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State of Minnesota
HOUSE OF REPRESENTATIVES

SPECIAL SESSION

H. F. No. 6

06/12/2015 Authored by Sanders
The bill was read for the first time
R/S Rules Suspended: Read Second Time
Read Third Time
Passed by the House and transmitted to the Senate
Passed by the Senate and returned to the House
06/13/2015 Governor Approval

1.1 A bill for an act
1.2 relating to legislative enactments; correcting miscellaneous oversights,
1.3 inconsistencies, ambiguities, unintended results, and technical errors; amending
1.4 Laws 2015, chapter 71, article 14, sections 2, subdivision 5; 3, subdivision 2;
1.5 Laws 2015, chapter 77, article 2, section 88.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Laws 2015, chapter 71, article 14, section 2, subdivision 5, is amended to
1.8 read:

1.9 Subd. 5. **Grant Programs**

1.10 The amounts that may be spent from this
1.11 appropriation for each purpose are as follows:

1.12 (a) **Support Services Grants**

1.13	Appropriations by Fund		
1.14	General	13,133,000	8,715,000
1.15	Federal TANF	96,311,000	96,311,000

1.16	(b) Basic Sliding Fee Child Care Assistance		
1.17	Grants	48,439,000	51,559,000

1.18 **Basic Sliding Fee Waiting List Allocation.**

1.19 Notwithstanding Minnesota Statutes, section
1.20 119B.03, \$5,413,000 in fiscal year 2016 is to
1.21 reduce the basic sliding fee program waiting
1.22 list as follows:

2.1 (1) The calendar year 2016 allocation shall
 2.2 be increased to serve families on the waiting
 2.3 list. To receive funds appropriated for this
 2.4 purpose, a county must have:

2.5 (i) a waiting list in the most recent published
 2.6 waiting list month;

2.7 (ii) an average of at least ten families on the
 2.8 most recent six months of published waiting
 2.9 list; and

2.10 (iii) total expenditures in calendar year
 2.11 2014 that met or exceeded 80 percent of the
 2.12 county's available final allocation.

2.13 (2) Funds shall be distributed proportionately
 2.14 based on the average of the most recent six
 2.15 months of published waiting lists to counties
 2.16 that meet the criteria in clause (1).

2.17 (3) Allocations in calendar years 2017
 2.18 and beyond shall be calculated using the
 2.19 allocation formula in Minnesota Statutes,
 2.20 section 119B.03.

2.21 (4) The guaranteed floor for calendar year
 2.22 2017 shall be based on the revised calendar
 2.23 year 2016 allocation.

2.24 **Base Level Adjustment.** The general fund
 2.25 base is increased by \$810,000 in fiscal year
 2.26 2018 and increased by \$821,000 in fiscal
 2.27 year 2019.

2.28 (c) **Child Care Development Grants** 1,737,000 1,737,000

2.29 (d) **Child Support Enforcement Grants** 50,000 50,000

2.30 (e) **Children's Services Grants**

2.31	Appropriations by Fund		
2.32	General	39,015,000	38,665,000
2.33	Federal TANF	140,000	140,000

3.1 **Safe Place for Newborns.** \$350,000 from
 3.2 the general fund in fiscal year 2016 is to
 3.3 distribute information on the Safe Place
 3.4 for Newborns law in Minnesota to increase
 3.5 public awareness of the law. This is a
 3.6 onetime appropriation.

3.7 **Child Protection.** \$23,350,000 in fiscal year
 3.8 2016 and \$23,350,000 in fiscal year 2017
 3.9 are to address child protection staffing and
 3.10 services under Minnesota Statutes, section
 3.11 256M.41. \$1,650,000 in fiscal year 2016 and
 3.12 \$1,650,000 in fiscal year 2017 are for child
 3.13 protection grants to address child welfare
 3.14 disparities under Minnesota Statutes, section
 3.15 256E.28.

3.16 **Title IV-E Adoption Assistance.** Additional
 3.17 federal reimbursement to the state as a result
 3.18 of the Fostering Connections to Success
 3.19 and Increasing Adoptions Act's expanded
 3.20 eligibility for title IV-E adoption assistance
 3.21 is appropriated to the commissioner
 3.22 for postadoption services, including a
 3.23 parent-to-parent support network.

3.24 **Adoption Assistance Incentive Grants.**
 3.25 Federal funds available during fiscal years
 3.26 2016 and 2017 for adoption incentive
 3.27 grants are appropriated to the commissioner
 3.28 for postadoption services, including a
 3.29 parent-to-parent support network.

