..... moves to amend H.F. No. 3467, the delete everything amendment (H3467DE1), as follows:

Page 3, line 15, after the semicolon insert "and"

Page 4, line 32, after the period insert "The commissioner of human services shall notify the revisor of statutes when the section is effective."

Page 7, after line 10, insert:

"Sec. .... Minnesota Statutes 2014, section 144A.611, subdivision 1, is amended to read:

Subdivision 1. **Nursing homes and certified boarding care homes.** The actual costs of tuition and textbooks and reasonable expenses for the competency evaluation or the nursing assistant training program and competency evaluation approved under section 144A.61, which are paid to nursing assistants or adult training programs pursuant to ~~subdivision~~ subdivisions 2 and 4, are a reimbursable expense for nursing homes and certified boarding care homes under ~~the provisions of chapter 256B and the rules promulgated thereunder~~ section 256B.431, subdivision 36.

Sec. .... Minnesota Statutes 2014, section 144A.611, subdivision 2, is amended to read:

Subd. 2. ~~**Nursing assistants**~~ **Reimbursement for training program and competency evaluation costs.** A nursing assistant who has completed an approved competency evaluation or an approved training program and competency evaluation shall be reimbursed by the nursing home or certified boarding care home for actual costs of tuition and textbooks and reasonable expenses for the competency evaluation or the training program and competency evaluation 90 days after the date of employment, or upon completion of the approved training program, whichever is later.

Sec. .... Minnesota Statutes 2014, section 144A.611, is amended by adding a subdivision to read:

Subd. 4. **Reimbursement for adult basic education components.** (a) Nursing facilities and certified boarding care homes shall provide reimbursement for costs related to additional adult basic education components of an approved nursing assistant training program, to:

(1) an adult training program that provided an approved nursing assistant training program to an employee of the nursing facility or boarding care home; or

(2) a nursing assistant who is an employee of the nursing facility or boarding care home and completed an approved nursing assistant training program provided by an adult training program.

(b) For purposes of this subdivision, adult basic education components of a nursing assistant training program must include the following, if needed: training in mathematics, vocabulary, literacy skills, workplace skills, resume writing, and job interview skills. Reimbursement provided under this subdivision shall not exceed 30 percent of the cost of tuition, textbooks, and competency evaluation.

(c) An adult training program is prohibited from billing program students, nursing facilities, or certified boarding care homes for costs under this subdivision until the program student has been employed by the nursing facility as a certified nursing assistant for at least 90 days.

EFFECTIVE DATE. This section is effective for costs incurred on or after October 1, 2016."

Page 11, line 6, after "applies" insert "retroactively"

Page 11, after line 7, insert:

"Sec. .... Minnesota Statutes 2014, section 256B.15, is amended by adding a subdivision to read:

Subd. 11. **Amending notices or liens arising out of notice.** (a) State agencies must amend notices of potential claims and liens arising from the notices, if the notice was filed after January 1, 2014, for medical assistance services rendered on or after January 1, 2014, to a recipient who at the time services were rendered was 55 years of age or older and who was not institutionalized as described in Minnesota Statutes, section 256B.15, subdivision 1a, paragraph (e).

(b) The notices identified in paragraph (a) must be amended by removing the amount of medical assistance rendered that did not consist of nursing facility services, home and community-based services, as defined in Minnesota Statutes, section 256B.15, subdivision 1a, and related hospital and prescription drug services.

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

Page 12, after line 4, insert:

"Sec. .... Minnesota Statutes 2015 Supplement, section 256B.431, subdivision 36, is amended to read:

Subd. 36. **Employee scholarship costs and training in English as a second language.** (a) For the period between July 1, 2001, and June 30, 2003, the commissioner shall provide to each nursing facility reimbursed under this section, section 256B.434, or any other section, a scholarship per diem of 25 cents to the total operating payment rate. For the 27-month period beginning October 1, 2015, through December 31, 2017, the commissioner shall allow a scholarship per diem of up to 25 cents for each nursing facility with no scholarship per diem that is requesting a scholarship per diem to be added to the external fixed payment rate to be used:

(1) for employee scholarships that satisfy the following requirements:

(i) scholarships are available to all employees who work an average of at least ten hours per week at the facility except the administrator, and to reimburse student loan expenses for newly hired and recently graduated registered nurses and licensed practical nurses, and training expenses for nursing assistants as ~~defined~~ specified in section 144A.611, ~~subdivision~~ subdivisions 2 and 4, who are newly hired and have graduated within the last 12 months; and

(ii) the course of study is expected to lead to career advancement with the facility or in long-term care, including medical care interpreter services and social work; and

(2) to provide job-related training in English as a second language.

