Act Summary

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Subject Health and children and families supplemental budget bill

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Overview

This is the supplemental budget bill for the Health Finance and Policy Committee and the Children and Families Finance and Policy Committee.

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Article 1: Department of Health

This article makes changes to Department of Health activities and programs, including amending the chapter governing individual and small group health plans, modifying provisions governing the all-payer claims database, modifying the frequency of reports to the legislature, permitting homeowners to conduct swimming classes in their private residential pools, modifying health care workforce training and loan forgiveness programs, making a change to an existing exception to the hospital construction moratorium, permitting Tribal Nations to participate in a Department of Health advisory committee, modifying contract terms for WIC, making changes to audiologist and speech-language pathologist licensure, extending the time period deceased individuals may be held in refrigeration before final disposition, and removing references to advisory committees and other entities that are no longer in operation.

Section	Description - Article 1: Department of Health
1	**Definitions.** Amends § 3.732, subd. 1. In the definitions of state and employee of the state in chapter 3, strikes references to the Health Technology Advisory Committee, an entity no longer in operation.
2	**Prospective review and approval.** Amends § 62J.17, subd. 6a. Strikes a sentence regarding a duty of the Health Technology Advisory Committee, an entity no longer in operation.
3	**Establishment.** Amends § 62J.2930, subd. 1. Strikes a reference to the reports or recommendations of the Health Technology Advisory Committee, an entity no longer in operation.
4	**Scope.** Amends § 62K.02, subd. 2. Specifies that stand-alone dental plans sold through MNsure are subject to the requirements in chapter 62K for individual and small group health plans.
5	**Health plan.** Amends § 62K.03, subd. 6. Amends the definition of health plan for chapter 62K to include stand-alone dental plans sold through MNsure. (Chapter 62K applies to individual and small group health plans.)
6	**Provider network notifications.** Amends § 62K.075. In a section requiring health carriers to post certain information on their websites, strikes a reference to a repealed subdivision.

Section	Description - Article 1: Department of Health
7	**Time and distance standards.** Amends § 62K.10, subd. 2. Specifies that the time and distance standards in federal law that health carriers must meet to ensure patient access to health care providers apply to all covered health services.
8	**Network adequacy complaints.** Amends § 62K.105. In a section requiring the commissioner of health to establish a process to accept complaints from enrollees regarding compliance with geographic accessibility to health care providers, strikes a reference to a repealed subdivision.
9	**Limited-scope pediatric dental plans.** Amends § 62K.14. Strikes language requiring limited-scope pediatric dental plans to ensure primary care dental services are available within 60 mile or 60 minutes' travel time and instead requires these dental plans to comply with the geographic accessibility and network adequacy requirements in section 62K.10.
10	**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 all-payer claims database, and lists data fields that must be included in reports of fully denied claims.
11	**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 authorized to access data from the all-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.
12	**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, do not cancel, and must be deposited into an account in the state government special revenue fund. Requires the commissioner to publish the fee schedule on the Department of Health website.

Section	Description - Article 1: Department of Health
13	**Duties.** Amends § 144.059, subd. 8. Modifies the timing of reports from the Palliative Care Advisory Council to the chairs and ranking minority members of the legislative committees with jurisdiction over health care, from annually to every odd-numbered year.
14	**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.
15	**Definitions.** Amends § 144.1222, subd. 4. Defines certified swimming class and certified swimming instructor for a section governing public pools and enclosed sports arenas.
16	**Duty to perform testing.** Amends § 144.125, subd. 1. Authorizes the commissioner to exempt an individual from paying a newborn screening program fee 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.
17	**Availability.** Amends § 144.1501, subd. 2. Provides that appropriations for health professional education loan forgiveness do not cancel and are available until expended.
18	**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.
19	**Definitions.** Amends § 144.1505, subd. 1. In the subdivision defining terms for the advanced practice provider 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 present a

Section	Description - Article 1: Department of Health

credible plan as a candidate for accreditation; and includes medical school training programs in the physician training programs eligible for grants under this section.

20 **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 communities outside the seven-county metro or underserved communities. Clarifies allowable uses of health professional rural clinical rotation grants and requires these rotations and experiences to take place in rural communities, excluding Duluth, Moorhead, Rochester, and St. Cloud.

21 **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.

22 **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 to specify the portion of training for various programs that must be based in rural communities.

23 **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, renewable every five years.

24 **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.

Section	Description - Article 1: Department of Health
25	**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 statewide.
26	**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.
27	**Clinical preparation.** Amends § 144.1911, subd. 5. Clarifies that international medical graduates who receive funding through the international medical graduate primary care residency program must commit to serving five years in a rural or underserved community. Strikes an obsolete paragraph.
28	**International medical graduate primary care residency grant program and revolving account.** 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; this change is to conform with language making appropriations for this program available until expended.
29	**Exception to consent.** Amends § 144.293, subd. 7. In a section governing release or disclosure of health records, strikes a reference to the Health Data Institute, an entity that is no longer in operation.
30	**Restricted construction or modification.** Amends § 144.551, subd. 1. Modifies an exception to the hospital construction moratorium for Maple Grove Hospital, to remove a requirement that construction on the hospital be completed by December 31, 2009. Effective date: day following final enactment.
31	**Periodic evaluations; biennial reports.** Amends § 145.56, subd. 5. Removes an obsolete date from a subdivision requiring the commissioner to submit biennial reports on the state's suicide prevention plan to the chairs of the legislative committees with jurisdiction over health and human services.

Section	Description - Article 1: Department of Health
32	**988 Lifeline.** Amends § 145.561, subd. 2. Modifies the frequency of public reports on 988 Lifeline usage, from annual reports to biennial reports, and allows the commissioner to include the biennial reports in the reports on the state's suicide prevention plan.
33	**Contracting and procurement.** Adds subd. 9 to § 145.882. Exempts from the limits on contract terms in chapter 16C, the contract for issuance of WIC (Women, Infants, and Children) benefits through an electronic benefit transfer (EBT) system and related services. (Under chapter 16C an initial contract term must not exceed two years and the total contract duration must not exceed five years unless the commissioner of administration approves a longer duration or another exception applies.) Instead, allows these contracts to have an initial term of up to five years and extensions that do not exceed a ten-year total contract duration.
34	**Management information systems; contracting and procurement.** Adds subd. 10 to § 145.882. Exempts from the limit on contract terms in chapter 16C, contracts for the management information systems used to issue supplemental nutrition benefits and the WIC EBT systems. Instead, allows these contracts to have an initial term of up to five years and extensions that do not exceed a ten-year total contract duration.
35	**State and local advisory committees.** Amends § 145A.04, subd. 15. Allows Tribal Nations in Minnesota to appoint members to the state community health services advisory committee, and allows Tribal Nations to elect at any time to participate in the advisory committee.
36	**Tribal governments.** Amends § 145A.14, subd. 2a. Gives Tribal governments flexibility to expend local public health grants for public health activities identified by each Tribal government.
37	**Applicability.** Amends § 148.517, subd. 1. Specifies an applicant for licensure by reciprocity as an audiologist must pass a practical examination on topics related to hearing tests and dispensing hearing aids.
38	**Current credentials required.** Amends § 148.517, subd. 2. Specifies an applicant for licensure by reciprocity as an audiologist must pass a practical examination on topics related to hearing tests and dispensing hearing aids.

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39 **Renewal deadline.**

Amends § 148.5191, subd. 4. Removes language making an application for license renewal as a speech-language pathologist or audiologist timely if the application is postmarked at least 30 days before the license expires. With this change, an application for license renewal must be received by the Department of Health at least 30 days before the license expires in order to be timely.

40 **Embalming or refrigeration required.**

Amends § 149A.91, subd. 3. Modifies the maximum amount of time a body may be kept in refrigeration before final disposition, from six calendar days to 14 calendar days after death or release of the body from the coroner or medical examiner.

41 **Generally.**

Amends § 149A.94, subd. 1. Modifies the maximum amount of time a body may be kept in refrigeration before final disposition, from six calendar days to 14 calendar days after death or release of the body from a competent authority with jurisdiction over the body.

42 **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 natural reduction, from 24 hours to 14 calendar days after the facility accepts custody of the body. Requires a natural organic reduction facility to keep a body awaiting natural reduction in refrigeration. Specifies if the natural organic reduction facility does not begin natural reduction within 14 days, the facility must arrange final disposition by burial or cremation, as determined by the persons with the right to control and duty of disposition of the body. Specifies burial or cremation must take place within five days after the end of the 14-day period.

43 **Revisor instruction.**

Directs the revisor of statutes to renumber section 62Q.075 as section 62D.081. (Section 62Q.075 requires health maintenance organizations to file a plan with the commissioner of health describing planned actions to achieve public health goals. Chapter 62D is the chapter governing health maintenance organizations.)

44 **Repealer.**

Repeals the following provisions:

- sections 13D.08, subdivision 4; 62J.06; 62J.156; 62J.2930, subdivision 4; and 62J.57 (references to the Health Technology Advisory Committee, the Minnesota Health Data Institute, and the Minnesota Center for Health Care Electronic Data Interchange, which are no longer in operation); and

Section	Description - Article 1: Department of Health
	▪ section 144.9821 (grant program for advancing health equity through capacity building and resource allocation, no longer being funded).

Article 2: Gas Resource Development

This article requires the commissioner of health to adopt rules governing gas wells and specifies topics the rules must address. It also requires licensure of gas well contractors, designation of certified representatives, and registration of rigs to construct, repair, or seal gas wells. It limits gas wells to wells that are for the primary purpose of extracting or producing helium and are located in certain counties, and prohibits conversion or construction of a gas well until the commissioner of health adopts rules regarding gas wells and gas resource development permits and fees are authorized in law.

Section	Description - Article 2: Gas Resource Development
1	**Gas and oil production rulemaking.** Amends § 93.514. Modifies the rulemaking authority of the commissioner of natural resources regarding gas and oil production by removing authority to adopt rules on converting exploratory borings to production wells and on well abandonment. Requires the commissioner of the Pollution Control Agency, the Environmental Quality Board, the commissioner of labor and industry, and the commissioner of natural resources to engage in Tribal consultation when adopting rules under this section. Strikes language permitting the commissioner of health to adopt rules under this section (this rulemaking authority is moved to chapter 103I).
2	**Legislative intent.** Amends § 103I.001. Amends the legislative intent for chapter 103I by removing language stating that development of groundwater as a natural resource is part of the legislative intent (chapter 103I governs wells, borings, and underground uses).
3	**Exploratory boring.** Amends § 103I.005, subd. 9. Amends the definition of exploratory boring in chapter 103I by removing from the definition, borings to explore or prospect for oil, natural gas, or petroleum.
4	**Gas.** Adds subd. 10a to § 103I.005. Defines gas for chapter 103I to include hydrocarbon and nonhydrocarbon gases.

Section	Description - Article 2: Gas Resource Development
5	**Gas well.** Adds subd. 10b to § 103I.005. Defines gas well for chapter 103I as an excavation constructed to locate, extract, or produce gas.
6	**Gas well contractor.** Adds subd. 10c to § 103I.005. Defines gas well contractor for chapter 103I as a person with a gas well contractor's license.
7	**Hydraulic fracturing treatment.** Adds subd. 11a to § 103I.005. Defines hydraulic fracturing treatment for chapter 103I as treatment of a gas well by application of fluid under pressure to fracture a targeted geologic formation to enhance production of oil and gas.
8	**Well.** Amends § 103I.005, subd. 21. Amends the definition of well for chapter 103I to specify it does not include gas and oil wells.
9	**Definitions.** Amends § 103I.601, subd. 1. In a section governing exploratory borings, defines encounter gas as the sustained presence of gas in an exploratory boring for at least 24 hours.
10	**Exploratory borings encountering gas.** Adds subd. 10 to § 103I.601. Requires an explorer to notify the commissioners of health and natural resources within 24 hours of drilling an exploratory boring encountering gas, and before permanently sealing an exploratory boring encountering gas. Requires an explorer to submit a permanent sealing notification and a fee before permanently sealing an exploratory boring encountering gas, and requires permanent sealing to occur within ten days of encountering gas, except for borings constructed to prevent movement of gas and water within and from one geologic formation to another. Requires an exploratory boring encountering gas to be permanently sealed from the boring's bottom to within two feet of the ground surface, lists information a permanent sealing report must contain, and prohibits an exploratory boring from being used to extract gas for production.
11	**Conversion of a gas well prohibited.** Adds subd. 11 to § 103I.601. Prohibits a gas well from being converted to any other type of well or boring.
12	**Conversion of a well or boring to a gas well.** Adds subd. 12 to § 103I.601. Prohibits a well or boring from being converted to a gas well, except an exploratory boring may be converted to a gas well if it was

Section	Description - Article 2: Gas Resource Development

constructed before July 1, 2025, in compliance with chapter 103I, and with an innermost casing that meets certain requirements.

13 **Gas wells.**

Adds § 103I.706. Requires the commissioner of health to adopt rules for gas wells. Establishes fees and specifies requirements for rig registration, licensure of gas well contractors, and designation of certified representatives. Requires gas well contractors to provide notice when constructing, repairing, or sealing a gas well and to provide notice after the work is complete.

Subd. 1. Rulemaking authority. Requires the commissioner of health to adopt rules for gas wells using expedited rulemaking. Lists topics the rules must address: requirements for exploratory borings for gas; drilling, construction, sealing, use, reporting, and rig registration; licensing and certification of persons constructing, repairing, and sealing gas wells; and a prohibition on hydraulic fracturing and on injection or disposal of liquids other than approved drilling fluids. Rules must distinguish between types of gas based on the risks posed to groundwater quality, health, and safety. Requires the notice of intent to adopt rules to be published within 24 months after May 22, 2026. Specifies the commissioner is subject to Tribal consultation requirements in adopting rules under this subdivision.

Subd. 2. Fees. Establishes fees for gas well contractor licenses, certified representatives of gas well contractors, and gas well rig registration, and a late fee. Requires gas well contractors to submit a notification for construction of a proposed gas well and the specified fee, and a notification for sealing a gas well and the specified fee.

Subd. 3. Rig registration. Requires rigs used to drill, maintain, repair, or seal gas wells to be registered with the commissioner.

Subd. 4. Gas well contractor's license. Requires a person to hold a gas well contractor's license to construct, repair, or seal a gas well, and requires a gas well contractor to designate a certified representative to supervise and oversee regulated work on gas wells. Specifies processes to apply for licensure and for designation as a certified representative, and permits the commissioner to suspend or revoke a license. Permits the commissioner of natural resources to require a bond or security from a gas well contractor if the commissioner doubts the contractor's ability to comply with requirements for reclamation of a gas well and property restoration.

Subd. 5. Construction notification. In order to drill or construct a gas well, requires a gas well contractor to have a gas resource development permit from

Section	Description - Article 2: Gas Resource Development

the commissioner of natural resources and to provide notice to commissioner of health and to one or more Tribal Nations as specified in this subdivision.

Subd. 6. Access to drill sites. Provides the commissioner of health has access to gas well sites to inspect them, and provides the commissioner has enforcement authority.

Subd. 7. Emergency notification. If an event occurs during construction, repair, or sealing of a gas well that has the potential for adverse public health or environmental effects, requires the person drilling or constructing a gas well to take reasonable action to minimize the adverse effects and notify the listed state agencies.

Subd. 8. Sealing notification. Specifies a gas well not in use must be sealed by a gas well contractor, and requires the gas well contractor to file a notification of sealing and the applicable fee with the commissioner of health.

Subd. 9. Report of work. Within 60 days after completing or sealing a gas well, requires a gas well contractor to submit a report of work to the commissioner of health.

14 **Moratorium on gas well conversion and construction.**

Adds § 103I.707. Prohibits a person from drilling, converting, or constructing a gas well for the primary purpose of extracting or producing gas until the commissioner adopts rules for gas wells, a statute is enacted specifically authorizing issuance of gas resource development permits, and fees are enacted for gas resource development permits.

15 **Wells; restrictions.**

Adds § 103I.708. Prohibits exploration or prospecting for oil or construction of an oil well. Prohibits construction of a gas well for the primary purpose of extracting or producing a gas other than helium, and permits gas wells for helium only in Cook, Lake, and St. Louis Counties. Specifies the following are permitted: the drilling or construction of an exploratory boring; and the sale of carbon dioxide extracted while extracting helium.

16 **Gas wells; prohibitions.**

Adds § 103I.709. Prohibits a gas well from being used to inject or dispose surface water, groundwater, or any other liquid, gas, or chemical, but specifies the following are permitted: injection of approved drilling fluids and injection if a class 2 injection well permit is obtained for a gas well. Prohibits hydraulic fracturing treatment in a gas well.

Section	Description - Article 2: Gas Resource Development
17	**Tribal consultation; report.** Requires the commissioner of the Pollution Control Agency, commissioner of natural resources, commissioner of health, commissioner of labor and industry, and Environmental Quality Board to report to certain members of the legislature on Tribal consultation performed as part of rulemaking for gas wells or for gas and oil exploration or production.
18	**Effective date.** Specifies this article is effective the day following final enactment.

Article 3: Hospital Stabilization

This article establishes three programs to make payments to stabilize hospitals in the state: a program in which beginning in fiscal year 2028, the commissioner of management and budget makes payments to eligible hospitals from a hospital stabilization reserve account; a hospital stabilization program in which the commissioner of health makes payments to critical access hospitals, rural emergency hospitals, and Medicaid disproportionate share hospitals; and a program in which the commissioner of health makes stabilization payments in fiscal years 2026 and 2027 to Hennepin Healthcare System, Inc. (Hennepin Healthcare). It also modifies statutes related to governance of Hennepin Healthcare and establishes an advisory task force to develop recommendations for Hennepin Healthcare's governance and financing.