3.30	(f) Children and Community Service Grants	56,301,000	56,301,000
3.31	(g) Children and Economic Support Grants	26,778,000	26,966,000

3.32 **Mobile Food Shelf Grants.** (a) \$1,000,000
 3.33 in fiscal year 2016 and \$1,000,000 in
 3.34 fiscal year 2017 are for a grant to Hunger

- 4.1 Solutions. This is a onetime appropriation
4.2 and is available until June 30, 2017.
- 4.3 (b) Hunger Solutions shall award grants of
4.4 up to \$75,000 on a competitive basis. Grant
4.5 applications must include:
- 4.6 (1) the location of the project;
- 4.7 (2) a description of the mobile program,
4.8 including size and scope;
- 4.9 (3) evidence regarding the unserved or
4.10 underserved nature of the community in
4.11 which the project is to be located;
- 4.12 (4) evidence of community support for the
4.13 project;
- 4.14 (5) the total cost of the project;
- 4.15 (6) the amount of the grant request and how
4.16 funds will be used;
- 4.17 (7) sources of funding or in-kind
4.18 contributions for the project that will
4.19 supplement any grant award;
- 4.20 (8) a commitment to mobile programs by the
4.21 applicant and an ongoing commitment to
4.22 maintain the mobile program; and
- 4.23 (9) any additional information requested by
4.24 Hunger Solutions.
- 4.25 (c) Priority may be given to applicants who:
- 4.26 (1) serve underserved areas;
- 4.27 (2) create a new or expand an existing mobile
4.28 program;
- 4.29 (3) serve areas where a high amount of need
4.30 is identified;

5.1 (4) provide evidence of strong support for the
5.2 project from citizens and other institutions in
5.3 the community;

5.4 (5) leverage funding for the project from
5.5 other private and public sources; and

5.6 (6) commit to maintaining the program on a
5.7 multilayer basis.

5.8 **Homeless Youth Act.** ~~Of this appropriation,~~

5.9 At least \$500,000 of the appropriation for
5.10 the Homeless Youth Act must be awarded to
5.11 providers in greater Minnesota, with at least
5.12 25 percent of this amount for new applicant
5.13 providers. The commissioner shall provide
5.14 outreach and technical assistance to greater
5.15 Minnesota providers and new providers to
5.16 encourage responding to the request for
5.17 proposals.

5.18 **Stearns County Veterans Housing.**

5.19 \$85,000 in fiscal year 2016 and \$85,000
5.20 in fiscal year 2017 are for a grant to
5.21 Stearns County to provide administrative
5.22 funding in support of a service provider
5.23 serving veterans in Stearns County. The
5.24 administrative funding grant may be used to
5.25 support group residential housing services,
5.26 corrections-related services, veteran services,
5.27 and other social services related to the service
5.28 provider serving veterans in Stearns County.

5.29 **Safe Harbor.** \$800,000 in fiscal year 2016
5.30 and \$800,000 in fiscal year 2017 are from
5.31 the general fund for emergency shelter and
5.32 transitional and long-term housing beds for
5.33 sexually exploited youth and youth at risk of
5.34 sexual exploitation. Of this appropriation,
5.35 \$150,000 in fiscal year 2016 and \$150,000 in

6.1 fiscal year 2017 are from the general fund for
 6.2 statewide youth outreach workers connecting
 6.3 sexually exploited youth and youth at risk of
 6.4 sexual exploitation with shelter and services.

6.5 **Minnesota Food Assistance Program.**

6.6 Unexpended funds for the Minnesota food
 6.7 assistance program for fiscal year 2016 do
 6.8 not cancel but are available for this purpose
 6.9 in fiscal year 2017.

6.10 **Base Level Adjustment.** The general fund
 6.11 base is decreased by \$816,000 in fiscal year
 6.12 2018 and is decreased by \$606,000 in fiscal
 6.13 year 2019.

6.14 **(h) Health Care Grants**

6.15	Appropriations by Fund		
6.16	General	536,000	2,482,000
6.17	Health Care Access	3,341,000	3,465,000

6.18 **Grants for Periodic Data Matching for**
 6.19 **Medical Assistance and MinnesotaCare.**

6.20 Of the general fund appropriation, \$26,000
 6.21 in fiscal year 2016 and \$1,276,000 in fiscal
 6.22 year 2017 are for grants to counties for
 6.23 costs related to periodic data matching
 6.24 for medical assistance and MinnesotaCare
 6.25 recipients under Minnesota Statutes,
 6.26 section 256B.0561. The commissioner
 6.27 must distribute these grants to counties in
 6.28 proportion to each county's number of cases
 6.29 in the prior year in the affected programs.

6.30 **Base Level Adjustment.** The general fund
 6.31 base is increased by \$1,637,000 in fiscal year
 6.32 2018 and increased by \$1,229,000 in fiscal
 6.33 year 2019.

