

1.1 Senator moves to amend the delete-everything amendment (SCS4699A-2)
1.2 to S.F. No. 4699 as follows:

1.3 Page 15, line 24, delete "DHS" and insert "DEPARTMENT OF HUMAN SERVICES"

1.4 Page 22, delete section 9 and insert:

1.5 "Sec. 9. Minnesota Statutes 2023 Supplement, section 256B.0625, subdivision 13e, is
1.6 amended to read:

1.7 Subd. 13e. **Payment rates.** (a) The basis for determining the amount of payment shall
1.8 be the lower of the ingredient costs of the drugs plus the professional dispensing fee; or the
1.9 usual and customary price charged to the public. The usual and customary price means the
1.10 lowest price charged by the provider to a patient who pays for the prescription by cash,
1.11 check, or charge account and includes prices the pharmacy charges to a patient enrolled in
1.12 a prescription savings club or prescription discount club administered by the pharmacy or
1.13 pharmacy chain, unless the prescription savings club or prescription discount club is one
1.14 in which an individual pays a recurring monthly access fee for unlimited access to a defined
1.15 list of drugs for which the pharmacy does not bill the member or a payer on a
1.16 per-standard-transaction basis. The amount of payment basis must be reduced to reflect all
1.17 discount amounts applied to the charge by any third-party provider/insurer agreement or
1.18 contract for submitted charges to medical assistance programs. The net submitted charge
1.19 may not be greater than the patient liability for the service. The professional dispensing fee
1.20 shall be \$10.77 for prescriptions filled with legend drugs meeting the definition of "covered
1.21 outpatient drugs" according to United States Code, title 42, section 1396r-8(k)(2). The
1.22 dispensing fee for intravenous solutions that must be compounded by the pharmacist shall
1.23 be \$10.77 per claim. The professional dispensing fee for prescriptions filled with
1.24 over-the-counter drugs meeting the definition of covered outpatient drugs shall be \$10.77
1.25 for dispensed quantities equal to or greater than the number of units contained in the
1.26 manufacturer's original package. The professional dispensing fee shall be prorated based
1.27 on the percentage of the package dispensed when the pharmacy dispenses a quantity less
1.28 than the number of units contained in the manufacturer's original package. The pharmacy
1.29 dispensing fee for prescribed over-the-counter drugs not meeting the definition of covered
1.30 outpatient drugs shall be \$3.65 for quantities equal to or greater than the number of units
1.31 contained in the manufacturer's original package and shall be prorated based on the
1.32 percentage of the package dispensed when the pharmacy dispenses a quantity less than the
1.33 number of units contained in the manufacturer's original package. The National Average
1.34 Drug Acquisition Cost (NADAC) shall be used to determine the ingredient cost of a drug.

2.1 For drugs for which a NADAC is not reported, the commissioner shall estimate the ingredient
2.2 cost at the wholesale acquisition cost minus two percent. The ingredient cost of a drug for
2.3 a provider participating in the federal 340B Drug Pricing Program shall be either the 340B
2.4 Drug Pricing Program ceiling price established by the Health Resources and Services
2.5 Administration or NADAC, whichever is lower. Wholesale acquisition cost is defined as
2.6 the manufacturer's list price for a drug or biological to wholesalers or direct purchasers in
2.7 the United States, not including prompt pay or other discounts, rebates, or reductions in
2.8 price, for the most recent month for which information is available, as reported in wholesale
2.9 price guides or other publications of drug or biological pricing data. The maximum allowable
2.10 cost of a multisource drug may be set by the commissioner and it shall be comparable to
2.11 the actual acquisition cost of the drug product and no higher than the NADAC of the generic
2.12 product. Establishment of the amount of payment for drugs shall not be subject to the
2.13 requirements of the Administrative Procedure Act.

2.14 (b) Pharmacies dispensing prescriptions to residents of long-term care facilities using
2.15 an automated drug distribution system meeting the requirements of section 151.58, or a
2.16 packaging system meeting the packaging standards set forth in Minnesota Rules, part
2.17 6800.2700, that govern the return of unused drugs to the pharmacy for reuse, may employ
2.18 retrospective billing for prescription drugs dispensed to long-term care facility residents. A
2.19 retrospectively billing pharmacy must submit a claim only for the quantity of medication
2.20 used by the enrolled recipient during the defined billing period. A retrospectively billing
2.21 pharmacy must use a billing period not less than one calendar month or 30 days.

2.22 (c) A pharmacy provider using packaging that meets the standards set forth in Minnesota
2.23 Rules, part 6800.2700, is required to credit the department for the actual acquisition cost
2.24 of all unused drugs that are eligible for reuse, unless the pharmacy is using retrospective
2.25 billing. The commissioner may permit the drug clozapine to be dispensed in a quantity that
2.26 is less than a 30-day supply.

2.27 (d) If a pharmacy dispenses a multisource drug, the ingredient cost shall be the NADAC
2.28 of the generic product or the maximum allowable cost established by the commissioner
2.29 unless prior authorization for the brand name product has been granted according to the
2.30 criteria established by the Drug Formulary Committee as required by subdivision 13f,
2.31 paragraph (a), and the prescriber has indicated "dispense as written" on the prescription in
2.32 a manner consistent with section 151.21, subdivision 2.

2.33 (e) The basis for determining the amount of payment for drugs administered in an
2.34 outpatient setting shall be the lower of the usual and customary cost submitted by the
2.35 provider, 106 percent of the average sales price as determined by the United States

3.1 Department of Health and Human Services pursuant to title XVIII, section 1847a of the
3.2 federal Social Security Act, the specialty pharmacy rate, or the maximum allowable cost
3.3 set by the commissioner. If average sales price is unavailable, the amount of payment must
3.4 be lower of the usual and customary cost submitted by the provider, the wholesale acquisition
3.5 cost, the specialty pharmacy rate, or the maximum allowable cost set by the commissioner.
3.6 The commissioner shall discount the payment rate for drugs obtained through the federal
3.7 340B Drug Pricing Program by 28.6 percent. The payment for drugs administered in an
3.8 outpatient setting shall be made to the administering facility or practitioner. A retail or
3.9 specialty pharmacy dispensing a drug for administration in an outpatient setting is not
3.10 eligible for direct reimbursement.

3.11 (f) The commissioner may establish maximum allowable cost rates for specialty pharmacy
3.12 products that are lower than the ingredient cost formulas specified in paragraph (a). The
3.13 commissioner may require individuals enrolled in the health care programs administered
3.14 by the department to obtain specialty pharmacy products from providers with whom the
3.15 commissioner has negotiated lower reimbursement rates. Specialty pharmacy products are
3.16 defined as those used by a small number of recipients or recipients with complex and chronic
3.17 diseases that require expensive and challenging drug regimens. Examples of these conditions
3.18 include, but are not limited to: multiple sclerosis, HIV/AIDS, transplantation, hepatitis C,
3.19 growth hormone deficiency, Crohn's Disease, rheumatoid arthritis, and certain forms of
3.20 cancer. Specialty pharmaceutical products include injectable and infusion therapies,
3.21 biotechnology drugs, antihemophilic factor products, high-cost therapies, and therapies that
3.22 require complex care. The commissioner shall consult with the Formulary Committee to
3.23 develop a list of specialty pharmacy products subject to maximum allowable cost
3.24 reimbursement. In consulting with the Formulary Committee in developing this list, the
3.25 commissioner shall take into consideration the population served by specialty pharmacy
3.26 products, the current delivery system and standard of care in the state, and access to care
3.27 issues. The commissioner shall have the discretion to adjust the maximum allowable cost
3.28 to prevent access to care issues.

