota Statutes 2006, sections 290A.03, subdivision 3; 290A.04, subdivisions 2, 4.

The bill was read for the first time and referred to the Committee on Taxes.

Koenen; Peterson, A.; Otremba; Doty and Hamilton introduced:

H. F. No. 1633, A bill for an act relating to veterinary medicine; defining certain terms; changing certain requirements for provision of animal husbandry; amending Minnesota Statutes 2006, sections 156.001, by adding subdivisions; 156.12, subdivision 1; repealing Minnesota Statutes 2006, section 156.075.

The bill was read for the first time and referred to the Committee on Agriculture, Rural Economies and Veterans Affairs.

Solberg introduced:

H. F. No. 1634, A bill for an act relating to economic development; requiring a study of higher education training needs in the renewable energy economy; requiring a report; appropriating money.

The bill was read for the first time and referred to the Committee on Finance.

Lieder and Erhardt introduced:

H. F. No. 1635, A bill for an act relating to transportation; creating highway safety improvement account; amending eligible purposes for expenditure of five percent of highway user tax distribution fund; amending Minnesota Statutes 2006, section 161.081, subdivision 3.

The bill was read for the first time and referred to the Committee on Finance.

Lieder and Erhardt introduced:

H. F. No. 1636, A bill for an act relating to transportation; authorizing sale of trunk highway bonds for construction of interchanges; appropriating money.

The bill was read for the first time and referred to the Committee on Finance.

Beard, Mahoney, Slocum, Rukavina, Thissen, Garofalo, Atkins, Bunn, Peppin and Demmer introduced:

H. F. No. 1637, A bill for an act relating to economic development; establishing nanotechnology development fund program; requiring a report; appropriating money.

The bill was read for the first time and referred to the Committee on Biosciences and Emerging Technology.

Kahn, Winkler, Sviggum, Peppin, DeLaForest, Hilty and Poppe introduced:

H. F. No. 1638, A bill for an act relating to state government; establishing a grants management process, governance, and structure; appropriating money; proposing coding for new law in Minnesota Statutes, chapters 13; 16B.

The bill was read for the first time and referred to the Committee on Governmental Operations, Reform, Technology and Elections.

Faust introduced:

H. F. No. 1639, A bill for an act relating to agriculture; changing certain provisions of the best management practices loan program; amending Minnesota Statutes 2006, section 17.117, subdivisions 1, 4, 11.

The bill was read for the first time and referred to the Committee on Agriculture, Rural Economies and Veterans Affairs.

Faust introduced:

H. F. No. 1640, A bill for an act relating to agriculture; changing certain feed law provisions; expanding applicability of certain penalties; amending Minnesota Statutes 2006, sections 17.982, subdivision 1; 17.983, subdivision 1; 25.33, subdivisions 3, 4, 5, 6, 10, 18, by adding a subdivision; 25.341, subdivision 1; 25.35; 25.39, subdivision 1.

The bill was read for the first time and referred to the Committee on Agriculture, Rural Economies and Veterans Affairs.

Solberg introduced:

H. F. No. 1641, A bill for an act relating to higher education; appropriating money to the Washington Center pilot program for scholarships.

The bill was read for the first time and referred to the Committee on Finance.

Peterson, A., introduced:

H. F. No. 1642, A bill for an act relating to energy; increasing capacity of wind energy that a school board may own; amending Minnesota Statutes 2006, section 123B.02, subdivision 21.

The bill was read for the first time and referred to the Energy Finance and Policy Division.

Gardner introduced:

H. F. No. 1643, A bill for an act relating to taxation; providing a tax credit to certain scrap metal dealers; proposing coding for new law in Minnesota Statutes, chapter 290.

The bill was read for the first time and referred to the Committee on Taxes.

Hilty; Westrom; Peterson, A., and Ozment introduced:

H. F. No. 1644, A bill for an act relating to energy; funding research on renewable energy by University of Minnesota; delaying sunset date; amending Minnesota Statutes 2006, section 216B.241, subdivision 6.

The bill was read for the first time and referred to the Energy Finance and Policy Division.

Bly introduced:

H. F. No. 1645, A bill for an act relating to energy; specifying criteria for affordability programs for low-income residential customers; amending Minnesota Statutes 2006, section 216B.16, subdivision 15.

The bill was read for the first time and referred to the Energy Finance and Policy Division.

Hamilton introduced:

H. F. No. 1646, A bill for an act relating to capital improvements; clarifying requirements of a grant to the city of Worthington; amending Laws 2006, chapter 258, section 21, subdivision 6.

The bill was read for the first time and referred to the Committee on Finance.

Simon and Berns introduced:

H. F. No. 1647, A bill for an act relating to courts; raising the mandatory retirement age for judges; amending Minnesota Statutes 2006, section 490.121, subdivision 21d.

The bill was read for the first time and referred to the Committee on Public Safety and Civil Justice.

Gottwalt, Hosch, Eastlund, Shimanski and Haws introduced:

H. F. No. 1648, A bill for an act relating to taxation; property; modifying the senior citizen's property tax deferral program; amending Minnesota Statutes 2006, sections 290B.03, subdivision 1; 290B.04, subdivisions 3, 4; 290B.05, subdivision 1; 290B.07.

The bill was read for the first time and referred to the Committee on Taxes.

Kahn introduced:

H. F. No. 1649, A bill for an act relating to the legislature; abolishing the legislative commission on Minnesota-Ontario matters; repealing Minnesota Statutes 2006, section 3.884.

The bill was read for the first time and referred to the Committee on Governmental Operations, Reform, Technology and Elections.

Nornes and Westrom introduced:

H. F. No. 1650, A bill for an act relating to taxation; providing a tax-free renaissance zone for the site of the Fergus Falls regional treatment center campus; amending Minnesota Statutes 2006, sections 272.02, by adding a subdivision; 290.01, subdivisions 19b, as amended, 29; 290.06, by adding subdivisions; 290.091, subdivision 2; 290.0921, subdivision 3; 290.0922, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 469.

The bill was read for the first time and referred to the Committee on Taxes.

Wagenius and Hansen introduced:

H. F. No. 1651, A bill for an act relating to appropriations; appropriating money for environment and natural resources; modifying disposition of certain revenue; authorizing certain sales; modifying and creating certain accounts; modifying and establishing certain fees and surcharges; establishing an off-highway vehicle safety and conservation program; modifying decorative bough provisions; modifying percentage of gasoline use attributable to all-terrain vehicles; modifying trail designation requirements; eliminating sunset of sustainable forest resources provisions; amending Minnesota Statutes 2006, sections 16A.531, subdivision 1a; 84.025, subdivision 9; 84.026, subdivision 1; 84.0855, subdivisions 1, 2; 84.780; 84.927, subdivision 2; 84D.13, subdivision 7; 86B.415, subdivisions 1, 2, 3, 4, 5, 7; 86B.706, subdivision 2; 88.642, subdivision 1; 88.6435, subdivision 1; 89.22, subdivision 2; 97A.071, subdivision 2; 97A.075; 97A.475, subdivision 7; 97C.081, subdivision 3; 168.013, subdivisions 1d, 1g, 8; 296A.18, subdivision 4; Laws 2003, chapter 128, article 1, section 169; proposing coding for new law in Minnesota Statutes, chapters 84; 84D; 89; repealing Minnesota Statutes 2006, sections 89A.11; 93.2236.

The bill was read for the first time and referred to the Committee on Finance.

