

Subject Health and Children and Families Finance and Policy Bill

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Article 1: Department of Health Finance

This article modifies Department of Health programs and activities, including establishing a dementia services program, modifying requirements for hot water pools, requiring provision of information on signs of physical abuse in infants, modifying advisory councils and committees, making changes to license conditions for swing beds, modifying the newborn screening program, establishing a spoken language health care interpreter work group, and eliminating the assessment and monitoring program for long COVID and related conditions.

Section	Description - Article 1: Department of Health Finance
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1	Dementia services program established.
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	Adds § 144.063. Directs the commissioner of health to establish a dementia services program and specifies functions of the program.
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2	Eligible grantees.
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	Amends § 144.0758, subd. 3. Specifies Tribal Nations may receive American Indian health special emphasis grant funding through a noncompetitive formula, and allows American Indian community-based organizations to apply for this funding through a competitive process.
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3	Spa pools on rental property.
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	Amends § 144.1222, subd. 2d. Current law exempts hot water pools on rental houseboats from the requirements for public pools. Para. (b) establishes an exemption from the requirements for public pools for spa pools on the property of a stand-alone, single unit rental property, and allows these spa pools to be used by renters of the property if:
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| | <ul style="list-style-type: none">▪ the water temperature does not exceed 106 degrees;▪ before check-in by each new rental party, the property or resort owner tests the spa pool's water and the water meets requirements in rules for disinfection residual, pH, and alkalinity; and▪ at check-in, the resort or property owner provides each rental party with notice there is a spa pool on the property and the spa pool is not governed by all of the requirements in state law and rules for public pools. |
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	Para. (c) specifies spa pools located on rental houseboats are not subject to the temperature, testing, and notice requirements in para. (b).
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	Para. (d) prohibits a political subdivision from adopting a local law that prohibits the operation of, or establishes additional requirements for, spa pools that meet the requirements in para. (b) or (c).
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Section Description - Article 1: Department of Health Finance

Para. (e) modifies the notice that must be posted by spa pools governed by this subdivision.

4 Education on recognizing signs of physical abuse in infants.

Adds § 144.124. Requires pediatric primary care providers to provide parents and primary caregivers of infants up to six months of age with materials on how to recognize the signs of physical abuse in infants and how to report suspected physical abuse of infants. Specifies these materials must be provided to parents and caregivers at the infant's first well-baby visit after birth. Requires the commissioner of health, in consultation with the commissioner of children, youth, and families, to identify and approve these materials and make these materials available for download from the Department of Health website.

5 Duty to perform testing.

Amends § 144.125, subd. 1. Increases the newborn screening fee from \$177 to \$184 per specimen.

6 Determination of tests to be administered.

Amends § 144.125, subd. 2. Directs the commissioner of health to modify the conditions screened for under the newborn screening program to include metachromatic leukodystrophy (MLD).

7 Eligibility for license condition.

Amends § 144.562, subd. 2. Exempts a critical access hospital located in Cook County and with an attached nursing home from the number of days of swing bed use otherwise permitted at an eligible hospital. Strikes obsolete language.

Effective date: this section is effective January 1, 2026, or upon federal approval, whichever is later.

8 Approval of license condition.

Amends § 144.562, subd. 3. Exempts a critical access hospital located in Cook County and with an attached nursing home from the length of stay and admissions requirements that otherwise apply to patients receiving care in swing beds.

Effective date: this section is effective January 1, 2026, or upon federal approval, whichever is later.

9 Swing bed approval; exceptions.

Adds § 144.5621. Exempts a critical access hospital located in Cook County and with an attached nursing home from the length of stay and admissions limits that otherwise apply to patients receiving care in swing beds. Allows swing beds in such a hospital to be used to provide nursing care without a prior hospital stay, and provides

Section Description - Article 1: Department of Health Finance

nursing care provided to these patients is covered under medical assistance. Specifies these patients are considered nursing home residents for purposes of the health care bill of rights, and requires these patients to have a comprehensive assessment performed as required in rules for nursing home residents.

Effective date: this section is effective January 1, 2026, or upon federal approval, whichever is later.

10 Nursing services provided in a hospital; prohibited practices.

Amends § 144.563. Prohibits a critical access hospital located in Cook County and with an attached nursing home from providing patients not reimbursed under Medicare or medical assistance with services usually provided by a skilled nursing facility or intermediate care facility.

Effective date: this section is effective January 1, 2026, or upon federal approval, whichever is later.

11 Council administration.

Amends § 144.608, subd. 2. Extends the expiration of the state Trauma Advisory Council to June 30, 2035.

12 Newborn Hearing Screening Advisory Committee.

Amends § 144.966, subd. 2. Makes the Newborn Hearing Screening Advisory Committee permanent by striking language that provides the advisory committee expires June 30, 2025.

Effective date: this section is effective the day following final enactment or June 30, 2025, whichever is earlier.

13 Maternal and Child Health Advisory Committee.

Amends § 145.8811. Converts the existing Maternal and Child Health Advisory Task Force to an advisory committee. The task force currently operates as an advisory committee because it does not expire, and this change would permit members to receive per diem compensation and reimbursement for expenses (advisory task force members do not receive per diem compensation but are reimbursed for expenses).

14 Skilled and intermediate nursing care.

Amends § 256B.0625, subd. 2. In a subdivision specifying medical assistance coverage of skilled nursing home services and intermediate care facility services, strikes language governing medical assistance coverage of care for patients in swing beds and specifying the daily MA rate for nursing care provided to patients in swing beds (these requirements and this rate are being moved to a new subd. 2b).

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- Effective date: this section is effective January 1, 2026, or upon federal approval, whichever is later.
- 15 **Nursing care provided to a patient in a swing bed.**
Adds subd. 2b to § 256B.0625. Establishes requirements for medical assistance coverage of nursing care provided by patients in swing beds and specifies the daily MA rate for nursing care for patients in swing beds (these requirements and this rate are being moved from subd. 2). Exempts a critical access hospital located in Cook County and with an attached nursing home from certain requirements, and specifies medical assistance covers an unlimited number of days of nursing care to patients in swing beds at such a facility.
- Effective date: this section is effective January 1, 2026, or upon federal approval, whichever is later.
- 16 **Payment rates for nursing care provided to a patient in a swing bed.**
Adds subd. 1a to § 256R.01. In a section governing nursing facility payment rates, specifies rates paid to a hospital for nursing care provided to patients in swing beds are the rates established according to section 256B.0625, subd. 2b.
- Effective date: this section is effective January 1, 2026, or upon federal approval, whichever is later.
- 17 **Spoken language health care interpreter work group.**
Directs the commissioner of health to establish a spoken language health care interpreter work group of 15 members to develop recommendations to support and improve access to health care interpreting services in the state. Specifies membership of the work group, lists topics on which recommendations must be developed, and requires a report on these recommendations to be provided to certain members of the legislature. Authorizes compensation and reimbursement for expenses for work group members, and requires the commissioner to provide meeting space and administrative support for the work group. Provides the work group expires November 2, 2026, or upon submission of the required report. Specifies required activities at the work group's initial meetings.
- 18 **Title.**
Specifies the amendments to section 144.1222, subdivision 2d, in this act may be cited as the Free the Hot Tub Act.
- 19 **Repealer.**
Repeals § 145.361 (assessment and monitoring program for long COVID and related conditions).

Article 2: Department of Health Policy

This article allows uniform explanations of benefits to be made available electronically and makes changes to requirements for notice and a public hearing that must occur before a hospital's scheduled closing or curtailment of operations.

Section Description - Article 2: Department of Health Policy

- 1 Uniform explanation of benefits.**
Amends § 62J.51, subd. 19a. Amends a definition of uniform explanation of benefits for sections establishing standards for health care billing and purchasing, to specify the uniform explanation of benefits may be provided in electronic form.
- 2 Standards for Minnesota uniform health care reimbursement documents.**
Amends § 62J.581. Allows a group purchaser to make uniform explanations of benefits available electronically to patients if the group purchaser allows patients to choose the format in which the patient will receive the explanation of benefits, if the group purchaser provides patients with instruction about how to make this choice, and if patients who do not choose a format will continue to receive explanations of benefits in paper form. Requires electronic uniform explanations of benefits to contain the same data elements as the paper version. Changes a term used and strikes obsolete language.
- 3 Controlling person.**
Adds subd. 8 to § 144.50. Defines controlling person for hospitals licensed under sections 144.50 to 144.56, and specifies what is not a controlling person.
- 4 Notice of closing, curtailing operations, relocating services, or ceasing to offer certain services; hospitals.**
Amends § 144.555, subd. 1a. Clarifies the scheduled actions that require the hospital to provide notice to the commissioner of health, the public, and others 182 days before implementation, to specify the curtailment, relocation, or cessation in offering services must relate to providing or receiving inpatient services. Defines inpatient for this subdivision.
- 5 Public hearing.**
Amends § 144.555, subd. 1b. Clarifies that the commissioner must ensure video conferencing technology is used at a public hearing before a hospital's scheduled closure or curtailment of operations, and requires the public hearing to be held at a location that can accommodate the hearing's anticipated public attendance. Specifies the hearing must include at least one hour of public testimony on the scheduled action.

