

**ONE HUNDRED FIRST DAY**

St. Paul, Minnesota, Thursday, April 11, 2024

The Senate met at 12:00 noon and was called to order by the President.

**CALL OF THE SENATE**

Senator Murphy imposed a call of the Senate. The Sergeant at Arms was instructed to bring in the absent members.

Prayer was offered by the Chaplain, Rabbi Arielle Lekach-Rosenberg.

The members of the Senate gave the pledge of allegiance to the flag of the United States of America.

The roll was called, and the following Senators were present:

Abeler	Dziedzic	Klein	McEwen	Rasmusson
Anderson	Eichorn	Koran	Miller	Rest
Bahr	Farnsworth	Kreun	Mitchell	Seeberger
Boldon	Fateh	Kunesh	Mohamed	Utke
Carlson	Frentz	Kupec	Morrison	Weber
Champion	Green	Lang	Murphy	Wesenberg
Coleman	Gruenhagen	Latz	Nelson	Westlin
Cwodzinski	Gustafson	Lieske	Oumou Verbeten	Westrom
Dahms	Hauschild	Limmer	Pappas	Wiklund
Dibble	Hawj	Lucero	Pha	Xiong
Dornink	Hoffman	Mann	Port	
Draheim	Howe	Marty	Pratt	
Drazkowski	Jasinski	Mathews	Putnam	
Duckworth	Johnson	Maye Quade	Rarick	

The President declared a quorum present.

The reading of the Journal was dispensed with and the Journal, as printed and corrected, was approved.

**EXECUTIVE AND OFFICIAL COMMUNICATIONS**

The following communications were received.

April 10, 2024

The Honorable Bobby Joe Champion  
President of the Senate

Dear Senator Champion:

Pursuant to Senate Rule 8.2, the following appointments have been withdrawn from the following committee and placed on the Confirmation Calendar:

From the Committee on Labor, to which were referred the following appointments as reported in the Journal for March 23, 2023:

**PLUMBING BOARD**

Samuel Arnold  
Bruce Pylkas  
Scott Stewart  
Rick Wahlen  
Shane Willis

Sincerely,  
Thomas S. Bottern  
Secretary of the Senate

April 10, 2024

The Honorable Melissa Hortman  
Speaker of the House of Representatives

The Honorable Bobby Joe Champion  
President of the Senate

I have the honor to inform you that the following enrolled Act of the 2024 Session of the State Legislature has been received from the Office of the Governor and is deposited in the Office of the Secretary of State for preservation, pursuant to the State Constitution, Article IV, Section 23:

S.F. No.	H.F. No.	Session Laws Chapter No.	Time and Date Approved 2024	Date Filed 2024
	3613	86	2:45 p.m. April 10	April 10

Sincerely,  
Steve Simon  
Secretary of State

**REPORTS OF COMMITTEES**

Senator Murphy moved that the Committee Reports at the Desk be now adopted, with the exception of the reports on S.F. Nos. 3815, 4995, 4455, 4460, 4890, 4761, and 5354. The motion prevailed.

**Senator Latz from the Committee on Judiciary and Public Safety, to which was referred**

**S.F. No. 3815:** A bill for an act relating to public safety; establishing a felony offense for reporting a fictitious emergency and directing the emergency response to the home of certain individuals; making a conforming change; amending Minnesota Statutes 2022, section 609.78, subdivision 3, by adding a subdivision.

Reports the same back with the recommendation that the bill do pass.

Pursuant to Joint Rule 2.03, the bill was referred to the Committee on Rules and Administration.

**Senator Marty from the Committee on Finance, to which was re-referred**

**S.F. No. 4784:** A bill for an act relating to energy; establishing the Minnesota Energy Infrastructure Permitting Act; modifying provisions governing certificates of need; making conforming and technical changes; authorizing administrative rulemaking; providing for coordinated plans to complete environmental review and other state agency actions; requiring reports; amending Minnesota Statutes 2022, sections 216A.037, subdivision 1; 216B.2421, subdivision 2; 216B.243, subdivisions 3, 3a, 4, 9; 216E.08, subdivision 2; 216E.11; 216E.13; 216E.14; 216E.15; 216E.16; 216E.18, subdivision 2a; Minnesota Statutes 2023 Supplement, sections 10.65, subdivision 2; 216B.243, subdivision 8; 216E.06; 216E.07; 216E.10, subdivisions 1, 2, 3; proposing coding for new law in Minnesota Statutes, chapters 84; 116; proposing coding for new law as Minnesota Statutes, chapter 216I; repealing Minnesota Statutes 2022, sections 216E.001; 216E.01, subdivisions 1, 2, 3, 4, 5, 7, 8, 9, 10; 216E.02; 216E.021; 216E.03, subdivisions 2, 3a, 3b, 4, 9; 216E.04, subdivisions 1, 3, 4, 5, 6, 7, 8, 9; 216E.05, subdivisions 1, 3; 216E.08, subdivisions 1, 4; 216E.18, subdivisions 1, 2; 216F.01; 216F.011; 216F.012; 216F.015; 216F.02; 216F.03; 216F.05; 216F.06; 216F.07; 216F.08; 216F.081; Minnesota Statutes 2023 Supplement, sections 216E.01, subdivisions 3a, 6, 9a; 216E.03, subdivisions 1, 3, 5, 6, 7, 10, 11; 216E.04, subdivision 2; 216E.05, subdivision 2; 216F.04; Minnesota Rules, parts 7850.1000; 7850.1100; 7850.1200; 7850.1300; 7850.1400; 7850.1500; 7850.1600; 7850.1700; 7850.1800; 7850.1900; 7850.2000; 7850.2100; 7850.2200; 7850.2300; 7850.2400; 7850.2500; 7850.2600; 7850.2700; 7850.2800; 7850.2900; 7850.3000; 7850.3100; 7850.3200; 7850.3300; 7850.3400; 7850.3500; 7850.3600; 7850.3700; 7850.3800; 7850.3900; 7850.4000; 7850.4100; 7850.4200; 7850.4500; 7850.4600; 7850.4700; 7850.4800; 7850.4900; 7850.5000; 7850.5100; 7850.5200; 7850.5300; 7850.5400; 7850.5500; 7850.5600; 7854.0100; 7854.0200; 7854.0300; 7854.0400; 7854.0500; 7854.0600; 7854.0700; 7854.0800; 7854.0900; 7854.1000; 7854.1100; 7854.1200; 7854.1300; 7854.1400; 7854.1500.

Reports the same back with the recommendation that the bill be amended as follows:

Page 34, after line 13, insert:

"Sec. 16. APPROPRIATION.

\$5,000 in fiscal year 2025 is appropriated to the Public Utilities Commission for the administrative costs of rulemaking in this article. This is a onetime appropriation and is available until June 30, 2026."

Renumber the sections in sequence

Amend the title as follows:

Page 1, line 6, after the first semicolon, insert "appropriating money;"

And when so amended the bill do pass. Amendments adopted. Report adopted.

**Senator Murphy from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,**

**S.F. No. 3496:** A bill for an act relating to labor; providing compensation for minors appearing in Internet content creation; amending Minnesota Statutes 2022, section 181A.03, subdivision 1, by adding subdivisions; proposing coding for new law in Minnesota Statutes, chapter 181A.

Reports the same back with the recommendation that Joint Rule 2.03 be suspended for all further proceedings on S.F. No. 3496 and that the report from the Committee on Labor, shown in the Journal for April 8, 2024, be amended as follows:

"the bill be amended and when so amended the bill do pass". Amendments adopted. Report adopted.

**Senator Murphy from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,**

**S.F. No. 4387:** A bill for an act relating to public safety; providing for human services; modifying the duties of certain facilities that confine people relating to phone calls and other communication services; specifying duties of certain direct care and treatment programs relating to phone calls and other communications; amending Minnesota Statutes 2023 Supplement, section 241.252; proposing coding for new law in Minnesota Statutes, chapter 246.

Reports the same back with the recommendation that Joint Rule 2.03 be suspended for all further proceedings on S.F. No. 4387 and that the report from the Committee on Judiciary and Public Safety, shown in the Journal for April 8, 2024, be adopted; that committee recommendation being:

"the bill be amended and when so amended the bill do pass and be re-referred to the Committee on Human Services". Amendments adopted. Report adopted.

**Senator Murphy from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,**

**S.F. No. 4429:** A bill for an act relating to the military; authorizing the adjutant general to establish a referral bonus program for referrals leading to enlistment in or commissioning into the Minnesota National Guard; amending Minnesota Statutes 2022, section 192.501, by adding a subdivision.

Reports the same back with the recommendation that Joint Rule 2.03 be suspended for all further proceedings on S.F. No. 4429 and that the report from the Committee on State and Local Government and Veterans, shown in the Journal for April 2, 2024, be adopted; that committee recommendation being:

"the bill be amended and when so amended the bill do pass". Amendments adopted. Report adopted.

**Senator Murphy from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,**

**S.F. No. 4431:** A bill for an act relating to elections; requiring the commissioner of revenue to establish an online system to claim the political contribution refund; amending the political contribution refund program to allow for electronic information transfer between the Campaign Finance and Public Disclosure Board and the Department of Revenue; classifying data; appropriating money; amending Minnesota Statutes 2022, sections 10A.02, subdivision 11b; 10A.322, subdivision 4; Minnesota Statutes 2023 Supplement, section 290.06, subdivision 23.

Reports the same back with the recommendation that Joint Rule 2.03 be suspended for all further proceedings on S.F. No. 4431 and that the report from the Committee on Judiciary and Public Safety, shown in the Journal for April 2, 2024, be adopted; that committee recommendation being:

"the bill be amended and when so amended the bill do pass and be re-referred to the Committee on Taxes". Amendments adopted. Report adopted.

**Senator Murphy from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,**

**S.F. No. 4719:** A bill for an act relating to transportation; establishing Blue Line light rail transit extension antidisplacement community prosperity program; requiring a report; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 473.

Reports the same back with the recommendation that Joint Rule 2.03 be suspended for all further proceedings on S.F. No. 4719 and that the report from the Committee on Transportation, shown in the Journal for April 8, 2024, be adopted; that committee recommendation being:

"the bill be amended and when so amended the bill do pass and be re-referred to the Committee on State and Local Government and Veterans". Amendments adopted. Report adopted.

**Senator Murphy from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,**

**S.F. No. 5082:** A bill for an act relating to state government; making human services forecast adjustments; appropriating money.

Reports the same back with the recommendation that Joint Rule 2.03 be suspended for all further proceedings on S.F. No. 5082 and that the report from the Committee on Health and Human Services, shown in the Journal for April 8, 2024, be adopted; that committee recommendation being:

"the bill do pass and be re-referred to the Committee on Finance". Report adopted.

**Senator Murphy from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,**

**S.F. No. 5133:** A bill for an act relating to state government; making human services forecast adjustments; appropriating money.

Reports the same back with the recommendation that Joint Rule 2.03 be suspended for all further proceedings on S.F. No. 5133 and that the report from the Committee on Health and Human Services, shown in the Journal for April 8, 2024, be adopted; that committee recommendation being:

"the bill do pass and be re-referred to the Committee on Finance". Report adopted.

**Senator Murphy from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,**

**S.F. No. 5257:** A bill for an act relating to labor and industry; modifying combative sports regulations; increasing payment threshold from the contractor recovery fund; amending Minnesota Statutes 2022, sections 326B.89, subdivision 5; 341.28, by adding a subdivision; 341.29; Minnesota Statutes 2023 Supplement, sections 341.25; 341.28, subdivision 5; 341.30, subdivision 4; 341.321; 341.33, by adding a subdivision; 341.355.

Reports the same back with the recommendation that Joint Rule 2.03 be suspended for all further proceedings on S.F. No. 5257 and that the report from the Committee on Labor, shown in the Journal for April 8, 2024, be adopted; that committee recommendation being:

"the bill do pass and be re-referred to the Committee on Judiciary and Public Safety". Report adopted.

**Senator Murphy from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,**

**S.F. No. 3471:** A bill for an act relating to education; establishing a state school librarian; amending Minnesota Statutes 2022, section 134.31, by adding a subdivision.

Reports the same back with the recommendation that Joint Rule 2.03 be suspended for all further proceedings on S.F. No. 3471 and that the report from the Committee on State and Local Government and Veterans, shown in the Journal for April 2, 2024, be adopted; that committee recommendation being:

"the bill be amended and when so amended the bill do pass and be re-referred to the Committee on Education Finance". Amendments adopted. Report adopted.

**Senator Murphy from the Committee on Rules and Administration, to which was referred under Joint Rule 2.03, together with the committee report thereon,**

**S.F. No. 3474:** A bill for an act relating to education; establishing the Digital Citizenship, Internet Safety, and Media Literacy Advisory Council; requiring a report.

Reports the same back with the recommendation that Joint Rule 2.03 be suspended for all further proceedings on S.F. No. 3474 and that the report from the Committee on State and Local Government and Veterans, shown in the Journal for April 2, 2024, be adopted; that committee recommendation being:

"the bill be amended and when so amended the bill do pass and be re-referred to the Committee on Education Finance". Amendments adopted. Report adopted.

**Senator Kunesch from the Committee on Education Finance, to which was referred**

**S.F. No. 4995:** A bill for an act relating to education finance; establishing school district seasonal tax base replacement aid; amending Minnesota Statutes 2022, section 126C.17, by adding a subdivision.

Reports the same back with the recommendation that the bill do pass and be re-referred to the Committee on Taxes.

Pursuant to Joint Rule 2.03, the bill was referred to the Committee on Rules and Administration.

**Senator Klein from the Committee on Commerce and Consumer Protection, to which was referred**

**S.F. No. 4455:** A bill for an act relating to commerce; requiring a license to sell copper metal; amending Minnesota Statutes 2022, section 325E.21, by adding a subdivision; Minnesota Statutes 2023 Supplement, section 325E.21, subdivision 1b.

Reports the same back with the recommendation that the bill be amended as follows:

Page 3, lines 11 and 12, delete "purchase or"

Page 3, line 15, delete "purchaser or"

Page 3, line 19, delete "for applicants who intend to sell scrap metal copper,"

Page 3, line 22, delete "\$....." and insert "\$250."

Page 3, line 31, delete "electrical" and delete "section 326B.33" and insert "chapter 326B or issued a Section 608 Technician Certification"

Page 3, line 32, delete "purchase or"

Page 4, line 3, delete "\$....." and insert "\$250."

And when so amended the bill do pass and be re-referred to the Committee on Finance.

Pursuant to Joint Rule 2.03, the bill was referred to the Committee on Rules and Administration.

**Senator Klein from the Committee on Commerce and Consumer Protection, to which was re-referred**

**S.F. No. 4837:** A bill for an act relating to health carriers; providing for oversight of health maintenance organization transactions by the commissioner of health; requiring notice to the attorney general of certain transactions by health maintenance organizations and nonprofit health service plan corporations; amending Minnesota Statutes 2022, section 317A.811, subdivisions 1, 2, 4; proposing coding for new law in Minnesota Statutes, chapter 62D.

Reports the same back with the recommendation that the bill do pass and be re-referred to the Committee on Health and Human Services. Report adopted.

**Senator Rest from the Committee on Taxes, to which was referred**

**S.F. No. 5118:** A bill for an act relating to taxation; gross receipts; appropriating taxable cannabis gross receipts tax revenue for certain purposes; amending Minnesota Statutes 2023 Supplement, section 295.81, subdivision 10.

Reports the same back with the recommendation that the bill be amended as follows:

Page 1, line 14, after "is" insert "annually"

Page 1, line 15, delete "human services" and insert "children, youth, and families"

Page 1, line 16, delete everything after the period

Page 1, delete line 17

And when so amended the bill do pass and be re-referred to the Committee on Finance. Amendments adopted. Report adopted.

**Senator Rest from the Committee on Taxes, to which was re-referred**

**S.F. No. 4483:** A bill for an act relating to employees; prohibiting misclassification of employees; imposing penalties; classifying data; amending Minnesota Statutes 2022, sections 177.27, subdivision 3; 181.171, subdivision 1; 181.722; 181.723; 270B.14, subdivision 17, by adding a subdivision; 326B.081, subdivisions 3, 6, 8; 326B.082, subdivisions 1, 2, 4, 6, 7, 10, 11, 13, by adding a subdivision; 326B.701; Minnesota Statutes 2023 Supplement, section 177.27, subdivisions 1, 2, 4, 7; proposing coding for new law in Minnesota Statutes, chapter 181.

Reports the same back with the recommendation that the bill do pass and be re-referred to the Committee on Finance. Report adopted.

**Senator Wiklund from the Committee on Health and Human Services, to which was re-referred**

**S.F. No. 4782:** A bill for an act relating to state government; modifying cannabis provisions; appropriating money; amending Minnesota Statutes 2022, section 18K.03, by adding a subdivision; Minnesota Statutes 2023 Supplement, sections 3.9224; 151.72, subdivisions 1, 2, 4, 5a, 5b, 6, 7;



256B.0625, subdivision 13d; 290.0132, subdivision 29; 290.0134, subdivision 19; 295.81, subdivisions 1, 4; 297A.67, subdivision 2; 297A.70, subdivision 2; 342.01, subdivisions 3, 4, 12, 14, 16, 17, 19, 20, 48, 64, 65, 66, by adding a subdivision; 342.02, subdivisions 2, 3, 5, 6; 342.07, subdivision 3; 342.09, subdivisions 1, 3; 342.10; 342.11; 342.12; 342.13; 342.14; 342.15, subdivisions 1, 2, by adding a subdivision; 342.17; 342.18, subdivision 3, by adding subdivisions; 342.19, subdivisions 1, 3, 4, 5; 342.22; 342.24, subdivisions 1, 2; 342.28, subdivision 2, by adding a subdivision; 342.29, subdivisions 1, 4; 342.30, subdivision 4; 342.31, subdivision 4; 342.32, subdivision 4; 342.35, subdivision 1; 342.37, subdivision 1; 342.40, subdivision 7; 342.41, subdivisions 1, 3; 342.51; 342.515; 342.52, subdivisions 1, 2, 3, 4, 5, 9, 11; 342.53; 342.54; 342.55, subdivisions 1, 2; 342.56, subdivisions 1, 2; 342.57, subdivisions 1, 2, 3, 4, 5, 6, 7; 342.58; 342.60; 342.61, subdivisions 4, 5; 342.63, subdivisions 2, 3, 4, 6; Laws 2023, chapter 63, article 1, sections 2; 51; 52; 53; 54; 55; 56; 57; 58; 59; 61; article 6, section 73; proposing coding for new law in Minnesota Statutes, chapter 342; repealing Minnesota Statutes 2023 Supplement, sections 342.01, subdivisions 28, 52, 53, 54, 55; 342.18, subdivision 1; 342.27, subdivision 13; 342.29, subdivision 9; 342.47; 342.48; 342.49; 342.50; 342.52, subdivision 8; Laws 2023, chapter 63, article 7, sections 4; 6.

Reports the same back with the recommendation that the bill be amended as follows:

Page 14, after line 4, insert:

"Sec. 10. Minnesota Statutes 2022, section 152.22, subdivision 11, is amended to read:

Subd. 11. **Registered designated caregiver.** "Registered designated caregiver" means a person who:

(1) is at least 18 years old;

~~(2) does not have a conviction for a disqualifying felony offense;~~

~~(3) (2)~~ has been approved by the ~~commissioner~~ office to assist a patient who requires assistance in administering medical cannabis or obtaining medical cannabis from a distribution facility; and

~~(4) (3)~~ is authorized by the ~~commissioner~~ office to assist the patient with the use of medical cannabis.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 11. Minnesota Statutes 2022, section 152.22, subdivision 14, is amended to read:

Subd. 14. **Qualifying medical condition.** "Qualifying medical condition" means a diagnosis of any of the following conditions:

(1) Alzheimer's disease;

(2) autism spectrum disorder that meets the requirements of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association;

~~(4) (3)~~ cancer, if the underlying condition or treatment produces one or more of the following:

- (i) severe or chronic pain;
- (ii) nausea or severe vomiting; or
- (iii) cachexia or severe wasting;
- (4) chronic motor or vocal tic disorder;
- (5) chronic pain;
- ~~(2)~~ (6) glaucoma;
- ~~(3)~~ (7) human immunodeficiency virus or acquired immune deficiency syndrome;
- (8) intractable pain as defined in section 152.125, subdivision 1, paragraph (c);
- (9) obstructive sleep apnea;
- (10) post-traumatic stress disorder;
- ~~(4)~~ (11) Tourette's syndrome;
- ~~(5)~~ (12) amyotrophic lateral sclerosis;
- ~~(6)~~ (13) seizures, including those characteristic of epilepsy;
- ~~(7)~~ (14) severe and persistent muscle spasms, including those characteristic of multiple sclerosis;
- ~~(8)~~ (15) inflammatory bowel disease, including Crohn's disease;
- (16) irritable bowel syndrome;
- (17) obsessive-compulsive disorder;
- (18) sickle cell disease;

~~(9)~~ (19) terminal illness, with a probable life expectancy of under one year, if the illness or its treatment produces one or more of the following:

- (i) severe or chronic pain;
- (ii) nausea or severe vomiting; or
- (iii) cachexia or severe wasting; or
- ~~(10)~~ (20) any other medical condition or its treatment approved by the ~~commissioner~~ office.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 12. Minnesota Statutes 2022, section 152.22, is amended by adding a subdivision to read:

Subd. 19. **Veteran.** "Veteran" means an individual who satisfies the requirements in section 197.447 and is receiving care from the United States Department of Veterans Affairs.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 13. Minnesota Statutes 2022, section 152.25, subdivision 2, is amended to read:

Subd. 2. **Range of compounds and dosages; report.** The ~~commissioner~~ office shall review and publicly report the existing medical and scientific literature regarding the range of recommended dosages for each qualifying condition and the range of chemical compositions of any plant of the genus cannabis that will likely be medically beneficial for each of the qualifying medical conditions. The ~~commissioner~~ office shall make this information available to patients with qualifying medical conditions beginning December 1, 2014, and update the information ~~annually~~ every three years. The ~~commissioner~~ office may consult with the independent laboratory under contract with the manufacturer or other experts in reporting the range of recommended dosages for each qualifying medical condition, the range of chemical compositions that will likely be medically beneficial, and any risks of noncannabis drug interactions. The ~~commissioner~~ office shall consult with each manufacturer on an annual basis on medical cannabis offered by the manufacturer. The list of medical cannabis offered by a manufacturer shall be published on the ~~Department of Health~~ Office of Cannabis Management website.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 14. Minnesota Statutes 2022, section 152.27, subdivision 1, is amended to read:

Subdivision 1. **Patient registry program; establishment.** (a) The ~~commissioner~~ office shall establish a patient registry program to evaluate data on patient demographics, effective treatment options, clinical outcomes, and quality-of-life outcomes for the purpose of reporting on the benefits, risks, and outcomes regarding patients with a qualifying medical condition engaged in the therapeutic use of medical cannabis.

~~(b) The establishment of the registry program shall not be construed or interpreted to condone or promote the illicit recreational use of marijuana.~~

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 15. Minnesota Statutes 2022, section 152.27, subdivision 2, is amended to read:

Subd. 2. **Commissioner Office duties.** (a) The ~~commissioner~~ office shall:

(1) give notice of the program to health care practitioners in the state who are eligible to serve as health care practitioners and explain the purposes and requirements of the program;

(2) allow each health care practitioner who meets or agrees to meet the program's requirements and who requests to participate, to be included in the registry program to collect data for the patient registry;

(3) provide explanatory information and assistance to each health care practitioner in understanding the nature of therapeutic use of medical cannabis within program requirements;

(4) create and provide a certification to be used by a health care practitioner for the practitioner to certify whether a patient has been diagnosed with a qualifying medical condition ~~and include in the certification an option for the practitioner to certify whether the patient, in the health care practitioner's medical opinion, is developmentally or physically disabled and, as a result of that disability, the patient requires assistance in administering medical cannabis or obtaining medical cannabis from a distribution facility;~~

(5) supervise the participation of the health care practitioner in conducting patient treatment and health records reporting in a manner that ensures stringent security and record-keeping requirements and that prevents the unauthorized release of private data on individuals as defined by section 13.02;

(6) develop safety criteria for patients with a qualifying medical condition as a requirement of the patient's participation in the program, to prevent the patient from undertaking any task under the influence of medical cannabis that would constitute negligence or professional malpractice on the part of the patient; and

(7) conduct research and studies based on data from health records submitted to the registry program and submit reports on intermediate or final research results to the legislature and major scientific journals. The commissioner office may contract with a third party to complete the requirements of this clause. Any reports submitted must comply with section 152.28, subdivision 2.

(b) The commissioner office may ~~add a delivery method under section 152.22, subdivision 6, or add, remove, or modify~~ a qualifying medical condition under section 152.22, subdivision 14, upon a petition from a member of the public or the ~~task force on medical cannabis therapeutic research~~ Cannabis Advisory Council under section 342.03, or as directed by law. The commissioner office shall evaluate all petitions to add a qualifying medical condition ~~or to remove or modify~~ an existing qualifying medical condition submitted by the ~~task force on medical cannabis therapeutic research~~ Cannabis Advisory Council under section 342.03, or as directed by law and may make the addition, ~~removal,~~ or modification if the commissioner office determines the addition, ~~removal,~~ or modification is warranted based on the best available evidence and research. If the commissioner office wishes to ~~add a delivery method under section 152.22, subdivision 6, or add or remove~~ modify a qualifying medical condition under section 152.22, subdivision 14, the commissioner office must notify the chairs and ranking minority members of the legislative policy committees having jurisdiction over health and public safety of the addition or ~~removal~~ modification and the reasons for its addition or ~~removal~~ modification, including any written comments received by the commissioner office from the public and any guidance received from the ~~task force on medical cannabis therapeutic research~~ Cannabis Advisory Council under section 342.03, by January 15 of the year in which the commissioner office wishes to make the change. The change shall be effective on August 1 of that year, unless the legislature by law provides otherwise.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 16. Minnesota Statutes 2022, section 152.27, subdivision 3, is amended to read:

Subd. 3. **Patient application.** (a) The commissioner office shall develop a patient application for enrollment into the registry program. The application shall be available to the patient and given

to health care practitioners in the state who are eligible to serve as health care practitioners. The application must include:

- (1) the name, mailing address, and date of birth of the patient;
- (2) the name, mailing address, and telephone number of the patient's health care practitioner;
- (3) the name, mailing address, and date of birth of the patient's designated caregiver, if any, or the patient's parent, legal guardian, or spouse if the parent, legal guardian, or spouse will be acting as a caregiver;
- (4) a copy of the certification from the patient's health care practitioner that is dated within 90 days prior to submitting the application that certifies that the patient has been diagnosed with a qualifying medical condition; and
- (5) all other signed affidavits and enrollment forms required by the ~~commissioner~~ office under sections 152.22 to 152.37, including, but not limited to, the disclosure form required under paragraph ~~(e)~~ (b).

