

**SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION**

S.F. No. 4101

(SENATE AUTHORS: MOHAMED, Murphy and Boldon)

DATE	D-PG	OFFICIAL STATUS
02/22/2024	11711	Introduction and first reading Referred to Health and Human Services

1.1 A bill for an act

1.2 relating to health; modifying the hospital nursing educational loan forgiveness

1.3 program; appropriating money; amending Minnesota Statutes 2023 Supplement,

1.4 section 144.1501, subdivisions 1, 2, 3, 4; Laws 2023, chapter 70, article 20, section

1.5 3, subdivisions 1, 2; proposing coding for new law in Minnesota Statutes, chapter

1.6 144.

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

1.8 Section 1. Minnesota Statutes 2023 Supplement, section 144.1501, subdivision 1, is

1.9 amended to read:

1.10 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions

1.11 apply.

1.12 (b) "Advanced dental therapist" means an individual who is licensed as a dental therapist

1.13 under section 150A.06, and who is certified as an advanced dental therapist under section

1.14 150A.106.

1.15 (c) "Alcohol and drug counselor" means an individual who is licensed as an alcohol and

1.16 drug counselor under chapter 148F.

1.17 (d) "Dental therapist" means an individual who is licensed as a dental therapist under

1.18 section 150A.06.

1.19 (e) "Dentist" means an individual who is licensed to practice dentistry.

1.20 (f) "Designated rural area" means a statutory and home rule charter city or township that

1.21 is outside the seven-county metropolitan area as defined in section 473.121, subdivision 2,

1.22 excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

2.1 (g) "Emergency circumstances" means those conditions that make it impossible for the
2.2 participant to fulfill the service commitment, including death, total and permanent disability,
2.3 or temporary disability lasting more than two years.

2.4 ~~(h) "Hospital nurse" means an individual who is licensed as a registered nurse and who~~
2.5 ~~is providing direct patient care in a nonprofit hospital setting.~~

2.6 ~~(h)~~ (h) "Mental health professional" means an individual providing clinical services in
2.7 the treatment of mental illness who is qualified in at least one of the ways specified in section
2.8 245.462, subdivision 18.

2.9 ~~(i)~~ (i) "Medical resident" means an individual participating in a medical residency in
2.10 family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

2.11 ~~(j)~~ (j) "Midlevel practitioner" means a nurse practitioner, nurse-midwife, nurse
2.12 anesthetist, advanced clinical nurse specialist, or physician assistant.

2.13 ~~(k)~~ (k) "Nurse" means an individual who has completed training and received all licensing
2.14 or certification necessary to perform duties as a licensed practical nurse or registered nurse.

2.15 ~~(l)~~ (l) "Nurse-midwife" means a registered nurse who has graduated from a program
2.16 of study designed to prepare registered nurses for advanced practice as nurse-midwives.

2.17 ~~(m)~~ (m) "Nurse practitioner" means a registered nurse who has graduated from a program
2.18 of study designed to prepare registered nurses for advanced practice as nurse practitioners.

2.19 ~~(n)~~ (n) "Pharmacist" means an individual with a valid license issued under chapter 151.

2.20 ~~(o)~~ (o) "Physician" means an individual who is licensed to practice medicine in the areas
2.21 of family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

2.22 ~~(p)~~ (p) "Physician assistant" means a person licensed under chapter 147A.

2.23 ~~(q)~~ (q) "Public health nurse" means a registered nurse licensed in Minnesota who has
2.24 obtained a registration certificate as a public health nurse from the Board of Nursing in
2.25 accordance with Minnesota Rules, chapter 6316.

2.26 ~~(r)~~ (r) "Qualified educational loan" means a government, commercial, or foundation
2.27 loan for actual costs paid for tuition, reasonable education expenses, and reasonable living
2.28 expenses related to the graduate or undergraduate education of a health care professional.

2.29 ~~(s)~~ (s) "Underserved urban community" means a Minnesota urban area or population
2.30 included in the list of designated primary medical care health professional shortage areas
2.31 (HPSAs), medically underserved areas (MUAs), or medically underserved populations

3.1 (MUPs) maintained and updated by the United States Department of Health and Human
3.2 Services.

3.3 Sec. 2. Minnesota Statutes 2023 Supplement, section 144.1501, subdivision 2, is amended
3.4 to read:

3.5 Subd. 2. **Creation of account.** (a) A health professional education loan forgiveness
3.6 program account is established in the health care access fund. The commissioner of health
3.7 shall use money from the account to establish a loan forgiveness program:

3.8 (1) for medical residents, mental health professionals, and alcohol and drug counselors
3.9 agreeing to practice in designated rural areas or underserved urban communities or
3.10 specializing in the area of pediatric psychiatry;

3.11 (2) for midlevel practitioners agreeing to practice in designated rural areas or to teach
3.12 at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program
3.13 at the undergraduate level or the equivalent at the graduate level;

