

1.1 moves to amend H.F. No. 4398 as follows:

1.2 Page 36, delete section 26

1.3 Page 41, delete section 27 and insert:

1.4 "Sec. ... Minnesota Statutes 2020, section 144.1505, is amended to read:

1.5 **144.1505 HEALTH PROFESSIONALS CLINICAL TRAINING EXPANSION**
1.6 **AND RURAL AND UNDERSERVED CLINICAL ROTATIONS GRANT PROGRAM**
1.7 **PROGRAMS.**

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

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

1.14 (2) "eligible dental program" means a dental residency training program that is located
1.15 in Minnesota and is currently accredited by the accrediting body or is a candidate for
1.16 accreditation;

1.17 ~~(2)~~ (3) "eligible dental therapy program" means a dental therapy education program or
1.18 advanced dental therapy education program that is located in Minnesota and is either:

1.19 (i) approved by the Board of Dentistry; or

1.20 (ii) currently accredited by the Commission on Dental Accreditation;

1.21 ~~(3)~~ (4) "eligible mental health professional program" means a program that is located
1.22 in Minnesota and is listed as a mental health professional program by the appropriate

2.1 accrediting body for clinical social work, psychology, marriage and family therapy, or
2.2 licensed professional clinical counseling, or is a candidate for accreditation;

2.3 ~~(4)~~ (5) "eligible pharmacy program" means a program that is located in Minnesota and
2.4 is currently accredited as a doctor of pharmacy program by the Accreditation Council on
2.5 Pharmacy Education;

2.6 ~~(5)~~ (6) "eligible physician assistant program" means a program that is located in
2.7 Minnesota and is currently accredited as a physician assistant program by the Accreditation
2.8 Review Commission on Education for the Physician Assistant, or is a candidate for
2.9 accreditation;

2.10 (7) "eligible physician program" means a physician residency training program that is
2.11 located in Minnesota and is currently accredited by the accrediting body or is a candidate
2.12 for accreditation;

2.13 ~~(6)~~ (8) "mental health professional" means an individual providing clinical services in
2.14 the treatment of mental illness who meets one of the qualifications under section 245.462,
2.15 subdivision 18; and

2.16 ~~(7)~~ (9) "project" means a project to establish or expand clinical training for physician
2.17 assistants, advanced practice registered nurses, pharmacists, physicians, dentists, dental
2.18 therapists, advanced dental therapists, or mental health professionals in Minnesota.

2.19 Subd. 2. **Health professionals clinical training expansion grant program.** (a) The
2.20 commissioner of health shall award health professional training site grants to eligible
2.21 physician assistant, advanced practice registered nurse, pharmacy, dental therapy, and mental
2.22 health professional programs to plan and implement expanded clinical training. A planning
2.23 grant shall not exceed \$75,000, and a training grant shall not exceed \$150,000 for the first
2.24 year, \$100,000 for the second year, and \$50,000 for the third year per program.

2.25 (b) Funds may be used for:

2.26 (1) establishing or expanding clinical training for physician assistants, advanced practice
2.27 registered nurses, pharmacists, dental therapists, advanced dental therapists, and mental
2.28 health professionals in Minnesota;

2.29 (2) recruitment, training, and retention of students and faculty;

2.30 (3) connecting students with appropriate clinical training sites, internships, practicums,
2.31 or externship activities;

2.32 (4) travel and lodging for students;

3.1 (5) faculty, student, and preceptor salaries, incentives, or other financial support;

3.2 (6) development and implementation of cultural competency training;

3.3 (7) evaluations;

3.4 (8) training site improvements, fees, equipment, and supplies required to establish,
3.5 maintain, or expand a physician assistant, advanced practice registered nurse, pharmacy,
3.6 dental therapy, or mental health professional training program; and

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

3.8 **Subd. 2a. Health professional rural and underserved clinical rotations grant**

3.9 **program.** (a) The commissioner of health shall award health professional training site grants
3.10 to eligible physician, physician assistant, advanced practice registered nurse, pharmacy,
3.11 dentistry, dental therapy, and mental health professional programs to augment existing
3.12 clinical training programs by adding rural and underserved rotations or clinical training
3.13 experiences, such as credential or certificate rural tracks or other specialized training. For
3.14 physician and dentist training, the expanded training must include rotations in primary care
3.15 settings such as community clinics, hospitals, health maintenance organizations, or practices
3.16 in rural communities.