~~(b) The commissioner shall require a patient to resubmit a copy of the certification from the patient's health care practitioner on a yearly basis and shall require that the recertification be dated within 90 days of submission.~~

~~(e)~~ (b) The ~~commissioner~~ office shall develop a disclosure form and require, as a condition of enrollment, all patients to sign a copy of the disclosure. The disclosure must include:

(1) a statement that, notwithstanding any law to the contrary, the ~~commissioner~~ office, or an employee of any state agency, may not be held civilly or criminally liable for any injury, loss of property, personal injury, or death caused by any act or omission while acting within the scope of office or employment under sections 152.22 to 152.37; and

(2) the patient's acknowledgment that enrollment in the patient registry program is conditional on the patient's agreement to meet all of the requirements of sections 152.22 to 152.37.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 17. Minnesota Statutes 2022, section 152.27, is amended by adding a subdivision to read:

Subd. 3a. **Application procedure for veterans.** (a) Beginning July 1, 2024, the commissioner shall establish an alternative certification procedure for veterans to confirm that the veteran has been diagnosed with a qualifying medical condition.

(b) A patient who is also a veteran and is seeking to enroll in the registry program must submit a copy of the patient's veteran health identification card issued by the United States Department of Veterans Affairs and an application established by the commissioner to certify that the patient has been diagnosed with a qualifying medical condition.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 18. Minnesota Statutes 2022, section 152.27, subdivision 4, is amended to read:

Subd. 4. **Registered designated caregiver.** (a) The ~~commissioner~~ office shall register a designated caregiver for a patient if the patient requires assistance in administering medical cannabis or obtaining medical cannabis from a distribution facility and the caregiver has agreed, in writing, to be the patient's designated caregiver. As a condition of registration as a designated caregiver, the commissioner shall require the person to:

- (1) be at least 18 years of age;
- (2) agree to only possess the patient's medical cannabis for purposes of assisting the patient; and
- (3) agree that if the application is approved, the person will not be a registered designated caregiver for more than six registered patients at one time. Patients who reside in the same residence shall count as one patient.

~~(b) The commissioner shall conduct a criminal background check on the designated caregiver prior to registration to ensure that the person does not have a conviction for a disqualifying felony offense. Any cost of the background check shall be paid by the person seeking registration as a designated caregiver. A designated caregiver must have the criminal background check renewed every two years.~~

~~(e)~~ (b) Nothing in sections 152.22 to 152.37 shall be construed to prevent a person registered as a designated caregiver from also being enrolled in the registry program as a patient and possessing and using medical cannabis as a patient.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 19. Minnesota Statutes 2022, section 152.27, subdivision 6, is amended to read:

Subd. 6. **Patient enrollment.** (a) After receipt of a patient's application, ~~application fees,~~ and signed disclosure, the ~~commissioner~~ office shall enroll the patient in the registry program and issue the patient and patient's registered designated caregiver or parent, legal guardian, or spouse, if applicable, a registry verification. The ~~commissioner~~ office shall approve or deny a patient's application for participation in the registry program within 30 days after the ~~commissioner~~ office receives the patient's application and ~~application fee.~~ ~~The commissioner may approve applications up to 60 days after the receipt of a patient's application and application fees until January 1, 2016.~~ A patient's enrollment in the registry program shall only be denied if the patient:

(1) does not have certification from a health care practitioner, or if the patient is a veteran receiving care from the United States Department of Veterans Affairs, the documentation required under subdivision 3a, that the patient has been diagnosed with a qualifying medical condition;

(2) has not signed and returned the disclosure form required under subdivision 3, paragraph (c), to the ~~commissioner~~ office;

(3) does not provide the information required;

(4) has previously been removed from the registry program for violations of section 152.30 or 152.33; or

(5) provides false information.

(b) The ~~commissioner~~ office shall give written notice to a patient of the reason for denying enrollment in the registry program.

(c) Denial of enrollment into the registry program is considered a final decision of the ~~commissioner~~ office and is subject to judicial review under the Administrative Procedure Act pursuant to chapter 14.

(d) A patient's enrollment in the registry program may only be revoked upon the death of the patient or if a patient violates a requirement under section 152.30 or 152.33.

(e) The ~~commissioner~~ office shall develop a registry verification to provide to the patient, the health care practitioner identified in the patient's application, and to the manufacturer. The registry verification shall include:

(1) the patient's name and date of birth;

(2) the patient registry number assigned to the patient; and

(3) the name and date of birth of the patient's registered designated caregiver, if any, or the name of the patient's parent, legal guardian, or spouse if the parent, legal guardian, or spouse will be acting as a caregiver.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 20. Minnesota Statutes 2023 Supplement, section 152.28, subdivision 1, is amended to read:

Subdivision 1. **Health care practitioner duties.** (a) Prior to a patient's enrollment in the registry program, a health care practitioner shall:

(1) determine, in the health care practitioner's medical judgment, whether a patient suffers from a qualifying medical condition, and, if so determined, provide the patient with a certification of that diagnosis;

(2) advise patients, registered designated caregivers, and parents, legal guardians, or spouses who are acting as caregivers of the existence of any nonprofit patient support groups or organizations;

(3) provide explanatory information from the commissioner to patients with qualifying medical conditions, including disclosure to all patients about the experimental nature of therapeutic use of medical cannabis; the possible risks, benefits, and side effects of the proposed treatment; the application and other materials from the commissioner; and provide patients with the Tennessee warning as required by section 13.04, subdivision 2; and

(4) agree to continue treatment of the patient's qualifying medical condition and report medical findings to the commissioner.

(b) Upon notification from the commissioner of the patient's enrollment in the registry program, the health care practitioner shall:

(1) participate in the patient registry reporting system under the guidance and supervision of the commissioner;

(2) report health records of the patient throughout the ongoing treatment of the patient to the commissioner in a manner determined by the commissioner and in accordance with subdivision 2;

(3) determine, ~~on a yearly basis~~ every three years, if the patient continues to suffer from a qualifying medical condition and, if so, issue the patient a new certification of that diagnosis; and

(4) otherwise comply with all requirements developed by the commissioner.

(c) A health care practitioner may utilize telehealth, as defined in section 62A.673, subdivision 2, for certifications and recertifications.

(d) Nothing in this section requires a health care practitioner to participate in the registry program.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 21. Minnesota Statutes 2022, section 152.28, subdivision 2, is amended to read:

Subd. 2. **Data.** Data collected on patients by a health care practitioner and reported to the patient registry, including data on patients who are veterans who receive care from the United States Department of Veterans Affairs, are health records under section 144.291, and are private data on individuals under section 13.02, but may be used or reported in an aggregated, nonidentifiable form as part of a scientific, peer-reviewed publication of research conducted under section 152.25 or in the creation of summary data, as defined in section 13.02, subdivision 19.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 22. Minnesota Statutes 2022, section 152.29, subdivision 3, is amended to read:

Subd. 3. **Manufacturer; distribution.** (a) A manufacturer shall require that employees licensed as pharmacists pursuant to chapter 151 be the only employees to give final approval for the distribution of medical cannabis to a patient. A manufacturer may transport medical cannabis or medical cannabis products that have been cultivated, harvested, manufactured, packaged, and processed by that manufacturer to another registered manufacturer for the other manufacturer to distribute.

(b) A manufacturer may distribute medical cannabis products, whether or not the products have been manufactured by that manufacturer.

(c) Prior to distribution of any medical cannabis, the manufacturer shall:

(1) verify that the manufacturer has received the registry verification from the ~~commissioner~~ office for that individual patient;

(2) verify that the person requesting the distribution of medical cannabis is the patient, the patient's registered designated caregiver, or the patient's parent, legal guardian, or spouse listed in the registry verification using the procedures described in section 152.11, subdivision 2d;



(3) assign a tracking number to any medical cannabis distributed from the manufacturer;

(4) ensure that any employee of the manufacturer licensed as a pharmacist pursuant to chapter 151 has consulted with the patient to determine the proper dosage for the individual patient after reviewing the ranges of chemical compositions of the medical cannabis and the ranges of proper dosages reported by the ~~commissioner~~ office. For purposes of this clause, a consultation may be conducted remotely by secure videoconference, telephone, or other remote means, so long as the employee providing the consultation is able to confirm the identity of the patient and the consultation adheres to patient privacy requirements that apply to health care services delivered through telehealth. A pharmacist consultation under this clause is ~~not required when a manufacturer is distributing medical cannabis to a patient according to a patient-specific dosage plan established with that manufacturer and is not modifying the dosage or product being distributed under that plan and the medical cannabis is distributed by a pharmacy technician~~ only required:

(i) if the patient is purchasing the product not previously purchased;

(ii) if the patient purchases a product that the patient must administer using a different method than the patient's previous method of administration;

(iii) if the patient purchases a product with a cannabinoid concentration of at least double the patient's prior dosage; and

(iv) upon request of the patient; and

(5) properly package medical cannabis in compliance with the United States Poison Prevention Packing Act regarding child-resistant packaging and exemptions for packaging for elderly patients, and label distributed medical cannabis with a list of all active ingredients and individually identifying information, including:

(i) the patient's name and date of birth;

(ii) the name and date of birth of the patient's registered designated caregiver or, if listed on the registry verification, the name of the patient's parent or legal guardian, if applicable;

(iii) the patient's registry identification number;

(iv) the chemical composition of the medical cannabis; and

(v) the dosage; ~~and.~~

~~(6) ensure that the medical cannabis distributed contains a maximum of a 90-day supply of the dosage determined for that patient.~~

(d) A manufacturer shall require any employee of the manufacturer who is transporting medical cannabis or medical cannabis products to a distribution facility or to another registered manufacturer to carry identification showing that the person is an employee of the manufacturer.

(e) A manufacturer shall distribute medical cannabis in dried raw cannabis form only to a patient age 21 or older, or to the registered designated caregiver, parent, legal guardian, or spouse of a patient age 21 or older.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 23. Minnesota Statutes 2023 Supplement, section 152.30, is amended to read:

**152.30 PATIENT DUTIES.**

(a) A patient shall apply to the commissioner for enrollment in the registry program by submitting an application as required in section 152.27 ~~and an annual registration fee as determined under section 152.35.~~

(b) As a condition of continued enrollment, patients shall agree to:

(1) continue to receive regularly scheduled treatment for their qualifying medical condition from their health care practitioner; and

(2) report changes in their qualifying medical condition to their health care practitioner.

(c) A patient shall only receive medical cannabis from a registered manufacturer or Tribal medical cannabis program but is not required to receive medical cannabis products from only a registered manufacturer or Tribal medical cannabis program.

**EFFECTIVE DATE.** This section is effective July 1, 2024."

Page 73, line 30, after "office" insert "a copy of the patient's veteran health identification card issued by the United States Department of Veterans Affairs and"

Page 73, lines 31 and 32, delete the new language and strike the old language

Page 74, line 1, delete everything after "effective" and insert "July 1, 2024."

Page 74, delete lines 2 and 3

Page 78, line 26, strike "of each year" and insert "every three years"

Page 79, line 18 delete everything after "effective" and insert "July 1, 2024."

Page 79, delete lines 19 and 20

Page 80, line 18, strike "on a yearly basis" and insert "every three years"

Page 80, line 24, delete everything after "effective" and insert "July 1, 2024."

Page 80, delete lines 25 and 26

Page 84, lines 13 to 15, reinstate the stricken language

Page 84, line 15, strike "342.47" and insert "342.51"

Page 95, after line 25, insert:

"Sec. 127. Laws 2023, chapter 63, article 6, section 10, the effective date, is amended to read:

**EFFECTIVE DATE.** This section is effective ~~March~~ July 1, 2025 2024."

Page 95, line 28, strike "March" and insert "December" and delete everything after "2025"

Page 95, lines 29 and 30, delete the new language

Page 97, delete section 116 and insert:

"Sec. 131. **REVISOR INSTRUCTION.**

The revisor of statutes must recodify sections in Minnesota Statutes, sections 152.22 to 152.37, and Minnesota Rules, chapter 4770, as necessary to conform with Minnesota Statutes, section 342.02, subdivision 3. The revisor must also change the responsible agency, remove obsolete language, change the term "commissioner" or "commissioner of health" to "director" or "director of the Office of Cannabis Management," and make necessary cross-reference changes consistent with Minnesota Statutes, section 342.02, subdivision 3.

Sec. 132. **REPEALER.**

(a) Minnesota Statutes 2023 Supplement, sections 342.01, subdivisions 28, 52, 53, 54, and 55; 342.18, subdivision 1; 342.27, subdivision 13; and 342.29, subdivision 9, are repealed.

(b) Minnesota Statutes 2023 Supplement, sections 342.47; 342.48; 342.49; 342.50; and 342.52, subdivision 8, are repealed.

(c) Laws 2023, chapter 63, article 7, sections 4; and 6, are repealed.

(d) Minnesota Statutes 2022, sections 152.22, subdivision 3; and 152.36, are repealed.

**EFFECTIVE DATE.** Paragraphs (a) and (c) are effective the day following final enactment. Paragraph (b) is effective March 1, 2025, or upon the adoption of initial rules pertaining to medical cannabis under section 342.02, subdivision 5, whichever is later. Paragraph (d) is effective July 1, 2024."

Renumber the sections in sequence

Amend the title numbers accordingly

And when so amended the bill do pass and be re-referred to the Committee on Judiciary and Public Safety. Amendments adopted. Report adopted.

**Senator Carlson from the Committee on Elections, to which was referred**

**S.F. No. 4260:** A bill for an act relating to elections; transferring money to the voting operations, technology, and election resources account.

Reports the same back with the recommendation that the bill be amended as follows:

Delete everything after the enacting clause and insert:

"Section 1. Laws 2021, First Special Session chapter 12, article 1, section 6, is amended to read:

Sec. 6. SECRETARY OF STATE	\$	9,684,000	\$	9,152,000
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\$750,000 each year is for transfer to the voting equipment grant account under Minnesota Statutes, section 206.95. These are onetime transfers.

\$1,000,000 each year is for grants to local units of government to implement the provisions of Minnesota Statutes, section 203B.082. These are onetime appropriations.

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

Sec. 2. Laws 2023, chapter 62, article 1, section 6, is amended to read:

		<del>13,470,000</del>		<del>11,069,000</del>
Sec. 6. SECRETARY OF STATE	\$	<u>14,720,000</u>	\$	<u>12,769,000</u>

The base for this appropriation is ~~\$11,255,000~~ \$12,605,000 in fiscal year 2026 and ~~\$11,069,000~~ \$12,419,000 in fiscal year 2027.

\$500,000 the first year is for the secretary of state to make grants to counties and municipalities to improve access to polling places for individuals with disabilities and to provide the same opportunity for access and participation in the electoral process, including privacy and independence, to voters with disabilities as that which exists for voters with no disabilities. Funds may be used to purchase equipment or to make capital improvements to government-owned facilities. This is a onetime appropriation and is available until June 30, 2027.

\$200,000 the first year is to develop and implement an educational campaign relating to the restoration of the right to vote to formerly incarcerated individuals, including voter education materials and outreach to affected individuals.

\$2,250,000 the first year and \$3,450,000 the second year are for transfer to the voting operations, technology, and election resources account established under

Minnesota Statutes, section 5.305. The base for this transfer in fiscal years 2026 and 2027 is \$3,100,000.

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

Sec. 3. Laws 2023, chapter 62, article 1, section 43, is amended to read:

**Sec. 43. TRANSFER; VOTING OPERATIONS, TECHNOLOGY, AND ELECTION RESOURCES ACCOUNT.**

~~\$1,250,000 each year~~ \$750,000 in fiscal year 2024 is transferred from the ~~general fund~~ voting equipment grant account under Minnesota Statutes, section 206.95, to the voting operations, technology, and election resources account established under Minnesota Statutes, section 5.305. The base for this transfer is \$1,250,000 in fiscal year 2026 and each fiscal year thereafter. This is a onetime transfer.

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

**Sec. 4. CAMPAIGN FINANCE BOARD; APPROPRIATION.**

\$50,000 in fiscal year 2025 is appropriated from the general fund to the Campaign Finance and Public Disclosure Board to develop online training capabilities for campaign treasurers. This is a onetime appropriation."

Delete the title and insert:

"A bill for an act relating to elections; appropriating money; modifying previous appropriations and transfers; amending Laws 2021, First Special Session chapter 12, article 1, section 6; Laws 2023, chapter 62, article 1, sections 6; 43."

And when so amended the bill do pass and be re-referred to the Committee on Finance. Amendments adopted. Report adopted.

**Senator Hoffman from the Committee on Human Services, to which was referred**

**S.F. No. 4460:** A bill for an act relating to behavioral health; modifying civil commitment priority admission requirements; specifying that a prisoner in a correctional facility is not responsible for co-payments for mental health medications; allowing for reimbursement of county co-payment expenses; appropriating money; amending Minnesota Statutes 2023 Supplement, sections 253B.10, subdivision 1; 641.15, subdivision 2.

Reports the same back with the recommendation that the bill be amended as follows:

Delete everything after the enacting clause and insert:

**"ARTICLE 1****RECOMMENDATION 1: INCREASE DIRECT CARE AND TREATMENT CAPACITY****Section 1. APPROPRIATION; DIRECT CARE AND TREATMENT CAPACITY AND UTILIZATION.**

(a) \$..... in fiscal year 2025 is appropriated from the general fund to the commissioner of human services to increase capacity and access to direct care and treatment services. The commissioner must prioritize expanding capacity within the Forensic Mental Health Program by ten to 20 percent and within the Anoka Metro Regional Treatment Center and community behavioral health hospitals by 20 percent through renovation, construction, reallocation of beds and staff, addition of beds and staff, or a combination of these activities. The commissioner must also use money appropriated under this section to examine the utilization of beds within the Forensic Mental Health Program to identify opportunities for the most effective use of secured programming and to develop and fund direct care and treatment transitional support resources.

(b) The Direct Care and Treatment executive board must submit an annual report to the chairs and ranking minority members of the legislative committees with jurisdiction over direct care and treatment on the increased capacity in direct care and treatment services, including the number of individuals on the waiting list for admission to direct care and treatment services at the time of the report. The executive board must make the annual report publicly available on the department's website.

**ARTICLE 2****RECOMMENDATION 2: ESTABLISH JOINT INCIDENT COLLABORATION****Section 1. JOINT INCIDENT COLLABORATION; DIRECTION TO COMMISSIONER OF HUMAN SERVICES.**

The commissioner of human services and the Direct Care and Treatment executive board, once operational, shall coordinate to implement a joint incident collaboration model with counties and community mental health treatment providers to actively arrange discharges of direct care and treatment patients to appropriate community treatment settings when the patients are medically stable for discharge.

**ARTICLE 3****RECOMMENDATION 3: APPROVE AN EXCEPTION TO CURRENT PRIORITY ADMISSION****Section 1. HOSPITAL ADMISSION EXCEPTION TO CURRENT PRIORITY ADMISSION.**

(a) Notwithstanding Minnesota Statutes, section 253B.10, subdivision 1, paragraph (b), the commissioner may admit to a medically appropriate state-operated treatment program up to ten civilly committed patients who are awaiting admission in hospital settings. Admissions of these

patients must be managed according to the priority admissions framework under Minnesota Statutes, section 253B.10, subdivision 1a.

(b) This section expires June 30, 2025.

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

## ARTICLE 4

### RECOMMENDATION 4: CREATE AND IMPLEMENT NEW PRIORITY ADMISSIONS CRITERIA

Section 1. Minnesota Statutes 2022, section 246.018, subdivision 3, as amended by Laws 2024, chapter 79, article 1, section 6, is amended to read:

Subd. 3. **Duties.** The executive medical director shall:

(1) oversee the clinical provision of inpatient mental health services provided in the state's regional treatment centers;

(2) recruit and retain psychiatrists to serve on the direct care and treatment medical staff established in subdivision 4;

(3) consult with the executive board, community mental health center directors, and the state-operated services governing body to develop standards for treatment and care of patients in state-operated service programs;

(4) develop and oversee a continuing education program for members of the medical staff; ~~and~~

(5) participate and cooperate in the development and maintenance of a quality assurance program for state-operated services that assures that residents receive continuous quality inpatient, outpatient, and postdischarge care; and

(6) determine the availability of medically appropriate beds in state-operated treatment programs and prioritize admission to medically appropriate beds under section 253D.10. The executive medical director may delegate to a physician on the direct care and treatment medical staff the authority to make the determinations and prioritizations described in this clause.

Sec. 2. Minnesota Statutes 2023 Supplement, section 253B.10, subdivision 1, as amended by Laws 2024, chapter 79, article 5, section 8, is amended to read:

Subdivision 1. **Administrative requirements.** (a) When a person is committed, the court shall issue a warrant or an order committing the patient to the custody of the head of the treatment facility, state-operated treatment program, or community-based treatment program. The warrant or order shall state that the patient meets the statutory criteria for civil commitment.

(b) Until June 30, 2025, the executive board shall prioritize patients being admitted from jail or a correctional institution who are:

(1) ordered confined in a state-operated treatment program for an examination under Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and 20.02, subdivision 2;

(2) under civil commitment for competency treatment and continuing supervision under Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7;

(3) found not guilty by reason of mental illness under Minnesota Rules of Criminal Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be detained in a state-operated treatment program pending completion of the civil commitment proceedings; or

(4) committed under this chapter to the executive board after dismissal of the patient's criminal charges.

Patients described in this paragraph must be admitted to a state-operated treatment program within 48 hours of the executive medical director appointed under section 246.018 or a designee determining that a medically appropriate bed is available based on the existing circumstance of state-operated treatment programs. The commitment must be ordered by the court as provided in section 253B.09, subdivision 1, paragraph (d). This paragraph expires June 30, 2025.

(c) Upon the arrival of a patient at the designated treatment facility, state-operated treatment program, or community-based treatment program, the head of the facility or program shall retain the duplicate of the warrant and endorse receipt upon the original warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must be filed in the court of commitment. After arrival, the patient shall be under the control and custody of the head of the facility or program.

(d) Copies of the petition for commitment, the court's findings of fact and conclusions of law, the court order committing the patient, the report of the court examiners, and the prepetition report, and any medical and behavioral information available shall be provided at the time of admission of a patient to the designated treatment facility or program to which the patient is committed. Upon a patient's referral to the executive board for priority admission pursuant to subdivision 1, paragraph (b) under this section, any inpatient hospital, treatment facility, jail, or correctional facility that has provided care or supervision to the patient in the previous two years shall, when requested by the treatment facility or commissioner, provide copies of the patient's medical and behavioral records to the executive board for purposes of preadmission planning. This information shall be provided by the head of the treatment facility to treatment facility staff in a consistent and timely manner and pursuant to all applicable laws.

~~(e) Patients described in paragraph (b) must be admitted to a state-operated treatment program within 48 hours of the Office of Executive Medical Director, under section 246C.09, or a designee determining that a medically appropriate bed is available. This paragraph expires on June 30, 2025.~~

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 3. Minnesota Statutes 2022, section 253B.10, is amended by adding a subdivision to read:

**Subd. 1a. Priority admissions to state-operated treatment programs.** (a) Beginning July 1, 2025, the executive medical director appointed under section 246.018 shall prioritize admission of individuals civilly committed to the commissioner's custody as mentally ill, chemically dependent, mentally ill and dangerous, or developmentally disabled to medically appropriate beds in



state-operated treatment programs using a prioritization framework that takes several factors into account, including but not limited to:

(1) the length of time the person has been on a waiting list for admission to a direct care and treatment program since the date of the commitment order under paragraph (a);

(2) the intensity of treatment the person needs, based on medical acuity;

(3) the person's revoked provisional discharge status;

(4) the person's safety and safety of others in the person's current environment;

(5) whether the person has access to necessary or court-ordered treatment;

(6) distinct and articulable negative impacts of an admission delay on the facility referring the individual for treatment; and

(7) any relevant federal prioritization requirements.

(b) Upon receipt of a referral for treatment at a state-operated treatment program, the commissioner must confirm receipt of the referral documents. Any referral for treatment must include a copy of the warrant or order for commitment issued under subdivision 1. Within 48 hours of determining which state-operated treatment program or programs are appropriate for the individual, the executive medical director must notify the designated agency of the determination. The designated agency or the facility where the individual is awaiting admission may provide additional information about the individual to the executive medical director while the individual is awaiting admission. When the executive medical director has identified an available medically appropriate bed, the executive medical director must notify the designated agency and the facility where the individual is awaiting admission that the individual has been accepted for admission to a particular state-operated treatment program and of the admission date. The designated agency or facility where the individual is awaiting admission must transport the individual to the admitting state-operated treatment program no more than 48 hours after the offered admission date.

(c) Beginning July 1, 2026, the quality committee established under section ... shall periodically review de-identified data to ensure the prioritization framework is carried out in a fair and equitable manner. If the quality committee requests to review data that are classified as private or confidential and the commissioner determines the data requested are necessary for the scope of the quality committee's review, the commissioner is authorized to disclose private or confidential data to the panel under this paragraph and pursuant to section 13.05, subdivision 4, paragraph (b), for data collected prior to the effective date of this paragraph. The quality committee must provide routine reports to the commissioner on the effectiveness of the framework and priority admissions.