3.14 (3) for nurses who agree to practice in a Minnesota nursing home; in an intermediate
3.15 care facility for persons with developmental disability; in a hospital if the hospital owns
3.16 and operates a Minnesota nursing home and a minimum of 50 percent of the hours worked
3.17 by the nurse is in the nursing home; in an assisted living facility as defined in section
3.18 144G.08, subdivision 7; or for a home care provider as defined in section 144A.43,
3.19 subdivision 4; or agree to teach at least 12 credit hours, or 720 hours per year in the nursing
3.20 field in a postsecondary program at the undergraduate level or the equivalent at the graduate
3.21 level;

3.22 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720
3.23 hours per year in their designated field in a postsecondary program at the undergraduate
3.24 level or the equivalent at the graduate level. The commissioner, in consultation with the
3.25 Healthcare Education-Industry Partnership, shall determine the health care fields where the
3.26 need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory
3.27 technology, radiologic technology, and surgical technology;

3.28 (5) for pharmacists, advanced dental therapists, dental therapists, and public health nurses
3.29 who agree to practice in designated rural areas; and

3.30 (6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient
3.31 encounters to state public program enrollees or patients receiving sliding fee schedule
3.32 discounts through a formal sliding fee schedule meeting the standards established by the

4.1 United States Department of Health and Human Services under Code of Federal Regulations,
4.2 title 42, section 51, chapter 303; ~~and~~.

4.3 ~~(7) for nurses employed as a hospital nurse by a nonprofit hospital and providing direct~~
4.4 ~~care to patients at the nonprofit hospital.~~

4.5 (b) Appropriations made to the account do not cancel and are available until expended,
4.6 except that at the end of each biennium, any remaining balance in the account that is not
4.7 committed by contract and not needed to fulfill existing commitments shall cancel to the
4.8 health care access fund.

4.9 Sec. 3. Minnesota Statutes 2023 Supplement, section 144.1501, subdivision 3, is amended
4.10 to read:

4.11 Subd. 3. **Eligibility.** (a) To be eligible to participate in the loan forgiveness program, an
4.12 individual must:

4.13 (1) be a medical or dental resident; a licensed pharmacist; or be enrolled in a training or
4.14 education program to become a dentist, dental therapist, advanced dental therapist, mental
4.15 health professional, alcohol and drug counselor, pharmacist, public health nurse, midlevel
4.16 practitioner, registered nurse, or a licensed practical nurse. The commissioner may also
4.17 consider applications submitted by graduates in eligible professions who are licensed and
4.18 in practice; and

4.19 (2) submit an application to the commissioner of health. ~~A nurse applying under~~
4.20 ~~subdivision 2, paragraph (a), clause (7), must also include proof that the applicant is employed~~
4.21 ~~as a hospital nurse.~~

4.22 (b) An applicant selected to participate must sign a contract to agree to serve a minimum
4.23 three-year full-time service obligation according to subdivision 2, which shall begin no later
4.24 than March 31 following completion of required training, with the exception of:

4.25 (1) a nurse, who must agree to serve a minimum two-year full-time service obligation
4.26 according to subdivision 2, which shall begin no later than March 31 following completion
4.27 of required training; and

4.28 ~~(2) a nurse selected under subdivision 2, paragraph (a), clause (7), who must agree to~~
4.29 ~~continue as a hospital nurse for a minimum two-year service obligation; and~~

4.30 ~~(3)~~ (2) a nurse who agrees to teach according to subdivision 2, paragraph (a), clause (3),
4.31 who must sign a contract to agree to teach for a minimum of two years.

5.1 Sec. 4. Minnesota Statutes 2023 Supplement, section 144.1501, subdivision 4, is amended
5.2 to read:

5.3 Subd. 4. **Loan forgiveness.** (a) The commissioner of health may select applicants each
5.4 year for participation in the loan forgiveness program, within the limits of available funding.
5.5 In considering applications, the commissioner shall give preference to applicants who
5.6 document diverse cultural competencies. The commissioner shall distribute available funds
5.7 for loan forgiveness proportionally among the eligible professions according to the vacancy
5.8 rate for each profession in the required geographic area, facility type, teaching area, patient
5.9 group, or specialty type specified in subdivision 2, ~~except for hospital nurses~~. The
5.10 commissioner shall allocate funds for physician loan forgiveness so that 75 percent of the
5.11 funds available are used for rural physician loan forgiveness and 25 percent of the funds
5.12 available are used for underserved urban communities and pediatric psychiatry loan
5.13 forgiveness. If the commissioner does not receive enough qualified applicants each year to
5.14 use the entire allocation of funds for any eligible profession, the remaining funds may be
5.15 allocated proportionally among the other eligible professions according to the vacancy rate
5.16 for each profession in the required geographic area, patient group, or facility type specified
5.17 in subdivision 2. Applicants are responsible for securing their own qualified educational
5.18 loans. The commissioner shall select participants based on their suitability for practice
5.19 serving the required geographic area or facility type specified in subdivision 2, as indicated
5.20 by experience or training. The commissioner shall give preference to applicants closest to
5.21 completing their training. Except as specified in paragraph ~~(e)~~ (b), for each year that a
5.22 participant meets the service obligation required under subdivision 3, up to a maximum of
5.23 four years, the commissioner shall make annual disbursements directly to the participant
5.24 equivalent to 15 percent of the average educational debt for indebted graduates in their
5.25 profession in the year closest to the applicant's selection for which information is available,
5.26 not to exceed the balance of the participant's qualifying educational loans. Before receiving
5.27 loan repayment disbursements and as requested, the participant must complete and return
5.28 to the commissioner a confirmation of practice form provided by the commissioner verifying
5.29 that the participant is practicing as required under subdivisions 2 and 3. The participant
5.30 must provide the commissioner with verification that the full amount of loan repayment
5.31 disbursement received by the participant has been applied toward the designated loans.
5.32 After each disbursement, verification must be received by the commissioner and approved
5.33 before the next loan repayment disbursement is made. Participants who move their practice
5.34 remain eligible for loan repayment as long as they practice as required under subdivision
5.35 2.

