

**Subject** Health supplemental budget bill

**Authors** Bierman

**Analyst** Elisabeth Klarqvist (articles 1 to 2 and 4 to 7)  
Annie Mach (article 3)

**Date** April 24, 2026

### **Overview**

This is the Health Committee's supplemental budget bill.

## **Table of Contents**

Article 1: Health-Related Licensing Boards.....	2
Article 2: Department of Health .....	5
Article 3: Federal Conformity and Related Provisions.....	10
Article 4: Human Services Forecast Adjustments.....	14
Article 5: Children, Youth, and Families Forecast Adjustments .....	14
Article 6: Department of Human Services Appropriations.....	15
Article 7: Department of Health Appropriations .....	15

## Article 1: Health-Related Licensing Boards

This article modifies statutes governing the insulin safety net program and the registration fee assessed on insulin manufacturers by adding definitions of covered insulin and requiring manufacturers to make covered insulin available through the program. It also makes changes to requirements for supervision and the practice of student physical therapists and student physical therapist assistants.

### Section Description - Article 1: Health-Related Licensing Boards

---

- 1 Insulin safety net.**  
Amends § 13.381, subd. 20. In a subdivision that refers to data practices provisions in section 151.74 regarding the insulin safety net program, updates a term to conform with a new term in the insulin safety net program statute.
- 2 Student physical therapist.**  
Amends § 148.65, subd. 5. Requires a student physical therapist to perform physical therapy under direct supervision of a physical therapist, rather than under on-site supervision as in current law. Defines direct supervision as a physical therapist being physically present and immediately available for supervision.
- 3 Student physical therapist assistant.**  
Amends § 148.65, subd. 6. Specifies supervision of a student physical therapist assistant may be performed by a physician therapist and physical therapist assistant team and modifies the definition of direct supervision to include physical therapist assistants supervising a student as part of a team. Specifies telecommunications does not meet the requirements for direct supervision.
- 4 Supervision.**  
Amends § 148.706, subd. 1. Specifies a physical therapist supervising physical therapist assistants is not required to be on site but must be easily available by telecommunication. Requires a physical therapist supervising a student physical therapist to have direct contact with the patient at least every second treatment session, and requires a physical therapist or physical therapist assistant as part of a team who is supervising a student physical therapist assistant to have direct contact with the patient during at least every second treatment session with the patient. Reorganizes existing text.
- 5 Direction of duties.**  
Amends § 148.706, subd. 2. Authorizes a physical therapist to direct patient treatment procedures to physical therapist assistants, rather than delegating patient treatment procedures as in current law. Prohibits a physical therapist from directing the following to a physical therapist assistant or other personnel: the initial patient examination and development and modification of the plan of care.

**Section Description - Article 1: Health-Related Licensing Boards**

---

- 6 Observation of and collaboration with physical therapist assistants.**  
Amends § 148.706, subd. 3. Provides that when a physical therapist directs components of a patient's treatment to a physical therapist assistant, a physical therapist must, at least every six treatment sessions at which the physical therapist assistant provides services, (1) observe a portion of the patient treatment session with the physical therapist assistant and (2) document a collaborative discussion with the physical therapist assistant and the continued appropriateness of the plan of care.
- 7 Establishment.**  
Amends § 151.74, subd. 1. Defines covered insulin for the insulin safety net program as a validly prescribed drug that contains insulin to treat diabetes, and specifies covered insulin does not include an insulin product labeled as only for use via intravenous infusion. Updates terms in this subdivision to require manufacturers to make covered insulin available to individuals in urgent need of covered insulin or who need an affordable supply of covered insulin; using covered insulin means individuals cannot receive a supply of insulin administered via intravenous infusion through the insulin safety net program. Makes conforming changes and strikes an obsolete date.
- 8 Eligibility for urgent-need safety net program.**  
Amends § 151.74, subd. 2. In a subdivision specifying eligibility of individuals to receive an urgently needed supply of insulin, modifies a term used, from insulin to covered insulin.
- 9 Access to urgent-need covered insulin.**  
Amends § 151.74, subd. 3. In a subdivision specifying the process to apply for an urgently needed supply of insulin, modifies a term used, from insulin to covered insulin.
- 10 Continuing safety net program; general.**  
Amends § 151.74, subd. 4. In a subdivision governing patient eligibility for manufacturer patient assistance programs to obtain a continuing supply of insulin, modifies a term used, from insulin to covered insulin.
- 11 Continuing safety net program; manufacturer's responsibilities.**  
Amends § 151.74, subd. 5. In a subdivision governing manufacturer responsibilities upon receipt of a patient application for the manufacturer's patient assistance program, modifies a term used, from insulin to covered insulin.