3.29 (g) Home infusion therapy services provided by home infusion therapy pharmacies must
3.30 be paid at rates according to subdivision 8d.

3.31 (h) The commissioner shall contract with a vendor to conduct a cost of dispensing survey
3.32 for all pharmacies that are physically located in the state of Minnesota that dispense outpatient
3.33 drugs under medical assistance. The commissioner shall ensure that the vendor has prior
3.34 experience in conducting cost of dispensing surveys. Each pharmacy enrolled with the
3.35 department to dispense outpatient prescription drugs to fee-for-service members must

4.1 respond to the cost of dispensing survey. The commissioner may sanction a pharmacy under
4.2 section 256B.064 for failure to respond. The commissioner shall require the vendor to
4.3 measure a single statewide cost of dispensing for specialty prescription drugs and a single
4.4 statewide cost of dispensing for nonspecialty prescription drugs for all responding pharmacies
4.5 to measure the mean, mean weighted by total prescription volume, mean weighted by
4.6 medical assistance prescription volume, median, median weighted by total prescription
4.7 volume, and median weighted by total medical assistance prescription volume. The
4.8 commissioner shall post a copy of the final cost of dispensing survey report on the
4.9 department's website. The initial survey must be completed no later than January 1, 2021,
4.10 and repeated every three years. The commissioner shall provide a summary of the results
4.11 of each cost of dispensing survey and provide recommendations for any changes to the
4.12 dispensing fee to the chairs and ranking members of the legislative committees with
4.13 jurisdiction over medical assistance pharmacy reimbursement. Notwithstanding section
4.14 256.01, subdivision 42, this paragraph does not expire.

4.15 (i) The commissioner shall increase the ingredient cost reimbursement calculated in
4.16 paragraphs (a) and (f) by 1.8 percent for prescription and nonprescription drugs subject to
4.17 the wholesale drug distributor tax under section 295.52."

4.18 Page 57, delete section 34

4.19 Page 58, line 9, delete "specifically" and insert "solely"

4.20 Page 61, line 4, after "fee" insert "as determined by the court" and after the period, insert
4.21 "For the purposes of this section, a resolution mutually agreed upon by the debtor and
4.22 collecting party is not a successful defense."

4.23 Page 62, line 1, delete everything after "(h)" and insert "A collecting party may not be
4.24 held liable in any action brought under this section if the collecting party shows by a
4.25 preponderance of evidence that the violation:"

4.26 Page 62, delete lines 2 to 4 and insert:

4.27 "(1) was not intentional and resulted from a bona fide error made notwithstanding the
4.28 maintenance of procedures reasonably adopted to avoid any such error; or

4.29 (2) was the result of inaccurate or incorrect information provided to the collecting party
4.30 by a health care provider, as defined in section 62J.805, subdivision 2; a health carrier, as
4.31 that term is defined in section 62A.011, subdivision 2; or another collecting party currently
4.32 or previously engaged in collection of the medical debt in question."

4.33 Page 62, after line 14, insert:

5.1 "(c) Nothing in this section prevents a claim against an estate."

5.2 Page 73, delete subdivision 2 and insert:

5.3 "Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
5.4 meanings given.

5.5 (b) "Gender-affirming care" means all medical, surgical, counseling, or referral services,
5.6 including telehealth services, that an individual may receive to support and affirm the
5.7 individual's gender identity or gender expression and that are legal under the laws of this
5.8 state.

5.9 (c) "Health plan" has the meaning given in section 62Q.01, subdivision 3, but includes
5.10 the coverages listed in section 62A.011, subdivision 3, clauses (7) and (10).

5.11 (d) "Medically necessary care" means health care services appropriate in terms of type,
5.12 frequency, level, setting, and duration to the enrollee's diagnosis or condition and diagnostic
5.13 testing and preventive services. Medically necessary care must be consistent with generally
5.14 accepted practice parameters as determined by health care providers in the same or similar
5.15 general specialty as typically manages the condition, procedure, or treatment at issue and
5.16 must:

5.17 (1) help restore or maintain the enrollee's health; or

5.18 (2) prevent deterioration of the enrollee's condition."

5.19 Page 73, delete lines 28 to 30

5.20 Page 81, line 20, delete the new language

5.21 Page 81, line 21, delete the new language and strike "services" and insert "care, as defined
5.22 in section 62Q.585."

5.23 Page 81, delete lines 22 to 24

5.24 Page 87, delete section 1 and insert:

5.25 "Section 1. Minnesota Statutes 2022, section 103I.621, subdivision 1, is amended to read:

5.26 Subdivision 1. **Permit.** (a) Notwithstanding any department or agency rule to the contrary,
5.27 the commissioner shall issue, on request by the owner of the property and payment of the
5.28 permit fee, permits for the reinjection of water by a properly constructed well into the same
5.29 aquifer from which the water was drawn for the operation of a groundwater thermal exchange
5.30 device.

6.1 (b) As a condition of the permit, an applicant must agree to allow inspection by the
6.2 commissioner during regular working hours for department inspectors.

6.3 (c) Not more than 200 permits may be issued for small systems having maximum
6.4 capacities of 20 gallons per minute or less and that are compliant with the natural resource
6.5 water-use requirements under subdivision 2. ~~The small systems are subject to inspection~~
6.6 ~~twice a year.~~

6.7 (d) Not more than ~~ten~~ 100 permits may be issued for larger systems having maximum
6.8 capacities ~~from over 20 to 50~~ gallons per minute and that are compliant with the natural
6.9 resource water-use requirements under subdivision 2. ~~The larger systems are subject to~~
6.10 ~~inspection four times a year.~~

6.11 (e) A person issued a permit must comply with this section ~~for the permit to be valid.~~
6.12 and permit conditions deemed necessary to protect public health and safety of the
6.13 groundwater, which conditions may include but are not limited to:

6.14 (1) notification to the commissioner at intervals specified in the permit conditions;

6.15 (2) system operation and maintenance;

6.16 (3) system location and construction;

6.17 (4) well location and construction;

6.18 (5) signage requirements;

6.19 (6) reports of system construction, performance, operation, and maintenance;

6.20 (7) removal of the system upon termination of use or failure;

6.21 (8) disclosure of the system at the time of property transfer;

6.22 (9) requirements to obtain approval from the commissioner prior to deviation from the
6.23 approval plan and conditions;

6.24 (10) groundwater level monitoring; and

6.25 (11) groundwater quality monitoring.

6.26 (f) The property owner or the property owner's agent must submit to the commissioner
6.27 a permit application on a form provided by the commissioner, or in a format approved by
6.28 the commissioner, that provides any information necessary to protect public health and
6.29 safety of the groundwater.

6.30 (g) A permit granted under this section is not valid if a water-use permit is required for
6.31 the project and is not approved by the commissioner of natural resources.

7.1 **EFFECTIVE DATE.** This section is effective the day following final enactment."

7.2 Page 97, after line 8, insert:

7.3 "Sec. 11. Minnesota Statutes 2022, section 144A.70, subdivision 3, is amended to read:

7.4 Subd. 3. **Controlling person.** "Controlling person" means a business entity or entities,
7.5 officer, program administrator, or director, whose responsibilities include ~~the direction of~~
7.6 ~~the management or policies of a supplemental nursing services agency~~ the management and
7.7 decision-making authority to establish or control business policy and all other policies of a
7.8 supplemental nursing services agency. Controlling person also means an individual who,
7.9 directly or indirectly, beneficially owns an interest in a corporation, partnership, or other
7.10 business association that is a controlling person.

