

STATE OF MINNESOTA

# Journal of the House

NINETY-FOURTH SESSION — 2026

---

SEVENTY-FIRST LEGISLATIVE DAY

SAINT PAUL, MINNESOTA, THURSDAY, MAY 7, 2026

The House of Representatives convened at 1:00 p.m. and was called to order by Joe Schomacker, Speaker pro tempore.

Prayer was offered by Pastor Dan Doering, People of Hope ELCA, Rochester, 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:

Acomb	Dippel	Harder	Kraft	Norris	Skraba
Agbaje	Dotseth	Heintzeman	Kresha	Novotny	Smith
Allen	Duran	Hicks	Lawrence	O'Driscoll	Stephenson
Altendorf	Elkins	Hill	Lee, F.	Olson	Stier
Anderson, P. E.	Engen	Hollins	Lee, K.	Pérez-Vega	Swedzinski
Anderson, P. H.	Falconer	Howard	Lee, X.	Perryman	Tabke
Backer	Feist	Hudson	Liebling	Pinto	Torkelson
Bahner	Finke	Huot	Lillie	Pursell	Van Binsbergen
Bakeberg	Fischer	Hussein	Long	Quam	Vang
Baker	Fogelman	Igo	Luger-Nikolai	Rarick	Virmig
Bennett	Franson	Jacob	Mahamoud	Rehm	Warwas
Berg	Frazier	Johnson, P.	McDonald	Rehrauer	West
Bierman	Frederick	Johnson, W.	Mekeland	Repinski	Wiener
Bliss	Freiberg	Jones	Moller	Reyer	Witte
Buck	Gander	Jordan	Momanyi-Hiltsley	Roach	Wolgamott
Burkel	Gillman	Joy	Mueller	Robbins	Xiong
Carroll	Gomez	Keeler	Murphy	Rymer	Youakim
Cha	Gordon	Klevorn	Myers	Schomacker	Zeleznikar
Clardy	Gottfried	Knudsen	Nadeau	Schultz	Spk. Demuth
Coulter	Greene	Koegel	Nash	Schwartz	
Curran	Greenman	Kotyza-Witthuhn	Nelson	Scott	
Davids	Hansen, R.	Kozlowski	Niska	Sencer-Mura	
Davis	Hanson, J.	Koznick	Noor	Sexton	

A quorum was present.

Pursuant to Rule 10.05, relating to Remote House Operations, the Speaker permitted the following members to vote via remote means between the hours of 1:00 p.m. and 8:05 p.m.: name. Baker and McDonald.

This document can be made available in alternative formats upon request. Call (651) 296-2314 [voice] or the Minnesota State Relay Service at 1-800-627-3529 [TTY] for assistance; or visit the website at <http://www.house.mn>.

Pursuant to Rule 10.05, relating to Remote House Operations, the DFL Caucus Leader permitted the following member to vote via remote means: Momanyi-Hiltsley.

Speaker pro tempore Schomacker called Olson to the Chair.

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.

### PETITIONS AND COMMUNICATIONS

The following communications were received:

STATE OF MINNESOTA  
OFFICE OF THE GOVERNOR  
SAINT PAUL 55155

May 5, 2026

The Honorable Lisa Demuth  
Speaker of the House of Representatives  
The State of Minnesota

Dear Speaker Demuth:

Please be advised that I have received, approved, signed, and deposited in the Office of the Secretary of State the following House Files:

H. F. No. 3593, relating to transportation; designating a portion of marked Trunk Highway 58 in Zumbrota as "Officer / Firefighter Gary L. Schroeder, Jr. Memorial Highway".

H. F. No. 3453, relating to public safety; controlled substances; establishing the legal age to possess kratom as 21 years of age or older.

H. F. No. 3676, relating to public safety; providing protections, remedies, and modifying various provisions of the Safe at Home program; establishing criminal penalties.

H. F. No. 4133, relating to insurance; prohibiting certain exclusions in homeowner's insurance policies when damage is done by a peace officer.

H. F. No. 3782, relating to public safety; requiring disclosure of chemical irritants used in certain buildings; requiring the commissioner of public safety to develop a standard form.

H. F. No. 3827, relating to public safety; clarifying certain grants from the Bureau of Criminal Apprehension to local law enforcement as reimbursements; updating law related to recording of crimes; establishing process for determining how certain criminal records are ineligible for sealing; requiring court to provide orders for protection for access by law enforcement.

Sincerely,

TIM WALZ  
Governor

STATE OF MINNESOTA  
OFFICE OF THE SECRETARY OF STATE  
ST. PAUL 55155

The Honorable Lisa Demuth  
Speaker of the House of Representatives

The Honorable Bobby Joe Champion  
President of the Senate

I have the honor to inform you that the following enrolled Acts of the 2026 Session of the State Legislature have been received from the Office of the Governor and are deposited in the Office of the Secretary of State for preservation, pursuant to the State Constitution, Article IV, Section 23:

<i>S. F. No.</i>	<i>H. F. No.</i>	<i>Session Laws Chapter No.</i>	<i>Time and Date Approved 2026</i>	<i>Date Filed 2026</i>
	3593	62	10:43 a.m. May 5	May 5
	3453	63	10:43 a.m. May 5	May 5
1251		64	10:44 a.m. May 5	May 5
3868		65	10:44 a.m. May 5	May 5
3887		66	10:45 a.m. May 5	May 5
	3676	67	10:45 a.m. May 5	May 5
	4133	68	10:46 a.m. May 5	May 5
	3782	69	10:46 a.m. May 5	May 5
	3827	70	10:47 a.m. May 5	May 5

Sincerely,

STEVE SIMON  
Secretary of State

## REPORTS OF STANDING COMMITTEES AND DIVISIONS

Frazier and Torkelson from the Committee on Ways and Means to which was referred:

H. F. No. 5074, A bill for an act relating to claims against the state; providing for the settlement of certain claims; appropriating money.

Reported the same back with the following amendments:

Page 1, after line 4, insert:

"Section 1. **EXONERATION AWARDS.**

The amounts in this section are appropriated in fiscal year 2027 from the general fund to the commissioner of management and budget for full payment of awards of damages under the Imprisonment and Exoneration Remedies Act, Minnesota Statutes, sections 611.362 to 611.368. This appropriation is available until June 30, 2027, for payment to:

(1) James Lamar Davis, \$250,000;

(2) Clayton Douglas Groves, \$350,000; and

(3) Marvin Haynes, \$4,500,000."

Page 1, line 12, delete "....." and insert "Mark Carroll" and delete "....." and insert ",\$4,570.40."

Renumber the sections in sequence

With the recommendation that when so amended the bill be placed on the General Register.

The report was adopted.

## **SECOND READING OF HOUSE BILLS**

H. F. No. 5074 was read for the second time.

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

The following House Files were introduced:

Tabke introduced:

H. F. No. 5122, A bill for an act relating to transportation; modifying requirements governing electronic motor vehicle documents; requiring certain electronic titling and lien release; providing for certain electronic transmission and signatures related to motor vehicles; modifying rulemaking authority; making technical changes; amending Minnesota Statutes 2024, sections 168.33, subdivision 8a; 168A.06; 168A.09, subdivision 1, by adding a subdivision; 168A.14, as amended; 168A.18; 168A.20; 168A.24; 168A.29, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 168A.

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

Sencer-Mura and Jones introduced:

H. F. No. 5123, A bill for an act relating to employment; requiring covered employers to provide commuter benefits to covered employees; proposing coding for new law in Minnesota Statutes, chapter 181.

The bill was read for the first time and referred to the Committee on Workforce, Labor, and Economic Development Finance and Policy.

Agbaje and Buck introduced:

H. F. No. 5124, A bill for an act relating to public safety; modifying procedures and training related to the treatment of potentially suspicious deaths involving domestic violence; amending Minnesota Statutes 2024, sections 390.11, by adding subdivisions; 626.8451, subdivisions 2, 3, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 626.

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

Sencer-Mura introduced:

H. F. No. 5125, A bill for an act relating to taxation; sales and use; repealing the exemption for data centers; repealing the contingent reduction in special education aid appropriations; amending Minnesota Statutes 2024, section 216B.02, by adding a subdivision; Minnesota Statutes 2025 Supplement, sections 216B.02, subdivision 12; 297A.75, subdivisions 1, 2, 3; repealing Minnesota Statutes 2025 Supplement, section 297A.68, subdivision 42; Laws 2025, First Special Session chapter 10, article 7, section 8.

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

Dippel introduced:

H. F. No. 5126, A bill for an act relating to education; modifying the construction project exception to the school year calendar start date; amending Minnesota Statutes 2024, section 120A.40.

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

Mueller introduced:

H. F. No. 5127, A bill for an act relating to capital investment; appropriating money for the Bioimaging Center at the Hormel Institute in Austin; authorizing the sale and issuance of state bonds.

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

## MESSAGES FROM THE SENATE

The following messages were received from the Senate:

Madam Speaker:

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

S. F. Nos. 3298 and 4476.

THOMAS S. BOTTERN, Secretary of the Senate

**FIRST READING OF SENATE BILLS**

S. F. No. 3298, A bill for an act relating to health occupations; modifying licensing and scope of practice for acupuncture and herbal medicine practice, athletic training, mortuary science, physician assistant practice, social work, dentistry practice, marriage and family therapy, pharmacy practice, physical therapists, and advanced practice registered nurses; establishing registration for massage therapists and Asian bodywork therapists; establishing licensure for music therapists; modifying certain unlicensed practice provisions; establishing advisory councils; imposing civil penalties; amending Minnesota Statutes 2024, sections 144.0572, subdivision 1; 146A.06, subdivision 3; 146A.09, by adding a subdivision; 147.081, subdivision 1; 147A.01, subdivision 18; 147A.03, subdivision 1, by adding a subdivision; 147B.01, subdivisions 3, 4, 9, 14, by adding subdivisions; 147B.03, subdivisions 2, 3; 147B.05, subdivision 1; 147B.06, subdivisions 1, 5; 148.211, subdivision 1c, by adding a subdivision; 148.61, subdivision 5; 148.65, subdivisions 5, 6; 148.706, subdivisions 1, 2, 3; 148.7802, subdivision 6, by adding a subdivision; 148.7806; 148.7807; 148.7814; 148.941, subdivision 6; 148B.35; 148E.065, subdivision 4a; 148E.195, subdivision 2a; 148E.280; 149A.02, subdivision 26; 149A.20, subdivisions 6, 7; 149A.30, subdivision 1; 150A.01, subdivision 6a; 150A.05, subdivisions 1, 2; 150A.06, subdivisions 1, 1a, 1b, 1c, 2, 2a, 2c, 2d, 3, 8, 9, 11; 150A.08, subdivision 1; 150A.081, subdivision 1; 150A.091, subdivisions 2, 4, 5, 7, 8, 9a, 10, 20, by adding a subdivision; 150A.10, subdivisions 1, 1a, 4; 150A.105, subdivision 8; 150A.106, subdivision 3; 150A.11, subdivision 1; 151.01, subdivision 27; 151.071, subdivision 2; 151.37, by adding a subdivision; 152.11, subdivision 2; 152.12, by adding a subdivision; Minnesota Statutes 2025 Supplement, sections 147B.06, subdivision 4; 150A.06, subdivision 12; 151.01, subdivision 23; proposing coding for new law in Minnesota Statutes, chapter 148; proposing coding for new law as Minnesota Statutes, chapter 148H; repealing Minnesota Statutes 2024, sections 147B.01, subdivision 18; 148.7802, subdivisions 4, 5; 150A.06, subdivision 6.

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

S. F. No. 4476, A bill for an act relating to state government; modifying provisions relating to human services continuity of care, aging and disability services, and behavioral health services; modifying provisions relating to health regulation of certain long-term care facilities and agencies; modifying provisions relating to Direct Care and Treatment; requiring reports; establishing working groups; providing for civil penalties; permitting retrieval fee for records; providing for transfers and cancellation of money; appropriating money; amending Minnesota Statutes 2024, sections 15.43, subdivision 3; 62A.135, subdivision 1; 62A.46, subdivision 2; 72A.13, subdivision 1; 144.0724, by adding a subdivision; 144.121, subdivision 9; 144.1503, subdivision 7; 144.292, subdivision 6; 144A.291, subdivision 2; 144A.471, subdivision 8; 144G.09, subdivision 2; 144G.15; 144G.16, by adding a subdivision; 144G.195, subdivision 1; 144G.31, subdivision 7; 144G.40, by adding a subdivision; 144G.41, subdivisions 1, 2, by adding a subdivision; 144G.45, subdivision 3; 144G.60, subdivision 4; 144G.61, subdivision 2; 144G.63, subdivisions 2, 5, by adding a subdivision; 245A.04, subdivisions 2, 2a; 245A.042, by adding a subdivision; 254A.03, subdivision 2; 254B.17; 256.01, subdivision 21; 256B.04, subdivisions 5, 23, by adding subdivisions; 256B.0625, by adding a subdivision; 256B.064, subdivisions 1c, 1d, 2; 256B.0659, subdivisions 12, 16, 17, 19; 256B.0761, subdivision 2; 256B.0911, subdivision 26; 256B.0913, subdivision 4; 256B.092, subdivision 5; 256B.49, subdivision 11; 256B.85, by adding subdivisions; 297E.02, subdivision 3; Minnesota Statutes 2025 Supplement, sections 144.0724, subdivision 2; 144.121, subdivision 1a; 144A.474, subdivision 11; 144A.4799, subdivision 1; 144G.19, subdivision 5; 145D.40, by adding a subdivision; 145D.41, subdivisions 1, 2, by adding a subdivision; 254B.02, subdivision 5; 254B.0503, subdivision 1; 254B.0509, subdivision 2; 256.4792, subdivisions 1, 7, by adding a subdivision; 256B.0625, subdivisions 17, 18i; 256B.064, subdivision 1a; 256B.092, subdivision 3b; 256B.49, subdivision 17a; 256B.85, subdivision 7; 256I.04, subdivision 2a; Laws 2023, chapter 61, article 1, sections 61, subdivision 4, as amended; 67, subdivision 3, as amended; article 9, section 2, subdivision 5, as amended; Laws 2024, chapter 125, article 1, section 47; article 8, section 2, subdivisions 4, 14, as amended, 20; Laws 2025, First Special Session chapter 3, article 8, section 43; article 20, section 19, subdivision 1; article 21, section 3, subdivision 2; Laws 2025, First Special Session chapter 9, article 2, section 58, subdivision 9; article 4,

sections 2; 23; 38; 39; 40; 41; 42; 43; 44; 50; proposing coding for new law in Minnesota Statutes, chapters 62A; 144A; 145D; 256B; repealing Minnesota Statutes 2024, sections 256B.055, subdivision 14; 256B.0921; Minnesota Statutes 2025 Supplement, sections 256B.4907, subdivisions 1, 2, 3, 4, 5, 6; 256S.205, subdivision 7; Laws 2019, First Special Session chapter 9, article 5, section 86, as amended; Laws 2021, First Special Session chapter 7, article 13, sections 73, as amended; 75, subdivision 1, as amended.

The bill was read for the first time.

Schomacker moved that S. F. No. 4476 and H. F. No. 4338, now on the General Register, be referred to the Chief Clerk for comparison. The motion prevailed.

#### REPORT FROM THE COMMITTEE ON RULES AND LEGISLATIVE ADMINISTRATION

Long 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 Monday, May 11, 2026 and established a prefiling requirement for amendments offered to the following bills:

S. F. No. 476; and H. F. Nos. 4546 and 1695.

Niska 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 Speaker pro tempore Olson.

Pursuant to Rule 10.05, relating to Remote House Operations, the Speaker permitted the following member to vote via remote means between the hours of 2:00 p.m. and 8:05 p.m.: Schultz.

#### CALENDAR FOR THE DAY

S. F. No. 856 was reported to the House.

Norris moved to amend S. F. No. 856, the third unofficial engrossment, as follows:

Page 8, line 27, before "or" insert "the United States Department of Justice for federal programs,"

Page 10, after line 7, insert:

"(j) When issuing findings or recommending sanctions with respect to an investigation concerning a program administered by the Department of Education, the inspector general must consider the commissioner of education's authority to impose sanctions and related requirements under section 127A.21. The inspector general must not

investigate policy decisions on instruction, curriculum, personnel, or other discretionary policy decisions made by a school district; charter school; cooperative unit as defined by section 123A.24, subdivision 2; or any library, library system, or library district defined in section 134.001."

Page 11, line 8, after "629.34" insert "for offenses that are within the bureau's jurisdiction"

Page 11, delete lines 9 to 22 and insert:

"**Subd. 2. Jurisdiction.** (a) As used in this subdivision:

(1) "law enforcement agency" has the meaning given in section 626.84, subdivision 1, paragraph (f):

(2) "public employee" means a person employed by or acting for an agency or a county, municipality, or other subdivision or governmental instrumentality of the state for the purpose of exercising their respective powers and performing their respective duties, and who is not a public officer. Public employee includes a member of a charter commission; and

(3) "public officer" has the meaning given in section 609.415, subdivision 1, clause (1), paragraphs (a), (d), (e), and (f), and also includes a member of a governing board of a county, municipality, or other subdivision of the state, or other governmental instrumentality within the state.

(b) The Office of the Inspector General Anti-Fraud and Waste Bureau has jurisdiction to initiate inquiries and conduct investigations into suspected fraudulent activity, misuse, or criminal misconduct involving:

(1) a state agency;

(2) a public officer exercising official powers or performing official duties;

(3) a public employee;

(4) a program or service funded or administered by the state;

(5) a public assistance benefit; or

(6) public funds.

(c) At the inspector general's discretion, the bureau may respond to the request of a law enforcement agency to exercise law enforcement duties in cooperation with the law enforcement agency that has jurisdiction over the particular matter.

**Subd. 3. Coordination with other law enforcement agencies.** (a) The bureau must develop policies for notifying, coordinating with, and referring investigations to other law enforcement agencies with concurrent jurisdiction.

(b) The Department of Human Services and the state Medicaid Fraud Control Unit have primary responsibility to investigate suspected fraudulent activity in the Medicaid program. The bureau may work with the Department of Human Services, the state Medicaid Fraud Control Unit, the Financial Crimes and Fraud Section of the Bureau of Criminal Apprehension, and other state agencies and law enforcement agencies in cases involving suspected fraudulent activity in the Medicaid program. The bureau also has authority to conduct independent investigations into suspected fraudulent activity in the Medicaid program.

(c) If the bureau arrests a person, the bureau must notify the law enforcement agency with jurisdiction over the location where the offense occurred and, if different, the law enforcement agency with jurisdiction over the location where the arrest took place. The bureau is responsible for issuing any citations, filing any required reports, and delivering an arrested person to a county jail or other appropriate facility unless the bureau and a law enforcement agency with concurrent jurisdiction enter an agreement under which the other law enforcement agency acts as the lead agency.

(d) Following an arrest made by the bureau, the bureau is responsible for any subsequent investigation unless:

(1) the bureau is responding to a law enforcement agency's request to exercise its duties in cooperation with the law enforcement agency that has jurisdiction over the particular matter; or

(2) the bureau and a law enforcement agency with concurrent jurisdiction enter an agreement under which the other law enforcement agency acts as the lead agency."

Page 12, delete subdivision 5 and insert:

"Subd. 6. **Compliance.** Except as otherwise provided in this section, the bureau shall comply with all statutes and administrative rules relating to the operation and management of a law enforcement agency.

Subd. 7. **Powers and duties; limitations.** Powers and duties for civil or administrative enforcement provided to the inspector general or the Office of the Inspector General under this chapter do not apply to the bureau. The inspector general must not delegate the auxiliary powers described in section 15E.30, such as the power to issue subpoenas, perform inspections without a warrant, and impose penalties, to the bureau and must not exercise those auxiliary powers at the direction of the bureau. Nothing in this subdivision prohibits:

(1) the inspector general from disseminating data to the bureau if there is reason to believe that the data are evidence of criminal activity within the bureau's jurisdiction; or

(2) the bureau from referring a matter to the inspector general for appropriate regulatory investigation."

Page 12, delete lines 11 to 28 and insert:

"Subd. 9. **Annual report on activities and cost-effectiveness.** By February 1 of each year, the chief law enforcement officer of the bureau shall report to the governor, inspector general, and the chairs and ranking minority members of the legislative committees with jurisdiction over state government policy and finance, and public safety policy and finance, on the activities and cost-effectiveness of the bureau since the previous report, including but not limited to:

(1) the number of allegations or reports of suspected violations provided to the bureau;

(2) the number of investigations initiated by the bureau;

(3) the outcomes and current status of each investigation;

(4) the charging decisions made by the prosecuting authority of incidents investigated by the bureau;

(5) the amount of restitution ordered in cases investigated by the bureau; and

(6) the amount of money recovered by the bureau through restitution payments, asset forfeiture, or other means and the distribution of that money.

**Subd. 10. Assignment of peace officers; employment status.** (a) Regardless of whether the inspector general establishes a law enforcement agency under this section, the inspector general may enter into memoranda of understanding with chief law enforcement officers of state and local law enforcement agencies to assign peace officers as defined in section 626.84, subdivision 1, paragraph (c), to the Office of Inspector General or to a multijurisdictional task force coordinated by the Office of Inspector General. Peace officers assigned to the Office of Inspector General or a multijurisdictional task force under this subdivision have statewide jurisdiction to conduct criminal investigations into matters described in subdivision 2 and have the same powers of arrest as those possessed by a sheriff.

(b) Peace officers assigned to the Office of Inspector General or a multijurisdictional task force under this subdivision remain employees of the same entity that employed them before the assignment authorized under this section. Those officers are not employees of the Office of Inspector General.

(c) Peace officers assigned to the Office of Inspector General or a multijurisdictional task force under this subdivision are subject to annual performance reviews conducted by the inspector general or an operational supervisor designated by the inspector general."

Renumber the subdivisions in sequence

Page 18, line 31, delete "and" and insert "or"

Page 19, line 23, delete "6" and insert "7"

Page 20, line 13, after "changes" insert "affecting or relating"

Page 20, line 33, delete "6" and insert "7"

Page 22, line 31, after "employees" insert ", including but not limited to all employees transferred from the Department of Education,"

Page 23, line 25, delete "\$8,070,000" and insert "\$5,852,000" and delete "\$8,070,000" and insert "\$5,852,000"

Page 26, line 15, strike "that" and insert "and" and after "commissioner" insert "may"

Page 26, line 27, after "the" insert "inspector general has found that a" and before "pattern" insert "demonstrated"

Page 26, line 28, strike "an investigation finds" and insert "the commissioner determines" and after "evidence," insert "based on an investigation conducted by the inspector general, that a program participant committed"

Page 26, line 29, strike "by a program participant" and strike "inspector general" and insert "commissioner"

Page 26, line 30, strike "recommend that the"

Page 26, line 31, strike "commissioner"

Page 27, line 1, strike "implement" and insert "take action based on findings or"

Page 30, line 3, delete "inspector general shall"

Page 30, line 4, delete "notify and recommend to the commissioner to" and insert "commissioner may"

Page 30, line 5, delete "who shall have the authority to withhold"

Page 30, line 6, delete "such payments"

Page 30, line 7, delete "for which an investigation is pending for" and insert "in"

Page 30, line 8, before "program" insert "pending investigation by the inspector general regarding a"

Page 30, line 25, delete "determines" and insert "notifies the commissioner that"

Page 36, after line 20, insert:

"Sec. 16. **REVISOR INSTRUCTION.**

In the 2026 edition of Minnesota Statutes, the revisor of statutes must retitle section 127A.21 from "OFFICE OF THE INSPECTOR GENERAL" to "SANCTIONS; OTHER POWERS."

Renumber the sections in sequence and correct the internal references

Amend the title as follows:

Page 1, line 3, delete "committee" and insert "commission"

#### SUSPENSION OF RULES

Anderson, P. E., moved that rule 3.33 relating to Amendments Must be Prefilled be suspended for the purpose of offering the Anderson, P. E., amendment to the Norris amendment to S. F. No. 856, the third unofficial engrossment. The motion prevailed.

Anderson, P. E., moved to amend the Norris amendment to S. F. No. 856, the third unofficial engrossment, as follows:

Page 4, line 10, delete everything after "General"

Page 4, line 11, delete everything before the period

Page 4, line 12, delete "or a multijurisdictional task force"

Page 4, line 16, delete everything after "General"

Page 4, line 17, delete "task force"

Page 4, line 20, delete everything after "General"

Page 4, line 21, delete "task force"

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

The question recurred on the Norris amendment, as amended, to S. F. No. 856, the third unofficial engrossment. The motion prevailed and the amendment, as amended, was adopted.

Klevorn moved to amend S. F. No. 856, the third unofficial engrossment, as amended, as follows:

Page 8, after line 20, insert:

"(4) establish appropriate prepayment review procedures for all agencies;"

Renumber the clauses in sequence

A roll call was requested and properly seconded.

The question was taken on the Klevorn amendment and the roll was called. There were 65 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Acomb	Elkins	Greenman	Jordan	Lillie	Reyer
Agbaje	Falconer	Hansen, R.	Keeler	Long	Sencer-Mura
Bahner	Feist	Hanson, J.	Klevorn	Luger-Nikolai	Smith
Berg	Finke	Hicks	Koegel	Mahamoud	Stephenson
Bierman	Fischer	Hill	Kotyza-Witthuhn	Moller	Tabke
Buck	Frazier	Hollins	Kozlowski	Noor	Vang
Carroll	Frederick	Howard	Kraft	Pérez-Vega	Virmig
Cha	Freiberg	Huot	Lee, F.	Pinto	Wolgamott
Clardy	Gomez	Hussein	Lee, K.	Pursell	Xiong
Coulter	Gottfried	Johnson, P.	Lee, X.	Rehm	Youakim
Curran	Greene	Jones	Liebling	Rehrauer	

Those who voted in the negative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

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

Klevorn moved to amend S. F. No. 856, the third unofficial engrossment, as amended, as follows:

Page 8, line 26, delete "and Waste Bureau" and insert "Enforcement Unit"

Page 11, lines 7 and 13, delete "and Waste Bureau" and insert "Enforcement Unit"

Page 12, line 29, delete "and Waste" and insert "Enforcement Unit"

Page 12, line 30, delete "Bureau"

Page 16, line 5, delete "and Waste Bureau" and insert "Enforcement Unit"

Page 24, line 22, delete "and Waste Bureau" and insert "Enforcement Unit"

Page 34, line 31, delete "and Waste Bureau" and insert "Enforcement Unit"

A roll call was requested and properly seconded.

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

Those who voted in the affirmative were:

Acomb	Elkins	Greenman	Jordan	Lillie	Rehrauer
Agbaje	Falconer	Hansen, R.	Keeler	Long	Reyer
Bahner	Feist	Hanson, J.	Klevorn	Luger-Nikolai	Sencer-Mura
Berg	Finke	Hicks	Koegel	Mahamoud	Smith
Bierman	Fischer	Hill	Kotzya-Witthuhn	Moller	Stephenson
Buck	Frazier	Hollins	Kozlowski	Momanyi-Hiltsley	Tabke
Carroll	Frederick	Howard	Kraft	Noor	Vang
Cha	Freiberg	Huot	Lee, F.	Pérez-Vega	Virmig
Clardy	Gomez	Hussein	Lee, K.	Pinto	Wolgamott
Coulter	Gottfried	Johnson, P.	Lee, X.	Pursell	Xiong
Curran	Greene	Jones	Liebling	Rehm	Youakim

Those who voted in the negative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

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

Moller moved to amend S. F. No. 856, the third unofficial engrossment, as amended, as follows:

Page 8, line 25, delete everything after "to"

Page 8, line 26, delete everything before "the"

Page 11, delete section 8

Page 16, delete subdivision 8

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 Moller amendment and the roll was called. There were 65 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Acomb	Elkins	Hansen, R.	Keeler	Long	Reyer
Agbaje	Falconer	Hanson, J.	Klevorn	Luger-Nikolai	Sencer-Mura
Bahner	Feist	Hicks	Koegel	Mahamoud	Smith
Berg	Finke	Hill	Kotzya-Witthuhn	Moller	Stephenson
Bierman	Fischer	Hollins	Kozlowski	Momanyi-Hiltsley	Tabke
Buck	Frazier	Howard	Kraft	Noor	Vang
Carroll	Frederick	Huot	Lee, F.	Pérez-Vega	Virnig
Cha	Freiberg	Hussein	Lee, K.	Pinto	Wolgamott
Clardy	Gomez	Johnson, P.	Lee, X.	Pursell	Xiong
Coulter	Greene	Jones	Liebling	Rehm	Youakim
Curran	Greenman	Jordan	Lillie	Rehrauer	

Those who voted in the negative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zelevnikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

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

The Speaker assumed the Chair.

S. F. No. 856, A bill for an act relating to state government; creating the Office of the Inspector General; creating an advisory committee; requiring reports; transferring certain agency duties; placing limits and prohibiting certain programs from receiving public funds; making conforming and technical changes; providing for interagency

agreements; appropriating money; amending Minnesota Statutes 2024, sections 3.971, by adding a subdivision; 13.82, subdivision 1; 15A.0815, subdivision 2; 127A.21, subdivisions 1a, 5, by adding subdivisions; 142A.03, by adding a subdivision; 142A.12, subdivision 5; 144.05, by adding a subdivision; 181.932, subdivision 1; 245.095, subdivision 5; 256.01, by adding a subdivision; 609.456, subdivision 2; 626.84, subdivision 1; proposing coding for new law as Minnesota Statutes, chapter 15D; repealing Minnesota Statutes 2024, sections 13.321, subdivision 12; 127A.21, subdivisions 1, 2, 3, 4, 6, 7.

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 127 yeas and 5 nays as follows:

Those who voted in the affirmative were:

Acomb	Davis	Hanson, J.	Kozlowski	Norris	Skraba
Agbaje	Dippel	Harder	Koznick	Novotny	Smith
Allen	Dotseth	Heintzeman	Kresha	O'Driscoll	Stephenson
Altendorf	Duran	Hicks	Lawrence	Olson	Stier
Anderson, P. E.	Elkins	Hill	Lee, F.	Pérez-Vega	Swedzinski
Anderson, P. H.	Engen	Hollins	Lee, X.	Perryman	Tabke
Backer	Falconer	Howard	Liebling	Pinto	Torkelson
Bahner	Feist	Hudson	Lillie	Pursell	Van Binsbergen
Bakeberg	Finke	Huot	Long	Quam	Virmig
Baker	Fischer	Hussein	Luger-Nikolai	Rarick	Warwas
Bennett	Fogelman	Igo	Mahamoud	Rehm	West
Berg	Franson	Jacob	McDonald	Rehrauer	Wiener
Bierman	Frazier	Johnson, P.	Mekeland	Repinski	Witte
Bliss	Frederick	Johnson, W.	Moller	Reyer	Wolgamott
Buck	Freiberg	Jones	Momanyi-Hiltsley	Roach	Youakim
Burkel	Gander	Jordan	Mueller	Robbins	Zeleznikar
Carroll	Gillman	Joy	Murphy	Rymer	Spk. Demuth
Cha	Gordon	Keeler	Myers	Schomacker	
Clardy	Gottfried	Klevorn	Nadeau	Schultz	
Coulter	Greene	Knudsen	Nash	Schwartz	
Curran	Greenman	Koegel	Nelson	Scott	
Davids	Hansen, R.	Kotzya-Witthuhn	Niska	Sexton	

Those who voted in the negative were:

Kraft	Lee, K.	Sencer-Mura	Vang	Xiong
-------	---------	-------------	------	-------

The bill was passed, as amended, and its title agreed to.

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:

Madam Speaker:

I hereby announce the passage by the Senate of the following House File, herewith returned:

H. F. No. 3521, A bill for an act relating to health; providing for an exception to the hospital construction moratorium; amending Minnesota Statutes 2024, section 144.551, subdivision 1.

THOMAS S. BOTTERN, Secretary of the Senate

Madam 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. 1141, A bill for an act relating to housing; establishing a supplemental budget for the Minnesota Housing Finance Agency; authorizing the issuance of housing infrastructure bonds; modifying the authority of the Minnesota Housing Finance Agency over the housing development fund; requiring reports; transferring money; appropriating money; amending Minnesota Statutes 2024, sections 462A.05, subdivision 8; 462A.20, subdivisions 3, 4, by adding a subdivision; 462A.21, subdivisions 10, 12a; 462A.37, by adding a subdivision; Minnesota Statutes 2025 Supplement, section 462A.37, subdivision 5; Laws 2025, chapter 32, article 1, section 2, subdivisions 1, 3, 15, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 462A; repealing Minnesota Statutes 2024, section 462A.21, subdivision 5.

THOMAS S. BOTTERN, Secretary of the Senate

Howard moved that the House refuse to concur in the Senate amendments to H. F. No. 1141, that the Speaker appoint a Conference Committee of 4 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.