**Section Description - Article 1: Health-Related Licensing Boards**

---

- 12      **Continuing safety net program; process.**  
Amends § 151.74, subd. 6. In a subdivision specifying the process through which a patient participating in a manufacturer’s patient assistance program obtains insulin under the program, modifies a term used, from insulin to covered insulin.
- 13      **Board of Pharmacy and MNsure responsibilities.**  
Amends § 151.74, subd. 7. In a subdivision specifying duties of the Board of Pharmacy and MNsure regarding the urgent-need program and manufacturer patient assistance programs, modifies a term used, from insulin to covered insulin.
- 14      **Additional 30-day urgent-need covered insulin supply.**  
Amends § 151.74, subd. 9. In a subdivision specifying circumstances in which an individual may access an additional 30-day supply of urgent-need insulin, modifies a term used, from insulin to covered insulin.
- 15      **Penalty.**  
Amends § 151.74, subd. 10. In a subdivision establishing penalties against a manufacturer that fails to comply with this section, changes the name of the account into which assessed penalties must be deposited, from insulin assistance account to covered insulin assistance account.
- 16      **Data.**  
Amends § 151.74, subd. 11. In a subdivision classifying data held by specified government entities or trained navigators related to the urgent-need program or a manufacturer’s patient assistance program, modifies a term used, from insulin to covered insulin.
- 17      **Reports.**  
Amends § 151.74, subd. 13. In a subdivision establishing requirements for reports by manufacturers to the Board of Pharmacy and reports by the board to certain members of the legislature, strikes dates that have passed and modifies a term used, from insulin to covered insulin.
- 18      **Program review; legislative auditor.**  
Amends § 151.74, subd. 14. In a subdivision requesting the legislative auditor to review aspects of the urgent-need program and manufacturer assistance programs, modifies a term used, from insulin to covered insulin.
- 19      **Definitions.**  
Amends § 151.741, subd. 1. Adds a definition of covered insulin to a section governing the insulin manufacturer registration fee assessed on insulin

**Section Description - Article 1: Health-Related Licensing Boards**

---

- manufacturers, and amends the definition of manufacturer to mean a manufacturer that manufactures covered insulin.
- 20 **Assessment of registration fee.**  
Amends § 151.741, subd. 2. In a subdivision governing assessment of a registration fee on manufacturers, modifies a term used, from prescription insulin to covered insulin.
- 21 **Insulin repayment account; annual transfer from health care access fund.**  
Amends § 151.741, subd. 5. In a subdivision governing the process to reimburse manufacturers for insulin provided under the insulin safety net program, modifies a term used, from insulin to covered insulin.
- 22 **Repealer.**  
Repeals § 151.74, subd. 15 (this subdivision requires the commissioner of health to develop and conduct surveys of program participants and pharmacies on the insulin safety net program; results of these surveys were required to be reported to the legislature in 2022).

## **Article 2: Department of Health**

This article makes changes to Department of Health activities and programs, including modifying provisions governing the all-payer claims database, permitting homeowners to conduct swimming classes in their private residential pools, modifying health care workforce training and loan forgiveness programs, modifying requirements to serve as a mortuary science intern, changing requirements for reciprocal licensure to practice mortuary science, and extending the time period a natural organic reduction facility may hold a deceased individual before beginning natural reduction.

**Section Description - Article 2: Department of Health**

---

- 1 **Encounter data.**  
Amends § 62U.04, subd. 4. Adds data on fully denied claims to the encounter data that health plan companies, dental organizations, and third-party administrators must report to the data processor designated by the commissioner of health for purposes of the all-payer claims database. Lists data fields that must be included in reports of fully denied claims.
- 2 **Expanded access to and use of the all-payer claims data.**  
Amends § 62U.04, subd. 13. Requires the commissioner of health to annually publish on the Department of Health website, a list of projects that access data from the all-