**EFFECTIVE DATE.** This section is effective July 1, 2025.

#### **Sec. 4. PRIORITY ADMISSIONS IMPLEMENTATION REVIEW PANEL.**

(a) A panel consisting of no more than ... members appointed by the commissioner of human services, consisting of individuals who both served on or would have qualified for membership appointment to the task force on priority admissions to state-operated treatment programs under

Laws 2023, chapter 61, article 8, section 13, subdivision 2, and request appointment, must review de-identified data quarterly for one year following implementation of the prioritization framework under Minnesota Statutes, section 253B.10, subdivision 1a, to ensure the prioritization framework is carried out in a fair and equitable manner. If the panel requests to review data that is classified as private or confidential and the commissioner determines the data requested is necessary for the scope of the panel's review, the commissioner is authorized to disclose private or confidential data to the panel under this paragraph and pursuant to Minnesota Statutes, section 13.05, subdivision 4, paragraph (b), for data collected prior to the effective date of this paragraph. The members of the priority admissions implementation review panel must advise the commissioner of human services on the effectiveness of priority admissions.

(b) This section expires June 30, 2026.

**EFFECTIVE DATE.** This section is effective July 1, 2025.

## ARTICLE 5

### RECOMMENDATION 5: INCREASE ACCESS TO SERVICES IN THE COMMUNITY

Section 1. Minnesota Statutes 2023 Supplement, section 254B.05, subdivision 5, is amended to read:

Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates consistent with the requirements of section 254B.12 for substance use disorder services and service enhancements funded under this chapter.

(b) Effective for residential substance use disorder services listed in this subdivision and rendered on or after January 1, 2025, the commissioner shall increase rates by ... percent. The commissioner shall adjust rates for such services annually by January 1 of each year according to the change from the midpoint of the previous rate year to the midpoint of the rate year for which the rate is being determined using the Centers for Medicare and Medicaid Services Medicare Economic Index as forecasted in the calendar year before the rate year. This paragraph does not apply to federally qualified health centers, rural health centers, Indian health services, certified community behavioral health clinics, cost-based rates, and rates that are negotiated with the county.

(c) For payments made under paragraph (b), if and to the extent that the commissioner identifies that the state has received federal financial participation for residential substance use disorder services in excess of the amount allowed under Code of Federal Regulations, title 42, section 447.321, the state shall repay the excess amount to the Centers for Medicare and Medicaid Services with state money and maintain the full payment rate under paragraph (b).

(d) Effective for services rendered on or after January 1, 2025, the commissioner shall increase capitation payments made to managed care plans and county-based purchasing plans to reflect the rate increase for residential substance use disorder services. Managed care and county-based purchasing plans must use the capitation rate increase provided under this paragraph to increase payment rates to residential substance use disorder services providers. The commissioner must monitor the effect of this rate increase on enrollee access to residential substance use disorder services. If for any contract year federal approval is not received for this paragraph, the commissioner

must adjust the capitation rates paid to managed care plans and county-based purchasing plans for that contract year to reflect the removal of this paragraph. Contracts between managed care plans and county-based purchasing plans and providers to whom this paragraph applies must allow recovery of payments from those providers if capitation rates are adjusted in accordance with this paragraph. Payment recoveries must not exceed the amount equal to any increase in rates that results from this paragraph.

~~(b)~~ (e) Eligible substance use disorder treatment services include:

(1) those licensed, as applicable, according to chapter 245G or applicable Tribal license and provided according to the following ASAM levels of care:

(i) ASAM level 0.5 early intervention services provided according to section 254B.19, subdivision 1, clause (1);

(ii) ASAM level 1.0 outpatient services provided according to section 254B.19, subdivision 1, clause (2);

(iii) ASAM level 2.1 intensive outpatient services provided according to section 254B.19, subdivision 1, clause (3);

(iv) ASAM level 2.5 partial hospitalization services provided according to section 254B.19, subdivision 1, clause (4);

(v) ASAM level 3.1 clinically managed low-intensity residential services provided according to section 254B.19, subdivision 1, clause (5);

(vi) ASAM level 3.3 clinically managed population-specific high-intensity residential services provided according to section 254B.19, subdivision 1, clause (6); and

(vii) ASAM level 3.5 clinically managed high-intensity residential services provided according to section 254B.19, subdivision 1, clause (7);

(2) comprehensive assessments provided according to sections 245.4863, paragraph (a), and 245G.05;

(3) treatment coordination services provided according to section 245G.07, subdivision 1, paragraph (a), clause (5);

(4) peer recovery support services provided according to section 245G.07, subdivision 2, clause (8);

(5) withdrawal management services provided according to chapter 245F;

(6) hospital-based treatment services that are licensed according to sections 245G.01 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to 144.56;

(7) adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18 or as residential treatment programs according to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or applicable tribal license;

(8) ASAM 3.5 clinically managed high-intensity residential services that are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide ASAM level of care 3.5 according to section 254B.19, subdivision 1, clause (7), and are provided by a state-operated vendor or to clients who have been civilly committed to the commissioner, present the most complex and difficult care needs, and are a potential threat to the community; and

(9) room and board facilities that meet the requirements of subdivision 1a.

~~(e)~~ (f) The commissioner shall establish higher rates for programs that meet the requirements of paragraph ~~(b)~~ (c) and one of the following additional requirements:

(1) programs that serve parents with their children if the program:

(i) provides on-site child care during the hours of treatment activity that:

(A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter 9503; or

(B) is licensed under chapter 245A and sections 245G.01 to 245G.19; or

(ii) arranges for off-site child care during hours of treatment activity at a facility that is licensed under chapter 245A as:

(A) a child care center under Minnesota Rules, chapter 9503; or

(B) a family child care home under Minnesota Rules, chapter 9502;

(2) culturally specific or culturally responsive programs as defined in section 254B.01, subdivision 4a;

(3) disability responsive programs as defined in section 254B.01, subdivision 4b;

(4) programs that offer medical services delivered by appropriately credentialed health care staff in an amount equal to two hours per client per week if the medical needs of the client and the nature and provision of any medical services provided are documented in the client file; or

(5) programs that offer services to individuals with co-occurring mental health and substance use disorder problems if:

(i) the program meets the co-occurring requirements in section 245G.20;

(ii) 25 percent of the counseling staff are licensed mental health professionals under section 245I.04, subdivision 2, or are students or licensing candidates under the supervision of a licensed alcohol and drug counselor supervisor and mental health professional under section 245I.04, subdivision 2, except that no more than 50 percent of the mental health staff may be students or licensing candidates with time documented to be directly related to provisions of co-occurring services;

(iii) clients scoring positive on a standardized mental health screen receive a mental health diagnostic assessment within ten days of admission;

(iv) the program has standards for multidisciplinary case review that include a monthly review for each client that, at a minimum, includes a licensed mental health professional and licensed alcohol and drug counselor, and their involvement in the review is documented;

(v) family education is offered that addresses mental health and substance use disorder and the interaction between the two; and

(vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder training annually.

~~(d)~~ (g) In order to be eligible for a higher rate under paragraph ~~(e)~~ (f), clause (1), a program that provides arrangements for off-site child care must maintain current documentation at the substance use disorder facility of the child care provider's current licensure to provide child care services.

~~(e)~~ (h) Adolescent residential programs that meet the requirements of Minnesota Rules, parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements in paragraph ~~(e)~~ (f), clause ~~(4)~~ (5), items (i) to (iv).

~~(f)~~ (i) Subject to federal approval, substance use disorder services that are otherwise covered as direct face-to-face services may be provided via telehealth as defined in section 256B.0625, subdivision 3b. The use of telehealth to deliver services must be medically appropriate to the condition and needs of the person being served. Reimbursement shall be at the same rates and under the same conditions that would otherwise apply to direct face-to-face services.

~~(g)~~ (j) For the purpose of reimbursement under this section, substance use disorder treatment services provided in a group setting without a group participant maximum or maximum client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one. At least one of the attending staff must meet the qualifications as established under this chapter for the type of treatment service provided. A recovery peer may not be included as part of the staff ratio.

~~(h)~~ (k) Payment for outpatient substance use disorder services that are licensed according to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless prior authorization of a greater number of hours is obtained from the commissioner.

~~(i)~~ (l) Payment for substance use disorder services under this section must start from the day of service initiation, when the comprehensive assessment is completed within the required timelines.

Sec. 2. Minnesota Statutes 2023 Supplement, section 256.969, subdivision 2b, is amended to read:

Subd. 2b. **Hospital payment rates.** (a) For discharges occurring on or after November 1, 2014, hospital inpatient services for hospitals located in Minnesota shall be paid according to the following:

(1) critical access hospitals as defined by Medicare shall be paid using a cost-based methodology;

(2) long-term hospitals as defined by Medicare shall be paid on a per diem methodology under subdivision 25;

(3) rehabilitation hospitals or units of hospitals that are recognized as rehabilitation distinct parts as defined by Medicare shall be paid according to the methodology under subdivision 12; and

(4) all other hospitals shall be paid on a diagnosis-related group (DRG) methodology.

(b) For the period beginning January 1, 2011, through October 31, 2014, rates shall not be rebased, except that a Minnesota long-term hospital shall be rebased effective January 1, 2011, based on its most recent Medicare cost report ending on or before September 1, 2008, with the provisions under subdivisions 9 and 23, based on the rates in effect on December 31, 2010. For rate setting periods after November 1, 2014, in which the base years are updated, a Minnesota long-term hospital's base year shall remain within the same period as other hospitals.

(c) Effective for discharges occurring on and after November 1, 2014, payment rates for hospital inpatient services provided by hospitals located in Minnesota or the local trade area, except for the hospitals paid under the methodologies described in paragraph (a), clauses (2) and (3), shall be rebased, incorporating cost and payment methodologies in a manner similar to Medicare. The base year or years for the rates effective November 1, 2014, shall be calendar year 2012. The rebasing under this paragraph shall be budget neutral, ensuring that the total aggregate payments under the rebased system are equal to the total aggregate payments that were made for the same number and types of services in the base year. Separate budget neutrality calculations shall be determined for payments made to critical access hospitals and payments made to hospitals paid under the DRG system. Only the rate increases or decreases under subdivision 3a or 3c that applied to the hospitals being rebased during the entire base period shall be incorporated into the budget neutrality calculation.

(d) For discharges occurring on or after November 1, 2014, through the next rebasing that occurs, the rebased rates under paragraph (c) that apply to hospitals under paragraph (a), clause (4), shall include adjustments to the projected rates that result in no greater than a five percent increase or decrease from the base year payments for any hospital. Any adjustments to the rates made by the commissioner under this paragraph and paragraph (e) shall maintain budget neutrality as described in paragraph (c).

(e) For discharges occurring on or after November 1, 2014, the commissioner may make additional adjustments to the rebased rates, and when evaluating whether additional adjustments should be made, the commissioner shall consider the impact of the rates on the following:

(1) pediatric services;

(2) behavioral health services;

(3) trauma services as defined by the National Uniform Billing Committee;

(4) transplant services;

(5) obstetric services, newborn services, and behavioral health services provided by hospitals outside the seven-county metropolitan area;

(6) outlier admissions;

(7) low-volume providers; and

(8) services provided by small rural hospitals that are not critical access hospitals.

(f) Hospital payment rates established under paragraph (c) must incorporate the following:

(1) for hospitals paid under the DRG methodology, the base year payment rate per admission is standardized by the applicable Medicare wage index and adjusted by the hospital's disproportionate population adjustment;

(2) for critical access hospitals, payment rates for discharges between November 1, 2014, and June 30, 2015, shall be set to the same rate of payment that applied for discharges on October 31, 2014;

(3) the cost and charge data used to establish hospital payment rates must only reflect inpatient services covered by medical assistance; and

(4) in determining hospital payment rates for discharges occurring on or after the rate year beginning January 1, 2011, through December 31, 2012, the hospital payment rate per discharge shall be based on the cost-finding methods and allowable costs of the Medicare program in effect during the base year or years. In determining hospital payment rates for discharges in subsequent base years, the per discharge rates shall be based on the cost-finding methods and allowable costs of the Medicare program in effect during the base year or years.

(g) The commissioner shall validate the rates effective November 1, 2014, by applying the rates established under paragraph (c), and any adjustments made to the rates under paragraph (d) or (e), to hospital claims paid in calendar year 2013 to determine whether the total aggregate payments for the same number and types of services under the rebased rates are equal to the total aggregate payments made during calendar year 2013.

(h) Effective for discharges occurring on or after July 1, 2017, and every two years thereafter, payment rates under this section shall be rebased to reflect only those changes in hospital costs between the existing base year or years and the next base year or years. In any year that inpatient claims volume falls below the threshold required to ensure a statistically valid sample of claims, the commissioner may combine claims data from two consecutive years to serve as the base year. Years in which inpatient claims volume is reduced or altered due to a pandemic or other public health emergency shall not be used as a base year or part of a base year if the base year includes more than one year. Changes in costs between base years shall be measured using the lower of the hospital cost index defined in subdivision 1, paragraph (a), or the percentage change in the case mix adjusted cost per claim. The commissioner shall establish the base year for each rebasing period considering the most recent year or years for which filed Medicare cost reports are available, except that the base years for the rebasing effective July 1, 2023, are calendar years 2018 and 2019. The estimated change in the average payment per hospital discharge resulting from a scheduled rebasing must be calculated and made available to the legislature by January 15 of each year in which rebasing is scheduled to occur, and must include by hospital the differential in payment rates compared to the individual hospital's costs.

(i) Effective for discharges occurring on or after July 1, 2015, inpatient payment rates for critical access hospitals located in Minnesota or the local trade area shall be determined using a new cost-based methodology. The commissioner shall establish within the methodology tiers of payment designed to promote efficiency and cost-effectiveness. Payment rates for hospitals under this paragraph shall be set at a level that does not exceed the total cost for critical access hospitals as reflected in base year cost reports. Until the next rebasing that occurs, the new methodology shall result in no greater than a five percent decrease from the base year payments for any hospital, except

a hospital that had payments that were greater than 100 percent of the hospital's costs in the base year shall have their rate set equal to 100 percent of costs in the base year. The rates paid for discharges on and after July 1, 2016, covered under this paragraph shall be increased by the inflation factor in subdivision 1, paragraph (a). The new cost-based rate shall be the final rate and shall not be settled to actual incurred costs. Hospitals shall be assigned a payment tier based on the following criteria:

(1) hospitals that had payments at or below 80 percent of their costs in the base year shall have a rate set that equals 85 percent of their base year costs;

(2) hospitals that had payments that were above 80 percent, up to and including 90 percent of their costs in the base year shall have a rate set that equals 95 percent of their base year costs; and

(3) hospitals that had payments that were above 90 percent of their costs in the base year shall have a rate set that equals 100 percent of their base year costs.

(j) The commissioner may refine the payment tiers and criteria for critical access hospitals to coincide with the next rebasing under paragraph (h). The factors used to develop the new methodology may include, but are not limited to:

(1) the ratio between the hospital's costs for treating medical assistance patients and the hospital's charges to the medical assistance program;

(2) the ratio between the hospital's costs for treating medical assistance patients and the hospital's payments received from the medical assistance program for the care of medical assistance patients;

(3) the ratio between the hospital's charges to the medical assistance program and the hospital's payments received from the medical assistance program for the care of medical assistance patients;

(4) the statewide average increases in the ratios identified in clauses (1), (2), and (3);

(5) the proportion of that hospital's costs that are administrative and trends in administrative costs; and

(6) geographic location.

(k) Effective for discharges occurring on or after January 1, 2024, the rates paid to hospitals described in paragraph (a), clauses (2) to (4), must include a rate factor specific to each hospital that qualifies for a medical education and research cost distribution under section 62J.692, subdivision 4, paragraph (a).

(l) Effective for discharges occurring on or after January 1, 2025, the commissioner shall increase payments for inpatient behavioral health services provided by hospitals paid under the DRG methodology by increasing the adjustment for behavioral health services under paragraph (e).

(m) Effective for discharges occurring on or after January 1, 2025, the commissioner shall increase capitation payments made to managed care plans and county-based purchasing plans to reflect the rate increase provided under paragraph (l). Managed care plans and county-based purchasing plans must use the capitation rate increase provided under this paragraph to increase payment rates for inpatient behavioral health services provided by hospitals paid under the DRG



methodology. The commissioner must monitor the effect of this rate increase on enrollee access to inpatient behavioral health services. If for any contract year federal approval is not received for this paragraph, the commissioner must adjust the capitation rates paid to managed care plans and county-based purchasing plans for that contract year to reflect the removal of this paragraph. Contracts between managed care plans and county-based purchasing plans and providers to whom this paragraph applies must allow recovery of payments from those providers if capitation rates are adjusted in accordance with this paragraph. Payment recoveries must not exceed the amount equal to any increase in rates that results from this paragraph.

Sec. 3. Minnesota Statutes 2022, section 256B.0622, subdivision 2a, is amended to read:

Subd. 2a. **Eligibility for assertive community treatment.** An eligible client for assertive community treatment is an individual who meets the following criteria as assessed by an ACT team:

(1) is age 18 or older. Individuals ages 16 and 17 may be eligible upon approval by the commissioner;

(2) has a primary diagnosis of schizophrenia, schizoaffective disorder, major depressive disorder with psychotic features, other psychotic disorders, or bipolar disorder. Individuals with other psychiatric illnesses may qualify for assertive community treatment if they have a serious mental illness and meet the criteria outlined in clauses (3) and (4), but no more than ten percent of an ACT team's clients may be eligible based on this criteria. Individuals with a primary diagnosis of a substance use disorder, intellectual developmental disabilities, borderline personality disorder, antisocial personality disorder, traumatic brain injury, or an autism spectrum disorder are not eligible for assertive community treatment;

(3) has significant functional impairment as demonstrated by at least one of the following conditions:

(i) significant difficulty consistently performing the range of routine tasks required for basic adult functioning in the community or persistent difficulty performing daily living tasks without significant support or assistance;

(ii) significant difficulty maintaining employment at a self-sustaining level or significant difficulty consistently carrying out the head-of-household responsibilities; or

(iii) significant difficulty maintaining a safe living situation;

(4) has a need for continuous high-intensity services as evidenced by at least two of the following:

(i) two or more psychiatric hospitalizations or residential crisis stabilization services in the previous 12 months;

(ii) frequent utilization of mental health crisis services in the previous six months;

(iii) 30 or more consecutive days of psychiatric hospitalization in the previous 24 months;

(iv) intractable, persistent, or prolonged severe psychiatric symptoms;

(v) coexisting mental health and substance use disorders lasting at least six months;

(vi) recent history of involvement with the criminal justice system or demonstrated risk of future involvement;

(vii) significant difficulty meeting basic survival needs;

(viii) residing in substandard housing, experiencing homelessness, or facing imminent risk of homelessness;

(ix) significant impairment with social and interpersonal functioning such that basic needs are in jeopardy;

(x) coexisting mental health and physical health disorders lasting at least six months;

(xi) residing in an inpatient or supervised community residence but clinically assessed to be able to live in a more independent living situation if intensive services are provided;

(xii) requiring a residential placement if more intensive services are not available; ~~or~~

(xiii) difficulty effectively using traditional office-based outpatient services; or

(xiv) receiving services through a program that meets the requirements for the first episode of psychosis grant program under section 245.4905 and having been determined to need an ACT team;

(5) there are no indications that other available community-based services would be equally or more effective as evidenced by consistent and extensive efforts to treat the individual; and

(6) in the written opinion of a licensed mental health professional, has the need for mental health services that cannot be met with other available community-based services, or is likely to experience a mental health crisis or require a more restrictive setting if assertive community treatment is not provided.

Sec. 4. Minnesota Statutes 2022, section 256B.0622, subdivision 3a, is amended to read:

Subd. 3a. **Provider certification and contract requirements for assertive community treatment.** (a) The assertive community treatment provider must:

~~(1) have a contract with the host county to provide assertive community treatment services; and~~

~~(2)~~ have each ACT team be certified by the state following the certification process and procedures developed by the commissioner. The certification process determines whether the ACT team meets the standards for assertive community treatment under this section, the standards in chapter 245I as required in section 245I.011, subdivision 5, and minimum program fidelity standards as measured by a nationally recognized fidelity tool approved by the commissioner. Recertification must occur at least every three years.

(b) An ACT team certified under this subdivision must meet the following standards:

(1) have capacity to recruit, hire, manage, and train required ACT team members;

(2) have adequate administrative ability to ensure availability of services;

(3) ensure flexibility in service delivery to respond to the changing and intermittent care needs of a client as identified by the client and the individual treatment plan;

(4) keep all necessary records required by law;

(5) be an enrolled Medicaid provider; and

(6) establish and maintain a quality assurance plan to determine specific service outcomes and the client's satisfaction with services.

(c) The commissioner may intervene at any time and decertify an ACT team with cause. The commissioner shall establish a process for decertification of an ACT team and shall require corrective action, medical assistance repayment, or decertification of an ACT team that no longer meets the requirements in this section or that fails to meet the clinical quality standards or administrative standards provided by the commissioner in the application and certification process. The decertification is subject to appeal to the state.

Sec. 5. Minnesota Statutes 2022, section 256B.0622, subdivision 7a, is amended to read:

Subd. 7a. **Assertive community treatment team staff requirements and roles.** (a) The required treatment staff qualifications and roles for an ACT team are:

(1) the team leader:

(i) shall be a mental health professional. Individuals who are not licensed but who are eligible for licensure and are otherwise qualified may also fulfill this role ~~but must obtain full licensure within 24 months of assuming the role of team leader;~~

(ii) must be an active member of the ACT team and provide some direct services to clients;

(iii) must be a single full-time staff member, dedicated to the ACT team, who is responsible for overseeing the administrative operations of the team, ~~providing treatment supervision of services in conjunction with the psychiatrist or psychiatric care provider,~~ and supervising team members to ensure delivery of best and ethical practices; and

(iv) must be available to ~~provide~~ ensure that overall treatment supervision to the ACT team is available after regular business hours and on weekends and holidays. ~~The team leader may delegate this duty to another,~~ and is provided by a qualified member of the ACT team;

(2) the psychiatric care provider:

(i) must be a mental health professional permitted to prescribe psychiatric medications as part of the mental health professional's scope of practice. The psychiatric care provider must have demonstrated clinical experience working with individuals with serious and persistent mental illness;

(ii) shall collaborate with the team leader in sharing overall clinical responsibility for screening and admitting clients; monitoring clients' treatment and team member service delivery; educating staff on psychiatric and nonpsychiatric medications, their side effects, and health-related conditions; actively collaborating with nurses; and helping provide treatment supervision to the team;

(iii) shall fulfill the following functions for assertive community treatment clients: provide assessment and treatment of clients' symptoms and response to medications, including side effects; provide brief therapy to clients; provide diagnostic and medication education to clients, with medication decisions based on shared decision making; monitor clients' nonpsychiatric medical conditions and nonpsychiatric medications; and conduct home and community visits;

(iv) shall serve as the point of contact for psychiatric treatment if a client is hospitalized for mental health treatment and shall communicate directly with the client's inpatient psychiatric care providers to ensure continuity of care;

(v) shall have a minimum full-time equivalency that is prorated at a rate of 16 hours per 50 clients. Part-time psychiatric care providers shall have designated hours to work on the team, with sufficient blocks of time on consistent days to carry out the provider's clinical, supervisory, and administrative responsibilities. No more than two psychiatric care providers may share this role; and

(vi) shall provide psychiatric backup to the program after regular business hours and on weekends and holidays. The psychiatric care provider may delegate this duty to another qualified psychiatric provider;

(3) the nursing staff:

(i) shall consist of one to three registered nurses or advanced practice registered nurses, of whom at least one has a minimum of one-year experience working with adults with serious mental illness and a working knowledge of psychiatric medications. No more than two individuals can share a full-time equivalent position;

(ii) are responsible for managing medication, administering and documenting medication treatment, and managing a secure medication room; and

(iii) shall develop strategies, in collaboration with clients, to maximize taking medications as prescribed; screen and monitor clients' mental and physical health conditions and medication side effects; engage in health promotion, prevention, and education activities; communicate and coordinate services with other medical providers; facilitate the development of the individual treatment plan for clients assigned; and educate the ACT team in monitoring psychiatric and physical health symptoms and medication side effects;

(4) the co-occurring disorder specialist:

(i) shall be a full-time equivalent co-occurring disorder specialist who has received specific training on co-occurring disorders that is consistent with national evidence-based practices. The training must include practical knowledge of common substances and how they affect mental illnesses, the ability to assess substance use disorders and the client's stage of treatment, motivational interviewing, and skills necessary to provide counseling to clients at all different stages of change and treatment. The co-occurring disorder specialist may also be an individual who is a licensed alcohol and drug counselor as described in section 148F.01, subdivision 5, or a counselor who otherwise meets the training, experience, and other requirements in section 245G.11, subdivision 5. No more than two co-occurring disorder specialists may occupy this role; and

(ii) shall provide or facilitate the provision of co-occurring disorder treatment to clients. The co-occurring disorder specialist shall serve as a consultant and educator to fellow ACT team members on co-occurring disorders;

(5) the vocational specialist:

(i) shall be a full-time vocational specialist who has at least one-year experience providing employment services or advanced education that involved field training in vocational services to individuals with mental illness. An individual who does not meet these qualifications may also serve as the vocational specialist upon completing a training plan approved by the commissioner;

(ii) shall provide or facilitate the provision of vocational services to clients. The vocational specialist serves as a consultant and educator to fellow ACT team members on these services; and

(iii) must not refer individuals to receive any type of vocational services or linkage by providers outside of the ACT team;

(6) the mental health certified peer specialist:

(i) shall be a full-time equivalent. No more than two individuals can share this position. The mental health certified peer specialist is a fully integrated team member who provides highly individualized services in the community and promotes the self-determination and shared decision-making abilities of clients. This requirement may be waived due to workforce shortages upon approval of the commissioner;

(ii) must provide coaching, mentoring, and consultation to the clients to promote recovery, self-advocacy, and self-direction, promote wellness management strategies, and assist clients in developing advance directives; and

(iii) must model recovery values, attitudes, beliefs, and personal action to encourage wellness and resilience, provide consultation to team members, promote a culture where the clients' points of view and preferences are recognized, understood, respected, and integrated into treatment, and serve in a manner equivalent to other team members;

(7) the program administrative assistant shall be a full-time office-based program administrative assistant position assigned to solely work with the ACT team, providing a range of supports to the team, clients, and families; and

(8) additional staff:

(i) shall be based on team size. Additional treatment team staff may include mental health professionals; clinical trainees; certified rehabilitation specialists; mental health practitioners; or mental health rehabilitation workers. These individuals shall have the knowledge, skills, and abilities required by the population served to carry out rehabilitation and support functions; and

(ii) shall be selected based on specific program needs or the population served.