Section	Description - Article 3: Hospital Stabilization
1	**Hospital stabilization reserve.** Adds subd. 1c to § 16A.152. Creates a hospital stabilization reserve account in the general fund, appropriates money in the account to the commissioner of management and budget for payments to eligible hospitals, and makes any balance remaining in the account on June 30, 2031, cancel to the general fund. Effective date: day following final enactment.
2	**Hospital stabilization reserve uses.** Adds subd. 1d to § 16A.152. Permits the commissioner of management and budget, in consultation with the commissioner of health and after review by the Legislative Advisory Commission, to make payments from the hospital stabilization reserve to eligible hospitals. Effective date: day following final enactment.

Section	Description - Article 3: Hospital Stabilization

3 **Hospital stabilization reserve Legislative Advisory Commission review.**

Adds subd. 1e to § 16A.162. Requires the commissioner of management and budget to submit proposed expenditures from the hospital stabilization reserve to the Legislative Advisory Commission (LAC) for review, and requires the LAC to review the proposed expenditure within seven days after receiving the submission. Specifies if a majority of LAC members from each chamber make a negative recommendation on a payment, the commissioner is prohibited from making the payment, and if a majority of LAC members from each chamber make a positive recommendation or no recommendation, the commissioner may make the payment. Permits the LAC to approve or disapprove an expenditure in a public meeting or via written communication.

Effective date: day following final enactment.

4 **Additional revenues; priority.**

Amends § 16A.152, subd. 2. Increases the statutory maximum for the budget reserve account from $2,852,098,000 to $3,421,764,000.

Effective date: day following final enactment.

5 **Reduction.**

Amends § 16A.152, subd. 4. Authorizes the commissioner of management and budget to reduce the amount of money in the hospital stabilization reserve as needed to balance revenues with expenditures, if probable receipts to the general fund will be less than anticipated and the amount available for the rest of the biennium will be less than needed.

Effective date: day following final enactment.

6 **Hospital stabilization reserve.**

Adds § 144.7051. Establishes criteria a hospital must meet to receive a payment from the hospital stabilization reserve, requires certain financial information to be reported to the commissioner of health, and establishes processes for the commissioner to certify a hospital's eligibility for payments from the hospital stabilization reserve and for the commissioner of management and budget to make payments.

Subd. 1. Eligibility. Lists criteria a hospital must meet to receive a payment from the hospital stabilization reserve.

Section **Description - Article 3: Hospital Stabilization**

Subd. 2. Quarterly financial statements. Requires an eligible hospital to submit certain financial information to the commissioner of health on a quarterly basis beginning October 1, 2026.

Subd. 3. Eligibility certification. Requires the commissioner of health to certify whether an eligible hospital may receive a payment from the hospital stabilization reserve, if the hospital's chief executive officer provides certain information on the hospital's finances to the commissioner. Allows the commissioner to request additional information if needed, and specifies the commissioner must not consider payments from the hospital stabilization reserve or fiscal year 2026 or 2027 appropriations when making a certification determination. Establishes a timeframe for making certification determinations and notifying the commissioner of management and budget of certification determinations.

Subd. 4. Payment. If the commissioner of management and budget receives notice of a hospital's certification from the commissioner of health, requires the commissioner of management and budget to submit a proposed payment to the LAC for review. Provides if a negative review from the LAC is not received, the commissioner of management and budget must make a payment to the eligible hospital from the hospital stabilization reserve.

Effective date: July 15, 2027.

7 **Governance.**

Amends § 383B.903, subd. 1. Requires the board of directors for Hennepin Healthcare to include members with training and expertise needed to govern a health system and safety net hospital.

8 **Qualifications.**

Amends § 383B.903, subd. 4. Modifies the makeup of the board of directors of Hennepin Healthcare, to require at least 75 percent of the board's noncounty commissioner members to have expertise in hospital administration, finance, business management, law, or health equity, or other relevant experience, and to allow up to 25 percent of the board's noncounty commissioner members to represent urban, cultural, and ethnic perspectives of the population served and the patient or consumer perspective.

Effective date: day following final enactment.

Section	Description - Article 3: Hospital Stabilization
9	**Election.** Amends § 383B.904, subd. 1. Prohibits county commissioner members of the board of directors for Hennepin Healthcare from serving as officers of the board. Effective date: day following final enactment.
10	**Financial oversight.** Amends § 383B.908, subd. 5. Permits the Hennepin County Board to modify Hennepin Healthcare's annual budget to respond to the corporation's financial condition while preserving access to essential services.
11	**Dissolution or reorganization of corporation.** Amends § 383B.908, subd. 7. Specifies the Hennepin County Board may dissolve or reorganize Hennepin Healthcare or remove the corporate board and assume governance of Hennepin County Medical Center if: Hennepin Healthcare experiences sustained conditions of financial distress; before taking any steps to dissolve or reorganize the corporation or remove the corporate board, the county board and corporate board engage in mediation; and the county board and corporate board are not able to agree on another means to address the corporation's financial distress.
12	**Multimodal systems.** Amends Laws 2023, ch. 68, art. 1, § 2, subd. 2, as amended. Specifies any remaining balance on June 30, 2028, of the amount appropriated in fiscal year 2024 for the Minneapolis-Duluth Northern Lights Express passenger rail project, cancels to the hospital stabilization reserve account on that date. Effective date: day following final enactment.
13	**Transit system operations.** Amends Laws 2023, ch. 68, art. 1, § 3 subd. 2, as amended. Provides if a full funding grant agreement with the Federal Transit Administration is not received by June 30, 2027, a $40,000,000 fiscal year 2024 appropriation for a grant to Hennepin County for the Blue Line light rail extension project cancels to the hospital stabilization reserve account. Effective date: day following final enactment.
14	**Hospital stabilization reserve; transfer.** Requires the commissioner of management and budget to transfer $354,000,000 by July 15, 2027, and $146,000,000 by July 15, 2028, from the budget reserve account to the hospital stabilization reserve account. Specifies the total transfers and

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cancellations credited to the hospital stabilization reserve account must not exceed $500,000,000.

15 **Hospital stabilization program.**

Requires the commissioner of health to establish a hospital stabilization program, in which the commissioner provides onetime $50,000 payments to each critical access hospital and rural emergency hospital, and distributes payments to qualifying hospitals based on each hospital's share of the total qualifying uncompensated episodes of care reported by qualifying hospitals in a reporting period. Requires qualifying hospitals to apply for payments, establishes timelines for submitting documentation to the commissioner and for distribution of payments to qualifying hospitals, and prohibits a qualifying hospital from receiving more than ten percent of the money available in a reporting period. Requires qualifying hospitals to submit certain information to the commissioner and requires the commissioner to report to certain members of the legislature if a qualifying hospital reports a planned closure or change in the services it provides. Prohibits these funds from being used to supplant other funding or to increase payments to hospital executives. Specifies Hennepin Healthcare is ineligible for payments under this section.

16 **Corporate board of Hennepin Healthcare System, Inc.; reconstituted and operational.**

Requires the Hennepin County Board of Commissioners, by January 15, 2027, to reconstitute the corporate board of Hennepin Healthcare and complete the transition of governance of Hennepin Healthcare to the reconstituted corporate board.

17 **Hennepin Healthcare System, Inc.; stabilization payments.**

Requires the commissioner of health to make stabilization payments to Hennepin Healthcare in fiscal years 2026 and 2027. Requires the commissioner to collect the following information from Hennepin County Medical Center (HCMC) in fiscal year 2027: a comprehensive financial analysis of HCMC that describes its financial stability; quarterly updates of financial information that hospitals are required to submit to the commissioner on an annual basis; and long-term capital spending priorities. Requires the commissioner to report to certain members of the legislature if HCMC reports a planned closure or change in services it provides. By January 15, 2028, requires the commissioner to report to certain legislative committees on the financial stabilization of Hennepin Healthcare.

Effective date: day following final enactment.

Section	Description - Article 3: Hospital Stabilization
18	**Advisory task force on governance and financing of Hennepin Healthcare System, Inc.** Establishes an advisory task force on the governance and financing of Hennepin Healthcare consisting of nine members appointed by the governor and with the listed background or expertise. Requires members to be appointed by August 1, 2026. Provides the individual from the Health Subcabinet shall serve as the task force chairperson. Lists duties of the task force, and requires the task force to submit preliminary findings and recommendations by January 15, 2027, and final findings and recommendations by January 15, 2028, to certain members of the legislature. Provides the task force expires June 30, 2028. Permits the task force to request data and technical assistance from state agencies, hospital systems, and other stakeholders, and requires state agencies to provide the task force with technical assistance upon request.

Article 4: Health Licensing Boards

This article makes changes to statutes governing chiropractors; specifies the use of a flavoring agent does not constitute compounding under the Pharmacy Practice Act; modifies a requirement for the medication repository program; eliminates the registration fee assessed on insulin manufacturers; and permits other health care providers besides physicians to participate in an existing wellness program.

Section	Description - Article 4: Health Licensing Boards
1	**Definitions.** Amends § 148.01, subd. 1. In a subdivision defining terms for statutes governing licensure of chiropractors, alphabetizes definitions, amends definitions of acupuncture and therapeutic services, and adds definitions of good standing, reinstatement, and voluntarily retired license.
2	**Practice of chiropractic.** Amends § 148.01, subd. 4. Removes acupuncture from the services a licensed chiropractor is authorized to provide.
3	**Practice of therapeutic services.** Adds subd. 5 to § 148.01. Moves language governing the practice of therapeutic services by chiropractors from the definition of therapeutic services to a separate subdivision.

Section	Description - Article 4: Health Licensing Boards

4 **Practice of acupuncture.**

Adds subd. 6 to § 148.01. Moves language governing the practice of acupuncture by chiropractors from the definition of acupuncture to a separate subdivision.

5 **Reinstatement of a license terminated for failing to renew or to complete continuing education.**

Adds § 148.071. Establishes requirements for the Board of Chiropractic Examiners to reinstate the license of a chiropractor whose license was terminated for failing to timely renew the license or failing to complete annual continuing education requirements. Provides for reinstatement of a license for an applicant currently licensed in another jurisdiction, for an applicant whose license was terminated five or fewer years ago, for an applicant whose license was terminated more than five years ago, and for an applicant whose license was terminated for failing to submit the required number of continuing education hours and who seeks reinstatement the same calendar year.

6 **Voluntarily retired license.**

Adds § 148.075. Permits a licensed chiropractor whose license is in good standing and who has no continuing education deficiencies to apply to voluntarily retire the license. Permits the board to deny an application to voluntarily retire a license if the applicant's license in Minnesota or in another jurisdiction is not in good standing or is subject to a pending disciplinary action.

7 **Reinstatement of voluntarily retired license.**

Adds § 148.076. Establishes requirements for the Board of Chiropractic Examiners to reinstate the license of a chiropractor whose license was voluntarily retired. Provides for reinstatement of a license for an applicant currently licensed in another jurisdiction, for an applicant whose license was voluntarily retired five or fewer years ago, and for an applicant whose license was voluntarily retired more than five years ago.

8 **Independent examination.**

Amends § 148.09. In a section governing chiropractor independent examinations of patients or reviews of records regarding a patient's condition or treatment covered by automobile insurance, requires the examiner to identify in the examiner's written report, the sources of records reviewed and the dates of service covered by those records; requires the examiner's notes and a copy of the final report to be retained for at least four years after the examination; and requires the examiner to disclose in writing to the patient the purpose of the examination and the right to have a third party present during the examination. Permits a patient to have a third party of the patient's choice present during the examination and establishes requirements

Section	Description - Article 4: Health Licensing Boards

regarding the third party. Provides a violation of this section is unprofessional conduct.

9 **Administrative hold during complaint resolution process.**

Adds § 148.095. Requires the Board of Chiropractic Examiners to place a chiropractic license on administrative hold if there is a pending complaint against a chiropractor and the chiropractor fails to pay required renewal fees, fails to renew the license, or fails to complete continuing education hours within the timeframe required by law. Specifies a license on administrative hold is expired and does not permit a chiropractor to practice chiropractic, and remains under the board's jurisdiction for investigation and imposition of discipline. Lists actions the board cannot take regarding a license on administrative hold, and requires the board to remove the administrative hold when pending complaints are resolved. Specifies a chiropractor whose license is on administrative hold remains obligated to renew the license, pay required fees, and complete continuing education hours.

10 **Loss and restoration of good standing.**

Adds subd. 8 to § 148.10. Specifies that having a pending complaint does not cause a chiropractor's license to lose good standing unless the complaint results in disciplinary action, or a stipulation and order provides for the loss of good standing. Lists circumstances in which a license is restored to good standing.

11 **Insurers.**

Amends § 148.102, subd. 3. Requires insurers that provide professional liability insurance to chiropractors to report to the Board of Chiropractic Examiners every January 1 and July 1 on chiropractors against whom malpractice settlements or awards have been made (under current law insurers must make these reports twice a year).

12 **Generally.**

Amends § 148.105, subd. 1. Updates a reference to the range of statutes governing chiropractors.

13 **Chiropractic license fees.**

Amends § 148.108, subd. 5. Eliminates the fee for annual renewal of an inactive license to practice chiropractic, changes a fee from reinstatement of a voluntarily retired or inactive license to reinstatement of a terminated license and lowers the fee, and establishes penalty fees for failing to complete continuing education requirements at the time of license renewal.

Section	Description - Article 4: Health Licensing Boards
14	**Compounding.** Amends § 151.01, subd. 35. Amends the definition of compounding in the Pharmacy Practice Act to specify compounding does not include the use of a flavoring agent to flavor a drug.
15	**Flavoring agent.** Adds subd. 44 to § 151.01. Defines flavoring agent in the Pharmacy Practice Act as a substance made up of inactive ingredients and added to a drug to improve the drug's taste and palatability.
16	**Standards and procedures for inspecting and storing donated drugs and supplies.** Amends § 151.555, subd. 7. Clarifies that a medication repository must maintain a record of destruction for donated drugs and supplies that are accepted by the medication repository, and is not required to maintain a record of destruction for donated drugs and supplies not accepted by the repository.
17	**Insulin safety net program account.** Amends § 151.741, subd. 4. In a subdivision establishing the insulin safety net program account in the special revenue fund, strikes a reference to assessment and collection of a registration fee on insulin manufacturers (the manufacturer registration fee is eliminated elsewhere in this article). Directs the commissioner of management and budget to annually transfer from the health care access fund to the insulin safety net program account, an amount needed for the insulin safety net program.
18	**Insulin repayment account; annual transfer from health care access fund.** Amends § 151.741, subd. 5. Eliminates obsolete dates in a subdivision governing the insulin repayment account in the special revenue fund.
19	**Health care provider wellness program.** Amends § 214.41. Allows other health care providers besides physicians to participate in an existing wellness program, and changes the program's name from physician wellness program to health care provider wellness program in recognition of the additional providers who may participate in the program. Extends to all health care providers participating in the program, the protection of any records of a provider's participation in the program as confidential and not subject to discovery, subpoena, or reporting unless the provider voluntarily releases the record or the disclosure is required to meet a reporting requirement in the provider's practice act.
20	**Board of Pharmacy.** Amends Laws 2025, First Special Session ch. 3, art. 23, § 2, subd. 12. Expands allowable uses of fiscal year 2026 and 2027 appropriations to the Board of Pharmacy,

Section	Description - Article 4: Health Licensing Boards

to allow the appropriations to be used generally for the medication repository program.

Effective date: day following final enactment.

21 **Transition of inactive licenses.**

On July 1, 2026, directs the Board of Chiropractic Examiners to administratively change all chiropractic licenses on inactive license status before that date to voluntarily retired status.

Effective date: day following final enactment.

22 **Interim chiropractic acupuncture registration reinstatement procedures.**

Establishes a process for the Board of Chiropractic Examiners to reinstate the chiropractic acupuncture registration for a chiropractor whose chiropractic acupuncture registration was canceled. Provides for reinstatement of a canceled registration for a chiropractor who has a chiropractic acupuncture credential in another jurisdiction, for a chiropractor whose chiropractic acupuncture registration has been canceled for five years or fewer, and for a chiropractor whose chiropractic acupuncture registration has been canceled for more than five years. Provides this section expires on the date rules establishing new chiropractic acupuncture registration reinstatement procedures become effective.

23 **Interim animal chiropractic registration reinstatement procedures.**

Establishes a process for the Board of Chiropractic Examiners to reinstate the animal chiropractic registration for a chiropractor whose animal chiropractic registration was canceled. Provides for reinstatement of a canceled registration for a chiropractor who has an animal chiropractic credential in another jurisdiction and for a chiropractor who does not have an animal chiropractic credential in another jurisdiction. Provides this section expires on the date rules establishing new animal chiropractic registration reinstatement procedures become effective.

24 **Revisor instruction.**

Directs the revisor of statutes to renumber the specified subdivisions governing animal chiropractic practice and paragraphs governing registration in animal chiropractic diagnosis and treatment, and to make cross-reference changes consistent with the renumbering.

25 **Repealer.**

Repeals:

- Minn. Stat. section 151.741, subdivisions 2, 3, and 6 (assessment of an annual registration fee on insulin manufacturers, payment and deposit of the fee,

Section	Description - Article 4: Health Licensing Boards
	and contingent transfer of funds from the health care access fund to the insulin safety net program account if the registration fee is found invalid); ▪ Minnesota Rules, parts 2500.0100, subp. 5b, 6, and 12; 2500.1900; 2500.2020; 2500.2040; 2500.2100; and 2500.2110 (definitions and rules governing inactive licenses to practice chiropractic, license reinstatement of terminated licenses, reinstatement of inactive licenses, voluntarily retired licenses, and reinstatement of voluntarily retired licenses); and ▪ Minnesota Rules, parts 6800.0400 and 6800.1150 (Board of Pharmacy rules regarding the annual license renewal date and fees for pharmacy licensure and the annual renewal date, fees, and posting for pharmacist licensure).

Article 5: Health Care

This article makes various substantive and technical changes to the medical assistance (MA) and MinnesotaCare programs. The changes are not directly related to implementation of Public Law 119-21 (often referred to as the "One Big Beautiful Bill" or "HR1").

