1.1	moves to amend S.F. No. 3656, the second engrossment, in conference
1.2	committee, as follows:
1.3	Page 528, delete article 32 and insert:
1.4	"ARTICLE 32
1.5	APPROPRIATIONS
1.6	Section 1. HEALTH AND HUMAN SERVICES APPROPRIATIONS.
1.7	The sums shown in the columns marked "Appropriations" are added to or, if shown in
1.8	parentheses, subtracted from the appropriations in Laws 2017, First Special Session chapter
1.9	6, article 18, to the agencies and for the purposes specified in this article. The appropriations
1.10	are from the general fund, or another named fund, and are available for the fiscal years
1.11	indicated for each purpose. The figures "2018" and "2019" used in this article mean that
1.12	the addition to or subtraction from appropriations listed under them are available for the
1.13	fiscal year ending June 30, 2018, or June 30, 2019, respectively. Base level adjustments
1.14	mean the addition or subtraction from the base level adjustments in Laws 2017, First Special
1.15	Session chapter 6, article 18. "The first year" is fiscal year 2018. "The second year" is fiscal
1.16	year 2019. "The biennium" is fiscal years 2018 and 2019. Supplemental appropriations and
1.17	reductions to appropriations for the fiscal year ending June 30, 2018, are effective June 1,
1.18	2018, unless a different effective date is specified.
1.19	APPROPRIATIONS
1.20	Available for the Year
1.21	Ending June 30
1.22	<u>2018</u> <u>2019</u>

1

	05/18/18 01:04 PM	REVISOR	ACF/BR	A18-0993
2.1 2.2	Sec. 2. <u>COMMISSIONER OF HUMA</u> <u>SERVICES</u>	<u>AN</u>		
2.3	Subdivision 1. Total Appropriation	<u>\$</u>	<u>-0-</u> <u>\$</u>	30,571,000
2.4	The amounts that may be spent for each	<u>l</u>		
2.5	purpose are specified in the following			
2.6	subdivisions.			
2.7	Subd. 2. Central Office; Operations		<u>-0-</u>	5,395,000
2.8	(a) Advisory Council on Rare Disease	<u>s.</u>		
2.9	\$150,000 in fiscal year 2019 is for trans	fer to		
2.10	the Board of Regents of the University	of		
2.11	Minnesota for the advisory council on r	are		
2.12	diseases under Minnesota Statutes, secti	ion		
2.13	<u>137.68.</u>			
2.14	(b) Study and Report on Health Insur	cance		
2.15	Rate Disparities between Geographic			
2.16	Rating Areas. \$251,000 in fiscal year 2	2019		
2.17	is for transfer to the Legislative Coordin	nating		
2.18	Commission for the Office of the Legisl	lative		
2.19	Auditor to study and report on disparitie	es		
2.20	between geographic rating areas in indiv	vidual		
2.21	and small group market health insurance	rates.		
2.22	This is a onetime appropriation and a one	etime		
2.23	transfer.			
2.24	(c) Substance Abuse Recovery Service	es		
2.25	Provided through Minnesota Recover	<u>y</u>		
2.26	Corps. \$309,000 in fiscal year 2019 is t	for		
2.27	transfer to ServeMinnesota under Minne	esota		
2.28	Statutes, section 124D.37, to provide			
2.29	evidenced-based substance abuse recover	ery		
2.30	services through Minnesota Recovery C	Corps.		
2.31	Funds shall be used to support training,			
2.32	supervision, and deployment of AmeriC	Corps		
2.33	members to serve as recovery navigators	s. The		
2.34	Minnesota Commission on National and	<u>1</u>		
2.35	Community Service shall include in the			

3.1	commission's report to the legislature under		
3.2	Minnesota Statutes, section 124D.385,		
3.3	subdivision 3, an evaluation of program data		
3.4	to determine the efficacy of the services in		
3.5	promoting sustained substance abuse recovery,		
3.6	including but not limited to stable housing,		
3.7	relationship-building, employment skills, or		
3.8	a year of AmeriCorps service. This is a		
3.9	onetime appropriation and a onetime transfer.		
3.10	(d) Base Level Adjustment. The general fund		
3.11	base is increased by \$6,103,000 in fiscal year		
3.12	2020 and increased by \$6,107,000 in fiscal		
3.13	year 2021.		
3.14	Subd. 3. Central Office; Children and Families	<u>-0-</u>	84,000
3.15	Task Force on Childhood		
3.16	Trauma-Informed Policy and Practices.		
3.17	\$84,000 in fiscal year 2019 is for the task force		
3.18	on childhood trauma-informed policy and		
3.19	practices. This is a onetime appropriation.		
3.20	Subd. 4. Central Office; Health Care	<u>-0-</u>	1,730,000
3.21	Base Level Adjustment. The general fund		
3.22	base is increased by \$2,187,000 in fiscal year		
3.23	2020 and increased by \$2,207,000 in fiscal		
3.24	year 2021.		
3.25	Subd. 5. Central Office; Continuing Care for		
3.26	Older Adults	<u>-0-</u>	2,430,000
3.27	(a) Regional Ombudsmen. \$1,283,000 in		
3.28	fiscal year 2019 is for nine additional regional		
3.29	ombudsmen and one policy lead in the Office		
3.30	of Ombudsman for Long-Term Care, to		
3.31	perform the duties in Minnesota Statutes,		
3.32	section 256.9742. The base for this		
3.33	appropriation is \$1,459,000 in fiscal year 2020		
3.34	and \$1,459,000 in fiscal year 2021.		

