

STATE OF MINNESOTA

EIGHTY-EIGHTH SESSION — 2013

 FORTY-FIRST DAY

SAINT PAUL, MINNESOTA, MONDAY, APRIL 22, 2013

The House of Representatives convened at 12:00 noon and was called to order by Paul Thissen, Speaker of the House.

Prayer was offered by the Reverend Dwayne Gibson, Chisago Lakes Baptist Church, Chisago City, 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	Dill	Hertaus	Lillie	Nornes	Simonson
Albright	Dorholt	Hilstrom	Loeffler	Norton	Slocum
Allen	Drazkowski	Holberg	Lohmer	O'Driscoll	Sundin
Anderson, M.	Erhardt	Hoppe	Loon	O'Neill	Swedzinski
Anderson, P.	Erickson, R.	Hornstein	Mack	Paymar	Theis
Anderson, S.	Erickson, S.	Hortman	Mahoney	Pelowski	Torkelson
Anzelc	Fabian	Howe	Mariani	Peppin	Uglen
Atkins	Falk	Huntley	Marquart	Persell	Urdahl
Beard	Faust	Isaacson	Masin	Petersburg	Wagenius
Benson, J.	Fischer	Johnson, B.	McDonald	Poppe	Ward, J.A.
Benson, M.	FitzSimmons	Johnson, C.	McNamar	Pugh	Ward, J.E.
Bernardy	Franson	Johnson, S.	McNamara	Quam	Wills
Bly	Freiberg	Kahn	Melin	Radinovich	Winkler
Brynaert	Fritz	Kelly	Metsa	Rosenthal	Woodard
Carlson	Garofalo	Kieffer	Moran	Runbeck	Yarusso
Clark	Green	Kiel	Morgan	Sanders	Zellers
Cornish	Gruenhagen	Kresha	Mullery	Savick	Zerwas
Daudt	Gunther	Laine	Murphy, E.	Sawatzky	Spk. Thissen
Davids	Hackbarth	Leidiger	Murphy, M.	Schoen	
Davnie	Halverson	Lenczewski	Myhra	Schomacker	
Dean, M.	Hamilton	Lesch	Nelson	Scott	
Dehn, R.	Hansen	Liebling	Newberger	Selcer	
Dettmer	Hausman	Lien	Newton	Simon	

A quorum was present.

Barrett was excused until 2:10 p.m.

The Chief Clerk proceeded to read the Journal of the preceding day. There being no objection, further reading of the Journal was dispensed with and the Journal was approved as corrected by the Chief Clerk.

REPORTS OF CHIEF CLERK

S. F. No. 324 and H. F. No. 441, which had been referred to the Chief Clerk for comparison, were examined and found to be identical.

Hilstrom moved that S. F. No. 324 be substituted for H. F. No. 441 and that the House File be indefinitely postponed. The motion prevailed.

S. F. No. 422 and H. F. No. 704, which had been referred to the Chief Clerk for comparison, were examined and found to be identical.

Hilstrom moved that S. F. No. 422 be substituted for H. F. No. 704 and that the House File be indefinitely postponed. The motion prevailed.

S. F. No. 683 and H. F. No. 817, which had been referred to the Chief Clerk for comparison, were examined and found to be identical.

Myhra moved that S. F. No. 683 be substituted for H. F. No. 817 and that the House File be indefinitely postponed. The motion prevailed.

S. F. No. 834 and H. F. No. 440, which had been referred to the Chief Clerk for comparison, were examined and found to be identical.

Hilstrom moved that S. F. No. 834 be substituted for H. F. No. 440 and that the House File be indefinitely postponed. The motion prevailed.

SECOND READING OF SENATE BILLS

S. F. Nos. 324, 422, 683 and 834 were read for the second time.

INTRODUCTION AND FIRST READING OF HOUSE BILLS

The following House Files were introduced:

Woodard; Erickson, S.; Johnson, B.; Dean, M.; Hoppe and Kresha introduced:

H. F. No. 1793, A bill for an act relating to education finance; prohibiting unfunded mandates; proposing coding for new law in Minnesota Statutes, chapter 126C.

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

Dehn, R., and Kahn introduced:

H. F. No. 1794, A bill for an act relating to liquor; modifying food service requirements in Minneapolis and St. Paul.

The bill was read for the first time and referred to the Committee on Commerce and Consumer Protection Finance and Policy.

Bernardy, Erhardt, Sawatzky, Abeler and Atkins introduced:

H. F. No. 1795, A bill for an act relating to transportation; providing for disability parking for vehicles bearing special World War II veteran plates; amending Minnesota Statutes 2012, sections 169.345, subdivisions 1, 2; 169.346, subdivision 1.

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

Erhardt introduced:

H. F. No. 1796, A bill for an act relating to public safety; traffic regulations; modifying speed limits in work zones; amending Minnesota Statutes 2012, section 169.14, subdivision 5d.

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

McNamar introduced:

H. F. No. 1797, A bill for an act relating to human services; providing an increase to nursing facility rates; amending Minnesota Statutes 2012, section 256B.434, subdivision 19; Laws 2008, chapter 363, article 18, section 3, subdivision 6.

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

Kiel introduced:

H. F. No. 1798, A bill for an act relating to capital investment; appropriating money for the University of Minnesota, Crookston wellness center; authorizing the sale and issuance of state bonds.

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

Metsa introduced:

H. F. No. 1799, A bill for an act relating to workers' compensation; adopting recommendations of the Workers' Compensation Advisory Council; amending Minnesota Statutes 2012, sections 176.011, subdivisions 15, 16; 176.081, subdivisions 1, 7; 176.101, subdivision 1; 176.102, subdivisions 5, 10; 176.106, subdivision 3; 176.136, subdivision 1b; 176.191, subdivision 3; 176.645; 176.83, subdivision 5.

The bill was read for the first time and referred to the Committee on Labor, Workplace and Regulated Industries.

Kahn introduced:

H. F. No. 1800, A bill for an act relating to pensions; adjusting benefits for certain former members of a local salaried police and fire relief association; amending Minnesota Statutes 2012, section 353A.08, by adding a subdivision.

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

MESSAGES FROM THE SENATE

The following message was received from the Senate:

Mr. Speaker:

I hereby announce the passage by the Senate of the following Senate Files, herewith transmitted:

S. F. Nos. 523 and 1307.

JOANNE M. ZOFF, Secretary of the Senate

FIRST READING OF SENATE BILLS

S. F. No. 523, A bill for an act relating to employment; limiting reliance on criminal history for employment purposes; providing for remedies; amending Minnesota Statutes 2012, sections 181.53; 181.981, subdivision 1; 364.021; 364.06; 364.09; 364.10.

The bill was read for the first time.

Mahoney moved that S. F. No. 523 and H. F. No. 690, now on the General Register, be referred to the Chief Clerk for comparison. The motion prevailed.

S. F. No. 1307, A bill for an act relating to human rights; changing provisions for certain certificates of compliance; amending Minnesota Statutes 2012, sections 363A.36, subdivision 1; 363A.37; repealing Minnesota Rules, part 5000.3560, subparts 2, 3.

The bill was read for the first time.

Schoen moved that S. F. No. 1307 and H. F. No. 1182, now on the General Register, be referred to the Chief Clerk for comparison. The motion prevailed.

Murphy, E., moved that the House recess subject to the call of the Chair. The motion prevailed.

RECESS

RECONVENED

The House reconvened and was called to order by the Speaker.

CALENDAR FOR THE DAY

H. F. No. 1233 was reported to the House.

Morgan moved to amend H. F. No. 1233, the second engrossment, as follows:

Page 157, delete section 3 and insert:

"Sec. 3. Minnesota Statutes 2012, section 256.969, subdivision 3a, is amended to read:

Subd. 3a. **Payments.** (a) Acute care hospital billings under the medical assistance program must not be submitted until the recipient is discharged. However, the commissioner shall establish monthly interim payments for inpatient hospitals that have individual patient lengths of stay over 30 days regardless of diagnostic category. Except as provided in section 256.9693, medical assistance reimbursement for treatment of mental illness shall be reimbursed based on diagnostic classifications. Individual hospital payments established under this section and sections 256.9685, 256.9686, and 256.9695, in addition to third-party and recipient liability, for discharges occurring during the rate year shall not exceed, in aggregate, the charges for the medical assistance covered inpatient services paid for the same period of time to the hospital. ~~This payment limitation shall be calculated separately for medical assistance and general assistance medical care services. The limitation on general assistance medical care shall be effective for admissions occurring on or after July 1, 1991.~~ Services that have rates established under subdivision 11 or 12, must be limited separately from other services. After consulting with the affected hospitals, the commissioner may consider related hospitals one entity and may merge the payment rates while maintaining separate provider numbers. The operating and property base rates per admission or per day shall be derived from the best Medicare and claims data available when rates are established. The commissioner shall determine the best Medicare and claims data, taking into consideration variables of recency of the data, audit disposition, settlement status, and the ability to set rates in a timely manner. The commissioner shall notify hospitals of payment rates by December 1 of the year preceding the rate year. The rate setting data must reflect the admissions data used to establish relative values. Base year changes from 1981 to the base year established for the rate year beginning January 1, 1991, and for subsequent rate years, shall not be limited to the limits ending June 30, 1987, on the maximum rate of increase under subdivision 1. The commissioner may adjust base year cost, relative value, and case mix index data to exclude the costs of services that have been discontinued by the October 1 of the year preceding the rate year or that are paid separately from inpatient services. Inpatient stays that encompass portions of two or more rate years shall have payments established based on payment rates in effect at the time of admission unless the date of admission preceded the rate year in effect by six months or more. In this case, operating payment rates for services rendered during the rate year in effect and established based on the date of admission shall be adjusted to the rate year in effect by the hospital cost index.

(b) For fee-for-service admissions occurring on or after July 1, 2002, the total payment, before third-party liability and spenddown, made to hospitals for inpatient services is reduced by .5 percent from the current statutory rates.

(c) In addition to the reduction in paragraph (b), the total payment for fee-for-service admissions occurring on or after July 1, 2003, made to hospitals for inpatient services before third-party liability and spenddown, is reduced five percent from the current statutory rates. Mental health services within diagnosis related groups 424 to 432, and facilities defined under subdivision 16 are excluded from this paragraph.

(d) In addition to the reduction in paragraphs (b) and (c), the total payment for fee-for-service admissions occurring on or after August 1, 2005, made to hospitals for inpatient services before third-party liability and spenddown, is reduced 6.0 percent from the current statutory rates. Mental health services within diagnosis related groups 424 to 432 and facilities defined under subdivision 16 are excluded from this paragraph. ~~Notwithstanding~~

~~section 256.9686, subdivision 7, for purposes of this paragraph, medical assistance does not include general assistance medical care. Payments made to managed care plans shall be reduced for services provided on or after January 1, 2006, to reflect this reduction.~~

(e) In addition to the reductions in paragraphs (b), (c), and (d), the total payment for fee-for-service admissions occurring on or after July 1, 2008, through June 30, 2009, made to hospitals for inpatient services before third-party liability and spenddown, is reduced 3.46 percent from the current statutory rates. Mental health services with diagnosis related groups 424 to 432 and facilities defined under subdivision 16 are excluded from this paragraph. Payments made to managed care plans shall be reduced for services provided on or after January 1, 2009, through June 30, 2009, to reflect this reduction.

(f) In addition to the reductions in paragraphs (b), (c), and (d), the total payment for fee-for-service admissions occurring on or after July 1, 2009, through June 30, 2011, made to hospitals for inpatient services before third-party liability and spenddown, is reduced 1.9 percent from the current statutory rates. Mental health services with diagnosis related groups 424 to 432 and facilities defined under subdivision 16 are excluded from this paragraph. Payments made to managed care plans shall be reduced for services provided on or after July 1, 2009, through June 30, 2011, to reflect this reduction.

(g) In addition to the reductions in paragraphs (b), (c), and (d), the total payment for fee-for-service admissions occurring on or after July 1, 2011, made to hospitals for inpatient services before third-party liability and spenddown, is reduced 1.79 percent from the current statutory rates. Mental health services with diagnosis related groups 424 to 432 and facilities defined under subdivision 16 are excluded from this paragraph. Payments made to managed care plans shall be reduced for services provided on or after July 1, 2011, to reflect this reduction.

(h) In addition to the reductions in paragraphs (b), (c), (d), (f), and (g), the total payment for fee-for-service admissions occurring on or after July 1, 2009, made to hospitals for inpatient services before third-party liability and spenddown, is reduced one percent from the current statutory rates. Facilities defined under subdivision 16 are excluded from this paragraph. Payments made to managed care plans shall be reduced for services provided on or after October 1, 2009, to reflect this reduction.

(i) In addition to the reductions in paragraphs (b), (c), (d), (g), and (h), the total payment for fee-for-service admissions occurring on or after July 1, 2011, made to hospitals for inpatient services before third-party liability and spenddown, is reduced 1.96 percent from the current statutory rates. Facilities defined under subdivision 16 are excluded from this paragraph. Payments made to managed care plans shall be reduced for services provided on or after January 1, 2011, to reflect this reduction.

(j) In order to offset the rateable reductions provided for in this subdivision, the total payment rate for medical assistance admissions for non-government-owned hospitals occurring on or after July 1, 2013, made to Minnesota hospitals for inpatient services before third-party liability and spenddown, shall be increased by a dollar amount equivalent to 30 percent from the current statutory rates, but the funds available shall be further distributed as follows:

(1) 25 percent of available funding under this paragraph shall be for an across the board inpatient services rate increase;

(2) nine percent of available funding under this paragraph shall be to increase the medical assistance rates paid for services at Minnesota non-government-owned hospitals above the 85th percentile for patient days for patients under 18 years of age in calendar year 2012 of all Minnesota private, nonprofit hospitals;

(3) two percent of available funding under this paragraph shall be to increase the rates paid for medical assistance admissions occurring on or after July 1, 2013, at Minnesota non-government-owned hospitals above the 90th percentile for patient days for patients under 18 years of age in calendar year 2011 of all Minnesota private, nonprofit hospitals for diagnosis-related groups 453 to 517, 533 to 541, 906, and 956;

(4) 14 percent of available funding under this paragraph shall be to increase the medical assistance rates paid for inpatient mental health and chemical dependency treatment services under section 256.969, subdivision 21;

(5) 14 percent of available funding under this paragraph shall be to increase the medical assistance rates paid for inpatient birth and delivery services under section 256.969, subdivision 30;

(6) two percent of available funding shall be to increase the rates paid to critical access hospitals, as designated under section 144.1483, clause (9);

(7) 33 percent of available funding under this paragraph shall be to increase the medical assistance inpatient rates paid for services on or after July 1, 2013, at Minnesota non-government-owned hospitals determined to have experienced the most significant losses of federal Medicare funding in 2013; and

(8) one percent of available funding under this paragraph shall be to increase the medical assistance rates paid for services occurring on or after July 1, 2013, at Minnesota non-government-owned hospitals verified by the American College of Surgeons as Level I trauma centers.

The commissioner shall not adjust rates paid to a prepaid health plan under contract with the commissioner to reflect payments provided in this paragraph. The commissioner shall adjust rates and payments in excess of the Medicare upper limits on payments according to section 256.9685, subdivision 2.

EFFECTIVE DATE. This section is effective July 1, 2013."

McNamar moved to amend the Morgan amendment to H. F. No. 1233, the second engrossment, as follows:

Page 4, after line 26, insert:

"Page 185, after line 5, insert:

"Sec. 3. Minnesota Statutes 2012, section 256.9657, subdivision 1, is amended to read:

Subdivision 1. **Nursing home license surcharge.** (a) Effective July 1, 1993, each non-state-operated nursing home licensed under chapter 144A shall pay to the commissioner an annual surcharge according to the schedule in subdivision 4. The surcharge shall be calculated as \$620 per licensed bed. If the number of licensed beds is reduced, the surcharge shall be based on the number of remaining licensed beds the second month following the receipt of timely notice by the commissioner of human services that beds have been delicensed. The nursing home must notify the commissioner of health in writing when beds are delicensed. The commissioner of health must notify the commissioner of human services within ten working days after receiving written notification. If the notification is received by the commissioner of human services by the 15th of the month, the invoice for the second following month must be reduced to recognize the delicensing of beds. Beds on layaway status continue to be subject to the surcharge. The commissioner of human services must acknowledge a medical care surcharge appeal within 30 days of receipt of the written appeal from the provider.

(b) Effective July 1, 1994, the surcharge in paragraph (a) shall be increased to \$625.

(c) Effective August 15, 2002, the surcharge under paragraph (b) shall be increased to \$990.

(d) Effective July 15, 2003, the surcharge under paragraph (c) shall be increased to \$2,815.

(e) Effective July 15, 2015, the surcharge under paragraph (d) shall be decreased to \$2,375.

(e) (f) The commissioner may reduce, and may subsequently restore, the surcharge under paragraph (d) (e) based on the commissioner's determination of a permissible surcharge.

(f) (g) Between ~~April 1, 2002, and August 15, 2004~~ July 1, 2015, and June 30, 2016, a facility governed by this subdivision may elect to assume full participation in the medical assistance program by agreeing to comply with all of the requirements of the medical assistance program, including the rate equalization law in section 256B.48, subdivision 1, paragraph (a), and all other requirements established in law or rule, and to begin intake of new medical assistance recipients. Rates will be determined under Minnesota Rules, parts 9549.0010 to 9549.0080. Rate calculations will be subject to limits as prescribed in rule and law. Other than the adjustments in sections 256B.431, subdivisions 30 and 32; 256B.437, subdivision 3, paragraph (b), Minnesota Rules, part 9549.0057, and any other applicable legislation enacted prior to the finalization of rates, facilities assuming full participation in medical assistance under this paragraph are not eligible for any rate adjustments until the July 1 following their settle-up period.

EFFECTIVE DATE. This section is effective July 1, 2015."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

POINT OF ORDER

Albright raised a point of order pursuant to rule 3.21 that the McNamar amendment to the Morgan amendment to H. F. No. 1233, the second engrossment, was not in order.

The Speaker submitted the following question to the House: "Is it the judgment of the House that the Albright point of order is well taken?"

The vote was taken on the question "Is it the judgment of the House that the Albright point of order is well taken?" and the roll was called. There were 60 yeas and 70 nays as follows:

Those who voted in the affirmative were:

Abeler	Dettmer	Hackbarth	Kresha	O'Driscoll	Scott
Albright	Drazkowski	Hamilton	Leidiger	O'Neill	Swedzinski
Anderson, M.	Erickson, S.	Hertaus	Lohmer	Peppin	Theis
Anderson, P.	Fabian	Holberg	Loon	Petersburg	Torkelson
Anderson, S.	FitzSimmons	Hoppe	Mack	Pugh	Uglen
Beard	Franson	Howe	McDonald	Quam	Urdahl
Benson, M.	Garofalo	Johnson, B.	McNamara	Rosenthal	Wills
Cornish	Green	Kelly	Myhra	Runbeck	Woodard
Daudt	Gruenhagen	Kieffer	Newberger	Sanders	Zellers
Davids	Gunther	Kiel	Nornes	Schomacker	Zerwas

Those who voted in the negative were:

Allen	Benson, J.	Brynaert	Davnie	Dill	Erickson, R.
Anzelc	Bernardy	Carlson	Dean, M.	Dorholt	Falk
Atkins	Bly	Clark	Dehn, R.	Erhardt	Faust

Fischer	Huntley	Lillie	Morgan	Persell	Slocum
Freiberg	Isaacson	Loeffler	Mullery	Poppe	Sundin
Fritz	Johnson, C.	Mahoney	Murphy, E.	Radinovich	Wagenius
Halverson	Johnson, S.	Mariani	Murphy, M.	Savick	Ward, J.A.
Hansen	Kahn	Masin	Nelson	Sawatzky	Ward, J.E.
Hausman	Laine	McNamar	Newton	Schoen	Winkler
Hilstrom	Lesch	Melin	Norton	Selcer	Yarusso
Hornstein	Liebling	Metsa	Paymar	Simon	
Hortman	Lien	Moran	Pelowski	Simonson	

So it was the judgment of the House that the Albright point of order was not well taken and the McNamar amendment to the Morgan amendment to H. F. No. 1233, the second engrossment, was in order.

The question recurred on the McNamar amendment to the Morgan amendment and the roll was called. There were 134 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Abeler	Dettmer	Hausman	Lien	Newton	Simon
Albright	Dill	Hertaus	Lillie	Nornes	Simonson
Allen	Dorholt	Hilstrom	Loeffler	Norton	Slocum
Anderson, M.	Drazkowski	Holberg	Lohmer	O'Driscoll	Sundin
Anderson, P.	Erhardt	Hoppe	Loon	O'Neill	Swedzinski
Anderson, S.	Erickson, R.	Hornstein	Mack	Paymar	Theis
Anzelc	Erickson, S.	Hortman	Mahoney	Pelowski	Torkelson
Atkins	Fabian	Howe	Mariani	Peppin	Uglen
Barrett	Falk	Huntley	Marquart	Persell	Urdahl
Beard	Faust	Isaacson	Masin	Petersburg	Wagenius
Benson, J.	Fischer	Johnson, B.	McDonald	Poppe	Ward, J.A.
Benson, M.	FitzSimmons	Johnson, C.	McNamar	Pugh	Ward, J.E.
Bernardy	Franson	Johnson, S.	McNamara	Quam	Wills
Bly	Freiberg	Kahn	Melin	Radinovich	Winkler
Brynaert	Fritz	Kelly	Metsa	Rosenthal	Woodard
Carlson	Garofalo	Kieffer	Moran	Runbeck	Yarusso
Clark	Green	Kiel	Morgan	Sanders	Zellers
Cornish	Gruenhagen	Kresha	Mullery	Savick	Zerwas
Daudt	Gunther	Laine	Murphy, E.	Sawatzky	Spk. Thissen
Davids	Hackbarth	Leidiger	Murphy, M.	Schoen	
Davnie	Halverson	Lenczewski	Myhra	Schomacker	
Dean, M.	Hamilton	Lesch	Nelson	Scott	
Dehn, R.	Hansen	Liebling	Newberger	Selcer	

The motion prevailed and the amendment to the amendment was adopted.

MOTION TO LAY ON THE TABLE

Daudt moved that the Morgan amendment, as amended, to H. F. No. 1233, the second engrossment, be laid on the table. The motion did not prevail.

Kiel was excused between the hours of 4:00 p.m. and 9:20 p.m.

CALL OF THE HOUSE

On the motion of Daudt and on the demand of 10 members, a call of the House was ordered. The following members answered to their names:

Abeler	Dill	Hausman	Loeffler	Nornes	Simon
Albright	Dorholt	Hertaus	Lohmer	Norton	Simonson
Allen	Drazkowski	Hilstrom	Loon	O'Driscoll	Slocum
Anderson, M.	Erhardt	Holberg	Mack	O'Neill	Sundin
Anderson, P.	Erickson, R.	Hoppe	Mahoney	Paymar	Swedzinski
Atkins	Erickson, S.	Hornstein	Mariani	Pelowski	Theis
Barrett	Fabian	Hortman	Marquart	Peppin	Torkelson
Beard	Falk	Howe	Masin	Persell	Uglem
Benson, J.	Faust	Huntley	McDonald	Petersburg	Urdahl
Benson, M.	Fischer	Isaacson	McNamar	Poppe	Wagenius
Bernardy	FitzSimmons	Johnson, B.	McNamara	Pugh	Ward, J.A.
Bly	Franson	Johnson, C.	Melin	Quam	Ward, J.E.
Brynaert	Freiberg	Johnson, S.	Metsa	Radinovich	Wills
Carlson	Fritz	Kahn	Moran	Rosenthal	Winkler
Clark	Garofalo	Kelly	Morgan	Runbeck	Woodard
Cornish	Green	Kieffer	Mullery	Sanders	Yaruso
Daudt	Gruenhagen	Kresha	Murphy, E.	Savick	Zellers
Davids	Gunther	Laine	Murphy, M.	Sawatzky	Zerwas
Davnie	Hackbarth	Leidiger	Myhra	Schoen	Spk. Thissen
Dean, M.	Halverson	Liebling	Nelson	Schomacker	
Dehn, R.	Hamilton	Lien	Newberger	Scott	
Dettmer	Hansen	Lillie	Newton	Selcer	

Murphy, E., moved that further proceedings of the roll call be suspended and that the Sergeant at Arms be instructed to bring in the absentees. The motion prevailed and it was so ordered.

The question recurred on the Morgan amendment, as amended, to H. F. No. 1233, the second engrossment. The motion prevailed and the amendment, as amended, was adopted.

CALL OF THE HOUSE LIFTED

Murphy, E., moved that the call of the House be lifted. The motion prevailed and it was so ordered.

Pursuant to rule 1.50, Murphy, E., moved that the House be allowed to continue in session after 12:00 midnight. The motion prevailed.

Gruenhagen moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 156, line 22, after "2013," insert "through June 30, 2017,"

Page 156, line 23, after the period, insert "Beginning July 1, 2017, the surcharge shall revert to the percentage specified in paragraph (b)."

Page 159, line 31, after "2013," insert "through June 30, 2017,"

A roll call was requested and properly seconded.

The question was taken on the Gruenhagen amendment and the roll was called. There were 133 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Abeler	Dettmer	Hausman	Lillie	Nornes	Simonson
Albright	Dill	Hertaus	Loeffler	Norton	Slocum
Allen	Dorholt	Hilstrom	Lohmer	O'Driscoll	Sundin
Anderson, M.	Drazkowski	Holberg	Loon	O'Neill	Swedzinski
Anderson, P.	Erhardt	Hoppe	Mack	Paymar	Theis
Anderson, S.	Erickson, R.	Hornstein	Mahoney	Pelowski	Torkelson
Anzelc	Erickson, S.	Hortman	Mariani	Peppin	Uglen
Atkins	Fabian	Howe	Marquart	Persell	Urdahl
Barrett	Falk	Huntley	Masin	Petersburg	Wagenius
Beard	Faust	Isaacson	McDonald	Poppe	Ward, J.A.
Benson, J.	Fischer	Johnson, B.	McNamar	Pugh	Ward, J.E.
Benson, M.	FitzSimmons	Johnson, C.	McNamara	Quam	Wills
Bernardy	Franson	Johnson, S.	Melin	Radinovich	Winkler
Bly	Freiberg	Kahn	Metsa	Rosenthal	Woodard
Brynaert	Fritz	Kelly	Moran	Runbeck	Yarusso
Carlson	Garofalo	Kieffer	Morgan	Sanders	Zellers
Clark	Green	Kresha	Mullery	Savick	Zerwas
Cornish	Gruenhagen	Laine	Murphy, E.	Sawatzky	Spk. Thissen
Daudt	Gunther	Leidiger	Murphy, M.	Schoen	
Davids	Hackbarth	Lenczewski	Myhra	Schomacker	
Davnie	Halverson	Lesch	Nelson	Scott	
Dean, M.	Hamilton	Liebling	Newberger	Selcer	
Dehn, R.	Hansen	Lien	Newton	Simon	

The motion prevailed and the amendment was adopted.

Gruenhagen moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 156, line 22, after "2013," insert "through June 30, 2015,"

Page 155, line 23, after the period, insert "Beginning July 1, 2015, the surcharge shall revert to the percentage specified in paragraph (b)."

Page 159, line 31, after "2013," insert "through June 30, 2015,"

Page 503, after line 17, insert:

"Transfer. \$51,150,000 in fiscal year 2016 and \$52,881,000 in fiscal year 2017 is transferred from the health care access fund to the general fund."

A roll call was requested and properly seconded.

The question was taken on the Gruenhagen amendment and the roll was called. There were 59 yeas and 73 nays as follows:

Those who voted in the affirmative were:

Abeler	Davids	Gunther	Kresha	O'Driscoll	Swedzinski
Albright	Dean, M.	Hackbarth	Leidiger	O'Neill	Theis
Anderson, M.	Dettmer	Hamilton	Lohmer	Peppin	Torkelson
Anderson, P.	Drazkowski	Hertaus	Loon	Petersburg	Uglem
Anderson, S.	Fabian	Holberg	Mack	Pugh	Urdahl
Barrett	FitzSimmons	Hoppe	McDonald	Quam	Wills
Beard	Franson	Howe	McNamara	Runbeck	Woodard
Benson, M.	Garofalo	Johnson, B.	Myhra	Sanders	Zellers
Cornish	Green	Kelly	Newberger	Schomacker	Zerwas
Daudt	Gruenhagen	Kieffer	Nornes	Scott	

Those who voted in the negative were:

Allen	Erhardt	Huntley	Mariani	Norton	Slocum
Anzelc	Erickson, R.	Isaacson	Marquart	Paymar	Sundin
Atkins	Falk	Johnson, C.	Masin	Pelowski	Wagenius
Benson, J.	Faust	Johnson, S.	McNamar	Persell	Ward, J.A.
Bernardy	Fischer	Kahn	Melin	Poppe	Ward, J.E.
Bly	Freiberg	Laine	Metsa	Radinovich	Winkler
Brynaert	Fritz	Lenczewski	Moran	Rosenthal	Yarusso
Carlson	Halverson	Lesch	Morgan	Savick	Spk. Thissen
Clark	Hansen	Liebling	Mullery	Sawatzky	
Davnie	Hausman	Lien	Murphy, E.	Schoen	
Dehn, R.	Hilstrom	Lillie	Murphy, M.	Selcer	
Dill	Hornstein	Loeffler	Nelson	Simon	
Dorholt	Hortman	Mahoney	Newton	Simonson	

The motion did not prevail and the amendment was not adopted.

Norton moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 190, line 6, after "benefit" insert "to provide early intensive intervention to a child with an autism spectrum disorder diagnosis. This benefit shall be"

Page 190, line 9, delete "to"

Page 190, line 10, delete everything before the period

Page 190, line 17, delete everything after "of"

Page 190, delete lines 18 and 19 and insert "18."

Page 190, line 34, after the semicolon, insert "and"

Page 191, line 2, delete "; and" and insert a period

Page 191, delete line 3

Page 191, line 8, after the first comma, insert "or" and delete "or" and insert "and"

Page 191, line 13, delete "medical" and insert "licensed physician or nurse practitioner" and after "and" insert "a"

Page 191, line 16, after "information" insert "may be considered"

Page 191, line 19, delete "may be considered"

Page 192, line 20, delete "gains" and insert "goals"

Page 192, line 31, delete "gains" and insert "goals"

Page 192, line 34, after the first "appeal" insert "pursuant to section 256.045," and delete "have" and insert "has" and delete "pursuant to section" and insert "within ten days of receipt of notice of reduction or termination or before the effective date of the action."

Page 192, delete line 35

Page 193, line 8, after "details" insert "must"

Page 193, line 13, delete "function" and insert "functions"

Page 193, line 18, after "parents" insert "and caregivers"

Page 193, line 27, delete "medical" and insert "physicians, nurse practitioners,"

Page 193, line 29, delete "in order"

Page 193, line 30, delete "medical" and insert "physician or nurse practitioner" and after the first "and" insert "a"

Page 193, line 31, delete "so as to implement subdivision 4, paragraph"

Page 193, line 32, delete "(a),"

Page 194, delete lines 13 to 20

Page 194, line 21, before "9" insert "and" and delete "and 12,"

Page 506, delete lines 10 to 24

The motion prevailed and the amendment was adopted.

Huntley moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 284, line 34, after "of" insert "30 hours of"

Page 285, line 34, delete everything after "(b)"

Page 285, delete line 35

Page 286, line 1, delete everything before "Training"

Page 286, delete lines 3 to 7

Page 286, line 8, delete "(5)" and insert "(1)"

Page 286, line 10, after "(ADLs)" insert "as defined under section 256B.0659, subdivision 1"

Page 286, line 11, delete "(6)" and insert "(2)"

Page 286, line 13, delete "(7)" and insert "(3)"

Page 286, line 14, after "(IADLs)" insert "as defined under section 256B.0659, subdivision 1"

Page 286, line 15, delete "(8)" and insert "(4)"

Page 287, line 26, delete "providing 24-hour"

Page 287, line 27, delete "care with corporate supervision"

Page 287, line 28, after "staff" insert "with fewer than five years of documented experience and 12 hours of annual training to direct service staff with five or more years of documented experience"

The motion prevailed and the amendment was adopted.

Kieffer and Ward, J.A., moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 490, after line 4, insert:

"Sec. 85. **COMMENCE CONSTRUCTION.**

The radiation therapy facility in Woodbury under Minnesota Statutes, section 144.5509, paragraph (b), must commence construction before December 31, 2013."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Kieffer and Ward, J.A., amendment and the roll was called. There were 58 yeas and 74 nays as follows:

Those who voted in the affirmative were:

Abeler	Anderson, P.	Beard	Daut	Drazkowski	FitzSimmons
Albright	Anderson, S.	Benson, M.	Dauids	Erickson, S.	Franson
Anderson, M.	Barrett	Cornish	Dean, M.	Fabian	Garofalo

Green	Johnson, B.	Mack	O'Neill	Schoen	Ward, J.A.
Gruenhagen	Kelly	McDonald	Peppin	Schomacker	Wills
Gunther	Kieffer	McNamara	Petersburg	Scott	Woodard
Hertaus	Kresha	Myhra	Pugh	Swedzinski	Zellers
Holberg	Leidiger	Newberger	Quam	Theis	Zerwas
Hoppe	Lohmer	Nornes	Runbeck	Torkelson	
Howe	Loon	O'Driscoll	Sanders	Uglen	

Those who voted in the negative were:

Allen	Dorholt	Hilstrom	Lillie	Murphy, M.	Simon
Anzelc	Erhardt	Hornstein	Loeffler	Nelson	Simonson
Atkins	Erickson, R.	Hortman	Mahoney	Newton	Slocum
Benson, J.	Falk	Huntley	Mariani	Norton	Sundin
Bernardy	Faust	Isaacson	Marquart	Paymar	Wagenius
Bly	Fischer	Johnson, C.	Masin	Pelowski	Ward, J.E.
Brynaert	Freiberg	Johnson, S.	McNamar	Persell	Winkler
Carlson	Fritz	Kahn	Melin	Poppe	Yarusso
Clark	Hackbarth	Laine	Metsa	Radinovich	Spk. Thissen
Davnie	Halverson	Lenczewski	Moran	Rosenthal	
Dehn, R.	Hamilton	Lesch	Morgan	Savick	
Dettmer	Hansen	Liebling	Mullery	Sawatzky	
Dill	Hausman	Lien	Murphy, E.	Selcer	

The motion did not prevail and the amendment was not adopted.

Abeler moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 488, delete section 81 and insert:

"Sec. 81. **LEVEL-1 TRAUMA CENTERS.**

The commissioner of health, through the Office of Rural Health and Primary Care, and in consultation with the commissioner of human services, shall study the cost of maintaining a level of 24-hour readiness in a hospital designated as a level-1 trauma center under Minnesota Statutes, section 144.605, and shall present recommendations to the legislature by December 15, 2013, on a state public programs level of readiness payment modifier for hospitals designated as level-1 trauma centers."

The motion prevailed and the amendment was adopted.

Mullery moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 353, after line 12, insert:

"Subd. 11. **Provider training.** New and increased training requirements under this section must not be imposed on providers until the commissioner establishes statewide accessibility to the required provider training."

The motion prevailed and the amendment was adopted.

Abeler moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 96, line 3, after "(b)" insert "In consultation with the Development and Implementation Council described in subdivision 21 and other stakeholders," and after "develop" insert "recommendations for" and after "ensure" insert "self-direction,"

Page 96, line 4, after "integrity" insert a comma and after the period, insert "The recommendations shall be provided to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by November 15, 2013."

Page 96, delete lines 26 to 36 and insert:

"**Subd. 12. Requirements for initial enrollment of CFSS provider agencies.** In consultation with the Development and Implementation Council described in subdivision 21 and other stakeholders, the commissioner shall develop CFSS provider enrollment standards which are consistent with federal requirements, reflect the principles of self-direction, and maintain program integrity. The recommendations shall be provided to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by November 15, 2013."

Delete page 97

Page 98, delete lines 1 to 11

Page 100, delete lines 29 to 36 and insert:

"**Subd. 15. Documentation of support services provided.** In consultation with the Development and Implementation Council described in subdivision 21 and other stakeholders, the commissioner shall develop recommendations for CFSS documentation standards which are consistent with federal requirements, reflect the principles of self-direction, and maintain program integrity. The recommendations shall be provided to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by November 15, 2013."

Page 101, delete lines 1 to 18

Page 102, delete lines 9 to 20 and insert:

"(b) In consultation with the Development and Implementation Council described in subdivision 21 and other stakeholders, the commissioner shall establish reasons for denying or terminating a support worker's provider enrollment which shall:

- (1) reflect the principles of self-direction;
- (2) support the participant's choice of support workers; and
- (3) maintain program integrity.

The recommendations for denial or termination of support worker enrollment shall be provided to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by November 15, 2013."

The motion prevailed and the amendment was adopted.

Nornes moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 447, after line 3, insert:

"Sec. 15. Minnesota Statutes 2012, section 144.551, subdivision 1, is amended to read:

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

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

(2) the establishment of a new hospital.

(b) This section does not apply to:

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

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

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

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

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

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

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

(8) relocation or redistribution of hospital beds within a hospital corporate system that involves the transfer of beds from a closed facility site or complex to an existing site or complex provided that: (i) no more than 50 percent of the capacity of the closed facility is transferred; (ii) the capacity of the site or complex to which the beds are transferred does not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal health systems agency boundary in place on July 1, 1983; and (iv) the relocation or redistribution does not involve the construction of a new hospital building;

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

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

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

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

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

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

(15) a construction project involving the addition of 20 new hospital beds used for rehabilitation services in an existing hospital in Carver County serving the southwest suburban metropolitan area. Beds constructed under this clause shall not be eligible for reimbursement under medical assistance, general assistance medical care, or MinnesotaCare;

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

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

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

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

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

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

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

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

(iv) the new hospital:

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

(B) will provide uncompensated care;

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

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

(E) will demonstrate a commitment to quality care and patient safety;

(F) will have an electronic medical records system, including physician order entry;

(G) will provide a broad range of senior services;

(H) will provide emergency medical services that will coordinate care with regional providers of trauma services and licensed emergency ambulance services in order to enhance the continuity of care for emergency medical patients; and

(I) will be completed by December 31, 2009, unless delayed by circumstances beyond the control of the entity holding the new hospital license; and

(v) as of 30 days following submission of a written plan, the commissioner of health has not determined that the hospitals or health systems that will own or control the entity that will hold the new hospital license are unable to meet the criteria of this clause;

(21) a project approved under section 144.553;

(22) a project for the construction of a hospital with up to 25 beds in Cass County within a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder is approved by the Cass County Board;

(23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing a separately licensed 13-bed skilled nursing facility; ~~or~~

(24) notwithstanding section 144.552, a project for the construction and expansion of a specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients who are under 21 years of age on the date of admission. The commissioner conducted a public interest review of the mental health needs of Minnesota and the Twin Cities metropolitan area in 2008. No further public interest review shall be conducted for the construction or expansion project under this clause; or

(25) a project for the construction of a psychiatric hospital in the Perham Hospital District with up to 12 beds, intended primarily for patients who are 55 years of age and older on the date of admission."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Nornes amendment and the roll was called. There were 63 yeas and 70 nays as follows:

Those who voted in the affirmative were:

Abeler	Davids	Green	Kieffer	O'Driscoll	Theis
Albright	Dean, M.	Gruenhagen	Kresha	O'Neill	Torkelson
Anderson, M.	Dettmer	Gunther	Leidiger	Peppin	Uglem
Anderson, P.	Dill	Hackbarth	Lohmer	Petersburg	Urdahl
Anderson, S.	Drazkowski	Hamilton	Loon	Pugh	Wills
Anzelc	Erickson, R.	Hertaus	Mack	Quam	Woodard
Barrett	Erickson, S.	Holberg	McDonald	Runbeck	Zellers
Beard	Fabian	Hoppe	McNamara	Sanders	Zerwas
Benson, M.	FitzSimmons	Howe	Myhra	Schomacker	
Cornish	Franson	Johnson, B.	Newberger	Scott	
Daudt	Garofalo	Kelly	Nornes	Swedzinski	

Those who voted in the negative were:

Allen	Falk	Isaacson	Mariani	Newton	Simon
Atkins	Faust	Johnson, C.	Marquart	Norton	Simonson
Benson, J.	Fischer	Johnson, S.	Masin	Paymar	Slocum
Bernardy	Freiberg	Kahn	McNamar	Pelowski	Sundin
Bly	Fritz	Laine	Melin	Persell	Wagenius
Brynaert	Halverson	Lenczewski	Metsa	Poppe	Ward, J.A.
Carlson	Hansen	Lesch	Moran	Radinovich	Ward, J.E.
Clark	Hausman	Liebling	Morgan	Rosenthal	Winkler
Davnie	Hilstrom	Lien	Mullery	Savick	Yarusso
Dehn, R.	Hornstein	Lillie	Murphy, E.	Sawatzky	Spk. Thissen
Dorholt	Hortman	Loeffler	Murphy, M.	Schoen	
Erhardt	Huntley	Mahoney	Nelson	Selcer	

The motion did not prevail and the amendment was not adopted.