6.1 ~~(b) For hospital nurses, the commissioner of health shall select applicants each year for~~
 6.2 ~~participation in the hospital nursing education loan forgiveness program, within limits of~~
 6.3 ~~available funding for hospital nurses. Before receiving the annual loan repayment~~
 6.4 ~~disbursement, the participant must complete and return to the commissioner a confirmation~~
 6.5 ~~of practice form provided by the commissioner, verifying that the participant continues to~~
 6.6 ~~meet the eligibility requirements under subdivision 3. The participant must provide the~~
 6.7 ~~commissioner with verification that the full amount of loan repayment disbursement received~~
 6.8 ~~by the participant has been applied toward the designated loans.~~

6.9 ~~(e)~~ (b) For each year that a participant who is a nurse and who has agreed to teach
 6.10 according to subdivision 2 meets the teaching obligation required in subdivision 3, the
 6.11 commissioner shall make annual disbursements directly to the participant equivalent to 15
 6.12 percent of the average annual educational debt for indebted graduates in the nursing
 6.13 profession in the year closest to the participant's selection for which information is available,
 6.14 not to exceed the balance of the participant's qualifying educational loans.

6.15 **Sec. 5. [144.1521] HOSPITAL NURSING EDUCATIONAL LOAN FORGIVENESS**
 6.16 **PROGRAM.**

6.17 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions
 6.18 apply.

6.19 (b) "Emergency circumstances" means those conditions that make it impossible for the
 6.20 participant to fulfill the service commitment, including death, total and permanent disability,
 6.21 or temporary disability lasting more than two years.

6.22 (c) "Hospital nurse" means an individual who is licensed as a registered nurse and who
 6.23 is providing direct patient care in a nonprofit hospital setting.

6.24 (d) "Qualified educational loan" means a government, commercial, or foundation loan
 6.25 for actual costs paid for tuition, reasonable education expenses, and reasonable living
 6.26 expenses related to the graduate or undergraduate education of a health care professional.

6.27 Subd. 2. **Creation of account.** (a) A hospital nursing education loan forgiveness program
 6.28 account is established in the health care access fund. The commissioner of health shall use
 6.29 money from the account to establish a loan forgiveness program for licensed registered
 6.30 nurses employed as hospital nurses by a nonprofit hospital and who provide direct care to
 6.31 patients at the nonprofit hospital.

6.32 (b) Appropriations made to the account do not cancel and are available until expended.

7.1 Subd. 3. **Eligibility.** (a) To be eligible to participate in the hospital nursing loan
7.2 forgiveness program, an individual must: (1) be a hospital nurse who has been employed
7.3 as a hospital nurse for at least three years; (2) submit an application to the commissioner of
7.4 health; and (3) submit proof that the applicant is employed as a hospital nurse and has been
7.5 so employed for at least three years.

7.6 (b) The commissioner must accept a signed work verification form from the applicant's
7.7 supervisor as proof of the applicant's tenure providing direct patient care in a nonprofit
7.8 hospital setting.

7.9 (c) An applicant selected to participate in the loan forgiveness program must sign a
7.10 contract to agree to continue as a hospital nurse for a minimum two-year service obligation.

7.11 Subd. 4. **Loan forgiveness.** (a) Within the limits of available funding, the commissioner
7.12 of health shall select applicants each year for participation in the loan forgiveness program.
7.13 If the total requests from eligible applicants exceeds the available funding, the commissioner
7.14 shall randomly select grantees from among eligible applicants.

7.15 (b) Applicants are responsible for securing their own qualified educational loans.

7.16 (c) For each year that a participant meets the service obligation required under subdivision
7.17 3, up to a maximum of four years, the commissioner shall make annual disbursements
7.18 directly to the participant equivalent to 15 percent of the average educational debt for
7.19 indebted graduates in their profession in the year closest to the applicant's selection for
7.20 which information is available, not to exceed the balance of the participant's qualifying
7.21 educational loans. Before receiving loan repayment disbursements and as requested, the
7.22 participant must complete and return to the commissioner a confirmation of practice form
7.23 provided by the commissioner verifying that the participant is practicing as required under
7.24 subdivisions 2 and 3.

7.25 (d) The participant must provide the commissioner with verification that the full amount
7.26 of loan repayment disbursement received by the participant has been applied toward the
7.27 designated loans. After each disbursement, verification must be received by the commissioner
7.28 and approved before the next loan repayment disbursement is made.