Section	Description - Article 5: Health Care
1	**Agreements; consultation.** Amends § 62V.05, subd. 7. Strikes a requirement for the MNsure Board to report to the legislature on agreements entered into with specified state agencies.
2	**Easy enrollment health insurance outreach program.** Amends § 62V.13. As part of MNsure's easy enrollment health insurance outreach program, strikes language that allows MNsure to estimate a taxpayer's potential eligibility for financial assistance for health insurance coverage and replaces it with language allowing MNsure to provide general information regarding potential eligibility for health insurance programs and financial assistance. Makes the section effective immediately.
3	**Hospital assessment.** Amends § 256.9657, subd. 2b. Provides that hospitals that do not receive payments from the state's hospital directed payment program (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.

Section	Description - Article 5: Health Care
4	**Hospital payment rates.** Amends § 256.969, subd. 2b. Effective January 1, 2027, increases the MA rate for critical access hospitals (CAHs) to 100 percent of each CAH's base year costs, which must be increased by the percentage change in medical inflation between the base year and the payment year. Provides that the rate increase applies to fee-for-service and managed care.
5	**Alternate inpatient payment rate.** Amends § 256.969, subd. 2f. Allows the commissioner of human services 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.
6	**Long-term hospital rates.** Amends § 256.969, subd. 25. Makes a technical change to statute governing MA rates for long-term hospitals to maintain current rate requirements.
7	**Residency.** Amends § 256B.056, subd. 1. Provides that non-Title IV-E foster children who are placed in family foster homes in Minnesota by another state are considered Minnesota residents for purposes of MA eligibility.
8	**Physical therapy.** Amends § 256B.0625, subd. 8. Effective January 1, 2027, requires that MA pay for up to 30 physical therapy visits for a child following an inpatient or outpatient hospital-based surgery, without requiring prior authorization. Makes the section effective immediately.
9	**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).
10	**Prescription drugs.** Amends § 256B.69, subd. 6d. Requires the commissioner of human services to ensure specified final pharmacy reimbursements under MA, according to a methodology established for the single pharmacy benefit manager proposal enacted in 2025.

Section	Description - Article 5: Health Care

Makes the directed payment expire upon the effective date of a master contract in connection with the single pharmacy benefit manager program.

Makes the section effective January 1, 2027.

11 **CARMA enrollment.**

Amends § 256B.695, subd. 5. Provides that the DHS commissioner may not offer a health plan in addition to a county-administered rural medical assistance program (CARMA), except to MinnesotaCare enrollees, when required by federal law or rule. Automatically enrolls eligible individuals in CARMA if they do not select a health plan at the time of enrollment.

12 **Hospital outpatient reimbursement.**

Amends § 256B.75. Provides that CAHs that convert to rural emergency hospitals are paid the MA rate for CAHs.

13 **Effective date of coverage.**

Amends § 256L.05, subd. 3. Updates a cross-reference to accurately identify MinnesotaCare enrollees who are exempt from paying premiums for purposes of setting their effective date of MinnesotaCare coverage.

Makes the section effective immediately.

14 **Commissioner's duties and payment.**

Amends § 256L.06, subd. 3. Provides that premium payment is required to maintain coverage in MinnesotaCare. Replaces the requirement for an individual to pay two months' premiums prior to reenrolling in MinnesotaCare after disenrollment for nonpayment of premiums with a requirement to pay one month's premium.

Makes the section effective immediately.

15 **Contingent reduction in tax rate.**

Amends § 295.52, subd. 8. Directs the commissioner of management and budget to consult with the commissioner of human services before reducing health care provider tax rates to reduce the structural balance in the health care access fund.

16 **Effective date.**

Amends Laws 2025, First Special Session chapter 3, article 8, section 25. Pushes out the implementation date of CARMA to January 1, 2028, or upon federal approval, whichever is later.

Section	Description - Article 5: Health Care
17	**Repealer.** Repeals section 256B.198, which authorizes a supplemental payment to the Hennepin County mental health clinic that is obsolete due to the clinic's transition from a fee-for-service mental health clinic to a certified community behavioral health clinic.

Article 6: Federal Conformity

This article modifies the MA program to conform with Public Law 119-21 (often referred to as the "One Big Beautiful Bill" or "HR1").

Section	Description - Article 6: Federal Conformity
1	**Disclosure to the commissioner of human services.** Amends § 116J.035. Allows the commissioner of employment and economic development to share workforce program participation data with the commissioner of human services for purposes of administering the MA work or community engagement requirements.
2	**Health care eligibility oversight unit.** Adds a subdivision to § 256.01. Creates a health care eligibility oversight at DHS to help ensure that federal and state eligibility requirements are consistently applied across the agency and counties. Makes the section effective immediately.
3	**Disenrollment under medical assistance and MinnesotaCare.** Amends § 256B.04, subd. 27. Directs the commissioner of human services 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.
4	**Obligation of local agency to process medical assistance applications within established timelines.** Amends § 256B.05, subd. 5. Directs counties to notify DHS when the county fails to meet at least 80 percent of its monthly application and redetermination deadlines.

Section	Description - Article 6: Federal Conformity
5	**Authority to intervene.** Adds a subdivision to 256B.05. Allows DHS to provide support to a county when the county notifies DHS about not meeting at least 80 percent of its monthly application and redetermination deadlines.
6	**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.
7	**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 act. Makes this section effective January 1, 2028.
8	**Period of eligibility.** Amends § 256B.056, subd. 7. Effective January 1, 2028, 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.
9	**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.
10	**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. Makes the section effective immediately.
11	**Work or community engagement requirements.** Creates § 256B.0562. **Subd. 1. Definitions.** Defines terms used in the section. **Subd. 2. Application.** Provides that, for an adult without children to be eligible for MA, the individual must either demonstrate compliance with the work or

Section **Description - Article 6: Federal Conformity**

community engagement requirements in Pub. Law 119-21, section 71119, or meet an exception from the requirements in the month immediately preceding the month during which the individual applies for MA.

Subd. 3. Renewal requirement. Provides that, for an adult without children to renew MA eligibility, the individual must either demonstrate compliance with the work or community engagement requirements in Pub. Law 119-21, section 71119, or meet an exception from the requirements for at least one month during the individual's previous period of eligibility. Directs the commissioner of human services to notify an applicable individual of the renewal requirement at least 75 days prior to the individual's renewal date.

Subd. 4. Short-term hardship events. Deems an individual as meeting the work or community engagement requirements in Pub. Law 119-21, section 71119, if the individual experiences a short-term hardship event, as defined in this section.

Subd. 5. Noncompliance procedure. Requires that the commissioner comply with the noncompliance procedures outlined in Pub. Law 119-21, section 71119, prior to terminating an individual from MA for failure to demonstrate compliance with the work or community engagement requirements.

Subd. 6. Interpretation of federal law. Paragraph (a) directs the commissioner to construe any ambiguity in an obligation imposed under Pub. Law 119-21, section 71119, in a light that is most favorable to the individual affected. Paragraph (b) provides that paragraph (a) does not require the commissioner to take any action that the commissioner determines is more than likely to result in a loss of federal financial participation, would be impractical or detrimental to the MA program, or relies on an unreasonable interpretation of federal law. Paragraph (c) directs the commissioner to consult with specified entities prior to interpreting the ambiguity under paragraph (a).

Subd. 7. Expedited rulemaking authority. Allows the commissioner to adopt rules necessary to implement the section using the expedited rulemaking process under section 14.389, and exempts this subdivision from the 18-month time limit under section 14.125.

Makes this section effective January 1, 2027.

12 **Review of death master file.**

Creates § 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

Section	Description - Article 6: Federal Conformity

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.

13 **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.

14 **Eligibility; retroactive effect; restrictions.**

Amen256B.0631ds § 256B.061. Effective January 1, 2028, 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, 2028.

15 **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).

16 **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.

17 **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.

18 **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-

Section	Description - Article 6: Federal Conformity
	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.
19	**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 commissioner of human services for purposes of administering the MA work or community engagement requirements.
20	**Direction to commissioner of human services; notification to medical assistance recipients.** Directs the commissioner of human services 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 commissioner must notify the enrollees by October 1, 2026.

Article 7: Medical Assistance Fraud Prevention

This article establishes a new crime related to medical assistance fraud and makes conforming changes related to enforcement by the attorney general and related criminal law provisions.

Section	Description - Article 7: Medical Assistance Fraud Prevention
1	**Authority.** Expands the authority of the attorney general to issue subpoenas in ongoing legitimate law enforcement investigations involving suspected fraud to include wage and employment records, insurance records related to claim settlement, and the financial records of the subject of an investigation into suspected public benefit fraud.
2	**Legal representation.** Makes a conforming change in the section authorizing the attorney general or a county attorney to initiate a criminal or civil action related to medical assistance fraud and other theft offenses.

Section	Description - Article 7: Medical Assistance Fraud Prevention

3 **Medical assistance fraud.**

Subd. 1. Medical assistance fraud prohibited. Establishes that a person can commit medical assistance fraud by committing any of eight acts: (1) obtaining medical assistance funds through some sort of false representation made with the intent to defraud; (2) making a claim for reimbursement while knowing that any part of the claim is ineligible for reimbursement; (3) providing false information on an enrollment application, provider agreement, or ownership disclosure; (4) owning or operating an entity that receives medical assistance funds while being prohibited from enrolling as a provider; (5) knowingly allowing someone else to own or operate an entity that receives medical assistance funds while the other person is prohibited from enrolling as a provider; (6) falsely making or altering a record related to the delivery of medical assistance services; (7) submitting a claim for personal care assistance services or community first services and supports knowing that services were not provided; or (8) destroying records that are required to be retained under chapter 256B or 245A, or rules adopted pursuant to those chapters, after receiving a lawful request to produce them.

Subd. 2. Penalties. Establishes penalties for a violation of subdivision 1. Provides that the maximum prison sentence for a violation is ten years unless one of the greater penalties applies. Establishes that the maximum prison sentence is 20 years if the violation causes a loss of more than $100,000 but not more than $1,000,000. Provides that the maximum prison sentence is 30 years if the violation causes a loss in excess of $1,000,000.

Subd. 3. Failure to keep or maintain medical assistance records. Establishes a gross misdemeanor penalty if a person intentionally fails to maintain medical, health care, and financial records as required under chapter 256B or 245A, or rules adopted pursuant to those chapters.

Subd. 4. Continuing offense. Establishes that a violation of section 1 or 3 is a continuing offense for the purpose of calculating whether the statute of limitations has expired.

Subd. 5. Venue. Establishes that a violation may be prosecuted in any county where the offense occurred or any county where the entity that received a claim for payment is located.

Subd. 6. Restitution. Authorizes a court to order restitution for similar acts that are related to the offense, but were not charged. Allows an offender to challenge restitution and directs the court to make a determination based on a preponderance of the evidence. Establishes that the burden of proof is on the prosecutor.

Section	Description - Article 7: Medical Assistance Fraud Prevention
4	**Acts constituting theft.** Makes a conforming change to remove a portion of the theft statute that is replaced by the new medical assistance fraud crime.
5	**Criminal act.** Amends the definition of "criminal act" in the statutes addressing racketeer influenced and corrupt organizations (RICO) violations to include medical assistance fraud.
6	**Limitations.** Makes a conforming change in the statute establishing statutes of limitations for criminal offenses.
7	**Appropriation.** Appropriates $1,230,000 in fiscal year 2027 to the attorney general to combat medical assistance fraud. The appropriation is ongoing.
8	**Repealer.** Repeals section 609.466, the crime of medical assistance fraud, which is replaced with a new offense in section 3.

Article 8: Conforming Changes

Makes conforming changes related to the new medical assistance fraud crime in statutes related to licensing, background studies, forfeiture of criminal proceeds, and investigations by the Bureau of Criminal Apprehension.

Section	Description - Article 8: Conforming Changes
1	**Denial of service.** Makes a conforming change in the statute related to licensing of certain volunteers regulated by the Department of Health.
2	**Proceedings.** Makes a conforming change in the statute related to suspension or revocation of a license overseen by a licensing board.

Section	Description - Article 8: Conforming Changes
3	**15-year disqualification.** Makes a conforming change in the statute related to background studies of individuals convicted of a felony.
4	**Ten-year disqualification.** Makes a conforming change in the statute related to background studies of individuals convicted of a gross misdemeanor.
5	**Seven-year disqualification.** Makes a conforming change in the statute related to background studies of individuals convicted of a misdemeanor.
6	**Definition.** Makes a conforming change in the statute related to forfeiture of criminal proceeds.
7	**Definitions.** Makes a conforming change in the statute related to the jurisdiction of the Financial Crimes and Fraud Section of the Bureau of Criminal Apprehension.

Article 9: Children, Youth, and Families Policy

This article makes technical and policy changes to programs administered by the Department of Children, Youth, and Families.

Section	Description - Article 9: Children, Youth, and Families Policy
1	**School-age care programs; priority for children in foster care.** Amends § 142D.19 by adding subd. 13a. Requires each school district operating a school-age care, youth after-school enrichment, or other before- and after-school community education program to give priority for enrollment in the program to children in foster care.
2	**Grants to youth intervention programs.** Amends § 142A.43. Reorganizes subdivisions 1 and 2, and modifies subdivision 3 by requiring, rather than permitting, up to six percent of the appropriation for these grants to be used for a grant to the Minnesota Youth Intervention Programs Association. Makes additional clarifying and technical changes, requires the Minnesota Youth Intervention Programs Association to annually report to the children, youth, and families committees instead of the public safety committees,

Section	Description - Article 9: Children, Youth, and Families Policy

and removes subdivision 5, which allows the commissioner to use up to ten percent of the appropriation for administrative costs.

3 **Adoption agency; additional requirements.**

Amends § 142B.10, subd. 18. Clarifies that a nonprofit limited liability company may be licensed to place children for adoption.

4 **Child foster care licensing agency information to applicants.**

Amends § 142B.30 by adding subd. 9a. Requires the foster care licensing agency to provide information to child foster care license applicants on the background study process and the procedure for reconsideration of a background study disqualification.

5 **Abusive head trauma training.**

Amends § 142B.65, subd. 7. Requires abusive head trauma training for employees and volunteers of a licensed child care center to be interactive and not only consist of reading or viewing information.

Section is effective January 1, 2027.

6 **Sudden unexpected infant death and abusive head trauma training.**

Amends § 142B.70, subd. 7. Requires abusive head trauma training for family child care providers to be interactive and not only consist of reading or viewing information.

Section is effective January 1, 2027.

7 **Abusive head trauma.**

Amends § 142C.12, subd. 3. Requires abusive head trauma training for employees and volunteers of a certified license-exempt child care center to be interactive and not only consist of reading or viewing information.

Section is effective January 1, 2027.

8 **Eligibility. [School readiness programs]**

Amends § 142D.05, subd. 8. Adds children in foster care to the risk factor list for children eligible to participate in a school readiness program. Permits the commissioner of children, youth, and families to require documentation from a responsible social services agency or child-placing agency verifying a child is in foster care for the purposes of the program.

Section	Description - Article 9: Children, Youth, and Families Policy
9	**Preschool assessment.** Establishes § 142D.095. Requires the commissioner of children, youth, and families to implement a preschool assessment of children's development and approve assessment tools for use by voluntary prekindergarten programs.
10	**Payments. [Great start compensation support payments]** Amends § 142D.12, subd. 6. Allows required paid break time to count as qualifying hours toward a child care program's reporting of eligible full-time equivalent staff for the purposes of the great start compensation support payments grant program.
11	**Applications; priorities. [Early learning scholarships]** Amends § 142D.25, subd. 3. Specifies that the commissioner of children, youth, and families must give highest priority on an equal basis to applications from children from certain groups for early learning scholarships. Permits the commissioner of children, youth, and families to require documentation from a responsible social services agency or child-placing agency verifying a child is in foster care for the purposes of the program.
12	**Funding priorities. [Basic sliding fee program]** Amends § 142E.04, subd. 4. Gives third priority for basic sliding fee assistance under the child care assistance program to eligible foster parents, eligible relative custodians to whom legal and physical custody of a child has been transferred, and eligible individuals with whom an Indian child has been placed, and adjusts priority order accordingly. Section is effective January 1, 2027.
13	**Licensed programs; other child care programs.** Amends § 245C.04, subd. 1. Eliminates a requirement that background studies be conducted at reauthorization for legal nonlicensed child care providers.
14	**Adults who were in foster care at the age of 18, 19, or 20.** Amends § 256B.055, subd. 17. Permits a person under 26 years of age who received foster care benefits past 18 years of age to receive medical assistance.
15	**Services provided.** Amends § 256.82, subd. 1. Makes technical changes.

Section	Description - Article 9: Children, Youth, and Families Policy
16	**Preference for primary placement with a relative.** Amends § 260.67, subd. 1. Makes technical changes to a subdivision on permanent placement with a relative if an African American or disproportionally represented child cannot be returned to the child's parents.
17	**Placement.** Amends § 260C.190, sub. 1. Makes technical changes.
18	**Out-of-home placement; plan.** Amends § 260C.212, subd. 1. For a child not yet subject to compulsory school attendance who is placed in foster care or under a voluntary placement agreement, requires the out-of-home placement plan to include efforts to ensure educational stability if the child is enrolled in an early education or child care program. Also requires the plan to state specific reasons for discontinuing the child's enrollment in the same program or not seeking enrollment in a similar program, if such enrollment is not feasible or not in the child's best interests, and makes conforming changes.
19	**Monthly caseworker visits.** Amends § 260C.212, subd. 4a. Permits a youth in foster care who is 18 years of age or older to conduct monthly caseworker visits via video conference, with the youth's informed consent. Makes technical changes.
20	**Information on early childhood education and child care for children in foster care.** Adds subdivision to § 260C.212. For a child in foster care who is not yet subject to compulsory school attendance, requires the responsible social services agency, licensed child-placing agency, if applicable, and guardians ad litem to provide information on early childhood education and child care programs, the Northstar foster care benefits child care allowance, and early learning scholarships and child care assistance eligibility and processes.
21	**Independent living plan.** Amends § 260C.451, subd. 2. Requires the responsible social services agency to develop and update an independent living plan, with the child and other appropriate parties, for any child in foster care who is 14 years of age or older. Removes the language requiring development and updates only upon request. Makes additional clarifying changes.
22	**Eligibility to continue in foster care.** Amends § 260C.451, subd. 3. Removes clause (2), to allow a child to continue in foster care past age 18 if the child is in placement to meet their needs due to a developmental disability or related condition.