Nornes moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 506, after line 5, insert:

"Northern Connections. Notwithstanding Minnesota Statutes, section 295.581, \$100,000 in fiscal 2014 and \$100,000 in fiscal year 2015 is appropriated from the health care access fund to the commissioner of

human services for a grant to Northern Connections in Perham for a workforce program that provides one-stop supportive services to individuals as they transition into the workforce."

Amend the appropriations by the specified amounts and correct the totals and the appropriations by fund accordingly

A roll call was requested and properly seconded.

The question was taken on the Nornes amendment and the roll was called. There were 60 yeas and 73 nays as follows:

Those who voted in the affirmative were:

Abeler	Daudt	Green	Kelly	Nornes	Scott
Albright	Dauids	Gruenhagen	Kresha	O'Driscoll	Swedzinski
Anderson, M.	Dean, M.	Gunther	Leidiger	O'Neill	Theis
Anderson, P.	Dettmer	Hackbarth	Lohmer	Peppin	Torkelson
Anderson, S.	Drazkowski	Hamilton	Loon	Petersburg	Uglen
Anzelc	Erickson, S.	Hertaus	Mack	Pugh	Urdahl
Barrett	Fabian	Holberg	McDonald	Quam	Wills
Beard	FitzSimmons	Hoppe	McNamara	Runbeck	Woodard
Benson, M.	Franson	Howe	Myhra	Sanders	Zellers
Cornish	Garofalo	Johnson, B.	Newberger	Schomacker	Zerwas

Those who voted in the negative were:

Allen	Erickson, R.	Isaacson	Mariani	Norton	Slocum
Atkins	Falk	Johnson, C.	Marquart	Paymar	Sundin
Benson, J.	Faust	Johnson, S.	Masin	Pelowski	Wagenius
Bernardy	Fischer	Kahn	McNamar	Persell	Ward, J.A.
Bly	Freiberg	Kieffer	Melin	Poppe	Ward, J.E.
Brynaert	Fritz	Laine	Metsa	Radinovich	Winkler
Carlson	Halverson	Lenczewski	Moran	Rosenthal	Yarusso
Clark	Hansen	Lesch	Morgan	Savick	Spk. Thissen
Davnie	Hausman	Liebling	Mullery	Sawatzky	
Dehn, R.	Hilstrom	Lien	Murphy, E.	Schoen	
Dill	Hornstein	Lillie	Murphy, M.	Selcer	
Dorholt	Hortman	Loeffler	Nelson	Simon	
Erhardt	Huntley	Mahoney	Newton	Simonson	

The motion did not prevail and the amendment was not adopted.

The Speaker called Hortman to the Chair.

Mack moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 505, after line 13, insert:

"Transfer. The allocation from the health care access fund to the Minnesota Marketplace for MinnesotaCare-related operations and technology costs is reduced by \$50,000 in fiscal year 2014 and \$101,000 in fiscal year 2015 and transferred to the general fund.

Adoption and Relative Custody Assistance Rate Increase. \$50,000 in fiscal year 2014 and \$101,000 in fiscal year 2015 is appropriated from the general fund to the commissioner of human services to provide a two percent rate increase for adoption and relative custody assistance grants."

A roll call was requested and properly seconded.

The question was taken on the Mack amendment and the roll was called. There were 60 yeas and 73 nays as follows:

Those who voted in the affirmative were:

Abeler	Dauids	Gruenhagen	Kieffer	Nornes	Scott
Albright	Dean, M.	Gunther	Kresha	O'Driscoll	Swedzinski
Anderson, M.	Dettmer	Hackbarth	Leidiger	O'Neill	Theis
Anderson, P.	Drazkowski	Hamilton	Lohmer	Peppin	Torkelson
Anderson, S.	Erickson, S.	Hertaus	Loon	Petersburg	Uglem
Barrett	Fabian	Holberg	Mack	Pugh	Urdahl
Beard	FitzSimmons	Hoppe	McDonald	Quam	Wills
Benson, M.	Franson	Howe	McNamara	Runbeck	Woodard
Cornish	Garofalo	Johnson, B.	Myhra	Sanders	Zellers
Daudt	Green	Kelly	Newberger	Schomacker	Zerwas

Those who voted in the negative were:

Allen	Erhardt	Huntley	Mariani	Norton	Slocum
Anzelc	Erickson, R.	Isaacson	Marquart	Paymar	Sundin
Atkins	Falk	Johnson, C.	Masin	Pelowski	Wagenius
Benson, J.	Faust	Johnson, S.	McNamar	Persell	Ward, J.A.
Bernardy	Fischer	Kahn	Melin	Poppe	Ward, J.E.
Bly	Freiberg	Laine	Metsa	Radinovich	Winkler
Brynaert	Fritz	Lenczewski	Moran	Rosenthal	Yarusso
Carlson	Halverson	Lesch	Morgan	Savick	Spk. Thissen
Clark	Hansen	Liebling	Mullery	Sawatzky	
Davnie	Hausman	Lien	Murphy, E.	Schoen	
Dehn, R.	Hilstrom	Lillie	Murphy, M.	Selcer	
Dill	Hornstein	Loeffler	Nelson	Simon	
Dorholt	Hortman	Mahoney	Newton	Simonson	

The motion did not prevail and the amendment was not adopted.

Abeler moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 184, after line 13, insert:

"Sec. 2. Minnesota Statutes 2012, section 252.27, subdivision 2a, is amended to read:

Subd. 2a. **Contribution amount.** (a) The natural or adoptive parents of a minor child, including a child determined eligible for medical assistance without consideration of parental income, must contribute to the cost of services used by making monthly payments on a sliding scale based on income, unless the child is married or has been married, parental rights have been terminated, or the child's adoption is subsidized according to section 259.67 or through title IV-E of the Social Security Act. The parental contribution is a partial or full payment for medical services provided for diagnostic, therapeutic, curing, treating, mitigating, rehabilitation, maintenance, and personal care services as defined in United States Code, title 26, section 213, needed by the child with a chronic illness or disability.

(b) For households with adjusted gross income equal to or greater than 100 percent of federal poverty guidelines, the parental contribution shall be computed by applying the following schedule of rates to the adjusted gross income of the natural or adoptive parents:

(1) if the adjusted gross income is equal to or greater than 100 percent of federal poverty guidelines and less than 175 percent of federal poverty guidelines, the parental contribution is \$4 per month;

(2) if the adjusted gross income is equal to or greater than 175 percent of federal poverty guidelines and less than or equal to 545 percent of federal poverty guidelines, the parental contribution shall be determined using a sliding fee scale established by the commissioner of human services which begins at one percent of adjusted gross income at 175 percent of federal poverty guidelines and increases to 7.5 percent of adjusted gross income for those with adjusted gross income up to 545 percent of federal poverty guidelines;

(3) if the adjusted gross income is greater than 545 percent of federal poverty guidelines and less than 675 percent of federal poverty guidelines, the parental contribution shall be 7.5 percent of adjusted gross income;

(4) if the adjusted gross income is equal to or greater than 675 percent of federal poverty guidelines and less than 975 percent of federal poverty guidelines, the parental contribution shall be determined using a sliding fee scale established by the commissioner of human services which begins at 7.5 percent of adjusted gross income at 675 percent of federal poverty guidelines and increases to ten percent of adjusted gross income for those with adjusted gross income up to 975 percent of federal poverty guidelines; and

(5) if the adjusted gross income is equal to or greater than 975 percent of federal poverty guidelines, the parental contribution shall be 12.5 percent of adjusted gross income.

If the child lives with the parent, the annual adjusted gross income is reduced by \$2,400 prior to calculating the parental contribution. If the child resides in an institution specified in section 256B.35, the parent is responsible for the personal needs allowance specified under that section in addition to the parental contribution determined under this section. The parental contribution is reduced by any amount required to be paid directly to the child pursuant to a court order, but only if actually paid.

(c) The household size to be used in determining the amount of contribution under paragraph (b) includes natural and adoptive parents and their dependents, including the child receiving services. Adjustments in the contribution amount due to annual changes in the federal poverty guidelines shall be implemented on the first day of July following publication of the changes.

(d) For purposes of paragraph (b), "income" means the adjusted gross income of the natural or adoptive parents determined according to the previous year's federal tax form, except, effective retroactive to July 1, 2003, taxable capital gains to the extent the funds have been used to purchase a home shall not be counted as income.

(e) The contribution shall be explained in writing to the parents at the time eligibility for services is being determined. The contribution shall be made on a monthly basis effective with the first month in which the child receives services. Annually upon redetermination or at termination of eligibility, if the contribution exceeded the cost of services provided, the local agency or the state shall reimburse that excess amount to the parents, either by direct reimbursement if the parent is no longer required to pay a contribution, or by a reduction in or waiver of parental fees until the excess amount is exhausted. All reimbursements must include a notice that the amount reimbursed may be taxable income if the parent paid for the parent's fees through an employer's health care flexible spending account under the Internal Revenue Code, section 125, and that the parent is responsible for paying the taxes owed on the amount reimbursed.

(f) The monthly contribution amount must be reviewed at least every 12 months; when there is a change in household size; and when there is a loss of or gain in income from one month to another in excess of ten percent. The local agency shall mail a written notice 30 days in advance of the effective date of a change in the contribution amount. A decrease in the contribution amount is effective in the month that the parent verifies a reduction in income or change in household size.

(g) Parents of a minor child who do not live with each other shall each pay the contribution required under paragraph (a). An amount equal to the annual court-ordered child support payment actually paid on behalf of the child receiving services shall be deducted from the adjusted gross income of the parent making the payment prior to calculating the parental contribution under paragraph (b).

(h) The contribution under paragraph (b) shall be increased by an additional five percent if the local agency determines that insurance coverage is available but not obtained for the child. For purposes of this section, "available" means the insurance is a benefit of employment for a family member at an annual cost of no more than five percent of the family's annual income. For purposes of this section, "insurance" means health and accident insurance coverage, enrollment in a nonprofit health service plan, health maintenance organization, self-insured plan, or preferred provider organization.

Parents who have more than one child receiving services shall not be required to pay more than the amount for the child with the highest expenditures. There shall be no resource contribution from the parents. The parent shall not be required to pay a contribution in excess of the cost of the services provided to the child, not counting payments made to school districts for education-related services. Notice of an increase in fee payment must be given at least 30 days before the increased fee is due.

(i) The contribution under paragraph (b) shall be reduced by \$300 per fiscal year if, in the 12 months prior to July 1:

(1) the parent applied for insurance for the child;

(2) the insurer denied insurance;

(3) the parents submitted a complaint or appeal, in writing to the insurer, submitted a complaint or appeal, in writing, to the commissioner of health or the commissioner of commerce, or litigated the complaint or appeal; and

(4) as a result of the dispute, the insurer reversed its decision and granted insurance.

For purposes of this section, "insurance" has the meaning given in paragraph (h).

A parent who has requested a reduction in the contribution amount under this paragraph shall submit proof in the form and manner prescribed by the commissioner or county agency, including, but not limited to, the insurer's denial of insurance, the written letter or complaint of the parents, court documents, and the written response of the insurer approving insurance. The determinations of the commissioner or county agency under this paragraph are not rules subject to chapter 14.

(j) Notwithstanding paragraph (b), for the period from July 1, 2010, to June 30, ~~2015~~ 2013, the parental contribution shall be computed by applying the following contribution schedule to the adjusted gross income of the natural or adoptive parents:

(1) if the adjusted gross income is equal to or greater than 100 percent of federal poverty guidelines and less than 175 percent of federal poverty guidelines, the parental contribution is \$4 per month;

(2) if the adjusted gross income is equal to or greater than 175 percent of federal poverty guidelines and less than or equal to 525 percent of federal poverty guidelines, the parental contribution shall be determined using a sliding fee scale established by the commissioner of human services which begins at one percent of adjusted gross income at 175 percent of federal poverty guidelines and increases to eight percent of adjusted gross income for those with adjusted gross income up to 525 percent of federal poverty guidelines;

(3) if the adjusted gross income is greater than 525 percent of federal poverty guidelines and less than 675 percent of federal poverty guidelines, the parental contribution shall be 9.5 percent of adjusted gross income;

(4) if the adjusted gross income is equal to or greater than 675 percent of federal poverty guidelines and less than 900 percent of federal poverty guidelines, the parental contribution shall be determined using a sliding fee scale established by the commissioner of human services which begins at 9.5 percent of adjusted gross income at 675 percent of federal poverty guidelines and increases to 12 percent of adjusted gross income for those with adjusted gross income up to 900 percent of federal poverty guidelines; and

(5) if the adjusted gross income is equal to or greater than 900 percent of federal poverty guidelines, the parental contribution shall be 13.5 percent of adjusted gross income. If the child lives with the parent, the annual adjusted gross income is reduced by \$2,400 prior to calculating the parental contribution. If the child resides in an institution specified in section 256B.35, the parent is responsible for the personal needs allowance specified under that section in addition to the parental contribution determined under this section. The parental contribution is reduced by any amount required to be paid directly to the child pursuant to a court order, but only if actually paid.

EFFECTIVE DATE. This section is effective June 30, 2013."

Page 503, after line 17, insert:

"Transfer of Reserves. The allocation from the health care access fund to the Minnesota Insurance Marketplace for MinnesotaCare-related operations and technology costs is reduced by \$556,000 in fiscal year 2014 and \$556,000 in fiscal year 2015. These amounts are transferred from the health care access fund to the general fund.

TEFRA Parental Fees. \$556,000 in fiscal year 2014 and \$556,000 in fiscal year 2015 is appropriated from the general fund to the commissioner of human services for the reduction of TEFRA parental fees under Minnesota Statutes, section 252.27, subdivision 2a."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Adjust amounts accordingly

A roll call was requested and properly seconded.

The question was taken on the Abeler amendment and the roll was called. There were 65 yeas and 68 nays as follows:

Those who voted in the affirmative were:

Abeler	Dean, M.	Hackbarth	Leidiger	O'Driscoll	Selcer
Albright	Dettmer	Halverson	Lohmer	O'Neill	Swedzinski
Anderson, M.	Drazkowski	Hamilton	Loon	Peppin	Theis
Anderson, P.	Erickson, S.	Hertaus	Mack	Petersburg	Torkelson
Anderson, S.	Fabian	Holberg	Masin	Pugh	Uglen
Barrett	FitzSimmons	Hoppe	McDonald	Quam	Urdahl
Beard	Franson	Howe	McNamara	Rosenthal	Wills
Benson, M.	Garofalo	Johnson, B.	Myhra	Runbeck	Woodard
Cornish	Green	Kelly	Newberger	Sanders	Zellers
Daudt	Gruenhagen	Kieffer	Newton	Schomacker	Zerwas
Davids	Gunther	Kresha	Nornes	Scott	

Those who voted in the negative were:

Allen	Dorholt	Hortman	Loeffler	Nelson	Slocum
Anzelc	Erhardt	Huntley	Mahoney	Norton	Sundin
Atkins	Erickson, R.	Isaacson	Mariani	Paymar	Wagenius
Benson, J.	Falk	Johnson, C.	Marquart	Pelowski	Ward, J.A.
Bernardy	Faust	Johnson, S.	McNamara	Persell	Ward, J.E.
Bly	Fischer	Kahn	Melin	Poppe	Winkler
Brynaert	Freiberg	Laine	Metsa	Radinovich	Yarusso
Carlson	Fritz	Lenczewski	Moran	Savick	Spk. Thissen
Clark	Hansen	Lesch	Morgan	Sawatzky	
Davnie	Hausman	Liebling	Mullery	Schoen	
Dehn, R.	Hilstrom	Lien	Murphy, E.	Simon	
Dill	Hornstein	Lillie	Murphy, M.	Simonson	

The motion did not prevail and the amendment was not adopted.

Franson moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 338, after line 14, insert:

"Sec. 3. Minnesota Statutes 2012, section 119B.13, subdivision 1, is amended to read:

Subdivision 1. **Subsidy restrictions.** (a) Beginning ~~October 31, 2011~~ July 1, 2013, the maximum rate paid for child care assistance in any county or multicounty region under the child care fund shall be the rate for like-care arrangements in the county effective July 1, ~~2006 2012, decreased~~ increased by ~~2.5~~ two percent.

(b) Biennially, beginning in 2012, the commissioner shall survey rates charged by child care providers in Minnesota to determine the 75th percentile for like-care arrangements in counties. When the commissioner determines that, using the commissioner's established protocol, the number of providers responding to the survey is too small to determine the 75th percentile rate for like-care arrangements in a county or multicounty region, the commissioner may establish the 75th percentile maximum rate based on like-care arrangements in a county, region, or category that the commissioner deems to be similar.

(c) A rate which includes a special needs rate paid under subdivision 3 or under a school readiness service agreement paid under section 119B.231, may be in excess of the maximum rate allowed under this subdivision.

(d) The department shall monitor the effect of this paragraph on provider rates. The county shall pay the provider's full charges for every child in care up to the maximum established. The commissioner shall determine the maximum rate for each type of care on an hourly, full-day, and weekly basis, including special needs and disability care. The maximum payment to a provider for one day of care must not exceed the daily rate. The maximum payment to a provider for one week of care must not exceed the weekly rate.

(e) Child care providers receiving reimbursement under this chapter must not be paid activity fees or an additional amount above the maximum rates for care provided during nonstandard hours for families receiving assistance.

(f) When the provider charge is greater than the maximum provider rate allowed, the parent is responsible for payment of the difference in the rates in addition to any family co-payment fee.

(g) All maximum provider rates changes shall be implemented on the Monday following the effective date of the maximum provider rate."

Page 500, after line 7, insert:

"MAXIS. Notwithstanding Minnesota Statutes, section 295.581, \$10,000 in fiscal year 2014 is appropriated from the general fund to the commissioner of human services for systems costs associated with the child care provider rate increase under Minnesota Statutes, section 119B.13, subdivision 1."

Page 501, after line 8, insert:

"MinnesotaCare Exchange Transfer. The allocation from the health care access fund to the Minnesota Insurance Marketplace for MinnesotaCare-related operations and technology costs is reduced by \$1,945,000 in fiscal year 2014 and \$4,658,000 in fiscal year 2015. These amounts are transferred from the health care access fund to the general fund."

Page 501, after line 33, insert:

"MFIP Child Care Provider Increase. \$1,777,000 in fiscal year 2014 and \$2,839,000 in fiscal year 2015 is appropriated from the general fund to the commissioner of human services for the child care provider rate increase under Minnesota Statutes, section 119B.13, subdivision 1."

Page 504, after line 17, insert:

"Basic Sliding Fee Child Care Provider Increase. \$758,000 in fiscal year 2014 and \$1,819,000 in fiscal year 2015 is appropriated from the general fund to the commissioner of human services for the child care provider rate increase under Minnesota Statutes, section 119B.13, subdivision 1."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Adjust amounts accordingly

A roll call was requested and properly seconded.

The question was taken on the Franson amendment and the roll was called. There were 66 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Abeler	Dauids	Green	Kieffer	Nornes	Schomacker
Albright	Dean, M.	Gruenhagen	Kresha	O'Driscoll	Scott
Anderson, M.	Dettmer	Gunther	Leidiger	O'Neill	Swedzinski
Anderson, P.	Dill	Hackbarth	Lohmer	Peppin	Theis
Anderson, S.	Drazkowski	Hamilton	Loon	Petersburg	Torkelson
Anzelc	Erickson, R.	Hertaus	Mack	Pugh	Uglem
Barrett	Erickson, S.	Holberg	McDonald	Quam	Urdahl
Beard	Fabian	Hoppe	McNamara	Radinovich	Wills
Benson, M.	FitzSimmons	Howe	McNamara	Runbeck	Woodard
Cornish	Franson	Johnson, B.	Myhra	Sanders	Zellers
Daudt	Garofalo	Kelly	Newberger	Savick	Zerwas

Those who voted in the negative were:

Allen	Falk	Isaacson	Mariani	Norton	Sundin
Atkins	Faust	Johnson, C.	Marquart	Paymar	Wagenius
Benson, J.	Fischer	Johnson, S.	Masin	Pelowski	Ward, J.A.
Bernardy	Freiberg	Kahn	Melin	Persell	Ward, J.E.
Bly	Fritz	Laine	Metsa	Poppe	Winkler
Brynaert	Halverson	Lenczewski	Moran	Rosenthal	Yarusso
Carlson	Hansen	Lesch	Morgan	Sawatzky	Spk. Thissen
Clark	Hausman	Liebling	Mullery	Schoen	
Davnie	Hilstrom	Lien	Murphy, E.	Selcer	
Dehn, R.	Hornstein	Lillie	Murphy, M.	Simon	
Dorholt	Hortman	Loeffler	Nelson	Simonson	
Erhardt	Huntley	Mahoney	Newton	Slocum	

The motion did not prevail and the amendment was not adopted.

Schomacker moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 501, after line 8, insert:

"Transfer. The allocation from the health care access fund to the Minnesota Insurance Marketplace for MinnesotaCare-related operations and technology costs is reduced by \$500,000 in fiscal year 2014 and \$500,000 in fiscal year 2015 and an equal amount is transferred from the health care access fund to the general fund."

Page 505, line 31, delete "\$25,000" and insert "\$500,000"

Adjust amounts accordingly

A roll call was requested and properly seconded.

The question was taken on the Schomacker amendment and the roll was called. There were 60 yeas and 73 nays as follows:

Those who voted in the affirmative were:

Abeler	Davids	Gruenhagen	Kieffer	Nornes	Scott
Albright	Dean, M.	Gunther	Kresha	O'Driscoll	Swedzinski
Anderson, M.	Dettmer	Hackbarth	Leidiger	O'Neill	Theis
Anderson, P.	Drazkowski	Hamilton	Lohmer	Peppin	Torkelson
Anderson, S.	Erickson, S.	Hertaus	Loon	Petersburg	Uglen
Barrett	Fabian	Holberg	Mack	Pugh	Urdahl
Beard	FitzSimmons	Hoppe	McDonald	Quam	Wills
Benson, M.	Franson	Howe	McNamara	Runbeck	Woodard
Cornish	Garofalo	Johnson, B.	Myhra	Sanders	Zellers
Daut	Green	Kelly	Newberger	Schomacker	Zerwas

Those who voted in the negative were:

Allen	Erhardt	Huntley	Mariani	Norton	Slocum
Anzelc	Erickson, R.	Isaacson	Marquart	Paymar	Sundin
Atkins	Falk	Johnson, C.	Masin	Pelowski	Wagenius
Benson, J.	Faust	Johnson, S.	McNamar	Persell	Ward, J.A.
Bernardy	Fischer	Kahn	Melin	Poppe	Ward, J.E.
Bly	Freiberg	Laine	Metsa	Radinovich	Winkler
Brynaert	Fritz	Lenczewski	Moran	Rosenthal	Yarusso
Carlson	Halverson	Lesch	Morgan	Savick	Spk. Thissen
Clark	Hansen	Liebling	Mullery	Sawatzky	
Davnie	Hausman	Lien	Murphy, E.	Schoen	
Dehn, R.	Hilstrom	Lillie	Murphy, M.	Selcer	
Dill	Hornstein	Loeffler	Nelson	Simon	
Dorholt	Hortman	Mahoney	Newton	Simonson	

The motion did not prevail and the amendment was not adopted.

McDonald moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 170, after line 16, insert:

"Sec. 12. Minnesota Statutes 2012, section 256B.0625, is amended by adding a subdivision to read:

Subd. 61. **Payment for multiple services provided on the same day.** The commissioner shall not prohibit payment, including supplemental payments, for mental health services or dental services provided to a patient by a federally qualified health center, federally qualified health center look-alike, or a rural health clinic, solely because the mental health or dental services were provided on the same day as other covered health services furnished by the same provider."

Page 179, delete section 22

Page 503, after line 11, insert:

"**Transfer.** Notwithstanding Minnesota Statutes, section 295.581, \$66,000 in fiscal year 2014 and \$158,000 in fiscal year 2015 is appropriated from the health care access fund to the commissioner of human services to implement Minnesota Statutes, section 256B.0625, subdivision 61."

Page 510, line 22, delete "\$20,000,000" and insert "\$19,934,000"

Page 510, line 23, delete "\$25,000,000" and insert "\$24,842,000"

Adjust amounts accordingly

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the McDonald amendment and the roll was called. There were 60 yeas and 73 nays as follows:

Those who voted in the affirmative were:

Abeler	Dauids	Gruenhagen	Kieffer	Nornes	Scott
Albright	Dean, M.	Gunther	Kresha	O'Driscoll	Swedzinski
Anderson, M.	Dettmer	Hackbarth	Leidiger	O'Neill	Theis
Anderson, P.	Drazkowski	Hamilton	Lohmer	Peppin	Torkelson
Anderson, S.	Erickson, S.	Hertaus	Loon	Petersburg	Uglem
Barrett	Fabian	Holberg	Mack	Pugh	Urdahl
Beard	FitzSimmons	Hoppe	McDonald	Quam	Wills
Benson, M.	Franson	Howe	McNamara	Runbeck	Woodard
Cornish	Garofalo	Johnson, B.	Myhra	Sanders	Zellers
Daudt	Green	Kelly	Newberger	Schomacker	Zerwas

Those who voted in the negative were:

Allen	Erhardt	Huntley	Mariani	Norton	Slocum
Anzelc	Erickson, R.	Isaacson	Marquart	Paymar	Sundin
Atkins	Falk	Johnson, C.	Masin	Pelowski	Wagenius
Benson, J.	Faust	Johnson, S.	McNamar	Persell	Ward, J.A.
Bernardy	Fischer	Kahn	Melin	Poppe	Ward, J.E.
Bly	Freiberg	Laine	Metsa	Radinovich	Winkler
Brynaert	Fritz	Lenczewski	Moran	Rosenthal	Yarusso
Carlson	Halverson	Lesch	Morgan	Savick	Spk. Thissen
Clark	Hansen	Liebling	Mullery	Sawatzky	
Davnie	Hausman	Lien	Murphy, E.	Schoen	
Dehn, R.	Hilstrom	Lillie	Murphy, M.	Selcer	
Dill	Hornstein	Loeffler	Nelson	Simon	
Dorholt	Hortman	Mahoney	Newton	Simonson	

The motion did not prevail and the amendment was not adopted.

Albright moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 510, line 22, delete "\$20,000,000" and insert "\$15,000,000"

Page 510, line 23, delete "\$25,000,000" and insert "\$20,000,000"

Page 512, after line 4, insert:

"Decade of Discovery in Diabetes. (a) \$5,000,000 in each year from the health care access fund is for the Decade of Discovery in Diabetes program to develop and implement a comprehensive program to prevent, treat, and cure diabetes in Minnesota. The commissioner shall provide grants to the University of Minnesota and the Mayo Clinic Foundation to enable these two institutions to leverage expertise in diabetes prevention and treatment to partner with the state's public and private sectors to develop:

(1) statewide prevention and care delivery initiatives;

(2) basic, translational, and clinical research;

(3) public education programs for health care providers and patients; and

(4) other transformative initiatives. This appropriation is available until expended.

(b) The funds in paragraph (a) shall cover direct, indirect, and administrative costs of the program. The University of Minnesota and the Mayo Clinic Foundation shall submit a report annually to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services by June 30 of 2014 and 2015. The report shall address the progress of the criteria in paragraph (a) and the expenditure of funds."

Adjust amounts accordingly

A roll call was requested and properly seconded.

The question was taken on the Albright amendment and the roll was called. There were 59 yeas and 74 nays as follows:

Those who voted in the affirmative were:

Abeler	Davids	Gunther	Kresha	O'Driscoll	Swedzinski
Albright	Dean, M.	Hackbarth	Leidiger	O'Neill	Theis
Anderson, M.	Dettmer	Hamilton	Lohmer	Peppin	Torkelson
Anderson, P.	Drazkowski	Hertaus	Loon	Petersburg	Uglen
Anderson, S.	Erickson, S.	Holberg	Mack	Pugh	Urdahl
Barrett	FitzSimmons	Hoppe	McDonald	Quam	Wills
Beard	Franson	Howe	McNamara	Runbeck	Woodard
Benson, M.	Garofalo	Johnson, B.	Myhra	Sanders	Zellers
Cornish	Green	Kelly	Newberger	Schomacker	Zerwas
Daudt	Gruenhagen	Kieffer	Nornes	Scott	

Those who voted in the negative were:

Allen	Erhardt	Hortman	Mahoney	Newton	Simonson
Anzelc	Erickson, R.	Huntley	Mariani	Norton	Slocum
Atkins	Fabian	Isaacson	Marquart	Paymar	Sundin
Benson, J.	Falk	Johnson, C.	Masin	Pelowski	Wagenius
Bernardy	Faust	Johnson, S.	McNamar	Persell	Ward, J.A.
Bly	Fischer	Kahn	Melin	Poppe	Ward, J.E.
Brynaert	Freiberg	Laine	Metsa	Radinovich	Winkler
Carlson	Fritz	Lenczewski	Moran	Rosenthal	Yarusso
Clark	Halverson	Lesch	Morgan	Savick	Spk. Thissen
Davnie	Hansen	Liebling	Mullery	Sawatzky	
Dehn, R.	Hausman	Lien	Murphy, E.	Schoen	
Dill	Hilstrom	Lillie	Murphy, M.	Selcer	
Dorholt	Hornstein	Loeffler	Nelson	Simon	

The motion did not prevail and the amendment was not adopted.

Schomacker moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 159, after line 36, insert:

"(k) For admissions occurring on or after July 1, 2014, the rate for inpatient hospital services must be increased two percent from the rate in effect on June 30, 2014, for hospitals located outside the eleven-county metropolitan area. Payments made to managed care and county-based purchasing plans shall be adjusted to reflect payments under this paragraph.

(l) For admissions occurring on or after July 1, 2015, the rate for inpatient hospital services must be increased five percent from the rate in effect on June 30, 2015, for hospitals located outside the eleven-county metropolitan area. Payments made to managed care and county-based purchasing plans shall be adjusted to reflect payments under this paragraph."

Page 503, after line 11, insert:

"**Transfer.** Notwithstanding Minnesota Statutes, section 295.581, \$..... in fiscal year 2015 and \$..... in fiscal year 2016 is appropriated from the health care access fund to the commissioner of human services to implement Minnesota Statutes, section 256.969, subdivision 39, paragraphs (k) and (l)."

Page 510, line 22, delete "\$20,000,000" and insert "\$....."

Page 510, line 23, delete "\$25,000,000" and insert "\$....."

Adjust amounts accordingly

A roll call was requested and properly seconded.

Schomacker moved to amend his amendment to H. F. No. 1233, the second engrossment, as amended, as follows:

Page 1, line 13, delete "\$....." and insert "\$2,876,000"

Page 1, line 14, delete everything after "2015" and insert "is"

Page 1, delete lines 20 and 21 and insert:

"Page 503, after line 11, insert:

"MinnesotaCare Exchange Transfer. The allocation from the health care access fund to the Minnesota Insurance Marketplace for MinnesotaCare-related operations and technology costs is reduced by \$2,876,000 in fiscal year 2015. This amount is transferred from the health care access fund to the general fund."

A roll call was requested and properly seconded.

The question was taken on the amendment to the amendment and the roll was called. There were 62 yeas and 71 nays as follows:

Those who voted in the affirmative were:

Abeler	Dettmer	Hamilton	Lohmer	Peppin	Torkelson
Albright	Drazkowski	Hertaus	Loon	Petersburg	Uglem
Anderson, M.	Erickson, S.	Holberg	Mack	Pugh	Urdahl
Anderson, P.	Fabian	Hoppe	McDonald	Quam	Wills
Barrett	FitzSimmons	Howe	McNamar	Runbeck	Woodard
Beard	Franson	Johnson, B.	McNamara	Sanders	Zellers
Benson, M.	Garofalo	Kelly	Myhra	Savick	Zerwas
Cornish	Green	Kieffer	Newberger	Schomacker	
Daudt	Gruenhagen	Kresha	Nornes	Scott	
Davids	Gunther	Leidiger	O'Driscoll	Swedzinski	
Dean, M.	Hackbarth	Lien	O'Neill	Theis	

Those who voted in the negative were:

Allen	Dill	Hilstrom	Lillie	Murphy, M.	Selcer
Anderson, S.	Dorholt	Hornstein	Loeffler	Nelson	Simon
Anzelc	Erhardt	Hortman	Mahoney	Newton	Simonson
Atkins	Erickson, R.	Huntley	Mariani	Norton	Slocum
Benson, J.	Falk	Isaacson	Marquart	Paymar	Sundin
Bernardy	Faust	Johnson, C.	Masin	Pelowski	Wagenius
Bly	Fischer	Johnson, S.	Melin	Persell	Ward, J.A.
Brynaert	Freiberg	Kahn	Metsa	Poppe	Ward, J.E.
Carlson	Fritz	Laine	Moran	Radinovich	Winkler
Clark	Halverson	Lenczewski	Morgan	Rosenthal	Yarusso
Davnie	Hansen	Lesch	Mullery	Sawatzky	Spk. Thissen
Dehn, R.	Hausman	Liebling	Murphy, E.	Schoen	

The motion did not prevail and the amendment to the amendment was not adopted.

The question recurred on the Schomacker amendment and the roll was called. There were 64 yeas and 69 nays as follows:

Those who voted in the affirmative were:

Abeler	Dean, M.	Hackbarth	Lien	O'Neill	Swedzinski
Albright	Dettmer	Hamilton	Lohmer	Peppin	Theis
Anderson, M.	Drazkowski	Hertaus	Loon	Petersburg	Torkelson
Anderson, P.	Erickson, S.	Holberg	Mack	Pugh	Uglen
Anderson, S.	Fabian	Hoppe	McDonald	Quam	Urdahl
Barrett	FitzSimmons	Howe	McNamar	Radinovich	Wills
Beard	Franson	Johnson, B.	McNamara	Runbeck	Woodard
Benson, M.	Garofalo	Kelly	Myhra	Sanders	Zellers
Cornish	Green	Kieffer	Newberger	Savick	Zerwas
Daudt	Gruenhagen	Kresha	Nornes	Schomacker	
Davids	Gunther	Leidiger	O'Driscoll	Scott	

Those who voted in the negative were:

Allen	Dorholt	Hornstein	Loeffler	Nelson	Simonson
Anzelc	Erhardt	Hortman	Mahoney	Newton	Slocum
Atkins	Erickson, R.	Huntley	Mariani	Norton	Sundin
Benson, J.	Falk	Isaacson	Marquart	Paymar	Wagenius
Bernardy	Faust	Johnson, C.	Masin	Pelowski	Ward, J.A.
Bly	Fischer	Johnson, S.	Melin	Persell	Ward, J.E.
Brynaert	Freiberg	Kahn	Metsa	Poppe	Winkler
Carlson	Fritz	Laine	Moran	Rosenthal	Yarusso
Clark	Halverson	Lenczewski	Morgan	Sawatzky	Spk. Thissen
Davnie	Hansen	Lesch	Mullery	Schoen	
Dehn, R.	Hausman	Liebling	Murphy, E.	Selcer	
Dill	Hilstrom	Lillie	Murphy, M.	Simon	

The motion did not prevail and the amendment was not adopted.

Schomacker moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 159, after line 36, insert:

"(k) For admissions occurring on or after January 1, 2014, the rate for inpatient hospital services must be increased 2 percent from the rate in effect on December 31, 2013. Payments made to managed care and county-based purchasing plans shall be adjusted to reflect payments under this paragraph."

Page 503, after line 11, insert:

"**Transfer.** Notwithstanding Minnesota Statutes, section 295.581, \$10,011,000 in fiscal year 2014 and \$12,897,000 in fiscal year 2015 is appropriated from the health care access fund to the commissioner of human services to implement Minnesota Statutes, section 256.969, subdivision 39, paragraph (k)."

Page 510, line 22, delete "\$20,000,000" and insert "\$9,989,000"

Page 510, line 23, delete "\$25,000,000" and insert "\$12,103,000"

Adjust amounts accordingly

A roll call was requested and properly seconded.

The question was taken on the Schomacker amendment and the roll was called. There were 60 yeas and 73 nays as follows:

Those who voted in the affirmative were:

Abeler	Davids	Gruenhagen	Kieffer	Nornes	Scott
Albright	Dean, M.	Gunther	Kresha	O'Driscoll	Swedzinski
Anderson, M.	Dettmer	Hackbarth	Leidiger	O'Neill	Theis
Anderson, P.	Drazkowski	Hamilton	Lohmer	Peppin	Torkelson
Anderson, S.	Erickson, S.	Hertaus	Loon	Petersburg	Uglem
Barrett	Fabian	Holberg	Mack	Pugh	Urdahl
Beard	FitzSimmons	Hoppe	McDonald	Quam	Wills
Benson, M.	Franson	Howe	McNamara	Runbeck	Woodard
Cornish	Garofalo	Johnson, B.	Myhra	Sanders	Zellers
Daudt	Green	Kelly	Newberger	Schomacker	Zerwas

Those who voted in the negative were:

Allen	Erhardt	Huntley	Mariani	Norton	Slocum
Anzelc	Erickson, R.	Isaacson	Marquart	Paymar	Sundin
Atkins	Falk	Johnson, C.	Masin	Pelowski	Wagenius
Benson, J.	Faust	Johnson, S.	McNamar	Persell	Ward, J.A.
Bernardy	Fischer	Kahn	Melin	Poppe	Ward, J.E.
Bly	Freiberg	Laine	Metsa	Radinovich	Winkler
Brynaert	Fritz	Lenczewski	Moran	Rosenthal	Yarusso
Carlson	Halverson	Lesch	Morgan	Savick	Spk. Thissen
Clark	Hansen	Liebling	Mullery	Sawatzky	
Davnie	Hausman	Lien	Murphy, E.	Schoen	
Dehn, R.	Hilstrom	Lillie	Murphy, M.	Selcer	
Dill	Hornstein	Loeffler	Nelson	Simon	
Dorholt	Hortman	Mahoney	Newton	Simonson	

The motion did not prevail and the amendment was not adopted.

Dean, M., moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 175, line 36, delete "five" and insert "seven"

Page 503, after line 11, insert:

"Transfer. Notwithstanding Minnesota Statutes, section 295.581, \$641,000 in fiscal year 2014 and \$836,000 in fiscal year 2015 is appropriated from the health care access fund to the commissioner of human services to implement Minnesota Statutes, section 256B.76, subdivision 2, paragraph (j)."

Page 510, line 22, delete "\$20,000,000" and insert "\$19,359,000"

Page 510, line 23, delete "\$25,000,000" and insert "\$24,164,000"

Adjust amounts accordingly

A roll call was requested and properly seconded.

The question was taken on the Dean, M., amendment and the roll was called. There were 61 yeas and 72 nays as follows:

Those who voted in the affirmative were:

Abeler	Davids	Gunther	Leidiger	Peppin	Uglen
Albright	Dean, M.	Hackbarth	Lohmer	Petersburg	Urdahl
Anderson, M.	Dettmer	Hamilton	Loon	Pugh	Wills
Anderson, P.	Drazkowski	Hertaus	Mack	Quam	Woodard
Anderson, S.	Erickson, S.	Holberg	McDonald	Runbeck	Zellers
Anzels	Fabian	Hoppe	McNamara	Sanders	Zerwas
Barrett	FitzSimmons	Howe	Myhra	Schomacker	
Beard	Franson	Johnson, B.	Newberger	Scott	
Benson, M.	Garofalo	Kelly	Nornes	Swedzinski	
Cornish	Green	Kieffer	O'Driscoll	Theis	
Daudt	Gruenhagen	Kresha	O'Neill	Torkelson	

Those who voted in the negative were:

Allen	Erhardt	Hortman	Loeffler	Murphy, M.	Schoen
Atkins	Erickson, R.	Huntley	Mahoney	Nelson	Selcer
Benson, J.	Falk	Isaacson	Mariani	Newton	Simon
Bernardy	Faust	Johnson, C.	Marquart	Norton	Simonson
Bly	Fischer	Johnson, S.	Masin	Paymar	Slocum
Brynaert	Freiberg	Kahn	McNamar	Pelowski	Sundin
Carlson	Fritz	Laine	Melin	Persell	Wagenius
Clark	Halverson	Lenczewski	Metsa	Poppe	Ward, J.A.
Davnie	Hansen	Lesch	Moran	Radinovich	Ward, J.E.
Dehn, R.	Hausman	Liebling	Morgan	Rosenthal	Winkler
Dill	Hilstrom	Lien	Mullery	Savick	Yarusso
Dorholt	Hornstein	Lillie	Murphy, E.	Sawatzky	Spk. Thissen

The motion did not prevail and the amendment was not adopted.