Madam Speaker:

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

S. F. No. 2373.

THOMAS S. BOTTERN, Secretary of the Senate

**FIRST READING OF SENATE BILLS**

S. F. No. 2373, A bill for an act relating to labor and industry; exempting minor league baseball players from minimum wage and overtime requirements; modifying construction codes and licensing provisions; amending Minnesota Statutes 2024, sections 177.23, subdivision 7; 326B.107, subdivision 2; 326B.32, subdivision 2; 326B.33, subdivisions 4, 19; 326B.36, subdivision 3; 326B.37, subdivision 7; Minnesota Statutes 2025 Supplement, section 326B.37, subdivisions 5, 6; repealing Minnesota Statutes 2024, sections 326B.31, subdivision 7; 326B.33, subdivisions 3, 5, 6.

The bill was read for the first time.

Pinto moved that S. F. No. 2373 and H. F. No. 2441, now on the General Register, be referred to the Chief Clerk for comparison. The motion prevailed.

**ANNOUNCEMENT BY THE SPEAKER**

The Speaker announced the appointment of the following members of the House to a Conference Committee on H. F. No. 1141:

Howard, Kozlowski, Igo and Nash.

**ANNOUNCEMENT BY THE SPEAKER**

Pursuant to Rule 1.15(c)

A message from the Senate has been received requesting concurrence by the House to amendments adopted by the Senate to the following House File: H. F. No. 3709

**CALENDAR FOR THE DAY**

S. F. No. 4612 was reported to the House.

The Speaker called Olson to the Chair.

Bierman moved to amend S. F. No. 4612, the third engrossment, as follows:

Delete everything after the enacting clause and insert the following language of H. F. No. 4466, the second engrossment:

"ARTICLE 1  
HEALTH-RELATED LICENSING BOARDS

Section 1. Minnesota Statutes 2024, section 13.381, subdivision 20, is amended to read:

Subd. 20. **Insulin safety net.** Data collected relating to an individual who seeks to access urgent-need covered insulin or participates in a manufacturer's patient assistance program is classified under section 151.74, subdivision 11.

Sec. 2. Minnesota Statutes 2024, section 148.65, subdivision 5, is amended to read:

Subd. 5. **Student physical therapist.** "Student physical therapist" means a person in a professional educational program, approved by the board under section 148.705, who is satisfying supervised clinical education requirements by performing physical therapy under the on-site direct supervision of a licensed physical therapist. ~~"On-site supervision" means the physical therapist is easily available for instruction to the student physical therapist. The physical therapist shall have direct contact with the patient during at least every second treatment session by the student physical therapist.~~ "Direct supervision" means that the physical therapist is physically present and immediately available for supervision. Telecommunications, ~~except within the facility,~~ does not meet the requirement of ~~on-site~~ direct supervision.

Sec. 3. Minnesota Statutes 2024, section 148.65, subdivision 6, is amended to read:

Subd. 6. **Student physical therapist assistant.** "Student physical therapist assistant" means a person in a physical therapist assistant educational program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) or a recognized comparable national accrediting agency approved by the board. The student physical therapist assistant, under the direct supervision of the physical therapist, or the direct supervision of the physical therapist and physical therapist assistant team, performs physical therapy interventions and assists with coordination, communication, documentation, and patient-client-related instruction. "Direct supervision" means the physical therapist or physical therapist assistant when supervising a student physical therapist assistant as part of a physical therapist and physical therapist assistant team is physically present and immediately available to provide instruction to the student physical therapist assistant. Telecommunications does not meet the requirement of direct supervision.

Sec. 4. Minnesota Statutes 2024, section 148.706, subdivision 1, is amended to read:

Subdivision 1. **Supervision.** (a) Every physical therapist who uses the services of a physical therapist assistant or physical therapy aide for the purpose of assisting in the practice of physical therapy is responsible for functions performed by the assistant or aide while engaged in such assistance. The physical therapist shall ~~delegate direct~~ duties to the physical therapist assistant and assign tasks to the physical therapy aide in accordance with subdivision 2. ~~Physical therapists who instruct student physical therapists and student physical therapist assistants are responsible for the functions performed by the students and shall supervise the students as provided under section 148.65, subdivisions 5 and 6. A licensed physical therapist may supervise no more than two physical therapist assistants at any time.~~

(b) A licensed physical therapist may supervise no more than two physical therapist assistants at any time. A physical therapist supervising physical therapist assistants is not required to be on site, but must be easily available by telecommunications.

(c) Physical therapists who instruct student physical therapists and student physical therapist assistants are responsible for the functions performed by the students and shall supervise the students as provided under section 148.65, subdivisions 5 and 6. A physical therapist supervising a student physical therapist must have direct contact with the patient during at least every second treatment session by the student physical therapist. A physical therapist or physical therapist assistant as part of a physical therapist and physical therapist assistant team who is supervising a student physical therapist assistant must have direct contact with the patient during at least every second treatment session by the student physical therapist assistant.

Sec. 5. Minnesota Statutes 2024, section 148.706, subdivision 2, is amended to read:

Subd. 2. **Delegation Direction of duties.** The physical therapist ~~may delegate~~ is authorized to direct patient treatment procedures only to a physical therapist assistant who has sufficient didactic and clinical preparation. The physical therapist ~~may~~ must not ~~delegate direct~~ the following activities to ~~the~~ a physical therapist assistant or to other supportive personnel: initial patient examination and evaluation, treatment planning, initial treatment, change of treatment, development and modification of the plan of care, and initial or final documentation.

Sec. 6. Minnesota Statutes 2024, section 148.706, subdivision 3, is amended to read:

Subd. 3. **Observation of and collaboration with physical therapist assistants.** When a physical therapist directs components of a patient's treatment ~~are delegated~~ to a physical therapist assistant, a physical therapist must ~~provide on-site observation of the treatment and documentation of its appropriateness at least every six treatment sessions. The physical therapist is not required to be on-site, but must be easily available by telecommunications.~~ do the following at least every six treatment sessions that the physical therapist assistant provides services:

(1) observe a portion of the patient treatment session with the physical therapist assistant, either in person or remotely via telehealth; and

(2) document a collaborative discussion with the physical therapist assistant and the continued appropriateness of the plan of care.

Sec. 7. Minnesota Statutes 2024, section 151.74, subdivision 1, is amended to read:

Subdivision 1. **Establishment.** (a) ~~By July 1, 2020;~~ Each manufacturer must establish procedures to make covered insulin available in accordance with this section to eligible individuals who are in urgent need of covered insulin or who are in need of access to an affordable covered insulin supply.

(b) For purposes of this section, the following definitions apply:

(1) "manufacturer" means a manufacturer engaged in the manufacturing of covered insulin ~~that is self-administered on an outpatient basis;~~

(2) "MNsure" means the Board of Directors of MNsure established in chapter 62V;

(3) "navigator" has the meaning provided in section 62V.02; ~~and~~

(4) "pharmacy" means a pharmacy located in Minnesota and licensed under section 151.19 that operates in the community or outpatient license category under Minnesota Rules, part 6800.0350; and

(5) "covered insulin" means a drug that is validly prescribed by a practitioner and contains insulin for use to treat diabetes. Covered insulin does not include an insulin product with a label approved by the United States Food and Drug Administration that indicates the product is only for use for intravenous infusion.

(c) Any manufacturer with an annual gross revenue of \$2,000,000 or less from covered insulin sales in Minnesota is exempt from this section. To request a waiver under this paragraph, the manufacturer must submit a request to the Board of Pharmacy that includes documentation indicating that the manufacturer is eligible for an exemption.

(d) ~~An~~ A covered insulin product is exempt from this section if the wholesale acquisition cost of the covered insulin is \$8 or less per milliliter or applicable National Council for Prescription Drug Plan billing unit, for the entire assessment time period, adjusted annually based on the Consumer Price Index.

Sec. 8. Minnesota Statutes 2024, section 151.74, subdivision 2, is amended to read:

Subd. 2. **Eligibility for urgent-need safety net program.** (a) To be eligible to receive an urgent-need supply of covered insulin under this section, an individual must attest to:

(1) being a resident of Minnesota;

(2) not being enrolled in medical assistance or MinnesotaCare;

(3) not being enrolled in prescription drug coverage that limits the total amount of cost-sharing that the enrollee is required to pay for a 30-day supply of covered insulin, including co-payments, deductibles, or coinsurance, to \$75 or less, regardless of the type or amount of covered insulin prescribed;

(4) not having received an urgent-need supply of covered insulin through this program within the previous 12 months, unless authorized under subdivision 9; and

(5) being in urgent need of covered insulin.

(b) For purposes of this subdivision, "urgent need of covered insulin" means having readily available for use less than a seven-day supply of covered insulin and in need of covered insulin in order to avoid the likelihood of suffering significant health consequences.

Sec. 9. Minnesota Statutes 2024, section 151.74, subdivision 3, is amended to read:

Subd. 3. **Access to urgent-need covered insulin.** (a) MNsure shall develop an application form to be used by an individual who is in urgent need of covered insulin. The application must ask the individual to attest to the eligibility requirements described in subdivision 2. The form shall be accessible through MNsure's website. MNsure shall also make the form available to pharmacies and health care providers who prescribe or dispense covered insulin, hospital emergency departments, urgent care clinics, and community health clinics. By submitting a completed, signed, and dated application to a pharmacy, the individual attests that the information contained in the application is correct.

(b) If the individual is in urgent need of covered insulin, the individual may present a completed, signed, and dated application form to a pharmacy. The individual must also:

(1) have a ~~valid~~ covered insulin prescription; and

(2) present the pharmacist with identification indicating Minnesota residency in the form of a valid Minnesota identification card, driver's license or permit, individual taxpayer identification number, or Tribal identification card as defined in section 171.072, paragraph (b). If the individual in urgent need of covered insulin is under the age of 18, the individual's parent or legal guardian must provide the pharmacist with proof of residency.

(c) Upon receipt of a completed and signed application, the pharmacist shall dispense the ~~prescribed~~ covered insulin in an amount that will provide the individual with a 30-day supply. The pharmacy must notify the health care practitioner who issued the prescription order no later than 72 hours after the covered insulin is dispensed.

(d) The pharmacy may submit to the manufacturer of the dispensed covered insulin product or to the manufacturer's vendor a claim for payment that is in accordance with the National Council for Prescription Drug Program standards for electronic claims processing, unless the manufacturer agrees to send to the pharmacy a replacement supply of the same covered insulin as dispensed in the amount dispensed. If the pharmacy submits an electronic claim to the manufacturer or the manufacturer's vendor, the manufacturer or vendor shall reimburse the pharmacy in an amount that covers the pharmacy's acquisition cost.

(e) The pharmacy may collect ~~an~~ a covered insulin co-payment from the individual to cover the pharmacy's costs of processing and dispensing in an amount not to exceed \$35 for the 30-day supply of covered insulin dispensed.

(f) The pharmacy shall also provide each eligible individual with the information sheet described in subdivision 7 and a list of trained navigators provided by the Board of Pharmacy for the individual to contact if the individual needs to access ongoing covered insulin coverage options, including assistance in:

- (1) applying for medical assistance or MinnesotaCare;
- (2) applying for a qualified health plan offered through MNsure, subject to open and special enrollment periods;
- (3) accessing information on providers who participate in prescription drug discount programs, including providers who are authorized to participate in the 340B program under section 340b of the federal Public Health Services Act, United States Code, title 42, section 256b; and

(4) accessing covered insulin manufacturers' patient assistance programs, co-payment assistance programs, and other foundation-based programs.

(g) The pharmacist shall retain a copy of the application form submitted by the individual to the pharmacy for reporting and auditing purposes.

(h) A manufacturer may submit to the commissioner of administration a request for reimbursement in an amount not to exceed \$35 for each 30-day supply of covered insulin the manufacturer provides under paragraph (d). The commissioner of administration shall determine the manner and format for submitting and processing requests for reimbursement. After receiving a reimbursement request, the commissioner of administration shall reimburse the manufacturer in an amount not to exceed \$35 for each 30-day supply of covered insulin the manufacturer provided under paragraph (d).

Sec. 10. Minnesota Statutes 2024, section 151.74, subdivision 4, is amended to read:

Subd. 4. **Continuing safety net program; general.** (a) Each manufacturer shall make a patient assistance program available to any individual who meets the requirements of this subdivision. Each manufacturer's patient assistance programs must meet the requirements of this section. Each manufacturer shall provide the Board of Pharmacy with information regarding the manufacturer's patient assistance program, including contact information for individuals to call for assistance in accessing their patient assistance program.

(b) To be eligible to participate in a manufacturer's patient assistance program, the individual must:

(1) be a Minnesota resident with a valid Minnesota identification card that indicates Minnesota residency in the form of a Minnesota identification card, driver's license or permit, individual taxpayer identification number, or Tribal identification card as defined in section 171.072, paragraph (b). If the individual is under the age of 18, the individual's parent or legal guardian must provide proof of residency;

(2) have a family income that is equal to or less than 400 percent of the federal poverty guidelines;

(3) not be enrolled in medical assistance or MinnesotaCare;

(4) not be eligible to receive health care through a federally funded program or receive prescription drug benefits through the Department of Veterans Affairs; and

(5) not be enrolled in prescription drug coverage through an individual or group health plan that limits the total amount of cost-sharing that an enrollee is required to pay for a 30-day supply of covered insulin, including co-payments, deductibles, or coinsurance to \$75 or less, regardless of the type or amount of covered insulin needed.

(c) Notwithstanding the requirement in paragraph (b), clause (4), an individual who is enrolled in Medicare Part D is eligible for a manufacturer's patient assistance program if the individual has spent \$1,000 on prescription drugs in the current calendar year and meets the eligibility requirements in paragraph (b), clauses (1) to (3).

(d) An individual who is interested in participating in a manufacturer's patient assistance program may apply directly to the manufacturer; apply through the individual's health care practitioner, if the practitioner participates; or contact a trained navigator for assistance in finding a long-term covered insulin supply solution, including assistance in applying to a manufacturer's patient assistance program.

Sec. 11. Minnesota Statutes 2024, section 151.74, subdivision 5, is amended to read:

Subd. 5. **Continuing safety net program; manufacturer's responsibilities.** (a) Upon receipt of an application for the manufacturer's patient assistance program, the manufacturer shall process the application and determine eligibility. The manufacturer shall notify the applicant of the determination within ten business days of receipt of the application. If necessary, the manufacturer may request additional information from the applicant. If additional information is needed, the manufacturer must notify the applicant within five business days of receipt of the application as to what information is being requested. Within three business days of receipt of the requested information, the manufacturer must determine eligibility and notify the applicant of the determination. If the individual has been determined to be not eligible, the manufacturer must include the reasons for denying eligibility in the notification. The individual may seek an appeal of the determination in accordance with subdivision 8.

(b) If the individual is determined to be eligible, the manufacturer shall provide the individual with an eligibility statement or other indication that the individual has been determined eligible for the manufacturer's patient assistance program. An individual's eligibility is valid for 12 months and is renewable upon a redetermination of eligibility.

(c) If the eligible individual has prescription drug coverage through an individual or group health plan, the manufacturer may determine that the individual's covered insulin needs are better addressed through the use of the manufacturer's co-payment assistance program, in which case, the manufacturer shall inform the individual and provide the individual with the necessary coupons to submit to a pharmacy. In no instance shall an eligible individual be required to pay more than the co-payment amount specified under subdivision 6, paragraph (e).

Sec. 12. Minnesota Statutes 2024, section 151.74, subdivision 6, is amended to read:

Subd. 6. **Continuing safety net program; process.** (a) The individual shall submit to a pharmacy the statement of eligibility provided by the manufacturer under subdivision 5, paragraph (b). Upon receipt of an individual's eligibility status, the pharmacy shall submit an order containing the name of the covered insulin product and the daily dosage amount as contained in a valid prescription to the product's manufacturer.

(b) The pharmacy must include with the order to the manufacturer the following information:

- (1) the pharmacy's name and shipping address;
- (2) the pharmacy's office telephone number, fax number, email address, and contact name; and
- (3) any specific days or times when deliveries are not accepted by the pharmacy.

(c) Upon receipt of an order from a pharmacy and the information described in paragraph (b), the manufacturer shall send to the pharmacy a 90-day supply of covered insulin as ordered, unless a lesser amount is requested in the order, at no charge to the individual or pharmacy.

(d) Except as authorized under paragraph (e), the pharmacy shall provide the covered insulin to the individual at no charge to the individual. The pharmacy shall not provide covered insulin received from the manufacturer to any individual other than the individual associated with the specific order. The pharmacy shall not seek reimbursement for the covered insulin received from the manufacturer or from any third-party payer.

(e) The pharmacy may collect a co-payment from the individual to cover the pharmacy's costs for processing and dispensing in an amount not to exceed \$50 for each 90-day supply if the covered insulin is sent to the pharmacy.

(f) The pharmacy may submit to a manufacturer a reorder for an individual if the individual's eligibility statement has not expired. Upon receipt of a reorder from a pharmacy, the manufacturer must send to the pharmacy an additional 90-day supply of the product, unless a lesser amount is requested, at no charge to the individual or pharmacy if the individual's eligibility statement has not expired.

(g) Notwithstanding paragraph (c), a manufacturer may send the covered insulin as ordered directly to the individual if the manufacturer provides a mail order service option.

(h) A manufacturer may submit to the commissioner of administration a request for reimbursement in an amount not to exceed \$105 for each 90-day supply of covered insulin the manufacturer provides under paragraphs (c) and (f). The commissioner of administration shall determine the manner and format for submitting and processing requests for reimbursement. After receiving a reimbursement request, the commissioner of administration shall reimburse the manufacturer in an amount not to exceed \$105 for each 90-day supply of covered insulin the manufacturer provided under paragraphs (c) and (f). If the manufacturer provides less than a 90-day supply of covered insulin under paragraphs (c) and (f), the manufacturer may submit a request for reimbursement not to exceed \$35 for each 30-day supply of covered insulin provided.

Sec. 13. Minnesota Statutes 2024, section 151.74, subdivision 7, is amended to read:

Subd. 7. **Board of Pharmacy and MNsure responsibilities.** (a) The Board of Pharmacy shall develop an information sheet to post on its website and provide a link to the information sheet on the board's website for pharmacies, health care practitioners, hospital emergency departments, urgent care clinics, and community health clinics. The information sheet must contain:

- (1) a description of the urgent-need covered insulin safety net program, including how to access the program;
- (2) a description of each covered insulin manufacturer's patient assistance program and cost-sharing assistance program, including contact information on accessing the assistance programs for each manufacturer;
- (3) information on how to contact a trained navigator for assistance in applying for medical assistance, MinnesotaCare, a qualified health plan, or ~~an~~ a covered insulin manufacturer's patient assistance programs;
- (4) information on how to contact the Board of Pharmacy if a manufacturer determines that an individual is not eligible for the manufacturer's patient assistance program; and
- (5) notification that an individual in need of assistance may contact their local county social service department for more information or assistance in accessing ongoing affordable covered insulin options.

(b) The board shall also inform each individual who accesses urgent-need covered insulin through the insulin safety net program or accesses a manufacturer's patient assistance program that the individual may participate in a survey conducted by the Department of Health regarding satisfaction with the program. The board shall provide contact information for the individual to learn more about the survey and how to participate. This information may be included on the information sheet described in paragraph (a).

(c) MNsure, in consultation with the Board of Pharmacy and the commissioner of human services, shall develop a training program for navigators to provide navigators with information and resources necessary to assist individuals in accessing appropriate long-term covered insulin options.

(d) MNsure, in consultation with the Board of Pharmacy, shall compile a list of navigators who have completed the training program and who are available to assist individuals in accessing affordable covered insulin coverage options. The list shall be made available through the board's website and to pharmacies and health care practitioners who dispense and prescribe covered insulin.

(e) If a navigator assists an individual in accessing ~~an~~ a covered insulin manufacturer's patient assistance program, MNsure, within the available appropriation, shall pay the navigator a onetime application assistance bonus of no less than \$25. If a navigator receives a payment per enrollee of an assistance bonus under section 62V.05, subdivision 4, or 256.962, subdivision 5, the navigator shall not receive compensation under this paragraph.

Sec. 14. Minnesota Statutes 2024, section 151.74, subdivision 9, is amended to read:

Subd. 9. **Additional 30-day urgent-need covered insulin supply.** (a) If an individual has applied for medical assistance or MinnesotaCare but has not been determined eligible or has been determined eligible but coverage has not become effective or the individual has been determined ineligible for the manufacturer's patient assistance program by the manufacturer and the individual has requested a review pursuant to subdivision 8 but the panel has not rendered a decision, the individual may access urgent-need covered insulin under subdivision 3 if the individual is in urgent need of covered insulin as defined under subdivision 2, paragraph (b).

(b) To access an additional 30-day supply of covered insulin, the individual must attest to the pharmacy that the individual meets the requirements of paragraph (a) and must comply with subdivision 3, paragraph (b).

Sec. 15. Minnesota Statutes 2024, section 151.74, subdivision 10, is amended to read:

Subd. 10. **Penalty.** (a) If a manufacturer fails to comply with this section, the board may assess an administrative penalty of \$200,000 per month of noncompliance, with the penalty increasing to \$400,000 per month if the manufacturer continues to be in noncompliance after six months, and increasing to \$600,000 per month if the manufacturer continues to be in noncompliance after one year. The penalty shall remain at \$600,000 per month for as long as the manufacturer continues to be in noncompliance.

(b) In addition, a manufacturer is subject to the administrative penalties specified in paragraph (a) if the manufacturer fails to:

(1) provide a hotline for individuals to call or access between 8 a.m. and 10 p.m. on weekdays and between 10 a.m. and 6 p.m. on Saturdays; and

(2) list on the manufacturer's website the eligibility requirements for the manufacturer's patient assistance programs for Minnesota residents.

(c) Any penalty assessed under this subdivision shall be deposited in a separate covered insulin assistance account in the special revenue fund.

Sec. 16. Minnesota Statutes 2024, section 151.74, subdivision 11, is amended to read:

Subd. 11. **Data.** (a) Any data collected, created, received, maintained, or disseminated by the Board of Pharmacy, the legislative auditor, the commissioner of health, MNsure, or a trained navigator under this section related to an individual who is seeking to access urgent-need covered insulin or participate in a manufacturer's patient assistance program under this section is classified as private data on individuals as defined in section 13.02, subdivision 12, and may not be retained for longer than ten years.

(b) A manufacturer must maintain the privacy of all data received from any individual applying for the manufacturer's patient assistance program under this section and is prohibited from selling, sharing, or disseminating data received under this section unless required to under this section or the individual has provided the manufacturer with a signed authorization.

Sec. 17. Minnesota Statutes 2024, section 151.74, subdivision 13, is amended to read:

Subd. 13. **Reports.** (a) By February 15 of each year, ~~beginning February 15, 2021,~~ each manufacturer shall report to the Board of Pharmacy the following:

(1) the number of Minnesota residents who accessed and received covered insulin on an urgent-need basis under this section in the preceding calendar year;

(2) the number of Minnesota residents participating in the manufacturer's patient assistance program in the preceding calendar year, including the number of Minnesota residents who the manufacturer determined were ineligible for their patient assistance program; and

(3) the value of the covered insulin provided by the manufacturer under clauses (1) and (2).

For purposes of this paragraph, "value" means the wholesale acquisition cost of the covered insulin provided.

(b) By March 15 of each year, ~~beginning March 15, 2021,~~ the Board of Pharmacy shall submit the information reported in paragraph (a) to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance. The board shall also include in the report any administrative penalties assessed under subdivision 10, including the name of the manufacturer and amount of the penalty assessed.

Sec. 18. Minnesota Statutes 2024, section 151.74, subdivision 14, is amended to read:

Subd. 14. **Program review; legislative auditor.** (a) The legislative auditor is requested to conduct a program review to determine:

(1) whether the manufacturers are meeting the responsibilities required under this section, including but not limited to:

(i) reimbursing pharmacies for urgent-need covered insulin dispensed under subdivision 3;

(ii) determining eligibility in a timely manner and notifying the individuals as required under subdivision 5; and

(iii) providing pharmacies with covered insulin product under the manufacturers' patient assistance programs; and

(2) whether the training program developed for navigators is adequate and easily accessible for navigators interested in becoming trained, and that there is a sufficient number of trained navigators to provide assistance to individuals in need of assistance.

(b) The legislative auditor may access application forms retained by pharmacies under subdivision 3, paragraph (g), to determine whether urgent-need covered insulin is being dispensed in accordance with this section.

Sec. 19. Minnesota Statutes 2024, section 151.741, subdivision 1, is amended to read:

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

(b) "Board" means the Minnesota Board of Pharmacy under section 151.02.

(c) "Covered insulin" has the meaning given in section 151.74, subdivision 1.

~~(e)~~ (d) "Manufacturer" means a manufacturer licensed under section 151.252 and engaged in the manufacturing of prescription covered insulin.

Sec. 20. Minnesota Statutes 2024, section 151.741, subdivision 2, is amended to read:

Subd. 2. **Assessment of registration fee.** (a) The board shall assess each manufacturer an annual registration fee of \$100,000, except as provided in paragraph (b). The board shall notify each manufacturer of this requirement beginning November 1, 2024, and each November 1 thereafter.

(b) A manufacturer may request an exemption from the annual registration fee. The board shall exempt a manufacturer from the annual registration fee if the manufacturer can demonstrate to the board, in the form and manner specified by the board, that gross revenue from sales of prescription covered insulin produced by that manufacturer and sold or delivered within or into Minnesota was less than five percent of the total gross revenue from sales of prescription covered insulin produced by all manufacturers and sold or delivered within or into Minnesota in the previous calendar year.

Sec. 21. Minnesota Statutes 2025 Supplement, section 151.741, subdivision 5, is amended to read:

Subd. 5. **Insulin repayment account; annual transfer from health care access fund.** (a) The insulin repayment account is established in the special revenue fund in the state treasury. Money in the account is appropriated each fiscal year to the commissioner of administration to reimburse manufacturers for covered insulin dispensed under the insulin safety net program in section 151.74, in accordance with section 151.74, subdivisions 3, paragraph (h), and 6, paragraph (h), and to cover costs incurred by the commissioner in providing these reimbursement payments.

(b) By June 30, 2025, and each June 30 thereafter, the commissioner of administration shall certify to the commissioner of management and budget the total amount expended in the prior fiscal year for:

(1) reimbursement to manufacturers for covered insulin dispensed under the insulin safety net program in section 151.74, in accordance with section 151.74, subdivisions 3, paragraph (h), and 6, paragraph (h); and

(2) costs incurred by the commissioner of administration in providing the reimbursement payments described in clause (1).

(c) The commissioner of management and budget shall transfer from the health care access fund to the insulin repayment account, beginning July 1, 2025, and each July 1 thereafter, an amount equal to the amount to which the commissioner of administration certified pursuant to paragraph (b).

Sec. 22. **REPEALER.**

Minnesota Statutes 2024, section 151.74, subdivision 15, is repealed.

## ARTICLE 2 DEPARTMENT OF HEALTH

Section 1. Minnesota Statutes 2024, section 62U.04, subdivision 4, is amended to read:

Subd. 4. **Encounter data.** (a) All health plan companies, dental organizations, and third-party administrators shall submit encounter data on a monthly basis to a private entity designated by the commissioner of health. The data shall be submitted in a form and manner specified by the commissioner subject to the following requirements:

(1) the data must be de-identified data as described under the Code of Federal Regulations, title 45, section 164.514;

(2) the data for each encounter must include an identifier for the patient's health care home if the patient has selected a health care home, data on contractual value-based payments, and data deemed necessary by the commissioner to uniquely identify claims in the individual health insurance market;

(3) the data must include enrollee race and ethnicity, to the extent available, for claims incurred on or after January 1, 2023; ~~and~~

(4) except for the data described in clauses (2) and (3), the data must not include information that is not included in a health care claim, dental care claim, or equivalent encounter information transaction that is required under section 62J.536; and

(5) the data must include at least the following data fields for any fully denied claims:

(i) an indicator of which claim lines were denied;

(ii) the reason for denial of each denied claim line;

(iii) the claim line status in terms of adjudication; and

(iv) a claim identifier to link the original claim to subsequent action on the claim.

(b) The commissioner or the commissioner's designee shall only use the data submitted under paragraph (a) to carry out the commissioner's responsibilities in this section, including supplying the data to providers so they can verify their results of the peer grouping process consistent with the recommendations developed pursuant to subdivision 3c, paragraph (d), and adopted by the commissioner and, if necessary, submit comments to the commissioner or initiate an appeal.

(c) Data on providers collected under this subdivision are private data on individuals or nonpublic data, as defined in section 13.02. Notwithstanding the data classifications in this paragraph, data on providers collected under this subdivision may be released or published as authorized in subdivision 11. The commissioner or the commissioner's designee shall establish procedures and safeguards to protect the integrity and confidentiality of any data that it maintains.

(d) The commissioner or the commissioner's designee shall not publish analyses or reports that identify, or could potentially identify, individual patients.

(e) The commissioner shall compile summary information on the data submitted under this subdivision. The commissioner shall work with its vendors to assess the data submitted in terms of compliance with the data submission requirements and the completeness of the data submitted by comparing the data with summary information compiled by the commissioner and with established and emerging data quality standards to ensure data quality.

Sec. 2. Minnesota Statutes 2024, section 62U.04, subdivision 13, is amended to read:

Subd. 13. **Expanded access to and use of the all-payer claims data.** (a) The commissioner or the commissioner's designee shall make the data submitted under subdivisions 4, 5, 5a, and 5b, including data classified as private or nonpublic, available to individuals and organizations engaged in research on, or efforts to effect transformation in, health care outcomes, access, quality, disparities, or spending, provided the use of the data serves a public benefit. Data made available under this subdivision may not be used to:

(1) create an unfair market advantage for any participant in the health care market in Minnesota, including health plan companies, payers, and providers;

(2) reidentify or attempt to reidentify an individual in the data; or

(3) publicly report contract details between a health plan company and provider and derived from the data.

(b) To implement paragraph (a), the commissioner shall:

(1) establish detailed requirements for data access; a process for data users to apply to access and use the data; legally enforceable data use agreements to which data users must consent; a clear and robust oversight process for data access and use, including a data management plan, that ensures compliance with state and federal data privacy laws; agreements for state agencies and the University of Minnesota to ensure proper and efficient use and security of data; and technical assistance for users of the data and for stakeholders;

(2) ~~develop a~~ assess fees according to the fee schedule in subdivision 14 to support the cost of expanded access to and use of the data, provided the fees charged under the schedule do not create a barrier to access or use for those most affected by disparities; and

(3) create a research advisory group to advise the commissioner on applications for data use under this subdivision, including an examination of the rigor of the research approach, the technical capabilities of the proposed user, and the ability of the proposed user to successfully safeguard the data; and

(4) annually publish on the Department of Health website a list of projects authorized under this subdivision.

Sec. 3. Minnesota Statutes 2024, section 62U.04, is amended by adding a subdivision to read:

Subd. 14. **Fees for expanded access to and use of the all-payer claims database.** (a) For purposes of this section:

(1) "custom data set or analysis" means a de-identified data set or report for which a standard data set or limited use data sets are not appropriate, that only provides the minimum necessary data, and that is de-identified using the expert determination method as defined in Code of Federal Regulations, title 45, section 164.514(b)(1);

(2) "data file" means a data file derived from medical claims, pharmacy claims, dental claims, eligibility information, membership information, or provider information for a single year;

(3) "limited use data set" means a data set that meets the requirements in Code of Federal Regulations, title 45, section 164.514(e)(2), and may include protected health information from which certain direct identifiers of individuals have been removed under the principle of minimum information necessary; and

(4) "standard data set" means a static data release designed by the commissioner to serve a wide range of projects in which nearly all de-identified data elements are disclosed in one release after applying the safe harbor de-identification method defined in Code of Federal Regulations, title 45, section 164.514(b)(2), and from which protected health information and any combination of data elements that directly identify any person are excluded.

(b) The commissioner must assess fees on an individual or organization that receives data under subdivision 13 for the cost of accessing or receiving the data. Costs under this paragraph may include but are not limited to the cost of producing and releasing data to the individual or organization under subdivision 13 and managing infrastructure and operations. The commissioner must assess fees according to the following schedule based on the type of data requested and number of years for which access is requested:

(1) the fee for a standard data set is \$3,500 per data file per year;

(2) the fee for a limited use data set is \$7,000 per data file per year; and

(3) the fee for a custom data set or analysis is \$89 per hour of staff time expended, with fees not to exceed the cost of 65 hours of staff time.

(c) An individual or organization that receives approval to access or receive data under subdivision 13 must pay all the required fees in full before accessing or receiving the requested data.

