

1.1 Backer and Bierman from the Committee on Health Finance and Policy to which was
1.2 referred:

1.3 H. F. No. 4466, A bill for an act relating to health; eliminating a reporting requirement;
1.4 amending Minnesota Statutes 2024, section 62V.05, subdivision 7.

1.5 Reported the same back with the following amendments:

1.6 Delete everything after the enacting clause and insert:

1.7 **"ARTICLE 1**

1.8 **HEALTH-RELATED LICENSING BOARDS**

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

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

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

1.14 Subd. 5. **Student physical therapist.** "Student physical therapist" means a person in a
1.15 professional educational program, approved by the board under section 148.705, who is
1.16 satisfying supervised clinical education requirements by performing physical therapy under
1.17 the ~~on-site~~ direct supervision of a licensed physical therapist. "~~On-site supervision~~" means
1.18 ~~the physical therapist is easily available for instruction to the student physical therapist. The~~
1.19 ~~physical therapist shall have direct contact with the patient during at least every second~~
1.20 ~~treatment session by the student physical therapist.~~ "Direct supervision" means that the
1.21 physical therapist is physically present and immediately available for supervision.

1.22 Telecommunications, ~~except within the facility,~~ does not meet the requirement of ~~on-site~~
1.23 direct supervision.

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

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

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

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

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

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

3.1 contact with the patient during at least every second treatment session by the student physical
 3.2 therapist assistant.

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

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

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

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

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

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

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

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

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

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

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

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

4.2 (4) "pharmacy" means a pharmacy located in Minnesota and licensed under section
4.3 151.19 that operates in the community or outpatient license category under Minnesota Rules,
4.4 part 6800.0350-; and

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

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

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

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

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

4.20 (1) being a resident of Minnesota;

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

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

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

4.28 (5) being in urgent need of covered insulin.

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

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

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

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

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

5.13 (2) present the pharmacist with identification indicating Minnesota residency in the form
5.14 of a valid Minnesota identification card, driver's license or permit, individual taxpayer
5.15 identification number, or Tribal identification card as defined in section 171.072, paragraph

5.16 (b). If the individual in urgent need of covered insulin is under the age of 18, the individual's
5.17 parent or legal guardian must provide the pharmacist with proof of residency.

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

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

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

5.32 (f) The pharmacy shall also provide each eligible individual with the information sheet
5.33 described in subdivision 7 and a list of trained navigators provided by the Board of Pharmacy

6.1 for the individual to contact if the individual needs to access ongoing covered insulin
6.2 coverage options, including assistance in:

6.3 (1) applying for medical assistance or MinnesotaCare;

6.4 (2) applying for a qualified health plan offered through MNsure, subject to open and
6.5 special enrollment periods;

6.6 (3) accessing information on providers who participate in prescription drug discount
6.7 programs, including providers who are authorized to participate in the 340B program under
6.8 section 340b of the federal Public Health Services Act, United States Code, title 42, section
6.9 256b; and

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

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

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

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

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

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

6.30 (1) be a Minnesota resident with a valid Minnesota identification card that indicates
6.31 Minnesota residency in the form of a Minnesota identification card, driver's license or
6.32 permit, individual taxpayer identification number, or Tribal identification card as defined

7.1 in section 171.072, paragraph (b). If the individual is under the age of 18, the individual's
7.2 parent or legal guardian must provide proof of residency;

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

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

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

7.8 (5) not be enrolled in prescription drug coverage through an individual or group health
7.9 plan that limits the total amount of cost-sharing that an enrollee is required to pay for a
7.10 30-day supply of covered insulin, including co-payments, deductibles, or coinsurance to
7.11 \$75 or less, regardless of the type or amount of covered insulin needed.

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

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

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

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

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

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

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

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

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

8.20 (1) the pharmacy's name and shipping address;

8.21 (2) the pharmacy's office telephone number, fax number, email address, and contact
8.22 name; and

8.23 (3) any specific days or times when deliveries are not accepted by the pharmacy.

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

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

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

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

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

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

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

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

9.27 (1) a description of the urgent-need covered insulin safety net program, including how
9.28 to access the program;

9.29 (2) a description of each covered insulin manufacturer's patient assistance program and
9.30 cost-sharing assistance program, including contact information on accessing the assistance
9.31 programs for each manufacturer;

10.1 (3) information on how to contact a trained navigator for assistance in applying for
10.2 medical assistance, MinnesotaCare, a qualified health plan, or ~~an~~ a covered insulin
10.3 manufacturer's patient assistance programs;

10.4 (4) information on how to contact the Board of Pharmacy if a manufacturer determines
10.5 that an individual is not eligible for the manufacturer's patient assistance program; and

10.6 (5) notification that an individual in need of assistance may contact their local county
10.7 social service department for more information or assistance in accessing ongoing affordable
10.8 covered insulin options.

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

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

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

10.24 (e) If a navigator assists an individual in accessing ~~an~~ a covered insulin manufacturer's
10.25 patient assistance program, MNsure, within the available appropriation, shall pay the
10.26 navigator a onetime application assistance bonus of no less than \$25. If a navigator receives
10.27 a payment per enrollee of an assistance bonus under section 62V.05, subdivision 4, or
10.28 256.962, subdivision 5, the navigator shall not receive compensation under this paragraph.

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

10.30 Subd. 9. **Additional 30-day urgent-need covered insulin supply.** (a) If an individual
10.31 has applied for medical assistance or MinnesotaCare but has not been determined eligible
10.32 or has been determined eligible but coverage has not become effective or the individual has
10.33 been determined ineligible for the manufacturer's patient assistance program by the

11.1 manufacturer and the individual has requested a review pursuant to subdivision 8 but the
 11.2 panel has not rendered a decision, the individual may access urgent-need covered insulin
 11.3 under subdivision 3 if the individual is in urgent need of covered insulin as defined under
 11.4 subdivision 2, paragraph (b).

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

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

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

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

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

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

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

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

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

11.30 (b) A manufacturer must maintain the privacy of all data received from any individual
 11.31 applying for the manufacturer's patient assistance program under this section and is prohibited

12.1 from selling, sharing, or disseminating data received under this section unless required to
 12.2 under this section or the individual has provided the manufacturer with a signed authorization.

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

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

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

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

12.12 (3) the value of the covered insulin provided by the manufacturer under clauses (1) and
 12.13 (2).

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

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

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

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

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

12.27 (i) reimbursing pharmacies for urgent-need covered insulin dispensed under subdivision
 12.28 3;

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

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

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

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

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

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

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

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

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

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

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

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

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

13.30 Subd. 5. **Insulin repayment account; annual transfer from health care access fund.** (a)
 13.31 The insulin repayment account is established in the special revenue fund in the state treasury.

