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State of Minnesota

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HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 4438

03/18/2026 Authored by Bierman, Huot, Virnig and Engen
The bill was read for the first time and referred to the Committee on Health Finance and Policy
04/07/2026 Adoption of Report: Placed on the General Register as Amended
Read for the Second Time

1.1 A bill for an act
1.2 relating to health; changing certain reporting provisions; specifying contract term
1.3 limits for WIC; clarifying members to serve on the state community health services
1.4 advisory committee; modifying certain speech-language pathologist and audiologist
1.5 licensing requirements; amending Minnesota Statutes 2024, sections 144.059,
1.6 subdivision 8; 145.56, subdivision 5; 145.561, subdivision 2; 145.882, by adding
1.7 subdivisions; 145A.04, subdivision 15; 148.517, subdivisions 1, 2; 148.5191,
1.8 subdivision 4; repealing Minnesota Statutes 2024, section 144.9821.

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

1.10 Section 1. Minnesota Statutes 2024, section 144.059, subdivision 8, is amended to read:

1.11 Subd. 8. Duties. (a) The council shall consult with and advise the commissioner on
1.12 matters related to the establishment, maintenance, operation, and outcomes evaluation of
1.13 palliative care initiatives in the state.

1.14 (b) By February 15 of each odd-numbered year, the council shall submit to the chairs
1.15 and ranking minority members of the committees of the senate and the house of
1.16 representatives with primary jurisdiction over health care a report containing:

1.17 (1) the advisory council's assessment of the availability of palliative care in the state;

1.18 (2) the advisory council's analysis of barriers to greater access to palliative care; and

1.19 (3) recommendations for legislative action, with draft legislation to implement the
1.20 recommendations.

1.21 (c) The Department of Health shall publish the report each year on the department's
1.22 website.

2.1 Sec. 2. Minnesota Statutes 2024, section 145.56, subdivision 5, is amended to read:

2.2 Subd. 5. **Periodic evaluations; biennial reports.** To the extent funds are appropriated  
2.3 for the purposes of this subdivision, the commissioner shall conduct periodic evaluations  
2.4 of the impact of and outcomes from implementation of the state's suicide prevention plan  
2.5 and each of the activities specified in this section. ~~By July 1, 2002, and~~ On July 1 of each  
2.6 even-numbered year ~~thereafter~~, the commissioner shall report the results of these evaluations  
2.7 to the chairs of the policy and finance committees in the house of representatives and senate  
2.8 with jurisdiction over health and human services issues.

2.9 Sec. 3. Minnesota Statutes 2024, section 145.561, subdivision 2, is amended to read:

2.10 Subd. 2. **988 Lifeline.** (a) The commissioner shall administer the designation of and  
2.11 oversight for a 988 Lifeline center or a network of 988 Lifeline centers to answer contacts  
2.12 from individuals accessing the Suicide and Crisis Lifeline from any jurisdiction within the  
2.13 state 24 hours per day, seven days per week.

2.14 (b) The designated 988 Lifeline Center must:

2.15 (1) have an active agreement with the 988 Suicide and Crisis Lifeline program for  
2.16 participation in the network and the department;

2.17 (2) meet the 988 Lifeline program requirements and best practice guidelines for  
2.18 operational and clinical standards;

2.19 (3) provide data and reports, and participate in evaluations and related quality  
2.20 improvement activities as required by the 988 Lifeline program and the department;

2.21 (4) identify or adapt technology that is demonstrated to be interoperable across mobile  
2.22 crisis and public safety answering points used in the state for the purpose of crisis care  
2.23 coordination;

2.24 (5) facilitate crisis and outgoing services, including mobile crisis teams in accordance  
2.25 with guidelines established by the 988 Lifeline program and the department;

2.26 (6) actively collaborate and coordinate service linkages with mental health and substance  
2.27 use disorder treatment providers, local community mental health centers including certified  
2.28 community behavioral health clinics and community behavioral health centers, mobile crisis  
2.29 teams, and community based and hospital emergency departments;

2.30 (7) offer follow-up services to individuals accessing the 988 Lifeline Center that are  
2.31 consistent with guidance established by the 988 Lifeline program and the department; and

3.1 (8) meet the requirements set by the 988 Lifeline program and the department for serving  
3.2 at-risk and specialized populations.

3.3 (c) The commissioner shall adopt rules to allow appropriate information sharing and  
3.4 communication between and across crisis and emergency response systems.