(d) The commissioner may grant a partial or full waiver of the fees in paragraph (b) if the individual or organization requesting the data meets at least one of the following criteria:

(1) the fees represent a financial hardship to the individual or organization;

(2) the organization is a self-insured data submitter under this section;

(3) the individual or organization is affiliated with an academic institution;

(4) the individual or organization requests a high volume of data files; or

(5) the request is from a Tribal health director for, or the governing body of, one of the 11 federally recognized Tribes in Minnesota.

In determining whether to grant a waiver under this paragraph, the commissioner may consult the research advisory group established under subdivision 13.

(e) Fees paid by an individual or organization approved to access or receive data under subdivision 13 are nonrefundable. Fees collected under this subdivision must be deposited into an account in the special revenue fund. Money in that account does not cancel and is appropriated to the commissioner to offset the cost of providing access to data under subdivision 13 and maintaining data submitted under subdivisions 4 to 5b.

(f) The commissioner must publish the fee schedule in paragraph (b) on the Department of Health website.

Sec. 4. Minnesota Statutes 2024, section 144.1222, is amended by adding a subdivision to read:

Subd. 2e. **Private residential pool used for certified swimming classes.** Notwithstanding Minnesota Rules, part 4717.0250, subpart 7, a private residential pool may be used as part of a business if the private residential pool is used by a paying guest of the homeowner and the guest is participating in a certified swimming class conducted by the homeowner, provided that:

(1) the homeowner is a certified swimming instructor and is conducting a certified swimming class on a one-on-one basis;

(2) not more than four individuals are in the pool at the same time during the class;

(3) prior to each new paying guest beginning participation in a certified swimming class:

(i) the guest, or the guest's parent or legal guardian if the guest is a minor, provides written consent to use of the pool. The written consent must include a statement that the guest, or the guest's parent or legal guardian if the guest is a minor, has received and read materials provided by the Department of Health with information on the risk of

disease transmission and other risks associated with pools and a statement that the Department of Health does not monitor or inspect the homeowner's pool to ensure compliance with the requirements in section 144.1222 or Minnesota Rules, chapter 4717; and

(ii) the homeowner tests the pool's water for the concentration of chlorine or bromine, pH, and alkalinity, and the water in the pool meets the requirements for disinfection residual, pH, and alkalinity in Minnesota Rules, part 4717.1750, subparts 4, 5, and 6; and

(4) the following notice is conspicuously posted at the pool and, prior to each new paying guest beginning participation in a certified swimming class, is provided to the guest or to the guest's parent or legal guardian if the guest is a minor:

"NOTICE

This pool is exempt from state and local anti-entrapment and sanitary requirements that prevent waterborne diseases such as Legionnaires' disease, Pseudomonas folliculitis (hot tub rash), and chemical burns and is not subject to inspection.

USE AT YOUR OWN RISK"

Sec. 5. Minnesota Statutes 2024, section 144.1222, subdivision 4, is amended to read:

Subd. 4. **Definitions.** (a) For purposes of this section, the following terms have the meanings given them.

(b) "ASME/ANSI standard" means a safety standard accredited by the American National Standards Institute and published by the American Society of Mechanical Engineers.

(c) "ASTM standard" means a safety standard issued by ASTM International, formerly known as the American Society for Testing and Materials.

(d) "Public pool" means any pool other than a private residential pool, that is: (1) open to the public generally, whether for a fee or free of charge; (2) open exclusively to members of an organization and their guests; (3) open to residents of a multiunit apartment building, apartment complex, residential real estate development, or other multifamily residential area; (4) open to patrons of a hotel or lodging or other public accommodation facility; or (5) operated by a person in a park, school, licensed child care facility, group home, motel, camp, resort, club, condominium, manufactured home park, or political subdivision with the exception of swimming pools at family day care homes licensed under section 142B.41, subdivision 9, paragraph (a).

(e) "Unblockable suction outlet or drain" means a drain of any size and shape that a human body cannot sufficiently block to create a suction entrapment hazard and meets ASME/ANSI standards.

(f) "Certified swimming class" means an infant swimming resource (ISR) class; an American Red Cross swimming class, swimming lesson, or learn-to-swim class; or any other swimming class certified by a nationally accredited organization that operates in all 50 states.

(g) "Certified swimming instructor" means a certified ISR instructor; a certified American Red Cross swimming instructor or swim coach; or any other swimming instructor certified by a nationally accredited organization that operates in all 50 states.

Sec. 6. Minnesota Statutes 2025 Supplement, section 144.125, subdivision 1, is amended to read:

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

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

(c) The fee to support the newborn screening program, including tests administered under this section and section 144.966, shall be \$184.35 per specimen. This fee amount shall be deposited in the state treasury and credited to the state government special revenue fund. If the individual described in paragraph (a) submits to an insurer a claim for reimbursement for a newborn screening program fee but does not receive reimbursement from the insurer, the individual may request a special fee exemption form from the newborn screening program and may apply for an exemption from the fee. To qualify for the exemption, the individual must provide documentation to the newborn screening program that the insurer did not reimburse the individual for the fee.

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

Sec. 7. Minnesota Statutes 2024, section 144.1501, subdivision 2, is amended to read:

Subd. 2. **Availability.** (a) The commissioner of health shall use money appropriated for health professional education loan forgiveness in this section:

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

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

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

(4) for other health care technicians agreeing to teach at least 12 credit hours, or 720 hours per year in their designated field in a postsecondary program at the undergraduate level or the equivalent at the graduate level. The commissioner, in consultation with the Healthcare Education-Industry Partnership, shall determine the health care fields where the need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory technology, radiologic technology, and surgical technology;

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

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

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

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

Sec. 8. Minnesota Statutes 2024, section 144.1503, subdivision 7, is amended to read:

Subd. 7. **Selection process.** The commissioner shall determine a maximum award for grants and loan forgiveness, and shall make selections based on the information provided in the grant application, including the demonstrated need for an applicant provider to enhance the education of its workforce, the proposed employee scholarship or loan forgiveness selection process, the applicant's proposed budget, and other criteria as determined by the commissioner. Notwithstanding any law or rule to the contrary, amounts appropriated for purposes of this section do not cancel and are available until expended, ~~except that at the end of each biennium, any remaining amount that is not committed by contract and not needed to fulfill existing commitments shall cancel to the general fund.~~

Sec. 9. Minnesota Statutes 2024, section 144.1505, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** For purposes of this section, the following definitions apply:

(1) "eligible advanced practice registered nurse program" means a program that is located in Minnesota and is currently accredited as a master's, doctoral, or postgraduate level advanced practice registered nurse program by the Commission on Collegiate Nursing Education or by the Accreditation Commission for Education in Nursing, or ~~is~~ has presented a credible plan as a candidate for accreditation;

(2) "eligible dental therapy program" means a dental therapy education program or advanced dental therapy education program ~~that is located in Minnesota and is either~~ that:

(i) is approved by the Board of Dentistry; ~~or~~

(ii) is currently accredited by the Commission on Dental Accreditation; ~~or~~

(iii) has presented a credible plan as a candidate for accreditation;

(3) "eligible mental health professional program" means a program that is located in Minnesota and is ~~listed~~ currently accredited as a mental health professional program by the appropriate accrediting body for clinical social work, psychology, marriage and family therapy, or licensed professional clinical counseling, or ~~is~~ has presented a credible plan as a candidate for accreditation;

(4) "eligible pharmacy program" means a program that is located in Minnesota and is currently accredited as a doctor of pharmacy program by the Accreditation Council on Pharmacy Education or has presented a credible plan as a candidate for accreditation;

(5) "eligible physician assistant program" means a program that is located in Minnesota and is currently accredited as a physician assistant program by the Accreditation Review Commission on Education for the Physician Assistant, or is has presented a credible plan as a candidate for accreditation;

(6) "mental health professional" means an individual providing clinical services in the treatment of mental illness who meets one of the qualifications under section 245.462, subdivision 18;

(7) "eligible physician training program" means a medical school training program or a physician residency training program located in Minnesota and that is currently accredited by the accrediting body or has presented a credible plan as a candidate for accreditation;

(8) "eligible dental program" means a dental education program or a dental residency training program located in Minnesota and that is currently accredited by the accrediting body or has presented a credible plan as a candidate for accreditation; ~~and~~

(9) "project" means a project to ~~establish or expand~~ (i) plan or implement a new eligible clinical training for physician assistants, advanced practice registered nurses, pharmacists, dental therapists, advanced dental therapists, or mental health professionals in Minnesota. program or increase the base number of trainees in an existing eligible clinical training program, or (ii) add or expand rural rotations or clinical training experiences in an existing eligible clinical training program;

(10) "rural community" means a Tribal Nation, statutory city, home rule charter city, or township in Minnesota that is outside the seven-county metropolitan area as defined in section 473.121, subdivision 2, excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud; and

(11) "underserved community" means a Minnesota area or population included in the list of designated primary medical care health professional shortage areas, medically underserved areas, or medically underserved populations maintained and updated by the United States Department of Health and Human Services.

Sec. 10. Minnesota Statutes 2024, section 144.1505, subdivision 2, is amended to read:

Subd. 2. **Programs.** (a) For advanced practice provider clinical training expansion grants, the commissioner of health shall award ~~health professional training site~~ grants to eligible physician assistant, advanced practice registered nurse, pharmacy, dental therapy, and mental health professional programs to plan and implement ~~expanded a new~~ eligible clinical training program or increase the base number of trainees in an existing eligible clinical training program. Clinical training must take place in rural communities or underserved communities. A planning grant shall not exceed \$75,000, and a three-year training grant shall not exceed \$300,000 per project. The commissioner may provide a ~~one-year~~, no-cost extension for grants.

(b) For health professional rural ~~and underserved~~ clinical rotations grants, the commissioner of health shall award ~~health professional training site~~ grants to existing eligible physician, physician assistant, advanced practice registered nurse, pharmacy, dentistry, dental therapy, and mental health professional training programs to ~~augment existing clinical training programs to~~ add, expand, or enhance rural ~~and underserved~~ rotations or clinical training experiences, such as credential or certificate rural tracks or other specialized training. Rotations and clinical training experiences must take place in rural communities. For physician and dentist training, the expanded training must include rotations in primary care settings such as community clinics, hospitals, health maintenance organizations, or practices in rural communities.

(c) Advanced practice provider clinical training expansion grant funds may be used for:

(1) ~~establishing or expanding rotations~~ planning and implementing a new clinical training program or increasing the base number of trainees in an existing clinical training program as described in paragraph (a);

- (2) recruitment, training, and retention of students ~~and~~ faculty, and preceptors;
  - (3) connecting students with appropriate clinical training sites, internships, practicums, or externship ~~activities~~ opportunities;
  - (4) travel and lodging for students;
  - (5) faculty, student, and preceptor salaries, incentives, or other financial support;
  - (6) development and implementation of health equity and cultural competency responsiveness training;
  - (7) evaluations of the clinical training program to inform program improvements;
  - (8) training site improvements, fees, equipment, and supplies required to establish, maintain, or expand a training program; ~~and~~
  - (9) supporting clinical education in which trainees are part of a primary care team model; and
  - (10) onboarding expenses for trainees to meet clinical training site requirements.
- (d) Health professional rural clinical rotation grant funds may be used for:
- (1) adding, expanding, or enhancing rural rotations and clinical training experiences in an existing clinical training program as described in paragraph (b);
  - (2) recruitment, training, and retention of students, faculty, and preceptors;
  - (3) connecting students with appropriate clinical training sites, internships, practicums, or externship opportunities;
  - (4) travel and lodging for students;
  - (5) faculty, student, and preceptor salaries, stipends, or other financial support;
  - (6) development and implementation of health equity and cultural responsiveness training;
  - (7) evaluations of the rural rotation or clinical training experience to inform program improvements;
  - (8) training site improvements, fees, equipment, and supplies required to establish or expand rural rotations or clinical training experiences;
  - (9) supporting clinical education in which trainees are part of a primary care team model; and
  - (10) onboarding expenses for trainees to meet clinical training site requirements.

Sec. 11. Minnesota Statutes 2024, section 144.1505, subdivision 3, is amended to read:

Subd. 3. **Applications.** (a) Eligible physician assistant, advanced practice registered nurse, pharmacy, dental therapy, dental, physician, and mental health professional programs seeking a grant shall apply to the commissioner. Applications for advanced practice provider clinical training expansion grants must include a description of the number of additional students who will be trained using grant funds; and attestation that funding will be used to support an increase in the number of clinical training slots;.

(b) All applications must include: (1) a description of the problem that the proposed project will address; (2) a description of the project, including all costs associated with the project; (3) sources of funds for the project; (4) detailed uses of all funds for the project, and the results expected; and (5) a plan to maintain or operate any component included in the project after the grant period, including a description of potential barriers to sustainability. ~~The applicant~~ Applicants must describe achievable objectives, a timetable, and roles and capabilities of responsible individuals in the organization.

~~Applicants applying under subdivision 2, paragraph (b),~~ (c) Applications for rural clinical rotation grants must include a description of the new, expanded, or enhanced rural rotations or clinical training experiences; attestation that funding will be used to support improved rural clinical training experiences; and information about length of training and training site settings, geographic location of rural sites, and rural populations expected to be served.

Sec. 12. Minnesota Statutes 2024, section 144.1507, subdivision 1, is amended to read:

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

(b) "Eligible program" means a program that meets the following criteria:

(1) is located in Minnesota;

(2) trains medical residents in the specialties of family medicine, general internal medicine, general pediatrics, psychiatry, geriatrics, or general surgery in rural residency training programs or in community-based ambulatory care centers that primarily serve the underserved, or trains postdoctoral psychology residents; and

(3) is accredited by the Accreditation Council for Graduate Medical Education or the American Psychological Association or presents a credible plan to obtain accreditation.

(c) "Rural community" means a Tribal Nation, statutory city, home rule charter city, or township in Minnesota that is outside the seven-county metropolitan area as defined in section 473.121, subdivision 2, excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

~~(d)~~ (d) "Rural residency training program" means a rural medical residency program or a rural psychology residency program that provides ~~an initial year of~~ training in an accredited residency program in Minnesota. ~~The subsequent years of the residency program are~~ At least two-thirds of the residency training must be based in rural communities, utilizing local clinics and community hospitals, with specialty rotations in nearby regional medical centers. When specialty rotations cannot be fulfilled within rural communities, training may occur in regional or urban sites as long as at least one-half of all training occurs in rural communities. For residency training programs in general surgery, pediatrics, and psychiatry, at least one-half of the residency training must be based in communities outside the seven-county metropolitan area, with rotations in rural communities.

~~(e)~~ (e) "Community-based ambulatory care centers" means federally qualified health centers, community mental health centers, rural health clinics, health centers operated by the Indian Health Service, an Indian Tribe or Tribal organization, or an urban American Indian organization or an entity receiving funds under Title X of the Public Health Service Act.

~~(f)~~ (f) "Eligible project" means a project to establish and maintain a rural residency training program.

Sec. 13. Minnesota Statutes 2024, section 144.1507, subdivision 2, is amended to read:

Subd. 2. **Rural residency training program.** (a) The commissioner of health shall award rural residency training program grants to eligible programs to plan, implement, and sustain rural residency training programs. A rural medical residency training program grant shall not exceed \$250,000 per year for up to three years for planning and development, and \$225,000 per resident per year for each year thereafter to sustain the program. A rural

psychology residency training program grant shall not exceed \$150,000 per year for up to three years for planning and development, and \$150,000 per resident per year for each year thereafter to sustain the program. Medical and psychology residency programs that meet eligibility guidelines and continue to demonstrate financial need shall be granted sustaining funds, renewable every five years.

(b) Funds may be spent to cover the costs of:

(1) planning related to establishing accredited rural residency training programs;

(2) obtaining accreditation by the Accreditation Council for Graduate Medical Education, the American Psychological Association, or another national body that accredits rural residency training programs;

(3) establishing new rural residency training programs;

(4) recruitment, training, and retention of new residents and faculty related to the new rural residency training program;

(5) travel and lodging for new residents;

(6) faculty, new resident, and preceptor salaries related to new rural residency training programs;

(7) training site improvements, fees, equipment, and supplies required for new rural residency training programs; and

(8) supporting clinical education in which trainees are part of a primary care team model.

Sec. 14. Minnesota Statutes 2024, section 144.1507, subdivision 4, is amended to read:

Subd. 4. **Consideration of grant applications.** The commissioner shall review each application to determine if the residency program application is complete, if the proposed rural residency program and residency slots are eligible for a grant, and if the program is eligible for federal graduate medical education funding, and when the funding is available. If eligible programs are not eligible for federal graduate medical education funding, the commissioner may award continuation funding to the eligible program beyond the initial grant period without requiring a competitive application. The commissioner shall award grants to support training programs in family medicine, general internal medicine, general pediatrics, psychiatry, geriatrics, general surgery, psychology, and other primary care focus areas.

Sec. 15. Minnesota Statutes 2024, section 144.1507, is amended by adding a subdivision to read:

Subd. 6. **Clinical training program coordination.** The commissioner may award grants to the University of Minnesota to provide technical assistance to residency training programs for coordinated development of rural clinical training programs.

Sec. 16. Minnesota Statutes 2024, section 144.1911, subdivision 1, is amended to read:

Subdivision 1. **Establishment.** The international medical graduates assistance program is established to address barriers to practice and facilitate pathways to assist immigrant international medical graduates to integrate into the Minnesota health care delivery system, with the goal of increasing access to primary care in rural and underserved areas of the state. Notwithstanding any law to the contrary, appropriations made to the program do not cancel and are available until expended.

Sec. 17. Minnesota Statutes 2024, section 144.1911, subdivision 5, is amended to read:

Subd. 5. **Clinical preparation.** ~~(a)~~ The commissioner shall award grants to support clinical preparation for Minnesota international medical graduates needing additional clinical preparation or experience to qualify for residency. The grant program shall include:

(1) proposed training curricula;

(2) associated policies and procedures for clinical training sites, which must be part of existing clinical medical education programs in Minnesota; and

(3) monthly stipends for international medical graduate participants. Priority shall be given to primary care sites in rural or underserved areas of the state, ~~and~~. International medical graduate participants who receive support from the international medical graduate primary care residency grant program must commit to serving at least five years in a rural or underserved community of the state.

~~(b) The policies and procedures for the clinical preparation grants must be developed by December 31, 2015, including an implementation schedule that begins awarding grants to clinical preparation programs beginning in June of 2016.~~

Sec. 18. Minnesota Statutes 2024, section 144.1911, subdivision 6, is amended to read:

Subd. 6. **International medical graduate primary care residency grant program and revolving account.**

(a) The commissioner shall award grants to support primary care residency positions designated for Minnesota immigrant physicians who are willing to serve in rural or underserved areas of the state. No grant shall exceed \$150,000 per residency position per year. Eligible primary care residency grant recipients include accredited family medicine, general surgery, internal medicine, obstetrics and gynecology, psychiatry, and pediatric residency programs. Eligible primary care residency programs shall apply to the commissioner. Applications must include the number of anticipated residents to be funded using grant funds and a budget. ~~Notwithstanding any law to the contrary, funds awarded to grantees in a grant agreement do not lapse until the grant agreement expires.~~ Before any funds are distributed, a grant recipient shall provide the commissioner with the following:

(1) a copy of the signed contract between the primary care residency program and the participating international medical graduate;

(2) certification that the participating international medical graduate has lived in Minnesota for at least two years and is certified by the Educational Commission on Foreign Medical Graduates. Residency programs may also require that participating international medical graduates hold a Minnesota certificate of clinical readiness for residency, once the certificates become available; and

(3) verification that the participating international medical graduate has executed a participant agreement pursuant to paragraph (b).

(b) Upon acceptance by a participating residency program, international medical graduates shall enter into an agreement with the commissioner to provide primary care for at least five years in a rural or underserved area of Minnesota after graduating from the residency program and make payments to the revolving international medical graduate residency account for five years beginning in their second year of postresidency employment. Participants shall pay \$15,000 or ten percent of their annual compensation each year, whichever is less.

(c) A revolving international medical graduate residency account is established as an account in the special revenue fund in the state treasury. The commissioner of management and budget shall credit to the account appropriations, payments, and transfers to the account. Earnings, such as interest, dividends, and any other earnings

arising from fund assets, must be credited to the account. Funds in the account are appropriated annually to the commissioner to award grants and administer the grant program established in paragraph (a). Notwithstanding any law to the contrary, any funds deposited in the account do not expire. The commissioner may accept contributions to the account from private sector entities subject to the following provisions:

(1) the contributing entity may not specify the recipient or recipients of any grant issued under this subdivision;

(2) the commissioner shall make public the identity of any private contributor to the account, as well as the amount of the contribution provided; and

(3) a contributing entity may not specify that the recipient or recipients of any funds use specific products or services, nor may the contributing entity imply that a contribution is an endorsement of any specific product or service.

Sec. 19. Minnesota Statutes 2024, section 149A.02, subdivision 26, is amended to read:

Subd. 26. **Intern.** "Intern" means an individual ~~that~~ who: (1)(i) has met the educational and testing requirements for a license to practice mortuary science in Minnesota; (ii) has completed a mortuary science program accredited by the American Board of Funeral Service Education; or (iii) is enrolled in a mortuary science program accredited by the American Board of Funeral Service Education; (2) has registered with the commissioner of health; and (3) is engaged in the practice of mortuary science under the direction and supervision of a currently licensed Minnesota mortuary science practitioner.

Sec. 20. Minnesota Statutes 2024, section 149A.20, subdivision 6, is amended to read:

Subd. 6. **Internship.** (a) ~~A person who attains a passing score on both examinations in subdivision 5 must complete a registered internship under the direct supervision of an individual currently licensed to practice mortuary science in Minnesota. Interns must file with the commissioner. A person may begin the registered internship while the person is enrolled in a mortuary science program accredited by the American Board of Funeral Service Education, upon completion of the accredited mortuary science program, or after attaining a passing score on both examinations in subdivision 5.~~

(b) An applicant for an internship must file with the commissioner:

(1) the appropriate fee; and

(2) a registration form indicating the name and home address of the ~~intern,~~ applicant; the date the internship begins; ~~and;~~ the name, license number, and business address of the primary supervising mortuary science licensee; ~~and the name, license number, and business address of the alternate supervising mortuary science licensee, if applicable; and~~

(3) if the applicant is currently enrolled in a mortuary science program accredited by the American Board of Funeral Service Education, a letter from the program specifying the name and address of the program; verifying the applicant's enrollment, number of credit hours completed, and anticipated graduation date; and specifying whether the applicant has completed coursework in embalming and restorative arts.

(b) (c) Any changes in information provided in the registration must be immediately reported to the commissioner. The internship shall be a minimum of 2,080 hours to be completed ~~within a three-year period, however,~~ during enrollment in a mortuary science program accredited by the American Board of Funeral Service Education, after graduation, or both during enrollment and after graduation. However, the commissioner may waive

up to 520 hours of the internship time requirement upon satisfactory completion of a clinical or practicum in mortuary science administered through the program of mortuary science of the University of Minnesota or a substantially similar mortuary science program approved by the commissioner accredited by the American Board of Funeral Service Education. Registrations must be renewed on an annual basis if they exceed one calendar year. During the internship period, the intern must be under the direct supervision of a person holding a current license to practice mortuary science in Minnesota. An intern may be registered under only one registered primary supervising licensee and one registered alternate supervising licensee at any given time and may be directed and supervised only by the registered primary supervising licensee or registered alternate supervising licensee. The registered primary supervising licensee shall have only one intern registered at any given time. The commissioner shall issue to each registered intern a registration permit that must be displayed with the other establishment and practice licenses. While under the direct supervision of the registered primary supervising or alternate supervising licensee, the intern must complete 25 case reports in each of the following areas: embalming, funeral arrangements, and services. An intern who has not completed coursework in embalming and restorative arts must be in the physical presence of the primary or alternate supervising licensee in order to perform surgical procedures and embalming. Case reports, on forms provided by the commissioner, shall be completed by the intern and filed with the commissioner prior to the completion of the internship. Information contained in these reports that identifies the subject or the family of the subject embalmed or the subject or the family of the subject of the funeral shall be classified as licensing data under section 13.41, subdivision 2.

Sec. 21. Minnesota Statutes 2024, section 149A.20, subdivision 7, is amended to read:

Subd. 7. **Application procedure and documentation.** After completing the registered internship, the applicant for an initial license to practice mortuary science must submit to the commissioner a complete application and the appropriate fee. A complete application includes:

- (1) a completed application form, as provided by the commissioner;
- (2) proof of age;
- (3) an official transcript from each post high school educational institution attended, including colleges of funeral service education;
- (4) certification of a passing score on the National Board Examination from the commissioner of the Conference of Funeral Service Examining Boards of the United States, Inc.;
- (5) a copy of the notification of a passing score on the state licensing examination; and
- (6) a signed, dated, and notarized affidavit from the registered primary supervising licensee who supervised the Minnesota internship stating the date the internship began and ended and that both the applicant and the registered primary supervising licensee fulfilled the requirements under subdivision 6.

Upon receipt of the completed application and appropriate fee, the commissioner shall review and verify all information. Upon completion of the verification process and resolution of any deficiencies in the application information, the commissioner shall make a determination, based on all the information available, to grant or deny licensure. If the commissioner's determination is to grant licensure, the applicant shall be notified and the license shall issue and remain valid for a period prescribed on the license, but not to exceed one calendar year from the date of issuance of the license. If the commissioner's determination is to deny licensure, the commissioner must notify the applicant, in writing, of the denial and provide the specific reason for the denial.

Sec. 22. Minnesota Statutes 2024, section 149A.30, subdivision 1, is amended to read:

Subdivision 1. **Licensees of other states.** (a) The commissioner may issue a reciprocal license to practice mortuary science to a person who holds a current license or other credential from another jurisdiction if the ~~commissioner determines that the requirements for that license or other credential are substantially similar to the requirements under this chapter.~~ The individual seeking reciprocal licensing must person:

(1) ~~attain~~ attains:

(i) a passing score on the Minnesota state licensing examination; and

(ii) a passing score on the National Board Examination administered by the International Conference of Funeral Service Examining Boards of the United States, Inc., or another examination determined by the commissioner to adequately and accurately assess the knowledge and skills required to practice mortuary science;

(2) ~~submit~~ submits to the commissioner the documentation described in section 149A.20, subdivision 7, clauses (1) and (5), and certification of a passing score on an examination described in clause (1), item (ii); and

(3) ~~pay~~ pays the appropriate licensing fee;

(4) submits to the commissioner:

(i) documentation that the person meets one of the educational requirements in section 149A.20, subdivision 4; or

(ii) documentation that the person has been licensed or credentialed in another jurisdiction and a signed, dated affidavit from the person declaring that the person has engaged in at least three years of practice in that jurisdiction performing the duties of a licensed mortician;

(5) submits to the commissioner a signed, dated affidavit from the person declaring that the person is not subject to any pending investigations by the mortuary science licensing or credentialing authority in any other jurisdiction and is not currently practicing as a licensed mortician in any other jurisdiction under a restricted license or credential;

(6) submits to the commissioner a signed, dated affidavit from the person declaring that the person has performed at least 25 services, completed at least 25 funeral arrangements, and performed at least 25 embalming cases; and

(7) submits to the commissioner documentation that the person has completed the continuing education hours required in section 149A.40, subdivision 11, within the two-year period prior to applying for licensure under this subdivision.

(b) When, in the determination of the commissioner, all of the requirements of this subdivision have been met, the commissioner shall, based on all the information available, grant or deny licensure. If the commissioner grants licensure, the applicant shall be notified and the license shall issue and remain valid for a period prescribed on the license, but not to exceed one calendar year from the date of issuance of the license. If the commissioner denies licensure, the commissioner must notify the applicant, in writing, of the denial and provide the specific reason for denial.

Sec. 23. Minnesota Statutes 2024, section 149A.91, subdivision 3, is amended to read:

Subd. 3. **Embalming or refrigeration required.** (a) A dead human body must be embalmed by a licensed mortician or registered intern or practicum student or clinical student, refrigerated, or packed in dry ice in the following circumstances:

(1) if the body will be transported by public transportation, pursuant to section 149A.93, subdivision 7;

(2) if final disposition will not be accomplished within 72 hours after death or release of the body by a competent authority with jurisdiction over the body or the body will be lawfully stored for final disposition in the future, except as provided in section 149A.94, subdivision 1;

(3) if the body will be publicly viewed subject to paragraph (b); or

(4) if so ordered by the commissioner of health for the control of infectious disease and the protection of the public health.

(b) For purposes of this subdivision, "publicly viewed" means reviewal of a dead human body by anyone other than those mentioned in section 149A.80, subdivision 2, and their minor children. Dry ice may only be used when the dead human body is publicly viewed within private property.

(c) Except as provided in section 149A.955, subdivision 14, a body may not be kept in refrigeration for a period that exceeds six calendar days, or packed in dry ice for a period that exceeds four calendar days, from the time and release of the body from the place of death or from the time of release from the coroner or medical examiner.

Sec. 24. Minnesota Statutes 2024, section 149A.94, subdivision 1, is amended to read:

Subdivision 1. **Generally.** Every dead human body lying within the state, except unclaimed bodies delivered for dissection by the medical examiner, those delivered for anatomical study pursuant to section 149A.81, subdivision 2, or lawfully carried through the state for the purpose of disposition elsewhere; and the remains of any dead human body after dissection or anatomical study, shall be decently buried or entombed in a public or private cemetery, alkaline hydrolyzed, cremated, or, ~~effective July 1, 2025,~~ naturally reduced within a reasonable time after death. Where final disposition of a body will not be accomplished, or, ~~effective July 1, 2025,~~ when natural organic reduction will not be initiated, within 72 hours following death or release of the body by a competent authority with jurisdiction over the body, the body must be properly embalmed, refrigerated, or packed with dry ice. Except as provided in section 149A.955, subdivision 14, a body may not be kept in refrigeration for a period exceeding six calendar days, or packed in dry ice for a period that exceeds four calendar days, from the time of death or release of the body from the coroner or medical examiner.

Sec. 25. Minnesota Statutes 2024, section 149A.955, subdivision 14, is amended to read:

Subd. 14. **Bodies awaiting natural organic reduction.** A dead human body must be placed in the natural organic reduction vessel to initiate the natural reduction process within ~~24 hours~~ 30 days after the natural organic reduction facility accepts legal and physical custody of the body. A natural organic reduction facility must keep a body awaiting natural organic reduction in refrigeration if the facility holds the body for a period that exceeds four calendar days. A natural organic reduction facility must embalm a body awaiting natural organic reduction or have the body embalmed if the natural reduction process is not initiated within 30 days after the facility accepted legal and physical custody of the body, but the facility is not required to embalm or have embalmed the body if the natural reduction process is initiated within 30 days after the facility accepted legal and physical custody of the body.

ARTICLE 3  
FEDERAL CONFORMITY AND RELATED PROVISIONS

Section 1. Minnesota Statutes 2024, section 116J.035, is amended by adding a subdivision to read:

Subd. 9. **Disclosure to the commissioner of human services.** The commissioner may disclose workforce program participation data gathered under chapter 116L to the commissioner of human services for the purpose of administering section 256B.0562 without the consent of the subject of the data.

Sec. 2. Minnesota Statutes 2025 Supplement, section 256.9657, subdivision 2b, is amended to read:

Subd. 2b. **Hospital assessment.** (a) For purposes of this subdivision, the following terms have the meanings given:

(1) "eligible hospital" means:

(i) PrairieCare psychiatric hospital; or

(ii) a hospital licensed under section 144.50, located in Minnesota, and with a Medicare cost report filed and showing in the Healthcare Cost Report Information System (HCRIS), except for the following:

(A) federal Indian Health Service facilities;

(B) state-owned or state-operated regional treatment centers and all state-operated services;

(C) federal Veterans Administration Medical Centers; ~~and~~

(D) long-term acute care hospitals; and

(E) hospitals that do not receive payments under section 256B.1974;

(2) "net outpatient revenue" means total outpatient revenue less Medicare revenue as calculated from:

(i) values on Worksheet G of the hospital's Medicare cost report; or

(ii) for PrairieCare psychiatric hospital, data available to the commissioner; and

(3) "total patient days" means total hospital inpatient days as reported on:

(i) Worksheet S-3 of the hospital's Medicare cost report; or

(ii) for PrairieCare psychiatric hospital, data available to the commissioner.

(b) Subject to paragraphs (m) to (o), each eligible hospital must pay assessments to the hospital directed payment program account in the special revenue fund, with an aggregate annual assessment amount equal to the sum of the following:

(1) \$120.22 multiplied by total patient days; and

(2) 5.96 percent of the hospital's net outpatient revenue.