6.34	(i) Other Long-Term Care Grants	1,551,000	3,069,000
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7.1 **Transition Populations.** \$1,551,000 in fiscal
 7.2 year 2016 and \$1,725,000 in fiscal year 2017
 7.3 are for home and community-based services
 7.4 transition grants to assist in providing home
 7.5 and community-based services and treatment
 7.6 for transition populations under Minnesota
 7.7 Statutes, section 256.478.

7.8 **Base Level Adjustment.** The general fund
 7.9 base is increased by \$156,000 in fiscal year
 7.10 2018 and by \$581,000 in fiscal year 2019.

7.11	(j) Aging and Adult Services Grants	28,463,000	28,162,000
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7.12 **Dementia Grants.** \$750,000 in fiscal year
 7.13 2016 and \$750,000 in fiscal year 2017
 7.14 are for the Minnesota Board on Aging for
 7.15 regional and local dementia grants authorized
 7.16 in Minnesota Statutes, section 256.975,
 7.17 subdivision 11.

7.18	(k) Deaf and Hard-of-Hearing Grants	2,225,000	2,375,000
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7.19 **Deaf, Deafblind, and Hard-of-Hearing**
 7.20 **Grants.** \$350,000 in fiscal year 2016 and
 7.21 \$500,000 in fiscal year 2017 are for deaf
 7.22 and hard-of-hearing grants. The funds
 7.23 must be used to increase the number of
 7.24 deafblind Minnesotans receiving services
 7.25 under Minnesota Statutes, section 256C.261,
 7.26 and to provide linguistically and culturally
 7.27 appropriate mental health services to children
 7.28 who are deaf, deafblind, and hard-of-hearing.
 7.29 This is a onetime appropriation.

7.30 **Base Level Adjustment.** The general fund
 7.31 base is decreased by \$500,000 in fiscal year
 7.32 2018 and by \$500,000 in fiscal year 2019.

7.33	(l) Disabilities Grants	20,820,000	20,858,000
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8.1 **State Quality Council.** \$573,000 in fiscal
 8.2 year 2016 and \$600,000 in fiscal year
 8.3 2017 are for the State Quality Council to
 8.4 provide technical assistance and monitoring
 8.5 of person-centered outcomes related to
 8.6 inclusive community living and employment.
 8.7 The funding must be used by the State
 8.8 Quality Council to assure a statewide plan
 8.9 for systems change in person-centered
 8.10 planning that will achieve desired outcomes
 8.11 including increased integrated employment
 8.12 and community living.

8.13 **(m) Adult Mental Health Grants**

8.14	Appropriations by Fund		
8.15	General	69,992,000	71,244,000
8.16	Health Care Access	1,575,000	2,473,000
8.17	Lottery Prize	1,733,000	1,733,000

8.18 **Funding Usage.** Up to 75 percent of a fiscal
 8.19 year's appropriation for adult mental health
 8.20 grants may be used to fund allocations in that
 8.21 portion of the fiscal year ending December
 8.22 31.

8.23 **Culturally Specific Mental Health**

8.24 **Services.** \$100,000 in fiscal year 2016 is for
 8.25 grants to nonprofit organizations to provide
 8.26 resources and referrals for culturally specific
 8.27 mental health services to Southeast Asian
 8.28 veterans born before 1965 who do not qualify
 8.29 for services available to veterans formally
 8.30 discharged from the United States armed
 8.31 forces.

8.32 **Problem Gambling.** \$225,000 in fiscal year
 8.33 2016 and \$225,000 in fiscal year 2017 are
 8.34 from the lottery prize fund for a grant to the
 8.35 state affiliate recognized by the National

9.1 Council on Problem Gambling. The affiliate
 9.2 must provide services to increase public
 9.3 awareness of problem gambling, education,
 9.4 and training for individuals and organizations
 9.5 providing effective treatment services to
 9.6 problem gamblers and their families, and
 9.7 research related to problem gambling.

9.8 **Sustainability Grants.** \$2,125,000 in fiscal
 9.9 year 2016 and \$2,125,000 in fiscal year 2017
 9.10 are for sustainability grants under Minnesota
 9.11 Statutes, section 256B.0622, subdivision 11.

9.12 **Beltrami County Mental Health Services**
 9.13 **Grant.** \$1,000,000 in fiscal year 2016 and
 9.14 \$1,000,000 in fiscal year 2017 are from the
 9.15 general fund for a grant to Beltrami County
 9.16 to fund the planning and development of
 9.17 a comprehensive mental health services
 9.18 program under article 2, section 41,
 9.19 Comprehensive Mental Health Program
 9.20 in Beltrami County. This is a onetime
 9.21 appropriation.

