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ARTICLE 13

MISCELLANEOUS

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ARTICLE 21

MISCELLANEOUS

Section 1. Minnesota Statutes 2024, section 62E.23, subdivision 1, is amended to read:

Subdivision 1. **Administration of plan.** (a) The association is Minnesota's reinsurance entity to administer the state-based reinsurance program referred to as the Minnesota premium security plan.

(b) The association may apply for any available federal funding for the plan. All funds received by or appropriated to the association shall be deposited in the premium security plan account in section 62E.25, subdivision 1. The association shall notify the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services and insurance within ten days of receiving any federal funds.

(c) The association must collect or access data from an eligible health carrier that are necessary to determine reinsurance payments, according to the data requirements under subdivision 5, paragraph (c).

(d) The board must not use any funds allocated to the plan for staff retreats, promotional giveaways, excessive executive compensation, or promotion of federal or state legislative or regulatory changes.

(e) For each applicable benefit year, the association must notify eligible health carriers of reinsurance payments to be made for the applicable benefit year no later than June 30 of the year following the applicable benefit year.

(f) On a quarterly basis during the applicable benefit year, the association must provide each eligible health carrier with the calculation of total reinsurance payment requests.

(g) By August 15 of the year following the applicable benefit year, through August 15, 2026, the association must disburse all applicable reinsurance payments to an eligible health carrier.

(h) The association must disburse applicable reinsurance payments for claims costs incurred by eligible health carriers through December 31, 2025. Reinsurance payments are not available to eligible health carriers for claims costs incurred after December 31, 2025.

Sec. 2. **[62V.15] DEFINITIONS; PREMIUM SUBSIDY PROGRAM.**

Subdivision 1. **Scope.** For purposes of sections 62V.15 to 62V.18, the following terms have the meanings given.

Subd. 2. **Assessment.** "Assessment" means the amount a health plan company must pay for operational costs, administrative costs, and premium subsidy payments for the premium subsidy program established under section 62V.16.

524.21 Subd. 3. **Commissioner.** "Commissioner" means the commissioner of management and
524.22 budget.

524.23 Subd. 4. **Eligible individual.** (a) "Eligible individual" means a Minnesota resident who:
524.24 (1) is not eligible for an advance premium tax credit under Code of Federal Regulations,
524.25 title 26, part 1.36B-2, in a month in which the eligible individual's coverage is effective;
524.26 (2) is not enrolled in public program coverage under chapters 256B and 256L; and
524.27 (3) purchased an individual health plan, as defined in section 62A.011.

524.28 (b) "Eligible individual" includes a person required to repay an advanced premium tax
524.29 credit because the person's income was subsequently determined to exceed the maximum
524.30 permissible amount to qualify as an applicable taxpayer under Code of Federal Regulations,
524.31 title 26, part 1.36B-2.

525.1 Subd. 5. **Gross premium.** "Gross premium" means the amount billed for a health plan
525.2 purchased by an eligible individual prior to a premium subsidy in a calendar year.

525.3 Subd. 6. **Health plan company.** "Health plan company" means a health plan company,
525.4 as defined in section 62Q.01, that offers, issues, sells, or renews a health plan, as defined
525.5 in section 62Q.01, in Minnesota.

525.6 Subd. 7. **Net premium.** "Net premium" means the gross premium less the premium
525.7 subsidy.

525.8 Subd. 8. **Premium subsidy.** "Premium subsidy" means a payment (1) made on behalf
525.9 of an eligible individual to promote general welfare, and (2) that is not compensation for a
525.10 service rendered.

525.11 Sec. 3. **[62V.16] PAYMENT TO HEALTH CARRIERS ON BEHALF OF ELIGIBLE**
525.12 **INDIVIDUALS.**

525.13 Subdivision 1. **Program established.** Beginning January 1, 2026, the board of directors
525.14 of MNsure, in consultation with the commissioners of commerce and human services, must
525.15 establish and administer the premium subsidy program authorized by this section to help
525.16 eligible individuals pay for coverage in the individual market.

525.17 Subd. 2. **Premium subsidy provided.** (a) A health carrier must provide a premium
525.18 subsidy to each eligible individual who purchases an individual health plan from the health
525.19 carrier. The premium subsidy must be provided for each month the net premium is paid.
525.20 An eligible individual must pay the net premium amount to the health carrier.

525.21 (b) Each premium subsidy must be equal to 20 percent of the monthly gross premium
525.22 otherwise paid by or on behalf of the eligible individual for coverage purchased in the
525.23 individual market that covers the eligible individual and the eligible individual's spouse and
525.24 dependents.

525.25 (c) The premium subsidy must be excluded from a calculation used to determine eligibility
525.26 for a Department of Human Services or Department of Children, Youth, and Families
525.27 program.

525.28 Subd. 3. **Payments to health carriers.** (a) The commissioner must make payments by
525.29 September 30 to health carriers on behalf of eligible individuals for the months during the
525.30 prior calendar year for which the individual has paid the net premium amount to the health
525.31 carrier. The amount of the commissioner's payments to health carriers must be in the amounts
525.32 provided to the commissioner by the board under paragraph (c). The commissioner must
526.1 not withhold payment because a health carrier cannot prove an enrollee is an eligible
526.2 individual.

526.3 (b) In order to be eligible for payment, a health carrier seeking reimbursement from the
526.4 board must submit an invoice and supporting information to the board, using a form
526.5 developed by the board. The form must require the health carrier to identify the number of
526.6 eligible individuals for which the health carrier is seeking reimbursement, the average gross
526.7 premium for eligible individuals, and the aggregate amount of reimbursement claimed by
526.8 the health carrier for premium subsidies under this section. The board must finalize the form
526.9 by November 1, 2025.