(b) All facilities may annually request a rate adjustment under this subdivision by submitting information to the commissioner on a schedule and in a form supplied by the commissioner. The commissioner shall allow a scholarship payment rate equal to the reported and allowable costs divided by resident days.

(c) In calculating the per diem under paragraph (b), the commissioner shall allow costs related to tuition, direct educational expenses, and reasonable costs as defined by the commissioner for child care costs and transportation expenses related to direct educational expenses.

(d) The rate increase under this subdivision is an optional rate add-on that the facility must request from the commissioner in a manner prescribed by the commissioner. The rate increase must be used for scholarships as specified in this subdivision.

(e) For instances in which a rate adjustment will be 15 cents or greater, nursing facilities that close beds during a rate year may request to have their scholarship adjustment under paragraph (b) recalculated by the commissioner for the remainder of the rate year to reflect the reduction in resident days compared to the cost report year."

Page 14, delete section 14

Page 14, after line 19, insert:

"Sec. .... Minnesota Statutes 2015 Supplement, section 256B.0625, subdivision 17a, is amended to read:

Subd. 17a. **Payment for ambulance services.** (a) Medical assistance covers ambulance services. Providers shall bill ambulance services according to Medicare criteria. Nonemergency ambulance services shall not be paid as emergencies. Effective for services rendered on or after July 1, 2001, medical assistance payments for ambulance services shall be paid at the Medicare reimbursement rate or at the medical assistance payment rate in effect on July 1, 2000, whichever is greater.

(b) Effective for services provided on or after July 1, 2016, medical assistance payment rates for ambulance services identified in this paragraph are increased by five percent. Capitation payments made to managed care plans and county-based purchasing plans for ambulance services provided on or after January 1, 2017, shall be adjusted to reflect this rate increase. The increased rate described in this paragraph applies to:

(1) an ambulance service provider whose base of operations, as defined in section 144E.10, is located outside the metropolitan counties listed in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, St. Cloud, and Rochester; or

(2) an ambulance service provider whose base of operations, as defined in section 144E.10, is located within a municipality with a population of less than 1,000."

Page 14, line 34, after "or" insert "have been"

Page 19, line 9, delete "to" and insert "from"

Page 20, line 15, delete "62V.055" and insert "62V.056"

Page 22, line 31, delete "62V.055" and insert "62V.056"

Page 23, line 5, delete "A" and insert "The"

Page 27, line 9, delete "consumer" and insert "consumers"

Page 27, after line 22, insert:

"Sec. .... **REVISOR'S INSTRUCTION.**

The revisor of statutes shall change cross-references to sections in Minnesota Statutes and Minnesota Rules that are repealed in this article when appropriate. The revisor may make technical and other necessary changes to sentence structure to preserve the meaning of the text."

Page 28, after line 11, insert:

"Sec. .... **[144.1912] GREATER MINNESOTA FAMILY MEDICINE RESIDENCY GRANT PROGRAM.**

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

(b) "Commissioner" means the commissioner of health.

(c) "Eligible family medicine residency program" means a program that meets the following criteria:

(1) is located in Minnesota outside the seven-county metropolitan area, as defined in section 473.121, subdivision 4;

(2) is accredited as a family medicine residency program or is a candidate for accreditation;

(3) is focused on the education and training of family medicine physicians to serve communities outside the metropolitan area; and

(4) demonstrates that over the most recent three years, at least 25 percent of its graduates practice in Minnesota communities outside the metropolitan area.