3.17 (b) Funds may be used for:

3.18 (1) establishing or expanding rotations and clinical trainings;

3.19 (2) recruitment, training, and retention of students and faculty;

3.20 (3) connecting students with appropriate clinical training sites, internships, practicums,
3.21 or externship activities;

3.22 (4) travel and lodging for students;

3.23 (5) faculty, student, and preceptor salaries, incentives, or other financial support;

3.24 (6) development and implementation of cultural competency training;

3.25 (7) evaluations;

3.26 (8) training site improvements, fees, equipment, and supplies required to establish,
3.27 maintain, or expand training programs; and

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

3.29 **Subd. 3. Applications.** Eligible physician assistant, advanced practice registered nurse,
3.30 pharmacy, dental therapy, ~~and~~ mental health professional, physician, and dental programs
3.31 seeking a grant shall apply to the commissioner. Applications must include a description

4.1 of the number of additional students who will be trained using grant funds; attestation that
 4.2 funding will be used to support an increase in the number of clinical training slots; a
 4.3 description of the problem that the proposed project will address; a description of the project,
 4.4 including all costs associated with the project, sources of funds for the project, detailed uses
 4.5 of all funds for the project, and the results expected; and a plan to maintain or operate any
 4.6 component included in the project after the grant period. The applicant must describe
 4.7 achievable objectives, a timetable, and roles and capabilities of responsible individuals in
 4.8 the organization. Applicants applying under subdivision 2a must also include information
 4.9 about the length of training and training site settings, the geographic locations of rural sites,
 4.10 and rural populations expected to be served.

4.11 **Subd. 4. Consideration of applications.** The commissioner shall review each application
 4.12 to determine whether or not the application is complete and whether the program and the
 4.13 project are eligible for a grant. In evaluating applications, the commissioner shall score each
 4.14 application based on factors including, but not limited to, the applicant's clarity and
 4.15 thoroughness in describing the project and the problems to be addressed, the extent to which
 4.16 the applicant has demonstrated that the applicant has made adequate provisions to ensure
 4.17 proper and efficient operation of the training program once the grant project is completed,
 4.18 the extent to which the proposed project is consistent with the goal of increasing access to
 4.19 primary care and mental health services for rural and underserved urban communities, the
 4.20 extent to which the proposed project incorporates team-based primary care, and project
 4.21 costs and use of funds.

4.22 **Subd. 5. Program oversight.** The commissioner shall determine the amount of a grant
 4.23 to be given to an eligible program based on the relative score of each eligible program's
 4.24 application and rural locations if applicable under subdivision 2b, other relevant factors
 4.25 discussed during the review, and the funds available to the commissioner. Appropriations
 4.26 made to the program do not cancel and are available until expended. During the grant period,
 4.27 the commissioner may require and collect from programs receiving grants any information
 4.28 necessary to evaluate the program."

4.29 Page 56, line 26, delete "Public" and insert "Health"

4.30 Page 56, line 27, delete "Safety"

4.31 Page 57, line 4, delete "Health" and insert "Public Safety"

4.32 Page 65, delete section 48

4.33 Page 75, after line 1, insert:

5.1 "Sec. Minnesota Statutes 2020, section 145A.131, subdivision 1, is amended to read:

5.2 Subdivision 1. **Funding formula for community health boards.** (a) Base funding for
5.3 each community health board eligible for a local public health grant under section 145A.03,
5.4 subdivision 7, shall be determined by each community health board's fiscal year 2003
5.5 allocations, prior to unallotment, for the following grant programs: community health
5.6 services subsidy; state and federal maternal and child health special projects grants; family
5.7 home visiting grants; TANF MN ENABL grants; TANF youth risk behavior grants; and
5.8 available women, infants, and children grant funds in fiscal year 2003, prior to unallotment,
5.9 distributed based on the proportion of WIC participants served in fiscal year 2003 within
5.10 the CHS service area.