Section	Description - Article 9: Children, Youth, and Families Policy
23	**Eligibility criteria.** Amends § 260C.451, subd. 3a. Adds transition programs through private or public schools and receiving benefits under chapter 268B (Minnesota Paid Leave Law) to the conditions a child must meet to be eligible for extended foster care.
24	**Notice of termination of foster care.** Amends § 260C.451, subd. 8. Requires the responsible social services agency to send a copy of the notice of termination of extended foster care to the Department of Children, Youth, and Families. Modifies terminology and references the personalized transition plan required under statute.

Article 10: Children, Youth, and Families Budget

This article establishes a regional food bank grant program and directs the commissioner of children, youth, and families to develop a licensing framework for crisis nurseries.

Section	Description - Article 10: Children, Youth, and Families Budget
1	**Regional food bank grants.** **Subd. 1. Establishment.** Requires the commissioner of children, youth, and families to establish regional food bank grants to increase the availability of food to individuals and families in need. **Subd. 2. Distribution of appropriation.** Requires the commissioner to distribute regional food bank grants to regional food banks and Minnesota Tribal governments using a formula based on the number of persons in households having incomes below the federal poverty level and the number of unemployed persons in the service area of the food bank or Minnesota Tribal government. **Subd. 3. Allowable use of money.** Requires grant money distributed under this section to be used to purchase, transport, and coordinate the distribution of food to sites approved by the commissioner. Also allows these funds to be used to purchase personal hygiene products. Requires food and other allowable products purchased with grant money under this section to be available at no cost at sites approved by the commissioner. Prohibits grant money from being used for the compensation of officers, directors, trustees, key employees, and highest compensated employees as reported on IRS Form 990. **Subd. 4. Reporting.** Requires grantees to: (1) retain records documenting expenditure of the grant money and to comply with additional documentation requirements imposed by the commissioner; (2) report on use of the grant

Section	Description - Article 10: Children, Youth, and Families Budget
	money received. Requires the commissioner to determine the timing and form required for the reports. **Subd. 5. Ineligible expenditures.** Requires grantees to repay any amount the commissioner determines to be an ineligible expenditure.
2	**Direction to the commissioner of children, youth, and families; crisis nursery licensing.** Directs the commissioner of children, youth, and families to develop a licensing framework for crisis nurseries and submit a report to legislature by January 15, 2028.

Article 11: Minnesota African American Family Preservation and Child Welfare Disproportionality Act Changes

This article modifies provisions within the Minnesota African American Family Preservation and Child Welfare Disproportionality Act (MAAFPCDWA), and establishes a formula to allocate funding to counties to assist with MAAFPCDWA statewide implementation.

Section	Description - Article 11: Minnesota African American Family Preservation and Child Welfare Disproportionality Act Changes
1	**Disproportionately represented child.** Amends § 260.63, subd. 10. Modifies the definition of “disproportionately represented child” by removing “culture,” adding “disability status” and “low-income socioeconomic status,” and defining those two terms.
2	**Determinations.** Proposes coding for § 260.631. Requires the commissioner of children, youth, and families to determine the communities that are disproportionately overrepresented in Minnesota's child protection system every other year, for purposes of MAAFPCDWA. Requires the commissioner to notify responsible social services agencies, the African American Child and Family Well-Being Advisory Council, and the Children's Justice Initiative of the commissioner’s determination. Requires a responsible social services agency to document the efforts the agency takes when determining whether a child meets the definition of a disproportionately represented child, and requires the agency to provide that information to the commissioner upon the commissioner's request. Exempts determinations under this section from statutory rulemaking requirements.

Section	Description - Article 11: Minnesota African American Family Preservation and Child Welfare Disproportionality Act Changes
3	**Safety plan.** Amends § 260.64, subd. 2. Makes a clarifying change.
4	**Case review.** Amends § 260.68, subd. 2. Changes terminology.
5	**Applicability.** Amends § 260.69, subd. 1. Makes clarifying changes to cultural competency training requirements; adds guardians ad litem to the individuals to whom training must be made available; requires the commissioner to give priority to child welfare workers and supervisors for in-person trainings or other trainings with limited attendance or availability.
6	**Establishment and duties.** Amends § 260.691, subd. 1. Makes technical change.
7	**Duties.** Amends § 260.692, subd. 1. Makes technical change.
8	**Case reviews.** Amends § 260.692, subd. 2. Changes terminology.
9	**Reports.** Amends § 260.692, subd. 3. Changes terminology.
10	**Eligible services.** Amends § 260.693, subd. 2. Makes technical and terminology changes.
11	**Minnesota African American family preservation and child welfare disproportionality grant allocation.** Proposes coding for § 260.694. Establishes a formula the commissioner must use to allocate state funds to each county board on a calendar year basis, based on the child population in the county, number of screened-in child maltreatment reports, and the number of open child protection case management cases. Sets a minimum allocation of $100,000. Specifies that funds allocated under this section must be used to address staffing and services needed for child protection and expansion of child protection services related to MAAFPCDWA; prohibits counties from using these funds to supplant

Section	Description - Article 11: Minnesota African American Family Preservation and Child Welfare Disproportionality Act Changes
	current county expenditures for these purposes, but allows funds to be used to maintain staff and services paid for by temporary funding. Provides an immediate effective date.
12	**Effective date.** Amends Laws 2024, ch. 117, § 9. Delays the effective date for county case review requirements until July 1, 2027.
13	**Minnesota African American Family Preservation and Child Welfare Disproportionality Act; working group.** Amends Laws 2024, ch. 117, § 21. Provides a December 31, 2026, expiration date for the working group.
14	**Repealer.** Repeals a definition in MAAFPCDWA.

Article 12: Child Care Center Licensing Modernization

This article codifies and modifies requirements governing licensed child care centers under Minnesota Statutes, chapter 142H.

Section	Description - Article 12: Child Care Center Licensing Modernization
1	**Definitions.** Creates § 142H.01. Codifies and modifies definitions from administrative rule, recodifies and modifies definitions from section 142B.01, and adds terms for the purposes of the chapter.
2	**Applicability and licensing process.** Creates § 142H.02. Prohibits a child care center from operating in Minnesota without a license issued under Minnesota Statutes, chapters 142B and 142H. Permits the Department of Children, Youth, and Families to grant variances to requirements in the chapter.
3	**Operating options.** Creates § 142H.03. Codifies administrative rule requiring a license holder to operate a day program, drop-in child care program, night care program, sick child care program, or a combination of two or more kinds of programs.

Section	Description - Article 12: Child Care Center Licensing Modernization

4 **Policies and procedures for program administration.**

Creates § 142H.04. Recodifies and modifies policies and procedures for program administration from section 142B.10, subdivision 21.

5 **Directors.**

Creates § 142H.05. Codifies and modifies administrative rule outlining requirements for a child care center director.

Subd. 1. General requirements for a director. Codifies and modifies general requirements for a child care center director. Increases minimum age to be a director from 18 to 21 years old. Increases the required number of semester credits in accredited coursework from nine credits to 12 credits and the number of hours of training from 90 hours to 120 hours. Permits certain credentials to satisfy experience and credits or training requirements.

Subd. 2. Director or designee on site. Requires the director or a designee to be on site while the center is in operation. Permits any program staff person who is at least 18 years of age to serve as the designee without meeting the general director qualifications so long as the person is aware of the designation and is able to perform the responsibilities.

Subd. 3. Director functioning as teacher. Permits a director to be used as a teacher in any classroom as needed without having met teacher qualifications.

Subd. 4. Incumbent director recognition. Permits a director who is in the role on July 1, 2027, as having met the director qualification requirements of the section as long as the individual works at the same program.

6 **Teachers.**

Creates § 142H.06. Codifies and modifies administrative rule outlining requirements for a child care center teacher.

Subd. 1. Teacher general qualifications. Codifies and modifies general requirements for a teacher. Removes ability for a registered nurse or licensed practical nurse to be qualified as a teacher for infants.

Subd. 2. Teacher education and experience requirements. Codifies and modifies requirements for teacher education and experience. Simplifies the ways a teacher may fulfill the requirements and specifies six qualification options.

7 **Assistant teachers.**

Creates § 142H.07. Codifies and modifies administrative rule outlining requirements for a child care center assistant teacher.

Section	Description - Article 12: Child Care Center Licensing Modernization

Subd. 1. Assistant teacher general qualifications. Codifies and modifies general requirements for an assistant teacher. Removes ability for a registered nurse or licensed practical nurse to be qualified as a teacher for infants.

Subd. 2. Assistant teacher education and experience requirements. Codifies and modifies requirements for assistant teacher education and experience. Simplifies the ways an assistant teacher may fulfill the requirements and specifies three qualification options.

8 **Aides, volunteers, and substitutes.**

Creates § 142H.08. Codifies and modifies administrative rule outlining requirements for a child care center aide, volunteer, and substitute. Eliminates experienced aide option previously found under section 142B.41, subdivision 7.

Subd. 1. Aide qualifications. Codifies and modifies aide qualifications. Requires an aide to be at least 16 years old and to work under the supervision of a teacher or assistant teacher except when assisting with the supervision of sleeping children; assisting children with washing, toileting, or diapering; or accompanying children to and from the bus stop.

Subd. 2. Volunteers. Codifies and modifies requirements for supervised and unsupervised volunteers. Requires the center license holder to maintain a list of all volunteers.

Subd. 3. Substitutes. Codifies and modifies requirements for substitutes. Requires a substitute to meet the requirements for the assigned staff position or be designated as an unqualified substitute by the director or director designee. Permits a substitute to be designated unqualified if a teacher is continuously on site, the unqualified substitute is aware of the designated staffing position when substituting as a teacher or assistant teacher, and the substitute is at least 18 years of age.

Subd. 4. Tracking unqualified substitute hours. Requires a license holder to document the use of unqualified substitute hours. Prohibits a license holder from using unqualified substitutes more than 60 hours multiplied by the number of the child care center's classrooms.

9 **Staff orientation and training.**

Creates § 142H.09. Recodifies and modifies requirements for staff orientation and training from section 142B.65.

Subd. 1. Orientation training. Recodifies and modifies topics a program staff person must complete in orientation training before providing direct contact services to a child. Includes a new training topic on the center's child care

Section **Description - Article 12: Child Care Center Licensing Modernization**

program plan. Permits orientation training to be used to meet in-service training requirements.

Subd. 2. Child care basics training. Requires any program staff person hired after July 1, 2027, to complete child care licensing basics training no more than 90 days after the first date of direct contact with a child unless the person has completed the training within the previous two years.

Subd. 3. Child development and learning training. Recodifies requirements for child development and learning training.

Subd. 4. Pediatric first aid. Recodifies requirements for pediatric first aid training and makes clarifying changes.

Subd. 5. Pediatric cardiopulmonary resuscitation. Recodifies requirements for CPR training and makes clarifying changes.

Subd. 6. Sudden unexpected infant death training. Recodifies requirements for sudden unexpected infant death training.

Subd. 7. Abusive head trauma. Recodifies requirements for abusive head trauma training.

Subd. 8. Child passenger restraint systems; training requirement. Recodifies requirements for child restraint system training.

Subd. 9. In-service training requirements. Recodifies and modifies in-service training requirements. Reduces the number of in-service training hours for program staff persons, except substitutes and unsupervised volunteers, who work more than 20 hours per week from 24 hours to 20 hours. Reduces the number of in-service training hours for program staff persons, except substitutes and unsupervised volunteers, who work less than 20 hours per week from 12 hours to ten hours. Permits a program staff person to transfer in-service training completed within the past 12 months upon change in employment to another child care program. Permits the number of in-service training hours to be prorated for program staff persons not employed for an entire year or on a documented leave of absence.

Subd. 10. In-service content. Recodifies and modifies requirements for in-service training content. Adds center policies and procedures on behavior guidance and supervision to the in-service training required each calendar year.

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Subd. 11. Documentation required. Recodifies and modifies provision requiring the license holder to maintain documentation of completed training for each program staff person.

10 **Staff ratios, group size, and staff distribution.**

Creates § 142H.10. Codifies and modifies administrative rule outlining staff ratios, child group sizes, and staff distribution.

Subd. 1. Staff-to-child ratios and maximum group size. Codifies and modifies provisions pertaining to minimally acceptable staff-to-child ratios and maximum group size for each age category. Permits the staff-to-child ratio to be doubled for up to two hours during nap time if there are no groups that include an infant and there are enough program staff persons in the facility to meet regular ratio and group size requirements.

Subd. 2. Staff distribution. Codifies and modifies provision about staff distribution requirements. Prohibits an aide from working alone with a child unless the aide is performing certain duties under section 142H.08, subdivision 1. Permits an aide to be substituted for a teacher during arrival and departure times if total arrival and departure time does not exceed 25 percent of the center's daily hours of operation and the aide is 18 years or older, has been employed for a minimum of 30 days, and completed required training. Requires a volunteer included in the staff-to-child ratio to meet the requirements of their assigned staff position.

Subd. 3. Age category grouping. Codifies and modifies provision about age category groupings. Requires a center to specify arrival and departure times in their program policies. Removes requirement for program staff to be qualified to teach all ages of children present if children of different age categories are mixed within a group during regular hours of operation.

Subd. 4. Age designation. Codifies and modifies provision about age designation exceptions for age categories. Requires a child with special health care needs to be included in the group that best meets the child's developmental needs, is in the best interest of the child, and is in accordance with the individual child care program for the child.

Subd. 5. Transitioning children. Permits transitions to the next age group up to two weeks prior to the child aging into the next age group. Requires the transition to be planned in advance based on the child's readiness and in consultation with parents and program staff. Requires a center to have a written policy on transitioning children to the next age group.

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11 **Child care program plan and activities.**

Creates § 142H.11. Codifies and modifies administrative rule pertaining to the center's child care program plan.

Subd. 1. General requirements. Codifies and modifies requirements for the child care program plan. Permits either a teacher or a director to develop and evaluate the child care program plan. Requires the child care program plan to include a schedule if equipment is rotated between groups of children and describe the use of technology and screen time for each age category.

Subd. 2. Outdoor activities. Requires a child care center to include daily outdoor activities when weather conditions allow. Requires the center to establish policies and procedures for outdoor activities that incorporate guidance from national, state, or local authorities in public health and to consider excessive heat, excessive cold, extreme weather, air quality, and a lockdown ordered by a public safety authority when determining if outdoor play poses a health and safety risk. Exempts programs operating three or fewer hours per day from the daily outdoor activity requirement.

12 **Naps and rest.**

Creates § 142H.12. Codifies and modifies administrative rule pertaining to naps and rest.

Subd. 1. Naps and rest policy. Codifies requirement for a naps and rest policy that is consistent with the developmental level of the children enrolled in the center.

Subd. 2. Parent consultation. Codifies and modifies requirement that a parent be informed of the center's policy on naps and rest. Requires parents must be offered the opportunity to provide information specific to their child.

Subd. 3. General naps and rest requirements. Codifies and modifies general naps and rest requirements. Requires nap and rest time be in accordance with the developmental needs of the child and that nap and rest areas be lighted to always allow for visual supervision of children. Prohibits a center from withholding sleep or rest from a child, including at a parent's request, if such time is included in the center's naps and rest policy and from blocking evacuation routes by resting or napping children.

Subd. 4. Monitoring napping infants. Recodifies and modifies section 142B.54, subdivision 2, paragraph (f), clause (2), pertaining to monitoring napping infants. Requires staff to conduct in-person checks on sleeping infants every 15 minutes. Permits staff to use monitoring equipment if the equipment is able to pick up the

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sounds of all infants in the separate room, actively monitored by program staff at all times, and checked daily prior to use to ensure it is working correctly.

Subd. 5. Confinement limitation. Codifies and modifies provision prohibiting requiring a child who has completed a nap or rested quickly for 30 minutes to remain on a cot, mat, or in a crib. Requires providing any child who does not fall asleep during designated nap time the opportunity to engage in quiet activities.

Subd. 6. Bedding. Codifies provision requiring separate bedding be provided for each child in care.

13 **Behavior guidance.**

Creates § 142H.13. Codifies and modifies administrative rule pertaining to behavior guidance.

Subd. 1. Definitions. Defines “behavior guidance,” “persistent unacceptable behavior,” “redirection,” and “separation” for the purposes of the section.

Subd. 2. Behavior guidance policies and procedures. Codifies and modifies provision requiring written behavior guidance policies and procedures. Requires the policies and procedures to include methods of promoting positive behavior, prohibited actions, addressing persistent unacceptable behavior, and separation from the group.

Subd. 3. Methods of promoting positive behavior. Codifies provision outlining methods of promoting positive behavior and makes clarifying changes.

Subd. 4. Prohibited actions. Codifies and modifies provision outlining behavior guidance actions that are prohibited from use by caregivers. Newly defined or expanded prohibited actions include forcing a child to maintain an uncomfortable position or to continuously repeat physical movements; punishing a child for not resting, napping, or sleeping, not eating all or part of meals or snacks, or not completing an activity; forcing food or drink upon a child; the use of physical restraint other than to hold a child when necessary to protect a child or others from harm; the use of prone restraints; the use of mechanical restraints for reasons unrelated to the child’s care, safety, or planned activity; giving a child any nonprescribed substance to control behavior; and punishing or shaming a child for the actions of a parent.

Subd. 5. Additional provisions. Codifies and modifies provision pertaining to requirements for behavior guidance for children with a developmental disability or related condition.