9.22 **Base Level Adjustment.** The general fund
 9.23 base is increased by \$723,000 in fiscal year
 9.24 2018 and by \$723,000 in fiscal year 2019.
 9.25 The health care access fund base is decreased
 9.26 by \$1,723,000 in fiscal year 2018 and by
 9.27 \$1,723,000 in fiscal year 2019.

9.28 (n) Child Mental Health Grants	23,386,000	24,313,000
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9.29 **Services and Supports for First Episode**
 9.30 **Psychosis.** \$177,000 in fiscal year 2017 is
 9.31 for grants under Minnesota Statutes, section
 9.32 245.4889, to mental health providers to pilot
 9.33 evidence-based interventions for youth at risk
 9.34 of developing or experiencing a first episode
 9.35 of psychosis and for a public awareness

10.1 campaign on the signs and symptoms of
 10.2 psychosis. The base for these grants is
 10.3 \$236,000 in fiscal year 2018 and \$301,000 in
 10.4 fiscal year 2019.

10.5 **Adverse Childhood Experiences.** The base
 10.6 for grants under Minnesota Statutes, section
 10.7 245.4889, to children's mental health and
 10.8 family services collaboratives for adverse
 10.9 childhood experiences (ACEs) training
 10.10 grants and for an interactive Web site
 10.11 connection to support ACEs in Minnesota is
 10.12 \$363,000 in fiscal year 2018 and \$363,000 in
 10.13 fiscal year 2019.

10.14 **Funding Usage.** Up to 75 percent of a fiscal
 10.15 year's appropriation for child mental health
 10.16 grants may be used to fund allocations in that
 10.17 portion of the fiscal year ending December
 10.18 31.

10.19 **Base Level Adjustment.** The general fund
 10.20 base is increased by \$422,000 in fiscal year
 10.21 2018 and is increased by \$487,000 in fiscal
 10.22 year 2019.

10.23	(o) Chemical Dependency Treatment Support		
10.24	Grants	1,561,000	1,561,000

10.25 **Chemical Dependency Prevention.**
 10.26 \$150,000 in fiscal year 2016 and \$150,000
 10.27 in fiscal year 2017 are for grants to
 10.28 nonprofit organizations to provide chemical
 10.29 dependency prevention programs in
 10.30 secondary schools. When making grants, the
 10.31 commissioner must consider the expertise,
 10.32 prior experience, and outcomes achieved
 10.33 by applicants that have provided prevention
 10.34 programming in secondary education
 10.35 environments. An applicant for the grant

11.1 funds must provide verification to the
 11.2 commissioner that the applicant has available
 11.3 and will contribute sufficient funds to match
 11.4 the grant given by the commissioner. This is
 11.5 a onetime appropriation.

11.6 **Fetal Alcohol Syndrome Grants.** \$250,000
 11.7 in fiscal year 2016 and \$250,000 in fiscal year
 11.8 2017 are for grants to be administered by the
 11.9 Minnesota Organization on Fetal Alcohol
 11.10 Syndrome to provide comprehensive,
 11.11 gender-specific services to pregnant and
 11.12 parenting women suspected of or known
 11.13 to use or abuse alcohol or other drugs.
 11.14 This appropriation is for grants to no fewer
 11.15 than three eligible recipients. Minnesota
 11.16 Organization on Fetal Alcohol Syndrome
 11.17 must report to the commissioner of human
 11.18 services annually by January 15 on the
 11.19 grants funded by this appropriation. The
 11.20 report must include measurable outcomes for
 11.21 the previous year, including the number of
 11.22 pregnant women served and the number of
 11.23 toxic-free babies born.

11.24 **Base Level Adjustment.** The general fund
 11.25 base is decreased by \$150,000 in fiscal year
 11.26 2018 and by \$150,000 in fiscal year 2019.

11.27 Sec. 2. Laws 2015, chapter 71, article 14, section 3, subdivision 2, is amended to read:

11.28 Subd. 2. **Health Improvement**

11.29	Appropriations by Fund		
11.30	General	68,653,000	68,984,000
11.31	State Government		
11.32	Special Revenue	6,264,000	6,182,000
11.33	Health Care Access	33,987,000	33,421,000
11.34	Federal TANF	11,713,000	11,713,000