**Section Description - Article 2: Department of Health**

---

- payer claims database for health care research. Adds a reference to the authority in subdivision 14 to collect fees for providing expanded access to data in the all-payer claims database.
- 3     **Fees for expanded access to and use of the all-payer claims database.**  
Adds subd. 14 to § 62U.04. Defines terms for this section: custom data set or analysis, data file, limited use data set, and standard data set. Requires the commissioner of health to assess fees according to the specified schedule on an individual or organization that requests access to data from the all-payer claims database for purposes of health care research. Requires an individual or organization to pay the required fees before accessing or receiving the requested data. Allows the commissioner to fully or partially waive the fees if the individual or organization meets certain criteria. Provides that fees collected are nonrefundable, must be deposited into an account in the special revenue fund, and are appropriated to the commissioner to offset the cost of maintaining and providing access to data in the all-payer claims database.
- 4     **Private residential pool used for certified swimming classes.**  
Adds subd. 2e to § 144.1222. Allows a homeowner to conduct certified swimming classes for paying guests at the homeowner's private residential pool, if the homeowner is a certified swimming instructor and is conducting a swimming class one-on-one; no more than four individuals are in the pool during the class; the student or the student's parent or guardian provided written consent to use of the pool; the pool's water meets requirements in rules for disinfection residual, pH, and alkalinity; and a notice is posted at the pool that the pool is exempt from anti-entrapment and sanitary requirements in law and is not subject to inspection.
- 5     **Definitions.**  
Amends § 144.1222, subd. 4. Defines certified swimming class and certified swimming instructor for a section governing public pools and enclosed sports arenas.
- 6     **Duty to perform testing.**  
Amends § 144.125, subd. 1. Authorizes the commissioner to exempt an individual from paying the fee in paragraph (c) for the newborn screening program if the individual submitted a claim to an insurer for reimbursement for the fee but the insurer did not reimburse the individual for the fee.
- 7     **Availability.**  
Amends § 144.1501, subd. 2. Provides that appropriations for the health professional education loan forgiveness program do not cancel and are available until expended.

**Section Description - Article 2: Department of Health**

---

**8 Selection process.**

Amends § 144.1503, subd. 7. Provides that appropriations for the home and community-based services employee scholarship and loan forgiveness program do not cancel and are available until expended.

**9 Definitions.**

Amends § 144.1505, subd. 1. In the subdivision defining terms for the clinical training expansion grant program and rural and underserved clinical rotations grant program, defines rural community and underserved community; modifies the definition of project; modifies the definitions of the health profession-specific programs to include programs that have presented a credible plan as a candidate for accreditation; and includes medical school training programs in the programs eligible for grants under this section.

**10 Programs.**

Amends § 144.1505, subd. 2. Clarifies allowable uses of advanced practice provider clinical training expansion grants and requires clinical training under this program to occur in a rural community or an underserved community. Clarifies allowable uses of health professional rural clinical rotation grants and requires these rotations and experiences to take place in rural communities.

**11 Applications.**

Amends § 144.1505, subd. 3. Clarifies application requirements for advanced practice provider clinical training expansion grants and for health professional rural clinical rotation grants.

**12 Definitions.**

Amends § 144.1507, subd. 1. In a subdivision defining terms for the primary care residency training grant program, modifies the definition of eligible program to include programs that train postdoctoral psychology residents; defines rural community; and modifies the definition of rural residency training program to include psychology residency training programs and specify the portion of training for various programs that must be based in rural communities.

**13 Rural residency training program.**

Amends § 144.1507, subd. 2. Provides a grant for a rural psychology residency training program shall not exceed \$150,000 per year for up to three years for planning and development and \$150,000 per resident per year for each year thereafter. Provides medical and psychology residency programs that meet eligibility guidelines and demonstrate financial need shall be granted sustaining funds.

**Section Description - Article 2: Department of Health**

---

- 14      **Consideration of grant applications.**  
Amends § 144.1507, subd. 4. Provides the commissioner may award continuation funding for a rural residency training program without requiring the program to complete a competitive application, and adds psychology to the training programs to which the commissioner may award grants.
- 15      **Clinical training program coordination.**  
Adds subd. 6 to § 144.1507. Permits the commissioner to award grants to the University of Minnesota to provide technical assistance to residency training programs to develop rural clinical training programs.
- 16      **Establishment.**  
Amends § 144.1911, subd. 1. Provides that money appropriated to the international medical graduates assistance program does not cancel and is available until expended.
- 17      **Clinical preparation.**  
Amends § 144.1911, subd. 5. Clarifies that international medical graduates who receive support from the international medical graduate primary care residency program must commit to serving five years in a rural or underserved community. Strikes an obsolete paragraph.
- 18      **International medical graduate primary care residency grant program.**  
Amends § 144.1911, subd. 6. Strikes language specifying that grant funds awarded to support primary care residency positions for international medical graduates do not lapse until the grant agreement expires.
- 19      **Intern.**  
Amends § 149A.02, subd. 26. Amends the definition of intern in the mortuary science chapter to include an individual who has completed or is enrolled in an accredited mortuary science program (under current law an intern is an individual who meets the education and testing requirements for a license to practice mortuary science).
- 20      **Internship.**  
Amends § 149A.20, subd. 6. In a subdivision establishing requirements for mortuary science internships, expands eligibility to participate in an internship to individuals enrolled in an accredited mortuary science program and individuals who have completed an accredited program but have not yet passed the licensure examinations. Modifies information an internship applicant must file with the commissioner of health. Specifies an internship may be completed while enrolled in a mortuary science program, after graduation, or both. Allows an intern to name an alternate supervising licensee and specifies the intern may be registered under one

