02/08/24 REVISOR SGS/BM 24-06266 as introduced

SENATE STATE OF MINNESOTA NINETY-THIRD SESSION

A bill for an act

relating to health; modifying the hospital nursing educational loan forgiveness

program; appropriating money; amending Minnesota Statutes 2023 Supplement,

S.F. No. 4101

(SENATE AUTHORS: MOHAMED, Murphy and Boldon)

DATE 02/22/2024

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D-PG OFFICIAL STATUS
Introduction and first reading

Introduction and first reading Referred to Health and Human Services

1.4 1.5 1.6	section 144.1501, subdivisions 1, 2, 3, 4; Laws 2023, chapter 70, article 20, section 3, subdivisions 1, 2; proposing coding for new law in Minnesota Statutes, chapter 144.
1.7	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.8	Section 1. Minnesota Statutes 2023 Supplement, section 144.1501, subdivision 1, is
1.9	amended to read:
1.10	Subdivision 1. Definitions. (a) For purposes of this section, the following definitions
1.11	apply.
1.12	(b) "Advanced dental therapist" means an individual who is licensed as a dental therapist
1.13	under section 150A.06, and who is certified as an advanced dental therapist under section
1.14	150A.106.
1.15	(c) "Alcohol and drug counselor" means an individual who is licensed as an alcohol and
1.16	drug counselor under chapter 148F.
1.17	(d) "Dental therapist" means an individual who is licensed as a dental therapist under
1.18	section 150A.06.
1.19	(e) "Dentist" means an individual who is licensed to practice dentistry.
1.20	(f) "Designated rural area" means a statutory and home rule charter city or township that
1.21	is outside the seven-county metropolitan area as defined in section 473.121, subdivision 2,

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

Section 1.

(g) "Emergency circumstances" means those conditions that make it impossible for the 2.1 participant to fulfill the service commitment, including death, total and permanent disability, 2.2 or temporary disability lasting more than two years. 2.3 (h) "Hospital nurse" means an individual who is licensed as a registered nurse and who 2.4 2.5 is providing direct patient care in a nonprofit hospital setting. (i) (h) "Mental health professional" means an individual providing clinical services in 2.6 the treatment of mental illness who is qualified in at least one of the ways specified in section 2.7 245.462, subdivision 18. 2.8 (i) "Medical resident" means an individual participating in a medical residency in 2.9 family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry. 2.10 (k) (j) "Midlevel practitioner" means a nurse practitioner, nurse-midwife, nurse 2.11 anesthetist, advanced clinical nurse specialist, or physician assistant. 2.12 (1) (k) "Nurse" means an individual who has completed training and received all licensing 2.13 or certification necessary to perform duties as a licensed practical nurse or registered nurse. 2.14 (m) (l) "Nurse-midwife" means a registered nurse who has graduated from a program 2.15 of study designed to prepare registered nurses for advanced practice as nurse-midwives. 2.16 (n) "Nurse practitioner" means a registered nurse who has graduated from a program 2.17 of study designed to prepare registered nurses for advanced practice as nurse practitioners. 2.18 (o) (n) "Pharmacist" means an individual with a valid license issued under chapter 151. 2.19 (p) (o) "Physician" means an individual who is licensed to practice medicine in the areas 2.20 of family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry. 2.21 (q) (p) "Physician assistant" means a person licensed under chapter 147A. 2.22 (r) (q) "Public health nurse" means a registered nurse licensed in Minnesota who has 2.23 obtained a registration certificate as a public health nurse from the Board of Nursing in 2.24 accordance with Minnesota Rules, chapter 6316. 2.25 2.26 (s) (r) "Qualified educational loan" means a government, commercial, or foundation loan for actual costs paid for tuition, reasonable education expenses, and reasonable living 2.27 expenses related to the graduate or undergraduate education of a health care professional. 2.28 (t) (s) "Underserved urban community" means a Minnesota urban area or population 2.29 included in the list of designated primary medical care health professional shortage areas 2.30 (HPSAs), medically underserved areas (MUAs), or medically underserved populations 2.31

Section 1. 2

(MUPs) maintained and updated by the United States Department of Health and HumanServices.