DeLaForest, by request, introduced:

H. F. No. 1652, A bill for an act relating to retirement; public employees police and fire retirement plan; clarifying duty disability status for certain disabled members.

The bill was read for the first time and referred to the Committee on Governmental Operations, Reform, Technology and Elections.

Davnie, Kahn and Dominguez introduced:

H. F. No. 1653, A bill for an act relating to state history; appropriating money for signage for the St. Anthony Falls heritage interpretive zone.

The bill was read for the first time and referred to the Committee on Finance.

Peterson, A.; Morrow; Knuth; Clark and Brynaert introduced:

H. F. No. 1654, A bill for an act relating to economic development; requiring a study of higher education training needs in the renewable energy economy; requiring a report; appropriating money.

The bill was read for the first time and referred to the Committee on Finance.

Slocum, Moe, Clark and Gunther introduced:

H. F. No. 1655, A bill for an act relating to employment and economic development; appropriating money for opportunities industrialization centers.

The bill was read for the first time and referred to the Committee on Finance.

Thissen, Walker and Moe introduced:

H. F. No. 1656, A bill for an act relating to commerce; regulating the manufacture and sale of jewelry products containing lead; proposing coding for new law in Minnesota Statutes, chapter 325E.

The bill was read for the first time and referred to the Committee on Commerce and Labor.

Dettmer, Dean, Kalin, Simpson, Severson, Gunther, Hackbarth, Howes, Shimanski and Otremba introduced:

H. F. No. 1657, A bill for an act relating to veterans; appropriating money for improvements at the Disabled Veteran's Rest Camp on Big Marine Lake in Washington County.

The bill was read for the first time and referred to the Committee on Finance.

Peppin, Huntley, Sviggum, Mahoney and Thissen introduced:

H. F. No. 1658, A bill for an act relating to taxation; health care providers gross receipts tax; providing for responsibilities of third-party purchasers; authorizing itemization of tax on certain billings; amending Minnesota Statutes 2006, section 295.582, subdivision 1.

The bill was read for the first time and referred to the Committee on Taxes.

Bunn and Dean introduced:

H. F. No. 1659, A bill for an act relating to capital improvements; authorizing the issuance of state bonds; appropriating money to complete a sewer system in the city of Bayport.

The bill was read for the first time and referred to the Committee on Finance.

Jaros; Huntley; Murphy, M.; Dill and Rukavina introduced:

H. F. No. 1660, A bill for an act relating to Minnesota heritage finance; appropriating money for studies and planning activities related to the St. Louis County Heritage and Arts Center.

The bill was read for the first time and referred to the Committee on Finance.

Hansen; Moe; Peterson, A.; Knuth; Anzels and Scalze introduced:

H. F. No. 1661, A bill for an act relating to natural resources; providing for management of native prairies in railroad rights-of-way; requiring rulemaking; appropriating money; amending Minnesota Statutes 2006, section 219.99.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources.

Moe, Eken, Wagenius, Hansen, Scalze, Heidgerken, Clark and Knuth introduced:

H. F. No. 1662, A bill for an act relating to natural resources; requiring a wild rice management plan.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources.

Moe, Eken, Sailer, Hansen, Wagenius, Howes, Clark and Knuth introduced:

H. F. No. 1663, A bill for an act relating to environment; modifying provisions for regulating genetically engineered organisms; amending Minnesota Statutes 2006, sections 116C.92; 116C.94, subdivision 1; 116C.97, subdivision 2.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources.

Kalin, Faust, Hilty, Eastlund and Clark introduced:

H. F. No. 1664, A bill for an act relating to energy; authorizing grant to Chisago, Isanti, and Pine Counties to study feasibility of a renewable energy facility.

The bill was read for the first time and referred to the Committee on Finance.

Gardner and Davnie introduced:

H. F. No. 1665, A bill for an act relating to consumer protection; regulating security freezes on consumer reports; providing for payment of fees; amending Minnesota Statutes 2006, section 13C.016, subdivision 8.

The bill was read for the first time and referred to the Committee on Commerce and Labor.

Eken; Juhnke; Morrow; Urdahl; Bly; Hansen; Marquart; Peterson, A.; Mahoney; Johnson; Lieder; Otremba; Moe; Loeffler and Koenen introduced:

H. F. No. 1666, A bill for an act relating to environment; requiring studies and reports to assess the state's capacity for terrestrial and geologic carbon sequestration; appropriating money.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources.

Shimanski, Urdahl, Brod and Koenen introduced:

H. F. No. 1667, A bill for an act relating to retirement; general employees retirement plan of the Public Employees Retirement Association; clarifying the effective date of a privatization by Hutchinson Area Health Care; amending Minnesota Statutes 2006, section 353F.04, subdivision 1.

The bill was read for the first time and referred to the Committee on Governmental Operations, Reform, Technology and Elections.



Hamilton introduced:

H. F. No. 1668, A bill for an act relating to taxation; property; exempting certain monosloped roofs used for livestock operations; amending Minnesota Statutes 2006, section 272.02, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Taxes.

Rukavina, Anzelc, Solberg, Howes and Dill introduced:

H. F. No. 1669, A bill for an act relating to gambling; providing for amusement games; amending Minnesota Statutes 2006, section 609.75, subdivision 8, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 299L.

The bill was read for the first time and referred to the Committee on Commerce and Labor.

Morgan, Howes and Lanning introduced:

H. F. No. 1670, A bill for an act relating to elections; clarifying certain procedures and terminology; changing or eliminating certain requirements; changing certain duties; imposing penalties; amending Minnesota Statutes 2006, sections 103C.305, subdivision 3; 201.016, subdivision 1a; 201.054, subdivision 1; 201.056; 201.061, subdivisions 1, 3, 4; 201.071, subdivisions 3, 4; 201.081; 201.091, subdivisions 1, 8; 201.27, subdivision 1; 203B.04, subdivisions 1, 4, 6; 203B.05, subdivision 2; 203B.07, subdivisions 1, 2; 203B.08, subdivision 3; 203B.081; 203B.10; 203B.12, subdivision 4; 203B.13, subdivisions 1, 2; 203B.21, subdivision 3; 204B.06, subdivision 8; 204B.08, subdivision 3; 204B.09, subdivisions 1, 3; 204B.16, subdivision 1; 204B.45, subdivision 2; 205.10, by adding a subdivision; 205.13, by adding a subdivision; 205.16, subdivision 4; 205A.05, by adding a subdivision; 205A.06, by adding a subdivision; 205A.07, subdivisions 3, 3a; 205A.10, subdivision 1; 205A.11, subdivision 2; 206.82, subdivision 2; 211A.02, subdivision 2; 211A.05, subdivisions 1, 2; 211B.11, subdivision 1; 211B.37; 447.32, subdivision 4; Laws 2004, chapter 293, article 1, section 37, subdivision 2; repealing Minnesota Statutes 2006, sections 201.061, subdivision 7; 201.096; 203B.02, subdivision 1a; 203B.13, subdivision 3a; 204D.10, subdivision 2.

The bill was read for the first time and referred to the Committee on Governmental Operations, Reform, Technology and Elections.

Morgan introduced:

H. F. No. 1671, A bill for an act relating to lobbyists; prohibiting former legislators, constitutional officers, and agency heads from lobbying for legislative or administrative action for two years after leaving office; proposing coding for new law in Minnesota Statutes, chapter 10A.

The bill was read for the first time and referred to the Committee on Governmental Operations, Reform, Technology and Elections.

Knuth introduced:

H. F. No. 1672, A bill for an act relating to the city of New Brighton; tax increment financing.

The bill was read for the first time and referred to the Committee on Taxes.