526.10 (c) The board must provide the commissioner, based on the information received by the
526.11 board from the health carriers pursuant to paragraph (b), the payment amount owed to each
526.12 health carrier.

526.13 (d) The board must consider a health carrier as a vendor under section 16A.124,
526.14 subdivision 3, and each monthly invoice must represent the services that have been completed
526.15 or delivered.

526.16 (e) The commissioner, in consultation with the board, may withhold payments and charge
526.17 back payments to recover from health carriers premium subsidies provided but that do not
526.18 comply with the applicable legal requirements of this section.

526.19 Subd. 4. **Assessment.** (a) An annual assessment is imposed on health plan companies
526.20 for each calendar year beginning in calendar year 2026. The commissioner of commerce
526.21 must establish the annual assessment for each health plan company in an amount such that
526.22 the aggregate assessment amount collected from health plan companies under this subdivision
526.23 equals the amount necessary for the premium subsidy program established under subdivision
526.24 1.

526.25 (b) By March 1 each year, the commissioner of commerce must consult with the board
526.26 of directors of MNsure and provide each health plan company with an estimate of the
526.27 company assessment for the current calendar year.

526.28 (c) By May 31 each year, the commissioner of commerce, in consultation with the board
526.29 of directors of MNsure, must notify each health plan company of the company's assessment
526.30 for the current calendar year.

207.12 Section 1. **[135A.1367] OPIATE ANTAGONIST.**

207.13 Subdivision 1. **Definition.** For purposes of this section, "opiate antagonist" has the

207.14 meaning given in section 604A.04, subdivision 1.

207.15 Subd. 2. **Minnesota State Colleges and Universities; University of Minnesota.** (a)

207.16 The Board of Trustees of the Minnesota State Colleges and Universities shall, and the Board

207.17 of Regents of the University of Minnesota is requested to:

207.18 (1) maintain a supply of opiate antagonists at each campus site to be administered in

207.19 compliance with section 151.37, subdivision 12; and

207.20 (2) have at least two doses of a nasal opiate antagonist available on site at each campus

207.21 residential building.

526.31 (d) By June 30 each year, the commissioner of commerce must collect assessments from

526.32 health plan companies to pay for the premium subsidy program established under this

526.33 section.

527.1 Subd. 5. **Data practices.** (a) The definitions in section 13.02 apply to this subdivision.

527.2 (b) Government data on an enrollee or health carrier under this section are private data

527.3 on individuals or nonpublic data, except that the total reimbursement requested by a health

527.4 carrier and the total state payment to the health carrier are public data.

527.5 Sec. 4. **[62V.17] APPLICABILITY OF GROSS PREMIUM.**

527.6 Notwithstanding premium subsidies provided under section 62V.16, subdivision 2, the

527.7 premium base to calculate any applicable premium taxes under chapter 297I is the gross

527.8 premium for health plans purchased by eligible individuals in the individual market.

527.9 Sec. 5. **[62V.18] PREMIUM SUBSIDY PROGRAM ACCOUNT.**

527.10 Subdivision 1. **Account established.** The premium subsidy program account is created

527.11 in the special revenue fund in the state treasury.

527.12 Subd. 2. **Collected assessments.** The commissioner of commerce must deposit the

527.13 assessments collected under section 62V.16, subdivision 4, in the premium subsidy program

527.14 account created under subdivision 1.

527.15 Subd. 3. **Appropriations.** Money in the premium subsidy program account is annually

527.16 appropriated:

527.17 (1) to the commissioner of management and budget for the payments to health carriers

527.18 on behalf of eligible individuals under section 62V.16, subdivision 3; and

527.19 (2) to the board of directors of MNsure for operational and administrative costs for the

527.20 premium subsidy program established under section 62V.16.

SEE UEH2431-1 (SENATE HIGHER EDUCATION BILL) ARTICLE 2 SECTION 3.

207.22 (b) The commissioner of health shall identify resources, including at least one training
207.23 video, to help postsecondary institutions implement an opiate antagonist emergency response
207.24 and make the resources available for institutions.

207.25 (c) The Board of Trustees and the Board of Regents may adopt a model plan for use,
207.26 storage, and administration of opiate antagonists on system campuses.

207.27 Subd. 3. **Tribal colleges.** (a) The commissioner of health shall distribute money to Leech
207.28 Lake Tribal College, White Earth Tribal College, and Red Lake Nation Tribal College to
207.29 make opiate antagonists available according to paragraph (b). The commissioner may
208.1 determine an appropriate method to equitably allocate the amounts appropriated among the
208.2 colleges.

208.3 (b) A Tribal college receiving money under this section must:

208.4 (1) maintain a supply of opiate antagonists at each campus site to be administered in
208.5 compliance with section 151.37, subdivision 12; and

208.6 (2) have at least two doses of a nasal opiate antagonist available on site at each campus
208.7 residential building.

208.8 **EFFECTIVE DATE.** This section is effective beginning in the 2025-2026 academic
208.9 year.

208.10 Sec. 2. Minnesota Statutes 2024, section 145C.01, is amended by adding a subdivision to
208.11 read:

208.12 Subd. 1c. **Emergency medical services provider.** "Emergency medical services provider"
208.13 means:

208.14 (1) an ambulance service licensed under chapter 144E;

208.15 (2) a medical response unit as defined in section 144E.275, subdivision 1;

208.16 (3) an emergency medical responder as defined in section 144E.001, subdivision 6; or

208.17 (4) ambulance service personnel as defined in section 144E.001, subdivision 3a.