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

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- Subd. 2. **Creation of account.** (a) A health professional education loan forgiveness program account is established in the health care access fund. The commissioner of health shall use money from the account to establish a loan forgiveness program:
 - (1) for medical residents, mental health professionals, and alcohol and drug counselors agreeing to practice in designated rural areas or underserved urban communities or specializing in the area of pediatric psychiatry;
- (2) for midlevel practitioners agreeing to practice in designated rural areas or to teach at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program at the undergraduate level or the equivalent at the graduate level;
- (3) for nurses who agree to practice in a Minnesota nursing home; in an intermediate care facility for persons with developmental disability; in a hospital if the hospital owns and operates a Minnesota nursing home and a minimum of 50 percent of the hours worked by the nurse is in the nursing home; in an assisted living facility as defined in section 144G.08, subdivision 7; or for a home care provider as defined in section 144A.43, subdivision 4; or agree to teach at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program at the undergraduate level or the equivalent at the graduate level;
- (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720 hours per year in their designated field in a postsecondary program at the undergraduate level or the equivalent at the graduate level. The commissioner, in consultation with the Healthcare Education-Industry Partnership, shall determine the health care fields where the need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory technology, radiologic technology, and surgical technology;
- (5) for pharmacists, advanced dental therapists, dental therapists, and public health nurses who agree to practice in designated rural areas; and
- (6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient encounters to state public program enrollees or patients receiving sliding fee schedule discounts through a formal sliding fee schedule meeting the standards established by the

Sec. 2. 3

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

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- (7) for nurses employed as a hospital nurse by a nonprofit hospital and providing direct care to patients at the nonprofit hospital.
- (b) Appropriations made to the account do not cancel and are available until expended, except that at the end of each biennium, any remaining balance in the account that is not committed by contract and not needed to fulfill existing commitments shall cancel to the health care access fund.
- Sec. 3. Minnesota Statutes 2023 Supplement, section 144.1501, subdivision 3, is amended to read:
- Subd. 3. **Eligibility.** (a) To be eligible to participate in the loan forgiveness program, an individual must:
 - (1) be a medical or dental resident; a licensed pharmacist; or be enrolled in a training or education program to become a dentist, dental therapist, advanced dental therapist, mental health professional, alcohol and drug counselor, pharmacist, public health nurse, midlevel practitioner, registered nurse, or a licensed practical nurse. The commissioner may also consider applications submitted by graduates in eligible professions who are licensed and in practice; and
 - (2) submit an application to the commissioner of health. A nurse applying under subdivision 2, paragraph (a), clause (7), must also include proof that the applicant is employed as a hospital nurse.
 - (b) An applicant selected to participate must sign a contract to agree to serve a minimum three-year full-time service obligation according to subdivision 2, which shall begin no later than March 31 following completion of required training, with the exception of:
 - (1) a nurse, who must agree to serve a minimum two-year full-time service obligation according to subdivision 2, which shall begin no later than March 31 following completion of required training; and
 - (2) a nurse selected under subdivision 2, paragraph (a), clause (7), who must agree to continue as a hospital nurse for a minimum two-year service obligation; and
- 4.30 (3) (2) a nurse who agrees to teach according to subdivision 2, paragraph (a), clause (3),
 4.31 who must sign a contract to agree to teach for a minimum of two years.

Sec. 3. 4

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

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

Sec. 4. 5

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

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

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

- Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions apply.
- (b) "Emergency circumstances" means those conditions that make it impossible for the participant to fulfill the service commitment, including death, total and permanent disability, or temporary disability lasting more than two years.
- (c) "Hospital nurse" means an individual who is licensed as a registered nurse and who is providing direct patient care in a nonprofit hospital setting.
- (d) "Qualified educational loan" means a government, commercial, or foundation loan for actual costs paid for tuition, reasonable education expenses, and reasonable living expenses related to the graduate or undergraduate education of a health care professional.
- Subd. 2. Creation of account. (a) A hospital nursing education loan forgiveness program account is established in the health care access fund. The commissioner of health shall use money from the account to establish a loan forgiveness program for licensed registered nurses employed as hospital nurses by a nonprofit hospital and who provide direct care to patients at the nonprofit hospital.
- (b) Appropriations made to the account do not cancel and are available until expended.