Article 3: Health Licensing Boards

This article permits the Board of Medical Practice to issue limited licenses to graduates of foreign medical schools and provides for their practice under a limited license; establishes licensure of certified midwives; provides for medical assistance coverage of certified midwife services; and modifies provisions governing the medication repository.

Section Description - Article 3: Health Licensing Boards

1 Remedies available.

Amends § 144.99, subd. 1. Authorizes the commissioner of health to use the Health Enforcement Consolidation Act to enforce requirements that a limited license holder's employer must pay the limited license holder at least as much as is paid to a medical resident in a comparable field and that the employer must carry medical malpractice insurance for the limited license holder during the limited license holder's employment.

Effective date: This section is effective January 1, 2026.

2 Physician application and license fees.

Amends § 147.01, subd. 7. Establishes fee amounts for a nonrenewable 24-month limited license and for an initial physician license for a limited license holder.

3 Limited license.

Adds subd. 1b to § 147.037. Permits the Board of Medical Practice to issue a limited license, valid for one 24-month period, to individuals who satisfy certain requirements for physician licensure; have practiced medicine outside the United States for at least 60 months in the past 12 years; submit evidence of an offer to practice under a collaborative agreement; provide services in a designated rural area or underserved urban community; and submit two letters of recommendation. Provides a person issued a limited license is not required to complete a year of graduate clinical training, and requires limited license holders to certify continued employment every six months. Establishes requirements for employers of limited license holders and requirements for practicing under a limited license. Permits the board to issue an unrestricted license to practice medicine to a limited license holder who meets the specified requirements.

Effective date: this section is effective January 1, 2026.

4 General.

Amends § 147D.03, subd. 1. Effective July 1, 2026, provides a certified midwife licensed under chapter 148G is not subject to regulation under chapter 147D (governing traditional midwives).

Section Description - Article 3: Health Licensing Boards

5 Expenses.

Amends § 148.241. Requires the expenses of administering the Minnesota Certified Midwife Practice Act to be paid from appropriations made to the Board of Nursing, and adds administration of this act to the allowable uses of money appropriated to the Board of Nursing.

6 Title.

Adds § 148G.01. Provides chapter 148G must be referred to as the Minnesota Certified Midwife Practice Act.

7 Scope; effective date.

Adds § 148G.02. Provides chapter 148G is effective July 1, 2026, and applies to applicants and licensees who use the title certified midwife and persons who provide certified midwifery services to patients residing in Minnesota, unless an exemption applies.

8 Definitions.

Adds § 148G.03. Defines the following terms for this chapter: board, certification, certified midwife, certified midwifery practice, collaborating, consulting, encumbered, licensure period, licensed practitioner, midwifery education program, patient, prescribing, prescription, referral, supervision.

9 Certified midwife licensing.

Adds § 148G.04. Requires a person practicing as a certified midwife or serving as faculty for a midwifery distance learning program to be licensed under this chapter, specifies eligibility for licensure, and requires certain applicants for licensure to complete a restorative plan.

Subd. 1. Licensure. Prohibits a person from practicing as a certified midwife or serving as faculty for clinical instruction in a midwifery distance learning program unless licensed under this chapter. Requires applicants for licensure to apply to the board and submit the required fee, and specifies eligibility requirements for licensure.

Subd. 2. Clinical practice component. If more than five years have passed since an applicant practiced in a certified midwife role, requires the applicant to complete a restorative plan that includes a clinical component with at least 500 hours of practice supervised by a licensed practitioner.

10 Licensure renewal; relicensure.

Adds § 148G.05. Establishes requirements for license renewal and for relicensure for persons with a lapsed license.

Section Description - Article 3: Health Licensing Boards

Subd. 1. Renewal; current applicants. Requires a certified midwife to apply for license renewal before the certified midwife's licensure period ends, and requires an applicant for license renewal to submit with the renewal application, evidence of current certification by the American Midwifery Certification Board and the required fee.

Subd. 2. Clinical practice component. If more than five years have passed since an applicant practiced as a certified midwife, requires the applicant to complete a reorientation plan that includes a clinical component with at least 500 hours of practice supervised by a licensed practitioner.

Subd. 3. Relicensure; lapsed applicants. If a person whose licensure has lapsed wishes to resume practice, requires the person to apply for relicensure, comply with requirements established by the board, and pay a relicensure fee. Requires payment of a penalty fee by a person who practiced certified midwifery without a license.

11 Failure or refusal to provide information.

Adds § 148G.06. Requires a certified midwife to notify the board upon certification renewal, and prohibits a licensee from practicing as a certified midwife if the licensee fails to provide notification. Allows the board to deny an applicant a license if the applicant fails to provide the information needed to determine the applicant's qualifications, fails to demonstrate qualifications, or fails to satisfy the requirements for licensure.

12 Name change and change of address.

Adds § 148G.07. Requires a certified midwife to maintain a current name and address with the board and to notify the board within 30 days of any change in name or address.

13 Identification of certified midwives.

Adds § 148G.08. Requires a person to be licensed as a certified midwife in order to use the title certified midwife. Requires certified midwives to use the designation CM for professional identification and in documenting services provided.

14 Prescribing drugs and therapeutic devices.

Adds § 148G.09. Authorizes certified midwives to diagnose, prescribe, and institute therapy or referrals; prescribe, administer, and dispense over-the-counter and legend drugs and controlled substances; and plan and initiate therapeutic regimens, including ordering and prescribing durable medical equipment and devices, nutrition, diagnostic services, and supportive services. Requires certified midwives to comply with Drug Enforcement Administration (DEA) requirements for controlled substances and to file the certified midwife's DEA registrations and numbers with the board if

Section Description - Article 3: Health Licensing Boards

- applicable. Requires the board to maintain records of certified midwives with a DEA registration and number.
- 15 **Fees.**
Adds § 148G.10. Provides the fees established in section 148G.11 are nonrefundable and must be deposited in the state government special revenue fund.
- 16 **Fee amounts.**
Adds § 148G.11. Specifies fee amounts for licensure, license renewal, the penalty for practicing without a current certification or recertification or without a current certification or recertification on file, relicensure, and the penalty for practicing without current licensure. Authorizes collection of a service fee for dishonored checks.
- 17 **Approved midwifery education program.**
Adds § 148G.12. Establishes procedures and standards for initial and continuing approval, loss of approval, and reinstatement of approval by the board for midwifery education programs.
- Subd. 1. Initial approval.** Requires a university or college wishing to operate a certified midwifery education program to provide the board with evidence the institution intends to provide a program leading to eligibility for certification in midwifery, achieve accreditation by the American Commission for Midwifery Education, and meet other standards established in law and by the board.
- Subd. 2. Continuing approval.** Requires the board to annually survey all midwifery education programs in the state for current accreditation with the American Commission for Midwifery Education, and requires the board to approve the program if it continues to meet the standards for current accreditation.
- Subd. 3. Loss of approval.** Requires the board to remove a program from its list of accredited programs if the program's accreditation is revoked by the accrediting body.
- Subd. 4. Reinstatement of approval.** Requires the board to reinstate approval of a program when the program submits evidence that the program meets the accrediting body's standards.
- 18 **Grounds for disciplinary action.**
Adds § 148G.13. Lists grounds on which the board may deny, revoke, suspend, limit, or condition an individual's license to practice certified midwifery, or otherwise discipline a licensee or applicant. Prohibits the board from granting or renewing a

Section Description - Article 3: Health Licensing Boards

license to practice certified midwifery if the individual has been convicted of certain felony-level criminal sexual offenses, automatically revokes an individual's license in those circumstances, and authorizes the board to establish criteria to allow individuals convicted of these offenses to become licensed in certain circumstances. Allows copies of judgments and administrative proceedings to be admitted into evidence, and permits the board to require a certified midwife to undergo a medical or physical examination in certain circumstances and to obtain medical data and health records relating to the certified midwife or applicant.