Franson moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 338, after line 14, insert:

"Sec. 3. Minnesota Statutes 2012, section 119B.011, is amended by adding a subdivision to read:

Subd. 19b. **Student parent.** "Student parent" means a person who is:

(1) under 21 years of age and has a child;

(2) pursuing a high school or general equivalency diploma;

(3) residing within a county that has a basic sliding fee waiting list under section 119B.03, subdivision 4; and

(4) not an MFIP participant.

EFFECTIVE DATE. This section is effective November 11, 2013.

Sec. 4. Minnesota Statutes 2012, section 119B.02, is amended by adding a subdivision to read:

Subd. 7. **Child care market rate survey.** Biennially, the commissioner shall survey prices charged by child care providers in Minnesota to determine the 75th percentile for like-care arrangements in county price clusters.

EFFECTIVE DATE. This section is effective September 16, 2013.

Sec. 5. Minnesota Statutes 2012, section 119B.03, subdivision 4, is amended to read:

Subd. 4. **Funding priority.** (a) First priority for child care assistance under the basic sliding fee program must be given to eligible non-MFIP families who do not have a high school or general equivalency diploma or who need remedial and basic skill courses in order to pursue employment or to pursue education leading to employment and who need child care assistance to participate in the education program. This includes student parents as defined under section 119B.011, subdivision 19b. Within this priority, the following subpriorities must be used:

- (1) child care needs of minor parents;
- (2) child care needs of parents under 21 years of age; and
- (3) child care needs of other parents within the priority group described in this paragraph.

(b) Second priority must be given to parents who have completed their MFIP or DWP transition year, or parents who are no longer receiving or eligible for diversionary work program supports.

(c) Third priority must be given to families who are eligible for portable basic sliding fee assistance through the portability pool under subdivision 9.

(d) Fourth priority must be given to families in which at least one parent is a veteran as defined under section 197.447.

(e) Families under paragraph (b) must be added to the basic sliding fee waiting list on the date they begin the transition year under section 119B.011, subdivision 20, and must be moved into the basic sliding fee program as soon as possible after they complete their transition year.

EFFECTIVE DATE. This section is effective November 11, 2013.

Sec. 6. Minnesota Statutes 2012, section 119B.05, subdivision 1, is amended to read:

Subdivision 1. **Eligible participants.** Families eligible for child care assistance under the MFIP child care program are:

- (1) MFIP participants who are employed or in job search and meet the requirements of section 119B.10;
- (2) persons who are members of transition year families under section 119B.011, subdivision 20, and meet the requirements of section 119B.10;
- (3) families who are participating in employment orientation or job search, or other employment or training activities that are included in an approved employability development plan under section 256J.95;
- (4) MFIP families who are participating in work job search, job support, employment, or training activities as required in their employment plan, or in appeals, hearings, assessments, or orientations according to chapter 256J;

(5) MFIP families who are participating in social services activities under chapter 256J as required in their employment plan approved according to chapter 256J;

(6) families who are participating in services or activities that are included in an approved family stabilization plan under section 256J.575;

(7) families who are participating in programs as required in tribal contracts under section 119B.02, subdivision 2, or 256.01, subdivision 2; ~~and~~

(8) families who are participating in the transition year extension under section 119B.011, subdivision 20a- ; and

(9) student parents as defined under section 119B.011, subdivision 19b.

EFFECTIVE DATE. This section is effective November 11, 2013.

Sec. 7. Minnesota Statutes 2012, section 119B.13, subdivision 1, is amended to read:

Subdivision 1. **Subsidy restrictions.** (a) Beginning ~~October 31, 2014~~ September 16, 2013, the maximum rate paid for child care assistance in any county or ~~multicounty region~~ county price cluster under the child care fund shall be the ~~rate for like care arrangements in the county effective July 1, 2006, decreased by 2.5 percent~~ greater of the 25th percentile of the 2011 child care provider rate survey or the maximum rate effective November 28, 2011. The commissioner may: (1) assign a county with no reported provider prices to a similar price cluster; and (2) consider county level access when determining final price clusters.

~~(b) Biennially, beginning in 2012, the commissioner shall survey rates charged by child care providers in Minnesota to determine the 75th percentile for like care arrangements in counties. When the commissioner determines that, using the commissioner's established protocol, the number of providers responding to the survey is too small to determine the 75th percentile rate for like care arrangements in a county or multicounty region, the commissioner may establish the 75th percentile maximum rate based on like care arrangements in a county, region, or category that the commissioner deems to be similar.~~

~~(c)~~ (b) A rate which includes a special needs rate paid under subdivision 3 or under a school readiness service agreement paid under section 119B.231, may be in excess of the maximum rate allowed under this subdivision.

~~(d)~~ (c) The department shall monitor the effect of this paragraph on provider rates. The county shall pay the provider's full charges for every child in care up to the maximum established. The commissioner shall determine the maximum rate for each type of care on an hourly, full-day, and weekly basis, including special needs and disability care. The maximum payment to a provider for one day of care must not exceed the daily rate. The maximum payment to a provider for one week of care must not exceed the weekly rate.

~~(e)~~ (d) Child care providers receiving reimbursement under this chapter must not be paid activity fees or an additional amount above the maximum rates for care provided during nonstandard hours for families receiving assistance.

~~(f)~~ (e) When the provider charge is greater than the maximum provider rate allowed, the parent is responsible for payment of the difference in the rates in addition to any family co-payment fee.

~~(g)~~ (f) All maximum provider rates changes shall be implemented on the Monday following the effective date of the maximum provider rate.

(g) Notwithstanding Minnesota Rules, part 3400.0130, subpart 7, maximum registration fees in effect on January 1, 2013, shall remain in effect.

Sec. 8. Minnesota Statutes 2012, section 119B.13, subdivision 1a, is amended to read:

Subd. 1a. **Legal nonlicensed family child care provider rates.** (a) Legal nonlicensed family child care providers receiving reimbursement under this chapter must be paid on an hourly basis for care provided to families receiving assistance.

(b) The maximum rate paid to legal nonlicensed family child care providers must be 68 percent of the county maximum hourly rate for licensed family child care providers. In counties or county price clusters where the maximum hourly rate for licensed family child care providers is higher than the maximum weekly rate for those providers divided by 50, the maximum hourly rate that may be paid to legal nonlicensed family child care providers is the rate equal to the maximum weekly rate for licensed family child care providers divided by 50 and then multiplied by 0.68. The maximum payment to a provider for one day of care must not exceed the maximum hourly rate times ten. The maximum payment to a provider for one week of care must not exceed the maximum hourly rate times 50.

(c) A rate which includes a special needs rate paid under subdivision 3 may be in excess of the maximum rate allowed under this subdivision.

(d) Legal nonlicensed family child care providers receiving reimbursement under this chapter may not be paid registration fees for families receiving assistance.

EFFECTIVE DATE. This section is effective September 16, 2013.

Sec. 9. Minnesota Statutes 2012, section 119B.13, is amended by adding a subdivision to read:

Subd. 3b. **Provider rate differential for Parent Aware.** A family child care provider or child care center shall be paid a 15 percent differential if they hold a three-star Parent Aware rating or a 20 percent differential if they hold a four-star Parent Aware rating. A 15 percent or 20 percent rate differential must be paid above the maximum rate established in subdivision 1, up to the actual provider rate.

EFFECTIVE DATE. This section is effective March 3, 2014.

Sec. 10. Minnesota Statutes 2012, section 119B.13, is amended by adding a subdivision to read:

Subd. 3c. **Weekly rate paid for children attending high-quality care.** A licensed child care provider or license-exempt center may be paid up to the applicable weekly maximum rate, not to exceed the provider's actual charge, when the following conditions are met:

- (1) the child is age birth to five years, but not yet in kindergarten;
- (2) the child attends a child care provider that qualifies for the rate differential identified in subdivision 3a or 3b; and
- (3) the applicant's activities qualify for at least 30 hours of care per week under sections 119B.03, 119B.05, 119B.10, and Minnesota Rules, chapter 3400.

EFFECTIVE DATE. This section is effective August 4, 2014."

Page 500, after line 7, insert:

"CCAP MAXIS COSTS. Notwithstanding Minnesota Statutes, section 295.581, \$40,000 in fiscal year 2014 and \$11,000 in fiscal year 2015 is appropriated from the health care access fund to the commissioner of human services for systems costs related to increasing access to quality child care for children with high needs under Minnesota Statutes, chapter 119B."

Page 501, after line 33, insert:

"MFIP Quality Childcare For Children With High Needs. Notwithstanding Minnesota Statutes, section 295.581, \$4,874,000 in fiscal year 2014 and \$9,394,000 in fiscal year 2015 is appropriated from the health care access fund to the commissioner of human services for quality child care for children with high needs under Minnesota Statutes, chapter 119B."

Page 504, after line 17, insert:

"Basic Sliding Fee Child Care For Children With High Needs. Notwithstanding Minnesota Statutes, section 295.581, \$2,663,000 in fiscal year 2014 and \$5,959,000 in fiscal year 2015 is appropriated from the health care access fund to the commissioner of human services for quality child care for children with high needs under Minnesota Statutes, chapter 119B."

Page 510, line 22, delete "\$20,000,000" and insert "\$12,423,000"

Page 510, line 23, delete "\$25,000,000" and insert "\$9,636,000"

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Franson amendment and the roll was called. There were 60 yeas and 73 nays as follows:

Those who voted in the affirmative were:

Abeler	Dauids	Gruenhagen	Kieffer	Nornes	Scott
Albright	Dean, M.	Gunther	Kresha	O'Driscoll	Swedzinski
Anderson, M.	Dettmer	Hackbarth	Leidiger	O'Neill	Theis
Anderson, P.	Drazkowski	Hamilton	Lohmer	Peppin	Torkelson
Anderson, S.	Erickson, S.	Hertaus	Loon	Petersburg	Uglem
Barrett	Fabian	Holberg	Mack	Pugh	Urdahl
Beard	FitzSimmons	Hoppe	McDonald	Quam	Wills
Benson, M.	Franson	Howe	McNamara	Runbeck	Woodard
Cornish	Garofalo	Johnson, B.	Myhra	Sanders	Zellers
Daudt	Green	Kelly	Newberger	Schomacker	Zerwas

Those who voted in the negative were:

Allen	Erhardt	Huntley	Mariani	Norton	Slocum
Anzelc	Erickson, R.	Isaacson	Marquart	Paymar	Sundin
Atkins	Falk	Johnson, C.	Masin	Pelowski	Wagenius
Benson, J.	Faust	Johnson, S.	McNamar	Persell	Ward, J.A.
Bernardy	Fischer	Kahn	Melin	Poppe	Ward, J.E.
Bly	Freiberg	Laine	Metsa	Radinovich	Winkler
Brynaert	Fritz	Lenczewski	Moran	Rosenthal	Yarusso
Carlson	Halverson	Lesch	Morgan	Savick	Spk. Thissen
Clark	Hansen	Liebling	Mullery	Sawatzky	
Davnie	Hausman	Lien	Murphy, E.	Schoen	
Dehn, R.	Hilstrom	Lillie	Murphy, M.	Selcer	
Dill	Hornstein	Loeffler	Nelson	Simon	
Dorholt	Hortman	Mahoney	Newton	Simonson	

The motion did not prevail and the amendment was not adopted.

Mack moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 338, after line 14, insert:

"Sec. 3. Minnesota Statutes 2012, section 119B.05, subdivision 1, is amended to read:

Subdivision 1. **Eligible participants.** Families eligible for child care assistance under the MFIP child care program are:

- (1) MFIP participants who are employed or in job search and meet the requirements of section 119B.10;
- (2) persons who are members of transition year families under section 119B.011, subdivision 20, and meet the requirements of section 119B.10;
- (3) families who are participating in employment orientation or job search, or other employment or training activities that are included in an approved employability development plan under section 256J.95;
- (4) MFIP families who are participating in work job search, job support, employment, or training activities as required in their employment plan, or in appeals, hearings, assessments, or orientations according to chapter 256J;
- (5) MFIP families who are participating in social services activities under chapter 256J or mental health treatment as required in their employment plan approved according to chapter 256J;
- (6) families who are participating in services or activities that are included in an approved family stabilization plan under section 256J.575;
- (7) MFIP child-only cases under section 256J.88, for up to 20 hours of child care per week as approved by the county, in which the child's primary caregiver has a diagnosis of depression or other serious mental illness;
- (8) families who are participating in programs as required in tribal contracts under section 119B.02, subdivision 2, or 256.01, subdivision 2; and
- ~~(8)~~ (9) families who are participating in the transition year extension under section 119B.011, subdivision 20a."

Page 500, after line 7, insert:

"MAXIS. Notwithstanding Minnesota Statutes, section 295.581, \$17,000 in fiscal year 2014 is appropriated from the health care access fund to the commissioner of human services for systems costs related to child care assistance for MFIP child-only cases in which the primary caregiver has a diagnosis of depression or other serious mental illness under Minnesota Statutes, section 119B.05, subdivision 1."

Page 501, after line 33, insert:

"MFIP Caregivers With Depression or Serious Mental Illness. Notwithstanding Minnesota Statutes, section 295.581, \$595,000 in fiscal year 2014 and \$1,825 in fiscal year 2015 is appropriated from the health care access fund to the commissioner of human services for MFIP child-only cases in which the primary caregiver has a diagnosis of depression or other serious mental illness under Minnesota Statutes, section 119B.05, subdivision 1."

Page 510, line 22, delete "\$20,000,000" and insert "\$19,388,000"

Page 510, line 23, delete "\$25,000,000" and insert "\$23,175,000"

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

Schomacker moved to amend the Mack amendment to H. F. No. 1233, the second engrossment, as amended, as follows:

Page 2, delete lines 1 to 25 and insert:

"Page 500, after line 7, insert:

"MAXIS. \$17,000 in fiscal year 2014 is appropriated from the general fund to the commissioner of human services for systems costs related to providing child care assistance for MFIP child-only cases in which the primary caregiver has a diagnosis of depression or other serious mental illness under Minnesota Statutes, section 119B.05, subdivision 1."

Page 501, after line 8, insert:

"MinnesotaCare Exchange Transfer. The allocation from the health care access fund to the Minnesota Insurance Marketplace for MinnesotaCare-related operations and technology costs is

reduced by \$612,000 in fiscal year 2014 and \$1,825,000 in fiscal year 2015 and equal amounts are transferred from the health care access fund to the general fund."

Page 501, after line 33, insert:

"MFIP Caregivers with Depression or Serious Mental Illness.
\$595,000 in fiscal year 2014 and \$1,825,000 in fiscal year 2015 is appropriated from the general fund to the commissioner of human services to provide child care assistance for MFIP child-only cases in which the primary caregiver has a diagnosis of depression or other serious mental illness under Minnesota Statutes, section 119B.05, subdivision 1."

A roll call was requested and properly seconded.

The question was taken on the amendment to the amendment and the roll was called. There were 60 yeas and 73 nays as follows:

Those who voted in the affirmative were:

Abeler	Davids	Gruenhagen	Kieffer	Nornes	Scott
Albright	Dean, M.	Gunther	Kresha	O'Driscoll	Swedzinski
Anderson, M.	Dettmer	Hackbarth	Leidiger	O'Neill	Theis
Anderson, P.	Drazkowski	Hamilton	Lohmer	Peppin	Torkelson
Anderson, S.	Erickson, S.	Hertaus	Loon	Petersburg	Uglen
Barrett	Fabian	Holberg	Mack	Pugh	Urdahl
Beard	FitzSimmons	Hoppe	McDonald	Quam	Wills
Benson, M.	Franson	Howe	McNamara	Runbeck	Woodard
Cornish	Garofalo	Johnson, B.	Myhra	Sanders	Zellers
Daudt	Green	Kelly	Newberger	Schomacker	Zerwas

Those who voted in the negative were:

Allen	Erhardt	Huntley	Mariani	Norton	Slocum
Anzelc	Erickson, R.	Isaacson	Marquart	Paymar	Sundin
Atkins	Falk	Johnson, C.	Masin	Pelowski	Wagenius
Benson, J.	Faust	Johnson, S.	McNamar	Persell	Ward, J.A.
Bernardy	Fischer	Kahn	Melin	Poppe	Ward, J.E.
Bly	Freiberg	Laine	Metsa	Radinovich	Winkler
Brynaert	Fritz	Lenczewski	Moran	Rosenthal	Yarusso
Carlson	Halverson	Lesch	Morgan	Savick	Spk. Thissen
Clark	Hansen	Liebling	Mullery	Sawatzky	
Davnie	Hausman	Lien	Murphy, E.	Schoen	
Dehn, R.	Hilstrom	Lillie	Murphy, M.	Selcer	
Dill	Hornstein	Loeffler	Nelson	Simon	
Dorholt	Hortman	Mahoney	Newton	Simonson	

The motion did not prevail and the amendment to the amendment was not adopted.

Mack withdrew her amendment to H. F. No. 1233, the second engrossment, as amended.

Mack moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 364, after line 3, insert:

"Sec. 22. Minnesota Statutes 2012, section 259A.20, subdivision 4, is amended to read:

Subd. 4. **Reimbursement for special nonmedical expenses.** (a) Reimbursement for special nonmedical expenses is available to children, except those eligible for adoption assistance based on being an at-risk child.

(b) Reimbursements under this paragraph shall be made only after the adoptive parent documents that the requested service was denied by the local social service agency, community agencies, the local school district, the local public health department, the parent's insurance provider, or the child's program. The denial must be for an eligible service or qualified item under the program requirements of the applicable agency or organization.

(c) Reimbursements must be previously authorized, adhere to the requirements and procedures prescribed by the commissioner, and be limited to:

(1) child care for a child age 12 and younger, or for a child age 13 or 14 who has a documented disability that requires special instruction for and services by the child care provider. Child care reimbursements may be made if all available adult caregivers are employed or attending educational or vocational training programs, or if an adult caregiver is employed full time and the other caregiver is disabled as defined in section 256.481. If a parent is attending an educational or vocational training program, child care reimbursement is limited to no more than the time necessary to complete the credit requirements for an associate or baccalaureate degree as determined by the educational institution. Child care reimbursement is not limited for an adoptive parent completing basic or remedial education programs needed to prepare for postsecondary education or employment;

(2) respite care provided for the relief of the child's parent up to 504 hours of respite care annually;

(3) camping up to 14 days per state fiscal year for a child to attend a special needs camp. The camp must be accredited by the American Camp Association as a special needs camp in order to be eligible for camp reimbursement;

(4) postadoption counseling to promote the child's integration into the adoptive family that is provided by the placing agency during the first year following the date of the adoption decree. Reimbursement is limited to 12 sessions of postadoption counseling;

(5) family counseling that is required to meet the child's special needs. Reimbursement is limited to the prorated portion of the counseling fees allotted to the family when the adoptive parent's health insurance or Medicaid pays for the child's counseling but does not cover counseling for the rest of the family members;

(6) home modifications to accommodate the child's special needs upon which eligibility for adoption assistance was approved. Reimbursement is limited to once every five years per child;

(7) vehicle modifications to accommodate the child's special needs upon which eligibility for adoption assistance was approved. Reimbursement is limited to once every five years per family; and

(8) burial expenses up to \$1,000, if the special needs, upon which eligibility for adoption assistance was approved, resulted in the death of the child.

(d) The adoptive parent shall submit statements for expenses incurred between July 1 and June 30 of a given fiscal year to the state adoption assistance unit within 60 days after the end of the fiscal year in order for reimbursement to occur."

Page 505, after line 13, insert:

"Reimbursement For Special Nonmedical Expenses.
Notwithstanding Minnesota Statutes, section 295.581, \$78,000 in
fiscal year 2014 and \$78,000 in fiscal year 2015 is appropriated
from the health care access fund to the commissioner of human
services to implement the provisions of article 10, section 22."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Mack amendment and the roll was called. There were 58 yeas and 74 nays as follows:

Those who voted in the affirmative were:

Abeler	Dauids	Gruenhagen	Leidiger	O'Neill	Theis
Albright	Dean, M.	Gunther	Lohmer	Peppin	Torkelson
Anderson, M.	Dettmer	Hackbarth	Loon	Petersburg	Uglem
Anderson, P.	Drazkowski	Hamilton	Mack	Pugh	Urdahl
Anderson, S.	Erickson, S.	Hertaus	McDonald	Quam	Wills
Barrett	Fabian	Hoppe	McNamara	Runbeck	Woodard
Beard	FitzSimmons	Howe	Myhra	Sanders	Zellers
Benson, M.	Franson	Johnson, B.	Newberger	Schomacker	Zerwas
Cornish	Garofalo	Kelly	Nornes	Scott	
Daudt	Green	Kresha	O'Driscoll	Swedzinski	

Those who voted in the negative were:

Allen	Erhardt	Huntley	Mahoney	Newton	Simonson
Anzelc	Erickson, R.	Isaacson	Mariani	Norton	Slocum
Atkins	Falk	Johnson, C.	Marquart	Paymar	Sundin
Benson, J.	Faust	Johnson, S.	Masin	Pelowski	Wagenius
Bernardy	Fischer	Kahn	McNamar	Persell	Ward, J.A.
Bly	Freiberg	Kieffer	Melin	Poppe	Ward, J.E.
Brynaert	Fritz	Laine	Metsa	Radinovich	Winkler
Carlson	Halverson	Lenczewski	Moran	Rosenthal	Yarusso
Clark	Hansen	Lesch	Morgan	Savick	Spk. Thissen
Davnie	Hausman	Liebling	Mullery	Sawatzky	
Dehn, R.	Hilstrom	Lien	Murphy, E.	Schoen	
Dill	Hornstein	Lillie	Murphy, M.	Selcer	
Dorholt	Hortman	Loeffler	Nelson	Simon	

The motion did not prevail and the amendment was not adopted.

Franson moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 338, after line 14, insert:

"Sec. 3. Minnesota Statutes 2012, section 119B.13, subdivision 1, is amended to read:

Subdivision 1. **Subsidy restrictions.** (a) Beginning October 31, 2011, the maximum rate paid for child care assistance in any county or multicounty region under the child care fund shall be the rate for like-care arrangements in the county effective July 1, 2006, decreased by 2.5 percent. Beginning July 1, 2014, the maximum rate paid for child care assistance in any county or multicounty region, except for counties under section 473.121, subdivision 4, under the child care fund shall be the rate for like-care arrangements in the county effective July 1, 2012, increased by a percentage to be established by the commissioner. The commissioner shall increase maximum rates up to a statewide total increase of \$10,000,000 for child care assistance programs under this chapter.

(b) Biennially, beginning in 2012, the commissioner shall survey rates charged by child care providers in Minnesota to determine the 75th percentile for like-care arrangements in counties. When the commissioner determines that, using the commissioner's established protocol, the number of providers responding to the survey is too small to determine the 75th percentile rate for like-care arrangements in a county or multicounty region, the commissioner may establish the 75th percentile maximum rate based on like-care arrangements in a county, region, or category that the commissioner deems to be similar.

(c) A rate which includes a special needs rate paid under subdivision 3 or under a school readiness service agreement paid under section 119B.231, may be in excess of the maximum rate allowed under this subdivision.

(d) The department shall monitor the effect of this paragraph on provider rates. The county shall pay the provider's full charges for every child in care up to the maximum established. The commissioner shall determine the maximum rate for each type of care on an hourly, full-day, and weekly basis, including special needs and disability care. The maximum payment to a provider for one day of care must not exceed the daily rate. The maximum payment to a provider for one week of care must not exceed the weekly rate.

(e) Child care providers receiving reimbursement under this chapter must not be paid activity fees or an additional amount above the maximum rates for care provided during nonstandard hours for families receiving assistance.

(f) When the provider charge is greater than the maximum provider rate allowed, the parent is responsible for payment of the difference in the rates in addition to any family co-payment fee.

(g) All maximum provider rates changes shall be implemented on the Monday following the effective date of the maximum provider rate."

Page 501, after line 33, insert:

"CCAP Provider Rate Increase. Notwithstanding Minnesota Statutes, section 295.581, \$10,000,000 in fiscal year 2014 is appropriated from the health care access fund to the commissioner of human services for child care assistance program provider rate increases under Minnesota Statutes, section 119B.13, subdivision 1."

Adjust amounts accordingly

Renumber or reletter in sequence and correct internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Franson amendment and the roll was called. There were 62 yeas and 70 nays as follows:

Those who voted in the affirmative were:

Abeler	Dean, M.	Gunther	Lohmer	Peppin	Torkelson
Albright	Dettmer	Hackbarth	Loon	Petersburg	Uglem
Anderson, M.	Drazkowski	Hamilton	Mack	Pugh	Urdahl
Anderson, P.	Erickson, S.	Hertaus	McDonald	Quam	Wills
Anderson, S.	Fabian	Holberg	McNamar	Radinovich	Woodard
Barrett	Faust	Hoppe	McNamara	Runbeck	Zellers
Beard	FitzSimmons	Howe	Myhra	Sanders	Zerwas
Benson, M.	Franson	Johnson, B.	Newberger	Schomacker	
Cornish	Garofalo	Kelly	Nornes	Scott	
Daudt	Green	Kresha	O'Driscoll	Swedzinski	
Davids	Gruenhagen	Leidiger	O'Neill	Theis	

Those who voted in the negative were:

Allen	Dorholt	Hortman	Loeffler	Nelson	Simon
Anzenc	Erhardt	Huntley	Mahoney	Newton	Simonson
Atkins	Erickson, R.	Isaacson	Mariani	Norton	Slocum
Benson, J.	Falk	Johnson, C.	Marquart	Paymar	Sundin
Bernardy	Fischer	Johnson, S.	Masin	Pelowski	Wagenius
Bly	Freiberg	Kahn	Melin	Persell	Ward, J.A.
Brynaert	Fritz	Laine	Metsa	Poppe	Ward, J.E.
Carlson	Halverson	Lenczewski	Moran	Rosenthal	Winkler
Clark	Hansen	Lesch	Morgan	Savick	Yarusso
Davnie	Hausman	Liebling	Mullery	Sawatzky	Spk. Thissen
Dehn, R.	Hilstrom	Lien	Murphy, E.	Schoen	
Dill	Hornstein	Lillie	Murphy, M.	Selcer	

The motion did not prevail and the amendment was not adopted.

Swedzinski moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 507, after line 24, insert:

"Alternative To Moose Lake. The allocation from the health care access fund to the Minnesota Insurance Marketplace for MinnesotaCare-related operations and technology costs is reduced by \$2,653,000 in fiscal year 2014 and \$2,653,000 in fiscal year 2015, transferred to the general fund, and appropriated from the general fund to the commissioner of human services to continue the alternative to Moose Lake grants."

A roll call was requested and properly seconded.

The question was taken on the Swedzinski amendment and the roll was called. There were 64 yeas and 69 nays as follows:

Those who voted in the affirmative were:

Abeler	Davids	Gunther	Leidiger	O'Driscoll	Swedzinski
Albright	Dean, M.	Hackbarth	Lohmer	O'Neill	Theis
Anderson, M.	Dettmer	Hamilton	Loon	Pelowski	Torkelson
Anderson, P.	Drazkowski	Hertaus	Mack	Peppin	Uglem
Anderson, S.	Erickson, S.	Holberg	McDonald	Petersburg	Urdahl
Anzelc	Fabian	Hoppe	McNamara	Pugh	Wills
Barrett	FitzSimmons	Howe	Melin	Quam	Woodard
Beard	Franson	Johnson, B.	Metsa	Runbeck	Zellers
Benson, M.	Garofalo	Kelly	Myhra	Sanders	Zerwas
Cornish	Green	Kieffer	Newberger	Schomacker	
Daudt	Gruenhagen	Kresha	Nornes	Scott	

Those who voted in the negative were:

Allen	Erhardt	Hortman	Loeffler	Newton	Simonson
Atkins	Erickson, R.	Huntley	Mahoney	Norton	Slocum
Benson, J.	Falk	Isaacson	Mariani	Paymar	Sundin
Bernardy	Faust	Johnson, C.	Marquart	Persell	Wagenius
Bly	Fischer	Johnson, S.	Masin	Poppe	Ward, J.A.
Brynaert	Freiberg	Kahn	McNamar	Radinovich	Ward, J.E.
Carlson	Fritz	Laine	Moran	Rosenthal	Winkler
Clark	Halverson	Lenczewski	Morgan	Savick	Yarusso
Davnie	Hansen	Lesch	Mullery	Sawatzky	Spk. Thissen
Dehn, R.	Hausman	Liebling	Murphy, E.	Schoen	
Dill	Hilstrom	Lien	Murphy, M.	Selcer	
Dorholt	Hornstein	Lillie	Nelson	Simon	

The motion did not prevail and the amendment was not adopted.

Dean, M., moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 458, after line 7, insert:

"(h) No grant shall be awarded under this section for the purpose of establishing community gardens."

A roll call was requested and properly seconded.

The question was taken on the Dean, M., amendment and the roll was called. There were 64 yeas and 68 nays as follows:

Those who voted in the affirmative were:

Abeler	Anderson, S.	Cornish	Dettmer	Fischer	Green
Albright	Barrett	Daudt	Drazkowski	FitzSimmons	Gruenhagen
Anderson, M.	Beard	Davids	Erickson, S.	Franson	Gunther
Anderson, P.	Benson, M.	Dean, M.	Fabian	Garofalo	Hackbarth

Hertaus	Kresha	McNamara	Peppin	Sanders	Urdahl
Holberg	Leidiger	Morgan	Petersburg	Schomacker	Ward, J.E.
Hoppe	Lohmer	Myhra	Pugh	Scott	Wills
Howe	Loon	Newberger	Quam	Swedzinski	Woodard
Johnson, B.	Mack	Nornes	Radinovich	Theis	Zellers
Kelly	McDonald	O'Driscoll	Rosenthal	Torkelson	
Kieffer	McNamar	O'Neill	Runbeck	Uglen	

Those who voted in the negative were:

Allen	Dorholt	Hornstein	Lillie	Nelson	Slocum
Anzelc	Erhardt	Hortman	Loeffler	Newton	Sundin
Atkins	Erickson, R.	Huntley	Mahoney	Norton	Wagenius
Benson, J.	Falk	Isaacson	Mariani	Paymar	Ward, J.A.
Bernardy	Faust	Johnson, C.	Marquart	Persell	Winkler
Bly	Freiberg	Johnson, S.	Masin	Poppe	Yarusso
Brynaert	Fritz	Kahn	Melin	Savick	Zerwas
Carlson	Halverson	Laine	Metsa	Sawatzky	Spk. Thissen
Clark	Hamilton	Lenczewski	Moran	Schoen	
Davnie	Hansen	Lesch	Mullery	Selcer	
Dehn, R.	Hausman	Liebling	Murphy, E.	Simon	
Dill	Hilstrom	Lien	Murphy, M.	Simonson	

The motion did not prevail and the amendment was not adopted.

The Speaker resumed the Chair.

Zerwas moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 369, after line 16, insert:

"Sec. 30. MINNESOTA INSURANCE MARKETPLACE.

No employee of the Minnesota Insurance Marketplace, including navigators, as defined in Minnesota Statutes, section 62V.02, subdivision 9, may request, solicit or offer information related to voter registration to persons seeking to purchase insurance through the exchange."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Zerwas amendment and the roll was called. There were 80 yeas and 53 nays as follows:

Those who voted in the affirmative were:

Abeler	Anderson, P.	Beard	Daudt	Dettmer	Draskowski
Albright	Anderson, S.	Benson, M.	Davids	Dill	Erickson, R.
Anderson, M.	Barrett	Cornish	Dean, M.	Dorholt	Erickson, S.

Fabian	Hertaus	Lillie	O'Driscoll	Sanders	Urdahl
Faust	Holberg	Lohmer	O'Neill	Savick	Ward, J.E.
FitzSimmons	Hoppe	Loon	Pelowski	Sawatzky	Wills
Franson	Howe	Mack	Peppin	Schomacker	Winkler
Fritz	Johnson, B.	McDonald	Petersburg	Scott	Woodard
Garofalo	Johnson, C.	McNamar	Poppe	Selcer	Zellers
Green	Kelly	McNamara	Pugh	Simon	Zerwas
Gruenhagen	Kieffer	Myhra	Quam	Swedzinski	
Gunther	Kresha	Newberger	Radinovich	Theis	
Hackbarth	Leidiger	Nornes	Rosenthal	Torkelson	
Hamilton	Lenczewski	Norton	Runbeck	Uglen	

Those who voted in the negative were:

Allen	Davnie	Hilstrom	Liebling	Moran	Schoen
Anzelc	Dehn, R.	Hornstein	Lien	Morgan	Simonson
Atkins	Erhardt	Hortman	Loeffler	Mullery	Slocum
Benson, J.	Falk	Huntley	Mahoney	Murphy, E.	Sundin
Bernardy	Fischer	Isaacson	Mariani	Murphy, M.	Wagenius
Bly	Freiberg	Johnson, S.	Marquart	Nelson	Ward, J.A.
Brynaert	Halverson	Kahn	Masin	Newton	Yarusso
Carlson	Hansen	Laine	Melin	Paymar	Spk. Thissen
Clark	Hausman	Lesch	Metsa	Persell	

The motion prevailed and the amendment was adopted.

Albright moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 42, after line 13, insert:

"Sec. 61. **MINNESOTA STATE OPPORTUNITIES FOR UNDECIDED PURCHASERS.**

The commissioner of human services shall review and report to the legislature by January 1, 2015, on the purchasing preferences of Minnesota consumers. The report must examine the purchasing preferences of consumers in MNSure relative to costs, benefits, and provider choices."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Albright amendment and the roll was called. There were 62 yeas and 71 nays as follows:

Those who voted in the affirmative were:

Abeler	Anderson, S.	Cornish	Dettmer	Fabian	Green
Albright	Barrett	Daudt	Drazkowski	FitzSimmons	Gruenhagen
Anderson, M.	Beard	Davids	Erickson, R.	Franson	Gunther
Anderson, P.	Benson, M.	Dean, M.	Erickson, S.	Garofalo	Hackbarth

Halverson	Kelly	McDonald	Peppin	Scott	Woodard
Hamilton	Kieffer	McNamara	Petersburg	Swedzinski	Zellers
Hertaus	Kresha	Myhra	Pugh	Theis	Zerwas
Holberg	Leidiger	Newberger	Quam	Torkelson	
Hoppe	Lohmer	Nornes	Runbeck	Uglen	
Howe	Loon	O'Driscoll	Sanders	Urdahl	
Johnson, B.	Mack	O'Neill	Schomacker	Wills	

Those who voted in the negative were:

Allen	Dorholt	Huntley	Mahoney	Nelson	Selcer
Anzelc	Erhardt	Isaacson	Mariani	Newton	Simon
Atkins	Falk	Johnson, C.	Marquart	Norton	Simonson
Benson, J.	Faust	Johnson, S.	Masin	Paymar	Slocum
Bernardy	Fischer	Kahn	McNamar	Pelowski	Sundin
Bly	Freiberg	Laine	Melin	Persell	Wagenius
Brynaert	Fritz	Lenczewski	Metsa	Poppe	Ward, J.A.
Carlson	Hansen	Lesch	Moran	Radinovich	Ward, J.E.
Clark	Hausman	Liebling	Morgan	Rosenthal	Winkler
Davnie	Hilstrom	Lien	Mullery	Savick	Yarusso
Dehn, R.	Hornstein	Lillie	Murphy, E.	Sawatzky	Spk. Thissen
Dill	Hortman	Loeffler	Murphy, M.	Schoen	

The motion did not prevail and the amendment was not adopted.

Ward, J.E., moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 455, after line 15, insert:

"Sec. 26. **[145.417] LICENSURE OF CERTAIN FACILITIES THAT PERFORM ABORTIONS.**

Subdivision 1. License required for facilities that perform ten or more abortions per month. (a) A clinic, health center, or other facility in which the pregnancies of ten or more women known to be pregnant are willfully terminated or aborted each month shall be licensed by the commissioner of health and, notwithstanding Minnesota Rules, part 4675.0100, subparts 8 and 9, subject to the licensure requirements provided in Minnesota Rules, chapter 4675. The commissioner shall not require a facility licensed as a hospital or as an outpatient surgical center, pursuant to sections 144.50 to 144.56, to obtain a separate license under this section, but may subject these facilities to inspections and investigations as permitted under subdivision 2.

(b) The establishment or operation of a facility described in this section without obtaining a license is a misdemeanor punishable by a fine of not more than \$300. The commissioner of health, the attorney general, an appropriate county attorney, or a woman upon whom an abortion has been performed or attempted to be performed at an unlicensed facility may seek an injunction in district court against the continued operation of the facility. Proceedings for securing an injunction may be brought by the attorney general or by the appropriate county attorney.

(c) Sanctions provided in this subdivision do not restrict other available sanctions.

Subd. 2. Inspections; no notice required. No more than two times per year, the commissioner of health shall perform routine and comprehensive inspections and investigations of facilities described under subdivision 1. Every clinic, health center, or other facility described under subdivision 1, and any other premise proposed to be conducted as a facility by an applicant for a license, shall be open at all reasonable times to inspection authorized in writing by the commissioner of health. No notice need be given to any person prior to any inspection.

Subd. 3. **Licensure fee.** (a) The annual license fee for facilities required to be licensed under this section is \$3,712.

(b) Fees shall be collected and deposited according to section 144.122.

Subd. 4. **Suspension, revocation, and refusal to renew.** The commissioner of health may refuse to grant or renew, or may suspend or revoke a license on any of the following grounds:

(1) violation of any of the provisions of this section or Minnesota Rules, chapter 4675;

(2) permitting, aiding, or abetting the commission of any illegal act in the facility;

(3) conduct or practices detrimental to the welfare of the patient;

(4) obtaining or attempting to obtain a license by fraud or misrepresentation; or

(5) if there is a pattern of conduct that involves one or more physicians in the facility who have a financial or economic interest in the facility, as defined in section 144.6521, subdivision 3, and who have not provided notice and disclosure of the financial or economic interest as required by section 144.6521.

Subd. 5. **Hearing.** Prior to any suspension, revocation, or refusal to renew a license, the licensee shall be entitled to notice and a hearing as provided by sections 14.57 to 14.69. At each hearing, the commissioner of health shall have the burden of establishing that a violation described in subdivision 4 has occurred. If a license is revoked, suspended, or not renewed, a new application for a license may be considered by the commissioner if the conditions upon which revocation, suspension, or refusal to renew was based have been corrected and evidence of this fact has been satisfactorily furnished. A new license may be granted after proper inspection has been made and all provisions of this section and Minnesota Rules, chapter 4675, have been complied with and a recommendation for licensure has been made by the commissioner or by an inspector as an agent of the commissioner.

Subd. 6. **Severability.** If any one or more provision, section, subdivision, sentence, clause, phrase, or word of this section or the application of it to any person or circumstance is found to be unconstitutional, it is declared to be severable and the balance of this section shall remain effective notwithstanding such unconstitutionality. The legislature intends that it would have passed this section, and each provision, section, subdivision, sentence, clause, phrase, or word, regardless of the fact that any one provision, section, subdivision, sentence, clause, phrase, or word is declared unconstitutional."

Page 514, after line 32, insert:

"\$63,000 is appropriated in fiscal year 2014 from the state government special revenue fund to the commissioner of health for licensing activities under Minnesota Statutes, section 145.417."

Adjust amounts accordingly

Renumber the sections in sequence and correct internal references

Amend the title accordingly

A roll call was requested and properly seconded.