3.5 (d) The commissioner, having primary oversight of suicide prevention, shall work with  
3.6 the 988 Lifeline program, veterans crisis line, and other SAMHSA-approved networks for  
3.7 the purpose of ensuring consistency of public messaging about 988 services.

3.8 (e) The commissioner shall work with representatives from 988 Lifeline Centers and  
3.9 public safety answering points, other public safety agencies, and the commissioner of public  
3.10 safety to facilitate the development of protocols and procedures for interactions between  
3.11 988 and 911 services across Minnesota. Protocols and procedures shall be developed  
3.12 following available national standards and guidelines.

3.13 (f) The commissioner shall provide ~~an annual~~ a biennial public report on 988 Lifeline  
3.14 usage by July 1 of each even-numbered year, including data on answer rates, abandoned  
3.15 calls, and referrals to 911 emergency response. The biennial report may be included as a  
3.16 section within the state suicide prevention report required under section 145.56.

3.17 Sec. 4. Minnesota Statutes 2024, section 145.882, is amended by adding a subdivision to  
3.18 read:

3.19 Subd. 9. **Contracting and procurement.** The commissioner is exempt from the contract  
3.20 term limits in chapter 16C for issuance of benefits under the Special Supplemental Nutrition  
3.21 Program for Women, Infants and Children (WIC) through an electronic benefit transfer  
3.22 (EBT) system and related services and contracts. These contracts may have an initial term  
3.23 of up to five years, with extensions not to exceed a ten-year total contract duration.

3.24 Sec. 5. Minnesota Statutes 2024, section 145.882, is amended by adding a subdivision to  
3.25 read:

3.26 Subd. 10. **Management information systems; contracting and procurement.** WIC  
3.27 is exempt from the contract term limits in chapter 16C for the management information  
3.28 systems used for issuance of supplemental nutrition benefits and the WIC EBT systems  
3.29 used for processing the redemptions of supplemental nutrition benefits. These contracts  
3.30 may have an initial term of up to five years, with extensions not to exceed a ten-year total  
3.31 contract duration.

4.1 Sec. 6. Minnesota Statutes 2024, section 145A.04, subdivision 15, is amended to read:

4.2 Subd. 15. **State and local advisory committees.** (a) A state community health services  
4.3 advisory committee is established to advise, consult with, and make recommendations to  
4.4 the commissioner on the development, maintenance, funding, and evaluation of local and  
4.5 Tribal public health services. Each community health board may appoint a member to serve  
4.6 on the committee. Each of Minnesota's federally recognized Tribal Nations may appoint a  
4.7 member to serve on the committee. The committee must meet at least quarterly, and special  
4.8 meetings may be called by the committee chair or a majority of the members. A Tribal  
4.9 Nation may elect to participate at any time. Members or their alternates may be reimbursed  
4.10 for travel and other necessary expenses while engaged in their official duties.

4.11 (b) Notwithstanding section 15.059, the State Community Health Services Advisory  
4.12 Committee does not expire.

4.13 (c) The city boards or county boards that have established or are members of a community  
4.14 health board may appoint a community health advisory committee to advise, consult with,  
4.15 and make recommendations to the community health board on the duties under subdivision  
4.16 1a.

4.17 Sec. 7. Minnesota Statutes 2024, section 148.517, subdivision 1, is amended to read:

4.18 Subdivision 1. **Applicability.** An applicant who applies for licensure as a speech-language  
4.19 pathologist or audiologist by reciprocity must meet the requirements of subdivisions 2 and  
4.20 3. An applicant for licensure as an audiologist by reciprocity must pass the practical test  
4.21 required under section 148.515, subdivision 6.

4.22 Sec. 8. Minnesota Statutes 2024, section 148.517, subdivision 2, is amended to read:

4.23 Subd. 2. **Current credentials required.** An applicant applying for licensure by  
4.24 reciprocity must provide evidence to the commissioner that the applicant holds a current  
4.25 and unrestricted credential for the practice of speech-language pathology or audiology in  
4.26 another jurisdiction that has requirements equivalent to or higher than those in effect for  
4.27 determining whether an applicant in this state is qualified to be licensed as a speech-language  
4.28 pathologist or audiologist. An applicant who provides sufficient evidence need not meet  
4.29 the requirements of section 148.515, except for section 148.515, subdivision 6, for applicants  
4.30 for licensure as an audiologist, provided that the applicant otherwise meets all other  
4.31 requirements of section 148.514.