19 Forms of disciplinary action; automatic suspension; temporary suspension; reissuance.

Adds § 148G.14. Lists disciplinary actions the board may take. Specifies when a license to practice certified midwifery is automatically suspended or temporarily suspended, and allows the board to reinstate and reissue a license in certain circumstances.

20 Reporting obligations.

Adds 148G.15. Allows any person who knows of conduct that is a ground for discipline under this chapter to report that conduct to the board. Requires health care organizations to report to the board action taken by the organization that affects a certified midwife's privilege to practice with that organization, or if the certified midwife resigns before disciplinary proceedings are complete. Requires licensed health professionals to report conduct of a certified midwife that constitutes a ground for discipline, and requires insurers that provide professional liability insurance to certified midwives to report malpractice awards against certified midwives. Requires courts to report certain judgments or determinations against certified midwives, if a certified midwife has a guardian appointed, or if a certified midwife has been civilly committed. Specifies when reports must be made and authorizes civil penalties if a required reporter fails to report.

21 Immunity.

Adds § 148G.16. Provides immunity from civil liability and criminal prosecution for:

- any person who submits a good faith report to the board under section 148G.15 or reports alleged violations of this chapter in good faith. Classifies these reports as investigative data;
- board members, employees, and individuals who investigate violations or prepare charges on behalf of the board for actions related to their duties under this chapter; and
- board members, employees, and individuals who keep records and make reports on adverse health care events for actions related to their duties under this chapter.

Section Description - Article 3: Health Licensing Boards

22 Certified midwife cooperation.

Adds § 148G.17. Requires certified midwives being investigated by the board to cooperate fully with the investigation and specifies what cooperation includes. Requires patient-identifying data to be deleted from patient health records before the board accesses the records, unless the patient consents to the board accessing the patient's records.

23 Disciplinary record on judicial review.

Adds § 148G.18. When a court reviews disciplinary action taken by the board, requires the reviewing court to seal the administrative record, other than the board's final decision.

24 Exemptions.

Adds § 148G.19. Provides this chapter does not prohibit providing certified midwifery assistance in an emergency, the practice of certified midwifery by a certified midwife of another state employed by the federal government or a federal agency, the practice of any other state-licensed profession by a person licensed to practice that profession, the practice of traditional midwifery, certified midwifery practice by a student practicing under supervision, or certified midwifery practice by a certified midwife licensed in another jurisdiction who is in Minnesota temporarily for one of the listed purposes.

25 Violations; penalty.

Adds § 148G.20. Lists unlawful acts related to certified midwifery practice and provides any person who commits one of these acts is guilty of a gross misdemeanor. In addition to the gross misdemeanor penalty, provides a person who practices without a current license and certification, or without a current certification on file with the board, is subject to penalties imposed by the board.

26 Unauthorized practice of midwifery.

Adds § 148G.21. Provides the practice of certified midwifery by a person not licensed to practice certified midwifery is a public nuisance, and allows a district court in a county where such practice occurred to enjoin these acts and practice.

27 Practitioner.

Amends § 151.01, subd. 23. Effective July 1, 2026, adds licensed certified midwives to the definition of practitioner in the Pharmacy Practice Act, to conform with the authority of certified midwives to prescribe legend drugs.

Section Description - Article 3: Health Licensing Boards

- 28 **Standards and procedures for accepting donations of drugs and supplies and purchasing drugs from licensed wholesalers.**
Amends § 151.555, subd. 6. Allows the central repository to purchase a drug from a wholesaler to fill prescriptions for eligible patients when the repository does not have a sufficient supply of donated drugs to fill the prescriptions. Provides that the central repository must use donated drugs to fill prescriptions whenever possible.
- 29 **Distribution of donated drugs and supplies.**
Amends § 151.555, subd. 10. Clarifies when a local repository must transfer donated drugs and supplies to the central repository. Provides that a local repository must dispose of drugs and supplies that do not meet the statutory standards for donating or dispensing.
- 30 **Prescribing, dispensing, administering controlled substances in Schedules II through V.**
Amends § 152.12, subd. 1. Effective July 1, 2026, adds licensed certified midwives to the list of practitioners who may prescribe, administer, and dispense controlled substances in Schedules II through V.
- 31 **Certified midwifery practice services.**
Adds subd. 28c to § 256B.0625. Effective January 1, 2026, or upon federal approval, provides that medical assistance (MA) covers services of a licensed certified midwife if the service provided on an inpatient basis is not included in the facility payment, the service is otherwise covered under MA as a physician service, and the service is within the scope of practice for the certified midwife.

Article 4: Pharmacy Benefits

This article extends, by two years, the expiration date for the medical assistance (MA) drug formulary committee; directs the Department of Human Services (DHS) to contract with a single pharmaceutical benefit manager (PBM) for MA managed care enrollees; and establishes a pharmacy dispensing payment for outpatient retail pharmacies that dispense drugs to MA managed care enrollees in MA plan year 2026.

Section Description - Article 4: Pharmacy Benefits

- 1 **Formulary committee.**
Amends § 256B.0625, subd. 13c. Extends the expiration date for the drug formulary committee by two years to June 30, 2029.

Section Description - Article 4: Pharmacy Benefits

2 Payment rates.

Amends § 256B.0625, subd. 13e. Directs the commissioner of human services to contract with a vendor to create the Minnesota actual acquisition cost (MNAAC) for prescription drugs through a periodic survey of pharmacy providers enrolled with DHS to dispense outpatient prescription drugs. Includes the use of the MNAAC for purposes of determining prescription drug payment rates under MA.

Makes the section effective the later of January 1, 2027, or upon federal approval.

3 Grounds for sanctions.

Amends § 256B.064, subd. 1a. Provides that the commissioner of human services may impose sanctions against a pharmacy provider for failing to respond to the MNAAC survey.

Makes the section effective the later of January 1, 2027, or upon federal approval.

4 Prescription drugs.

Amends § 256B.69, subd. 6d. Requires that MA managed care plans (including county-based purchasing plans) enter into a contract with the state's single pharmacy benefit manager (PBM), as established under this act, to administer pharmacy benefits for their MA enrollees.

5 Prescription drugs; state pharmacy benefit manager.

Establishes § 256B.696. Directs the commissioner of human services to use a competitive procurement process to select and contract with a single PBM to process all outpatient pharmacy claims for MA enrollees in managed care plans (including county-based purchasing plans).

Makes subdivisions 1 to 6 effective the later of January 1, 2027, or upon federal approval, and makes subdivision 7 effective the day following final enactment.

6 Direction to the commissioner of human services; directed pharmacy dispensing payments.

Establishes a pharmacy dispensing payment of \$1.84 per filled prescription under the MA program to eligible outpatient retail pharmacies in Minnesota for MA plan year 2026. Requires that managed care plans (including county-based purchasing plans), and any PBMs under contract with these entities, must pay the dispensing payment for drugs dispensed to MA enrollees.

Article 5: Health Care Finance

This article contains provisions that make changes to the medical assistance (MA) and MinnesotaCare programs, including but not limited to extending the use of audio-only telehealth, establishing a uniform nonemergency medical transportation (NEMT) program, modifying requirements related to the move toward contracting with a single dental administrator, increasing payment rates for ambulance services, and establishing a county-administered rural medical assistance (CARMA) program. This article also establishes a new assessment on and directed payment program for hospitals in the state and repeals the state's authority to seek federal approval to implement a public option in the state.

Section Description - Article 5: Health Care Finance

- 1 **Definitions.**
Amends § 62A.673, subd. 2. Extends the use of audio-only telehealth in private health plans until July 1, 2028.

- 2 **Other standards; wheelchair securement; protected transport.**
Amends § 174.30, subd. 3. Makes a conforming change related to establishing a uniform NEMT program for MA.

- 3 **Hospital surcharge.**
Amends § 256.9657, subd. 2. Redirects payment of a hospital surcharge to the health care access fund rather than the state's general fund.

- 4 **Hospital assessment.**
Adds a subdivision to § 256.9657. Establishes an assessment on hospitals in the state as part of the hospital directed payment program established under this act. Specifies how the assessment applies and how it is calculated and collected.

- 5 **Alternate inpatient payment rate.**
Amends § 256.969, subd. 2f. Establishes an alternate inpatient payment rate for disproportionate share payments for hospitals eligible to receive specified directed payments under statute.

- 6 **Contingent contract with dental administrator.**
Amends § 256B.0371, subd. 3. Paragraph (a) extends the date – to January 1, 2028 – by which the commissioner of human services must contract with a dental administrator to administer dental services for recipients of MA and MinnesotaCare who are served under fee-for-service or through managed care plans (excepting county-based purchasing plans).