(b) Each ACT team must clearly document schedules for all ACT team members.

(c) Each ACT team member must serve as a primary team member for clients assigned by the team leader and are responsible for facilitating the individual treatment plan process for those clients. The primary team member for a client is the responsible team member knowledgeable about the client's life and circumstances and writes the individual treatment plan. The primary team member provides individual supportive therapy or counseling, and provides primary support and education to the client's family and support system.

(d) Members of the ACT team must have strong clinical skills, professional qualifications, experience, and competency to provide a full breadth of rehabilitation services. Each staff member shall be proficient in their respective discipline and be able to work collaboratively as a member of a multidisciplinary team to deliver the majority of the treatment, rehabilitation, and support services clients require to fully benefit from receiving assertive community treatment.

(e) Each ACT team member must fulfill training requirements established by the commissioner.

Sec. 6. Minnesota Statutes 2023 Supplement, section 256B.0622, subdivision 7b, is amended to read:

Subd. 7b. **Assertive community treatment program size and opportunities scores.** ~~(a) Each ACT team shall maintain an annual average caseload that does not exceed 100 clients. Staff-to-client ratios shall be based on team size as follows:~~ must demonstrate that the team attained a passing score according to the most recently issued Tool for Measurement of Assertive Community Treatment (TMACT).

~~(1) a small ACT team must:~~

~~(i) employ at least six but no more than seven full-time treatment team staff, excluding the program assistant and the psychiatric care provider;~~

~~(ii) serve an annual average maximum of no more than 50 clients;~~

~~(iii) ensure at least one full-time equivalent position for every eight clients served;~~

~~(iv) schedule ACT team staff on weekdays and on-call duty to provide crisis services and deliver services after hours when staff are not working;~~

~~(v) provide crisis services during business hours if the small ACT team does not have sufficient staff numbers to operate an after-hours on-call system. During all other hours, the ACT team may arrange for coverage for crisis assessment and intervention services through a reliable crisis-intervention provider as long as there is a mechanism by which the ACT team communicates routinely with the crisis-intervention provider and the on-call ACT team staff are available to see clients face-to-face when necessary or if requested by the crisis-intervention services provider;~~

~~(vi) adjust schedules and provide staff to carry out the needed service activities in the evenings or on weekend days or holidays, when necessary;~~

~~(vii) arrange for and provide psychiatric backup during all hours the psychiatric care provider is not regularly scheduled to work. If availability of the ACT team's psychiatric care provider during~~

all hours is not feasible, alternative psychiatric prescriber backup must be arranged and a mechanism of timely communication and coordination established in writing; and

(viii) be composed of, at minimum, one full-time team leader, at least 16 hours each week per 50 clients of psychiatric provider time, or equivalent if fewer clients, one full-time equivalent nursing, one full-time co-occurring disorder specialist, one full-time equivalent mental health certified peer specialist, one full-time vocational specialist, one full-time program assistant, and at least one additional full-time ACT team member who has mental health professional, certified rehabilitation specialist, clinical trainee, or mental health practitioner status; and

(2) a midsize ACT team shall:

(i) be composed of, at minimum, one full-time team leader, at least 16 hours of psychiatry time for 51 clients, with an additional two hours for every six clients added to the team, 1.5 to two full-time equivalent nursing staff, one full-time co-occurring disorder specialist, one full-time equivalent mental health certified peer specialist, one full-time vocational specialist, one full-time program assistant, and at least 1.5 to two additional full-time equivalent ACT members, with at least one dedicated full-time staff member with mental health professional status. Remaining team members may have mental health professional, certified rehabilitation specialist, clinical trainee, or mental health practitioner status;

(ii) employ seven or more treatment team full-time equivalents, excluding the program assistant and the psychiatric care provider;

(iii) serve an annual average maximum caseload of 51 to 74 clients;

(iv) ensure at least one full-time equivalent position for every nine clients served;

(v) schedule ACT team staff for a minimum of ten-hour shift coverage on weekdays and six-to-eight-hour shift coverage on weekends and holidays. In addition to these minimum specifications, staff are regularly scheduled to provide the necessary services on a client-by-client basis in the evenings and on weekends and holidays;

(vi) schedule ACT team staff on-call duty to provide crisis services and deliver services when staff are not working;

(vii) have the authority to arrange for coverage for crisis assessment and intervention services through a reliable crisis intervention provider as long as there is a mechanism by which the ACT team communicates routinely with the crisis intervention provider and the on-call ACT team staff are available to see clients face-to-face when necessary or if requested by the crisis intervention services provider; and

(viii) arrange for and provide psychiatric backup during all hours the psychiatric care provider is not regularly scheduled to work. If availability of the psychiatric care provider during all hours is not feasible, alternative psychiatric prescriber backup must be arranged and a mechanism of timely communication and coordination established in writing;

(3) a large ACT team must:

~~(i) be composed of, at minimum, one full-time team leader, at least 32 hours each week per 100 clients, or equivalent of psychiatry time, three full-time equivalent nursing staff, one full-time co-occurring disorder specialist, one full-time equivalent mental health certified peer specialist, one full-time vocational specialist, one full-time program assistant, and at least two additional full-time equivalent ACT team members, with at least one dedicated full-time staff member with mental health professional status. Remaining team members may have mental health professional or mental health practitioner status;~~

~~(ii) employ nine or more treatment team full-time equivalents, excluding the program assistant and psychiatric care provider;~~

~~(iii) serve an annual average maximum caseload of 75 to 100 clients;~~

~~(iv) ensure at least one full-time equivalent position for every nine individuals served;~~

~~(v) schedule staff to work two eight-hour shifts, with a minimum of two staff on the second shift providing services at least 12 hours per day weekdays. For weekends and holidays, the team must operate and schedule ACT team staff to work one eight-hour shift, with a minimum of two staff each weekend day and every holiday;~~

~~(vi) schedule ACT team staff on-call duty to provide crisis services and deliver services when staff are not working; and~~

~~(vii) arrange for and provide psychiatric backup during all hours the psychiatric care provider is not regularly scheduled to work. If availability of the ACT team psychiatric care provider during all hours is not feasible, alternative psychiatric backup must be arranged and a mechanism of timely communication and coordination established in writing.~~

~~(b) An ACT team of any size may have a staff-to-client ratio that is lower than the requirements described in paragraph (a) upon approval by the commissioner, but may not exceed a one-to-ten staff-to-client ratio.~~

Sec. 7. Minnesota Statutes 2022, section 256B.0622, subdivision 7d, is amended to read:

**Subd. 7d. Assertive community treatment assessment and individual treatment plan.** (a) An initial assessment shall be completed the day of the client's admission to assertive community treatment by the ACT team leader or the psychiatric care provider, with participation by designated ACT team members and the client. The initial assessment must include obtaining or completing a standard diagnostic assessment according to section 245I.10, subdivision 6, and completing a 30-day individual treatment plan. The team leader, psychiatric care provider, or other mental health professional designated by the team leader or psychiatric care provider, must update the client's diagnostic assessment at least annually as required under section 245I.10, subdivision 2, paragraphs (f) and (g).

(b) A functional assessment must be completed according to section 245I.10, subdivision 9. Each part of the functional assessment areas shall be completed by each respective team specialist or an ACT team member with skill and knowledge in the area being assessed.



(c) Between 30 and 45 days after the client's admission to assertive community treatment, the entire ACT team must hold a comprehensive case conference, where all team members, including the psychiatric provider, present information discovered from the completed assessments and provide treatment recommendations. The conference must serve as the basis for the first individual treatment plan, which must be written by the primary team member.

(d) The client's psychiatric care provider, primary team member, and individual treatment team members shall assume responsibility for preparing the written narrative of the results from the psychiatric and social functioning history timeline and the comprehensive assessment.

(e) The primary team member and individual treatment team members shall be assigned by the team leader in collaboration with the psychiatric care provider by the time of the first treatment planning meeting or 30 days after admission, whichever occurs first.

(f) Individual treatment plans must be developed through the following treatment planning process:

(1) The individual treatment plan shall be developed in collaboration with the client and the client's preferred natural supports, and guardian, if applicable and appropriate. The ACT team shall evaluate, together with each client, the client's needs, strengths, and preferences and develop the individual treatment plan collaboratively. The ACT team shall make every effort to ensure that the client and the client's family and natural supports, with the client's consent, are in attendance at the treatment planning meeting, are involved in ongoing meetings related to treatment, and have the necessary supports to fully participate. The client's participation in the development of the individual treatment plan shall be documented.

(2) The client and the ACT team shall work together to formulate and prioritize the issues, set goals, research approaches and interventions, and establish the plan. The plan is individually tailored so that the treatment, rehabilitation, and support approaches and interventions achieve optimum symptom reduction, help fulfill the personal needs and aspirations of the client, take into account the cultural beliefs and realities of the individual, and improve all the aspects of psychosocial functioning that are important to the client. The process supports strengths, rehabilitation, and recovery.

(3) Each client's individual treatment plan shall identify service needs, strengths and capacities, and barriers, and set specific and measurable short- and long-term goals for each service need. The individual treatment plan must clearly specify the approaches and interventions necessary for the client to achieve the individual goals, when the interventions shall happen, and identify which ACT team member shall carry out the approaches and interventions.

(4) The primary team member and the individual treatment team, together with the client and the client's family and natural supports with the client's consent, are responsible for reviewing and rewriting the treatment goals and individual treatment plan whenever there is a major decision point in the client's course of treatment or at least every six months.

(5) The primary team member shall prepare a summary that thoroughly describes in writing the client's and the individual treatment team's evaluation of the client's progress and goal attainment, the effectiveness of the interventions, and the satisfaction with services since the last individual

treatment plan. The client's most recent diagnostic assessment must be included with the treatment plan summary.

(6) The individual treatment plan and review must be approved or acknowledged by the client, the primary team member, the team leader, the psychiatric care provider, and all individual treatment team members. A copy of the approved individual treatment plan must be made available to the client.

Sec. 8. Minnesota Statutes 2022, section 256B.0757, subdivision 5, is amended to read:

Subd. 5. **Payments for health home services.** The commissioner shall make payments to each designated provider for the provision of health home services described in subdivision 3, other than behavioral health home services, to each eligible individual under subdivision 2 that selects the health home as a provider.

**EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 9. Minnesota Statutes 2022, section 256B.0757, is amended by adding a subdivision to read:

Subd. 5a. **Payments for behavioral health home services.** (a) The commissioner shall determine and implement a single statewide reimbursement rate for behavioral health home services under this section. The rate must be no less than \$408 per member per month. The commissioner must adjust the statewide reimbursement rate annually according to the change from the midpoint of the previous rate year to the midpoint of the rate year for which the rate is being determined using the Centers for Medicare and Medicaid Services Medicare Economic Index as forecasted in the fourth quarter of the calendar year before the rate year.

(b) The commissioner must review and update the behavioral health home service rate under paragraph (a) at least every four years. The updated rate must account for the average hours required for behavioral health home team members spent providing services and the Department of Labor prevailing wage for required behavioral health home team members. The updated rate must ensure that behavioral health home services rates are sufficient to allow providers to meet required certifications, training, and practice transformation standards; staff qualification requirements; and service delivery standards.

**EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 10. Minnesota Statutes 2023 Supplement, section 256B.0911, subdivision 13, is amended to read:

Subd. 13. **MnCHOICES assessor qualifications, training, and certification.** (a) The commissioner shall develop and implement a curriculum and an assessor certification process.

(b) MnCHOICES certified assessors must:

(1) either have a bachelor's degree in social work, nursing with a public health nursing certificate, or other closely related field or be a registered nurse ~~with at least two years of home and community-based experience~~; and

(2) have received training and certification specific to assessment and consultation for long-term care services in the state.

(c) Certified assessors shall demonstrate best practices in assessment and support planning, including person-centered planning principles, and have a common set of skills that ensures consistency and equitable access to services statewide.

(d) Certified assessors must be recertified every three years.

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

Sec. 11. Minnesota Statutes 2022, section 256B.0911, subdivision 20, is amended to read:

Subd. 20. **MnCHOICES assessments; duration of validity.** (a) An assessment that is completed as part of an eligibility determination for multiple programs for the alternative care, elderly waiver, developmental disabilities, community access for disability inclusion, community alternative care, and brain injury waiver programs under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish service eligibility for no more than ~~60 calendar days~~ one year after the date of the assessment.

(b) The effective eligibility start date for programs in paragraph (a) can never be prior to the date of assessment. If an assessment was completed more than ~~60 days~~ one year before the effective waiver or alternative care program eligibility start date, assessment and support plan information must be updated and documented in the department's Medicaid Management Information System (MMIS). Notwithstanding retroactive medical assistance coverage of state plan services, the effective date of eligibility for programs included in paragraph (a) cannot be prior to the completion date of the most recent updated assessment.

(c) If an eligibility update is completed within 90 days of the previous assessment and documented in the department's Medicaid Management Information System (MMIS), the effective date of eligibility for programs included in paragraph (a) is the date of the previous in-person assessment when all other eligibility requirements are met.

**EFFECTIVE DATE.** This section is effective upon federal approval.

Sec. 12. Minnesota Statutes 2022, section 256B.0911, subdivision 33, is amended to read:

Subd. 33. **Payment for long-term care consultation services.** (a) Payments for long-term care consultation services are available to the county or counties to cover staff salaries and expenses to provide the services described in subdivision 11. The county shall employ, or contract with other agencies to employ, within the limits of available funding, sufficient personnel to provide long-term care consultation services while meeting the state's long-term care outcomes and objectives as defined in subdivision 1.

(b) The county is accountable for meeting local objectives as approved by the commissioner in the biennial home and community-based services quality assurance plan. The county must document its compliance with the local objectives on a form provided by the commissioner.

~~(e) The state shall pay 81.9 percent of the nonfederal share as reimbursement to the counties.~~

Sec. 13. Minnesota Statutes 2023 Supplement, section 256B.76, subdivision 1, is amended to read:

Subdivision 1. **Physician and professional services reimbursement.** ~~(a) Effective for services rendered on or after October 1, 1992, the commissioner shall make payments for physician services as follows:~~

~~(1) payment for level one Centers for Medicare and Medicaid Services' common procedural coding system codes titled "office and other outpatient services," "preventive medicine new and established patient," "delivery, antepartum, and postpartum care," "critical care," cesarean delivery and pharmacologic management provided to psychiatric patients, and level three codes for enhanced services for prenatal high risk, shall be paid at the lower of (i) submitted charges, or (ii) 25 percent above the rate in effect on June 30, 1992;~~

~~(2) payments for all other services shall be paid at the lower of (i) submitted charges, or (ii) 15.4 percent above the rate in effect on June 30, 1992; and~~

~~(3) all physician rates shall be converted from the 50th percentile of 1982 to the 50th percentile of 1989, less the percent in aggregate necessary to equal the above increases except that payment rates for home health agency services shall be the rates in effect on September 30, 1992.~~

~~(b)~~ (a) Effective for services rendered on or after January 1, 2000, through December 31, 2024, payment rates for physician and professional services shall be increased by three percent over the rates in effect on December 31, 1999, except for home health agency and family planning agency services. The increases in this paragraph shall be implemented January 1, 2000, for managed care.

~~(e)~~ (b) Effective for services rendered on or after July 1, 2009, through December 31, 2024, payment rates for physician and professional services shall be reduced by five percent, except that for the period July 1, 2009, through June 30, 2010, payment rates shall be reduced by 6.5 percent for the medical assistance and general assistance medical care programs, over the rates in effect on June 30, 2009. This reduction and the reductions in paragraph ~~(d)~~ (c) do not apply to office or other outpatient visits, preventive medicine visits and family planning visits billed by physicians, advanced practice registered nurses, or physician assistants in a family planning agency or in one of the following primary care practices: general practice, general internal medicine, general pediatrics, general geriatrics, and family medicine. This reduction and the reductions in paragraph ~~(d)~~ (c) do not apply to federally qualified health centers, rural health centers, and Indian health services. Effective October 1, 2009, payments made to managed care plans and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect the payment reduction described in this paragraph.

~~(d)~~ (c) Effective for services rendered on or after July 1, 2010, through December 31, 2024, payment rates for physician and professional services shall be reduced an additional seven percent over the five percent reduction in rates described in paragraph ~~(e)~~ (b). This additional reduction does

not apply to physical therapy services, occupational therapy services, and speech pathology and related services provided on or after July 1, 2010. This additional reduction does not apply to physician services billed by a psychiatrist or an advanced practice registered nurse with a specialty in mental health. Effective October 1, 2010, payments made to managed care plans and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect the payment reduction described in this paragraph.

~~(c) Effective for services rendered on or after September 1, 2011, through June 30, 2013, payment rates for physician and professional services shall be reduced three percent from the rates in effect on August 31, 2011. This reduction does not apply to physical therapy services, occupational therapy services, and speech pathology and related services.~~

~~(f)~~ (d) Effective for services rendered on or after September 1, 2014, through December 31, 2024, payment rates for physician and professional services, including physical therapy, occupational therapy, speech pathology, and mental health services shall be increased by five percent from the rates in effect on August 31, 2014. In calculating this rate increase, the commissioner shall not include in the base rate for August 31, 2014, the rate increase provided under section 256B.76, subdivision 7. This increase does not apply to federally qualified health centers, rural health centers, and Indian health services. Payments made to managed care plans and county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

~~(g)~~ (e) Effective for services rendered on or after July 1, 2015, payment rates for physical therapy, occupational therapy, and speech pathology and related services provided by a hospital meeting the criteria specified in section 62Q.19, subdivision 1, paragraph (a), clause (4), shall be increased by 90 percent from the rates in effect on June 30, 2015. Payments made to managed care plans and county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

~~(h)~~ (f) Any ratables effective before July 1, 2015, do not apply to early intensive developmental and behavioral intervention (EIDBI) benefits described in section 256B.0949.

~~(i)~~ (g) The commissioner may reimburse physicians and other licensed professionals for costs incurred to pay the fee for testing newborns who are medical assistance enrollees for heritable and congenital disorders under section 144.125, subdivision 1, paragraph (c), when the sample is collected outside of an inpatient hospital or freestanding birth center and the cost is not recognized by another payment source.

Sec. 14. Minnesota Statutes 2022, section 256B.76, subdivision 6, is amended to read:

Subd. 6. **Medicare relative value units.** ~~Effective for services rendered on or after January 1, 2007, the commissioner shall make payments for physician and professional services based on the Medicare relative value units (RVU's). This change shall be budget neutral and the cost of implementing RVU's will be incorporated in the established conversion factor~~ (a) Effective for physician and professional services included in the Medicare Physician Fee Schedule, the commissioner shall make payments at rates at least equal to 100 percent of the corresponding rates in the Medicare Physician Fee Schedule. Payment rates set under this paragraph must use Medicare relative value units (RVUs) and conversion factors equal to those in the Medicare Physician Fee Schedule to implement the resource-based relative value scale.

(b) The commissioner shall revise fee-for-service payment methodologies under this section, upon the issuance of a Medicare Physician Fee Schedule final rule by the Centers for Medicare and Medicaid Services to ensure the payment rates under this subdivision are equal to the corresponding rates in the final rule.

(c) Effective for services rendered on or after January 1, 2025, the commissioner shall increase capitation payments made to managed care plans and county-based purchasing plans to reflect the rate increases provided under this subdivision. Managed care plans and county-based purchasing plans must use the capitation rate increase provided under this paragraph to increase payment rates to the providers corresponding to the rate increases. The commissioner must monitor the effect of this rate increase on enrollee access to services under this subdivision. If for any contract year federal approval is not received for this paragraph, the commissioner must adjust the capitation rates paid to managed care plans and county-based purchasing plans for that contract year to reflect the removal of this paragraph. Contracts between managed care plans and county-based purchasing plans and providers to whom this paragraph applies must allow recovery of payments from those providers if capitation rates are adjusted in accordance with this paragraph. Payment recoveries must not exceed the amount equal to any increase in rates that results from this paragraph.

Sec. 15. Minnesota Statutes 2023 Supplement, section 256B.761, is amended to read:

**256B.761 REIMBURSEMENT FOR MENTAL HEALTH SERVICES.**

(a) Effective for services rendered on or after July 1, 2001, payment for medication management provided to psychiatric patients, outpatient mental health services, day treatment services, home-based mental health services, and family community support services shall be paid at the lower of (1) submitted charges, or (2) 75.6 percent of the 50th percentile of 1999 charges.

(b) Effective July 1, 2001, the medical assistance rates for outpatient mental health services provided by an entity that operates: (1) a Medicare-certified comprehensive outpatient rehabilitation facility; and (2) a facility that was certified prior to January 1, 1993, with at least 33 percent of the clients receiving rehabilitation services in the most recent calendar year who are medical assistance recipients, will be increased by 38 percent, when those services are provided within the comprehensive outpatient rehabilitation facility and provided to residents of nursing facilities owned by the entity.

(c) In addition to rate increases otherwise provided, the commissioner may restructure coverage policy and rates to improve access to adult rehabilitative mental health services under section 256B.0623 and related mental health support services under section 256B.021, subdivision 4, paragraph (f), clause (2). For state fiscal years 2015 and 2016, the projected state share of increased costs due to this paragraph is transferred from adult mental health grants under sections 245.4661 and 256E.12. The transfer for fiscal year 2016 is a permanent base adjustment for subsequent fiscal years. Payments made to managed care plans and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect the rate changes described in this paragraph.

(d) Any ratables effective before July 1, 2015, do not apply to early intensive developmental and behavioral intervention (EIDBI) benefits described in section 256B.0949.

(e) Effective for services rendered on or after January 1, 2024, payment rates for behavioral health services included in the rate analysis required by Laws 2021, First Special Session chapter 7, article 17, section 18, except for adult day treatment services under section 256B.0671, subdivision

3; early intensive developmental and behavioral intervention services under section 256B.0949; and substance use disorder services under chapter 254B, must be increased by three percent from the rates in effect on December 31, 2023. Effective for services rendered on or after January 1, 2025, payment rates for behavioral health services included in the rate analysis required by Laws 2021, First Special Session chapter 7, article 17, section 18, except for adult day treatment services under section 256B.0671, subdivision 3; early intensive developmental behavioral intervention services under section 256B.0949; and substance use disorder services under chapter 254B, must be annually adjusted according to the change from the midpoint of the previous rate year to the midpoint of the rate year for which the rate is being determined using the Centers for Medicare and Medicaid Services Medicare Economic Index as forecasted in the fourth quarter of the calendar year before the rate year. For payments made in accordance with this paragraph, if and to the extent that the commissioner identifies that the state has received federal financial participation for behavioral health services in excess of the amount allowed under United States Code, title 42, section 447.321, the state shall repay the excess amount to the Centers for Medicare and Medicaid Services with state money and maintain the full payment rate under this paragraph. This paragraph does not apply to federally qualified health centers, rural health centers, Indian health services, certified community behavioral health clinics, cost-based rates, and rates that are negotiated with the county. This paragraph expires upon legislative implementation of the new rate methodology resulting from the rate analysis required by Laws 2021, First Special Session chapter 7, article 17, section 18.

(f) Effective January 1, 2024, the commissioner shall increase capitation payments made to managed care plans and county-based purchasing plans to reflect the behavioral health service rate increase provided in paragraph (e). Managed care and county-based purchasing plans must use the capitation rate increase provided under this paragraph to increase payment rates to behavioral health services providers. The commissioner must monitor the effect of this rate increase on enrollee access to behavioral health services. If for any contract year federal approval is not received for this paragraph, the commissioner must adjust the capitation rates paid to managed care plans and county-based purchasing plans for that contract year to reflect the removal of this provision. Contracts between managed care plans and county-based purchasing plans and providers to whom this paragraph applies must allow recovery of payments from those providers if capitation rates are adjusted in accordance with this paragraph. Payment recoveries must not exceed the amount equal to any increase in rates that results from this provision.

(g) Effective for services under this section billed and coded under Healthcare Common Procedure Coding Systems H, S, and T codes, the payment rates must be increased as necessary to align with the Medicare Physician Fee Schedule.

#### Sec. 16. **APPROPRIATION.**

\$8,785,000 is appropriated from the general fund to the commissioner of human services for the payment increases under Minnesota Statutes, section 256.969, subdivision 2b, paragraphs (l) and (m). The aggregate amount of the increased payments under Minnesota Statutes, section 256.969, subdivision 2b, paragraphs (l) and (m), must at least equal the amount of this appropriation.

#### Sec. 17. **REVISOR INSTRUCTION.**

The revisor of statutes, in consultation with the Office of Senate Counsel, Research and Fiscal Analysis; the House Research Department; and the commissioner of human services, shall prepare

legislation for the 2025 legislative session to recodify Minnesota Statutes, section 256B.0622, to move provisions related to assertive community treatment and intensive residential treatment services into separate sections of statute. The revisor shall correct any cross-references made necessary by this recodification.