Subd. 2. **Program administration.** (a) The commissioner shall award family medicine residency grants to existing, eligible, not-for-profit family medicine residency programs to support current and new residency positions. Funds shall be allocated first to proposed new family medicine residency positions, and remaining funds shall be allocated proportionally based on the number of existing residents in eligible programs. The commissioner may fund a new residency position for up to three years.

(b) Grant funds awarded may only be spent to cover the costs of:

(1) establishing, maintaining, or expanding training for family medicine residents;

(2) recruitment, training, and retention of residents and faculty;

(3) travel and lodging for residents; and

(4) faculty, resident, and preceptor salaries.

(c) Grant funds shall not be used to supplant any other government or private funds available for these purposes.

Subd. 3. **Applications.** Eligible family medicine residency programs seeking a grant must apply to the commissioner. The application must include objectives, a related work plan and budget, a description of the number of new and existing residency positions that will be supported using grant funds, and additional information the commissioner determines to be necessary. The commissioner shall determine whether applications are complete and responsive and may require revisions or additional information before awarding a grant.

Subd. 4. **Program oversight.** The commissioner may require and collect from family medicine residency programs receiving grants any information necessary to administer and evaluate the program."

Page 31, line 9, after "as" insert "the"

Page 31, line 10, delete "prices" and insert "price"

Page 31, line 20, after "list of" insert "the"

Page 31, line 35, delete "a"

Page 46, after line 27, insert:

"Sec. .... Minnesota Statutes 2014, section 256B.0621, subdivision 10, is amended to read:

Subd. 10. **Payment rates.** The commissioner shall set payment rates for targeted case management under this subdivision. Case managers may bill according to the following criteria:

(1) for relocation targeted case management, case managers may bill for direct case management activities, including face-to-face ~~and~~, telephone contacts, and interactive video contact in accordance with section 256B.0924, subdivision 4a, in the lesser of:

(i) 180 days preceding an eligible recipient's discharge from an institution; or

(ii) the limits and conditions which apply to federal Medicaid funding for this service;

(2) for home care targeted case management, case managers may bill for direct case management activities, including face-to-face and telephone contacts; and

(3) billings for targeted case management services under this subdivision shall not duplicate payments made under other program authorities for the same purpose.

Sec. .... Minnesota Statutes 2015 Supplement, section 256B.0625, subdivision 20, is amended to read:

Subd. 20. **Mental health case management.** (a) To the extent authorized by rule of the state agency, medical assistance covers case management services to persons with serious and persistent mental illness and children with severe emotional disturbance. Services provided under this section must meet the relevant standards in sections 245.461 to 245.4887, the Comprehensive Adult and Children's Mental Health Acts, Minnesota Rules, parts 9520.0900 to 9520.0926, and 9505.0322, excluding subpart 10.

(b) Entities meeting program standards set out in rules governing family community support services as defined in section 245.4871, subdivision 17, are eligible for medical assistance reimbursement for case management services for children with severe emotional disturbance when these services meet the program standards in Minnesota Rules, parts 9520.0900 to 9520.0926 and 9505.0322, excluding subparts 6 and 10.

(c) Medical assistance and MinnesotaCare payment for mental health case management shall be made on a monthly basis. In order to receive payment for an eligible child, the provider must document at least a face-to-face contact with the child, the child's

parents, or the child's legal representative. To receive payment for an eligible adult, the provider must document:

(1) at least a face-to-face contact with the adult or the adult's legal representative or a contact by interactive video that meets the requirements of subdivision 20b; or

(2) at least a telephone contact with the adult or the adult's legal representative and document a face-to-face contact or a contact by interactive video that meets the requirements of subdivision 20b with the adult or the adult's legal representative within the preceding two months.

(d) Payment for mental health case management provided by county or state staff shall be based on the monthly rate methodology under section 256B.094, subdivision 6, paragraph (b), with separate rates calculated for child welfare and mental health, and within mental health, separate rates for children and adults.

(e) Payment for mental health case management provided by Indian health services or by agencies operated by Indian tribes may be made according to this section or other relevant federally approved rate setting methodology.