Sailer introduced:

H. F. No. 1673, A bill for an act relating to capital improvements; authorizing the issuance of state bonds; appropriating money for predesign of an emergency training administration center.

The bill was read for the first time and referred to the Committee on Finance.

Eken, Sailer, Olin and Peterson, S., introduced:

H. F. No. 1674, A bill for an act relating to the environment; directing the Environmental Quality Board to study and adopt rules relating to environmental review of certain biofuel production facilities; proposing coding for new law in Minnesota Statutes, chapter 116D.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources.

Simon and Davnie introduced:

H. F. No. 1675, A bill for an act relating to commerce; enacting a car buyers' bill of rights; requiring disclosures; capping dealer compensation for vehicle financing; regulating the sale of "certified" used motor vehicles; requiring a cancellation option on purchase of a used motor vehicle; amending Minnesota Statutes 2006, sections 53C.01, by adding subdivisions; 53C.08, subdivision 4, by adding a subdivision; 297B.01, subdivision 8; 325F.662, subdivision 10, by adding subdivisions; proposing coding for new law in Minnesota Statutes, chapter 53C.

The bill was read for the first time and referred to the Committee on Commerce and Labor.

Murphy, M.; Haws; Nornes; Brynaert and Rukavina introduced:

H. F. No. 1676, A bill for an act relating to higher education; providing funding for the Minitex program; appropriating money.

The bill was read for the first time and referred to the Committee on Finance.

Sertich and Rukavina introduced:

H. F. No. 1677, A bill for an act relating to energy; modifying conservation reinvestment program provision regarding expenditures by existing heating or cooling system; amending Minnesota Statutes 2006, section 216B.241, subdivision 1b.

The bill was read for the first time and referred to the Committee on Energy Finance and Policy Division.

Johnson introduced:

H. F. No. 1678, A bill for an act relating to utilities; authorizing electronic filing with Public Utilities Commission; making technical and clarifying changes; amending Minnesota Statutes 2006, sections 216.15; 216.17; 216.18; 216B.18; 216B.26; 216B.33; 216B.62, subdivisions 3, 4, 6; 216B.63; 216E.07; 237.295.

The bill was read for the first time and referred to the Energy Finance and Policy Division.

Johnson, Walker and Hilty introduced:

H. F. No. 1679, A bill for an act relating to utilities; modifying payment arrangements for current and past due bills and undercharges; amending Minnesota Statutes 2006, sections 216B.098, subdivisions 3, 4; 504B.215, subdivision 3.

The bill was read for the first time and referred to the Energy Finance and Policy Division.

Slocum, Morgan, Paymar, Morrow and Kalin introduced:

H. F. No. 1680, A bill for an act relating to education; appropriating money to the Office of Educational Accountability through the University of Minnesota; amending Minnesota Statutes 2006, section 120B.31, subdivision 3.

The bill was read for the first time and referred to the Committee on Finance.

Mullery introduced:

H. F. No. 1681, A bill for an act relating to retirement; providing for an actuarial cost estimate of a special retirement plan for postsentencing officers and emergency dispatchers; appropriating money.

The bill was read for the first time and referred to the Committee on Governmental Operations, Reform, Technology and Elections.

Koenen and Peterson, A., introduced:

H. F. No. 1682, A bill for an act relating to capital improvements; appropriating money to improve the Upper Sioux Community water system.

The bill was read for the first time and referred to the Committee on Finance.

Koenen; Peterson, A.; Bly; Otremba and Juhnke introduced:

H. F. No. 1683, A bill for an act relating to agriculture; extending the prohibition on certain new open air swine basins; amending Minnesota Statutes 2006, section 116.0714.

The bill was read for the first time and referred to the Committee on Agriculture, Rural Economies and Veterans Affairs.

Madore, Clark, Benson and Tschumper introduced:

H. F. No. 1684, A bill for an act relating to housing; modifying the preferences for redevelopment housing applicants; amending Minnesota Statutes 2006, section 469.021.

The bill was read for the first time and referred to the Housing Policy and Finance and Public Health Finance Division.

Mullery; Hilstrom; Davnie; Peterson, N.; Carlson and Simon introduced:

H. F. No. 1685, A bill for an act relating to Hennepin County; clarifying the authority of the county housing and redevelopment authority; amending Minnesota Statutes 2006, section 383B.77, subdivisions 1, 2.

The bill was read for the first time and referred to the Committee on Local Government and Metropolitan Affairs.

Mullery introduced:

H. F. No. 1686, A bill for an act relating to tax increment financing; changing provisions relating to Minneapolis housing replacement districts; amending Laws 1995, chapter 264, article 5, sections 44, subdivision 4, as amended; 45, subdivision 1, as amended.

The bill was read for the first time and referred to the Committee on Taxes.

Emmer introduced:

H. F. No. 1687, A bill for an act relating to sales tax; exempting materials and equipment used in construction and upgrading of a wastewater treatment facility in Buffalo from sales tax; amending Minnesota Statutes 2006, section 297A.71, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Taxes.

Pelowski introduced:

H. F. No. 1688, A bill for an act relating to state government; changing terminology for Office of Enterprise Technology; amending Minnesota Statutes 2006, sections 16E.15, subdivision 2; 16E.18, subdivisions 2, 3, 7.

The bill was read for the first time and referred to the Committee on Governmental Operations, Reform, Technology and Elections.

Hortman, Gunther, Mahoney, Rukavina and Poppe introduced:

H. F. No. 1689, A bill for an act relating to employment and economic development; appropriating money for industry sector training initiatives.

The bill was read for the first time and referred to the Committee on Finance.

Clark introduced:

H. F. No. 1690, A bill for an act relating to capital improvements; appropriating money for improvements for the East Phillips Cultural and Community Center; authorizing the issuance of general obligation bonds.

The bill was read for the first time and referred to the Committee on Finance.

Anzelc, Atkins and Zellers introduced:

H. F. No. 1691, A bill for an act relating to gambling; modifying expenditure restrictions; clarifying certain game requirements, prize amounts, and making other changes to lawful gambling; amending Minnesota Statutes 2006, sections 349.15, subdivision 1; 349.163, by adding a subdivision; 349.211; repealing Minnesota Statutes 2006, section 349.19, subdivision 2b.

The bill was read for the first time and referred to the Committee on Commerce and Labor.

Davnie, Demmer, Lesch, Tillberry and Lanning introduced:

H. F. No. 1692, A bill for an act relating to education finance; modifying the notice to taxpayers that appears on the ballot question when an operating referendum is being renewed; amending Minnesota Statutes 2006, section 126C.17, subdivision 9.

The bill was read for the first time and referred to the Committee on Finance.

Erickson, Shimanski and Anderson, B., introduced:

H. F. No. 1693, A bill for an act relating to education; appropriating money for character development.

The bill was read for the first time and referred to the Committee on E-12 Education.

Davnie, Benson, McFarlane and Morgan introduced:

H. F. No. 1694, A bill for an act relating to education; providing for teacher training to better integrate the use of learning technologies into K-12 classrooms; appropriating money.

The bill was read for the first time and referred to the Committee on E-12 Education.

Walker, Mariani, Hornstein and Koenen introduced:

H. F. No. 1695, A bill for an act relating to highway safety; requiring all school districts to maintain a "How's My Driving?" program; proposing coding for new law in Minnesota Statutes, chapter 169.

The bill was read for the first time and referred to the Committee on E-12 Education.