208.18 Sec. 3. Minnesota Statutes 2024, section 145C.01, is amended by adding a subdivision to
208.19 read:

208.20 Subd. 7b. **Nonopioid directive.** "Nonopioid directive" means a written instrument that
208.21 includes one or more instructions that a patient must not be administered an opioid by a
208.22 health professional or be offered a prescription for an opioid by a prescriber.

208.23 Sec. 4. Minnesota Statutes 2024, section 145C.01, is amended by adding a subdivision to
208.24 read:

208.25 Subd. 7c. **Prescriber.** "Prescriber" means an individual who is authorized by section
208.26 148.235; 151.01, subdivision 23; or 151.37 to prescribe prescription drugs.

209.1 Sec. 5. Minnesota Statutes 2024, section 145C.17, is amended to read:

209.2 **145C.17 OPIOID INSTRUCTIONS ENTERED INTO HEALTH RECORD.**

209.3 At the request of the patient or health care agent, a health care provider shall enter into
209.4 the patient's health care record any instructions relating to administering, dispensing, or
209.5 prescribing an opioid. A health care provider presented with a nonopioid directive executed
209.6 by or on behalf of a patient must include the nonopioid directive in the patient's health care
209.7 record. A health care provider receiving notice of revocation of a patient's nonopioid directive
209.8 must note the revocation in the patient's health care record.

209.9 Sec. 6. **[145C.18] NONOPIOID DIRECTIVE.**

209.10 Subdivision 1. **Execution.** A patient with the capacity to do so may execute a nonopioid
209.11 directive on the patient's own behalf. A patient's health care agent may execute a nonopioid
209.12 directive on behalf of the patient. A nonopioid directive must include one or more instructions
209.13 that the patient must not be administered an opioid by a health professional or be offered a
209.14 prescription for an opioid by a prescriber.

209.15 Subd. 2. **Revocation.** A patient who executed a nonopioid directive on the patient's own
209.16 behalf may revoke the nonopioid directive at any time and in any manner in which the
209.17 patient is able to communicate an intent to revoke the nonopioid directive. A patient's health
209.18 care agent may revoke the nonopioid directive executed on behalf of a patient by executing
209.19 a written, dated statement of revocation and by providing notice of the revocation to the
209.20 patient's health care provider.

209.21 Subd. 3. **Compliance with nonopioid directive; exception.** (a) Except as specified in
209.22 paragraph (b), prescribers and health professionals must comply with a nonopioid directive
209.23 executed under this section.

209.24 (b) A prescriber or a health professional acting on the order of a prescriber may administer
209.25 an opioid to a patient with a nonopioid directive if:

209.26 (1) the patient is being treated, in emergency circumstances, in a hospital setting or in
209.27 a setting outside a hospital;

209.28 (2) in the prescriber's professional opinion, it is medically necessary to administer an
209.29 opioid to the patient in order to treat the patient, including but not limited to during a surgical
209.30 procedure when one or more complications arise; and

209.31 (3) it is not practical or feasible for the prescriber or health professional to access the
209.32 patient's health care record.

210.1 If an opioid is administered according to this paragraph to a patient with a nonopioid
210.2 directive, the prescriber must ensure that the patient is provided with information on substance
210.3 use disorder services.

210.4 Subd. 4. **Immunities.** Except as otherwise provided by law, the following persons or
210.5 entities are not subject to criminal prosecution, civil liability, or professional disciplinary
210.6 action for failing to prescribe, administer, or dispense an opioid to a patient with a nonopioid
210.7 directive; for the administration of an opioid in the circumstances in subdivision 3, paragraph
210.8 (b), to a patient with a nonopioid directive; or for the inadvertent administration of an opioid
210.9 to a patient with a nonopioid directive, if the act or failure to act was performed in good
210.10 faith and in accordance with the applicable standard of care:

210.11 (1) a health professional whose scope of practice includes prescribing, administering,
210.12 or dispensing a controlled substance;

210.13 (2) an employee of a health professional described in clause (1);

210.14 (3) a health care facility or an employee of a health care facility; or

210.15 (4) an emergency medical services provider.

210.16 Subd. 5. **Nonopioid directive form.** The commissioner of health must develop a
210.17 nonopioid directive form for use by patients and health care agents to communicate to health
210.18 professionals and prescribers that a patient with a nonopioid directive must not be
210.19 administered an opioid or offered a prescription for an opioid. The commissioner must
210.20 include on the nonopioid directive form instructions for how to revoke a nonopioid directive
210.21 and other information the commissioner deems relevant. The commissioner must post the
210.22 form on the Department of Health website.

210.23 Sec. 7. Minnesota Statutes 2024, section 149A.02, is amended by adding a subdivision to
210.24 read:

210.25 Subd. 42. **Green burial.** "Green burial" means a method of burial that emphasizes
210.26 environmental sustainability without interfering with natural decomposition, in which:

210.27 (1) the body is not embalmed;

210.28 (2) a biodegradable casket is used; and

210.29 (3) no vault or outer burial container is employed for a casket or shroud.

211.1 Sec. 8. Minnesota Statutes 2024, section 151.37, subdivision 12, is amended to read:

211.2 Subd. 12. **Administration of opiate antagonists for drug overdose.** (a) A licensed
211.3 physician, a licensed advanced practice registered nurse authorized to prescribe drugs

527.21 Sec. 6. Minnesota Statutes 2024, section 149A.02, is amended by adding a subdivision to
527.22 read:

527.23 Subd. 42. **Green burial.** "Green burial" means a method of burial that emphasizes
527.24 environmental sustainability without interfering with natural decomposition and:

527.25 (1) the body is not embalmed;

527.26 (2) a biodegradable casket or shroud is used; and

527.27 (3) no vault or outer burial container is employed for a casket or shroud.