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Subd. 6. Persistent unacceptable behavior. Codifies and modifies provision about procedures and plans when a child demonstrates persistent unacceptable behavior. Clarifies the information required for documenting persistent unacceptable behavior and in a behavior plan. Requires the plan to be reviewed at least twice each calendar year and for the initial plan, each review of the plan, and documentation stating the plan is no longer in effect to be kept in the child's record. Requires all staff who work directly with the child to be trained on the plan, and requires documentation of staff training be maintained on file.

Subd. 7. Separation time from the group. Codifies and modifies provisions about separating a child from the group and makes clarifying changes. Expands prohibition on separation to infants and toddlers from children between the ages of six weeks and 16 months.

14 **Furnishings, equipment, materials, and supplies.**

Creates § 142H.14. Codifies and modifies administrative rule pertaining to required furnishings, equipment, materials, and supplies. Minnesota Rules, part 9503.0045, which is repealed and replaced by this section, has a prescriptive list of equipment and materials for each child age category. The new section replaces this with a requirement to have a minimum number of choices of activities available to children across each interest area.

Subd. 1. General requirements. Codifies and modifies provision containing general requirements for furnishings, equipment, materials, and supplies. Requires equipment and furniture to be: durable; in good repair; structurally sound, stable and free of sharp edges, dangerous protrusions, points where extremities of a child could be pinched or crushed, and openings or angles that could trap part of a child; and not hazardous. Requires equipment to be age and developmentally appropriate and used in accordance with the manufacturer's instructions. Permits the use of equipment and play materials not designed or marketed for use by children if they are appropriate to the age and size of children, in good repair, and used under the supervision of a program staff person.

Subd. 2. Indoor play equipment. Requires a license holder to provide enough indoor play equipment and materials to allow each child a choice of at least three activities involving equipment when all children are using equipment. Requires the quantity of equipment provided to be based on the maximum licensed capacity of the classroom.

Subd. 3. Outdoor play equipment. Requires a license holder to provide enough outdoor play equipment and materials to allow each child a choice from at least

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one activity involving equipment. Requires the quantity of equipment provided to be based on the maximum licensed capacity.

Subd. 4. Interest areas. Codifies and modifies provision requiring a license holder to have equipment and materials in certain developmental and learning areas and makes clarifying changes. Adds building, social interaction, math, and language and literacy to interest areas.

Subd. 5. Equipment rotation and accessibility. Permits a program to rotate equipment throughout the day so long as the number of choices required for indoor and outdoor play equipment is available for each child in attendance. Requires equipment and materials from each interest area be accessible to children once per day.

Subd. 6. Furnishings. Codifies and combines provisions about required furniture for each child age category and makes clarifying changes.

Subd. 7. Supplies. Codifies and combines provisions about required supplies and makes clarifying changes.

15 **Natural elements and materials.**

Creates § 142H.141.

Subd. 1. Natural elements and materials. Permits a license holder to use natural elements and materials as equipment and play materials and includes examples of natural elements and materials and appropriate uses of those.

Subd. 2. Supervision. Requires a program staff person to supervise a child's use of natural elements and materials and provide guidance on safe and appropriate use. Prohibits children under the age of three from accessing natural elements and materials that are a choking hazard without direct supervision of a program staff person.

Subd. 3. Other uses. Permits natural elements and materials to qualify as equipment and materials under section 142I.14, subdivision 4.

16 **Children with special health care needs or disabilities.**

Creates § 142H.15. Codifies and modifies administrative rule pertaining to care for and support of children with special health care needs or disabilities. Recodifies and modifies section 142B.66, subdivision 1, pertaining to allergy prevention and response.

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Subd. 1. Child with special health care needs or disabilities. Codifies provision with the definition of "child with special health care needs or disabilities" and makes clarifying changes.

Subd. 2. Report to parent. Codifies provision requiring a license holder to inform the parent when there is a developmental concern or potential special health care need of a child that was not previously identified and makes clarifying changes.

Subd. 3. Individual child care program plan. Codifies and modifies provision requiring a license holder to develop an individual child care program plan (ICCPP) when admitting a child with a special health care need or disability. Requires the ICCPP to be reviewed and updated at least once each calendar year, and requires the most recent ICCPP to be available at all times to program staff when the child is in care. Requires all staff who work directly with the child to be trained on the ICCPP and documentation of staff training to be maintained on file.

Subd. 4. Inclusion. Requires all activities to be designed to include all children unless a specific medical contraindication exists or an exclusion is otherwise specified in a child's ICCPP.

Subd. 5. Allergy prevention and response. Recodifies provision pertaining to a center's allergy prevention and response policy and developing an ICCPP for a child with an allergy and makes clarifying changes.

Subd. 6. Temporary physical needs. Requires a license holder to maintain current documentation about a child's temporary physical need identified by their health care provider. Provides that an ICCPP is not required for documenting a temporary physical need.

17 **Night care program.**

Creates § 142H.16. Codifies and modifies administrative rule pertaining to a license holder operating a night care program.

Subd. 1. Applicability. Codifies provision requiring a license holder providing overnight care to comply with the section.

Subd. 2. Furnishings. Codifies and modifies provision pertaining to overnight care furnishings required for each child age category. Requires each bed or crib to have a waterproof mattress or mattress pad that can be cleaned and disinfected and that all bedding and sleeping equipment be cleaned and disinfected according to section 142H.41, subdivision 4, clause (3).

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Subd. 3. Clothing intended for sleeping. Codifies provision requiring all children be put to bed in clothing for sleeping as designated by the parent of the child.

Subd. 4. Personal care items. Codifies provision pertaining to children's personal care items for sleep.

Subd. 5. Meals and snacks. Codifies and modifies provision pertaining to evening meals and bedtime snacks. Exempts night care programs from meals and snacks requirements under section 142H.32, subdivision 7.

Subd. 6. Staffing. Codifies provision pertaining to staffing and makes clarifying changes.

Subd. 7. Hygiene assistance. Codifies provision pertaining to hygiene assistance and makes clarifying changes.

Subd. 8. Showers and bathtubs. Requires the license holder to ensure bathtubs and showers are equipped to prevent slipping if the center provides bathing.

Subd. 9. Bathing procedures. Requires a center to have written permission from parents prior to allowing a child to bathe and must ensure bathtubs and showers are cleaned and disinfected after each use unless the children are siblings and the parent has provided written consent. Prohibits bathing children together unless the children are siblings and the parent has provided written consent.

Subd. 10. Privacy. Codifies provision requiring school-age boys and girls be separated during bedtime washing and changing activities.

Subd. 11. Sleeping arrangements. Codifies and modifies provision about sleeping arrangements. Requires sleeping arrangements so that sleeping children are cared for separately from children who are awake and sleeping children are not disturbed by arrivals and departures.

Subd. 12. Bedtime. Codifies provision requiring a child's bedtime to be scheduled in consultation with the child's parent.

Subd. 13. Light. Codifies and modifies provision pertaining to light. Requires the center to provide adequate lighting in all areas to ensure that staff are able to see all children at all times.

Subd. 14. Outdoor illumination. Requires the center to ensure that parking areas, outdoor walkways, and all building entrances are adequately lighted for safety and security.

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Subd. 15. Program emphasis. Codifies provision requiring a license holder to comply with the child care program standards under section 142H.11.

Subd. 16. Exceptions. Codifies provision exempting a night care program from outdoor activity area, outdoor activity, and outdoor equipment requirements.

18 **Drop-in child care programs.**

Creates § 142H.17. Recodifies and modifies section 142B.41, subdivision 6, and codifies and modifies administrative rule, both pertaining to the regulation of drop-in child care programs.

Subd. 1. Drop-in child care programs. Requires a license holder choosing to operate as a drop-in child care program to comply with the requirements of the section.

Subd. 2. Exemptions. Recodifies, codifies, and modifies provisions exempting drop-in child care programs from certain requirements under sections regulating staff ratios, group size, and staff distribution; the child care program plan and activities; and naps and rest. Permits a drop-in child care program to be exempt from these requirements if the program operates: in a child care center that houses no child care program except the drop-in child care program; in the same child care center but not during the same hours as a regularly scheduled ongoing child care program with a stable enrollment; or in a child care center at the same time as a regularly scheduled ongoing child care program with a stable enrollment, but most activities are conducted separately from each other.

Subd. 3. Staffing requirements. Recodifies, codifies, and modifies provisions pertaining to staffing requirements and makes clarifying changes.

Subd. 4. Staff-to-child ratio requirements in a drop-in program. Codifies provision pertaining to staff-to-child ratio requirements and makes clarifying changes.

Subd. 5. Staff distribution. Codifies provision pertaining to staff distribution requirements and makes clarifying changes.

19 **Exclusion of sick children.**

Creates § 142H.18. Codifies and modifies administrative rule pertaining to situations in which a sick child must be excluded from the group. Establishes a framework for notifications between the center, the commissioner of health, and parents and when a child may return to the center.

Subd. 1. Exclusion of sick children. Codifies and modifies provision requiring a center to isolate a sick child and call the child's parents immediately. Requires a

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license holder to follow requirements on reportable diseases and guidelines from the commissioner of health on infectious diseases in child care settings when determining if a child is sick and exclusion is necessary.

Subd. 2. Notification. Requires a center's program policies to require a parent to inform the center within 24 hours, excluding weekends and holidays, when a child is diagnosed as having a reportable or infectious disease. Requires the license holder to notify the commissioner of health of any suspected cases of reportable diseases within 24 hours of receiving a parent's report and to notify parents of exposed children when the center is notified of a reportable disease, lice, scabies, impetigo, ringworm, or chickenpox.

Subd. 3. Return to center. Requires the center to exclude children for a length of time specified in the commissioner of health guidelines on infectious diseases in child care settings and until the child can participate in routine activities without more staff supervision than usual.

20 **Sick care program.**

Creates § 142H.19. Codifies and modifies administrative rule pertaining to the licensure of sick care programs.

Subd. 1. Licensure of sick care programs. Codifies provision requiring a license holder choosing to operate as a sick care program to comply with the requirements of the section.

Subd. 2. Review of admission and health policies and practices. Codifies and modifies provision on the review of a sick care program's admission and health policies and practices and makes clarifying changes. Permits a physician assistant or an advanced practice registered nurse with a specialization in pediatric care to review and approve a sick care program's admission policy.

Subd. 3. Evaluation of a sick child. Codifies and modifies provision on the evaluation of a sick child. Requires the evaluation to include whether the child can be grouped together with other children in care with contagious or noncontagious illnesses.

Subd. 4. Information to parents. Codifies and modifies provision on the required policies and procedures that must be provided to parents. Requires the information to be given to the parent every admission following a change to any of the information.

Subd. 5. Parent conference exception. Codifies provision exempting a sick care program from providing parent conferences and makes clarifying changes.

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Subd. 6. Child care program emphasis exception. Codifies provision exempting a sick care program from the child care program plan requirements and makes clarifying changes.

Subd. 7. Group size and age category grouping exemptions. Codifies provision exempting a sick care program from maximum group sizes and age category grouping restrictions and makes clarifying changes.

Subd. 8. Staff-to-child ratios and staff distribution requirements. Codifies provision on required staff-to-child ratios and staff distribution requirements and makes clarifying changes.

Subd. 9. Limitation on staff assignment. Codifies provision prohibiting staff from caring or preparing food for nonsick children on the same day as sick children and from entering the kitchen used to prepare food for nonsick children if caring for sick children and makes clarifying changes.

Subd. 10. Food preparation. Codifies provision pertaining to food preparation.

Subd. 11. Menus. Codifies provision requiring menus for sick children to be modified for the individual needs of the child.

Subd. 12. Additional facility requirements. Codifies provision with additional facility requirements.

Subd. 13. Outdoor activity area, activities, and equipment exemption. Codifies provision exempting a sick care program from requirements for an outdoor activity area, outdoor activities, and outdoor equipment.

Subd. 14. Cleaning and disinfecting. Codifies provision requiring at least daily cleaning and disinfecting of rooms and equipment used by sick children and makes clarifying changes.

Subd. 15. Bedding and sleeping equipment. Codifies and modifies provision for bedding and sleeping equipment and makes clarifying changes. Requires the bedding and sleeping equipment to be dependent on the age of the child.

21 **Information to parents.**

Creates § 142H.20. Codifies and modifies administrative rule pertaining to the information a center must provide to parents.

Subd. 1. Policies provided to parents. Codifies and modifies provision containing a list of the information and policies a center must provide to a parent upon a child's enrollment. Adds requirements to include: the policy on the use of technology and screen time; the telephone number of the Department of

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Children, Youth, and Families, Division of Licensing; the policy on naps and rest; and the procedures for notifying parents of an evacuation, including procedures for reunification with families.

Subd. 2. Parent conferences. Codifies and modifies provision requiring a center to inform a parent of a child's progress. Requires the license holder to complete individual assessments and plan and offer parent conferences at least twice a year for all children under school-age and at least once a year for school-age children.

Subd. 3. Daily reports for infants and toddlers. Codifies provision requiring daily individualized written reports to be provided to the parent of an infant or toddler.

22 **Parent visitation and access to program.**

Creates § 142H.21. Recodifies and modifies section 142B.41, subdivision 11, and codifies and modifies administrative rule, both pertaining to parental access to the center. Requires an enrolled child's parent to be allowed to access their child at any time while the child is in care unless a legal restriction or court order restricts access, and requires that a copy of the order or other legal restriction be kept in the child's record.

23 **Consent for research, cameras, and social media participation.**

Creates § 142H.22. Codifies administrative rule pertaining to research, fundraising, and public relations projects. Establishes a new provision requiring a center to have a policy governing the use of social media and the use of photos and videos of children in care.

Subd. 1. Policy. Requires a center to have a policy on the use of social media and of photos and videos of children in care. Requires the policy to include procedures for obtaining written consent from parents for the release of photos and videos of children for promotional or publicity purposes and a statement prohibiting any employee or volunteer from posting content of children in care or enrolled families on a personal social media account or public digital platform.

Subd. 2. Participation in research, fundraising, or public relations project. Codifies provision requiring a license holder to obtain a separate written permission form a parent before each occasion a child is involved in a research, fundraising, or public relations project while at the center.

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24 **Emergency and accident policies and records.**

Creates § 142H.23. Recodifies and modifies section 142B.66, subdivision 3, and codifies and modifies administrative rule, both pertaining to emergency preparedness and emergency and accident policies and records.

Subd. 1. Emergency preparedness plan. Recodifies and modifies provision requiring written emergency preparedness plan and makes clarifying changes. Adds requirement to include procedures for sheltering in place and lockdown. Codifies requirement for a center to have an operable on-site flashlight and prohibits a cell phone from meeting this requirement. Requires primary and secondary exits and evacuation routes to remain unblocked.

Subd. 2. Emergencies, accidents, incidents, and injuries. Codifies provisions outlining what must be included in policies and procedures for emergencies, accidents, incidents, and injuries and makes clarifying changes. Requires a license holder to post a facility floor plan in a visible location in each classroom and other areas where child care is provided instead of the written procedures for emergencies.

25 **Supervision and risk reduction.**

Creates § 142H.24. Recodifies section 142B.01, subdivision 27, with sight and hearing exceptions to the definition of "supervision." Recodifies and modifies section 142B.54, subdivisions 2 and 3, pertaining to the center's risk reduction plan.

Subd. 1. Supervision; sight and hearing exceptions. Recodifies provision providing exceptions to the definition of "supervision" and makes clarifying changes.

Subd. 2. Risk reduction plan. Recodifies provision pertaining to what must be included in a center's risk reduction plan and makes clarifying changes. Adds requirements for polices on minimizing risk of harm or injury to children from traffic and pedestrian accidents and children choking or suffocating.

Subd. 3. Yearly review of risk reduction plan. Recodifies provision requiring a yearly review of the risk reduction plan and makes clarifying changes. Requires the license holder to train program staff within ten days following any change to the risk reduction plan.

26 **Center administrative records.**

Creates § 142H.25. Codifies and modifies administrative rule pertaining to the administrative records a center must maintain and makes technical changes. Adds requirement to maintain daily center and classroom attendance records.

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27 **Personnel records.**

Creates § 142H.26. Codifies and modifies administrative rule pertaining to the personnel records a center must maintain. Requires the personnel record for each program staff person to include the program staff person's emergency contact, first date of direct contact and unsupervised direct contact with a child, and hire date and last day of employment, as applicable.

28 **Children's records.**

Creates § 142H.27. Codifies and modifies administrative rule pertaining to the records for each child served by the program that the center must maintain.

Subd. 1. Requirements. Codifies and modifies provision with the information that must be contained in a child's record and makes clarifying changes. Removes requirement to collect information about a child's source of dental care and now requires only one emergency contact other than a parent. Provides that the child's date of enrollment in the program must be included in the records.

Subd. 2. Disclosure. Codifies provision prohibiting the disclosure of a child's record to any person other than the child, the child's parent or legal representative, employees of the license holder, and the commissioner of children, youth, and families without the parent's written consent. Specifies that the prohibition does not apply to information needed by a first responder in the case of an emergency.

29 **Reporting requirements.**

Creates § 142H.28. Codifies and modifies administrative rule pertaining to license holder reporting requirements.

Subd. 1. Maltreatment, abuse, and neglect reporting. Codifies provision requiring the license holder to comply with reporting requirements for abuse and neglect specified in chapter 260E.

Subd. 2. Other reporting. Codifies provision requiring the license holder to notify the commissioner of children, youth, and families in certain circumstances and makes clarifying changes. Decreases the time frame for reporting structure damage to the building or a fire that requires the fire department from 48 hours to 24 hours.

30 **Health.**

Creates § 142H.29. Codifies and modifies administrative rule pertaining to health.

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Subd. 1. Health policies. Codifies provision requiring an applicant for licensure to develop written health policies that are approved by the commissioner of children, youth, and families.