- 12.1 **Violence Against Asian Women Working**
12.2 **Group.** \$200,000 in fiscal year 2016 from
12.3 the general fund is for the working group on
12.4 violence against Asian women and children.
- 12.5 **MERC Program.** \$1,000,000 in fiscal year
12.6 2016 and \$1,000,000 in fiscal year 2017 are
12.7 from the general fund for the MERC program
12.8 under Minnesota Statutes, section 62J.692,
12.9 subdivision 4.
- 12.10 **Poison Information Center Grants.**
12.11 \$750,000 in fiscal year 2016 and \$750,000 in
12.12 fiscal year 2017 are from the general fund
12.13 for regional poison information center grants
12.14 under Minnesota Statutes, section 145.93.
- 12.15 **Advanced Care Planning.** \$250,000 in
12.16 fiscal year 2016 is from the general fund
12.17 to award a grant to a statewide advance
12.18 care planning resource organization that has
12.19 expertise in convening and coordinating
12.20 community-based strategies to encourage
12.21 individuals, families, caregivers, and health
12.22 care providers to begin conversations
12.23 regarding end-of-life care choices that
12.24 express an individual's health care values
12.25 and preferences and are based on informed
12.26 health care decisions. This is a onetime
12.27 appropriation.
- 12.28 **Early Dental Prevention Initiatives.**
12.29 \$172,000 in fiscal year 2016 and \$140,000 in
12.30 fiscal year 2017 are for the development and
12.31 distribution of the early dental prevention
12.32 initiative under Minnesota Statutes, section
12.33 144.3875.
- 12.34 **International Medical Graduate**
12.35 **Assistance Program.** (a) \$500,000 in fiscal

13.1 year 2016 and \$500,000 in fiscal year 2017
13.2 are from the health care access fund for
13.3 the grant programs and necessary contracts
13.4 under Minnesota Statutes, section 144.1911,
13.5 subdivisions 3, paragraph (a), clause (4), and
13.6 4 and 5. The commissioner may use up to
13.7 \$133,000 per year of the appropriation for
13.8 international medical graduate assistance
13.9 program administration duties in Minnesota
13.10 Statutes, section 144.1911, subdivisions
13.11 3, 9, and 10, and for administering the
13.12 grant programs under Minnesota Statutes,
13.13 section 144.1911, subdivisions 4, 5,
13.14 and 6. The commissioner shall develop
13.15 recommendations for any additional funding
13.16 required for initiatives needed to achieve the
13.17 objectives of Minnesota Statutes, section
13.18 144.1911. The commissioner shall report the
13.19 funding recommendations to the legislature
13.20 by January 15, 2016, in the report required
13.21 under Minnesota Statutes, section 144.1911,
13.22 subdivision 10. The base for this purpose is
13.23 \$1,000,000 in fiscal years 2018 and 2019.

13.24 (b) \$500,000 in fiscal year 2016 and
13.25 \$500,000 in fiscal year 2017 are from the
13.26 health care access fund for transfer to the
13.27 revolving international medical graduate
13.28 residency account established in Minnesota
13.29 Statutes, section 144.1911, subdivision 6.
13.30 This is a onetime appropriation.

13.31 **Federally Qualified Health Centers.**
13.32 \$1,000,000 in fiscal year 2016 and
13.33 \$1,000,000 in fiscal year 2017 are from the
13.34 general fund to provide subsidies to federally
13.35 qualified health centers under Minnesota

14.1 Statutes, section 145.9269. This is a onetime
14.2 appropriation.

14.3 **Organ Donation.** \$200,000 in fiscal year
14.4 2016 is from the general fund to establish
14.5 a grant program to develop and create
14.6 culturally appropriate outreach programs that
14.7 provide education about the importance of
14.8 organ donation. Grants shall be awarded to
14.9 a federally designated organ procurement
14.10 organization and hospital system that
14.11 performs transplants. This is a onetime
14.12 appropriation.

14.13 **Primary Care Residency.** \$1,500,000 in
14.14 fiscal year 2016 and \$1,500,000 in fiscal
14.15 year 2017 are from the general fund for
14.16 the purposes of the primary care residency
14.17 expansion grant program under Minnesota
14.18 Statutes, section 144.1506.

14.19 **Somali Women's Health Pilot Program.**

14.20 (a) The commissioner of health shall
14.21 establish a pilot program between one or
14.22 more federally qualified health centers, as
14.23 defined under Minnesota Statutes, section
14.24 145.9269, a nonprofit organization that
14.25 helps Somali women, and the Minnesota
14.26 Evaluation Studies Institute, to develop
14.27 a promising strategy to address the
14.28 preventative and primary health care needs
14.29 of, and address health inequities experienced
14.30 by, first generation Somali women. The
14.31 pilot program must collaboratively develop
14.32 a patient flow process for first generation
14.33 Somali women by:

14.34 (1) addressing and identifying clinical and
14.35 cultural barriers to Somali women accessing