7.11 Sec. 12. Minnesota Statutes 2022, section 144A.70, subdivision 5, is amended to read:

7.12 Subd. 5. **Person.** "Person" includes an individual, ~~firm,~~ corporation, partnership, limited
7.13 liability company, or association.

7.14 Sec. 13. Minnesota Statutes 2022, section 144A.70, subdivision 6, is amended to read:

7.15 Subd. 6. **Supplemental nursing services agency.** "Supplemental nursing services
7.16 agency" means a person, ~~firm,~~ corporation, partnership, limited liability company, or
7.17 association engaged for hire in the business of providing or procuring temporary employment
7.18 in health care facilities for nurses, nursing assistants, nurse aides, and orderlies. Supplemental
7.19 nursing services agency does not include an individual who only engages in providing the
7.20 individual's services on a temporary basis to health care facilities. Supplemental nursing
7.21 services agency does not include a professional home care agency licensed under section
7.22 144A.471 that only provides staff to other home care providers.

7.23 Sec. 14. Minnesota Statutes 2022, section 144A.70, subdivision 7, is amended to read:

7.24 Subd. 7. **Oversight.** The commissioner is responsible for the oversight of supplemental
7.25 nursing services agencies through ~~annual~~ semiannual unannounced surveys and follow-up
7.26 surveys, complaint investigations under sections 144A.51 to 144A.53, and other actions
7.27 necessary to ensure compliance with sections 144A.70 to 144A.74.

7.28 Sec. 15. Minnesota Statutes 2022, section 144A.71, subdivision 2, is amended to read:

7.29 Subd. 2. **Application information and fee.** The commissioner shall establish forms and
7.30 procedures for processing each supplemental nursing services agency registration application.

8.1 An application for a supplemental nursing services agency registration must include at least
8.2 the following:

8.3 (1) the names and addresses of ~~the owner or owners~~ all owners and controlling persons
8.4 of the supplemental nursing services agency;

8.5 (2) if the owner is a corporation, copies of its articles of incorporation and current bylaws,
8.6 together with the names and addresses of its officers and directors;

8.7 (3) ~~satisfactory proof of compliance with section 144A.72, subdivision 1, clauses (5) to~~
8.8 ~~(7)~~ if the owner is a limited liability company, copies of its articles of organization and
8.9 operating agreement, together with the names and addresses of its officers and directors;

8.10 (4) documentation that the supplemental nursing services agency has medical malpractice
8.11 insurance to insure against the loss, damage, or expense of a claim arising out of the death
8.12 or injury of any person as the result of negligence or malpractice in the provision of health
8.13 care services by the supplemental nursing services agency or by any employee of the agency;

8.14 (5) documentation that the supplemental nursing services agency has an employee
8.15 dishonesty bond in the amount of \$10,000;

8.16 (6) documentation that the supplemental nursing services agency has insurance coverage
8.17 for workers' compensation for all nurses, nursing assistants, nurse aids, and orderlies provided
8.18 or procured by the agency;

8.19 (7) documentation that the supplemental nursing services agency filed with the
8.20 commissioner of revenue: (i) the name and address of the bank, savings bank, or savings
8.21 association in which the supplemental nursing services agency deposits all employee income
8.22 tax withholdings; and (ii) the name and address of any nurse, nursing assistant, nurse aid,
8.23 or orderly whose income is derived from placement by the agency, if the agency purports
8.24 the income is not subject to withholding;

8.25 ~~(4)~~ (8) any other relevant information that the commissioner determines is necessary to
8.26 properly evaluate an application for registration;

8.27 ~~(5)~~ (9) a policy and procedure that describes how the supplemental nursing services
8.28 agency's records will be immediately available at all times to the commissioner and facility;
8.29 and

8.30 ~~(6)~~ (10) a nonrefundable registration fee of \$2,035.

8.31 If a supplemental nursing services agency fails to provide the items in this subdivision
8.32 to the department, the commissioner shall immediately suspend or refuse to issue the

9.1 supplemental nursing services agency registration. The supplemental nursing services agency
9.2 may appeal the commissioner's findings according to section 144A.475, subdivisions 3a
9.3 and 7, except that the hearing must be conducted by an administrative law judge within 60
9.4 calendar days of the request for hearing assignment.

9.5 Sec. 16. Minnesota Statutes 2022, section 144A.71, is amended by adding a subdivision
9.6 to read:

9.7 Subd. 2a. **Renewal applications.** An applicant for registration renewal must complete
9.8 the registration application form supplied by the department. An application must be
9.9 submitted at least 60 days before the expiration of the current registration.

9.10 Sec. 17. **[144A.715] PENALTIES.**

9.11 Subdivision 1. **Authority.** The fines imposed under this section are in accordance with
9.12 section 144.653, subdivision 6.

9.13 Subd. 2. **Fines.** Each violation of sections 144A.70 to 144A.74, not corrected at the time
9.14 of a follow-up survey, is subject to a fine. A fine must be assessed according to the schedules
9.15 established in the sections violated.

9.16 Subd. 3. **Failure to correct.** If, upon a subsequent follow-up survey after a fine has been
9.17 imposed under subdivision 2, a violation is still not corrected, another fine shall be assessed.
9.18 The fine shall be double the amount of the previous fine.

9.19 Subd. 4. **Payment of fines.** Payment of fines is due 15 business days from the registrant's
9.20 receipt of notice of the fine from the department.

9.21 Sec. 18. Minnesota Statutes 2022, section 144A.72, subdivision 1, is amended to read:

9.22 Subdivision 1. **Minimum criteria.** (a) The commissioner shall require that, as a condition
9.23 of registration:

9.24 (1) all owners and controlling persons must complete a background study under section
9.25 144.057 and receive a clearance or set aside of any disqualification;

9.26 (~~1~~) (2) the supplemental nursing services agency shall document that each temporary
9.27 employee provided to health care facilities currently meets the minimum licensing, training,
9.28 and continuing education standards for the position in which the employee will be working
9.29 and verifies competency for the position. A violation of this provision may be subject to a
9.30 fine of \$3,000;

10.1 ~~(2)~~ (3) the supplemental nursing services agency shall comply with all pertinent
10.2 requirements relating to the health and other qualifications of personnel employed in health
10.3 care facilities;

10.4 ~~(3)~~ (4) the supplemental nursing services agency must not restrict in any manner the
10.5 employment opportunities of its employees; A violation of this provision may be subject
10.6 to a fine of \$3,000;

10.7 ~~(4) the supplemental nursing services agency shall carry medical malpractice insurance~~
10.8 ~~to insure against the loss, damage, or expense incident to a claim arising out of the death~~
10.9 ~~or injury of any person as the result of negligence or malpractice in the provision of health~~
10.10 ~~care services by the supplemental nursing services agency or by any employee of the agency;~~

10.11 ~~(5) the supplemental nursing services agency shall carry an employee dishonesty bond~~
10.12 ~~in the amount of \$10,000;~~

10.13 ~~(6) the supplemental nursing services agency shall maintain insurance coverage for~~
10.14 ~~workers' compensation for all nurses, nursing assistants, nurse aides, and orderlies provided~~
10.15 ~~or procured by the agency;~~

10.16 ~~(7) the supplemental nursing services agency shall file with the commissioner of revenue:~~
10.17 ~~(i) the name and address of the bank, savings bank, or savings association in which the~~
10.18 ~~supplemental nursing services agency deposits all employee income tax withholdings; and~~
10.19 ~~(ii) the name and address of any nurse, nursing assistant, nurse aide, or orderly whose income~~
10.20 ~~is derived from placement by the agency, if the agency purports the income is not subject~~
10.21 ~~to withholding;~~

10.22 ~~(8)~~ (5) the supplemental nursing services agency must not, in any contract with any
10.23 employee or health care facility, require the payment of liquidated damages, employment
10.24 fees, or other compensation should the employee be hired as a permanent employee of a
10.25 health care facility; A violation of this provision may be subject to a fine of \$3,000;

10.26 ~~(9)~~ (6) the supplemental nursing services agency shall document that each temporary
10.27 employee provided to health care facilities is an employee of the agency and is not an
10.28 independent contractor; and

10.29 ~~(10)~~ (7) the supplemental nursing services agency shall retain all records for five calendar
10.30 years. All records of the supplemental nursing services agency must be immediately available
10.31 to the department.