5.11 (b) Base funding for a community health board eligible for a local public health grant
5.12 under section 145A.03, subdivision 7, as determined in paragraph (a), shall be adjusted by
5.13 the percentage difference between the base, as calculated in paragraph (a), and the funding
5.14 available for the local public health grant.

5.15 (c) Multicounty or multicity community health boards shall receive a local partnership
5.16 base of up to \$5,000 per year for each county or city in the case of a multicity community
5.17 health board included in the community health board.

5.18 (d) The State Community Health Services Advisory Committee may recommend a
5.19 formula to the commissioner to use in distributing funds to community health boards.

5.20 (e) Notwithstanding any adjustment in paragraph (b), community health boards, all or
5.21 a portion of which are located outside of the counties of Anoka, Chisago, Carver, Dakota,
5.22 Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright, are eligible to receive
5.23 an increase equal to ten percent of the grant award to the community health board under
5.24 paragraph (a) starting July 1, 2015. The increase in calendar year 2015 shall be prorated for
5.25 the last six months of the year. For calendar years beginning on or after January 1, 2016,
5.26 the amount distributed under this paragraph shall be adjusted each year based on available
5.27 funding and the number of eligible community health boards.

5.28 (f) Funding for foundational public health responsibilities shall be distributed based on
5.29 a formula determined by the commissioner in consultation with the State Community Health
5.30 Services Advisory Committee. Community health boards must use these funds as specified
5.31 in subdivision 5.

6.1 Sec. Minnesota Statutes 2020, section 145A.131, subdivision 2, is amended to read:

6.2 Subd. 2. **Local match.** (a) A community health board that receives a local public health
6.3 grant shall provide at least a 75 percent match for the state funds received through the local
6.4 public health grant described in subdivision 1 and subject to paragraphs (b) to ~~(d)~~ (f).

6.5 (b) Eligible funds must be used to meet match requirements. Eligible funds include funds
6.6 from local property taxes, reimbursements from third parties, fees, other local funds, and
6.7 donations or nonfederal grants that are used for community health services described in
6.8 section 145A.02, subdivision 6.

6.9 (c) When the amount of local matching funds for a community health board is less than
6.10 the amount required under paragraph (a), the local public health grant provided for that
6.11 community health board under this section shall be reduced proportionally.

6.12 (d) A city organized under the provision of sections 145A.03 to 145A.131 that levies a
6.13 tax for provision of community health services is exempt from any county levy for the same
6.14 services to the extent of the levy imposed by the city.

6.15 Sec. Minnesota Statutes 2020, section 145A.131, subdivision 5, is amended to read:

6.16 Subd. 5. **Use of funds.** (a) Community health boards may use the base funding of their
6.17 local public health grant funds distributed according to subdivision 1, paragraphs (a) to (e),
6.18 to address the areas of public health responsibility and local priorities developed through
6.19 the community health assessment and community health improvement planning process.

6.20 (b) A community health board must use funding for foundational public health
6.21 responsibilities that is distributed according to subdivision 1, paragraph (f), to fulfill
6.22 foundational public health responsibilities as defined by the commissioner in consultation
6.23 with the State Community Health Services Advisory Committee.

6.24 (c) Notwithstanding paragraph (b), if a community health board can demonstrate that
6.25 foundational public health responsibilities are fulfilled, the community health board may
6.26 use funding for foundational public health responsibilities for local priorities developed
6.27 through the community health assessment and community health improvement planning
6.28 process.

6.29 (d) Notwithstanding paragraphs (a) to (c), by July 1, 2026, community health boards
6.30 must use all local public health funds first to fulfill foundational public health responsibilities.
6.31 Once a community health board can demonstrate foundational public health responsibilities
6.32 are fulfilled, funds may be used for local priorities developed through the community health
6.33 assessment and community health improvement planning process.