(c) The assessment amount for calendar years 2026 and 2027 must be based on the total patient days and net outpatient revenue reflected on an eligible hospital's Medicare cost report as follows:

(1) an eligible hospital with a fiscal year ending on March 31 or June 30 must use data from a cost report from the hospital's fiscal year 2022; and

(2) an eligible hospital with a fiscal year ending on September 30 or December 31 must use data from a cost report from the hospital's fiscal year 2021.

(d) The annual assessment amount for calendar years after 2027 must be set for a two-year period and must be based on the total patient days and net outpatient revenue reflected on an eligible hospital's most recent Medicare cost report filed and showing in HCRIS as of August 1 of the year prior to the subsequent two-year period.

(e) The commissioner may, after consultation with the Minnesota Hospital Association, modify the rates of assessment in paragraph (b) as necessary to comply with federal law, obtain or maintain a waiver under Code of Federal Regulations, title 42, section 433.72, or otherwise maximize under this section federal financial participation for medical assistance. Notwithstanding the foregoing authorization to maximize federal financial participation for medical assistance, the commissioner must reduce the rates of assessment in paragraph (b) as necessary to ensure:

(1) the state's aggregated health care-related taxes on inpatient hospital services do not exceed 5.75 percent of the net patient revenue attributable to those services; and

(2) the state's aggregated health care-related taxes on outpatient hospital services do not exceed 5.75 percent of the net patient revenue attributable to those services.

(f) Eligible hospitals must pay the annual assessment amount under paragraph (b) to the commissioner by paying four equal, quarterly assessments. Eligible hospitals must pay the quarterly assessments by January 1, April 1, July 1, and October 1 each year. Assessments must be paid in the form and manner specified by the commissioner. An eligible hospital is prohibited from paying a quarterly assessment until the eligible hospital has received the applicable invoice under paragraph (g).

(g) The commissioner must provide eligible hospitals with an invoice by December 1 for the assessment due January 1, March 1 for the assessment due April 1, June 1 for the assessment due July 1, and September 1 for the assessment due October 1 each year.

(h) The commissioner must notify each eligible hospital of the hospital's estimated annual assessment amount for the subsequent calendar year by October 15 each year.

(i) If any of the dates for assessments or invoices in paragraphs (f) to (h) fall on a holiday, the applicable date is the next business day.

(j) A hospital that has merged with another hospital must have the surviving hospital's assessment revised at the start of the hospital's first full fiscal year after the merger is complete. A closed hospital is retroactively responsible for assessments owed for services provided through the final date of operations.

(k) If the commissioner determines that a hospital has underpaid or overpaid an assessment, the commissioner must notify the hospital of the unpaid assessment or of any refund due. The commissioner must refund a hospital's overpayment from the hospital directed payment program account created in section 256B.1975, subdivision 1.

(l) Revenue from an assessment under this subdivision must only be used by the commissioner to pay the nonfederal share of the directed payment program under section 256B.1974.

(m) The commissioner is prohibited from collecting any assessment under this subdivision during any period of time when:

(1) federal financial participation is unavailable or disallowed, or if the approved aggregate federal financial participation for the directed payment under section 256B.1974 is less than 51 percent; or

(2) a directed payment under section 256B.1974 is not approved by the Centers for Medicare and Medicaid Services.

(n) The commissioner must make the following discounts from the inpatient portion of the assessment under paragraph (b), clause (1), in the stated amount or as necessary to achieve federal approval of the assessment in this section:

(1) Hennepin Healthcare, with a discount of 25 percent;

(2) Mayo Rochester, with a discount of ten percent;

(3) Gillette Children's Hospital, with a discount of 90 percent;

(4) each hospital not included in another discount category, and with greater than \$200,000,000 in total medical assistance inpatient and outpatient revenue in fee-for-service and managed care, as reported in state fiscal year 2022 medical assistance fee-for-service and managed care claims data, with a discount of five percent; and

(5) any hospital responsible for greater than 12 percent of the total assessment annually collected statewide, with a discount in the amount necessary such that the hospital is responsible for 12 percent of the total assessment annually collected statewide.

(o) The commissioner must make the following discounts from the outpatient portion of the assessment under paragraph (b), clause (2), in the stated amount or as necessary to achieve federal approval of the assessment in this section:

(1) each critical access hospital or independent hospital located outside a city of the first class and paid under the Medicare prospective payment system, with a discount of 40 percent;

(2) Gillette Children's Hospital, with a discount of 90 percent;

(3) Hennepin Healthcare, with a discount of 60 percent;

(4) Mayo Rochester, with a discount of 20 percent; and

(5) each hospital not included in another discount category, and with greater than \$200,000,000 in total medical assistance inpatient and outpatient revenue in fee-for-service and managed care, as reported in state fiscal year 2022 medical assistance fee-for-service and managed care claims data, with a discount of ten percent.

(p) If the federal share of the hospital directed payment program under section 256B.1974 is increased as the result of an increase to the federal medical assistance percentage, the commissioner must reduce the assessment on a uniform percentage basis across eligible hospitals on which the assessment is imposed, such that the aggregate amount collected from hospitals under this subdivision does not exceed the total amount needed to maintain the same aggregate state and federal funding level for the directed payments authorized by section 256B.1974.

(q) Eligible hospitals must submit to the commissioner on an annual basis, in the form and manner specified by the commissioner in consultation with the Minnesota Hospital Association, all documentation necessary to determine the assessment amounts under this subdivision.

**EFFECTIVE DATE.** This section is effective upon the date that Laws 2025, First Special Session chapter 3, article 8, section 4, becomes effective.

Sec. 3. Minnesota Statutes 2025 Supplement, section 256.969, subdivision 2f, is amended to read:

Subd. 2f. **Alternate inpatient payment rate.** (a) Effective January 1, 2022, for a hospital eligible to receive disproportionate share hospital payments under subdivision 9, paragraph (d), clause (6), the commissioner shall reduce the amount calculated under subdivision 9, paragraph (d), clause (6), by ~~99~~ one percent and compute an alternate inpatient payment rate. The alternate payment rate shall be structured to target a total aggregate reimbursement amount equal to what the hospital would have received for providing fee-for-service inpatient services under this section to patients enrolled in medical assistance had the hospital received the entire amount calculated under subdivision 9, paragraph (d), clause (6). This paragraph expires when paragraph (b) becomes effective.

(b) For hospitals eligible to receive payment under section 256B.1973 or 256B.1974 and meeting the criteria in subdivision 9, paragraph (d), the commissioner ~~must~~ may reduce the amount calculated under subdivision 9, paragraph (d), by one percent and compute an alternate inpatient payment rate. The alternate payment rate must be structured to target a total aggregate reimbursement amount equal to the amount that the hospital would have received for providing fee-for-service inpatient services under this section to patients enrolled in medical assistance had the hospital received 99 percent of the entire amount calculated under subdivision 9, paragraph (d). Hospitals that do not meet federal requirements for Medicaid disproportionate share hospitals are not eligible for the alternate payment rate.

**EFFECTIVE DATE.** This section is effective upon the date that Laws 2025, First Special Session chapter 3, article 8, section 5, becomes effective.

Sec. 4. Minnesota Statutes 2024, section 256B.04, subdivision 27, is amended to read:

Subd. 27. **Disenrollment under medical assistance and MinnesotaCare.** (a) The commissioner shall regularly obtain and use information from reliable data sources, including but not limited to managed care and county-based purchasing plans, state health and human services programs, mail returned by the United States Postal Service with a forwarding address, and the National Change of Address database maintained by the United States Postal Service, to update mailing addresses and other contact information for medical assistance and MinnesotaCare enrollees ~~in cases of returned mail and nonresponse using information available through managed care and county-based purchasing plans, state health and human services programs, and other sources.~~

(b) The commissioner shall not disenroll an individual from medical assistance or MinnesotaCare in cases of returned mail until the commissioner makes at least two attempts by phone, email, or other methods to contact the individual. The commissioner may disenroll the individual after providing no less than 30 days for the individual to respond to the most recent contact attempt.

**EFFECTIVE DATE.** This section is effective January 1, 2027.

Sec. 5. Minnesota Statutes 2024, section 256B.056, subdivision 2a, is amended to read:

Subd. 2a. **Home equity limit for medical assistance payment of long-term care services.** (a) Effective for requests of medical assistance payment of long-term care services filed on or after July 1, 2006, and for renewals on or after July 1, 2006, for persons who received payment of long-term care services under a request filed on or after

January 1, 2006, the equity interest in the home of a person whose eligibility for long-term care services is determined on or after January 1, 2006, shall not exceed \$500,000, unless it is the lawful residence of the person's spouse or child who is under age 21, or a child of any age who is blind or permanently and totally disabled as defined in the Supplemental Security Income program. The amount specified in this paragraph shall be increased beginning in year 2011, from year to year based on the percentage increase in the Consumer Price Index for all urban consumers (all items; United States city average), rounded to the nearest \$1,000.

(b) Effective January 1, 2028, the amount specified in paragraph (a) must not exceed \$1,000,000.

~~(b)~~ (c) For purposes of this subdivision, a "home" means any real or personal property interest, including an interest in an agricultural homestead as defined under section 273.124, subdivision 1, that, at the time of the request for medical assistance payment of long-term care services, is the primary dwelling of the person or was the primary dwelling of the person before receipt of long-term care services began outside of the home.

~~(c)~~ (d) A person denied or terminated from medical assistance payment of long-term care services because the person's home equity exceeds the home equity limit may seek a waiver based upon a hardship by filing a written request with the county agency. Hardship is an imminent threat to the person's health and well-being that is demonstrated by documentation of no alternatives for payment of long-term care services. The county agency shall make a decision regarding the written request to waive the home equity limit within 30 days if all necessary information has been provided. The county agency shall send the person and the person's representative a written notice of decision on the request for a demonstrated hardship waiver that also advises the person of appeal rights under the fair hearing process of section 256.045.

Sec. 6. Minnesota Statutes 2024, section 256B.056, subdivision 3d, is amended to read:

Subd. 3d. **Reduction of excess assets.** Assets in excess of the limits in subdivisions 3 to 3c may be reduced to allowable limits as follows:

(a) Assets may be reduced in ~~any of the three~~ either one or two calendar months before the month of application in which the applicant seeks coverage, according to the applicant's retroactive eligibility under section 256B.061 by paying bills for health services that are incurred in the retroactive period for which the applicant seeks eligibility, starting with the oldest bill. After assets are reduced to allowable limits, eligibility begins with the next dollar of MA-covered health services incurred in the retroactive period. Applicants reducing assets under this subdivision who also have excess income shall first spend excess assets to pay health service bills and may meet the income spenddown on remaining bills.

(b) Assets may be reduced beginning the month of application by paying bills for health services that are incurred during the period specified in Minnesota Rules, part 9505.0090, subpart 2, that would otherwise be paid by medical assistance. After assets are reduced to allowable limits, eligibility begins with the next dollar of medical assistance covered health services incurred in the period. Applicants reducing assets under this subdivision who also have excess income shall first spend excess assets to pay health service bills and may meet the income spenddown on remaining bills.

**EFFECTIVE DATE.** This section is effective January 1, 2027.

Sec. 7. Minnesota Statutes 2024, section 256B.056, subdivision 7, is amended to read:

Subd. 7. **Period of eligibility.** (a) Eligibility is available for the month of application and for ~~three~~

(1) one month prior to application for an individual eligible under section 256B.055, subdivision 15, if the individual was eligible in the prior month; or

(2) two months prior to application for all other eligible individuals if the person individual was eligible in those prior months. A redetermination of eligibility must occur every 12 months.

(b) Notwithstanding any other law to the contrary:

(1) a child under 19 years of age who is determined eligible for medical assistance must remain eligible for a period of 12 months;

(2) a child 19 years of age and older but under 21 years of age who is determined eligible for medical assistance must remain eligible for a period of 12 months; and

(3) a child under six years of age who is determined eligible for medical assistance must remain eligible through the month in which the child reaches six years of age.

(c) A child's eligibility under paragraph (b) may be terminated earlier if:

(1) the child or the child's representative requests voluntary termination of eligibility;

(2) the child ceases to be a resident of this state;

(3) the child dies;

(4) the child attains the maximum age; or

(5) the agency determines eligibility was erroneously granted at the most recent eligibility determination due to agency error or fraud, abuse, or perjury attributed to the child or the child's representative.

(d) For ~~a person~~ an individual eligible for an insurance affordability program as defined in section 256B.02, subdivision 19, who reports a change that makes the ~~person individual~~ individual eligible for medical assistance, eligibility is available for the month the change was reported and for ~~three one month prior to the month the change was reported for an individual eligible under section 256B.055, subdivision 15, or two months prior to the month the change was reported;~~ for all other eligible individuals if the person individual was eligible in these the prior month or months.

(e) The period of eligibility for an individual eligible for medical assistance under section 256B.055, subdivision 15, and who is not an American Indian or Alaska Native, is six months. The period of eligibility for all other medical assistance enrollees is 12 months.

**EFFECTIVE DATE.** This section is effective January 1, 2027.

Sec. 8. Minnesota Statutes 2024, section 256B.056, subdivision 7a, is amended to read:

Subd. 7a. **Periodic renewal of eligibility.** (a) Except as provided in paragraphs (d) and (e), the commissioner shall make an annual redetermination of eligibility based on information contained in the enrollee's case file and other information available to the agency, including but not limited to information accessed through an electronic database, without requiring the enrollee to submit any information when sufficient data is available for the agency to renew eligibility.

(b) If the commissioner cannot renew eligibility in accordance with paragraph (a), the commissioner must provide the enrollee with a prepopulated renewal form containing eligibility information available to the agency and permit the enrollee to submit the form with any corrections or additional information to the agency and sign the renewal form via any of the modes of submission specified in section 256B.04, subdivision 18.

(c) An enrollee who is terminated for failure to complete the renewal process may subsequently submit the renewal form and required information within four months after the date of termination and have coverage reinstated without a lapse, if otherwise eligible under this chapter. The local agency may close the enrollee's case file if the required information is not submitted within four months of termination.

(d) Notwithstanding paragraph (a), a person who is eligible under subdivision 5 ~~shall be~~ is subject to a review of the person's income every six months.

(e) Notwithstanding paragraph (a), a person who is eligible under section 256B.055, subdivision 15, and who is not an American Indian or Alaska Native is subject to redetermination of eligibility every six months.

**EFFECTIVE DATE.** This section is effective January 1, 2027.

Sec. 9. Minnesota Statutes 2024, section 256B.0561, subdivision 2, is amended to read:

Subd. 2. **Periodic data matching.** (a) The commissioner shall conduct periodic data matching to identify recipients who, based on available electronic data, may not meet eligibility criteria for the public health care program in which the recipient is enrolled. The commissioner shall conduct data matching for medical assistance or MinnesotaCare recipients at least once during a recipient's ~~12-month~~ period of eligibility, except as provided in paragraph (f).

(b) If data matching indicates a recipient may no longer qualify for medical assistance or MinnesotaCare, the commissioner must notify the recipient and allow the recipient no more than 30 days to confirm the information obtained through the periodic data matching or provide a reasonable explanation for the discrepancy to the state or county agency directly responsible for the recipient's case. If a recipient does not respond within the advance notice period or does not respond with information that demonstrates eligibility or provides a reasonable explanation for the discrepancy within the 30-day time period, the commissioner shall terminate the recipient's eligibility in the manner provided for by the laws and regulations governing the health care program for which the recipient has been identified as being ineligible.

(c) The commissioner shall not terminate eligibility for a recipient who is cooperating with the requirements of paragraph (b) and needs additional time to provide information in response to the notification.

(d) A recipient whose eligibility was terminated according to paragraph (b) may be eligible for medical assistance no earlier than the first day of the month in which the recipient provides information that demonstrates the recipient's eligibility.

(e) Any termination of eligibility for benefits under this section may be appealed as provided for in sections 256.045 to 256.0451, and the laws governing the health care programs for which eligibility is terminated.

(f) Effective January 1, 2027, an individual who is subject to a redetermination of eligibility every six months under section 256B.056, subdivision 7a, paragraph (e), is exempt from periodic data matching under this subdivision.

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

Sec. 10. **[256B.0562] WORK OR COMMUNITY ENGAGEMENT REQUIREMENTS.**

Subdivision 1. **Demonstrating work or community engagement.** (a) To be eligible for medical assistance, an applicable individual must either demonstrate compliance with the work or community engagement requirements or qualify for an exemption from the requirements under this section. For purposes of this section, "applicable individual" means an individual eligible for medical assistance under section 256B.055, subdivision 15.

(b) An applicant must meet the requirements of this section for the 45 days immediately preceding the month during which the applicant submits an application for medical assistance.

(c) To renew eligibility under section 256B.056, subdivision 7a, an enrollee must meet the requirements of this section for at least 45 days during the enrollee's six-month period of eligibility.

(d) To comply with the work or community engagement requirements in a given month, an applicable individual must do one or more of the following:

(1) work at least 80 hours;

(2) complete at least 80 hours of community service;

(3) participate in a work program, as defined in United States Code, title 7, section 2015(o)(1), for at least 80 hours;

(4) be enrolled at least half-time in an educational program, including but not limited to an institution of higher education and a program of career and technical education;

(5) engage in any combination of the activities described in clauses (1) to (4) for a total of at least 80 hours;

(6) have a monthly income that is equal to or greater than the federal minimum wage multiplied by 80 hours; or

(7) have had an average monthly income over the preceding six months that is equal to or greater than the federal minimum wage multiplied by 80 hours, and be a seasonal worker, as defined under United States Code, title 26, section 45R(d)(5)(B).

Subd. 2. **Exemptions.** (a) An applicable individual is not subject to the work or community engagement requirements for part or all of a month in which the applicable individual is:

(1) an American Indian or Alaska Native;

(2) a parent, guardian, caretaker relative, or family caregiver, as defined in section 2 of the RAISE Family Caregivers Act, Public Law 115-119, as amended, of an individual with a disability;

(3) a veteran with a disability rated as total under United States Code, title 38, section 1155;

(4) receiving benefits under the Minnesota family investment program under chapter 142G and meeting the work activity and participation requirements under chapter 142G;

(5) a member of a household that receives Supplemental Nutrition Assistance Program (SNAP) benefits under the federal Food and Nutrition Act of 2008, Public Law 88-525, as amended, and is not exempt from a work requirement under the act;

(6) a participant in a drug addiction or alcohol treatment and rehabilitation program, as defined under United States Code, title 7, section 2012;

(7) incarcerated;

(8) pregnant or entitled to postpartum medical assistance; or

(9) is medically frail or otherwise has special medical needs, in accordance with guidance issued by the United States Department of Health and Human Services. This includes but is not limited to an individual who: is blind or has a disability; has a substance use disorder; has a disabling mental disorder; has a physical, intellectual, or developmental disability that significantly impairs the individual's ability to perform one or more activities of daily living; or has a serious or complex medical condition.

(b) The commissioner must develop standard processes for an individual to request and verify that they meet an exemption from the work or community engagement requirements on the basis of being medically frail or otherwise having special medical needs.

(c) Enrollees who are exempt from the work or community engagement requirements under this subdivision must report any changes related to the enrollee's exemption status within ten days of the change to the county agency. The agency must redetermine eligibility for the exemption when a change in exemption status is reported and at the time of the enrollee's renewal.

**Subd. 3. Short-term hardship exemption.** (a) The commissioner must deem an applicable individual as meeting the work or community engagement requirements for a given month if for part or all of the month the applicable individual:

(1) requests an exemption on the basis of receiving inpatient hospital services, nursing facility services, services in an intermediate care facility for persons with developmental disabilities, inpatient psychiatric hospital services, or such other services of similar acuity, including but not limited to outpatient care relating to the above-listed services, in accordance with guidance issued by the United States Department of Health and Human Services;

(2) requests an exemption on the basis of having to travel outside of the individual's community for an extended period of time to receive medical services necessary to treat a serious or complex medical condition, either for the individual or the individual's dependent, when the services are not available in the individual's community of residence;

(3) resides in a county or equivalent unit of local government in which an emergency or disaster has been declared under the National Emergencies Act, Public Law 94-412, as amended, or the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended; or

(4) resides in a county or equivalent unit of local government that has an unemployment rate that is at or above the lesser of eight percent or 1.5 times the national unemployment rate, and for which the United States Department of Health and Human Services has granted an exception based on a request from the commissioner.

(b) The commissioner must grant short-term hardship exemptions required under this subdivision in accordance with standards specified by the United States Department of Health and Human Services.

**Subd. 4. Determining and verifying compliance.** (a) The commissioner must determine whether an individual is subject to, compliant with, or exempt from the work or community engagement requirements using processes established by the commissioner that rely on information available to the commissioner through electronic data sources. The commissioner must not request additional information or documentation from an applicable individual unless the commissioner is unable to make a determination using the information available to the commissioner.

(b) The commissioner is prohibited from relying on managed care plans, county-based purchasing plans, or contractors with direct or indirect financial relationships with managed care or county-based purchasing plans to make determinations about whether an individual is subject to, compliant with, or exempt from the work or community engagement requirements.

Subd. 5. **Failure to satisfy work or community engagement requirements.** (a) If the commissioner cannot establish an applicable individual's compliance with or exemption from the work or community engagement requirements, the commissioner must provide notice of noncompliance and allow the applicant or beneficiary 30 calendar days from the date the notice is received to demonstrate compliance with or exemption from the requirements. The notice must include:

(1) information about how to demonstrate compliance with or exemption from the requirements; and

(2) information about how to reapply for medical assistance if the individual's application is denied or if the beneficiary is disenrolled.

(b) An enrolled beneficiary continues to be eligible for medical assistance during the 30-day period under paragraph (a).

(c) If the commissioner determines that an individual is subject to but not compliant with the work or community engagement requirements after the 30-day period, the commissioner must:

(1) determine whether the individual has any other basis for eligibility for medical assistance or another insurance affordability program;

(2) provide written notice and fair hearing rights in accordance with Code of Federal Regulations, title 42, part 431, subpart E; and

(3) if there is no other basis for medical assistance eligibility, deny the application or terminate eligibility by the end of the month that follows the 30-day period.

Subd. 6. **Outreach to applicable individuals.** (a) By August 1, 2026, the commissioner must notify medical assistance enrollees who may be applicable individuals about the work or community engagement requirements.

(b) Beginning January 1, 2027, the commissioner must semiannually notify medical assistance enrollees who may be applicable individuals about the work or community engagement requirements.

(c) The notifications required under this subdivision must include, at a minimum:

(1) information about how to comply with the requirements;

(2) an explanation of who is considered an applicable individual;

(3) the list of exemptions from the requirements and how to obtain an exemption from the requirements;

(4) information about how to report a change in status that could result in the individual qualifying for an exemption, meeting an exemption, or being subject to the requirements after an exemption ends; and

(5) information about the consequences of not complying with the requirements.

(d) The commissioner must provide the notices required under this subdivision by mail or an electronic format, if elected by the individual, and one or more additional formats deemed appropriate by the United States Department of Health and Human Services.

Subd. 7. **Additional requirements for the commissioner.** The commissioner, in collaboration with county agencies, must implement strategies to assist applicable individuals in meeting the work or community engagement requirements and link applicable individuals to additional resources for job training or other employment services, child care assistance, transportation, or other supports to help applicable individuals prepare for work, maintain employment, or increase earnings.

Sec. 11. **[256B.0563] REVIEW OF DEATH MASTER FILE.**

Subdivision 1. **Definition.** For purposes of this section, "death master file" means information about deceased individuals maintained by the Social Security Administration under United States Code, title 42, section 1306c(d), or any successor system.

Subd. 2. **Review of the death master file.** (a) Beginning January 1, 2027, the commissioner must review the death master file at least quarterly to identify any medical assistance recipients who are deceased.

(b) If review of the death master file or any other source indicates that a recipient is deceased, the commissioner must:

(1) terminate the recipient's eligibility for medical assistance in the manner provided for by the laws and regulations governing medical assistance;

(2) notify the recipient and the recipient's representative no later than the date of the termination; and

(3) discontinue any payments to providers under this chapter made on behalf of the recipient as of the date of the termination.

(c) If the commissioner determines that a recipient was misidentified as deceased and erroneously disenrolled from medical assistance based on information obtained from the death master file or any other source, the commissioner must immediately re-enroll the individual in medical assistance retroactive to the date of termination under paragraph (b).

Subd. 3. **Review of other sources.** Nothing in this section prevents the commissioner from reviewing other sources to identify recipients of medical assistance who are deceased, provided the commissioner is in compliance with this section and all other requirements under this chapter related to medical assistance eligibility determination and redetermination.

Sec. 12. Minnesota Statutes 2024, section 256B.06, subdivision 4, is amended to read:

Subd. 4. **Citizenship requirements.** (a) Eligibility for medical assistance is limited to citizens of the United States, qualified noncitizens as defined in this subdivision, and other persons residing lawfully in the United States as described in this subdivision. Citizens or nationals of the United States must cooperate in obtaining satisfactory documentary evidence of citizenship or nationality according to the requirements of the federal Deficit Reduction Act of 2005, Public Law 109-171.

(b) "Qualified noncitizen" means a person who meets one of the following immigration criteria:

(1) admitted for lawful permanent residence according to United States Code, title 8;

(2) admitted to the United States as a refugee according to United States Code, title 8, section 1157;

(3) granted asylum according to United States Code, title 8, section 1158;

~~(4) granted withholding of deportation according to United States Code, title 8, section 1253(h);~~

~~(5) paroled for a period of at least one year according to United States Code, title 8, section 1182(d)(5);~~

~~(6) granted conditional entrant status according to United States Code, title 8, section 1153(a)(7);~~

~~(7) determined to be a battered noncitizen by the United States Attorney General according to the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, title V of the Omnibus Consolidated Appropriations Bill, Public Law 104-200;~~

~~(8) is a child of a noncitizen determined to be a battered noncitizen by the United States Attorney General according to the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, title V, of the Omnibus Consolidated Appropriations Bill, Public Law 104-200; or~~

~~(9) (2) determined to be a Cuban or Haitian entrant as defined in section 501(e) of Public Law 96-422, the Refugee Education Assistance Act of 1980; or~~

(3) lawfully resides in the United States in accordance with a Compact of Free Association under United States Code, title 8, section 1612(b)(2)(G).

(c) All qualified noncitizens who were residing in the United States before August 22, 1996, who otherwise meet the eligibility requirements of this chapter, are eligible for medical assistance with federal financial participation.

~~(d) Beginning December 1, 1996, qualified noncitizens who entered the United States on or after August 22, 1996, and who otherwise meet the eligibility requirements of this chapter are eligible for medical assistance with federal participation for five years if they meet one of the following criteria:~~

~~(1) refugees admitted to the United States according to United States Code, title 8, section 1157;~~

~~(2) persons granted asylum according to United States Code, title 8, section 1158;~~

~~(3) persons granted withholding of deportation according to United States Code, title 8, section 1253(h);~~

~~(4) veterans of the United States armed forces with an honorable discharge for a reason other than noncitizen status, their spouses and unmarried minor dependent children; or~~

~~(5) persons on active duty in the United States armed forces, other than for training, their spouses and unmarried minor dependent children.~~

(d) Beginning July 1, 2010, children and pregnant women who are noncitizens described in paragraph (b) or who are lawfully present in the United States as defined in Code of Federal Regulations, title 8, section 103.12, and who otherwise meet eligibility requirements of this chapter, are eligible for medical assistance with federal financial participation as provided by the federal Children's Health Insurance Program Reauthorization Act of 2009, Public Law 111-3.

(e) Nonimmigrants who otherwise meet the eligibility requirements of this chapter are eligible for the benefits as provided in paragraphs (f) to (h). For purposes of this subdivision, a "nonimmigrant" is a person in one of the classes listed in United States Code, title 8, section 1101(a)(15).

(f) Payment shall also be made for care and services that are furnished to noncitizens, regardless of immigration status, who otherwise meet the eligibility requirements of this chapter, if such care and services are necessary for the treatment of an emergency medical condition.

(g) For purposes of this subdivision, the term "emergency medical condition" means a medical condition that meets the requirements of United States Code, title 42, section 1396b(v).

(h)(1) Notwithstanding paragraph (g), services that are necessary for the treatment of an emergency medical condition are limited to the following:

(i) services delivered in an emergency room or by an ambulance service licensed under chapter 144E that are directly related to the treatment of an emergency medical condition;

(ii) services delivered in an inpatient hospital setting following admission from an emergency room or clinic for an acute emergency condition; and

(iii) follow-up services that are directly related to the original service provided to treat the emergency medical condition and are covered by the global payment made to the provider.

(2) Services for the treatment of emergency medical conditions do not include:

(i) services delivered in an emergency room or inpatient setting to treat a nonemergency condition;

(ii) organ transplants, stem cell transplants, and related care;

(iii) services for routine prenatal care;

(iv) continuing care, including long-term care, nursing facility services, home health care, adult day care, day training, or supportive living services;

(v) elective surgery;

(vi) outpatient prescription drugs, unless the drugs are administered or dispensed as part of an emergency room visit;

(vii) preventative health care and family planning services;

(viii) rehabilitation services;

(ix) physical, occupational, or speech therapy;

(x) transportation services;

(xi) case management;

(xii) prosthetics, orthotics, durable medical equipment, or medical supplies;

(xiii) dental services;

(xiv) hospice care;

(xv) audiology services and hearing aids;

- (xvi) podiatry services;
- (xvii) chiropractic services;
- (xviii) immunizations;
- (xix) vision services and eyeglasses;
- (xx) waiver services;
- (xxi) individualized education programs; or
- (xxii) substance use disorder treatment.

(i) Pregnant noncitizens who are ineligible for federally funded medical assistance because of immigration status, are not covered by a group health plan or health insurance coverage according to Code of Federal Regulations, title 42, section 457.310, and who otherwise meet the eligibility requirements of this chapter, are eligible for medical assistance through the period of pregnancy, including labor and delivery, and 12 months postpartum.

(j) Beginning October 1, 2003, persons who are receiving care and rehabilitation services from a nonprofit center established to serve victims of torture and are otherwise ineligible for medical assistance under this chapter are eligible for medical assistance without federal financial participation. These individuals are eligible only for the period during which they are receiving services from the center. Individuals eligible under this paragraph shall not be required to participate in prepaid medical assistance. The nonprofit center referenced under this paragraph may establish itself as a provider of mental health targeted case management services through a county contract under section 256.0112, subdivision 6. If the nonprofit center is unable to secure a contract with a lead county in its service area, then, notwithstanding the requirements of section 256B.0625, subdivision 20, the commissioner may negotiate a contract with the nonprofit center for provision of mental health targeted case management services. When serving clients who are not the financial responsibility of their contracted lead county, the nonprofit center must gain the concurrence of the county of financial responsibility prior to providing mental health targeted case management services for those clients.

(k) Notwithstanding paragraph (h), clause (2), the following services are covered as emergency medical conditions under paragraph (f) except where coverage is prohibited under federal law for services under clauses (1) and (2):

- (1) dialysis services provided in a hospital or freestanding dialysis facility;
- (2) surgery and the administration of chemotherapy, radiation, and related services necessary to treat cancer if the recipient has a cancer diagnosis that is not in remission and requires surgery, chemotherapy, or radiation treatment; and
- (3) kidney transplant if the person has been diagnosed with end stage renal disease, is currently receiving dialysis services, and is a potential candidate for a kidney transplant.

(l) Effective July 1, 2013, recipients of emergency medical assistance under this subdivision are eligible for coverage of the elderly waiver services provided under chapter 256S, and coverage of rehabilitative services provided in a nursing facility. The age limit for elderly waiver services does not apply. In order to qualify for coverage, a recipient of emergency medical assistance is subject to the assessment and reassessment requirements of section 256B.0911. Initial and continued enrollment under this paragraph is subject to the limits of available funding.

**EFFECTIVE DATE.** This section is effective October 1, 2026.

Sec. 13. Minnesota Statutes 2024, section 256B.061, is amended to read:

**256B.061 ELIGIBILITY; RETROACTIVE EFFECT; RESTRICTIONS.**

(a) If any individual has been determined to be eligible for medical assistance under section 256B.055, subdivision 15, it will be made available for care and services included under the plan and furnished in or after the ~~third~~ first month before the month in which the individual made application for such assistance; if such individual was, or upon application would have been, eligible for medical assistance at the time the care and services were furnished. If any individual has been determined to be eligible for medical assistance under any other section, it will be made available for care and services included under the plan and furnished in or after the second month before the month in which the individual made application for such assistance if such individual was, or upon application would have been, eligible for medical assistance at the time the care and services were furnished.

(b) The commissioner may limit, restrict, or suspend the eligibility of an individual for up to one year upon that individual's conviction of a criminal offense related to application for or receipt of medical assistance benefits.

