

1.1 moves to amend H.F. No. 5280, the delete everything amendment
1.2 (H5280DE1), as follows:

1.3 Page 25, line 15, after "people" insert "and families" and delete "families,"

1.4 Page 25, line 25, before the period insert "accessing and navigating the system"

1.5 Page 29, lines 17 and 21, after "commissioner" insert "of health"

1.6 Page 30, lines 4 and 6, after "commissioner" insert "of health"

1.7 Page 31, after line 21, insert:

1.8 "Sec. Minnesota Statutes 2022, section 144G.63, subdivision 1, is amended to read:

1.9 Subdivision 1. **Orientation of staff and supervisors.** (a) All staff providing and
1.10 supervising direct services must complete an orientation to assisted living facility licensing
1.11 requirements and regulations before providing assisted living services to residents. The
1.12 orientation may be incorporated into the training required under subdivision 5. The orientation
1.13 need only be completed once for each staff person and is not transferable to another facility,
1.14 except as provided in paragraph (b).

1.15 (b) A staff person is not required to repeat the orientation required under subdivision 2
1.16 if the staff person transfers from one licensed assisted living facility to another facility
1.17 operated by the same licensee or by a licensee affiliated with the same corporate organization
1.18 as the licensee of the first facility, or to another facility managed by the same entity managing
1.19 the first facility. The facility to which the staff person transfers must document that the staff
1.20 person completed the orientation at the prior facility. The facility to which the staff person
1.21 transfers must nonetheless provide the transferred staff person with supplemental orientation
1.22 specific to the facility and document that the supplemental orientation was provided. The
1.23 supplemental orientation must include the types of assisted living services the staff person
1.24 will be providing, the facility's category of licensure, and the facility's emergency procedures.

2.1 A staff person cannot transfer to an assisted living facility with dementia care without
 2.2 satisfying the additional training requirements under section 144G.83.

2.3 Sec. Minnesota Statutes 2022, section 144G.70, subdivision 2, is amended to read:

2.4 Subd. 2. **Initial reviews, assessments, and monitoring.** (a) Residents who are not
 2.5 receiving any assisted living services shall not be required to undergo an initial nursing
 2.6 assessment.

2.7 (b) An assisted living facility shall conduct a nursing assessment by a registered nurse
 2.8 of the physical and cognitive needs of the prospective resident and propose a temporary
 2.9 service plan prior to the date on which a prospective resident executes a contract with a
 2.10 facility or the date on which a prospective resident moves in, whichever is earlier. If
 2.11 necessitated by either the geographic distance between the prospective resident and the
 2.12 facility, or urgent or unexpected circumstances, the assessment may be conducted using
 2.13 telecommunication methods based on practice standards that meet the resident's needs and
 2.14 reflect person-centered planning and care delivery.

2.15 (c) Resident reassessment and monitoring must be conducted ~~no more than 14 calendar~~
 2.16 ~~days after initiation of services. Ongoing resident reassessment and monitoring must be~~
 2.17 ~~conducted as needed based on changes in the needs of the resident and cannot exceed 90~~
 2.18 ~~calendar days from the last date of the assessment.~~ by a registered nurse:

2.19 (1) no more than 14 calendar days after initiation of services;

2.20 (2) as needed based upon changes in the needs of the resident;

2.21 (3) not to exceed 180 calendar days; and

2.22 (4) annually.

2.23 (d) Focused assessments of the health status of the resident as described in section
 2.24 148.171, subdivision 14, must be conducted by a registered nurse or licensed practical nurse
 2.25 to address Minnesota Rules, part 4659.0150, subpart 2, item B; item D, subitems (2) to (4),
 2.26 unit (h); item D, subitems (7) and (8); item E, subitems (2) and (3); Items F, subitem (2) to
 2.27 item M, subitem (5); and item M, subitems (7) to (9), and be scheduled to not exceed 90
 2.28 days since the last reassessment or focused assessment. Annual assessments conducted by
 2.29 a registered nurse may take the place of a scheduled 90-day reassessment.

2.30 ~~(d)~~ (e) For residents only receiving assisted living services specified in section 144G.08,
 2.31 subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review
 2.32 of the resident's needs and preferences. The initial review must be completed within 30

3.1 calendar days of the start of services. Resident monitoring and review must be conducted
3.2 as needed based on changes in the needs of the resident and cannot exceed 90 calendar days
3.3 from the date of the last review.