Sec. 18. **REPEALER.**

Minnesota Statutes 2022, section 256B.0625, subdivision 38, is repealed.

**ARTICLE 6**

**RECOMMENDATION 6: ADMINISTER MEDICATION IN JAILS**

Section 1. **COUNTY CORRECTIONAL FACILITY MENTAL HEALTH MEDICATION PILOT PROGRAM.**

Subdivision 1. **Authorization.** The commissioner of human services must establish a pilot program that provides payments to counties to support county correctional facilities in delivering medications to inmates for mental health treatment.

Subd. 2. **Pilot program payments; allowable uses.** Counties may use payments received under this section for reimbursement of costs incurred during the most recent calendar quarter for:

(1) the delivery of injectable medications to inmates for mental health treatment in county correctional facilities; and

(2) related billable health care costs.

Subd. 3. **Application.** Counties may submit requests for reimbursement for costs incurred pursuant to subdivision 2 in an application form specified by the commissioner. The commissioner must issue an application to each county board at least once per calendar quarter until funding for the pilot program is expended.

Subd. 4. **Pilot program payment allocation.** (a) The commissioner may allocate up to one quarter of the total appropriation for the pilot program with each quarterly application. If the amount of funding for eligible requests received exceeds the amount of funding available in the quarter, the commissioner shall determine an equitable allocation of payments among the applicants.

(b) The commissioner's determination of payment amounts is final and not subject to appeal.

Subd. 5. **Report.** By December 15, 2025, the commissioner must provide a summary report on the pilot program to the chairs and ranking minority members of the legislative committees with jurisdiction over mental health and county correctional facilities.

Subd. 6. **Appropriation.** \$..... in fiscal year 2025 is appropriated from the general fund to the commissioner of human services for the county correctional facility mental health medication pilot program. This is a onetime appropriation and is available until June 30, 2026.

Sec. 2. **APPROPRIATION; DIRECT CARE AND TREATMENT COUNTY CORRECTIONAL FACILITY SUPPORT PILOT PROGRAM.**



(a) \$...... in fiscal year 2025 is appropriated from the general fund to the Direct Care and Treatment executive board to establish a two-year county correctional facility support pilot program. The pilot program must:

(1) provide education and support to counties and county correctional facilities on protocols and best practices for the provision of involuntary medications for mental health treatment;

(2) provide technical assistance to expand access to injectable psychotropic medications in county correctional facilities; and

(3) survey county correctional facilities and their contracted medical providers on their capacity to provide injectable psychotropic medications, including involuntary administration of medications, and barriers to providing these services.

(b) This is a onetime appropriation and is available until June 30, 2026.

## ARTICLE 7

### RECOMMENDATION 7: RELIEVE COUNTIES OF CERTAIN COST-SHARING

Section 1. Minnesota Statutes 2022, section 245.4662, is amended to read:

#### **245.4662 MENTAL HEALTH INNOVATION GRANT PROGRAM.**

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

(b) "Community partnership" means a project involving the collaboration of two or more ~~eligible applicants~~ counties, or a county partnership with a Tribe or a community mental health provider or hospital.

(c) "Eligible applicant" means an eligible county, ~~Indian tribe, mental health service provider, hospital,~~ or community partnership. Eligible applicant does not include a state-operated direct care and treatment facility or program under chapter 246.

(d) "Intensive residential treatment services" has the meaning given in section 256B.0622.

(e) "Metropolitan area" means the seven-county metropolitan area, as defined in section 473.121, subdivision 2.

Subd. 2. **Grants authorized.** The commissioner of human services shall, in consultation with stakeholders, award grants to eligible applicants to plan, establish, or operate programs to improve accessibility and quality of community-based, outpatient mental health services and reduce the number of clients admitted to regional treatment centers and community behavioral health hospitals and remaining in state-operated facilities or programs. The commissioner shall award half of all grant funds to eligible applicants in the metropolitan area and half of all grant funds to eligible applicants outside the metropolitan area. An applicant may apply for and the commissioner may award grants for two-year periods. The commissioner may reallocate underspending among grantees

within the same grant period. The mental health innovation account is established under section 246.18 for ongoing funding.

Subd. 3. **Allocation of grants.** (a) An application must be on a form and contain information as specified by the commissioner but at a minimum must contain:

- (1) a description of the purpose or project for which grant funds will be used;
- (2) a description of the specific problem the grant funds will address;
- ~~(3) a letter of support from the local mental health authority;~~
- ~~(4)~~ (3) a description of achievable objectives, a work plan, and a timeline for implementation and completion of processes or projects enabled by the grant; and
- ~~(5)~~ (4) a process for documenting and evaluating results of the grant.

(b) The commissioner shall review each application to determine whether the application is complete and whether the applicant and the project are eligible for a grant. In evaluating applications according to paragraph (c), the commissioner shall establish criteria including, but not limited to: the eligibility of the project; the applicant's thoroughness and clarity in describing the problem grant funds are intended to address; a description of the applicant's proposed project; a description of the population demographics and service area of the proposed project; the manner in which the applicant will demonstrate the effectiveness of any projects undertaken; the proposed project's longevity and demonstrated financial sustainability after the initial grant period; and evidence of efficiencies and effectiveness gained through collaborative efforts. The commissioner may also consider other relevant factors. In evaluating applications, the commissioner may request additional information regarding a proposed project, including information on project cost. An applicant's failure to provide the information requested disqualifies an applicant. The commissioner shall determine the number of grants awarded.

(c) Eligible applicants may receive grants under this section for purposes including, but not limited to, the following:

- (1) intensive residential treatment services providing time-limited mental health services in a residential setting;
- (2) the creation of stand-alone urgent care centers for mental health and psychiatric consultation services, crisis residential services, or collaboration between crisis teams and critical access hospitals;
- (3) establishing new community mental health services or expanding the capacity of existing services, including supportive housing; and
- (4) other innovative projects that improve options for mental health services in community settings and reduce the number of clients who remain in regional treatment centers and community behavioral health hospitals state-operated facilities or programs beyond when discharge is determined to be clinically appropriate.

Sec. 2. Minnesota Statutes 2022, section 246.18, subdivision 4a, as amended by Laws 2024, chapter 79, article 2, section 15, is amended to read:

Subd. 4a. **Mental health innovation account.** The mental health innovation account is established in the special revenue fund. ~~\$1,000,000 of~~ The revenue generated by collection efforts from the Anoka-Metro Regional Treatment Center and community behavioral health hospitals under section 246.54 each fiscal year must annually be deposited into the mental health innovation account. Money deposited in the mental health innovation account is appropriated to the commissioner of human services for the mental health innovation grant program under section 245.4662.

Sec. 3. Minnesota Statutes 2023 Supplement, section 246.54, subdivision 1a, is amended to read:

Subd. 1a. **Anoka-Metro Regional Treatment Center.** (a) A county's payment of the cost of care provided at Anoka-Metro Regional Treatment Center shall be according to the following schedule:

- (1) zero percent for the first 30 days;
- (2) 20 percent for days 31 and over if the stay is determined to be clinically appropriate for the client; and
- (3) 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged.

(b) If payments received by the state under sections 246.50 to 246.53 exceed 80 percent of the cost of care for days over 31 for clients who meet the criteria in paragraph (a), clause (2), the county shall be responsible for paying the state only the remaining amount. The county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53.

(c) ~~Between Beginning July 1, 2023, and June 30, 2025~~ 2024, the county is not responsible for the cost of care under paragraph (a), clause (3), for a person who is civilly committed ~~as a person who has a mental illness and is dangerous to the public under section 253B.18~~ when:

(1) that person is awaiting transfer to a Minnesota Department of Corrections facility; or

and who (2) that person is awaiting transfer to another state-operated facility or program. This paragraph expires June 30, 2025 and the direct care and treatment executive medical director's office has determined that the person meets criteria for admission to that state-operated facility or program and that the state-operated facility or program is the only provider that can reasonably serve that person.

(d) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this subdivision.

Sec. 4. Minnesota Statutes 2023 Supplement, section 246.54, subdivision 1b, is amended to read:

Subd. 1b. **Community behavioral health hospitals.** (a) A county's payment of the cost of care provided at state-operated community-based behavioral health hospitals for adults and children shall be according to the following schedule:

(1) 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged; and

(2) the county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53.

(b) ~~Between Beginning July 1, 2023, and June 30, 2025~~ 2024, the county is not responsible for the cost of care under paragraph (a), clause (1), for a person who is civilly committed ~~as a person who has a mental illness and is dangerous to the public under section 253B.18~~ when:

(1) that person is awaiting transfer to a Minnesota Department of Corrections facility; or

and who (2) that person is awaiting transfer to another state-operated facility or program. This paragraph expires June 30, 2025 and the direct care and treatment executive medical director's office has determined that the person meets criteria for admission to that state-operated facility or program and that the state-operated facility or program is the only provider that can reasonably serve that person.

(c) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this subdivision.

## ARTICLE 8

### RECOMMENDATION 8: APPLY FOR A REENTRY 1115 DEMONSTRATION PROJECT

#### Section 1. [256B.0761] REENTRY DEMONSTRATION WAIVER.

Subdivision 1. **Establishment.** The commissioner of human services must submit a waiver application to the Centers for Medicare and Medicaid Services to implement a medical assistance demonstration project to provide health care and coordination services that bridge to community-based services for individuals confined in state, local, or Tribal correctional facilities prior to community reentry. The demonstration project must be designed to:

(1) increase continuity of coverage;

(2) improve access to health care services including mental health services, physical health services, and substance use disorder treatment services;

(3) enhance coordination between Medicaid systems, health and human services systems, correctional systems, and community-based providers;

(4) reduce overdoses and deaths following release;

(5) decrease disparities in overdoses and deaths following release; and

(6) maximize health and overall community reentry outcomes.

Subd. 2. **Eligible individuals.** Notwithstanding section 256B.055, subdivision 14, individuals are eligible to receive services under this demonstration if they are eligible under section 256B.055,

subdivision 3a, 6, 7, 7a, 9, 15, 16, or 17, as determined by the commissioner in collaboration with correctional facilities, local governments, and Tribal governments.

Subd. 3. **Eligible correctional facilities.** (a) The commissioner's waiver application must be limited to:

(1) three state correctional facilities determined by the commissioner of corrections, one of which must be the Minnesota Correctional Facility-Shakopee;

(2) two facilities for delinquent children and youth licensed under section 241.021, subdivision 2, determined in coordination with the Minnesota Juvenile Detention Association and the Minnesota Sheriffs' Association;

(3) four correctional facilities for adults licensed under section 241.021, subdivision 1, determined in coordination with the Minnesota Sheriffs' Association and the Association of Minnesota Counties; and

(4) one correctional facility owned and managed by a Tribal government.

(b) Additional eligible facilities may be added to the waiver contingent on legislative authorization and appropriations.

Subd. 4. **Services and duration.** (a) Services must be provided 90 days prior to an individual's release date or, if an individual's confinement is less than 90 days, during the time period between medical assistance eligibility determination and release to the community.

(b) Facilities must offer the following services using either community-based or corrections-based providers:

(1) case management activities to address physical and behavioral health needs, including a comprehensive assessment of individual needs, development of a person-centered care plan, referrals and other activities to address assessed needs, and monitoring and follow-up activities;

(2) drug coverage in accordance with section 256B.0625, subdivision 13, including up to a 30-day supply of drugs upon release;

(3) substance use disorder comprehensive assessments according to section 254B.05, subdivision 5, paragraph (b), clause (2);

(4) treatment coordination services according to section 254B.05, subdivision 5, paragraph (b), clause (3);

(5) peer recovery support services according to sections 245I.04, subdivisions 18 and 19, and 254B.05, subdivision 5, paragraph (b), clause (4);

(6) substance use disorder individual and group counseling provided according to sections 245G.07, subdivision 1, paragraph (a), clause (1); 245G.11, subdivision 5; and 254B.05;

(7) mental health diagnostic assessments as required under section 245I.10;

(8) group and individual psychotherapy as required under section 256B.0671;

(9) peer specialist services as required under sections 245I.04 and 256B.0615;

(10) family planning and obstetrics and gynecology services; and

(11) physical health well-being and screenings and care for adults and youth.

(c) Services outlined in this subdivision must only be authorized when an individual demonstrates medical necessity or other eligibility as required under this chapter or applicable state and federal laws.

Subd. 5. **Provider requirements and standards.** (a) Service providers must adhere to applicable licensing and provider requirements under chapters 245A, 245G, 245I, 254B, 256B, and 256I.

(b) Service providers must be enrolled to provide services under Minnesota health care programs.

(c) Services may be provided by eligible providers employed by the correctional facility or by eligible community providers under contract with the correctional facility.

(d) The commissioner must determine whether each facility is ready to participate in the demonstration project based on a facility-submitted assessment of the facility's readiness to implement:

(1) prerelease medical assistance application and enrollment processes for inmates not enrolled in medical assistance coverage;

(2) the provision or facilitation of all required prerelease services for a period of up to 90 days prior to release;

(3) coordination among county and Tribal human services agencies and all other entities with a role in furnishing health care and supports to address health-related social needs;

(4) appropriate reentry planning, prerelease care management, and assistance with care transitions to the community;

(5) operational approaches to implementing certain Medicaid and CHIP requirements, including applications, suspensions, notices, fair hearings, and reasonable promptness for coverage of services;

(6) a data exchange process to support care coordination and transition activities; and

(7) reporting of all requested data to the commissioner of human services to support program monitoring, evaluation, oversight, and all financial data to meet reinvestment requirements.

(e) Participating facilities must detail reinvestment plans for all new federal Medicaid funds expended for reentry services that were previously the responsibility of each facility and provide detailed financial reports to the commissioner.

Subd. 6. **Payment rates.** (a) Payment rates for services under this section that are approved under Minnesota's state plan agreement with the Centers for Medicare and Medicaid Services are equal to current and applicable state law and federal requirements.

(b) Case management payment rates are equal to rates authorized by the commissioner for relocation targeted case management under section 256B.0621, subdivision 10.

(c) Claims for covered drugs purchased through discount purchasing programs, such as the Federal Supply Schedule (FSS) of the United States General Services Administration or the MMCAP Infuse program, shall be at no more than the actual acquisition cost plus the professional dispensing fee in section 256B.0625, subdivision 13e. Drugs administered to members must be billed on a professional claim in accordance with section 256B.0625, subdivision 13e, paragraph (e), and submitted with the actual acquisition cost for the drug on the claim line. Pharmacy claims must be submitted with the actual acquisition cost as the ingredient cost field and the dispensing fee in section 256B.0625, subdivision 13e, in the dispensing fee field on the claim with the basis of cost indicator of '08'. Providers may establish written protocols for establishing or calculating the facility's actual acquisition drug cost based on a monthly, quarterly, or other average of the facility's actual acquisition drug cost through the discount purchasing program. A written protocol must not include an inflation, markup, spread, or margin to be added to the provider's actual purchase price after subtracting all discounts.

Subd. 7. **Reentry services working group.** (a) The commissioner of human services, in collaboration with the commissioner of corrections, must convene a reentry services working group to consider ways to improve the demonstration under this section and related policies for justice-involved individuals.

(b) The working group must be composed of balanced representation, including:

(1) people with lived experience; and

(2) representatives from:

(i) community health care providers;

(ii) the Minnesota Sheriffs' Association;

(iii) the Minnesota Association for County Social Service Administrators;

(iv) the Association of Minnesota Counties;

(v) the Minnesota Juvenile Detention Association;

(vi) the Office of Addiction and Recovery;

(vii) NAMI Minnesota;

(viii) Tribal Nations; and

(ix) the Minnesota Alliance of Recovery Community Organizations.

(c) The working group must:

(1) advise on the waiver application, implementation, monitoring, evaluation, and reinvestment plans;

(2) recommend strategies to improve processes that ensure notifications of the individual's release date, current location, postrelease location, and other relevant information are provided to state, county, and Tribal eligibility systems and managed care organizations;

(3) consider the value of expanding, replicating, or adapting the components of the demonstration authorized under this section to additional populations; and

(4) recommend ideas to fund expanded reentry services.

**EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval, whichever is later. The commissioner of human services must notify the revisor of statutes when federal approval is obtained.

Sec. 2. Minnesota Statutes 2022, section 256B.69, subdivision 4, is amended to read:

Subd. 4. **Limitation of choice.** (a) The commissioner shall develop criteria to determine when limitation of choice may be implemented in the experimental counties. The criteria shall ensure that all eligible individuals in the county have continuing access to the full range of medical assistance services as specified in subdivision 6.

(b) The commissioner shall exempt the following persons from participation in the project, in addition to those who do not meet the criteria for limitation of choice:

(1) persons eligible for medical assistance according to section 256B.055, subdivision 1;

(2) persons eligible for medical assistance due to blindness or disability as determined by the Social Security Administration or the state medical review team, unless:

(i) they are 65 years of age or older; or

(ii) they reside in Itasca County or they reside in a county in which the commissioner conducts a pilot project under a waiver granted pursuant to section 1115 of the Social Security Act;

(3) recipients who currently have private coverage through a health maintenance organization;

(4) recipients who are eligible for medical assistance by spending down excess income for medical expenses other than the nursing facility per diem expense;

(5) recipients who receive benefits under the Refugee Assistance Program, established under United States Code, title 8, section 1522(e);

(6) children who are both determined to be severely emotionally disturbed and receiving case management services according to section 256B.0625, subdivision 20, except children who are eligible for and who decline enrollment in an approved preferred integrated network under section 245.4682;



(7) adults who are both determined to be seriously and persistently mentally ill and received case management services according to section 256B.0625, subdivision 20;

(8) persons eligible for medical assistance according to section 256B.057, subdivision 10;

(9) persons with access to cost-effective employer-sponsored private health insurance or persons enrolled in a non-Medicare individual health plan determined to be cost-effective according to section 256B.0625, subdivision 15; ~~and~~

(10) persons who are absent from the state for more than 30 consecutive days but still deemed a resident of Minnesota, identified in accordance with section 256B.056, subdivision 1, paragraph (b); and

(11) persons who are enrolled in the reentry demonstration waiver under section 256B.0761.

Children under age 21 who are in foster placement may enroll in the project on an elective basis. Individuals excluded under clauses (1), (6), and (7) may choose to enroll on an elective basis. The commissioner may enroll recipients in the prepaid medical assistance program for seniors who are (1) age 65 and over, and (2) eligible for medical assistance by spending down excess income.

(c) The commissioner may allow persons with a one-month spenddown who are otherwise eligible to enroll to voluntarily enroll or remain enrolled, if they elect to prepay their monthly spenddown to the state.

(d) The commissioner may require those individuals to enroll in the prepaid medical assistance program who otherwise would have been excluded under paragraph (b), clauses (1), (3), and (8), and under Minnesota Rules, part 9500.1452, subpart 2, items H, K, and L.

(e) Before limitation of choice is implemented, eligible individuals shall be notified and after notification, shall be allowed to choose only among demonstration providers. The commissioner may assign an individual with private coverage through a health maintenance organization, to the same health maintenance organization for medical assistance coverage, if the health maintenance organization is under contract for medical assistance in the individual's county of residence. After initially choosing a provider, the recipient is allowed to change that choice only at specified times as allowed by the commissioner. If a demonstration provider ends participation in the project for any reason, a recipient enrolled with that provider must select a new provider but may change providers without cause once more within the first 60 days after enrollment with the second provider.

(f) An infant born to a woman who is eligible for and receiving medical assistance and who is enrolled in the prepaid medical assistance program shall be retroactively enrolled to the month of birth in the same managed care plan as the mother once the child is enrolled in medical assistance unless the child is determined to be excluded from enrollment in a prepaid plan under this section.

**Sec. 3. CAPACITY-BUILDING AND IMPLEMENTATION GRANTS FOR THE MEDICAL ASSISTANCE REENTRY DEMONSTRATION.**

The commissioner of human services must establish capacity-building grants for eligible local correctional facilities as they prepare to implement reentry demonstration services under Minnesota Statutes, section 256B.0761. Allowable expenditures under this grant may include:

(1) developing, in coordination with incarcerated individuals and community members with lived experience, processes and protocols listed under Minnesota Statutes, section 256B.0761, subdivision 5, paragraph (d);

(2) establishing or modifying information technology systems to support implementation of the reentry demonstration waiver;

(3) personnel costs; and

(4) other expenses as determined by the commissioner.

**Sec. 4. 1115 WAIVER FOR MEDICAL ASSISTANCE REENTRY DEMONSTRATION.**

The commissioner of human services must submit an application to the United States Secretary of Health and Human Services to implement a medical assistance reentry demonstration that covers services for incarcerated individuals, as described under Minnesota Statutes, section 256B.0761. Coverage of prerelease services is contingent on federal approval of the demonstration and the required implementation and reinvestment plans.

**ARTICLE 9**

**RECOMMENDATION 9: INCREASE FORENSIC EXAMINER ACCESSIBILITY**

**Section 1. APPROPRIATION; FORENSIC EXAMINER SERVICES.**

\$9,230,000 in fiscal year 2025 is appropriated from the general fund to the supreme court for the psychological and psychiatric forensic examiner services program to deliver statutorily mandated psychological examinations for civil commitment, criminal competency, and criminal responsibility evaluations. This appropriation must be used to increase forensic examiner pay rates from \$125 to \$225 per hour."

Delete the title and insert:

"A bill for an act relating to human services; modifying civil commitment priority admission requirements; modifying county share payments for certain direct care and treatment services; providing for the expansion of capacity at direct care and treatment facilities; providing for limited exceptions to priority admissions to direct care and treatment facilities; establishing medical assistance rate adjustments for physician and professional services; increasing rates for certain residential services; modifying MnCHOICES assessment requirements and reimbursements; requiring a statewide reimbursement rate for behavioral health home services; modifying assertive community treatment provisions; establishing mental health pilot programs in correctional facilities; modifying the mental health innovation grant program; directing the commissioner of human services to apply for a 1115 demonstration project; appropriating money; amending Minnesota Statutes 2022, sections 245.4662; 246.018, subdivision 3, as amended; 246.18, subdivision 4a, as amended; 253B.10, by adding a subdivision; 256B.0622, subdivisions 2a, 3a, 7a, 7d; 256B.0757, subdivision 5, by adding a subdivision; 256B.0911, subdivisions 20, 33; 256B.69, subdivision 4; 256B.76, subdivision 6; Minnesota Statutes 2023 Supplement, sections 246.54, subdivisions 1a, 1b; 253B.10, subdivision 1, as amended; 254B.05, subdivision 5; 256.969, subdivision 2b; 256B.0622, subdivision 7b; 256B.0911, subdivision 13; 256B.76, subdivision 1; 256B.761; proposing coding for new law in

Minnesota Statutes, chapter 256B; repealing Minnesota Statutes 2022, section 256B.0625, subdivision 38."

And when so amended the bill do pass and be re-referred to the Committee on Judiciary and Public Safety.

Pursuant to Joint Rule 2.03, the bill was referred to the Committee on Rules and Administration.

**Senator Dziezic from the Committee on State and Local Government and Veterans, to which was referred**

**S.F. No. 4890:** A bill for an act relating to state government; ratifying certain compensation plans.

Reports the same back with the recommendation that the bill do pass.

Pursuant to Joint Rule 2.03, the bill was referred to the Committee on Rules and Administration.

**Senator Dziezic from the Committee on State and Local Government and Veterans, to which was re-referred**

**S.F. No. 4761:** A bill for an act relating to child protection; creating a Child Protection Advisory Council; requiring reports; proposing coding for new law in Minnesota Statutes, chapter 260E.

Reports the same back with the recommendation that the bill be amended as follows:

Page 1, delete subdivision 1

Renumber the subdivisions in sequence

Page 1, line 10, delete "advisory council shall consist of up to 26" and insert "Child Protection Advisory Council consists of 24"

Page 2, line 5, after "member" insert "with experience working and advocating for children with disabilities in the child welfare system,"

Page 2, line 6, delete "one member" and insert "two members" and after "Council" insert ", one from a county outside the seven-county metropolitan area and one from a county within the seven-county metropolitan area"

Page 2, line 9, delete "up to four" and insert "three"

Page 2, line 10, delete "up to four" and insert "two" and after "Force" insert ", one with experience as an attorney or judge working in the child welfare system and one with experience as a peace officer working in the child welfare system"

Page 2, line 19, delete everything after "(iv)" and insert "one member with experience working as a pediatrician or nurse specializing in child abuse."

Page 2, delete line 20

Page 2, line 21, delete everything after "(a)" and insert "For members appointed under subdivision 1, clauses (6) to (14), section 15.059, subdivisions 1 to 4, apply."

Page 2, delete line 22

Page 2, line 28, delete everything after "to" and insert "the Minnesota Open Meeting Law under chapter 13D."

Page 2, delete line 29

Page 3, line 1, after "chairperson" insert "from among the members of the executive committee"

Page 3, line 4, delete "shall be" and insert "is"

Page 3, line 5, delete everything after the period

Page 3, delete line 6

Page 3, line 7, delete everything after the period

Page 3, line 8, delete everything before "The"

Page 3, line 17, after "conduct" insert "reviews of the" and after "processes" insert "originally completed by the state or counties or through a third-party audit"

Page 3, after line 32, insert:

"Subd. 7. **Expiration.** The Child Protection Advisory Council expires January 1, 2034.

Sec. 2. **CHILD PROTECTION ADVISORY COUNCIL; INITIAL TERMS AND APPOINTMENTS AND FIRST MEETING.**

Subdivision 1. **Initial appointments.** Appointing authorities for the Child Protection Advisory Council under Minnesota Statutes, section 260E.021, must appoint members to the council by August 1, 2024.