(f) Payment for mental health case management provided by vendors who contract with a county or Indian tribe shall be based on a monthly rate negotiated by the host county or tribe. The negotiated rate must not exceed the rate charged by the vendor for the same service to other payers. If the service is provided by a team of contracted vendors, the county or tribe may negotiate a team rate with a vendor who is a member of the team. The team shall determine how to distribute the rate among its members. No reimbursement received by contracted vendors shall be returned to the county or tribe, except to reimburse the county or tribe for advance funding provided by the county or tribe to the vendor.

(g) If the service is provided by a team which includes contracted vendors, tribal staff, and county or state staff, the costs for county or state staff participation in the team shall be included in the rate for county-provided services. In this case, the contracted vendor, the tribal agency, and the county may each receive separate payment for services provided by each entity in the same month. In order to prevent duplication of services, each entity must document, in the recipient's file, the need for team case management and a description of the roles of the team members.

(h) Notwithstanding section 256B.19, subdivision 1, the nonfederal share of costs for mental health case management shall be provided by the recipient's county of responsibility, as defined in sections 256G.01 to 256G.12, from sources other than federal funds or funds used to match other federal funds. If the service is provided by a tribal agency, the nonfederal share, if any, shall be provided by the recipient's tribe. When this

service is paid by the state without a federal share through fee-for-service, 50 percent of the cost shall be provided by the recipient's county of responsibility.

(i) Notwithstanding any administrative rule to the contrary, prepaid medical assistance, general assistance medical care, and MinnesotaCare include mental health case management. When the service is provided through prepaid capitation, the nonfederal share is paid by the state and the county pays no share.

(j) The commissioner may suspend, reduce, or terminate the reimbursement to a provider that does not meet the reporting or other requirements of this section. The county of responsibility, as defined in sections 256G.01 to 256G.12, or, if applicable, the tribal agency, is responsible for any federal disallowances. The county or tribe may share this responsibility with its contracted vendors.

(k) The commissioner shall set aside a portion of the federal funds earned for county expenditures under this section to repay the special revenue maximization account under section 256.01, subdivision 2, paragraph (o). The repayment is limited to:

(1) the costs of developing and implementing this section; and

(2) programming the information systems.

(l) Payments to counties and tribal agencies for case management expenditures under this section shall only be made from federal earnings from services provided under this section. When this service is paid by the state without a federal share through fee-for-service, 50 percent of the cost shall be provided by the state. Payments to county-contracted vendors shall include the federal earnings, the state share, and the county share.

(m) Case management services under this subdivision do not include therapy, treatment, legal, or outreach services.

(n) If the recipient is a resident of a nursing facility, intermediate care facility, or hospital, and the recipient's institutional care is paid by medical assistance, payment for case management services under this subdivision is limited to the lesser of:

(1) the last 180 days of the recipient's residency in that facility and may not exceed more than six months in a calendar year; or

(2) the limits and conditions which apply to federal Medicaid funding for this service.

(o) Payment for case management services under this subdivision shall not duplicate payments made under other program authorities for the same purpose.

(p) If the recipient is receiving care in a hospital, nursing facility, or a residential setting licensed under chapter 245A or 245D that is staffed 24 hours per day, seven days per week, mental health targeted case management services must actively support identification of community alternatives and discharge planning for the recipient.

Sec. .... Minnesota Statutes 2014, section 256B.0625, is amended by adding a subdivision to read:

Subd. 20b. **Mental health targeted case management through interactive video.** (a) Subject to federal approval, contact made for targeted case management by interactive video shall be eligible for payment under section 256B.0924, subdivision 6, if:

(1) the person receiving targeted case management services is residing in:

(i) a hospital;

(ii) a nursing facility; or

(iii) a residential setting licensed under chapter 245A or 245D, or a boarding and lodging establishment or a lodging establishment that provides supportive services or health supervision services according to section 157.17, that is staffed 24 hours per day, seven days per week;

(2) interactive video is in the best interests of the person and is deemed appropriate by the person receiving targeted case management or the person's legal guardian, the case management provider, and the provider operating the setting where the person is residing;

(3) the use of interactive video is approved as part of the person's written personal service or case plan taking into consideration the person's vulnerability and active personal relationships; and

(4) interactive video is used for up to, but not more than, 50 percent of the minimum required face-to-face contacts.