- 15.1 preventative and primary care, including,
15.2 but not limited to, cervical and breast cancer
15.3 screenings;
- 15.4 (2) developing a culturally appropriate health
15.5 curriculum for Somali women based on
15.6 the outcomes from the community-based
15.7 participatory research report "Cultural
15.8 Traditions and the Reproductive Health
15.9 of Somali Refugees and Immigrants" to
15.10 increase the health literacy of Somali women
15.11 and develop culturally specific health care
15.12 information; and
- 15.13 (3) training the federally qualified health
15.14 center's providers and staff to enhance
15.15 provider and staff cultural competence
15.16 regarding the cultural barriers, including
15.17 female genital cutting.
- 15.18 (b) The pilot program must develop a process
15.19 that results in increased screening rates
15.20 for cervical and breast cancer and can be
15.21 replicated by other providers serving ethnic
15.22 minorities. The pilot program must conduct
15.23 an evaluation of the new patient flow process
15.24 used by Somali women to access federally
15.25 qualified health centers services.
- 15.26 (c) The pilot program must report the
15.27 outcomes to the commissioner by June 30,
15.28 2017.
- 15.29 (d) \$110,000 in fiscal year 2016 is for the
15.30 Somali women's health pilot program. Of
15.31 this appropriation, the commissioner may
15.32 use up to \$10,000 to administer the program.
15.33 This appropriation is available until June 30,
15.34 2017. This is a onetime appropriation.

16.1 **Menthol Cigarette Usage in**
16.2 **African-American Community**
16.3 **Intervention Grants.** Of the health care
16.4 access fund appropriation for the statewide
16.5 health improvement program, \$200,000 in
16.6 fiscal year 2016 is for at least one grant that
16.7 must be awarded by the commissioner to
16.8 implement strategies and interventions to
16.9 reduce the disproportionately high usage of
16.10 cigarettes by African-Americans, especially
16.11 the use of menthol-flavored cigarettes, as
16.12 well as the disproportionate harm tobacco
16.13 causes in that community. The grantee shall
16.14 engage members of the African-American
16.15 community and community-based
16.16 organizations. This grant shall be awarded
16.17 as part of the statewide health improvement
16.18 program grants awarded on November 1,
16.19 2015, and must meet the requirements of
16.20 Minnesota Statutes, section 145.986.

16.21 **Targeted Home Visiting System.** (a)
16.22 \$75,000 in fiscal year 2016 is for the
16.23 commissioner of health, in consultation
16.24 with the commissioners of human services
16.25 and education, community health boards,
16.26 tribal nations, and other home visiting
16.27 stakeholders, to design baseline training
16.28 for new home visitors to ensure statewide
16.29 coordination across home visiting programs.

16.30 (b) \$575,000 in fiscal year 2016 and
16.31 \$2,000,000 fiscal year 2017 are to provide
16.32 grants to community health boards and
16.33 tribal nations for start-up grants for new
16.34 nurse-family partnership programs and
16.35 for grants to expand existing programs
16.36 to serve first-time mothers, prenatally by

17.1 28 weeks gestation until the child is two
17.2 years of age, who are eligible for medical
17.3 assistance under Minnesota Statutes, chapter
17.4 256B, or the federal Special Supplemental
17.5 Nutrition Program for Women, Infants, and
17.6 Children. The commissioner shall award
17.7 grants to community health boards or tribal
17.8 nations in metropolitan and rural areas of
17.9 the state. Priority for all grants shall be
17.10 given to nurse-family partnership programs
17.11 that provide services through a Minnesota
17.12 health care program-enrolled provider that
17.13 accepts medical assistance. Additionally,
17.14 priority for grants to rural areas shall be
17.15 given to community health boards and tribal
17.16 nations that expand services within regional
17.17 partnerships that provide the nurse-family
17.18 partnership program. Funding available
17.19 under this paragraph may only be used to
17.20 supplement, not to replace, funds being used
17.21 for nurse-family partnership home visiting
17.22 services as of June 30, 2015.

17.23 **Opiate Antagonists.** \$270,000 in fiscal
17.24 year 2016 and \$20,000 in fiscal year 2017
17.25 are from the general fund for grants to the
17.26 eight regional emergency medical services
17.27 programs to purchase opiate antagonists
17.28 and educate and train emergency medical
17.29 services persons, as defined in Minnesota
17.30 Statutes, section 144.7401, subdivision
17.31 4, clauses (1) and (2), in the use of these
17.32 antagonists in the event of an opioid or
17.33 heroin overdose. For the purposes of
17.34 this paragraph, "opiate antagonist" means
17.35 naloxone hydrochloride or any similarly
17.36 acting drug approved by the federal Food

18.1 and Drug Administration for the treatment of
18.2 drug overdose. Grants under this paragraph
18.3 must be distributed to all eight regional
18.4 emergency medical services programs. This
18.5 is a onetime appropriation and is available
18.6 until June 30, 2017. The commissioner may
18.7 use up to \$20,000 of the amount for opiate
18.8 antagonists for administration.