Subd. 2. Health consultation. Codifies and modifies provision requiring a center to have a health consultant who reviews and approves the center's health policies and practices. Permits a program serving infants to do a review at least quarterly after initial licensure and allows the review to be conducted virtually every other quarter. Requires the consultant to review and approve the program's cleaning and disinfecting products and procedures.

Subd. 3. Health information at admission. Codifies provision requiring the license holder to obtain a report on a current physical examination of a child signed by the child's health provider prior to or within 30 days of admission.

Subd. 4. Immunizations. Codifies and modifies provision pertaining to children's immunization records. Requires a license holder to maintain record of each child's current immunizations, a signed notarized statement of parental objection to immunization, or a medical exemption throughout the child's enrollment at the center. Requires each license holder to file an immunization report each calendar year with the Department of Health.

Subd. 5. Administration of medication. Codifies and modifies provision pertaining to the administration of medication. Prohibits a license holder from using herbal remedies and essential oils unless prescribed or recommended by a dentist or a health care provider. Removes requirement that a license holder document the administration of medication that is applied externally and is not ingested, such as sunscreen or insect repellent.

Subd. 6. Diapers, changing areas, and disposal. Codifies and modifies provisions about sanitary diaper changing area procedures. Clarifies diaper changing procedures.

Subd. 7. Hand washing; child. Codifies and modifies provision about when a child's hands must be washed with soap and water. Prohibits the use of a common or shared cloth or towel to dry hands. Requires the water temperature not exceed 120 degrees Fahrenheit in sinks accessible to children. Permits the use of a hand sanitizer with at least 60 percent alcohol if soap and water are unavailable.

Subd. 8. Hand washing; program staff. Codifies and modifies provision about when a program staff person's hands must be washed with soap and water. Prohibits the use of a common or shared cloth or towel to dry hands. Permits the

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use of a hand sanitizer with at least 60 percent alcohol if soap and water are unavailable.

Subd. 9. First aid kit. Codifies and modifies provision outlining the items that must be in a first aid kit that is always accessible in the center and whenever children are off-site. Adds elastic bandage wrap; mild liquid soap or hand sanitizer that is at least 60 percent alcohol; bottled water; disposable powder-free, latex-free gloves; and a face shield or protective barrier for giving CPR.

Subd. 10. Handling and disposal of bodily fluids. Recodifies section 142B.66, subdivision 2, pertaining to the handling and disposal of bodily fluids and makes clarifying changes.

Subd. 11. Tobacco products, vaping, drugs, and alcohol use prohibitions. Requires a license holder to ensure that no employee, subcontractor, or volunteer is under the influence of a chemical that impairs the individual's ability to provide services or care. Prohibits the possession or use of marijuana, products containing THC, alcohol, and illegal drugs on the premises during hours of operation, including all indoor and outdoor program environments and in any vehicles used by the program. Prohibits the use of tobacco products, vaping devices, and electronic cigarettes indoors, outdoors where children are present, and in vehicles used by the program. Requires a license holder to post a notice at the main entrance of the center stating that the use of tobacco products is prohibited inside the building and in outdoor areas where children are present.

31 **Attendance records.**

Creates § 142H.30. Recodifies and modifies section 142B.41, subdivision 10, pertaining to attendance records and establishes new daily classroom tracking requirements.

Subd. 1. Attendance records. Recodifies provision requiring a child care center to maintain documentation of actual attendance for each child receiving care. Modifies the requirement to apply to all children receiving care and not only those for which the license holder is reimbursed by a governmental program.

Subd. 2. Daily classroom tracking. Requires program staff to track children in their classroom on a daily basis as they arrive in and depart from the classroom. Requires the tracking to include the first and last name of each child and to remain with each group at all times throughout the day.

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32 **Cleaning, sanitizing, and disinfecting.**

Creates § 142H.31. Codifies and modifies administrative rule requiring the indoor and outdoor space and equipment of the program be clean. Establishes requirements for pacifiers and cleaning frequency.

Subd. 1. Products and procedures. Requires cleaning and disinfecting to be done in accordance with policies, procedures, and products approved by the program's health consultant.

Subd. 2. Indoor and outdoor equipment. Codifies requirement that the indoor and outdoor space and equipment of the program must be clean. Exempts natural elements and materials used as equipment and play materials from being clean, as defined under section 142H.01. Requires a program staff person to inspect natural elements and materials, natural features, and play materials used for outdoor play for hazardous objects and other safety hazards and to remove or mitigate the hazard before a child's use.

Subd. 3. Pacifiers. Requires pacifiers to be labeled with each child's name or other individual identifier and stored separately.

Subd. 4. Cleaning frequency. Requires the license holder to develop and follow a cleaning schedule for: food preparation areas, tables, high chairs, and food service counters; items that have been inside a child's mouth or come into contact with bodily fluids; sleeping equipment and bedding; toileting areas; and garbage cans and diaper receptacles.

33 **Food, drinking water, and nutrition.**

Creates § 142H.32. Codifies and modifies administrative rule pertaining to food, drinking water, and nutrition requirements.

Subd. 1. On-site food preparation. Codifies and modifies provision about food that is prepared on-site. Requires a license holder to comply with requirements for food and beverage service establishments under chapter 157; Minnesota Rules, chapter 4626; and local health departments.

Subd. 2. Off-site food preparation. Codifies and modifies provision about providing food that is prepared by an off-site, licensed food and beverage service establishment. Requires the center to file a copy of the establishment's current license and the contract to provide food at the center.

Subd. 3. Providing food. Codifies and modifies provision requiring a license holder to provide meals and snacks. Requires the license holder to supplement

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food provided by a parent if the food does not meet United States Department of Agriculture Child and Adult Care Food Program (CACFP) nutritional requirements.

Subd. 4. Drinking water. Codifies provision requiring a child care center to have a safe supply of drinking water and makes clarifying changes. Recodifies section 142B.41, subdivision 13, pertaining to the use of reusable water bottles or cups and makes clarifying changes.

Subd. 5. Menu. Codifies and modifies provision pertaining to general requirements for menus. Requires meals and snacks provided by the license holder to comply with the meal pattern and nutritional requirements contained in the most current CACFP standards, the current menu to be posted or made readily available to parents, and any food substitution to be noted on the menu at the time of the change.

Subd. 6. Sanitation. Codifies and modifies provision about requirements for sanitation. Increases the maximum temperature for refrigeration provided by the license holder from 40 to 41 degrees Fahrenheit.

Subd. 7. Meals and snacks. Codifies provision about how many meals and snacks must be served to a child based on how long the child is in attendance and makes clarifying changes.

Subd. 8. Prescribed diet requirements. Codifies and modifies provision pertaining to medically prescribed diets. Requires a license holder to develop and maintain an individual child care program plan for a child who requires a prescribed diet.

Subd. 9. Cultural or religious diet accommodations. Requires the center to obtain written, dated, and signed instructions from a child's parent who requests a special diet for religious or cultural reasons. Requires the license holder to provide for the special diet or have the parent provide food items that are not part of the center's menu plan.

Subd. 10. Food allergy information. Codifies provision about food allergies and makes technical changes.

Subd. 11. Infant food and feeding schedule. Codifies and modifies provision pertaining to infant diets and feeding schedules and makes clarifying changes. Requires infants to be held or fed sitting up for bottled feedings until the infant can independently sit up and feed themselves and prohibits propping a bottle. Prohibits warming or heating bottles in a microwave and allowing children access to a bottle-warming device.

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Subd. 12. Additional requirements. Requires a center to serve food that is not a choking hazard and is developmentally appropriate in size, amount, and texture. Codifies provision requiring program staff to be seated with children during meal and snack times.

34 **Transportation and field trip requirements.**

Creates § 142H.33. Codifies and modifies administrative rule provisions pertaining to requirements for transporting children and bringing them on field trips.

Subd. 1. Requirements. Requires a license holder to comply with this section when providing transportation for children or taking children off site.

Subd. 2. Driver requirements. Codifies and modifies provision about driver requirements to transport children. Requires a driver to be at least 18 years old, have a copy of their driver's license on file at the center, and be free of any substance that could impair driving abilities. Exempts parents not employed by the center who use personal vehicles for transportation from having a copy of their driver's license on file at the center if they transport children three or fewer times per calendar year.

Subd. 3. Requirements during transportation. Codifies and modifies provision containing requirements while transporting children. Requires one program staff person per vehicle when transporting school-aged children; two program staff persons per vehicle when transporting infants, toddlers, and preschoolers; and an additional program staff person if there are 12 or more infants or toddlers. Requires a two-way communication system and first aid kid in the vehicle during transportation. Provides that a license holder must ensure children board from the curb side of the street whenever possible and check that no children have been left in the vehicle once children have exited.

Subd. 4. Field trip requirements. Codifies and modifies provision pertaining to participation in field trips. Requires staff-to-child ratios to be maintained on all field trips. Provides that a parent's written permission form must include the date and destination of the trip, the times of departure from and return to the facility, and the method of transportation, including the estimated total distance of the walk if the method is walking. Permits a program to use an annual permission form if the program includes daily or regular off-site outdoor activities so long as parents are informed of specific destinations and any substantial changes to the general plan outlined in the annual permission form. Permits unscheduled neighborhood walks if the program has obtained advance written parental permission in the general plan for neighborhood walks. Requires program staff to bring a child's allergy information, medication and supplies

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needed for a child with a health condition, and a working cell phone or other means of immediate communication.

35 **Facility.**

Creates § 142H.34. Codifies and modifies administrative rule pertaining to a child care center's facility.

Subd. 1. Occupancy designation. Codifies and modifies provision requiring the facility to comply with the State Building Code and any applicable local building ordinances at initial licensure. Requires a license holder to obtain written verification of compliance for any facility remodel, substantial improvement, renovation, or reconstruction.

Subd. 2. Fire inspection. Codifies and modifies provision pertaining to fire inspections. Requires each center to have a fire inspection at least once every five calendar years from the date of the last fire inspection pursuant to the time frames in statute.

Subd. 3. Reinspection for cause. Codifies provision permitting the commissioner of children, youth, and families to request another inspection if the commissioner has reasonable cause and makes clarifying changes.

Subd. 4. Facility floor plan and designated areas. Codifies provision pertaining to the facility floor plan and designated areas and makes clarifying changes.

Subd. 5. Child's personal storage space. Codifies provision requiring a center to have storage space for each child's clothing and personal belongings that is at a height appropriate to the age of the child.

Subd. 6. Space for children who become sick. Codifies provision requiring a center to have space for a child who becomes sick that is separate from activity areas used by other children and makes clarifying changes.

Subd. 7. Outdoor learning environment and play space. Codifies and modifies provision about a center's outdoor activity area. Requires a fall zone made of an energy-absorbing surface under installed climbing equipment, swings, and slides. Exempts natural features used for outdoor play from having a fall zone. Requires a program staff person to remove hazardous objects and mitigate hazards from a natural feature used for outdoor play and to supervise the use of a natural feature.

Subd. 8. Indoor space. Codifies provision requiring a minimum of 35 square feet of indoor space per child in attendance and makes clarifying changes.

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Subd. 9. Shielding of hot surfaces. Codifies provision requiring hot surfaces in areas used by children to be shielded or insulated to prevent burns. Requires heating appliances to be installed and maintained in accordance with the manufacturer's instructions and the State Building Code.

Subd. 10. Electrical outlets. Codifies provision requiring electrical outlets to be tamper proof or shielded when not in use unless the center serves only school-aged children.

Subd. 11. Water hazards. Codifies provision requiring bodies of water within or adjacent to the center to be inaccessible to children and requiring children to be supervised at all times when using a pool or beach.

Subd. 12. Room temperature. Codifies and modifies provision pertaining to indoor room temperature. Adds requirement that an indoor room be no hotter than 82 degrees Fahrenheit.

Subd. 13. Hazardous areas. Codifies provision requiring kitchens, stairs, and other hazardous areas to be inaccessible to children except during periods of supervised used.

Subd. 14. Fire extinguisher inspection. Codifies provision requiring fire extinguishers to be serviced at least once every 365 days.

Subd. 15. Toilet articles. Requires a license holder to provide and make available toilet paper, liquid hand soap, facial tissues, and single-use paper towels or warm air hand dryers.

Subd. 16. Toilets and hand sinks. Codifies and modifies provision pertaining to toilets and hand sinks requirements and makes clarifying changes. Requires plungers and toilet-cleaning devices to be inaccessible to children.

Subd. 17. Hazardous objects. Requires a license holder to prevent children from accessing hazardous objects and provides examples of what items are considered hazardous objects. Permits the use of hazardous objects that are part of program plan activities when supervised by program staff. Requires supplies and materials used by children to be labeled "nontoxic" by the manufacturer.

Subd. 18. Telephone. Recodifies section 142B.66, subdivision 5, requiring a working telephone in a licensed child care center and makes clarifying changes.

Subd. 19. Animals. Requires a license holder to keep each animal housed in the program up to date on vaccines as required for that species and to notify parents of the presence of animals in the program and if a child has their skin broken by

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an animal bite or scratch. Prohibits allowing children to handle animals without adult supervision.

Subd. 20. Pest control. Requires a license holder to take steps to remove or exterminate pests. Prohibits using chemicals, baits, and traps for pests in areas accessible to children while children are present. Provides parameters for the use of chemicals to control weeds and pests and requires a license holder to notify parents if a chemical will be applied no less than 48 hours prior to application.

Subd. 21. Posting license. Codifies provision requiring a license holder to post the license in visible place in the center and makes clarifying changes.

36 **Environmental health.**

Creates § 142H.35. Codifies and modifies administrative rule requiring a safe water supply. Establishes a new requirement for a license holder to notify parents about radon testing in the child care center.

Subd. 1. Water supply. Codifies provision requiring a center to test the water used for cooking or drinking if the water is obtained from a privately owned well or source and makes clarifying changes.

Subd. 2. Radon testing. Requires the license holder to notify parents whether radon testing has been conducted in the program upon a child's enrollment and within 30 days of any subsequent testing done after enrollment. Requires the license holder to use a form prescribed by the commissioner of children, youth, and families to notify parents. Permits the form to be posted in a prominent place as a way to meet the notification requirement.

37 **Maltreatment of minors internal review.**

Creates § 142H.36. Recodifies section 142B.54, subdivision 1, pertaining to maltreatment of minors internal review requirements and makes clarifying changes.

38 **Applicability.**

Applies prohibition on using prone restraints to child care centers licensed under chapter 142H and family child care providers licensed under chapter 142I.

39 **Revisor instruction.**

Directs the revisor of statutes to renumber section 142B.68 pertaining to video security cameras in child care centers as section 142H.37, make any necessary statutory cross-reference changes that result from this article, and replicate the statutory history for all sections and subdivisions repealed and reenacted in this article.

Section	Description - Article 12: Child Care Center Licensing Modernization
40	**Repealer.** Repeals parts of Minnesota Rules, chapter 9503, and sections of Minnesota Statutes, chapter 142B, that are recodified in this article.
41	**Effective date.** Makes the article effective July 1, 2027.

Article 13: Family Child Care Licensing Modernization

This article codifies and modifies requirements governing licensed family child care programs under Minnesota Statutes, chapter 142I.

Section	Description - Article 13: Family Child Care Licensing Modernization
1	**Definitions.** Creates § 142I.01. Codifies and modifies definitions from administrative rule, recodifies and modifies definitions from section 142B.01, and adds terms for the purposes of the chapter.
2	**Licensing of programs.** Creates § 142I.02. Codifies the purpose of the chapter. Prohibits a family child care program from operating in Minnesota without a license issued under Minnesota Statutes, chapters 142B and 142H.
3	**Licensing process.** Creates § 142I.03. Codifies and modifies administrative rule pertaining to the licensing process for a family child care program; recodifies section 142B.78 pertaining to regulation of family child care programs by local government; and recodifies and modifies section 142B.62 pertaining to child care license holder insurance. **Subd. 1. License application.** Codifies provision about the application used for a license and when an application for licensure is complete and makes clarifying changes. **Subd. 2. Licensing study.** Codifies provision requiring a licensing study to determine compliance with all applicable rules and statutes prior to a license being issued and makes clarifying changes. Removes requirement for new applicants with a licensed capacity of more than ten to have an initial inspection

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by a fire marshal and adds this requirement for a family child care program located in a commercial space.

Subd. 3. Ineligibility factors. Codifies provision containing ineligibility factors for an applicant for licensure, caregiver, or person residing where the family child care program operates and who is present when children are in care or works with the children in care, and makes clarifying changes. Adds prohibition on exhibiting behavior that could pose a risk to children being served in the family child care program and permits the licensing agency to request assessments or documentation to evaluate the ability to provide care.

Subd. 4. Variances. Transfers authority to grant variances to the chapter from the county licensing agency and to the Department of Children, Youth, and Families. Requires the department to make a determination on a variance request within 30 business days of receiving the request.

Subd. 5. Posting a license. Codifies provision requiring the license holder to post the license in a visible place and makes clarifying changes.

Subd. 6. Changes in license terms. Codifies provision pertaining to when a new license application must be submitted. Requires a new application before a license holder changes between a class A and any class C license type or a current C license class to a higher C license class.

Subd. 7. Number of licenses. Codifies provision limiting each individual applicant to one family child care license.

Subd. 8. Access to program. Codifies provision requiring caregivers to give authorized representatives of the commissioner of children, youth, and families access to the family child care program premises during the hours of operation and makes clarifying changes.

Subd. 9. Disposal of license. Requires a license holder to remove the license from the home within 14 days of ceasing operation or upon the final order of revocation, denial, or suspension of license; stop all advertising; and refrain from providing care to children if a program is closed or a license is revoked, suspended, or not renewed instead of returning the license to the commissioner of children, youth, and families.

Subd. 10. Local government authorities. Recodifies provision limiting the authority of local units of government to establish requirements for family child care programs.

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Subd. 11. Background studies. Codifies provision requiring all individuals subject to a background study to comply with the requirements of chapter 245C.