Loeffler; Winkler; Mariani; Peterson, S., and Welti introduced:

H. F. No. 1696, A bill for an act relating to education; reporting special education litigation costs; amending Minnesota Statutes 2006, section 125A.75, by adding a subdivision.

The bill was read for the first time and referred to the Committee on E-12 Education.

Loeffler, Carlson, Norton and Welti introduced:

H. F. No. 1697, A bill for an act relating to education; establishing a State Board of Education; amending Minnesota Statutes 2006, sections 120A.05, by adding a subdivision; 127A.05, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 127A.

The bill was read for the first time and referred to the Committee on E-12 Education.

Norton, Slocum, McFarlane, Brynaert, Greiling and Ward introduced:

H. F. No. 1698, A bill for an act relating to education; establishing a scholar loan program to encourage teacher diversity in schools; establishing a revolving account in the state treasury; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 122A.

The bill was read for the first time and referred to the Committee on E-12 Education.

Peterson, S., and Carlson introduced:

H. F. No. 1699, A bill for an act relating to education; establishing a grant program to provide additional student counseling services in high-need public high schools; appropriating money.

The bill was read for the first time and referred to the Committee on E-12 Education.

Hornstein introduced:

H. F. No. 1700, A bill for an act relating to education; appropriating money to increase parent and community involvement in the education of their children; requiring a report.

The bill was read for the first time and referred to the Committee on E-12 Education.

Peterson, S.; Carlson and Tillberry introduced:

H. F. No. 1701, A bill for an act relating to education finance; creating a new component of general education revenue to support school counselors; amending Minnesota Statutes 2006, section 126C.10, subdivision 1, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Finance.

Faust; Greiling; Heidgerken; Kalin; Murphy, E.; Swails; Slawik; McFarlane; Peterson, S.; Tschumper; Bly and Eken introduced:

H. F. No. 1702, A bill for an act relating to education finance; phasing in changes to Minnesota's school finance system; creating a legislative task force; amending Minnesota Statutes 2006, sections 125A.76, subdivisions 1, 2, 5; 126C.05, subdivision 1; 126C.10, subdivision 2; repealing Minnesota Statutes 2006, section 125A.76, subdivisions 3, 4.

The bill was read for the first time and referred to the Committee on Finance.

Brown, Pelowski, Greiling, Anzelc, Mariani and Poppe introduced:

H. F. No. 1703, A bill for an act relating to education finance; authorizing funding for voluntary, full-day kindergarten; amending Minnesota Statutes 2006, sections 123B.41, subdivision 7; 126C.05, subdivisions 1, 15; 126C.12, subdivision 5; 126C.126; repealing Minnesota Statutes 2006, section 124D.081.

The bill was read for the first time and referred to the Committee on Finance.

Tillberry; Anderson, S.; Mahoney and Thissen introduced:

H. F. No. 1704, A bill for an act relating to motor vehicles; requiring motor vehicle collision repair to include air bag repair or replacement; providing criminal penalties; proposing coding for new law in Minnesota Statutes, chapter 325E.

The bill was read for the first time and referred to the Committee on Commerce and Labor.

Thao and Finstad introduced:

H. F. No. 1705, A bill for an act relating to professions; changing licensing provisions for the Board of Pharmacy; amending Minnesota Statutes 2006, sections 151.01, by adding subdivisions; 151.06, subdivision 1; 151.21, subdivisions 1, 2, 3.

The bill was read for the first time and referred to the Committee on Health and Human Services.

Mullery, Paulsen and Dominguez introduced:

H. F. No. 1706, A bill for an act relating to motor carriers; modifying definition of private carrier; amending Minnesota Statutes 2006, section 221.011, subdivision 26.

The bill was read for the first time and referred to the Transportation Finance Division.

Loeffler, Brown and Lenczewski introduced:

H. F. No. 1707, A bill for an act relating to taxpayer assistance grants; requiring the commissioner to provide notice to past recipients and to complete the grantmaking process in a timely manner; proposing coding for new law in Minnesota Statutes, chapter 270C.

The bill was read for the first time and referred to the Committee on Taxes.

Peterson, N.; Hilstrom; Beard and Nelson introduced:

H. F. No. 1708, A bill for an act relating to Hennepin County; modifying design-build contract provisions; amending Minnesota Statutes 2006, sections 383B.158, subdivisions 1, 3, 4; 383B.1581, subdivisions 2, 3; 383B.1584; repealing Minnesota Statutes 2006, section 383B.1586.

The bill was read for the first time and referred to the Committee on Local Government and Metropolitan Affairs.

Winkler, Smith and Pelowski introduced:

H. F. No. 1709, A bill for an act relating to public employment; providing for offers of settlement prior to arbitration; providing for the assessment of costs in certain cases; amending Minnesota Statutes 2006, section 179A.21, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Commerce and Labor.

Hilty introduced:

H. F. No. 1710, A bill for an act relating to state government; clarifying private cemeteries; amending Minnesota Statutes 2006, section 307.08.

The bill was read for the first time and referred to the Committee on Governmental Operations, Reform, Technology and Elections.

Hortman, Poppe and Gunther introduced:

H. F. No. 1711, A bill for an act relating to labor and industry; appropriating money for the Vinland Center for rehabilitation services.

The bill was read for the first time and referred to the Committee on Finance.

Masin, Atkins, Zellers and Lillie introduced:

H. F. No. 1712, A bill for an act relating to insurance; regulating certain rental vehicle coverage; amending Minnesota Statutes 2006, section 65B.49, subdivision 5a.

The bill was read for the first time and referred to the Committee on Commerce and Labor.

Erhardt, Lieder, Hortman, Severson and Nelson introduced:

H. F. No. 1713, A bill for an act relating to motor carriers; amending requirements for movers of household goods, including changes from use of permits to registration; removing language governing obsolete permits; making conforming and clarifying changes; amending Minnesota Statutes 2006, sections 168.013, subdivision 1e; 169.781, subdivision 10; 174.64, subdivisions 2, 4; 174.66; 221.011, subdivision 8, by adding a subdivision; 221.025; 221.0252, subdivision 6; 221.026; 221.031, subdivision 1; 221.036, subdivisions 1, 3; 221.131; 221.132; 221.141, subdivision 4; 221.172, subdivision 3; 221.185; 221.221, subdivision 3; 221.291, subdivision 4; proposing coding for new law in Minnesota Statutes, chapter 221; repealing Minnesota Statutes 2006, sections 174.65; 221.011, subdivisions 24, 25, 28, 29, 38, 41, 44, 45; 221.0252, subdivisions 3, 7; 221.072; 221.111; 221.121, subdivisions 1, 2, 3, 4, 5, 6, 6a, 6c, 6d, 6e, 6f, 7; 221.122; 221.123; 221.131, subdivisions 2a, 3, 4; 221.141, subdivision 6; 221.151; 221.152; 221.153, subdivisions 1, 2; 221.161; 221.171; 221.172, subdivisions 4, 5, 6, 7, 8; 221.296, subdivisions 3, 4, 5, 6, 7, 8.

The bill was read for the first time and referred to the Committee on Finance.



Hornstein; Carlson; Erhardt; Sertich; Clark; Mahoney; Hilstrom; Davnie; Mullery; Hausman; Tingelstad; Murphy, M.; Solberg; Olin; Nelson; Juhnke; Hansen; Pelowski; Howes and Ozment introduced:

H. F. No. 1714, A bill for an act relating to railroads; enacting Railroad Walkways Safety Act; creating position of state rail safety inspector; establishing special account; authorizing imposition of administrative penalties after rulemaking; appropriating money; amending Minnesota Statutes 2006, section 218.041, subdivision 6; proposing coding for new law in Minnesota Statutes, chapter 219.