527.28 **EFFECTIVE DATE.** This section is effective July 1, 2025.

SEE UEH2431-1 (SENATE HIGHER EDUCATION BILL) ARTICLE 2 SECTION 58.

211.4 pursuant to section 148.235, or a licensed physician assistant may authorize the following
211.5 individuals to administer opiate antagonists, as defined in section 604A.04, subdivision 1:

211.6 (1) an emergency medical responder registered pursuant to section 144E.27;

211.7 (2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and (d);

211.8 (3) correctional employees of a state or local political subdivision;

211.9 (4) staff of community-based health disease prevention or social service programs;

211.10 (5) a volunteer firefighter;

211.11 (6) a nurse or any other personnel employed by, or under contract with, a postsecondary
211.12 institution or a charter, public, or private school; and

211.13 (7) transit rider investment program personnel authorized under section 473.4075.

211.14 (b) For the purposes of this subdivision, opiate antagonists may be administered by one
211.15 of these individuals only if:

211.16 (1) the licensed physician, licensed physician assistant, or licensed advanced practice
211.17 registered nurse has issued a standing order to, or entered into a protocol with, the individual;
211.18 and

211.19 (2) the individual has training in the recognition of signs of opiate overdose and the use
211.20 of opiate antagonists as part of the emergency response to opiate overdose.

211.21 (c) Nothing in this section prohibits the possession and administration of naloxone
211.22 pursuant to section 604A.04.

211.23 (d) Notwithstanding section 148.235, subdivisions 8 and 9, a licensed practical nurse is
211.24 authorized to possess and administer according to this subdivision an opiate antagonist in
211.25 a school setting.

528.1 Sec. 7. Minnesota Statutes 2024, section 151.741, subdivision 5, is amended to read:

528.2 Subd. 5. **Insulin repayment account; annual transfer from health care access fund.** (a)

528.3 The insulin repayment account is established in the special revenue fund in the state treasury.

528.4 Money in the account is appropriated each fiscal year to the commissioner of administration

528.5 to reimburse manufacturers for insulin dispensed under the insulin safety net program in

528.6 section 151.74, in accordance with section 151.74, subdivisions 3, paragraph (h), and 6,

528.7 paragraph (h), and to cover costs incurred by the commissioner in providing these

528.8 reimbursement payments.

528.9 (b) By June 30, 2025, and each June 30 thereafter, the commissioner of administration
528.10 shall certify to the commissioner of management and budget the total amount expended in
528.11 the prior fiscal year for:

528.12 (1) reimbursement to manufacturers for insulin dispensed under the insulin safety net
528.13 program in section 151.74, in accordance with section 151.74, subdivisions 3, paragraph
528.14 (h), and 6, paragraph (h); and

528.15 (2) costs incurred by the commissioner of administration in providing the reimbursement
528.16 payments described in clause (1).

528.17 (c) The commissioner of management and budget shall transfer from the health care
528.18 access fund to the ~~special revenue fund~~ insulin repayment account, beginning July 1, 2025,
528.19 and each July 1 thereafter, an amount equal to the amount to which the commissioner of
528.20 administration certified pursuant to paragraph (b).

528.21 Sec. 8. Minnesota Statutes 2024, section 256.01, is amended by adding a subdivision to
528.22 read:

528.23 Subd. 44. **Notification of federal approval; report.** (a) For any provision over which
528.24 the commissioner has jurisdiction and that has an effective date contingent upon federal
528.25 approval, whether the contingency is expressed in an effective date, in the text of a statutory
528.26 provision, or in the text of an uncodified section of session law, the commissioner must
528.27 notify the revisor of statutes of which enacted provisions contain such contingent federal
528.28 approval and when federal approval is obtained for any such provision according to
528.29 paragraphs (b) and (c).

528.30 (b) By July 1 of each year, the commissioner must provide the revisor of statutes; the
528.31 director of the House Research Department; and the director of Senate Counsel, Research
528.32 and Fiscal Analysis with a report containing a complete list of all provisions enacted since
528.33 the preceding July 1 with an effective date contingent on federal approval.

529.1 (c) By September 1 of each year, the commissioner must provide the revisor of statutes;
529.2 the director of the House Research Department; and the director of Senate Counsel, Research
529.3 and Fiscal Analysis with a report containing a complete list of all statutory provisions
529.4 previously enacted with an effective date contingent on federal approval. The commissioner
529.5 must identify in the report which, if any, provisions received federal approval since the
529.6 preceding September 1 and the date that federal approval for each provision was received.
529.7 If no provisions have received federal approval since the preceding September 1, the report
529.8 must state that fact. The revisor of statutes may authorize the commissioner to remove
529.9 federally approved provisions from subsequent reports submitted.

529.10 (d) The reports in paragraphs (b) and (c) must be provided in a form prescribed by the
529.11 revisor of statutes.