3.4 ~~(e)~~ (f) A facility must inform the prospective resident of the availability of and contact
3.5 information for long-term care consultation services under section 256B.0911, prior to the
3.6 date on which a prospective resident executes a contract with a facility or the date on which
3.7 a prospective resident moves in, whichever is earlier."

3.8 Page 35, line 15, delete "Funds appropriated under this section shall be"

3.9 Page 35, line 16, delete everything before the period and insert "A long-term services
3.10 and supports loan account is created in the special revenue fund in the state treasury. Money
3.11 appropriated for the purposes of this section must be transferred to the long-term services
3.12 and supports loan account"

3.13 Page 35, line 17, delete "shall" and insert "must"

3.14 Page 35, line 19, strike "any"

3.15 Page 35, line 20, strike "appropriation" and insert "money in the long-term services and
3.16 supports loan account"

3.17 Page 38, after line 22, insert:

3.18 "Sec. **PACE IMPLEMENTATION.**

3.19 By January 15, 2025, the commissioner of human services shall submit to the chairs and
3.20 ranking minority members of the legislative committees with jurisdiction over human
3.21 services a proposal for the implementation of a PACE program in Minnesota, as authorized
3.22 under section 9412(b)(2) of the federal Omnibus Reconciliation Act of 1986, Public Law
3.23 99-509, and Minnesota Statutes, section 256B.69, subdivision 23. The commissioner's
3.24 proposal must include:

3.25 (1) timelines for submission of any necessary Medicaid state plan amendments;

3.26 (2) details for issuing a request for proposals for PACE; and

3.27 (3) any administrative framework required to implement PACE, award contracts, and
3.28 monitor beneficiary enrollment in PACE by January 1, 2027, or upon federal approval,
3.29 whichever is later."

3.30 Page 42, line 23, strike "(10)" and insert "(12)"

4.1 Page 42, line 24, reinstate the stricken ", the Council on Accreditation of Peer Recovery"
4.2 and before the comma insert "the Alliance for Recovery Centered Organizations"

4.3 Page 42, line 25, reinstate the stricken "Support Services, or a Minnesota statewide
4.4 recovery" and reinstate the stricken "organization identified by"

4.5 Page 42, line 26, reinstate the stricken language and delete the new language

4.6 Page 42, line 27, delete everything after the period

4.7 Page 42, lines 28 to 31, delete the new language and insert "A Minnesota statewide
4.8 recovery organization identified by the commissioner must update recovery community
4.9 organization applicants for certification or accreditation on the status of the application
4.10 within 45 days of receipt. If the approved statewide recovery organization denies an
4.11 application, it must provide a written explanation for the denial to the recovery community
4.12 organization."

4.13 Page 45, line 14, delete "2024" and insert "2025"

4.14 Page 48, line 26, delete "15" and insert "ten"

4.15 Page 54, line 19, after the second comma, insert "or"

4.16 Page 58, line 24, delete everything after "(4)" and insert "consider"

4.17 Page 58, line 25, delete "records and other" and delete "requirements" and insert "and
4.18 other implementation needs"

4.19 Page 63, delete section 1 and insert:

4.20 "Sec. Minnesota Statutes 2022, section 245I.23, subdivision 19a, is amended to read:

4.21 Subd. 19a. **Additional requirements for locked program facility.** (a) A license holder
4.22 that prohibits clients from leaving the facility by locking exit doors or other permissible
4.23 methods must meet the additional requirements of this subdivision.

4.24 (b) The license holder must meet all applicable building and fire codes to operate a
4.25 building with locked exit doors. The license holder must have the appropriate license from
4.26 the Department of Health, as determined by the Department of Health, for operating a
4.27 program with locked exit doors.

4.28 ~~(c) The license holder's policies and procedures must clearly describe the types of court
4.29 orders that authorize the license holder to prohibit clients from leaving the facility.~~

5.1 ~~(d)~~ (c) For each client present in the facility under a court order, the license holder must
 5.2 maintain documentation of the court order for treatment authorizing the license holder to
 5.3 prohibit the client from leaving the facility.

5.4 ~~(e)~~ (d) Upon a client's admission to a locked program facility, the license holder must
 5.5 document in the client file that the client was informed:

5.6 (1) that the client has the right to leave the facility according to the client's rights under
 5.7 section 144.651, subdivision 21, if the client is not subject to a court order authorizing the
 5.8 license holder to prohibit the client from leaving the facility; or

5.9 (2) that the client cannot leave the facility due to a court order for treatment authorizing
 5.10 the license holder to prohibit the client from leaving the facility.