18.9 **Local and Tribal Public Health Grants.** (a)
18.10 \$894,000 in fiscal year 2016 and \$894,000 in
18.11 fiscal year 2017 are for an increase in local
18.12 public health grants for community health
18.13 boards under Minnesota Statutes, section
18.14 145A.131, subdivision 1, paragraph (e).

18.15 (b) \$106,000 in fiscal year 2016 and \$106,000
18.16 in fiscal year 2017 are for an increase in
18.17 special grants to tribal governments under
18.18 Minnesota Statutes, section 145A.14,
18.19 subdivision 2a.

18.20 **HCBS Employee Scholarships.** \$1,000,000
18.21 in fiscal year 2016 and \$1,000,000 in fiscal
18.22 year 2017 are from the general fund for
18.23 the home and community-based services
18.24 employee scholarship program under
18.25 Minnesota Statutes, section 144.1503. The
18.26 commissioner may use up to \$50,000 of the
18.27 amount for the HCBS employee scholarships
18.28 for administration.

18.29 **Family Planning Special Projects.**
18.30 \$1,000,000 in fiscal year 2016 and
18.31 \$1,000,000 in fiscal year 2017 are from the
18.32 general fund for family planning special
18.33 project grants under Minnesota Statutes,
18.34 section 145.925.

19.1 **Positive Alternatives.** \$1,000,000 in fiscal
 19.2 year 2016 and \$1,000,000 in fiscal year
 19.3 2017 are from the general fund for positive
 19.4 abortion alternatives under Minnesota
 19.5 Statutes, section 145.4235.

19.6 **Safe Harbor for Sexually Exploited Youth.**
 19.7 \$700,000 in fiscal year 2016 and \$700,000 in
 19.8 fiscal year 2017 are from the general fund
 19.9 for the safe harbor program under Minnesota
 19.10 Statutes, sections 145.4716 to 145.4718.
 19.11 Funds shall be used for grants to increase
 19.12 the number of regional navigators; training
 19.13 for professionals who engage with exploited
 19.14 or at-risk youth; implementing statewide
 19.15 protocols and best practices for effectively
 19.16 identifying, interacting with, and referring
 19.17 sexually exploited youth to appropriate
 19.18 resources; and program operating costs.

19.19 **Health Care Grants for Uninsured**
 19.20 **Individuals.** (a) ~~\$125,000~~ \$62,500 in fiscal
 19.21 year 2016 and ~~\$125,000~~ \$62,500 in fiscal year
 19.22 2017 are from the ~~general~~ health care access
 19.23 fund for dental provider grants in Minnesota
 19.24 Statutes, section 145.929, subdivision 1.

19.25 (b) ~~\$437,500~~ \$218,750 in fiscal year 2016
 19.26 and ~~\$437,500~~ \$218,750 in fiscal year 2017
 19.27 are from the ~~general~~ health care access fund
 19.28 for community mental health program grants
 19.29 in Minnesota Statutes, section 145.929,
 19.30 subdivision 2.

19.31 (c) ~~\$1,500,000~~ \$750,000 in fiscal year 2016
 19.32 and ~~\$1,500,000~~ \$750,000 in fiscal year 2017
 19.33 are from the ~~general~~ health care access fund
 19.34 for the emergency medical assistance outlier

20.1 grant program in Minnesota Statutes, section
20.2 145.929, subdivision 3.

20.3 (d) ~~\$437,500~~ \$218,750 of the general health
20.4 care access fund appropriation in fiscal years
20.5 year 2016 and \$218,750 in fiscal year 2017
20.6 is are for community health center grants
20.7 under Minnesota Statutes, section 145.9269.

20.8 A community health center that receives a
20.9 grant from this appropriation is not eligible
20.10 for a grant under paragraph (b).

20.11 (e) The commissioner may use up to \$25,000
20.12 of the appropriations for health care grants
20.13 for uninsured individuals in fiscal years 2016
20.14 and 2017 for grant administration.

20.15 **TANF Appropriations.** (a) \$1,156,000 of
20.16 the TANF funds is appropriated each year of
20.17 the biennium to the commissioner for family
20.18 planning grants under Minnesota Statutes,
20.19 section 145.925.

20.20 (b) \$3,579,000 of the TANF funds is
20.21 appropriated each year of the biennium to
20.22 the commissioner for home visiting and
20.23 nutritional services listed under Minnesota
20.24 Statutes, section 145.882, subdivision 7,
20.25 clauses (6) and (7). Funds must be distributed
20.26 to community health boards according to
20.27 Minnesota Statutes, section 145A.131,
20.28 subdivision 1.

20.29 (c) \$2,000,000 of the TANF funds is
20.30 appropriated each year of the biennium to
20.31 the commissioner for decreasing racial and
20.32 ethnic disparities in infant mortality rates
20.33 under Minnesota Statutes, section 145.928,
20.34 subdivision 7.