Sec. 5. 6

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as introduced

7.1 Subd. 3. Eligibility. (a) To be eligible to participate in the hospital nursing loan forgiveness program, an individual must: (1) be a hospital nurse who has been employed 7.2 7.3 as a hospital nurse for at least three years; (2) submit an application to the commissioner of health; and (3) submit proof that the applicant is employed as a hospital nurse and has been 7.4 so employed for at least three years. 7.5 (b) The commissioner must accept a signed work verification form from the applicant's 7.6 supervisor as proof of the applicant's tenure providing direct patient care in a nonprofit 7.7 hospital setting. 7.8 (c) An applicant selected to participate in the loan forgiveness program must sign a 7.9 7.10 contract to agree to continue as a hospital nurse for a minimum two-year service obligation. Subd. 4. Loan forgiveness. (a) Within the limits of available funding, the commissioner 7.11 7.12 of health shall select applicants each year for participation in the loan forgiveness program. If the total requests from eligible applicants exceeds the available funding, the commissioner 7.13 shall randomly select grantees from among eligible applicants. 7.14 (b) Applicants are responsible for securing their own qualified educational loans. 7.15 (c) For each year that a participant meets the service obligation required under subdivision 7.16 3, up to a maximum of four years, the commissioner shall make annual disbursements 7.17 directly to the participant equivalent to 15 percent of the average educational debt for 7.18 indebted graduates in their profession in the year closest to the applicant's selection for 7.19 which information is available, not to exceed the balance of the participant's qualifying 7.20 educational loans. Before receiving loan repayment disbursements and as requested, the 7.21 participant must complete and return to the commissioner a confirmation of practice form 7.22 provided by the commissioner verifying that the participant is practicing as required under 7.23 subdivisions 2 and 3. 7.24 (d) The participant must provide the commissioner with verification that the full amount 7.25 of loan repayment disbursement received by the participant has been applied toward the 7.26 designated loans. After each disbursement, verification must be received by the commissioner 7.27 and approved before the next loan repayment disbursement is made. 7.28 (e) Participants who move their practice remain eligible for loan repayment as long as 7.29 they practice as required under subdivisions 2 and 3. 7.30 Subd. 5. Penalty for nonfulfillment. (a) If a participant does not fulfill the required 7.31 minimum commitment of service according to subdivision 3, the commissioner of health 7.32 shall collect from the participant the total amount paid to the participant under the loan 7.33

Sec. 5. 7

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

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

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

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

8.11 8.12	Subdivision 1. Total	Appropriation	\$	432,805,000	\$ 416,822,000 411,505,000
8.13	Approp	riations by Fund			
8.14		2024	2025		
8.15 8.16	General	287,367,000	265,615,000 260,298,000		
8.17 8.18	State Government Special Revenue	84,674,000	86,204,000		
8.19	Health Care Access	49,051,000	53,290,000		
8.20	Federal TANF	11,713,000	11,713,000		
8.21	The amounts that may	be spent for each	ch		

purpose are specified in the following 8.22

subdivisions. 8.23

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

Subd. 2. Health Improvement

8.26	Approp	riations by Fund	
8.27 8.28	General	229,600,000	210,030,000 204,713,000
8.29 8.30	State Government Special Revenue	12,392,000	12,682,000
8.31	Health Care Access	49,051,000	53,290,000
8.32	Federal TANF	11,713,000	11,713,000
8.33	(a) Studies of telehea	lth expansion a	nd