14.1 Money in the account is appropriated each fiscal year to the commissioner of administration
 14.2 to reimburse manufacturers for covered insulin dispensed under the insulin safety net program
 14.3 in section 151.74, in accordance with section 151.74, subdivisions 3, paragraph (h), and 6,
 14.4 paragraph (h), and to cover costs incurred by the commissioner in providing these
 14.5 reimbursement payments.

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

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

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

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

14.18 Sec. 22. **REPEALER.**

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

14.20 **ARTICLE 2**

14.21 **DEPARTMENT OF HEALTH**

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

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

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

14.29 (2) the data for each encounter must include an identifier for the patient's health care
 14.30 home if the patient has selected a health care home, data on contractual value-based payments,

15.1 and data deemed necessary by the commissioner to uniquely identify claims in the individual
15.2 health insurance market;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 18.1 (2) the organization is a self-insured data submitter under this section;
18.2 (3) the individual or organization is affiliated with an academic institution;
18.3 (4) the individual or organization requests a high volume of data files; or
18.4 (5) the request is from a Tribal health director for, or the governing body of, one of the
18.5 11 federally recognized Tribes in Minnesota.

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

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

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

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

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

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

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

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

18.26 (i) the guest, or the guest's parent or legal guardian if the guest is a minor, provides
18.27 written consent to use of the pool. The written consent must include a statement that the
18.28 guest, or the guest's parent or legal guardian if the guest is a minor, has received and read
18.29 materials provided by the Department of Health with information on the risk of disease
18.30 transmission and other risks associated with pools and a statement that the Department of
18.31 Health does not monitor or inspect the homeowner's pool to ensure compliance with the
18.32 requirements in section 144.1222 or Minnesota Rules, chapter 4717; and

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

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

19.7 "NOTICE

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

19.11 USE AT YOUR OWN RISK"

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

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

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

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

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

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

19.31 (f) "Certified swimming class" means an infant swimming resource (ISR) class; an
 19.32 American Red Cross swimming class, swimming lesson, or learn-to-swim class; or any

20.1 other swimming class certified by a nationally accredited organization that operates in all
20.2 50 states.

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

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

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

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

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

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

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

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

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

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

21.7 (3) for nurses who agree to practice in a Minnesota nursing home; in an intermediate
21.8 care facility for persons with developmental disability; in a hospital if the hospital owns
21.9 and operates a Minnesota nursing home and a minimum of 50 percent of the hours worked
21.10 by the nurse is in the nursing home; in an assisted living facility as defined in section
21.11 144G.08, subdivision 7; or for a home care provider as defined in section 144A.43,
21.12 subdivision 4; or agree to teach at least 12 credit hours, or 720 hours per year in the nursing
21.13 field in a postsecondary program at the undergraduate level or the equivalent at the graduate
21.14 level;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22.31 (5) "eligible physician assistant program" means a program that is located in Minnesota
 22.32 and is currently accredited as a physician assistant program by the Accreditation Review

23.1 Commission on Education for the Physician Assistant, or ~~is~~ has presented a credible plan
 23.2 as a candidate for accreditation;

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

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

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

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

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

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

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

23.27 Subd. 2. **Programs.** (a) For advanced practice provider clinical training expansion grants,
 23.28 the commissioner of health shall award ~~health professional training site~~ grants to eligible
 23.29 physician assistant, advanced practice registered nurse, pharmacy, dental therapy, and mental
 23.30 health professional programs to plan and implement ~~expanded~~ a new eligible clinical training
 23.31 program or increase the base number of trainees in an existing eligible clinical training
 23.32 program. Clinical training must take place in rural communities or underserved communities.
 23.33 A planning grant shall not exceed \$75,000, and a three-year training grant shall not exceed

24.1 \$300,000 per project. The commissioner may provide a ~~one-year~~, no-cost extension for
 24.2 grants.

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

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

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

24.17 (2) recruitment, training, and retention of students ~~and~~, faculty, and preceptors;

24.18 (3) connecting students with appropriate clinical training sites, internships, practicums,
 24.19 or externship ~~activities~~ opportunities;

24.20 (4) travel and lodging for students;

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

24.22 (6) development and implementation of health equity and cultural competency
 24.23 responsiveness training;

24.24 (7) evaluations of the clinical training program to inform program improvements;

24.25 (8) training site improvements, fees, equipment, and supplies required to establish,
 24.26 maintain, or expand a training program; ~~and~~

24.27 (9) supporting clinical education in which trainees are part of a primary care team model;
 24.28 and

24.29 (10) onboarding expenses for trainees to meet clinical training site requirements.

24.30 (d) Health professional rural clinical rotation grant funds may be used for:

- 25.1 (1) adding, expanding, or enhancing rural rotations and clinical training experiences in
 25.2 an existing clinical training program as described in paragraph (b);
- 25.3 (2) recruitment, training, and retention of students, faculty, and preceptors;
- 25.4 (3) connecting students with appropriate clinical training sites, internships, practicums,
 25.5 or externship opportunities;
- 25.6 (4) travel and lodging for students;
- 25.7 (5) faculty, student, and preceptor salaries, stipends, or other financial support;
- 25.8 (6) development and implementation of health equity and cultural responsiveness training;
- 25.9 (7) evaluations of the rural rotation or clinical training experience to inform program
 25.10 improvements;
- 25.11 (8) training site improvements, fees, equipment, and supplies required to establish or
 25.12 expand rural rotations or clinical training experiences;
- 25.13 (9) supporting clinical education in which trainees are part of a primary care team model;
 25.14 and
- 25.15 (10) onboarding expenses for trainees to meet clinical training site requirements.

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

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

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

25.30 ~~Applicants applying under subdivision 2, paragraph (b),~~ (c) Applications for rural clinical
 25.31 rotation grants must include a description of the new, expanded, or enhanced rural rotations

26.1 or clinical training experiences; attestation that funding will be used to support improved
 26.2 rural clinical training experiences; and information about length of training and training site
 26.3 settings, geographic location of rural sites, and rural populations expected to be served.

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

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

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

26.8 (1) is located in Minnesota;

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

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

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

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

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

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

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

27.4 Subd. 2. **Rural residency training program.** (a) The commissioner of health shall
27.5 award rural residency training program grants to eligible programs to plan, implement, and
27.6 sustain rural residency training programs. A rural medical residency training program grant
27.7 shall not exceed \$250,000 per year for up to three years for planning and development, and
27.8 \$225,000 per resident per year for each year thereafter to sustain the program. A rural
27.9 psychology residency training program grant shall not exceed \$150,000 per year for up to
27.10 three years for planning and development, and \$150,000 per resident per year for each year
27.11 thereafter to sustain the program. Medical and psychology residency programs that meet
27.12 eligibility guidelines and continue to demonstrate financial need shall be granted sustaining
27.13 funds, renewable every five years.