Paragraph (c) provides that the dental administrator's payments to dental providers must be based on rates recommended by the dental access working group

Section Description - Article 5: Health Care Finance

established under this act, provided the recommended rates are established in law by July 1, 2027. Paragraph (e) provides that the contract with the dental administrator must include performance benchmarks, accountability measures, and progress rewards based on recommendations from the dental access working group.

7 Limitation on services.

Amends § 256B.04, subd. 12. Directs the commissioner of human services to place limits, with respect to emergency transportation and NEMT, on the types of services covered by MA, the frequency with which same or similar services can be covered by MA for an individual, and the amount MA pays for each service. Makes the limits effective July 1, 2026, for MA fee-for-service and January 1, 2027, for MA managed care.

Makes the section effective immediately.

8 Competitive bidding.

Amends § 256B.04, subd. 14. Provides that the commissioner may use competitive bidding and negotiation to obtain NEMT services for the MA program. Makes the change effective July 1, 2026, for MA fee-for-service and January 1, 2027, for MA managed care.

Makes the section effective immediately.

9 Telehealth services.

Amends § 256B.0625, subd. 3b. Extends the use of audio-only telehealth for MA and MinnesotaCare enrollees until July 1, 2028.

10 Transportation costs.

Amends § 256B.0625, subd. 17. Makes changes related to MA coverage of NEMT to conform with the new requirement for the commissioner to contract either statewide or regionally for the administration of NEMT under MA. Specifies various requirements with which the administrative agency of NEMT must comply. Makes the various requirement effective July 1, 2026, for MA fee-for-service and January 1, 2027, for MA managed care.

Makes the section effective immediately.

11 Payment for ambulance services.

Amends § 256B.0625, subd. 17a. Increases MA rates for ambulance services by 13.68 percent effective January 1, 2026. Provides that capitation payments made to managed care plans and county-based purchasing plans must also be increased to

Section Description - Article 5: Health Care Finance

- reflect the rate increase for all ambulance services provided on or after January 1, 2026.
- 12 **Administration of nonemergency medical transportation.**
Adds a subdivision to § 256B.0625. Directs the commissioner of human services to contract either statewide or regionally for the administration of NEMT under MA. Requires that the contract include the administration of NEMT for MA enrollees in managed care plans (including county-based purchasing plans). Provides that the required contract or contracts must be effective July 1, 2026, for MA fee-for-service and January 1, 2027, for MA managed care.

Makes the section effective immediately.
- 13 **Other clinic services.**
Amends § 256B.0625, subd. 30. Paragraph (l), clause (13), gives direction to the commissioner of human services regarding establishing rates for federally qualified health centers (FQHC) and rural health clinics that have merged with an existing clinic or have been acquired by an existing clinic.

Paragraph (n) specifies limitations to FQHC reimbursement for mental health targeted case management services, and paragraph (o) provides that counties contracting with FQHCs for mental health targeted case management services remain responsible for the nonfederal share of the cost of the provided services.

Makes the section effective immediately.
- 14 **Commissioner’s duties; state-directed fee schedule requirement.**
Amends § 256B.1973, subd. 5. Modifies a requirement for the existing directed payment program for Hennepin Healthcare System.
- 15 **Interaction with other directed payments.**
Adds a subdivision to § 256B.1973. Provides that Hennepin Healthcare System may participate in the hospital directed payment program established under this act, in addition to its existing directed payment arrangement.

Makes the section effective the later of January 1, 2026, or upon federal approval of specified provisions.
- 16 **Hospital directed payment program.**
Establishes § 256B.1974. Establishes a statewide hospital directed payment program and specifies requirements for hospital and health plan involvement in the program.

Section Description - Article 5: Health Care Finance

- Makes the section effective the later of January 1, 2026, or upon federal approval of specified provisions.
- 17 **Hospital directed payment program account.**
Establishes § 256B.1975. Creates a hospital directed payment program account in the special revenue fund in the state treasury. Provides that the commissioner of human services must report to the legislature by January 15 each year (beginning in 2027) on the activities and uses of money in the account.
- Makes the section effective the later of January 1, 2026, or upon federal approval of specified provisions.
- 18 **County authority.**
Amends § 256B.69, subd. 3a. Makes conforming changes related to establishment of the county-administered rural medical assistance (CARMA) program under this act.
- 19 **County-administered rural medical assistance (CARMA) program.**
Establishes § 256B.695. Establishes a CARMA program to provide an alternative to the prepaid medical assistance program (PMAP). Allows a county or group of counties to administer CARMA for any individuals as an alternative to other MA or MinnesotaCare programs. Specifies eligibility for CARMA programs and identifies the benefits and services that must be covered under CARMA.
- Makes the section effective the later of January 1, 2027, or federal approval.
- 20 **Implementation of hospital assessment and directed payment program.**
Directs the commissioner of human services to immediately begin the work necessary to implement the hospital assessment and directed payment program established under this act and to seek federal approval for both. Provides that the commissioner must work in consultation with the Minnesota Hospital Association on the request for federal approval and make the request available to the public at least 15 days before submitting it to the federal government.
- Makes the section effective immediately.
- 21 **Request for federal waiver.**
Directs the commissioner of human services to seek the federal approval necessary to implement the CARMA program. Provides that any part of the CARMA program that does not require federal approval must be effective as specified in state law.
- 22 **County-administered rural medical assistance program implementation costs.**
Provides that up to \$500,000 of the nonfederal share of the Department of Human Service's costs for implementation of the CARMA program must be paid, via

Section Description - Article 5: Health Care Finance

- intergovernmental fund transfer, to the commissioner of human services by each county or group of counties seeking to administer a CARMA program.
- 23 **Medical assistance coverage of traditional health care practices.**
Directs the commissioner of human services, in consultation with Tribes, Tribal organizations, and urban Indian organizations, to apply to CMS for a waiver to allow MA to cover traditional health care practices that MA enrollees receive from specified facilities. Requires that the commissioner submit the application by October 1, 2025.

Makes the section effective the later of January 1, 2026, or upon federal approval of the waiver.
- 24 **Direction to commissioner of human services; enhanced federal reimbursement for family planning services in medical assistance.**
Directs the commissioner of human services to make the systems modifications necessary to claim enhanced federal reimbursement for family planning services provided under MA.
- 25 **Dental access working group.**
Establishes a dental access working group as part of the Dental Services Advisory Committee to identify and make recommendations to the commissioner of human services on the state's goals, priorities, and processes for contracting with a dental administrator for MA. Directs the commissioner, in consultation with its contracted dental administrator, to develop an implementation plan and timeline to effectuate the recommendations. Directs the commissioner to submit a report to the legislature on the working group's recommendations, the implementation plan and timeline, and any draft legislation required to implement the plan.
- 26 **Repealer.**
Paragraph (a) repeals the commissioner of commerce's authority to submit a 1332 waiver application to the federal government and, upon receipt of the waiver and enactment of any necessary state legislation, to implement a public option in the state.

Paragraph (b) repeals provisions related to uniform administration of NEMT under MA. Provides that the repealers are effective July 1, 2026, for MA fee-for-service and January 1, 2027, for MA managed care.

Article 6: Office of Emergency Medical Services

This article establishes an ambulance operating deficit grant program and a rural EMS uncompensated care pool payment program at the Office of Emergency Medical Services.

Section Description - Article 6: Office of Emergency Medical Services

1 **Ambulance operating deficit grant program.**

Adds § 144E.54. Establishes an ambulance operating deficit grant program at the Office of Emergency Medical Services and specifies requirements for eligible applicants, calculations of grant awards, and allowable uses of grant funds.

Subd. 1. Definitions. Defines terms for this section: capital expenses, eligible applicant or eligible licensee, government licensee, insurance revenue, operating deficit, operational expenses, other revenue.

Subd. 2. Program establishment. Establishes an ambulance operating deficit grant program, in which grants are awarded to address the operating deficits of eligible applicants.

Subd. 3. Licensee providing specialized life support services excluded. Provides that licensees providing specialized life support services are not eligible for grants under this section.

Subd. 4. Other licensees excluded. Provides licensees whose primary service areas are located mostly within a metropolitan county (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington) or within the cities of Duluth, Mankato, St. Cloud, or Rochester are not eligible for grants under this section.

Subd. 5. Application process. Allows eligible licensees to apply to the director for a grant, and requires grant applications from government licensees to be accompanied by a resolution of support from the governing body.

Subd. 6. Director calculations. Provides the director may award grants only to applicants who provide verifiable evidence of an operating deficit in the last completed fiscal year for which data was provided to the director. Allows the director to audit financial data provided, and prohibits a grant award from being more than five percent more than a previous grant without special permission from the director.

