SF3372

S3372-3

SENATE STATE OF MINNESOTA NINETY-SECOND SESSION

JFK

S.F. No. 3372

(SENATE AUTHORS: TOMASSONI, Bakk, Hoffman, Dziedzic and Miller)					
DATE	D-PG	OFFICIAL STATUS			
02/21/2022	5086	Introduction and first reading			
		Referred to Higher Education Finance and Policy			
02/24/2022	5133	Authors added Dziedzic; Miller			
03/09/2022	5248a	Comm report: To pass as amended and re-refer to Finance			
03/10/2022	5278a	Comm report: To pass as amended			
	5279	Second reading			
	5291	Urgency declared rules suspended			
		Third reading Passed			
03/28/2022		Returned from House with amendment			
		Senate concurred and repassed bill			
	5631				
		Presentment date 03/29/2022			
		Governor's action Approval 03/30/2022			
	5932	Secretary of State Chapter 42 03/30/2022			
		Effective date 7/1/2022			

1.1	A bill for an act
1.2 1.3 1.4	relating to health; appropriating money for amyotrophic lateral sclerosis research and caregiver support programs; requiring a report; proposing coding for new law in Minnesota Statutes, chapter 256.
1.5	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.6	Section 1. [256.9755] CAREGIVER SUPPORT PROGRAMS.
1.7	Subdivision 1. Program goals. It is a goal of all area agencies on aging and caregiver
1.8	support programs to support family caregivers of persons with amyotrophic lateral sclerosis
1.9	(ALS) who are living in the community by:
1.10	(1) promoting caregiver support programs that serve Minnesotans in their homes and
1.11	<u>communities;</u>
1.12	(2) providing, within the limits of available funds, the caregiver support services that
1.13	enable the family caregiver to access caregiver support programs in the most cost-effective
1.14	and efficient manner; and
1.15	(3) providing information, education, and training to respite caregivers and volunteers
1.16	about caring for, managing, and coping with care for a person with ALS.
1.17	Subd. 2. Authority. The Minnesota Board on Aging shall allocate to area agencies on
1.18	aging the state funds which are received under this section for the caregiver support program
1.19	in a manner consistent with federal requirements. The board shall give priority to those
1.20	areas where there is a high need of respite services as evidenced by the data provided by
1.21	the board.

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2.1	Subd. 3. Caregiver support services. Funds allocated under this section to an area
2.2	agency on aging for caregiver support services must be used in a manner consistent with
2.3	the National Family Caregiver Support Program to reach family caregivers of persons with
2.4	ALS, except that such funds may be used to provide services benefiting people under the
2.5	age of 60 and their caregivers. The funds must be used to provide social, community-based
2.6	services and activities that provide social interaction for participants. The funds may also
2.7	be used to provide respite care.
2.8	Subd. 4. Report. By January 15, 2025, and every other January 15 thereafter, the
2.9	Minnesota Board on Aging shall submit a progress report about the caregiver support grants
2.10	in this section to the chairs and ranking minority members of the legislative committees
2.11	and divisions with jurisdiction over human services. The progress report must include
2.12	metrics of the use of the grant program.

2.13 Sec. 2. APPROPRIATION; ALS RESEARCH.

2.14 (a) \$20,000,000 in fiscal year 2023 is appropriated from the general fund to the commissioner of the Office of Higher Education to award competitive grants to applicants 2.15 2.16 for research into amyotrophic lateral sclerosis (ALS). The commissioner may work with the Minnesota Department of Health to administer the grant program, including identifying 2.17 clinical and translational research and innovations, developing outcomes and objectives 2.18 with the goal of bettering the lives of individuals with ALS and finding a cure for the disease, 2.19 and application review and grant recipient selection. Not more than \$400,000 may be used 2.20 2.21 by the commissioner to administer the grant program. (b) Grants shall be awarded to support clinical and translational research related to ALS. 2.22 Research topics may include but are not limited to environmental factors, disease 2.23 mechanisms, disease models, biomarkers, drug development, clinical studies, precision 2.24 medicine, medical devices, assistive technology, and cognitive studies. 2.25 (c) Eligible applicants for the grants are research facilities, universities, and health 2.26 systems located in Minnesota. Applicants must submit proposals to the commissioner in 2.27 the time, form, and manner established by the commissioner. Applicants may coordinate 2.28 research endeavors and submit a joint application. When reviewing the proposals, the 2.29 commissioner shall make an effort to avoid approving a grant for an applicant whose research 2.30 is duplicative of an existing grantee's research. 2.31 (d) Beginning January 15, 2023, and annually thereafter until January 15, 2027, the 2.32 commissioner shall submit a report to the legislature specifying the applicants receiving 2.33 grants under this section, the amount of each grant, the purposes for which the grant funds 2.34

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3.1 3.2	were used, and the amount of the appropriation that is unexpended. The report must also include relevant findings, results, and outcomes of the grant program, and any other						
3.3	information which the commissioner deems significant or useful.						
3.4	(e) This is a onetime appropriation. Notwithstanding Minnesota Statutes, section 16A.28,						
3.5	unencumbered balances under this section do not cancel until June 30, 2026.						
3.6	Sec. 3. APPROPRIATION; CAREGIVER SUPPORT PROGRAMS.						
3.7	<u>\$5,000,000 in</u>	fiscal year 2023 is a	ppropriated from	n the general fund to	o the commissioner		
3.8	of human service	es for the Minnesota	Board on Aging	g for the purposes o	f caregiver support		
3.9	programs under	Minnesota Statutes,	section 256.975	5. Programs receiv	ing funding under		
3.10	this section must	include an ALS-spe	cific respite serv	vice in their caregive	er support program.		
3.11	This is a onetime	e appropriation and	is available unti	l June 30, 2026.			