11.1 (b) In order to retain registration, the supplemental nursing services agency must provide
11.2 services to a health care facility ~~during the year~~ in Minnesota within the past 12 months
11.3 preceding the supplemental nursing services agency's registration renewal date.

11.4 Sec. 19. Minnesota Statutes 2022, section 144A.73, is amended to read:

11.5 **144A.73 COMPLAINT SYSTEM.**

11.6 The commissioner shall establish a system for reporting complaints against a supplemental
11.7 nursing services agency or its employees. Complaints may be made by any member of the
11.8 public. Complaints against a supplemental nursing services agency shall be investigated by
11.9 the ~~Office of Health Facility Complaints~~ commissioner of health under sections 144A.51
11.10 to 144A.53."

11.11 Page 163, line 19, delete everything after "effective" and insert "September 1, 2024."

11.12 Page 243, line 30, before "An" insert "(a)"

11.13 Page 245, line 6, reinstate the stricken language

11.14 Page 245, line 7, delete the new language

11.15 Page 245, delete lines 8 to 10

11.16 Page 245, after line 17, insert:

11.17 "(b) An individual meets the criteria for assertive community treatment under this section
11.18 if they have participated within the last year or are currently in a first episode of psychosis
11.19 program if the individual:

11.20 (1) meets the eligibility requirements outlined in paragraph (a), clauses (1), (2), (5), and
11.21 (6);

11.22 (2) is currently participating in a first episode of psychosis program under section
11.23 245.4905; and

11.24 (3) needs the level of intensity provided by an ACT team, in the opinion of the individual's
11.25 first episode of psychosis program, in order to prevent crisis services, hospitalization,
11.26 homelessness, and involvement with the criminal justice system."

11.27 Page 258, line 5, delete everything after "to" and insert "\$5,727,000 in fiscal year 2025,
11.28 \$6,541,000 in fiscal year 2026, and \$7,520,000 in fiscal year 2027."

11.29 Page 258, delete line 6

11.30 Page 278, delete section 12 and insert:

12.1 "Sec. 12. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; CHILD**
12.2 **WELFARE WORKFORCE SYSTEM IMPROVEMENTS.**

12.3 When designing, developing, and implementing a data-driven, federally compliant
12.4 Comprehensive Child Welfare Information System, the commissioner of human services
12.5 must ensure that the system can do the following:

12.6 (1) allow counties to track various financial information, including benefits received by
12.7 counties on behalf of children in the child protection system;

12.8 (2) allow counties to track all fees received by counties from parents with children in
12.9 out-of-home placements;

12.10 (3) provide ombudspersons with direct access to nonprivileged information necessary
12.11 for the discharge of the ombudsperson's duties, including specific child protection case
12.12 information;

12.13 (4) provide comprehensive statewide data reports; and

12.14 (5) track demographic information about children in the child protection system, including
12.15 disability, ethnicity, economic status, and cultural identity.

12.16 Sec. 13. **PREVENTING NONRELATIVE FOSTER CARE PLACEMENT GRANTS.**

12.17 (a) The commissioner of children, youth, and families must award grants to eligible
12.18 community-based nonprofit organizations to provide culturally competent supports to relative
12.19 caregivers who are caring for relative children and connection to local and statewide
12.20 resources.

12.21 (b) Grant funds must be used to serve relative caregivers caring for children from
12.22 communities that are disproportionately overrepresented in the child welfare system based
12.23 on available data, as determined by the commissioner.

12.24 (c) Grant funds may be used to assess relative caregiver and child needs, provide
12.25 connection to local and statewide culturally competent resources, and provide culturally
12.26 competent case management to assist with complex cases. Grant funds may also be used to
12.27 provide culturally competent supports to reduce the need for child welfare involvement or
12.28 risk of child welfare involvement and increase family stability by preventing nonrelative
12.29 foster care placement.

12.30 (d) For purposes of this section, "relative" has the meaning given in Minnesota Statutes,
12.31 section 260C.007, subdivision 27."

12.32 Page 284, delete section 3

13.1 Page 289, after line 12, insert:

13.2 "Sec. 10. Minnesota Statutes 2023 Supplement, section 256.043, subdivision 3, is amended
13.3 to read:

13.4 Subd. 3. **Appropriations from registration and license fee account.** (a) The
13.5 appropriations in paragraphs (b) to (n) shall be made from the registration and license fee
13.6 account on a fiscal year basis in the order specified.

13.7 (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, paragraphs
13.8 (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be
13.9 made accordingly.

13.10 (c) \$100,000 is appropriated to the commissioner of human services for grants for opiate
13.11 antagonist distribution. Grantees may utilize funds for opioid overdose prevention,
13.12 community asset mapping, education, and opiate antagonist distribution.

13.13 (d) \$2,000,000 is appropriated to the commissioner of human services for grants to Tribal
13.14 nations and five urban Indian communities for traditional healing practices for American
13.15 Indians and to increase the capacity of culturally specific providers in the behavioral health
13.16 workforce.

13.17 (e) \$400,000 is appropriated to the commissioner of human services for competitive
13.18 grants for opioid-focused Project ECHO programs.

13.19 (f) \$277,000 in fiscal year 2024 and \$321,000 each year thereafter is appropriated to the
13.20 commissioner of human services to administer the funding distribution and reporting
13.21 requirements in paragraph (o).

13.22 (g) \$3,000,000 in fiscal year 2025 and \$3,000,000 each year thereafter is appropriated
13.23 to the commissioner of human services for safe recovery sites start-up and capacity building
13.24 grants under section 254B.18.

13.25 (h) \$395,000 in fiscal year 2024 and \$415,000 each year thereafter is appropriated to
13.26 the commissioner of human services for the opioid overdose surge alert system under section
13.27 245.891.

13.28 (i) \$300,000 is appropriated to the commissioner of management and budget for
13.29 evaluation activities under section 256.042, subdivision 1, paragraph (c).

13.30 (j) \$261,000 is appropriated to the commissioner of human services for the provision of
13.31 administrative services to the Opiate Epidemic Response Advisory Council and for the
13.32 administration of the grants awarded under paragraph (n).

14.1 (k) \$126,000 is appropriated to the Board of Pharmacy for the collection of the registration
14.2 fees under section 151.066.