7.29 (e) Participants who move their practice remain eligible for loan repayment as long as
7.30 they practice as required under subdivisions 2 and 3.

7.31 Subd. 5. **Penalty for nonfulfillment.** (a) If a participant does not fulfill the required
7.32 minimum commitment of service according to subdivision 3, the commissioner of health
7.33 shall collect from the participant the total amount paid to the participant under the loan

8.1 forgiveness program. The commissioner shall deposit the money collected from the
 8.2 participant in the health care access fund to be credited to the hospital nursing education
 8.3 loan forgiveness program account established in subdivision 2.

8.4 (b) The commissioner shall allow waivers of all or part of the money owed to the
 8.5 commissioner as a result of a nonfulfillment penalty if the participant is unable to fulfill the
 8.6 minimum service commitment due to emergency circumstances, life changes outside the
 8.7 applicant's control, inability to obtain required hours as a result of a scheduling decision by
 8.8 the hospital, or other circumstances as determined by the commissioner.

8.9 Subd. 6. Rules. The commissioner may adopt rules to implement this section.

8.10 Sec. 6. Laws 2023, chapter 70, article 20, section 3, subdivision 1, is amended to read:

8.11 **Subdivision 1. Total Appropriation** **416,822,000**
 8.12 **\$ 432,805,000 \$ 411,505,000**

8.13 **Appropriations by Fund**

	2024	2025
		265,615,000
8.15 General	287,367,000	<u>260,298,000</u>
8.16 State Government		
8.17 Special Revenue	84,674,000	86,204,000
8.18 Health Care Access	49,051,000	53,290,000
8.19 Federal TANF	11,713,000	11,713,000

8.21 The amounts that may be spent for each
 8.22 purpose are specified in the following
 8.23 subdivisions.

8.24 Sec. 7. Laws 2023, chapter 70, article 20, section 3, subdivision 2, is amended to read:

8.25 **Subd. 2. Health Improvement**

8.26 **Appropriations by Fund**

		210,030,000
8.27 General	229,600,000	<u>204,713,000</u>
8.28 State Government		
8.29 Special Revenue	12,392,000	12,682,000
8.30 Health Care Access	49,051,000	53,290,000
8.31 Federal TANF	11,713,000	11,713,000

8.33 **(a) Studies of telehealth expansion and**
 8.34 **payment parity. \$1,200,000 in fiscal year**

9.1 2024 is from the general fund for studies of
9.2 telehealth expansion and payment parity. This
9.3 is a onetime appropriation and is available
9.4 until June 30, 2025.

9.5 **(b) Advancing equity through capacity**
9.6 **building and resource allocation grant**
9.7 **program.** \$916,000 in fiscal year 2024 and
9.8 \$916,000 in fiscal year 2025 are from the
9.9 general fund for grants under Minnesota
9.10 Statutes, section 144.9821. This is a onetime
9.11 appropriation.

9.12 **(c) Grant to Minnesota Community Health**
9.13 **Worker Alliance.** \$971,000 in fiscal year
9.14 2024 and \$971,000 in fiscal year 2025 are
9.15 from the general fund for Minnesota Statutes,
9.16 section 144.1462.

9.17 **(d) Community solutions for healthy child**
9.18 **development grants.** \$2,730,000 in fiscal year
9.19 2024 and \$2,730,000 in fiscal year 2025 are
9.20 from the general fund for grants under
9.21 Minnesota Statutes, section 145.9257. The
9.22 base for this appropriation is \$2,415,000 in
9.23 fiscal year 2026 and \$2,415,000 in fiscal year
9.24 2027.

9.25 **(e) Comprehensive Overdose and Morbidity**
9.26 **Prevention Act.** \$9,794,000 in fiscal year
9.27 2024 and \$10,458,000 in fiscal year 2025 are
9.28 from the general fund for comprehensive
9.29 overdose and morbidity prevention strategies
9.30 under Minnesota Statutes, section 144.0528.
9.31 The base for this appropriation is \$10,476,000
9.32 in fiscal year 2026 and \$10,476,000 in fiscal
9.33 year 2027.

10.1 **(f) Emergency preparedness and response.**

10.2 \$10,486,000 in fiscal year 2024 and
10.3 \$14,314,000 in fiscal year 2025 are from the
10.4 general fund for public health emergency
10.5 preparedness and response, the sustainability
10.6 of the strategic stockpile, and COVID-19
10.7 pandemic response transition. The base for
10.8 this appropriation is \$11,438,000 in fiscal year
10.9 2026 and \$11,362,000 in fiscal year 2027.