	05/18/18 01:04 PM	REVISOR	ACF/BR	A18-0993
4.1	(b) Base Level Adjustment. The ge	eneral fund		
4.2	base is increased by \$2,099,000 in			
4.3	2020 and increased by \$2,024,000	in fiscal		
4.4	year 2021.			
4.5	Subd. 6. Central Office; Commu	nity Supports	<u>-0-</u>	3,654,000
4.6	Base Level Adjustment. The gene	eral fund		
4.7	base is increased by \$3,587,000 in	fiscal year		
4.8	2020 and increased by \$3,587,000	in fiscal		
4.9	year 2021.			
4.10 4.11	Subd. 7. Forecasted Programs; M Assistance	ledical	<u>-0-</u>	27,331,000
4.12	Subd. 8. Forecasted Programs; Al	ternative Care	-0-	(28,000)
				(20,000)
4.13 4.14	<u>Subd. 9.</u> Forecasted Programs; C Dependency Treatment Fund	hemical	<u>-0-</u>	<u>(12,153,000)</u>
4.15 4.16	<u>Subd. 10.</u> Grant Programs; Child Grants	lren's Services	<u>-0-</u>	<u>365,000</u>
4.17	American Indian Child Welfare	Initiative.		
4.18	\$365,000 in fiscal year 2019 is for	planning		
4.19	efforts to expand the American Ind	ian Child		
4.20	Welfare Initiative authorized under	Minnesota		
4.21	Statutes, section 256.01, subdivision	on 14b. Of		
4.22	this appropriation, \$240,000 is for	a grant to		
4.23	the Mille Lacs Band of Ojibwe and	\$125,000		
4.24	is for a grant to the Red Lake Natio	on. This is		
4.25	a onetime appropriation.			
4.26 4.27	<u>Subd. 11. Grant Programs; Child</u> Support Grants	and Economic	<u>-0-</u>	<u>517,000</u>
4.28	(a) Community Action Grants. \$2	200,000 in		
4.29	fiscal year 2019 is for community ac	tion grants		
4.30	under Minnesota Statutes, sections			
4.31	to 256E.32. The base for this appro	priation is		
4.32	\$150,000 in fiscal year 2020 and \$	150,000 in		
4.33	fiscal year 2021.			
4.34 4.35	(b) Mobile food shelf grants. (1) S in fiscal year 2019 is for mobile fo	<u> </u>		

5.1	grants under Minnesota Statutes, section
5.2	256E.34. The base for this appropriation is
5.3	\$115,000 in fiscal year 2020 and \$115,000 in
5.4	fiscal year 2021.
5.5	(c) Project Legacy. \$200,000 in fiscal year
5.6	2019 is for a grant to Project Legacy to
5.7	provide counseling and outreach to youth and
5.8	young adults from families with a history of
5.9	generational poverty. This appropriation must
5.10	be used for mental health care, medical care,
5.11	chemical dependency interventions, housing,
5.12	and mentoring and counseling services for
5.13	first generation college students. This is a
5.14	onetime appropriation.
5.15	(d) Base Level Adjustment. The general fund
5.16	base is increased by \$265,000 in fiscal year
5.17	2020 and increased by \$265,000 in fiscal year
5.18	<u>2021.</u>
5.19 5.20	Subd. 12. Grant Programs; Aging and Adult Services Grants
5.21	Live Well At Home Grants. Of the fiscal
5.22	year 2019 general fund appropriation in Laws
5.23	2017, First Special Session chapter 6, article
5.24	18, section 2, subdivision 27: (1) \$50,000 shall
5.25	be used to provide a live well at home grant
5.26	under Minnesota Statutes, section 256B.0917,
5.27	to an organization that provides block nurse
5.28	services to the elderly in the city of McGregor;
5.29	and (2) \$120,000 shall be used to provide a
5.30	live well at home grant under Minnesota
5.31	Statutes, section 256B.0917, to an organization
5.32	that provides block nurse services to the

