

CHAPTER 6--H.F.No. 6

An act relating to legislative enactments; correcting miscellaneous oversights, inconsistencies, ambiguities, unintended results, and technical errors; amending Laws 2015, chapter 71, article 14, sections 2, subdivision 5; 3, subdivision 2; Laws 2015, chapter 77, article 2, section 88.

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

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

Subd. 5. Grant Programs

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

(a) Support Services Grants

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

(b) Basic Sliding Fee Child Care Assistance Grants	48,439,000	51,559,000
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Basic Sliding Fee Waiting List Allocation. Notwithstanding Minnesota Statutes, section 119B.03, \$5,413,000 in fiscal year 2016 is to reduce the basic sliding fee program waiting list as follows:

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

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

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

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

(2) Funds shall be distributed proportionately based on the average of the most recent six months of

published waiting lists to counties that meet the criteria in clause (1).

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

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

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

(c) Child Care Development Grants	1,737,000	1,737,000
(d) Child Support Enforcement Grants	50,000	50,000
(e) Children's Services Grants		

Appropriations by Fund

General	39,015,000	38,665,000
Federal TANF	140,000	140,000

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

Child Protection. \$23,350,000 in fiscal year 2016 and \$23,350,000 in fiscal year 2017 are to address child protection staffing and services under Minnesota Statutes, section 256M.41. \$1,650,000 in fiscal year 2016 and \$1,650,000 in fiscal year 2017 are for child protection grants to address child welfare disparities under Minnesota Statutes, section 256E.28.

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

Adoption Assistance Incentive Grants. Federal funds available during fiscal years 2016 and 2017

for adoption incentive grants are appropriated to the commissioner for postadoption services, including a parent-to-parent support network.

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

Mobile Food Shelf Grants. (a) \$1,000,000 in fiscal year 2016 and \$1,000,000 in fiscal year 2017 are for a grant to Hunger Solutions. This is a onetime appropriation and is available until June 30, 2017.

(b) Hunger Solutions shall award grants of up to \$75,000 on a competitive basis. Grant applications must include:

- (1) the location of the project;
 - (2) a description of the mobile program, including size and scope;
 - (3) evidence regarding the unserved or underserved nature of the community in which the project is to be located;
 - (4) evidence of community support for the project;
 - (5) the total cost of the project;
 - (6) the amount of the grant request and how funds will be used;
 - (7) sources of funding or in-kind contributions for the project that will supplement any grant award;
 - (8) a commitment to mobile programs by the applicant and an ongoing commitment to maintain the mobile program; and
 - (9) any additional information requested by Hunger Solutions.
- (c) Priority may be given to applicants who:
- (1) serve underserved areas;
 - (2) create a new or expand an existing mobile program;

- (3) serve areas where a high amount of need is identified;
- (4) provide evidence of strong support for the project from citizens and other institutions in the community;
- (5) leverage funding for the project from other private and public sources; and
- (6) commit to maintaining the program on a multilayer basis.

Homeless Youth Act. ~~Of this appropriation,~~ At least \$500,000 of the appropriation for the Homeless Youth Act must be awarded to providers in greater Minnesota, with at least 25 percent of this amount for new applicant providers. The commissioner shall provide outreach and technical assistance to greater Minnesota providers and new providers to encourage responding to the request for proposals.

Stearns County Veterans Housing. \$85,000 in fiscal year 2016 and \$85,000 in fiscal year 2017 are for a grant to Stearns County to provide administrative funding in support of a service provider serving veterans in Stearns County. The administrative funding grant may be used to support group residential housing services, corrections-related services, veteran services, and other social services related to the service provider serving veterans in Stearns County.

Safe Harbor. \$800,000 in fiscal year 2016 and \$800,000 in fiscal year 2017 are from the general fund for emergency shelter and transitional and long-term housing beds for sexually exploited youth and youth at risk of sexual exploitation. Of this appropriation, \$150,000 in fiscal year 2016 and \$150,000 in fiscal year 2017 are from the general fund for statewide youth outreach workers connecting sexually exploited youth and youth at risk of sexual exploitation with shelter and services.