7.1 Sec. Minnesota Statutes 2020, section 145A.14, is amended by adding a subdivision
7.2 to read:

7.3 Subd. 2b. Tribal governments; foundational public health responsibilities. The
7.4 commissioner shall distribute grants to Tribal governments for foundational public health
7.5 responsibilities as defined by each Tribal government.

7.6 Sec. Minnesota Statutes 2020, section 152.35, is amended to read:

7.7 **152.35 FEES; DEPOSIT OF REVENUE.**

7.8 (a) The commissioner shall collect an enrollment fee of ~~\$200~~ \$40 from patients enrolled
7.9 under this section. ~~If the patient provides evidence of receiving Social Security disability~~
7.10 ~~insurance (SSDI), Supplemental Security Income (SSI), veterans disability, or railroad~~
7.11 ~~disability payments, or being enrolled in medical assistance or MinnesotaCare, then the fee~~
7.12 ~~shall be \$50. For purposes of this section:~~

7.13 ~~(1) a patient is considered to receive SSDI if the patient was receiving SSDI at the time~~
7.14 ~~the patient was transitioned to retirement benefits by the United States Social Security~~
7.15 ~~Administration; and~~

7.16 ~~(2) veterans disability payments include VA dependency and indemnity compensation.~~
7.17 ~~Unless a patient provides evidence of receiving payments from or participating in one of~~
7.18 ~~the programs specifically listed in this paragraph, the commissioner of health must collect~~
7.19 ~~the \$200 enrollment fee from a patient to enroll the patient in the registry program. The fees~~
7.20 ~~shall be payable annually and are due on the anniversary date of the patient's enrollment.~~
7.21 ~~The fee amount shall be deposited in the state treasury and credited to the state government~~
7.22 ~~special revenue fund.~~

7.23 (b) The commissioner shall collect an application fee of \$20,000 from each entity
7.24 submitting an application for registration as a medical cannabis manufacturer. Revenue
7.25 from the fee shall be deposited in the state treasury and credited to the state government
7.26 special revenue fund.

7.27 (c) The commissioner shall establish and collect an annual fee from a medical cannabis
7.28 manufacturer equal to the cost of regulating and inspecting the manufacturer in that year.
7.29 Revenue from the fee amount shall be deposited in the state treasury and credited to the
7.30 state government special revenue fund.

7.31 (d) A medical cannabis manufacturer may charge patients enrolled in the registry program
7.32 a reasonable fee for costs associated with the operations of the manufacturer. The

8.1 manufacturer may establish a sliding scale of patient fees based upon a patient's household
8.2 income and may accept private donations to reduce patient fees.

8.3 Sec. Minnesota Statutes 2020, section 270B.12, subdivision 4, is amended to read:

8.4 Subd. 4. **Department of Public Safety.** The commissioner may disclose return
8.5 information to the ~~Department of Public Safety~~ commissioner of public safety for the purpose
8.6 of and to the extent necessary to administer sections 270C.725 and 403.16 to 403.162 and
8.7 to verify that the surcharge imposed by section 145.56 has been paid.

8.8 Sec. Minnesota Statutes 2020, section 270B.12, is amended by adding a subdivision
8.9 to read:

8.10 Subd. 4a. **Department of Health.** The commissioner may disclose return information
8.11 to the commissioner of health for the purpose of and to the extent necessary for the
8.12 Department of Health to verify that the surcharge imposed by section 145.56 has been paid."

8.13 Page 76, line 19, delete "144.56" and insert "145.56"

8.14 Page 77, after line 6, insert:

8.15 "Sec. Minnesota Statutes 2020, section 403.161, subdivision 7, is amended to read:

8.16 Subd. 7. **Fee changes.** (a) The prepaid wireless E911 and telecommunications access
8.17 Minnesota fee and the 988 surcharge must be proportionately increased or reduced upon
8.18 any change to the fee imposed under section 403.11, subdivision 1, paragraph (c), after July
8.19 1, 2013, ~~or~~; the fee imposed under section 237.52, subdivision 2; or the surcharge imposed
8.20 under section 145.56, subdivision 10, as applicable.