Ward, J.E., moved to amend his amendment to H. F. No. 1233, the second engrossment, as amended, as follows:

Page 3, delete everything before "from" and insert "\$19,000 in fiscal year 2014 and \$19,000 in fiscal year 2015 are appropriated"

A roll call was requested and properly seconded.

The question was taken on the amendment to the amendment and the roll was called. There were 71 yeas and 62 nays as follows:

Those who voted in the affirmative were:

Abeler	Dettmer	Gunther	Lenczewski	O'Driscoll	Scott
Albright	Dill	Hackbarth	Lohmer	O'Neill	Swedzinski
Anderson, M.	Drazkowski	Hamilton	Loon	Pelowski	Theis
Anderson, P.	Erickson, S.	Hertaus	Mack	Peppin	Torkelson
Anderson, S.	Fabian	Holberg	Marquart	Petersburg	Uglen
Barrett	Faust	Hoppe	McDonald	Pugh	Urdahl
Beard	FitzSimmons	Howe	McNamar	Quam	Ward, J.E.
Benson, M.	Franson	Huntley	McNamara	Radinovich	Wills
Cornish	Fritz	Johnson, B.	Murphy, M.	Runbeck	Woodard
Daudt	Garofalo	Kelly	Myhra	Sanders	Zellers
Dauids	Green	Kresha	Newberger	Sawatzky	Zerwas
Dean, M.	Gruenhagen	Leidiger	Nornes	Schomacker	

Those who voted in the negative were:

Allen	Dorholt	Hortman	Loeffler	Newton	Slocum
Anzelc	Erhardt	Isaacson	Mahoney	Norton	Sundin
Atkins	Erickson, R.	Johnson, C.	Mariani	Paymar	Wagenius
Benson, J.	Falk	Johnson, S.	Masin	Persell	Ward, J.A.
Bernardy	Fischer	Kahn	Melin	Poppe	Winkler
Bly	Freiberg	Kieffer	Metsa	Rosenthal	Yarusso
Brynaert	Halverson	Laine	Moran	Savick	Spk. Thissen
Carlson	Hansen	Lesch	Morgan	Schoen	
Clark	Hausman	Liebling	Mullery	Selcer	
Davnie	Hilstrom	Lien	Murphy, E.	Simon	
Dehn, R.	Hornstein	Lillie	Nelson	Simonson	

The motion prevailed and the amendment to the amendment was adopted.

The question recurred on the Ward, J.E., amendment, as amended, and the roll was called. There were 71 yeas and 62 nays as follows:

Those who voted in the affirmative were:

Abeler	Barrett	Dauids	Erickson, S.	Fritz	Hackbarth
Albright	Beard	Dean, M.	Fabian	Garofalo	Hamilton
Anderson, M.	Benson, M.	Dettmer	Faust	Green	Hertaus
Anderson, P.	Cornish	Dill	FitzSimmons	Gruenhagen	Holberg
Anderson, S.	Daudt	Drazkowski	Franson	Gunther	Hoppe

Howe	Lohmer	Murphy, M.	Peppin	Sawatzky	Urdahl
Johnson, B.	Loon	Myhra	Petersburg	Schomacker	Ward, J.E.
Kelly	Mack	Newberger	Pugh	Scott	Wills
Kieffer	Marquart	Nornes	Quam	Swedzinski	Woodard
Kresha	McDonald	O'Driscoll	Radinovich	Theis	Zellers
Leidiger	McNamar	O'Neill	Runbeck	Torkelson	Zerwas
Lenczewski	McNamara	Pelowski	Sanders	Uglen	

Those who voted in the negative were:

Allen	Dorholt	Hortman	Loeffler	Newton	Slocum
Anzelc	Erhardt	Huntley	Mahoney	Norton	Sundin
Atkins	Erickson, R.	Isaacson	Mariani	Paymar	Wagenius
Benson, J.	Falk	Johnson, C.	Masin	Persell	Ward, J.A.
Bernardy	Fischer	Johnson, S.	Melin	Poppe	Winkler
Bly	Freiberg	Kahn	Metsa	Rosenthal	Yarusso
Brynaert	Halverson	Laine	Moran	Savick	Spk. Thissen
Carlson	Hansen	Lesch	Morgan	Schoen	
Clark	Hausman	Liebling	Mullery	Selcer	
Davnie	Hilstrom	Lien	Murphy, E.	Simon	
Dehn, R.	Hornstein	Lillie	Nelson	Simonson	

The motion prevailed and the amendment, as amended, was adopted.

Abeler moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 161, after line 3, insert:

"Sec. 6. Minnesota Statutes 2012, section 256B.056, subdivision 3, is amended to read:

Subd. 3. **Asset limitations for individuals and families.** (a) To be eligible for medical assistance, a person must not individually own more than \$3,000 in assets, or if a member of a household with two family members, husband and wife, or parent and child, the household must not own more than \$6,000 in assets, plus \$200 for each additional legal dependent. In addition to these maximum amounts, an eligible individual or family may accrue interest on these amounts, but they must be reduced to the maximum at the time of an eligibility redetermination. The accumulation of the clothing and personal needs allowance according to section 256B.35 must also be reduced to the maximum at the time of the eligibility redetermination. The value of assets that are not considered in determining eligibility for medical assistance is the value of those assets excluded under the supplemental security income program for aged, blind, and disabled persons, with the following exceptions:

(1) household goods and personal effects are not considered;

(2) capital and operating assets of a trade or business that the local agency determines are necessary to the person's ability to earn an income are not considered, except that capital and operating assets used for personal expenses including, but not limited to, mortgage payments, utility payments, motor vehicle payments, and grocery payments paid out of a business account shall be considered earned income to the household;

(3) motor vehicles are excluded to the same extent excluded by the supplemental security income program;

(4) assets designated as burial expenses are excluded to the same extent excluded by the supplemental security income program. Burial expenses funded by annuity contracts or life insurance policies must irrevocably designate the individual's estate as contingent beneficiary to the extent proceeds are not used for payment of selected burial expenses;

(5) for a person who no longer qualifies as an employed person with a disability due to loss of earnings, assets allowed while eligible for medical assistance under section 256B.057, subdivision 9, are not considered for 12 months, beginning with the first month of ineligibility as an employed person with a disability, to the extent that the person's total assets remain within the allowed limits of section 256B.057, subdivision 9, paragraph (d);

(6) when a person enrolled in medical assistance under section 256B.057, subdivision 9, is age 65 or older and has been enrolled during each of the 24 consecutive months before the person's 65th birthday, the assets owned by the person and the person's spouse must be disregarded, up to the limits of section 256B.057, subdivision 9, paragraph (d), when determining eligibility for medical assistance under section 256B.055, subdivision 7. The income of a spouse of a person enrolled in medical assistance under section 256B.057, subdivision 9, during each of the 24 consecutive months before the person's 65th birthday must be disregarded when determining eligibility for medical assistance under section 256B.055, subdivision 7. Persons eligible under this clause are not subject to the provisions in section 256B.059. A person whose 65th birthday occurs in 2012 or 2013 is required to have qualified for medical assistance under section 256B.057, subdivision 9, prior to age 65 for at least 20 months in the 24 months prior to reaching age 65; and

(7) effective July 1, 2009, certain assets owned by American Indians are excluded as required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. For purposes of this clause, an American Indian is any person who meets the definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

The assets specified in clauses (1) to (4) must be disclosed to the local agency at the time of application and at the time of an eligibility redetermination, and must be verified upon request of the local agency.

(b) No asset limit shall apply to persons eligible under section 256B.055, subdivision 15.

Sec. 7. Minnesota Statutes 2012, section 256B.056, subdivision 3c, as amended by Laws 2013, chapter 1, section 4, is amended to read:

Subd. 3c. **Asset limitations for families and children.** (a) A household of two or more persons must not own more than \$20,000 in total net assets, and a household of one person must not own more than \$10,000 in total net assets. In addition to these maximum amounts, an eligible individual or family may accrue interest on these amounts, but they must be reduced to the maximum at the time of an eligibility redetermination. The value of assets that are not considered in determining eligibility for medical assistance for families and children is the value of those assets excluded under the AFDC state plan as of July 16, 1996, as required by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Public Law 104-193, with the following exceptions:

(1) household goods and personal effects are not considered;

(2) capital and operating assets of a trade or business up to \$200,000 are not considered, except that ~~a bank account that contains personal income or assets, or is used to pay personal expenses, is not considered a capital or operating asset of a trade or business~~ capital and operating assets used for personal expenses including, but not limited to, mortgage payments, utility payments, motor vehicle payments, and grocery payments paid out of a business account shall be considered earned income to the household;

(3) one motor vehicle is excluded for each person of legal driving age who is employed or seeking employment;

(4) assets designated as burial expenses are excluded to the same extent they are excluded by the Supplemental Security Income program;

(5) court-ordered settlements up to \$10,000 are not considered;

(6) individual retirement accounts and funds are not considered;

(7) assets owned by children are not considered; and

(8) effective July 1, 2009, certain assets owned by American Indians are excluded as required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. For purposes of this clause, an American Indian is any person who meets the definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

The assets specified in ~~clause (2)~~ clauses (1) to (7) must be disclosed to the local agency at the time of application and at the time of an eligibility redetermination, and must be verified upon request of the local agency.

(b) Beginning January 1, 2014, this subdivision applies only to parents and caretaker relatives who qualify for medical assistance under subdivision 5."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Abeler moved to amend his amendment to H. F. No. 1233, the second engrossment, as amended, as follows:

Page 1, delete lines 2 to 27 and insert:

"Page 156, after line 11, insert:

"Sec. 10. Minnesota Statutes 2012, section 270B.14, subdivision 1, is amended to read:

Subdivision 1. **Disclosure to commissioner of human services.** (a) On the request of the commissioner of human services, the commissioner shall disclose return information regarding taxes imposed by chapter 290, and claims for refunds under chapter 290A, to the extent provided in paragraph (b) and for the purposes set forth in paragraph (c).

(b) Data that may be disclosed are limited to data relating to the identity, whereabouts, employment, income, and property of a person owing or alleged to be owing an obligation of child support.

(c) The commissioner of human services may request data only for the purposes of carrying out the child support enforcement program and to assist in the location of parents who have, or appear to have, deserted their children. Data received may be used only as set forth in section 256.978.

(d) The commissioner shall provide the records and information necessary to administer the supplemental housing allowance to the commissioner of human services.

(e) At the request of the commissioner of human services, the commissioner of revenue shall electronically match the Social Security numbers and names of participants in the telephone assistance plan operated under sections 237.69 to 237.711, with those of property tax refund filers, and determine whether each participant's household income is within the eligibility standards for the telephone assistance plan.

(f) The commissioner may provide records and information collected under sections 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law 102-234. Upon the written agreement by the United States Department of Health and Human Services to maintain the confidentiality of the data, the commissioner may provide records and information collected under sections 295.50 to 295.59 to the Centers for Medicare and Medicaid Services section of the United States Department of Health and Human Services for purposes of meeting federal reporting requirements.

(g) The commissioner may provide records and information to the commissioner of human services as necessary to administer the early refund of refundable tax credits.

(h) The commissioner may disclose information to the commissioner of human services necessary to verify income for eligibility and premium payment under the MinnesotaCare program, under section 256L.05, subdivision 2. Similarly, the commissioner may disclose information necessary to verify income for eligibility of applicants and recipients of medical assistance, under chapter 256B, and the supplemental nutrition assistance program, under section 245.771.

(i) The commissioner may disclose information to the commissioner of human services necessary to verify whether applicants or recipients for the Minnesota family investment program, general assistance, food support, Minnesota supplemental aid program, and child care assistance have claimed refundable tax credits under chapter 290 and the property tax refund under chapter 290A, and the amounts of the credits.

(j) The commissioner may disclose information to the commissioner of human services necessary to verify income for purposes of calculating parental contribution amounts under section 252.27, subdivision 2a."

Page 2, delete lines 1 to 35

Page 3, delete lines 1 to 25

The motion prevailed and the amendment to the amendment was adopted.

The question recurred on the Abeler amendment, as amended, to H. F. No. 1233, the second engrossment, as amended. The motion prevailed and the amendment, as amended, was adopted.

Drazkowski moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 504, after line 8, insert:

"Transfer. For the biennium ending June 30, 2015, \$8,000,000 is transferred from the health care access fund to the general fund.

Support Services Grants. For the biennium ending June 30, 2015, \$8,000,000 is appropriated from the general fund for support services grants under this paragraph."

Adjust amounts accordingly

A roll call was requested and properly seconded.

The question was taken on the Drazkowski amendment and the roll was called. There were 60 yeas and 73 nays as follows:

Those who voted in the affirmative were:

Abeler	Anderson, P.	Beard	Daudt	Dettmer	Fabian
Albright	Anderson, S.	Benson, M.	Davids	Drazkowski	FitzSimmons
Anderson, M.	Barrett	Cornish	Dean, M.	Erickson, S.	Franson

Garofalo	Holberg	Leidiger	Newberger	Quam	Torkelson
Green	Hoppe	Lohmer	Nornes	Runbeck	Uglem
Gruenhagen	Howe	Loon	O'Driscoll	Sanders	Urdahl
Gunther	Johnson, B.	Mack	O'Neill	Schomacker	Wills
Hackbarth	Kelly	McDonald	Peppin	Scott	Woodard
Hamilton	Kieffer	McNamara	Petersburg	Swedzinski	Zellers
Hertaus	Kresha	Myhra	Pugh	Theis	Zerwas

Those who voted in the negative were:

Allen	Erhardt	Huntley	Mariani	Norton	Slocum
Anzelc	Erickson, R.	Isaacson	Marquart	Paymar	Sundin
Atkins	Falk	Johnson, C.	Masin	Pelowski	Wagenius
Benson, J.	Faust	Johnson, S.	McNamar	Persell	Ward, J.A.
Bernardy	Fischer	Kahn	Melin	Poppe	Ward, J.E.
Bly	Freiberg	Laine	Metsa	Radinovich	Winkler
Brynaert	Fritz	Lenczewski	Moran	Rosenthal	Yarusso
Carlson	Halverson	Lesch	Morgan	Savick	Spk. Thissen
Clark	Hansen	Liebling	Mullery	Sawatzky	
Davnie	Hausman	Lien	Murphy, E.	Schoen	
Dehn, R.	Hilstrom	Lillie	Murphy, M.	Selcer	
Dill	Hornstein	Loeffler	Nelson	Simon	
Dorholt	Hortman	Mahoney	Newton	Simonson	

The motion did not prevail and the amendment was not adopted.

Drazkowski moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 504, after line 8, insert:

"MinnesotaCare Exchange Transfer. The allocation from the health care access fund to the Minnesota Insurance Marketplace for MinnesotaCare-related operations and technology costs is reduced by \$8,000,000 for the biennium ending June 30, 2015 and an equal amount is transferred to the general fund.

Support Services Grants. For the biennium ending June 30, 2015, \$8,000,000 is appropriated from the general fund for support services grants under this paragraph."

Adjust amounts accordingly

A roll call was requested and properly seconded.

The question was taken on the Drazkowski amendment and the roll was called. There were 60 yeas and 73 nays as follows:

Those who voted in the affirmative were:

Abeler	Anderson, P.	Beard	Daudt	Dettmer	Fabian
Albright	Anderson, S.	Benson, M.	Davids	Drazkowski	FitzSimmons
Anderson, M.	Barrett	Cornish	Dean, M.	Erickson, S.	Franson

Garofalo	Holberg	Leidiger	Newberger	Quam	Torkelson
Green	Hoppe	Lohmer	Nornes	Runbeck	Uglen
Gruenhagen	Howe	Loon	O'Driscoll	Sanders	Urdahl
Gunther	Johnson, B.	Mack	O'Neill	Schomacker	Wills
Hackbarth	Kelly	McDonald	Peppin	Scott	Woodard
Hamilton	Kieffer	McNamara	Petersburg	Swedzinski	Zellers
Hertaus	Kresha	Myhra	Pugh	Theis	Zerwas

Those who voted in the negative were:

Allen	Erhardt	Huntley	Mariani	Norton	Slocum
Anzelc	Erickson, R.	Isaacson	Marquart	Paymar	Sundin
Atkins	Falk	Johnson, C.	Masin	Pelowski	Wagenius
Benson, J.	Faust	Johnson, S.	McNamar	Persell	Ward, J.A.
Bernardy	Fischer	Kahn	Melin	Poppe	Ward, J.E.
Bly	Freiberg	Laine	Metsa	Radinovich	Winkler
Brynaert	Fritz	Lenczewski	Moran	Rosenthal	Yarusso
Carlson	Halverson	Lesch	Morgan	Savick	Spk. Thissen
Clark	Hansen	Liebling	Mullery	Sawatzky	
Davnie	Hausman	Lien	Murphy, E.	Schoen	
Dehn, R.	Hilstrom	Lillie	Murphy, M.	Selcer	
Dill	Hornstein	Loeffler	Nelson	Simon	
Dorholt	Hortman	Mahoney	Newton	Simonson	

The motion did not prevail and the amendment was not adopted.

Schomacker moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 200, delete section 18

Page 502, line 24, delete "4,371,808,000" and insert "4,377,616,000" and delete "4,595,789,000" and insert "4,609,558,000"

Page 503, after line 17, insert:

"Transfer. \$5,808,000 in fiscal year 2014 and \$13,769,000 in fiscal year 2015 is transferred from the health care access fund to the general fund."

Page 510, line 22, delete "\$20,000,000" and insert "\$14,192,000"

Page 510, line 23, delete "\$25,000,000" and insert "\$11,231,000"

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Schomacker amendment and the roll was called. There were 65 yeas and 68 nays as follows:

Those who voted in the affirmative were:

Abeler	Dean, M.	Gunther	Leidiger	Peppin	Swedzinski
Albright	Dettmer	Hackbarth	Lohmer	Petersburg	Theis
Anderson, M.	Drazkowski	Hamilton	Loon	Pugh	Torkelson
Anderson, P.	Erickson, S.	Hertaus	Mack	Quam	Uglem
Anderson, S.	Fabian	Holberg	McDonald	Radinovich	Urdahl
Barrett	Falk	Hoppe	McNamara	Runbeck	Ward, J.E.
Beard	FitzSimmons	Howe	Myhra	Sanders	Wills
Benson, M.	Franson	Johnson, B.	Newberger	Savick	Woodard
Cornish	Garofalo	Kelly	Nornes	Sawatzky	Zellers
Daudt	Green	Kieffer	O'Driscoll	Schomacker	Zerwas
Davids	Gruenhagen	Kresha	O'Neill	Scott	

Those who voted in the negative were:

Allen	Dorholt	Hortman	Loeffler	Murphy, M.	Simonson
Anzelc	Erhardt	Huntley	Mahoney	Nelson	Slocum
Atkins	Erickson, R.	Isaacson	Mariani	Newton	Sundin
Benson, J.	Faust	Johnson, C.	Marquart	Norton	Wagenius
Bernardy	Fischer	Johnson, S.	Masin	Paymar	Ward, J.A.
Bly	Freiberg	Kahn	McNamar	Pelowski	Winkler
Brynaert	Fritz	Laine	Melin	Persell	Yarusso
Carlson	Halverson	Lenczewski	Metsa	Poppe	Spk. Thissen
Clark	Hansen	Lesch	Moran	Rosenthal	
Davnie	Hausman	Liebling	Morgan	Schoen	
Dehn, R.	Hilstrom	Lien	Mullery	Selcer	
Dill	Hornstein	Lillie	Murphy, E.	Simon	

The motion did not prevail and the amendment was not adopted.

Kresha moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 202, line 21, delete "three" and insert "four"

Page 503, after line 17, insert:

"Nursing facility rate adjustment. Notwithstanding Minnesota Statutes, section 295.581, \$3,412,000 in fiscal 2014 and \$3,707,000 in fiscal year 2015 is appropriated from the health care access fund to the commissioner of human services to implement a portion of the nursing facility rate adjustment under Minnesota Statutes, section 256B.434, subdivision 19a."

Page 510, line 22, delete "\$20,000,000" and insert "\$16,588,000"

Page 510, line 23, delete "\$25,000,000" and insert "\$21,293,000"

Amend the appropriations by the specified amounts and correct the totals and the appropriations by fund accordingly

A roll call was requested and properly seconded.

The question was taken on the Kresha amendment and the roll was called. There were 66 yeas and 66 nays as follows:

Those who voted in the affirmative were:

Abeler	Dean, M.	Gruenhagen	Kresha	O'Driscoll	Schomacker
Albright	Dettmer	Gunther	Leidiger	O'Neill	Scott
Anderson, M.	Drazkowski	Hackbarth	Lohmer	Peppin	Swedzinski
Anderson, P.	Erickson, R.	Hamilton	Loon	Persell	Theis
Anderson, S.	Erickson, S.	Hertaus	Mack	Petersburg	Torkelson
Barrett	Fabian	Holberg	McDonald	Pugh	Uglem
Beard	Faust	Hoppe	McNamara	Quam	Urdahl
Benson, M.	FitzSimmons	Howe	McNamara	Runbeck	Wills
Cornish	Franson	Johnson, B.	Myhra	Sanders	Woodard
Daudt	Garofalo	Kelly	Newberger	Savick	Zellers
Davids	Green	Kieffer	Nornes	Sawatzky	Zerwas

Those who voted in the negative were:

Allen	Dill	Hornstein	Lillie	Murphy, E.	Selcer
Anzelc	Dorholt	Hortman	Loeffler	Murphy, M.	Simon
Atkins	Erhardt	Isaacson	Mahoney	Nelson	Simonson
Benson, J.	Falk	Johnson, C.	Mariani	Newton	Slocum
Bernardy	Fischer	Johnson, S.	Marquart	Norton	Sundin
Bly	Freiberg	Kahn	Masin	Paymar	Wagenius
Brynaert	Fritz	Laine	Melin	Pelowski	Ward, J.A.
Carlson	Halverson	Lenczewski	Metsa	Poppe	Ward, J.E.
Clark	Hansen	Lesch	Moran	Radinovich	Winkler
Davnie	Hausman	Liebling	Morgan	Rosenthal	Yarusso
Dehn, R.	Hilstrom	Lien	Mullery	Schoen	Spk. Thissen

The motion did not prevail and the amendment was not adopted.

Erickson, S., moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 200, after line 11, insert:

"Sec. 18. Minnesota Statutes 2012, section 256B.431, is amended by adding a subdivision to read:

Subd. 46. Rate increase for a facility in Princeton. Effective October 1, 2013, the operating payment rate of a nursing facility in Princeton with 113 beds as of January 1, 2013, that is reimbursed under this section, section 256B.434, or 256B.441 shall be increased to be equal, for a RUG's rate with a weight of 1.00, to the geographic group III median rate for the same RUG's weight. The calculations under this subdivision shall be added to the rates before any other operating rate adjustments effective on October 1, 2013, are computed. The percentage of the operating payment rate to be case-mix adjusted shall be equal to the percentage that is case-mix adjusted in the September 30, 2013, operating payment rate."

Page 503, after line 17, insert:

"Transfer. \$198,000 in fiscal year 2014 and \$298,000 in fiscal year 2015 is transferred from the health care access fund to the general fund.

Rate increase for a facility in Princeton. \$198,000 in fiscal year 2014 and \$298,000 in fiscal year 2015 is appropriated from the general fund to the commissioner of human services for a nursing facility rate increase for a facility in Princeton under Minnesota Statutes, section 256B.431, subdivision 46."

A roll call was requested and properly seconded.

The question was taken on the Erickson, S., amendment and the roll was called. There were 59 yeas and 74 nays as follows:

Those who voted in the affirmative were:

Abeler	Davids	Gunther	Kresha	O'Driscoll	Swedzinski
Albright	Dean, M.	Hackbarth	Leidiger	O'Neill	Theis
Anderson, M.	Dettmer	Hamilton	Lohmer	Peppin	Torkelson
Anderson, P.	Drazkowski	Hertaus	Loon	Petersburg	Uglem
Anderson, S.	Erickson, S.	Holberg	Mack	Pugh	Urdahl
Barrett	Fabian	Hoppe	McDonald	Quam	Wills
Beard	FitzSimmons	Howe	McNamara	Runbeck	Woodard
Benson, M.	Franson	Johnson, B.	Myhra	Sanders	Zellers
Cornish	Green	Kelly	Newberger	Schomacker	Zerwas
Daudt	Gruenhagen	Kieffer	Nornes	Scott	

Those who voted in the negative were:

Allen	Erhardt	Hortman	Mahoney	Newton	Simonson
Anzelc	Erickson, R.	Huntley	Mariani	Norton	Slocum
Atkins	Falk	Isaacson	Marquart	Paymar	Sundin
Benson, J.	Faust	Johnson, C.	Masin	Pelowski	Wagenius
Bernardy	Fischer	Johnson, S.	McNamar	Persell	Ward, J.A.
Bly	Freiberg	Kahn	Melin	Poppe	Ward, J.E.
Brynaert	Fritz	Laine	Metsa	Radinovich	Winkler
Carlson	Garofalo	Lenczewski	Moran	Rosenthal	Yarusso
Clark	Halverson	Lesch	Morgan	Savick	Spk. Thissen
Davnie	Hansen	Liebling	Mullery	Sawatzky	
Dehn, R.	Hausman	Lien	Murphy, E.	Schoen	
Dill	Hilstrom	Lillie	Murphy, M.	Selcer	
Dorholt	Hornstein	Loeffler	Nelson	Simon	

The motion did not prevail and the amendment was not adopted.

Nornes moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 202, after line 16, insert:

"Sec. 19. Minnesota Statutes 2012, section 256B.434, is amended by adding a subdivision to read:

Subd. 4i. Rate increase for certain facilities in Otter Tail County. Effective October 1, 2013, operating payment rates of two nursing facilities located in Otter Tail County, one licensed for 124 beds and the other licensed for 105 beds, that are reimbursed under this section, section 256B.441, or any other section, shall be increased to be

equal, for a RUGS rate with a weight of 1.00, to the peer group 1 median rate for the same RUGS weight. The percentage of the operating payment rate for each facility to be case-mix adjusted shall be equal to the percentage that is case-mix adjusted in that facility's September 30, 2013, operating payment rate. This subdivision shall apply only if it results in a rate increase."

Page 503, after line 17, insert:

"Rate increase For Certain Facilities In Otter Tail County.
Notwithstanding Minnesota Statutes, section 295.581, \$184,000 in fiscal year 2014 and \$274,000 in fiscal year 2015 is appropriated from the health care access fund to the commissioner of human services for a rate increase for certain nursing facilities in Otter Tail County under Minnesota Statutes, section 256B.434, subdivision 4i."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Adjust amounts accordingly

The motion did not prevail and the amendment was not adopted.

Anderson, P., moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 510, after line 20, insert:

"\$150,000 in fiscal year 2014 from the health care access fund is for the commissioner to create and implement a community awareness pilot program for radon testing in the following counties and cities: Pope County, Stearns County, Mower County, Aitkin County, Becker County, and the city of Minneapolis. The program should increase awareness about radon testing for residential homes and may include free radon testing for participation in programs organized by the Department of Health."

A roll call was requested and properly seconded.

The question was taken on the Anderson, P., amendment and the roll was called. There were 60 yeas and 73 nays as follows:

Those who voted in the affirmative were:

Abeler	Barrett	Davids	Fabian	Gruenhagen	Hoppe
Albright	Beard	Dean, M.	FitzSimmons	Gunther	Howe
Anderson, M.	Benson, M.	Dettmer	Franson	Hackbarth	Johnson, B.
Anderson, P.	Cornish	Drazkowski	Garofalo	Hamilton	Kelly
Anderson, S.	Daudt	Erickson, S.	Green	Hertaus	Kresha

Leidiger	McNamar	O'Driscoll	Pugh	Scott	Urdahl
Lohmer	McNamara	O'Neill	Quam	Swedzinski	Wills
Loon	Myhra	Peppin	Runbeck	Theis	Woodard
Mack	Newberger	Petersburg	Sanders	Torkelson	Zellers
McDonald	Nornes	Poppe	Schomacker	Uglen	Zerwas

Those who voted in the negative were:

Allen	Erhardt	Hortman	Loeffler	Newton	Slocum
Anzelc	Erickson, R.	Huntley	Mahoney	Norton	Sundin
Atkins	Falk	Isaacson	Mariani	Paymar	Wagenius
Benson, J.	Faust	Johnson, C.	Marquart	Pelowski	Ward, J.A.
Bernardy	Fischer	Johnson, S.	Masin	Persell	Ward, J.E.
Bly	Freiberg	Kahn	Melin	Radinovich	Winkler
Brynaert	Fritz	Kieffer	Metsa	Rosenthal	Yarusso
Carlson	Halverson	Laine	Moran	Savick	Spk. Thissen
Clark	Hansen	Lenczewski	Morgan	Sawatzky	
Davnie	Hausman	Lesch	Mullery	Schoen	
Dehn, R.	Hilstrom	Liebling	Murphy, E.	Selcer	
Dill	Holberg	Lien	Murphy, M.	Simon	
Dorholt	Hornstein	Lillie	Nelson	Simonson	

The motion did not prevail and the amendment was not adopted.

Mack moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 490, after line 17, insert:

"ARTICLE 13
NORTHSTAR CARE FOR CHILDREN

Section 1. Minnesota Statutes 2012, section 256.0112, is amended by adding a subdivision to read:

Subd. 10. Contracts for child foster care services. When local agencies negotiate lead county contracts or purchase of service contracts for child foster care services, the foster care maintenance payment made on behalf of the child shall follow the provisions of Northstar Care for Children, chapter 256N. Foster care maintenance payments as defined in section 256N.02, subdivision 15, represents costs for activities similar in nature to those expected of parents and do not cover services rendered by the licensed or tribally approved foster parent, facility, or administrative costs or fees. Payments made to foster parents must follow the requirements of section 256N.26, subdivision 15. The legally responsible agency must provide foster parents with the assessment and notice as specified in section 256N.24. The financially responsible agency is permitted to make additional payments for specific services provided by the foster parents or facility, as permitted in section 256N.21, subdivision 5. These additional payments are not considered foster care maintenance.

Sec. 2. Minnesota Statutes 2012, section 256.82, subdivision 2, is amended to read:

Subd. 2. Foster care maintenance payments. ~~Beginning January 1, 1986,~~ For the purpose of foster care maintenance payments under title IV-E of the Social Security Act, United States Code, title 42, sections 670 to 676, the county paying the maintenance costs must be reimbursed for the costs from the federal money available for the purpose. Beginning July 1, 1997, for the purposes of determining a child's eligibility under title IV-E of the Social Security Act, the placing agency shall use AFDC requirements in effect on July 16, 1996.

Sec. 3. Minnesota Statutes 2012, section 256.82, subdivision 3, is amended to read:

Subd. 3. **Setting foster care standard rates.** (a) The commissioner shall annually establish minimum ~~standard maintenance~~ rates for foster care maintenance ~~and including supplemental~~ difficulty of care payments for all children ~~in foster care~~ eligible for Northstar Care for Children under chapter 256N.

(b) All children entering foster care on or after January 1, 2015, are eligible for Northstar Care for Children under chapter 256N. Any increase in rates shall in no case exceed three percent per annum.

(c) All children in foster care on December 31, 2014, must remain in the pre-Northstar Care for Children foster care program under sections 256N.21, subdivision 6, and 260C.4411, subdivision 1. The rates for the pre-Northstar Care for Children foster care program shall remain those in effect on January 1, 2013.

Sec. 4. **[256N.001] CITATION.**

Sections 256N.001 to 256N.28 may be cited as the "Northstar Care for Children Act." Sections 256N.001 to 256N.28 establish Northstar Care for Children, which authorizes certain benefits to support a child in need who is served by the Minnesota child welfare system and who is the responsibility of the state, local county social service agencies, or tribal social service agencies authorized under section 256.01, subdivision 14b, or are otherwise eligible for federal adoption assistance. A child eligible under this chapter has experienced a child welfare intervention that has resulted in the child being placed away from the child's parents' care and is receiving foster care services consistent with chapter 260B, 260C, or 260D, or is in the permanent care of relatives through a transfer of permanent legal and physical custody, or in the permanent care of adoptive parents.

Sec. 5. **[256N.01] PUBLIC POLICY.**

(a) The legislature declares that the public policy of this state is to keep children safe from harm and to ensure that when children suffer harmful or injurious experiences in their lives, appropriate services are immediately available to keep them safe.

(b) Children do best in permanent, safe, nurturing homes where they can maintain lifelong relationships with adults. Whenever safely possible, children are best served when they can be nurtured and raised by their parents. Where services cannot be provided to allow a child to remain safely at home, an out-of-home placement may be required. When this occurs, reunification should be sought if it can be accomplished safely. When it is not possible for parents to provide safety and permanency for their children, an alternative permanent home must quickly be made available to the child, drawing from kinship sources whenever possible.

(c) Minnesota understands the importance of having a comprehensive approach to temporary out-of-home care and to permanent homes for children who cannot be reunited with their families. It is critical that stable benefits be available to caregivers to ensure that the child's needs can be met whether the child's situation and best interests call for temporary foster care, transfer of permanent legal and physical custody to a relative, or adoption. Northstar Care for Children focuses on the child's needs and strengths, and the actual level of care provided by the caregiver, without consideration for the type of placement setting. In this way caregivers are not faced with the burden of making specific long-term decisions based upon competing financial incentives.

Sec. 6. **[256N.02] DEFINITIONS.**

Subdivision 1. **Scope.** For the purposes of sections 256N.001 to 256N.28, the terms defined in this section have the meanings given them.

Subd. 2. **Adoption assistance.** "Adoption assistance" means medical coverage as allowable under section 256B.055 and reimbursement of nonrecurring expenses associated with adoption and may include financial support provided under agreement with the financially responsible agency, the commissioner, and the parents of an adoptive child whose special needs would otherwise make it difficult to place the child for adoption to assist with the cost of caring for the child. Financial support may include a basic rate payment and a supplemental difficulty of care rate.

Subd. 3. **Assessment.** "Assessment" means the process under section 256N.24 that determines the benefits an eligible child may receive under section 256N.26.

Subd. 4. **At-risk child.** "At-risk child" means a child who does not have a documented disability but who is at risk of developing a physical, mental, emotional, or behavioral disability based on being related within the first or second degree to persons who have an inheritable physical, mental, emotional, or behavioral disabling condition, or from a background which has the potential to cause the child to develop a physical, mental, emotional, or behavioral disability that the child is at risk of developing. The disability must manifest during childhood.

Subd. 5. **Basic rate.** "Basic rate" means the maintenance payment made on behalf of a child to support the costs caregivers incur to provide for a child's needs consistent with the care parents customarily provide, including: food, clothing, shelter, daily supervision, school supplies, and a child's personal incidentals. It also supports typical travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement.

Subd. 6. **Caregiver.** "Caregiver" means the foster parent or parents of a child in foster care who meet the requirements of emergency relative placement, licensed foster parents under chapter 245A, or foster parents licensed or approved by a tribe; the relative custodian or custodians; or the adoptive parent or parents who have legally adopted a child.

Subd. 7. **Commissioner.** "Commissioner" means the commissioner of human services or any employee of the Department of Human Services to whom the commissioner has delegated appropriate authority.

Subd. 8. **County board.** "County board" means the board of county commissioners in each county.

Subd. 9. **Disability.** "Disability" means a physical, mental, emotional, or behavioral impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to: thinking, walking, hearing, breathing, working, seeing, speaking, communicating, learning, developing and maintaining healthy relationships, safely caring for oneself, and performing manual tasks. The nature, duration, and severity of the impairment must be considered in determining if the limitation is substantial.

Subd. 10. **Financially responsible agency.** "Financially responsible agency" means the agency that is financially responsible for a child. These agencies include both local social service agencies under section 393.07 and tribal social service agencies authorized in section 256.01, subdivision 14b, as part of the American Indian Child Welfare Initiative, and Minnesota tribes who assume financial responsibility of children from other states. Under Northstar Care for Children, the agency that is financially responsible at the time of placement for foster care continues to be responsible under section 256N.27 for the local share of any maintenance payments, even after finalization of the adoption of transfer of permanent legal and physical custody of a child.

Subd. 11. **Guardianship assistance.** "Guardianship assistance" means medical coverage, as allowable under section 256B.055, and reimbursement of nonrecurring expenses associated with obtaining permanent legal and physical custody of a child, and may include financial support provided under agreement with the financially responsible agency, the commissioner, and the relative who has received a transfer of permanent legal and physical custody of a child. Financial support may include a basic rate payment and a supplemental difficulty of care rate to assist with the cost of caring for the child.

Subd. 12. **Human services board.** "Human services board" means a board established under section 402.02; Laws 1974, chapter 293; or Laws 1976, chapter 340.

Subd. 13. **Initial assessment.** "Initial assessment" means the assessment conducted within the first 30 days of a child's initial placement into foster care under section 256N.24, subdivisions 4 and 5.

Subd. 14. **Legally responsible agency.** "Legally responsible agency" means the Minnesota agency that is assigned responsibility for placement, care, and supervision of the child through a court order, voluntary placement agreement, or voluntary relinquishment. These agencies include local social service agencies under section 393.07, tribal social service agencies authorized in section 256.01, subdivision 14b, and Minnesota tribes that assume court jurisdiction when legal responsibility is transferred to the tribal social service agency through a Minnesota district court order. A Minnesota local social service agency is otherwise financially responsible.

Subd. 15. **Maintenance payments.** "Maintenance payments" means the basic rate plus any supplemental difficulty of care rate under Northstar Care for Children. It specifically does not include the cost of initial clothing allowance, payment for social services, or administrative payments to a child-placing agency. Payments are paid consistent with section 256N.26.

Subd. 16. **Permanent legal and physical custody.** "Permanent legal and physical custody" means a transfer of permanent legal and physical custody to a relative ordered by a Minnesota juvenile court under section 260C.515, subdivision 4, or for a child under jurisdiction of a tribal court, a judicial determination under a similar provision in tribal code which means that a relative will assume the duty and authority to provide care, control, and protection of a child who is residing in foster care, and to make decisions regarding the child's education, health care, and general welfare until adulthood.

Subd. 17. **Reassessment.** "Reassessment" means an update of a previous assessment through the process under section 256N.24 for a child who has been continuously eligible for Northstar Care for Children, or when a child identified as an at-risk child (Level A) under guardianship or adoption assistance has manifested the disability upon which eligibility for the agreement was based according to section 256N.25, subdivision 3, paragraph (b). A reassessment may be used to update an initial assessment, a special assessment, or a previous reassessment.

Subd. 18. **Relative.** "Relative," as described in section 260C.007, subdivision 27, means a person related to the child by blood, marriage, or adoption, or an individual who is an important friend with whom the child has resided or had significant contact. For an Indian child, relative includes members of the extended family as defined by the law or custom of the Indian child's tribe or, in the absence of law or custom, nieces, nephews, or first or second cousins, as provided in the Indian Child Welfare Act of 1978, United States Code, title 25, section 1903.

Subd. 19. **Relative custodian.** "Relative custodian" means a person to whom permanent legal and physical custody of a child has been transferred under section 260C.515, subdivision 4, or for a child under jurisdiction of a tribal court, a judicial determination under a similar provision in tribal code, which means that a relative will assume the duty and authority to provide care, control, and protection of a child who is residing in foster care, and to make decisions regarding the child's education, health care, and general welfare until adulthood.

Subd. 20. **Special assessment.** "Special assessment" means an assessment performed under section 256N.24 that determines the benefits that an eligible child may receive under section 256N.26 at the time when a special assessment is required. A special assessment is used in the following circumstances when a child's status within Northstar Care is shifted from a pre-Northstar Care program into Northstar Care for Children when the commissioner determines that a special assessment is appropriate instead of assigning the transition child to a level under section 256N.28.

Subd. 21. **Supplemental difficulty of care rate.** "Supplemental difficulty of care rate" means the supplemental payment under section 256N.26, if any, as determined by the financially responsible agency or the state, based upon an assessment under section 256N.24. The rate must support activities consistent with the care a parent provides a child with special needs and not the equivalent of a purchased service. The rate must consider the capacity and intensity of the activities associated with parenting duties provided in the home to nurture the child, preserve the child's connections, and support the child's functioning in the home and community.

Sec. 7. [256N.20] NORTHSTAR CARE FOR CHILDREN; GENERALLY.

Subdivision 1. **Eligibility.** A child is eligible for Northstar Care for Children if the child is eligible for:

- (1) foster care under section 256N.21;
- (2) guardianship assistance under section 256N.22; or
- (3) adoption assistance under section 256N.23.