5.33 <u>elderly in the city of Grove City.</u>

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	05/18/18 01:04 PM	REVISOR	ACF/BR	A18-0993
6.1 6.2	Subd. 13. Grant Programs; Cl Dependency Treatment Suppo		<u>-0-</u>	<u>1,246,000</u>
6.3	(a) Student Health Initiative to	Limit Opioid		
6.4	Harm. \$195,000 in fiscal year 2	2019 is for the		
6.5	student health initiative to limit	opioid harm.		
6.6	This is a onetime appropriation.	<u>.</u>		
6.7	(b) Opioid Epidemic Response	e Grants.		
6.8	\$1,051,000 is for opioid epidem	nic response		
6.9	grants under Minnesota Statutes	s, section		
6.10	256.043. The base for this appro-	opriation is		
6.11	\$1,000,000 in fiscal year 2020 ar	nd \$1,000,000		
6.12	in fiscal year 2021. The commis	ssioner shall		
6.13	transfer \$1,051,000 in fiscal year	ar 2019 from		
6.14	the general fund to the opioid ep	pidemic		
6.15	response account under Minnes	ota Statutes,		
6.16	section 256.043. The base for the	nis transfer is		
6.17	\$1,000,000 in fiscal year 2020 ar	nd \$1,000,000		
6.18	in fiscal year 2021.			
6.19	(c) Base Level Adjustment. The	e general fund		
6.20	base is increased by \$1,000,000	in fiscal year		
6.21	2020 and increased by \$1,000,0	00 in fiscal		
6.22	year 2021.			
6.23	Sec. 3. COMMISSIONER OF	<u>'HEALTH</u>		
6.24	Subdivision 1. Total Appropria	ation <u>\$</u>	<u>-0-</u> <u>\$</u>	7,069,000
6.25	Appropriations by	y Fund		
6.26	<u>2018</u>	<u>2019</u>		
6.27	General	<u>-0-</u> <u>7,044,000</u>		
6.28 6.29	State Government Special Revenue	<u>-0-</u> <u>25,000</u>		
6.30	The amounts that may be spent	for each		
6.31	purpose are specified in the foll	owing		
6.32	subdivisions.			
6.33	Subd. 2. Health Improvement		<u>-0-</u>	4,554,000

7.1	(a) Minnesota Biomedicine and Bioethics
7.2	Innovation Grants. \$500,000 in fiscal year
7.3	2019 is for transfer to the Board of Regents
7.4	of the University of Minnesota for Minnesota
7.5	biomedicine and bioethics innovation grants
7.6	under Minnesota Statutes, section 137.67.
7.7	(b) Mental Health and Substance Use
7.8	Disorder Parity Work Group. \$75,000 in
7.9	fiscal year 2019 is for transfer to the
7.10	commissioner of commerce for the mental
7.11	health and substance use disorder parity work
7.12	group. This is a onetime appropriation and a
7.13	onetime transfer.
7.14	(c) The TAP Program. Notwithstanding
7.15	Minnesota Statutes, section 16B.97, \$10,000
7.16	in fiscal year 2019 is for a grant to the TAP
7.17	in St. Paul to support mental health in
7.18	disability communities through spoken art
7.19	forms, community supports, and community
7.20	engagement. This is a onetime appropriation
7.21	and none of it may be used for administration.
7.22	(d) Opioid Overdose Reduction Pilot
7.23	Program. \$1,000,000 in fiscal year 2019 is
7.24	for the opioid overdose reduction pilot
7.25	program. This is a onetime appropriation and
7.26	is available until June 30, 2021. None of this
7.27	appropriation may be used for administration.
7.28	(e) Reduction of Statewide Health
7.29	Improvement Program Appropriation. The
7.30	appropriation in Laws 2017, First Special
7.31	Session chapter 6, article 18, section 3,
7.32	subdivision 2, from the health care access fund
7.33	for the statewide health improvement program
7.34	under Minnesota Statutes, section 145.986, is
7.35	reduced by \$291,000 in fiscal year 2019. The

A18-0993

8.1	base for this reduction is \$1,550,000 in fiscal
8.2	year 2020, and \$2,955,000 in fiscal year 2021.
8.3	(f) Statewide Tobacco Cessation Services.
8.4	\$291,000 in fiscal year 2019 is appropriated
8.5	from the health care access fund for statewide
8.6	tobacco cessation services under Minnesota
8.7	Statutes, section 144.397. The base for this
8.8	appropriation is \$1,550,000 in fiscal year
8.9	2020, and \$2,955,000 in fiscal year 2021.
8.10	(g) Additional Funding for Opioid
8.11	Prevention Pilot Projects. \$2,000,000 in
8.12	fiscal year 2019 is for opioid abuse prevention
8.13	pilot projects under Laws 2017, First Special
8.14	Session chapter 6, article 10, section 144. Of
8.15	this amount, \$1,400,000 is for the opioid abuse
8.16	prevention pilot project through CHI St.
8.17	Gabriel's Health Family Medical Center, also
8.18	known as Unity Family Health Care. \$600,000
8.19	is for Project Echo through CHI St. Gabriel's
8.20	Health Family Medical Center for e-learning
8.21	sessions centered around opioid case
8.22	management and best practices for opioid
8.23	abuse prevention. This is a onetime
8.24	appropriation and none of it may be used for
8.25	administration.
8.26	(h) Suicide Prevention Grants. \$969,000 in
8.27	fiscal year 2019 is for suicide prevention
8.28	grants under Minnesota Statutes, section
8.29	145.56, subdivision 2, clause (7). This is a
8.30	onetime appropriation.
8.31	(i) Base Level Adjustments. The general fund
8.32	base is increased by \$500,000 in fiscal year
8.33	2020 and increased by \$500,000 in fiscal year

- 8.34 <u>2021.</u>
- 8.35 Subd. 3. Health Protection

Article 32 Sec. 3.