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

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

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

27.19 (3) establishing new rural residency training programs;

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

27.22 (5) travel and lodging for new residents;

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

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

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

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

27.29 Subd. 4. **Consideration of grant applications.** The commissioner shall review each
27.30 application to determine if the residency program application is complete, if the proposed
27.31 rural residency program and residency slots are eligible for a grant, and if the program is

28.1 eligible for federal graduate medical education funding, and when the funding is available.
 28.2 If eligible programs are not eligible for federal graduate medical education funding, the
 28.3 commissioner may award continuation funding to the eligible program beyond the initial
 28.4 grant period without requiring a competitive application. The commissioner shall award
 28.5 grants to support training programs in family medicine, general internal medicine, general
 28.6 pediatrics, psychiatry, geriatrics, general surgery, psychology, and other primary care focus
 28.7 areas.

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

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

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

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

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

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

28.24 (1) proposed training curricula;

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

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

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

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

29.5 **Subd. 6. International medical graduate primary care residency grant program**
29.6 **and revolving account.** (a) The commissioner shall award grants to support primary care
29.7 residency positions designated for Minnesota immigrant physicians who are willing to serve
29.8 in rural or underserved areas of the state. No grant shall exceed \$150,000 per residency
29.9 position per year. Eligible primary care residency grant recipients include accredited family
29.10 medicine, general surgery, internal medicine, obstetrics and gynecology, psychiatry, and
29.11 pediatric residency programs. Eligible primary care residency programs shall apply to the
29.12 commissioner. Applications must include the number of anticipated residents to be funded
29.13 using grant funds and a budget. ~~Notwithstanding any law to the contrary, funds awarded to~~
29.14 ~~grantees in a grant agreement do not lapse until the grant agreement expires.~~ Before any
29.15 funds are distributed, a grant recipient shall provide the commissioner with the following:

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

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

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

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

29.32 (c) A revolving international medical graduate residency account is established as an
29.33 account in the special revenue fund in the state treasury. The commissioner of management

30.1 and budget shall credit to the account appropriations, payments, and transfers to the account.
 30.2 Earnings, such as interest, dividends, and any other earnings arising from fund assets, must
 30.3 be credited to the account. Funds in the account are appropriated annually to the
 30.4 commissioner to award grants and administer the grant program established in paragraph
 30.5 (a). Notwithstanding any law to the contrary, any funds deposited in the account do not
 30.6 expire. The commissioner may accept contributions to the account from private sector
 30.7 entities subject to the following provisions:

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

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

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

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

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

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

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

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

30.32 (1) the appropriate fee; ~~and~~

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

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

31.10 ~~(b)~~ (c) Any changes in information provided in the registration must be immediately
 31.11 reported to the commissioner. The internship shall be a minimum of 2,080 hours to be
 31.12 completed ~~within a three-year period, however,~~ during enrollment in a mortuary science
 31.13 program accredited by the American Board of Funeral Service Education, after graduation,
 31.14 or both during enrollment and after graduation. However, the commissioner may waive up
 31.15 to 520 hours of the internship time requirement upon satisfactory completion of a clinical
 31.16 or practicum in mortuary science administered through the program of mortuary science of
 31.17 the University of Minnesota or a ~~substantially similar~~ mortuary science program approved
 31.18 ~~by the commissioner~~ accredited by the American Board of Funeral Service Education.
 31.19 Registrations must be renewed on an annual basis if they exceed one calendar year. During
 31.20 the internship period, the intern must be under the direct supervision of a person holding a
 31.21 current license to practice mortuary science in Minnesota. An intern may be registered under
 31.22 only one registered primary supervising licensee and one registered alternate supervising
 31.23 licensee at any given time and may be directed and supervised only by the registered primary
 31.24 supervising licensee or registered alternate supervising licensee. The registered primary
 31.25 supervising licensee shall have only one intern registered at any given time. The
 31.26 commissioner shall issue to each registered intern a registration permit that must be displayed
 31.27 with the other establishment and practice licenses. While under the direct supervision of
 31.28 the registered primary supervising or alternate supervising licensee, the intern must complete
 31.29 25 case reports in each of the following areas: embalming, funeral arrangements, and services.
 31.30 An intern who has not completed coursework in embalming and restorative arts must be in
 31.31 the physical presence of the primary or alternate supervising licensee in order to perform
 31.32 surgical procedures and embalming. Case reports, on forms provided by the commissioner,
 31.33 shall be completed by the intern and filed with the commissioner prior to the completion
 31.34 of the internship. Information contained in these reports that identifies the subject or the

32.1 family of the subject embalmed or the subject or the family of the subject of the funeral
 32.2 shall be classified as licensing data under section 13.41, subdivision 2.

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

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

32.8 (1) a completed application form, as provided by the commissioner;

32.9 (2) proof of age;

32.10 (3) an official transcript from each post high school educational institution attended,
 32.11 including colleges of funeral service education;

32.12 (4) certification of a passing score on the National Board Examination from the
 32.13 commissioner of the Conference of Funeral Service Examining Boards of the United States,
 32.14 Inc.;

32.15 (5) a copy of the notification of a passing score on the state licensing examination; and

32.16 (6) a signed, dated, and notarized affidavit from the registered primary supervising
 32.17 licensee who supervised the Minnesota internship stating the date the internship began and
 32.18 ended and that both the applicant and the registered primary supervising licensee fulfilled
 32.19 the requirements under subdivision 6.

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

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

32.30 Subdivision 1. **Licenses of other states.** (a) The commissioner may issue a reciprocal
 32.31 license to practice mortuary science to a person who holds a current license or other credential

33.1 from another jurisdiction if the ~~commissioner determines that the requirements for that~~
 33.2 ~~license or other credential are substantially similar to the requirements under this chapter.~~
 33.3 ~~The individual seeking reciprocal licensing must~~ person:

33.4 (1) ~~attain~~ attains:

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

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

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

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

33.14 (4) submits to the commissioner:

33.15 (i) documentation that the person meets one of the educational requirements in section
 33.16 149A.20, subdivision 4; or

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

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

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

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

33.30 (b) When, in the determination of the commissioner, all of the requirements of this
 33.31 subdivision have been met, the commissioner shall, based on all the information available,
 33.32 grant or deny licensure. If the commissioner grants licensure, the applicant shall be notified

34.1 and the license shall issue and remain valid for a period prescribed on the license, but not
34.2 to exceed one calendar year from the date of issuance of the license. If the commissioner
34.3 denies licensure, the commissioner must notify the applicant, in writing, of the denial and
34.4 provide the specific reason for denial.