House Language H2435-3	HHS Budget-Miscellaneous	May 16, 2025 01:43 PM	Senate Language UEH2435-1
211.26	Sec. 9. <u>[306.991] GREEN BURIALS IN PUBLIC CEMETERIES.</u>	529.12 (e) An employee in the Department of Human Services who is responsible for identifying 529.13 and tracking federal approval of provisions must attest to the accuracy of the reports in a 529.14 manner prescribed by the revisor of statutes.	529.15 EFFECTIVE DATE. This section is effective the day following final enactment.
211.27	Subdivision 1. Definitions. (a) For purposes of this section, the following terms have 211.28 the meanings given.	529.16 Sec. 9. Minnesota Statutes 2024, section 256B.051, subdivision 3, is amended to read:	529.17 Subd. 3. Eligibility. An individual with a disability is eligible for housing stabilization 529.18 services if the individual:
211.29	(b) "Drainage system" has the meaning given in section 103E.005, subdivision 12.	529.19 (1) is 18 years of age or older;	529.20 (2) is enrolled in medical assistance;
211.30	(c) "Green burial" has the meaning given in section 149A.02, subdivision 42.	529.21 (3) has income at or below 150 percent of the federal poverty level;	529.22 (4) has an assessment of functional need that determines a need for services due to 529.23 limitations caused by the individual's disability;
212.1	(d) "Natural watercourse" has the meaning given in section 103G.005, subdivision 13.	529.24 (4) (5) resides in or plans to transition to a community-based setting as defined in Code 529.25 of Federal Regulations, title 42, section 441.301 (c); and	529.26 (5) (6) has housing instability evidenced by:
212.2	(e) "Ordinary high-water level" has the meaning given in section 103G.005, subdivision	529.27 (i) being homeless or at-risk of homelessness;	529.28 (ii) being in the process of transitioning from, or having transitioned in the past six 529.29 months from, an institution or licensed or registered setting;
212.3	14.	529.30 (iii) being eligible for waiver services under chapter 256S or section 256B.092 or 529.31 256B.49; or	530.1 (iv) having been identified by a long-term care consultation under section 256B.0911 530.2 as at risk of institutionalization.
212.4	(f) "Water supply well" has the meaning given in section 103I.005, subdivision 20a.	530.3 Sec. 10. <u>[306.991] GREEN BURIALS IN PUBLIC CEMETERIES.</u>	530.4 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have 530.5 the meanings given.
		530.6 (b) "Drainage system" has the meaning given in section 103E.005, subdivision 12.	530.7 (c) "Green burial" has the meaning given in section 149A.02, subdivision 42.
		530.8 (d) "Natural watercourse" has the meaning given in section 103G.005, subdivision 13.	530.9 (e) "Ordinary high-water level" has the meaning given in section 103G.005, subdivision 530.10 14.
		530.11 (f) "Water supply well" has the meaning given in section 103I.005, subdivision 20a.	

212.5 Subd. 2. **Green burial requirements.** A municipality, town, or other cemetery governed
212.6 by this chapter that allows for green burials must comply with the requirements of this
212.7 section.

212.8 Subd. 3. **Green burial plot locations.** (a) Green burial plots must have a designated
212.9 location within the cemetery. Green burial plot locations must:

212.10 (1) be set back 50 feet from property lines;

212.11 (2) maintain at least three and one-half feet of clearance above the ordinary high-water
212.12 level;

212.13 (3) not be in standing water;

212.14 (4) not be within zone 1 groundwater source protection zones around a spring, water
212.15 supply well, or shaft drilled into the ground meant to extract water; and

212.16 (5) not be within flood-prone areas.

212.17 (b) Green burial plot locations must be a certain distance from water sources. Green
212.18 burial plot locations must be:

212.19 (1) 50 feet from water supply wells and shafts drilled into the ground used to extract
212.20 water;

212.21 (2) 100 feet from other springs or watercourses; and

212.22 (3) 33 feet from drainage systems.

212.23 Subd. 4. **Burial depth.** (a) Green burial plots must be at a minimum depth of three and
212.24 one-half feet from the base of the grave to the soil horizon.

212.25 (b) Green burials must have one meter of cover.

212.26 Subd. 5. **Burial density.** Green burial plots must be limited to a maximum of 300 burials
212.27 per acre over a 100-year period.

212.28 Sec. 10. **[306.992] SCATTERING OF CREMATED REMAINS.**

212.29 (a) For purposes of this section, "cremated remains" has the meaning given in section
212.30 149A.02, subdivision 7.

530.12 Subd. 2. **Green burial requirements.** A municipality, town, or other cemetery governed
530.13 by this chapter that allows for green burials must comply with the requirements of this
530.14 section.

530.15 Subd. 3. **Green burial plot locations.** (a) Green burial plots must meet the following
530.16 criteria:

530.17 (1) be set back 50 feet from property lines;

530.18 (2) maintain at least three and one-half feet clearance above the ordinary high-water
530.19 level;

530.20 (3) not be in standing water;

530.21 (4) not be within zone 1 groundwater source protection zones around a spring, water
530.22 supply well, or a shaft drilled into the ground meant to extract water; and

530.23 (5) not be within flood-prone areas.

530.24 (b) Green burial plot locations must be a certain distance from water sources. Green
530.25 burial plot locations must be:

530.26 (1) 50 feet from water supply wells and shafts drilled into the ground used to extract
530.27 water;

530.28 (2) 100 feet from other springs or watercourses; and

530.29 (3) 33 feet from drainage systems.

531.1 Subd. 4. **Exception.** A property with green burial plots in a designated location on or
531.2 before July 1, 2025, does not need to comply with the requirement of subdivision 3, paragraph
531.3 (a), clause (1).

531.4 Subd. 5. **Burial depth.** (a) Green burial plots must be at a minimum depth of three and
531.5 one-half feet from the base of the grave to the soil horizon.

531.6 (b) Green burials must have three and one-half feet of cover.

531.7 Subd. 6. **Burial density.** Green burial plots must be a maximum of 300 burials per acre
531.8 over a 100-year period.

531.9 **EFFECTIVE DATE.** This section is effective July 1, 2025.