14.3 (l) \$672,000 is appropriated to the commissioner of public safety for the Bureau of
14.4 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies
14.5 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

14.6 (m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining
14.7 amount is appropriated to the commissioner of ~~human services~~ children, youth, and families
14.8 for distribution to county social service agencies and Tribal social service agency initiative
14.9 projects authorized under section 256.01, subdivision 14b, to provide child protection
14.10 services to children and families who are affected by addiction. The commissioner shall
14.11 distribute this money proportionally to county social service agencies and Tribal social
14.12 service agency initiative projects based on out-of-home placement episodes where parental
14.13 drug abuse is the primary reason for the out-of-home placement using data from the previous
14.14 calendar year. County social service agencies and Tribal social service agency initiative
14.15 projects receiving funds from the opiate epidemic response fund must annually report to
14.16 the commissioner on how the funds were used to provide child protection services, including
14.17 measurable outcomes, as determined by the commissioner. County social service agencies
14.18 and Tribal social service agency initiative projects must not use funds received under this
14.19 paragraph to supplant current state or local funding received for child protection services
14.20 for children and families who are affected by addiction.

14.21 (n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in
14.22 the account is appropriated to the commissioner of human services to award grants as
14.23 specified by the Opiate Epidemic Response Advisory Council in accordance with section
14.24 256.042, unless otherwise appropriated by the legislature.

14.25 (o) Beginning in fiscal year 2022 and each year thereafter, funds for county social service
14.26 agencies and Tribal social service agency initiative projects under paragraph (m) and grant
14.27 funds specified by the Opiate Epidemic Response Advisory Council under paragraph (n)
14.28 may be distributed on a calendar year basis.

14.29 (p) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs
14.30 (c), (d), (e), (g), (m), and (n) are available for three years after the funds are appropriated.

15.1 Sec. 11. Minnesota Statutes 2023 Supplement, section 256.043, subdivision 3a, is amended
15.2 to read:

15.3 Subd. 3a. **Appropriations from settlement account.** (a) The appropriations in paragraphs
15.4 (b) to (e) shall be made from the settlement account on a fiscal year basis in the order
15.5 specified.

15.6 (b) If the balance in the registration and license fee account is not sufficient to fully fund
15.7 the appropriations specified in subdivision 3, paragraphs (b) to (l), an amount necessary to
15.8 meet any insufficiency shall be transferred from the settlement account to the registration
15.9 and license fee account to fully fund the required appropriations.

15.10 (c) \$209,000 in fiscal year 2023 and \$239,000 in fiscal year 2024 and subsequent fiscal
15.11 years are appropriated to the commissioner of human services for the administration of
15.12 grants awarded under paragraph (e). \$276,000 in fiscal year 2023 and \$151,000 in fiscal
15.13 year 2024 and subsequent fiscal years are appropriated to the commissioner of human
15.14 services to collect, collate, and report data submitted and to monitor compliance with
15.15 reporting and settlement expenditure requirements by grantees awarded grants under this
15.16 section and municipalities receiving direct payments from a statewide opioid settlement
15.17 agreement as defined in section 256.042, subdivision 6.

15.18 (d) After any appropriations necessary under paragraphs (b) and (c) are made, an amount
15.19 equal to the calendar year allocation to Tribal social service agency initiative projects under
15.20 subdivision 3, paragraph (m), is appropriated from the settlement account to the commissioner
15.21 of ~~human services~~ children, youth, and families for distribution to Tribal social service
15.22 agency initiative projects to provide child protection services to children and families who
15.23 are affected by addiction. The requirements related to proportional distribution, annual
15.24 reporting, and maintenance of effort specified in subdivision 3, paragraph (m), also apply
15.25 to the appropriations made under this paragraph.

15.26 (e) After making the appropriations in paragraphs (b), (c), and (d), the remaining amount
15.27 in the account is appropriated to the commissioner of human services to award grants as
15.28 specified by the Opiate Epidemic Response Advisory Council in accordance with section
15.29 256.042.

15.30 (f) Funds for Tribal social service agency initiative projects under paragraph (d) and
15.31 grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph
15.32 (e) may be distributed on a calendar year basis.

15.33 (g) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs
15.34 (d) and (e) are available for three years after the funds are appropriated."

- 16.1 Page 291, delete line 29
- 16.2 Renumber the clauses in sequence
- 16.3 Page 292, line 1, delete everything after "under" and insert "Minnesota Statutes, section
- 16.4 245.0962;"
- 16.5 Page 292, delete line 2
- 16.6 Page 293, delete section 14
- 16.7 Page 293, delete line 29
- 16.8 Page 344, after line 10, insert:
- 16.9 "EFFECTIVE DATE. This section is effective July 1, 2026, except as provided under
- 16.10 section 19 of this article."
- 16.11 Page 344, after line 23, insert:
- 16.12 "EFFECTIVE DATE. This section is effective July 1, 2026, except as provided under
- 16.13 section 19 of this article."
- 16.14 Page 348, delete section 4 and insert:
- 16.15 "Sec. 4. [260.64] DUTY TO PREVENT OUT-OF-HOME PLACEMENT AND
- 16.16 PROMOTE FAMILY REUNIFICATION.
- 16.17 Subdivision 1. Active efforts. A responsible social services agency shall make active
- 16.18 efforts to prevent the out-of-home placement of an African American or a disproportionately
- 16.19 represented child, eliminate the need for a child's removal from the child's home, and reunify
- 16.20 an African American or a disproportionately represented child with the child's family as
- 16.21 soon as practicable.
- 16.22 Subd. 2. Safety plan. (a) Prior to petitioning the court to remove an African American
- 16.23 or a disproportionately represented child from the child's home, a responsible social services
- 16.24 agency must work with the child's family to allow the child to remain in the child's home
- 16.25 while implementing a safety plan based on the family's needs. The responsible social services
- 16.26 agency must:
- 16.27 (1) make active efforts to engage the child's parent or custodian and the child, when
- 16.28 appropriate;
- 16.29 (2) assess the family's cultural and economic needs;

17.1 (3) hold a family group consultation meeting and connect the family with supports to
17.2 establish a safety network for the family; and

17.3 (4) provide support, guidance, and input to assist the family and the family's safety
17.4 network with developing the safety plan.

17.5 (b) The safety plan must:

17.6 (1) address the specific allegations impacting the child's safety in the home. If neglect
17.7 is alleged, the safety plan must incorporate economic services and supports to address the
17.8 family's specific needs and prevent neglect;

17.9 (2) incorporate family and community support to ensure the child's safety while keeping
17.10 the family intact; and

17.11 (3) be adjusted as needed to address the child's and family's ongoing needs and support.

17.12 (c) The responsible social services agency is not required to establish a safety plan in a
17.13 case with allegations of sexual abuse or egregious harm.

17.14 Subd. 3. **Out-of-home placement prohibited.** Unless the court finds by clear and
17.15 convincing evidence that the child would be at risk of serious emotional damage or serious
17.16 physical damage if the child were to remain in the child's home, a court shall not order a
17.17 foster care or permanent out-of-home placement of an African American or a
17.18 disproportionately represented child alleged to be in need of protection or services. At each
17.19 hearing regarding an African American or a disproportionately represented child who is
17.20 alleged or adjudicated to be in need of child protective services, the court shall review
17.21 whether the responsible social services agency has provided active efforts to the child and
17.22 the child's family and shall require the responsible social services agency to provide evidence
17.23 and documentation that demonstrates that the agency is providing culturally informed,
17.24 strength-based, community-involved, and community-based services to the child and the
17.25 child's family.