9.1	Appropriations by Fund	
9.2	<u>General</u> <u>-0-</u> <u>2,490,000</u>)
9.3 9.4	State GovernmentSpecial Revenue-0-25,000	
9.5	(a) Regulation of Low-Dose X-Ray Security	
9.6	Screening Systems. \$29,000 in fiscal year	
9.7	2019 is from the state government special	
9.8	revenue fund for rulemaking under Minnesota	
9.9	Statutes, section 144.121. The base for this	
9.10	appropriation is \$21,000 in fiscal year 2020	
9.11	and \$21,000 in fiscal year 2021.	
9.12	(b) Assisted Living Report Card Working	
9.13	Group. \$27,000 in fiscal year 2019 is from	
9.14	the general fund for the assisted living report	
9.15	card working group. This is a onetime	
9.16	appropriation.	
9.17	(c) Assisted Living Licensure and Dementia	
9.18	Care Task Force. \$60,000 in fiscal year 2019	
9.19	is from the general fund for the Assisted	
9.20	Living Licensure and Dementia Care Task	
9.21	Force. This is a onetime appropriation.	
9.22	(d) Safety and Quality Improvement	
9.23	Practices Report. \$33,000 in fiscal year 2019	
9.24	is from the general fund for the safety and	
9.25	quality improvement practices report.	
9.26	(e) Technology Upgrades. \$1,652,000 in	
9.27	fiscal year 2019 is from the general fund for	
9.28	Web site improvements and data analytics at	
9.29	the Office of Health Facility Complaints. The	
9.30	general fund base for this appropriation is	
9.31	\$927,000 in fiscal year 2020 and \$809,000 in	
9.32	fiscal year 2021.	
9.33	(f) Base Level Adjustment. The general fund	
9.34	base is increased by \$1,420,000 in fiscal year	
9.35	2020 and increased by \$1,289,000 in fiscal	

Article 32 Sec. 3.

	05/18/18 01:04 PM	REVISOR	ACF/BR	A18-0993
10.1	year 2021. The state government special			
10.2	revenue fund base is increased by \$17,00			
10.3	fiscal year 2020 and increased by \$17,00			
10.4	fiscal year 2021.			
10.5	Sec. 4. HEALTH-RELATED BOARD	<u>S</u>		
10.6	Subdivision 1. Total Appropriation	<u>\$</u>	<u>-0-</u> <u>\$</u>	<u>368,000</u>
10.7	This appropriation is from the state			
10.8	government special revenue fund. The			
10.9	amounts that may be spent for each purp	ose		
10.10	are specified in the following subdivision	ns.		
10.11	Subd. 2. Board of Dentistry		<u>-0-</u>	13,000
10.12	Base Adjustments. The state governme	nt		
10.13	special revenue fund base is increased by	<u>Y</u>		
10.14	\$5,000 in fiscal year 2020 and increased	by		
10.15	\$5,000 in fiscal year 2021.			
10.16	Subd. 3. Board of Nursing		<u>-0-</u>	5,000
10.17	This is a onetime appropriation.			
10.18	Subd. 4. Board of Optometry		<u>-0-</u>	5,000
10.19	This is a onetime appropriation.			
10.20	Subd. 5. Board of Pharmacy		<u>-0-</u>	340,000
10.21	(a) Prescription Monitoring Program.			
10.22	\$284,000 is for migration to a new information	ation		
10.23	technology platform for the prescription			
10.24	monitoring program and \$42,000 is for			
10.25	administration of the prescription monitor	oring		
10.26	program.			
10.27	(b) Drug Repository. \$14,000 in fiscal y	year		
10.28	2019 is for the repository program in			
10.29	Minnesota Statutes, section 151.555.			
10.30	Notwithstanding section 9, the base for t	his		
10.31	appropriation is \$12,000 in fiscal year 20	020,		
10.32	<u>\$12,000 in fiscal year 2021, \$12,000 in f</u>	iscal		
10.33	year 2022, and \$0 in fiscal year 2023.			