5.11 ~~(f)~~ (e) If the license holder prohibits a client from leaving the facility, the client's treatment
 5.12 plan must reflect this restriction.

5.13 Sec. Minnesota Statutes 2023 Supplement, section 253B.10, subdivision 1, as amended
 5.14 by Laws 2024, chapter 79, article 5, section 8, is amended to read:

5.15 Subdivision 1. **Administrative requirements.** (a) When a person is committed, the
 5.16 court shall issue a warrant or an order committing the patient to the custody of the head of
 5.17 the treatment facility, state-operated treatment program, or community-based treatment
 5.18 program. The warrant or order shall state that the patient meets the statutory criteria for
 5.19 civil commitment.

5.20 (b) The executive board shall prioritize patients being admitted from jail or a correctional
 5.21 institution or who are referred to a state-operated treatment facility for competency attainment
 5.22 or a competency examination under sections 611.40 to 611.59 for admission to a medically
 5.23 appropriate state-operated direct care and treatment bed based on the decisions of physicians
 5.24 in the executive medical director's office, using a priority admissions framework. The
 5.25 framework must account for a range of factors for priority admission, including but not
 5.26 limited to:

5.27 (1) ~~ordered confined in a state-operated treatment program for an examination under~~
 5.28 ~~Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and~~
 5.29 ~~20.02, subdivision 2~~ the length of time the person has been on a waiting list for admission
 5.30 to a state-operated direct care and treatment program since the date of the order under
 5.31 paragraph (a);

6.1 ~~(2) under civil commitment for competency treatment and continuing supervision under~~
6.2 ~~Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7~~ the intensity of the
6.3 treatment the person needs, based on medical acuity;

6.4 ~~(3) found not guilty by reason of mental illness under Minnesota Rules of Criminal~~
6.5 ~~Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be~~
6.6 ~~detained in a state-operated treatment program pending completion of the civil commitment~~
6.7 ~~proceedings; or~~ the person's revoked provisional discharge status;

6.8 ~~(4) committed under this chapter to the executive board after dismissal of the patient's~~
6.9 ~~criminal charges.~~ the person's safety and safety of others in the person's current environment;

6.10 (5) whether the person has access to necessary or court-ordered treatment;

6.11 (6) distinct and articulable negative impacts of an admission delay on the facility referring
6.12 the individual for treatment; and

6.13 (7) any relevant federal prioritization requirements.

6.14 Patients described in this paragraph must be admitted to a state-operated treatment program
6.15 within 48 hours. The commitment must be ordered by the court as provided in section
6.16 253B.09, subdivision 1, paragraph (d). Patients committed to a secure treatment facility or
6.17 less restrictive setting as ordered by the court under section 253B.18, subdivisions 1 and 2
6.18 must be prioritized for admission to a state-operated treatment program using the priority
6.19 admissions framework in this paragraph.

6.20 (c) Upon the arrival of a patient at the designated treatment facility, state-operated
6.21 treatment program, or community-based treatment program, the head of the facility or
6.22 program shall retain the duplicate of the warrant and endorse receipt upon the original
6.23 warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must
6.24 be filed in the court of commitment. After arrival, the patient shall be under the control and
6.25 custody of the head of the facility or program.

6.26 (d) Copies of the petition for commitment, the court's findings of fact and conclusions
6.27 of law, the court order committing the patient, the report of the court examiners, and the
6.28 prepetition report, and any medical and behavioral information available shall be provided
6.29 at the time of admission of a patient to the designated treatment facility or program to which
6.30 the patient is committed. Upon a patient's referral to the executive board for admission
6.31 pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or
6.32 correctional facility that has provided care or supervision to the patient in the previous two
6.33 years shall, when requested by the treatment facility or commissioner, provide copies of

7.1 the patient's medical and behavioral records to the executive board for purposes of
7.2 preadmission planning. This information shall be provided by the head of the treatment
7.3 facility to treatment facility staff in a consistent and timely manner and pursuant to all
7.4 applicable laws.

7.5 (e) Patients described in paragraph (b) must be admitted to a state-operated treatment
7.6 program within 48 hours of the Office of Executive Medical Director, under section 246C.09,
7.7 or a designee determining that a medically appropriate bed is available. This paragraph
7.8 expires on June 30, 2025.