**Section Description - Article 2: Department of Health**

---

- primary supervising licensee and one alternate. If an intern has not completed courses in embalming and restorative arts, requires the intern's supervising licensee to be physically present when the intern performs surgical procedures and embalming.
- 21     **Application procedure and documentation.**  
Amends § 149A.20, subd. 7. Modifies information an applicant for mortuary science licensure must provide in their application, to specify the applicant's primary supervising licensee must provide an affidavit with information on the applicant's internship.
- 22     **Licenses of other states.**  
Amends § 149A.30, subd. 1. Modifies requirements an individual licensed to practice mortuary science in another jurisdiction must meet to obtain a reciprocal license to practice mortuary science in Minnesota. Strikes language authorizing the commissioner to issue a reciprocal license if the credentialing requirements in the other jurisdiction are similar to the licensing requirements in Minnesota. Instead, requires an individual to obtain a passing score on a national board examination or another similar examination and to submit documentation that the individual satisfies the listed requirements.
- 23     **Embalming or refrigeration required.**  
Amends § 149A.91, subd. 3. Amends a requirement that a body cannot be kept in refrigeration for longer than six calendar days, to allow a body to be kept in refrigeration for a longer period as provided in section 149A.955, subd. 14.
- 24     **Generally.**  
Amends § 149A.94, subd. 1. Amends a requirement that a body cannot be kept in refrigeration for longer than six calendar days, to allow a body to be kept in refrigeration for a longer period as provided in section 149A.955, subd. 14.
- 25     **Bodies awaiting natural organic reduction.**  
Amends § 149A.955, subd. 14. Extends the time period a natural organic reduction facility may hold a dead human body before beginning the natural reduction process, from 24 hours to 30 days. Requires a natural organic reduction facility to keep a body awaiting natural organic reduction in refrigeration if the facility holds the body for longer than four days. Requires a natural organic reduction facility to have a body embalmed if natural reduction is not begun within 30 days after accepting the body but specifies the facility is not required to have a body embalmed if natural reduction is initiated within 30 days after the facility accepts custody of the body.

## Article 3: Federal Conformity and Related Provisions

This article includes provisions that align state statutes with federal requirements included in Pub. Law 119-21 (referred to as HR1 or the One Big Beautiful Bill Act). These include several changes to medical assistance (MA) eligibility and establishment of cost-sharing requirements for some MA enrollees. The article also includes provisions that make changes to the state's hospital directed payment program (DPP) that are the result of federal changes to regulations governing provider taxes and DPPs.

### Section Description - Article 3: Federal Conformity and Related Provisions

---

- 1 Disclosure to the commissioner of human services.**  
Adds a subdivision to § 116J.035. Allows the commissioner of employment and economic development to share workforce program participation data with the DHS commissioner for purposes of administering the MA work or community engagement requirements.
- 2 Hospital assessment.**  
Amends § 256.9657, subd. 2b. Provides that hospitals that do not receive payments from the state's hospital DPP are not subject to a hospital assessment designed to support the program. Makes the section effective when the state's hospital assessment supporting the hospital DPP becomes effective.
- 3 Alternate inpatient payment rate.**  
Amends § 256.969, subd. 2f. Allows the DHS commissioner to modify disproportionate share hospital rates to account for implementation of the state's hospital DPP. Makes the section effective when the state's hospital assessment and hospital DPP become effective.
- 4 Disenrollment under medical assistance and MinnesotaCare.**  
Amends § 256B.04, subd. 27. Directs the DHS commissioner to obtain and use information from various data sources, including managed care plans and the National Change of Address database, to update contact information for MA and MinnesotaCare enrollees. Makes the section effective January 1, 2027.
- 5 Home equity limit for medical assistance payment of long-term care services.**  
Amends § 256B.056, subd. 2a. Provides that, effective January 1, 2028, the home equity limit for MA eligibility for long-term care cannot exceed \$1,000,000.
- 6 Reduction of excess assets.**  
Amends § 256B.056, subd. 3d. Aligns allowed asset reductions for the purposes of MA eligibility with the change in retroactive MA eligibility that is included in this bill. Makes this section effective January 1, 2027.