(b) The person receiving targeted case management or the person's legal guardian has the right to choose and consent to the use of interactive video under this subdivision and has the right to refuse the use of interactive video at any time.

(c) The commissioner shall establish criteria that a targeted case management provider must attest to in order to demonstrate the safety or efficacy of delivering the service via interactive video. The attestation may include that the case management provider has:

(1) written policies and procedures specific to interactive video services that are regularly reviewed and updated;

(2) policies and procedures that adequately address client safety before, during, and after the interactive video services are rendered;

(3) established protocols addressing how and when to discontinue interactive video services; and

(4) established a quality assurance process related to interactive video services.

(d) As a condition of payment, the targeted case management provider must document the following for each occurrence of targeted case management provided by interactive video:

(1) the time the service began and the time the service ended, including an a.m. and p.m. designation;

(2) the basis for determining that interactive video is an appropriate and effective means for delivering the service to the person receiving case management services;

(3) the mode of transmission of the interactive video services and records evidencing that a particular mode of transmission was utilized;

(4) the location of the originating site and the distant site; and

(5) compliance with the criteria attested to by the targeted case management provider as provided in paragraph (c).

Sec. .... Minnesota Statutes 2014, section 256B.0924, is amended by adding a subdivision to read:

Subd. 4a. **Targeted case management through interactive video.** (a) Subject to federal approval, contact made for targeted case management by interactive video shall be eligible for payment under subdivision 6 if:

(1) the person receiving targeted case management services is residing in:

(i) a hospital;

(ii) a nursing facility;

(iii) a residential setting licensed under chapter 245A or 245D, or a boarding and lodging establishment or a lodging establishment that provides supportive services or health supervision services according to section 157.17, that is staffed 24 hours per day, seven days per week;

(2) interactive video is in the best interests of the person and is deemed appropriate by the person receiving targeted case management or the person's legal guardian, the case management provider, and the provider operating the setting where the person is residing;

(3) the use of interactive video is approved as part of the person's written personal service or case plan; and

(4) interactive video is used for up to, but not more than, 50 percent of the minimum required face-to-face contacts.

(b) The person receiving targeted case management or the person's legal guardian has the right to choose and consent to the use of interactive video under this subdivision and has the right to refuse the use of interactive video at any time.

(c) The commissioner shall establish criteria that a targeted case management provider must attest to in order to demonstrate the safety or efficacy of delivering the service via interactive video. The attestation may include that the case management provider has:

(1) written policies and procedures specific to interactive video services that are regularly reviewed and updated;

(2) policies and procedures that adequately address client safety before, during, and after the interactive video services are rendered;

(3) established protocols addressing how and when to discontinue interactive video services; and

(4) established a quality assurance process related to interactive video services.

(d) As a condition of payment, the targeted case management provider must document the following for each occurrence of targeted case management provided by interactive video:

(1) the time the service began and the time the service ended, including an a.m. and p.m. designation;

(2) the basis for determining that interactive video is an appropriate and effective means for delivering the service to the person receiving case management services;

(3) the mode of transmission of the interactive video services and records evidencing that a particular mode of transmission was utilized;

(4) the location of the originating site and the distant site; and

(5) compliance with the criteria attested to by the targeted case management provider as provided in paragraph (c).

Sec. .... **COMMISSIONER DUTY TO SEEK FEDERAL APPROVAL.**

The commissioner of human services shall seek federal approval that is necessary to implement Minnesota Statutes, sections 256B.021, subdivision 10, and 256B.0625, subdivision 20, for interactive video contact.

Sec. .... **RURAL DEMONSTRATION PROJECT.**

(a) Children's mental health collaboratives under Minnesota Statutes, section 245.493 are eligible to apply for grant funding under this section. The commissioner shall solicit proposals and select the proposal that best meets the requirements under paragraph (c). Only one demonstration project may be funded under this section.