Subd. 2. **Assessments.** Except as otherwise specified, a child eligible for Northstar Care for Children shall receive an assessment under section 256N.24.

Subd. 3. **Agreements.** When a child is eligible for guardianship assistance or adoption assistance, negotiations with caregivers and the development of a written, binding agreement must be conducted under section 256N.25.

Subd. 4. **Benefits and payments.** A child eligible for Northstar Care for Children is entitled to benefits specified in section 256N.26, based primarily on assessments under section 256N.24, and, if appropriate, negotiations and agreements under section 256N.25. Although paid to the caregiver, these benefits must be considered benefits of the child rather than of the caregiver.

Subd. 5. **Federal, state, and local shares.** The cost of Northstar Care for Children must be shared among the federal government, state, counties of financial responsibility, and certain tribes as specified in section 256N.27.

Subd. 6. **Administration and appeals.** The commissioner and financially responsible agency, or other agency designated by the commissioner, shall administer Northstar Care for Children according to section 256N.28. The notification and fair hearing process applicable to this chapter is defined in section 256N.28.

Subd. 7. **Transition.** A child in foster care, relative custody assistance, or adoption assistance prior to January 1, 2015, who remains with the same caregivers continues to receive benefits under programs preceding Northstar Care for Children, unless the child moves to a new foster care placement, permanency is obtained for the child, or the commissioner initiates transition of a child receiving pre-Northstar Care for Children relative custody assistance, guardianship assistance, or adoption assistance under this chapter. Provisions for the transition to Northstar Care for Children for certain children in preceding programs are specified in section 256N.28, subdivisions 2 and 7. Additional provisions for children in: foster care are specified in section 256N.21, subdivision 6; relative custody assistance under section 257.85 are specified in section 256N.22, subdivision 12; and adoption assistance under chapter 259A are specified in section 256N.23, subdivision 13.

Sec. 8. [256N.21] ELIGIBILITY FOR FOSTER CARE BENEFITS.

Subdivision 1. **General eligibility requirements.** (a) A child is eligible for foster care benefits under this section if the child meets the requirements of subdivision 2 on or after January 1, 2015.

(b) The financially responsible agency shall make a title IV-E eligibility determination for all foster children meeting the requirements of subdivision 2, provided the agency has such authority under the state title IV-E plan. To be eligible for title IV-E foster care, a child must also meet any additional criteria specified in section 472 of the Social Security Act.

(c) Except as provided under section 256N.26, subdivision 1 or 6, the foster care benefit to the child under this section must be determined under sections 256N.24 and 256N.26 through an individual assessment. Information from this assessment must be used to determine a potential future benefit under guardianship assistance or adoption assistance, if needed.

(d) When a child is eligible for additional services, subdivisions 3 and 4 govern the co-occurrence of program eligibility.

Subd. 2. **Placement in foster care.** To be eligible for foster care benefits under this section, the child must be in placement away from the child's legal parent or guardian and all of the following criteria must be met:

(1) the legally responsible agency must have placement authority and care responsibility, including for a child 18 years old or older and under age 21, who maintains eligibility for foster care consistent with section 260C.451;

(2) the legally responsible agency must have authority to place the child with a voluntary placement agreement or a court order, consistent with sections 260B.198, 260C.001, 260D.01, or continued eligibility consistent with section 260C.451; and

(3) the child must be placed in an emergency relative placement under section 245A.035, a licensed foster family setting, foster residence setting, or treatment foster care setting licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, a family foster home licensed or approved by a tribal agency or, for a child 18 years old or older and under age 21, an unlicensed supervised independent living setting approved by the agency responsible for the youth's care.

Subd. 3. **Minor parent.** A child who is a minor parent in placement with the minor parent's child in the same home is eligible for foster care benefits under this section. The foster care benefit is limited to the minor parent, unless the legally responsible agency has separate legal authority for placement of the minor parent's child.

Subd. 4. **Foster children ages 18 up to 21 placed in an unlicensed supervised independent living setting.** A foster child 18 years old or older and under age 21 who maintains eligibility consistent with section 260C.451 and who is placed in an unlicensed supervised independent living setting shall receive the level of benefit under section 256N.26.

Subd. 5. **Excluded activities.** The basic and supplemental difficulty of care payment represents costs for activities similar in nature to those expected of parents, and does not cover services rendered by the licensed or tribally approved foster parent, facility, or administrative costs or fees. The financially responsible agency may pay an additional fee for specific services provided by the licensed foster parent or facility. A foster parent or residence setting must distinguish such a service from the daily care of the child as assessed through the process under section 256N.24.

Subd. 6. **Transition from pre-Northstar Care for Children program.** (a) Section 256.82 establishes the pre-Northstar Care for Children foster care program for all children residing in family foster care on December 31, 2014. Unless transitioned under paragraph (b), a child in foster care with the same caregiver receives benefits under this pre-Northstar Care for Children foster care program.

(b) Transition from the pre-Northstar Care for Children foster care program to Northstar Care for Children takes place on or after January 1, 2015, when the child:

(1) moves to a different foster home or unlicensed supervised independent living setting;

(2) has permanent legal and physical custody transferred and, if applicable, meets eligibility requirements in section 256N.22;

(3) is adopted and, if applicable, meets eligibility requirements in section 256N.23; or

(4) re-enters foster care after reunification or a trial home visit.

(c) Upon becoming eligible, a foster child must be assessed according to section 256N.24 and then transitioned into Northstar Care for Children according to section 256N.28.

Sec. 9. **[256N.22] GUARDIANSHIP ASSISTANCE ELIGIBILITY.**

Subdivision 1. **General eligibility requirements.** (a) To be eligible for the guardianship assistance under this section, there must be a judicial determination under section 260C.515, subdivision 4, that a transfer of permanent legal and physical custody to a relative is in the child's best interest. For a child under jurisdiction of a tribal court, a judicial determination under a similar provision in tribal code indicating that a relative will assume the duty and authority to provide care, control, and protection of a child who is residing in foster care, and to make decisions regarding the child's education, health care, and general welfare until adulthood, and that this is in the child's best interest is considered equivalent. Additionally, a child must:

(1) have been removed from the child's home pursuant to a voluntary placement agreement or court order;

(2)(i) have resided in foster care for at least six consecutive months in the home of the prospective relative custodian; or

(ii) have received an exemption from the requirement in item (i) from the court based on a determination that:

(A) an expedited move to permanency is in the child's best interest;

(B) expedited permanency cannot be completed without provision of guardianship assistance; and

(C) the prospective relative custodian is uniquely qualified to meet the child's needs on a permanent basis;

(3) meet the agency determinations regarding permanency requirements in subdivision 2;

(4) meet the applicable citizenship and immigration requirements in subdivision 3; and

(5) have been consulted regarding the proposed transfer of permanent legal and physical custody to a relative, if the child is at least 14 years of age or is expected to attain 14 years of age prior to the transfer of permanent legal and physical custody; and

(6) have a written, binding agreement under section 256N.25 among the caregiver or caregivers, the financially responsible agency, and the commissioner established prior to transfer of permanent legal and physical custody.

(b) In addition to the requirements in paragraph (a), the child's prospective relative custodian or custodians must meet the applicable background study requirements in subdivision 4.

(c) To be eligible for title IV-E guardianship assistance, a child must also meet any additional criteria in section 473(d) of the Social Security Act. The sibling of a child who meets the criteria for title IV-E guardianship assistance in section 473(d) of the Social Security Act is eligible for title IV-E guardianship assistance if the child and sibling

are placed with the same prospective relative custodian or custodians, and the legally responsible agency, relatives, and commissioner agree on the appropriateness of the arrangement for the sibling. A child who meets all eligibility criteria except those specific to title IV-E guardianship assistance is entitled to guardianship assistance paid through funds other than title IV-E.

Subd. 2. **Agency determinations regarding permanency.** (a) To be eligible for guardianship assistance, the legally responsible agency must complete the following determinations regarding permanency for the child prior to the transfer of permanent legal and physical custody:

(1) a determination that reunification and adoption are not appropriate permanency options for the child; and

(2) a determination that the child demonstrates a strong attachment to the prospective relative custodian and the prospective relative custodian has a strong commitment to caring permanently for the child.

(b) The legally responsible agency shall document the determinations in paragraph (a) and the supporting information for completing each determination in the case file and make them available for review as requested by the financially responsible agency and the commissioner during the guardianship assistance eligibility determination process.

Subd. 3. **Citizenship and immigration status.** A child must be a citizen of the United States or otherwise be eligible for federal public benefits according to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended, in order to be eligible for guardianship assistance.

Subd. 4. **Background study.** (a) A background study under section 245C.33 must be completed on each prospective relative custodian and any other adult residing in the home of the prospective relative custodian. A background study on the prospective relative custodian or adult residing in the household previously completed under section 245C.04 for the purposes of foster care licensure may be used for the purposes of this section, provided that the background study is current at the time of the application for guardianship assistance.

(b) If the background study reveals:

(1) a felony conviction at any time for:

(i) child abuse or neglect;

(ii) spousal abuse;

(iii) a crime against a child, including child pornography; or

(iv) a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery; or

(2) a felony conviction within the past five years for:

(i) physical assault;

(ii) battery; or

(iii) a drug-related offense;

the prospective relative custodian is prohibited from receiving guardianship assistance on behalf of an otherwise eligible child.

Subd. 5. Responsibility for determining guardianship assistance eligibility. The commissioner shall determine eligibility for:

(1) a child under the legal custody or responsibility of a Minnesota county social service agency who would otherwise remain in foster care;

(2) a Minnesota child under tribal court jurisdiction who would otherwise remain in foster care; and

(3) an Indian child being placed in Minnesota who meets title IV-E eligibility defined in section 473(d) of the Social Security Act. The agency or entity assuming responsibility for the child is responsible for the nonfederal share of the guardianship assistance payment.

Subd. 6. Exclusions. (a) A child with a guardianship assistance agreement under Northstar Care for Children is not eligible for the Minnesota family investment program child-only grant under chapter 256J.

(b) The commissioner shall not enter into a guardianship assistance agreement with:

(1) a child's biological parent;

(2) an individual assuming permanent legal and physical custody of a child or the equivalent under tribal code without involvement of the child welfare system; or

(3) an individual assuming permanent legal and physical custody of a child who was placed in Minnesota by another state or a tribe outside of Minnesota.

Subd. 7. Guardianship assistance eligibility determination. The financially responsible agency shall prepare a guardianship assistance eligibility determination for review and final approval by the commissioner. The eligibility determination must be completed according to requirements and procedures and on forms prescribed by the commissioner. Supporting documentation for the eligibility determination must be provided to the commissioner. The financially responsible agency and the commissioner must make every effort to establish a child's eligibility for title IV-E guardianship assistance. A child who is determined to be eligible for guardianship assistance must have a guardianship assistance agreement negotiated on the child's behalf according to section 256N.25.

Subd. 8. Termination of agreement. (a) A guardianship assistance agreement must be terminated in any of the following circumstances:

(1) the child has attained the age of 18, or up to age 21 when the child meets a condition for extension in subdivision 11;

(2) the child has not attained the age of 18 years of age, but the commissioner determines the relative custodian is no longer legally responsible for support of the child;

(3) the commissioner determines the relative custodian is no longer providing financial support to the child up to age 21;

(4) the death of the child; or

(5) the relative custodian requests in writing termination of the guardianship assistance agreement.

(b) A relative custodian is considered no longer legally responsible for support of the child in any of the following circumstances:

(1) permanent legal and physical custody or guardianship of the child is transferred to another individual;

(2) death of the relative custodian under subdivision 9;

(3) child enlists in the military;

(4) child gets married; or

(5) child is determined an emancipated minor through legal action.

Subd. 9. Death of relative custodian or dissolution of custody. The guardianship assistance agreement ends upon death or dissolution of permanent legal and physical custody of both relative custodians in the case of assignment of custody to two individuals, or the sole relative custodian in the case of assignment of custody to one individual. Guardianship assistance eligibility may be continued according to subdivision 10.

Subd. 10. Assigning a child's guardianship assistance to a court-appointed guardian or custodian. (a) Guardianship assistance may be continued with the written consent of the commissioner to an individual who is a guardian or custodian appointed by a court for the child upon the death of both relative custodians in the case of assignment of custody to two individuals, or the sole relative custodian in the case of assignment of custody to one individual, unless the child is under the custody of a county, tribal, or child-placing agency.

(b) Temporary assignment of guardianship assistance may be approved for a maximum of six consecutive months from the death of the relative custodian or custodians as provided in paragraph (a) and must adhere to the policies and procedures prescribed by the commissioner. If a court has not appointed a permanent legal guardian or custodian within six months, the guardianship assistance must terminate and must not be resumed.

(c) Upon assignment of assistance payments under this subdivision, assistance must be provided from funds other than title IV-E.

Subd. 11. Extension of guardianship assistance after age 18. (a) Under the circumstances outlined in paragraph (e), a child may qualify for extension of the guardianship assistance agreement beyond the date the child attains age 18, up to the date the child attains the age of 21.

(b) A request for extension of the guardianship assistance agreement must be completed in writing and submitted, including all supporting documentation, by the relative custodian to the commissioner at least 60 calendar days prior to the date that the current agreement will terminate.

(c) A signed amendment to the current guardianship assistance agreement must be fully executed between the relative custodian and the commissioner at least ten business days prior to the termination of the current agreement. The request for extension and the fully executed amendment must be made according to requirements and procedures prescribed by the commissioner, including documentation of eligibility, and on forms prescribed by the commissioner.

(d) If an agency is certifying a child for guardianship assistance and the child will attain the age of 18 within 60 calendar days of submission, the request for extension must be completed in writing and submitted, including all supporting documentation, with the guardianship assistance application.

(e) A child who has attained the age of 16 prior to the effective date of the guardianship assistance agreement is eligible for extension of the agreement up to the date the child attains age 21 if the child:

(1) is dependent on the relative custodian for care and financial support; and

(2) meets at least one of the following conditions:

(i) is completing a secondary education program or a program leading to an equivalent credential;

(ii) is enrolled in an institution which provides postsecondary or vocational education;

(iii) is participating in a program or activity designed to promote or remove barriers to employment;

(iv) is employed for at least 80 hours per month; or

(v) is incapable of doing any of the activities described in items (i) to (iv) due to a medical condition where incapability is supported by professional documentation according to the requirements and procedures prescribed by the commissioner.

(f) A child who has not attained the age of 16 prior to the effective date of the guardianship assistance agreement is eligible for extension of the guardianship assistance agreement up to the date the child attains the age of 21 if the child is:

(1) dependent on the relative custodian for care and financial support; and

(2) possesses a physical or mental disability which impairs the capacity for independent living and warrants continuation of financial assistance, as determined by the commissioner.

Subd. 12. Beginning guardianship assistance component of Northstar Care for Children. Effective November 27, 2014, a child who meets the eligibility criteria for guardianship assistance in subdivision 1 may have a guardianship assistance agreement negotiated on the child's behalf according to section 256N.25. The effective date of the agreement must be January 1, 2015, or the date of the court order transferring permanent legal and physical custody, whichever is later. Except as provided under section 256N.26, subdivision 1, paragraph (c), the rate schedule for an agreement under this subdivision is determined under section 256N.26 based on the age of the child on the date that the prospective relative custodian signs the agreement.

Subd. 13. Transition to guardianship assistance under Northstar Care for Children. The commissioner may execute guardianship assistance agreements for a child with a relative custody agreement under section 257.85 executed on the child's behalf on or before November 26, 2014, in accordance with the priorities outlined in section 256N.28, subdivision 7, paragraph (b). To facilitate transition into the guardianship assistance program, the commissioner may waive any guardianship assistance eligibility requirements for a child with a relative custody agreement under section 257.85 executed on the child's behalf on or before November 26, 2014. Agreements negotiated under this subdivision must be done according to the process outlined in section 256N.28, subdivision 7. The maximum rate used in the negotiation process for an agreement under this subdivision must be as outlined in section 256N.28, subdivision 7.

Sec. 10. **[256N.23] ADOPTION ASSISTANCE ELIGIBILITY.**

Subdivision 1. General eligibility requirements. (a) To be eligible for adoption assistance under this section, a child must:

(1) be determined to be a child with special needs under subdivision 2;

(2) meet the applicable citizenship and immigration requirements in subdivision 3;

(3)(i) meet the criteria in section 473 of the Social Security Act; or

(ii) have had foster care payments paid on the child's behalf while in out-of-home placement through the county or tribe and be either under the guardianship of the commissioner or under the jurisdiction of a Minnesota tribe and adoption, according to tribal law, is in the child's documented permanency plan; and

(4) have a written, binding agreement under section 256N.25 among the adoptive parent, the financially responsible agency, or if there is no financially responsible agency, the agency designated by the commissioner, and the commissioner established prior to finalization of the adoption.

(b) In addition to the requirements in paragraph (a), an eligible child's adoptive parent or parents must meet the applicable background study requirements in subdivision 4.

(c) A child who meets all eligibility criteria except those specific to title IV-E adoption assistance shall receive adoption assistance paid through funds other than title IV-E.

Subd. 2. Special needs determination. (a) A child is considered a child with special needs under this section if the requirements in paragraphs (b) to (g) are met.

(b) There must be a determination that the child must not or should not be returned to the home of the child's parents as evidenced by:

(1) a court-ordered termination of parental rights;

(2) a petition to terminate parental rights;

(3) consent of parent to adoption accepted by the court under chapter 260C;

(4) in circumstances when tribal law permits the child to be adopted without a termination of parental rights, a judicial determination by a tribal court indicating the valid reason why the child cannot or should not return home;

(5) a voluntary relinquishment under section 259.25 or 259.47 or, if relinquishment occurred in another state, the applicable laws in that state; or

(6) the death of the legal parent or parents if the child has two legal parents.

(c) There exists a specific factor or condition of which it is reasonable to conclude that the child cannot be placed with adoptive parents without providing adoption assistance as evidenced by:

(1) a determination by the Social Security Administration that the child meets all medical or disability requirements of title XVI of the Social Security Act with respect to eligibility for Supplemental Security Income benefits;

(2) a documented physical, mental, emotional, or behavioral disability not covered under clause (1);

(3) a member of a sibling group being adopted at the same time by the same parent;

(4) an adoptive placement in the home of a parent who previously adopted a sibling for whom they receive adoption assistance; or

(5) documentation that the child is an at-risk child.

(d) A reasonable but unsuccessful effort must have been made to place the child with adoptive parents without providing adoption assistance as evidenced by:

(1) a documented search for an appropriate adoptive placement; or

(2) a determination by the commissioner that a search under clause (1) is not in the best interests of the child.

(e) The requirement for a documented search for an appropriate adoptive placement under paragraph (d), including the registration of the child with the state adoption exchange and other recruitment methods under paragraph (f), must be waived if:

(1) the child is being adopted by a relative and it is determined by the child-placing agency that adoption by the relative is in the best interests of the child;

(2) the child is being adopted by a foster parent with whom the child has developed significant emotional ties while in the foster parent's care as a foster child and it is determined by the child-placing agency that adoption by the foster parent is in the best interests of the child; or

(3) the child is being adopted by a parent that previously adopted a sibling of the child, and it is determined by the child-placing agency that adoption by this parent is in the best interests of the child.

For an Indian child covered by the Indian Child Welfare Act, a waiver must not be granted unless the child-placing agency has complied with the placement preferences required by the Indian Child Welfare Act, United States Code, title 25, section 1915(a).

(f) To meet the requirement of a documented search for an appropriate adoptive placement under paragraph (d), clause (1), the child-placing agency minimally must:

(1) conduct a relative search as required by section 260C.221 and give consideration to placement with a relative, as required by section 260C.212, subdivision 2;

(2) comply with the placement preferences required by the Indian Child Welfare Act when the Indian Child Welfare Act, United States Code, title 25, section 1915(a), applies;

(3) locate prospective adoptive families by registering the child on the state adoption exchange, as required under section 259.75; and

(4) if registration with the state adoption exchange does not result in the identification of an appropriate adoptive placement, the agency must employ additional recruitment methods prescribed by the commissioner.

(g) Once the legally responsible agency has determined that placement with an identified parent is in the child's best interests and made full written disclosure about the child's social and medical history, the agency must ask the prospective adoptive parent if the prospective adoptive parent is willing to adopt the child without receiving adoption assistance under this section. If the identified parent is either unwilling or unable to adopt the child without adoption assistance, the legally responsible agency must provide documentation as prescribed by the commissioner to fulfill the requirement to make a reasonable effort to place the child without adoption assistance. If the identified parent is willing to adopt the child without adoption assistance, the parent must provide a written statement to this effect to the legally responsible agency and the statement must be maintained in the permanent adoption record of the legally responsible agency. For children under guardianship of the commissioner, the legally responsible agency shall submit a copy of this statement to the commissioner to be maintained in the permanent adoption record.

Subd. 3. **Citizenship and immigration status.** (a) A child must be a citizen of the United States or otherwise eligible for federal public benefits according to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended, in order to be eligible for the title IV-E adoption assistance program.

(b) A child must be a citizen of the United States or meet the qualified alien requirements as defined in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended, in order to be eligible for adoption assistance paid through funds other than title IV-E.

Subd. 4. **Background study.** A background study under section 259.41 must be completed on each prospective adoptive parent. If the background study reveals:

(1) a felony conviction at any time for:

(i) child abuse or neglect;

(ii) spousal abuse;

(iii) a crime against a child, including child pornography; or

(iv) a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery; or

(2) a felony conviction within the past five years for:

(i) physical assault;

(ii) battery; or

(iii) a drug-related offense;

the adoptive parent is prohibited from receiving adoption assistance on behalf of an otherwise eligible child.

Subd. 5. **Responsibility for determining adoption assistance eligibility.** The commissioner must determine eligibility for:

(1) a child under the guardianship of the commissioner who would otherwise remain in foster care;

(2) a child who is not under the guardianship of the commissioner who meets title IV-E eligibility defined in section 473 of the Social Security Act and no state agency has legal responsibility for placement and care of the child;

(3) a Minnesota child under tribal jurisdiction who would otherwise remain in foster care; and

(4) an Indian child being placed in Minnesota who meets title IV-E eligibility defined in section 473 of the Social Security Act. The agency or entity assuming responsibility for the child is responsible for the nonfederal share of the adoption assistance payment.

Subd. 6. **Exclusions.** The commissioner must not enter into an adoption assistance agreement with the following individuals:

(1) a child's biological parent or stepparent;

(2) a child's relative under section 260C.007, subdivision 27, with whom the child resided immediately prior to child welfare involvement unless:

(i) the child was in the custody of a Minnesota county or tribal agency pursuant to an order under chapter 260C or equivalent provisions of tribal code and the agency had placement and care responsibility for permanency planning for the child; and

(ii) the child is under guardianship of the commissioner of human services according to the requirements of section 260C.325, subdivision 1 or 3, or is a ward of a Minnesota tribal court after termination of parental rights, suspension of parental rights, or a finding by the tribal court that the child cannot safely return to the care of the parent;

(3) an individual adopting a child who is the subject of a direct adoptive placement under section 259.47 or the equivalent in tribal code;

(4) a child's legal custodian or guardian who is now adopting the child; or

(5) an individual who is adopting a child who is not a citizen or resident of the United States and was either adopted in another country or brought to the United States for the purposes of adoption.

Subd. 7. Adoption assistance eligibility determination. (a) The financially responsible agency shall prepare an adoption assistance eligibility determination for review and final approval by the commissioner. When there is no financially responsible agency, the adoption assistance eligibility determination must be completed by the agency designated by the commissioner. The eligibility determination must be completed according to requirements and procedures and on forms prescribed by the commissioner. The financially responsible agency and the commissioner shall make every effort to establish a child's eligibility for title IV-E adoption assistance. Documentation from a qualified expert for the eligibility determination must be provided to the commissioner to verify that a child meets the special needs criteria in subdivision 2. A child who is determined to be eligible for adoption assistance must have an adoption assistance agreement negotiated on the child's behalf according to section 256N.25.

(b) Documentation from a qualified expert of a disability is limited to evidence deemed appropriate by the commissioner and must be submitted to the commissioner with the eligibility determination. Examples of appropriate documentation include, but are not limited to, medical records, psychological assessments, educational or early childhood evaluations, court findings, and social and medical history.

(c) Documentation that the child is at risk of developing physical, mental, emotional, or behavioral disabilities must be submitted according to policies and procedures prescribed by the commissioner.

Subd. 8. Termination of agreement. (a) An adoption assistance agreement must terminate in any of the following circumstances:

(1) the child has attained the age of 18, or up to age 21 when the child meets a condition for extension in subdivision 12;

(2) the child has not attained the age of 18, but the commissioner determines the adoptive parent is no longer legally responsible for support of the child;

(3) the commissioner determines the adoptive parent is no longer providing financial support to the child up to age 21;

(4) the death of the child; or

(5) the adoptive parent requests in writing the termination of the adoption assistance agreement.

(b) An adoptive parent is considered no longer legally responsible for support of the child in any of the following circumstances:

(1) parental rights to the child are legally terminated or a court accepted the parent's consent to adoption under chapter 260C;

(2) permanent legal and physical custody or guardianship of the child is transferred to another individual;

(3) death of the adoptive parent under subdivision 9;

(4) the child enlists in the military;

(5) the child gets married; or

(6) the child is determined an emancipated minor through legal action.

Subd. 9. **Death of adoptive parent or adoption dissolution.** The adoption assistance agreement ends upon death or termination of parental rights of both adoptive parents in the case of a two-parent adoption, or the sole adoptive parent in the case of a single-parent adoption. The child's adoption assistance eligibility may be continued according to subdivision 10.

Subd. 10. **Continuing a child's title IV-E adoption assistance in a subsequent adoption.** (a) The child maintains eligibility for title IV-E adoption assistance in a subsequent adoption if the following criteria are met:

(1) the child is determined to be a child with special needs as outlined in subdivision 2; and

(2) the subsequent adoptive parent resides in Minnesota.

(b) If a child had a title IV-E adoption assistance agreement in effect prior to the death of the adoptive parent or dissolution of the adoption, and the subsequent adoptive parent resides outside of Minnesota, the commissioner is not responsible for determining whether the child meets the definition of special needs, entering into the adoption assistance agreement, and making any adoption assistance payments outlined in the new agreement unless a state agency in Minnesota has responsibility for placement and care of the child at the time of the subsequent adoption. If there is no state agency in Minnesota that has responsibility for placement and care of the child at the time of the subsequent adoption, the public child welfare agency in the subsequent adoptive parent's residence is responsible for determining whether the child meets the definition of special needs and entering into the adoption assistance agreement.

Subd. 11. **Assigning a child's adoption assistance to a court-appointed guardian or custodian.** (a) State-funded adoption assistance may be continued with the written consent of the commissioner to an individual who is a guardian appointed by a court for the child upon the death of both the adoptive parents in the case of a two-parent adoption, or the sole adoptive parent in the case of a single-parent adoption, unless the child is under the custody of a state agency.

(b) Temporary assignment of adoption assistance may be approved by the commissioner for a maximum of six consecutive months from the death of the adoptive parent or parents under subdivision 9 and must adhere to the requirements and procedures prescribed by the commissioner. If, within six months, the child has not been adopted by a person agreed upon by the commissioner, or a court has not appointed a permanent legal guardian under section 260C.325, 525.5-313, or similar law of another jurisdiction, the adoption assistance must terminate.

(c) Upon assignment of payments under this subdivision, assistance must be from funds other than title IV-E.

Subd. 12. Extension of adoption assistance agreement. (a) Under certain limited circumstances a child may qualify for extension of the adoption assistance agreement beyond the date the child attains age 18, up to the date the child attains the age of 21.

(b) A request for extension of the adoption assistance agreement must be completed in writing and submitted, including all supporting documentation, by the adoptive parent to the commissioner at least 60 calendar days prior to the date that the current agreement will terminate.

(c) A signed amendment to the current adoption assistance agreement must be fully executed between the adoptive parent and the commissioner at least ten business days prior to the termination of the current agreement. The request for extension and the fully executed amendment must be made according to the requirements and procedures prescribed by the commissioner, including documentation of eligibility, on forms prescribed by the commissioner.

(d) If an agency is certifying a child for adoption assistance and the child will attain the age of 18 within 60 calendar days of submission, the request for extension must be completed in writing and submitted, including all supporting documentation, with the adoption assistance application.

(e) A child who has attained the age of 16 prior to the finalization of the child's adoption is eligible for extension of the adoption assistance agreement up to the date the child attains age 21 if the child is:

(1) dependent on the adoptive parent for care and financial support; and

(2)(i) completing a secondary education program or a program leading to an equivalent credential;

(ii) enrolled in an institution that provides postsecondary or vocational education;

(iii) participating in a program or activity designed to promote or remove barriers to employment;

(iv) employed for at least 80 hours per month; or

(v) incapable of doing any of the activities described in items (i) to (iv) due to a medical condition where incapability is supported by documentation from an expert according to the requirements and procedures prescribed by the commissioner.

(f) A child who has not attained the age of 16 prior to finalization of the child's adoption is eligible for extension of the adoption assistance agreement up to the date the child attains the age of 21 if the child is:

(1) dependent on the adoptive parent for care and financial support; and

(2)(i) enrolled in a secondary education program or a program leading to the equivalent; or

(ii) possesses a physical or mental disability that impairs the capacity for independent living and warrants continuation of financial assistance as determined by the commissioner.

Subd. 13. Beginning adoption assistance under Northstar Care for Children. Effective November 27, 2014, a child who meets the eligibility criteria for adoption assistance in subdivision 1, may have an adoption assistance agreement negotiated on the child's behalf according to section 256N.25, and the effective date of the agreement must be January 1, 2015, or the date of the court order finalizing the adoption, whichever is later. Except as provided under section 256N.26, subdivision 1, paragraph (c), the maximum rate schedule for the agreement must be determined according to section 256N.26 based on the age of the child on the date that the prospective adoptive parent or parents sign the agreement.

Subd. 14. **Transition to adoption assistance under Northstar Care for Children.** The commissioner may offer adoption assistance agreements under this chapter to a child with an adoption assistance agreement under chapter 259A executed on the child's behalf on or before November 26, 2014, according to the priorities outlined in section 256N.28, subdivision 7, paragraph (b). To facilitate transition into the Northstar Care for Children adoption assistance program, the commissioner has the authority to waive any Northstar Care for Children adoption assistance eligibility requirements for a child with an adoption assistance agreement under chapter 259A executed on the child's behalf on or before November 26, 2014. Agreements negotiated under this subdivision must be in accordance with the process in section 256N.28, subdivision 7. The maximum rate used in the negotiation process for an agreement under this subdivision must be as outlined in section 256N.28, subdivision 7.

Sec. 11. **[256N.24] ASSESSMENTS.**

Subdivision 1. **Assessment.** (a) Each child eligible under sections 256N.21, 256N.22, and 256N.23, must be assessed to determine the benefits the child may receive under section 256N.26, in accordance with the assessment tool, process, and requirements specified in subdivision 2.

(b) If an agency applies the emergency foster care rate for initial placement under section 256N.26, the agency may wait up to 30 days to complete the initial assessment.

(c) Unless otherwise specified in paragraph (d), a child must be assessed at the basic level, level B, or one of ten supplemental difficulty of care levels, levels C to L.

(d) An assessment must not be completed for:

(1) a child eligible for guardianship assistance under section 256N.22 or adoption assistance under section 256N.23 who is determined to be an at-risk child. A child under this clause must be assigned level A under section 256N.26, subdivision 1; and

(2) a child transitioning into Northstar Care for Children under section 256N.28, subdivision 7, unless the commissioner determines an assessment is appropriate.

Subd. 2. **Establishment of assessment tool, process, and requirements.** Consistent with sections 256N.001 to 256N.28, the commissioner shall establish an assessment tool to determine the basic and supplemental difficulty of care, and shall establish the process to be followed and other requirements, including appropriate documentation, when conducting the initial assessment of a child entering Northstar Care for Children or when the special assessment and reassessments may be needed for children continuing in the program. The assessment tool must take into consideration the strengths and needs of the child and the extra parenting provided by the caregiver to meet the child's needs.

Subd. 3. **Child care allowance portion of assessment.** (a) The assessment tool established under subdivision 2 must include consideration of the caregiver's need for child care under this subdivision, with greater consideration for children of younger ages.

(b) The child's assessment must include consideration of the caregiver's need for child care if the following criteria are met:

(1) the child is under age 13;

(2) all available adult caregivers are employed or attending educational or vocational training programs;

(3) the caregiver does not receive child care assistance for the child under chapter 119B.

(c) For children younger than seven years of age, the level determined by the non-child care portions of the assessment must be adjusted based on the average number of hours child care is needed each week due to employment or attending a training or educational program as follows:

(1) fewer than ten hours or if the caregiver is participating in the child care assistance program under chapter 119B, no adjustment;

(2) ten to 19 hours or if needed during school summer vacation or equivalent only, increase one level;

(3) 20 to 29 hours, increase two levels;

(4) 30 to 39 hours, increase three levels; and

(5) 40 or more hours, increase four levels.

(d) For children at least seven years of age but younger than 13, the level determined by the non-child care portions of the assessment must be adjusted based on the average number of hours child care is needed each week due to employment or attending a training or educational program as follows:

(1) fewer than 20 hours, needed during school summer vacation or equivalent only, or if the caregiver is participating in the child care assistance program under chapter 119B, no adjustment;

(2) 20 to 39 hours, increase one level; and

(3) 40 or more hours, increase two levels.

(e) When the child attains the age of seven, the child care allowance must be reduced by reducing the level to that available under paragraph (d). For children in foster care, benefits under section 256N.26 must be automatically reduced when the child turns seven. For children who receive guardianship assistance or adoption assistance, agreements must include similar provisions to ensure that the benefit provided to these children does not exceed the benefit provided to children in foster care.

(f) When the child attains the age of 13, the child care allowance must be eliminated by reducing the level to that available prior to any consideration of the caregiver's need for child care. For children in foster care, benefits under section 256N.26 must be automatically reduced when the child attains the age of 13. For children who receive guardianship assistance or adoption assistance, agreements must include similar provisions to ensure that the benefit provided to these children does not exceed the benefit provided to children in foster care.

(g) The child care allowance under this subdivision is not available to caregivers who receive the child care assistance under chapter 119B. A caregiver receiving a child care allowance under this subdivision must notify the commissioner if the caregiver subsequently receives the child care assistance program under chapter 119B, and the level must be reduced to that available prior to any consideration of the caregiver's need for child care.

(h) In establishing the assessment tool under subdivision 2, the commissioner must design the tool so that the levels applicable to the non-child care portions of the assessment at a given age accommodate the requirements of this subdivision.

Subd. 4. **Timing of initial assessment.** For a child entering Northstar Care for Children under section 256N.21, the initial assessment must be completed within 30 days after the child is placed in foster care.

Subd. 5. Completion of initial assessment. (a) The assessment must be completed in consultation with the child's caregiver. Face-to-face contact with the caregiver is not required to complete the assessment.

(b) Initial assessments are completed for foster children, eligible under section 256N.21.

(c) The initial assessment must be completed by the financially responsible agency, in consultation with the legally responsible agency if different, within 30 days of the child's placement in foster care.

(d) If the foster parent is unable or unwilling to cooperate with the assessment process, the child shall be assigned the basic level, level B under section 256N.26, subdivision 3.

(e) Notice to the foster parent shall be provided as specified in subdivision 12.

Subd. 6. Timing of special assessment. (a) A special assessment is required as part of the negotiation of the guardianship assistance agreement under section 256N.22 if:

(1) the child was not placed in foster care with the prospective relative custodian or custodians prior to the negotiation of the guardianship assistance agreement under section 256N.25; or

(2) any requirement for reassessment under subdivision 8 is met.

(b) A special assessment is required as part of the negotiation of the adoption assistance agreement under section 256N.23 if:

(1) the child was not placed in foster care with the prospective adoptive parent or parents prior to the negotiation of the adoption assistance agreement under section 256N.25; or

(2) any requirement for reassessment under subdivision 8 is met.

(c) A special assessment is required when a child transitions from a pre-Northstar Care for Children program into Northstar Care for Children if the commissioner determines that a special assessment is appropriate instead of assigning the transition child to a level under section 256N.28.

(d) The special assessment must be completed prior to the establishment of a guardianship assistance or adoption assistance agreement on behalf of the child.

Subd. 7. Completing the special assessment. (a) The special assessment must be completed in consultation with the child's caregiver. Face-to-face contact with the caregiver is not required to complete the special assessment.

(b) If a new special assessment is required prior to the effective date of the guardianship assistance agreement, it must be completed by the financially responsible agency, in consultation with the legally responsible agency if different. If the prospective relative custodian is unable or unwilling to cooperate with the special assessment process, the child shall be assigned the basic level, level B under section 256N.26, subdivision 3, unless the child is known to be an at-risk child, in which case, the child shall be assigned level A under section 256N.26, subdivision 1.

(c) If a special assessment is required prior to the effective date of the adoption assistance agreement, it must be completed by the financially responsible agency, in consultation with the legally responsible agency if different. If there is no financially responsible agency, the special assessment must be completed by the agency designated by the commissioner. If the prospective adoptive parent is unable or unwilling to cooperate with the special assessment process, the child must be assigned the basic level, level B under section 256N.26, subdivision 3, unless the child is known to be an at-risk child, in which case, the child shall be assigned level A under section 256N.26, subdivision 1.

(d) Notice to the prospective relative custodians or prospective adoptive parents must be provided as specified in subdivision 12.

Subd. 8. Timing of and requests for reassessments. Reassessments for an eligible child must be completed within 30 days of any of the following events:

(1) for a child in continuous foster care, when six months have elapsed since completion of the last assessment;

(2) for a child in continuous foster care, change of placement location;

(3) for a child in foster care, at the request of the financially responsible agency or legally responsible agency;

(4) at the request of the commissioner; or

(5) at the request of the caregiver under subdivision 9.

Subd. 9. Caregiver requests for reassessments. (a) A caregiver may initiate a reassessment request for an eligible child in writing to the financially responsible agency or, if there is no financially responsible agency, the agency designated by the commissioner. The written request must include the reason for the request and the name, address, and contact information of the caregivers. For an eligible child with a guardianship assistance or adoption assistance agreement, the caregiver may request a reassessment if at least six months have elapsed since any previously requested review. For an eligible foster child, a foster parent may request reassessment in less than six months with written documentation that there have been significant changes in the child's needs that necessitate an earlier reassessment.

(b) A caregiver may request a reassessment of an at-risk child for whom a guardianship assistance or adoption assistance agreement has been executed if the caregiver has satisfied the commissioner with written documentation from a qualified expert that the potential disability upon which eligibility for the agreement was based has manifested itself, consistent with section 256N.25, subdivision 3, paragraph (b).

(c) If the reassessment cannot be completed within 30 days of the caregiver's request, the agency responsible for reassessment must notify the caregiver of the reason for the delay and a reasonable estimate of when the reassessment can be completed.

Subd. 10. Completion of reassessment. (a) The reassessment must be completed in consultation with the child's caregiver. Face-to-face contact with the caregiver is not required to complete the reassessment.

(b) For foster children eligible under section 256N.21, reassessments must be completed by the financially responsible agency, in consultation with the legally responsible agency if different.

(c) If reassessment is required after the effective date of the guardianship assistance agreement, the reassessment must be completed by the financially responsible agency.

(d) If a reassessment is required after the effective date of the adoption assistance agreement, it must be completed by the financially responsible agency or, if there is no financially responsible agency, the agency designated by the commissioner.

(e) If the child's caregiver is unable or unwilling to cooperate with the reassessment, the child must be assessed at level B under section 256N.26, subdivision 3, unless the child has an adoption assistance or guardianship assistance agreement in place and is known to be an at-risk child, in which case the child must be assessed at level A under section 256N.26, subdivision 1.

Subd. 11. **Approval of initial assessments, special assessments, and reassessments.** (a) Any agency completing initial assessments, special assessments, or reassessments must designate one or more supervisors or other staff to examine and approve assessments completed by others in the agency under subdivision 2. The person approving an assessment must not be the case manager or staff member completing that assessment.

(b) In cases where a special assessment or reassessment for guardian assistance and adoption assistance is required under subdivision 7 or 10, the commissioner shall review and approve the assessment as part of the eligibility determination process outlined in section 256N.22, subdivision 7, for guardianship assistance, or section 256N.23, subdivision 7, for adoption assistance. The assessment determines the maximum for the negotiated agreement amount under section 256N.25.