17.26 Subd. 4. **Required findings that active efforts were provided.** When determining
17.27 whether the responsible social services agency has made active efforts to preserve the child's
17.28 family, the court shall make findings regarding whether the responsible social services
17.29 agency made appropriate and meaningful services available to the child's family based upon
17.30 the family's specific needs. If a court determines that the responsible social services agency
17.31 did not make active efforts to preserve the family as required by this section, the court shall
17.32 order the responsible social services agency to immediately provide active efforts to the
17.33 child and child's family to preserve the family.

18.1 **EFFECTIVE DATE.** This section is effective July 1, 2026, except as provided under
18.2 section 19 of this article.

18.3 Sec. 5. **[260.641] ENSURING FREQUENT VISITATION FOR AFRICAN**
18.4 **AMERICAN AND DISPROPORTIONATELY REPRESENTED CHILDREN IN**
18.5 **OUT-OF-HOME PLACEMENT.**

18.6 A responsible social services agency must engage in best practices related to visitation
18.7 when an African American or a disproportionately represented child is in out-of-home
18.8 placement. When the child is in out-of-home placement, the responsible social services
18.9 agency shall make active efforts to facilitate regular and frequent visitation between the
18.10 child and the child's parents or custodians, the child's siblings, and the child's relatives. If
18.11 visitation is infrequent between the child and the child's parents, custodians, siblings, or
18.12 relatives, the responsible social services agency shall make active efforts to increase the
18.13 frequency of visitation and address any barriers to visitation.

18.14 **EFFECTIVE DATE.** This section is effective July 1, 2026, except as provided under
18.15 section 19 of this article."

18.16 Page 348, after line 2, insert:

18.17 **"EFFECTIVE DATE.** This section is effective July 1, 2026, except as provided under
18.18 section 19 of this article."

18.19 Page 349, delete section 5 and insert:

18.20 "Sec. 6. **[260.65] NONCUSTODIAL PARENTS; TEMPORARY OUT-OF-HOME**
18.21 **PLACEMENT.**

18.22 Subdivision 1. **Active efforts required; responsible social services agency.** Prior to
18.23 or within 48 hours of the removal of an African American or a disproportionately represented
18.24 child from the child's home, the responsible social services agency must make active efforts
18.25 to identify and locate the child's noncustodial or nonadjudicated parent and the child's
18.26 relatives to notify the child's parent and relatives that the child is or will be placed in foster
18.27 care and provide the child's parent and relatives with a list of legal resources. The notice to
18.28 the child's noncustodial or nonadjudicated parent and relatives must also include the
18.29 information required under section 260C.221, subdivision 2. The responsible social services
18.30 agency must maintain detailed records of the agency's efforts to notify parents and relatives
18.31 under this section.

19.1 Subd. 2. **Placement with noncustodial or nonadjudicated parent.** (a) Notwithstanding
19.2 the provisions of section 260C.219, the responsible social services agency must assess an
19.3 African American or a disproportionately represented child's noncustodial or nonadjudicated
19.4 parent's ability to care for the child before placing the child in foster care. If a child's
19.5 noncustodial or nonadjudicated parent is willing and able to provide daily care for the
19.6 African American or disproportionately represented child temporarily or permanently, the
19.7 court shall order that the child be placed in the home of the noncustodial or nonadjudicated
19.8 parent pursuant to section 260C.178 or 260C.201, subdivision 1. The responsible social
19.9 services agency must make active efforts to assist a noncustodial or nonadjudicated parent
19.10 with remedying any issues that may prevent the child from being placed with the noncustodial
19.11 or nonadjudicated parent.

19.12 (b) If an African American or a disproportionately represented child's noncustodial or
19.13 nonadjudicated parent is unwilling or unable to provide daily care for the child and the court
19.14 has determined that the child's continued placement in the home of the child's noncustodial
19.15 or nonadjudicated parent would endanger the child's health, safety, or welfare, the child's
19.16 parent, custodian, or the child, when appropriate, has the right to select one or more relatives
19.17 who may be willing and able to provide temporary care for the child. The responsible social
19.18 services agency must place the child with a selected relative after assessing the relative's
19.19 willingness and ability to provide daily care for the child. If selected relatives are not available
19.20 or there is a documented safety concern with the relative placement, the responsible social
19.21 services agency shall consider additional relatives for the child's placement.

19.22 Subd. 3. **Informal kinship care agreement.** The responsible social services agency
19.23 must inform selected relatives and the child's parent or custodian of the difference between
19.24 informal kinship care arrangements and court-ordered foster care. If a selected relative and
19.25 the child's parent or custodian request an informal kinship care arrangement for a child's
19.26 placement instead of court-ordered foster care and such an arrangement will maintain the
19.27 child's safety and well-being, the responsible social services agency shall comply with the
19.28 request and inform the court of the plan for the child. The court shall honor the request to
19.29 forego a court-ordered foster care placement of the child in favor of an informal kinship
19.30 care arrangement, unless the court determines that the request is not in the best interests of
19.31 the African American or disproportionately represented child.

19.32 Subd. 4. **Active efforts; child foster care licensure process.** The responsible social
19.33 services agency must make active efforts to support relatives with whom a child is placed
19.34 in completing the child foster care licensure process and addressing barriers, disqualifications,

20.1 or other issues affecting the relatives' licensure, including but not limited to assisting relatives
20.2 with requesting reconsideration of a disqualification under section 245C.21.

20.3 Subd. 5. **Future placement not prohibited.** The decision by a relative not to be
20.4 considered as an African American or a disproportionately represented child's foster care
20.5 or temporary placement option shall not be a basis for the responsible social services agency
20.6 or the court to rule out the relative for placement in the future or for denying the relative's
20.7 request to be considered or selected as a foster care or permanent placement for the child.

20.8 **EFFECTIVE DATE.** This section is effective July 1, 2026, except as provided under
20.9 section 19 of this article."

20.10 Page 352, after line 27, insert:

20.11 "**EFFECTIVE DATE.** This section is effective July 1, 2026, except as provided under
20.12 section 19 of this article."

20.13 Page 354, after line 6, insert:

20.14 "**EFFECTIVE DATE.** This section is effective July 1, 2026, except as provided under
20.15 section 19 of this article."

20.16 Page 357, delete section 9 and insert:

20.17 "Sec. 10. **[260.69] CULTURAL COMPETENCY TRAINING FOR INDIVIDUALS**
20.18 **WORKING WITH AFRICAN AMERICAN AND DISPROPORTIONATELY**
20.19 **REPRESENTED CHILDREN.**

20.20 Subdivision 1. **Applicability.** The commissioner of human services must collaborate
20.21 with the Children's Justice Initiative to ensure that cultural competency training is given to
20.22 individuals working in the child welfare system, including child welfare workers, supervisors,
20.23 attorneys, juvenile court judges, and family law judges.

20.24 Subd. 2. **Training.** (a) The commissioner must develop training content and establish
20.25 the frequency of trainings.

20.26 (b) The cultural competency training under this section is required prior to or within six
20.27 months of beginning work with any African American or disproportionately represented
20.28 child and their family. A responsible social services agency staff person who is unable to
20.29 complete the cultural competency training prior to working with African American or
20.30 disproportionately represented children and their families must work with a qualified staff
20.31 person within the agency who has completed cultural competency training until the person

21.1 is able to complete the required training. The training must be available by January 1, 2027,
21.2 and must:

21.3 (1) be provided by an African American individual or individual from a community that
21.4 is disproportionately represented in the child welfare system who is knowledgeable about
21.5 African American and other disproportionately represented social and cultural norms and
21.6 historical trauma;

21.7 (2) raise awareness and increase a person's competency to value diversity, conduct a
21.8 self-assessment, manage the dynamics of difference, acquire cultural knowledge, and adapt
21.9 to diversity and the cultural contexts of communities served;

21.10 (3) include instruction on effectively developing a safety plan and instruction on engaging
21.11 a safety network; and

21.12 (4) be accessible and comprehensive and include the ability to ask questions.