(b) The demonstration project must:

(1) support youth served to achieve, within their potential, their personal goals in employment, education, living situation, personal effectiveness, and community life functioning;

(2) build on and streamline transition services by identifying rural youth ages 15 to 25 currently in the mental health system or with emerging mental health conditions;

(3) provide individualized motivational coaching;

(4) build needed social supports;

(5) demonstrate how services can be enhanced for youth to successfully navigate the complexities associated with their unique needs;

(6) utilize all available funding streams;

(7) evaluate the effectiveness of the project; and

(8) compare differences in outcomes and costs to youth without previous access to this project.

(c) The commissioner shall report to the chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over mental health issues on the status and outcomes of the demonstration project by January 15, 2019. The children's mental health collaboratives administering the demonstration project shall collect and report outcome data, per guidelines approved by the commissioner, to support the development of this report."

Page 47, line 2, delete "within" and insert "inside"

Page 62, line 9, delete "years" and insert "year"

Page 63, lines 19 and 21, delete "act" and insert "article"

Page 63, line 32, delete "(2,663,000)" and insert "(3,038,000)"

Page 64, line 3, delete "(1,778,000)" and insert "(2,153,000)"

Page 64, line 11, delete "(9,457,000)" and insert "(10,977,000)"

Page 64, line 16, delete "$7,503,000" and insert "$11,859,000"

Page 64, line 17, delete "$5,890,000" and insert "$11,656,000"

Page 64, line 22, delete "(889,000)" and insert "943,000"

Page 65, line 1, delete "$1,010,000" and insert "$1,142,000"

Page 65, line 2, delete "$1,011,000" and insert "$1,153,000"

Page 65, line 3, delete "200,000" and insert "$201,000"

Page 66, line 20, delete "4,000" and insert "58,000"

Page 66, line 25, delete "11,000" and insert "252,000"

Page 66, line 28, delete "5,792,000" and insert "3,792,000"

Page 66, after line 28, insert:

"Notwithstanding Minnesota Statutes, section 254B.06, subdivision 1, the commissioner shall transfer up to $2,000,000, if available, in fiscal year 2017 only, from the consolidated chemical dependency treatment

fund administrative account in the special revenue fund to the general fund."

Page 67, line 14, delete "Service" and insert "Services"

Page 67, line 18, delete the second "-0-" and insert "934,000"

Page 67, after line 18, insert:

"**Safe Harbor.** $934,000 in fiscal year 2017 from the general fund is for emergency shelter and transitional and long-term housing beds for sexually exploited youth and youth at risk of sexual exploitation, and for statewide youth outreach workers to connect sexually exploited youth with shelter and services."

Page 68, line 12, delete the second "-0-" and insert "394,000"

Page 68, after line 12, insert:

"**Mental Health Pilot Project.** $394,000 in fiscal year 2017 is from the general fund is for a grant to the Zumbro Valley Health Center. The grant shall be used to continue a pilot project to test an integrated behavioral health care coordination model. The grant recipient must report measurable outcomes to the commissioner of human services by December 1, 2018. This appropriation does not expire and is available through June 30, 2018."

Page 68, line 13, delete the second "-0-" and insert "600,000"

Page 68, after line 13, insert:

"**Children's Mental Health Collaboratives.** $600,000 in fiscal year 2017 from the general fund is for a children's mental health grant under section 245.4889 for a rural demonstration project to assist transition-aged youth and young adults with emotional behavioral disturbance or mental illnesses in making a successful

transition into adulthood. This is a onetime appropriation."

Page 68, line 15, delete the second "-0-" and insert "975,000"

Page 68, after line 15, insert:

"**Peer Specialists.** $800,000 in fiscal year 2017 from the general fund is for grants to recovery community organizations to train, hire, and supervise peer specialists to work with underserved populations as part of the continuum of care for substance use disorders. Recovery community organizations located in Rochester, Moorhead, and the Twin Cities metropolitan area are eligible to receive grant funds.