Subd. 2. **Terms.** Members appointed under Minnesota Statutes, section 260E.021, subdivision 1, clauses (7), (8), and (9), serve a term that is coterminous with the governor. Members appointed under Minnesota Statutes, section 260E.021, subdivision 1, clauses (10) and (12), serve a term that ends one year after the governor's term. Members appointed under Minnesota Statutes, section 260E.021, subdivision 1, clauses (6), (11), and (13), serve a term that ends two years after the governor's term. Members appointed under Minnesota Statutes, section 260E.021, subdivision 1, clause (14), serve a term that ends three years after the governor's term.

Subd. 3. **Chair; first meeting.** The commissioner of human services or the commissioner's designee will serve as chair until the council elects a chair. The commissioner must convene the first meeting of the council by September 15, 2024. The council must elect its executive committee and its chair at its first meeting."

And when so amended the bill do pass and be re-referred to the Committee on Rules and Administration.

Pursuant to Joint Rule 2.03, the bill was referred to the Committee on Rules and Administration.

**Senator Dzedzic from the Committee on State and Local Government and Veterans, to which was referred**

**S.F. No. 5354:** A bill for an act relating to horse racing; providing for the conduct of advance deposit wagering, card playing, and pari-mutuel betting; providing definitions; making clarifying and conforming changes; amending Minnesota Statutes 2022, sections 240.01, subdivisions 1c, 5, 8, 14, by adding subdivisions; 240.30, subdivision 8.

Reports the same back with the recommendation that the bill be amended as follows:

Page 1, line 11, delete everything after "wagering" and insert "is not authorized to be used in conjunction with betting on historical horse racing, or in conjunction with televised, video or video games of chance, or slot machines depicted on a computer screen."

Page 1, delete lines 12 and 13

Page 1, delete sections 2 and 3

Page 2, line 7, delete "any form that has" and insert "a race that" and delete "considered" and insert "a"

Page 2, line 8, delete "racing" and insert "race"

Page 2, after line 8, insert:

"Sec. 3. Minnesota Statutes 2022, section 240.01, is amended by adding a subdivision to read:

Subd. 8a. **Historical horse racing.** "Historical horse racing" means any horse race that was previously conducted at a licensed racetrack, concluded with results, and concluded without scratches, disqualifications, or dead-heat finishes."

Page 2, line 12, delete "on a single horse race"

Page 2, line 13, delete everything after the period and insert "Pari-mutuel betting does not include:"

Page 2, delete lines 14 and 15 and insert:

"(1) betting on a race that occurred in the past;

(2) betting on historical horse racing; or

(3) betting where the pool to be distributed among holders of winning tickets, as provided in section 240.13, subdivision 4, for one horse race includes amounts from bets placed on another horse race or event."

Page 2, delete section 6

Page 2, before line 21, insert:

"Sec. 5. [240.071] PROHIBITED ACTS.

A licensed racetrack shall only conduct horse racing and may be authorized to operate a card club in accordance with this chapter. A licensed racetrack shall not conduct or provide for play any other forms of gambling, including but not limited to historical horse racing, slot machines, video games of chance, and other gambling devices.

Sec. 6. [240.231] LIMITATIONS ON RULEMAKING AND OTHER AUTHORITY.

The commission's rulemaking and other authority, whether derived from section 240.23 or other sections in this chapter, shall only pertain to horse racing and card games at a card club as expressly authorized in this chapter and shall not include the authority to expand gambling, nor the authority to approve or regulate historical horse racing, slot machines, video games of chance, and other gambling devices, by means of rulemaking, a contested case hearing, the review and approval of a plan of operation or proposed or amended plan of operation, the approval of any proposal or request, or any other commission or agency action."

Page 2, line 29, after the semicolon, insert "and"

Page 3, delete lines 1 to 10 and insert:

"(4) no inclusion of any historical horse racing."

Renumber the sections in sequence

Amend the title as follows:

Page 1, line 3, after "betting;" insert "prohibiting the authorization of historical horse racing and other games;"

Amend the title numbers accordingly

And when so amended the bill do pass.

Pursuant to Joint Rule 2.03, the bill was referred to the Committee on Rules and Administration.

**Senator Murphy, from the Committee on Rules and Administration, to which was referred**

**H.F. No. 3631** for comparison with companion Senate File, reports the following House File was found not identical with companion Senate File as follows:

**GENERAL ORDERS**

H.F. No.	S.F. No.
3631	4307

**CONSENT CALENDAR**

H.F. No.	S.F. No.
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**CALENDAR**

H.F. No.	S.F. No.
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Pursuant to Rule 45, the Committee on Rules and Administration recommends that H.F. No. 3631 be amended as follows:

Delete all the language after the enacting clause of H.F. No. 3631, the third engrossment; and insert the language after the enacting clause of S.F. No. 4307, the second engrossment; further, delete the title of H.F. No. 3631, the third engrossment; and insert the title of S.F. No. 4307, the second engrossment.

And when so amended H.F. No. 3631 will be identical to S.F. No. 4307, and further recommends that H.F. No. 3631 be given its second reading and substituted for S.F. No. 4307, and that the Senate File be indefinitely postponed.

Pursuant to Rule 45, this report was prepared and submitted by the Secretary of the Senate on behalf of the Committee on Rules and Administration. Amendments adopted. Report adopted.

**Senator Murphy, from the Committee on Rules and Administration, to which was referred**

**H.F. No. 4772** for comparison with companion Senate File, reports the following House File was found not identical with companion Senate File as follows:

**GENERAL ORDERS**

H.F. No.	S.F. No.
4772	4729

**CONSENT CALENDAR**

H.F. No.	S.F. No.

**CALENDAR**

H.F. No.	S.F. No.

Pursuant to Rule 45, the Committee on Rules and Administration recommends that H.F. No. 4772 be amended as follows:

Delete all the language after the enacting clause of H.F. No. 4772, the second engrossment; and insert the language after the enacting clause of S.F. No. 4729, the second engrossment; further, delete the title of H.F. No. 4772, the second engrossment; and insert the title of S.F. No. 4729, the second engrossment.

And when so amended H.F. No. 4772 will be identical to S.F. No. 4729, and further recommends that H.F. No. 4772 be given its second reading and substituted for S.F. No. 4729, and that the Senate File be indefinitely postponed.

Pursuant to Rule 45, this report was prepared and submitted by the Secretary of the Senate on behalf of the Committee on Rules and Administration. Amendments adopted. Report adopted.

**SECOND READING OF SENATE BILLS**

S.F. Nos. 4784, 3496, and 4429 were read the second time.

**SECOND READING OF HOUSE BILLS**

H.F. Nos. 3631 and 4772 were read the second time.

**INTRODUCTION AND FIRST READING OF SENATE BILLS**

The following bills were read the first time.

**Senators Morrison and Abeler introduced--**

**S.F. No. 5402:** A bill for an act relating to education; appropriating money for Rally to Read.

Referred to the Committee on Education Policy.

**Senators Howe and Drazkowski introduced--**

**S.F. No. 5403:** A bill for an act relating to transportation; requiring a legislative report on trunk highway project cultural resources expenditures; appropriating money.

Referred to the Committee on Transportation.

**Senator McEwen introduced--**

**S.F. No. 5404:** A bill for an act relating to capital investment; appropriating money for an academic health center facility on the Duluth campus of the University of Minnesota.

Referred to the Committee on Capital Investment.

**Senator Oumou Verbeten introduced--**

**S.F. No. 5405:** A bill for an act relating to cannabis; establishing requirements for ownership of cannabis businesses; establishing disclosure requirements for financing cannabis businesses; proposing coding for new law in Minnesota Statutes, chapter 342.

Referred to the Committee on Commerce and Consumer Protection.

**Senator Fateh introduced--**

**S.F. No. 5406:** A bill for an act relating to health; appropriating money for oral hygiene awareness among new Americans.

Referred to the Committee on Human Services.

**Senators Coleman and Dornink introduced--**

**S.F. No. 5407:** A bill for an act relating to taxation; sales and use; providing an exemption for all school supplies; amending Minnesota Statutes 2022, section 297A.67, by adding a subdivision.

Referred to the Committee on Taxes.



**Senators Dornink, Bahr, and Pratt introduced--**

**S.F. No. 5408:** A bill for an act proposing an amendment to the Minnesota Constitution by adding a section to article XI; prohibiting state spending in excess of inflation and population growth.

Referred to the Committee on State and Local Government and Veterans.

**Senators Coleman and Dornink introduced--**

**S.F. No. 5409:** A bill for an act relating to taxation; sales and use; expanding the exemption for baby products; amending Minnesota Statutes 2022, section 297A.67, subdivision 9.

Referred to the Committee on Taxes.

**Senator Mohamed introduced--**

**S.F. No. 5410:** A bill for an act relating to capital investment; appropriating money for Mni Sota Fund.

Referred to the Committee on Capital Investment.

**Senator Kupec introduced--**

**S.F. No. 5411:** A bill for an act relating to capital investment; appropriating money for flood hazard mitigation in the city of Moorhead, Clay County, and Wilkin County; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

**Senator Jasinski introduced--**

**S.F. No. 5412:** A bill for an act relating to firearms; clarifying law on use of force in defense of home and person; codifying and extending Minnesota's self-defense and defense of home laws; eliminating the common law duty to retreat in cases of self-defense outside the home; expanding the boundaries of dwelling for purposes of self-defense; creating a presumption in the case of a person entering a dwelling or occupied vehicle by stealth or force; extending the rights available to a person in that person's dwelling to a person defending against entry of that person's occupied vehicle; amending Minnesota Statutes 2022, section 609.065.

Referred to the Committee on Judiciary and Public Safety.

**Senators Duckworth, Drazkowski, Eichorn, Koran, and Howe introduced--**

**S.F. No. 5413:** A bill for an act relating to taxation; tax rebates; limiting eligibility for tax rebate payments to individuals with a Social Security number; proposing coding for new law in Minnesota Statutes, chapter 289A.

Referred to the Committee on Taxes.

**Senator Green introduced--**

**S.F. No. 5414:** A bill for an act relating to game and fish; modifying trespass law to allow purple markings; amending Minnesota Statutes 2022, section 97B.001, subdivisions 4, 5, by adding a subdivision.

Referred to the Committee on Environment, Climate, and Legacy.

**Senator Hoffman introduced--**

**S.F. No. 5415:** A bill for an act relating to human services; requiring medical assistance to cover palliative care services; requiring rulemaking; appropriating money; amending Minnesota Statutes 2022, section 256B.0625, by adding a subdivision.

Referred to the Committee on Human Services.

**Senator Rasmusson introduced--**

**S.F. No. 5416:** A bill for an act relating to higher education; providing funding to Metropolitan State University for cyber range services; appropriating money.

Referred to the Committee on Higher Education.

**Senator Rasmusson introduced--**

**S.F. No. 5417:** A bill for an act relating to health; establishing an alternative emergency medical services response model pilot program; appropriating money.

Referred to the Committee on Health and Human Services.

**Senator Hoffman introduced--**

**S.F. No. 5418:** A bill for an act relating to capital investment; appropriating money for a grant to the Minnesota Somali Community Center.

Referred to the Committee on Capital Investment.

**Senators Duckworth, Kreun, and Coleman introduced--**

**S.F. No. 5419:** A bill for an act relating to drivers' licenses; expanding same-day issuance of noncompliant drivers' licenses, instruction permits, and identification cards; instituting requirements for licenses and identification cards issued the same day; specifying locations where same-day drivers' licenses will be offered; requiring a report; appropriating money.

Referred to the Committee on Transportation.

**Senator Coleman introduced--**

**S.F. No. 5420:** A bill for an act relating to labor; modifying the contractor recovery fund to include private residential pools; amending Minnesota Statutes 2022, section 326B.89, subdivision 1.

Referred to the Committee on Labor.

**Senator Nelson introduced--**

**S.F. No. 5421:** A bill for an act relating to taxation; sales and use; providing an exemption for certain nonprofit outpatient rehabilitation clinics; amending Minnesota Statutes 2023 Supplement, section 297A.70, subdivision 7.

Referred to the Committee on Taxes.

**Senator Nelson introduced--**

**S.F. No. 5422:** A bill for an act relating to taxation; corporate franchise; reducing the rate; amending Minnesota Statutes 2022, section 290.06, subdivision 1.

Referred to the Committee on Taxes.

**Senator Dziedzic introduced--**

**S.F. No. 5423:** A bill for an act relating to state government; establishing a state building renewable energy, storage, and electric vehicle account; modifying grant management agreement provision; modifying a 2023 appropriation provision; changing a provision for motor vehicle lease sales tax revenue; amending Minnesota Statutes 2022, sections 16B.97, subdivision 1; 16B.98, subdivision 1; 297A.815, subdivision 3; Laws 2023, chapter 62, article 1, section 11, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 16B.

Referred to the Committee on State and Local Government and Veterans.

**Senator Rest introduced--**

**S.F. No. 5424:** A bill for an act relating to taxation; local sales and use; modifying requirements for enacting local sales and use taxes; amending Minnesota Statutes 2022, section 297A.99, subdivision 3; Minnesota Statutes 2023 Supplement, section 297A.99, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 297A; repealing Minnesota Statutes 2023 Supplement, section 297A.99, subdivision 3a.

Referred to the Committee on Taxes.

**Senator Dibble introduced--**

**S.F. No. 5425:** A bill for an act relating to economic development; modifying appropriations for PROMISE grants and loans.

Referred to the Committee on Jobs and Economic Development.

### **MOTIONS AND RESOLUTIONS**

Senator Murphy moved that the name of Senator Marty be added as a co-author to S.F. No. 1745. The motion prevailed.

Senator Mann moved that the name of Senator Boldon be added as a co-author to S.F. No. 2459. The motion prevailed.

Senator Westlin moved that the name of Senator Kreun be added as a co-author to S.F. No. 3317. The motion prevailed.

Senator Mann moved that her name be stricken as chief author, shown as a co-author, and the name of Senator Maye Quade be added as chief author to S.F. No. 3506. The motion prevailed.

Senator Limmer moved that the name of Senator Latz be added as a co-author to S.F. No. 3815. The motion prevailed.

Senator Cwodziński moved that the name of Senator Boldon be added as a co-author to S.F. No. 3998. The motion prevailed.

Senator Dibble moved that the name of Senator Pappas be added as a co-author to S.F. No. 4125. The motion prevailed.

Senator Oumou Verbeten moved that the name of Senator Marty be added as a co-author to S.F. No. 4387. The motion prevailed.

Senator Oumou Verbeten moved that the name of Senator Marty be added as a co-author to S.F. No. 4388. The motion prevailed.

Senator Mitchell moved that the name of Senator Nelson be added as a co-author to S.F. No. 4427. The motion prevailed.

Senator Mitchell moved that the names of Senators Gustafson and Seeberger be added as co-authors to S.F. No. 4429. The motion prevailed.

Senator Mann moved that the name of Senator Abeler be added as a co-author to S.F. No. 4460. The motion prevailed.

Senator Bahr moved that the name of Senator Hauschild be added as a co-author to S.F. No. 4485. The motion prevailed.

Senator Hauschild moved that the name of Senator Eichorn be added as a co-author to S.F. No. 4553. The motion prevailed.

Senator Eichorn moved that his name be stricken as a co-author to S.F. No. 4630. The motion prevailed.

Senator Mitchell moved that the name of Senator Abeler be added as a co-author to S.F. No. 4761. The motion prevailed.

Senator Kupec moved that the name of Senator Hawj be added as a co-author to S.F. No. 4762. The motion prevailed.

Senator Howe moved that his name be stricken as a co-author to S.F. No. 4813. The motion prevailed.

Senator Jasinski moved that his name be stricken as a co-author to S.F. No. 4813. The motion prevailed.

Senator Mohamed moved that the name of Senator Fateh be added as a co-author to S.F. No. 4905. The motion prevailed.

Senator Hauschild moved that the name of Senator Eichorn be added as a co-author to S.F. No. 4995. The motion prevailed.

Senator Pha moved that the name of Senator Dibble be added as a co-author to S.F. No. 5118. The motion prevailed.

Senator Mann moved that the name of Senator Boldon be added as a co-author to S.F. No. 5123. The motion prevailed.

Senator Farnsworth moved that the name of Senator Hauschild be added as a co-author to S.F. No. 5185. The motion prevailed.

Senator Fateh moved that the name of Senator Mohamed be added as a co-author to S.F. No. 5237. The motion prevailed.

Senator Kupec moved that the name of Senator Coleman be added as a co-author to S.F. No. 5239. The motion prevailed.

Senator Rarick moved that the name of Senator Hauschild be added as a co-author to S.F. No. 5281. The motion prevailed.

Senator Dibble moved that the name of Senator Champion be added as a co-author to S.F. No. 5327. The motion prevailed.

Senator Putnam moved that the name of Senator Howe be added as a co-author to S.F. No. 5333. The motion prevailed.

Senator Frentz moved that S.F. No. 4942 be withdrawn from the Committee on State and Local Government and Veterans and re-referred to the Committee on Energy, Utilities, Environment, and Climate. The motion prevailed.

**Senator Seeberger introduced --**

**Senate Resolution No. 89:** A Senate resolution honoring Gold Cross Ambulance Service, in memory of its founder, John R. Perkins, on the occasion of the premiere of the Gold Cross Ambulance story documentary.

Referred to the Committee on Rules and Administration.

**Senator Abeler introduced --**

**Senate Resolution No. 90:** A Senate resolution congratulating Kolten McClure for earning the rank of Eagle Scout.

Referred to the Committee on Rules and Administration.

Senator Hawj moved that the appointments withdrawn from the Committee on Environment, Climate, and Legacy and placed on the Confirmation Calendar under Senate Rule 8.2, reported in the Journal for March 25, 2024, be returned to the committee from which they were withdrawn.

**LESSARD-SAMS OUTDOOR HERITAGE COUNCIL**  
Tom Saxhaug

The motion prevailed.

Senator Murphy moved that H.F. No. 3454 be taken from the table and referred to the Committee on Rules and Administration for comparison with S.F. No. 4429, now on General Orders. The motion prevailed.

**H.F. No. 3454:** A bill for an act relating to the military; modifying the definition of criminal justice agencies; modifying data that the adjutant general may request from other agencies; modifying powers of the adjutant general; authorizing the adjutant general to establish a referral bonus program; modifying the crime of unauthorized presence at military installations; amending Minnesota Statutes 2022, sections 13.02, subdivision 3a; 13.785; 190.16, subdivisions 3, 6a; 192.25; 192.501, by adding a subdivision; 192.67; 609.396.

Referred to the Committee on Rules and Administration for comparison with S.F. No. 4429, now on General Orders.

**SPECIAL ORDERS**

Pursuant to Rule 26, Senator Murphy, Chair of the Committee on Rules and Administration, designated the following bills a Special Orders Calendar to be heard immediately:

S.F. No. 3631, H.F. Nos. 3436, 3589, and S.F. No. 4579.

**SPECIAL ORDER**

**S.F. No. 3631:** A bill for an act relating to state government; modifying environment and natural resources laws; modifying forestry laws; modifying game and fish laws; modifying water law;

requiring reports; making technical corrections; appropriating money; requiring rulemaking; amending Minnesota Statutes 2022, sections 13.7931, by adding a subdivision; 14.386; 16A.125, subdivision 5; 17.4983, subdivision 2; 17.4984, subdivision 2; 17.4988, subdivision 4; 17.4992, subdivisions 1, 3; 17.4996; 41A.02, subdivision 6; 84.027, subdivisions 12, 15; 84.0874; 84.0895, subdivisions 1, 8; 84.152, subdivision 3; 84.788, subdivision 11; 84.798, subdivision 10; 84.8035, subdivision 1; 84.82, subdivisions 2a, 11; 84.8205; 84.83, subdivision 2; 84.922, subdivision 12; 84.96, subdivisions 2, 3, 5; 84B.061; 85.41, subdivisions 1, 4; 85.45, subdivision 1; 85.46, subdivision 3; 86B.415, subdivision 11; 88.82; 89.36, subdivision 1; 89.37, subdivision 3; 93.0015, subdivision 3; 97A.015, subdivisions 3a, 3b, 39, 43, by adding subdivisions; 97A.055, subdivision 4b; 97A.075, subdivision 2; 97A.215, by adding a subdivision; 97A.255, subdivision 5; 97A.341, subdivisions 1, 2, 3; 97A.345; 97A.405, subdivisions 3, 4, 4a; 97A.420, as amended; 97A.421, subdivision 2; 97A.425, subdivision 4, by adding a subdivision; 97A.445, by adding a subdivision; 97A.473, subdivisions 1, 3, 4, 5, 5a; 97A.474, subdivision 3; 97A.475, subdivision 39; 97A.481; 97A.485, subdivision 6; 97A.505, subdivision 8; 97A.535, subdivisions 1, 2, 2a, 4; 97A.551, subdivisions 2, 6; 97B.022, subdivisions 2, 3; 97B.055, subdivision 2; 97B.106; 97B.303; 97B.318, subdivision 1; 97B.401; 97B.516; 97B.603; 97B.716, subdivision 2; 97B.721; 97C.001, subdivision 2; 97C.005, subdivision 2; 97C.025; 97C.035, subdivision 3; 97C.045; 97C.081, subdivision 3a; 97C.087; 97C.211, subdivision 5; 97C.301, subdivision 2a; 97C.355, subdivision 2; 97C.375; 97C.376, subdivisions 1, 5; 97C.381; 97C.385; 97C.391, subdivision 1; 97C.395, as amended; 97C.411; 97C.505, subdivision 8; 97C.801, subdivision 2; 97C.805, subdivisions 1, 4; 97C.811, subdivision 2; 97C.831, subdivision 1; 97C.835, subdivisions 2, 3; 97C.865, subdivision 1; 103B.101, subdivision 13; 103C.005; 103C.221; 103C.331, subdivisions 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, by adding subdivisions; 103D.011, subdivision 10; 103D.201, subdivision 2; 103D.205, subdivision 4; 103D.251, subdivisions 5, 6; 103D.255; 103D.261, subdivisions 1, 2; 103D.271, subdivision 7; 103D.301, subdivisions 1, 3; 103D.305, subdivisions 2, 5; 103D.311, subdivision 4; 103D.315, subdivisions 9, 10; 103D.321, subdivision 1; 103D.331, subdivision 2; 103D.335, subdivision 11; 103D.341, subdivision 1; 103D.345, subdivision 4; 103D.355, subdivision 1; 103D.401; 103D.405, subdivision 1; 103D.535, subdivision 3; 103D.701; 103D.705, subdivision 1, by adding a subdivision; 103D.711; 103D.715, subdivision 1; 103D.729, subdivisions 1, 2; 103D.731; 103D.745, subdivision 3; 103D.805; 103D.811, subdivision 3; 103D.901, subdivision 2; 103E.729, subdivision 9; 103F.211, subdivision 1; 103F.48, subdivision 1; 103F.511, by adding subdivisions; 103F.515; 103F.535, subdivision 5; 103G.005, subdivisions 14d, 17b; 103G.222, subdivision 1; 103G.2241, subdivisions 1, 2, 6, 9; 103G.2242, subdivisions 2, 2a, 3; 103G.315, subdivision 15; 115A.5502; 116.0711, subdivision 1; 116D.02, subdivision 2; Minnesota Statutes 2023 Supplement, sections 84.83, subdivision 3; 97A.405, subdivision 2; 97B.037; 97B.071; 97C.041; 97C.371, subdivision 1; 103G.005, subdivision 19; 103G.2242, subdivision 1; 103G.301, subdivision 2; 115.03, subdivision 1; proposing coding for new law in Minnesota Statutes, chapters 11A; 84; 103D; 103F; 115A; 116; repealing Minnesota Statutes 2022, sections 97A.015, subdivision 27a; 97A.485, subdivision 13; 103A.206; 103D.315, subdivision 4; 103D.405, subdivisions 2, 3, 4, 5, 6; 103D.411; 103D.601; 103D.605, subdivisions 1, 2, 3, 4; 103D.611; 103F.511, subdivision 8b; 103F.950; 115A.5501; Minnesota Statutes 2023 Supplement, section 103D.605, subdivision 5; Minnesota Rules, parts 8400.3000; 8400.3030; 8400.3110; 8400.3210; 8400.3260; 8400.3300; 8400.3400; 8400.3460; 8400.3600; 8400.3610; 8400.3630; 8400.3700; 8400.3730; 8400.3800; 8400.3830; 8400.3930.

Senator Hawj moved to amend S.F. No. 3631 as follows:

Page 89, line 20, after "protecting" insert ", restoring, and enhancing fish and wildlife"

Page 89, line 22, after "(iii)" insert "fish and wildlife"

Page 90, line 22, delete "and the vice-chair" and delete "are" and insert "is"

The motion prevailed. So the amendment was adopted.

Senator Putnam moved to amend S.F. No. 3631 as follows:

Page 100, delete section 47

Page 123, after line 14, insert:

"Sec. 83. **MANAGEMENT OF KITTSON CENTRAL ELK HERD.**

Notwithstanding Minnesota Statutes, section 97B.516, the Department of Natural Resources may manage the Kittson Central elk herd population to allow for genetic diversification and herd health. The herd may not be allowed to exceed 130 percent of the estimated 2023 population under this section."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Kunesh moved to amend S.F. No. 3631 as follows:

Page 100, after line 18, insert:

"Sec. 48. Minnesota Statutes 2022, section 97B.645, subdivision 9, is amended to read:

Subd. 9. **No open season.** There shall be no open season for wolves ~~until after the wolf is delisted under the federal Endangered Species Act of 1973. After that time, the commissioner may prescribe open seasons and restrictions for taking wolves but must provide opportunity for public comment."~~

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 30 and nays 35, as follows:

Those who voted in the affirmative were:

Abeler	Dziedzic	Mann	Morrison	Putnam
Boldon	Fateh	Marty	Murphy	Rest
Carlson	Gustafson	Maye Quade	Oumou Verbeten	Seeberger
Champion	Hawj	McEwen	Pappas	Westlin
Cwodzinski	Klein	Mitchell	Pha	Wiklund
Dibble	Kunesh	Mohamed	Port	Xiong



Pursuant to Rule 40, Senator Kunesh cast the affirmative vote on behalf of the following Senators: Dziedzic, McEwen, and Port.