21.1 (d) \$4,978,000 of the TANF funds is
 21.2 appropriated each year of the biennium to the
 21.3 commissioner for the family home visiting
 21.4 grant program according to Minnesota
 21.5 Statutes, section 145A.17. \$4,000,000 of the
 21.6 funding must be distributed to community
 21.7 health boards according to Minnesota
 21.8 Statutes, section 145A.131, subdivision 1.
 21.9 \$978,000 of the funding must be distributed to
 21.10 tribal governments as provided in Minnesota
 21.11 Statutes, section 145A.14, subdivision 2a.

21.12 (e) The commissioner may use up to 6.23
 21.13 percent of the funds appropriated each fiscal
 21.14 year to conduct the ongoing evaluations
 21.15 required under Minnesota Statutes, section
 21.16 145A.17, subdivision 7, and training and
 21.17 technical assistance as required under
 21.18 Minnesota Statutes, section 145A.17,
 21.19 subdivisions 4 and 5.

21.20 **TANF Carryforward.** Any unexpended
 21.21 balance of the TANF appropriation in the
 21.22 first year of the biennium does not cancel but
 21.23 is available for the second year.

21.24 **Health Professional Loan Forgiveness.**
 21.25 \$2,631,000 in fiscal year 2016 and
 21.26 \$2,631,000 in fiscal year 2017 are from
 21.27 the ~~general~~ health care access fund for the
 21.28 purposes of Minnesota Statutes, section
 21.29 144.1501. Of this appropriation, the
 21.30 commissioner may use up to \$131,000 each
 21.31 year to administer the program.

21.32 **Minnesota Stroke System.** \$350,000 in
 21.33 fiscal year 2016 and \$350,000 in fiscal
 21.34 year 2017 are from the general fund for the
 21.35 Minnesota stroke system.

22.1 **Prevention of Violence in Health Care.**

22.2 \$50,000 in fiscal year 2016 is to continue the
 22.3 prevention of violence in health care program
 22.4 and creating violence prevention resources
 22.5 for hospitals and other health care providers
 22.6 to use in training their staff on violence
 22.7 prevention. This is a onetime appropriation
 22.8 and is available until June 30, 2017.

22.9 **Health Care Savings Determinations. (a)**

22.10 The health care access fund base for the state
 22.11 health improvement program is decreased by
 22.12 \$261,000 in fiscal year 2016 and decreased
 22.13 by \$110,000 in fiscal year 2017.

22.14 (b) \$261,000 in fiscal year 2016 and \$110,000
 22.15 in fiscal year 2017 are from the health care
 22.16 access fund for the forecasting, cost reporting,
 22.17 and analysis required by Minnesota Statutes,
 22.18 section 62U.10, subdivisions 6 and 7.

22.19 **Base Level Adjustments.** The general fund

22.20 base is decreased by \$1,070,000 in fiscal
 22.21 year 2018 and by \$1,020,000 in fiscal year
 22.22 2019. The state government special revenue
 22.23 fund base is increased by \$33,000 in fiscal
 22.24 year 2018. The health care access fund base
 22.25 is increased by \$610,000 in fiscal year 2018
 22.26 and by \$23,000 in fiscal year 2019.

22.27 Sec. 3. Laws 2015, chapter 77, article 2, section 88, is amended to read:

22.28 Sec. 88. **REPEALER.**

22.29 (a) Minnesota Statutes 2014, sections 3.9223; 3.9225; and 3.9226, subdivisions 1,
 22.30 2, 3, 4, 5, 6, and 7, are repealed.

22.31 (b) Minnesota Statutes 2014, ~~sections 6.48; and section~~ 375.23, ~~are~~ is repealed.

22.32 (c) Minnesota Statutes 2014, section 155A.23, subdivision 6, is repealed.

22.33 (d) Minnesota Statutes 2014, section 6.48, is repealed.

22.34 **EFFECTIVE DATE.** Paragraph (d) is effective August 1, 2016.

23.1 Sec. 4. **SUPERSEDING PROVISION; LAWS 2015, CHAPTER 42.**

23.2 Laws 2015, chapter 42, sections 1, 2, and 3, are effective July 1, 2015.

23.3 **EFFECTIVE DATE.** This section is effective July 1, 2015.

23.4 Sec. 5. **SUPERSEDING PROVISION; LAWS 2015, CHAPTER 71.**

23.5 Laws 2015, chapter 71, article 1, sections 41 and 43, are effective October 1, 2015.

23.6 **EFFECTIVE DATE.** This section is effective July 1, 2015.

23.7 Sec. 6. **EFFECTIVE DATE.**

23.8 Unless otherwise provided, each section of this act is effective at the time the
23.9 provision being corrected is effective.