10.10 **(g) Healthy Beginnings, Healthy Families.**

10.11 (1) \$8,440,000 in fiscal year 2024 and
10.12 \$7,305,000 in fiscal year 2025 are from the
10.13 general fund for grants under Minnesota
10.14 Statutes, sections 145.9571 to 145.9576. The
10.15 base for this appropriation is \$1,500,000 in
10.16 fiscal year 2026 and \$1,500,000 in fiscal year
10.17 2027. (2) Of the amount in clause (1),
10.18 \$400,000 in fiscal year 2024 is to support the
10.19 transition from implementation of activities
10.20 under Minnesota Statutes, section 145.4235,
10.21 to implementation of activities under
10.22 Minnesota Statutes, sections 145.9571 to
10.23 145.9576. The commissioner shall award four
10.24 sole-source grants of \$100,000 each to Face
10.25 to Face, Cradle of Hope, Division of Indian
10.26 Work, and Minnesota Prison Doula Project.
10.27 The amount in this clause is a onetime
10.28 appropriation.

10.29 **(h) Help Me Connect.** \$463,000 in fiscal year
10.30 2024 and \$921,000 in fiscal year 2025 are
10.31 from the general fund for the Help Me
10.32 Connect program under Minnesota Statutes,
10.33 section 145.988.

10.34 **(i) Home visiting.** \$2,000,000 in fiscal year
10.35 2024 and \$2,000,000 in fiscal year 2025 are

11.1 from the general fund for home visiting under
11.2 Minnesota Statutes, section 145.87, to provide
11.3 home visiting to priority populations under
11.4 Minnesota Statutes, section 145.87,
11.5 subdivision 1, paragraph (e).

11.6 **(j) No Surprises Act enforcement.**

11.7 \$1,210,000 in fiscal year 2024 and \$1,090,000
11.8 in fiscal year 2025 are from the general fund
11.9 for implementation of the federal No Surprises
11.10 Act under Minnesota Statutes, section
11.11 62Q.021, and an assessment of the feasibility
11.12 of a statewide provider directory. The general
11.13 fund base for this appropriation is \$855,000
11.14 in fiscal year 2026 and \$855,000 in fiscal year
11.15 2027.

11.16 **(k) Office of African American Health.**

11.17 \$1,000,000 in fiscal year 2024 and \$1,000,000
11.18 in fiscal year 2025 are from the general fund
11.19 for grants under the authority of the Office of
11.20 African American Health under Minnesota
11.21 Statutes, section 144.0756.

11.22 **(l) Office of American Indian Health.**

11.23 \$1,000,000 in fiscal year 2024 and \$1,000,000
11.24 in fiscal year 2025 are from the general fund
11.25 for grants under the authority of the Office of
11.26 American Indian Health under Minnesota
11.27 Statutes, section 144.0757.

11.28 **(m) Public health system transformation**

11.29 **grants.** (1) \$9,844,000 in fiscal year 2024 and
11.30 \$9,844,000 in fiscal year 2025 are from the
11.31 general fund for grants under Minnesota
11.32 Statutes, section 145A.131, subdivision 1,
11.33 paragraph (f).

12.1 (2) \$535,000 in fiscal year 2024 and \$535,000
12.2 in fiscal year 2025 are from the general fund
12.3 for grants under Minnesota Statutes, section
12.4 145A.14, subdivision 2b.

12.5 (3) \$321,000 in fiscal year 2024 and \$321,000
12.6 in fiscal year 2025 are from the general fund
12.7 for grants under Minnesota Statutes, section
12.8 144.0759.

12.9 **(n) Health care workforce.** (1) \$1,010,000
12.10 in fiscal year 2024 and \$2,550,000 in fiscal
12.11 year 2025 are from the health care access fund
12.12 for rural training tracks and rural clinicals
12.13 grants under Minnesota Statutes, sections
12.14 144.1505 and 144.1507. The base for this
12.15 appropriation is \$4,060,000 in fiscal year 2026
12.16 and \$3,600,000 in fiscal year 2027.

12.17 (2) \$420,000 in fiscal year 2024 and \$420,000
12.18 in fiscal year 2025 are from the health care
12.19 access fund for immigrant international
12.20 medical graduate training grants under
12.21 Minnesota Statutes, section 144.1911.

12.22 (3) \$5,654,000 in fiscal year 2024 and
12.23 \$5,550,000 in fiscal year 2025 are from the
12.24 health care access fund for site-based clinical
12.25 training grants under Minnesota Statutes,
12.26 section 144.1508. The base for this
12.27 appropriation is \$4,657,000 in fiscal year 2026
12.28 and \$3,451,000 in fiscal year 2027.

12.29 (4) \$1,000,000 in fiscal year 2024 and
12.30 \$1,000,000 in fiscal year 2025 are from the
12.31 health care access fund for mental health for
12.32 health care professional grants. This is a
12.33 onetime appropriation and is available until
12.34 June 30, 2027.

13.1 (5) \$502,000 in fiscal year 2024 and \$502,000
13.2 in fiscal year 2025 are from the health care
13.3 access fund for workforce research and data
13.4 analysis of shortages, maldistribution of health
13.5 care providers in Minnesota, and the factors
13.6 that influence decisions of health care
13.7 providers to practice in rural areas of
13.8 Minnesota.

13.9 (o) **School health.** \$800,000 in fiscal year
13.10 2024 and \$1,300,000 in fiscal year 2025 are
13.11 from the general fund for grants under
13.12 Minnesota Statutes, section 145.903. The base
13.13 for this appropriation is \$2,300,000 in fiscal
13.14 year 2026 and \$2,300,000 in fiscal year 2027.