	05/18/18 01:04 PM	REVISOR	ACF/BR	A18-0993
11.1	(c) Base Adjustments. The state gover	nment		
11.2	special revenue fund base is increased	by		
11.3	\$338,000 in fiscal year 2020 and increas	sed by		
11.4	\$338,000 in fiscal year 2021.			
11.5	Subd. 6. Board of Podiatric Medicine	<u>.</u>	<u>-0-</u>	5,000
11.6	This is a onetime appropriation.			
11.7 11.8	Sec. 5. <u>LEGISLATIVE COORDINA</u> COMMISSION.	<u>ГІNG</u> <u>\$</u>	<u>-0-</u> <u>\$</u>	<u>137,000</u>
11.9	(a) Health Policy Commission. \$137,0	000 in		
11.10	fiscal year 2019 is for administration of	f the		
11.11	Health Policy Commission under Minn	esota		
11.12	Statutes, section 62J.90. The base for the	nis		
11.13	appropriation is \$405,000 in fiscal year	2020		
11.14	and \$410,000 in fiscal year 2021.			
11.15	(b) Base Level Adjustment. The genera	<u>ll fund</u>		
11.16	base is increased by \$405,000 in fiscal	year		
11.17	2020 and increased by \$410,000 in fisca	al year		
11.18	<u>2021.</u>			

11.19 Sec. 6. Laws 2017, First Special Session chapter 6, article 18, section 3, subdivision 2, is

11.20 amended to read:

11.21 Subd. 2. Health Improvement

11.22	Appropriations by Fund			
11.23	General	81,438,000	78,100,000	
11.24 11.25	State Government Special Revenue	6,215,000	6,182,000	
11.26	Health Care Access	36,643,000	36,258,000	
11.27	Federal TANF	11,713,000	11,713,000	

- 11.28 (a) **TANF Appropriations.** (1) \$3,579,000
- 11.29 of the TANF fund each year is for home
- 11.30 visiting and nutritional services listed under
- 11.31 Minnesota Statutes, section 145.882,
- 11.32 subdivision 7, clauses (6) and (7). Funds must
- 11.33 be distributed to community health boards

REVISOR

12.1	according to Minnesota Statutes, section
12.2	145A.131, subdivision 1.
12.3	(2) \$2,000,000 of the TANF fund each year
12.4	is for decreasing racial and ethnic disparities
12.5	in infant mortality rates under Minnesota
12.6	Statutes, section 145.928, subdivision 7.
12.7	(3) \$4,978,000 of the TANF fund each year
12.8	is for the family home visiting grant program
12.9	according to Minnesota Statutes, section
12.10	145A.17. \$4,000,000 of the funding must be
12.11	distributed to community health boards
12.12	according to Minnesota Statutes, section
12.13	145A.131, subdivision 1. \$978,000 of the
12.14	funding must be distributed to tribal
12.15	governments according to Minnesota Statutes,
12.16	section 145A.14, subdivision 2a.
12.17	(4) \$1,156,000 of the TANF fund each year
12.17 12.18	(4) \$1,156,000 of the TANF fund each year is for family planning grants under Minnesota
	•
12.18	is for family planning grants under Minnesota
12.18 12.19	is for family planning grants under Minnesota Statutes, section 145.925.
12.18 12.19 12.20	is for family planning grants under Minnesota Statutes, section 145.925. (5) The commissioner may use up to 6.23
12.18 12.19 12.20 12.21	is for family planning grants under MinnesotaStatutes, section 145.925.(5) The commissioner may use up to 6.23percent of the funds appropriated each year to
 12.18 12.19 12.20 12.21 12.22 	is for family planning grants under MinnesotaStatutes, section 145.925.(5) The commissioner may use up to 6.23percent of the funds appropriated each year toconduct the ongoing evaluations required
 12.18 12.19 12.20 12.21 12.22 12.23 	 is for family planning grants under Minnesota Statutes, section 145.925. (5) The commissioner may use up to 6.23 percent of the funds appropriated each year to conduct the ongoing evaluations required under Minnesota Statutes, section 145A.17,
 12.18 12.19 12.20 12.21 12.22 12.23 12.24 	 is for family planning grants under Minnesota Statutes, section 145.925. (5) The commissioner may use up to 6.23 percent of the funds appropriated each year to conduct the ongoing evaluations required under Minnesota Statutes, section 145A.17, subdivision 7, and training and technical
 12.18 12.19 12.20 12.21 12.22 12.23 12.24 12.25 	 is for family planning grants under Minnesota Statutes, section 145.925. (5) The commissioner may use up to 6.23 percent of the funds appropriated each year to conduct the ongoing evaluations required under Minnesota Statutes, section 145A.17, subdivision 7, and training and technical assistance as required under Minnesota
 12.18 12.19 12.20 12.21 12.22 12.23 12.24 12.25 12.26 	 is for family planning grants under Minnesota Statutes, section 145.925. (5) The commissioner may use up to 6.23 percent of the funds appropriated each year to conduct the ongoing evaluations required under Minnesota Statutes, section 145A.17, subdivision 7, and training and technical assistance as required under Minnesota Statutes, section 145A.17, subdivisions 4 and
 12.18 12.19 12.20 12.21 12.22 12.23 12.24 12.25 12.26 12.27 	 is for family planning grants under Minnesota Statutes, section 145.925. (5) The commissioner may use up to 6.23 percent of the funds appropriated each year to conduct the ongoing evaluations required under Minnesota Statutes, section 145A.17, subdivision 7, and training and technical assistance as required under Minnesota Statutes, section 145A.17, subdivisions 4 and 5.
 12.18 12.19 12.20 12.21 12.22 12.23 12.24 12.25 12.26 12.27 12.28 	 is for family planning grants under Minnesota Statutes, section 145.925. (5) The commissioner may use up to 6.23 percent of the funds appropriated each year to conduct the ongoing evaluations required under Minnesota Statutes, section 145A.17, subdivision 7, and training and technical assistance as required under Minnesota Statutes, section 145A.17, subdivisions 4 and 5. (b) TANF Carryforward. Any unexpended
 12.18 12.19 12.20 12.21 12.22 12.23 12.24 12.25 12.26 12.27 12.28 12.29 	 is for family planning grants under Minnesota Statutes, section 145.925. (5) The commissioner may use up to 6.23 percent of the funds appropriated each year to conduct the ongoing evaluations required under Minnesota Statutes, section 145A.17, subdivision 7, and training and technical assistance as required under Minnesota Statutes, section 145A.17, subdivisions 4 and 5. (b) TANF Carryforward. Any unexpended balance of the TANF appropriation in the first