Subd. 7. Grant awards; limitations. Allows grants to be proportionally distributed based on money available; directs the director to award grants annually; and prohibits the director from awarding grants that exceed the amount of the grant recipient's most recent, verified operating deficit.

Section Description - Article 6: Office of Emergency Medical Services

Subd. 8. Eligible expenditures. Requires grant recipients to spend grant money on operational expenses and capital expenses incurred to provide ambulance services.

Subd. 9. Report. By February 15, 2026, and annually thereafter, requires the director to report to the chairs and ranking minority members of the legislative committees with jurisdiction over health finance and policy on the number and amount of grants awarded under this section and how grant recipients used the grant funds.

2 Rural EMS uncompensated care pool payment program.

Adds § 144E.55. Establishes a rural EMS uncompensated care pool payment program at the Office of Emergency Medical Services. Specifies the application process, identifies EMS responses used for purposes of calculating payments to ambulance services, establishes the method to calculate payments, and requires payments to be made to ambulance services by May 30 each year.

Subd. 1. Definitions. Defines terms for this section: eligible licensee, public safety answering point.

Subd. 2. Payment program established. Requires the director of the Office of Emergency Medical Services to establish and administer the payment program.

Subd. 3. Excluded responses. In calculating payments under the program, requires the director to exclude EMS responses by specialized life support.

Subd. 4. Application process. Requires an eligible licensee seeking a payment under this program to apply to the director by March 31 each year; requires the application to include the number of the eligible licensee's EMS responses that meet specified criteria; and provides related licensees must be treated as a single eligible licensee.

Subd. 5. Eligible EMS responses. Lists criteria that must be met for an EMS response to be considered an eligible response for purposes of payment calculations under subdivision 6: the EMS response was initially received by a public safety answering point; an ambulance responded to the scene and was not canceled while en route; the ambulance did not transport anyone to an emergency department; the ambulance service did not receive payment for the response from any source; and the response was initiated between January 1 and December 31 of the year before the year of application.

Section Description - Article 6: Office of Emergency Medical Services

Subd. 6. Calculations. Specifies the number of points the director must award for the specified ranges of EMS responses, and specifies how the director must calculate payments for each eligible licensee.

Subd. 7. Payment. Requires the director to certify the payment amount for each eligible licensee and to make the full payment to each eligible licensee by May 30 each year.

Article 7: Economic Assistance

This article exempts the commissioner of DCYF from contract term limitations for the issuance of public benefits through an EBT system and related services, and changes the food shelf program grantee.

Section Description - Article 7: Economic Assistance

1 Electronic benefits transfer (EBT); contracting and procurement.

Amends § 142A.03, by adding subd. 35. Exempts the commissioner from the contract term limits for the issuance of public benefits through an EBT system and related services. Allows these contracts to have up to an initial five-year term, with extensions not to exceed a ten-year total contract duration. Generally, under current law, contracts and amendments must not exceed five years without specific, written approval by the commissioner of administration.

2 Food shelf.

Amends § 142F.14. Changes the food shelf program grantee from Hunger Solutions to The Food Group due to the merger of those two organizations.

Provides an immediate effective date.

Article 8: Child Protection and Welfare Policy

This article makes changes related to relative foster care and modifies the definition of neglect for purposes of child maltreatment reporting, to address continued hospital stays for children with mental, physical, or emotional conditions who cannot return home but for whom necessary services are not available. The article also contains provisions from the Department of Children, Youth, and Families policy bill related to inquiries into a child's heritage, extended foster care, case plan documentation, reestablishment of parental rights, noncaregiver human trafficking response, and reporting requirements for school attendance concerns.

Section Description - Article 8: Child Protection and Welfare Policy

1 Individual who is related.

Amends § 142B.01, subd. 15. Specifies that for purposes of family child foster care, “individual who is related” includes an important friend of the child or of the child’s parent or custodian.

2 Foster care by an individual who is related to a child; license required.

Amends § 142B.05, subd. 3. Adds paragraph (b), specifying that a relative may seek foster care licensure through the county agency or a private agency, requiring the county agency to provide information to all potential relative foster care providers about the choice, and specifying that counties are not obligated to pay private agency services costs.

Adds paragraph (c), specifying that only the individual related to the child must be licensed, if the individual has a domestic partner but is not married. Specifies that background studies on household members are required.

3 Training on risk of sudden unexpected infant death and abusive head trauma for child foster care providers.

Amends § 142B.47. Exempts individuals related to a child from completing training under this section before caring for the child; requires training to be completed within 30 days of foster care licensure.

Makes section effective January 1, 2026.

4 Child passenger restraint systems; training requirement.

Amends § 142B.51, subd. 2. Adds paragraph (f), requiring a relative foster caregiver to complete training under this section within 30 days of foster care licensure, rather than before caring for the child.

Makes section effective January 1, 2026.

5 Child foster care training requirement; mental health training; fetal alcohol spectrum disorders training.

Amends § 142B.80. Exempts relative foster care license holders who only serve a child who does not have a fetal alcohol spectrum disorder (FASD) from annual FASD training requirement.

Makes section effective January 1, 2026.

6 Child foster care training; relative caregivers.

Proposes coding for § 142B.81. Exempts relative child foster care license holders who only care for relative children from training requirements in rules, and instead requires them to complete at least six hours of in-service training annually, in

Section Description - Article 8: Child Protection and Welfare Policy

specified subjects. Requires license holders to consult with the licensing agency regarding which training subjects to complete.

Makes section effective January 1, 2026.

7 Relative.

Amends § 245C.02 by adding subd. 16b. Defines “relative” for purposes of human services background studies under chapter 245C.

8 Noncustodial parents; relative placement.

Amends § 260.65. Makes technical clarifying changes.

9 Emergency removal or placement permitted.

Amends § 260.66, subd. 1. Makes technical correction.

10 Establishment and duties.

Amends § 260.691. Adds language to the Minnesota African American Family Preservation and Child Welfare Disproportionality Act to establish the African American Child and Family Well-Being Advisory Council for the Department of Children, Youth, and Families. The African American Child Well-Being Advisory Council was given duties in the Act in 2024. Removes duty to assist the Cultural and Ethnic Communities Leadership Council.

11 African American Child and Family Well-Being Unit.

Amends § 260.692. Updates terminology to include “family.”

12 Juvenile protection proceedings.

Amends § 260C.001, subd. 2. Adds inquiring about a child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity to activities listed for ensuring appropriate permanency planning for children in foster care.

13 Habitual truant.

Amends § 260C.007, subd. 19. Modifies the definition of “habitual truant” to limit it to children between the ages of 12 and 18 rather than any child under age 17. Removes elementary school language. Adds language to align habitual truant definition with legal presumption in another section of chapter 260C.

14 Who may file; required form.

Amends § 260C.141, subd. 1. For a CHIPS petition, adds requirement to include a statement of whether the petitioner has inquired about the child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity.

Section Description - Article 8: Child Protection and Welfare Policy

- 15 **Identifying parents of child; diligent efforts; data.**
Amends § 260C.150, subd. 3. Adds requirement for the responsible social services agency to inquire about a child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity.
- 16 **Hearing and release requirements.**
Amends § 260C.178, subd. 1. Requires the court, if ordering a child into foster care, to inquire about a child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity, and the responsible social services agency's initial relative search efforts.
- 17 **Case plan.**
Amends § 260C.178, subd. 7. Extends timeline for out-of-home placement plan from 30 to 60 days after placement; specifies that the out-of-home placement plan summary is required within 30 days of removal.
- 18 **Dispositions.**
Amends § 260C.201, subd. 1. Requires the court to inquire about a child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity when making a foster care placement of a child whose legal custody has been transferred to a responsible social services agency or a child-placing agency.
- 19 **Written findings.**
Amends § 260C.201, subd. 2. Requires the court's findings to include a description of the responsible social services agency's efforts to inquire about a child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity.
- 20 **Court review for a child placed in foster care.**
Amends § 260C.202, subd. 2. Removes annual review for a child in extended foster care; moves language to new subdivision.
- 21 **Court review prior to the 18th birthday of a child in foster care.**
Amends § 260C.202 by adding subd. 3. Requires the court to conduct a review during the 90-day period prior to the 18th birthday of a child in foster care. Requires the responsible social services agency to file a written report with the court as part of the review; specifies what the report must include. Requires the agency to inform the child and other parties of these requirements and their right to request a hearing.