The bill was read for the first time and referred to the Committee on Finance.

Urdahl, Shimanski and Abeler introduced:

H. F. No. 1715, A bill for an act relating to natural resources; appropriating money to conduct a study and develop a plan for establishment of a Greenleaf, Cedar, and Sioux Lakes Area Conservation District in McLeod and Meeker Counties.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources.

Knuth introduced:

H. F. No. 1716, A bill for an act relating to economic development; appropriating money for infrastructure improvements to New Brighton.

The bill was read for the first time and referred to the Committee on Finance.

Welti, Demmer, Norton and Liebling introduced:

H. F. No. 1717, A bill for an act relating to education; authorizing transportation aid for school districts that provide flexible learning year programs; amending Minnesota Statutes 2006, section 123B.92, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Finance.

Heidgerken and Otremba introduced:

H. F. No. 1718, A bill for an act relating to education finance; modifying integration revenue; amending Minnesota Statutes 2006, section 124D.86, subdivision 3.

The bill was read for the first time and referred to the Committee on Finance.

Huntley, Otremba and Murphy, E., introduced:

H. F. No. 1719, A bill for an act relating to human services; modifying treatment of assets for medical assistance eligibility; amending Minnesota Statutes 2006, section 256B.059, subdivision 5.

The bill was read for the first time and referred to the Committee on Health and Human Services.

Lenczewski introduced:

H. F. No. 1720, A bill for an act relating to human services; increasing reimbursement rates for nursing facility in Hennepin County; amending Minnesota Statutes 2006, section 256B.434, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Finance.

Murphy, E.; Fritz; Ward; Anzelc; Sertich and Abeler introduced:

H. F. No. 1721, A bill for an act relating to human services; requiring initial and continuing training in dementia care and mental illness care for certain direct care staff; requiring employers to maintain training records; establishing employee access to training records; amending Minnesota Statutes 2006, sections 182.653, by adding a subdivision; 182.654, subdivision 10.

The bill was read for the first time and referred to the Committee on Health and Human Services.

Murphy, E.; Thissen; Loeffler and Abeler introduced:

H. F. No. 1722, A bill for an act relating to human services; changing the pharmacy dispensing fee; requiring a report on changes to pharmacy dispensing service fees; amending Minnesota Statutes 2006, section 256B.0625, subdivision 13e; Laws 2006, chapter 282, article 16, section 15, subdivision 6.

The bill was read for the first time and referred to the Committee on Health and Human Services.

Walker, Clark, Liebling, Hilstrom, Huntley and Tschumper introduced:

H. F. No. 1723, A bill for an act relating to health; establishing grants for an AIDS prevention initiative focusing on African-born Minnesotans; appropriating money.

The bill was read for the first time and referred to the Committee on Finance.

Walker, Abeler, Clark, Otremba and Mariani introduced:

H. F. No. 1724, A bill for an act relating to health; providing for licensing of naturopathic doctors; providing criminal penalties; amending Minnesota Statutes 2006, sections 116J.70, subdivision 2a; 144.335, subdivision 1; 145.61, subdivision 2; 146.23, subdivision 7; 148B.60, subdivision 3; 151.01, subdivision 23; 214.23, subdivision 1; 604A.01, subdivision 2; 604A.015; proposing coding for new law as Minnesota Statutes, chapter 147E.

The bill was read for the first time and referred to the Committee on Health and Human Services.

Moe and Howes introduced:

H. F. No. 1725, A bill for an act relating to human services; providing a planning grant for a youth treatment center in northern Minnesota; appropriating money.

The bill was read for the first time and referred to the Committee on Health and Human Services.

Thissen, Winkler and Abeler introduced:

H. F. No. 1726, A bill for an act relating to health; establishing the Health Records Act; providing penalties; proposing coding for new law in Minnesota Statutes, chapter 144; repealing Minnesota Statutes 2006, section 144.335.

The bill was read for the first time and referred to the Committee on Health and Human Services.

Erickson introduced:

H. F. No. 1727, A bill for an act relating to health; exempting single-family dwellings from chapter 157; amending Minnesota Statutes 2006, section 157.22.

The bill was read for the first time and referred to the Committee on Health and Human Services.

Abeler, Otremba, Atkins, Hortman and Davnie introduced:

H. F. No. 1728, A bill for an act relating to health; requiring school immunization disclosures; amending Minnesota Statutes 2006, section 135A.14, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Health and Human Services.

Huntley and Abeler introduced:

H. F. No. 1729, A bill for an act relating to health; modifying health care provisions; amending welfare data provisions; changing medical assistance eligibility; amending MinnesotaCare provisions; establishing MinnesotaCare II; allowing the commissioner to receive federal matching money for managed care oversight; establishing a physician-directed care coordination program; establishing the Minnesota Health Insurance Exchange; requiring certain employers to offer Section 125 Plans; amending Minnesota Statutes 2006, sections 13.46, subdivision 2; 62A.65, subdivision 3; 62E.141; 62L.12, subdivision 2; 256.01, subdivision 2b; 256B.057, subdivision 8; 256B.0625, by adding a subdivision; 256L.02, subdivision 3, by adding subdivisions; 256L.04, subdivision 1; 256L.05, subdivision 5, by adding a subdivision; 256L.06, subdivision 3; 256L.12, subdivision 7; 256L.15, subdivisions 1a, 2, by adding subdivisions; proposing coding for new law in Minnesota Statutes, chapters 62A; 256L; repealing Minnesota Statutes 2006, section 256L.15, subdivision 2.

The bill was read for the first time and referred to the Committee on Health and Human Services.

Juhnke, Kahn, DeLaForest and Finstad introduced:

H. F. No. 1730, A bill for an act relating to the financing of state government; military and veterans affairs; appropriating money.

The bill was read for the first time and referred to the Committee on Finance.

Hackbarth introduced:

H. F. No. 1731, A bill for an act relating to property tax; exempting personal property of a proposed electric generation peaking plant; amending Minnesota Statutes 2006, section 272.02, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Taxes.

Paymar, Greiling and Kahn introduced:

H. F. No. 1732, A resolution memorializing the President concerning the implementation of the World Summit Outcome of the United Nations General Assembly.

The bill was read for the first time and referred to the Committee on Public Safety and Civil Justice.

Paymar, Eastlund and Dominguez introduced:

H. F. No. 1733, A bill for an act relating to corrections; authorizing a grant to address domestic violence and intimate partner violence among offenders re-entering the community after a period of incarceration; appropriating money.

The bill was read for the first time and referred to the Committee on Public Safety and Civil Justice.

Dominguez; Mullery; Walker; Hornstein; Peterson, N.; Kahn and Davnie introduced:

H. F. No. 1734, A bill for an act relating to public safety; establishing a pilot project to provide services to ex-criminal offenders now in the community; requiring a report; appropriating money.

The bill was read for the first time and referred to the Committee on Public Safety and Civil Justice.

Slawik introduced:

H. F. No. 1735, A bill for an act relating to human services; modifying child care assistance absent days; amending Minnesota Statutes 2006, section 119B.13, subdivision 7.

The bill was read for the first time and referred to the Committee on Finance.

Atkins and Kohls introduced:

H. F. No. 1736, A bill for an act relating to the judiciary; providing for senate confirmation of the executive secretary of the Board on Judicial Standards; amending Minnesota Statutes 2006, section 490A.01, subdivision 5.