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

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

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

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

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

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

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

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

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

34.27 Subdivision 1. **Generally.** Every dead human body lying within the state, except
34.28 unclaimed bodies delivered for dissection by the medical examiner, those delivered for
34.29 anatomical study pursuant to section 149A.81, subdivision 2, or lawfully carried through
34.30 the state for the purpose of disposition elsewhere; and the remains of any dead human body
34.31 after dissection or anatomical study, shall be decently buried or entombed in a public or
34.32 private cemetery, alkaline hydrolyzed, cremated, or, ~~effective July 1, 2025,~~ naturally reduced

35.1 within a reasonable time after death. Where final disposition of a body will not be
 35.2 accomplished, or, ~~effective July 1, 2025,~~ when natural organic reduction will not be initiated,
 35.3 within 72 hours following death or release of the body by a competent authority with
 35.4 jurisdiction over the body, the body must be properly embalmed, refrigerated, or packed
 35.5 with dry ice. Except as provided in section 149A.955, subdivision 14, a body may not be
 35.6 kept in refrigeration for a period exceeding six calendar days, or packed in dry ice for a
 35.7 period that exceeds four calendar days, from the time of death or release of the body from
 35.8 the coroner or medical examiner.

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

35.10 Subd. 14. **Bodies awaiting natural organic reduction.** A dead human body must be
 35.11 placed in the natural organic reduction vessel to initiate the natural reduction process within
 35.12 ~~24 hours~~ 30 days after the natural organic reduction facility accepts legal and physical
 35.13 custody of the body. A natural organic reduction facility must keep a body awaiting natural
 35.14 organic reduction in refrigeration if the facility holds the body for a period that exceeds four
 35.15 calendar days. A natural organic reduction facility must embalm a body awaiting natural
 35.16 organic reduction or have the body embalmed if the natural reduction process is not initiated
 35.17 within 30 days after the facility accepted legal and physical custody of the body, but the
 35.18 facility is not required to embalm or have embalmed the body if the natural reduction process
 35.19 is initiated within 30 days after the facility accepted legal and physical custody of the body.

35.20 ARTICLE 3

35.21 FEDERAL CONFORMITY AND RELATED PROVISIONS

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

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

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

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

35.32 (1) "eligible hospital" means:

- 36.1 (i) PrairieCare psychiatric hospital; or
- 36.2 (ii) a hospital licensed under section 144.50, located in Minnesota, and with a Medicare
36.3 cost report filed and showing in the Healthcare Cost Report Information System (HCRIS),
36.4 except for the following:
- 36.5 (A) federal Indian Health Service facilities;
- 36.6 (B) state-owned or state-operated regional treatment centers and all state-operated
36.7 services;
- 36.8 (C) federal Veterans Administration Medical Centers; ~~and~~
- 36.9 (D) long-term acute care hospitals; and
- 36.10 (E) hospitals that do not receive payments under section 256B.1974;
- 36.11 (2) "net outpatient revenue" means total outpatient revenue less Medicare revenue as
36.12 calculated from:
- 36.13 (i) values on Worksheet G of the hospital's Medicare cost report; or
- 36.14 (ii) for PrairieCare psychiatric hospital, data available to the commissioner; and
- 36.15 (3) "total patient days" means total hospital inpatient days as reported on:
- 36.16 (i) Worksheet S-3 of the hospital's Medicare cost report; or
- 36.17 (ii) for PrairieCare psychiatric hospital, data available to the commissioner.
- 36.18 (b) Subject to paragraphs (m) to (o), each eligible hospital must pay assessments to the
36.19 hospital directed payment program account in the special revenue fund, with an aggregate
36.20 annual assessment amount equal to the sum of the following:
- 36.21 (1) \$120.22 multiplied by total patient days; and
- 36.22 (2) 5.96 percent of the hospital's net outpatient revenue.
- 36.23 (c) The assessment amount for calendar years 2026 and 2027 must be based on the total
36.24 patient days and net outpatient revenue reflected on an eligible hospital's Medicare cost
36.25 report as follows:
- 36.26 (1) an eligible hospital with a fiscal year ending on March 31 or June 30 must use data
36.27 from a cost report from the hospital's fiscal year 2022; and
- 36.28 (2) an eligible hospital with a fiscal year ending on September 30 or December 31 must
36.29 use data from a cost report from the hospital's fiscal year 2021.

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

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

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

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

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

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

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

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

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

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

38.5 (l) Revenue from an assessment under this subdivision must only be used by the
38.6 commissioner to pay the nonfederal share of the directed payment program under section
38.7 256B.1974.

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

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

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

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

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

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

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

38.21 (4) each hospital not included in another discount category, and with greater than
38.22 \$200,000,000 in total medical assistance inpatient and outpatient revenue in fee-for-service
38.23 and managed care, as reported in state fiscal year 2022 medical assistance fee-for-service
38.24 and managed care claims data, with a discount of five percent; and

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

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

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

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

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

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

39.4 (5) each hospital not included in another discount category, and with greater than
 39.5 \$200,000,000 in total medical assistance inpatient and outpatient revenue in fee-for-service
 39.6 and managed care, as reported in state fiscal year 2022 medical assistance fee-for-service
 39.7 and managed care claims data, with a discount of ten percent.

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

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

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

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

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

39.32 (b) For hospitals eligible to receive payment under section 256B.1973 or 256B.1974
 39.33 and meeting the criteria in subdivision 9, paragraph (d), the commissioner ~~must~~ may reduce

40.1 the amount calculated under subdivision 9, paragraph (d), by one percent and compute an
 40.2 alternate inpatient payment rate. The alternate payment rate must be structured to target a
 40.3 total aggregate reimbursement amount equal to the amount that the hospital would have
 40.4 received for providing fee-for-service inpatient services under this section to patients enrolled
 40.5 in medical assistance had the hospital received 99 percent of the entire amount calculated
 40.6 under subdivision 9, paragraph (d). Hospitals that do not meet federal requirements for
 40.7 Medicaid disproportionate share hospitals are not eligible for the alternate payment rate.

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

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

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

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

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

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

40.27 Subd. 2a. **Home equity limit for medical assistance payment of long-term care**
 40.28 **services.** (a) Effective for requests of medical assistance payment of long-term care services
 40.29 filed on or after July 1, 2006, and for renewals on or after July 1, 2006, for persons who
 40.30 received payment of long-term care services under a request filed on or after January 1,
 40.31 2006, the equity interest in the home of a person whose eligibility for long-term care services
 40.32 is determined on or after January 1, 2006, shall not exceed \$500,000, unless it is the lawful
 40.33 residence of the person's spouse or child who is under age 21, or a child of any age who is

41.1 blind or permanently and totally disabled as defined in the Supplemental Security Income
 41.2 program. The amount specified in this paragraph shall be increased beginning in year 2011,
 41.3 from year to year based on the percentage increase in the Consumer Price Index for all urban
 41.4 consumers (all items; United States city average), rounded to the nearest \$1,000.