12.33 **Pregnant Women and Families with Young**

12.34 **<u>Children.</u>** \$6,000,000 in fiscal year 2018 and

REVISOR

A18-0993

13.1	\$6,000,000 in fiscal year 2019 are from the
13.2	general fund to start up or expand
13.3	evidence-based home visiting programs to
13.4	pregnant women and families with young
13.5	children. The commissioner shall award grants
13.6	to community health boards, nonprofits, or
13.7	tribal nations in urban and rural areas of the
13.8	state. Grant funds must be used to start up or
13.9	expand evidence-based or culturally or
13.10	ethnically targeted home visiting programs in
13.11	the county, reservation, or region to serve
13.12	families, such as parents with high risk or high
13.13	needs, parents with a history of mental illness,
13.14	domestic abuse, or substance abuse, or
13.15	first-time mothers prenatally until the child is
13.16	four years of age, who are eligible for medical
13.17	assistance under Minnesota Statutes, chapter
13.18	256B, or the federal Special Supplemental
13.19	Nutrition Program for Women, Infants, and
13.20	Children. For fiscal year 2019, the
13.21	commissioner shall allocate at least 75 percent
13.22	of the grant funds not yet awarded to
13.23	evidence-based home visiting programs and
13.24	up to 25 percent of the grant funds not yet
13.25	awarded to other culturally or ethnically
13.26	targeted home visiting programs in order to
13.27	promote innovation and serve high-need
13.28	families. Beginning in fiscal year 2020, the
13.29	commissioner shall allocate at least 75 percent
13.30	of the grant funds to evidence-based home
13.31	visiting programs and up to 25 percent of the
13.32	grant funds to culturally or ethnically targeted
13.33	home visiting programs. Priority for grants to
13.34	rural areas shall be given to community health
13.35	boards, nonprofits, and tribal nations that
13.36	expand services within regional partnerships

A18-0993

that provide the evidence-based home visiting 14.1 programs. This funding shall only be used to 14.2 supplement, not to replace, funds being used 14.3 for evidence-based or culturally or ethnically 14.4 targeted home visiting services as of June 30, 14.5 2017. Up to seven percent of the appropriation 14.6 may be used for training, technical assistance, 14.7 14.8 evaluation, and other costs to administer the grants. The general fund base for this program 14.9 is \$16,500,000 in fiscal year 2020 and 14.10 \$16,500,000 in fiscal year 2021. 14.11

14.12 Notwithstanding section 18, this paragraph

14.13 does not expire.

14.14 (d) Safe Harbor for Sexually Exploited

14.15 Youth Services. \$250,000 in fiscal year 2018

14.16 and \$250,000 in fiscal year 2019 are from the

14.17 general fund for trauma-informed, culturally

14.18 specific services for sexually exploited youth.

14.19 Youth 24 years of age or younger are eligible

14.20 for services under this paragraph.

14.21 (e) Safe Harbor Program Technical

14.22 Assistance and Evaluation. \$200,000 in

14.23 fiscal year 2018 and \$200,000 in fiscal year

14.24 2019 are from the general fund for training,

14.25 technical assistance, protocol implementation,

14.26 and evaluation activities related to the safe

14.27 harbor program. Of these amounts:

14.28 (1) \$90,000 each fiscal year is for providing

14.29 training and technical assistance to individuals

14.30 and organizations that provide safe harbor

14.31 services and receive funds for that purpose

14.32 from the commissioner of human services or

14.33 commissioner of health;

14.34 (2) \$90,000 each fiscal year is for protocol

14.35 implementation, which includes providing

- 15.1 technical assistance in establishing best
- 15.2 practices-based systems for effectively
- 15.3 identifying, interacting with, and referring
- 15.4 sexually exploited youth to appropriate
- 15.5 resources; and
- 15.6 (3) \$20,000 each fiscal year is for program
- 15.7 evaluation activities in compliance with
- 15.8 Minnesota Statutes, section 145.4718.