Minnesota Food Assistance Program. Unexpended funds for the Minnesota food assistance program for fiscal year 2016 do not cancel but are available for this purpose in fiscal year 2017.

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

(h) Health Care Grants

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

Grants for Periodic Data Matching for Medical Assistance and MinnesotaCare. Of the general fund appropriation, \$26,000 in fiscal year 2016 and \$1,276,000 in fiscal year 2017 are for grants to counties for costs related to periodic data matching for medical assistance and MinnesotaCare recipients under Minnesota Statutes, section 256B.0561. The commissioner must distribute these grants to counties in proportion to each county's number of cases in the prior year in the affected programs.

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

(i) Other Long-Term Care Grants 1,551,000 3,069,000

Transition Populations. \$1,551,000 in fiscal year 2016 and \$1,725,000 in fiscal year 2017 are for home and community-based services transition grants to assist in providing home and community-based services and treatment for transition populations under Minnesota Statutes, section 256.478.

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

(j) Aging and Adult Services Grants 28,463,000 28,162,000

Dementia Grants. \$750,000 in fiscal year 2016 and \$750,000 in fiscal year 2017 are for the Minnesota Board on Aging for regional and local dementia grants authorized in Minnesota Statutes, section 256.975, subdivision 11.

(k) Deaf and Hard-of-Hearing Grants 2,225,000 2,375,000

Deaf, Deafblind, and Hard-of-Hearing Grants.

\$350,000 in fiscal year 2016 and \$500,000 in fiscal year 2017 are for deaf and hard-of-hearing grants. The funds must be used to increase the number of deafblind Minnesotans receiving services under Minnesota Statutes, section 256C.261, and to provide linguistically and culturally appropriate mental health services to children who are deaf, deafblind, and hard-of-hearing. This is a onetime appropriation.

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

(l) Disabilities Grants

20,820,000

20,858,000

State Quality Council. \$573,000 in fiscal year 2016 and \$600,000 in fiscal year 2017 are for the State Quality Council to provide technical assistance and monitoring of person-centered outcomes related to inclusive community living and employment. The funding must be used by the State Quality Council to assure a statewide plan for systems change in person-centered planning that will achieve desired outcomes including increased integrated employment and community living.

(m) Adult Mental Health Grants

Appropriations by Fund

General	69,992,000	71,244,000
Health Care Access	1,575,000	2,473,000
Lottery Prize	1,733,000	1,733,000

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

Culturally Specific Mental Health Services.

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

Problem Gambling. \$225,000 in fiscal year 2016 and \$225,000 in fiscal year 2017 are from the lottery prize fund for a grant to the state affiliate recognized by the National Council on Problem Gambling. The affiliate must provide services to increase public awareness of problem gambling, education, and training for individuals and organizations providing effective treatment services to problem gamblers and their families, and research related to problem gambling.

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

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

Base Level Adjustment. The general fund base is increased by \$723,000 in fiscal year 2018 and by \$723,000 in fiscal year 2019. The health care access fund base is decreased by \$1,723,000 in fiscal year 2018 and by \$1,723,000 in fiscal year 2019.

(n) Child Mental Health Grants

23,386,000

24,313,000

Services and Supports for First Episode Psychosis. \$177,000 in fiscal year 2017 is for grants under Minnesota Statutes, section 245.4889, to mental health providers to pilot evidence-based interventions for youth at risk of developing or experiencing a first episode of psychosis and for a public awareness campaign on the signs and symptoms of psychosis. The base for these grants is \$236,000 in fiscal year 2018 and \$301,000 in fiscal year 2019.

Adverse Childhood Experiences. The base for grants under Minnesota Statutes, section 245.4889, to children's mental health and family services collaboratives for adverse childhood experiences (ACEs) training grants and for an interactive Web site

connection to support ACEs in Minnesota is \$363,000 in fiscal year 2018 and \$363,000 in fiscal year 2019.