Requires the court to hold a hearing when requested, upon receiving the written agency report. Requires the court to issue an order, with or without a hearing, with

Section Description - Article 8: Child Protection and Welfare Policy

- findings regarding extended foster care, transition to adulthood, and reentry into extended foster care up to age 21.
- 22 **Court reviews for a child over age 18 in foster care.**
Amends § 260C.202 by adding subd. 4. Moves extended foster care annual review language to new subdivision.
- 23 **Permanency progress review for children in foster care for six months.**
Amends § 260C.204. Before defining a foster family as a child’s permanent home, requires the responsible social services agency to inquire about a child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity and requires the court to determine that reasonable or active efforts toward completing relative search requirements have been made.
- 24 **Out-of-home placement; plan.**
Amends § 260C.212, subd. 1. Removes requirement for an out-of-home placement plan to be prepared within 30 days after placement in foster care. Adds requirement to use a form developed by the commissioner. Adds paragraph (b) replacing paragraph (e) to require a one- to two-page out-of-home placement plan summary. Adds paragraph (c) to require the summary to be prepared within 30 days after placement in foster care and to require the full plan to be prepared within 60 days after placement. Makes additional clarifying changes.
- 25 **Out-of-home placement plan update.**
Amends § 260C.212, subd. 1a. Makes conforming changes related to out-of-home placement summary and plan timeline changes.
- 26 **Relative notice requirements.**
Amends § 260C.221, subd. 2. Adds supportive services and foster care licensing and adoption home study requirements to subjects about which the responsible social services agency must notify relatives of children in need of protection or services.
- 27 **Program; goals.**
Amends § 260C.223, subd. 1. Modifies goals of concurrent permanency planning program to include establishing a foster parent for the child, rather than developing a group of families to work towards reunification and serve as a permanent family for children.
- 28 **Development of guidelines and protocols.**
Amends § 260C.223, subd. 2. Before making a foster family a permanent home for a child, requires the responsible social services agency to inquire about a child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity and

Section Description - Article 8: Child Protection and Welfare Policy

requires the court to determine that reasonable or active efforts toward completing relative search requirements have been made.

29 Petition.

Amends § 260C.329, subd. 3. Expands individuals who may file a petition for the reestablishment of the legal parent and child relationship to include a parent whose voluntary consent to adoption was accepted by the court, under specified circumstances. Also modifies language to allow for a petition when a child is not currently adopted, rather than “has not been adopted.”

30 Hearing.

Amends § 260C.329, subd. 8. Makes conforming change related to adoption language change in previous section.

31 Administrative or court review of placements.

Amends § 260C.451, subd. 9. For permanency planning for foster care past age 18, adds requirement for the responsible social services agency to file a written report that contains:

- the child’s name, date of birth, race, gender, and address;
- a written summary describing planning with the child;
- the child’s most recent out-of-home placement plan and independent living plan;
- a copy of the child’s 180-day transition plan; and
- if the agency plans to transition the child to adult services, a summary of the required transition plan.

32 Administrative or court review of placements.

Amends § 260C.452, subd. 4. Replaces “green card” with “permanent resident card.”

33 Neglect.

Amends § 260E.03, subd. 15. Adds a paragraph to the definition of neglect, to specify that a child who has a mental, physical, or emotional condition must not be considered neglected under chapter 260E, solely because the child stays in an emergency department or hospital because services deemed necessary by the child's medical or mental health care professional or county case manager are not available to the child's caregiver, and the child cannot be safely discharged to the child's family.

Section Description - Article 8: Child Protection and Welfare Policy

- 34 **Reporting requirements.**
Amends § 260E.09. Requires the responsible agency to ask a maltreatment reporter if the reporter is aware of the child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity.
- 35 **General duties.**
Amends § 260E.20, subd. 1. Adds noncaregiver human trafficking assessment to local welfare agency maltreatment response paths. For any assessment or investigation, requires the agency to ask the child, if age appropriate; family; or reporter about the child's heritage, including the child's Tribal lineage, and their race, culture, and ethnicity.
- 36 **Collection of information.**
Amends § 260E.20, subd. 3. Adds noncaregiver human trafficking assessment to local welfare agency maltreatment response paths.
- 37 **Reporting of school attendance concerns.**
Proposes coding for § 260E.215. Establishes reporting requirements for school attendance concerns.
- Subd. 1. Reports required.** Requires a person mandated to report child maltreatment to immediately report if the person knows or has reason to believe that a child required to be enrolled in school has at least seven unexcused absences in the current school year and is at risk of educational neglect or truancy. Allows for voluntary reporting. Specifies that an oral report must be made immediately, followed by a written report within 72 hours. Specifies contents of report.
- Subd. 2. Local welfare agency.** Requires the local welfare agency or agency partner to provide a child welfare response for a report that alleges a child enrolled in school has seven or more unexcused absences. Specifies that the response must offer culturally and linguistically appropriate services to address the school attendance concerns. Requires a report of educational neglect to be made if the family does not engage with services after multiple attempts and the school absences continue.
- 38 **Timing.**
Amends § 260E.24, subd. 1. Adds noncaregiver human trafficking assessment to local welfare agency maltreatment response paths.

Section Description - Article 8: Child Protection and Welfare Policy

- 39 **Determination after family assessment or a noncaregiver human trafficking assessment.**
Amends § 260E.24, subd. 2. Adds noncaregiver human trafficking assessment to local welfare agency maltreatment response paths.
- 40 **Revisor instruction.**
Requires the revisor to make technical changes in sections 260C.203 and 260C.204.

Article 9: Child Protection and Welfare Finance

This article allows the commissioner of children, youth, and families to contract with specified entities to provide permanency services for children in out-of-home care, modifies Minnesota Indian Family Preservation Act (MIFPA) grant payment timelines and reporting requirements, and removes an annual cap on special focus grant awards under MIFPA. The article also removes the automatic biennial cost-of-living adjustment for child support and maintenance orders, allows for modification of child support redirection when in the best interest of the child, and outlines requirements for modernizing the social services information system.

Section Description - Article 9: Child Protection and Welfare Finance

- 1 **Duties of the commissioner.**
Amends § 142A.03, subd. 2. Allows the commissioner to contract with a licensed child-placing agency or a Minnesota Tribal social services agency to provide permanency services for children in out-of-home care whose interests would be best served by transfer of permanent legal and physical custody to a relative.
- 2 **Payments.**
Amends § 260.810, subd. 1. Modifies grant payment timelines under MIFPA to be quarterly, rather than requiring a quarterly report to receive payments.
- 3 **Reporting.**
Amends § 260.810, subd. 2. Modifies MIFPA grant reporting requirements, replacing required quarterly reports with a requirement for the commissioner to work with Tribes and urban Indian organizations to establish report requirements and timelines.
- 4 **Special focus grants.**
Amends § 260.821, subd. 2. Removes maximum of \$100,000 grant award for MIFPA special focus grants.

Section Description - Article 9: Child Protection and Welfare Finance

5 Contents.

Amends § 518.68, subd. 2. Modifies contents of required notices related to child support and maintenance by specifying that prior to January 1, 2027, cost-of-living adjustments for basic support or maintenance may occur every two years, and in the notice effective January 1, 2027, removing the notice regarding the cost-of-living adjustment.

6 Computation of child support obligations.

Amends § 518A.34. Removes reference to statutory cost-of-living adjustment and replaces with reference to future modification.

Makes this section effective January 1, 2027.

7 Administrative redirection of support.

Allows the agency to stop directing child support from the obligor to a public authority who is providing services to the child and send that support to the person who has custody of the child even when the child is out of the home when it is in the best interest of the child to do so.

Makes this section effective September 1, 2025.

8 Requirement.

Amends § 518A.75, subd. 1. Specifies that the biennial cost-of-living adjustment required under the section must not be made after January 1, 2027, for any maintenance or child support order established before, on, or after January 1, 2027.

9 Social services information system modernization.

Directs the commissioner of children, youth, and families to improve and modernize the child welfare social services information system. Lists elements the system modernization must include. Requires a plan and estimated timeline by March 15, 2026, and progress reports to the legislature at specified intervals until the project is substantially completed.

Article 10: Early Care and Learning Policy

This article changes the diaper distribution grant program from a competitive grant program to a sole-source grant and modifies aspects of the great start compensation support program for child care programs.