**EFFECTIVE DATE.** This section is effective January 1, 2027.

Sec. 14. Minnesota Statutes 2024, section 256B.0631, subdivision 1a, is amended to read:

Subd. 1a. **Prohibition on cost-sharing and deductibles.** ~~Effective January 1, 2024~~ Except for recipients eligible under section 256B.055, subdivision 15, the medical assistance benefit plan must not include cost-sharing or deductibles for any medical assistance recipient or benefit.

Sec. 15. Minnesota Statutes 2024, section 256B.0631, is amended by adding a subdivision to read:

Subd. 5. **Cost sharing.** (a) Effective for services provided on or after October 1, 2028, except as provided in subdivision 6, the medical assistance benefit plan includes the following cost sharing for recipients eligible under section 256B.055, subdivision 15, with income above 100 percent of the federal poverty level:

(1) \$3 per nonpreventive visit, except as provided in paragraph (c). For purposes of this subdivision, a visit means an episode of service that is required because of a recipient's symptoms, diagnosis, or established illness, and that is delivered in an ambulatory setting by a physician or physician assistant, chiropractor, podiatrist, nurse midwife, advanced practice nurse, audiologist, optician, or optometrist;

(2) \$3.50 for nonemergency visits to a hospital-based emergency room; and

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

(b) Cost sharing for prescription drugs and related medical supplies to treat chronic disease must comply with the requirements of section 62Q.481.

(c) A person eligible for medical assistance under section 256B.055, subdivision 15, is responsible for all co-payments and deductibles in this subdivision.

**EFFECTIVE DATE.** This section is effective January 1, 2027.

Sec. 16. Minnesota Statutes 2024, section 256B.0631, is amended by adding a subdivision to read:

Subd. 6. **Exceptions.** Co-payments and deductibles are subject to the exceptions and limits required by section 71120 of the One Big Beautiful Bill Act, Public Law 119-21.

**EFFECTIVE DATE.** This section is effective January 1, 2027.

Sec. 17. Minnesota Statutes 2024, section 256B.0631, is amended by adding a subdivision to read:

Subd. 7. **Collection.** (a) The medical assistance reimbursement to the provider must be reduced by the amount of the co-payment or deductible, except that reimbursements must not be reduced:

(1) once a recipient has reached the \$12 maximum per month for prescription drug co-payments; or

(2) for a recipient who has met the recipient's monthly five percent cost-sharing limit.

(b) The provider collects the co-payment or deductible from the recipient. Providers must not deny services to recipients who are unable to pay the co-payment or deductible.

**EFFECTIVE DATE.** This section is effective January 1, 2027.

Sec. 18. Minnesota Statutes 2025 Supplement, section 256B.1973, subdivision 9, is amended to read:

**Subd. 9. Interaction with other directed payments.** (a) An eligible provider under subdivision 3 may participate in the hospital directed payment program under section 256B.1974 for inpatient hospital services, outpatient hospital services, or both. A provider participating in the hospital directed payment program must not receive a directed payment under this section for any provider classes paid via the hospital directed payment program. A hospital subject to this section must notify the commissioner in writing no later than 30 days after enactment of this subdivision of the hospital's intention to participate in the hospital directed payment program under section 256B.1974 for inpatient hospital services, outpatient hospital services, or both.

(b) The election under this subdivision is a onetime election, except that if an eligible provider elects to participate in the hospital directed payment program, and the hospital directed payment program expires or is not federally approved, the eligible provider may subsequently elect to participate in the directed payment under this section.

(c) If an eligible provider elects not to participate in the hospital directed payment program under section 256B.1974 and the federal statutes or regulations related to hospital directed payment programs are subsequently substantially changed, the eligible provider may elect to participate in the hospital directed payment program under section 256B.1974.

(d) The effective date of the election to participate in the hospital directed payment program under this section must align with the beginning of the calendar year in which payment rates under this section are updated. The eligible provider must notify the commissioner of the eligible provider's intention to make the election ten months before the effective date of the election.

Sec. 19. Minnesota Statutes 2024, section 256L.04, subdivision 14, is amended to read:

**Subd. 14. Coordination with medical assistance.** (a) Individuals eligible for medical assistance under chapter 256B are not eligible for MinnesotaCare under this section.

(b) Individuals denied or disenrolled from medical assistance for failure to comply with the eligibility requirements of section 256B.0562 are not eligible for MinnesotaCare under this section.

~~(b)~~ (c) The commissioner shall coordinate eligibility and coverage to ensure that individuals transitioning between medical assistance and MinnesotaCare have seamless eligibility and access to health care services.

**EFFECTIVE DATE.** This section is effective January 1, 2027.

Sec. 20. Minnesota Statutes 2025 Supplement, section 268.19, subdivision 1, is amended to read:

Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from any person under the administration of the Minnesota Unemployment Insurance Law are private data on individuals or nonpublic data not on individuals as defined in section 13.02, subdivisions 9 and 12, and may not be disclosed except according to a district court order or section 13.05. A subpoena is not considered a district court order. These data may be disseminated to and used by the following agencies without the consent of the subject of the data:

- (1) state and federal agencies specifically authorized access to the data by state or federal law;
- (2) any agency of any other state or any federal agency charged with the administration of an unemployment insurance program;
- (3) any agency responsible for the maintenance of a system of public employment offices for the purpose of assisting individuals in obtaining employment;
- (4) the public authority responsible for child support in Minnesota or any other state in accordance with section 518A.83;
- (5) human rights agencies within Minnesota that have enforcement powers;
- (6) the Department of Revenue to the extent necessary for its duties under Minnesota laws;
- (7) public and private agencies responsible for administering publicly financed assistance programs for the purpose of monitoring the eligibility of the program's recipients;
- (8) the Department of Labor and Industry, the Department of Commerce, and the Bureau of Criminal Apprehension for uses consistent with the administration of their duties under Minnesota law;
- (9) the Department of Human Services and the Office of Inspector General and its agents within the Department of Human Services, including county fraud investigators, for investigations related to recipient or provider fraud and employees of providers when the provider is suspected of committing public assistance fraud;
- (10) the Department of Human Services for the purpose of evaluating medical assistance services ~~and~~, supporting program improvement, and administering section 256B.0562;
- (11) local and state welfare agencies for monitoring the eligibility of the data subject for assistance programs, or for any employment or training program administered by those agencies, whether alone, in combination with another welfare agency, or in conjunction with the department or to monitor and evaluate the statewide Minnesota family investment program and other cash assistance programs, the Supplemental Nutrition Assistance Program, and the Supplemental Nutrition Assistance Program Employment and Training program by providing data on recipients and former recipients of Supplemental Nutrition Assistance Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child care assistance under chapter 142E, or medical programs under chapter 256B or 256L or formerly codified under chapter 256D;

(12) local and state welfare agencies for the purpose of identifying employment, wages, and other information to assist in the collection of an overpayment debt in an assistance program;

(13) local, state, and federal law enforcement agencies for the purpose of ascertaining the last known address and employment location of an individual who is the subject of a criminal investigation;

(14) the United States Immigration and Customs Enforcement has access to data on specific individuals and specific employers provided the specific individual or specific employer is the subject of an investigation by that agency;

(15) the Department of Health for the purposes of epidemiologic investigations;

(16) the Department of Corrections for the purposes of case planning and internal research for preprobation, probation, and postprobation employment tracking of offenders sentenced to probation and preconfinement and postconfinement employment tracking of committed offenders;

(17) the state auditor to the extent necessary to conduct audits of job opportunity building zones as required under section 469.3201;

(18) the Office of Higher Education for purposes of supporting program improvement, system evaluation, and research initiatives including the Statewide Longitudinal Education Data System;

(19) the Family and Medical Benefits Division of the Department of Employment and Economic Development to be used as necessary to administer chapter 268B; and

(20) the executive director or interim executive director of the Minnesota Secure Choice Retirement Program established under chapter 187 for the purposes of assisting with communication with employers and to verify employer compliance with chapter 187.

(b) Data on individuals and employers that are collected, maintained, or used by the department in an investigation under section 268.182 are confidential as to data on individuals and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3 and 13, and must not be disclosed except under statute or district court order or to a party named in a criminal proceeding, administrative or judicial, for preparation of a defense.

(c) Data gathered by the department in the administration of the Minnesota unemployment insurance program must not be made the subject or the basis for any suit in any civil proceedings, administrative or judicial, unless the action is initiated by the department.

Sec. 21. Minnesota Statutes 2024, section 268.19, subdivision 1a, is amended to read:

Subd. 1a. **Wage detail data.** (a) Wage and employment data gathered under section 268.044 may be disseminated to and used, without the consent of the subject of the data, by an agency of another state that is designated as the performance accountability and consumer information agency for that state under Code of Federal Regulations, volume 20, part 663.510(c), in order to carry out the requirements of the Workforce Investment Act of 1998, United States Code, title 29, sections 2842 and 2871.

(b) The commissioner may enter into a data exchange agreement with an employment and training service provider under section 116L.17, or the Workforce Investment Act of 1998, United States Code, title 29, section 2864, under which the commissioner, with the consent of the subject of the data, may furnish data on the quarterly wages paid and number of hours worked on those individuals who have received employment and training services

from the provider. With the initial consent of the subject of the data, this data may be shared for up to three years after termination of the employment and training services provided to the individual without execution of an additional consent. This data is furnished solely for the purpose of evaluating the employment and training services provided. The data subject's ability to receive service is not affected by a refusal to give consent under this paragraph. The consent form must state this fact.

(c) Wage and employment data gathered under section 268.044 may be disseminated to and used by the commissioner of human services for the purpose of administering section 256B.0562 without the consent of the subject of the data.

Sec. 22. Minnesota Statutes 2025 Supplement, section 270B.14, subdivision 1, is amended to read:

Subdivision 1. **Disclosure to commissioner of human services.** (a) The commissioner shall provide the records and information necessary to administer the supplemental housing allowance to the commissioner of human services.

(b) At the request of the commissioner of human services, the commissioner of revenue shall electronically match the Social Security or individual taxpayer identification numbers and names of participants in the telephone assistance plan operated under sections 237.69 to 237.71, with those of property tax refund filers under chapter 290A or renter's credit filers under section 290.0693, and determine whether each participant's household income is within the eligibility standards for the telephone assistance plan.

(c) 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.

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

(e) The commissioner may disclose information to the commissioner of human services as necessary for income verification for eligibility and premium payment under the MinnesotaCare program, under section 256L.05, subdivision 2, as well as the medical assistance program under chapter 256B.

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

(g) At the request of the commissioner of human services and when authorized in writing by the taxpayer, the commissioner of revenue may match the business legal name or individual legal name, and the Minnesota tax identification number, federal Employer Identification Number, or Social Security number of the applicant under section 142C.03; 245A.04, subdivision 1; or 245L.20; or license or certification holder. The commissioner of revenue may share the matching with the commissioner of human services. The matching may only be used by the commissioner of human services to determine eligibility for provider grant programs and to facilitate the regulatory oversight of license and certification holders as it relates to ownership and public funds program integrity. This paragraph applies only if the commissioner of human services and the commissioner of revenue enter into an interagency agreement for the purposes of this paragraph.

(h) The commissioner may disclose return information to the commissioner of human services for the purpose of administering section 256B.0562.



**Subd. 2. Forecasted Programs**

(a) <b><u>General Assistance</u></b>	<u>7,909,000</u>	<u>9,653,000</u>
(b) <b><u>Minnesota Supplemental Aid</u></b>	<u>2,976,000</u>	<u>3,233,000</u>
(c) <b><u>Housing Support</u></b>	<u>29,593,000</u>	<u>44,727,000</u>
(d) <b><u>MinnesotaCare</u></b>	<u>86,681,000</u>	<u>159,628,000</u>

These appropriations are from the health care access fund.

(e) <b><u>Medical Assistance</u></b>	<u>589,777,000</u>	<u>525,140,000</u>
(f) <b><u>Behavioral Health Fund</u></b>	<u>22,698,000</u>	<u>32,654,000</u>

**Sec. 3. EFFECTIVE DATE.**

This article is effective the day following final enactment.

ARTICLE 5  
CHILDREN, YOUTH, AND FAMILIES FORECAST ADJUSTMENTS

**Section 1. CHILDREN, YOUTH, AND FAMILIES FORECAST ADJUSTMENTS.**

The sums shown in the columns marked "Appropriations" are added to or, if shown in parentheses, subtracted from the appropriations in Laws 2025, First Special Session chapter 3, article 22, to the commissioner of children, youth, and families from the general fund or other named fund for the purposes specified in section 2 and are available for the fiscal years indicated for each purpose. The figures "2026" and "2027" used in this article mean that the addition to or subtraction from the appropriation listed under them is available for the fiscal year ending June 30, 2026, or June 30, 2027, respectively.

<b><u>APPROPRIATIONS</u></b>	
<b><u>Available for the Year</u></b>	
<b><u>Ending June 30</u></b>	
<b><u>2026</u></b>	<b><u>2027</u></b>

**Sec. 2. COMMISSIONER OF CHILDREN, YOUTH, AND FAMILIES.**

<b>Subdivision 1. <u>Total Appropriation</u></b>	<b><u>\$(45,161,000)</u></b>	<b><u>\$(36,451,000)</u></b>
--	------------------------------	------------------------------

**Appropriations by Fund**

<u>General Fund</u>	<u>(22,395,000)</u>	<u>(10,320,000)</u>
<u>Federal TANF</u>	<u>(22,766,000)</u>	<u>(26,131,000)</u>

**Subd. 2. Forecasted Programs****(a) MFIP/DWP****Appropriations by Fund**

<u>General Fund</u>	<u>(7,245,000)</u>	<u>(3,125,000)</u>
<u>Federal TANF</u>	<u>(22,766,000)</u>	<u>(26,131,000)</u>

(b) <b><u>MFIP Child Care Assistance</u></b>	(26,220,000)	(18,822,000)
(c) <b><u>Northstar Care for Children</u></b>	11,070,000	11,627,000

Sec. 3. **EFFECTIVE DATE.**

This article is effective the day following final enactment.

ARTICLE 6  
DEPARTMENT OF HUMAN SERVICES APPROPRIATIONS

Section 1. **HUMAN SERVICES APPROPRIATIONS.**

The dollar amounts shown in the columns marked "Appropriations" are added to or, if shown in parentheses, are subtracted from the appropriations in Laws 2025, First Special Session chapter 3, article 20, from the general fund or any fund named for the purposes specified in this article, to be available for the fiscal year indicated for each purpose. The figures "2026" and "2027" used in this article mean that the appropriations listed under them are available for the fiscal years ending June 30, 2026, or June 30, 2027, respectively. "The first year" is fiscal year 2026. "The second year" is fiscal year 2027. "The biennium" is fiscal years 2026 and 2027.

	<b><u>APPROPRIATIONS</u></b>	
	<b><u>Available for the Year</u></b>	
	<b><u>Ending June 30</u></b>	
	<b><u>2026</u></b>	<b><u>2027</u></b>
Sec. 2. <b><u>COMMISSIONER OF HUMAN SERVICES</u></b>	<b><u>\$-0-</u></b>	<b><u>\$3,026,000</u></b>
<u>The amounts that may be spent for each purpose are specified in this article.</u>		
Sec. 3. <b><u>CENTRAL OFFICE; OPERATIONS</u></b>	<b><u>\$-0-</u></b>	<b><u>\$1,046,000</u></b>
<b><u>Base Level Adjustment.</u></b> <u>The general fund base is increased by \$6,257,000 in fiscal year 2028 and increased by \$7,093,000 in fiscal year 2029.</u>		
Sec. 4. <b><u>CENTRAL OFFICE; HEALTH CARE</u></b>	<b><u>\$-0-</u></b>	<b><u>\$16,403,000</u></b>
<b><u>Base Level Adjustment.</u></b> <u>The general fund base is increased by \$16,838,000 in fiscal year 2028 and increased by \$17,350,000 in fiscal year 2029.</u>		
Sec. 5. <b><u>FORECASTED PROGRAMS; MEDICAL ASSISTANCE</u></b>	<b><u>\$-0-</u></b>	<b><u>\$(15,923,000)</u></b>
<b><u>Base Level Adjustment.</u></b> <u>The general fund base is decreased by \$65,257,000 in fiscal year 2028 and decreased by \$70,977,000 in fiscal year 2029.</u>		

Sec. 6. **GRANT PROGRAMS; HEALTH CARE GRANTS** **\$-0-** **\$1,500,000**

**Base Level Adjustment.** The general fund base is increased by \$1,750,000 in fiscal year 2028 and increased by \$1,125,000 in fiscal year 2029.

Sec. 7. **EXPIRATION OF UNCODIFIED LANGUAGE.**

All uncodified language in this article expires June 30, 2027, unless a different expiration date is specified.

Sec. 8. **EFFECTIVE DATE.**

This article is effective July 1, 2026, unless a different effective date is specified.

ARTICLE 7  
DEPARTMENT OF HEALTH APPROPRIATIONS

Section 1. **HEALTH APPROPRIATIONS.**

The dollar amounts shown in the columns marked "Appropriations" are added to or, if shown in parentheses, subtracted from the appropriations in Laws 2025, First Special Session chapter 3, article 21, from the general fund or any named fund and are available for the fiscal years indicated for each purpose. The figures "2026" and "2027" used in this article mean that the addition to or subtraction from the appropriations listed under them are available for the fiscal years ending June 30, 2026, or June 30, 2027, respectively. "The first year" is fiscal year 2026. "The second year" is fiscal year 2027.

	<b><u>APPROPRIATIONS</u></b>	
	<b><u>Available for the Year</u></b>	
	<b><u>Ending June 30</u></b>	
	<b><u>2026</u></b>	<b><u>2027</u></b>
Sec. 2. <b><u>COMMISSIONER OF HEALTH</u></b>	<b><u>\$440,000</u></b>	<b><u>\$682,000</u></b>
<b><u>Appropriations by Fund</u></b>		
<u>General</u>	<u>2026</u> <u>-0-</u>	<u>2027</u> <u>55,000</u>
<u>State Government</u>		
<u>Special Revenue</u>	<u>440,000</u>	<u>627,000</u>

The amounts that may be spent for each purpose are specified in this article.

Sec. 3. **HEALTH IMPROVEMENT**

Subdivision 1. **Total Appropriation** **\$440,000** **\$682,000**

	<b><u>APPROPRIATIONS</u></b>	
	<b><u>Available for the Year</u></b>	
	<b><u>Ending June 30</u></b>	
	<b><u>2026</u></b>	<b><u>2027</u></b>
Subdivision 1. <b><u>Total Appropriation</u></b>	<b><u>\$440,000</u></b>	<b><u>\$682,000</u></b>
<b><u>Appropriations by Fund</u></b>		
<u>General</u>	<u>2026</u> <u>-0-</u>	<u>2027</u> <u>55,000</u>
<u>State Government</u>		
<u>Special Revenue</u>	<u>440,000</u>	<u>627,000</u>

**Subd. 2. Licensing and Regulation of Health Maintenance Organizations**

\$440,000 in fiscal year 2026 and \$440,000 in fiscal year 2027 are from the state government special revenue fund for licensing and regulation of health maintenance organizations under Minnesota Statutes, chapter 62D. These appropriations are contingent on the commissioner of health retaining authority in fiscal year 2027 to license and regulate health maintenance organizations.

**Subd. 3. All-Payer Claims Database; Administration**

\$187,000 in fiscal year 2027 is from the state government special revenue fund for administering the all-payer claims database under Minnesota Statutes, section 62U.04. The state government special revenue fund base for this subdivision is increased by \$234,000 in fiscal year 2028 and increased by \$292,000 in fiscal year 2029.

**Subd. 4. All-Payer Claims Database; Data on Fully Denied Claims**

\$55,000 in fiscal year 2027 is from the general fund for the collection of data on fully denied claims according to Minnesota Statutes, section 62U.04, subdivision 4. This is a onetime appropriation.

Sec. 4. Laws 2025, First Special Session chapter 3, article 21, section 3, subdivision 2, is amended to read:

**Subd. 2. Substance Use Treatment, Recovery, and Prevention Grants**

\$3,000,000 in fiscal year 2026 and \$3,000,000 in fiscal year 2027 are from the general fund for substance use treatment, recovery, and prevention grants under Minnesota Statutes, section 342.72. The commissioner may use up to \$300,000 of this appropriation for administration.

**Sec. 5. EXPIRATION OF UNCODIFIED LANGUAGE.**

All uncodified language contained in this article expires June 30, 2027, unless a different expiration date is specified.

**Sec. 6. EFFECTIVE DATE.**

This article is effective June 30, 2026, unless a different effective date is specified."

Delete the title and insert:

"A bill for an act relating to state government; modifying provisions relating to health-related licensing boards, the Department of Health, directed payments, and medical assistance federal conformity; expanding allowable disclosures to commissioner of human services; establishing work or community engagement requirements; establishing fees; appropriating money; amending Minnesota Statutes 2024, sections 13.381, subdivision 20;

62U.04, subdivisions 4, 13, by adding a subdivision; 116J.035, by adding a subdivision; 144.1222, subdivision 4, by adding a subdivision; 144.1501, subdivision 2; 144.1503, subdivision 7; 144.1505, subdivisions 1, 2, 3; 144.1507, subdivisions 1, 2, 4, by adding a subdivision; 144.1911, subdivisions 1, 5, 6; 148.65, subdivisions 5, 6; 148.706, subdivisions 1, 2, 3; 149A.02, subdivision 26; 149A.20, subdivisions 6, 7; 149A.30, subdivision 1; 149A.91, subdivision 3; 149A.94, subdivision 1; 149A.955, subdivision 14; 151.74, subdivisions 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 13, 14; 151.741, subdivisions 1, 2; 256B.04, subdivision 27; 256B.056, subdivisions 2a, 3d, 7, 7a; 256B.0561, subdivision 2; 256B.06, subdivision 4; 256B.061; 256B.0631, subdivision 1a, by adding subdivisions; 256L.04, subdivision 14; 268.19, subdivision 1a; 295.52, subdivision 8; Minnesota Statutes 2025 Supplement, sections 144.125, subdivision 1; 151.741, subdivision 5; 256.9657, subdivision 2b; 256.969, subdivision 2f; 256B.1973, subdivision 9; 268.19, subdivision 1; 270B.14, subdivision 1; Laws 2025, First Special Session chapter 3, article 21, section 3, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 256B; repealing Minnesota Statutes 2024, section 151.74, subdivision 15."

The motion prevailed and the amendment was adopted.

Bierman moved to amend S. F. No. 4612, the third engrossment, as amended, as follows:

Page 18, line 22, after "the" insert "state government" and delete "and is" and insert a period

Page 18, delete lines 23 and 24

Page 19, line 16, delete "4, 5, and" and insert "3 to"

Scott moved to amend the Bierman amendment to S. F. No. 4612, the third engrossment, as amended, as follows:

Page 1, delete lines 3 to 5 and insert:

"Pages 16 and 17, delete sections 2 and 3"

Page 1, after line 6, insert:

"Page 66, line 24, delete "682,000" and insert "495,000"

Page 66, line 29, delete "627,000" and insert "440,000"

Page 67, line 1, delete "682,000" and insert "495,000"

Page 67, line 6, delete "627,000" and insert "440,000"

Page 67, delete subdivision 3

Renumber the subdivisions in sequence

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 Scott amendment to the Bierman amendment and the roll was called. There were 67 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

Those who voted in the negative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Stephenson
Agbaje	Feist	Hicks	Kotyza-Witthuhn	Momanyi-Hiltsley	Tabke
Bahner	Finke	Hill	Kozlowski	Noor	Vang
Berg	Fischer	Hollins	Kraft	Norris	Virmig
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Wolgamott
Buck	Frederick	Huot	Lee, K.	Pinto	Xiong
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Youakim
Cha	Gomez	Johnson, P.	Liebling	Rehm	
Clardy	Gottfried	Jones	Lillie	Rehauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Sencer-Mura	
Elkins	Hansen, R.	Klevorn	Mahamoud	Smith	

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

The question recurred on the Bierman amendment to S. F. No. 4612, the third engrossment, as amended. The motion prevailed and the amendment was adopted.

Huot moved to amend S. F. No. 4612, the third engrossment, as amended, as follows:

Page 35, delete section 25 and insert:

"Sec. 25. Minnesota Statutes 2024, section 149A.955, subdivision 14, is amended to read:

Subd. 14. **Bodies awaiting natural organic reduction.** (a) Except as provided in paragraphs (b) and (c), a dead human body must be placed in the natural organic reduction vessel to initiate the natural reduction process within ~~24 hours~~ 30 calendar days after the natural organic reduction facility accepts legal and physical custody of the body. A natural organic reduction facility must keep a body awaiting natural organic reduction in refrigeration if the facility holds the body for longer than four calendar days.

(b) If a natural organic reduction facility does not initiate natural reduction within 30 calendar days after accepting legal and physical custody of the body, the natural organic reduction facility may hold the body for up to an additional 30 calendar days before initiating natural reduction, provided the person or persons with the right to control and duty of disposition of the body under section 149A.80, subdivision 2, consent to the extension of time. If the facility does not initiate natural reduction within the additional 30-day period, the facility must arrange for final disposition of the body by burial or cremation, as determined by the person or persons with the right to control and duty of disposition of the body. The body must be buried or cremated within five calendar days after the additional 30-day period ends.

(c) If a natural organic reduction facility does not initiate natural reduction within 30 calendar days after accepting legal and physical custody of the body and the person or persons with the right to control and duty of disposition of the body do not consent to an extension of the time the facility may hold the body, the facility must arrange final disposition of the body by burial or cremation. The person or persons with the right to control and duty of disposition of the body must determine whether the body is buried or cremated, and the body must be buried or cremated within five calendar days after the end of the initial 30-day period."

The motion prevailed and the amendment was adopted.

Backer moved to amend S. F. No. 4612, the third engrossment, as amended, as follows:

Page 57, after line 24, insert:

"Sec. 19. Minnesota Statutes 2025 Supplement, section 256B.695, subdivision 5, is amended to read:

Subd. 5. **CARMA enrollment.** (a) Subject to ~~paragraphs~~ paragraph (d) ~~and (e)~~, eligible individuals must be automatically enrolled in CARMA, but may decline enrollment. Eligible individuals may enroll in fee-for-service medical assistance. Eligible individuals may change their CARMA elections on an annual basis.

(b) Eligible individuals must be able to enroll in CARMA through the selection process in accordance with the election period established in section 256B.69, subdivision 4, paragraph (e).

(c) Enrollees who were not previously enrolled in the medical assistance program or MinnesotaCare can change their selection once within the first year after enrollment in CARMA. Enrollees who were not previously enrolled in CARMA have 90 days to make a change and changes are allowed for additional special circumstances.

(d) The commissioner may not offer a second health plan to eligible individuals other than, ~~and or~~ in addition to, CARMA except that the commissioner may offer a second health plan to eligible individuals when another health plan is enrolling in MinnesotaCare, if required by federal law or rule. Eligible individuals who do not select a health plan at the time of enrollment must automatically be enrolled in CARMA.

(e) The commissioner may offer a replacement plan to eligible individuals, as determined by the commissioner, when counties administering CARMA have their contract terminated for cause.

~~(e)~~ (f) The commissioner may, on a county-by-county basis, offer a health plan other than, ~~and in addition to~~, CARMA to individuals who are eligible for both Medicare and medical assistance due to age, income, or disability if ~~the commissioner deems it necessary for enrollees to have another choice of health plan. Factors the commissioner must consider when determining if the other health plan is necessary include the number of available Medicare Advantage Plan options that are not special needs plans in the county, the size of the enrolling population, the additional administrative burden placed on providers and counties by multiple health plan options in a county, the need to ensure the viability and success of the CARMA program, and the impact to the medical assistance program~~ there is not already a health plan available under CARMA.

~~(f) In counties where the commissioner is required by federal law or elects to offer a second health plan other than CARMA pursuant to paragraphs (d) and (e), eligible enrollees who do not select a health plan at the time of enrollment must automatically be enrolled in CARMA.~~

(g) This subdivision supersedes section 256B.694.

**EFFECTIVE DATE.** This section is effective January 1, 2027."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed and the amendment was adopted.

Smith moved to amend S. F. No. 4612, the third engrossment, as amended, as follows:

Page 62, after line 33, insert:

"ARTICLE 4  
PSILOCYBIN THERAPEUTIC USE PROGRAM

Section 1. **PURPOSE.**

The purpose of this article is to establish a legal, regulated framework for the therapeutic use of psilocybin by individuals who are 21 years of age or older with a registered facilitator, have been diagnosed with a qualifying medical condition, and meet the other requirements for enrollment in the program.

Sec. 2. **[342.85] DEFINITIONS.**

Subdivision 1. **Application.** For the purposes of sections 342.85 to 342.98, the following terms have the meanings given.

Subd. 2. **Administration session.** "Administration session" means a session supervised by a registered facilitator during which a registered patient consumes and experiences the effects of psilocybin. May also be referred to as treatment sessions or medicine sessions.

Subd. 3. **Integration session.** "Integration session" means a meeting between a registered patient and a registered facilitator that occurs after the completion of an administration session.

Subd. 4. **Office.** "Office" means the Office of Cannabis Management (OCM).

Subd. 5. **Physician.** "Physician" means a Minnesota-licensed physician.

Subd. 6. **Preparation session.** "Preparation session" means a meeting between a registered patient and a registered facilitator that occurs before an administration session. Preparation session does not mean an initial consultation between a registered patient and registered facilitator regarding psilocybin use, an inquiry from a registered patient to a registered facilitator regarding psilocybin use, or a registered facilitator's response to a registered patient's inquiry regarding psilocybin use.

Subd. 7. **Program.** "Program" means the psilocybin therapeutic use program established under sections 342.85 to 342.98.

Subd. 8. **Program research institution.** "Program research institution" means a Minnesota nonprofit or academic institution that advises and assists with program data collection for public health monitoring, training, continuing education, and ethical oversight requirements.

Subd. 9. **Psilocybin.** "Psilocybin" means any mushroom, in raw, dried, or prepared form, that contains the psychoactive compound psilocybin or its metabolite psilocin.

Subd. 10. **Psychedelic Medicine Advisory Committee or advisory committee.** "Psychedelic Medicine Advisory Committee" or "advisory committee" means the advisory committee established under section 342.98.

Subd. 11. **Qualifying medical condition.** "Qualifying medical condition" means a medical condition designated by the office for which psilocybin shows evidence for an appropriate therapeutic use, including but not limited to posttraumatic stress disorder, depression, substance use disorders, anxiety, and chronic pain.

Subd. 12. **Registered facilitator.** "Registered facilitator" means an individual registered with the office to provide services in preparation sessions and integration sessions and to supervise administration sessions.

Subd. 13. **Registered patient.** "Registered patient" means a Minnesota resident certified by a physician as having a qualifying medical condition and enrolled in the psilocybin therapeutic use program.

Subd. 14. **Registered supplier.** "Registered supplier" means an individual or entity licensed by the state to cultivate and manufacture psilocybin products with appropriate treatment dosing for facilitated use in administration sessions.

Subd. 15. **Testing facility.** "Testing facility" means the testing and inspection services at OCM to test for quality, potency, and microbial contaminants from supply centers through product sampling and facility inspections to monitor the supply chain of psilocybin to be used for treatment sessions and ensure supply centers are adhering to good manufacturing practices.

Subd. 16. **Treatment facility.** "Treatment facility" means a Minnesota health clinic or center that has been licensed by the state with staff trained to respond to medical emergencies and safety equipment to monitor vitals for supervised administration sessions. To accommodate homebound patients, a treatment facility may be the homebound patient's residence with a registered facilitator and safety equipment to monitor vitals provided by the registered facilitator.

### Sec. 3. **[342.86] PSILOCYBIN THERAPEUTIC USE PROGRAM.**

Subdivision 1. **Establishment.** The Office of Cannabis Management must establish and administer a psilocybin therapeutic use program according to sections 342.85 to 342.98 in which individuals age 21 and older who have a qualifying medical condition and meet the other eligibility requirements may enroll in the program and are able to access and use psilocybin under the supervision of a registered facilitator at a treatment facility.