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

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

(o) Chemical Dependency Treatment Support Grants	1,561,000	1,561,000
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Chemical Dependency Prevention. \$150,000 in fiscal year 2016 and \$150,000 in fiscal year 2017 are for grants to nonprofit organizations to provide chemical dependency prevention programs in secondary schools. When making grants, the commissioner must consider the expertise, prior experience, and outcomes achieved by applicants that have provided prevention programming in secondary education environments. An applicant for the grant funds must provide verification to the commissioner that the applicant has available and will contribute sufficient funds to match the grant given by the commissioner. This is a onetime appropriation.

Fetal Alcohol Syndrome Grants. \$250,000 in fiscal year 2016 and \$250,000 in fiscal year 2017 are for grants to be administered by the Minnesota Organization on Fetal Alcohol Syndrome to provide comprehensive, gender-specific services to pregnant and parenting women suspected of or known to use or abuse alcohol or other drugs. This appropriation is for grants to no fewer than three eligible recipients. Minnesota Organization on Fetal Alcohol Syndrome must report to the commissioner of human services annually by January 15 on the grants funded by this appropriation. The report must include measurable outcomes for the previous year, including the number of pregnant women served and the number of toxic-free babies born.

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

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

Subd. 2. Health Improvement

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

Violence Against Asian Women Working Group.

\$200,000 in fiscal year 2016 from the general fund is for the working group on violence against Asian women and children.

MERC Program. \$1,000,000 in fiscal year 2016 and \$1,000,000 in fiscal year 2017 are from the general fund for the MERC program under Minnesota Statutes, section 62J.692, subdivision 4.

Poison Information Center Grants. \$750,000 in fiscal year 2016 and \$750,000 in fiscal year 2017 are from the general fund for regional poison information center grants under Minnesota Statutes, section 145.93.

Advanced Care Planning. \$250,000 in fiscal year 2016 is from the general fund to award a grant to a statewide advance care planning resource organization that has expertise in convening and coordinating community-based strategies to encourage individuals, families, caregivers, and health care providers to begin conversations regarding end-of-life care choices that express an individual's health care values and preferences and are based on informed health care decisions. This is a onetime appropriation.

Early Dental Prevention Initiatives. \$172,000 in fiscal year 2016 and \$140,000 in fiscal year 2017 are for the development and distribution of the early dental prevention initiative under Minnesota Statutes, section 144.3875.

International Medical Graduate Assistance Program. (a) \$500,000 in fiscal year 2016 and

\$500,000 in fiscal year 2017 are from the health care access fund for the grant programs and necessary contracts under Minnesota Statutes, section 144.1911, subdivisions 3, paragraph (a), clause (4), and 4 and 5. The commissioner may use up to \$133,000 per year of the appropriation for international medical graduate assistance program administration duties in Minnesota Statutes, section 144.1911, subdivisions 3, 9, and 10, and for administering the grant programs under Minnesota Statutes, section 144.1911, subdivisions 4, 5, and 6. The commissioner shall develop recommendations for any additional funding required for initiatives needed to achieve the objectives of Minnesota Statutes, section 144.1911. The commissioner shall report the funding recommendations to the legislature by January 15, 2016, in the report required under Minnesota Statutes, section 144.1911, subdivision 10. The base for this purpose is \$1,000,000 in fiscal years 2018 and 2019.

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

Federally Qualified Health Centers. \$1,000,000 in fiscal year 2016 and \$1,000,000 in fiscal year 2017 are from the general fund to provide subsidies to federally qualified health centers under Minnesota Statutes, section 145.9269. This is a onetime appropriation.

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

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

Somali Women's Health Pilot Program. (a) The commissioner of health shall establish a pilot program between one or more federally qualified health centers, as defined under Minnesota Statutes, section 145.9269, a nonprofit organization that helps Somali women, and the Minnesota Evaluation Studies Institute, to develop a promising strategy to address the preventative and primary health care needs of, and address health inequities experienced by, first generation Somali women. The pilot program must collaboratively develop a patient flow process for first generation Somali women by:

(1) addressing and identifying clinical and cultural barriers to Somali women accessing preventative and primary care, including, but not limited to, cervical and breast cancer screenings;

(2) developing a culturally appropriate health curriculum for Somali women based on the outcomes from the community-based participatory research report "Cultural Traditions and the Reproductive Health of Somali Refugees and Immigrants" to increase the health literacy of Somali women and develop culturally specific health care information; and

(3) training the federally qualified health center's providers and staff to enhance provider and staff cultural competence regarding the cultural barriers, including female genital cutting.