Section Description - Article 10: Early Care and Learning Policy

- 1 Diaper distribution program.**
Amends § 142A.42. Modifies the diaper distribution grant program to make it a sole-source grant to the Diaper Bank of Minnesota rather than a competitive grant program.
- 2 Payments. [Great start compensation support payments]**
Amends § 142D.21, subd. 6. Prohibits great start compensation payments from being increased by ten percent for child care programs that receive child care assistance, early learning scholarships, or are located in a child care access equity area.
- 3 Data. [Great start compensation support payments]**
Adds a subdivision to §142D.21. Provides that data on great start compensation payments made to child care programs are public, except that: (1) any data that may identify a specific family or child are private; (2) data about operating expenses and personnel expenses are private or nonpublic; and (3) data about legal nonlicensed child care providers are private or nonpublic.

Article 11: Early Care and Learning Finance

This article makes substantive changes to child care licensing requirements, the child care assistance program (CCAP), and other early care and learning programs. The article includes increased fines for license holders that do not comply with background study requirements, requirements around the use of video security cameras in child care settings, and changes to CCAP for the purposes of federal compliance.

Section Description - Article 11: Early Care and Learning Finance

- 1 License suspension, revocation, or fine.**
Amends § 142B.18, subd. 4. Increases the fine imposed on a license holder of a DCYF program for failure to comply with background study requirements from \$200 for each occurrence to \$500.
- 2 Video security cameras in child care centers.**
Establishes § 142B.68. Provides that a licensed child care center that is required to post a maltreatment investigation memorandum in its facility must have video security cameras in its facility and comply with the requirements in this section regarding retention, disposal, and dissemination of the camera recordings, access to the recordings, and notifying parents and legal guardians about the use of cameras in the facility.

Section Description - Article 11: Early Care and Learning Finance

- 3 **Account; carryforward authority. [Great start compensation support payments]**
Amends § 142D.21, subdivision 10. Establishes an account in the special revenue fund for the great start compensation support payments program.
- 4 **Eligible uses of money.**
Amends § 142D.23, subd. 3. Modifies the eligible uses of child care technology grants to provide that the grants may be awarded for up to \$4,000 to a child care center to be used to cover the costs of video security cameras and related training.
- 5 **Program components. [TEACH program]**
Amends § 142D.31, subd. 2. Paragraph (a) changes the maximum amount for a TEACH scholarship to an amount consistent with national TEACH program requirements. Paragraph (b) allows individuals who are employed by a certified child care program or a Head Start program to be eligible for TEACH scholarships and modifies the contribution and matching requirements for TEACH scholarship recipients who work in family child care settings.
- 6 **Redeterminations.**
Amends § 142E.03, subd. 3. Provides that, starting May 25, 2026, when a new child is added to a family that receives CCAP, the date for CCAP redetermination of eligibility must be extended 12 months from the new child’s arrival date.
- 7 **General authorization requirements.**
Amends § 142E.11, subd. 1. Provides that, beginning March 2, 2026, county agencies are prohibited from requiring certain families to report information related to CCAP eligibility more frequently than every 12 months (i.e., eliminates the “scheduled reporter” designation).
- 8 **Maintain steady child care authorizations.**
Amends § 142E.11, subd. 2. Makes conforming changes related to elimination of the scheduled reporter designation under CCAP.
- 9 **Extended eligibility and redetermination.**
Amends § 142E.13, subd. 2. Makes conforming changes related to the elimination of the scheduled reporter designation under CCAP.
- Makes the section effective May 25, 2026.

Section Description - Article 11: Early Care and Learning Finance

10 Fee schedule.

Amends § 142E.15, subd. 1. Modifies CCAP copayment requirements for families, with the highest copayment set at 6.9 percent of a family's adjusted gross income rather than 14 percent under current law.

Makes the section effective October 13, 2025.

11 Training required.

Amends § 142E.16, subd. 3. Provides that a legal, nonlicensed family child care provider who cares for an unrelated child who is eligible for CCAP must complete two hours of training in caring for children every 12 months.

Makes the section effective October 1, 2025.

12 Record-keeping requirement.

Amends § 142E.16, subd. 7. Requires child care providers who accept CCAP to submit data on child enrollment and attendance to the commissioner. Makes a technical change to a cross-reference.

Makes the section effective June 22, 2026.

13 Provider payments.

Amends § 142E.17, subd. 9. Requires that child care providers who bill CCAP sign each bill and declare, under penalty of perjury, that the information in the bill is accurate.

Makes the section effective September 15, 2025.

14 Establishment. [Quality parenting initiative grant program]

Amends § 245.0962, subd. 1. Clarifies that the quality parenting initiative grant program is administered by DCYF rather than DHS.

15 Eliminating schedule reporter designation.

Directs the commissioner of children, youth, and families to allocate additional basic sliding fee money for calendar years 2026 and 2027 to counties and Tribes to account for the elimination of the scheduled reporter designation.

16 Children and families information technology systems modernization.

Directs the commissioner of children, youth, and families, to the extent funding is available in the department's state systems account, to establish and implement: (1) an application tool that families may use to apply for early care and education programs; and (2) a centralized, integrated payment system for early care and education funding streams. Requires that the commissioner provide quarterly

Section Description - Article 11: Early Care and Learning Finance

updates to the legislature on the department’s progress toward meeting the requirements of this section.

17 Revisor instruction. [Quality parenting initiative grant program]

Directs the revisor to recodify the quality parenting initiative grant program in a DCYF section of statute.

18 Revisor instruction. [Early childhood literacy programs]

Directs the revisor to recodify an early childhood literacy program for children participating in Head Start in an MDE section of statute.

Article 12: Department of Children, Youth, and Families Licensing and Certification Policy

This articles makes substantive and policy changes to programs currently licensed or certified by the Department of Human Services (DHS) that will transfer to the Department of Children, Youth, and Families (DCYF) in June 2025, including child care centers, family child care providers, certified license-exempt child care centers, and child foster care.

Section Description - Article 12: Department of Children, Youth, and Families Licensing and Certification Policy

1 Education.

Defines “education” for purposes of determining an individual’s qualifications for working in a child care center.

Makes the section effective August 1, 2025.

2 Grant of license; license extension.

Amends § 142B.10, subd. 14. Requires a license holder to pay applicable fees for a license to be reissued after the license expires, and removes the requirement that the license holder apply for a new license. Requires that child foster care license holders apply for a new license after the license expires. Provides that licenses may be issued each calendar year once the provider licensing and reporting hub is operational.

3 Variances.

Amends § 142B.10, subd. 16. Directs the commissioner to grant a variance for a child care program’s licensed capacity if: (1) the program’s indoor space is within 100 square feet of what would be required for maximum enrollment in the program based on the program’s number and qualifications of staff; (2) the fire marshal

Section Description - Article 12: Department of Children, Youth, and Families Licensing and Certification Policy

approves the variance; and (3) the variance request is submitted in accordance with the requirements in statute. Provides that a program's licensed capacity cannot increase by more than two children under this variance.

4 Reconsideration of correction orders.

Amends § 142B.16, subd. 2. Gives an applicant or license holder of a child care program the option to ask the department for interpretive guidance on a rule or statute underlying a correction order issued to them prior to requesting a reconsideration of the order. Provides that the commissioner cannot publicly post a correction order issued to a child care program until either: (1) after the 20-day calendar period for requesting reconsideration; or (2) if reconsideration is requested, after the commissioner's disposition of the request for reconsideration is provided to the applicant or license holder.

Makes the changes related to the timing for posting correction orders effective the later of January 1, 2026, or upon federal approval.

5 Requirement to post conditional license.

Amends § 142B.16, subdivision 5. Provides that when an order of conditional license for a licensed child care center or family child care provider is accompanied by a maltreatment investigation memorandum, then the license holder must publicly post the order and the memorandum for ten years.

6 Documented technical assistance.

Amends § 142B.171, subd. 2. Removes the prohibition on publishing documented technical assistance that a child care program receives under the weighted risk system on the DCYF website.

7 Requirement to post licensing order or fine.

Amends § 142B.18, subdivision 6. Provides that when an order of license suspension, temporary immediate suspension, fine, or revocation for a licensed child care center or family child care provider is accompanied by a maltreatment investigation memorandum, then the license holder must publicly post the order and the memorandum for ten years.

8 Posting licensing actions on department website.

Establishes § 142B.181. Paragraph (a) directs the commissioner to post on the department's licensing look-up website a summary of any licensing action, other than a correction order, issued to a child care program rather than communication from the commissioner to the program about the action.

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Paragraph (b) directs the commissioner to remove summary documents from the department's licensing look-up website within ten days of the length of time the document is required to be posted under federal regulations.

Makes the section effective the later of January 1, 2026, or federal approval.

9 Delegation of authority to agencies.

Amends § 142B.30, subd. 1. Specifies that a child foster care license issued by a county or private agency may be issued for up to two years, until such time when the provider licensing and reporting hub is implemented, when licenses may be issued each calendar year.