41.5 (b) Effective January 1, 2028, the amount specified in paragraph (a) must not exceed
 41.6 \$1,000,000.

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

41.12 ~~(e)~~ (d) A person denied or terminated from medical assistance payment of long-term
 41.13 care services because the person's home equity exceeds the home equity limit may seek a
 41.14 waiver based upon a hardship by filing a written request with the county agency. Hardship
 41.15 is an imminent threat to the person's health and well-being that is demonstrated by
 41.16 documentation of no alternatives for payment of long-term care services. The county agency
 41.17 shall make a decision regarding the written request to waive the home equity limit within
 41.18 30 days if all necessary information has been provided. The county agency shall send the
 41.19 person and the person's representative a written notice of decision on the request for a
 41.20 demonstrated hardship waiver that also advises the person of appeal rights under the fair
 41.21 hearing process of section 256.045.

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

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

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

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

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

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

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

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

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

42.17 (b) Notwithstanding any other law to the contrary:

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

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

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

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

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

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

42.27 (3) the child dies;

42.28 (4) the child attains the maximum age; or

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

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

43.8 (e) The period of eligibility for an individual eligible for medical assistance under section
 43.9 256B.055, subdivision 15, is six months. The period of eligibility for all other medical
 43.10 assistance enrollees is 12 months.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

45.14 (1) work at least 80 hours;

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

45.16 (3) participate in a work program, as defined in United States Code, title 7, section
45.17 2015(o)(1), for at least 80 hours;

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

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

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

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

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

45.30 (1) an American Indian or Alaska Native;

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

46.4 (3) a veteran with a disability rated as total under United States Code, title 38, section
46.5 1155;

46.6 (4) receiving benefits under the Minnesota family investment program under chapter
46.7 142G and meeting the work activity and participation requirements under chapter 142G;

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

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

46.13 (7) incarcerated;

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

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

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

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

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

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

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

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

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

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

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

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

47.33 **Subd. 5. Failure to satisfy work or community engagement requirements.** (a) If the
47.34 commissioner cannot establish an applicable individual's compliance with or exemption

48.1 from the work or community engagement requirements, the commissioner must provide
48.2 notice of noncompliance and allow the applicant or beneficiary 30 calendar days from the
48.3 date the notice is received to demonstrate compliance with or exemption from the
48.4 requirements. The notice must include:

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

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

48.9 (b) An enrolled beneficiary continues to be eligible for medical assistance during the
48.10 30-day period under paragraph (a).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

50.18 ~~(4) granted withholding of deportation according to United States Code, title 8, section~~
 50.19 ~~1253(h);~~

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

50.22 ~~(6) granted conditional entrant status according to United States Code, title 8, section~~
 50.23 ~~1153(a)(7);~~

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

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

50.31 ~~(9)~~ (2) determined to be a Cuban or Haitian entrant as defined in section 501(e) of Public
 50.32 Law 96-422, the Refugee Education Assistance Act of 1980; or

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

51.3 (c) All qualified noncitizens who were residing in the United States before August 22,
51.4 1996, who otherwise meet the eligibility requirements of this chapter, are eligible for medical
51.5 assistance with federal financial participation.

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

51.10 ~~(1) refugees admitted to the United States according to United States Code, title 8, section~~
51.11 ~~1157;~~

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

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

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

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

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

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

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

52.1 (g) For purposes of this subdivision, the term "emergency medical condition" means a
52.2 medical condition that meets the requirements of United States Code, title 42, section
52.3 1396b(v).

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

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

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

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

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

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

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

52.17 (iii) services for routine prenatal care;

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

52.20 (v) elective surgery;

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

52.23 (vii) preventative health care and family planning services;

52.24 (viii) rehabilitation services;

52.25 (ix) physical, occupational, or speech therapy;

52.26 (x) transportation services;

52.27 (xi) case management;

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

52.29 (xiii) dental services;

52.30 (xiv) hospice care;

- 53.1 (xv) audiology services and hearing aids;
- 53.2 (xvi) podiatry services;
- 53.3 (xvii) chiropractic services;
- 53.4 (xviii) immunizations;
- 53.5 (xix) vision services and eyeglasses;
- 53.6 (xx) waiver services;
- 53.7 (xxi) individualized education programs; or
- 53.8 (xxii) substance use disorder treatment.

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

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

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

- 53.32 (1) dialysis services provided in a hospital or freestanding dialysis facility;

54.1 (2) surgery and the administration of chemotherapy, radiation, and related services
 54.2 necessary to treat cancer if the recipient has a cancer diagnosis that is not in remission and
 54.3 requires surgery, chemotherapy, or radiation treatment; and

54.4 (3) kidney transplant if the person has been diagnosed with end stage renal disease, is
 54.5 currently receiving dialysis services, and is a potential candidate for a kidney transplant.

54.6 (l) Effective July 1, 2013, recipients of emergency medical assistance under this
 54.7 subdivision are eligible for coverage of the elderly waiver services provided under chapter
 54.8 256S, and coverage of rehabilitative services provided in a nursing facility. The age limit
 54.9 for elderly waiver services does not apply. In order to qualify for coverage, a recipient of
 54.10 emergency medical assistance is subject to the assessment and reassessment requirements
 54.11 of section 256B.0911. Initial and continued enrollment under this paragraph is subject to
 54.12 the limits of available funding.

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

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

54.15 **256B.061 ELIGIBILITY; RETROACTIVE EFFECT; RESTRICTIONS.**

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

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

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

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

54.31 Subd. 1a. **Prohibition on cost-sharing and deductibles.** ~~Effective January 1, 2024~~
 54.32 Except for recipients eligible under section 256B.055, subdivision 15, the medical assistance

55.1 benefit plan must not include cost-sharing or deductibles for any medical assistance recipient
55.2 or benefit.

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

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

55.9 (1) \$3 per nonpreventive visit, except as provided in paragraph (c). For purposes of this
55.10 subdivision, a visit means an episode of service that is required because of a recipient's
55.11 symptoms, diagnosis, or established illness, and that is delivered in an ambulatory setting
55.12 by a physician or physician assistant, chiropractor, podiatrist, nurse midwife, advanced
55.13 practice nurse, audiologist, optician, or optometrist;

55.14 (2) \$3.50 for nonemergency visits to a hospital-based emergency room; and

55.15 (3) \$3 per brand-name drug prescription, \$1 per generic drug prescription, and \$1 per
55.16 prescription for a brand-name multisource drug listed in preferred status on the preferred
55.17 drug list, subject to a \$12 maximum per month for prescription drug co-payments. No
55.18 co-payments shall apply to antipsychotic drugs when used for the treatment of mental illness.