531.10 Sec. 11. **[306.992] SCATTERING OF HYDROLYZED OR CREMATED REMAINS.**

531.11 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
531.12 the meanings given.

531.13 (b) "Cremated remains" has the meaning given in section 149A.02, subdivision 7.

213.1 (b) A municipality, town, or other cemetery governed by this chapter that allows for
213.2 scattering of cremated remains must designate a location within the cemetery for the
213.3 scattering of cremated remains.

213.4 Sec. 11. **[307.14] GREEN BURIALS IN PRIVATE CEMETERIES.**

213.5 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
213.6 the meanings given.

213.7 (b) "Drainage system" has the meaning given in section 103E.005, subdivision 12.

213.8 (c) "Green burial" has the meaning given in section 149A.02, subdivision 42.

213.9 (d) "Natural watercourse" has the meaning given in section 103G.005, subdivision 13.

213.10 (e) "Ordinary high-water level" has the meaning given in section 103G.005, subdivision
213.11 14.

213.12 (f) "Water supply well" has the meaning given in section 103I.005, subdivision 20a.

213.13 Subd. 2. **Green burial requirements.** A person who owns a cemetery governed by this
213.14 chapter that allows for green burials must comply with the requirements of this section.

213.15 Subd. 3. **Green burial plot locations.** Green burial plots must have a designated location
213.16 within the cemetery. Green burial plot locations must:

213.17 (1) be set back 50 feet from property lines;

213.18 (2) maintain at least three and one-half feet of clearance above the ordinary high-water
213.19 level;

213.20 (3) not be in standing water;

213.21 (4) not be within zone 1 groundwater source protection zones around a spring, water
213.22 supply well, or shaft drilled into the ground meant to extract water; and

213.23 (5) not be within flood-prone areas.

531.14 (c) "Hydrolyzed remains" has the meaning given in section 149A.02, subdivision 24a.

531.15 Subd. 2. **Designated location.** A municipality, town, or other cemetery governed by
531.16 this chapter that allows for scattering of hydrolyzed remains or cremated remains must
531.17 designate a location within the cemetery for the scattering of hydrolyzed remains or cremated
531.18 remains.

531.19 **EFFECTIVE DATE.** This section is effective July 1, 2025.

531.20 Sec. 12. **[307.14] GREEN BURIALS IN PRIVATE CEMETERIES.**

531.21 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
531.22 the meanings given.

531.23 (b) "Drainage system" has the meaning given in section 103E.005, subdivision 12.

531.24 (c) "Green burial" has the meaning given in section 149A.02, subdivision 42.

531.25 (d) "Natural watercourse" has the meaning given in section 103G.005, subdivision 13.

531.26 (e) "Ordinary high-water level" has the meaning given in section 103G.005, subdivision
531.27 14.

531.28 (f) "Water supply well" has the meaning given in section 103I.005, subdivision 20a.

532.1 Subd. 2. **Green burial requirements.** A person who owns a cemetery governed by this
532.2 chapter that allows for green burials must comply with the requirements of this section.

532.3 Subd. 3. **Green burial plot locations.** (a) Green burial plots must meet the following
532.4 criteria:

532.5 (1) be set back 50 feet from property lines;

532.6 (2) maintain at least three and one-half feet clearance above the ordinary high-water
532.7 level;

532.8 (3) not be in standing water;

532.9 (4) not be within zone 1 groundwater source protection zones around a spring, water
532.10 supply well, or a shaft drilled into the ground meant to extract water; and

532.11 (5) not be within flood-prone areas.

532.12 (b) Green burial plot locations must be a certain distance from water sources. Green
532.13 burial plot locations must be:

532.14 (1) 50 feet from water supply wells and shafts drilled into the ground used to extract
532.15 water;

532.16 (2) 100 feet from other springs or watercourses; and

213.24 Subd. 4. **Burial depth.** (a) Green burial plots must be at a minimum depth of three and
213.25 one-half feet from the base of the grave to the soil horizon.

213.26 (b) Green burials must have one meter of cover.

213.27 Subd. 5. **Burial density.** Green burial plots must be limited to a maximum of 300 burials
213.28 per acre over a 100-year period.

214.1 Sec. 12. [307.15] SCATTERING OF CREMATED REMAINS.

214.2 (a) For purposes of this section, "cremated remains" has the meaning given in section
214.3 149A.02, subdivision 7.

214.4 (b) A municipality, town, or other cemetery governed by this chapter that allows for
214.5 scattering of cremated remains must designate a location within the cemetery for the
214.6 scattering of cremated remains.

214.7 Sec. 13. [325M.335] MENTAL HEALTH WARNING LABEL.

214.8 Subdivision 1. **Warning label required.** (a) A social media platform must ensure that
214.9 a conspicuous mental health warning label that complies with the requirements under this
214.10 section:

214.11 (1) appears each time a user accesses the social media platform; and
214.12 (2) only disappears when the user: (i) exits the social media platform; or (ii) acknowledges
214.13 the potential for harm and chooses to proceed to the social media platform despite the risk.

214.14 (b) A mental health warning label under this section must:

214.15 (1) in a manner that conforms with the guidelines established under subdivision 2, warn
214.16 the user of potential negative mental health impacts of accessing the social media platform;
214.17 and

214.18 (2) provide the user access to resources to address the potential negative mental health
214.19 impacts described in clause (1) and include the website and telephone number of a national

532.17 (3) 33 feet from drainage systems.

532.18 Subd. 4. **Exception.** A property with green burial plots in a designated location on or
532.19 before July 1, 2025, does not need to comply with the requirement of subdivision 3, paragraph
532.20 (a), clause (1).