10 Staff distribution.

Adds a subdivision to § 142B.71. Adds to statute and makes permanent a temporary change that was enacted by the 2023 Legislature that allows an aide in a licensed child care center who meets specified criteria to substitute for a teacher during a center's morning arrival and departure times, provided those times do not exceed 25 percent of the center's daily hours of operations.

11 Child passenger restraint systems; training requirement.

Amends § 142B.51, subd. 2. Provides that specified licensed programs that serve children under nine years of age, rather than eight years of age, must comply with training requirements for the proper use and installation of child restraint systems in motor vehicles.

Makes the section effective January 1, 2026.

12 Child passenger restraint systems; training requirement.

Amends § 142B.65, subd. 8. Provides that specified licensed programs that serve children under nine years of age, rather than eight years of age, must comply with training requirements for the proper use and installation of child restraint systems in motor vehicles.

Makes the section effective January 1, 2026.

13 In-service training.

Amends § 142B.65, subd. 9. Modifies training requirements for substitutes and unsupervised volunteers in child care centers to provide that they must complete at least two hours of training each year.

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14 Emergency preparedness.

Amends § 142B.66, subd. 3. Makes technical changes to requirements regarding when a licensed child care center must review and update the center's emergency plan.

15 Child passenger restraint systems; training requirement.

Amends § 142B.70, subd. 7. Provides that specified licensed programs that serve children under nine years of age, rather than eight years of age, must comply with training requirements for the proper use and installation of child restraint systems in motor vehicles.

Makes the section effective January 1, 2026.

16 Training requirements for family and group family child care.

Amends § 142B.70, subd. 8. Provides that substitutes and adult caregivers who provide care for 500 or fewer hours per year in a family or group family child care setting must complete at least one hour of training each calendar year and specifies requirements for the training.

17 Requirements for family child care license holder's own child.

Provides that, for purposes of a family child care provider's licensed capacity, one of a license holder's own children does not need to be counted toward licensed capacity, as long as the child is at least eight years old and the license holder has never been determined to have maltreated a child or vulnerable adult.

18 Requirement to post conditional certification.

Adds a subdivision to § 142C.06. Requires that a certified, license-exempt child care center publicly post an order of conditional certification issued by the commissioner and any maltreatment investigation memoranda that accompany the order.

19 Required policies.

Amends § 142C.11, subd. 8. Adds that a certified, license-exempt child care center must have written policies for behavior guidance and supervision.

20 First aid and cardiopulmonary resuscitation.

Amends § 142C.12, subd. 1. Specifies requirements for first aid and CPR training required for individuals who have direct contact with a child in a certified, license-exempt child care center.

Makes the section effective January 1, 2026.

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21 In-service training.

Amends § 142C.12, subd. 6. Provides that substitutes in certified, license-exempt child care centers must complete at least two hours of training each year.

22 Seat belt and child passenger restraint system use.

Amends § 245A.18, subd. 1. Provides that specified licensed programs that transport children under nine years of age, rather than eight years of age, must comply with training requirements for the proper use and installation of child restraint systems in motor vehicles.

Makes the section effective January 1, 2026.

23 Direction to the commissioner of children, youth, and families; standardized licensing visit timeline and requirements.

Directs the commissioner, in consultation with stakeholders, to develop and implement a standardized timeline and standards for the conduct of licensors when conducting inspections of licensed child care centers. Provides that the timeline and standards must be implemented by January 1, 2026.

Makes the section effective January 1, 2026.

24 Direction to commissioner of children, youth, and families; standardized county-delegated licensing.

Directs the commissioner to establish time frames for county licensors to respond to urgent requests, implement a system to track the requests, and require county licensors to use the electronic licensing inspection tool during inspection of family child care providers.

25 Repealer.

Repeals Minnesota Rules, part 9503, subpart 1, item B, which provides a definition of “education” for purposes of determining an individual’s qualifications for working in a licensed child care center. The definition is obsolete, as this act established a definition of “education” for the same purpose in statute.

Makes the section effective August 1, 2025.

Article 13: Miscellaneous

This article provides for access to opiate antagonists at postsecondary educational institutions; establishes requirements for the use of nonopioid directives; and requires social media

platforms to have a mental health warning label that appears each time a user accesses the platform.

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1 Opiate antagonist.

Adds § 135A.1367. Defines opiate antagonist for purposes of this section. Requires Minnesota State Colleges and Universities and requests the University of Minnesota to maintain a supply of opiate antagonists at each campus site. Requires the commissioner of health to assist postsecondary institutions with training and planning regarding opiate antagonists. Directs the commissioner of health to distribute funds to Tribal colleges to fund maintaining a supply of opiate antagonists at each campus site.

Effective date: this section is effective beginning in the 2025-2026 academic year.

2 Emergency medical services provider.

Adds subd. 1c to § 145C.01. Adds a definition of emergency medical services provider to chapter 145C.

3 Nonopioid directive.

Adds subd. 7b to § 145C.01. Adds a definition of nonopioid directive to chapter 145C.

4 Prescriber.

Adds subd. 7c to § 145C.01. Adds a definition of prescriber to chapter 145C.

5 Opioid instructions entered into health record.

Amends § 145C.17. Requires a health care provider presented with a patient's nonopioid directive to include the nonopioid directive in the patient's health record. Requires a health care provider who receives notice that a nonopioid directive has been revoked, to note the revocation in the patient's health record.

6 Nonopioid directive.

Adds § 145C.18. Authorizes patients and health care agents to execute a nonopioid directive, and requires a nonopioid directive to include one or more instructions that the patient must not be administered an opioid by a health professional or offered a prescription for an opioid by a prescriber. Provides for revocation of a nonopioid directive by patients and health care agents. Requires prescribers and health professionals to comply with nonopioid directives except in certain circumstances. Provides immunity from civil liability, criminal prosecution, or professional disciplinary action for failing to prescribe, administer, or dispense an opioid to a patient with a nonopioid directive; for administering an opioid to a patient with a nonopioid directive in an emergency; or for inadvertently administering an opioid to a patient with a nonopioid directive, if the act or failure to act was performed in good

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- faith and according to the applicable standard of care. Directs the commissioner to develop a nonopioid directive form for use by patients and health care agents.
- 7 **Administration of opiate antagonist for drug overdose.**
Amends § 151.37, subd. 12. Adds nurses and other personnel employed by or under contract with a postsecondary educational institution to the individuals who may be authorized by a physician, advanced practice registered nurse, or physician assistant to administer opiate antagonists.
- 8 **Mental health warning label.**
Adds § 325M.335. Requires social media platforms to ensure a conspicuous mental health warning label appears each time users access the platform and only disappears when users exit the platform or acknowledge the potential for harm and choose to proceed to the platform. Requires the mental health warning label to warn of the potential negative mental health impacts of accessing the platform and to provide users with resources to address potential negative mental health impacts. Prohibits a social media platform from providing the warning label only as part of its terms and conditions, obscuring the warning label, or allowing users to disable the warning label. Requires the commissioner of health, in consultation with the commissioner of commerce, to develop guidelines for the content of mental health warning labels.
- 9 **Enforcement authority.**
Amends § 325M.34. Authorizes the attorney general to investigate and bring actions against social media companies for alleged violations of the mental health warning label requirements.

Article 14: Department of Human Services Appropriations

This article appropriates money in fiscal years 2026 and 2027 from the specified funds to the commissioner of human services for the specified purposes. For more information, see the [House Fiscal health finance tracking sheet](#).

Article 15: Department of Health Appropriations

This article appropriates money in fiscal years 2026 and 2027 from the specified funds to the commissioner of health for the specified purposes. For more information, see the [House Fiscal health finance tracking sheet](#).

Article 16: Department of Children, Youth, and Families Appropriations

Appropriates funding for DCYF for the activities described. For details, see the [House Fiscal tracking sheet](#).

Article 17: Other Agency Health Appropriations

This article appropriates money in fiscal years 2026 and 2027 from the specified funds to health-related licensing boards, the Office of Emergency Medical Services, the Rare Disease Advisory Council, and the Board of Directors of MNsure for the specified purposes. It also modifies a fiscal year 2024 appropriation to the Board of Pharmacy. For more information, see the [House Fiscal health finance tracking sheet](#).

Article 18: Other Agency Children Appropriations

Appropriates funding for the ombudsperson for families, the ombudsperson for American Indian families, the Office of the Foster Youth Ombudsperson, and the Department of Education. For details, see the [House Fiscal tracking sheet](#).



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