15.9 (f) Promoting Safe Harbor Capacity. In

- 15.10 funding services and activities under
- 15.11 paragraphs (d) and (e), the commissioner shall
- 15.12 emphasize activities that promote
- 15.13 capacity-building and development of
- 15.14 resources in greater Minnesota.

15.15 (g) Administration of Safe Harbor

- 15.16 **Program.** \$60,000 in fiscal year 2018 and
- 15.17 \$60,000 in fiscal year 2019 are for
- administration of the safe harbor for sexually
- 15.19 exploited youth program.

15.20 (h) Palliative Care Advisory Council.

- 15.21 \$44,000 in fiscal year 2018 and \$44,000 in
- 15.22 fiscal year 2019 are from the general fund for
- 15.23 the Palliative Care Advisory Council under
- 15.24 Minnesota Statutes, section 144.059. This is
- 15.25 a onetime appropriation.

15.26 (i) Transfer; Minnesota Biomedicine and

- 15.27 Bioethics Innovation Grants. \$2,500,000 in
- 15.28 fiscal year 2018 is from the general fund for
- 15.29 transfer to the Board of Regents of the
- 15.30 University of Minnesota for Minnesota
- 15.31 biomedicine and bioethics innovation grants
- 15.32 under Minnesota Statutes, section 137.67. The
- 15.33 full amount of the appropriation is for grants,
- and the University of Minnesota shall not use

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any portion for administrative or monitoring 16.1 expenses. The steering committee of the 16.2 University of Minnesota and Mayo Foundation 16.3 partnership must submit a preliminary report 16.4 by April 1, 2018, and a final report by April 16.5 1, 2019, on all grant activities funded under 16.6 Minnesota Statutes, section 137.67, to the 16.7 16.8 chairs and ranking minority members of the legislative committees with jurisdiction over 16.9 health and human services finance. This is a 16.10 onetime appropriation and is available until 16.11 June 30, 2021. 16.12

16.13 (j) Statewide Strategic Plan for Victims of

16.14 Sex Trafficking. \$73,000 in fiscal year 2018

16.15 is from the general fund for the development

16.16 of a comprehensive statewide strategic plan

16.17 and report to address the needs of sex

16.18 trafficking victims statewide. This is a onetime16.19 appropriation.

16.20 (k) Home and Community-Based Services

16.21 Employee Scholarship Program. \$500,000

16.22 in fiscal year 2018 and \$500,000 in fiscal year

16.23 2019 are from the general fund for the home

and community-based services employee

16.25 scholarship program under Minnesota Statutes,

16.26 section 144.1503.

- 16.27 (1) Comprehensive Advanced Life Support
- 16.28 Educational Program. \$100,000 in fiscal
- 16.29 year 2018 and \$100,000 in fiscal year 2019
- 16.30 are from the general fund for the
- 16.31 comprehensive advanced life support
- 16.32 educational program under Minnesota Statutes,
- 16.33 section 144.6062. This is a onetime
- 16.34 appropriation.

A18-0993

17.1 (m) **Opioid Abuse Prevention.** \$1,028,000 in fiscal year 2018 is to establish and evaluate 17.2 accountable community for health opioid 17.3 abuse prevention pilot projects. \$28,000 of 17.4 this amount is for administration. This is a 17.5 onetime appropriation and is available until 17.6 June 30, 2021. 17.7 17.8 (n) Advanced Care Planning. \$250,000 in fiscal year 2018 and \$250,000 in fiscal year 17.9 2019 are from the general fund for a grant to 17.10 a statewide advanced care planning resource 17.11 organization that has expertise in convening 17.12 17.13 and coordinating community-based strategies to encourage individuals, families, caregivers, 17.14 and health care providers to begin 17.15 conversations regarding end-of-life care 17.16 choices that express an individual's health care 17.17 values and preferences and are based on 17.18 informed health care decisions. Of this 17.19 amount, \$9,000 each year is for administration. 17.20 This is a onetime appropriation. 17.21 (o) Health Professionals Clinical Training 17.22 Expansion Grant Program. \$526,000 in 17.23 fiscal year 2018 and \$526,000 in fiscal year 17.24 2019 are from the general fund for the primary 17.25 care and mental health professions clinical 17.26 training expansion grant program under 17.27 Minnesota Statutes, section 144.1505. Of this 17.28 17.29 amount, \$26,000 each year is for administration. 17.30 (p) Federally Qualified Health Centers. 17.31