7.9 (f) Within four business days of determining which state-operated direct care and
7.10 treatment program or programs are appropriate for an individual, the executive medical
7.11 director's office or a designee must notify the source of the referral and the responsible
7.12 county human services agency, the individual being ordered to direct care and treatment,
7.13 and the district court that issued the order of the determination. The notice shall include
7.14 which program or programs are appropriate for the person's priority status. Any interested
7.15 person may provide additional information or request updated priority status about the
7.16 individual to the executive medical director's office or a designee while the individual is
7.17 awaiting admission. Updated priority status of an individual will only be disclosed to
7.18 interested persons who are legally authorized to receive private information about the
7.19 individual. When an available bed has been identified, the executive medical director's
7.20 office or a designee must notify the designated agency and the facility where the individual
7.21 is awaiting admission that the individual has been accepted for admission to a particular
7.22 state-operated direct care and treatment program and the earliest possible date the admission
7.23 can occur. The designated agency or facility where the individual is awaiting admission
7.24 must transport the individual to the admitting state-operated direct care and treatment
7.25 program no more than 48 hours after the offered admission date.

7.26 (g) A panel appointed by the commissioner, consisting of all members who served on
7.27 the Task Force on Priority Admissions to State-Operated Treatment Programs under Laws
7.28 2023, chapter 61, article 8, section 13, subdivision 2, must:

7.29 (1) evaluate the 48-hour timeline for priority admissions required under paragraph (b)
7.30 and develop policy and legislative proposals related to the priority admissions timeline, in
7.31 order to minimize litigation costs, maximize capacity in and access to state-operated treatment
7.32 programs, and address issues related to individuals awaiting admission to state-operated
7.33 treatment programs in jails and correctional institutions; and

8.1 (2) by February 1, 2025, submit a written report to the chairs and ranking minority
8.2 members of the legislative committees with jurisdiction over public safety and human
8.3 services that includes legislative proposals to amend paragraph (b), to modify the 48-hour
8.4 priority admissions timeline.

8.5 (h) The panel appointed under paragraph (g) must also advise the commissioner on the
8.6 effectiveness of the framework and priority admissions generally, and review de-identified
8.7 data quarterly for one year following the implementation of the priority admissions
8.8 framework to ensure that the framework is implemented and applied equitably. If the panel
8.9 requests to review data that is classified as private or confidential and the commissioner
8.10 determines the data requested is necessary for the scope of the panel's review, the
8.11 commissioner is authorized to disclose private or confidential data to the panel under this
8.12 paragraph and pursuant to section 13.05, subdivision 4, paragraph (b), for private or
8.13 confidential data collected prior to the effective date of this paragraph.

8.14 (i) After the panel completes its year of review, a quality committee established by the
8.15 Department of Direct Care and Treatment executive board will continue to review data,
8.16 seek input from counties, hospitals, community providers, and advocates, and provide a
8.17 routine report to the executive board on the effectiveness of the framework and priority
8.18 admissions.

8.19 **EFFECTIVE DATE.** This section is effective July 1, 2024."

8.20 Page 67, line 30, delete "subdivision" and insert "section"

8.21 Page 68, line 31, delete the second "and"

8.22 Page 69, line 2, delete the period and insert a semicolon

8.23 Page 69, after line 2, insert:

8.24 "(15) a family member of an individual with lived experience under civil commitment
8.25 as mentally ill and dangerous and who is on a provisional discharge or has been discharged
8.26 from commitment; and

8.27 (16) at least one Tribal government representative."

8.28 Page 71, delete lines 17 to 26

8.29 Page 99, line 32, delete "chief medical officer" and insert "executive medical director"

8.30 Page 100, line 1, delete "chief medical officer" and insert "executive medical director"

8.31 Page 105, line 25, after "governor" insert "with the advice and consent of the senate"

9.1 Page 109, line 22, delete "under the executive board's authority" and insert "to the extent
9.2 necessary"

9.3 Page 109, line 24, delete "2030" and insert "2027"

9.4 Page 109, line 26, after "(c)" insert "In accordance with section 15.039,"

9.5 Page 109, after line 31, insert:

9.6 "(d) The executive board must not adopt rules that go into effect or enforce rules prior
9.7 to July 1, 2025."