Those who voted in the negative were:

Anderson	Duckworth	Hoffman	Latz	Pratt
Bahr	Eichorn	Howe	Lieske	Rarick
Coleman	Farnsworth	Johnson	Limmer	Rasmusson
Dahms	Frentz	Koran	Lucero	Utke
Dornink	Green	Kreun	Mathews	Weber
Draheim	Gruenhagen	Kupec	Miller	Wesenberg
Drazkowski	Hauschild	Lang	Nelson	Westrom

Pursuant to Rule 40, Senator Duckworth cast the negative vote on behalf of the following Senators: Anderson, Draheim, Lang, Miller, Utke, and Weber.

The motion did not prevail. So the amendment was not adopted.

Senator Hauschild moved to amend S.F. No. 3631 as follows:

Page 116, after line 33, insert:

**"Sec. 78. [115.544] REGULATION OF DISCHARGES OF GRAY WATER BY COMMERCIAL HOUSEBOATS IN CERTAIN COUNTIES.**

Notwithstanding chapter 115 or 116 or any other provision of law, the Pollution Control Agency may not regulate the discharge of sewage that does not contain toilet wastes by commercial houseboat operators operating in Saint Louis, Koochiching, or Lake County. Instead, Saint Louis, Koochiching, and Lake Counties must regulate those discharges in their respective counties. A county ordinance adopted under this section must comply with the federal Clean Boating Act of 2008 and all other applicable federal laws."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Hauschild moved to amend S.F. No. 3631 as follows:

Page 87, line 6, after "waters" insert ", frozen waters,"

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 40 and nays 25, as follows:

Those who voted in the affirmative were:

Abeler	Dornink	Green	Koran	Mann
Anderson	Draheim	Gruenhagen	Kreun	Mathews
Bahr	Drazkowski	Hauschild	Kupec	Miller
Boldon	Duckworth	Hoffman	Lang	Nelson
Carlson	Eichorn	Howe	Lieske	Rarick
Coleman	Farnsworth	Jasinski	Limmer	Rasmusson
Dahms	Frentz	Johnson	Lucero	Rest

Seeberger

Utke

Weber

Wesenberg

Westrom

Pursuant to Rule 40, Senator Duckworth cast the affirmative vote on behalf of the following Senators: Anderson, Draheim, Lang, Miller, Utke, and Weber.

Those who voted in the negative were:

Champion  
Cwodziński  
Dibble  
Dziedzic  
Fateh

Gustafson  
Hawj  
Klein  
Kunesh  
Latz

Marty  
Maye Quade  
McEwen  
Mitchell  
Mohamed

Morrison  
Murphy  
Oumou Verbeten  
Pappas  
Pha

Port  
Putnam  
Westlin  
Wiklund  
Xiong

Pursuant to Rule 40, Senator Kunesh cast the negative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

The motion prevailed. So the amendment was adopted.

Senator Green moved to amend S.F. No. 3631 as follows:

Page 84, delete section 14

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 31 and nays 34, as follows:

Those who voted in the affirmative were:

Abeler  
Anderson  
Bahr  
Coleman  
Dahms  
Dornink  
Draheim

Drazkowski  
Duckworth  
Eichorn  
Farnsworth  
Green  
Gruenhagen  
Howe

Jasinski  
Johnson  
Koran  
Kreun  
Lang  
Lieske  
Limmer

Lucero  
Mathews  
Miller  
Nelson  
Rarick  
Rasmusson  
Utke

Weber  
Wesenberg  
Westrom

Pursuant to Rule 40, Senator Duckworth cast the affirmative vote on behalf of the following Senators: Anderson, Draheim, Eichorn, Lang, Miller, Utke, and Weber.

Those who voted in the negative were:

Boldon  
Carlson  
Champion  
Cwodziński  
Dibble  
Dziedzic  
Fateh

Frentz  
Gustafson  
Hauschild  
Hawj  
Hoffman  
Klein  
Kunesh

Kupec  
Latz  
Mann  
Marty  
Maye Quade  
McEwen  
Mitchell

Mohamed  
Morrison  
Murphy  
Oumou Verbeten  
Pappas  
Pha  
Port

Putnam  
Rest  
Seeberger  
Westlin  
Wiklund  
Xiong

Pursuant to Rule 40, Senator Kunesh cast the negative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

The motion did not prevail. So the amendment was not adopted.

Senator Wesenberg moved to amend S.F. No. 3631 as follows:

Page 24, after line 31, insert:

"Sec. 42. Minnesota Statutes 2022, section 97A.56, subdivision 2, is amended to read:

Subd. 2. **Prohibited actions; penalty.** (a) A person may not possess or release feral swine or swine that were feral during any part of the swine's lifetime or allow feral swine to run at large.

(b) A person may not hunt or trap feral swine, except as authorized under section 97B.655 or as authorized by the commissioner for feral swine control or eradication. It is not a violation of this section if a person shoots a feral swine and reports the taking to the commissioner within 24 hours. All swine taken in this manner must be surrendered to the commissioner.

(c) A person who violates this subdivision is guilty of a misdemeanor."

Page 25, after line 29, insert:

"Sec. 46. Minnesota Statutes 2022, section 97B.655, subdivision 1, is amended to read:

Subdivision 1. **Owners and occupants may take certain animals.** (a) A person or the person's agent may take bats, snakes, salamanders, lizards, weasel, mink, squirrel, rabbit, hare, raccoon, bobcat, fox, opossum, muskrat, feral swine as defined in section 97A.56, or beaver on land owned or occupied by the person where the animal is causing damage. The person or the person's agent may take the animal without a license and in any manner except by artificial lights in the closed season or by poison. Raccoons may be taken under this subdivision with artificial lights during open season.

(b) Any traps used under this subdivision must be tagged as required under section 97B.928 if placed by an agent of the landowner or occupant.

(c) A person or the person's agent who kills mink, raccoon, bobcat, fox, opossum, muskrat, or beaver under this subdivision must notify a conservation officer or employee of the Fish and Wildlife Division within 24 hours after the animal is killed. A person or the person's agent who kills feral swine under this subdivision must notify a conservation officer or employee of the Fish and Wildlife Division within 48 hours after the animal is killed but is not required to surrender the swine to the commissioner."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 30 and nays 34, as follows:

Those who voted in the affirmative were:

Abeler  
Anderson  
Bahr  
Coleman

Dahms  
Dornink  
Draheim  
Drazkowski

Duckworth  
Eichorn  
Farnsworth  
Green

Gruenhagen  
Howe  
Jasinski  
Johnson

Koran  
Kreun  
Lang  
Lieske

Limmer  
Mathews

Miller  
Nelson

Rarick  
Rasmusson

Utke  
Weber

Wesenberg  
Westrom

Pursuant to Rule 40, Senator Duckworth cast the affirmative vote on behalf of the following Senators: Anderson, Draheim, Eichorn, Lang, Miller, Utke, and Weber.

Those who voted in the negative were:

Boldon  
Carlson  
Champion  
Cwodzinski  
Dibble  
Dziedzic  
Fateh

Frentz  
Gustafson  
Hauschild  
Hawj  
Hoffman  
Klein  
Kunesh

Kupec  
Latz  
Mann  
Marty  
Maye Quade  
McEwen  
Mitchell

Mohamed  
Morrison  
Murphy  
Oumou Verbeten  
Pappas  
Pha  
Port

Putnam  
Rest  
Seeberger  
Westlin  
Wiklund  
Xiong

Pursuant to Rule 40, Senator Kunesh cast the negative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

The motion did not prevail. So the amendment was not adopted.

Senator Wesenberg moved to amend S.F. No. 3631 as follows:

Page 12, after line 30, insert:

"Sec. 19. Minnesota Statutes 2022, section 89.002, subdivision 3, is amended to read:

Subd. 3. **Forest road policy.** The commissioner shall provide a system of forest roads and trails which provides access to state forest land and other forest land under the commissioner's authority which is adequate to permit the commissioner to manage, protect, and develop those lands and their forest resources consistent with the forest resource management policy, and to meet demands for forest resources. The commissioner must ensure that commercial minnow trappers, leech trappers, fur trappers, and loggers have unimpeded access to forest roads. If the commissioner or any other state agency requires a permit to access state forest roads, the commissioner or state agency must issue a permit to any person seeking access to the forest roads for these purposes."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Senator Wesenberg moved to amend the second Wesenberg amendment to S.F. No. 3631 as follows:

Page 1, line 10, delete "unimpeded"

The motion prevailed. So the amendment to the amendment was adopted.

Senator Hawj moved to amend the second Wesenberg amendment to S.F. No. 3631 as follows:

Page 1, line 11, delete "must" and insert "may"

The motion prevailed. So the amendment to the amendment was adopted.

The question recurred on the adoption of the second Wesenberg amendment, as amended. The motion prevailed. So the amendment, as amended, was adopted.

Senator Wesenberg moved to amend S.F. No. 3631 as follows:

Page 27, after line 20, insert:

"Sec. 50. Minnesota Statutes 2022, section 97C.515, is amended by adding a subdivision to read:

Subd. 6. **Emergency importation to ensure adequate bait supply.** (a) Notwithstanding subdivisions 1 to 5, section 97C.211 or 97C.341, or any other provision of law, a minnow dealer, minnow retailer, or holder of a private fish hatchery license may import live minnows from other states for use in this state without a permit when the minnow dealer, minnow retailer, or holder of a private fish hatchery is unable to procure an adequate supply of bait from sources in this state. For purposes of this subdivision, a person is unable to procure an adequate supply of bait from sources in this state if the person has an inadequate supply to meet demand for at least one day.

(b) A minnow dealer, minnow retailer, or holder of a private fish hatchery license must notify the commissioner within 48 hours of importing minnows under this subdivision in the manner prescribed by the commissioner.

(c) The commissioner may not require a permit to import minnows under this subdivision but may inspect any minnows imported under this subdivision and related documents to determine the quantity, source, species, and health of the imported minnows.

(d) Section 97C.341 does not apply to minnows imported under this subdivision."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Senator Wesenberg moved to amend the fourth Wesenberg amendment to S.F. No. 3631 as follows:

Page 1, line 16, delete "not"

The question was taken on the adoption of the Wesenberg amendment to the fourth Wesenberg amendment.

The roll was called, and there were yeas 29 and nays 36, as follows:

Those who voted in the affirmative were:

Anderson	Drazkowski	Howe	Lieske	Rasmusson
Bahr	Duckworth	Jasinski	Limmer	Utke
Coleman	Eichorn	Johnson	Lucero	Weber
Dahms	Farnsworth	Koran	Mathews	Wesenberg
Dornink	Green	Kreun	Miller	Westrom
Draheim	Gruenhagen	Lang	Rarick	

Pursuant to Rule 40, Senator Duckworth cast the affirmative vote on behalf of the following Senators: Anderson, Draheim, Eichorn, Lang, Miller, Utke, and Weber.

Those who voted in the negative were:

Abeler	Frentz	Latz	Murphy	Seeberger
Boldon	Gustafson	Mann	Nelson	Westlin
Carlson	Hauschild	Marty	Oumou Verbeten	Wiklund
Champion	Hawj	Maye Quade	Pappas	Xiong
Cwodzinski	Hoffman	McEwen	Pha	
Dibble	Klein	Mitchell	Port	
Dziedzic	Kunesh	Mohamed	Putnam	
Fateh	Kupec	Morrison	Rest	

Pursuant to Rule 40, Senator Kunesh cast the negative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

The motion did not prevail. So the amendment to the amendment was not adopted.

Senator Wesenberg withdrew his fourth amendment.

Senator Wesenberg moved to amend S.F. No. 3631 as follows:

Page 25, after line 29, insert:

"Sec. 45. Minnesota Statutes 2022, section 97B.645, subdivision 9, is amended to read:

Subd. 9. **Open season.** ~~There shall be no~~ (a) As authorized by the Tenth Amendment to the United States Constitution, the commissioner must prescribe an annual open season for wolves ~~until after~~ irrespective of whether the wolf is ~~delisted~~ listed under the federal Endangered Species Act of 1973. ~~After that time, the commissioner may prescribe open seasons and restrictions for taking wolves but must provide opportunity for public comment.~~ The season, restrictions, and any other requirements must be consistent with the goals identified in the wolf management plan adopted under section 97B.646.

(b) The commissioner must annually consult with the commissioner of agriculture and the United States Department of Agriculture's Animal and Plant Health Inspection Service before determining the season, restrictions, and other requirements of the open season required under this section. The consultation must include a review of available data on wolf depredation on livestock and pets and other incidents of human conflict."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 29 and nays 35, as follows:

Those who voted in the affirmative were:

Anderson	Dahms	Drazkowski	Farnsworth	Hoffman
Bahr	Dornink	Duckworth	Green	Howe
Coleman	Draheim	Eichorn	Gruenhagen	Jasinski

Johnson	Lieske	Mathews	Rasmusson	Wesenberg
Koran	Limmer	Miller	Utke	Westrom
Lang	Lucero	Rarick	Weber	

Pursuant to Rule 40, Senator Duckworth cast the affirmative vote on behalf of the following Senators: Anderson, Draheim, Eichorn, Lang, Miller, Utke, and Weber.

Those who voted in the negative were:

Abeler	Fateh	Kupec	Mohamed	Port
Boldon	Frentz	Latz	Morrison	Putnam
Carlson	Gustafson	Mann	Murphy	Rest
Champion	Hawj	Marty	Nelson	Seeberger
Cwodzinski	Klein	Maye Quade	Oumou Verbeten	Westlin
Dibble	Kreun	McEwen	Pappas	Wiklund
Dziedzic	Kunesh	Mitchell	Pha	Xiong

Pursuant to Rule 40, Senator Kunesh cast the negative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

The motion did not prevail. So the amendment was not adopted.

Senator Drazkowski moved to amend S.F. No. 3631 as follows:

Page 99, line 31, after the period, insert "By August 1 each year, the board of commissioners of a county that is included in the shotgun use area must vote on whether the county should remain in the shotgun use area after holding a public hearing that is noticed and at which public comments are taken."

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 27 and nays 36, as follows:

Those who voted in the affirmative were:

Abeler	Drazkowski	Howe	Lucero	Weber
Anderson	Duckworth	Johnson	Mathews	Wesenberg
Bahr	Eichorn	Koran	Miller	Westrom
Coleman	Farnsworth	Kreun	Rarick	
Dahms	Green	Kupec	Rasmusson	
Dornink	Gruenhagen	Lieske	Utke	

Pursuant to Rule 40, Senator Duckworth cast the affirmative vote on behalf of the following Senators: Anderson, Eichorn, Miller, Utke, and Weber.

Those who voted in the negative were:

Boldon	Frentz	Limmer	Murphy	Seeberger
Carlson	Gustafson	Mann	Nelson	Westlin
Champion	Hauschild	Marty	Oumou Verbeten	Wiklund
Cwodzinski	Hawj	Maye Quade	Pappas	Xiong
Dibble	Hoffman	McEwen	Pha	
Draheim	Klein	Mitchell	Port	
Dziedzic	Kunesh	Mohamed	Putnam	
Fateh	Latz	Morrison	Rest	

Pursuant to Rule 40, Senator Kunesh cast the negative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

Pursuant to Rule 40, Senator Duckworth cast the negative vote on behalf of the following Senator: Draheim.

The motion did not prevail. So the amendment was not adopted.

Senator Rarick moved to amend S.F. No. 3631 as follows:

Page 116, after line 33, insert:

"Sec. 78. Minnesota Statutes 2022, section 115.55, is amended by adding a subdivision to read:

Subd. 3a. **Repaired drainage holes.** A precast reinforced concrete tank that has one or more openings in the exterior walls or tank bottom below the tank liquid level meets minimum standards and criteria for subsurface sewage treatment systems if:

(1) the openings have been repaired or sealed; and

(2) all other requirements of the rules adopted under subdivision 3 are met."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 34 and nays 31, as follows:

Those who voted in the affirmative were:

Abeler	Drazkowski	Hoffman	Lang	Rarick
Anderson	Duckworth	Howe	Lieske	Rasmusson
Bahr	Eichorn	Jasinski	Limmer	Utke
Coleman	Farnsworth	Johnson	Lucero	Weber
Dahms	Green	Koran	Mathews	Wesenberg
Dornink	Gruenhagen	Kreun	Miller	Westrom
Draheim	Hauschild	Kupec	Nelson	

Pursuant to Rule 40, Senator Duckworth cast the affirmative vote on behalf of the following Senators: Anderson, Draheim, Eichorn, Lang, Miller, Utke, and Weber.

Those who voted in the negative were:

Boldon	Frentz	Marty	Oumou Verbeten	Westlin
Carlson	Gustafson	Maye Quade	Pappas	Wiklund
Champion	Hawj	McEwen	Pha	Xiong
Cwodzinski	Klein	Mitchell	Port	
Dibble	Kunesh	Mohamed	Putnam	
Dziedzic	Latz	Morrison	Rest	
Fateh	Mann	Murphy	Seeberger	

Pursuant to Rule 40, Senator Kunesh cast the negative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

The motion prevailed. So the amendment was adopted.



Senator Dornink moved to amend S.F. No. 3631 as follows:

Page 99, line 30, after "Dodge," insert "Freeborn, Mower."

The motion prevailed. So the amendment was adopted.

Senator Wesenberg moved to amend S.F. No. 3631 as follows:

Page 123, after line 8, insert:

"Sec. 83. Laws 2023, chapter 60, article 4, section 109, is amended to read:

**Sec. 109. ENSURING ADEQUATE BAIT SUPPLY.**

(a) Notwithstanding Minnesota Statutes, sections 97C.211, 97C.341, and 97C.515, or any other provision of law, the commissioner of natural resources may adopt emergency rules in accordance with Minnesota Statutes, section 84.027, subdivision 13, including by the expedited emergency process described in Minnesota Statutes, section 84.027, subdivision 13, paragraph (b), to alleviate a shortage of bait in this state, including by allowing importation of live minnows into the state. Only minnows harvested from waters in states that are adjacent to Minnesota may be imported under this section.

(b) By January 15, 2024, the commissioner, in consultation with bait producers, bait harvesters, retailers, and other fishing interest groups, must submit recommendations to the chairs and ranking minority members of the house of representatives and senate committees and divisions with jurisdiction over environment and natural resources to ensure a viable Minnesota-grown bait supply and sustainable bait industry for anglers of Minnesota that minimizes the risk of spreading aquatic invasive species or fish disease in Minnesota.

~~(c) This section expires June 30, 2025."~~

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

S.F. No. 3631 was read the third time, as amended, and placed on its final passage.

The question was taken on the passage of the bill, as amended.

The roll was called, and there were yeas 51 and nays 14, as follows:

Those who voted in the affirmative were:

Abeler	Dornink	Hawj	Latz	Mitchell
Boldon	Draheim	Hoffman	Lieske	Mohamed
Carlson	Duckworth	Jasinski	Limmer	Morrison
Champion	Dziedzic	Klein	Mann	Murphy
Coleman	Fateh	Koran	Marty	Nelson
Cwodzinski	Frentz	Kreun	Maye Quade	Oumou Verbeten
Dahms	Gustafson	Kunesh	McEwen	Pappas
Dibble	Hauschild	Kupec	Miller	Pha

Port  
Putnam  
Rarick

Rest  
Seeberger  
Utke

Weber  
Wesenberg  
Westlin

Wiklund  
Xiong

Pursuant to Rule 40, Senator Kunesh cast the affirmative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

Pursuant to Rule 40, Senator Duckworth cast the affirmative vote on behalf of the following Senators: Draheim, Miller, Utke, and Weber.

Those who voted in the negative were:

Anderson  
Bahr  
Drazkowski

Eichorn  
Farnsworth  
Green

Gruenhagen  
Howe  
Johnson

Lang  
Lucero  
Mathews

Rasmusson  
Westrom

Pursuant to Rule 40, Senator Duckworth cast the negative vote on behalf of the following Senators: Anderson, Eichorn, and Lang.

So the bill, as amended, was passed and its title was agreed to.

### SPECIAL ORDER

**H.F. No. 3436:** A bill for an act relating to transportation; modifying various transportation-related provisions, including but not limited to motor vehicles, driving rules, accident reporting requirements, child passenger restraint requirements, roadable aircraft, legislative routes, drivers' licenses and exams, excavation notices, and greater Minnesota transit; establishing criminal penalties; modifying prior appropriations; making technical changes; appropriating money; requiring reports; amending Minnesota Statutes 2022, sections 43A.17, by adding a subdivision; 65B.28, subdivision 2; 161.115, subdivisions 116, 117, by adding a subdivision; 161.321, subdivisions 2, 2b; 168.002, subdivisions 18, 24, 26, 27; 168.013, subdivision 1d; 168.0135, by adding a subdivision; 168.12, subdivision 1; 168.33, subdivision 8a; 168A.085, by adding a subdivision; 168B.035, subdivision 3; 169.011, subdivisions 3a, 44, by adding subdivisions; 169.09, subdivisions 5, 14a, 19; 169.19, subdivision 2; 169.224, subdivision 3; 169.34, subdivision 1; 169.444, subdivision 4; 169.685, subdivisions 4, 5, by adding subdivisions; 169.79, by adding a subdivision; 169.80, by adding a subdivision; 169.801, subdivision 7; 169.974, subdivision 2; 169A.52, subdivision 7; 171.01, subdivisions 40, 41a, 47, by adding a subdivision; 171.06, subdivision 2a; 171.0605, subdivision 2; 171.072; 171.13, subdivision 6, by adding a subdivision; 171.30, subdivisions 2a, 5; 174.03, subdivision 12; 174.22, subdivisions 2b, 7, 12, 14, by adding subdivisions; 174.23, subdivision 2; 174.24, subdivisions 1a, 3b, 3c; 174.247; 174.632, subdivision 2; 174.636, subdivision 1; 216D.01, subdivision 12, by adding subdivisions; 216D.03, by adding a subdivision; 216D.04; 216D.05; 221.033, subdivision 1, by adding a subdivision; 360.013, by adding a subdivision; 360.075, subdivision 1; 473.121, subdivision 19; Minnesota Statutes 2023 Supplement, sections 4.076, subdivision 3; 115E.042, subdivision 4; 161.045, subdivision 3; 168.1235, subdivision 1; 168.1259, subdivision 5; 168.345, subdivision 2; 169.09, subdivision 8; 171.06, subdivision 3; 171.0605, subdivision 5; 171.12, subdivisions 5c, 11; 171.13, subdivision 1a; 171.395, subdivision 1; 171.396; 174.40, subdivision 4a; 256B.0625, subdivision 17; 609.855, subdivision 7; Laws 2021, First Special Session chapter 5, article 2, section 3; Laws 2023, chapter 68, article 1, section 2, subdivision 4; article 2, sections 2, subdivisions 3, 4, 5, 7, 9; 3; proposing coding for new law in Minnesota Statutes, chapters 168; 169; 171; 174; repealing Minnesota Statutes 2022, sections 169.011, subdivision 70;

169.25; 171.0605, subdivision 4; 174.22, subdivisions 5, 15; 174.23, subdivision 7; 216D.06, subdivision 3; 221.033, subdivision 2c; Minnesota Statutes 2023 Supplement, section 171.06, subdivisions 9, 10, 11; Minnesota Rules, parts 7411.7600, subpart 3; 8835.0110, subparts 1, 1a, 6, 7, 10, 11a, 12a, 12b, 13a, 14a, 15, 15a, 16, 17, 18, 19; 8835.0210; 8835.0220; 8835.0230; 8835.0240; 8835.0250; 8835.0260; 8835.0265; 8835.0270; 8835.0275; 8835.0280; 8835.0290; 8835.0310; 8835.0320; 8835.0330, subparts 1, 3, 4; 8835.0350, subparts 1, 3, 4, 5.

Senator Mathews moved to amend H.F. No. 3436, as amended pursuant to Rule 45, adopted by the Senate April 9, 2024, as follows:

(The text of the amended House File is identical to S.F. No. 3944.)

Page 26, line 17, delete everything after "to" and insert "flash at a rate of 60 to 120 flashes per minute by either:"

Page 26, line 19, delete everything after "light"

Page 26, line 20, delete the new language

The motion prevailed. So the amendment was adopted.

Senator Kreun moved to amend H.F. No. 3436, as amended pursuant to Rule 45, adopted by the Senate April 9, 2024, as follows:

(The text of the amended House File is identical to S.F. No. 3944.)

Page 52, after line 2, insert:

"Sec. 38. Minnesota Statutes 2023 Supplement, section 171.12, subdivision 7b, is amended to read:

Subd. 7b. **Data privacy; noncompliant license or identification card.** (a) With respect to noncompliant licenses or identification cards, the commissioner is prohibited from:

(1) electronically disseminating outside the state data that is not disseminated as of May 19, 2017; or

(2) utilizing any electronic validation or verification system accessible from or maintained outside the state that is not in use as of May 19, 2017.

(b) The limitations in paragraph (a) do not apply to the extent necessary to:

(1) maintain compliance with the driver's license compact under section 171.50 and applicable federal law governing commercial driver's licenses; ~~and~~

(2) perform identity verification as part of an application for a replacement Social Security card issued by the Social Security Administration; and

(3) perform identity verification for a program participant in the Transportation Security Administration's Registered Traveler program who has voluntarily provided their Minnesota driver's

license or identification card to confirm their identity to a private entity operating under the Registered Traveler program.

(c) For purposes of paragraph (b), clause (3), the information provided for identity verification is limited to name, date of birth, the license or identification card's identification number, issuance date, expiration date, and credential security features which does not include facial recognition.

~~(e)~~ (d) For purposes of this subdivision, "outside the state" includes federal agencies, states other than Minnesota, organizations operating under agreement among the states, and private entities.