**Section Description - Article 3: Federal Conformity and Related Provisions**

---

**7 Period of eligibility.**

Amends § 256B.056, subd. 7. Modifies retroactive eligibility for MA from three months for all enrollees to one month for adults without children and two months for all other enrollees. Provides that the period of MA eligibility for adults without children is six months and for all other enrollees it is 12 months. Makes the section effective January 1, 2027.

**8 Periodic renewal of eligibility.**

Amends § 256B.056, subd. 7a. Requires that adults without children who are not American Indian or Alaska Native have their MA eligibility renewed every six months. Makes this section effective January 1, 2027.

**9 Periodic data matching.**

Amends § 256B.0561, subd. 2. Effective January 1, 2027, provides that individuals who are subject to MA renewal every six months are exempt from the periodic data matching requirements for MA enrollees.

**10 Work or community engagement requirements.**

Establishes § 256B.0562. Establishes work or community engagement (CE) requirements for MA eligibility for specified adults without children.

**Subd. 1. Demonstrating work or community engagement.** Provides that, to be eligible for MA, adults without children must either comply with the work/CE requirements outlined in this section or qualify for an exemption from the requirements. Identifies activities and hours of service that satisfy the work/CE requirements.

**Subd. 2. Exemptions.** Provides a list of exemptions to the work/CE requirements that an individual may be eligible for.

**Subd. 3. Short-term hardship exemption.** Directs the DHS commissioner to deem an individual as meeting the work/CE requirements in a month if the individual qualifies for one of the specified hardship exemptions.

**Subd. 4. Determining and verifying compliance.** Requires that the DHS commissioner use information obtained through electronic data sources to determine whether an individual is subject to, compliant with, or exempted from the work/CE requirements. Provides that the commissioner must not request additional information from an individual unless the commissioner cannot make a determination. Prohibits the commissioner from relying on managed care organizations (MCOs) or contractors with financial relationships with MCOs when

**Section Description - Article 3: Federal Conformity and Related Provisions**

---

making determinations about whether an individual is subject to, compliant with, or exempted from the work/CE requirements.

**Subd. 5. Failure to satisfy work or community engagement requirements.** Sets out the procedures the DHS commissioner must take when the commissioner cannot establish an individual's compliance with or exemption from the work/CE requirements.

**Subd. 6. Outreach to applicable individuals.** Directs the DHS commissioner to notify, by September 1, 2026, MA enrollees who may be subject to the work/CE requirements about the requirements.

**Subd. 7. Additional requirements for the commissioner.** Directs the DHS commissioner to collaborate with county agencies to implement strategies to assist individuals subject to the work/CE requirements with resources that would help them prepare for work, maintain employment, or increase earnings.

**11 Review of death master file.**

Establishes § 256B.0563. Beginning January 1, 2027, requires the DHS commissioner to review the death master file maintained by the Social Security Administration at least quarterly to identify whether any MA enrollees are deceased. Outlines the steps the commissioner must take if the review indicates an enrollee is deceased. Requires that the commissioner immediately re-enroll any individual who was erroneously disenrolled because the individual was misidentified as deceased. Provides that nothing in this section prevents the commissioner from reviewing other sources to identify enrollees who may be deceased.

**12 Citizenship requirements.**

Amends § 256B.06, subd. 4. Changes noncitizens' eligibility for MA to provide that only the following noncitizens (who are not children or pregnant) are eligible for MA: lawful permanent residents (LPRs, or green card holders); Cuban/Haitian entrants; and individuals who are Citizens of the Freely Associated States who are residing in a U.S. state or territory (COFA migrants). Makes the section effective October 1, 2026.

**13 Eligibility; retroactive effect; restrictions.**

Amends § 256B.061. Provides that adults without children have one month retroactive MA coverage and all other MA enrollees have two months of retroactive coverage. Makes the section effective January 1, 2027.