9.8 Page 117, line 28, delete the second "and"

9.9 Page 118, line 2, after the semicolon insert "and"

9.10 Page 118, after line 2, insert:

9.11 "(xv) the homeless youth cash stipend pilot project under Laws 2023, chapter 70, article
9.12 11, section 13;"

9.13 Page 122, line 32, delete "(7,173,000)" and insert "(7,107,000)" and delete "53,568,000"
9.14 and insert "53,502,000"

9.15 Page 123, line 22, before the period, insert "and \$592,000 in fiscal year 2025 is available
9.16 until June 30, 2027"

9.17 Reletter the paragraphs in sequence

9.18 Page 123, line 27, delete "Navigator Access for Acute Care" and insert "Study of
9.19 Navigator Reimbursement"

9.20 Page 123, line 28, delete everything before the period and delete "\$250,000" and insert
9.21 "\$577,000"

9.22 Page 123, line 29, after "contract" insert "and staffing"

9.23 Page 123, line 30, delete "access for acute care transitions" and insert "reimbursement"

9.24 Page 123, line 31, before the period insert "and is available until June 30, 2026"

9.25 Page 124, line 3, delete "Social Determinants of Health" and insert "Health-Related
9.26 Social Needs"

9.27 Page 124, line 4, delete "\$500,000" and insert "\$1,043,000" and after "contract" insert
9.28 "and staffing"

9.29 Page 124, line 9, delete "(1,347,000)" and insert "(1,281,000)" and delete "4,340,000"
9.30 and insert "4,577,000"

- 10.1 Page 124, line 13, delete "\$200,000" and insert "\$666,000"
- 10.2 Page 124, line 18, before the period insert "and is available until June 30, 2027"
- 10.3 Page 125, after line 3, insert:
- 10.4 **"(e) Carryforward Authority.**
- 10.5 Notwithstanding Minnesota Statutes, section
- 10.6 16A.28, subdivision 3, \$1,281,000 in fiscal
- 10.7 year 2025 is available until June 30, 2027."
- 10.8 Page 125, line 6, delete "3,534,000" and insert "3,981,000"
- 10.9 Page 125, after line 6, insert:
- 10.10 **"(a) Personal Care Assistance in Hospitals.**
- 10.11 \$504,000 in fiscal year 2025 is for the policy
- 10.12 development of providing personal care
- 10.13 assistance in hospital settings. This is a
- 10.14 onetime appropriation and is available until
- 10.15 June 30, 2026."
- 10.16 Page 125, line 8, delete "\$200,000" and insert "\$600,000"
- 10.17 Page 125, line 14, delete everything after the period
- 10.18 Page 125, line 15, delete "2025" and insert "This is a onetime appropriation and" and
- 10.19 delete "2026" and insert "2027"
- 10.20 Page 125, after line 15, insert:
- 10.21 **"(c) Working Group on Simplifying**
- 10.22 **Housing Support Resources. \$434,000 in**
- 10.23 **fiscal year 2025 is for administration of a**
- 10.24 **working group to streamline access, eligibility,**
- 10.25 **and administration of state-funded supportive**
- 10.26 **housing resources for people experiencing**
- 10.27 **homelessness. This is a onetime appropriation**
- 10.28 **and is available until June 30, 2026."**
- 10.29 Renumber the subdivisions in sequence
- 10.30 Page 125, line 17, delete "\$2,526,000" and insert "\$2,876,000"
- 10.31 Page 127, line 14, delete "5,933,000" and insert "5,183,000"

- 11.1 Page 128, line 16, delete "\$2,161,000" and insert "\$1,811,000"
- 11.2 Page 128, line 21, delete "\$1,250,000" and insert "\$2,500,000"
- 11.3 Page 128, line 27, delete "2026" and insert "2027"
- 11.4 Page 128, line 28, delete "\$1,250,000" and insert "\$77,000"
- 11.5 Page 128, line 29, delete everything before the period and insert "and each year thereafter"
- 11.6 Page 128, line 31, delete "\$2,500,000" and insert "\$1,000,000"
- 11.7 Page 129, line 1, before the period, insert "for patients meeting medical necessity criteria
- 11.8 and when a judge has determined that the patient needs to be in a secure facility due to the
- 11.9 severity of their mental illness and the risk of harming others" and delete everything after
- 11.10 the period and insert "This is a onetime appropriation and is available until June 30, 2027."
- 11.11 Page 129, delete line 2
- 11.12 Page 129, line 7, delete everything after the first period
- 11.13 Page 131, after line 12, insert:
- 11.14 "(c) Advisory Committee for Direct Care
- 11.15 and Treatment. \$482,000 in fiscal year 2025
- 11.16 is for the administration of an advisory
- 11.17 committee for the operation of Direct Care
- 11.18 and Treatment under Minnesota Statutes,
- 11.19 section 246C.07, subdivision 7. This is a
- 11.20 onetime appropriation and is available until
- 11.21 June 30, 2028."
- 11.22 Page 131, line 13, delete "(c)" and insert "(d)"
- 11.23 Page 131, after line 32, insert:
- 11.24 "Sec. Laws 2023, chapter 61, article 9, section 2, subdivision 5, is amended to read:
- 11.25 **Subd. 5. Central Office; Aging and Disability**
- 11.26 **Services** 40,115,000 11,995,000
- 11.27 **(a) Employment Supports Alignment Study.**
- 11.28 \$50,000 in fiscal year 2024 and \$200,000 in
- 11.29 fiscal year 2025 are to conduct an interagency
- 11.30 employment supports alignment study. The