- 17.32 \$500,000 in fiscal year 2018 and \$500,000 in
- 17.33 fiscal year 2019 are from the general fund to
- 17.34 provide subsidies to federally qualified health

centers under Minnesota Statutes, section 18.1 145.9269. This is a onetime appropriation. 18.2 (q) Base Level Adjustments. The general 18.3 fund base is \$87,656,000 in fiscal year 2020 18.4 and \$87,706,000 in fiscal year 2021. The 18.5 health care access fund base is \$36,858,000 18.6 in fiscal year 2020 and \$36,258,000 in fiscal 18.7 18.8 year 2021. 18.9 Sec. 7. Laws 2017, First Special Session chapter 6, article 18, section 3, subdivision 3, is amended to read: 18.10 Subd. 3. Health Protection 18.11 18.12 Appropriations by Fund General 20,928,000 17,339,000 18.13 18.14 State Government **Special Revenue** 47,392,000 47,920,000 18.15 18.16 (a) Prescribed Pediatric Extended Care Center Licensure Activities. \$64,000 in fiscal 18.17 year 2018 and \$17,000 in fiscal year 2019 are 18.18 from the state government special revenue 18.19 fund for licensure of prescribed pediatric 18.20 extended care centers under Minnesota 18.21 Statutes, chapter 144H. 18.22 (b) Vulnerable Adults in Health Care 18.23 Settings. \$1,162,000 in fiscal year 2018 and 18.24 \$2,030,000 in fiscal year 2019 are from the 18.25 general fund for regulating health care and 18.26 home care settings. Any unexpended balance 18.27 must be used to purchase and operate an 18.28 electronic case management system for the 18.29 Office of Health Facility Complaints. The case 18.30 management system must be able to track and 18.31 18.32 cross-reference multiple maltreatment reports 18.33 and complaints concerning the same alleged perpetrator, facility, or licensee; the same 18.34

- 19.1 vulnerable adult; and the same incident. The
- 19.2 general fund base for this purpose is
- 19.3 \$2,401,000 in fiscal year 2020 and \$3,405,000
- in fiscal year 2021.
- 19.5 (c) Transfer; Public Health Response
- 19.6 **Contingency Account.** The commissioner
- 19.7 shall transfer \$5,000,000 in fiscal year 2018
- 19.8 from the general fund to the public health
- 19.9 response contingency account established in
- 19.10 Minnesota Statutes, section 144.4199.
- 19.11 (d) **Base Level Adjustment.** The general fund
- 19.12 base is \$17,710,000 in fiscal year 2020 and
- 19.13 \$18,714,000 in fiscal year 2021. The state
- 19.14 government special revenue fund base is
- 19.15 **\$47,958,000** in fiscal year 2020 and
- 19.16 **\$48,295,000** in fiscal year 2021.

19.17 Sec. 8. Laws 2017, First Special Session chapter 6, article 18, section 16, subdivision 2,
19.18 is amended to read:

Subd. 2. Administration. Subject to Minnesota Statutes, section 256.01, subdivision 19.19 17a, positions, salary money, and nonsalary administrative money may be transferred within 19.20 the Departments of Health and Human Services as the commissioners consider necessary, 19.21 with the advance approval of the commissioner of management and budget. The 19.22 commissioner shall inform the chairs and ranking minority members of the senate Health 19.23 and Human Services Finance and Policy Committee, the senate Human Services Reform 19.24 Finance and Policy Committee, and the house of representatives Health and Human Services 19.25 Finance Committee quarterly about transfers made under this subdivision. 19.26

- 19.27 Sec. 9. TRANSFERS.
- 19.28 (a) By June 30, 2019, the commissioner of management and budget shall transfer
- 19.29 **\$994,000** from the general fund to the health care access fund. Notwithstanding section 10,
- 19.30 by June 30, 2020, the commissioner of management and budget shall transfer \$994,000
- 19.31 from the health care access fund to the general fund. These are onetime transfers.
- 19.32 (b) By June 30, 2018, the commissioner of management and budget shall transfer:

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- 20.1 (1) \$14,000,000 from the systems operations account in the special revenue fund to the
- 20.2 general fund. This is a onetime transfer;
- 20.3 (2) \$2,000,000 from the systems fund long-term care options project account in the
- 20.4 special revenue fund to the general fund. This is a onetime transfer; and
- 20.5 (3) \$2,400,000 from the direct care and treatment special health care receipts account
- 20.6 <u>in the special revenue fund to the general fund. This is a onetime transfer.</u>
- 20.7 **EFFECTIVE DATE.** This section is effective June 1, 2018.

20.8 Sec. 10. EXPIRATION OF UNCODIFIED LANGUAGE.

- 20.9 All uncodified language contained in this article expires on June 30, 2019, unless a
- 20.10 different expiration date is specified.
- 20.11 Sec. 11. EFFECTIVE DATE.
- 20.12 This article is effective July 1, 2018, unless a different effective date is specified."
- 20.13 Renumber the sections in sequence and correct the internal references
- 20.14 Amend the title accordingly