(b) The pilot program must develop a process that results in increased screening rates for cervical and breast cancer and can be replicated by other providers serving ethnic minorities. The pilot program must conduct an evaluation of the new patient flow process used by Somali women to access federally qualified health centers services.

(c) The pilot program must report the outcomes to the commissioner by June 30, 2017.

(d) \$110,000 in fiscal year 2016 is for the Somali women's health pilot program. Of this appropriation, the commissioner may use up to \$10,000 to administer the program. This appropriation is available until June 30, 2017. This is a onetime appropriation.

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

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

(b) \$575,000 in fiscal year 2016 and \$2,000,000 fiscal year 2017 are to provide grants to community health boards and tribal nations for start-up grants for new nurse-family partnership programs and for grants to expand existing programs to serve first-time mothers, prenatally by 28 weeks gestation until the child is two years of age, who are eligible for medical assistance under Minnesota Statutes, chapter 256B, or the federal Special Supplemental Nutrition Program for Women, Infants, and Children. The commissioner shall award grants to community health boards or tribal nations in metropolitan and rural areas of the state. Priority for all grants shall be given to nurse-family partnership programs that provide services through a Minnesota health care program-enrolled provider that accepts medical assistance. Additionally, priority for grants to rural areas shall be given to community health boards and tribal nations that expand services within regional partnerships that provide the nurse-family partnership program. Funding available under this paragraph may only be used to supplement, not to replace, funds

being used for nurse-family partnership home visiting services as of June 30, 2015.

Opiate Antagonists. \$270,000 in fiscal year 2016 and \$20,000 in fiscal year 2017 are from the general fund for grants to the eight regional emergency medical services programs to purchase opiate antagonists and educate and train emergency medical services persons, as defined in Minnesota Statutes, section 144.7401, subdivision 4, clauses (1) and (2), in the use of these antagonists in the event of an opioid or heroin overdose. For the purposes of this paragraph, "opiate antagonist" means naloxone hydrochloride or any similarly acting drug approved by the federal Food and Drug Administration for the treatment of drug overdose. Grants under this paragraph must be distributed to all eight regional emergency medical services programs. This is a onetime appropriation and is available until June 30, 2017. The commissioner may use up to \$20,000 of the amount for opiate antagonists for administration.

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

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

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

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

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

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

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

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

(c) ~~\$1,500,000~~ \$750,000 in fiscal year 2016 and ~~\$1,500,000~~ \$750,000 in fiscal year 2017 are from the general health care access fund for the emergency medical assistance outlier grant program in Minnesota Statutes, section 145.929, subdivision 3.

(d) ~~\$437,500~~ \$218,750 of the general health care access fund appropriation in fiscal years ~~year~~ 2016 and \$218,750 in fiscal year 2017 ~~is~~ are for community health center grants under Minnesota Statutes, section 145.9269. A community health center that receives a grant from this appropriation is not eligible for a grant under paragraph (b).

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

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

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

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

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

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

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

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

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

Prevention of Violence in Health Care. \$50,000 in fiscal year 2016 is to continue the prevention of violence in health care program and creating violence prevention resources for hospitals and other health care providers to use in training their staff on violence prevention. This is a onetime appropriation and is available until June 30, 2017.

Health Care Savings Determinations. (a) The health care access fund base for the state health improvement program is decreased by \$261,000 in fiscal year 2016 and decreased by \$110,000 in fiscal year 2017.

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

Base Level Adjustments. The general fund base is decreased by \$1,070,000 in fiscal year 2018 and by \$1,020,000 in fiscal year 2019. The state government special revenue fund base is increased by \$33,000 in fiscal year 2018. The health care access fund base is increased by \$610,000 in fiscal year 2018 and by \$23,000 in fiscal year 2019.

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

Sec. 88. REPEALER.

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

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

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

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

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

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

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

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

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

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

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

Sec. 6. **EFFECTIVE DATE.**

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

Presented to the governor June 13, 2015

Signed by the governor June 13, 2015, 1:50 p.m.