12.1 base for this appropriation is \$150,000 in fiscal
12.2 year 2026 and \$100,000 in fiscal year 2027.

12.3 **(b) Case Management Training**

12.4 **Curriculum.** \$377,000 in fiscal year 2024 and
12.5 \$377,000 in fiscal year 2025 are to develop
12.6 and implement a curriculum and training plan
12.7 to ensure all lead agency assessors and case
12.8 managers have the knowledge and skills
12.9 necessary to fulfill support planning and
12.10 coordination responsibilities for individuals
12.11 who use home and community-based disability
12.12 services and live in own-home settings. This
12.13 is a onetime appropriation.

12.14 **(c) Office of Ombudsperson for Long-Term**

12.15 **Care.** \$875,000 in fiscal year 2024 and
12.16 \$875,000 in fiscal year 2025 are for additional
12.17 staff and associated direct costs in the Office
12.18 of Ombudsperson for Long-Term Care.

12.19 **(d) Direct Care Services Corps Pilot Project.**

12.20 \$500,000 in fiscal year 2024 is from the
12.21 general fund for a grant to the Metropolitan
12.22 Center for Independent Living for the direct
12.23 care services corps pilot project. Up to \$25,000
12.24 may be used by the Metropolitan Center for
12.25 Independent Living for administrative costs.
12.26 This is a onetime appropriation.

12.27 **(e) Research on Access to Long-Term Care**

12.28 **Services and Financing.** Any unexpended
12.29 amount of the fiscal year 2023 appropriation
12.30 referenced in Laws 2021, First Special Session
12.31 chapter 7, article 17, section 16, estimated to
12.32 be \$300,000, is canceled. The amount canceled
12.33 is appropriated in fiscal year 2024 for the same
12.34 purpose.

13.1 **(f) Native American Elder Coordinator.**
 13.2 \$441,000 in fiscal year 2024 and \$441,000 in
 13.3 fiscal year 2025 are for the Native American
 13.4 elder coordinator position under Minnesota
 13.5 Statutes, section 256.975, subdivision 6.

13.6 **(g) Grant Administration Carryforward.**
 13.7 (1) Of this amount, ~~\$8,154,000~~ \$9,501,000 in
 13.8 fiscal year 2024 is available until June 30,
 13.9 2027.

13.10 (2) Of this amount, \$1,071,000 in fiscal year
 13.11 2025 is available until June 30, 2027.

13.12 (3) Of this amount, \$19,000,000 in fiscal year
 13.13 2024 is available until June 30, 2029.

13.14 **(h) Base Level Adjustment.** The general fund
 13.15 base is increased by \$8,189,000 in fiscal year
 13.16 2026 and increased by \$8,093,000 in fiscal
 13.17 year 2027."

13.18 Page 138, after line 23, insert:

13.19 "Sec. **APPROPRIATIONS GIVEN EFFECT ONCE.**

13.20 If an appropriation or transfer in this article is enacted more than once during the 2024
 13.21 legislative session, the appropriation or transfer must be given effect once.

13.22 Sec. **EXPIRATION OF UNCODIFIED LANGUAGE.**

13.23 All uncodified language contained in this article expires on June 30, 2025, unless a
 13.24 different expiration date is explicit.

13.25 Sec. **EFFECTIVE DATE.**

13.26 This article is effective July 1, 2024, unless a different effective date is specified."

13.27 Renumber the sections in sequence and correct the internal references

13.28 Amend the title accordingly