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

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

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

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

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

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

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

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

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

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

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

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

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

56.14 **Subd. 9. **Interaction with other directed payments.** (a) An eligible provider under**
56.15 **subdivision 3 may participate in the hospital directed payment program under section**
56.16 **256B.1974 for inpatient hospital services, outpatient hospital services, or both. A provider**
56.17 **participating in the hospital directed payment program must not receive a directed payment**
56.18 **under this section for any provider classes paid via the hospital directed payment program.**
56.19 **A hospital subject to this section must notify the commissioner in writing no later than 30**
56.20 **days after enactment of this subdivision of the hospital's intention to participate in the**
56.21 **hospital directed payment program under section 256B.1974 for inpatient hospital services,**
56.22 **outpatient hospital services, or both.**

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

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

56.31 (d) The effective date of the election to participate in the hospital directed payment
56.32 program under this section must align with the beginning of the calendar year in which

57.1 payment rates under this section are updated. The eligible provider must notify the
57.2 commissioner of the eligible provider's intention to make the election ten months before
57.3 the effective date of the election.

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

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

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

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

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

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

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

57.23 (1) state and federal agencies specifically authorized access to the data by state or federal
57.24 law;

57.25 (2) any agency of any other state or any federal agency charged with the administration
57.26 of an unemployment insurance program;

57.27 (3) any agency responsible for the maintenance of a system of public employment offices
57.28 for the purpose of assisting individuals in obtaining employment;

57.29 (4) the public authority responsible for child support in Minnesota or any other state in
57.30 accordance with section 518A.83;

57.31 (5) human rights agencies within Minnesota that have enforcement powers;

58.1 (6) the Department of Revenue to the extent necessary for its duties under Minnesota
58.2 laws;

58.3 (7) public and private agencies responsible for administering publicly financed assistance
58.4 programs for the purpose of monitoring the eligibility of the program's recipients;

58.5 (8) the Department of Labor and Industry, the Department of Commerce, and the Bureau
58.6 of Criminal Apprehension for uses consistent with the administration of their duties under
58.7 Minnesota law;

58.8 (9) the Department of Human Services and the Office of Inspector General and its agents
58.9 within the Department of Human Services, including county fraud investigators, for
58.10 investigations related to recipient or provider fraud and employees of providers when the
58.11 provider is suspected of committing public assistance fraud;

58.12 (10) the Department of Human Services for the purpose of evaluating medical assistance
58.13 services ~~and~~, supporting program improvement, and administering section 256B.0562;

58.14 (11) local and state welfare agencies for monitoring the eligibility of the data subject
58.15 for assistance programs, or for any employment or training program administered by those
58.16 agencies, whether alone, in combination with another welfare agency, or in conjunction
58.17 with the department or to monitor and evaluate the statewide Minnesota family investment
58.18 program and other cash assistance programs, the Supplemental Nutrition Assistance Program,
58.19 and the Supplemental Nutrition Assistance Program Employment and Training program by
58.20 providing data on recipients and former recipients of Supplemental Nutrition Assistance
58.21 Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child
58.22 care assistance under chapter 142E, or medical programs under chapter 256B or 256L or
58.23 formerly codified under chapter 256D;

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

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

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

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

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

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

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

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

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

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

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

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

59.24 Subd. 1a. **Wage detail data.** (a) Wage and employment data gathered under section
 59.25 268.044 may be disseminated to and used, without the consent of the subject of the data,
 59.26 by an agency of another state that is designated as the performance accountability and
 59.27 consumer information agency for that state under Code of Federal Regulations, volume 20,
 59.28 part 663.510(c), in order to carry out the requirements of the Workforce Investment Act of
 59.29 1998, United States Code, title 29, sections 2842 and 2871.

59.30 (b) The commissioner may enter into a data exchange agreement with an employment
 59.31 and training service provider under section 116L.17, or the Workforce Investment Act of
 59.32 1998, United States Code, title 29, section 2864, under which the commissioner, with the
 59.33 consent of the subject of the data, may furnish data on the quarterly wages paid and number

60.1 of hours worked on those individuals who have received employment and training services
60.2 from the provider. With the initial consent of the subject of the data, this data may be shared
60.3 for up to three years after termination of the employment and training services provided to
60.4 the individual without execution of an additional consent. This data is furnished solely for
60.5 the purpose of evaluating the employment and training services provided. The data subject's
60.6 ability to receive service is not affected by a refusal to give consent under this paragraph.
60.7 The consent form must state this fact.

60.8 (c) Wage and employment data gathered under section 268.044 may be disseminated to
60.9 and used by the commissioner of human services for the purpose of administering section
60.10 256B.0562 without the consent of the subject of the data.

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

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

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

60.22 (c) The commissioner may provide records and information collected under sections
60.23 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid
60.24 Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law
60.25 102-234. Upon the written agreement by the United States Department of Health and Human
60.26 Services to maintain the confidentiality of the data, the commissioner may provide records
60.27 and information collected under sections 295.50 to 295.59 to the Centers for Medicare and
60.28 Medicaid Services section of the United States Department of Health and Human Services
60.29 for purposes of meeting federal reporting requirements.

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

60.32 (e) The commissioner may disclose information to the commissioner of human services
60.33 as necessary for income verification for eligibility and premium payment under the

61.1 MinnesotaCare program, under section 256L.05, subdivision 2, as well as the medical
61.2 assistance program under chapter 256B.

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

61.7 (g) At the request of the commissioner of human services and when authorized in writing
61.8 by the taxpayer, the commissioner of revenue may match the business legal name or
61.9 individual legal name, and the Minnesota tax identification number, federal Employer
61.10 Identification Number, or Social Security number of the applicant under section 142C.03;
61.11 245A.04, subdivision 1; or 245I.20; or license or certification holder. The commissioner of
61.12 revenue may share the matching with the commissioner of human services. The matching
61.13 may only be used by the commissioner of human services to determine eligibility for provider
61.14 grant programs and to facilitate the regulatory oversight of license and certification holders
61.15 as it relates to ownership and public funds program integrity. This paragraph applies only
61.16 if the commissioner of human services and the commissioner of revenue enter into an
61.17 interagency agreement for the purposes of this paragraph.

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

61.20 Sec. 23. Minnesota Statutes 2024, section 295.52, subdivision 8, is amended to read:

61.21 Subd. 8. **Contingent reduction in tax rate.** (a) By December 1 of each year, beginning
61.22 in 2011, the commissioner of management and budget shall determine the projected balance
61.23 in the health care access fund for the biennium.