Subd. 2. **Rulemaking.** (a) The office must adopt rules to govern the operation of the program. The rules must at least:

(1) specify the qualifying medical conditions that an individual must be diagnosed with in order to enroll in the program, based upon emerging evidence from scientific research and clinical trials evaluated in the psychedelic medicine task force legislative report, including but not limited to posttraumatic stress disorder, depression, substance use disorders, anxiety, chronic pain, and other conditions where scientific evidence shows there may be therapeutic benefit;

(2) specify testing standards in collaboration with the program research institution and with guidance from existing rules developed in Oregon and Colorado for psilocybin mushroom testing, dosing, and manufacturing standards for psilocybin mushrooms to ensure safety, appropriate dosing for treatment sessions, and preventing diversion of all points along the psilocybin supply chain where whoever has custody of psilocybin is responsible for the security of the supply chain at the registered supply center or in transit between licensed premises, including providing adequate safeguards to protect against theft or diversion of psilocybin;

(3) establish a standardized questionnaire in collaboration with the program research institution for use by physicians to conduct health screenings of individuals seeking to enroll in the program;

(4) establish a standardized formal risk assessment tool in collaboration with the program research institution for use by physicians to evaluate identified contraindications in individuals seeking to enroll in the program;

(5) establish qualifications in collaboration with the program research institution to register with the office as a facilitator, following the completion of a certification program for psilocybin facilitators that are approved training programs used by Oregon and Colorado psilocybin programs that provide competency testing and supervision for facilitators; and

(6) establish qualifications to register with the office as a supplier in collaboration with the program research institution, including any additional subjects on which individuals must demonstrate competency in the required subjects and standards for cultivation. Registered suppliers must work with testing facilities to ensure appropriate quality and dosing of psilocybin prior to releasing to registered patients for treatment.

(b) The office must consult with the advisory committee and the program research institution in adopting rules under this subdivision.

(c) Rules for which notice is published in the State Register before January 1, 2028, may be adopted using the expedited rulemaking process in section 14.389. The notice of the proposed rule for the items in paragraph (a) must be published in the State Register no later than July 1, 2027.

**Subd. 3. Evaluation and research.** (a) The office must collect from registered patients de-identified data including, but not limited to, the frequency with which registered patients use psilocybin in administration sessions, the qualifying medical conditions for which psilocybin is used, outcomes from psilocybin use experienced by registered patients, and adverse effects of psilocybin use experienced by registered patients, as well as any changes to utilization of other health care, social services, or government funded programs. Registered patients and registered facilitators must provide data to the office in a form and manner specified by the office. The office must use data collected under this paragraph to evaluate the program and, in consultation with the advisory committee and in collaboration with the program research institution, develop recommendations to improve the program. The program may consult and partner with federal health and research institutions, including but not limited to efforts that promote confidentiality protections, applications for funding, and collaboration on national research efforts related to psilocybin therapy.

(b) The office may support research that investigates novel therapeutic uses of psilocybin and psilocin. In determining whether to support research initiatives, the office must use the content from the report and recommendations of the task force authorized under Laws 2023, chapter 70, article 4, section 99, so as not to duplicate efforts already covered by the task force, as the state has already invested in ways to implement these recommendations and can be used as a guide for expanding research and improving the proposed psilocybin pilot program.

Subd. 4. **Funding.** The office must request from the federal government, funding to establish and administer the program as part of a state-federal partnership based on the executive order signed April 18, 2026, accelerating medical treatments for serious mental illness.

Sec. 4. **[342.87] ELIGIBILITY AND ENROLLMENT IN PROGRAM.**

Subdivision 1. **Registration system.** The office must administer a secure registration system to track patients enrolled in the program while protecting their privacy.

Subd. 2. **Eligibility for enrollment.** (a) To enroll in the program, an individual must:

(1) be 21 years of age or older;

(2) submit to the office a written certification from a physician dated within 90 days of submission and verifying the individual's diagnosis with a qualifying medical condition;

(3) submit to the office a written certification or certifications from one or more physicians dated within 90 days of submission and verifying either:

(i) that the detailed health screening conducted according to subdivision 3 did not identify contraindications to the individual's use of psilocybin; or

(ii) that the detailed health screening identified contraindications to the individual's use of psilocybin but a physician conducted a further evaluation using a formal risk assessment tool and determined the individual's identified contraindications should not preclude the individual from using psilocybin; and

(4) submit an application to the office in a form and manner specified by the office.

(b) Individuals may apply for enrollment in the program beginning July 1, 2028.

Subd. 3. **Health screening; evaluation.** An individual who wishes to enroll in the program must have a detailed health screening performed by a physician to identify whether the individual has a qualifying medical condition and if any significant physical or mental health conditions or medications that are contraindications to the use of psilocybin. Contraindicated conditions may include but are not limited to cardiovascular disease, psychosis, and bipolar disorders. Contraindicated medications include but are not limited to lithium, monoamine oxidase inhibitors (MAOIs), tramadol, and amphetamine stimulants. If the physician determines in the screening that the individual has one or more contraindications to the use of psilocybin, the individual must have the contraindication further evaluated by a physician using a formal risk assessment tool. An individual who has an additional evaluation performed may proceed with an application under subdivision 2 only if the physician performing the additional evaluation determines the individual's identified contraindications should not preclude the individual from using psilocybin.

Subd. 4. **Informed consent for program.** Upon receiving the individual's complete application and certifications required under subdivision 2, the office must provide the individual with information including, but not limited to, the nature of psilocybin use for therapeutic purposes, potential adverse effects of psilocybin use, possible interactions between psilocybin and other commonly used drugs, and legal risks associated with the program, along with a document, to be signed and returned by the individual, that the individual has read and understood the information provided and wishes to enroll in the program. An individual who wishes to proceed with the individual's application must sign and date the informed consent form and return it to the office. This is separate from the informed consent signed between a registered facilitator and the patient for consent to treatment.

Subd. 5. **Enrollment.** The office must approve or deny the individual's application within 60 days after receiving the individual's informed consent form under subdivision 4. Upon approval of an individual's application and receipt of the enrollment fee required under section 342.97, the office must register the individual in the program and issue the individual a card that permits the registered patient to access psilocybin with a registered facilitator at a treatment facility.

Subd. 6. **Renewal.** (a) A registered patient's registration is valid for 12 months from the date of issuance. A registered patient who wishes to renew the registration must, at least 60 days before the registration expires, submit an application for registration renewal; written certifications that meet the requirements in subdivision 2, paragraph (a), clauses (2) and (3); and the fee required under section 342.97. The office must approve or deny a registered patient's renewal application within 60 days after receiving the complete application and written certifications.

(b) A registered patient whose registration expired less than 31 days from the date of expiration may renew the registration under paragraph (a). A registered patient whose registration expired 31 or more days past the date of expiration must apply for enrollment according to subdivision 2.

(c) A registered patient who has not received treatment during the first 12 months after being registered in the program shall be removed from the program due to nonparticipation in order to allow for other patients to register for the program, given the cap of patients to be treated during the pilot to be limited to 1,000.

Subd. 7. **Permitted acts.** (a) Subject to section 342.91, a registered patient is permitted to:

(1) designate a registered facilitator; and

(2) obtain psilocybin from a registered supplier, transport psilocybin to a treatment facility, and consume the recommended amount at a treatment facility with a registered facilitator according to the recommended dosing limit.

(b) Subject to section 342.91, a registered supplier and testing facility registered with the office is permitted to cultivate and possess psilocybin, provided the cultivation and testing is performed according to section 342.88 and the total amount possessed does not exceed the limit designed by the program.

(c) Subject to section 342.91, a registered facilitator is permitted, according to section 342.89, to provide services to registered patients in preparation sessions and integration sessions and supervise administration sessions with psilocybin for registered patients who have obtained their treatment dose from a registered supplier.

(d) No civil or criminal state penalty shall be imposed on:

(1) a registered patient solely for engaging in an act listed in paragraph (a);

(2) a registered supplier and testing facility solely for engaging in an act listed in paragraph (b); or

(3) a registered facilitator solely for engaging in an act listed in paragraph (c).

This does not preclude any individual from clause (1), (2), or (3) from being held civilly or criminally liable for other actions during the course of their participation in the program from penalties under either state or federal law.

Subd. 8. **Program initiation.** The office must approve an initial program structured to include:

(1) between 20 to 50 registered facilitators who are currently licensed according to section 342.94, subdivision 2, paragraph (b), from a state health licensing board, who will receive additional training as psilocybin facilitators from a certificate training program that have been approved by programs for Oregon and Colorado;

(2) at least three testing facilities;

(3) no more than 1,000 patients with qualifying medical conditions registered and that receive treatment during their first year being registered in the program; and

(4) that the program shall run for three years once initiated after supply centers are established and contain supply that is ready for the program, at least five registered facilitators have obtained their facilitator license from an approved program, and at least one patient has registered for the program and identified a facilitator to receive treatment from.

Subd. 9. **Program evaluation.** The office, in consultation with the advisory committee and the program research institution, must evaluate the program at the end of the three-year period, and provide a report to the legislature with recommendations for program next steps no later than December 1, 2031.

Sec. 5. **[342.88] CULTIVATION.**

Subdivision 1. **Cultivation authorized.** (a) A registered patient may compensate a registered supplier who cultivates psilocybin for the program at a registered facility. Compensating a registered supplier for cultivation under this paragraph does not constitute the sale or commercial distribution of psilocybin.

(b) Before cultivating psilocybin for the program, a registered supplier must register with the office.

(c) A registered supplier must:

(1) cultivate psilocybin only for registered patients in an amount that does not exceed the cultivation limit as established by the office; and

(2) not cultivate psilocybin in an amount that exceeds the cultivation limit provided under their license as designated by the office.

Subd. 2. **Secure location.** Cultivation by a registered supplier must take place at an approved location in an enclosed locked space that is not accessible to the public or by individuals under age 21 and contains on-site testing facilities for quality and potency testing.

Sec. 6. **[342.89] LOCATION AND FACILITATOR; ADMINISTRATION SESSIONS.**

Subdivision 1. **Location.** A registered patient may use psilocybin in an administration session only:

(1) at an approved private residence, including the curtilage or yard of the residence, unless the property owner prohibits the use of psilocybin on the property; or

(2) at a licensed treatment facility, unless the property owner, if the clinic is being rented, prohibits the use of psilocybin on the property.

Subd. 2. **Registered facilitator.** A registered facilitator must be physically present with a registered patient during an administration session to supervise the registered patient's use of psilocybin and to contact emergency services if necessary during the administration session. As a condition of supervising an administration session for a registered patient, a registered facilitator may require the registered patient to also participate in a preparation session and an integration session with the registered facilitator. A registered facilitator may charge a reasonable fee for the registered facilitator's services.

**Subd. 3. Informed consent for treatment.** (a) Before a registered facilitator supervises a registered patient's administration session, the registered facilitator must provide the registered patient with information including, but not limited to, the nature of psilocybin use for therapeutic purposes, what to expect in an administration session, potential adverse effects of psilocybin use, and possible interactions between psilocybin and other commonly used drugs. Registered patients must also be allowed to opt in for consent to data collection for program monitoring. This is separate from the informed consent for the program.

(b) A registered patient who wishes to proceed with an administration session must sign and date a document stating that the patient has been informed of and understands the information provided according to paragraph (a). Registered facilitators must maintain the signed informed consent documents for two years after receipt.

**Subd. 4. Chain of custody for psilocybin and psilocin.** Before a registered patient's administration session, a registered patient must procure the recommended dose of psilocybin from a registered supplier. The office must establish a track and trace system to scan when the dose is picked up from the supplier, and when it is administered to the patient to ensure the same product is used for treatment after being picked up from the supplier with tamper-proof packaging. At the time of exchange between a registered supplier and a registered patient, both the registered supplier and registered patient must attest to the exchange in a form and manner specified by the office, and which must include, at minimum, the specific amount of psilocybin exchanged and a tracking number for that dose. Prior to an administration session, a registered facilitator and registered patient must attest to the specific dose amount that will be used in the administration session in a form and manner specified by the office by scanning and confirming the tracking number that was picked up prior to administration. Psilocybin supply can only be exchanged after a patient and facilitator have scheduled an administration session.

## Sec. 7. **[342.90] REGISTERED FACILITATOR.**

**Subdivision 1. Registration required; qualifications.** An individual must register with the office as a facilitator in order to supervise administration sessions for registered patients and to provide registered patients with services in preparation sessions and integration sessions. In order to register as a facilitator, an individual must:

(1) be 21 years of age or older;

(2) possess a license as a mental health professional as defined in section 245I.02, subdivision 27; and

(3) demonstrate competency, in a manner determined by the office and in collaboration with the program research institution, on facilitator ethics; the safe use of psilocybin; duties of a facilitator during preparation sessions, administration sessions, and integration sessions; and other topics as determined by the office and the program research institution.

**Subd. 2. Application for registration; registration renewal.** (a) An individual who wishes to register as a facilitator must apply to the office in a form and manner specified by the office.

(b) A registration issued under this section is valid for 12 months from the date of issuance. An individual who wishes to renew the individual's registration must apply for registration renewal, in a form and manner specified by the office, at least 60 days before the individual's registration expires. In evaluating an application for registration renewal, the office must consider any complaints reported to the office under subdivision 3 and may decline to renew an individual's registration if the office determines, based on complaints received or other evidence, that the individual did not perform the duties of a facilitator in a safe or ethical manner. The office must approve or deny a registered facilitator's renewal application within 60 days after receiving the facilitator's complete application.

(c) A registered facilitator whose registration expired less than 31 days ago may renew the registration under paragraph (b). A registered facilitator whose registration expired 31 or more days ago must apply for registration according to paragraph (a), except the office must consider any complaints reported to the office under subdivision 3 and may decline to register the individual if the office determines, based on complaints received or other evidence, that the individual did not perform the duties of a facilitator in a safe or ethical manner.

(d) Individuals may apply for registration as a facilitator beginning July 1, 2028.

Subd. 3. **Complaints.** The office must accept complaints from registered patients and other interested individuals regarding a registered facilitator's failure to supervise an administration session in a safe or ethical manner or failure to provide services in a preparation session or an integration session in a safe or ethical manner. The office must forward a complaint received under this subdivision to the appropriate health-related licensing board with jurisdiction over the registered facilitator who is the subject of the complaint, as provided in section 214.10, subdivision 1. The data shall have the same classification under chapter 13 and the same usage restrictions specified in sections 342.85 to 342.98 in the hands of the health-related licensing board receiving the data as it had in the hands of the office.

Subd. 4. **List of registered facilitators.** The office must post on its website the names of and contact information for registered facilitators.

Sec. 8. **[342.91] LIMITATIONS.**

Nothing in sections 342.85 to 342.98 permits an individual to:

(1) participate in the program if the individual is under 21 years of age;

(2) sell psilocybin to an individual or engage in the distribution of psilocybin to anyone not registered in the program;

(3) establish a treatment facility on the grounds of a public school, as defined in section 120A.05, subdivisions 9, 11, and 13, or a charter school governed by chapter 124E, including all owned, rented, or leased facilities and all vehicles that a school district owns, leases, rents, contracts for, or controls;

(4) establish a treatment facility in a state correctional facility;

(5) if the individual is a registered facilitator, supervise the administration session of an individual who is not a registered patient; or

(6) if the individual is a registered supplier, cultivate psilocybin not intended for the program for registered patients.

Sec. 9. **[342.92] CRIMINAL AND CIVIL PROTECTIONS.**

Subdivision 1. **Forfeiture.** Psilocybin cultivated or obtained under sections 342.85 to 342.98 and associated property are not subject to forfeiture under sections 609.531 to 609.5316.

Subd. 2. **Protections for public employees.** Notwithstanding any law to the contrary, the director of the office, the governor of Minnesota, or an employee of any state agency may not be held civilly or criminally liable for any injury, loss of property, personal injury, or death caused by any act or omission while acting within the scope of their office or employment under sections 342.85 to 342.98.

Subd. 3. **Search warrant.** Federal, state, and local law enforcement authorities are prohibited from accessing the patient registry under sections 342.85 to 342.98 except when acting pursuant to a valid search warrant.

Subd. 4. **Evidence in criminal proceeding.** No information contained in a report, document, or registry or obtained from a patient or facilitator or physician under sections 342.85 to 342.98 may be admitted as evidence in a criminal proceeding as evidence of criminal activity unless independently obtained or in connection with a proceeding involving a violation of sections 342.85 to 342.98. Any person who violates this subdivision is guilty of a gross misdemeanor.

Subd. 5. **Possession of registry card or application.** The possession of a registry card or application for enrollment in the program by an individual entitled to possess a registry card or apply for enrollment in the program does not constitute probable cause or reasonable suspicion, and shall not be used to support a search of the person or property of the individual possessing the registry card or application, or otherwise subject the person or property of the individual to inspection by any governmental agency.

Subd. 6. **Employment.** An employer must not discriminate against a registered patient, registered supplier, or registered facilitator in hiring, termination, or any term or condition of employment, or otherwise penalize a registered patient, registered supplier, or registered facilitator based on the lawful cultivation, possession, transportation, provision of services in preparation sessions or integration sessions, supervision of administration sessions, or use of psilocybin under sections 342.85 to 342.98, unless:

(1) the employer's failure to act would violate federal law or regulations or would cause the employer to lose a monetary or licensing-related benefit under federal law or regulations; or

(2) the registered patient's use of psilocybin directly impacts the registered patient's job performance or safety requirements of the registered patient's job position.

Subd. 7. **Housing.** No landlord may refuse to lease to or evict a registered patient, registered supplier, or registered facilitator solely for lawfully engaging in the psilocybin program under sections 342.85 to 342.98, unless the landlord's failure to do so would violate federal law or regulations or would cause the landlord to lose a monetary or licensing-related benefit under federal law or regulations.

Subd. 8. **Education.** No school may refuse to enroll a registered patient or registered supplier or registered facilitator solely for lawfully engaging with their respective treatment or duties for the psilocybin program under sections 342.85 to 342.98, unless the school's failure to do so would violate federal law or regulations or would cause the school to lose a monetary or licensing-related benefit under federal law or regulations.

Subd. 9. **Custody; visitation; parenting time.** A registered patient, registered supplier, or registered facilitator must not be denied custody of a minor child or visitation rights or parenting time with a minor child based solely on the registered patient's, registered supplier's, or registered facilitator's lawful cultivation, possession, transportation, provision of services in preparation sessions or integration sessions, supervision of administration sessions, or use of psilocybin under sections 342.85 to 342.98, unless the registered patient's, designated behavior creates an unreasonable danger to the safety of the minor as demonstrated by clear and convincing evidence.

Subd. 10. **Action for damages.** In addition to any other remedy provided by law, a registered patient, registered supplier, or registered facilitator who is injured by a violation of subdivision 6, 7, 8, or 9 may bring an action for damages against a person who violates subdivision 6, 7, 8, or 9. A person who violates subdivision 6, 7, 8, or 9 is liable to the registered patient, registered supplier, or registered facilitator injured by the violation for the greater of the registered patient's, registered supplier's, or registered facilitator's actual damages or a civil penalty of \$100, plus reasonable attorney fees.

Sec. 10. **[342.93] VIOLATIONS.**

In addition to any other applicable penalty in law, a registered patient, registered supplier, or registered facilitator who intentionally sells or otherwise transfers psilocybin to a person other than a registered patient is guilty of a felony punishable by imprisonment for not more than two years or by payment of a fine of not more than \$3,000, or both.

Sec. 11. **[342.94] PROTECTIONS FOR PHYSICIANS AND REGISTERED FACILITATORS.**

Subdivision 1. **Physicians.** The Board of Medical Practice must not impose civil or disciplinary penalties on, or limit or condition the practice of, a physician solely for certifying that an individual has a diagnosis of a qualifying medical condition according to section 342.87, subdivision 2, or performing health screenings or additional evaluations according to section 342.87, subdivision 3.

Subd. 2. **Registered facilitators.** (a) A health-related licensing board; the Office of Emergency Medical Services; or the commissioner of health must not impose civil or disciplinary penalties on, or limit or condition the practice of, a registered facilitator who also holds a license, registration, or certification from the health-related licensing board; Office of Emergency Medical Services; or commissioner solely for obtaining and transporting psilocybin for registered patients, providing services to registered patients in preparation sessions and integration sessions, and administering psilocybin and supervising administration sessions of registered patients, provided the services are provided or supervision is performed according to sections 342.85 to 342.98. No existing disciplinary procedures for complaints to the health-related licensing boards will be changed.

(b) For the purposes of paragraph (a), the health-related licensing boards include the Board of Medical Practice, Board of Nursing, Board of Psychology, Board of Social Work, Board of Marriage and Family Therapy, and Board of Behavioral Health and Therapy.

Sec. 12. **[342.95] PUBLIC EDUCATION AND HARM REDUCTION.**

Subdivision 1. **Public education program.** The office, in collaboration with the program research institution, must develop and implement a public education program that makes information available to the public on the responsible use of psilocybin, potential risks of using psilocybin, harm reduction strategies related to psilocybin use, and mental health resources related to psilocybin use. A website must be developed and launched with educational content determined by the research program and advisory committee no later than January 1, 2028.

Subd. 2. **Training programs for first responders.** The office, in collaboration with the program research institution, must develop and offer training programs for emergency medical responders, ambulance service personnel, peace officers, and other first responders on best practices for handling situations involving the use of psilocybin. The training programs must be developed and offered in coordination with the Office of Emergency Medical Services, the Peace Officer Standards and Training Board, the Minnesota State Patrol, and local law enforcement agencies. Trainings must be developed and available for first responders no later than January 1, 2028.

Sec. 13. **[342.96] DATA PRACTICES; ACCESS TO AND USE OF DATA.**

(a) Except for the data specified in section 342.90, subdivision 4, data submitted to the office under section 342.87, 342.88, or 342.90:

(1) is private data on individuals as defined in section 13.02, subdivision 12, or nonpublic data as defined in section 13.02, subdivision 9; and

(2) may only be used to comply with chapter 13, to comply with a request from the legislative auditor or state auditors in the performance of official duties, and for purposes specified in sections 342.85 to 342.98.

(b) The data specified in paragraph (a) must not be combined or linked in any manner with any other list, data set, or database, and must not be shared with any federal agency, federal department, or federal entity unless specifically ordered by a state or federal court, or as part of a federally approved research project for monitoring of the program where a certificate of confidentiality is obtained by a federal agency to protect the identities of the program registrants.

Sec. 14. **[342.97] FEES.**

(a) The office may collect an annual fee from each patient whose enrollment application or renewal application is approved by the office.

(b) Notwithstanding paragraph (a), if the patient provides evidence to the office of receiving Social Security disability insurance, Supplemental Security Income, or veterans disability or railroad disability payments, or of being enrolled in medical assistance or MinnesotaCare, the office may collect an annual fee, in an amount that is lower than the fee collected under paragraph (a), from the patient after approving the patient's enrollment application or renewal application.

(c) Fees collected under this section must be deposited in the state treasury and credited to the state government special revenue fund. The office may request appropriations of fee revenue to distribute as grants to fund Minnesota-based research exploring the effectiveness of psilocybin for additional conditions, or to provide funding to offset the cost of psilocybin therapy for low-income patients registered in the program demonstrated by evidence submitted from paragraph (b).

Sec. 15. **[342.98] PSYCHEDELIC MEDICINE ADVISORY COMMITTEE.**

Subdivision 1. **Establishment.** The office must establish a Psychedelic Medicine Advisory Committee to advise the office on the operation of the psilocybin therapeutic use program under sections 342.85 to 342.98.

Subd. 2. **Membership.** (a) The advisory committee shall consist of:

(1) ten members with knowledge or expertise regarding the therapeutic use of psilocybin and other psychedelic medicines or regarding integration resources associated with the use of psilocybin, as well as cultivation and testing of psilocybin. The office must make recommendations to the governor for members appointed under this clause, and the governor must appoint members under this clause; and

(2) one member representing Tribal Nations in the state, appointed by the Indian Affairs Council.

(b) Initial appointments must be made to the advisory committee by November 1, 2026.

Subd. 3. **Chairperson.** Members of the advisory committee must elect a chairperson from among the advisory committee's members.

Subd. 4. **Terms; compensation; removal of members.** The advisory committee is governed by section 15.059, except the advisory committee does not expire.

Subd. 5. **Meetings.** The advisory committee must meet at least four times per year or at the call of the chairperson. The initial meeting of the advisory committee must occur by December 1, 2026, and must be called by the office.

Subd. 6. Staff support; office space; equipment. The office must provide the advisory committee with staff support, office space, and access to office equipment and services."

Renumber the articles in sequence

Amend the title accordingly

A roll call was requested and properly seconded.

The question was taken on the Smith amendment and the roll was called. There were 114 yeas and 15 nays as follows:

Those who voted in the affirmative were:

Acomb	Curran	Greene	Knudsen	Myers	Rymer
Agbaje	Davids	Greenman	Koegel	Nadeau	Schultz
Allen	Davis	Hansen, R.	Kotyza-Witthuhn	Nash	Scott
Altendorf	Duran	Hanson, J.	Kozlowski	Nelson	Sencer-Mura
Anderson, P. E.	Elkins	Heintzeman	Kraft	Niska	Skraba
Anderson, P. H.	Engen	Hicks	Lee, F.	Noor	Smith
Bahner	Falconer	Hill	Lee, K.	Norris	Stephenson
Bakeberg	Feist	Hollins	Lee, X.	Novotny	Stier
Baker	Finke	Howard	Liebling	O'Driscoll	Tabke
Bennett	Fischer	Hudson	Lillie	Pérez-Vega	Torkelson
Berg	Franson	Huot	Long	Perryman	Van Binsbergen
Bierman	Frazier	Hussein	Luger-Nikolai	Pinto	Vang
Bliss	Frederick	Igo	Mahamoud	Pursell	Virmig
Buck	Freiberg	Johnson, P.	McDonald	Quam	Warwas
Burkel	Gander	Johnson, W.	Mekeland	Rehm	West
Carroll	Gillman	Jones	Moller	Rehrauer	Wolgamott
Cha	Gomez	Jordan	Momanyi-Hiltsley	Repinski	Xiong
Clardy	Gordon	Keeler	Mueller	Reyer	Youakim
Coulter	Gottfried	Klevorn	Murphy	Roach	Zeleznikar

Those who voted in the negative were:

Backer	Harder	Kresha	Rarick	Swedzinski
Dotseth	Jacob	Lawrence	Robbins	Wiener
Fogelman	Koznick	Olson	Schomacker	Spk. Demuth

The motion prevailed and the amendment was adopted.

Davis moved to amend S. F. No. 4612, the third engrossment, as amended, as follows:

Page 1, delete article 1

Page 15, delete article 2

Page 66, delete article 7

Renumber the articles in sequence

Amend the title accordingly

A roll call was requested and properly seconded.

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

Those who voted in the affirmative were:

Allen	Davis	Heintzeman	Mekeland	Perryman	Sexton
Altendorf	Dippel	Hudson	Mueller	Quam	Skraba
Anderson, P. E.	Dotseth	Igo	Murphy	Rarick	Stier
Anderson, P. H.	Duran	Jacob	Myers	Repinski	Swedzinski
Backer	Engen	Johnson, W.	Nadeau	Roach	Torkelson
Bakeberg	Fogelman	Joy	Nash	Robbins	Van Binsbergen
Baker	Franson	Knudsen	Nelson	Rymer	Warwas
Bennett	Gander	Koznick	Niska	Schomacker	Wiener
Bliss	Gillman	Kresha	Novotny	Schultz	Witte
Burkel	Gordon	Lawrence	O'Driscoll	Schwartz	Zeleznikar
Davids	Harder	McDonald	Olson	Scott	Spk. Demuth

Those who voted in the negative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Stephenson
Agbaje	Feist	Hicks	Kotyza-Witthuhn	Momanyi-Hiltsley	Tabke
Bahner	Finke	Hill	Kozlowski	Noor	Vang
Berg	Fischer	Hollins	Kraft	Norris	Virmig
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Wolgamott
Buck	Frederick	Huot	Lee, K.	Pinto	Xiong
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Youakim
Cha	Gomez	Johnson, P.	Liebling	Rehm	
Clardy	Gottfried	Jones	Lillie	Rehrauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Sencer-Mura	
Elkins	Hansen, R.	Klevorn	Mahamoud	Smith	

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

Mahamoud moved to amend S. F. No. 4612, the third engrossment, as amended, as follows:

Page 42, delete section 6

Page 42, delete section 7 and insert:

"Sec. 6. Minnesota Statutes 2024, section 256B.056, subdivision 7, is amended to read:

Subd. 7. **Period of eligibility.** (a) Eligibility is available for the month of application and for three months prior to application if the person was eligible in those prior months. ~~A redetermination of eligibility must occur every 12 months.~~

(b) Notwithstanding any other law to the contrary:

(1) a child under 19 years of age who is determined eligible for medical assistance must remain eligible for a period of 12 months;

(2) a child 19 years of age and older but under 21 years of age who is determined eligible for medical assistance must remain eligible for a period of 12 months; and

(3) a child under six years of age who is determined eligible for medical assistance must remain eligible through the month in which the child reaches six years of age.

(c) A child's eligibility under paragraph (b) may be terminated earlier if:

(1) the child or the child's representative requests voluntary termination of eligibility;

(2) the child ceases to be a resident of this state;

(3) the child dies;

(4) the child attains the maximum age; or

(5) the agency determines eligibility was erroneously granted at the most recent eligibility determination due to agency error or fraud, abuse, or perjury attributed to the child or the child's representative.

(d) For a person eligible for an insurance affordability program as defined in section 256B.02, subdivision 19, who reports a change that makes the person eligible for medical assistance, eligibility is available for the month the change was reported and for three months prior to the month the change was reported, if the person was eligible in those prior months.

(e) The period of eligibility for an individual eligible for medical assistance under section 256B.055, subdivision 15, and who is not an American Indian or Alaska Native, is six months. The period of eligibility for all other medical assistance enrollees is 12 months.

**EFFECTIVE DATE.** This section is effective January 1, 2027."

Page 55, delete section 13

Page 65, line 14, delete "3,026,000" and insert "18,949,000"

Page 65, delete section 5

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 Mahamoud amendment and the roll was called. There were 67 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Acomb	Bierman	Clardy	Falconer	Frazier	Gottfried
Agbaje	Buck	Coulter	Feist	Frederick	Greene
Bahner	Carroll	Curran	Finke	Freiberg	Greenman
Berg	Cha	Elkins	Fischer	Gomez	Hansen, R.

Hanson, J.	Jones	Lee, F.	Moller	Rehrauer	Wolgamott
Hicks	Jordan	Lee, K.	Momanyi-Hiltsley	Reyer	Xiong
Hill	Keeler	Lee, X.	Noor	Sencer-Mura	Youakim
Hollins	Klevorn	Liebling	Norris	Smith	
Howard	Koegel	Lillie	Pérez-Vega	Stephenson	
Huot	Kotyza-Witthuhn	Long	Pinto	Tabke	
Hussein	Kozlowski	Luger-Nikolai	Pursell	Vang	
Johnson, P.	Kraft	Mahamoud	Rehm	Virinig	

Those who voted in the negative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

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

Lee, X., moved to amend S. F. No. 4612, the third engrossment, as amended, as follows:

Pages 55 to 56, delete sections 14 to 17

A roll call was requested and properly seconded.

The question was taken on the Lee, X., amendment and the roll was called. There were 67 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Stephenson
Agbaje	Feist	Hicks	Kotyza-Witthuhn	Momanyi-Hiltsley	Tabke
Bahner	Finke	Hill	Kozlowski	Noor	Vang
Berg	Fischer	Hollins	Kraft	Norris	Virinig
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Wolgamott
Buck	Frederick	Huot	Lee, K.	Pinto	Xiong
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Youakim
Cha	Gomez	Johnson, P.	Liebling	Rehm	
Clardy	Gottfried	Jones	Lillie	Rehrauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Sencer-Mura	
Elkins	Hansen, R.	Klevorn	Mahamoud	Smith	

Those who voted in the negative were:

Allen	Anderson, P. H.	Baker	Burkel	Dippel	Engen
Altendorf	Backer	Bennett	Davids	Dotseth	Fogelman
Anderson, P. E.	Bakeberg	Bliss	Davis	Duran	Franson

Gander	Joy	Myers	Quam	Scott	Wiener
Gillman	Knudsen	Nadeau	Rarick	Sexton	Witte
Gordon	Koznick	Nash	Repinski	Skraba	Zeleznikar
Harder	Kresha	Nelson	Roach	Stier	Spk. Demuth
Heintzeman	Lawrence	Niska	Robbins	Swedzinski	
Hudson	McDonald	Novotny	Rymer	Torkelson	
Igo	Mekeland	O'Driscoll	Schomacker	Van Binsbergen	
Jacob	Mueller	Olson	Schultz	Warwas	
Johnson, W.	Murphy	Perryman	Schwartz	West	

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

Liebling moved to amend S. F. No. 4612, the third engrossment, as amended, as follows:

Page 41, after line 9, insert:

"Sec. 5. Minnesota Statutes 2024, section 256B.05, is amended by adding a subdivision to read:

Subd. 6. **Duty to intervene.** The commissioner must require county agencies to report to the commissioner each month on all missed applications and redetermination deadlines. If a county misses 20 percent of the deadlines, the county must request the commissioner's assistance in processing the outstanding applications and redeterminations.