The bill was read for the first time and referred to the Committee on Governmental Operations, Reform, Technology and Elections.

Atkins; Huntley; Bigham; Ozment; Johnson; Cornish; Lillie; Davnie; Tillberry; Dominguez; Kranz; Simon; Berns; Peterson, N.; Mariani and Hilty introduced:

H. F. No. 1737, A bill for an act relating to public safety; establishing reduced ignition propensity standards for cigarettes; authorizing the state fire marshal to monitor and the state attorney general to enforce the standards; imposing a fee; establishing penalties for violations; proposing coding for new law in Minnesota Statutes, chapter 299F.

The bill was read for the first time and referred to the Committee on Public Safety and Civil Justice.

Greiling; Bly; Tschumper; Davnie; Mariani; Hilstrom; Hausman; Carlson; Wagenius; Paymar; Lesch; Jaros; Walker; Hornstein; Thao; Mullery; Anzelc; Murphy, E.; Dominguez; Nelson; Peterson, S.; Johnson; Lieder; Ward; Hilty; Faust; Lillie; Kahn; Slocum; Madore; Clark and Tillberry introduced:

H. F. No. 1738, A bill for an act relating to taxation; individual income; modifying rates; depositing revenues in a K-12 education account; amending Minnesota Statutes 2006, sections 290.06, subdivision 2c; 290.62.

The bill was read for the first time and referred to the Committee on Taxes.

### **MESSAGES FROM THE SENATE**

The following message was received from the Senate:

Madam Speaker:

I hereby announce the passage by the Senate of the following Senate File, herewith transmitted:

S. F. No. 660.

PATRICK E. FLAHAVEN, Secretary of the Senate

### **FIRST READING OF SENATE BILLS**

S. F. No. 660, A bill for an act relating to corrections; authorizing withdrawal by a county from a regional jail system; amending Minnesota Statutes 2006, section 641.265, subdivision 2.

The bill was read for the first time and referred to the Committee on Public Safety and Civil Justice.

### **CONSENT CALENDAR**

Sertich moved that the Consent Calendar be continued. The motion prevailed.

**MOTIONS AND RESOLUTIONS**

Brod moved that the name of Ruth be added as an author on H. F. No. 187. The motion prevailed.

Erickson moved that the name of Olson be added as an author on H. F. No. 241. The motion prevailed.

Greiling moved that the name of Tillberry be added as an author on H. F. No. 258. The motion prevailed.

Paymar moved that the name of Lanning be added as an author on H. F. No. 303. The motion prevailed.

Greiling moved that the name of Tillberry be added as an author on H. F. No. 306. The motion prevailed.

Gottwalt moved that the name of Ward be added as an author on H. F. No. 309. The motion prevailed.

Severson moved that the name of Otremba be added as an author on H. F. No. 346. The motion prevailed.

Hansen moved that the name of Ruth be added as an author on H. F. No. 374. The motion prevailed.

Ruud moved that the name of Sailer be added as an author on H. F. No. 375. The motion prevailed.

Johnson moved that the name of Walker be added as an author on H. F. No. 444. The motion prevailed.

Loeffler moved that the name of Walker be added as an author on H. F. No. 475. The motion prevailed.

Ruud moved that the name of Tillberry be added as an author on H. F. No. 480. The motion prevailed.

Hilstrom moved that the name of Greiling be added as an author on H. F. No. 503. The motion prevailed.

Hilstrom moved that the name of Walker be added as an author on H. F. No. 511. The motion prevailed.

Atkins moved that the name of Walker be added as an author on H. F. No. 512. The motion prevailed.

Laine moved that the name of Walker be added as an author on H. F. No. 595. The motion prevailed.

Eken moved that the name of Walker be added as an author on H. F. No. 600. The motion prevailed.

Norton moved that the names of Morrow, Ward and Sailer be added as authors on H. F. No. 634. The motion prevailed.

Masin moved that the name of Sailer be added as an author on H. F. No. 635. The motion prevailed.

Huntley moved that the name of Murphy, E., be added as an author on H. F. No. 644. The motion prevailed.

Howes moved that his name be stricken as an author on H. F. No. 655. The motion prevailed.

Hornstein moved that the name of Winkler be added as an author on H. F. No. 674. The motion prevailed.

Murphy, E., moved that the name of Bly be added as an author on H. F. No. 678. The motion prevailed.

Huntley moved that the names of Tillberry and Bly be added as authors on H. F. No. 683. The motion prevailed.

Slawik moved that the names of Bly and Walker be added as authors on H. F. No. 685. The motion prevailed.

Tschumper moved that the names of Hosch and Westrom be added as authors on H. F. No. 726. The motion prevailed.

Slawik moved that the name of Tillberry be added as an author on H. F. No. 759. The motion prevailed.

Fritz moved that the name of Gardner be added as an author on H. F. No. 760. The motion prevailed.

Demmer moved that the name of Norton be added as an author on H. F. No. 800. The motion prevailed.

Wardlow moved that the name of Gottwalt be added as an author on H. F. No. 811. The motion prevailed.

Bly moved that the name of Morrow be added as an author on H. F. No. 814. The motion prevailed.

Greiling moved that the name of Tillberry be added as an author on H. F. No. 840. The motion prevailed.

Rukavina moved that the names of Peterson, A., and Magnus be added as authors on H. F. No. 873. The motion prevailed.

Otremba moved that the name of Ruth be added as an author on H. F. No. 884. The motion prevailed.

Hilstrom moved that the name of Tillberry be added as an author on H. F. No. 892. The motion prevailed.

Hornstein moved that the names of Tillberry and Bly be added as authors on H. F. No. 923. The motion prevailed.

Peterson, A., moved that the name of Bly be added as an author on H. F. No. 926. The motion prevailed.

Lieder moved that the name of Koenen be added as an author on H. F. No. 946. The motion prevailed.

Moe moved that the name of Bly be added as an author on H. F. No. 948. The motion prevailed.

Moe moved that the name of Bly be added as an author on H. F. No. 949. The motion prevailed.

Hosch moved that the name of Abeler be added as an author on H. F. No. 971. The motion prevailed.

Huntley moved that the names of Bly and Abeler be added as authors on H. F. No. 972. The motion prevailed.

Clark moved that the name of Bly be added as an author on H. F. No. 973. The motion prevailed.

Winkler moved that the names of Bly and Abeler be added as authors on H. F. No. 979. The motion prevailed.

Ward moved that the name of Tillberry be added as an author on H. F. No. 983. The motion prevailed.

Winkler moved that the name of Tillberry be added as an author on H. F. No. 988. The motion prevailed.

Hilstrom moved that the name of Tillberry be added as an author on H. F. No. 989. The motion prevailed.

Dettmer moved that the name of Bly be added as an author on H. F. No. 1006. The motion prevailed.

Slawik moved that the name of Sailer be added as an author on H. F. No. 1023. The motion prevailed.

Mullery moved that the name of Tillberry be added as an author on H. F. No. 1030. The motion prevailed.

Peterson, A., moved that the name of Sailer be added as an author on H. F. No. 1034. The motion prevailed.

Murphy, E., moved that the name of Clark be added as an author on H. F. No. 1042. The motion prevailed.

Hosch moved that the name of Bly be added as an author on H. F. No. 1044. The motion prevailed.

Hornstein moved that the name of Greiling be added as an author on H. F. No. 1046. The motion prevailed.