8.21 (b) The commissioner of health shall notify the department at least 60 days in advance
8.22 of the effective date of a surcharge change. The department shall post notice of any fee
8.23 changes on its website at least 30 days in advance of the effective date of the fee changes.
8.24 It is the responsibility of sellers to monitor the department's website for notice of fee changes.

8.25 (c) Fee changes are effective 60 days after the first day of the first calendar month after
8.26 the commissioner of public safety or the Public Utilities Commission, as applicable, changes
8.27 the fee.

9.1 Sec. Minnesota Statutes 2020, section 403.162, subdivision 2, is amended to read:

9.2 Subd. 2. **Seller's fee retention.** A seller may deduct and retain three percent of prepaid
9.3 wireless E911 and telecommunications access Minnesota fees and the 988 surcharge collected
9.4 by the seller from consumers.

9.5 Sec. Minnesota Statutes 2020, section 403.162, subdivision 5, is amended to read:

9.6 Subd. 5. **Fees deposited.** (a) The commissioner of revenue shall, based on the relative
9.7 proportion of the prepaid wireless E911 fee ~~and~~, the prepaid wireless telecommunications
9.8 access Minnesota fee, and the 988 surcharge imposed per retail transaction, divide the fees
9.9 collected in corresponding proportions. Within 30 days of receipt of the collected fees, the
9.10 commissioner shall:

9.11 (1) deposit the proportion of the collected fees attributable to the prepaid wireless E911
9.12 fee in the 911 emergency telecommunications service account in the special revenue fund;
9.13 ~~and~~

9.14 (2) deposit the proportion of collected fees attributable to the prepaid wireless
9.15 telecommunications access Minnesota fee in the telecommunications access fund established
9.16 in section 237.52, subdivision 1; and

9.17 (3) deposit the proportion of the collected fees attributable to the prepaid wireless 988
9.18 surcharge in the 988 account in the special revenue fund.

9.19 (b) The commissioner of revenue may deduct and deposit in a special revenue account
9.20 an amount not to exceed two percent of collected fees. Money in the account is annually
9.21 appropriated to the commissioner of revenue to reimburse its direct costs of administering
9.22 the collection and remittance of prepaid wireless E911 fees, prepaid wireless 988 charges,
9.23 and prepaid wireless telecommunications access Minnesota fees."

9.24 Page 81, line 17, delete "215,136,000" and insert "236,486,000"

9.25 Page 81, line 20, delete "188,539,000" and insert "209,885,000"

9.26 Page 81, line 22, delete "4,597,000" and insert "4,601,000"

9.27 Page 81, line 26, delete "173,550,000" and insert "194,896,000"

9.28 Page 81, line 28, delete "430,000" and insert "434,000"

9.29 Page 87, delete lines 7 to 35 and insert:

9.30 "(n) Public Health System Transformation.

9.31 \$0 in fiscal year 2022 and \$23,531,000 in

- 10.1 fiscal year 2023 are from the general fund for
10.2 public health system transformation. Of this
10.3 appropriation:
- 10.4 (1) \$20,000,000 is for grants to community
10.5 health boards under Minnesota Statutes,
10.6 section 145A.131, subdivision 1, paragraph
10.7 (f);
- 10.8 (2) \$1,000,000 is for grants to Tribal
10.9 governments under Minnesota Statutes, section
10.10 145A.14, subdivision 2b;
- 10.11 (3) \$1,000,000 is for a public health
10.12 AmeriCorps program grant under Minnesota
10.13 Statutes, section 145.9292; and
- 10.14 (4) \$1,531,000 is for the commissioner to
10.15 oversee and administer activities under this
10.16 paragraph."
- 10.17 Page 88, delete lines 1 to 6
- 10.18 Page 90, line 33, delete "\$259,800,000" and insert "\$281,895,000"
- 10.19 Page 90, line 34, delete "\$367,664,000" and insert "\$389,758,000"
- 10.20 Amend the title accordingly