~~(d)~~ (e) Prior to disclosing to a data requester, other than the data subject, any data on individuals relating to a noncompliant driver's license or identification card, the commissioner or a driver's license agent must require the data requester to certify that the data requester must not use the data for civil immigration enforcement purposes or disclose the data to a state or federal government entity that primarily enforces immigration law or to any employee or agent of any such government entity. A data requester who violates the certification required in this paragraph may be liable in a civil action brought under section 13.08, may be subject to criminal penalties under section 13.09, may have subsequent requests for noncompliant driver's license or identification card data be denied by the commissioner, and may lose access to the driver records subscription service under section 168.327. A certification form used by the commissioner or a driver's license agent under this paragraph must include information about penalties that apply for violations.

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

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Jasinski moved to amend H.F. No. 3436, as amended pursuant to Rule 45, adopted by the Senate April 9, 2024, as follows:

(The text of the amended House File is identical to S.F. No. 3944.)

Page 53, after line 30, insert:

"Sec. 41. Minnesota Statutes 2022, section 171.13, is amended by adding a subdivision to read:

Subd. 10. **Exam scheduling reporting.** By January 15 of each year, the commissioner must submit a report on road test examination scheduling to the chairs, ranking minority members, and staff of the legislative committees with jurisdiction over transportation policy and finance. At a minimum, the report must:

(1) provide the number of administered road tests for Class D and commercial driver's licenses per month for the previous five years;

(2) identify the number of or the rate at which applicants for a road test were delayed or unable to obtain an appointment for the road test as specified under subdivision 1, paragraph (d);

(3) include the commissioner's analysis and predicted testing rate for Class D or commercial driver's license road tests, including an analysis on delays or anticipated backlogs, for the next five years;

(4) describe the commissioner's strategy and plan for increasing road test appointment availability and minimizing delays for applicants seeking a road test as provided under subdivision 1, paragraph (d);

(5) identify the rate at which an applicant was administered a road test for Class D or commercial drivers' licenses at the exam station closest to the applicant's residence;

(6) identify the rate at which an applicant was administered a road test for either a Class D or commercial driver's license at an exam station at a distance of more than 50, 100, or 200 miles from the applicant's residence;

(7) conduct the analysis required in clauses (5) and (6) for retakes of Class D or commercial driver's license road tests;

(8) develop and identify the commissioner's strategy, activities, and recommended legislation necessary to decrease the road test backlog and improve scheduling availability and passage of road tests for Class D or commercial driver's licenses, including the commissioner's performance measures and metrics;

(9) describe the commissioner's needs and the necessary activities to fully meet the requirements of subdivision 1, paragraph (d); and

(10) identify the rate at which department staff is utilizing overtime for driver's license testing, and whether the commissioner anticipates additional overtime costs for the next year.

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

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Johnson moved to amend H.F. No. 3436, as amended pursuant to Rule 45, adopted by the Senate April 9, 2024, as follows:

(The text of the amended House File is identical to S.F. No. 3944.)

Page 7, after line 31, insert:

**"Sec. 14. [169.8655] SPECIAL SUGAR BEET HAULING VEHICLE PERMIT.**

Subdivision 1. **122,000-pound vehicles; East Grand Forks.** A road authority may issue a permit for a vehicle or combination of vehicles that transports sugar beets and meets the following requirements:

(1) does not exceed a maximum gross vehicle weight of 122,000 pounds;

(2) does not use a semitrailer in a combination of vehicles that has an overall length in excess of 28-1/2 feet; and

(3) is only for operation on the following roads in East Grand Forks:

(i) U.S. Highway 2 between the North Dakota border and Fifth Avenue Northeast;

(ii) Fifth Avenue Northeast between U.S. Highway 2 and Business Highway 2; and

(iii) Business Highway 2 from Fifth Avenue Northeast to the sugar beet processing facility on Business Highway 2.

Subd. 2. **Requirements; restrictions.** (a) A vehicle or combination of vehicles issued a permit under subdivision 1:

(1) is subject to axle weight limitations under section 169.824, subdivision 1;

(2) is subject to seasonal load restrictions under section 169.87;

(3) is subject to bridge load limits posted under section 169.84;

(4) may not be operated with a load that exceeds the tire manufacturer's recommended load limit under section 169.823, the manufacturer's gross vehicle weight rating as affixed to the vehicle, or other certification of gross weight rating under Code of Federal Regulations, title 49, sections 567.4 to 567.7; and

(5) may not be operated on the interstate highway system.

(b) The seasonal weight increases authorized under section 169.826 do not apply to a vehicle or combination of vehicles operating under this section.

Subd. 3. **Permit fee.** A permit issued under this section must be an annual permit. A permit issued under this section may only be issued before July 1, 2027. The fee for permits issued under this section is \$300 and must be deposited in the trunk highway fund."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Howe moved to amend H.F. No. 3436, as amended pursuant to Rule 45, adopted by the Senate April 9, 2024, as follows:

(The text of the amended House File is identical to S.F. No. 3944.)

Page 16, after line 16, insert:

"Sec. 2. Minnesota Statutes 2022, section 43A.17, is amended by adding a subdivision to read:

Subd. 13. **Compensation for law enforcement officers.** (a) For purposes of this subdivision, the term "law enforcement officers" means all licensed peace officers employed by the state who are included in the state units under section 179A.10, subdivision 2, including without limitation: Minnesota State Patrol troopers, Bureau of Criminal Apprehension agents, and Alcohol and Gambling Enforcement agents, in the Department of Public Safety; Department of Natural Resources conservation officers; Department of Corrections Fugitive Apprehension Unit members; and Commerce Fraud Bureau agents in the Department of Commerce.

(b) When the commissioner of management and budget negotiates a collective bargaining agreement establishing compensation for law enforcement officers, the commissioner must use compensation and benefit data from the most recent salary and benefits survey conducted pursuant to section 299D.03, subdivision 2a, to compare salaries to ensure appropriate increases are made to law enforcement officer salaries and benefits."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Westrom moved to amend H.F. No. 3436, as amended pursuant to Rule 45, adopted by the Senate April 9, 2024, as follows:

(The text of the amended House File is identical to S.F. No. 3944.)

Page 14, after line 18, insert:

**"Sec. 24. REPORT REQUIRED; DYNAMIC TRANSPORTATION OPTIONS.**

(a) The commissioner of transportation must convene a dynamic transportation options workgroup to develop recommendations related to improving dynamic transportation options for residents of nonmetropolitan counties and report the recommendations to the legislative committees with jurisdiction over transportation finance and policy by February 1, 2025. The workgroup must examine options that improve access to nonfixed route transportation services; allow for flexibility in scheduling rides; and leverage existing programs, resources, or private sector businesses in the county.

(b) For the purposes of this section, "nonmetropolitan county" is defined as any Minnesota county other than those under Minnesota Statutes, section 473.121, subdivision 4.

**EFFECTIVE DATE.** This section is effective the day following final enactment, contingent upon determination by the commissioner of transportation that the requirements of this section will have no cost to the Department of Transportation.

**Sec. 25. REPORT REQUIRED; METRO MOBILITY ENHANCEMENTS.**

The chair of the Metropolitan Council must convene a Metro Mobility enhancements workgroup to develop recommendations related to improving the efficiency, effectiveness, reliability, and rider experience of the special transportation service under Minnesota Statutes, section 473.386, and

report the recommendations to the legislative committees with jurisdiction over transportation finance and policy by February 1, 2025.

**EFFECTIVE DATE.** This section is effective the day following final enactment, contingent upon determination by the chair of the Metropolitan Council that the requirements of this section will have no cost to the council."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Duckworth moved to amend H.F. No. 3436, as amended pursuant to Rule 45, adopted by the Senate April 9, 2024, as follows:

(The text of the amended House File is identical to S.F. No. 3944.)

Page 4, after line 21, insert:

**"Sec. 8. [169.0401] TRANSPORTATION NETWORK COMPANIES; LOCAL REGULATION PROHIBITED.**

A local road authority or political subdivision of the state may not adopt or enforce an ordinance or other local law or rule regulating transportation network companies as defined under section 169.58, subdivision 5, paragraph (a).

**EFFECTIVE DATE.** This section is effective retroactive to March 6, 2024."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Senator Klein questioned whether the amendment was germane.

The President ruled that the amendment was not germane.

Senator Rasmusson appealed the decision of the President.

The question was taken on "Shall the decision of the President be the judgment of the Senate?"

The roll was called, and there were yeas 34 and nays 31, as follows:

Those who voted in the affirmative were:

Boldon  
Carlson  
Champion  
Cwodziński  
Dibble  
Dziedzic  
Fateh

Frentz  
Gustafson  
Hauschild  
Hawj  
Hoffman  
Klein  
Kunesh

Kupec  
Latz  
Mann  
Marty  
Maye Quade  
McEwen  
Mitchell

Mohamed  
Morrison  
Murphy  
Oumou Verbeten  
Pappas  
Pha  
Port

Putnam  
Rest  
Seeberger  
Westlin  
Wiklund  
Xiong



Pursuant to Rule 40, Senator Kunesh cast the affirmative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

Those who voted in the negative were:

Abeler	Drazkowski	Jasinski	Mathews	Weber
Anderson	Duckworth	Johnson	Miller	Wesenberg
Bahr	Eichorn	Koran	Nelson	Westrom
Coleman	Farnsworth	Kreun	Pratt	
Dahms	Green	Lang	Rarick	
Dornink	Gruenhagen	Limmer	Rasmusson	
Draheim	Howe	Lucero	Utke	

Pursuant to Rule 40, Senator Jasinski cast the negative vote on behalf of the following Senators: Anderson, Draheim, Eichorn, Lang, Miller, Utke, and Weber.

So the decision of the President was sustained.

Senator Jasinski moved to amend H.F. No. 3436, as amended pursuant to Rule 45, adopted by the Senate April 9, 2024, as follows:

(The text of the amended House File is identical to S.F. No. 3944.)

Page 23, line 13, strike "or"

Page 23, line 15, strike the period and insert "; or"

Page 23, after line 15, insert:

"(18) the vehicle is parked at a parking meter where time has expired and the vehicle has five or more unpaid parking tickets that are unpaid for longer than a year from the date of issuance."

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 30 and nays 34, as follows:

Those who voted in the affirmative were:

Abeler	Draheim	Gruenhagen	Lang	Pratt
Anderson	Drazkowski	Howe	Limmer	Rasmusson
Bahr	Duckworth	Jasinski	Lucero	Utke
Coleman	Eichorn	Johnson	Mathews	Weber
Dahms	Farnsworth	Koran	Miller	Wesenberg
Dornink	Green	Kreun	Nelson	Westrom

Pursuant to Rule 40, Senator Jasinski cast the affirmative vote on behalf of the following Senators: Anderson, Draheim, Eichorn, Lang, Miller, Utke, and Weber.

Those who voted in the negative were:

Boldon	Frentz	Kupec	Mohamed	Putnam
Carlson	Gustafson	Latz	Morrison	Rest
Champion	Hauschild	Mann	Murphy	Seeberger
Cwodziński	Hawj	Marty	Oumou Verbeten	Westlin
Dibble	Hoffman	Maye Quade	Pappas	Wiklund
Dziedzic	Klein	McEwen	Pha	Xiong
Fateh	Kunesh	Mitchell	Port	

Pursuant to Rule 40, Senator Kunesh cast the negative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

The motion did not prevail. So the amendment was not adopted.

Senator Lucero moved to amend H.F. No. 3436, as amended pursuant to Rule 45, adopted by the Senate April 9, 2024, as follows:

(The text of the amended House File is identical to S.F. No. 3944.)

Page 22, line 9, reinstate the stricken language

Page 22, line 10, reinstate the stricken language and strike "five" and insert "100"

Senator Lucero moved to amend the Lucero amendment to H.F. No. 3436 as follows:

Page 1, line 5, delete "100" and insert "1,000"

The question was taken on the adoption of the Lucero amendment to the Lucero amendment.

The roll was called, and there were yeas 27 and nays 37, as follows:

Those who voted in the affirmative were:

Anderson	Drazkowski	Howe	Limmer	Weber
Bahr	Duckworth	Jasinski	Lucero	Wesenberg
Coleman	Eichorn	Johnson	Mathews	Westrom
Dahms	Farnsworth	Koran	Miller	
Dornink	Green	Kreun	Nelson	
Draheim	Gruenhagen	Lang	Utke	

Pursuant to Rule 40, Senator Jasinski cast the affirmative vote on behalf of the following Senators: Anderson, Draheim, Eichorn, Lang, Miller, Utke, and Weber.

Those who voted in the negative were:

Abeler	Frentz	Latz	Murphy	Rest
Boldon	Gustafson	Mann	Oumou Verbeten	Seeberger
Carlson	Hauschild	Marty	Pappas	Westlin
Champion	Hawj	Maye Quade	Pha	Wiklund
Cwodzinski	Hoffman	McEwen	Port	Xiong
Dibble	Klein	Mitchell	Pratt	
Dziedzic	Kunesh	Mohamed	Putnam	
Fateh	Kupec	Morrison	Rasmusson	

Pursuant to Rule 40, Senator Kunesh cast the negative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

The motion did not prevail. So the amendment to the amendment was not adopted.

The question was taken on the adoption of the first Lucero amendment.

The roll was called, and there were yeas 30 and nays 34, as follows:

Those who voted in the affirmative were:

Abeler	Draheim	Gruenhagen	Lang	Pratt
Anderson	Drazkowski	Howe	Limmer	Rasmusson
Bahr	Duckworth	Jasinski	Lucero	Utke
Coleman	Eichorn	Johnson	Mathews	Weber
Dahms	Farnsworth	Koran	Miller	Wesenberg
Dornink	Green	Kreun	Nelson	Westrom

Pursuant to Rule 40, Senator Jasinski cast the affirmative vote on behalf of the following Senators: Anderson, Draheim, Eichorn, Lang, Miller, Utke, and Weber.

Those who voted in the negative were:

Boldon	Frentz	Kupec	Mohamed	Putnam
Carlson	Gustafson	Latz	Morrison	Rest
Champion	Hauschild	Mann	Murphy	Seeberger
Cwodzinski	Hawj	Marty	Oumou Verbeten	Westlin
Dibble	Hoffman	Maye Quade	Pappas	Wiklund
Dziedzic	Klein	McEwen	Pha	Xiong
Fateh	Kunesh	Mitchell	Port	

Pursuant to Rule 40, Senator Kunesh cast the negative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

The motion did not prevail. So the amendment was not adopted.

Senator Lucero moved to amend H.F. No. 3436, as amended pursuant to Rule 45, adopted by the Senate April 9, 2024, as follows:

(The text of the amended House File is identical to S.F. No. 3944.)

Page 8, after line 31, insert:

**"Sec. 15. [174.021] DISCRIMINATION IN TRAININGS, COURSES, OR HIRING PROGRAMS PROHIBITED.**

(a) For purposes of this section, "programming" means but is not limited to trainings, technical assistance, professional courses, hiring events or programs, or any other workforce service offered.

(b) Programming established and administered by the commissioner must comply with the requirements of chapter 363A and not discriminate because of race, color, creed, religion, national origin, sex, gender identity, marital status, disability, status with regard to public assistance, sexual orientation, familial status, and age.

(c) The commissioner must not use race, color, creed, religion, national origin, sex, gender identity, marital status, disability, status with regard to public assistance, sexual orientation, familial status, or age as the basis for eligibility criteria to qualify for any programming or award."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 29 and nays 34, as follows:

Those who voted in the affirmative were:

Anderson	Drazkowski	Howe	Limmer	Rasmusson
Bahr	Duckworth	Jasinski	Lucero	Utke
Coleman	Eichorn	Johnson	Mathews	Weber
Dahms	Farnsworth	Koran	Miller	Wesenberg
Dornink	Green	Kreun	Nelson	Westrom
Draheim	Gruenhagen	Lang	Pratt	

Pursuant to Rule 40, Senator Jasinski cast the affirmative vote on behalf of the following Senators: Anderson, Draheim, Duckworth, Eichorn, Lang, Miller, Utke, and Weber.

Those who voted in the negative were:

Boldon	Frentz	Kupec	Mohamed	Putnam
Carlson	Gustafson	Latz	Morrison	Rest
Champion	Hauschild	Mann	Murphy	Seeberger
Cwodzinski	Hawj	Marty	Oumou Verbeten	Westlin
Dibble	Hoffman	Maye Quade	Pappas	Wiklund
Dziedzic	Klein	McEwen	Pha	Xiong
Fateh	Kunesh	Mitchell	Port	

Pursuant to Rule 40, Senator Kunesh cast the negative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

The motion did not prevail. So the amendment was not adopted.

Senator Coleman moved to amend H.F. No. 3436, as amended pursuant to Rule 45, adopted by the Senate April 9, 2024, as follows:

(The text of the amended House File is identical to S.F. No. 3944.)

Page 4, after line 21, insert:

"Sec. 8. Minnesota Statutes 2022, section 169.14, is amended by adding a subdivision to read:

Subd. 5k. **Interstate Highway 35E.** The commissioner must designate the maximum speed limit on marked Interstate Highway 35E in the city of St. Paul, from its intersection with West Seventh Street to its intersection with marked Interstate Highway 94, as 55 miles per hour. Any speed in excess of the speed designated in this subdivision is unlawful.

**EFFECTIVE DATE.** This section is effective on the date the commissioner erects the appropriate signs designating the speed limit, which must occur on or before August 1, 2024."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 28 and nays 36, as follows:

Those who voted in the affirmative were:

Anderson	Coleman	Dornink	Drazkowski	Eichorn
Bahr	Dahms	Draheim	Duckworth	Farnsworth

Green	Johnson	Lucero	Pratt	Wesenberg
Gruenhagen	Koran	Mathews	Rasmusson	Westrom
Howe	Lang	Miller	Utke	
Jasinski	Limmer	Nelson	Weber	

Pursuant to Rule 40, Senator Jasinski cast the affirmative vote on behalf of the following Senators: Anderson, Draheim, Duckworth, Eichorn, Lang, Miller, Utke, and Weber.

Those who voted in the negative were:

Abeler	Frentz	Kupec	Morrison	Seeberger
Boldon	Gustafson	Latz	Murphy	Westlin
Carlson	Hauschild	Mann	Oumou Verbeten	Wiklund
Champion	Hawj	Marty	Pappas	Xiong
Cwodzinski	Hoffman	Maye Quade	Pha	
Dibble	Klein	McEwen	Port	
Dziedzic	Kreun	Mitchell	Putnam	
Fateh	Kunesh	Mohamed	Rest	

Pursuant to Rule 40, Senator Kunesh cast the negative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

The motion did not prevail. So the amendment was not adopted.

H.F. No. 3436 was read the third time, as amended, and placed on its final passage.

The question was taken on the passage of the bill, as amended.

The roll was called, and there were yeas 65 and nays 0, as follows:

Those who voted in the affirmative were:

Abeler	Duckworth	Jasinski	Mathews	Pratt
Anderson	Dziedzic	Johnson	Maye Quade	Putnam
Bahr	Eichorn	Klein	McEwen	Rarick
Boldon	Farnsworth	Koran	Miller	Rasmusson
Carlson	Fateh	Kreun	Mitchell	Rest
Champion	Frentz	Kunesh	Mohamed	Seeberger
Coleman	Green	Kupec	Morrison	Utke
Cwodzinski	Gruenhagen	Lang	Murphy	Weber
Dahms	Gustafson	Latz	Nelson	Wesenberg
Dibble	Hauschild	Limmer	Oumou Verbeten	Westlin
Dornink	Hawj	Lucero	Pappas	Westrom
Draheim	Hoffman	Mann	Pha	Wiklund
Drazkowski	Howe	Marty	Port	Xiong

Pursuant to Rule 40, Senator Kunesh cast the affirmative vote on behalf of the following Senators: Dziedzic, McEwen, Port, and Putnam.

Pursuant to Rule 40, Senator Jasinski cast the affirmative vote on behalf of the following Senators: Anderson, Draheim, Eichorn, Lang, Miller, Utke, and Weber.

So the bill, as amended, was passed and its title was agreed to.

**SPECIAL ORDER**

**H.F. No. 3589:** A bill for an act relating to trusts; clarifying in rem jurisdiction for judicial proceedings; amending Minnesota Statutes 2022, sections 501C.0202; 501C.0204, subdivision 1.

H.F. No. 3589 was read the third time and placed on its final passage.

The question was taken on the passage of the bill.

The roll was called, and there were yeas 65 and nays 0, as follows:

Those who voted in the affirmative were:

Abeler	Duckworth	Jasinski	Mathews	Pratt
Anderson	Dziedzic	Johnson	Maye Quade	Putnam
Bahr	Eichorn	Klein	McEwen	Rarick
Boldon	Farnsworth	Koran	Miller	Rasmusson
Carlson	Fateh	Kreun	Mitchell	Rest
Champion	Frentz	Kunesh	Mohamed	Seeberger
Coleman	Green	Kupec	Morrison	Utke
Cwodzinski	Gruenhagen	Lang	Murphy	Weber
Dahms	Gustafson	Latz	Nelson	Wesenberg
Dibble	Hauschild	Limmer	Oumou Verbeten	Westlin
Dornink	Hawj	Lucero	Pappas	Westrom
Draheim	Hoffman	Mann	Pha	Wiklund
Drazkowski	Howe	Marty	Port	Xiong

Pursuant to Rule 40, Senator Kunesh cast the affirmative vote on behalf of the following Senators: Dziedzic, Frentz, McEwen, Port, and Putnam.

Pursuant to Rule 40, Senator Jasinski cast the affirmative vote on behalf of the following Senators: Anderson, Draheim, Eichorn, Lang, Miller, Utke, and Weber.

So the bill passed and its title was agreed to.

**SPECIAL ORDER**

**S.F. No. 4579:** A bill for an act relating to energy; providing for and regulating shared-metered utility service in residential buildings; amending Minnesota Statutes 2022, sections 216B.022; 216B.098, subdivision 6; 504B.285, subdivision 4; Minnesota Statutes 2023 Supplement, section 216B.172, subdivisions 1, 2; proposing coding for new law in Minnesota Statutes, chapters 216B; 504B; repealing Minnesota Statutes 2022, section 504B.215.

President Champion called President Pro Tem Rest to preside.

Senator Dibble moved to amend S.F. No. 4579 as follows:

Page 5, line 31, delete "an" and insert "a"

Page 9, line 19, after "gas" insert "or" and delete the second "or" and insert "and"

Page 9, lines 20 and 21, delete "or" and insert "and"

Page 10, line 28, delete "do" and insert "does"

Page 11, delete lines 27 to 31

The motion prevailed. So the amendment was adopted.

S.F. No. 4579 was read the third time, as amended, and placed on its final passage.

The question was taken on the passage of the bill, as amended.

The roll was called, and there were yeas 44 and nays 19, as follows:

Those who voted in the affirmative were:

Abeler	Fateh	Kupec	Miller	Port
Boldon	Frentz	Lang	Mitchell	Putnam
Carlson	Gustafson	Latz	Mohamed	Rest
Champion	Hauschild	Limmer	Morrison	Seeberger
Coleman	Hawj	Mann	Murphy	Weber
Cwodziński	Hoffman	Marty	Nelson	Westlin
Dibble	Klein	Mathews	Oumou Verbeten	Wiklund
Duckworth	Kreun	Maye Quade	Pappas	Xiong
Dziedzic	Kunesh	McEwen	Pha	

Pursuant to Rule 40, Senator Kunesh cast the affirmative vote on behalf of the following Senators: Dziedzic, Frentz, McEwen, Port, and Putnam.

Pursuant to Rule 40, Senator Jasinski cast the affirmative vote on behalf of the following Senators: Lang, Miller, and Weber.

Those who voted in the negative were:

Anderson	Draheim	Gruenhagen	Koran	Utke
Bahr	Drazkowski	Howe	Lucero	Wesenberg
Dahms	Eichorn	Jasinski	Rarick	Westrom
Dornink	Green	Johnson	Rasmusson	

Pursuant to Rule 40, Senator Jasinski cast the negative vote on behalf of the following Senators: Anderson, Draheim, Eichorn, and Utke.

So the bill, as amended, was passed and its title was agreed to.

### **MOTIONS AND RESOLUTIONS - CONTINUED**

Remaining on the Order of Business of Motions and Resolutions, Senator Murphy moved that the Senate take up the Confirmation Calendar. The motion prevailed.

### **CONFIRMATION**

Senator Latz moved that the appointment of notaries public, received April 2, 2024, be taken from the table. The motion prevailed.

Senator Latz moved that the Senate do now consent to and confirm the appointments of the notaries public.

The motion prevailed. So the appointments were confirmed.

**CONFIRMATION**

Senator Champion moved that the report from the Committee on Jobs and Economic Development, reported March 7, 2024, pertaining to appointments, be taken from the table. The motion prevailed.

Senator Champion moved that the foregoing report be now adopted. The motion prevailed.

Senator Champion moved that in accordance with the report from the Committee on Jobs and Economic Development, reported March 7, 2024, the Senate, having given its advice, do now consent to and confirm the appointment of:

**DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT  
COMMISSIONER**

Matt Varilek, 332 Minnesota St., Ste. E200, Saint Paul, Ramsey County, effective May 31, 2023, for a term expiring January 4, 2027.

The motion prevailed. So the appointment was confirmed.

**MEMBERS EXCUSED**

Senator Housley was excused from the Session of today. Senator Jasinski was excused from the Session of today from 1:15 to 1:40 p.m. and from 2:30 to 2:50 p.m. Senator Pratt was excused from the Session of today from 1:30 to 3:35 p.m. and at 4:35 p.m. Senator Lucero was excused from the Session of today from 1:50 to 2:00 p.m. Senator Lieske was excused from the Session of today at 3:05 p.m. Senator Rarick was excused from the Session of today from 3:45 to 4:15 p.m. Senator Farnsworth was excused from the Session of today at 4:35 p.m.

**ADJOURNMENT**

Senator Kunesh moved that the Senate do now adjourn until 11:00 a.m., Monday, April 15, 2024. The motion prevailed.

Thomas S. Bottern, Secretary of the Senate