(a) Studies of telehealth expansion and

payment parity. \$1,200,000 in fiscal year 8.34

	02/08/24	REVISOR	SGS/BM
9.1	2024 is fron	n the general fund	for studies of
9.2	telehealth ex	xpansion and paym	ent parity. This
9.3	is a onetime	appropriation and	l is available
9.4	until June 30	0, 2025.	
9.5	(b) Advanc	ing equity throug	h capacity
9.6	building an	d resource alloca	tion grant
9.7	program. \$	916,000 in fiscal y	ear 2024 and
9.8	\$916,000 in	fiscal year 2025 a	are from the
9.9	general fund	l for grants under	Minnesota
9.10	Statutes, sec	ction 144.9821. Th	is is a onetime
9.11	appropriatio	n.	
9.12	(c) Grant to	Minnesota Com	munity Health
9.13	Worker All	iance. \$971,000 ii	n fiscal year
9.14	2024 and \$9	971,000 in fiscal ye	ear 2025 are
9.15	from the ger	neral fund for Mini	nesota Statutes,
9.16	section 144.	1462.	
9.17	(d) Commu	nity solutions for	healthy child
9.18	developmen	nt grants. \$2,730,0	00 in fiscal year
9.19	2024 and \$2	2,730,000 in fiscal	year 2025 are
9.20	from the gen	neral fund for gran	its under
9.21	Minnesota S	Statutes, section 14	15.9257. The
9.22	base for this	appropriation is \$	\$2,415,000 in
9.23	fiscal year 2	026 and \$2,415,00	00 in fiscal year
9.24	2027.		
9.25	(e) Compre	hensive Overdose	and Morbidity
9.26	Prevention	Act. \$9,794,000 is	n fiscal year
9.27	2024 and \$1	0,458,000 in fisca	1 year 2025 are
9.28	from the gen	neral fund for com	prehensive
9.29	overdose an	d morbidity preve	ntion strategies
9.30	under Minn	esota Statutes, sec	tion 144.0528.
9.31	The base for	this appropriation	is \$10,476,000
9.32	in fiscal yea	r 2026 and \$10,47	6,000 in fiscal
9.33	year 2027.		

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10.1	(f) Emergency preparedness and response
10.2	\$10,486,000 in fiscal year 2024 and
10.3	\$14,314,000 in fiscal year 2025 are from the
10.4	general fund for public health emergency
10.5	preparedness and response, the sustainability
10.6	of the strategic stockpile, and COVID-19
10.7	pandemic response transition. The base for
10.8	this appropriation is \$11,438,000 in fiscal year
10.9	2026 and \$11,362,000 in fiscal year 2027.
10.10	(g) Healthy Beginnings, Healthy Families.
10.11	(1) \$8,440,000 in fiscal year 2024 and
10.12	\$7,305,000 in fiscal year 2025 are from the
10.13	general fund for grants under Minnesota
10.14	Statutes, sections 145.9571 to 145.9576. The
10.15	base for this appropriation is \$1,500,000 in
10.16	fiscal year 2026 and \$1,500,000 in fiscal year
10.17	2027. (2) Of the amount in clause (1),
10.18	\$400,000 in fiscal year 2024 is to support the
10.19	transition from implementation of activities
10.20	under Minnesota Statutes, section 145.4235,
10.21	to implementation of activities under
10.22	Minnesota Statutes, sections 145.9571 to
10.23	145.9576. The commissioner shall award four
10.24	sole-source grants of \$100,000 each to Face
10.25	to Face, Cradle of Hope, Division of Indian
10.26	Work, and Minnesota Prison Doula Project.
10.27	The amount in this clause is a onetime
10.28	appropriation.
10.29	(h) Help Me Connect. \$463,000 in fiscal year
10.30	2024 and \$921,000 in fiscal year 2025 are
10.31	from the general fund for the Help Me
10.32	Connect program under Minnesota Statutes,
10.33	section 145.988.
10.34	(i) Home visiting. \$2,000,000 in fiscal year
10.35	2024 and \$2,000,000 in fiscal year 2025 are

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11.1	from the ger	neral fund for home	visiting under	
11.2	Minnesota S	tatutes, section 145	5.87, to provide	
11.3	home visiting	ng to priority popul	ations under	
11.4	Minnesota S	Statutes, section 14	5.87,	
11.5	subdivision	1, paragraph (e).		
11.6	(j) No Surp	rises Act enforcer	nent.	
11.7	\$1,210,000 i	in fiscal year 2024 a	and \$1,090,000	
11.8	in fiscal yea	r 2025 are from the	e general fund	
11.9	for impleme	ntation of the federa	al No Surprises	
11.10	Act under M	Innesota Statutes,	section	
11.11	62Q.021, an	d an assessment of	the feasibility	
11.12	of a statewic	de provider director	ry. The general	
11.13	fund base for	or this appropriation	n is \$855,000	
11.14	in fiscal year	r 2026 and \$855,00	0 in fiscal year	
11.15	2027.			
11.16	(k) Office o	f African America	an Health.	
11.17	\$1,000,000 i	in fiscal year 2024 a	and \$1,000,000	
11.18	in fiscal yea	r 2025 are from the	e general fund	

for grants under the authority of the Office of

African American Health under Minnesota

(1) Office of American Indian Health.