(c) The new rate is effective the calendar month that the assessment is approved, or the effective date of the agreement, whichever is later.

Subd. 12. **Notice for caregiver.** (a) The agency as defined in subdivision 5 or 10 that is responsible for completing the initial assessment or reassessment must provide the child's caregiver with written notice of the initial assessment or reassessment.

(b) Initial assessment notices must be sent within 15 days of completion of the initial assessment and must minimally include the following:

(1) a summary of the child's completed individual assessment used to determine the initial rating;

(2) statement of rating and benefit level;

(3) statement of the circumstances under which the agency must reassess the child;

(4) procedure to seek reassessment;

(5) notice that the caregiver has the right to a fair hearing review of the assessment and how to request a fair hearing, consistent with section 256.045, subdivision 3; and

(6) the name, telephone number, and e-mail, if available, of a contact person at the agency completing the assessment.

(c) Reassessment notices must be sent within 15 days after the completion of the reassessment and must minimally include the following:

(1) a summary of the child's individual assessment used to determine the new rating;

(2) any change in rating and its effective date;

(3) procedure to seek reassessment;

(4) notice that if a change in rating results in a reduction of benefits, the caregiver has the right to a fair hearing review of the assessment and how to request a fair hearing consistent with section 256.045, subdivision 3;

(5) notice that a caregiver who requests a fair hearing of the reassessed rating within ten days may continue at the current rate pending the hearing, but the agency may recover any overpayment; and

(6) name, telephone number, and e-mail, if available, of a contact person at the agency completing the reassessment.

(d) Notice is not required for special assessments since the notice is part of the guardianship assistance or adoption assistance negotiated agreement completed according to section 256N.25.

Subd. 13. **Assessment tool determines rate of benefits.** The assessment tool established by the commissioner in subdivision 2 determines the monthly benefit level for children in foster care. The monthly payment for guardian assistance or adoption assistance may be negotiated up to the monthly benefit level under foster care for those children eligible for a payment under section 256N.26, subdivision 1.

Sec. 12. **[256N.25] AGREEMENTS.**

Subdivision 1. **Agreement; guardianship assistance; adoption assistance.** (a) In order to receive guardianship assistance or adoption assistance benefits on behalf of an eligible child, a written, binding agreement between the caregiver or caregivers, the financially responsible agency, or, if there is no financially responsible agency, the agency designated by the commissioner, and the commissioner must be established prior to finalization of the adoption or a transfer of permanent legal and physical custody. The agreement must be negotiated with the caregiver or caregivers under subdivision 2.

(b) The agreement must be on a form approved by the commissioner and must specify the following:

(1) duration of the agreement;

(2) the nature and amount of any payment, services, and assistance to be provided under such agreement;

(3) the child's eligibility for Medicaid services;

(4) the terms of the payment, including any child care portion as specified in section 256N.24, subdivision 3;

(5) eligibility for reimbursement of nonrecurring expenses associated with adopting or obtaining permanent legal and physical custody of the child, to the extent that the total cost does not exceed \$2,000 per child;

(6) that the agreement must remain in effect regardless of the state of which the adoptive parents or relative custodians are residents at any given time;

(7) provisions for modification of the terms of the agreement, including renegotiation of the agreement; and

(8) the effective date of the agreement.

(c) The caregivers, the commissioner, and the financially responsible agency, or, if there is no financially responsible agency, the agency designated by the commissioner, must sign the agreement. A copy of the signed agreement must be given to each party. Once signed by all parties, the commissioner shall maintain the official record of the agreement.

(d) The effective date of the guardianship assistance agreement must be the date of the court order that transfers permanent legal and physical custody to the relative. The effective date of the adoption assistance agreement is the date of the finalized adoption decree.

(e) Termination or disruption of the preadoptive placement or the foster care placement prior to assignment of custody makes the agreement with that caregiver void.

Subd. 2. **Negotiation of agreement.** (a) When a child is determined to be eligible for guardianship assistance or adoption assistance, the financially responsible agency, or, if there is no financially responsible agency, the agency designated by the commissioner, must negotiate with the caregiver to develop an agreement under

subdivision 1. If and when the caregiver and agency reach concurrence as to the terms of the agreement, both parties shall sign the agreement. The agency must submit the agreement, along with the eligibility determination outlined in sections 256N.22, subdivision 7, and 256N.23, subdivision 7, to the commissioner for final review, approval, and signature according to subdivision 1.

(b) A monthly payment is provided as part of the adoption assistance or guardianship assistance agreement to support the care of children unless the child is determined to be an at-risk child, in which case the special at-risk monthly payment under section 256N.26, subdivision 7, must be made until the caregiver obtains written documentation from a qualified expert that the potential disability upon which eligibility for the agreement was based has manifested itself.

(1) The amount of the payment made on behalf of a child eligible for guardianship assistance or adoption assistance is determined through agreement between the prospective relative custodian or the adoptive parent and the financially responsible agency, or, if there is no financially responsible agency, the agency designated by the commissioner, using the assessment tool established by the commissioner in section 256N.24, subdivision 2, and the associated benefit and payments outlined in section 256N.26. Except as provided under section 256N.24, subdivision 1, paragraph (c), the assessment tool establishes the monthly benefit level for a child under foster care. The monthly payment under a guardianship assistance agreement or adoption assistance agreement may be negotiated up to the monthly benefit level under foster care. In no case may the amount of the payment under a guardianship assistance agreement or adoption assistance agreement exceed the foster care maintenance payment which would have been paid during the month if the child with respect to whom the guardianship assistance or adoption assistance payment is made had been in a foster family home in the state.

(2) The rate schedule for the agreement is determined based on the age of the child on the date that the prospective adoptive parent or parents or relative custodian or custodians sign the agreement.

(3) The income of the relative custodian or custodians or adoptive parent or parents must not be taken into consideration when determining eligibility for guardianship assistance or adoption assistance or the amount of the payments under section 256N.26.

(4) With the concurrence of the relative custodian or adoptive parent, the amount of the payment may be adjusted periodically using the assessment tool established by the commissioner in section 256N.24, subdivision 2, and the agreement renegotiated under subdivision 3 when there is a change in the child's needs or the family's circumstances.

(5) The guardianship assistance or adoption assistance agreement of a child who is identified as at-risk receives the special at-risk monthly payment under section 256N.26, subdivision 7, unless and until the potential disability manifests itself, as documented by an appropriate professional, and the commissioner authorizes commencement of payment by modifying the agreement accordingly. A relative custodian or adoptive parent of an at-risk child with a guardianship assistance or adoption assistance agreement may request a reassessment of the child under section 256N.24, subdivision 9, and renegotiation of the guardianship assistance or adoption assistance agreement under subdivision 3 to include a monthly payment, if the caregiver has written documentation from a qualified expert that the potential disability upon which eligibility for the agreement was based has manifested itself. Documentation of the disability must be limited to evidence deemed appropriate by the commissioner.

(c) For guardianship assistance agreements:

(1) the initial amount of the monthly guardianship assistance payment must be equivalent to the foster care rate in effect at the time that the agreement is signed less any offsets under section 256N.26, subdivision 11, or a lesser negotiated amount if agreed to by the prospective relative custodian and specified in that agreement, unless the child is identified as at-risk or the guardianship assistance agreement is entered into when a child is under the age of six;

(2) an at-risk child must be assigned level A as outlined in section 256N.26 and receive the special at-risk monthly payment under section 256N.26, subdivision 7, unless and until the potential disability manifests itself, as documented by a qualified expert and the commissioner authorizes commencement of payment by modifying the agreement accordingly; and

(3) the amount of the monthly payment for a guardianship assistance agreement for a child, other than an at-risk child, who is under the age of six must be as specified in section 256N.26, subdivision 5.

(d) For adoption assistance agreements:

(1) for a child in foster care with the prospective adoptive parent immediately prior to adoptive placement, the initial amount of the monthly adoption assistance payment must be equivalent to the foster care rate in effect at the time that the agreement is signed less any offsets in section 256N.26, subdivision 11, or a lesser negotiated amount if agreed to by the prospective adoptive parents and specified in that agreement, unless the child is identified as at-risk or the adoption assistance agreement is entered into when a child is under the age of six;

(2) an at-risk child must be assigned level A as outlined in section 256N.26 and receive the special at-risk monthly payment under section 256N.26, subdivision 7, unless and until the potential disability manifests itself, as documented by an appropriate professional and the commissioner authorizes commencement of payment by modifying the agreement accordingly;

(3) the amount of the monthly payment for an adoption assistance agreement for a child under the age of six, other than an at-risk child, must be as specified in section 256N.26, subdivision 5;

(4) for a child who is in the guardianship assistance program immediately prior to adoptive placement, the initial amount of the adoption assistance payment must be equivalent to the guardianship assistance payment in effect at the time that the adoption assistance agreement is signed or a lesser amount if agreed to by the prospective adoptive parent and specified in that agreement; and

(5) for a child who is not in foster care placement or the guardianship assistance program immediately prior to adoptive placement or negotiation of the adoption assistance agreement, the initial amount of the adoption assistance agreement must be determined using the assessment tool and process in this section and the corresponding payment amount outlined in section 256N.26.

Subd. 3. Renegotiation of agreement. (a) A relative custodian or adoptive parent of a child with a guardianship assistance or adoption assistance agreement may request renegotiation of the agreement when there is a change in the needs of the child or in the family's circumstances. When a relative custodian or adoptive parent requests renegotiation of the agreement, a reassessment of the child must be completed consistent with section 256N.24, subdivisions 9 and 10. If the reassessment indicates that the child's level has changed, the financially responsible agency, or, if there is no financially responsible agency, the agency designated by the commissioner or a designee and the caregiver must renegotiate the agreement to include a payment with the level determined through the reassessment process. The agreement must not be renegotiated unless the commissioner, the financially responsible agency, and the caregiver mutually agree to the changes. The effective date of any renegotiated agreement must be determined by the commissioner.

(b) A relative custodian or adoptive parent of an at-risk child with a guardianship assistance or adoption assistance agreement may request renegotiation of the agreement to include a monthly payment higher than the special at-risk monthly payment under section 256N.26, subdivision 7, if the caregiver has written documentation from a qualified expert that the potential disability upon which eligibility for the agreement was based has manifested itself. Documentation of the disability must be limited to evidence deemed appropriate by the commissioner. Prior to renegotiating the agreement, a reassessment of the child must be conducted as outlined in section 256N.24, subdivision 9.

The reassessment must be used to renegotiate the agreement to include an appropriate monthly payment. The agreement must not be renegotiated unless the commissioner, the financially responsible agency, and the caregiver mutually agree to the changes. The effective date of any renegotiated agreement must be determined by the commissioner.

(c) Renegotiation of a guardianship assistance or adoption assistance agreement is required when one of the circumstances outlined in section 256N.26, subdivision 13, occurs.

Sec. 13. **[256N.26] BENEFITS AND PAYMENTS.**

Subdivision 1. **Benefits.** (a) There are three benefits under Northstar Care for Children: medical assistance, basic payment, and supplemental difficulty of care payment.

(b) A child is eligible for medical assistance under subdivision 2.

(c) A child is eligible for the basic payment under subdivision 3, except for a child assigned level A under section 256N.24, subdivision 1, because the child is determined to be an at-risk child receiving guardianship assistance or adoption assistance.

(d) A child, including a foster child age 18 to 21, is eligible for an additional supplemental difficulty of care payment under subdivision 4, as determined by the assessment under section 256N.24.

(e) An eligible child entering guardianship assistance or adoption assistance under the age of six receives a basic payment and supplemental difficulty of care payment as specified in subdivision 5.

(f) A child transitioning in from a pre-Northstar Care for Children program under section 256N.28, subdivision 7, shall receive basic and difficulty of care supplemental payments according to those provisions.

Subd. 2. **Medical assistance.** Eligibility for medical assistance under this chapter must be determined according to section 256B.055.

Subd. 3. **Basic monthly rate.** From January 1, 2015, to June 30, 2016, the basic monthly rate must be according to the following schedule:

<u>Ages 0-5</u>	<u>\$565 per month</u>
<u>Ages 6-12</u>	<u>\$670 per month</u>
<u>Ages 13 and older</u>	<u>\$790 per month</u>

Subd. 4. **Difficulty of care supplemental monthly rate.** From January 1, 2015, to June 30, 2016, the supplemental difficulty of care monthly rate is determined by the following schedule:

<u>Level A</u>	<u>none (special rate under subdivision 7 applies)</u>
<u>Level B</u>	<u>none (basic under subdivision 3 only)</u>
<u>Level C</u>	<u>\$100 per month</u>
<u>Level D</u>	<u>\$200 per month</u>
<u>Level E</u>	<u>\$300 per month</u>
<u>Level F</u>	<u>\$400 per month</u>
<u>Level G</u>	<u>\$500 per month</u>
<u>Level H</u>	<u>\$600 per month</u>
<u>Level I</u>	<u>\$700 per month</u>
<u>Level J</u>	<u>\$800 per month</u>
<u>Level K</u>	<u>\$900 per month</u>
<u>Level L</u>	<u>\$1,000 per month</u>

A child assigned level A is not eligible for either the basic or supplemental difficulty of care payment, while a child assigned level B is not eligible for the supplemental difficulty of care payment but is eligible for the basic monthly rate under subdivision 3.

Subd. 5. **Alternate rates for preschool entry and certain transitioned children.** A child who entered the guardianship assistance or adoption assistance components of Northstar Care for Children while under the age of six shall receive 50 percent of the amount the child would otherwise be entitled to under subdivisions 3 and 4. The commissioner may also use the 50 percent rate for a child who was transitioned into those components through declaration of the commissioner under section 256N.28, subdivision 7.

Subd. 6. **Emergency foster care rate for initial placement.** (a) A child who enters foster care due to immediate custody by a police officer or court order, consistent with section 260C.175, subdivisions 1 and 2, or equivalent provision under tribal code, shall receive the emergency foster care rate for up to 30 days. The emergency foster care rate cannot be extended beyond 30 days of the child's placement.

(b) For this payment rate to be applied, at least one of three conditions must apply:

(1) the child's initial placement must be in foster care in Minnesota;

(2) the child's previous placement was more than two years ago; or

(3) the child's previous placement was for fewer than 30 days and an assessment under section 256N.24 was not completed by an agency under section 256N.24.

(c) The emergency foster care rate consists of the appropriate basic monthly rate under subdivision 3 plus a difficulty of care supplemental monthly rate of level D under subdivision 4.

(d) The emergency foster care rate ends under any of three conditions:

(1) when an assessment under section 256N.24 is completed;

(2) when the placement ends; or

(3) after 30 days have elapsed.

(e) The financially responsible agency, in consultation with the legally responsible agency, if different, may replace the emergency foster care rate at any time by completing an initial assessment on which a revised difficulty of care supplemental monthly rate would be based. Consistent with section 256N.24, subdivision 9, the caregiver may request a reassessment in writing for an initial assessment to replace the emergency foster care rate. This written request would initiate an initial assessment under section 256N.24, subdivision 5. If the revised difficulty of care supplemental level based on the initial assessment is higher than Level D, then the revised higher rate shall apply retroactively to the beginning of the placement. If the revised level is lower, the lower rate shall apply on the date the initial assessment was completed.

(f) If a child remains in foster care placement for more than 30 days, the emergency foster care rate ends after the 30th day of placement and an assessment under section 256N.26 must be completed.

Subd. 7. **Special at-risk monthly payment for at-risk children in guardianship assistance and adoption assistance.** A child eligible for guardianship assistance under section 256N.22 or adoption assistance under section 256N.23 who is determined to be an at-risk child shall receive a special at-risk monthly payment of \$1 per month basic, unless and until the potential disability manifests itself and the agreement is renegotiated to include

reimbursement. Such an at-risk child shall receive neither a supplemental difficulty of care monthly rate under subdivision 4 nor home and vehicle modifications under subdivision 10, but must be considered for medical assistance under subdivision 2.

Subd. 8. **Daily rates.** (a) The commissioner shall establish prorated daily rates to the nearest cent for the monthly rates under subdivisions 3 to 7. Daily rates must be routinely used when a partial month is involved for foster care, guardianship assistance, or adoption assistance.

(b) A full month payment is permitted if a foster child is temporarily absent from the foster home if the brief absence does not exceed 14 days and the child's placement continues with the same caregiver.

Subd. 9. **Revision.** By April 1, 2016, for fiscal year 2017, and by each succeeding April 1 for the subsequent fiscal year, the commissioner shall review and revise the rates under subdivisions 3 to 7 based on the United States Department of Agriculture, Estimates of the Cost of Raising a Child, published by the United States Department of Agriculture, Agricultural Resources Service, Publication 1411. The revision shall be the average percentage by which costs increase for the age ranges represented in the United States Department of Agriculture, Estimates of the Cost of Raising a Child, except that in no instance must the increase be more than three percent per annum. The monthly rates must be revised to the nearest dollar and the daily rates to the nearest cent.

Subd. 10. **Home and vehicle modifications.** (a) Except for a child assigned level A under section 256N.24, subdivision 1, paragraph (b), clause (1), a child who is eligible for an adoption assistance agreement may have reimbursement of home and vehicle modifications necessary to accommodate the child's special needs upon which eligibility for adoption assistance was based and included as part of the negotiation of the agreement under section 256N.25, subdivision 2. Reimbursement of home and vehicle modifications must not be available for a child who is assessed at level A under subdivision 1, unless and until the potential disability manifests itself and the agreement is renegotiated to include reimbursement.

(b) Application for and reimbursement of modifications must be completed according to a process specified by the commissioner. The type and cost of each modification must be preapproved by the commissioner. The type of home and vehicle modifications must be limited to those specified by the commissioner.

(c) Reimbursement for home modifications as outlined in this subdivision is limited to once every five years per child. Reimbursement for vehicle modifications as outlined in this subdivision is limited to once every five years per family.

Subd. 11. **Child income or income attributable to the child.** (a) A monthly guardianship assistance or adoption assistance payment must be considered as income and resource attributable to the child. Guardianship assistance and adoption assistance are exempt from garnishment, except as permissible under the laws of the state where the child resides.

(b) When a child is placed into foster care, any income and resources attributable to the child are treated as provided in sections 252.27 and 260C.331, or 260B.331, as applicable to the child being placed.

(c) Consideration of income and resources attributable to the child must be part of the negotiation process outlined in section 256N.25, subdivision 2. In some circumstances, the receipt of other income on behalf of the child may impact the amount of the monthly payment received by the relative custodian or adoptive parent on behalf of the child through Northstar Care for Children. Supplemental Security Income (SSI), retirement survivor's disability insurance (RSDI), veteran's benefits, railroad retirement benefits, and black lung benefits are considered income and resources attributable to the child.

Subd. 12. **Treatment of Supplemental Security Income.** If a child placed in foster care receives benefits through Supplemental Security Income (SSI) at the time of foster care placement or subsequent to placement in foster care, the financially responsible agency may apply to be the payee for the child for the duration of the child's placement in foster care. If a child continues to be eligible for SSI after finalization of the adoption or transfer of permanent legal and physical custody and is determined to be eligible for a payment under Northstar Care for Children, a permanent caregiver may choose to receive payment from both programs simultaneously. The permanent caregiver is responsible to report the amount of the payment to the Social Security Administration and the SSI payment will be reduced as required by Social Security.

Subd. 13. **Treatment of retirement survivor's disability insurance, veteran's benefits, railroad retirement benefits, and black lung benefits.** (a) If a child placed in foster care receives retirement survivor's disability insurance, veteran's benefits, railroad retirement benefits, or black lung benefits at the time of foster care placement or subsequent to placement in foster care, the financially responsible agency may apply to be the payee for the child for the duration of the child's placement in foster care. If it is anticipated that a child will be eligible to receive retirement survivor's disability insurance, veteran's benefits, railroad retirement benefits, or black lung benefits after finalization of the adoption or assignment of permanent legal and physical custody, the permanent caregiver shall apply to be the payee of those benefits on the child's behalf. The monthly amount of the other benefits must be considered an offset to the amount of the payment the child is determined eligible for under Northstar Care for Children.

(b) If a child becomes eligible for retirement survivor's disability insurance, veteran's benefits, railroad retirement benefits, or black lung benefits, after the initial amount of the payment under Northstar Care for Children is finalized, the permanent caregiver shall contact the commissioner to redetermine the payment under Northstar Care for Children. The monthly amount of the other benefits must be considered an offset to the amount of the payment the child is determined eligible for under Northstar Care for Children.

(c) If a child ceases to be eligible for retirement survivor's disability insurance, veteran's benefits, railroad retirement benefits, or black lung benefits after the initial amount of the payment under Northstar Care for Children is finalized, the permanent caregiver shall contact the commissioner to redetermine the payment under Northstar Care for Children. The monthly amount of the payment under Northstar Care for Children must be the amount the child was determined to be eligible for prior to consideration of any offset.

(d) If the monthly payment received on behalf of the child under retirement survivor's disability insurance, veteran's benefits, railroad retirement benefits, or black lung benefits changes after the adoption assistance or guardianship assistance agreement is finalized, the permanent caregiver shall notify the commissioner as to the new monthly payment amount, regardless of the amount of the change in payment. If the monthly payment changes by \$75 or more, even if the change occurs incrementally over the duration of the term of the adoption assistance or guardianship assistance agreement, the monthly payment under Northstar Care for Children must be adjusted without further consent to reflect the amount of the increase or decrease in the offset amount. Any subsequent change to the payment must be reported and handled in the same manner. A change of monthly payments of less than \$75 is not a permissible reason to renegotiate the adoption assistance or guardianship assistance agreement under section 256N.25, subdivision 3. The commissioner shall review and revise the limit at which the adoption assistance or guardian assistance agreement must be renegotiated in accordance with subdivision 9.

Subd. 14. **Treatment of child support and Minnesota family investment program.** (a) If a child placed in foster care receives child support, the child support payment may be redirected to the financially responsible agency for the duration of the child's placement in foster care. In cases where the child qualifies for Northstar Care for Children by meeting the adoption assistance eligibility criteria or the guardianship assistance eligibility criteria, any court ordered child support must not be considered income attributable to the child and must have no impact on the monthly payment.

(b) Consistent with section 256J.24, a child eligible for Northstar Care for Children whose caregiver receives a payment on the child's behalf is excluded from a Minnesota family investment program assistance unit.

Subd. 15. **Payments.** (a) Payments to caregivers under Northstar Care for Children must be made monthly. Consistent with section 256N.24, subdivision 12, the financially responsible agency must send the caregiver the required written notice within 15 days of a completed assessment or reassessment.

(b) Unless paragraph (c) or (d) applies, the financially responsible agency shall pay foster parents directly for eligible children in foster care.

(c) When the legally responsible agency is different than the financially responsible agency, the legally responsible agency may make the payments to the caregiver, provided payments are made on a timely basis. The financially responsible agency must pay the legally responsible agency on a timely basis. Caregivers must have access to the financially and legally responsible agencies' records of the transaction, consistent with the retention schedule for the payments.

(d) For eligible children in foster care, the financially responsible agency may pay the foster parent's payment for a licensed child-placing agency instead of paying the foster parents directly. The licensed child-placing agency must timely pay the foster parents and maintain records of the transaction. Caregivers must have access to the financially responsible agency's records on the transaction and the child-placing agency's records of the transaction, consistent with the retention schedule for the payments.

Subd. 16. **Effect of benefit on other aid.** Payments received under this section must not be considered as income for child care assistance under chapter 119B or any other financial benefit. Consistent with section 256J.24, a child receiving a maintenance payment under Northstar Care for Children is excluded from any Minnesota family investment program assistance unit.

Subd. 17. **Home and community-based services waiver for persons with disabilities.** A child in foster care may qualify for home and community-based waived services, consistent with section 256B.092 for developmental disabilities, or section 256B.49 for community alternative care, community alternatives for disabled individuals, or traumatic brain injury waivers. A waiver service must not be substituted for the foster care program. When the child is simultaneously eligible for waived services and for benefits under Northstar Care for Children, the financially responsible agency must assess and provide basic and supplemental difficulty of care rates as determined by the assessment according to section 256N.24. If it is determined that additional services are needed to meet the child's needs in the home that is not or cannot be met by the foster care program, the need would be referred to the local waived service program.

Subd. 18. **Overpayments.** The commissioner has the authority to collect any amount of foster care payment, adoption assistance, or guardianship assistance paid to a caregiver in excess of the payment due. Payments covered by this subdivision include basic maintenance needs payments, supplemental difficulty of care payments, and reimbursement of home and vehicle modifications under subdivision 10. Prior to any collection, the commissioner or designee shall notify the caregiver in writing, including:

- (1) the amount of the overpayment and an explanation of the cause of overpayment;
- (2) clarification of the corrected amount;
- (3) a statement of the legal authority for the decision;
- (4) information about how the caregiver can correct the overpayment;

(5) if repayment is required, when the payment is due and a person to contact to review a repayment plan;

(6) a statement that the caregiver has a right to a fair hearing review by the department; and

(7) the procedure for seeking a fair hearing review by the department.

Subd. 19. Payee. For adoption assistance and guardianship assistance cases, the payment must only be made to the adoptive parent or relative custodian specified on the agreement. If there is more than one adoptive parent or relative custodian, both parties will be listed as the payee unless otherwise specified in writing according to policies outlined by the commissioner. In the event of divorce or separation of the caregivers, a change of payee must be made in writing according to policies outlined by the commissioner. If both caregivers are in agreement as to the change, it may be made according to a process outlined by the commissioner. If there is not agreement as to the change, a court order indicating the party who is to receive the payment is needed before a change can be processed. If the change of payee is disputed, the commissioner may withhold the payment until agreement is reached. A noncustodial caregiver may request notice in writing of review, modification, or termination of the adoption assistance or guardianship assistance agreement. In the event of the death of a payee, a change of payee consistent with sections 256N.22 and 256N.23 may be made in writing according to policies outlined by the commissioner.

Subd. 20. Notification of change. (a) A caregiver who has an adoption assistance agreement or guardianship assistance agreement in place shall keep the agency administering the program informed of changes in status or circumstances which would make the child ineligible for the payments or eligible for payments in a different amount.

(b) For the duration of the agreement, the caregiver agrees to notify the agency administering the program in writing within 30 days of any of the following:

(1) a change in the child's or caregiver's legal name;

(2) a change in the family's address;

(3) a change in the child's legal custody status;

(4) the child's completion of high school, if this occurs after the child attains age 18;

(5) the end of the caregiver's legal responsibility to support the child based on termination of parental rights of the caregiver, transfer of guardianship to another person, or transfer of permanent legal and physical custody to another person;

(6) the end of the caregiver's financial support of the child;

(7) the death of the child;

(8) the death of the caregiver;

(9) the child enlists in the military;

(10) the child gets married;

(11) the child becomes an emancipated minor through legal action;

(12) the caregiver separates or divorces; and

(13) the child is residing outside the caregiver's home for a period of more than 30 consecutive days.

Subd. 21. **Correct and true information.** The caregiver must be investigated for fraud if the caregiver reports information the caregiver knows is untrue, the caregiver fails to notify the commissioner of changes that may affect eligibility, or the agency administering the program receives relevant information that the caregiver did not report.

Subd. 22. **Termination notice for caregiver.** The agency that issues the maintenance payment shall provide the child's caregiver with written notice of termination of payment. Termination notices must be sent at least 15 days before the final payment or in the case of an unplanned termination, the notice is sent within three days of the end of the payment. The written notice must minimally include the following:

(1) the date payment will end;

(2) the reason payments will end and the event that is the basis to terminate payment;

(3) a statement that the provider has a right to a fair hearing review by the department consistent with section 256.045, subdivision 3;

(4) the procedure to request a fair hearing; and

(5) name, telephone number, and email address of a contact person at the agency.

Sec. 14. **[256N.27] FEDERAL, STATE, AND LOCAL SHARES.**

Subdivision 1. **Federal share.** For the purposes of determining a child's eligibility under title IV-E of the Social Security Act for a child in foster care, the financially responsible agency shall use the eligibility requirements outlined in section 472 of the Social Security Act. For a child who qualifies for guardianship assistance or adoption assistance, the financially responsible agency and the commissioner shall use the eligibility requirements outlined in section 473 of the Social Security Act. In each case, the agency paying the maintenance payments must be reimbursed for the costs from the federal money available for this purpose.

Subd. 2. **State share.** The commissioner shall pay the state share of the maintenance payments as determined under subdivision 4, and an identical share of the pre-Northstar Care foster care program under section 260C.4411, subdivision 1, the relative custody assistance program under section 257.85, and the pre-Northstar Care for Children adoption assistance program under chapter 259A. The commissioner may transfer funds into the account if a deficit occurs.

Subd. 3. **Local share.** (a) The financially responsible agency at the time of placement for foster care or finalization of the agreement for guardianship assistance or adoption assistance shall pay the local share of the maintenance payments as determined under subdivision 4, and an identical share of the pre-Northstar Care for Children foster care program under section 260C.4411, subdivision 1, the relative custody assistance program under section 257.85, and the pre-Northstar Care for Children adoption assistance program under chapter 259A.

(b) The financially responsible agency shall pay the entire cost of any initial clothing allowance, administrative payments to child caring agencies specified in section 317A.907, or other support services it authorizes, except as provided under other provisions of law.

(c) In cases of federally required adoption assistance where there is no financially responsible agency as provided in section 256N.24, subdivision 5, the commissioner shall pay the local share.

(d) When an Indian child being placed in Minnesota meets title IV-E eligibility defined in section 473(d) of the Social Security Act and is receiving guardianship assistance or adoption assistance, the agency or entity assuming responsibility for the child is responsible for the nonfederal share of the payment.

Subd. 4. **Nonfederal share.** (a) The commissioner shall establish a percentage share of the maintenance payments, reduced by federal reimbursements under title IV-E of the Social Security Act, to be paid by the state and to be paid by the financially responsible agency.

(b) These state and local shares must initially be calculated based on the ratio of the average appropriate expenditures made by the state and all financially responsible agencies during calendar years 2011, 2012, 2013, and 2014. For purposes of this calculation, appropriate expenditures for the financially responsible agencies must include basic and difficulty of care payments for foster care reduced by federal reimbursements, but not including any initial clothing allowance, administrative payments to child care agencies specified in section 317A.907, child care, or other support or ancillary expenditures. For purposes of this calculation, appropriate expenditures for the state shall include adoption assistance and relative custody assistance, reduced by federal reimbursements.

(c) For each of the periods January 1, 2015, to June 30, 2016, fiscal years 2017, 2018, and 2019, the commissioner shall adjust this initial percentage of state and local shares to reflect the relative expenditure trends during calendar years 2011, 2012, 2013, and 2014, taking into account appropriations for Northstar Care for Children and the turnover rates of the components. In making these adjustments, the commissioner's goal shall be to make these state and local expenditures other than the appropriations for Northstar Care to be the same as they would have been had Northstar Care not been implemented, or if that is not possible, proportionally higher or lower, as appropriate. The state and local share percentages for fiscal year 2019 must be used for all subsequent years.

Subd. 5. **Adjustments for proportionate shares among financially responsible agencies.** (a) The commissioner shall adjust the expenditures under subdivision 4 by each financially responsible agency so that its relative share is proportional to its foster care expenditures, with the goal of making the local share similar to what the county or tribe would have spent had Northstar Care for Children not been enacted.

(b) For the period January 1, 2015, to June 30, 2016, the relative shares must be as determined under subdivision 4 for calendar years 2011, 2012, 2013, and 2014 compared with similar costs of all financially responsible agencies.

(c) For subsequent fiscal years, the commissioner shall update the relative shares based on actual utilization of Northstar Care for Children by the financially responsible agencies during the previous period, so that those using relatively more than they did historically are adjusted upward and those using less are adjusted downward.

(d) The commissioner must ensure that the adjustments are not unduly influenced by onetime events, anomalies, small changes that appear large compared to a narrow historic base, or fluctuations that are the results of the transfer of responsibilities to tribal social service agencies authorized in section 256.01, subdivision 14b, as part of the American Indian Child Welfare Initiative.

Sec. 15. [256N.28] ADMINISTRATION AND APPEALS.

Subdivision 1. **Responsibilities.** (a) The financially responsible agency shall determine the eligibility for Northstar Care for Children for children in foster care under section 256N.21, and for those children determined eligible, shall further determine each child's eligibility for title IV-E of the Social Security Act, provided the agency has such authority under the state title IV-E plan.

(b) Subject to commissioner review and approval, the financially responsible agency shall prepare the eligibility determination for Northstar Care for Children for children in guardianship assistance under section 256N.22 and children in adoption assistance under section 256N.23. The AFDC relatedness determination, when necessary to determine a child's eligibility for title IV-E funding, shall be made only by an authorized agency according to policies and procedures prescribed by the commissioner.

(c) The financially responsible agency is responsible for the administration of Northstar Care for Children for children in foster care. The agency designated by the commissioner is responsible for assisting the commissioner with the administration of the Northstar Care for Children for children in guardianship assistance and adoption assistance by conducting assessments, reassessments, negotiations, and other activities as specified by the commissioner under subdivision 2.

Subd. 2. **Procedures, requirements, and deadlines.** The commissioner shall specify procedures, requirements, and deadlines for the administration of Northstar Care for Children in accordance with sections 256N.001 to 256N.28, including for children transitioning into Northstar Care for Children under subdivision 7. The commissioner shall periodically review all procedures, requirements, and deadlines, including the assessment tool and process under section 256N.24, in consultation with counties, tribes, and representatives of caregivers, and may alter them as needed.

Subd. 3. **Administration of title IV-E programs.** The title IV-E foster care, guardianship assistance, and adoption assistance programs must operate within the statutes, rules, and policies set forth by the federal government in the Social Security Act.

Subd. 4. **Reporting.** The commissioner shall specify required fiscal and statistical reports under section 256.01, subdivision 2, paragraph (q), and other reports as necessary.

Subd. 5. **Promotion of programs.** Families who adopt a child under the commissioner's guardianship must be informed as to the adoption tax credit. The commissioner shall actively seek ways to promote the guardianship assistance and adoption assistance programs, including informing prospective caregivers of eligible children of the availability of guardianship assistance and adoption assistance.

Subd. 6. **Appeals and fair hearings.** (a) A caregiver has the right to appeal to the commissioner under section 256.045 when eligibility for Northstar Care for Children is denied, and when payment or the agreement for an eligible child is modified or terminated.

(b) A relative custodian or adoptive parent has additional rights to appeal to the commissioner pursuant to section 256.045. These rights include when the commissioner terminates or modifies the guardianship assistance or adoption assistance agreement or when the commissioner denies an application for guardianship assistance or adoption assistance. A prospective relative custodian or adoptive parent who disagrees with a decision by the commissioner before transfer of permanent legal and physical custody or finalization of the adoption may request review of the decision by the commissioner or may appeal the decision under section 256.045. A guardianship assistance or adoption assistance agreement must be signed and in effect before the court order that transfers permanent legal and physical custody or the adoption finalization; however in some cases, there may be extenuating circumstances as to why an agreement was not entered into before finalization of permanency for the child. Caregivers who believe that extenuating circumstances exist in the case of their child may request a fair hearing. Caregivers have the responsibility of proving that extenuating circumstances exist. Caregivers must be required to provide written documentation of each eligibility criterion at the fair hearing. Examples of extenuating circumstances include: relevant facts regarding the child were known by the placing agency and not presented to the caregivers before transfer of permanent legal and physical custody or finalization of the adoption, or failure by the commissioner or a designee to advise potential caregivers about the availability of guardianship assistance or adoption assistance for children in the state foster care system. If an appeals judge finds through the fair hearing process that extenuating circumstances existed and that the child met all eligibility criteria at the time the transfer of permanent legal and physical custody was ordered or the adoption was finalized, the effective date and any associated federal financial participation shall be retroactive from the date of the request for a fair hearing.

Subd. 7. **Transitions from pre-Northstar Care for Children programs.** (a) A child in foster care who remains with the same caregiver shall continue to receive benefits under the pre-Northstar Care for Children foster care program under section 256.82. Transitions to Northstar Care for Children must occur as provided in section 256N.21, subdivision 6.

(b) The commissioner may seek to transition into Northstar Care for Children a child who is in pre-Northstar Care for Children relative custody assistance under section 257.85 or pre-Northstar Care for Children adoption assistance under chapter 259A, in accordance with these priorities, in order of priority:

(1) financial and budgetary constraints;

(2) complying with federal regulations;

(3) converting pre-Northstar Care for Children relative custody assistance under section 257.85 to the guardianship assistance component of Northstar Care for Children;

(4) improving permanency for a child or children;

(5) maintaining permanency for a child or children;

(6) accessing additional federal funds; and

(7) administrative simplification.

(c) Transitions shall be accomplished according to procedures, deadlines, and requirements specified by the commissioner under subdivision 2.

(d) The commissioner may accomplish a transition of a child from pre-Northstar Care for Children relative custody assistance under section 257.85 to the guardianship assistance component of Northstar Care for Children by declaration and appropriate notice to the caregiver, provided that the benefit for a child under this paragraph is not reduced.

(e) The commissioner may offer a transition of a child from pre-Northstar Care for Children adoption assistance under chapter 259A to the adoption assistance component of Northstar Care for Children by contacting the caregiver with an offer. The transition must be accomplished only when the caregiver agrees to the offer. The caregiver shall have a maximum of 90 days to review and accept the commissioner's offer. If the commissioner's offer is not accepted within 90 days, the pre-Northstar Care for Children adoption assistance agreement remains in effect until it terminates or a subsequent offer is made by the commissioner.

(f) For a child transitioning into Northstar Care for Children, the commissioner shall assign an equivalent assessment level based on the most recently completed supplemental difficulty of care level assessment, unless the commissioner determines that arranging for a new assessment under section 256N.24 would be more appropriate based on the priorities specified in paragraph (b).

(g) For a child transitioning into Northstar Care for Children, regardless of the age of the child, the commissioner shall use the rates under section 256N.26, subdivision 5, unless the rates under section 256N.26, subdivisions 3 and 4, are more appropriate based on the priorities specified in paragraph (b), as determined by the commissioner.

Subd. 8. **Purchase of child-specific adoption services.** The commissioner may reimburse the placing agency for appropriate adoption services for children eligible under section 259A.75.

Sec. 16. Minnesota Statutes 2012, section 257.85, subdivision 2, is amended to read:

Subd. 2. **Scope.** The provisions of this section apply to those situations in which the legal and physical custody of a child is established with a relative or important friend with whom the child has resided or had significant contact according to section 260C.515, subdivision 4, by a district court order issued on or after July 1, 1997, but on or before November 26, 2014, or a tribal court order issued on or after July 1, 2005, but on or before November 26, 2014, when the child has been removed from the care of the parent by previous district or tribal court order.

Sec. 17. Minnesota Statutes 2012, section 257.85, subdivision 5, is amended to read:

Subd. 5. **Relative custody assistance agreement.** (a) A relative custody assistance agreement will not be effective, unless it is signed by the local agency and the relative custodian no later than 30 days after the date of the order establishing permanent legal and physical custody, and on or before November 26, 2014, except that a local agency may enter into a relative custody assistance agreement with a relative custodian more than 30 days after the date of the order if it certifies that the delay in entering the agreement was through no fault of the relative custodian and the agreement is signed and in effect on or before November 26, 2014. There must be a separate agreement for each child for whom the relative custodian is receiving relative custody assistance.

(b) Regardless of when the relative custody assistance agreement is signed by the local agency and relative custodian, the effective date of the agreement shall be the date of the order establishing permanent legal and physical custody.

(c) If MFIP is not the applicable program for a child at the time that a relative custody assistance agreement is entered on behalf of the child, when MFIP becomes the applicable program, if the relative custodian had been receiving custody assistance payments calculated based upon a different program, the amount of relative custody assistance payment under subdivision 7 shall be recalculated under the Minnesota family investment program.