Thao moved that the name of Abeler be added as an author on H. F. No. 1052. The motion prevailed.

Olin moved that the names of Bly and Abeler be added as authors on H. F. No. 1053. The motion prevailed.

Urdahl moved that the name of Gottwalt be added as an author on H. F. No. 1057. The motion prevailed.

Huntley moved that the name of Bly be added as an author on H. F. No. 1067. The motion prevailed.

Jaros moved that the name of Bly be added as an author on H. F. No. 1068. The motion prevailed.

Davnie moved that the names of Haws and Hornstein be added as authors on H. F. No. 1084. The motion prevailed.

Davnie moved that the name of Bly be added as an author on H. F. No. 1086. The motion prevailed.

Mullery moved that the name of Bly be added as an author on H. F. No. 1087. The motion prevailed.

Hansen moved that the name of Bly be added as an author on H. F. No. 1093. The motion prevailed.

Peterson, A., moved that the names of Bly and Brynaert be added as authors on H. F. No. 1094. The motion prevailed.

Davnie moved that the name of Loeffler be added as an author on H. F. No. 1097. The motion prevailed.

Peterson, A., moved that the names of Bly and Sailer be added as authors on H. F. No. 1098. The motion prevailed.

Bly moved that the name of Brynaert be added as an author on H. F. No. 1107. The motion prevailed.

Moe moved that the name of Davnie be added as an author on H. F. No. 1127. The motion prevailed.

Doty moved that the name of Bly be added as an author on H. F. No. 1129. The motion prevailed.

Moe moved that the name of Bly be added as an author on H. F. No. 1131. The motion prevailed.

Peterson, A., moved that the names of Bly and Sailer be added as authors on H. F. No. 1145. The motion prevailed.

Murphy, M., moved that the name of Sailer be added as an author on H. F. No. 1146. The motion prevailed.



Morrow moved that the name of Bly be added as an author on H. F. No. 1149. The motion prevailed.

Olin moved that the name of Brynaert be added as an author on H. F. No. 1154. The motion prevailed.

Madore moved that the name of Bly be added as an author on H. F. No. 1155. The motion prevailed.

Lesch moved that the name of Bly be added as an author on H. F. No. 1158. The motion prevailed.

Hilstrom moved that the name of Bly be added as an author on H. F. No. 1160. The motion prevailed.

Kohls moved that the name of Bly be added as an author on H. F. No. 1161. The motion prevailed.

Hausman moved that the names of Tillberry and Bly be added as authors on H. F. No. 1170. The motion prevailed.

Slocum moved that the name of Bly be added as an author on H. F. No. 1179. The motion prevailed.

Loeffler moved that the name of Bly be added as an author on H. F. No. 1182. The motion prevailed.

Eken moved that the name of Bly be added as an author on H. F. No. 1192. The motion prevailed.

Mariani moved that the name of Tillberry be added as an author on H. F. No. 1198. The motion prevailed.

Rukavina moved that the name of Bly be added as an author on H. F. No. 1199. The motion prevailed.

Kranz moved that the name of Hornstein be added as an author on H. F. No. 1205. The motion prevailed.

Kelliher moved that the name of Bly be added as an author on H. F. No. 1206. The motion prevailed.

Hilstrom moved that the name of Bly be added as an author on H. F. No. 1220. The motion prevailed.

Kalin moved that the names of Ruud and Kahn be added as authors on H. F. No. 1221. The motion prevailed.

Hilty moved that the name of Bly be added as an author on H. F. No. 1223. The motion prevailed.

Simon moved that the name of Brod be added as an author on H. F. No. 1239. The motion prevailed.

Marquart moved that the name of Abeler be added as an author on H. F. No. 1240. The motion prevailed.

Eken moved that the name of Sailer be added as an author on H. F. No. 1245. The motion prevailed.

Atkins moved that the name of Westrom be added as an author on H. F. No. 1251. The motion prevailed.

Urdahl moved that the name of Bly be added as an author on H. F. No. 1257. The motion prevailed.

Lenczewski moved that the name of Bly be added as an author on H. F. No. 1258. The motion prevailed.

Fritz moved that the name of Bly be added as an author on H. F. No. 1268. The motion prevailed.

Slawik moved that the name of Ward be added as an author on H. F. No. 1272. The motion prevailed.

Nelson moved that the name of Bly be added as an author on H. F. No. 1283. The motion prevailed.

Walker moved that the name of Bly be added as an author on H. F. No. 1285. The motion prevailed.

Walker moved that the name of Bly be added as an author on H. F. No. 1286. The motion prevailed.

Slawik moved that the name of Ward be added as an author on H. F. No. 1290. The motion prevailed.

Mullery moved that the name of Bly be added as an author on H. F. No. 1293. The motion prevailed.

Laine moved that the name of Otremba be added as an author on H. F. No. 1296. The motion prevailed.

Moe moved that the name of Hornstein be added as an author on H. F. No. 1301. The motion prevailed.

Hilstrom moved that the name of Zellers be added as an author on H. F. No. 1307. The motion prevailed.

Hortman moved that the name of Bly be added as an author on H. F. No. 1316. The motion prevailed.

Hornstein moved that the name of Bly be added as an author on H. F. No. 1317. The motion prevailed.

McFarlane moved that the name of Bly be added as an author on H. F. No. 1318. The motion prevailed.

Urdahl moved that the name of Tillberry be added as an author on H. F. No. 1323. The motion prevailed.

Peterson, S., moved that the name of Tillberry be added as an author on H. F. No. 1325. The motion prevailed.

Lesch moved that the name of Bly be added as an author on H. F. No. 1334. The motion prevailed.

Brynaert moved that the names of Tillberry, Bly and Abeler be added as authors on H. F. No. 1338. The motion prevailed.

Tingelstad moved that the name of Abeler be added as an author on H. F. No. 1341. The motion prevailed.

Eken moved that the name of Abeler be added as an author on H. F. No. 1350. The motion prevailed.

Moe moved that the names of Kahn and Abeler be added as authors on H. F. No. 1352. The motion prevailed.

Hilstrom moved that the names of Peterson, S., and Smith be added as authors on H. F. No. 1353. The motion prevailed.

Clark moved that the name of Bly be added as an author on H. F. No. 1355. The motion prevailed.

Walker moved that the name of Bly be added as an author on H. F. No. 1357. The motion prevailed.

Atkins moved that the name of Abeler be added as an author on H. F. No. 1359. The motion prevailed.

Simon moved that the name of Bly be added as an author on H. F. No. 1360. The motion prevailed.

Fritz moved that the name of Bly be added as an author on H. F. No. 1361. The motion prevailed.

Liebling moved that the name of Abeler be added as an author on H. F. No. 1367. The motion prevailed.

Garofalo moved that the name of Bly be added as an author on H. F. No. 1369. The motion prevailed.

Anzelc moved that the name of Bly be added as an author on H. F. No. 1374. The motion prevailed.

Paulsen moved that the name of Abeler be added as an author on H. F. No. 1378. The motion prevailed.

Paulsen moved that the name of Abeler be added as an author on H. F. No. 1379. The motion prevailed.

Dominguez moved that the names of Simon, Johnson and Walker be added as authors on H. F. No. 1380. The motion prevailed.

Thissen moved that the names of Bly, Brynaert, Kahn and Abeler be added as authors on H. F. No. 1382. The motion prevailed.

Moe moved that the name of Bly be added as an author on H. F. No. 1383. The motion prevailed.

Benson moved that the name of Bly be added as an author on H. F. No. 1387. The motion prevailed.

