

<b>Proposal Title</b>	<b>Section, Subd.</b>	<b>P&amp;L Ref</b>	<b>MS Ref</b>	<b>Description</b>
<b>ARTICLE 1 APPROPRIATIONS</b>				
HMO Appropriation	2, Subd. 2(a)	2.14-2.21	62D	Increases expenditure amount by \$440,000 annually, starting in FY26 to match the increase in fees passed in the 2025 Legislative Session.
MN APCD Fee Schedule	2, Subd. 2(b)	2.22-2.29	62U	Provides expenditure amounts from SGSR, which correspond to the proposed fee schedule for external access to the All Payer Claims Database.
SUD Admin Correction	4	3.22-3.32	Laws of 2025	Provides the department administration monies previously appropriated for administering Substance Use Treatment, Recovery, and Prevention Grants.
<b>ARTICLE 2 POLICY CHANGES</b>				
MN APCD Fee Schedule	1	4.3-4.30	62U.04, Subd 13	Clarifies authority for MDH to assess fees and adds a requirement that MDH annually publish to the website a list of authorized projects.
MN APCD Fee Schedule	2	5.1-6.17	62U.04, Subd 14	Establishes a fee schedule for a standard data set, a limited-use data set, and a custom data set. Includes criteria for MDH to grant full or partial fee waivers.
Newborn Screening Fee Exemption	3	6.18-7.8	144.125, Subd. 1	Defines the criteria in which an exemption to the newborn screening fee would be applied.
Health Care Loan Forgiveness Fund Extension	4	7.9-8.11	144.1503, Subd. 3	Removes language that cancels unexpended amounts for loan forgiveness to the general fund, allowing the funds to be available until expended.

Health Care Loan Forgiveness Fund Extension	5	8.12-8.21	144.1503, Subd. 7	Removes language that cancels unexpended amounts for loan forgiveness to the general fund, allowing the funds to be available until expended.
Rural Clinical Training Modifications	6	8.22-10.3	144,1505, Subd. 1	Adds language to clarify that these program types, like other eligible program types, may be either accredited or candidates for accreditation. Adds language allowing a medical school training program to be eligible. Adds language defining rural and underserved communities and defining “project” in the context of the program.
Rural Clinical Training Modifications	7	10.4-11.24	144.1505, Subd. 2	Adds language describing eligible projects for advanced practice provider clinical training expansion grants and clarifying that clinical training must take place in rural or underserved areas. Removes one-year limitation on no-cost extension for grants. Removes outdated language with the previous grant name. Adds language describing eligible projects for rural clinical rotations grants and clarifying that those clinical rotations must take place in rural communities. Adds and removes language to clarify eligible uses of funds for each of the two grant programs.
Rural Clinical Training Modifications	8	11.25-12.14	144.1505, Subd. 3	Adds language with new application requirements for each of the two grant programs.
Rural Clinical Training Modifications	9	11.15-13.14	144.1507, Subd. 1	Adds postdoctoral psychology residency training, adds an eligible accrediting body, defines rural community, and adds language further defining “rural residency training program.”
Rural Clinical Training Modifications	10	13.15-14.6	144.1507, Subd. 2	Adds maximum grant amounts for psychology residency training. Adds language clarifying requirements for receiving sustaining funds through this grant program. Adds an eligible accrediting body.
Rural Clinical Training Modifications	11	14.7-14.14	144.1507, Subd. 4	Adds language clarifying that continuation funding can be granted without requiring competitive application. Adds psychology as an eligible training program.

Rural Clinical Training Modifications	12	14.18-14.22	144.1507 Subd. 6	Adds language allowing the commissioner to award grants to the University of Minnesota for technical assistance to rural residency training programs.
Rural Clinical Training Modifications	13	14.23-14.29	144.1911, Subd. 1	Adds language clarifying that appropriations do not cancel and are available until expended.
Rural Clinical Training Modifications	14	15.1-15.15	144.1911, Subd. 5	Adds language clarifying that the five-year service commitment applies to international medical graduates who receive support from the international medical graduate primary care residency grant program.
Rural Clinical Training Modifications	15	15.16-16.27	144.1911, Subd. 6	Removes language about funds in a grant agreement not lapsing until the agreement expires, to be consistent with the new language in Subd. 1.