532.21 Subd. 5. **Burial depth.** (a) Green burial plots must be at a minimum depth of three and
532.22 one-half feet from the base of the grave to the soil horizon.

532.23 (b) Green burials must have three and one-half feet of cover.

532.24 Subd. 6. **Burial density.** Green burial plots must be a maximum of 300 burials per acre
532.25 over a 100-year period.

532.26 **EFFECTIVE DATE.** This section is effective July 1, 2025.

532.27 Sec. 13. [307.15] SCATTERING OF HYDROLYZED OR CREMATED REMAINS.

532.28 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
532.29 the meanings given.

532.30 (b) "Cremated remains" has the meaning given in section 149A.02, subdivision 7.

533.1 (c) "Hydrolyzed remains" has the meaning given in section 149A.02, subdivision 24a.

533.2 Subd. 2. **Designated location.** A person who owns a cemetery governed by this chapter
533.3 that allows for scattering of hydrolyzed remains or cremated remains must designate a
533.4 location within the cemetery for the scattering of hydrolyzed or cremated remains.

533.5 **EFFECTIVE DATE.** This section is effective July 1, 2025.

214.20 suicide prevention and mental health crisis hotline system, including but not limited to the

214.21 988 Suicide and Crisis Lifeline.

214.22 (c) A social media platform is prohibited from:

214.23 (1) providing the warning label exclusively in the social media platform's terms and

214.24 conditions;

214.25 (2) including extraneous information in the warning label that obscures the visibility or

214.26 prominence of the warning label; or

214.27 (3) allowing a user to disable a warning label, except as provided under paragraph (a).

214.28 Subd. 2. **Content of label.** (a) The commissioner of health, in consultation with the

214.29 commissioner of commerce, must develop guidelines for social media platforms that contain

214.30 appropriate requirements for the warning labels required under this section. The guidelines

215.1 must be based on current evidence regarding the negative mental health impacts of social

215.2 media platforms. The commissioners must review and revise the guidelines as appropriate.

215.3 (b) The commissioner of health is exempt from chapter 14, including section 14.386,

215.4 when implementing this subdivision.

215.5 Sec. 14. Minnesota Statutes 2024, section 325M.34, is amended to read:

215.6 **325M.34 ENFORCEMENT AUTHORITY.**

215.7 (a) The attorney general may investigate and bring an action against a social media

215.8 platform for an alleged violation of section 325M.33 or 325M.335.

215.9 (b) Nothing in sections 325M.30 to 325M.34 creates a private cause of action in favor

215.10 of a person injured by a violation of section 325M.33.

533.6 Sec. 14. Laws 2024, chapter 127, article 67, section 6, is amended to read:

533.7 Sec. 6. **COMMISSIONER OF MANAGEMENT**

533.8 **AND BUDGET**

533.9 Appropriations by Fund

533.10	2024	2025
533.11	General	(232,000)
533.12	Health Care Access	100,000

533.13 (a) **Insulin safety net program.** \$100,000 in

533.14 fiscal year 2025 is from the health care access

533.15 fund for the insulin safety net program in
533.16 Minnesota Statutes, section 151.74.
533.17 **(b) Transfer.** The commissioner must transfer
533.18 from the health care access fund to the insulin
533.19 safety net program repayment account in the
533.20 special revenue fund the amount certified by
533.21 the commissioner of administration under
533.22 Minnesota Statutes, section 151.741,
533.23 subdivision 5, paragraph (b), estimated to be
533.24 \$100,000 in fiscal year 2025, for
533.25 reimbursement to manufacturers for insulin
533.26 dispensed under the insulin safety net program
533.27 in Minnesota Statutes, section 151.74. The
533.28 base for this transfer is estimated to be
533.29 \$100,000 in fiscal year 2026 and \$100,000 in
533.30 fiscal year 2027.

533.31 **(c) Base Level Adjustment.** The health care
533.32 access fund base is increased by \$100,000 in
534.1 fiscal year 2026 and increased by \$100,000 in
534.2 fiscal year 2027.

534.3 Sec. 15. **TRANSFERS TO THE DEPARTMENT OF CHILDREN, YOUTH, AND**
534.4 **FAMILIES IN UNCODIFIED LAW.**

534.5 Any power, duty, or responsibility given to the commissioner of human services or the
534.6 Department of Human Services in an uncodedified section of Laws of Minnesota that is a part
534.7 of, necessary for, or in service of a power, duty, or responsibility transferred in Laws 2023,
534.8 chapter 70, article 12, section 30, or Laws 2024, chapter 80, transfers to the commissioner
534.9 of children, youth, and families or the Department of Children, Youth, and Families upon
534.10 the notice of transfer of the underlying power, duty, or responsibility required in Laws 2023,
534.11 chapter 70, article 12, section 30, subdivision 1. This section applies to uncodedified sections
534.12 of Laws of Minnesota enacted before and after Laws 2023, chapter 70, including but not
534.13 limited to Laws 2024, chapter 117, sections 16 to 22.

534.14 Sec. 16. **OPERATION WITHIN EXISTING RESOURCES.**

534.15 The board of directors of MNsure may, if necessary, operate and administer the premium
534.16 subsidy program established under Minnesota Statutes, section 62V.16, in nonconformance
534.17 with that section to the minimum extent necessary, using existing resources and available
534.18 processes until January 1, 2027.