**EFFECTIVE DATE.** This section is effective January 1, 2027."

Page 45, delete section 10 and insert:

"Sec. 10. **[256B.0562] COMMUNITY ENGAGEMENT REQUIREMENTS.**

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

(b) "Applicable individual" means an individual eligible for medical assistance under section 256B.055, subdivision 15 who is not:

(1) a specifically excluded individual, which includes medically frail individuals;

(2) a recipient of a state public assistance program that requires an assessment of a recipient's ability to work; or

(3) experiencing a short-term hardship.

(c) "Demonstrate community engagement" means compliance with the conditions described in United States Code, title 42, section 1396a(xx)(2).

(d) "Excluded or exempt individual" means an otherwise applicable individual who is excluded or exempt from demonstrating community engagement.

(e) "Medically frail" has the meaning given in United States Code, title 42, section 1396a(xx)(9)(ii)(V), and includes an adult:

(1) with a dependent child 21 years of age or younger with a disabling mental disorder, including but not limited to a child with serious emotional disturbances;

(2) who has a condition described in sections 245G.01, subdivision 23 or 256B.0623, subdivision 3, paragraph (3);

(3) who is a victim of domestic abuse, as defined in section 518B.01, subdivision 2, or sexual assault, as is described in sections 609.342 to 609.3451;

(4) who is developmentally disabled, as defined in Minnesota Rules, part 9525.0016, subpart 2, items A to E;

(5) who is chronically homeless, as defined in section 327.30;

(6) who meets the eligibility criteria under section 256D.05, subdivision 1; or

(7) who has any other acute or chronic physical, behavioral, or mental health condition or permanent or temporary illness, injury, or incapacity.

(f) "Reliable data sources" include but are not limited to any state or federal agency, medical assistance providers, employers, managed care plans, institutions of higher learning, job training programs, or financial institutions.

(g) "Specifically excluded individuals" has the meaning given in United States Code, title 42, section 1396a(xx)(3)(B)(ii).

Subd. 2. **Applicable individuals subject to community engagement requirements.** Only applicable individuals are required to demonstrate community engagement under this section.

Subd. 3. **Exclusions.** The commissioner must deem an applicable individual as having demonstrated community engagement for the month prior to application for medical assistance or any month during the period between application and redetermination if the applicable individual is a specifically excluded individual. The commissioner must accept self-attestation of eligibility for an exclusion under this subdivision.

Subd. 4. **Short-term hardship exemption.** (a) The commissioner must deem an applicable individual as meeting the community engagement requirements for a given month if for part or all of the month the applicable individual:

(1) requests an exemption on the basis of receiving inpatient hospital services, nursing facility services, services in an intermediate care facility for persons with developmental disabilities, inpatient psychiatric hospital services, or such other services of similar acuity, including but not limited to outpatient care relating to the above-listed services, in accordance with guidance issued by the United States Department of Health and Human Services;

(2) requests an exemption on the basis of having to travel outside of the individual's community for an extended period of time to receive medical services necessary to treat a serious or complex medical condition, either for the individual or the individual's dependent, when the services are not available in the individual's community of residence;

(3) resides in a county or equivalent unit of local government in which an emergency or disaster has been declared under the National Emergencies Act or the Robert T. Stafford Disaster Relief and Emergency Assistance Act;

(4) resides in an area reported in the Local Area Unemployment Statistics published by the Department of Employment and Economic Development that has an unemployment rate that is at or above the lesser of eight percent or 1.5 times the national unemployment rate, and for which the United States Department of Health and Human Services has granted an exception based on a request from the commissioner; or

(5) is presumptively eligible for medical assistance under Code of Federal Regulations, title 42, section 1101 at application or at any time during the period between acceptance of an application and redetermination.

(b) The commissioner must accept self-attestation of eligibility for a short-term hardship exemption under this subdivision.

(c) The commissioner must request an exception from the United States Department of Health and Human Services to include the condition listed under paragraph (a), clause (4) immediately upon this section becoming effective.

Subd. 5. **Redetermination of eligibility for medical assistance.** The commissioner must redetermine eligibility six months following the acceptance of an application for medical assistance and every six months thereafter for applicable, excluded, and exempt individuals. Upon redetermination, the commissioner must deem excluded and exempted individuals as having demonstrated community engagement in any month between acceptance for medical assistance and the initial redetermination or during a subsequent six months following a redetermination.

Subd. 6. **Ex parte verification.** (a) The commissioner must establish an ex parte review process to verify whether an applicable individual has demonstrated community engagement. The commissioner must rely on information in the individual case record, data matching, and information obtained through other reliable data sources.

(b) Notwithstanding paragraph (a), the commissioner is prohibited from relying on managed care plans, county-based purchasing plans, or contractors with direct or indirect financial relationships with managed care or county-based purchasing plans to make determinations about whether an individual is in compliance with the community engagement requirements. Nothing prevents the commissioner from using these sources to determine or redetermine whether an individual is required to demonstrate community engagement or whether an individual is an excluded or exempt individual.

(c) If an individual attests to being excluded or exempt from the requirement to demonstrate community engagement, the commissioner must follow the ex parte verification procedure under this subdivision. The commissioner must not request additional information or documentation from an applicable, excluded, or exempt individual, unless the commissioner is unable to make a determination using the information available to the commissioner from the reliable sources. If the commissioner is unable to make a determination or redetermination, the commissioner must provide the individual with a written explanation as to why a determination was not possible. The written explanation must include the eligibility information that was available to the agency and a form on which the individual may submit corrections, additional information, or a self-attestation of compliance with community engagement requirements or exclusion or exemption from those requirements.

(d) The commissioner must develop and maintain an online portal where an individual's information can be uploaded, viewed, and stored to demonstrate community engagement.

Subd. 7. **Noncompliance; commissioner responsibilities.** (a) If an applicable, excluded, or exempt individual is not able to provide proof of compliance, exclusion, or exemption, the commissioner must provide notice of noncompliance and allow the individual 30 calendar days from the date the notice is received to demonstrate compliance with the requirements or show why compliance is not required, as applicable. An enrolled individual continues to be eligible for medical assistance until there is a final determination that the individual is ineligible for medical assistance.

(b) The notice must include information regarding:

(1) how to demonstrate compliance with or an exclusion or exemption from community engagement requirements; and

(2) how to reapply for medical assistance if the individual's application is denied or the individual is disenrolled.

(c) If the applicable individual is unable to show compliance with the community engagement requirements, or show that the individual is excluded or exempted from the requirements, the commissioner must determine or redetermine whether the individual has any other basis for eligibility for medical assistance or another insurance affordability program, and, if eligible, notify the individual of their eligibility and take steps to transfer the individual to the program.

(d) If the commissioner determines that an individual is subject to but not compliant with the community engagement requirements after the 30-day period, and is not eligible for any other program, the commissioner must:

(1) provide written notice and fair hearing rights in accordance with Code of Federal Regulations, title 42, part 431, subpart E; and

(2) deny the application or suspend medical assistance benefits, as applicable, by the end of the month that follows the 30-day period.

(e) The commissioner must reinstate medical assistance benefits on the first day of the month following the month in which the individual demonstrates compliance with the community engagement requirements.

**Subd. 8. Implementation and outreach.** (a) Unless a delay is requested from and granted by the United States Secretary of Health and Human Services, the commissioner must implement this section by January 1, 2027.

(b) No later than September 1, 2026, and subsequently no later than four months prior to an individual's redetermination date, the commissioner must provide a notice to applicable individuals that contains the following information:

(1) a definition of applicable individuals;

(2) a description of each category of excluded individuals;

(3) a description of what constitutes a short-term hardship;

(4) how to assert an exclusion or exemption, including the process to self-attest and what information must be submitted to demonstrate eligibility for an exclusion or a short-term hardship exemption;

(5) how to report changes in status that could result in an individual qualifying to be an excluded or exempt individual; and

(6) any other information that the commissioner deems appropriate.

(c) If a delay under paragraph (a) is requested and granted, the notice must be sent no later than four months prior to implementation of the requirements under this section.

Subd. 9. **Additional resources for applicants and recipients.** The commissioner must work with counties and nonprofit community organizations to connect applicable individuals to resources for job training, employment services, child care assistance, transportation, and requesting reasonable accommodations or other supports to help applicable individuals prepare for work."

Renumber the sections in sequence and correct the internal references

A roll call was requested and properly seconded.

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

Those who voted in the affirmative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Stephenson
Agbaje	Feist	Hicks	Kotyza-Witthuhn	Momanyi-Hiltsley	Tabke
Bahner	Finke	Hill	Kozlowski	Noor	Vang
Berg	Fischer	Hollins	Kraft	Norris	Virinig
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Wolgamott
Buck	Frederick	Huot	Lee, K.	Pinto	Xiong
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Youakim
Cha	Gomez	Johnson, P.	Liebling	Rehm	
Clardy	Gottfried	Jones	Lillie	Rehrauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Sencer-Mura	
Elkins	Hansen, R.	Klevorn	Mahamoud	Smith	

Those who voted in the negative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

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

Liebling moved to amend S. F. No. 4612, the third engrossment, as amended, as follows:

Page 49, after line 28, insert:

"Subd. 8. **Limitation and suspension of implementation and enforcement.** (a) The commissioner must implement and enforce this section only to the extent required under federal law as a condition of receiving federal financial participation for the medical assistance program.

(b) The commissioner must immediately suspend implementation and enforcement of this section if any one of the following conditions are met:

(1) federal law no longer requires states to impose work or community engagement requirements as a condition of receiving federal financial participation for the medical assistance program;

(2) federal law, regulation, or federal administrative guidance allows the state to discontinue enforcement of medical assistance work or community engagement requirements without the loss, reduction, or withholding of federal financial participation or any other federal financial penalty; or

(3) the commissioner determines that the conditions for repeal of this section under subdivision 9 have been met.

(c) If implementation and enforcement are suspended under paragraph (a), the commissioner must notify the chairs and ranking members of the committees with jurisdiction over health and human services finance and policy and the revisor of statutes.

(d) The commissioner must not enforce the work or community engagement requirements established under this section if implementation is suspended under this subdivision.

Subd. 9. **Contingent expiration.** (a) This section expires if federal law requiring or authorizing work or community engagement requirements for individuals eligible for medical assistance, including but not limited to provisions enacted in Public Law 119-21, is repealed or otherwise no longer in effect.

(b) The commissioner must determine whether the conditions in paragraph (a) have been met. Upon making that determination, the commissioner must notify the chairs and ranking members of the committees with jurisdiction over health and human services finance and policy and the revisor of statutes."

A roll call was requested and properly seconded.

Nadeau moved to amend the Liebling amendment to S. F. No. 4612, the third engrossment, as amended, as follows:

Page 2, after line 8, insert:

"Page 66, after line 4, insert:

"Sec. 6. **TERMINATION OF EMPLOYEES.**

Notwithstanding any law to the contrary, if a provision enacted in Public Law 119-21, subtitle B, chapter 1, is repealed or otherwise no longer in effect for any reason other than reaching a federally required end date, the commissioner must immediately terminate the employment of any Department of Human Services employee whose employment is supported with appropriations in this act and is related to implementation or administration of the provision that is repealed or no longer in effect."

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 Nadeau amendment to the Liebling amendment and the roll was called. There were 67 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

Those who voted in the negative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Stephenson
Agbaje	Feist	Hicks	Kotyza-Witthuhn	Momanyi-Hiltsley	Tabke
Bahner	Finke	Hill	Kozlowski	Noor	Vang
Berg	Fischer	Hollins	Kraft	Norris	Virinig
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Wolgamott
Buck	Frederick	Huot	Lee, K.	Pinto	Xiong
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Youakim
Cha	Gomez	Johnson, P.	Liebling	Rehm	
Clardy	Gottfried	Jones	Lillie	Rehrauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Sencer-Mura	
Elkins	Hansen, R.	Klevorn	Mahamoud	Smith	

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

The question recurred on the Liebling amendment and the roll was called. There were 67 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Acomb	Coulter	Freiberg	Hollins	Koegel	Long
Agbaje	Curran	Gomez	Howard	Kotyza-Witthuhn	Luger-Nikolai
Bahner	Elkins	Gottfried	Huot	Kozlowski	Mahamoud
Berg	Falconer	Greene	Hussein	Kraft	Moller
Bierman	Feist	Greenman	Johnson, P.	Lee, F.	Momanyi-Hiltsley
Buck	Finke	Hansen, R.	Jones	Lee, K.	Noor
Carroll	Fischer	Hanson, J.	Jordan	Lee, X.	Norris
Cha	Frazier	Hicks	Keeler	Liebling	Pérez-Vega
Clardy	Frederick	Hill	Klevorn	Lillie	Pinto

Pursell	Reyer	Stephenson	Virnig	Youakim
Rehm	Sencer-Mura	Tabke	Wolgamott	
Rehrauer	Smith	Vang	Xiong	

Those who voted in the negative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

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

Nadeau moved to amend S. F. No. 4612, the third engrossment, as amended, as follows:

Page 57, after line 24, insert:

"Sec. 19. Minnesota Statutes 2024, section 256B.69, is amended by adding a subdivision to read:

Subd. 10a. **Data sharing for program integrity.** If the commissioner receives a written report from a managed care plan that has reason to believe that a provider, vendor, managed care employee, subcontractor, or enrollee committed fraud under this chapter or chapter 256L, the commissioner must provide summary data, as defined in section 13.02, subdivision 19, from the report to other managed care plans contracted under this section within ten days of receiving the report. Nothing in this subdivision allows release of information that is nonpublic data pursuant to section 13.02, subdivision 9.

Sec. 20. Minnesota Statutes 2024, section 256B.69, subdivision 37, is amended to read:

Subd. 37. **Networks.** (a) The commissioner shall ensure that a managed care organization's network providers are enrolled with the commissioner as medical assistance providers, and that the providers comply with the provider disclosure, screening, and enrollment requirements in Code of Federal Regulations, part 42, section 455. A provider that has a network provider contract with the managed care organization is not required to provide services to a medical assistance or MinnesotaCare recipient who is receiving services through the fee-for-service system.

(b) A managed care organization may enter into a network provider contract with a provider that is not a medical assistance provider for a period of up to 120 days pending the outcome of the medical assistance provider enrollment process. A managed care organization must terminate the contract upon notification that the provider cannot be enrolled as a medical assistance provider or upon expiration of the 120-day period if notification has not been received within that period. The managed care organization must notify each affected enrollee of the provider contract termination.

(c) For purposes of this subdivision, "network provider" means any provider, group of providers, entity with a network provider agreement with the managed care organization, or subcontractor that receives payments from the managed care organization either directly or indirectly to provide services under a managed care contract between the commissioner and the managed care organization.

(d) A managed care organization is not required to include a provider in its network before approving the provider's credentials in accordance with section 62Q.097.

**EFFECTIVE DATE.** This section is effective January 1, 2027.

Sec. 21. Minnesota Statutes 2024, section 256B.6928, subdivision 4, is amended to read:

Subd. 4. **Special contract requirements related to payment.** (a) If the commissioner uses risk-sharing mechanisms, including reinsurance, ~~risk corridors~~, or stop-loss limits, the risk-sharing mechanism must be described in the contract, and must be developed according to the rate development standards and generally accepted actuarial principles and practices.

(b) The commissioner must include risk corridors in managed care organization contracts. The risk corridors must be symmetrical, two-sided, and uniform for all managed care organizations under contract with the commissioner and include a settle-up process that occurs within six months of the end of the plan year.

~~(b)~~ (c) The commissioner may utilize incentive payment arrangements in managed care organization contracts. Any incentive arrangement utilized by the commissioner must be made available to all managed care organizations under contract with the commissioner under the same terms of performance. The payment must not exceed 105 percent of the approved capitation payments attributable to the enrollees or services covered by the incentive arrangement and must be actuarially sound. For all incentive arrangements the contract must state that the arrangement is:

(1) for a fixed period of time and performance is measured during the rating period in which the incentive arrangement is applied;

(2) not renewed automatically; and

(3) associated with specified activities, targets, performance measures, or quality-based outcomes in the quality strategy described under section 256B.6927.

The incentive payment arrangement must not condition a managed care organization's participation in the incentive arrangement upon entering into or adhering to an intergovernmental transfer agreement.

~~(c)~~ (d) The commissioner may utilize withhold arrangements in managed care organization contracts. Any withhold arrangement utilized by the commissioner must be applied to all managed care organizations under contract with the commissioner under the same terms of performance. Any withhold arrangement must ensure that the capitation payment minus any portion of the withheld funds that is not reasonably achievable is actuarially sound. The total amount of the withheld funds, achievable or not, must be reasonable and must take into consideration each managed care organization's financial operating needs, accounting for the size and characteristics of the populations covered under the contract, as well as the managed care organization's capital reserves, as measured by the risk based capital level, months of claims reserve, or other appropriate measure of reserves. The data, assumptions, and methodologies used to determine the portion of the withhold that is reasonably achievable must be submitted as part of the documentation required by Code of Federal Regulations, part 42, section 438.7, paragraph (b), clause (6). For all withhold arrangements, the contract must state that the arrangement is:

(1) for a fixed period of time and performance is measured during the rating period in which the withhold arrangement is applied;

(2) not renewed automatically; and

(3) associated with specified activities, targets, performance measures, or quality-based outcomes in the state's quality strategy.

The withhold payment arrangement must not condition a managed care organization's participation in the withhold arrangement upon entering into or adhering to an intergovernmental transfer agreement.

**EFFECTIVE DATE.** This section is effective January 1, 2027."

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 Nadeau amendment and the roll was called. There were 67 yeas and 67 nays as follows:

Those who voted in the affirmative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

Those who voted in the negative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Stephenson
Agbaje	Feist	Hicks	Kotyza-Witthuhn	Momanyi-Hiltsley	Tabke
Bahner	Finke	Hill	Kozlowski	Noor	Vang
Berg	Fischer	Hollins	Kraft	Norris	Virmig
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Wolgamott
Buck	Frederick	Huot	Lee, K.	Pinto	Xiong
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Youakim
Cha	Gomez	Johnson, P.	Liebling	Rehm	
Clardy	Gottfried	Jones	Lillie	Rehauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Sencer-Mura	
Elkins	Hansen, R.	Klevorn	Mahamoud	Smith	

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

Backer offered an amendment to S. F. No. 4612, the third engrossment, as amended.

#### POINT OF ORDER

Long raised a point of order pursuant to rule 3.21 that the Backer amendment was not in order. Speaker pro tempore Olson ruled the point of order well taken and the Backer amendment out of order.

Niska appealed the decision of Speaker pro tempore Olson.

A roll call was requested and properly seconded.

The vote was taken on the question "Shall the decision of Speaker pro tempore Olson stand as the judgment of the House?" and the roll was called. There were 68 yeas and 66 nays as follows:

Those who voted in the affirmative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Smith
Agbaje	Feist	Hicks	Kotyza-Witthuhn	Momanyi-Hiltsley	Stephenson
Bahner	Finke	Hill	Kozlowski	Noor	Tabke
Berg	Fischer	Hollins	Kraft	Norris	Vang
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Vimig
Buck	Frederick	Huot	Lee, K.	Pinto	Wolgamott
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Xiong
Cha	Gomez	Johnson, P.	Liebling	Rehm	Youakim
Clardy	Gottfried	Jones	Lillie	Rehrauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Schomacker	
Elkins	Hansen, R.	Klevorn	Mahamoud	Sencer-Mura	

Those who voted in the negative were:

Allen	Davis	Heintzeman	Mekeland	Perryman	Skraba
Altendorf	Dippel	Hudson	Mueller	Quam	Stier
Anderson, P. E.	Dotseth	Igo	Murphy	Rarick	Swedzinski
Anderson, P. H.	Duran	Jacob	Myers	Repinski	Torkelson
Backer	Engen	Johnson, W.	Nadeau	Roach	Van Binsbergen
Bakeberg	Fogelman	Joy	Nash	Robbins	Warwas
Baker	Franson	Knudsen	Nelson	Rymer	West
Bennett	Gander	Koznick	Niska	Schultz	Wiener
Bliss	Gillman	Kresha	Novotny	Schwartz	Witte
Burkel	Gordon	Lawrence	O'Driscoll	Scott	Zeleznikar
Davids	Harder	McDonald	Olson	Sexton	Spk. Demuth

So it was the judgment of the House that the decision of Speaker pro tempore Olson should stand.

Zeleznikar offered an amendment to S. F. No. 4612, the third engrossment, as amended.

#### POINT OF ORDER

Long raised a point of order pursuant to rule 3.21 that the Zeleznikar amendment was not in order. Speaker pro tempore Olson ruled the point of order well taken and the Zeleznikar amendment out of order.

Niska appealed the decision of Speaker pro tempore Olson.

A roll call was requested and properly seconded.

The vote was taken on the question "Shall the decision of Speaker pro tempore Olson stand as the judgment of the House?" and the roll was called. There were 70 yeas and 64 nays as follows:

Those who voted in the affirmative were:

Acomb	Falconer	Greenman	Keeler	Luger-Nikolai	Schomacker
Agbaje	Feist	Hansen, R.	Klevorn	Mahamoud	Sencer-Mura
Bahner	Finke	Hanson, J.	Koegel	Moller	Smith
Berg	Fischer	Hicks	Kotyza-Witthuhn	Momanyi-Hiltsley	Stephenson
Bierman	Fogelman	Hill	Kozlowski	Noor	Tabke
Buck	Franson	Hollins	Kraft	Norris	Vang
Carroll	Frazier	Howard	Lee, F.	Pérez-Vega	Virmig
Cha	Frederick	Huot	Lee, K.	Pinto	Wolgamott
Clardy	Freiberg	Hussein	Lee, X.	Pursell	Xiong
Coulter	Gomez	Johnson, P.	Liebling	Rehm	Youakim
Curran	Gottfried	Jones	Lillie	Rehrauer	
Elkins	Greene	Jordan	Long	Reyer	

Those who voted in the negative were:

Allen	Davis	Igo	Murphy	Rarick	Swedzinski
Altendorf	Dippel	Jacob	Myers	Repinski	Torkelson
Anderson, P. E.	Dotseth	Johnson, W.	Nadeau	Roach	Van Binsbergen
Anderson, P. H.	Duran	Joy	Nash	Robbins	Warwas
Backer	Engen	Knudsen	Nelson	Rymer	West
Bakeberg	Gander	Koznick	Niska	Schultz	Wiener
Baker	Gillman	Kresha	Novotny	Schwartz	Witte
Bennett	Gordon	Lawrence	O'Driscoll	Scott	Zeleznikar
Bliss	Harder	McDonald	Olson	Sexton	Spk. Demuth
Burkel	Heintzeman	Mekeland	Perryman	Skraba	
Davids	Hudson	Mueller	Quam	Stier	

So it was the judgment of the House that the decision of Speaker pro tempore Olson should stand.

Bierman offered an amendment to S. F. No. 4612, the third engrossment, as amended.

#### POINT OF ORDER

Niska raised a point of order pursuant to rule 3.21 and 4.03, relating to Ways and Means Committee; Budget Resolution; Effect on Expenditure and Revenue Bills, that the Bierman amendment was not in order. Speaker pro tempore Olson ruled the point of order well taken and the Bierman amendment out of order.

Kotzya-Witthuhn offered an amendment to S. F. No. 4612, the third engrossment, as amended.

#### POINT OF ORDER

Niska raised a point of order pursuant to rule 3.21 that the Kotzya-Witthuhn amendment was not in order. Speaker pro tempore Olson ruled the point of order well taken and the Kotzya-Witthuhn amendment out of order.

S. F. No. 4612, A bill for an act relating to state government; modifying provisions relating to the Departments of Health, Human Services, and Children, Youth, and Families; making changes for federal compliance; establishing work or community engagement requirements; providing for pharmacy dispensing reimbursements; modifying reimbursement rates for mental health services; modifying mental health provider credentialing requirements; modifying the county share for Supplemental Nutrition Assistance Program costs; modernizing child care and family child care licensing; modifying the Minnesota African American Family Preservation and Child Welfare Disproportionality Act; establishing a committee, legislative commission, and advisory task force; establishing a hospital stabilization program; transferring regulatory oversight of health maintenance organizations to the commissioner of commerce; requiring coverage of infertility treatment; regulating gas resource development; providing for health care worker retention and protection; requiring reports; authorizing rulemaking; requiring transfer; appropriating money; amending Minnesota Statutes 2024, sections 16A.103, by adding a subdivision; 60A.50, subdivision 3; 60A.951, subdivision 3; 60A.985, subdivision 8; 60A.9853, subdivision 1; 60A.9854; 60B.03, subdivision 2; 60G.01, subdivisions 2, 4; 62A.02, subdivision 8; 62A.021, subdivision 1; 62A.61; 62A.65, subdivisions 7, 8; 62D.08, subdivisions 1, 2, 3, 7; 62D.12, subdivision 1; 62D.124, subdivision 5; 62D.221, subdivisions 1, 2; 62E.11, subdivisions 9, 13; 62J.60, subdivision 5; 62L.02, subdivision 8; 62L.08, subdivision 11; 62L.09, subdivision 3; 62L.10, subdivision 4; 62L.11, subdivision 2; 62M.11; 62Q.01, subdivision 2; 62Q.096; 62Q.106; 62Q.188, subdivision 2; 62Q.37, subdivision 2; 62Q.47; 62Q.51, subdivision 3; 62Q.556, subdivisions 3, 4; 62Q.679; 62Q.69, subdivisions 2, 3; 62Q.71; 62Q.73, subdivisions 3, 10; 62Q.81, subdivision 7; 62U.04, subdivision 13, by adding a subdivision; 103I.001; 103I.005, subdivisions 9, 21, by adding subdivisions; 103I.601, subdivision 1, by adding subdivisions; 142D.21, subdivision 3; 142F.05, by adding subdivisions; 144.1222, subdivision 4, by adding a subdivision; 144.1501, subdivision 2; 144.1503, subdivision 7; 144.1505, subdivisions 1, 2, 3; 144.1507, subdivisions 1, 2, 4, by adding a subdivision; 144.1911, subdivisions 1, 5, 6; 144.555, by adding subdivisions; 145A.14, subdivision 2a; 151.741, subdivision 4; 245.462, by adding a subdivision; 245.4711, subdivision 5; 245.4881, subdivision 5; 245A.211, subdivision 1; 256.01, by adding a subdivision; 256.017, subdivision 2; 256B.01; 256B.04, subdivision 27; 256B.056, subdivisions 1, 2a, 7, 7a; 256B.0561, subdivision 2; 256B.06, subdivision 4; 256B.0625, by adding a subdivision; 256B.076, subdivision 1, by adding subdivisions; 256B.094, subdivisions 2, 3, 6; 256B.75; 260.63, subdivision 10; 260.64, subdivision 2; 260.67, subdivision 2; 260.68, subdivision 2; 260.69, subdivision 1; 260.693, subdivision 2; 260C.451, by adding a subdivision; 295.52, subdivision 8; Minnesota Statutes 2025 Supplement, sections 62D.21; 62D.211; 142A.03, subdivision 2; 144.125, subdivision 1; 151.741, subdivision 5; 245A.07, subdivision 3; 245C.02, subdivision 15a; 245C.05, subdivision 5; 256.043, subdivision 3; 256.9657, subdivision 2b; 256.969, subdivision 2f; 256B.0625, subdivisions 8, 20; 256B.0924, subdivision 6; 256B.1973, subdivision 9; 256B.69, subdivision 6d; 256B.761, by adding a subdivision; 260.691, subdivision 1; 260.692, subdivisions 1, 2, 3; Laws 2024, chapter 117, sections 21; 22; Laws 2024, chapter 127, article 67, section 7; proposing coding for new law in Minnesota Statutes, chapters 62D; 62Q; 103I; 142D; 144; 245A; 256; 256B; 260; proposing coding for new law as Minnesota Statutes, chapters 142H; 142I; repealing Minnesota Statutes 2024, sections 142B.01, subdivisions 11, 12, 13, 25, 26, 27; 142B.41, subdivisions 4, 6, 7, 8, 10, 11, 12, 13; 142B.54, subdivisions 1, 2, 3; 142B.62; 142B.65, subdivisions 1, 2, 3, 4, 5, 6, 7, 10; 142B.66, subdivisions 1, 2, 4, 5; 142B.70, subdivisions 1, 2, 3, 4, 5, 6, 9, 10, 11, 12; 142B.71; 142B.72; 142B.74; 142B.75; 142B.76; 142B.77; 151.741, subdivisions 2, 3, 6; 256B.0625, subdivision 38; 256B.198; 260.63, subdivision 9; Minnesota Statutes 2025 Supplement, sections 142B.41, subdivision 9; 142B.65, subdivisions 8, 9; 142B.66, subdivision 3; 142B.70, subdivisions 7, 8; 256B.69, subdivision 6i; Minnesota Rules, parts 9502.0300; 9502.0315; 9502.0325; 9502.0335; 9502.0341; 9502.0345; 9502.0355; 9502.0365; 9502.0367; 9502.0375; 9502.0395;

9502.0405; 9502.0415; 9502.0425; 9502.0435, subparts 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16; 9502.0445; 9503.0005; 9503.0010; 9503.0015; 9503.0030; 9503.0031; 9503.0032; 9503.0033; 9503.0034; 9503.0040; 9503.0045; 9503.0050; 9503.0055; 9503.0060; 9503.0065; 9503.0070; 9503.0075; 9503.0080; 9503.0085; 9503.0090; 9503.0095; 9503.0100; 9503.0105; 9503.0110; 9503.0115; 9503.0120; 9503.0125; 9503.0130; 9503.0140; 9503.0145; 9503.0150; 9503.0155; 9503.0170.

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 69 yeas and 63 nays as follows:

Those who voted in the affirmative were:

Allen	Dippel	Igo	Murphy	Repinski	Swedzinski
Altendorf	Dotseth	Jacob	Myers	Reyer	Torkelson
Anderson, P. E.	Duran	Johnson, W.	Nadeau	Robbins	Van Binsbergen
Anderson, P. H.	Engen	Joy	Nash	Rymer	Warwas
Backer	Franson	Knudsen	Nelson	Schomacker	West
Bakeberg	Gander	Koznick	Niska	Schultz	Wiener
Baker	Gillman	Kresha	Novotny	Schwartz	Witte
Bennett	Gordon	Lawrence	O'Driscoll	Scott	Zeleznikar
Bierman	Harder	Lee, X.	Olson	Sexton	Spk. Demuth
Bliss	Heintzeman	McDonald	Perryman	Skraba	
Burkel	Hudson	Mekeland	Quam	Smith	
Davids	Huot	Mueller	Rarick	Stier	

Those who voted in the negative were:

Acomb	Elkins	Greenman	Keeler	Luger-Nikolai	Roach
Agbaje	Falconer	Hansen, R.	Klevorn	Mahamoud	Sencer-Mura
Bahner	Feist	Hanson, J.	Koegel	Moller	Tabke
Berg	Finke	Hicks	Kotzya-Witthuhn	Momanyi-Hiltsley	Vang
Buck	Fischer	Hill	Kozlowski	Noor	Virmig
Carroll	Frazier	Hollins	Kraft	Norris	Wolgamott
Cha	Frederick	Howard	Lee, F.	Pérez-Vega	Xiong
Clardy	Freiberg	Hussein	Lee, K.	Pinto	Youakim
Coulter	Gomez	Johnson, P.	Liebling	Pursell	
Curran	Gottfried	Jones	Lillie	Rehm	
Davis	Greene	Jordan	Long	Rehrauer	

The bill was passed, as amended, and its title agreed to.

H. F. No. 3682 was reported to the House.

Greenman moved to amend H. F. No. 3682, the second engrossment, as follows:

Page 2, after line 16, insert:

"Sec. 2. Minnesota Statutes 2024, section 16B.981, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** (a) As used in this section, the following terms have the meanings given.

(b) "Grant" means a grant of \$50,000 or more as defined in section 16B.97, subdivision 1, paragraph (a); or business subsidy of \$50,000 or more as defined in section 116J.994, subdivision 3, paragraph (b).

(c) "Grantee" means a political subdivision, as defined in section 471.345, subdivision 1; a nonprofit, as defined in chapter 317A; or a business entity, as defined in section 5.001, subdivision 2.

(d) "Related entity" means:

(1) a firm, partnership, corporation, joint venture, or other legal entity substantially under the control of a potential grantee;

(2) a subsidiary of a potential grantee;

(3) a person, firm, partnership, corporation, joint venture, or other legal entity that substantially controls a potential grantee; or

(4) an entity that shares three or more of the following characteristics with a potential grantee:

(i) has one or more of the same owners, principals, officers, or managers;

(ii) has one or more of the same telephone or fax numbers;

(iii) has one or more of the same email addresses, business addresses, or websites;

(iv) employs or engages substantially the same individuals;

(v) utilizes substantially the same vehicles, facilities, or equipment; or

(vi) lists or advertises substantially the same project experience and portfolio of work.