5.1 Sec. 9. Minnesota Statutes 2024, section 148.5191, subdivision 4, is amended to read:

5.2 Subd. 4. **Renewal deadline.** Each license, including a temporary license provided under  
5.3 section 148.5161, must state an expiration date. An application for licensure renewal must  
5.4 be received by the Department of Health ~~or postmarked~~ at least 30 days before the expiration  
5.5 date. ~~If the postmark is illegible, the application shall be considered timely if received at~~  
5.6 ~~least 21 days before the expiration date.~~

5.7 When the commissioner establishes the renewal schedule for an applicant, licensee, or  
5.8 temporary licensee, if the period before the expiration date is less than two years, the fee  
5.9 shall be prorated.

5.10 Sec. 10. **REPEALER.**

5.11 Minnesota Statutes 2024, section 144.9821, is repealed.

**144.9821 ADVANCING HEALTH EQUITY THROUGH CAPACITY BUILDING AND RESOURCE ALLOCATION.**

Subdivision 1. **Establishment of grant program.** (a) The commissioner of health shall establish an annual grant program to award infrastructure capacity building grants to help metro and rural community and faith-based organizations serving people of color, American Indians, LGBTQIA+ communities, and people living with disabilities in Minnesota who have been disproportionately impacted by health and other inequities to be better equipped and prepared for success in procuring grants and contracts at the department and addressing inequities.

(b) The commissioner of health shall create a framework at the department to maintain equitable practices in grantmaking to ensure that internal grantmaking and procurement policies and practices prioritize equity, transparency, and accessibility to include:

(1) a tracking system for the department to better monitor and evaluate equitable procurement and grantmaking processes and their impacts; and

(2) technical assistance and coaching to department leadership in grantmaking and procurement processes and programs and providing tools and guidance to ensure equitable and transparent competitive grantmaking processes and award distribution across communities most impacted by inequities and develop measures to track progress over time.

Subd. 2. **Commissioner's duties.** The commissioner of health shall:

(1) in consultation with community stakeholders, community health boards and Tribal nations, develop a request for proposals for an infrastructure capacity building grant program to help community-based organizations, including faith-based organizations, to be better equipped and prepared for success in procuring grants and contracts at the department and beyond;

(2) provide outreach, technical assistance, and program development support to increase capacity for new and existing community-based organizations and other service providers in order to better meet statewide needs particularly in greater Minnesota and areas where services to reduce health disparities have not been established;

(3) in consultation with community stakeholders, review responses to requests for proposals and award grants under this section;

(4) ensure communication with the ethnic councils, Minnesota Indian Affairs Council, Minnesota Council on Disability, Minnesota Commission of the Deaf, DeafBlind, and Hard of Hearing, and the governor's office on the request for proposal process;

(5) in consultation with community stakeholders, establish a transparent and objective accountability process focused on outcomes that grantees agree to achieve;

(6) maintain data on outcomes reported by grantees; and

(7) establish a process or mechanism to evaluate the success of the capacity building grant program and to build the evidence base for effective community-based organizational capacity building in reducing disparities.

Subd. 3. **Eligible grantees.** Organizations eligible to receive grant funding under this section include: organizations or entities that work with diverse communities such as people of color, American Indians, LGBTQIA+ communities, and people with disabilities in metro and rural communities.

Subd. 4. **Strategic consideration and priority of proposals; eligible populations; grant awards.** (a) The commissioner, in consultation with community stakeholders, shall develop a request for proposals for equity in procurement and grantmaking capacity building grant program to help community-based organizations, including faith-based organizations to be better equipped and prepared for success in procuring grants and contracts at the department and addressing inequities.

(b) In awarding the grants, the commissioner shall provide strategic consideration and give priority to proposals from organizations or entities led by populations of color or American Indians, and those serving communities of color, American Indians, LGBTQIA+ communities, and disability communities.

Subd. 5. **Geographic distribution of grants.** The commissioner shall ensure that grant funds are prioritized and awarded to organizations and entities that are within counties that have a higher proportion of Black or African American, nonwhite Latino(a), LGBTQIA+, and disability communities to the extent possible.

APPENDIX  
Repealed Minnesota Statutes: H4438-1

Subd. 6. **Report.** Grantees must report grant program outcomes to the commissioner on the forms and according to the timelines established by the commissioner.