\$1,000,000 in fiscal year 2024 and \$1,000,000

in fiscal year 2025 are from the general fund

for grants under the authority of the Office of

American Indian Health under Minnesota

(m) Public health system transformation

grants. (1) \$9,844,000 in fiscal year 2024 and

\$9,844,000 in fiscal year 2025 are from the

general fund for grants under Minnesota

Statutes, section 145A.131, subdivision 1,

Statutes, section 144.0756.

Statutes, section 144.0757.

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paragraph (f).

as introduced

- 12.1 (2) \$535,000 in fiscal year 2024 and \$535,000
- in fiscal year 2025 are from the general fund
- 12.3 for grants under Minnesota Statutes, section
- 12.4 145A.14, subdivision 2b.
- 12.5 (3) \$321,000 in fiscal year 2024 and \$321,000
- in fiscal year 2025 are from the general fund
- 12.7 for grants under Minnesota Statutes, section
- 12.8 144.0759.
- 12.9 **(n) Health care workforce. (1) \$1,010,000**
- 12.10 in fiscal year 2024 and \$2,550,000 in fiscal
- 12.11 year 2025 are from the health care access fund
- 12.12 for rural training tracks and rural clinicals
- 12.13 grants under Minnesota Statutes, sections
- 12.14 144.1505 and 144.1507. The base for this
- appropriation is \$4,060,000 in fiscal year 2026
- and \$3,600,000 in fiscal year 2027.
- 12.17 (2) \$420,000 in fiscal year 2024 and \$420,000
- in fiscal year 2025 are from the health care
- 12.19 access fund for immigrant international
- 12.20 medical graduate training grants under
- 12.21 Minnesota Statutes, section 144.1911.
- 12.22 (3) \$5,654,000 in fiscal year 2024 and
- 12.23 \$5,550,000 in fiscal year 2025 are from the
- 12.24 health care access fund for site-based clinical
- 12.25 training grants under Minnesota Statutes,
- section 144.1508. The base for this
- appropriation is \$4,657,000 in fiscal year 2026
- 12.28 and \$3,451,000 in fiscal year 2027.
- 12.29 (4) \$1,000,000 in fiscal year 2024 and
- 12.30 \$1,000,000 in fiscal year 2025 are from the
- 12.31 health care access fund for mental health for
- 12.32 health care professional grants. This is a
- onetime appropriation and is available until
- 12.34 June 30, 2027.

13.1	(5) \$502,000 in fiscal year 2024 and \$502,000
13.2	in fiscal year 2025 are from the health care
13.3	access fund for workforce research and data
13.4	analysis of shortages, maldistribution of health
13.5	care providers in Minnesota, and the factors
13.6	that influence decisions of health care
13.7	providers to practice in rural areas of
13.8	Minnesota.
13.9	(o) School health. \$800,000 in fiscal year
13.10	2024 and \$1,300,000 in fiscal year 2025 are
13.11	from the general fund for grants under
13.12	Minnesota Statutes, section 145.903. The base
13.13	for this appropriation is \$2,300,000 in fiscal
13.14	year 2026 and \$2,300,000 in fiscal year 2027.
13.15	(p) Long COVID. \$3,146,000 in fiscal year
13.16	2024 and \$3,146,000 in fiscal year 2025 are
13.17	from the general fund for grants and to
13.18	implement Minnesota Statutes, section
13.19	145.361.
13.20	(q) Workplace safety grants. \$4,400,000 in
13.21	fiscal year 2024 is from the general fund for
13.22	grants to health care entities to improve
13.23	employee safety or security. This is a onetime
13.24	appropriation and is available until June 30,
13.25	2027. The commissioner may use up to ten
13.26	percent of this appropriation for
13.27	administration.
13.28	(r) Clinical dental education innovation
13.29	grants. \$1,122,000 in fiscal year 2024 and
13.30	\$1,122,000 in fiscal year 2025 are from the
13.31	general fund for clinical dental education
13.32	innovation grants under Minnesota Statutes,

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section 144.1913.