Thissen moved that the names of Bly and Davnie be added as authors on H. F. No. 1389. The motion prevailed.

Hilty moved that the names of Abeler and Sailer be added as authors on H. F. No. 1392. The motion prevailed.

Eken moved that the name of Bly be added as an author on H. F. No. 1395. The motion prevailed.

Tingelstad moved that the name of Abeler be added as an author on H. F. No. 1400. The motion prevailed.

Fritz moved that the name of Bly be added as an author on H. F. No. 1401. The motion prevailed.

Clark moved that the name of Kahn be added as an author on H. F. No. 1407. The motion prevailed.

Howes moved that the names of Lesch and Johnson be added as authors on H. F. No. 1408. The motion prevailed.

Hortman moved that the name of Abeler be added as an author on H. F. No. 1415. The motion prevailed.

Eken moved that the name of Bly be added as an author on H. F. No. 1418. The motion prevailed.

Wagenius moved that the name of Bly be added as an author on H. F. No. 1421. The motion prevailed.

Paulsen moved that the name of Abeler be added as an author on H. F. No. 1424. The motion prevailed.

Holberg moved that the names of Bly and Lenczewski be added as authors on H. F. No. 1425. The motion prevailed.

Davnie moved that the name of Bly be added as an author on H. F. No. 1428. The motion prevailed.

Clark moved that the name of Bly be added as an author on H. F. No. 1430. The motion prevailed.

Moe moved that the name of Bly be added as an author on H. F. No. 1431. The motion prevailed.

Hornstein moved that the name of Lenczewski be added as an author on H. F. No. 1437. The motion prevailed.

Mariani moved that the name of Kahn be added as an author on H. F. No. 1438. The motion prevailed.

Slawik moved that the name of Kahn be added as an author on H. F. No. 1442. The motion prevailed.

Tingelstad moved that the names of Bly and Abeler be added as authors on H. F. No. 1445. The motion prevailed.

Juhnke moved that the name of Bly be added as an author on H. F. No. 1448. The motion prevailed.

Hansen moved that the name of Bly be added as an author on H. F. No. 1449. The motion prevailed.

Lesch moved that the name of Bly be added as an author on H. F. No. 1450. The motion prevailed.

Juhnke moved that the names of Bly and Abeler be added as authors on H. F. No. 1451. The motion prevailed.

Juhnke moved that the name of Abeler be added as an author on H. F. No. 1452. The motion prevailed.

Hilty moved that the name of Lenczewski be added as an author on H. F. No. 1453. The motion prevailed.

Morrow moved that the name of Bly be added as an author on H. F. No. 1455. The motion prevailed.

Hortman moved that the name of Kahn be added as an author on H. F. No. 1463. The motion prevailed.

Dittrich moved that the name of Abeler be added as an author on H. F. No. 1467. The motion prevailed.

Eken moved that the name of Bly be added as an author on H. F. No. 1468. The motion prevailed.

Scalze moved that the name of Bly be added as an author on H. F. No. 1470. The motion prevailed.

Huntley moved that the name of Bly be added as an author on H. F. No. 1472. The motion prevailed.

Smith moved that the name of Heidgerken be added as an author on H. F. No. 1473. The motion prevailed.

Winkler moved that the name of Peterson, S., be added as an author on H. F. No. 1483. The motion prevailed.

Dittrich moved that the name of Davnie be added as an author on H. F. No. 1484. The motion prevailed.

Hornstein moved that the name of Dominguez be added as an author on H. F. No. 1492. The motion prevailed.

Simon moved that the names of Peterson, S., and Gardner be added as authors on H. F. No. 1511. The motion prevailed.

Bigham moved that the name of Swails be added as an author on H. F. No. 1523. The motion prevailed.

Sailer moved that the name of Moe be added as an author on H. F. No. 1524. The motion prevailed.

Hilstrom moved that the name of Dominguez be added as an author on H. F. No. 1534. The motion prevailed.

Hansen moved that the names of Ward and Moe be added as authors on H. F. No. 1536. The motion prevailed.

Gunther moved that the names of Demmer and Moe be added as authors on H. F. No. 1537. The motion prevailed.

Thissen moved that the name of Peterson, S., be added as an author on H. F. No. 1541. The motion prevailed.

Tillberry moved that the names of Dominguez and Peterson, S., be added as authors on H. F. No. 1557. The motion prevailed.

Dittrich moved that the name of Davnie be added as an author on H. F. No. 1559. The motion prevailed.

Greiling moved that the name of Peterson, S., be added as an author on H. F. No. 1564. The motion prevailed.

Simon moved that the names of Peterson, S.; Paymar and Moe be added as authors on H. F. No. 1567. The motion prevailed.

Thissen moved that the name of Simon be added as an author on H. F. No. 1575. The motion prevailed.

Fritz moved that the name of Ward be added as an author on H. F. No. 1576. The motion prevailed.

Walker moved that the names of Ward and Sailer be added as authors on H. F. No. 1578. The motion prevailed.

Norton moved that the name of Paymar be added as an author on H. F. No. 1582. The motion prevailed.

Benson moved that the name of Simon be added as an author on H. F. No. 1584. The motion prevailed.

Tschumper moved that the name of Ward be added as an author on H. F. No. 1586. The motion prevailed.

Winkler moved that the name of Moe be added as an author on H. F. No. 1588. The motion prevailed.

Murphy, E., moved that the name of Moe be added as an author on H. F. No. 1589. The motion prevailed.

Brynaert moved that the name of Ward be added as an author on H. F. No. 1590. The motion prevailed.

Swails moved that the names of Mullery and Peterson, S., be added as authors on H. F. No. 1595. The motion prevailed.

Bigham moved that the name of Thissen be added as an author on H. F. No. 1608. The motion prevailed.

Fritz moved that the names of Heidgerken, Nelson and Moe be added as authors on H. F. No. 1612. The motion prevailed.

Slawik moved that the names of Dominguez and Sailer be added as authors on H. F. No. 1617. The motion prevailed.

Kahn moved that the name of Paymar be added as an author on H. F. No. 1618. The motion prevailed.

Hilstrom moved that the name of Sailer be added as an author on H. F. No. 1619. The motion prevailed.

Simon moved that H. F. No. 1526 be recalled from the Committee on Governmental Operations, Reform, Technology and Elections and be re-referred to the Committee on Finance. The motion prevailed.

Simon moved that H. F. No. 1547 be recalled from the Committee on Governmental Operations, Reform, Technology and Elections and be re-referred to the Committee on Finance. The motion prevailed.

#### MOTION TO INVITE SENATE TO JOINT CONVENTION

Sertich moved that the Chief Clerk be instructed to invite the Senate by message to a Joint Convention to be held on Thursday, March 8, 2007, at 6:00 p.m., in the chamber of the House of Representatives to elect members to the Board of Regents of the University of Minnesota. The motion prevailed.

Solberg introduced:

House Concurrent Resolution No. 2, A House concurrent resolution relating to the adoption of revenue targets under Minnesota Statutes 2006, section 16A.102, subdivision 2.

The concurrent resolution was referred to the Committee on Ways and Means.

#### ADJOURNMENT

Sertich moved that when the House adjourns today it adjourn until 11:30 a.m., Wednesday, March 7, 2007. The motion prevailed.

Sertich moved that the House adjourn. The motion prevailed, and the Speaker declared the House stands adjourned until 11:30 a.m., Wednesday, March 7, 2007.

ALBIN A. MATHIOWETZ, Chief Clerk, House of Representatives