**Section Description - Article 3: Federal Conformity and Related Provisions**

---

- 14     **Prohibition on cost-sharing and deductibles.**  
Amends § 256B.0631, subd. 1a. Makes a conforming change related to establishing MA cost-sharing requirements for adults without children with income above 100 percent of the federal poverty level (FPL).
- 15     **Cost-sharing.**  
Adds a subdivision to § 256B.0631. Provides that, effective October 1, 2028, MA enrollees who are adults without children and have income above 100 percent of the FPL, are subject to cost-sharing requirements for MA services. Makes the section effective January 1, 2027.
- 16     **Exceptions.**  
Adds a subdivision to § 256B.0631. Makes a conforming change related to establishing MA cost-sharing requirements for adults without children with income above 100 percent of the FPL. Makes the section effective January 1, 2027.
- 17     **Collection.**  
Adds a subdivision to § 256B.0631. Provides that MA reimbursement to providers must be reduced by an enrollee's co-payment or deductible amount, except once the enrollee has reached the maximum limit of \$12/month for prescription drug co-payments or once the enrollee has reached the monthly five percent cost-sharing limit. Directs the provider to collect co-payments and deductibles from enrollees but prohibits providers from denying services to enrollees who cannot pay the co-payment or deductible. Makes the section effective January 1, 2027.
- 18     **Interaction with other directed payments.**  
Amends § 256B.1973, subd. 9. Allows Hennepin Healthcare to opt in to participating in the state's hospital DPP if the federal statutes or regulations governing the program are substantially modified (since Hennepin Healthcare previously made a decision about participation).
- 19     **Coordination with medical assistance.**  
Amends § 256L.04, subd. 14. Provides that individuals who are denied or disenrolled from MA for failure to comply with the work/CE requirements are ineligible for MinnesotaCare. Makes the section effective January 1, 2027.
- 20     **Use of data.**  
Amends § 268.19, subd. 1. Provides that data gathered on an individual under the unemployment insurance program can be shared, without the consent of the individual, with the DHS commissioner for purposes of administering the MA work/CE requirements.

**Section Description - Article 3: Federal Conformity and Related Provisions**

---

**21 Wage detail data.**

Amends § 268.19, subd. 1a. Allows the commissioner of employment and economic development to share wage and employment data gathered for purposes of the unemployment insurance program with the DHS commissioner for purposes of administering the MA work/CE requirements.

**22 Disclosure to commissioner of human services.**

Amends § 270B.14, subd. 1. Allows the commissioner of revenue to disclose tax return information to the DHS commissioner for purposes of administering the MA work/CE requirements.

**23 Contingent reduction in tax rate.**

Amends § 295.52, subd. 8. Directs the Minnesota Management and Budget commissioner to consult with the DHS commissioner before reducing provider tax rates to reduce the structural balance in the health care access fund.

**24 Direction to commissioner of human services; notification to medical assistance recipients.**

Directs the DHS commissioner to notify MA enrollees who are adults without children (and are subject to new eligibility requirements beginning January 1, 2027) that they may be eligible for MA under a disability determination. The DHS commissioner must notify the enrollees by October 1, 2026.

## **Article 4: Human Services Forecast Adjustments**

This article adjusts fiscal year 2026 and 2027 appropriations for forecasted programs administered by the commissioner of human services to conform with the February forecast. Appropriations are adjusted for general assistance, Minnesota Supplemental Aid, housing support, MinnesotaCare, medical assistance, and the behavioral health fund. This article is effective the day following final enactment.

## **Article 5: Children, Youth, and Families Forecast Adjustments**

This article adjusts fiscal year 2026 and 2027 appropriations for forecasted programs administered by the commissioner of children, youth, and families to conform with the February forecast. Appropriations are adjusted for MFIP/DWP, MFIP child care assistance, and Northstar care for children. This article is effective the day following final enactment.

## **Article 6: Department of Human Services Appropriations**

This article appropriates money in fiscal year 2027 from the general fund to the commissioner of human services for the purposes specified in the article. This article is effective July 1, 2026, unless a different effective date is specified.

## **Article 7: Department of Health Appropriations**

This article appropriates money in fiscal years 2026 and 2027 from the general fund and state government special revenue fund to the commissioner of health for the purposes specified in the article. It also amends a rider enacted in 2025 to permit the commissioner to use a portion of the appropriation for administration. This article is effective June 30, 2026, unless a different effective date is specified.



*Minnesota House Research Department provides nonpartisan legislative, research, and legal services to the Minnesota House of Representatives. This document can be provided in other formats.*

[www.house.mn.gov/hrd](http://www.house.mn.gov/hrd) | 651-296-6753 | Third Floor, Centennial Office Building, St. Paul, MN 55155