Subd. 12. Child care license holder insurance. Recodifies provision requiring a license holder to provide to parents a form with information about the license holder's liability insurance status and makes clarifying changes.

4 **Agency records.**

Creates § 142I.04. Codifies administrative rule pertaining to the records a child care licensing agency must maintain for each license holder.

Subd. 1. Agency records. Codifies provision on the records an agency must maintain for each license holder and makes clarifying changes. Requires an agency to maintain a copy of the notification given to parents prior to a child's admission indicating that pets are present in the residence and other required documentation pertaining to pets and animals.

Subd. 2. Data privacy. Codifies provision on who must have access to license holder records and data privacy of records on children and makes clarifying changes.

5 **Reporting to agency.**

Creates § 142I.05. Codifies and modifies administrative rule requiring reporting to the agency.

Subd. 1. Maltreatment, abuse, and neglect reporting. Codifies provision about required maltreatment, abuse, and neglect reporting. Requires a caregiver who suspects, knows, or has reason to believe a child is being or has been maltreated to report the information to the local welfare agency, agency responsible for assessing or investigating the report, police department, county sheriff, Tribal social services agency, or Tribal police as required by chapter 260E.

Subd. 2. Other reporting. Codifies provision about other reporting requirements. Requires the primary provider of care to notify the agency prior to anyone moving into the residence where family child care services are provided; within ten calendar days after anyone moves out of the residence; before a new caregiver provides direct contact services for the first time, unless the individual is acting as an emergency replacement; within 24 hours of damage occurring to the premises that may affect compliance or result in the loss of utility services; within 24 hours after the occurrence of any serious injury, head injury, hospitalization, or death of a child in care; and within 24 hours after the occurrence of an animal bite.

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6 **Admissions; records; reporting.**

Creates § 142I.06. Codifies and modifies administrative rule pertaining to information that must be provided to parents upon a child's admission to a family care program, records a license holder must maintain, and written policies a license holder must have.

Subd. 1. Admission and ongoing information. Requires the primary provider of care to discuss the family child care program's policies and licensing requirements with parents upon a child's enrollment and annually while the child is enrolled. Prohibits the license holder from disclosing a child's record to any person other than the child, the child's parent or guardian, the child's legal representative, employees of the license holder, and the agency unless the child's parent or guardian has given written consent or as otherwise required by law.

Subd. 2. Statutory summary for parents. Codifies a provision requiring a license holder to distribute a descriptive summary of the statutory requirements for family child care providers and makes clarifying changes.

Subd. 3. Parental access. Permits a parent who has a child enrolled in a family child care program to access the child and licensed space at any time while the child is in care unless a court order or other legal documentation restricts access.

Subd. 4. Attendance records. Requires a license holder to maintain documentation of attendance for each child receiving care for a minimum of five years. Requires the records to be completed on the day of attendance and to include the first and last name of the child and the time of day the child was dropped off and picked up.

Subd. 5. License holder policies. Codifies and modifies provisions requiring each license holder to have written policies available for discussion with parents and the commissioner of children, youth, and families. Required policies include program operation policies, health and safety policies, and program environment policies. Requires a license holder to include under health and safety policies the legal requirements for firearms in a family child care program through a statement that includes the language under section 142I.19, subdivision 7.

Subd. 6. Records for each child. Codifies provision requiring the license holder to obtain certain records for each child prior to a child's admission to the family child care program and makes clarifying changes. Requires the license holder to maintain a signed and completed admission and arrangement form and enrollment form, both prescribed by the commissioner of children, youth, and families.

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Subd. 7. Social media, images, and video sharing. Prohibits caregivers from sharing photos, videos, or other personal identifying information of enrolled children, except to provide updates to parents who have provided written consent and to the commissioner of children, youth, and families upon request. Requires a license holder to obtain written consent from parents to use photos or videos of enrolled children for promotional or publicity purposes.

Subd. 8. Nondiscrimination. Codifies provision prohibiting a caregiver from discriminating in relation to enrollment in their family child care program. Adds additional prohibitions on discrimination on the basis of gender identity, marital status, disability, sexual orientation, or familial status.

7 **Capacity and ratios.**

Creates § 142I.07. Codifies and modifies administrative rule pertaining to licensed capacity, child-to-caregiver ratios, and child age distribution restrictions. Recodifies and modifies section 142B.77 pertaining to supervision of a license holder's own child or children.

Subd. 1. Capacity limits. Codifies provision requiring a license holder to be licensed for the total number of children ten years of age or younger who are present on the premises of the family child care program at any one time during child care hours, including the caregiver's own children and foster children.

Subd. 2. Capacity, ratios, and age distribution restrictions. Codifies and modifies capacity, ratios, and age distribution restrictions. Removes class B and D licenses, modifies class C1 to C3, and adds class C4 and C5.

Subd. 3. Newborn care. Codifies provision requiring a newborn to be the only child under 12 months of age present when a newborn is in care and only one adult caregiver is present and makes clarifying changes. If a second adult caregiver is present or the newborn is the child of the license holder, then the newborn is considered an infant for the purposes of child-to-adult ratios and age distribution restrictions.

Subd. 4. Supervision, primary provider of care, and use of substitutes. Codifies and modifies provision pertaining to adult caregiver supervision of children and the use of substitutes and makes clarifying changes. Requires an adult caregiver to have knowledge of each child's needs and be within sight or hearing of newborns, infants, toddlers, and preschoolers at all times without the use of monitoring devices.

Subd. 5. Overnight care. Establishes requirements for family child care programs that provide care overnight between the hours of 11 p.m. and 5 a.m.

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Subd. 6. Class C5 licenses. Requires a program with a class C5 license to always operate at the exit level of discharge. Permits a program with a class C license to operate as a lower C-class level on days when the adult-to-child ratios allow it to operate at a lower capacity.

Subd. 7. Care of the license holder's own child or children. Recodifies and modifies provision pertaining to the care of the license holder's own child or children. Exempts a caregiver who is a parent providing care to their own child in the program from certain requirements with regard to the care of their own children. Permits the agency to enforce standards in these sections if the caregiver's actions with regard to the care of their own children affect the other children in the caregiver's care. Requires a family child care program with a license holder or caregiver providing care to their own child to maintain capacity, ratio, and age distribution requirements.

8 **Qualifications.**

Creates § 142I.08. Codifies and modifies administrative rule pertaining to the general qualifications for an applicant for licensure, and the physical and behavioral health of an adult caregiver.

Subd. 1. Age. Codifies provision requiring an applicant for a family child care license to be an adult at the time of application.

Subd. 2. Physical and behavioral health. Requires an adult caregiver to be physically and mentally able to care for children. Requires an applicant or primary provider of care to provide documentation from a physician, advanced practice registered nurse, or a physician assistant at the time of application that the applicant has had a physical examination within 12 months prior to the application and is physically able to care for children. Requires an applicant to provide the same documentation for any adult caregiver prior to the caregiver assisting in the care of children. Permits the commissioner of children, youth, and families to provide reports on a caregiver's physical or mental health from a health care provider when there is reason to believe a caregiver exhibits physical or mental health symptoms that could impair the caregiver's ability to ensure the health and safety of children.

Subd. 3. Additional class C5 license requirements. Requires an applicant or primary provider of care receiving a class C5 license to have additional substantial compliance with child care regulations as a family child care license holder, primary provider of care, or second adult caregiver; substantial compliance in combination with teaching or nursing experience; or a certification or licensure. Requires an applicant to complete an additional large group training as a condition of receiving a class C5 license.

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9 **Substitute caregivers and replacements.**

Creates § 142I.09. Recodifies and modifies procedures for the use of substitute and emergency replacement caregivers from section 142B.74.

Subd. 1. Total hours allowed. Recodifies provision limiting the use of a substitute caregiver to 500 hours and requiring documentation on the use of each substitute providing care and makes clarifying changes.

Subd. 2. Emergency replacement supervision. Recodifies and modifies provision regulating the use of emergency replacement supervision. Reduces the number of hours an emergency replacement has unsupervised contact with children in care per emergency incident from 24 hours to 12 hours. Requires the license holder to close the family child care program once the last unrelated child has left the program. Requires the license holder to provide the name of an emergency replacement to the county licensing agency once the individual has been used as an emergency replacement.

10 **Applicant, primary provider of care, and second adult caregiver training requirements.**

Creates § 142I.10. Recodifies and modifies training requirements for a license applicant, primary provider of care, and second adult caregiver from section 142B.70.

Subd. 1. Initial training; applicant, primary provider of care, and second adult caregiver. Recodifies initial training requirements for a license applicant, primary provider of care, and second adult caregiver and makes clarifying changes. Increases the amount of time for an applicant, primary provider of care, and second adult caregiver to complete initial training from 12 months to 24 months.

Subd. 2. Annual training; primary provider of care and second adult caregiver. Recodifies annual training requirements for a primary provider of care and second adult caregiver and makes clarifying changes. Reduces the number of required annual training hours from 16 hours to ten hours.

Subd. 3. Ongoing training; primary provider of care and second adult caregiver. Recodifies training requirements for a primary provider of care and second adult caregiver that are required less often than once a year and makes clarifying changes. Adds a requirement to complete fire safety training developed by the State Fire Marshal's Office once every five years. Requires the primary provider of care and each second adult caregiver to review any revised policies and procedures within ten days of the change and the license holder to maintain documentation of each review of the revised policies.

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11 **Substitute and intermittent caregiver training requirements.**

Creates § 142I.11. Recodifies training requirements for a substitute and intermittent caregiver from section 142B.70.

Subd. 1. Initial training; substitute and intermittent caregiver. Recodifies initial training requirements for a substitute and intermittent caregiver and makes clarifying changes.

Subd. 2. Annual training; substitute and intermittent caregiver. Recodifies annual training requirements for a substitute and intermittent caregiver and makes clarifying changes.

Subd. 3. Ongoing training; substitute and intermittent caregiver. Recodifies ongoing training requirements for a substitute and intermittent caregiver and makes clarifying changes.

12 **Helper training requirements.**

Creates § 142I.12. Recodifies and modifies training requirements for a helper from section 142B.70.

Subd. 1. Initial training; helper. Recodifies initial training requirements for a helper and makes clarifying changes. Reduces the number of required initial training hours from six hours to four hours. Requires the four hours to include a course on reporting suspected maltreatment of children. Removes requirement that a helper complete training on the proper use and installation of child passenger restraint systems prior to transporting a child or children under age nine in a motor vehicle.

Subd. 2. Annual training; helper. Recodifies annual training requirements for a helper and makes clarifying changes.

13 **Behavior guidance.**

Creates § 142I.13. Codifies and modifies administrative rule pertaining to methods of promoting positive behavior in children under the care of a family child care program, actions that are prohibited from use by caregiver for behavior guidance, and standards for separation time from the group.

Subd. 1. Methods of promoting positive behavior. Requires a license holder to positively role model acceptable behavior to each child; tailor methods of promoting positive behavior to the developmental level of the children the program is licensed to serve; ensure redirection is used as appropriate in addressing a child's behavior; teach children how to use acceptable alternatives

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to reduce conflict; and protect the safety and well-being of children and caregivers.

Subd. 2. Prohibited actions. Codifies and modifies a provision outlining behavior guidance actions that are prohibited from use by caregivers. Newly defined or expanded prohibited actions include forcing a child to maintain an uncomfortable position or to continuously repeat physical movements; punishing a child for not resting, napping or sleeping, not eating all or part of meals or snacks, or not completing an activity; forcing food or drink upon a child; the use of physical restraint other than to hold a child when necessary to protect a child or others from harm; the use of prone restraints; the use of mechanical restraints for reasons unrelated to the child's care, safety, or planned activity; giving a child any nonprescribed substance to control behavior; and punishing or shaming a child for the actions of a parent.

Subd. 3. Separation time from the group. Prohibits a caregiver from separating a child from the child's group unless the caregiver has tried less intrusive methods of guiding the child's behavior and the behavior threatens the well-being of the child or other children in the program. Prohibits separating children under the age of three. Requires the separation time be: limited to the amount of time necessary for the child to gain self-control, supervised, age-appropriate, and nonhumiliating.

14 **Physical space requirements.**

Creates § 142I.14. Recodifies and modifies section 142B.72 and codifies and modifies administrative rule, both pertaining to physical space requirements. Recodifies and modifies section 142B.41, subdivisions 8 and 9, relating to portable wading pools and swimming pools.

Subd. 1. Indoor space. Codifies provision about indoor space requirements and makes clarifying changes. Requires all exits leading from indoor to outdoor space to be fully clear of obstruction.

Subd. 2. Escape routes. Recodifies provision about escape route requirements and makes clarifying changes. Removes requirements for the dimensions of an egress window.

Subd. 3. Outdoor learning environment and play space. Codifies and modifies provision about outdoor space requirements. Requires an outdoor play space be at least 50 square feet per child the program is licensed to serve for regular use instead of per child in attendance. Permits school-age children in an outdoor play space located at the family child care program without a caregiver if the children are engaged in age-appropriate activities using age-appropriate equipment and the caregiver remains accessible to provide supervision when needed. Requires a

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program to have a continuous fence in good condition with functioning gates, a continuous natural barrier, or a combination thereof or a supervision and safety plan if traffic or other hazards are present near outdoor play areas. Requires electrical fences to be inaccessible to children. Requires caregivers to take measures to protect children from the dangers of sun exposure, extreme heat or cold, and air quality. Requires that outdoor equipment: not have openings between 3-1/2 and nine inches in size, have guardrails or protective barriers on platforms 30 inches or higher, and be assembled, installed, and used according to the manufacturer's guidelines.

Subd. 4. Conditions of the program. Requires the licensed space to be maintained in a manner that protects the health and safety of children in care.

Subd. 5. Portable wading pools. Recodifies and modifies provision pertaining to portable wading pools. Requires the license holder to empty wading pools daily. Requires a caregiver to supervise children at all times when a wading pool is in use and that the wading pool be inaccessible to children when not in use.

Subd. 6. Swimming pools. Recodifies and modifies provision pertaining to swimming pools. Removes requirement that a family child care program enter into a written contract with a child's parent about the requirements for the provider to allow children in care to use a swimming pool located at the family child care program. Requires the license holder to attend and successfully complete a swimming pool supervision training course annually and cover the swimming pool when not in use.

Subd. 7. Water hazards. Codifies provision about water hazards. Requires all water hazards on the site of the family child care program to be enclosed with a fence, wall, building wall, or other physical barrier at least four feet in height. Requires bodies of water to be separated from the play area by a fence or other physical barrier that prevents children from accessing the water.

Subd. 8. Water play. Provides that a license holder does not need parental permission for children to use water toys that spray or jet water and do not have standing water or retain water. Requires water tables to be emptied daily. Requires a caregiver to supervise children at all times when a water table is in use and that the water table be inaccessible to children when not in use.

Subd. 9. Separation between attached garage and family child care program. Recodifies and modifies provision pertaining to the separation between an attached garage and a family child care program.

Subd. 10. Ventilation, heating, and cooling systems. Recodifies provision relating to the distance between items that can be ignited and support

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combustion and certain heating systems. Codifies and modifies provision about heating and venting systems. Requires sources of harmful and unpleasant odors to be removed to the extent possible.

Subd. 11. Temperature. Codifies provision requiring a minimum indoor temperature of 62 degrees Fahrenheit.

Subd. 12. Sewage disposal. Codifies and modifies provision about sewage disposal. Requires toilet training equipment to be emptied and cleaned after each use.

Subd. 13. Construction or remodeling. Codifies provision prohibiting children from having access to construction or remodeling areas.

Subd. 14. Interior walls and ceilings. Codifies provision requiring walls and ceilings within a family child care program to have a flame spread rating of 200 or less and makes clarifying changes.

Subd. 15. Electrical services. Codifies and modifies provision pertaining to electrical guidelines. Specifies that all electrical outlets must be tamper-proof or shielded when not in use when accessible to children instead of only children under first grade. Removes requirements pertaining to the use of extension cords.

Subd. 16. Fire extinguisher. Recodifies and modifies provision on having a fire extinguisher in the program. Requires a fire extinguisher to be located near the required exit door of the program rather than in or near the kitchen and cooking areas of the residence.

Subd. 17. Carbon monoxide and smoke alarms. Recodifies provision pertaining to the installation and maintenance of carbon monoxide and smoke alarms.

Subd. 18. Stairways. Recodifies and modifies requirements for stairways in a family child care program. Removes specific measurement requirements for the back of open stair risers and instead requires the back of the stair risers to be enclosed.

Subd. 19. Lofted spaces. Codifies requirements pertaining to decks, balconies, and lofts, and makes clarifying changes.

Subd. 20. Locks and latches. Codifies and modifies requirements for locks and latches. Requires every interior door lock to permit opening of the locked door from the outside instead of only bathroom door locks. Prohibits the use of locks in the place of supervision.

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Subd. 21. Tobacco products, cannabis, vaping, drugs, and alcohol use prohibitions. Codifies and modifies provision prohibiting smoking in the program during hours of operation. Extends the prohibition to tobacco, cannabis, or any other product in indoor and outdoor program environments and in any vehicles used by the program. Prohibits the use of alcohol or illegal or recreational drugs on the premises during hours of operation. Requires a license holder to verbally provide notice to parents and post a written notice in an obvious location disclosing if the license holder allows smoking of tobacco, cannabis, or any other product on the premises outside of child care hours.

15 **Cleaning and disinfecting.**

Creates § 142I.15. Recodifies and modifies section 142B.76 and codifies and modifies administrative rule, both pertaining to sanitizing, cleaning, and disinfecting.

Subd. 1. General requirements. Codifies and modifies requirement that a family child care program must be free from accumulations of dirt, peeling paint, visible or known debris, soiled items, hazardous clutter, and pet waste. Establishes requirements for use of disinfectants.

Subd. 2. Toys. Requires a toy that has been in a child's mouth or comes into contact with bodily fluids to be cleaned and disinfected prior to next use. Requires toys to be cleaned and disinfected as needed if there are visible or known contaminants or debris on them.