(d) The relative custody assistance agreement shall be in a form specified by the commissioner and shall include provisions relating to the following:

(1) the responsibilities of all parties to the agreement;

(2) the payment terms, including the financial circumstances of the relative custodian, the needs of the child, the amount and calculation of the relative custody assistance payments, and that the amount of the payments shall be reevaluated annually;

(3) the effective date of the agreement, which shall also be the anniversary date for the purpose of submitting the annual affidavit under subdivision 8;

(4) that failure to submit the affidavit as required by subdivision 8 will be grounds for terminating the agreement;

(5) the agreement's expected duration, which shall not extend beyond the child's eighteenth birthday;

(6) any specific known circumstances that could cause the agreement or payments to be modified, reduced, or terminated and the relative custodian's appeal rights under subdivision 9;

(7) that the relative custodian must notify the local agency within 30 days of any of the following:

(i) a change in the child's status;

(ii) a change in the relationship between the relative custodian and the child;

(iii) a change in composition or level of income of the relative custodian's family;

(iv) a change in eligibility or receipt of benefits under MFIP, or other assistance program; and

(v) any other change that could affect eligibility for or amount of relative custody assistance;

(8) that failure to provide notice of a change as required by clause (7) will be grounds for terminating the agreement;

(9) that the amount of relative custody assistance is subject to the availability of state funds to reimburse the local agency making the payments;

(10) that the relative custodian may choose to temporarily stop receiving payments under the agreement at any time by providing 30 days' notice to the local agency and may choose to begin receiving payments again by providing the same notice but any payments the relative custodian chooses not to receive are forfeit; and

(11) that the local agency will continue to be responsible for making relative custody assistance payments under the agreement regardless of the relative custodian's place of residence.

Sec. 18. Minnesota Statutes 2012, section 257.85, subdivision 6, is amended to read:

Subd. 6. **Eligibility criteria.** (a) A local agency shall enter into a relative custody assistance agreement under subdivision 5 if it certifies that the following criteria are met:

(1) the juvenile court has determined or is expected to determine that the child, under the former or current custody of the local agency, cannot return to the home of the child's parents;

(2) the court, upon determining that it is in the child's best interests, has issued or is expected to issue an order transferring permanent legal and physical custody of the child; and

(3) the child either:

(i) is a member of a sibling group to be placed together; or

(ii) has a physical, mental, emotional, or behavioral disability that will require financial support.

When the local agency bases its certification that the criteria in clause (1) or (2) are met upon the expectation that the juvenile court will take a certain action, the relative custody assistance agreement does not become effective until and unless the court acts as expected.

(b) After November 26, 2014, new relative custody assistance agreements must not be executed. Agreements that were signed by all parties on or before November 26, 2014, and were not in effect because the proposed transfer of permanent legal and physical custody of the child did not occur on or before November 26, 2014, must be renegotiated under the terms of Northstar Care for Children in chapter 256N.

Sec. 19. **[259A.12] NO NEW EXECUTION OF ADOPTION ASSISTANCE AGREEMENTS.**

After November 26, 2014, new adoption assistance agreements must not be executed under this section. Agreements that were signed on or before November 26, 2014, and were not in effect because the adoption finalization of the child did not occur on or before November 26, 2014, must be renegotiated according to the terms of Northstar Care for Children under chapter 256N. Agreements signed and in effect on or before November 26, 2014, must continue according to the terms of this section and applicable rules for the duration of the agreement, unless the commissioner and the adoptive parents choose to renegotiated the agreements under Northstar Care for Children consistent with section 256N.28, subdivision 7. After November 26, 2014, this section and associated rules must be referred to as the pre-Northstar Care for Children adoption assistance program and shall apply to children whose adoption assistance agreements were in effect on or before November 26, 2014, and whose adoptive parents have not renegotiated their agreements according to the terms of Northstar Care for Children.

Sec. 20. **[260C.4411] PRE-NORTHSTAR CARE FOR CHILDREN FOSTER CARE PROGRAM.**

Subdivision 1. Pre-Northstar Care for Children foster care program. (a) For a child placed in family foster care on or before December 31, 2014, the county of financial responsibility under section 256G.02 or tribal agency authorized under section 256.01, subdivision 14b, shall pay the local share under section 256N.27, subdivision 3, for foster care maintenance including any difficulty of care as defined in Minnesota Rules, part 9560.0521, subparts 7 and 10. Family foster care includes:

(1) emergency relative placement under section 245A.035;

(2) licensed foster family settings, foster residence settings, or treatment foster care settings, licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, served by a public or private child care agency authorized by Minnesota Rules, parts 9545.0755 to 9545.0845;

(3) family foster care homes approved by a tribal agency; and

(4) unlicensed supervised settings for foster youth ages 18 to 21.

(b) The county of financial responsibility under section 256G.02 or tribal social services agency authorized in section 256.01, subdivision 14b, shall pay the entire cost of any initial clothing allowance, administrative payments to child care agencies specified in section 317A.907, or any other support services it authorizes, except as otherwise provided by law.

(c) The rates for the pre-Northstar Care for Children foster care program remain those in effect on January 1, 2013, continuing the preexisting rate structure for foster children who remain with the same caregivers and do not transition into Northstar Care for Children under section 256N.21, subdivision 6.

(d) Difficulty of care payments must be maintained consistent with Minnesota Rules, parts 9560.0652 and 9560.0653, using the established reassessment tool in part 9560.0654. The preexisting rate structure for the pre-Northstar Care for Children foster care program must be maintained, provided that when the number of foster children in the program is less than ten percent of the population in 2012, the commissioner may apply the same assessment tool to both the pre-Northstar Care for Children foster care program and Northstar Care for Children under the authority granted in section 256N.24, subdivision 2.

(e) The county of financial responsibility under section 256G.02 or tribal agency authorized under section 256.01, subdivision 14b, shall document the determined pre-Northstar Care for Children foster care rate in the case record, including a description of each condition on which the difficulty of care assessment is based. The difficulty of care rate is reassessed:

(1) every 12 months;

(2) at the request of the foster parent; or

(3) if the child's level of need changes in the current foster home.

(f) The pre-Northstar Care for Children foster care program must maintain the following existing program features:

(1) monthly payments must be made to the family foster home provider;

(2) notice and appeal procedures must be consistent with Minnesota Rules, part 9560.0665; and

(3) medical assistance eligibility for foster children must continue to be determined according to section 256B.055.

(g) The county of financial responsibility under section 256G.02 or tribal agency authorized under section 256.01, subdivision 14b, may continue existing program features, including:

(1) establishing a local fund of county money through which the agency may reimburse foster parents for the cost of repairing damage done to the home and contents by the foster child and the additional care insurance premium cost of a child who possesses a permit or license to drive a car; and

(2) paying a fee for specific services provided by the foster parent, based on the parent's skills, experience, or training. This fee must not be considered foster care maintenance.

(h) The following events end the child's enrollment in the pre-Northstar Care for Children foster care program:

(1) reunification with parent or other relative;

(2) adoption or transfer of permanent legal and physical custody;

(3) removal from the current foster home to a different foster home;

(4) another event that ends the current placement episode; or

(5) attaining the age of 21.

Subd. 2. **Consideration of other programs.** (a) When a child in foster care is eligible to receive a grant of Retirement Survivors Disability Insurance (RSDI) or Supplemental Security Income for the aged, blind, and disabled, or a foster care maintenance payment under title IV-E of the Social Security Act, United States Code, title 42, sections 670 to 676, the child's needs must be met through these programs. Every effort must be made to establish a child's eligibility for a title IV-E grant to reimburse the county or tribe from the federal funds available for this purpose.

(b) When a child in foster care qualifies for home and community-based waived services under section 256B.49 for community alternative care (CAC), community alternatives for disabled individuals (CADI), or traumatic brain injury (TBI) waivers, this service does not substitute for the child foster care program. When a foster child is receiving waived services benefits, the county of financial responsibility under section 256G.02 or tribal agency authorized under section 256.01, subdivision 14b, assesses and provides foster care maintenance including difficulty of care using the established tool in Minnesota Rules, part 9560.0654. If it is determined that additional services are needed to meet the child's needs in the home that are not or cannot be met by the foster care program, the needs must be referred to the waived service program.

Sec. 21. **[260C.4412] PAYMENT FOR RESIDENTIAL PLACEMENTS.**

When a child is placed in a foster care group residential setting under Minnesota Rules, parts 2960.0020 to 2960.0710, foster care maintenance payments must be made on behalf of the child to cover the cost of providing food, clothing, shelter, daily supervision, school supplies, child's personal incidentals and supports, reasonable travel for visitation, or other transportation needs associated with the items listed. Daily supervision in the group residential setting includes routine day-to-day direction and arrangements to ensure the well-being and safety of the child. It may also include reasonable costs of administration and operation of the facility.

EFFECTIVE DATE. This section is effective January 1, 2015.

Sec. 22. **[260C.4413] INITIAL CLOTHING ALLOWANCE.**

(a) An initial clothing allowance must be available to a child eligible for:

(1) the pre-Northstar Care for Children foster care program under section 260C.4411, subdivision 1; and

(2) the Northstar Care for Children benefits under section 256N.21.

(b) An initial clothing allowance must also be available for a foster child in a group residential setting based on the child's individual needs during the first 60 days of the child's initial placement. The agency must consider the parent's ability to provide for a child's clothing needs and the residential facility contracts.

(c) The county of financial responsibility under section 256G.02 or tribal agency authorized under section 256.01, subdivision 14b, shall approve an initial clothing allowance consistent with the child's needs. The amount of the initial clothing allowance must not exceed the monthly basic rate for the child's age group under section 256N.26, subdivision 3.

EFFECTIVE DATE. This section is effective January 1, 2015.

Sec. 23. Minnesota Statutes 2012, section 260C.446, is amended to read:

260C.446 DISTRIBUTION OF FUNDS RECOVERED FOR ASSISTANCE FURNISHED.

When any amount shall be recovered from any source for assistance furnished under the provisions of sections 260C.001 to 260C.421 ~~and 260C.441~~, there shall be paid into the treasury of the state or county in the proportion in which they have respectively contributed toward the total assistance paid.

EFFECTIVE DATE. This section is effective January 1, 2015.

Sec. 24. **REPEALER.**

(a) Minnesota Statutes 2012, sections 256.82, subdivision 4; and 260C.441, are repealed effective January 1, 2015.

(b) Minnesota Rules, parts 9560.0650, subparts 1, 3, and 6; 9560.0651; and 9560.0655, are repealed effective January 1, 2015."

Page 500, after line 22, insert:

"Northstar Care for Children. The allocation from the health care access fund to the Minnesota Insurance Marketplace for MinnesotaCare-related operations and technology costs is reduced by \$554,000 in fiscal year 2014 and \$2,014,000 in fiscal year 2015, transferred to the general fund, and appropriated to the commissioner to implement article 13, Northstar Care for Children."

A roll call was requested and properly seconded.

The question was taken on the Mack amendment and the roll was called. There were 60 yeas and 73 nays as follows:

Those who voted in the affirmative were:

Abeler	Dean, M.	Hackbarth	Lohmer	Petersburg	Urdahl
Albright	Dettmer	Hamilton	Loon	Pugh	Wills
Anderson, M.	Drazkowski	Hertaus	Mack	Quam	Woodard
Anderson, P.	Erickson, S.	Holberg	McDonald	Runbeck	Zellers
Anderson, S.	Fabian	Hoppe	McNamara	Sanders	Zerwas
Barrett	FitzSimmons	Howe	Myhra	Schomacker	
Beard	Franson	Johnson, B.	Newberger	Scott	
Benson, M.	Garofalo	Kelly	Nornes	Swedzinski	
Cornish	Green	Kieffer	O'Driscoll	Theis	
Daudt	Gruenhagen	Kresha	O'Neill	Torkelson	
Davids	Gunther	Leidiger	Peppin	Uglen	

Those who voted in the negative were:

Allen	Erhardt	Huntley	Mariani	Norton	Slocum
Anzelc	Erickson, R.	Isaacson	Marquart	Paymar	Sundin
Atkins	Falk	Johnson, C.	Masin	Pelowski	Wagenius
Benson, J.	Faust	Johnson, S.	McNamar	Persell	Ward, J.A.
Bernardy	Fischer	Kahn	Melin	Poppe	Ward, J.E.
Bly	Freiberg	Laine	Metsa	Radinovich	Winkler
Brynaert	Fritz	Lenczewski	Moran	Rosenthal	Yarusso
Carlson	Halverson	Lesch	Morgan	Savick	Spk. Thissen
Clark	Hansen	Liebling	Mullery	Sawatzky	
Davnie	Hausman	Lien	Murphy, E.	Schoen	
Dehn, R.	Hilstrom	Lillie	Murphy, M.	Selcer	
Dill	Hornstein	Loeffler	Nelson	Simon	
Dorholt	Hortman	Mahoney	Newton	Simonson	

The motion did not prevail and the amendment was not adopted.

Paymar moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 501, delete lines 1 to 8 and insert:

"Medical assistance costs for inmates. The commissioner of corrections shall transfer to the commissioner of human services \$646,000 in fiscal year 2014, \$2,022,000 in fiscal year 2015, \$2,123,000 in fiscal year 2016, and \$2,455,000 in fiscal year 2017 to cover the state share of medical assistance costs related to implementation of Minnesota Statutes, section 256B.055, subdivision 14, paragraph (c)."

The motion prevailed and the amendment was adopted.

Dean, M., moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 458, line 25, reinstate the stricken language and delete the new language

Page 458, delete subdivision 5 and insert:

"Subd. 5. **Report.** The commissioner shall submit a biennial report to the legislature on the statewide health improvement program funded under this section. ~~These reports~~ The report must include information on each grant recipients recipient, including the activities that were conducted by the grantee using grant funds, evaluation data, and outcome measures, if available. the grantee's progress toward achieving the measurable outcomes established under subdivision 2, and the data provided to the commissioner by the grantee to measure these outcomes for grant activities. The commissioner shall provide information on grants in which a corrective action plan was required under subdivision 1a, the types of plan action, and the progress that has been made toward meeting the measurable outcomes. In addition, the commissioner shall provide recommendations on future areas of focus for health improvement. These reports are due by January 15 of every other year, beginning in 2010. ~~In the report due on January 15, 2010, the commissioner shall include recommendations on a sustainable funding source for the statewide health improvement program other than the health care access fund~~ In the report due on January 15, 2014, the commissioner shall include a description of the contracts awarded under subdivision 4, paragraph (c), and the monitoring and evaluation systems that were designed and implemented under these contracts. The commissioner shall prepare the report using existing resources."

The motion prevailed and the amendment was adopted.

Zellers moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 447, after line 3, insert:

"Sec. 15. Minnesota Statutes 2012, section 144.5509, as amended by Laws 2013, chapter 11, section 1, is amended to read:

144.5509 RADIATION THERAPY FACILITY CONSTRUCTION.

(a) A radiation therapy facility may be constructed only by an entity owned, operated, or controlled by a hospital licensed according to sections 144.50 to 144.56 either alone or in cooperation with another entity.

(b) Notwithstanding paragraph (a), there shall be a moratorium on the construction of any radiation therapy facility located in the following counties: Hennepin, Ramsey, Dakota, Washington, Anoka, Carver, Scott, St. Louis, Sherburne, Benton, Stearns, Chisago, Isanti, and Wright. This paragraph does not apply to the relocation or reconstruction of an existing facility owned by a hospital if the relocation or reconstruction is within one mile of the existing facility. This paragraph does not apply to a radiation therapy facility that is being built attached to a community hospital in Wright County and meets the following conditions prior to August 1, 2007: the capital expenditure report required under Minnesota Statutes, section 62J.17, has been filed with the commissioner of health; a timely construction schedule is developed, stipulating dates for beginning, achieving various stages, and completing construction; and all zoning and building permits applied for. Beginning January 1, 2013, this paragraph does not apply to any construction necessary to relocate a radiation therapy machine from a community hospital-owned radiation therapy facility located in the city of Maplewood to a community hospital campus in the city of Woodbury within the same health system. This paragraph expires December 31, 2020.

(c) Notwithstanding paragraph (a), after December 31, 2020, the construction of a radiation therapy facility located in any of the following counties: Hennepin, Ramsey, Dakota, Washington, Anoka, Carver, Scott, St. Louis, Sherburne, Benton, Stearns, Chisago, Isanti, and Wright, may occur only if the following requirements are met:

(1) the entity constructing the radiation therapy facility is controlled by or is under common control with a hospital licensed under sections 144.50 to 144.56; and

(2) the new radiation therapy facility is located outside of a 15-mile radius from any existing radiation therapy facility.

(d) Any referring physician located within a county identified in paragraph (c) must provide each patient who is in need of radiation therapy services with a list of all radiation therapy facilities located within the counties identified in paragraph (c). Physicians with a financial interest in any radiation therapy facility must disclose to the patient the existence of the interest.

(e) For purposes of this section, "controlled by" or "under common control with" means the possession, direct or indirect, of the power to direct or cause the direction of the policies, operations, or activities of an entity, through the ownership of, or right to vote or to direct the disposition of shares, membership interests, or ownership interests of the entity.

(f) For purposes of this section, "financial interest in any radiation therapy facility" means a direct or indirect ownership or investment interest in a radiation therapy facility or a compensation arrangement with a radiation therapy facility.

(g) Any hospital licensed under sections 144.50 to 144.56 that contracts with another entity to provide radiation therapy services, must submit to the commissioner of health on a form provided by the commissioner, information regarding the contract with the third-party entity providing the services, including the name of the third-party entity, the time period covered by the contract, and the terms of the contract. Any information submitted to the commissioner shall be considered nonpublic data as defined in section 13.02. This paragraph applies to all third-party contracts that are in effect on the date of enactment of this act, and all contracts entered into following the date of enactment.

~~(g)~~ (h) This section does not apply to the relocation or reconstruction of an existing radiation therapy facility if:

(1) the relocation or reconstruction of the facility remains owned by the same entity;

(2) the relocation or reconstruction is located within one mile of the existing facility; and

(3) the period in which the existing facility is closed and the relocated or reconstructed facility begins providing services does not exceed 12 months."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Zellers amendment and the roll was called. There were 47 yeas and 80 nays as follows:

Those who voted in the affirmative were:

Albright	Anderson, S.	Davids	Erickson, S.	Franson	Hertaus
Anderson, M.	Beard	Dean, M.	Fabian	Green	Holberg
Anderson, P.	Benson, M.	Draskowski	FitzSimmons	Gruenhagen	Hoppe

Howe	Leidiger	McNamara	O'Neill	Runbeck	Torkelson
Johnson, B.	Lohmer	Myhra	Peppin	Schomacker	Uglem
Kelly	Loon	Newberger	Petersburg	Scott	Wills
Kieffer	Mack	Nornes	Pugh	Swedzinski	Zellers
Kresha	McDonald	O'Driscoll	Quam	Theis	

Those who voted in the negative were:

Abeler	Dill	Hilstrom	Mahoney	Norton	Slocum
Allen	Dorholt	Hornstein	Mariani	Paymar	Sundin
Anzelc	Erhardt	Hortman	Marquart	Pelowski	Wagenius
Atkins	Erickson, R.	Isaacson	Masin	Persell	Ward, J.A.
Barrett	Faust	Johnson, C.	McNamar	Poppe	Ward, J.E.
Benson, J.	Fischer	Johnson, S.	Melin	Radinovich	Winkler
Bernardy	Freiberg	Kahn	Metsa	Rosenthal	Woodard
Bly	Fritz	Laine	Moran	Sanders	Yarusso
Brynaert	Gunther	Lenczewski	Morgan	Savick	Zerwas
Carlson	Hackbarth	Lesch	Mullery	Sawatzky	Spk. Thissen
Clark	Halverson	Liebling	Murphy, E.	Schoen	
Cornish	Hamilton	Lien	Murphy, M.	Selcer	
Davnie	Hansen	Lillie	Nelson	Simon	
Dehn, R.	Hausman	Loeffler	Newton	Simonson	

The motion did not prevail and the amendment was not adopted.

Drazkowski moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 357, after line 9, insert:

"Sec. 17. Minnesota Statutes 2012, section 256D.024, is amended by adding a subdivision to read:

Subd. 5. Person convicted of certain crimes of violence. An individual convicted of one of the following crimes is disqualified from receiving general assistance:

(1) murder in the first degree, as defined in section 609.185, or as defined under the laws of the jurisdiction in which the crime was committed;

(2) murder in the second degree as defined in section 609.19, or as defined under the laws of the jurisdiction in which the crime was committed; or

(3) criminal sexual conduct in the first degree, as defined in section 609.342, or as defined under the laws of the jurisdiction in which the crime was committed.

EFFECTIVE DATE. This section is effective July 1, 2013."

Page 360, after line 11, insert:

"Sec. 19. Minnesota Statutes 2012, section 256J.26, is amended by adding a subdivision to read:

Subd. 6. Persons convicted of certain crimes of violence. An individual convicted of one of the following crimes is disqualified from receiving MFIP:

(1) murder in the first degree, as defined in section 609.185, or as defined under the laws of the jurisdiction in which the crime was committed;

(2) murder in the second degree as defined in section 609.19, or as defined under the laws of the jurisdiction in which the crime was committed; or

(3) criminal sexual conduct in the first degree, as defined in section 609.342, or as defined under the laws of the jurisdiction in which the crime was committed."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Drazkowski amendment and the roll was called. There were 92 yeas and 39 nays as follows:

Those who voted in the affirmative were:

Albright	Erhardt	Hansen	Lillie	Pelowski	Simon
Anderson, M.	Erickson, R.	Hertaus	Lohmer	Peppin	Swedzinski
Anderson, P.	Erickson, S.	Hilstrom	Loon	Petersburg	Theis
Anderson, S.	Fabian	Holberg	Mack	Poppe	Torkelson
Anzelc	Faust	Hoppe	Marquart	Pugh	Uglen
Atkins	Fischer	Hortman	Masin	Quam	Urdahl
Barrett	FitzSimmons	Howe	McDonald	Radinovich	Ward, J.E.
Benson, M.	Franson	Johnson, B.	McNamar	Rosenthal	Wills
Cornish	Fritz	Johnson, C.	McNamara	Runbeck	Winkler
Daudt	Garofalo	Kelly	Morgan	Sanders	Woodard
Dauids	Green	Kieffer	Myhra	Savick	Zellers
Dean, M.	Gruenhagen	Kiel	Newberger	Sawatzky	Zerwas
Dettmer	Gunther	Kresha	Nornes	Schoen	
Dill	Hackbarth	Leidiger	Norton	Schomacker	
Dorholt	Halverson	Lenczewski	O'Driscoll	Scott	
Drazkowski	Hamilton	Lien	O'Neill	Selcer	

Those who voted in the negative were:

Allen	Davnie	Isaacson	Mahoney	Murphy, M.	Wagenius
Benson, J.	Dehn, R.	Johnson, S.	Mariani	Nelson	Ward, J.A.
Bernardy	Falk	Kahn	Melin	Newton	Yarusso
Bly	Freiberg	Laine	Metsa	Persell	Spk. Thissen
Brynaert	Hausman	Lesch	Moran	Simonson	
Carlson	Hornstein	Liebling	Mullery	Slocum	
Clark	Huntley	Loeffler	Murphy, E.	Sundin	

The motion prevailed and the amendment was adopted.

Mack moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 135, delete section 11 and insert:

"Sec. 11. Minnesota Statutes 2012, section 256B.0625, subdivision 48, is amended to read:

Subd. 48. **Psychiatric consultation to primary care practitioners.** ~~Effective January 1, 2006,~~ Medical assistance covers consultation provided by a psychiatrist, psychologist, licensed professional clinical counselor, or licensed independent clinical social worker via telephone, e-mail, facsimile, or other means of communication to primary care practitioners, including pediatricians. The need for consultation and the receipt of the consultation must be documented in the patient record maintained by the primary care practitioner. If the patient consents, and subject to federal limitations and data privacy provisions, the consultation may be provided without the patient present."

Dean, M., moved to amend the Mack amendment to H. F. No. 1233, the second engrossment, as amended, as follows:

Page 1, line 7, after the first comma, insert "marriage and family therapist, physician assistant,"

A roll call was requested and properly seconded.

The question was taken on the amendment to the amendment and the roll was called. There were 5 yeas and 120 nays as follows:

Those who voted in the affirmative were:

Abeler	FitzSimmons	Leidiger	Swedzinski	Spk. Thissen
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Those who voted in the negative were:

Albright	Drazkowski	Holberg	Lillie	Nelson	Sawatzky
Allen	Erhardt	Hoppe	Loeffler	Newberger	Schoen
Anderson, M.	Erickson, R.	Hornstein	Lohmer	Newton	Schomacker
Anderson, P.	Erickson, S.	Hortman	Loon	Nornes	Scott
Atkins	Fabian	Howe	Mack	Norton	Selcer
Barrett	Falk	Huntley	Mahoney	O'Driscoll	Simon
Benson, J.	Faust	Isaacson	Mariani	O'Neill	Simonson
Benson, M.	Fischer	Johnson, B.	Marquart	Paymar	Slocum
Bernardy	Franson	Johnson, C.	Masin	Pelowski	Sundin
Bly	Freiberg	Johnson, S.	McDonald	Peppin	Theis
Brynaert	Fritz	Kahn	McNamar	Persell	Torkelson
Carlson	Garofalo	Kelly	McNamara	Petersburg	Urdahl
Clark	Green	Kieffer	Melin	Poppe	Ward, J.A.
Cornish	Gruenhagen	Kiel	Metsa	Pugh	Ward, J.E.
Daudt	Gunther	Kresha	Moran	Quam	Wills
Davids	Halverson	Laine	Morgan	Radinovich	Winkler
Davnie	Hansen	Lenczewski	Mullery	Rosenthal	Woodard
Dean, M.	Hausman	Lesch	Murphy, E.	Runbeck	Yarusso
Dettmer	Hertaus	Liebling	Murphy, M.	Sanders	Zellers
Dill	Hilstrom	Lien	Myhra	Savick	Zerwas

The motion did not prevail and the amendment to the amendment was not adopted.

The question recurred on the Mack amendment to H. F. No. 1233, the second engrossment, as amended. The motion did not prevail and the amendment was not adopted.

Drazkowski moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 360, after line 11, insert:

"Sec. 19. Minnesota Statutes 2012, section 256J.26, subdivision 3, is amended to read:

Subd. 3. **Fleeing felons.** An individual who is fleeing to avoid prosecution, or custody, or confinement after conviction for a crime that is a felony under the laws of the jurisdiction from which the individual flees, or in the case of New Jersey, is a high misdemeanor, is disqualified from receiving MFIP. The county agency must cooperate with law enforcement agencies to determine if an applicant is a fleeing felon under this subdivision."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Drazkowski amendment and the roll was called. There were 101 yeas and 31 nays as follows:

Those who voted in the affirmative were:

Abeler	Dorholt	Hamilton	Liebling	Norton	Scott
Albright	Drazkowski	Hertaus	Lien	O'Driscoll	Selcer
Anderson, M.	Erickson, R.	Hilstrom	Lillie	O'Neill	Simon
Anderson, P.	Erickson, S.	Holberg	Loeffler	Pelowski	Swedzinski
Anderson, S.	Fabian	Hoppe	Lohmer	Peppin	Theis
Atkins	Faust	Hortman	Loon	Petersburg	Torkelson
Barrett	Fischer	Howe	Mack	Poppe	Uglen
Beard	FitzSimmons	Isaacson	Marquart	Pugh	Urdahl
Benson, M.	Franson	Johnson, B.	Masin	Quam	Ward, J.A.
Brynaert	Freiberg	Johnson, C.	McDonald	Radinovich	Ward, J.E.
Carlson	Fritz	Kelly	McNamar	Rosenthal	Wills
Cornish	Garofalo	Kieffer	McNamara	Runbeck	Winkler
Daudt	Green	Kiel	Morgan	Sanders	Woodard
Davids	Gruenhagen	Kresha	Myhra	Savick	Yarusso
Dean, M.	Gunther	Laine	Newberger	Sawatzky	Zellers
Dettmer	Hackbarth	Leidiger	Newton	Schoen	Zerwas
Dill	Halverson	Lenczewski	Nornes	Schomacker	

Those who voted in the negative were:

Allen	Davnie	Huntley	Melin	Nelson	Spk. Thissen
Anzelc	Dehn, R.	Johnson, S.	Metsa	Persell	
Benson, J.	Erhardt	Kahn	Moran	Simonson	
Bernardy	Falk	Lesch	Mullery	Slocum	
Bly	Hansen	Mahoney	Murphy, E.	Sundin	
Clark	Hornstein	Mariani	Murphy, M.	Wagenius	

The motion prevailed and the amendment was adopted.

Drazkowski moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 360, after line 11, insert:

"Sec. 19. Minnesota Statutes 2012, section 256J.15, is amended by adding a subdivision to read:

Subd. 3. **Eligibility; drug testing.** (a) To be eligible for MFIP, a person must undergo drug and alcohol screening, the extent practicable, following the established procedures and reliability safeguards provided for screening in sections 181.951, 181.953, and 181.954. A county agency may require a recipient of benefits to undergo random drug screening. An applicant must provide evidence of a negative test result to the appropriate county agency prior to being accepted for MFIP benefits and prior to receiving an extension of benefits under section 256J.425.

(b) A laboratory must report to the appropriate county agency any positive test results returned on an applicant or recipient of MFIP benefits. Upon receipt of a positive test result, a county agency must deny or discontinue benefits until the person demonstrates a pattern of negative test results that satisfy the agency that the person is no longer a drug user.

(c) A person who undergoes testing under this subdivision shall pay a fee to the laboratory for the cost of the test prior to testing.

EFFECTIVE DATE. This section is effective July 1, 2013."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

Liebling moved to amend the Drazkowski amendment to H. F. No. 1233, the second engrossment, as amended, as follows:

Page 1, after line 1, insert:

"Page 337, after line 8, insert:

"Section 1. **[3.0995] LEGISLATORS; DRUG TESTING.**

(a) To be eligible for compensation and expense reimbursements, a legislator must undergo drug and alcohol screening, to the extent practicable, following the established procedures and reliability safeguards provided for screening in sections 181.951, 181.953, and 181.954. Legislators may be required to undergo random drug screening. Legislators must provide evidence of a negative test result to the house controller for members of the house of representatives or the secretary of the senate for members of the senate prior to receipt of any compensation or expense reimbursement.

(b) A laboratory must report to the house controller for members of the house of representatives or the secretary of the senate for members of the senate any positive test results returned on a legislator. Upon receipt of a positive test result, the house controller for members of the house of representatives and the secretary of the senate for members of the senate must deny or discontinue compensation and expense reimbursement until the legislator demonstrates a pattern of negative test results that satisfy the house controller or the secretary of the senate that the person is no longer a drug user.

(c) A legislator who undergoes testing under this section shall pay a fee to the laboratory for the cost of the test prior to testing.

EFFECTIVE DATE. This section is effective July 1, 2013."

A roll call was requested and properly seconded.

POINT OF ORDER

Dauids raised a point of order pursuant to section 124 of "Mason's Manual of Legislative Procedure," relating to Personalities Not Permitted in Debate. The Speaker ruled the point of order not well taken.

The question recurred on the amendment to the amendment and the roll was called. There were 119 yeas and 12 nays as follows:

Those who voted in the affirmative were:

Abeler	Davnie	Gruenhagen	Laine	Newberger	Schomacker
Albright	Dean, M.	Gunther	Leidiger	Newton	Scott
Allen	Dehn, R.	Hackbarth	Lenczewski	Nornes	Selcer
Anderson, M.	Dettmer	Halverson	Liebling	Norton	Simon
Anderson, P.	Dill	Hamilton	Lien	O'Driscoll	Slocum
Anderson, S.	Dorholt	Hansen	Lillie	O'Neill	Sundin
Anzelc	Drazkowski	Hertaus	Loeffler	Pelowski	Swedzinski
Atkins	Erhardt	Hilstrom	Lohmer	Peppin	Theis
Barrett	Erickson, R.	Holberg	Loon	Persell	Torkelson
Beard	Erickson, S.	Hoppe	Mack	Petersburg	Uglen
Benson, J.	Fabian	Hortman	Mahoney	Poppe	Urdahl
Benson, M.	Falk	Howe	Mariani	Pugh	Ward, J.A.
Bernardy	Faust	Isaacson	Marquart	Quam	Ward, J.E.
Bly	Fischer	Johnson, B.	Masin	Radinovich	Wills
Brynaert	FitzSimmons	Johnson, C.	McDonald	Rosenthal	Winkler
Carlson	Franson	Kahn	McNamar	Runbeck	Woodard
Clark	Freiberg	Kelly	McNamara	Sanders	Yarusso
Cornish	Fritz	Kieffer	Melin	Savick	Zellers
Daudt	Garofalo	Kiel	Morgan	Sawatzky	Zerwas
Dauids	Green	Kresha	Myhra	Schoen	

Those who voted in the negative were:

Hornstein	Lesch	Murphy, E.	Simonson
Huntley	Metsa	Murphy, M.	Wagenius
Johnson, S.	Moran	Nelson	Spk. Thissen

The motion prevailed and the amendment to the amendment was adopted.

The question recurred on the Drazkowski amendment, as amended, and the roll was called.

Pursuant to rule 2.05, Barrett was excused from voting on the Drazkowski amendment, as amended, to H. F. No. 1233, the second engrossment, as amended.

There were 83 yeas and 49 nays as follows:

Those who voted in the affirmative were:

Albright	Erhardt	Hamilton	Lillie	O'Driscoll	Schomacker
Anderson, M.	Erickson, R.	Hertaus	Lohmer	O'Neill	Scott
Anderson, P.	Erickson, S.	Hilstrom	Loon	Pelowski	Selcer
Anderson, S.	Fabian	Holberg	Mack	Peppin	Simon
Atkins	Faust	Hoppe	Masin	Persell	Swedzinski
Beard	FitzSimmons	Hortman	McDonald	Petersburg	Theis
Benson, M.	Franson	Howe	McNamar	Poppe	Torkelson
Cornish	Fritz	Johnson, B.	McNamara	Pugh	Uglen
Daudt	Garofalo	Kelly	Morgan	Quam	Urdahl
Davids	Green	Kieffer	Myhra	Rosenthal	Wills
Dean, M.	Gruenhagen	Kiel	Newberger	Runbeck	Woodard
Dettmer	Gunther	Kresha	Newton	Sanders	Zellers
Dill	Hackbarth	Leidiger	Nornes	Savick	Zerwas
Drazkowski	Halverson	Lenczewski	Norton	Sawatzky	

Those who voted in the negative were:

Allen	Dehn, R.	Isaacson	Mahoney	Nelson	Ward, J.E.
Anzelc	Dorholt	Johnson, C.	Mariani	Paymar	Winkler
Benson, J.	Falk	Johnson, S.	Marquart	Radinovich	Yarusso
Bernardy	Fischer	Kahn	Melin	Schoen	Spk. Thissen
Bly	Freiberg	Laine	Metsa	Simonson	
Brynaert	Hansen	Lesch	Moran	Slocum	
Carlson	Hausman	Liebling	Mullery	Sundin	
Clark	Hornstein	Lien	Murphy, E.	Wagenius	
Davnie	Huntley	Loeffler	Murphy, M.	Ward, J.A.	

The motion prevailed and the amendment, as amended, was adopted.

Zerwas moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 219, line 4, delete "two" and insert "2.5"

Page 220, line 9, delete "two" and insert "2.5"

Page 503, after line 17, insert:

"Home and Community-Based Services Rate Increase. Notwithstanding Minnesota Statutes, section 295.581, \$7,535,000 in fiscal year 2014 and \$8,727,000 in fiscal year 2015 is appropriated from the health care access fund to the commissioner of human services for a portion of the provider rate and grant increases under article 7, section 34."

Page 510, line 22, delete "\$20,000,000" and insert "\$12,465,000"

Page 510, line 23, delete "\$25,000,000" and insert "\$16,273,000"

Adjust amounts accordingly

A roll call was requested and properly seconded.

The question was taken on the Zerwas amendment and the roll was called. There were 67 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Abeler	Dean, M.	Hackbarth	Lohmer	Petersburg	Torkelson
Albright	Dettmer	Hamilton	Loon	Pugh	Uglen
Anderson, M.	Drazkowski	Hertaus	Mack	Quam	Urdahl
Anderson, P.	Erickson, R.	Holberg	McDonald	Radinovich	Wills
Anderson, S.	Erickson, S.	Hoppe	McNamara	Runbeck	Woodard
Anzelc	Fabian	Howe	McNamara	Sanders	Zellers
Barrett	FitzSimmons	Johnson, B.	Myhra	Savick	Zerwas
Beard	Franson	Kelly	Newberger	Sawatzky	
Benson, M.	Garofalo	Kieffer	Nornes	Schomacker	
Cornish	Green	Kiel	O'Driscoll	Scott	
Daudt	Gruenhagen	Kresha	O'Neill	Swedzinski	
Davids	Gunther	Leidiger	Peppin	Theis	

Those who voted in the negative were:

Allen	Erhardt	Huntley	Mahoney	Newton	Sundin
Atkins	Falk	Isaacson	Mariani	Norton	Wagenius
Benson, J.	Faust	Johnson, C.	Marquart	Paymar	Ward, J.A.
Bernardy	Fischer	Johnson, S.	Masin	Pelowski	Ward, J.E.
Bly	Freiberg	Kahn	Melin	Persell	Winkler
Brynaert	Fritz	Laine	Metsa	Poppe	Yarusso
Carlson	Halverson	Lenczewski	Moran	Rosenthal	Spk. Thissen
Clark	Hansen	Lesch	Morgan	Schoen	
Davnie	Hausman	Liebling	Mullery	Selcer	
Dehn, R.	Hilstrom	Lien	Murphy, E.	Simon	
Dill	Hornstein	Lillie	Murphy, M.	Simonson	
Dorholt	Hortman	Loeffler	Nelson	Slocum	

The motion did not prevail and the amendment was not adopted.

Dean, M., moved to amend H. F. No. 1233, the second engrossment, as amended, as follows:

Page 42, after line 13, insert:

"Sec. 61. **INTENT.**

It is the intent of this act that Minnesota shall pursue market-based solutions to health care delivery reform in Minnesota. It is not the intent of this act to advance or implement policies leading to a single-payer system."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Dean, M., amendment and the roll was called. There were 68 yeas and 66 nays as follows:

Those who voted in the affirmative were:

Abeler	Dettmer	Hertaus	Lohmer	Peppin	Theis
Albright	Drazkowski	Holberg	Loon	Petersburg	Torkelson
Anderson, M.	Erickson, S.	Hoppe	Mack	Pugh	Uglen
Anderson, P.	Fabian	Howe	McDonald	Quam	Urdahl
Anderson, S.	FitzSimmons	Johnson, B.	McNamara	Rosenthal	Wills
Barrett	Franson	Kelly	Morgan	Runbeck	Woodard
Beard	Garofalo	Kieffer	Myhra	Sanders	Zellers
Benson, M.	Green	Kiel	Newberger	Schomacker	Zerwas
Cornish	Gruenhagen	Kresha	Nornes	Scott	
Daudt	Gunther	Leidiger	Norton	Selcer	
Davids	Hackbarth	Lenczewski	O'Driscoll	Simon	
Dean, M.	Hamilton	Lillie	O'Neill	Swedzinski	

Those who voted in the negative were:

Allen	Dill	Hausman	Liebling	Mullery	Sawatzky
Anzelc	Dorholt	Hilstrom	Lien	Murphy, E.	Schoen
Atkins	Erhardt	Hornstein	Loeffler	Murphy, M.	Simonson
Benson, J.	Erickson, R.	Hortman	Mahoney	Nelson	Slocum
Bernardy	Falk	Huntley	Mariani	Newton	Sundin
Bly	Faust	Isaacson	Marquart	Paymar	Wagenius
Brynaert	Fischer	Johnson, C.	Masin	Pelowski	Ward, J.A.
Carlson	Freiberg	Johnson, S.	McNamar	Persell	Ward, J.E.
Clark	Fritz	Kahn	Melin	Poppe	Winkler
Davnie	Halverson	Laine	Metsa	Radinovich	Yarusso
Dehn, R.	Hansen	Lesch	Moran	Savick	Spk. Thissen

The motion prevailed and the amendment was adopted.