534.19 Sec. 17. **DIRECTION TO THE COMMISSIONER OF CHILDREN, YOUTH, AND**
534.20 **FAMILIES; CHILD CARE AND DEVELOPMENT BLOCK GRANT**
534.21 **ALLOCATIONS.**

534.22 (a) The commissioner of children, youth, and families shall allocate \$1,000,000 in fiscal
534.23 year 2026 and \$1,000,000 in fiscal year 2027 from the child care and development block
534.24 grant for child care improvement grants under Minnesota Statutes, section 142D.20,
534.25 subdivision 3, paragraph (a), clause (7). This is a onetime allocation.

534.26 (b) The commissioner of children, youth, and families shall allocate \$55,000 in fiscal
534.27 year 2026, \$639,000 in fiscal year 2027, \$1,639,000 in fiscal year 2028, and \$1,638,000 in
534.28 fiscal year 2029 from the child care and development block grant for the development of a
534.29 statewide electronic attendance and record keeping system for the child care assistance
534.30 program.

534.31 (c) The commissioner of children, youth, and families shall allocate \$1,419,000 in fiscal
534.32 year 2026, \$4,221,000 in fiscal year 2027, \$4,791,000 in fiscal year 2028, and \$4,885,000
535.1 in fiscal year 2029 from the child care and development block grant for MFIP child care
535.2 assistance to comply with federal requirements.

535.3 (d) The commissioner of children, youth, and families shall allocate \$2,662,000 in fiscal
535.4 year 2026, \$5,479,000 in fiscal year 2027, \$5,482,000 in fiscal year 2028, and \$5,196,000
535.5 in fiscal year 2029 from the child care and development block grant for basic sliding fee
535.6 child care assistance to comply with federal requirements.

535.7 Sec. 18. **DIRECTION TO COMMISSIONER OF CHILDREN, YOUTH, AND**
535.8 **FAMILIES; ALLOCATION OF TANF-ELIGIBLE GENERAL FUND**
535.9 **EXPENDITURES.**

535.10 The commissioner of children, youth, and families must identify \$4,000,000 in fiscal
535.11 year 2026, \$4,000,000 in fiscal year 2027, \$4,000,000 in fiscal year 2028, and \$4,000,000
535.12 in fiscal year 2029 of general fund expenditures attributable to eligible activities under
535.13 Minnesota Statutes, chapter 142G, and reduce general fund expenditures by the same
535.14 amounts. The commissioner must allocate \$4,000,000 in fiscal year 2026, \$4,000,000 in
535.15 fiscal year 2027, \$4,000,000 in fiscal year 2028, and \$4,000,000 in fiscal year 2029 to
535.16 eligible activities under Minnesota Statutes, chapter 142G, to the TANF fund.

535.17 Sec. 19. **DIRECTION TO THE COMMISSIONERS OF HEALTH; HUMAN**
535.18 **SERVICES; AND CHILDREN, YOUTH, AND FAMILIES; REPORTS ON GRANT**
535.19 **FUNDING.**

535.20 (a) Beginning January 15, 2026, and each odd-numbered year thereafter, the
535.21 commissioners of health; human services; and children, youth, and families must each
535.22 submit a report that contains an accurate list of all grants with money appropriated in the
535.23 preceding fiscal year and appropriated for the current biennium and the following biennium
535.24 that are administered by each commissioner and must include for each grant:

- 535.25 (1) the name of the grant;
- 535.26 (2) a description of the grant, including the eligibility criteria of grantees and the purpose
- 535.27 of the grant;
- 535.28 (3) the amount appropriated in each fiscal year that supports the total appropriation for
- 535.29 each grant budget activity for the November forecast in each even-numbered year; and
- 535.30 (4) the accurate and complete statutory or Minnesota Laws citation for the authority for
- 535.31 the grant.
- 536.1 (b) The commissioner of health must submit the report in paragraph (a) to the chairs and
- 536.2 ranking minority members of the legislative committees with jurisdiction over health, and
- 536.3 to the director of the House Research Department, the chief fiscal analyst of the House
- 536.4 Fiscal Analysis Department, and the director and principal fiscal analyst of Senate Counsel,
- 536.5 Research and Fiscal Analysis.
- 536.6 (c) The commissioner of human services must submit the report in paragraph (a) to the
- 536.7 chairs and ranking minority members of the legislative committees with jurisdiction over
- 536.8 human services, and to the director of the House Research Department, the chief fiscal
- 536.9 analyst of the House Fiscal Analysis Department, and the director and principal fiscal analyst
- 536.10 of Senate Counsel, Research and Fiscal Analysis.
- 536.11 (d) The commissioner of children, youth, and families must submit the report in paragraph
- 536.12 (a) to the chairs and ranking minority members of the legislative committees with jurisdiction
- 536.13 over children, youth, and families, and to the director of the House Research Department,
- 536.14 the chief fiscal analyst of the House Fiscal Analysis Department, and the director and
- 536.15 principal fiscal analyst of Senate Counsel, Research and Fiscal Analysis.
- 536.16 (e) The reports provided under this section expire on June 30, 2036.
- 536.17 Sec. 20. **REVISOR INSTRUCTION.**
- 536.18 By February 1, 2026, the revisor of statutes must identify any changes to Minnesota
- 536.19 Statutes and Minnesota Rules necessary to reflect the expiration of the Minnesota premium
- 536.20 security plan and the premium security account. The revisor of statutes may submit to the
- 536.21 chairs and ranking minority members of the legislative committees with jurisdiction over
- 536.22 commerce finance and policy draft legislation with the statutory changes necessary to
- 536.23 implement the identified changes.
- 536.24 Sec. 21. **REPEALER.**
- 536.25 Minnesota Statutes 2024, sections 62E.21; 62E.22; 62E.23; 62E.24; and 62E.25, are
- 536.26 repealed.
- 536.27 **EFFECTIVE DATE.** This section is effective August 16, 2026.