Subd. 3. Food and eating areas. Requires surfaces and tools used for preparing or serving food to be cleaned.

Subd. 4. Indoor and outdoor equipment. Requires the indoor and outdoor space and equipment of a family child care program to be clean. Exempts natural features, elements, and materials used as equipment and play materials for outdoor play from being clean. Requires a caregiver to inspect natural features, elements, and materials used for outdoor play for hazardous objects and other safety hazards and to remove or mitigate the hazard before a child's use.

Subd. 5. Sleeping. Requires bedding to be cleaned and disinfected at least weekly or when visibly dirty.

Subd. 6. Toilet training equipment. Codifies provision pertaining to toilet training equipment and makes clarifying changes.

Subd. 7. Handwashing. Codifies and modifies provision pertaining to handwashing. Requires a child's and caregiver's hands to be dried on a separate or single-use towel.

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Subd. 8. Diapers, changing areas, and disposal. Codifies and modifies provision pertaining to diapers, changing areas, and diaper disposal. Requires cloth diapers to have an absorbent inner layer that is completely covered with an outer waterproof layer that has a waist closure and that both the cloth diaper and waterproof layer be changed at the same time. Requires the diaper changing area to be cleaned and disinfected between children, even if using a nonabsorbent covering that is discarded after each use. Removes specific criteria for a surface disinfectant and the requirement to use specific bleach concentrations for disinfecting.

16 **Environmental health.**

Creates § 142I.16. Codifies and modifies administrative rule requiring a safe water supply. Establishes a new requirement for a license holder to notify parents about radon testing in the family child care program.

Subd. 1. Water supply. Codifies and modifies provision about requirements for a safe water supply. Establishes options for a license holder if the license holder declines to test the water supply in a program that draws water from a privately owned well or if the water test results are at or above levels recommended by the Department of Health.

Subd. 2. Radon testing. Requires the license holder to notify parents whether radon testing has been conducted in the program upon a child's enrollment and within 30 days of any subsequent testing done after enrollment. Requires the license holder to use a form prescribed by the commissioner of children, youth, and families to notify parents. Permits the form being posted in a prominent place as a way to meet the notification requirement.

17 **Activities and equipment.**

Creates § 142I.17. Codifies and modifies administrative rule pertaining to requirements for activities and equipment provided by a family child care program.

Subd. 1. General activities. Codifies and modifies provision outlining general requirements for activities and makes clarifying changes. Requires a license holder to defer to weather advisory notifications provided by local weather experts, local or state authority on air quality, or public health when determining if the weather permits outdoor play.

Subd. 2. Equipment. Codifies and modifies provision pertaining to equipment. Requires a license holder to provide enough equipment to allow each child a choice of at least three activities involving equipment when all children are using equipment. Requires equipment to be age and developmentally appropriate, support understanding of the culturally diverse world, be safe and in good repair,

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and used in accordance with the manufacturer's instructions. Permits the use of equipment and play materials not designed or marketed for use by children if used under the supervision of a caregiver and the use of nature materials in place of any equipment.

Subd. 3. Newborn and infant activities. Codifies and modifies provision with requirements for newborn and infant activities and makes clarifying changes. Adds requirements for a license to provide activities to support a newborn or infant's development of gross motor skills and to allow a newborn or infant actively supervised tummy time.

Subd. 4. Newborn and infant equipment. Codifies and modifies provision with the minimum equipment a license holder must provide for each infant or newborn. Adds requirements for books and literacy materials, gross motor activity equipment, and fine motor activity materials.

Subd. 5. Toddler activities. Codifies and modifies provision with requirements for toddler activities and makes clarifying changes. Adds a requirement for a license holder to provide the toddler opportunities to develop social-emotional skills.

Subd. 6. Toddler equipment. Codifies and modifies provision with the minimum equipment a license holder must provide for each toddler. Adds requirements for gross motor play equipment; books and literacy materials; fine motor, math, and science materials; and music, movement, and art activity materials.

Subd. 7. Preschooler activities. Codifies provision with requirements for preschool activities and makes clarifying changes.

Subd. 8. Preschooler equipment. Codifies and modifies provision with the minimum equipment a license holder must provide for each preschooler. Adds requirements for dramatic play equipment; books and literacy materials; fine motor materials; gross motor play equipment; math materials; science materials; music and movement materials; and art materials.

Subd. 9. School-age activities and equipment. Codifies provision with requirements for school-age children activities and makes clarifying changes.

Subd. 10. Bedding. Codifies and modifies provision requiring clean, separate, and individual bedding for each child in care. Requires the license holder to provide developmentally appropriate mats, cots, or other sleep equipment that can be cleaned and disinfected for children not using cribs or portable cribs.

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Subd. 11. Separation of personal articles. Codifies and modifies provision requiring separate towels, wash cloths, water bottles, and drinking cups for each child.

18 **Natural elements and materials.**

Creates § 142I.171.

Subd. 1. Natural elements and materials. Permits a license holder to use natural elements and materials as equipment and play materials and includes examples of natural elements and materials and appropriate uses of those.

Subd. 2. Supervision. Requires a caregiver to supervise a child's use of natural elements and materials and provide guidance on safe and appropriate use. Prohibits children under the age of three from accessing natural elements and materials that are a choking hazard without direct supervision of a caregiver.

Subd. 3. Other uses. Permits natural elements and materials to qualify as equipment and materials under section 142I.17.

19 **Infant sleep and crib requirements.**

Creates § 142I.18. Codifies and modifies administrative rule pertaining to infant sleep and crib requirements.

Subd. 1. Safety. Requires caregivers to follow crib safety requirements and requirements to reduce the risk of sudden unexpected infant deaths under chapter 142B. Requires the commissioner of children, youth, and families to review the license holder's crib safety documentation required under section 142B.45 during routine licensing inspections and when investigating complaints regarding alleged violations of this section.

Subd. 2. Monitoring sleeping newborns and infants. Codifies and modifies provision regulating in-person sleep checks on newborns and infants. Requires caregivers to directly supervise newborns once they are placed in a crib or portable crib. Permits the use of monitors to supervise infants while the infants are sleeping if the monitors meet certain conditions and do not replace in-person checks encouraged under the subdivision. Prohibits playing music or other sounds in the infant sleep area at a volume that would prevent infants from being heard by an adult caregiver.

20 **Health policies and safety requirements.**

Creates § 142I.19. Recodifies and modifies section 142B.71 and codifies and modifies administrative rule, both pertaining to health and safety requirements.

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Subd. 1. Handling and disposal of bodily fluids. Recodifies provision outlining procedures for safely handling and disposing of bodily fluids and makes clarifying changes.

Subd. 2. Emergencies. Recodifies and codifies provisions pertaining to emergency preparedness and makes clarifying changes.

Subd. 3. Transporting children. Recodifies, codifies, and modifies provisions for the transportation of children. Requires children to be transported only in an enclosed passenger vehicle capable of using car seats or a bus operated by a common carrier. If transporting children in an enclosed passenger vehicle that is not a bus operated by a common carrier, a license holder must ensure the use of a safety seat, seat belt, or harness that is appropriate to the age and weight of the child; use properly licensed vehicles and drivers; receive written permission to transport children from parents prior to transport; and not leave a child unattended in any vehicle.

Subd. 4. Pets and animals. Codifies and modifies provision about pets and animals permitted in a family child care program. Requires all pets and animals to be appropriately immunized and documented. Prohibits certain types of animals from being accessible to children unless interaction is through a licensed animal exhibition. Requires any contact between children and pets or animals to be directly supervised by an adult caregiver who is in close physical proximity and able to immediately intervene if a child or animal shows distress, aggression, or inappropriate behavior. Clarifies reporting requirements to parents, local authorities, and the licensing agency.

Subd. 5. Pest control. Codifies and modifies provision on pest control. Requires a license holder to use only approved, Environmental Protection Agency-registered insecticides, rodenticides, and herbicides and to strictly follow all label instructions for application.

Subd. 6. Garbage. Codifies provision about garbage being inaccessible to infants and toddlers and makes clarifying changes.

Subd. 7. Firearms. Codifies provision about firearms and makes clarifying changes.

Subd. 8. First aid kit. Codifies provision on the accessibility and contents of a first aid kit and makes clarifying changes. Requires the inclusion of disposable powder-free, latex-free gloves.

Subd. 9. Care of sick children. Codifies and modifies provision relating to the care of sick children. Requires a license holder to follow guidelines from the

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commissioner of health on infectious diseases in child care settings when determining if a child is sick and exclusion is necessary.

Subd. 10. Medication administration requirements. Codifies provision about the administration of medicine to children and makes clarifying changes.

21 **Food and nutrition.**

Creates § 142I.20. Codifies and modifies administrative rule pertaining to food and nutrition.

Subd. 1. Feeding. Establishes requirements for handling and use of breast milk and formula. Requires bottles of frozen breast milk and formula to be thawed and used, sent home, or disposed of the day it is thawed. Prohibits caregivers from warming plastic food containers in a microwave and serving food to infants or toddlers using Styrofoam cups, bowls, or plates. Requires an unused portion of a bottle to be disposed of or stored inaccessible to children in care once a bottle feeding is complete.

Subd. 2. Milk. Codifies and modifies provision pertaining to serving milk. Permits serving milk alternatives that are nutritionally equivalent to cow's milk in place of cow's milk for children who require it.

Subd. 3. Drinking water. Codifies and modifies provision requiring drinking water from a safe source to be readily available and offered to children throughout the day in indoor and outdoor areas.

Subd. 4. Meals and snacks. Codifies and modifies provision pertaining to meals and snacks served to children. Establishes how many pasteurized milk or milk alternatives, meat or meat alternatives, vegetables, fruits, and grains must be included in breakfast, lunch, dinner, and snacks for a meal and snack to be considered "well-balanced." Requires a provider to obtain written, dated, and signed instructions from a child's parent if the child requires a special diet.

Subd. 5. Food and liquid safety. Codifies provision pertaining to food and liquid safety and makes clarifying changes.

22 **Children with special health care needs or disabilities.**

Creates § 142I.21. Codifies administrative rule pertaining to care for and support of children with special health care needs or disabilities. Requires all activities to be designed to include all children unless a specific medical contraindication exists. Requires all caregivers to explain to a parent and the agency how a child's specific needs are being met. Provides allergy management procedures, including requiring a license holder to obtain documentation of any known allergies on a form prescribed by the commissioner of children, youth, and families; maintaining and following an

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allergy plan signed by a treating medical professional; calling emergency medical services when epinephrine is administered to a child in the license holder's care; and contacting a parent immediately after any instance of exposure to an allergen or allergic reaction.

23 **Community-based family child care.**

Creates § 142I.22. Recodifies and modifies section 142B.41, subdivision 4, pertaining to community-based family child care (previously referred to as "special family child care homes") and makes clarifying changes. Requires a family child care program located on site other than the license holder's primary residence to be licensed under this section if: the family child care program is conducted in a dwelling on a residential lot or in a commercial space other than the license holder's primary residence; the license holder is an organization, employer, church, or religious entity; or the license holder is a community collaborative child care provider. Permits a license holder to designate multiple primary providers of care if the program operates more than eight hours per day. Permits the commissioner of children, youth, and families to approve up to six licenses at the same location or under one roof if each license holder independently meets all applicable requirements and the program location site does not have an R-2 residential occupancy designation. Requires each license holder to complete, review, and update a commissioner-developed community-based family child care program plan.

24 **Revisor instruction.**

Directs the revisor of statutes to make any necessary statutory cross-reference changes that result from this article and replicate the statutory history for all sections and subdivisions repealed and reenacted in this article.

25 **Repealer.**

Repeals parts of Minnesota Rules, chapter 9502, and sections of Minnesota Statutes, chapter 142B, that are recodified in this article.

26 **Effective date.**

Makes the article effective July 1, 2027.

Article 14: Miscellaneous

This article specifies direct primary care services agreements are not insurance and establishes requirements for these agreements; clarifies a reporting requirement to the commissioner of the Pollution Control Agency on products that contain intentionally added PFAS; adds an exception to a requirement for health care providers to comply with nonopioid directives; directs the Legislative Budget Office to survey school districts and charter schools on health

insurance costs and provide an annual report on the survey results; and repeals certain obsolete provisions.

Section	Description - Article 14: Miscellaneous

1 **Direct primary care service agreements.**

Adds subd. 5 to § 62A.01. Specifies a direct primary care service agreement is not insurance and is not subject to chapter 62A (which governs accident and health insurance); that entering into a direct primary care service agreement is not the business of insurance; and that a certificate of authority or license under chapter 60A, 62A, 62C, 62D, or 62N is not required to market, sell, or offer direct primary care service agreements.

2 **Health plan.**

Amends § 62A.011, subd. 3. Amends the definition of health plan for chapter 62A to exclude coverage provided under a direct primary care service agreement.

3 **Direct primary care service agreement.**

Adds § 62Q.20. Establishes requirements for direct primary care service agreements, including the form and content of agreements, accepting patients and discontinuing care to patients, terminating agreements, direct fees, direct practice business practices, and enforcement of this section.

Subd. 1. Definitions. Defines terms for this section: direct fee, direct patient, direct primary care practice or direct practice, direct primary care service agreement or direct agreement, primary care provider, primary care services.

Subd. 2. Direct primary care services agreement requirements. Requires direct primary care service agreements to be in writing, be signed by the provider and patient, allow either party to terminate, describe the scope of covered primary care services, and specify the monthly fee and duration of the agreement. Requires a direct primary care service agreement to state that it is not health insurance, it does not meet the requirements of federal law mandating the purchase of insurance, and the fees charged in the agreement may not be reimbursed or applied toward a deductible under a health plan.

Subd. 3. Acceptance and discontinuance of patients. Para. (a) prohibits a direct practice from declining to accept a new patient or discontinuing care for a current patient based solely on the patient's health status. Allows a direct practice to decline to accept a new patient if the practice has reached capacity, the patient requires a level or type of care that cannot be provided at the practice, or the patient terminated a direct agreement with the direct practice within the prior year.

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Paras. (b) and (c) provide for termination of direct agreements by patients and by direct practices.

Para. (d) permits a direct practice to discontinue care to a direct patient if the direct practice ceases operation as a direct practice and provides notice to direct patients and their legal representatives.

Subd. 4. Direct fees. Specifies a direct fee charged must represent the total amount due for services specified in the direct agreement and provided to the direct patient within the specified time frame. Prohibits the direct fee from varying by patient based on health status or sex. Allows the direct fee to be billed monthly or paid in advance for a period of up to 12 months. Requires a direct practice to refund any unearned fees if the direct agreement is terminated or if the direct practice discontinues care. Prohibits a direct practice from increasing the monthly fee charged to patients more frequently than annually, and requires provision of at least 60 days' notice of any change in the direct fee charged.

Subd. 5. Conduct of business. Requires a direct practice to maintain accounts regarding payments made and services provided. Prohibits a direct practice from submitting claims to a health plan company for services covered by a direct agreement. Prohibits dissemination of false, deceptive, or misleading information relating to a direct practice, the terms of a direct agreement, or the benefits of a direct agreement; and prohibits using the term direct agreement in a way that misrepresents the direct agreement.

Subd. 6. Other care not prohibited. Provides a direct primary care practice is not prohibited from providing services to other patients under a separate contract with a health plan company.

Subd. 7. Enforcement. Provides a violation of this section is unprofessional conduct and may be grounds for disciplinary action under chapter 147 or 148.

4 **Information required.**

Amends § 116.943, subd. 2. Specifies that the requirement for a manufacturer to report certain information to the commissioner of the Pollution Control Agency on products that contain intentionally added PFAS applies to products manufactured after July 1, 2023.

Effective date: day following final enactment.

5 **Compliance with nonopioid directive; exception.**

Amends § 145C.18, subd. 3. Adds an exception to language requiring prescribers and health professionals to comply with nonopioid directives, to permit prescribers and health professionals to prescribe or administer an opioid to a patient with a

Section	Description - Article 14: Miscellaneous
	nonopioid directive if the opioid is prescribed or administered to treat the patient for a substance use disorder.
6	**Immunities.** Amends § 145C.18, subd. 4. Extends immunity from criminal or civil liability or professional disciplinary action to prescribers and health professionals who prescribe or administer an opioid to a patient with a nonopioid directive in order to treat the patient for a substance use disorder.
7	**School districts and charter schools; reports.** Adds subd. 9 to § 471.6161. Requires the Legislative Budget Office to annually survey school districts and charter schools in the state regarding their health insurance costs and lists information that must be collected in the survey. Requires the Legislative Budget Office to compile information from these surveys, provide a report with this information to certain members of the legislature, and post the report on its public website. Effective date: day following final enactment.
8	**Repealer.** Repeals §§ 62U.10, subd. 4 (an obsolete provision requiring the commissioner of management and budget to transfer funds from the general fund to the health care access fund when certain savings are achieved) and 256B.69, subd. 31a (an obsolete provision permitting the commissioner of human services to limit increases in rates paid to managed care plans and county-based purchasing plans under medical assistance managed care).

Article 15: 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 16: Department of 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 17: 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. For more information, see the House Fiscal health finance tracking sheet.

Article 18: 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. This article is effective the day following final enactment. For more information, see the House Fiscal health finance tracking sheet.

Article 19: Department of Children, Youth, and Families Appropriations

This article appropriates money in fiscal years 2026 and 2027 from the general fund to the commissioner of children, youth, and families for the specified purposes. For more information, see the House Fiscal health finance tracking sheet.

Article 20: Other Agency Appropriations

This article appropriates money or reduces appropriations in fiscal years 2026 and 2027 from the general fund to the Legislative Coordinating Commission, commissioner of education, commissioner of management and budget, and attorney general for the purposes specified in the article. It also requires money in the fiscal year 2029 base for the commissioner of public safety to be used for a specified purpose and modifies the allowable uses of money appropriated to the Board of Directors of MNsure in fiscal year 2025. For more information, see the House Fiscal health finance tracking sheet.

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