13.15 (p) **Long COVID.** \$3,146,000 in fiscal year
13.16 2024 and \$3,146,000 in fiscal year 2025 are
13.17 from the general fund for grants and to
13.18 implement Minnesota Statutes, section
13.19 145.361.

13.20 (q) **Workplace safety grants.** \$4,400,000 in
13.21 fiscal year 2024 is from the general fund for
13.22 grants to health care entities to improve
13.23 employee safety or security. This is a onetime
13.24 appropriation and is available until June 30,
13.25 2027. The commissioner may use up to ten
13.26 percent of this appropriation for
13.27 administration.

13.28 (r) **Clinical dental education innovation**
13.29 **grants.** \$1,122,000 in fiscal year 2024 and
13.30 \$1,122,000 in fiscal year 2025 are from the
13.31 general fund for clinical dental education
13.32 innovation grants under Minnesota Statutes,
13.33 section 144.1913.

14.1 **(s) Emmett Louis Till Victims Recovery**
14.2 **Program.** \$500,000 in fiscal year 2024 is from
14.3 the general fund for a grant to the Emmett
14.4 Louis Till Victims Recovery Program. The
14.5 commissioner must not use any of this
14.6 appropriation for administration. This is a
14.7 onetime appropriation and is available until
14.8 June 30, 2025.

14.9 **(t) Center for health care affordability.**
14.10 \$2,752,000 in fiscal year 2024 and \$3,989,000
14.11 in fiscal year 2025 are from the general fund
14.12 to establish a center for health care
14.13 affordability and to implement Minnesota
14.14 Statutes, section 62J.312. The general fund
14.15 base for this appropriation is \$3,988,000 in
14.16 fiscal year 2026 and \$3,988,000 in fiscal year
14.17 2027.

14.18 **(u) Federally qualified health centers**
14.19 **apprenticeship program.** \$690,000 in fiscal
14.20 year 2024 and \$690,000 in fiscal year 2025
14.21 are from the general fund for grants under
14.22 Minnesota Statutes, section 145.9272.

14.23 **(v) Alzheimer's public information**
14.24 **program.** \$80,000 in fiscal year 2024 and
14.25 \$80,000 in fiscal year 2025 are from the
14.26 general fund for grants to community-based
14.27 organizations to co-create culturally specific
14.28 messages to targeted communities and to
14.29 promote public awareness materials online
14.30 through diverse media channels.

14.31 **(w) Keeping Nurses at the Bedside Act;**
14.32 **contingent appropriation.** The appropriations
14.33 in this paragraph are contingent upon
14.34 legislative enactment of 2023 Senate File 1384
14.35 by the 93rd Legislature. The appropriations

15.1 in this paragraph are available until June 30,
15.2 2027.

15.3 (1) \$5,317,000 in fiscal year 2024 and
15.4 ~~\$5,317,000~~ \$0 in fiscal year 2025 are from the
15.5 general fund for loan forgiveness under
15.6 Minnesota Statutes, section 144.1501, for
15.7 eligible nurses who have agreed to work as
15.8 hospital nurses in accordance with Minnesota
15.9 Statutes, section 144.1501, subdivision 2,
15.10 paragraph (a), clause (7).

15.11 (2) \$66,000 in fiscal year 2024 and \$66,000
15.12 in fiscal year 2025 are from the general fund
15.13 for loan forgiveness under Minnesota Statutes,
15.14 section 144.1501, for eligible nurses who have
15.15 agreed to teach in accordance with Minnesota
15.16 Statutes, section 144.1501, subdivision 2,
15.17 paragraph (a), clause (3).

15.18 (3) \$545,000 in fiscal year 2024 and \$879,000
15.19 in fiscal year 2025 are from the general fund
15.20 to administer Minnesota Statutes, section
15.21 144.7057; to perform the evaluation duties
15.22 described in Minnesota Statutes, section
15.23 144.7058; to continue prevention of violence
15.24 in health care program activities; to analyze
15.25 potential links between adverse events and
15.26 understaffing; to convene stakeholder groups
15.27 and create a best practices toolkit; and for a
15.28 report on the current status of the state's
15.29 nursing workforce employed by hospitals. The
15.30 base for this appropriation is \$624,000 in fiscal
15.31 year 2026 and \$454,000 in fiscal year 2027.

15.32 **(x) Supporting healthy development of**
15.33 **babies.** \$260,000 in fiscal year 2024 and
15.34 \$260,000 in fiscal year 2025 are from the
15.35 general fund for a grant to the Amherst H.

16.1 Wilder Foundation for the African American
16.2 Babies Coalition initiative. The base for this
16.3 appropriation is \$520,000 in fiscal year 2026
16.4 and \$0 in fiscal year 2027. Any appropriation
16.5 in fiscal year 2026 is available until June 30,
16.6 2027. This paragraph expires on June 30,
16.7 2027.