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14.1	(s) Emmett Louis Till Victims Recovery
14.2	Program. \$500,000 in fiscal year 2024 is from
14.3	the general fund for a grant to the Emmett
14.4	Louis Till Victims Recovery Program. The
14.5	commissioner must not use any of this
14.6	appropriation for administration. This is a
14.7	onetime appropriation and is available until
14.8	June 30, 2025.
14.9	(t) Center for health care affordability.
14.10	\$2,752,000 in fiscal year 2024 and \$3,989,000
14.11	in fiscal year 2025 are from the general fund
14.12	to establish a center for health care
14.13	affordability and to implement Minnesota
14.14	Statutes, section 62J.312. The general fund
14.15	base for this appropriation is \$3,988,000 in
14.16	fiscal year 2026 and \$3,988,000 in fiscal year
14.17	2027.
14.18	(u) Federally qualified health centers
14.19	apprenticeship program. \$690,000 in fiscal
14.20	year 2024 and \$690,000 in fiscal year 2025
14.21	are from the general fund for grants under
14.22	Minnesota Statutes, section 145.9272.
14.23	(v) Alzheimer's public information
14.24	program. \$80,000 in fiscal year 2024 and
14.25	\$80,000 in fiscal year 2025 are from the
14.26	general fund for grants to community-based
14.27	organizations to co-create culturally specific
14.28	messages to targeted communities and to
14.29	promote public awareness materials online
14.30	through diverse media channels.
14.31	(w) Keeping Nurses at the Bedside Act;
14.32	contingent appropriation. The appropriations
14.33	in this paragraph are contingent upon
14.34	legislative enactment of 2023 Senate File 1384
14.35	by the 93rd Legislature. The appropriations

15.1 2027. 15.2 (1) \$5,317,000 in fiscal year 2024 and 15.3 \$5,317,000 \$0 in fiscal year 2025 are from the 15.4 general fund for loan forgiveness under 15.5 Minnesota Statutes, section 144.1501, for 15.6 15.7 eligible nurses who have agreed to work as 15.8 hospital nurses in accordance with Minnesota Statutes, section 144.1501, subdivision 2, 15.9 paragraph (a), clause (7). 15.10 (2) \$66,000 in fiscal year 2024 and \$66,000 15.11 in fiscal year 2025 are from the general fund 15.12 for loan forgiveness under Minnesota Statutes, 15.13 section 144.1501, for eligible nurses who have 15.14 agreed to teach in accordance with Minnesota 15.15 Statutes, section 144.1501, subdivision 2, 15.16 paragraph (a), clause (3). 15.17 (3) \$545,000 in fiscal year 2024 and \$879,000 15.18 in fiscal year 2025 are from the general fund 15.19 to administer Minnesota Statutes, section 15.20 144.7057; to perform the evaluation duties 15.21 described in Minnesota Statutes, section 15.22 144.7058; to continue prevention of violence 15.23 in health care program activities; to analyze 15.24 potential links between adverse events and 15.25 understaffing; to convene stakeholder groups 15.26 and create a best practices toolkit; and for a 15.27 report on the current status of the state's 15.28 15.29 nursing workforce employed by hospitals. The base for this appropriation is \$624,000 in fiscal 15.30 year 2026 and \$454,000 in fiscal year 2027. 15.31 (x) Supporting healthy development of 15.32 **babies.** \$260,000 in fiscal year 2024 and 15.33

\$260,000 in fiscal year 2025 are from the 15.34

general fund for a grant to the Amherst H. 15.35

16.1	Wilder Foundation for the African American
16.2	Babies Coalition initiative. The base for this
16.3	appropriation is \$520,000 in fiscal year 2026
16.4	and \$0 in fiscal year 2027. Any appropriation
16.5	in fiscal year 2026 is available until June 30,
16.6	2027. This paragraph expires on June 30,
16.7	2027.
16.8	(y) Health professional education loan
16.9	forgiveness. \$2,780,000 in fiscal year 2024
16.10	is from the general fund for eligible mental
16.11	health professional loan forgiveness under
16.12	Minnesota Statutes, section 144.1501. This is
16.13	a onetime appropriation. The commissioner
16.14	may use up to ten percent of this appropriation
16.15	for administration.
16.16	(z) Primary care residency expansion grant
16.17	program. \$400,000 in fiscal year 2024 and
16.18	\$400,000 in fiscal year 2025 are from the
16.19	general fund for a psychiatry resident under
16.20	Minnesota Statutes, section 144.1506.
16.21	(aa) Pediatric primary care mental health
16.22	training grant program. \$1,000,000 in fiscal
16.23	year 2024 and \$1,000,000 in fiscal year 2025
16.24	are from the general fund for grants under
16.25	Minnesota Statutes, section 144.1509. The
16.26	commissioner may use up to ten percent of
16.27	this appropriation for administration.
16.28	(bb) Mental health cultural community
16.29	continuing education grant program.
16.30	\$500,000 in fiscal year 2024 and \$500,000 in
16.31	fiscal year 2025 are from the general fund for
16.32	grants under Minnesota Statutes, section
16.33	144.1511. The commissioner may use up to
16.34	ten percent of this appropriation for
16.35	administration.