61.24 (b) If the commissioner of management and budget determines that the projected balance
61.25 in the health care access fund for the biennium reflects a ratio of revenues to expenditures
61.26 and transfers greater than 125 percent, and if the actual cash balance in the fund is adequate,
61.27 as determined by the commissioner of management and budget, the commissioner, in
61.28 consultation with the ~~commissioner~~ commissioners of revenue and human services, shall
61.29 reduce the tax rates levied under subdivisions 1, 1a, 2, 3, and 4, for the subsequent calendar
61.30 year sufficient to reduce the structural balance in the fund. The rate may be reduced to the
61.31 extent that the projected revenues for the biennium do not exceed 125 percent of expenditures
61.32 and transfers. The new rate shall be rounded to the nearest one-tenth of one percent. The
61.33 rate reduction under this paragraph expires at the end of each calendar year and is subject
61.34 to an annual redetermination by the commissioner of management and budget.

62.1 (c) For purposes of the analysis defined in paragraph (b), the commissioner of
62.2 management and budget shall include projected revenues.

62.3 **Sec. 24. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
62.4 **NOTIFICATION TO MEDICAL ASSISTANCE RECIPIENTS.**

62.5 By October 1, 2026, the commissioner of human services must notify medical assistance
62.6 recipients who are enrolled under Minnesota Statutes, section 256B.055, subdivision 15,
62.7 that they may be eligible for medical assistance under a disability determination. The
62.8 notification must include information about how the recipient can request a determination
62.9 of disability and an explanation about the changes to medical assistance eligibility that go
62.10 into effect January 1, 2027.

62.11 **ARTICLE 4**

62.12 **HUMAN SERVICES FORECAST ADJUSTMENTS**

62.13 Section 1. **HUMAN SERVICES FORECAST ADJUSTMENTS.**

62.14 The sums shown in the columns marked "Appropriations" are added to or, if shown in
62.15 parentheses, subtracted from the appropriations in Laws 2025, First Special Session chapter
62.16 3, article 20, and Laws 2025, First Special Session chapter 9, article 12, to the commissioner
62.17 of human services from the general fund or other named fund for the purposes specified in
62.18 section 2 and are available for the fiscal years indicated for each purpose. The figures "2026"
62.19 and "2027" used in this article mean that the addition to or subtraction from the appropriation
62.20 listed under them is available for the fiscal year ending June 30, 2026, or June 30, 2027,
62.21 respectively.

62.22 **APPROPRIATIONS**
62.23 **Available for the Year**
62.24 **Ending June 30**
62.25 **2026 2027**

62.26 **Sec. 2. COMMISSIONER OF HUMAN**
62.27 **SERVICES.**

62.28 **Subdivision 1. Total Appropriation** **\$ 739,634,000 \$ 775,035,000**

62.29 **Appropriations by Fund**

62.30 **General Fund** **652,953,000** **615,407,000**

62.31 **Health Care Access**
62.32 **Fund** **86,681,000** **159,628,000**

62.33 **Subd. 2. Forecasted Programs**

62.34 **(a) General Assistance** **7,909,000** **9,653,000**

63.1	<u>(b) Minnesota Supplemental Aid</u>	<u>2,976,000</u>	<u>3,233,000</u>
63.2	<u>(c) Housing Support</u>	<u>29,593,000</u>	<u>44,727,000</u>
63.3	<u>(d) MinnesotaCare</u>	<u>86,681,000</u>	<u>159,628,000</u>
63.4	<u>These appropriations are from the health care</u>		
63.5	<u>access fund.</u>		
63.6	<u>(e) Medical Assistance</u>	<u>589,777,000</u>	<u>525,140,000</u>
63.7	<u>(f) Behavioral Health Fund</u>	<u>22,698,000</u>	<u>32,654,000</u>

63.8 Sec. 3. **EFFECTIVE DATE.**

63.9 This article is effective the day following final enactment.

63.10 **ARTICLE 5**
 63.11 **CHILDREN, YOUTH, AND FAMILIES FORECAST ADJUSTMENTS**

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

63.13 The sums shown in the columns marked "Appropriations" are added to or, if shown in
 63.14 parentheses, subtracted from the appropriations in Laws 2025, First Special Session chapter
 63.15 3, article 22, to the commissioner of children, youth, and families from the general fund or
 63.16 other named fund for the purposes specified in section 2 and are available for the fiscal
 63.17 years indicated for each purpose. The figures "2026" and "2027" used in this article mean
 63.18 that the addition to or subtraction from the appropriation listed under them is available for
 63.19 the fiscal year ending June 30, 2026, or June 30, 2027, respectively.

63.20		<u>APPROPRIATIONS</u>	
63.21		<u>Available for the Year</u>	
63.22		<u>Ending June 30</u>	
63.23		<u>2026</u>	<u>2027</u>

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

63.26 **Subdivision 1. Total Appropriation** \$ **(45,161,000)** \$ **(36,451,000)**

63.27	<u>Appropriations by Fund</u>		
63.28	<u>General Fund</u>	<u>(22,395,000)</u>	<u>(10,320,000)</u>
63.29	<u>Federal TANF</u>	<u>(22,766,000)</u>	<u>(26,131,000)</u>

63.30 **Subd. 2. Forecasted Programs**

63.31 **(a) MFIP/DWP**

64.1	<u>Appropriations by Fund</u>		
64.2	<u>General Fund</u>	<u>(7,245,000)</u>	<u>(3,125,000)</u>
64.3	<u>Federal TANF</u>	<u>(22,766,000)</u>	<u>(26,131,000)</u>
64.4	<u>(b) MFIP Child Care Assistance</u>		<u>(26,220,000)</u> <u>(18,822,000)</u>
64.5	<u>(c) Northstar Care for Children</u>		<u>11,070,000</u> <u>11,627,000</u>

64.6 Sec. 3. EFFECTIVE DATE.

64.7 This article is effective the day following final enactment.

64.8 **ARTICLE 6**

64.9 **DEPARTMENT OF HUMAN SERVICES APPROPRIATIONS**

64.10 Section 1. HUMAN SERVICES APPROPRIATIONS.

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

64.19		<u>APPROPRIATIONS</u>	
64.20		<u>Available for the Year</u>	
64.21		<u>Ending June 30</u>	
64.22		<u>2026</u>	<u>2027</u>

64.23	<u>Sec. 2. COMMISSIONER OF HUMAN</u>		
64.24	<u>SERVICES</u>	<u>\$</u>	<u>-0-</u> <u>\$</u> <u>3,026,000</u>

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

64.27	<u>Sec. 3. CENTRAL OFFICE; OPERATIONS</u>	<u>\$</u>	<u>-0-</u> <u>\$</u> <u>1,046,000</u>
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64.28 Base Level Adjustment. The general fund
64.29 base is increased by \$6,257,000 in fiscal year
64.30 2028 and increased by \$7,093,000 in fiscal
64.31 year 2029.