H. F. No. 1233, A bill for an act relating to state government; establishing the health and human services budget; modifying provisions related to health care, continuing care, human services licensing, chemical and mental health, managed care organizations, waiver provider standards, home care, and the Department of Health; redesigning home and community-based services; establishing payment methodologies for home and community-based services; adjusting nursing and ICF/DD facility rates; setting and modifying fees; modifying autism coverage; modifying assistance programs; requiring licensing of certain abortion facilities; requiring drug testing; making technical changes; requiring studies; requiring reports; appropriating money; amending Minnesota Statutes 2012, sections 16A.724, subdivisions 2, 3; 16C.10, subdivision 5; 16C.155, subdivision 1; 62A.65, subdivision 2, by adding a subdivision; 62J.692, subdivision 4; 62Q.19, subdivision 1; 103I.005, by adding a subdivision; 103I.521; 119B.13, subdivision 7; 144.051, by adding subdivisions; 144.0724, subdivisions 4, 6; 144.123, subdivision 1; 144.125, subdivision 1; 144.966, subdivisions 2, 3a; 144.98, subdivisions 3, 5, by adding subdivisions; 144.99, subdivision 4; 144A.351; 144A.43; 144A.44; 144A.45; 144A.53, subdivision 2; 144D.01, subdivision 4; 145.986; 145C.01, subdivision 7; 148E.065, subdivision 4a; 149A.02, subdivisions 1a, 2, 3, 4, 5, 16, 23, 27, 34, 35, 37, by adding subdivisions; 149A.03; 149A.65, by adding subdivisions; 149A.70, subdivisions 1, 2, 3, 5; 149A.71, subdivisions 2, 4; 149A.72, subdivisions 3, 9, by adding a subdivision; 149A.73, subdivisions 1, 2, 4; 149A.74; 149A.91, subdivision 9; 149A.93, subdivisions 3, 6; 149A.94; 149A.96, subdivision 9; 174.30, subdivision 1; 214.40, subdivision 1; 243.166, subdivisions 4b, 7; 245.4661, subdivisions 5, 6; 245.4682, subdivision 2; 245A.02, subdivisions 1, 9, 10, 14; 245A.03, subdivisions 7, 8, 9; 245A.04, subdivision 13; 245A.042, subdivision 3;

245A.07, subdivisions 2a, 3; 245A.08, subdivision 2a; 245A.10; 245A.11, subdivisions 2a, 7, 7a, 7b, 8; 245A.1435; 245A.144; 245A.1444; 245A.16, subdivision 1; 245A.40, subdivision 5; 245A.50; 245C.04, by adding a subdivision; 245C.08, subdivision 1; 245D.02; 245D.03; 245D.04; 245D.05; 245D.06; 245D.07; 245D.09; 245D.10; 246.18, subdivision 8, by adding a subdivision; 246.54; 254B.04, subdivision 1; 254B.13; 256.01, subdivisions 2, 24, 34, by adding subdivisions; 256.9657, subdivisions 1, 2, 3a; 256.9685, subdivision 2; 256.969, subdivisions 3a, 29; 256.975, subdivision 7, by adding subdivisions; 256.9754, subdivision 5, by adding subdivisions; 256B.02, by adding subdivisions; 256B.021, by adding subdivisions; 256B.04, subdivisions 18, 21, by adding a subdivision; 256B.055, subdivisions 3a, 6, 10, 14, 15, by adding a subdivision; 256B.056, subdivisions 1, 1c, 3, 4, as amended, 5c, 10, by adding a subdivision; 256B.057, subdivisions 1, 8, 10, by adding a subdivision; 256B.06, subdivision 4; 256B.0623, subdivision 2; 256B.0625, subdivisions 9, 13e, 19c, 31, 39, 48, 58, by adding subdivisions; 256B.0631, subdivision 1; 256B.064, subdivisions 1a, 1b, 2; 256B.0659, subdivision 21; 256B.0755, subdivision 3; 256B.0756; 256B.0911, subdivisions 1, 1a, 3a, 4d, 6, 7, by adding a subdivision; 256B.0913, subdivision 4, by adding a subdivision; 256B.0915, subdivisions 3a, 5, by adding a subdivision; 256B.0916, by adding a subdivision; 256B.0917, subdivisions 6, 13, by adding subdivisions; 256B.092, subdivisions 11, 12, by adding subdivisions; 256B.0946; 256B.095; 256B.0951, subdivisions 1, 4; 256B.0952, subdivisions 1, 5; 256B.097, subdivisions 1, 3; 256B.431, subdivision 44; 256B.434, subdivision 4, by adding a subdivision; 256B.437, subdivision 6; 256B.439, subdivisions 1, 2, 3, 4, by adding a subdivision; 256B.441, subdivisions 13, 53; 256B.49, subdivisions 11a, 12, 14, 15, by adding subdivisions; 256B.4912, subdivisions 1, 2, 3, 7, by adding subdivisions; 256B.4913, subdivisions 5, 6, by adding a subdivision; 256B.492; 256B.493, subdivision 2; 256B.5011, subdivision 2; 256B.5012, by adding subdivisions; 256B.69, subdivisions 5c, 31, by adding a subdivision; 256B.694; 256B.76, subdivisions 2, 4, by adding a subdivision; 256B.761; 256B.764; 256B.766; 256D.024, by adding a subdivision; 256I.04, subdivision 3; 256I.05, subdivision 1e, by adding a subdivision; 256J.15, by adding a subdivision; 256J.26, subdivision 3, by adding a subdivision; 256J.35; 256K.45; 256L.01, subdivisions 3a, 5, by adding subdivisions; 256L.02, subdivision 2, by adding subdivisions; 256L.03, subdivisions 1, 1a, 3, 5, 6, by adding a subdivision; 256L.04, subdivisions 1, 7, 8, 10, by adding subdivisions; 256L.05, subdivisions 1, 2, 3; 256L.06, subdivision 3; 256L.07, subdivisions 1, 2, 3; 256L.09, subdivision 2; 256L.11, subdivision 6; 256L.15, subdivisions 1, 2; 257.0755, subdivision 1; 260B.007, subdivisions 6, 16; 260C.007, subdivisions 6, 31; 270B.14, subdivision 1; 471.59, subdivision 1; 626.556, subdivisions 2, 3, 10d; 626.557, subdivisions 4, 9, 9a, 9e; 626.5572, subdivision 13; Laws 1998, chapter 407, article 6, section 116; Laws 2011, First Special Session chapter 9, article 1, section 3; article 2, section 27; article 10, section 3, subdivision 3, as amended; proposing coding for new law in Minnesota Statutes, chapters 3; 62A; 62D; 144; 144A; 145; 149A; 214; 245; 245A; 245D; 254B; 256; 256B; 256L; repealing Minnesota Statutes 2012, sections 103I.005, subdivision 20; 144.123, subdivision 2; 144A.46; 144A.461; 149A.025; 149A.20, subdivision 8; 149A.30, subdivision 2; 149A.40, subdivision 8; 149A.45, subdivision 6; 149A.50, subdivision 6; 149A.51, subdivision 7; 149A.52, subdivision 5a; 149A.53, subdivision 9; 245A.655; 245B.01; 245B.02; 245B.03; 245B.031; 245B.04; 245B.05, subdivisions 1, 2, 3, 5, 6, 7; 245B.055; 245B.06; 245B.07; 245B.08; 245D.08; 256B.055, subdivisions 3, 5, 10b; 256B.056, subdivision 5b; 256B.057, subdivisions 1c, 2; 256B.0911, subdivisions 4a, 4b, 4c; 256B.0917, subdivisions 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 14; 256B.096, subdivisions 1, 2, 3, 4; 256B.14, subdivision 3a; 256B.49, subdivision 16a; 256B.4913, subdivisions 1, 2, 3, 4; 256B.5012, subdivision 13; 256J.24, subdivision 6; 256K.45, subdivision 2; 256L.01, subdivision 4a; 256L.031; 256L.04, subdivisions 1b, 9, 10a; 256L.05, subdivision 3b; 256L.07, subdivisions 5, 8, 9; 256L.11, subdivision 5; 256L.12; 256L.17, subdivisions 1, 2, 3, 4, 5; 485.14; 609.093; Laws 2011, First Special Session chapter 9, article 7, section 54, as amended; Minnesota Rules, parts 4668.0002; 4668.0003; 4668.0005; 4668.0008; 4668.0012; 4668.0016; 4668.0017; 4668.0019; 4668.0030; 4668.0035; 4668.0040; 4668.0050; 4668.0060; 4668.0065; 4668.0070; 4668.0075; 4668.0080; 4668.0100; 4668.0110; 4668.0120; 4668.0130; 4668.0140; 4668.0150; 4668.0160; 4668.0170; 4668.0180; 4668.0190; 4668.0200; 4668.0218; 4668.0220; 4668.0230; 4668.0240; 4668.0800; 4668.0805; 4668.0810; 4668.0815; 4668.0820; 4668.0825; 4668.0830; 4668.0835; 4668.0840; 4668.0845; 4668.0855; 4668.0860; 4668.0865; 4668.0870; 4669.0001; 4669.0010; 4669.0020; 4669.0030; 4669.0040; 4669.0050.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 70 yeas and 64 nays as follows:

Those who voted in the affirmative were:

Abeler	Dill	Hilstrom	Lien	Murphy, E.	Simon
Allen	Dorholt	Hornstein	Lillie	Murphy, M.	Simonson
Anzelc	Erhardt	Hortman	Loeffler	Nelson	Slocum
Atkins	Erickson, R.	Huntley	Mahoney	Newton	Sundin
Benson, J.	Falk	Isaacson	Mariani	Norton	Wagenius
Bernardy	Faust	Johnson, C.	Marquart	Paymar	Ward, J.A.
Bly	Fischer	Johnson, S.	Masin	Pelowski	Ward, J.E.
Brynaert	Freiberg	Kahn	Melin	Persell	Winkler
Carlson	Fritz	Laine	Metsa	Poppe	Yarusso
Clark	Halverson	Lenczewski	Moran	Sawatzky	Spk. Thissen
Davnie	Hansen	Lesch	Morgan	Schoen	
Dehn, R.	Hausman	Liebling	Mullery	Selcer	

Those who voted in the negative were:

Albright	Dettmer	Hamilton	Lohmer	Peppin	Swedzinski
Anderson, M.	Drazkowski	Hertaus	Loon	Petersburg	Theis
Anderson, P.	Erickson, S.	Holberg	Mack	Pugh	Torkelson
Anderson, S.	Fabian	Hoppe	McDonald	Quam	Uglem
Barrett	FitzSimmons	Howe	McNamar	Radinovich	Urdahl
Beard	Franson	Johnson, B.	McNamara	Rosenthal	Wills
Benson, M.	Garofalo	Kelly	Myhra	Runbeck	Woodard
Cornish	Green	Kieffer	Newberger	Sanders	Zellers
Daudt	Gruenhagen	Kiel	Nornes	Savick	Zerwas
Davids	Gunther	Kresha	O'Driscoll	Schomacker	
Dean, M.	Hackbarth	Leidiger	O'Neill	Scott	

The bill was passed, as amended, and its title agreed to.

The Speaker called Hortman to the Chair.

S. F. No. 953, A bill for an act relating to health; modifying a social work licensure provision; amending Minnesota Statutes 2012, section 148E.0555, subdivision 2.

The bill was read for the third time and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 134 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Abeler	Anzelc	Bernardy	Daudt	Dill	Fabian
Albright	Atkins	Bly	Davids	Dorholt	Falk
Allen	Barrett	Brynaert	Davnie	Drazkowski	Faust
Anderson, M.	Beard	Carlson	Dean, M.	Erhardt	Fischer
Anderson, P.	Benson, J.	Clark	Dehn, R.	Erickson, R.	FitzSimmons
Anderson, S.	Benson, M.	Cornish	Dettmer	Erickson, S.	Franson

Freiberg	Howe	Lillie	Murphy, E.	Quam	Torkelson
Fritz	Huntley	Loeffler	Murphy, M.	Radinovich	Uglem
Garofalo	Isaacson	Lohmer	Myhra	Rosenthal	Urdahl
Green	Johnson, B.	Loon	Nelson	Runbeck	Wagenius
Gruenhagen	Johnson, C.	Mack	Newberger	Sanders	Ward, J.A.
Gunther	Johnson, S.	Mahoney	Newton	Savick	Ward, J.E.
Hackbarth	Kahn	Mariani	Nornes	Sawatzky	Wills
Halverson	Kelly	Marquart	Norton	Schoen	Winkler
Hamilton	Kieffer	Masin	O'Driscoll	Schomacker	Woodard
Hansen	Kiel	McDonald	O'Neill	Scott	Yarusso
Hausman	Kresha	McNamar	Paymar	Selcer	Zellers
Hertaus	Laine	McNamara	Pelowski	Simon	Zerwas
Hilstrom	Leidiger	Melin	Peppin	Simonson	Spk. Thissen
Holberg	Lenczewski	Metsa	Persell	Slocum	
Hoppe	Lesch	Moran	Petersburg	Sundin	
Hornstein	Liebling	Morgan	Poppe	Swedzinski	
Hortman	Lien	Mullery	Pugh	Theis	

The bill was passed and its title agreed to.

H. F. No. 760, A bill for an act relating to human services; updating outdated terminology; amending Minnesota Statutes 2012, sections 15.44; 124D.57; 127A.45, subdivision 12; 144.651, subdivision 4; 145.88; 146A.11, subdivision 1; 148.512, subdivisions 12, 13; 150A.13, subdivision 6; 174.255, subdivision 1; 202A.13; 202A.155; 202A.156; 237.036; 237.16, subdivision 9; 240A.04; 240A.06, subdivisions 1, 2; 256.01, subdivision 2; 256C.24, subdivision 3; 256C.29; 299C.06; 326B.106, subdivisions 9, 11; 473.608, subdivision 22; 589.35, subdivision 1; 595.02, subdivision 1; 609.06, subdivision 1; 609.749, subdivision 2; 626.8455, subdivision 1.

The bill was read for the third time and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 134 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Abeler	Davnie	Gruenhagen	Kelly	McNamar	Persell
Albright	Dean, M.	Gunther	Kieffer	McNamara	Petersburg
Allen	Dehn, R.	Hackbarth	Kiel	Melin	Poppe
Anderson, M.	Dettmer	Halverson	Kresha	Metsa	Pugh
Anderson, P.	Dill	Hamilton	Laine	Moran	Quam
Anderson, S.	Dorholt	Hansen	Leidiger	Morgan	Radinovich
Anzalc	Drazkowski	Hausman	Lenczewski	Mullery	Rosenthal
Atkins	Erhardt	Hertaus	Lesch	Murphy, E.	Runbeck
Barrett	Erickson, R.	Hilstrom	Liebling	Murphy, M.	Sanders
Beard	Erickson, S.	Holberg	Lien	Myhra	Savick
Benson, J.	Fabian	Hoppe	Lillie	Nelson	Sawatzky
Benson, M.	Falk	Hornstein	Loeffler	Newberger	Schoen
Bernardy	Faust	Hortman	Lohmer	Newton	Schomacker
Bly	Fischer	Howe	Loon	Nornes	Scott
Brynaert	FitzSimmons	Huntley	Mack	Norton	Selcer
Carlson	Franson	Isaacson	Mahoney	O'Driscoll	Simon
Clark	Freiberg	Johnson, B.	Mariani	O'Neill	Simonson
Cornish	Fritz	Johnson, C.	Marquart	Paymar	Slocum
Daudt	Garofalo	Johnson, S.	Masin	Pelowski	Sundin
Davids	Green	Kahn	McDonald	Peppin	Swedzinski

Theis	Urdahl	Ward, J.E.	Woodard	Zerwas
Torkelson	Wagenius	Wills	Yarusso	Spk. Thissen
Uglen	Ward, J.A.	Winkler	Zellers	

The bill was passed and its title agreed to.

H. F. No. 779 was reported to the House.

Atkins moved to amend H. F. No. 779, the fourth engrossment, as follows:

Page 82, line 5, delete "2020" and insert "2017"

Page 82, delete lines 33 to 34 and insert:

"(c) Except for qualified health plans sold on the Minnesota Insurance Marketplace, information reported under paragraph (a), clauses (3) and (4), is nonpublic data as defined under section 13.02, subdivision 9. Information reported under paragraph (a), clauses (1) through (8), must be reported by the Minnesota Insurance Marketplace for qualified health plans sold through the Minnesota Insurance Marketplace."

Page 89, after line 31, insert:

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

The motion prevailed and the amendment was adopted.

Gruenhagen moved to amend H. F. No. 779, the fourth engrossment, as amended, as follows:

Page 79, after line 33, insert:

"(e) Notwithstanding any other provision of this chapter or other law to the contrary, this chapter does not apply to any entity that does business only outside of the Minnesota Insurance Marketplace."

A roll call was requested and properly seconded.

The question was taken on the Gruenhagen amendment and the roll was called. There were 61 yeas and 73 nays as follows:

Those who voted in the affirmative were:

Abeler	Benson, M.	Erickson, S.	Gunther	Johnson, B.	Loon
Albright	Cornish	Fabian	Hackbarth	Kelly	Mack
Anderson, M.	Daudt	FitzSimmons	Hamilton	Kieffer	McDonald
Anderson, P.	Davids	Franson	Hertaus	Kiel	McNamara
Anderson, S.	Dean, M.	Garofalo	Holberg	Kresha	Myhra
Barrett	Dettmer	Green	Hoppe	Leidiger	Newberger
Beard	Drazkowski	Gruenhagen	Howe	Lohmer	Nornes

O'Driscoll	Pugh	Schomacker	Torkelson	Woodard
O'Neill	Quam	Scott	Uglem	Zellers
Peppin	Runbeck	Swedzinski	Urdahl	Zerwas
Petersburg	Sanders	Theis	Wills	

Those who voted in the negative were:

Allen	Erhardt	Huntley	Mariani	Norton	Slocum
Anzelc	Erickson, R.	Isaacson	Marquart	Paymar	Sundin
Atkins	Falk	Johnson, C.	Masin	Pelowski	Wagenius
Benson, J.	Faust	Johnson, S.	McNamar	Persell	Ward, J.A.
Bernardy	Fischer	Kahn	Melin	Poppe	Ward, J.E.
Bly	Freiberg	Laine	Metsa	Radinovich	Winkler
Brynaert	Fritz	Lenczewski	Moran	Rosenthal	Yarusso
Carlson	Halverson	Lesch	Morgan	Savick	Spk. Thissen
Clark	Hansen	Liebling	Mullery	Sawatzky	
Davnie	Hausman	Lien	Murphy, E.	Schoen	
Dehn, R.	Hilstrom	Lillie	Murphy, M.	Selcer	
Dill	Hornstein	Loeffler	Nelson	Simon	
Dorholt	Hortman	Mahoney	Newton	Simonson	

The motion did not prevail and the amendment was not adopted.

Holberg moved to amend H. F. No. 779, the fourth engrossment, as amended, as follows:

Page 77, after line 18, insert:

"Subd. 6. **Abortion coverage limited.** The essential health benefits package shall not include abortion coverage except where the life of the female would be endangered or substantial and irreversible impairment of a major bodily function would result if the unborn child were carried to term; or where the pregnancy is the result of rape or incest."

A roll call was requested and properly seconded.

The question was taken on the Holberg amendment and the roll was called. There were 70 yeas and 64 nays as follows:

Those who voted in the affirmative were:

Abeler	Dettmer	Gunther	Lenczewski	O'Driscoll	Swedzinski
Albright	Dill	Hackbarth	Lohmer	O'Neill	Theis
Anderson, M.	Drazkowski	Hamilton	Loon	Pelowski	Torkelson
Anderson, P.	Erickson, S.	Hertaus	Mack	Peppin	Uglem
Anderson, S.	Fabian	Holberg	Marquart	Petersburg	Urdahl
Barrett	Faust	Hoppe	McDonald	Pugh	Ward, J.E.
Beard	FitzSimmons	Howe	McNamar	Quam	Wills
Benson, M.	Franson	Johnson, B.	McNamara	Runbeck	Woodard
Cornish	Fritz	Kelly	Murphy, M.	Sanders	Zellers
Daudt	Garofalo	Kiel	Myhra	Sawatzky	Zerwas
Davids	Green	Kresha	Newberger	Schomacker	
Dean, M.	Gruenhagen	Leidiger	Nornes	Scott	

Those who voted in the negative were:

Allen	Dorholt	Hortman	Lillie	Nelson	Simon
Anzelc	Erhardt	Huntley	Loeffler	Newton	Simonson
Atkins	Erickson, R.	Isaacson	Mahoney	Norton	Slocum
Benson, J.	Falk	Johnson, C.	Mariani	Paymar	Sundin
Bernardy	Fischer	Johnson, S.	Masin	Persell	Wagenius
Bly	Freiberg	Kahn	Melin	Poppe	Ward, J.A.
Brynaert	Halverson	Kieffer	Metsa	Radinovich	Winkler
Carlson	Hansen	Laine	Moran	Rosenthal	Yarusso
Clark	Hausman	Lesch	Morgan	Savick	Spk. Thissen
Davnie	Hilstrom	Liebling	Mullery	Schoen	
Dehn, R.	Hornstein	Lien	Murphy, E.	Selcer	

The motion prevailed and the amendment was adopted.

Fritz moved to amend H. F. No. 779, the fourth engrossment, as amended, as follows:

Page 78, after line 13, insert:

"Sec. 92. Minnesota Statutes 2012, section 145.414, is amended to read:

145.414 ABORTION NOT MANDATORY.

(a) No person and no hospital or institution shall be coerced, held liable or discriminated against in any manner because of a refusal to perform, accommodate, assist or submit to an abortion for any reason.

(b) It is the policy of the state of Minnesota that no health plan company as defined under section 62Q.01, subdivision 4, or health care cooperative as defined under section 62R.04, subdivision 2, shall be required to provide or provide coverage for an abortion. No provision of this chapter; of chapter 62A, 62C, 62D, 62H, 62L, 62M, 62N, 62R, 62V, 64B, or of any other chapter; of Minnesota Rules; or of Laws 1995, chapter 234, shall be construed as requiring a health plan company as defined under section 62Q.01, subdivision 4, or a health care cooperative as defined under section 62R.04, subdivision 2, to provide or provide coverage for an abortion.

(c) This section supersedes any provision of Laws 1995, chapter 234, or any act enacted prior to enactment of Laws 1995, chapter 234, that in any way limits or is inconsistent with this section. No provision of any act enacted subsequent to Laws 1995, chapter 234 shall be construed as in any way limiting or being inconsistent with this section, unless the act amends this section or expressly provides that it is intended to limit or be inconsistent with this section."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Fritz amendment and the roll was called. There were 71 yeas and 63 nays as follows:

Those who voted in the affirmative were:

Abeler	Dettmer	Gunther	Leidiger	Nornes	Scott
Albright	Dill	Hackbarth	Lenczewski	O'Driscoll	Swedzinski
Anderson, M.	Drazkowski	Hamilton	Lohmer	O'Neill	Theis
Anderson, P.	Erickson, S.	Hertaus	Loon	Pelowski	Torkelson
Anderson, S.	Fabian	Holberg	Mack	Peppin	Uglem
Barrett	Faust	Hoppe	Marquart	Petersburg	Urdahl
Beard	FitzSimmons	Howe	McDonald	Pugh	Ward, J.E.
Benson, M.	Franson	Johnson, B.	McNamar	Quam	Wills
Cornish	Fritz	Kelly	McNamara	Runbeck	Woodard
Daudt	Garofalo	Kieffer	Murphy, M.	Sanders	Zellers
Davids	Green	Kiel	Myhra	Sawatzky	Zerwas
Dean, M.	Gruenhagen	Kresha	Newberger	Schomacker	

Those who voted in the negative were:

Allen	Dorholt	Hortman	Loeffler	Newton	Simonson
Anzelc	Erhardt	Huntley	Mahoney	Norton	Slocum
Atkins	Erickson, R.	Isaacson	Mariani	Paymar	Sundin
Benson, J.	Falk	Johnson, C.	Masin	Persell	Wagenius
Bernardy	Fischer	Johnson, S.	Melin	Poppe	Ward, J.A.
Bly	Freiberg	Kahn	Metsa	Radinovich	Winkler
Brynaert	Halverson	Laine	Moran	Rosenthal	Yarusso
Carlson	Hansen	Lesch	Morgan	Savick	Spk. Thissen
Clark	Hausman	Liebling	Mullery	Schoen	
Davnie	Hilstrom	Lien	Murphy, E.	Selcer	
Dehn, R.	Hornstein	Lillie	Nelson	Simon	

The motion prevailed and the amendment was adopted.

H. F. No. 779, A bill for an act relating to health plan regulation; regulating policy and contract coverages; conforming state law to federal requirements; establishing health plan market rules; modifying the designation of essential community providers; amending Minnesota Statutes 2012, sections 43A.23, subdivision 1; 43A.317, subdivision 6; 60A.08, subdivision 15; 62A.011, subdivision 3, by adding subdivisions; 62A.02, by adding a subdivision; 62A.03, subdivision 1; 62A.04, subdivision 2; 62A.047; 62A.049; 62A.136; 62A.149, subdivision 1; 62A.17, subdivisions 2, 6; 62A.21, subdivision 2b; 62A.28, subdivision 2; 62A.302; 62A.615; 62A.65, subdivisions 3, 5, 6, 7, by adding subdivisions; 62C.14, subdivision 5; 62C.142, subdivision 2; 62D.07, subdivision 3; 62D.095; 62D.124, subdivision 4; 62D.181, subdivision 7; 62E.02, by adding a subdivision; 62E.04, subdivision 4, by adding a subdivision; 62E.06, subdivision 1; 62E.09; 62E.10, subdivision 7; 62H.04; 62L.02, subdivisions 11, 14a, 26, by adding a subdivision; 62L.03, subdivisions 1, 3, 4, 6; 62L.045, subdivisions 2, 4; 62L.05, subdivision 10; 62L.06; 62L.08; 62L.12, subdivision 2; 62M.05, subdivision 3a; 62M.06, subdivision 1; 62Q.01, by adding subdivisions; 62Q.021; 62Q.17, subdivision 6; 62Q.18, by adding a subdivision; 62Q.19, subdivision 1; 62Q.23; 62Q.43, subdivision 2; 62Q.47; 62Q.52; 62Q.55; 62Q.68, subdivision 1; 62Q.69, subdivision 3; 62Q.70, subdivisions 1, 2; 62Q.71; 62Q.73; 62Q.75, subdivision 1; 62Q.80, subdivision 2; 72A.20, subdivision 35; 145.414; 471.61, subdivision 1a; proposing coding for new law in Minnesota Statutes, chapters 62A; 62Q; proposing coding for new law as Minnesota Statutes, chapter 62K; repealing Minnesota Statutes 2012, sections 62A.615; 62A.65, subdivision 6; 62E.02, subdivision 7; 62E.16; 62E.20; 62L.02, subdivisions 4, 18, 19, 23, 24; 62L.05, subdivisions 1, 2, 3, 4, 4a, 5, 6, 7, 11, 12, 13; 62L.081; 62L.10, subdivision 5; 62Q.37, subdivision 5.

The bill was read for the third time, as amended, and placed upon its final passage.

The question was taken on the passage of the bill and the roll was called. There were 74 yeas and 60 nays as follows:

Those who voted in the affirmative were:

Abeler	Dorholt	Hortman	Mahoney	Newton	Simonson
Allen	Erhardt	Huntley	Mariani	Norton	Slocum
Anzelc	Erickson, R.	Isaacson	Marquart	Paymar	Sundin
Atkins	Falk	Johnson, C.	Masin	Pelowski	Wagenius
Benson, J.	Faust	Johnson, S.	McNamar	Persell	Ward, J.A.
Bernardy	Fischer	Kahn	Melin	Poppe	Ward, J.E.
Bly	Freiberg	Laine	Metsa	Radinovich	Winkler
Brynaert	Fritz	Lenczewski	Moran	Rosenthal	Yarusso
Carlson	Halverson	Lesch	Morgan	Savick	Spk. Thissen
Clark	Hansen	Liebling	Mullery	Sawatzky	
Davnie	Hausman	Lien	Murphy, E.	Schoen	
Dehn, R.	Hilstrom	Lillie	Murphy, M.	Selcer	
Dill	Hornstein	Loeffler	Nelson	Simon	

Those who voted in the negative were:

Albright	Dean, M.	Gunther	Kiel	Nornes	Scott
Anderson, M.	Dettmer	Hackbarth	Kresha	O'Driscoll	Swedzinski
Anderson, P.	Drazkowski	Hamilton	Leidiger	O'Neill	Theis
Anderson, S.	Erickson, S.	Hertaus	Lohmer	Peppin	Torkelson
Barrett	Fabian	Holberg	Loon	Petersburg	Uglem
Beard	FitzSimmons	Hoppe	Mack	Pugh	Urdahl
Benson, M.	Franson	Howe	McDonald	Quam	Wills
Cornish	Garofalo	Johnson, B.	McNamara	Runbeck	Woodard
Daudt	Green	Kelly	Myhra	Sanders	Zellers
Davids	Gruenhagen	Kieffer	Newberger	Schomacker	Zerwas

The bill was passed, as amended, and its title agreed to.

The Speaker resumed the Chair.

There being no objection, the order of business reverted to Messages from the Senate.

MESSAGES FROM THE SENATE

The following messages were received from the Senate:

Mr. Speaker:

I hereby announce the passage by the Senate of the following House File, herewith returned, as amended by the Senate, in which amendments the concurrence of the House is respectfully requested:

H. F. No. 976, A bill for an act relating to state government; appropriating money for environment, natural resources, and agriculture; modifying and providing for certain fees; modifying and providing for disposition of certain revenue; creating accounts; modifying payment of certain costs; modifying grant programs; providing for

agricultural water quality certification; modifying Minnesota Noxious Weed Law; modifying pesticide control; modifying animal waste technician provisions; modifying certain renewable energy and biofuel provisions; modifying bonding requirements for grain buyers and grain storage; making technical changes; modifying certain permit requirements; providing for federal law compliance; providing for certain easements; establishing pollinator habitat program; modifying state trails; modifying all-terrain vehicle operating provisions; modifying State Timber Act; modifying water use requirements; modifying certain park boundaries; modifying reporting requirements; modifying Petroleum Tank Release Cleanup Act; providing for silica sand mining model standards and technical assistance; establishing criteria for wastewater treatment system projects; providing for wastewater laboratory certification; providing for product stewardship programs; modifying Minnesota Power Plant Siting Act; providing for sanitary districts; requiring groundwater sustainability recommendations; requiring rulemaking; amending Minnesota Statutes 2012, sections 17.03, subdivision 3; 17.1015; 17.118, subdivision 2; 18.77, subdivisions 3, 4, 10, 12; 18.78, subdivision 3; 18.79, subdivisions 6, 13; 18.82, subdivision 1; 18.91, subdivisions 1, 2; 18B.01, by adding a subdivision; 18B.065, subdivision 2a; 18B.07, subdivisions 4, 5, 7; 18B.26, subdivision 3; 18B.305; 18B.316, subdivisions 1, 3, 4, 8, 9; 18B.37, subdivision 4; 18C.430; 18C.433, subdivision 1; 31.94; 41A.10, subdivision 2, by adding a subdivision; 41A.105, subdivisions 1a, 3, 5; 41A.12, by adding a subdivision; 41B.04, subdivision 9; 41D.01, subdivision 4; 84.027, by adding a subdivision; 84.82, by adding a subdivision; 84.922, by adding a subdivision; 84.9256, subdivision 1; 84.928, subdivision 1; 84D.108, subdivision 2; 85.015, subdivision 13; 85.052, subdivision 6; 85.054, by adding a subdivision; 85.055, subdivisions 1, 2; 85.42; 89.0385; 89.17; 90.01, subdivisions 4, 5, 6, 8, 11; 90.031, subdivision 4; 90.041, subdivisions 2, 5, 6, 9, by adding subdivisions; 90.045; 90.061, subdivision 8; 90.101, subdivision 1; 90.121; 90.145; 90.151, subdivisions 1, 2, 3, 4, 6, 7, 8, 9; 90.161; 90.162; 90.171; 90.181, subdivision 2; 90.191, subdivision 1; 90.193; 90.195; 90.201, subdivision 2a; 90.211; 90.221; 90.252, subdivision 1; 90.301, subdivisions 2, 4; 90.41, subdivision 1; 92.50; 93.17, subdivision 1; 93.1925, subdivision 2; 93.25, subdivision 2; 93.285, subdivision 3; 93.46, by adding a subdivision; 93.481, subdivisions 3, 5, by adding subdivisions; 93.482; 97A.401, subdivision 3; 103G.265, subdivisions 2, 3; 103G.271, subdivisions 1, 4, 6; 103G.282; 103G.287, subdivisions 1, 4, 5; 103G.615, subdivision 2; 103I.205, subdivision 1; 103I.601, by adding a subdivision; 114D.50, subdivision 4; 115A.1320, subdivision 1; 115B.20, subdivision 6; 115B.28, subdivision 1; 115C.02, subdivision 4; 115C.08, subdivision 4, by adding a subdivision; 115D.10; 116.48, subdivision 6; 116C.03, subdivisions 2, 4, 5; 116D.04, by adding a subdivision; 116J.437, subdivision 1; 168.1296, subdivision 1; 216E.12, subdivision 4; 223.17, by adding a subdivision; 232.22, by adding a subdivision; 239.051, by adding subdivisions; 239.791, subdivisions 1, 2a, 2b; 239.7911; 275.066; 296A.01, subdivision 19, by adding a subdivision; 473.846; Laws 2012, chapter 249, section 11; proposing coding for new law in Minnesota Statutes, chapters 17; 18; 84; 90; 93; 115; 115A; 116C; proposing coding for new law as Minnesota Statutes, chapter 442A; repealing Minnesota Statutes 2012, sections 18.91, subdivisions 3, 5; 18B.07, subdivision 6; 90.163; 90.173; 90.41, subdivision 2; 103G.265, subdivision 2a; 115.18, subdivisions 1, 3, 4, 5, 6, 7, 8, 9, 10; 115.19; 115.20; 115.21; 115.22; 115.23; 115.24; 115.25; 115.26; 115.27; 115.28; 115.29; 115.30; 115.31; 115.32; 115.33; 115.34; 115.35; 115.36; 115.37; 239.791, subdivision 1a; Minnesota Rules, parts 7021.0010, subparts 1, 2, 4, 5; 7021.0020; 7021.0030; 7021.0040; 7021.0050, subpart 5; 9210.0300; 9210.0310; 9210.0320; 9210.0330; 9210.0340; 9210.0350; 9210.0360; 9210.0370; 9210.0380; 9220.0530, subpart 6.

JOANNE M. ZOFF, Secretary of the Senate

Wagenius moved that the House refuse to concur in the Senate amendments to H. F. No. 976, that the Speaker appoint a Conference Committee of 5 members of the House, and that the House requests that a like committee be appointed by the Senate to confer on the disagreeing votes of the two houses. The motion prevailed.

Mr. Speaker:

I hereby announce that the Senate refuses to concur in the House amendments to the following Senate File:

S. F. No. 1589, A bill for an act relating to the operation of state government finance; allowing the secretary of state authority to accept funds from local government units for election systems enhancements and to receive certain funds for the address confidentiality program; allowing the state auditor to charge a onetime user fee for a small city

and town accounting system software; changing provisions for bid solicitations and proposals; changing certain provisions for service contracts and the solicitation process; requiring a determination of the IT cost for agency technology projects; expanding E-Government initiative and establishing the E-Government Advisory Council; changing certain audit provisions from the state auditor to the legislative auditor; repealing the Minnesota Sunset Act; changing provisions for barbering and cosmetology; changing licensing provisions for accountants; changing a paid military leave provision; modifying provisions in the Veterans Service Office grant program; changing provision in the Minnesota GI Bill program; establishing a veterans home in Beltrami County; making Department of Revenue changes; making compensation council changes and requiring a compensation study; adjusting certain salary groups; establishing administrative penalties; establishing fees; appropriating money; amending Minnesota Statutes 2012, sections 3.099, subdivision 1; 3.855, subdivision 3; 13.591, subdivision 3; 15A.0815, subdivisions 1, 2, 3, 5; 15A.082, subdivision 2; 16A.82; 16C.02, subdivision 13; 16C.06, subdivision 2; 16C.09; 16C.10, subdivision 6; 16C.145; 16C.33, subdivision 3; 16C.34, subdivision 1; 16E.07, by adding a subdivision; 32C.04; 43A.17, subdivisions 1, 3; 65B.84, subdivision 1; 154.001, by adding a subdivision; 154.003; 154.02; 154.05; 154.06; 154.065, subdivision 2; 154.07, subdivision 1; 154.08; 154.09; 154.10, subdivision 1; 154.11, subdivision 1; 154.12; 154.14; 154.15, subdivision 2; 154.26; 155A.23, subdivision 3; 155A.25, subdivisions 1a, 4; 155A.27, subdivisions 4, 7, 10; 155A.29, subdivision 2; 155A.30, subdivision 1, by adding subdivisions; 192.26; 197.608, subdivisions 1, 3, 4, 5, 6; 197.791, subdivisions 4, 5; 254A.035, subdivision 2; 254A.04; 256B.093, subdivision 1; 260.835, subdivision 2; 270C.69, subdivision 1; 289A.20, subdivisions 2, 4; 289A.26, subdivision 2a; 295.55, subdivision 4; 297F.09, subdivision 7; 297G.09, subdivision 6; 297I.30, by adding a subdivision; 297I.35, subdivision 2; 326A.04, subdivisions 2, 3, 5, 7; 326A.10; 469.3201; 473.843, subdivision 3; Laws 2012, chapter 278, article 1, section 5; article 2, sections 27; 34; proposing coding for new law in Minnesota Statutes, chapters 4; 5; 5B; 6; 16E; 154; 155A; 198; 297I; repealing Minnesota Statutes 2012, sections 3D.01; 3D.02; 3D.03; 3D.04; 3D.045; 3D.05; 3D.06; 3D.065; 3D.07; 3D.08; 3D.09; 3D.10; 3D.11; 3D.12; 3D.13; 3D.14; 3D.15; 3D.16; 3D.17; 3D.18; 3D.19; 3D.20; 3D.21, subdivisions 2, 3, 4, 5, 6, 7, 8; 43A.17, subdivision 4; 155A.25, subdivision 1; 168A.40, subdivisions 3, 4; 197.608, subdivision 2a; 270C.145; 326A.03, subdivisions 2, 5, 8; Laws 2012, chapter 278, article 1, section 6; Minnesota Rules, parts 1105.0600; 1105.2550; 1105.2700.

The Senate respectfully requests that a Conference Committee be appointed thereon. The Senate has appointed as such committee:

Senators Saxhaug, Cohen, Eaton, Champion and Franzen.

Said Senate File is herewith transmitted to the House with the request that the House appoint a like committee.

JOANNE M. ZOFF, Secretary of the Senate

Murphy, M., moved that the House accede to the request of the Senate and that the Speaker appoint a Conference Committee of 5 members of the House to meet with a like committee appointed by the Senate on the disagreeing votes of the two houses on S. F. No. 1589. The motion prevailed.

ANNOUNCEMENTS BY THE SPEAKER

The Speaker announced the appointment of the following members of the House to a Conference Committee on H. F. No. 729:

Mahoney; Atkins; Clark; Johnson, S., and Gunther.

The Speaker announced the appointment of the following members of the House to a Conference Committee on H. F. No. 976:

Wagenius, Dill, Poppe, Hansen and Falk.

The Speaker announced the appointment of the following members of the House to a Conference Committee on S. F. No. 1589:

Murphy, M.; Newton; Nelson; Simon and Bernardy.

REPORT FROM THE COMMITTEE ON RULES AND LEGISLATIVE ADMINISTRATION

Murphy, E., from the Committee on Rules and Legislative Administration, pursuant to rules 1.21 and 3.33, designated the following bills to be placed on the Calendar for the Day for Wednesday, April 24, 2013 and established a prefiling requirement for amendments offered to the following bills:

H. F. Nos. 677, 1444, 1451, 1510 and 738.

MOTIONS AND RESOLUTIONS

Dehn, R., moved that the name of Bernardy be added as an author on H. F. No. 276. The motion prevailed.

Davnie moved that the name of Bernardy be added as an author on H. F. No. 353. The motion prevailed.

Mullery moved that the name of Dehn, R., be added as an author on H. F. No. 995. The motion prevailed.

Newton moved that the name of Halverson be added as an author on H. F. No. 1103. The motion prevailed.

Ward, J.E., moved that the name of Radinovich be added as an author on H. F. No. 1304. The motion prevailed.

Dettmer moved that the name of Dehn, R., be added as an author on H. F. No. 1667. The motion prevailed.

Woodard moved that the names of Fabian and Zellers be added as authors on H. F. No. 1793. The motion prevailed.

ADJOURNMENT

Murphy, E., moved that when the House adjourns today it adjourn until 11:00 a.m., Tuesday, April 23, 2013. The motion prevailed.

Murphy, E., moved that the House adjourn. The motion prevailed, and the Speaker declared the House stands adjourned until 11:00 a.m., Tuesday, April 23, 2013.

ALBIN A. MATHIOWETZ, Chief Clerk, House of Representatives