Recovery Community Organizations. $175,000 in fiscal year 2017 from the general fund is for a grant to recovery community organizations to create and implement a public relations campaign specific to reducing the stigma associated with substance use disorders. Recovery community organizations located in Rochester, Moorhead, and the Twin Cities metropolitan area are eligible to receive grant funds.

Base level adjustment. The general fund base is increased by $800,000 in fiscal years 2018 and 2019."

Page 69, after line 10, insert:

"**Greater Minnesota Family Residency Program.** $1,000,000 in fiscal year 2017 from the health care access fund is for the commissioner of health to award grants for the greater Minnesota family residency program. Base level funding for the

2018-2019 biennium shall be $1,000,000 each fiscal year."

Page 69, line 12, delete "$....." and insert "$250,000"

Page 69, line 23, delete everything after the period

Page 69, delete line 24

Page 69, line 25, before "The" insert "The general fund base is increased by $2,100,00 in fiscal years 2018 and 2019."

Page 69, after line 28, insert:

"Sec. 4. **HEALTH-RELATED BOARDS**

Subdivision 1. **Total Appropriation**	**$**	**-0-**	**$**	**97,000**
This appropriation is from the state government special revenue fund.				
Subd. 2. **Board of Medical Practice**		-0-		22,000
Subd. 3. **Board of Podiatry**		-0-		75,000
Sec. .... **EMS REGULATORY BOARD**	**$**	**70,000**	**$**	**55,000**

EMS Technology. Of these appropriations:

(1) $34,000 in fiscal year 2016 and $34,000 in fiscal year 2017 are for annual support, maintenance, and hosting of the comprehensive electronic licensing and agency operations software solution;

(2) $21,000 in fiscal year 2016 and $21,000 in fiscal year 2017 are for annual support, maintenance, and housing of the MNSTAR prehospital patient care report database; and

(3) $15,000 in fiscal year 2016 is for the board to purchase four 800 megahertz handheld radios to be used by field staff to meet board responsibilities for emergency communications during a regional or statewide emergency.

This provision is effective the day following final enactment.

Sec. ... **OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES** **$ -0- $ 250,000**

These funds are for two positions for the Jensen Settlement and Minnesota's Olmstead Plan System Division, for oversight and systematic monitoring for the Jensen and Olmstead implementation plans and to fulfill the duties as a consultant to the court and all parties, as appointed by the federal court."

Page 71, line 27, after "services" insert "in 2017 only"

Page 71, delete line 30

Page 80, after line 5, insert:

"Sec. .... Laws 2015, chapter 71, article 14, section 4, subdivision 1, is amended to read:

		~~19,707,000~~		~~19,597,000~~
Subdivision 1. **Total Appropriation**	**$**	**19,902,000**	**$**	**19,852,000**

This appropriation is from the state government special revenue fund. The amounts that may be spent for each purpose are specified in the following subdivisions.

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

Sec. .... Laws 2015, chapter 71, article 14, section 4, subdivision 3, is amended to read:

	~~2,192,000~~	~~2,206,000~~
Subd. 3. **Board of Dentistry**	1,342,000	1,342,000

~~This appropriation includes $864,000 in fiscal year 2016 and $878,000 in fiscal year 2017 for the health professional services program.~~

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

Sec. .... Laws 2015, chapter 71, article 14, section 4, subdivision 5, is amended to read:

Subd. 5. **Board of Marriage and Family Therapy**	~~234,000~~ 274,000	~~237,000~~ 287,000

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

Sec. .... Laws 2015, chapter 71, article 14, section 4, subdivision 10, is amended to read:

Subd. 10. **Board of Pharmacy**	~~2,847,000~~ 2,962,000	~~2,888,000~~ 3,033,000

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

Sec. .... Laws 2015, chapter 71, article 14, section 4, subdivision 11, is amended to read:

Subd. 11. **Board of Physical Therapy**	~~354,000~~ 1,244,000	~~359,000~~ 1,283,000

Health Professional Services Program. Of this appropriation, $850,000 in fiscal year 2016 and $864,000 in fiscal year 2017 from the state government special revenue fund are for the health professional services program.

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

Renumber the sections in sequence and correct the internal references

Amend the title accordingly