64.32	<u>Sec. 4. CENTRAL OFFICE; HEALTH CARE</u>	<u>\$</u>	<u>-0-</u> <u>\$</u> <u>16,403,000</u>
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65.1 **Base Level Adjustment.** The general fund
 65.2 base is increased by \$16,838,000 in fiscal year
 65.3 2028 and increased by \$17,350,000 in fiscal
 65.4 year 2029.

65.5	Sec. 5. <u>FORECASTED PROGRAMS;</u>			
65.6	<u>MEDICAL ASSISTANCE</u>	\$	<u>-0-</u>	\$ <u>(15,923,000)</u>

65.7 **Base Level Adjustment.** The general fund
 65.8 base is decreased by \$65,257,000 in fiscal year
 65.9 2028 and decreased by \$70,977,000 in fiscal
 65.10 year 2029.

65.11	Sec. 6. <u>GRANT PROGRAMS; HEALTH CARE</u>			
65.12	<u>GRANTS</u>	\$	<u>-0-</u>	\$ <u>1,500,000</u>

65.13 **Base Level Adjustment.** The general fund
 65.14 base is increased by \$1,750,000 in fiscal year
 65.15 2028 and increased by \$1,125,000 in fiscal
 65.16 year 2029.

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

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

65.20 **Sec. 8. EFFECTIVE DATE.**

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

65.22 **ARTICLE 7**

65.23 **DEPARTMENT OF HEALTH APPROPRIATIONS**

65.24 **Section 1. HEALTH APPROPRIATIONS.**

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

66.1					
66.2					<u>APPROPRIATIONS</u>
66.3					<u>Available for the Year</u>
66.4					<u>Ending June 30</u>
					<u>2026</u> <u>2027</u>

66.5	Sec. 2. <u>COMMISSIONER OF HEALTH</u>		<u>\$</u>	<u>440,000</u>	<u>\$</u>	<u>682,000</u>
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66.6	<u>Appropriations by Fund</u>				
66.7		<u>2026</u>		<u>2027</u>	
66.8	<u>General</u>	<u>-0-</u>		<u>55,000</u>	
66.9	<u>State Government</u>				
66.10	<u>Special Revenue</u>	<u>440,000</u>		<u>627,000</u>	

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

66.13 **Sec. 3. HEALTH IMPROVEMENT**

66.14	<u>Subdivision 1. Total Appropriation</u>		<u>\$</u>	<u>440,000</u>	<u>\$</u>	<u>682,000</u>
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66.15	<u>Appropriations by Fund</u>				
66.16		<u>2026</u>		<u>2027</u>	
66.17	<u>General</u>	<u>-0-</u>		<u>55,000</u>	
66.18	<u>State Government</u>				
66.19	<u>Special Revenue</u>	<u>440,000</u>		<u>627,000</u>	

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

66.22 \$440,000 in fiscal year 2026 and \$440,000 in
 66.23 fiscal year 2027 are from the state government
 66.24 special revenue fund for licensing and
 66.25 regulation of health maintenance organizations
 66.26 under Minnesota Statutes, chapter 62D. These
 66.27 appropriations are contingent on the
 66.28 commissioner of health retaining authority in
 66.29 fiscal year 2027 to license and regulate health
 66.30 maintenance organizations.

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

66.33 \$187,000 in fiscal year 2027 is from the state
 66.34 government special revenue fund for
 66.35 administering the all-payer claims database
 66.36 under Minnesota Statutes, section 62U.04. The

67.1 state government special revenue fund base
 67.2 for this subdivision is increased by \$234,000
 67.3 in fiscal year 2028 and increased by \$292,000
 67.4 in fiscal year 2029.

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

67.7 \$55,000 in fiscal year 2027 is from the general
 67.8 fund for the collection of data on fully denied
 67.9 claims according to Minnesota Statutes,
 67.10 section 62U.04, subdivision 4. This is a
 67.11 onetime appropriation.

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

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

67.16 \$3,000,000 in fiscal year 2026 and \$3,000,000
 67.17 in fiscal year 2027 are from the general fund
 67.18 for substance use treatment, recovery, and
 67.19 prevention grants under Minnesota Statutes,
 67.20 section 342.72. The commissioner may use
 67.21 up to \$300,000 of this appropriation for
 67.22 administration.

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

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

67.26 Sec. 6. **EFFECTIVE DATE.**

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

67.28 Delete the title and insert:

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

68.1 13.381, subdivision 20; 62U.04, subdivisions 4, 13, by adding a subdivision;
 68.2 116J.035, by adding a subdivision; 144.1222, subdivision 4, by adding a
 68.3 subdivision; 144.1501, subdivision 2; 144.1503, subdivision 7; 144.1505,
 68.4 subdivisions 1, 2, 3; 144.1507, subdivisions 1, 2, 4, by adding a subdivision;
 68.5 144.1911, subdivisions 1, 5, 6; 148.65, subdivisions 5, 6; 148.706, subdivisions
 68.6 1, 2, 3; 149A.02, subdivision 26; 149A.20, subdivisions 6, 7; 149A.30, subdivision
 68.7 1; 149A.91, subdivision 3; 149A.94, subdivision 1; 149A.955, subdivision 14;
 68.8 151.74, subdivisions 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 13, 14; 151.741, subdivisions 1,
 68.9 2; 256B.04, subdivision 27; 256B.056, subdivisions 2a, 3d, 7, 7a; 256B.0561,
 68.10 subdivision 2; 256B.06, subdivision 4; 256B.061; 256B.0631, subdivision 1a, by
 68.11 adding subdivisions; 256L.04, subdivision 14; 268.19, subdivision 1a; 295.52,
 68.12 subdivision 8; Minnesota Statutes 2025 Supplement, sections 144.125, subdivision
 68.13 1; 151.741, subdivision 5; 256.9657, subdivision 2b; 256.969, subdivision 2f;
 68.14 256B.1973, subdivision 9; 268.19, subdivision 1; 270B.14, subdivision 1; Laws
 68.15 2025, First Special Session chapter 3, article 21, section 3, subdivision 2; proposing
 68.16 coding for new law in Minnesota Statutes, chapter 256B; repealing Minnesota
 68.17 Statutes 2024, section 151.74, subdivision 15."

68.18 With the recommendation that when so amended the bill be re-referred to the Committee
 68.19 on Ways and Means.

68.20 This Committee action taken April 15, 2026

68.21, Co-Chair

68.22, Co-Chair