Sec. 3. Minnesota Statutes 2024, section 16B.981, subdivision 2, is amended to read:

Subd. 2. **Financial information required; determination of ability to perform.** For grants of \$50,000 or more and subject to sections 16B.97 and 16B.98, before an agency awards a competitive, legislatively named, single-source, or sole-source grant, the agency must receive the certification required under subdivision 2b and complete a preaward risk assessment to assess the risk that a potential grantee cannot or would not perform the required duties. In making this assessment, the agency must review the following information as applicable:

(1) the potential grantee's history of performing duties similar to those required by the grant, whether the grant requires the potential grantee to perform services at a significantly increased scale, and whether the grant will require significant changes to the operation of the potential grantee's organization;

(2) for a potential grantee that is a nonprofit organization, the potential grantee's most recent Form 990 or Form 990-EZ filed with the Internal Revenue Service. If the potential grantee has not been in existence long enough or is not required to file Form 990 or Form 990-EZ, the potential grantee must demonstrate to the agency's satisfaction that the potential grantee is exempt and must instead submit the potential grantee's most recent board-reviewed financial statements and documentation of internal controls or, if there is no such board, by the applicant's managing group;

(3) for a potential grantee that is a for-profit business, the potential grantee's most recent federal and state tax returns, current financial statements, certification that the business is not under bankruptcy proceedings, and disclosure of any liens on its assets. If a business has not been in business long enough to have a tax return, the grantee must demonstrate to the agency's satisfaction that the grantee has appropriate internal financial controls;

~~(4) evidence of good standing with the secretary of state under chapter 317A, or other applicable law;~~

~~(5) (4) if the potential grantee is required to complete an audit under section 309.53, subdivision 3, the potential grantee's most recent audit report performed by an independent third party in accordance with generally accepted accounting principles; and~~

~~(6) (5) certification, provided by the potential grantee, that none of its current principals have been convicted of a felony financial crime in the last ten years. For this section, a principal is defined as a public official, a board member, or staff with the authority to access funds provided by this agency or determine how those funds are used.~~

Sec. 4. Minnesota Statutes 2024, section 16B.981, is amended by adding a subdivision to read:

Subd. 2a. **Minimum eligibility criteria.** (a) In addition to any eligibility criteria specific to the grant program, a potential grantee must certify compliance, as provided under subdivision 2b, with all of the following minimum criteria:

(1) be in good standing with the Office of the Secretary of State, as defined by section 5.26, if applicable;

(2) possess a valid federal tax identification number or a valid Social Security number if an individual;

(3) be in compliance with Department of Revenue registration requirements if the potential grantee has employees;

(4) be up to date with all required tax filings and payments, including estimated tax filings, with the federal Internal Revenue Service and the Department of Revenue;

(5) be in compliance with workers' compensation requirements under chapter 176, unemployment insurance requirements under chapter 268, and paid leave requirements under chapter 268B;

(6) be in compliance, both currently and during the three-year period before submitting the certification, with the applicable requirements in sections 177.24, 177.25, 177.41 to 177.44, 181.03, 181.101, and 181.722, and not have violated United States Code, title 29, sections 201 to 219, or United States Code, title 40, sections 3141 to 3148. For the purposes of this clause, a violation occurs when a potential grantee:

(i) repeatedly fails to pay statutorily required wages or penalties on one or more separate projects for a total underpayment of \$25,000 or more within the three-year period, provided that a failure to pay is "repeated" only if it involves two or more separate and distinct occurrences of underpayment during the three-year period;

(ii) has been found by the commissioner of labor and industry to have repeatedly or willfully violated any of the sections referenced in this clause pursuant to section 177.27;

(iii) has been issued a ruling or findings of underpayment by the administrator of the Wage and Hour Division of the United States Department of Labor that have become final or have been upheld by an administrative law judge or the Administrative Review Board; or

(iv) has been found liable for underpayment of wages or penalties or misrepresenting a worker as an independent contractor in an action brought in a court having jurisdiction;

(7) be in compliance with, both currently and during the three-year period before submitting the certification, section 181.723. For the purposes of this clause, a violation occurs when a potential grantee has been issued a final administrative order;

(8) none of the potential grantee's owners, officers, directors, managers, controlling parties, or related entities were convicted of violating section 609.445, 609.465, 609.466, 609.52, 609.611, 609.651, 609.7475, or 609.821, a substantially similar federal law or law of another state, or another offense indicating a lack of integrity or honesty that affects responsibility as a potential grantee; and

(9) the potential grantee or related entity is not currently suspended, debarred, or formerly debarred and not reinstated by the federal government, the state, or any department, agency, or political subdivision of the state with authority to debar a vendor or contractor.

(b) For the purposes of this subdivision, any violation, suspension, revocation, sanction, conviction, or noncompliance of a related entity must be treated as the potential grantee's violation, suspension, revocation, sanction, conviction, or noncompliance.

(c) Any violation, suspension, revocation, sanction, conviction, or noncompliance included in this subdivision and occurring at least 36 months prior to the date that the certification is submitted under subdivision 2b must not be considered in determining whether a potential grantee meets the minimum criteria.

Sec. 5. Minnesota Statutes 2024, section 16B.981, is amended by adding a subdivision to read:

Subd. 2b. **Verification of compliance.** (a) A potential grantee must submit to the head of the granting agency a statement signed under oath by an owner or officer certifying compliance with all of the minimum criteria in subdivision 2a.

(b) An agency head may accept a signed statement under oath as sufficient to demonstrate that a potential grantee is in compliance with subdivision 2a. The agency head is not liable for awarding the potential grantee a grant in reasonable reliance on such statement.

(c) A potential grantee that fails to certify compliance with any one of the required minimum criteria or makes a false statement under oath in a certification of compliance is ineligible to receive the grant.

(d) A false statement under oath certifying compliance with any of the minimum criteria may result in termination of eligibility or termination of a grant agreement that has already been entered.

(e) An agency head is not liable for declining to enter a grant agreement or terminating a grant agreement based on a reasonable determination that the potential grantee failed to certify compliance with the minimum criteria or falsely stated that the potential grantee meets the minimum criteria.

(f) A certification of compliance need not be notarized and may be provided electronically if it contains an electronic signature as defined in section 325L.02, paragraph (h).

Sec. 6. Minnesota Statutes 2025 Supplement, section 16B.981, subdivision 4, is amended to read:

**Subd. 4. Agency authority to not award grant.** (a) Except as provided in paragraph (f), if, while performing the required steps in subdivision 2 and pursuant to sections 16B.97, 16B.98, and 16B.991, the agency requires additional information to determine whether there is a substantial risk that the potential grantee cannot or would not perform the required duties of the grant agreement, the agency must give the grantee 15 calendar days within which the grantee can respond to the agency for the purpose of satisfying the agency's concerns or work with the agency to develop a plan to satisfy the concerns.

(b) If, after performing the required steps in subdivision 2 and pursuant to sections 16B.97, 16B.98, and 16B.991, and after reviewing any additional requested information from the grantee, the agency still has concerns that there is a substantial risk that a potential grantee cannot or would not perform the required duties under the grant agreement, the agency must either create a plan to satisfy remaining concerns with the grantee or must not award the grant.

(c) If, pursuant to paragraphs (a) and (b), the agency does not award a competitive, single-source, or sole-source grant, the agency must provide notification to the grantee and the commissioner of administration of the determination. The notification to the grantee must include the agency's reason for postponing or forgoing the grant, including information sufficient to explain and support the agency's decision, and notify the applicant of the process for contesting the agency's decision under paragraph (d).

(d) The final decision by an agency under paragraph (c) may be challenged as a contested case under chapter 14. The contested case proceeding must be initiated within 30 calendar days of the date of written notification of a final decision by the agency.

(e) If, pursuant to paragraphs (a) and (b) or (f), the agency does not award a legislatively named grant, the agency must delay award of the grant until adjournment of the next regular or special legislative session for action from the legislature. The agency must provide notification to the potential grantee, the commissioner of administration, and the chairs and ranking minority members of the Ways and Means Committee in the house of representatives and the chairs and ranking minority members of the Finance Committee in the senate. The notification to the grantee must include the agency's reason for postponing or forgoing the grant, including information sufficient to explain and support the agency's decision and notify the applicant of the process for contesting the agency's decision under paragraph (d). The notification to the commissioner of administration and legislators must identify the legislatively named potential grantee and the agency's reason for postponing or forgoing the grant. After hearing the concerns of the agency, the legislature may reaffirm the award of the grant or reappropriate the funds to a different legislatively named grantee. Based on the action of the legislature, the agency must award the grant to the legislatively named grantee. If the legislature does not provide direction to the agency on the disposition of the grant, the funds revert to the original appropriation source.

(f) The agency must not award a grant to any potential grantee that does not submit the certification of compliance required under subdivision 2b."

Renumber the sections in sequence and correct the internal references

Amend the title as follows:

Page 1, line 3, before "appropriating" insert "enhancing minimum eligibility criteria for state grants; requiring sworn certification of compliance;"

Correct the title numbers accordingly

A roll call was requested and properly seconded.

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

Those who voted in the affirmative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Stephenson
Agbaje	Feist	Hicks	Kotyza-Witthuhn	Momanyi-Hiltsley	Tabke
Bahner	Finke	Hill	Kozlowski	Noor	Vang
Berg	Fischer	Hollins	Kraft	Norris	Virmig
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Wolgamott
Buck	Frederick	Huot	Lee, K.	Pinto	Xiong
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Youakim
Cha	Gomez	Johnson, P.	Liebling	Rehm	
Clardy	Gottfried	Jones	Lillie	Rehrauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Sencer-Mura	
Elkins	Hansen, R.	Klevorn	Mahamoud	Smith	

Those who voted in the negative were:

Allen	Dippel	Igo	Myers	Roach	Van Binsbergen
Altendorf	Dotseth	Jacob	Nadeau	Robbins	Warwas
Anderson, P. E.	Duran	Johnson, W.	Nash	Rymer	West
Anderson, P. H.	Engen	Joy	Nelson	Schomacker	Wiener
Backer	Fogelman	Knudsen	Niska	Schultz	Witte
Bakeberg	Franson	Koznick	Novotny	Schwartz	Zeleznikar
Baker	Gander	Kresha	O'Driscoll	Scott	Spk. Demuth
Bennett	Gillman	Lawrence	Olson	Sexton	
Bliss	Gordon	McDonald	Perryman	Skraba	
Burkel	Harder	Mekeland	Quam	Stier	
Davids	Heintzeman	Mueller	Rarick	Swedzinski	
Davis	Hudson	Murphy	Repinski	Torkelson	

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

Baker, McDonald and Schultz were excused for the remainder of today's session.

H. F. No. 3682, A bill for an act relating to state government; requiring a grantee fraud risk rating system and corresponding grants management requirements; appropriating money; amending Minnesota Statutes 2024, section 16B.97, subdivision 4.

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 128 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Altendorf	Backer	Bennett	Bliss	Carroll
Agbaje	Anderson, P. E.	Bahner	Berg	Buck	Cha
Allen	Anderson, P. H.	Bakeberg	Bierman	Burkel	Clardy

Coulter	Gillman	Jones	Luger-Nikolai	Pinto	Stier
Curran	Gordon	Jordan	Mahamoud	Pursell	Swedzinski
Davids	Gottfried	Joy	Mekeland	Quam	Tabke
Davis	Greene	Keeler	Moller	Rarick	Torkelson
Dippel	Hansen, R.	Klevorn	Momanyi-Hiltsley	Rehm	Van Binsbergen
Dotseth	Hanson, J.	Knudsen	Mueller	Rehrauer	Vang
Duran	Harder	Koegel	Murphy	Repinski	Virnig
Elkins	Heintzeman	Kotyza-Witthuhn	Myers	Reyer	Warwas
Engen	Hicks	Kozlowski	Nadeau	Roach	West
Falconer	Hill	Koznick	Nash	Robbins	Wiener
Feist	Hollins	Kraft	Nelson	Rymer	Witte
Finke	Howard	Kresha	Niska	Schomacker	Wolgamott
Fischer	Hudson	Lawrence	Noor	Schwartz	Youakim
Fogelman	Huot	Lee, F.	Norris	Scott	Zeleznikar
Franson	Hussein	Lee, K.	Novotny	Sencer-Mura	Spk. Demuth
Frazier	Igo	Lee, X.	O'Driscoll	Sexton	
Frederick	Jacob	Liebling	Olson	Skraba	
Freiberg	Johnson, P.	Lillie	Pérez-Vega	Smith	
Gander	Johnson, W.	Long	Perryman	Stephenson	

The bill was passed and its title agreed to.

O'Driscoll was excused for the remainder of today's session.

H. F. No. 3295 was reported to the House.

Gordon moved to amend H. F. No. 3295, the first engrossment, as follows:

Page 1, delete lines 16 and 17 and insert:

"(b) A public body is not required to offer a social media comment feature during a broadcast authorized under this subdivision. If a social media comment feature is offered as a part of the broadcast, comments posted by members of the public are not considered government records under section 15.17 or 138.17, and the comments must not be recorded in the journal or minutes of the public body. Comments posted in a social media comment feature during a broadcast under this subdivision must not be considered comments for purposes of a public comment period during the meeting."

Page 2, line 2, after the period, insert "If a social media comment feature will be offered as part of the broadcast, the notice must state that comments posted by members of the public are not public testimony for purposes of a public comment period offered during the meeting."

A roll call was requested and properly seconded.

The question was taken on the Gordon amendment and the roll was called. There were 62 yeas and 68 nays as follows:

Those who voted in the affirmative were:

Allen	Anderson, P. H.	Bennett	Davids	Dotseth	Fogelman
Altendorf	Backer	Bliss	Davis	Duran	Franson
Anderson, P. E.	Bakeberg	Burkel	Dippel	Engen	Gander

Gillman	Joy	Myers	Quam	Sexton	Wiener
Gordon	Knudsen	Nadeau	Rarick	Skraba	Witte
Harder	Koznick	Nash	Repinski	Stier	Zeleznikar
Heintzeman	Kresha	Nelson	Roach	Swedzinski	Spk. Demuth
Hudson	Lawrence	Niska	Robbins	Torkelson	
Igo	Mekeland	Novotny	Rymer	Van Binsbergen	
Jacob	Mueller	Olson	Schomacker	Warwas	
Johnson, W.	Murphy	Perryman	Schwartz	West	

Those who voted in the negative were:

Acomb	Falconer	Hanson, J.	Koegel	Moller	Smith
Agbaje	Feist	Hicks	Kotyza-Witthuhn	Momanyi-Hiltsley	Stephenson
Bahner	Finke	Hill	Kozlowski	Noor	Tabke
Berg	Fischer	Hollins	Kraft	Norris	Vang
Bierman	Frazier	Howard	Lee, F.	Pérez-Vega	Virmig
Buck	Frederick	Huot	Lee, K.	Pinto	Wolgamott
Carroll	Freiberg	Hussein	Lee, X.	Pursell	Xiong
Cha	Gomez	Johnson, P.	Liebling	Rehm	Youakim
Clardy	Gottfried	Jones	Lillie	Rehrauer	
Coulter	Greene	Jordan	Long	Reyer	
Curran	Greenman	Keeler	Luger-Nikolai	Scott	
Elkins	Hansen, R.	Klevorn	Mahamoud	Sencer-Mura	

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

H. F. No. 3295, A bill for an act relating to Open Meeting Law; authorizing meeting broadcasting through social media; amending Minnesota Statutes 2024, section 13D.065.

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 125 yeas and 5 nays as follows:

Those who voted in the affirmative were:

Acomb	Coulter	Gillman	Jacob	Liebling	Pérez-Vega
Agbaje	Curran	Gomez	Johnson, P.	Lillie	Perryman
Allen	Davids	Gordon	Johnson, W.	Long	Pinto
Altendorf	Davis	Gottfried	Jones	Luger-Nikolai	Pursell
Anderson, P. E.	Dippel	Greene	Jordan	Mahamoud	Quam
Anderson, P. H.	Dotseth	Greenman	Joy	Mekeland	Rarick
Backer	Duran	Hansen, R.	Keeler	Moller	Rehm
Bahner	Elkins	Hanson, J.	Knudsen	Momanyi-Hiltsley	Rehrauer
Bakeberg	Engen	Harder	Koegel	Mueller	Repinski
Bennett	Falconer	Heintzeman	Kotyza-Witthuhn	Murphy	Reyer
Berg	Finke	Hicks	Kozlowski	Myers	Roach
Bierman	Fischer	Hill	Koznick	Nadeau	Robbins
Bliss	Fogelman	Hollins	Kraft	Nash	Rymer
Buck	Franson	Howard	Kresha	Nelson	Schomacker
Burkel	Frazier	Hudson	Lawrence	Niska	Schwartz
Carroll	Frederick	Huot	Lee, F.	Norris	Sencer-Mura
Cha	Freiberg	Hussein	Lee, K.	Novotny	Sexton
Clardy	Gander	Igo	Lee, X.	Olson	Skraba

Smith	Swedzinski	Van Binsbergen	Warwas	Witte	Zeleznikar
Stephenson	Tabke	Vang	West	Wolgamott	Spk. Demuth
Stier	Torkelson	Virnig	Wiener	Youakim	

Those who voted in the negative were:

Feist	Klevorn	Noor	Scott	Xiong
-------	---------	------	-------	-------

The bill was passed and its title agreed to.

H. F. No. 3298, A bill for an act relating to energy; establishing reimbursement program for underground petroleum storage tank systems with pressurized single-walled steel piping; amending Minnesota Statutes 2024, sections 115C.08, subdivision 4; 115C.09, by adding a subdivision.

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 128 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Dippel	Harder	Koznick	Noor	Skraba
Agbaje	Dotseth	Heintzeman	Kraft	Norris	Stephenson
Allen	Duran	Hicks	Kresha	Novotny	Stier
Altendorf	Elkins	Hill	Lawrence	Olson	Swedzinski
Anderson, P. E.	Engen	Hollins	Lee, F.	Pérez-Vega	Tabke
Anderson, P. H.	Falconer	Howard	Lee, K.	Perryman	Torkelson
Backer	Feist	Hudson	Lee, X.	Pinto	Van Binsbergen
Bahner	Finke	Huot	Liebling	Pursell	Vang
Bakeberg	Fischer	Hussein	Lillie	Quam	Virnig
Bennett	Franson	Igo	Long	Rarick	Warwas
Berg	Frazier	Jacob	Luger-Nikolai	Rehm	West
Bierman	Frederick	Johnson, P.	Mahamoud	Rehrauer	Wiener
Bliss	Freiberg	Johnson, W.	Mekeland	Repinski	Witte
Buck	Gander	Jones	Moller	Reyer	Wolgamott
Burkel	Gillman	Jordan	Momanyi-Hiltsley	Roach	Xiong
Carroll	Gomez	Joy	Mueller	Robbins	Youakim
Cha	Gordon	Keeler	Murphy	Rymer	Zeleznikar
Clardy	Gottfried	Klevorn	Myers	Schomacker	Spk. Demuth
Coulter	Greene	Knudsen	Nadeau	Schwartz	
Curran	Greenman	Koegel	Nash	Scott	
Davids	Hansen, R.	Kotyza-Witthuhn	Nelson	Sencer-Mura	
Davis	Hanson, J.	Kozlowski	Niska	Sexton	

The bill was passed and its title agreed to.

H. F. No. 3131, A bill for an act relating to transportation; authorizing issuance of cancer-related disability parking certificates; amending Minnesota Statutes 2024, section 169.345, subdivisions 2a, 3b, by adding a subdivision.

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 130 yeas and 0 nays as follows:

Those who voted in the affirmative were:

Acomb	Dippel	Hanson, J.	Kozlowski	Niska	Sexton
Agbaje	Dotseth	Harder	Koznick	Noor	Skraba
Allen	Duran	Heintzeman	Kraft	Norris	Smith
Altendorf	Elkins	Hicks	Kresha	Novotny	Stephenson
Anderson, P. E.	Engen	Hill	Lawrence	Olson	Stier
Anderson, P. H.	Falconer	Hollins	Lee, F.	Pérez-Vega	Swedzinski
Backer	Feist	Howard	Lee, K.	Perryman	Tabke
Bahner	Finke	Hudson	Lee, X.	Pinto	Torkelson
Bakeberg	Fischer	Huot	Liebling	Pursell	Van Binsbergen
Bennett	Fogelman	Hussein	Lillie	Quam	Vang
Berg	Franson	Igo	Long	Rarick	Virmig
Bierman	Frazier	Jacob	Luger-Nikolai	Rehm	Warwas
Bliss	Frederick	Johnson, P.	Mahamoud	Rehrauer	West
Buck	Freiberg	Johnson, W.	Mekeland	Repinski	Wiener
Burkel	Gander	Jones	Moller	Reyer	Witte
Carroll	Gillman	Jordan	Momanyi-Hiltsley	Roach	Wolgamott
Cha	Gomez	Joy	Mueller	Robbins	Xiong
Clardy	Gordon	Keeler	Murphy	Rymer	Youakim
Coulter	Gottfried	Klevorn	Myers	Schomacker	Zeleznikar
Curran	Greene	Knudsen	Nadeau	Schwartz	Spk. Demuth
Davids	Greenman	Koegel	Nash	Scott	
Davis	Hansen, R.	Kotyza-Witthuhn	Nelson	Sencer-Mura	

The bill was passed and its title agreed to.

Jones was excused for the remainder of today's session.

H. F. No. 4102, A bill for an act relating to public safety; modifying requirements for State Patrol compensation study; allowing for volunteer chaplains within the state patrol; amending Minnesota Statutes 2024, section 299D.03, subdivisions 2, 2a; Laws 2024, chapter 104, article 1, section 2; proposing coding for new law in Minnesota Statutes, chapter 299D.

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 100 yeas and 19 nays as follows:

Those who voted in the affirmative were:

Allen	Bennett	Cha	Dippel	Franson	Gordon
Altendorf	Berg	Clardy	Dotseth	Frazier	Gottfried
Anderson, P. E.	Bierman	Coulter	Duran	Frederick	Greenman
Anderson, P. H.	Bliss	Curran	Engen	Freiberg	Hansen, R.
Backer	Burkel	Davids	Fischer	Gander	Harder
Bakeberg	Carroll	Davis	Fogelman	Gillman	Heintzeman

Hicks	Kotyza-Witthuhn	Mueller	Pursell	Schwartz	Vang
Hill	Koznick	Murphy	Quam	Scott	Virmig
Howard	Kresha	Myers	Rarick	Sexton	Warwas
Hudson	Lawrence	Nadeau	Rehm	Skraba	West
Huot	Lee, F.	Nash	Rehrauer	Smith	Wiener
Igo	Lee, X.	Nelson	Repinski	Stephenson	Witte
Jacob	Lillie	Niska	Reyer	Stier	Wolgamott
Johnson, P.	Long	Norris	Roach	Swedzinski	Zeleznikar
Johnson, W.	Mekeland	Novotny	Robbins	Tabke	Spk. Demuth
Joy	Moller	Olson	Rymer	Torkelson	
Knudsen	Momanyi-Hiltsley	Perryman	Schomacker	Van Binsbergen	

Those who voted in the negative were:

Acomb	Finke	Jordan	Kraft	Pinto
Buck	Gomez	Keeler	Lee, K.	Xiong
Elkins	Greene	Koegel	Liebling	Youakim
Falconer	Hanson, J.	Kozlowski	Luger-Nikolai	

The bill was passed and its title agreed to.

H. F. No. 4591 was reported to the House.

Klevorn moved to amend H. F. No. 4591 as follows:

Page 1, after line 5, insert:

"Section 1. Minnesota Statutes 2024, section 129D.13, subdivision 1, is amended to read:

Subdivision 1. **Distribution.** The commissioner shall distribute the money provided by sections 129D.11 to 129D.13. Annually the commissioner shall make block grants which shall be distributed in equal amounts to public stations for operational costs. The commissioner shall allocate money appropriated for the purposes of sections 129D.11 to 129D.13 in such a manner that each eligible public station receives a block grant. In addition, the commissioner shall make matching grants to public stations. Matching grants shall be used for operational costs and shall be allocated using the procedure developed for distribution of state money under this section for grants made in fiscal year 1979. No station's matching grant in any fiscal year shall exceed the amount of Minnesota-based contributions received by that station in the previous fiscal year. Grants made pursuant to this subdivision may only be given to those federally licensed stations that ~~are~~ were certified as eligible for community service grants through the Corporation for Public Broadcasting in 2024. Grant funds not expended by a station during the first year of the biennium do not cancel and may be carried over into the second fiscal year."

Renumber the sections in sequence and correct the internal references

Amend the title as follows:

Page 1, line 2, after "for" insert "public television station block grants and"

Correct the title numbers accordingly

The motion prevailed and the amendment was adopted.

H. F. No. 4591, A bill for an act relating to state government; modifying eligibility for noncommercial radio station grants; appropriating money; amending Minnesota Statutes 2024, section 129D.14, subdivision 3.

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 120 yeas and 4 nays as follows:

Those who voted in the affirmative were:

Acomb	Davids	Greenman	Knudsen	Nadeau	Schwartz
Agbaje	Dippel	Hansen, R.	Koegel	Nash	Scott
Allen	Dotseth	Hanson, J.	Kotyza-Witthuhn	Nelson	Sencer-Mura
Altendorf	Duran	Harder	Kozlowski	Niska	Sexton
Anderson, P. E.	Elkins	Heintzeman	Koznick	Noor	Skraba
Anderson, P. H.	Engen	Hicks	Kraft	Norris	Smith
Backer	Falconer	Hill	Kresha	Novotny	Stephenson
Bahner	Feist	Hollins	Lawrence	Olson	Stier
Bakeberg	Finke	Howard	Lee, F.	Pérez-Vega	Swedzinski
Bennett	Fischer	Hudson	Lee, K.	Perryman	Tabke
Berg	Franson	Huot	Lee, X.	Pinto	Torkelson
Bierman	Frazier	Hussein	Liebling	Pursell	Van Binsbergen
Bliss	Frederick	Igo	Lillie	Quam	Vang
Buck	Freiberg	Jacob	Long	Rarick	Virnig
Burkel	Gander	Johnson, P.	Luger-Nikolai	Rehm	West
Carroll	Gillman	Johnson, W.	Mahamoud	Rehrauer	Witte
Cha	Gomez	Jordan	Moller	Repinski	Wolgamott
Clardy	Gordon	Joy	Momanyi-Hiltsley	Reyer	Xiong
Coulter	Gottfried	Keeler	Mueller	Robbins	Youakim
Curran	Greene	Klevorn	Myers	Rymer	Spk. Demuth

Those who voted in the negative were:

Davis	Fogelman	Roach	Wiener
-------	----------	-------	--------

The bill was passed, as amended, and its title agreed to.

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:

Madam Speaker:

I hereby announce that the Senate accedes to the request of the House for the appointment of a Conference Committee on the amendments adopted by the Senate to the following House File:

H. F. No. 1141, A bill for an act relating to housing; establishing a supplemental budget for the Minnesota Housing Finance Agency; authorizing the issuance of housing infrastructure bonds; modifying the authority of the Minnesota Housing Finance Agency over the housing development fund; requiring reports; transferring money;

appropriating money; amending Minnesota Statutes 2024, sections 462A.05, subdivision 8; 462A.20, subdivisions 3, 4, by adding a subdivision; 462A.21, subdivisions 10, 12a; 462A.37, by adding a subdivision; Minnesota Statutes 2025 Supplement, section 462A.37, subdivision 5; Laws 2025, chapter 32, article 1, section 2, subdivisions 1, 3, 15, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 462A; repealing Minnesota Statutes 2024, section 462A.21, subdivision 5.

The Senate has appointed as such committee:

Senators Port, Boldon and Lucero.

Said House File is herewith returned to the House.

THOMAS S. BOTTERN, Secretary of the Senate

Madam Speaker:

I hereby announce that the Senate accedes to the request of the House for the appointment of a Conference Committee on the amendments adopted by the Senate to the following House File:

H. F. No. 4188, A bill for an act relating to commerce; modifying various consumer protections for insurance and financial products; prohibiting virtual-currency kiosks; modifying various provisions governing securities broker-dealers and broker-dealers' agents; making technical changes to various provisions governed or administered by the Department of Commerce; modifying and adding provisions governing unclaimed property; providing penalties; amending Minnesota Statutes 2024, sections 46.044, subdivision 1; 48.195; 49.37; 53B.69, subdivision 10; 58.14, subdivisions 3, 4, 5, by adding a subdivision; 58.18, subdivision 4; 58B.02, by adding subdivisions; 58B.03, subdivisions 10, 11; 58B.051; 58B.06, subdivisions 4, 6; 60A.13, subdivisions 1, 6; 72A.061, subdivision 5; 72A.18, subdivision 2, by adding subdivisions; 72A.20, subdivision 2, by adding a subdivision; 80A.50; 80A.69; 80C.12, subdivision 1; 80G.01, subdivision 5a; 325E.21, subdivisions 1b, 2c; 332.32; 345.31, by adding a subdivision; 345.43, by adding a subdivision; Minnesota Statutes 2025 Supplement, sections 58B.02, subdivision 8a; 80A.66; proposing coding for new law in Minnesota Statutes, chapters 53B; 80A; 82B; 82C; 345; repealing Minnesota Statutes 2024, sections 48.158; 53B.69, subdivisions 3b, 3c; 53B.75, subdivisions 1, 2, 3, 4, 5.

The Senate has appointed as such committee:

Senators Klein, Seeberger, Frentz and Duckworth.

Said House File is herewith returned to the House.

THOMAS S. BOTTERN, Secretary of the Senate

Madam Speaker:

I hereby announce the Senate refuses to concur in the House amendments to the following Senate File:

S. F. No. 3432, A bill for an act relating to public safety; requiring removal of identifying equipment and insignia from emergency vehicles sold to the public; providing for security and protective services of certain state officials; requiring a report; appropriating money; amending Minnesota Statutes 2024, sections 299D.03,

subdivision 1; 299E.01, subdivisions 1, 2, 3, 4, by adding a subdivision; Laws 2025, chapter 35, article 1, sections 2; 4; 5; Laws 2025, chapter 39, article 1, section 2; Laws 2025, First Special Session chapter 8, article 1, section 4, subdivision 3; proposing coding for new law in Minnesota Statutes, chapters 169; 299A; 299E.

The Senate respectfully requests that a Conference Committee be appointed thereon. The Senate has appointed as such committee:

Senators Latz, Dibble, Xiong, Westlin and Kreun.

Said Senate File is herewith transmitted to the House with the request that the House appoint a like committee.

THOMAS S. BOTTERN, Secretary of the Senate

Moller moved that the House accede to the request of the Senate and that the Speaker appoint a Conference Committee of 6 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. 3432. The motion prevailed.

#### ANNOUNCEMENT BY THE SPEAKER

The Speaker announced the appointment of the following members of the House to a Conference Committee on S. F. No. 3432:

Moller, Liebling, Curran, Novotny, Scott and Olson.

#### MOTIONS AND RESOLUTIONS

Huot moved that the name of Gillman be added as an author on H. F. No. 82. The motion prevailed.

Norris moved that the name of Johnson, P., be added as an author on H. F. No. 1338. The motion prevailed.

Norris moved that the name of Pinto be added as an author on H. F. No. 2354. The motion prevailed.

Elkins moved that the name of Virnig be added as an author on H. F. No. 2700. The motion prevailed.

Greenman moved that the name of Kotyza-Witthuhn be added as an author on H. F. No. 3093. The motion prevailed.

Anderson, P. E., moved that the name of Koznick be added as an author on H. F. No. 3563. The motion prevailed.

Myers moved that the name of Kotyza-Witthuhn be added as an author on H. F. No. 3579. The motion prevailed.

Gander moved that the name of Finke be added as an author on H. F. No. 3586. The motion prevailed.

Coulter moved that the name of Finke be added as an author on H. F. No. 3624. The motion prevailed.

Witte moved that the name of Bakeberg be added as an author on H. F. No. 3816. The motion prevailed.

Greenman moved that the name of Virnig be added as an author on H. F. No. 4077. The motion prevailed.

Zeleznikar moved that the name of Kozlowski be added as an author on H. F. No. 5036

Huot moved that the name of Johnson, P., be added as an author on H. F. No. 5082. The motion prevailed.

Frazier moved that S. F. No. 334 be recalled from the Committee on Education Policy and be re-referred to the Committee on Ways and Means. The motion prevailed.

#### ADJOURNMENT

Niska moved that when the House adjourns today it adjourn until 11:00 a.m., Monday, May 11, 2026. The motion prevailed.

Niska moved that the House adjourn. The motion prevailed, and Speaker pro tempore Olson declared the House stands adjourned until 11:00 a.m., Monday, May 11, 2026.

PATRICK DUFFY MURPHY, Chief Clerk, House of Representatives