21.13 (c) The training may be provided in a series of segments, either in person or online.

21.14 Subd. 3. Update. The commissioner must provide an update to the chairs and ranking
21.15 minority members of the legislative committees with jurisdiction over child protection by
21.16 July 1, 2027, on the rollout of the training under subdivision 1 and the content and
21.17 accessibility of the training under subdivision 2.

21.18 EFFECTIVE DATE. This section is effective July 1, 2026, except as provided under
21.19 section 19 of this article.

21.20 Sec. 11. [260.691] AFRICAN AMERICAN CHILD WELL-BEING ADVISORY
21.21 COUNCIL.

21.22 Subdivision 1. Duties. The African American Child Well-Being Advisory Council must:

21.23 (1) review annual reports related to African American children involved in the child
21.24 welfare system. These reports may include, but are not limited to the maltreatment,
21.25 out-of-home placement, and permanency of African American children;

21.26 (2) assist in and make recommendations to the commissioner for developing strategies
21.27 to reduce maltreatment determinations, prevent unnecessary out-of-home placement, promote
21.28 culturally appropriate foster care and shelter or facility placement decisions and settings for
21.29 African American children in need of out-of-home placement, ensure timely achievement
21.30 of permanency, and improve child welfare outcomes for African American children and
21.31 their families;

22.1 (3) review summary reports on targeted case reviews prepared by the commissioner to
22.2 ensure that responsible social services agencies meet the needs of African American children
22.3 and their families. Based on data collected from those reviews, the council will assist the
22.4 commissioner with developing strategies needed to improve any identified child welfare
22.5 outcomes, including but not limited to maltreatment, out-of-home placement, and permanency
22.6 for African American children;

22.7 (4) assist the Cultural and Ethnic Communities Leadership Council with making
22.8 recommendations to the commissioner and the legislature for public policy and statutory
22.9 changes that specifically consider the needs of African American children and their families
22.10 involved in the child welfare system;

22.11 (5) advise the commissioner on stakeholder engagement strategies and actions that the
22.12 commissioner and responsible social services agencies may take to improve child welfare
22.13 outcomes for African American children and their families;

22.14 (6) assist the commissioner with developing strategies for public messaging and
22.15 communication related to racial disproportionality and disparities in child welfare outcomes
22.16 for African American children and their families;

22.17 (7) assist the commissioner with identifying and developing internal and external
22.18 partnerships to support adequate access to services and resources for African American
22.19 children and their families, including but not limited to housing assistance, employment
22.20 assistance, food and nutrition support, health care, child care assistance, and educational
22.21 support and training; and

22.22 (8) assist the commissioner with developing strategies to promote the development of
22.23 a culturally diverse and representative child welfare workforce in Minnesota that includes
22.24 professionals who are reflective of the community served and who have been directly
22.25 impacted by lived experiences within the child welfare system. The council must also assist
22.26 the commissioner in exploring strategies and partnerships to address education and training
22.27 needs, hiring, recruitment, retention, and professional advancement practices.

22.28 Subd. 2. **Annual report.** By January 1, 2026, and annually thereafter, the council shall
22.29 report to the chairs and ranking minority members of the legislative committees with
22.30 jurisdiction over child protection on the council's activities under subdivision 1 and other
22.31 issues on which the council chooses to report. The report may include recommendations
22.32 for statutory changes to improve the child protection system and child welfare outcomes
22.33 for African American children and families.

22.34 **EFFECTIVE DATE.** This section is effective July 1, 2024.

23.1 Sec. 12. [260.692] AFRICAN AMERICAN CHILD WELL-BEING UNIT.

23.2 Subdivision 1. Duties. The African American Child Well-Being Unit, currently
23.3 established by the commissioner, must:

23.4 (1) assist with the development of African American cultural competency training and
23.5 review child welfare curriculum in the Minnesota Child Welfare Training Academy to
23.6 ensure that responsible social services agency staff and other child welfare professionals
23.7 are appropriately prepared to engage with African American children and their families and
23.8 to support family preservation and reunification;

23.9 (2) provide technical assistance, including on-site technical assistance, and case
23.10 consultation to responsible social services agencies to assist agencies with implementing
23.11 and complying with the Minnesota African American Family Preservation and Child Welfare
23.12 Disproportionality Act;

23.13 (3) monitor individual county and statewide disaggregated and nondisaggregated data
23.14 to identify trends and patterns in child welfare outcomes, including but not limited to
23.15 reporting, maltreatment, out-of-home placement, and permanency of African American
23.16 children and develop strategies to address disproportionality and disparities in the child
23.17 welfare system;

23.18 (4) develop and implement a system for conducting case reviews when the commissioner
23.19 receives reports of noncompliance with the Minnesota African American Family Preservation
23.20 and Child Welfare Disproportionality Act or when requested by the parent or custodian of
23.21 an African American child. Case reviews may include but are not limited to a review of
23.22 placement prevention efforts, safety planning, case planning and service provision by the
23.23 responsible social services agency, relative placement consideration, and permanency
23.24 planning;

23.25 (5) establish and administer a request for proposals process for African American and
23.26 disproportionately represented family preservation grants under section 260.697, monitor
23.27 grant activities, and provide technical assistance to grantees;

23.28 (6) in coordination with the African American Child Well-Being Advisory Council,
23.29 coordinate services and create internal and external partnerships to support adequate access
23.30 to services and resources for African American children and their families, including but
23.31 not limited to housing assistance, employment assistance, food and nutrition support, health
23.32 care, child care assistance, and educational support and training; and

24.1 (7) develop public messaging and communication to inform the public about racial
24.2 disparities in child welfare outcomes, current efforts and strategies to reduce racial disparities,
24.3 and resources available to African American children and their families involved in the
24.4 child welfare system.

24.5 Subd. 2. Case reviews. (a) The African American Child Well-Being Unit must conduct
24.6 systemic case reviews to monitor targeted child welfare outcomes, including but not limited
24.7 to maltreatment, out-of-home placement, and permanency of African American children.

24.8 (b) The reviews under this subdivision must be conducted using a random sampling of
24.9 representative child welfare cases stratified for certain case related factors, including but
24.10 not limited to case type, maltreatment type, if the case involves out-of-home placement,
24.11 and other demographic variables. In conducting the reviews, unit staff may use court records
24.12 and documents, information from the social services information system, and other available
24.13 case file information to complete the case reviews.

24.14 (c) The frequency of the reviews and the number of cases, child welfare outcomes, and
24.15 selected counties reviewed will be determined by the unit in consultation with the African
24.16 American Child Well-Being Advisory Council, with consideration given to the availability
24.17 of unit resources needed to conduct the reviews.

24.18 (d) The unit must monitor all case reviews and use the collective case review information
24.19 and data to generate summary case review reports, ensure compliance with the Minnesota
24.20 African American Family Preservation and Child Welfare Disproportionality Act, and
24.21 identify trends or patterns in child welfare outcomes for African American children.

24.22 Subd. 3. Reports. The African American Child Well-Being Unit must provide regular
24.23 updates on unit activities, including summary reports of case reviews, to the African
24.24 American Child Well-Being Advisory Council, and must publish an annual census of African
24.25 American children in out-of-home placements statewide. The annual census must include
24.26 data on the types of placements, age and sex of the children, how long the children have
24.27 been in out-of-home placements, and other relevant demographic information.