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

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

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\$3,579,000 in fiscal year 2025 are from the

(i) \$3,579,000 in fiscal year 2024 and

19.33

19.34

20.1 TANF fund for home visiting and nutritional

- 20.2 services listed under Minnesota Statutes,
- section 145.882, subdivision 7, clauses (6) and
- 20.4 (7). Funds must be distributed to community
- 20.5 health boards according to Minnesota Statutes,
- section 145A.131, subdivision 1;
- 20.7 (ii) \$2,000,000 in fiscal year 2024 and
- 20.8 \$2,000,000 in fiscal year 2025 are from the
- 20.9 TANF fund for decreasing racial and ethnic
- 20.10 disparities in infant mortality rates under
- 20.11 Minnesota Statutes, section 145.928,
- 20.12 subdivision 7;
- 20.13 (iii) \$4,978,000 in fiscal year 2024 and
- 20.14 \$4,978,000 in fiscal year 2025 are from the
- 20.15 TANF fund for the family home visiting grant
- 20.16 program under Minnesota Statutes, section
- 20.17 145A.17. \$4,000,000 of the funding in fiscal
- 20.18 year 2024 and \$4,000,000 in fiscal year 2025
- 20.19 must be distributed to community health
- 20.20 boards under Minnesota Statutes, section
- 20.21 145A.131, subdivision 1. \$978,000 of the
- 20.22 funding in fiscal year 2024 and \$978,000 in
- 20.23 fiscal year 2025 must be distributed to Tribal
- 20.24 governments under Minnesota Statutes, section
- 20.25 145A.14, subdivision 2a;
- 20.26 (iv) \$1,156,000 in fiscal year 2024 and
- 20.27 \$1,156,000 in fiscal year 2025 are from the
- 20.28 TANF fund for sexual and reproductive health
- 20.29 services grants under Minnesota Statutes,
- 20.30 section 145.925; and
- 20.31 (v) the commissioner may use up to 6.23
- 20.32 percent of the funds appropriated from the
- 20.33 TANF fund each fiscal year to conduct the
- 20.34 ongoing evaluations required under Minnesota
- 20.35 Statutes, section 145A.17, subdivision 7, and

	training and technical assistance as required
,	under Minnesota Statutes, section 145A.17,
	subdivisions 4 and 5.
	(2) TANF Carryforward. Any unexpended
	balance of the TANF appropriation in the first
	year does not cancel but is available in the
	second year.
	(qq) Base level adjustments. The general
	fund base is \$197,644,000 in fiscal year 2026
	and \$195,714,000 in fiscal year 2027. The
	health care access fund base is \$53,354,000
	in fiscal year 2026 and \$50,962,000 in fiscal
	year 2027.
	Sec. 8. USE OF APPROPRIATION; LOAN FORGIVENESS ADMINISTRATION
	The commissioner of health may use the appropriation in Minnesota Laws 2023, chapter
	70, article 20, section 3, subdivision 2, paragraph (w), clause (3), for administering Minnesota
	Statutes, section 144.1521.
	Sec. 9. APPROPRIATION; HOSPITAL NURSING LOAN FORGIVENESS
	PROGRAM.
	(a) \$30,317,000 in fiscal year 2025 is appropriated from the general fund to the
	commissioner of health for the hospital nursing educational loan forgiveness program under
	Minnesota Statutes, section 144.1521. The general fund base for this appropriation is
	\$5,317,000 in fiscal year 2026, \$5,317,000 in fiscal year 2027, and \$0 in fiscal year 2028.
	(b) The appropriations in paragraph (a) are available until 2033. The commissioner of
	health must deposit the appropriations under this section in the hospital nursing educational
	loan forgiveness program account in the health care access fund.

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