16.8 **(y) Health professional education loan**
16.9 **forgiveness.** \$2,780,000 in fiscal year 2024
16.10 is from the general fund for eligible mental
16.11 health professional loan forgiveness under
16.12 Minnesota Statutes, section 144.1501. This is
16.13 a onetime appropriation. The commissioner
16.14 may use up to ten percent of this appropriation
16.15 for administration.

16.16 **(z) Primary care residency expansion grant**
16.17 **program.** \$400,000 in fiscal year 2024 and
16.18 \$400,000 in fiscal year 2025 are from the
16.19 general fund for a psychiatry resident under
16.20 Minnesota Statutes, section 144.1506.

16.21 **(aa) Pediatric primary care mental health**
16.22 **training grant program.** \$1,000,000 in fiscal
16.23 year 2024 and \$1,000,000 in fiscal year 2025
16.24 are from the general fund for grants under
16.25 Minnesota Statutes, section 144.1509. The
16.26 commissioner may use up to ten percent of
16.27 this appropriation for administration.

16.28 **(bb) Mental health cultural community**
16.29 **continuing education grant program.**
16.30 \$500,000 in fiscal year 2024 and \$500,000 in
16.31 fiscal year 2025 are from the general fund for
16.32 grants under Minnesota Statutes, section
16.33 144.1511. The commissioner may use up to
16.34 ten percent of this appropriation for
16.35 administration.

- 17.1 **(cc) Labor trafficking services grant**
17.2 **program.** \$500,000 in fiscal year 2024 and
17.3 \$500,000 in fiscal year 2025 are from the
17.4 general fund for grants under Minnesota
17.5 Statutes, section 144.3885.
- 17.6 **(dd) Palliative Care Advisory Council.**
17.7 \$40,000 in fiscal year 2024 and \$40,000 in
17.8 fiscal year 2025 are from the general fund for
17.9 grants under Minnesota Statutes, section
17.10 144.059.
- 17.11 **(ee) Analysis of a universal health care**
17.12 **financing system.** \$1,815,000 in fiscal year
17.13 2024 and \$580,000 in fiscal year 2025 are
17.14 from the general fund to the commissioner to
17.15 contract for an analysis of the benefits and
17.16 costs of a legislative proposal for a universal
17.17 health care financing system and a similar
17.18 analysis of the current health care financing
17.19 system. The base for this appropriation is
17.20 \$580,000 in fiscal year 2026 and \$0 in fiscal
17.21 year 2027. This appropriation is available until
17.22 June 30, 2027.
- 17.23 **(ff) Charitable assets public interest review.**
17.24 (1) The appropriations under this paragraph
17.25 are contingent upon legislative enactment of
17.26 2023 House File 402 by the 93rd Legislature.
- 17.27 (2) \$1,584,000 in fiscal year 2024 and
17.28 \$769,000 in fiscal year 2025 are from the
17.29 general fund to review certain health care
17.30 entity transactions; to conduct analyses of the
17.31 impacts of health care transactions on health
17.32 care cost, quality, and competition; and to
17.33 issue public reports on health care transactions
17.34 in Minnesota and their impacts. The base for

- 18.1 this appropriation is \$710,000 in fiscal year
18.2 2026 and \$710,000 in fiscal year 2027.
- 18.3 **(gg) Study of the development of a statewide**
18.4 **registry for provider orders for**
18.5 **life-sustaining treatment.** \$365,000 in fiscal
18.6 year 2024 and \$365,000 in fiscal year 2025
18.7 are from the general fund for a study of the
18.8 development of a statewide registry for
18.9 provider orders for life-sustaining treatment.
18.10 This is a onetime appropriation.
- 18.11 **(hh) Task Force on Pregnancy Health and**
18.12 **Substance Use Disorders.** \$199,000 in fiscal
18.13 year 2024 and \$100,000 in fiscal year 2025
18.14 are from the general fund for the Task Force
18.15 on Pregnancy Health and Substance Use
18.16 Disorders. This is a onetime appropriation and
18.17 is available until June 30, 2025.
- 18.18 **(ii) 988 Suicide and crisis lifeline.** \$4,000,000
18.19 in fiscal year 2024 is from the general fund
18.20 for 988 national suicide prevention lifeline
18.21 grants under Minnesota Statutes, section
18.22 145.561. This is a onetime appropriation.
- 18.23 **(jj) Equitable Health Care Task Force.**
18.24 \$779,000 in fiscal year 2024 and \$749,000 in
18.25 fiscal year 2025 are from the general fund for
18.26 the Equitable Health Care Task Force. This is
18.27 a onetime appropriation.
- 18.28 **(kk) Psychedelic Medicine Task Force.**
18.29 \$338,000 in fiscal year 2024 and \$171,000 in
18.30 fiscal year 2025 are from the general fund for
18.31 the Psychedelic Medicine Task Force. This is
18.32 a onetime appropriation.
- 18.33 **(ll) Medical education and research costs.**
18.34 \$300,000 in fiscal year 2024 and \$300,000 in

19.1 fiscal year 2025 are from the general fund for
19.2 the medical education and research costs
19.3 program under Minnesota Statutes, section
19.4 62J.692.