24.28 **EFFECTIVE DATE.** This section is effective July 1, 2024."

24.29 Page 357, delete lines 1 to 4 and insert:

24.30 "**EFFECTIVE DATE.** This section is effective July 1, 2026, except as provided under
24.31 section 19 of this article."

24.32 Page 358, line 17, delete "260.695" and insert "260.693"

24.33 Page 358, lines 23 and 26, before "families" insert "their"

25.1 Page 359, after line 2, insert:

25.2 "(6) development and promotion of culturally informed, affirming, and responsive
25.3 community-based prevention and family preservation services that target the children, youth,
25.4 families, and communities of African American and African heritage experiencing the
25.5 highest disparities, disproportionality, and overrepresentation in the Minnesota child welfare
25.6 system;

25.7 (7) culturally affirming and responsive services that work with children and families in
25.8 their communities to address their needs and ensure child and family safety and well-being
25.9 within a culturally appropriate lens and framework;"

25.10 Renumber the clauses in sequence

25.11 Page 359, line 13, before "families" insert "their"

25.12 Page 359, after line 27, insert:

25.13 "EFFECTIVE DATE. This section is effective July 1, 2024."

25.14 Page 360, after line 18, insert:

25.15 "EFFECTIVE DATE. This section is effective July 1, 2026, except as provided under
25.16 section 19 of this article."

25.17 Page 361, delete section 13

25.18 Page 361, after line 2, insert:

25.19 "EFFECTIVE DATE. This section is effective July 1, 2026, except as provided under
25.20 section 19 of this article."

25.21 Page 362, delete sections 14 and 15 and insert:

25.22 "Sec. 16. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;
25.23 DISAGGREGATE DATA.

25.24 The commissioner of human services must establish a process to improve the
25.25 disaggregation of data to monitor child welfare outcomes for African American and other
25.26 disproportionately represented children in the child welfare system. The commissioner must
25.27 begin disaggregating data by January 1, 2027.

25.28 EFFECTIVE DATE. This section is effective July 1, 2026."

25.29 Page 362, line 23, delete "260.68" and insert "260.69"

25.30 Page 362, after line 27, insert:

26.1 "EFFECTIVE DATE. This section is effective July 1, 2026, except as provided under
26.2 section 19 of this article."

26.3 Page 363, after line 5, insert:

26.4 "EFFECTIVE DATE. This section is effective July 1, 2026, except as provided under
26.5 section 19 of this article."

26.6 Page 363, before line 6, insert:

26.7 "Sec. 19. MINNESOTA AFRICAN AMERICAN FAMILY PRESERVATION AND
26.8 CHILD WELFARE DISPROPORTIONALITY ACT; PILOT PROGRAMS.

26.9 (a) The commissioner of human services must establish a pilot program that implements
26.10 sections 1 to 17 in Hennepin and Ramsey Counties.

26.11 (b) The commissioner of human services must report on the outcomes of the pilot
26.12 program, including the number of participating families, the rate of children in out-of-home
26.13 placement, and the measures taken to prevent out-of-home placement for each participating
26.14 family to the chairs and ranking minority members of the legislative committees with
26.15 jurisdiction over child welfare.

26.16 (c) Sections 1 to 17 are effective July 1, 2024, for purposes of this pilot program.

26.17 (d) This section expires July 1, 2027.

26.18 EFFECTIVE DATE. This section is effective July 1, 2024.

26.19 Sec. 20. MINNESOTA AFRICAN AMERICAN FAMILY PRESERVATION AND
26.20 CHILD WELFARE DISPROPORTIONALITY ACT; WORKING GROUP.

26.21 (a) The commissioner of human services must establish a working group to provide
26.22 guidance and oversight for the Minnesota African American Family Preservation and Child
26.23 Welfare Disproportionality Act pilot programs in Hennepin and Ramsey Counties.

26.24 (b) The members of the working group must include representatives from the Association
26.25 of Minnesota Counties, Hennepin County, Ramsey County, the Department of Human
26.26 Services, and community organizations with experience in child welfare.

26.27 (c) The working group must provide oversight of the pilot programs and evaluate the
26.28 cost of the pilot program. The working group must also assess future costs of implementing
26.29 the Minnesota African American Family Preservation and Child Welfare Disproportionality
26.30 Act statewide.

27.1 (d) By June 30, 2026, the working group must develop an implementation plan and best
 27.2 practices for the Minnesota African American Family Preservation and Child Welfare
 27.3 Disproportionality Act to go into effect statewide.

27.4 **EFFECTIVE DATE.** This section is effective July 1, 2024.

27.5 Sec. 21. **APPROPRIATIONS; MINNESOTA AFRICAN AMERICAN FAMILY**
 27.6 **PRESERVATION AND CHILD WELFARE DISPROPORTIONALITY ACT.**

27.7 (a) \$5,000,000 in fiscal year 2025 is appropriated from the general fund to the
 27.8 commissioner of human services for grants to Hennepin and Ramsey Counties to implement
 27.9 the Minnesota African American Family Preservation and Child Welfare Disproportionality
 27.10 Act pilot programs. This is a onetime appropriation and is available through June 30, 2026.

27.11 (b) \$1,000,000 in fiscal year 2025 is appropriated from the general fund to the
 27.12 commissioner of human services for the African American and disproportionately represented
 27.13 family preservation grant program in Minnesota Statutes, section 260.693.

27.14 (c) \$1,029,000 in fiscal year 2025 is appropriated from the general fund to the
 27.15 commissioner of human services for the African American Child Well-Being Unit to hire
 27.16 full-time staff members."

27.17 Page 388, line 29, strike "relative" and before "has" insert "individual"

27.18 Page 388, line 31, delete "relative" and insert "individual"

27.19 Page 422, line 21, before "personal" insert "by"

27.20 Page 470, delete section 69

27.21 Page 498, after line 3, insert:

27.22 "Sec. 27. **REQUEST FOR INFORMATION; EVALUATION OF STATEWIDE**
 27.23 **HEALTH CARE NEEDS AND CAPACITY AND PROJECTIONS OF FUTURE**
 27.24 **HEALTH CARE NEEDS.**

27.25 (a) By November 1, 2024, the commissioner of health must publish a request for
 27.26 information to assist the commissioner in a future comprehensive evaluation of current
 27.27 health care needs and capacity in the state and projections of future health care needs in the
 27.28 state based on population and provider characteristics. The request for information:

27.29 (1) must provide guidance on defining the scope of the study and assist in answering
 27.30 methodological questions that will inform the development of a request for proposals to
 27.31 contract for performance of the study; and

28.1 (2) may address topics that include but are not limited to how to define health care
28.2 capacity, expectations for capacity by geography or service type, how to consider health
28.3 centers that have areas of particular expertise or services that generally have a higher margin,
28.4 how hospital-based services should be considered as compared with evolving
28.5 nonhospital-based services, the role of technology in service delivery, health care workforce
28.6 supply issues, and other issues related to data or methods.

28.7 (b) By February 1, 2025, the commissioner must submit a report to the chairs and ranking
28.8 minority members of the legislative committees with jurisdiction over health care, with the
28.9 results of the request for information and recommendations regarding conducting a
28.10 comprehensive evaluation of current health care needs and capacity in the state and
28.11 projections of future health care needs in the state."

28.12 Renumber the sections in sequence and correct the internal references