19.5 **(mm) Special Guerilla Unit Veterans grant**
19.6 **program.** \$250,000 in fiscal year 2024 and
19.7 \$250,000 in fiscal year 2025 are from the
19.8 general fund for a grant to the Special
19.9 Guerrilla Units Veterans and Families of the
19.10 United States of America to offer
19.11 programming and culturally specific and
19.12 specialized assistance to support the health
19.13 and well-being of Special Guerilla Unit
19.14 Veterans. The base for this appropriation is
19.15 \$500,000 in fiscal year 2026 and \$0 in fiscal
19.16 year 2027. Any amount appropriated in fiscal
19.17 year 2026 is available until June 30, 2027.
19.18 This paragraph expires June 30, 2027.

19.19 **(nn) Safe harbor regional navigator.**
19.20 \$300,000 in fiscal year 2024 and \$300,000 in
19.21 fiscal year 2025 are for a regional navigator
19.22 in northwestern Minnesota. The commissioner
19.23 may use up to ten percent of this appropriation
19.24 for administration.

19.25 **(oo) Network adequacy.** \$798,000 in fiscal
19.26 year 2024 and \$491,000 in fiscal year 2025
19.27 are from the general fund for reviews of
19.28 provider networks under Minnesota Statutes,
19.29 section 62K.10, to determine network
19.30 adequacy.

19.31 **(pp)(1) TANF Appropriations.** TANF funds
19.32 must be used as follows:

19.33 (i) \$3,579,000 in fiscal year 2024 and
19.34 \$3,579,000 in fiscal year 2025 are from the

20.1 TANF fund for home visiting and nutritional
20.2 services listed under Minnesota Statutes,
20.3 section 145.882, subdivision 7, clauses (6) and
20.4 (7). Funds must be distributed to community
20.5 health boards according to Minnesota Statutes,
20.6 section 145A.131, subdivision 1;

20.7 (ii) \$2,000,000 in fiscal year 2024 and
20.8 \$2,000,000 in fiscal year 2025 are from the
20.9 TANF fund for decreasing racial and ethnic
20.10 disparities in infant mortality rates under
20.11 Minnesota Statutes, section 145.928,
20.12 subdivision 7;

20.13 (iii) \$4,978,000 in fiscal year 2024 and
20.14 \$4,978,000 in fiscal year 2025 are from the
20.15 TANF fund for the family home visiting grant
20.16 program under Minnesota Statutes, section
20.17 145A.17. \$4,000,000 of the funding in fiscal
20.18 year 2024 and \$4,000,000 in fiscal year 2025
20.19 must be distributed to community health
20.20 boards under Minnesota Statutes, section
20.21 145A.131, subdivision 1. \$978,000 of the
20.22 funding in fiscal year 2024 and \$978,000 in
20.23 fiscal year 2025 must be distributed to Tribal
20.24 governments under Minnesota Statutes, section
20.25 145A.14, subdivision 2a;

20.26 (iv) \$1,156,000 in fiscal year 2024 and
20.27 \$1,156,000 in fiscal year 2025 are from the
20.28 TANF fund for sexual and reproductive health
20.29 services grants under Minnesota Statutes,
20.30 section 145.925; and

20.31 (v) the commissioner may use up to 6.23
20.32 percent of the funds appropriated from the
20.33 TANF fund each fiscal year to conduct the
20.34 ongoing evaluations required under Minnesota
20.35 Statutes, section 145A.17, subdivision 7, and

21.1 training and technical assistance as required
 21.2 under Minnesota Statutes, section 145A.17,
 21.3 subdivisions 4 and 5.

21.4 **(2) TANF Carryforward.** Any unexpended
 21.5 balance of the TANF appropriation in the first
 21.6 year does not cancel but is available in the
 21.7 second year.

21.8 **(qq) Base level adjustments.** The general
 21.9 fund base is \$197,644,000 in fiscal year 2026
 21.10 and \$195,714,000 in fiscal year 2027. The
 21.11 health care access fund base is \$53,354,000
 21.12 in fiscal year 2026 and \$50,962,000 in fiscal
 21.13 year 2027.

21.14 **Sec. 8. USE OF APPROPRIATION; LOAN FORGIVENESS ADMINISTRATION.**

21.15 The commissioner of health may use the appropriation in Minnesota Laws 2023, chapter
 21.16 70, article 20, section 3, subdivision 2, paragraph (w), clause (3), for administering Minnesota
 21.17 Statutes, section 144.1521.

21.18 **Sec. 9. APPROPRIATION; HOSPITAL NURSING LOAN FORGIVENESS**
 21.19 **PROGRAM.**

21.20 (a) \$30,317,000 in fiscal year 2025 is appropriated from the general fund to the
 21.21 commissioner of health for the hospital nursing educational loan forgiveness program under
 21.22 Minnesota Statutes, section 144.1521. The general fund base for this appropriation is
 21.23 \$5,317,000 in fiscal year 2026, \$5,317,000 in fiscal year 2027, and \$0 in fiscal year 2028.

21.24 (b) The appropriations in paragraph (a) are available until 2033. The commissioner of
 21.25 health must deposit the appropriations under this section in the hospital nursing educational
 21.26 loan forgiveness program account in the health care access fund.